

MATERNAL HEALTH OF BLACK WOMEN IN LOUISIANA

Demographics

- In Louisiana, 33% of women ages 18-64 are Black,¹ and 39% of women who give birth are Black.²
- For Black women in Louisiana ages 18 and older...
 - ❖ 23% do not have a personal doctor or health care provider,
 - ❖ 28% did not see a doctor in the prior 12 months due to cost, and
 - ❖ 40% report poor mental health status.³
- Louisiana recently expanded Medicaid under the Affordable Care Act (ACA). Coverage went into effect on July 1, 2016.⁴ Prior to Medicaid expansion, 37% of Louisiana women ages 19-64 fell into the Medicaid coverage gap,⁵ with 23% of non-elderly Black women in the state uninsured.⁶
- Thirty-six percent of Black women in the state live in poverty.⁷
- Studies have found Louisiana to be the worst state for women's equality (for example, Black women in Louisiana make \$0.48 to the dollar compared to White men), as well as one of the worst states for women's health.⁸

Pregnancy and maternal health

- Only 31% of women in Louisiana receive preconception counseling.⁹ Sixteen percent of women receive delayed prenatal care or none at all, and this rate rises to 23% for women of color.¹⁰
- Sixty percent of all pregnancies in Louisiana are unintended—a rate on par with Georgia and surpassed only by Mississippi and the District of Columbia.¹¹
- Eight in 10 women in Louisiana experience at least one stressful event during pregnancy, and almost half of those women experience three or more stressful events.¹²
- Among low-risk women, Black women in Louisiana have similar rates to White women of primary cesarean delivery and slightly lower rates of repeat cesarean delivery.¹³
- Forty-six percent of Louisiana women are overweight or obese prior to their pregnancy.¹⁴
- Only 25% of working mothers in Louisiana are able to take exclusively paid parental leave, with 61% taking exclusively unpaid leave, and 7% taking no leave at all.
 - ❖ Of women employed during their pregnancies, 44% do not have jobs that offer paid leave, 35% cannot financially afford to take leave, and 16% are afraid of losing their jobs.¹⁵

Reproductive health care access and funding

- Louisiana has only one OB/GYN physician per 13,136 women, ranking 43rd (of 48) in the nation with respect to the ratio of women per every OB/GYN physician.¹⁶
- Only 3.2% of medical school graduates in Louisiana are Black (compared to 5.7% nationally).¹⁷
- Louisiana is one of 28 states to license certified professional midwives in addition to Advanced Practice Registered Nurses in the nurse-midwife role.¹⁸ As of late 2015, Louisiana Medicaid covers both nurse-midwives and professional midwives as recognized provider types for vaginal delivery services rendered at free standing birthing centers.¹⁹
 - ❖ However, advocates are concerned that low reimbursement rates and other regulations are making it difficult for professional midwives to successfully bill Medicaid for such services.²⁰
 - ❖ Louisiana does not license or provide Medicaid coverage for doulas.²¹

- In 2014, pregnant women represented less than 2% of the individuals in Louisiana that were served by the Title V funds for maternal and child health (MCH).²² Of the women the state did serve, it spent almost 2.4 times as much per pregnant woman as the national average.²³

Literature review of maternal mortality in Louisiana

- Despite having had various forms of maternal death review processes since 1992,²⁴ recent maternal mortality ratios (MMR) for Louisiana are difficult to obtain (for example, the state’s 2012 report on maternal mortality never specifies the state’s MMR). Moreover, depending on how a study defines maternal death, the ratios can vary drastically.
 - ❖ One national report found 17.9 maternal deaths in Louisiana per 100,000 live births from the years 2001-2006, ranking the state 44th out of 50.²⁵
 - ❖ The Louisiana Pregnancy Mortality Surveillance System (LPMSS) reported the 2001-2005 pregnancy-associated mortality ratios to be between 86.3 and 89.4 maternal deaths per 100,000 live births.²⁶
 - ❖ Another study looked at discrepancies in data collection methods and re-conducted analyses of LPMSS data from 2000-2005. This study found that, depending on the mortality indicators used (e.g. pregnancy-related versus pregnancy-associated), the MMR for Louisiana ranged from 13.4 to 88.9 maternal deaths per 100,000 live births and that certain methods resulted in a statistical increase in the MMR, while others resulted in a decrease.²⁷
- Other findings from these studies include:
 - ❖ A statistically significant difference between the MMR for Black vs. White women,²⁸ with Black women 1.8 times to 3.4 times more likely to die of a pregnancy-associated or pregnancy-related cause than White women, depending on the metrics of the specific review;²⁹
 - ❖ An increase in the MMR for White women (from 59.8 to 68.0) and a decrease in the MMR for Black women (from 126.9 to 119.1);³⁰
 - ❖ Homicide, obstetric causes, and disease of the circulatory system were the most common causes of pregnancy-associated and pregnancy-related deaths for Black women;³¹ and
 - ❖ Rates of non-fatal maternal complications during labor and delivery increased for all races, but disparities remained constant, with Black women 1.1 to 1.2 times as likely to suffer maternal complications as White women.³²

