

WEBVTT

1

00:00:04.170 --> 00:00:05.760

- Pregnancy-related mortality

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00:00:05.760 --> 00:00:09.090

continues to be a challenge
globally and domestically,

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00:00:09.090 --> 00:00:12.350

and rates remain unacceptably high.

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00:00:12.350 --> 00:00:14.060

Pregnancy-related mortality

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00:00:14.060 --> 00:00:16.880

is defined as death during a pregnancy

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00:00:16.880 --> 00:00:20.180

or within one year of
the end of pregnancy.

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00:00:20.180 --> 00:00:24.890

Worldwide, the rate of
pregnancy-related mortality in 2017

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00:00:24.890 --> 00:00:29.890

was 211 deaths per 100,000 live births.

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00:00:29.960 --> 00:00:31.740

The vast majority of these deaths

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00:00:31.740 --> 00:00:33.670

happened in low-resource settings

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00:00:33.670 --> 00:00:35.523

and were potentially preventable.

12

00:00:36.370 --> 00:00:39.060
These rates have been decreasing worldwide

13
00:00:39.060 --> 00:00:42.840
between the years 2000 and 2017,

14
00:00:42.840 --> 00:00:45.430
the mortality ratio for birthing people

15
00:00:45.430 --> 00:00:48.310
decreased by approximately 38%.

16
00:00:48.310 --> 00:00:50.820
However, with pregnancy-related mortality

17
00:00:50.820 --> 00:00:53.070
being a key public health measure,

18
00:00:53.070 --> 00:00:54.930
this rate is still far above

19
00:00:54.930 --> 00:00:57.770
the United Nation's
Sustainable Development Goal

20
00:00:57.770 --> 00:01:02.130
of fewer than 70 deaths per
100,000 live births globally

21
00:01:02.130 --> 00:01:04.110
by the year 2030.

22
00:01:04.110 --> 00:01:06.560
Causes of pregnancy-related mortality

23
00:01:06.560 --> 00:01:10.040
that account for nearly 75% of all deaths

24

00:01:10.040 --> 00:01:14.690
include hemorrhage, infection,
hypertension in pregnancy,

25
00:01:14.690 --> 00:01:17.400
unsafe abortion, and embolism.

26
00:01:17.400 --> 00:01:19.700
It has been estimated that worldwide

27
00:01:19.700 --> 00:01:24.680
each year between 5–13% of
pregnancy-related mortality

28
00:01:24.680 --> 00:01:26.473
is due to unsafe abortion.

29
00:01:27.310 --> 00:01:30.980
In this video, we will focus
on pregnancy-related mortality

30
00:01:30.980 --> 00:01:34.770
in the United States and the
role of unburdened access

31
00:01:34.770 --> 00:01:37.530
to safe, high-quality abortion care

32
00:01:37.530 --> 00:01:39.800
in reducing this occurrence.

33
00:01:39.800 --> 00:01:43.420
While rates worldwide have
been overall decreasing,

34
00:01:43.420 --> 00:01:45.480
the pregnancy-related mortality rate

35
00:01:45.480 --> 00:01:49.490

in the United States has
been increasing since 2000.

36

00:01:49.490 --> 00:01:53.170

In 2018, the rate of
pregnancy-related mortality

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00:01:53.170 --> 00:01:56.330

was 17 per 100,000 births,

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00:01:56.330 --> 00:01:58.070

which is more than double the rates

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00:01:58.070 --> 00:02:00.670

in other high-income countries.

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00:02:00.670 --> 00:02:02.960

When looking at the period of pregnancy

41

00:02:02.960 --> 00:02:04.750

in which these deaths occur,

42

00:02:04.750 --> 00:02:07.490

about 1/3 occur during pregnancy

43

00:02:07.490 --> 00:02:09.703

and about half after delivery.

44

00:02:11.933 --> 00:02:13.520

The most common causes of
pregnancy-related mortality

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00:02:13.520 --> 00:02:16.020

in the United States are cardiovascular

46

00:02:16.020 --> 00:02:18.060

and other medical conditions,

47

00:02:18.060 --> 00:02:23.040
infection, hemorrhage,
cardiomyopathy, embolism,

48
00:02:23.040 --> 00:02:25.713
hypertension in pregnancy, and stroke.

49
00:02:26.630 --> 00:02:28.970
Most notably in the United States,

50
00:02:28.970 --> 00:02:30.800
there are significant disparities

51
00:02:30.800 --> 00:02:33.530
in the rates of
pregnancy-related mortality

52
00:02:33.530 --> 00:02:35.750
by race and ethnicity.

53
00:02:35.750 --> 00:02:39.410
Black birthing people die
from pregnancy-related causes

54
00:02:39.410 --> 00:02:43.540
at a rate 3-4 times
greater than White people.

55
00:02:43.540 --> 00:02:47.920
Similarly, American Indian and
Alaska Native birthing people

56
00:02:47.920 --> 00:02:51.140
die at a rate double that of White people.

57
00:02:51.140 --> 00:02:53.060
For those over the age of 30,

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00:02:53.060 --> 00:02:57.370

this rate increases to
4-5 times higher in Black,

59

00:02:57.370 --> 00:03:01.190
American Indian and Alaska
Native birthing people.

60

00:03:01.190 --> 00:03:04.170
Even when looking at those
with a college degree,

61

00:03:04.170 --> 00:03:05.570
Black birthing people die

62

00:03:05.570 --> 00:03:08.650
at a rate 5 times greater
than White people.

63

00:03:08.650 --> 00:03:11.070
Structural and institutional racism

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00:03:11.070 --> 00:03:13.390
in society and the health care system

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00:03:13.390 --> 00:03:16.180
are at the root of this unjust disparity,

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00:03:16.180 --> 00:03:19.380
which impacts how people
access quality health care

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00:03:19.380 --> 00:03:22.700
including reproductive
services like prenatal,

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00:03:22.700 --> 00:03:25.320
abortion, or contraceptive care,

69

00:03:25.320 --> 00:03:28.540

healthy food, safe
housing and environments,

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00:03:28.540 --> 00:03:31.220
fair employment, and impacts experiences

71

00:03:31.220 --> 00:03:32.890
with race-based mistreatment

72

00:03:32.890 --> 00:03:37.050
inside and outside of
health care institutions.

73

00:03:37.050 --> 00:03:40.180
Unburdened access to
safe, culturally humble,

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00:03:40.180 --> 00:03:42.330
high-quality comprehensive sexual

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00:03:42.330 --> 00:03:44.680
and reproductive health care services,

76

00:03:44.680 --> 00:03:47.920
especially including abortion
and contraception care,

77

00:03:47.920 --> 00:03:50.050
is a key factor in mitigating

78

00:03:50.050 --> 00:03:52.840
the rising pregnancy-related
mortality rate

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00:03:52.840 --> 00:03:56.490
and exacerbated disparities
in the United States.

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00:03:56.490 --> 00:03:58.460

The increasing legislative attempts

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00:03:58.460 --> 00:04:01.160

at restricting the right
to access to abortion care

82

00:04:01.160 --> 00:04:04.010

in the United States, are a direct threat

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00:04:04.010 --> 00:04:06.560

to birthing people's lives and wellbeing,

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00:04:06.560 --> 00:04:10.100

particularly for Black,
Indigenous, and people of color

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00:04:10.100 --> 00:04:13.460

who face increased burden
with these restrictions.

86

00:04:13.460 --> 00:04:16.030

In the last decade,
several states increased

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00:04:16.030 --> 00:04:18.880

legislative restrictions
on abortion access,

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00:04:18.880 --> 00:04:21.610

either through laws
requiring abortion providers

89

00:04:21.610 --> 00:04:24.600

have admitting privileges
to nearby hospitals,

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00:04:24.600 --> 00:04:27.580

loss of funding or closure of
reproductive health clinics

91

00:04:27.580 --> 00:04:30.230
in areas of significant need,

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00:04:30.230 --> 00:04:32.520
reducing or removing insurance coverage

93

00:04:32.520 --> 00:04:35.900
of abortion procedures,
limiting the gestational age

94

00:04:35.900 --> 00:04:37.880
at which an abortion can be done,

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00:04:37.880 --> 00:04:39.800
and many other restrictive laws

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00:04:39.800 --> 00:04:42.190
that are not grounded in evidence.

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00:04:42.190 --> 00:04:44.290
This rise in abortion restrictions

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00:04:44.290 --> 00:04:47.790
clearly parallels the rise in
pregnancy-related mortality

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00:04:47.790 --> 00:04:49.640
in the United States.