Louisiana Pregnancy-Associated Mortality Review (LA-PAMR)

- Louisiana’s MCH Program initiated the state’s most recent maternal mortality review process—the Louisiana Pregnancy Associated Mortality Review (LA-PAMR)—in 2010, under the authority of the Louisiana Perinatal Commission.³³
- Their first (and, to date, only) report was published in 2012.³⁴ This report identified pregnancy-associated deaths from 2008 and determined the following:
 - ❖ 42% of those who died were “non-White” women and 70% lived in urban areas;
 - ❖ 88% of deaths occurred during or after the post-partum period, and 80% of these individuals relied on Medicaid insurance coverage at the time of their delivery;
 - ❖ 38% of deaths were due to “natural or medical causes” (cardiovascular disease being the most common cause within that category), while 30% were due to unintentional injury (including accidents and substance abuse), and 24% to homicide; and
 - ❖ Of the 34% of deaths determined to be pregnancy-related, not just pregnancy-associated, the leading cause was cardiovascular disease (47%), with no other cause attributed to more than two deaths.³⁵

LA-PAMR reviews **pregnancy-associated deaths**, defined as any death that occurs during pregnancy or within the following year, irrespective of cause. This definition comes from the Centers for Disease Control and Prevention (CDC) and the American Congress of Obstetricians and Gynecologists (ACOG).

The CDC/ACOG’s definition of a **pregnancy-related death** includes only those deaths that are directly related to or aggravated by pregnancy, not those due to accidental or incidental causes.

The World Health Organization (WHO) defines maternal deaths, late maternal deaths, and pregnancy-related deaths differently.[†]

- LA-PAMR identified major risk factors for pregnancy-associated death, including: (1) clinical risk indicators, such as current problems with or a history of substance abuse and mental health illness; (2) chronic medical co-morbid conditions causing significant risk, such as hypertension, cardiac disease, and diabetes; and (3) principle modifiable clinical risk indicators such as smoking and obesity.³⁶
- Recommendations made by LA-PAMR include prioritization of chronic disease management, particularly for women with “underlying cardiovascular risk profiles;” interventions targeting smoking cessation, obesity, and substance use; systemic mental health and violence risk screenings; and better incorporation of law enforcement and criminal justice system representatives in the LA-PAMR review process to help grapple with the large number of pregnancy-associated homicide deaths.³⁷
- LA-PAMR determined that future reporting would be improved by basing the review on “analysis of aggregate case data over 2-3 years to allow for [a] more adequate number of cases.”³⁸ They have yet to publish any further reports since their first in 2012.

Recent proactive work in Louisiana

- The Kellogg Foundation recently funded Louisiana PRAMS to identify and monitor the needs of Black women in New Orleans and to develop alternative outreach strategies to reach them, in an effort to improve the health of women and children surrounding pregnancy. This project was completed in 2015.³⁹
- Louisiana is one of 12 states that participated in the *Every Mother Initiative*, an Association of Maternal & Child Health Programs (AMCHP) effort (with funding from *Merck for Mothers*) from May 2013 - April 2016. This initiative aimed to help states strengthen their maternal mortality surveillance and review processes.⁴⁰
- The Louisiana legislature passed a bill (effective August 1, 2016) requiring high schools to develop policies that support expectant and parenting students, with provisions for ensuring a safe and supportive learning environment, promoting academic success, implementing sensible attendance policies, and maintaining student confidentiality.⁴¹
- Two additional bills were proposed in the 2015-2016 session but did not advance:
 - ❖ A bill authorizing extended maternity leave for school employees,⁴² and
 - ❖ A bill requiring mental health counseling referrals, upon request, for pregnant Medicaid recipients.⁴³

¹ KAISER FAMILY FOUNDATION (KFF), *State Profiles for Women’s Health: Louisiana*, at *Demographics*, <http://kff.org/interactive/womens-health-profiles/?activeState=Louisiana&activeCategoryIndex=0&activeView=data> (last accessed Oct. 18, 2016) [hereinafter KFF, *State Profiles for Women’s Health: Louisiana*].

² *Id.*, at *Pregnancy*.

³ *Id.*, at *Demographics* and *Coverage & Access*.

⁴ KFF, *Status of State Action on the Medicaid Expansion Decision (as of July 7, 2016)*, <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/> (last accessed Oct. 18, 2016).

⁵ KFF, *State Profiles for Women’s Health: Louisiana*, *supra* note 1, at *Coverage & Access*.

⁶ ANNA CHU & CHARLES POSNER, CTR. FOR AM. PROGRESS, *THE STATE OF WOMEN IN AMERICA: A 50-STATE ANALYSIS OF HOW WOMEN ARE FARING ACROSS THE NATION* 1, 35 (2013), <https://www.americanprogress.org/wp-content/uploads/2013/09/StateOfWomen-4.pdf>.

⁷ *Id.*, at 13.

⁸ *Id.*, at 5, 10 and 27.

⁹ *Did You Know? Preconception Health Among Louisiana Women, 2009*, EPIDEMIOLOGY ASSESSMENT EVALUATION Q. NEWSL. (La. Dep’t of Health & Hospitals – Office of Public Health (LDH-OPH), La.), Jan.-Mar. 2012, *available at* http://1800251baby.org/public/uploads/data/Epi_newsletter_Vol3_Issue_1_Preconception_Health_2009-1.pdf [hereinafter *Did You Know?*].

¹⁰ AMNESTY INT’L, *Louisiana State Profile: Indicators of Steps to Respect, Fulfill, & Protect the Right to Maternal Health* (Mar. 2010), <http://www.amnestyusa.org/dignity/pdf/states/LouisianaStateProfile.pdf>.

¹¹ KATHRYN KOST, GUTTMACHER INST., UNINTENDED PREGNANCY RATES AT THE STATE LEVEL: ESTIMATES FOR 2010 & TRENDS SINCE 2002 8 (2015), *available at* https://www.guttmacher.org/sites/default/files/report_pdf/stateup10.pdf.

¹² LDH-OPH, BUREAU OF FAM. HEALTH, *STRESS DURING PREGNANCY* (2015), *available at* http://1800251baby.org/public/uploads/data/FINAL_Stress_During_Pregnancy_factsheet_01_15.pdf.

¹³ LDH-OPH, BUREAU OF FAM. HEALTH, LOUISIANA, 2012, *available at* http://dhh.louisiana.gov/assets/oph/Center-PHCH/Center-PH/maternal/IndicatorProfiles/Louisiana_12.pdf; *see also* Tri Tran et al., *Whose Infants Are More Likely to Be Delivered By Primary Cesarean? Louisiana, 2005*, 19(3) *Louisiana Morbidity Rep.* (LDH-OPH, La.), May-June 2008, at 2, *available at* <http://new.dhh.louisiana.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/LMR/2000-2010/2008/mayjun08.pdf>.

¹⁴ *Did You Know?*, *supra* note 9.