100

00:04:49.640 --> 00:04:52.180
Research has shown an inverse relationship

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00:04:52.180 --> 00:04:54.420
between the number of
abortion restrictions

102

00:04:54.420 --> 00:04:56.320
and reproductive health outcomes,

103

00:04:56.320 --> 00:04:59.440

including mortality, as
well as with policies

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00:04:59.440 --> 00:05:02.520

that support quality reproductive health.

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00:05:02.520 --> 00:05:05.970

Pregnancy-related mortality
ratios vary by state,

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00:05:05.970 --> 00:05:08.090

and it is no surprise that states

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00:05:08.090 --> 00:05:10.600

with the most restrictive abortion laws

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00:05:10.600 --> 00:05:13.200

also have some of the
highest mortality ratios

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00:05:13.200 --> 00:05:15.200

in the country, with some rates

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00:05:15.200 --> 00:05:18.050

similar to those of developing countries.

111

00:05:18.050 --> 00:05:20.320

Additionally, these states also have

112

00:05:20.320 --> 00:05:23.110

wider racial and ethnic disparities

113

00:05:23.110 --> 00:05:25.520

in their pregnancy-related
mortality rates,

114

00:05:25.520 --> 00:05:29.240
and so increased abortion
restrictions in these areas

115
00:05:29.240 --> 00:05:32.720
may further exacerbate this injustice.

116
00:05:32.720 --> 00:05:36.110
A study in 2019 looked
at state-level changes

117
00:05:36.110 --> 00:05:39.880
in abortion restrictions with
pregnancy-related mortality.

118
00:05:39.880 --> 00:05:43.330
The authors found that planned
parenthood clinic closures

119
00:05:43.330 --> 00:05:46.660
and increases in abortion
limits by gestation age

120
00:05:46.660 --> 00:05:50.070
between 2007 and 2015

121
00:05:50.070 --> 00:05:52.250
increased mortality rates.

122
00:05:52.250 --> 00:05:55.830
Closures of clinics
lead to an 8% increase,

123
00:05:55.830 --> 00:05:57.510
and limiting gestational age

124
00:05:57.510 --> 00:06:02.510
increased the number of deaths
by 6 per 100,000 live births.

125

00:06:03.000 --> 00:06:04.570
These abortion restrictions,

126

00:06:04.570 --> 00:06:08.010
also born from and
perpetuating structural racism

127

00:06:08.010 --> 00:06:09.800
in reproductive health care,

128

00:06:09.800 --> 00:06:13.000
seriously threaten the tenets
of reproductive justice

129

00:06:13.000 --> 00:06:14.390
and likely will result

130

00:06:14.390 --> 00:06:18.200
in higher pregnancy-related
mortality in the United States

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00:06:18.200 --> 00:06:22.810
particularly for people of color
and people with low-income.

132

00:06:22.810 --> 00:06:25.470
Legislative abortions
restrictions may also:

133

00:06:25.470 --> 00:06:29.350
increase stress, which can
lead to poorer birth outcomes,

134

00:06:29.350 --> 00:06:30.720
impact mental health,

135

00:06:30.720 --> 00:06:34.090
which is an important cause
of pregnancy-related mortality

136

00:06:34.090 --> 00:06:37.210

particularly in the postpartum period,

137

00:06:37.210 --> 00:06:40.650

and may also exacerbate
economic inequities

138

00:06:40.650 --> 00:06:43.290

as those who already
have limited resources

139

00:06:43.290 --> 00:06:44.950

to pay for an abortion

140

00:06:44.950 --> 00:06:46.650

also have limited resources

141

00:06:46.650 --> 00:06:49.950

to access quality pregnancy-related care,

142

00:06:49.950 --> 00:06:51.430

which can increase the risk

143

00:06:51.430 --> 00:06:55.560

for adverse pregnancy
outcomes including mortality.

144

00:06:55.560 --> 00:06:57.950

Research has shown that denying access

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00:06:57.950 --> 00:07:00.620

to safe and quality abortion care

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00:07:00.620 --> 00:07:03.570

may be associated with greater poverty.

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00:07:03.570 --> 00:07:06.650

And when pregnancies
are forced to continue,

148

00:07:06.650 --> 00:07:10.340
this can lead to delays in
accessing needed prenatal care

149

00:07:10.340 --> 00:07:13.890
which further exacerbates
adverse pregnancy outcomes

150

00:07:13.890 --> 00:07:16.510
and pregnancy-related mortality.

151

00:07:16.510 --> 00:07:20.740
And while unsafe abortion is
uncommon in the United States,

152

00:07:20.740 --> 00:07:22.870
increasing abortion restrictions

153

00:07:22.870 --> 00:07:25.640
may lead to an increase in unsafe abortion

154

00:07:25.640 --> 00:07:29.580
which will certainly increase
pregnancy-related mortality.

155

00:07:29.580 --> 00:07:32.900
When abortion was legalized in 1973,

156

00:07:32.900 --> 00:07:34.300
pregnancy-related deaths

157

00:07:34.300 --> 00:07:37.660
from unsafe abortion
drastically decreased.

158

00:07:37.660 --> 00:07:40.430

The increasing restrictions
being placed on abortion

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00:07:40.430 --> 00:07:43.590
in contemporary times may very likely lead

160

00:07:43.590 --> 00:07:46.440
to rising deaths due to unsafe abortion,

161

00:07:46.440 --> 00:07:50.500
and likely exacerbate current
racial and ethnic disparities

162

00:07:50.500 --> 00:07:53.950
in pregnancy-related
morbidity and mortality.

163

00:07:53.950 --> 00:07:58.080
Even now, where safe legal
abortion is unavailable,

164

00:07:58.080 --> 00:08:00.320
whether due to legal restrictions,

165

00:08:00.320 --> 00:08:02.760
lack of funds to pay for the procedure,

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00:08:02.760 --> 00:08:06.400
or lack of a provider within
an accessible distance,

167

00:08:06.400 --> 00:08:07.840
pregnant people are turning

168

00:08:07.840 --> 00:08:10.600
to self-managing their abortions.

169

00:08:10.600 --> 00:08:13.640
Self-managed abortion

can be clinically safe,

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00:08:13.640 --> 00:08:15.470

as with a medication regimen

171

00:08:15.470 --> 00:08:17.900

aligned with best practice recommendations

172

00:08:17.900 --> 00:08:20.850

accessed outside of the health system,

173

00:08:20.850 --> 00:08:23.510

or unsafe as when done by a provider

174

00:08:23.510 --> 00:08:25.390

without proper training.

175

00:08:25.390 --> 00:08:29.050

But either way it carries
the risk of criminalization

176

00:08:29.050 --> 00:08:31.720

and stigmatization
which disproportionately

177

00:08:31.720 --> 00:08:35.320

affects those already
marginalized by society

178

00:08:35.320 --> 00:08:38.200

and already experiencing
greater restrictions

179

00:08:38.200 --> 00:08:40.530

on their right to an abortion.

180

00:08:40.530 --> 00:08:43.640

Many structural and
institutional changes are needed

181

00:08:43.640 --> 00:08:45.100

across the country

182

00:08:45.100 --> 00:08:48.770

to reduce the rising
pregnancy-related mortality rates,

183

00:08:48.770 --> 00:08:51.580

and specifically to eliminate the unjust,

184

00:08:51.580 --> 00:08:54.930

racial and ethnic
disparities in mortality.

185

00:08:54.930 --> 00:08:58.840

Comprehensive efforts to reduce
pregnancy-related mortality

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00:08:58.840 --> 00:09:01.200

includes unburdened, equitable,

187

00:09:01.200 --> 00:09:04.950

and just access to safe,
high-quality abortion care

188

00:09:04.950 --> 00:09:07.630

as a critical piece of these efforts.

189

00:09:07.630 --> 00:09:10.270

The lives and wellbeing
of birthing people,

190

00:09:10.270 --> 00:09:12.780

their families, and their communities

191

00:09:12.780 --> 00:09:16.060

depend on the collective
action of clinicians,

192

00:09:16.060 --> 00:09:19.850

community organizations,
health care institutions,

193

00:09:19.850 --> 00:09:22.210

public health and policy experts,

194

00:09:22.210 --> 00:09:25.480

and legislators to ensure
this vital human right

195

00:09:25.480 --> 00:09:29.680

is upheld with integrity
and without restriction.

196

00:09:29.680 --> 00:09:33.667

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