- ¹⁵ LDH-OPH, LA. PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS), MATERNITY LEAVE IN LOUISIANA (2015), *available at* http://dhh.louisiana.gov/assets/oph/Center-PHCH/Center-PH/maternal/LouisianaPRAMS/PRAMS_Maternity_Leave_Fact_Sheet.pdf.
- ¹⁶ Anna Chu & Charles Posner, *Explore the Data: The State of Women in America*, CTR. FOR AM. PROGRESS (Sept. 23, 2013), <https://www.americanprogress.org/issues/women/news/2013/09/25/75076/explore-the-data-the-state-of-women-in-america/> (under “Health,” select “Number of Women for Every OB/GYN Physician,” then sort by that column, noting that numbers are not available for Alaska or New York).
- ¹⁷ KFF, *Distribution of Medical School Graduates by Race/Ethnicity (2015)*, <http://kff.org/other/state-indicator/distribution-by-race-ethnicity/> (last accessed Oct. 18, 2016).
- ¹⁸ LA. STATE BOARD OF MED. EXAMINERS, *Licensed Midwives*, <http://www.lsbme.la.gov/licensure/licensed-midwives> (last accessed Oct. 18, 2016); MIDWIFESCHOOLING.COM, *Online Midwifery Schools Offering CNM Masters Degrees in Louisiana*, <http://www.midwifeschooling.com/louisiana/> (last accessed Oct. 18, 2016).
- ¹⁹ U.S. DEP’T OF HEALTH & HUMAN SERVICES (HHS), CENTERS FOR MEDICARE & MEDICAID SERVICES, OUR REFERENCE: SPA LA 15-0038 (Feb. 18, 2016), *available at* http://dhh.louisiana.gov/assets/medicaid/StatePlan/Amend2015/15-0038_CMS_Approval.pdf; *see also* LDH, HEALTH PLAN ADVISORY 16-1: MEDICAID COVERAGE FOR FREESTANDING BIRTHING CENTERS (Jan. 13, 2016), *available at* <http://new.dhh.louisiana.gov/assets/docs/BayouHealth/HealthPlanAdvisories/2016/HPA16-01.pdf>; LDH-MEDICAID, ATTENTION PROFESSIONAL PROVIDERS: LICENSED MIDWIVES NOW ELIGIBLE TO ENROLL AS MEDICAID PROVIDERS (Dec. 2015), *available at* https://www.lamedicaid.com/provweb1/ProviderTraining/Packets/2015ProviderTraining/Midwives_Enroll_Provider.pdf; *and* LDH, HEALTH PLAN ADVISORY 15-13: MEDICAID COVERAGE FOR FREESTANDING BIRTHING CENTERS (Apr. 8, 2015), *available at* <http://new.dhh.louisiana.gov/assets/docs/BayouHealth/HealthPlanAdvisories/2015/HPA15-13.pdf>.
- ²⁰ Email from Birthmark Doulas to their supporter listserv, “NOLA Birth Center Update & Happy New Year!” (Dec. 22, 2015) (on file with the Center for Reproductive Rights).
- ²¹ USHA RANJI ET AL., KFF AND THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER’S SCHOOL OF PUBLIC HEALTH & HEALTH SERVICES, STATE MEDICAID COVERAGE OF PERINATAL SERVICES: SUMMARY OF STATE SURVEY FINDINGS 17 (2009), <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8014.pdf>.
- ²² HHS, HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA) MATERNAL & CHILD HEALTH (MCH) BUREAU, TITLE V MCH BLOCK GRANT PROGRAM: LOUISIANA STATE SNAPSHOT (FY 2016 APPLICATION / FY 2014 ANNUAL REPORT 3 (2016)), *available at* https://mchb.tvisdata.hrsa.gov/uploadedfiles/2016/submittedFiles/stateSnapshot/LA_StateSnapshot.pdf.
- ²³ *Id.*, calculated from the data at the source, at 3, and from the comparable reports for the other 49 states, *available at* <https://mchb.tvisdata.hrsa.gov/Home/StateSnapshot> (last accessed Oct. 18, 2016).
- ²⁴ LDH-OPH, MCH PROGRAM, LOUISIANA PREGNANCY-ASSOCIATED MORTALITY REVIEW: 2008 REPORT 1 (2012), *available at* <http://dhh.louisiana.gov/assets/oph/Center-PHCH/Center-PH/maternal/2008PAMRreport.pdf> [hereinafter LDH-OPH, LA-PAMR: 2008 REPORT].
- ²⁵ NAT’L WOMEN’S LAW CTR., *Making the Grade on Women’s Health: A National & State by State Report Card – Maternal Mortality Rate (per 100,000)* (2010), *available at* <http://hrc.nwlc.org/status-indicators/maternal-mortality-rate-100000> (last accessed Oct. 18, 2016).
- ²⁶ TRI TRAN ET AL., LDH-OPH, MCH PROGRAM, 2001-2005 MATERNAL & CHILD HEALTH DATA BOOK 28 (2009), *available at* <http://dhh.louisiana.gov/assets/oph/Center-PHCH/Center-PH/maternal/MCHdatabook0105.pdf> [hereinafter TRAN ET AL., MCH DATA BOOK].
- ²⁷ Tri Tran et al., *Evaluation of Pregnancy Mortality in Louisiana Using Enhanced Linkage & Different Indicators Defined by WHO & CDC/ACOG: Challenging & Practical Issues*, 15 *Maternal & Child Health J.* 955, 959-962 (2010) [hereinafter Tran et al., *Evaluation of Pregnancy Mortality*].
- ²⁸ Folorusno Akintan et al., *Maternal Mortality Review: Louisiana, 2000-2004*, 18(4) *Louisiana Morbidity Rep.* (LDH-OPH, La.), July-Aug. 2007, at 4, *available at* <http://new.dhh.louisiana.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/LMR/2000-2010/2007/julaug07.pdf>.
- ²⁹ TRAN ET AL., MCH DATA BOOK, *supra* note 26, at 28 (showing a Black to White ratio of 2.1 at the beginning of the 2001-2005 analysis and dropping to 1.8 by the end of that range); *see also* Tran et al., *Evaluation of Pregnancy Mortality*, *supra* note 27, at 958-961 (showing disparities between the MMR for Black and White women in Louisiana, regardless of method of data collection, though the difference ranged from almost twice as high to 3.4 times higher). Nationally, the risk of maternal mortality is 3-4 times higher for Black women than for White women (GOPAL K. SINGH, HHS, HRSA, MCH BUREAU, MATERNAL MORTALITY IN THE UNITED STATES, 1935-2007: SUBSTANTIAL RACIAL/ETHNIC, SOCIOECONOMIC, & GEOGRAPHIC DISPARITIES PERSIST 2 (2010), <http://www.hrsa.gov/ourstories/mchb75th/mchb75maternalmortality.pdf>).
- ³⁰ TRAN ET AL., MCH DATA BOOK, *supra* note 26, at 28; *see also* Tran et al., *Evaluation of Pregnancy Mortality*, *supra* note 27, at 961 (showing that, in the two methods that could be broken out by race and by year for a trend analysis, the Louisiana MMR for all races and for White women either increased or fluctuated, while the MMR decreased for Black women).
- ³¹ TRAN ET AL., MCH DATA BOOK, *supra* note 26, at 31 (showing homicide as the cause of pregnancy-associated death in 21.4% of cases, followed by maternal causes occurring within 42 days of delivery in 20.1% of cases, and disease of the circulatory system in 15.1% of cases); Tran et al., *Evaluation of Pregnancy Mortality*, *supra* note 27, at 959 and 961 (showing that—in the methods resulting in enough pregnancy-associated or pregnancy-related deaths to analyze by race—homicide, obstetric causes, and disease of the circulatory system were the three most common causes for death in Black women, with homicide the most common cause in one analysis and obstetric causes the most common in another).
- ³² TRAN ET AL., MCH DATA BOOK, *supra* note 26, at 32.
- ³³ LDH-OPH, LA-PAMR: 2008 REPORT, *supra* note 24, at 1.
- ³⁴ LDH-OPH, BUREAU OF FAM. HEALTH, *Louisiana Pregnancy-Associated Mortality Review (LaPAMR)*, <http://dhh.louisiana.gov/index.cfm/page/1347>.
- ³⁵ LDH-OPH, LA-PAMR: 2008 REPORT, *supra* note 24, at 4-7.
- ³⁶ *Id.*, at 9.
- ³⁷ *Id.*, at 10-11.
- ³⁸ *Id.*, at 11.
- ³⁹ CENTERS FOR DISEASE CONTROL & PREVENTION, *PRAMS Special Projects*, <http://www.cdc.gov/prams/special-projects/index.htm> (last updated Mar. 19, 2015); ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS (AMCHP), *Louisiana State Profile: Maternal & Child Health Block Grant 2015* (2015), *available at* <http://www.amchp.org/Policy-Advocacy/MCHAdvocacy/2015%20State%20Profiles/Louisiana%202015.pdf>.
- ⁴⁰ MERCK FOR MOTHERS AND AMCHP, *Understanding Why Women Die During Pregnancy & Childbirth*, <http://merckformothers.com/docs/7AMCHP.pdf> (last accessed Aug. 24, 2016).
- ⁴¹ S.B. 353, 42nd Leg. (La. 2016).
- ⁴² H.B. 462, 42nd Leg. (La. 2016).
- ⁴³ H.B. 762, 42nd Leg. (La. 2016).
- † LDH-OPH, LA-PAMR: 2008 REPORT, *supra* note 24, at 1, 3; *see also* Tran et al., *Evaluation of Pregnancy Mortality*, *supra* note 27, at 956, for a helpful diagram differentiating WHO and CDC/ACOG definitions of maternal deaths.