

## Key Morbidity & Mortality Trends Impacting Black Mothers During Delivery

**New in-hospital trends data shows:** Maternal mortality in the hospital, at the time of delivery, continues to decline – and especially among Black women. But instances of harm continue to rise.

According to the latest analysis from healthcare improvement and technology company Premier Inc.:

- **55% decrease in maternal deaths during hospital delivery for Black women** from 2008-2019 – suggesting the disparity gap between Black and white women for delivery-related deaths has substantially narrowed.
  - U.S. hospitals showed a 17% decrease in delivery-related maternal deaths for all races between 2008-2019, indicating hospitals are making progress at the time of delivery.
- **Severe maternal morbidity (SMM) continues to rise and disproportionately affects Black women**, who have an 84% higher SMM rate than white women.
  - The SMM rate for Black women from 2008-2019 was 271.6, compared to the overall SMM rate of 173.4, per 10,000 births.
  - The greater instances of SMM are a likely indicator of post-discharge maternal mortality, with CDC data showing that the mortality rate within 42 days of pregnancy increased 15% between 2018 and 2019.
- Black women have **higher rates for heart failure, ARDS, eclampsia, acute renal failure, sepsis and blood transfusions**.
  - Blood loss and other complications that require transfusions are the leading indicator of SMM and are linked to a higher likelihood of mortality.

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**These findings underscore the need for a standardized method to collect maternal-infant data, measure outcomes, adjust care and scale proven practices across hospitals nationwide.**

The U.S. Department of Health and Human Services Office of Women's Health (OWH) and Premier are doing just that. Here's how:

1. OWH is leveraging Premier's standardized data representing 25% of U.S. births to **analyze the risk factors** influencing maternal-infant morbidity and mortality.
2. We are **uniting a cohort of 200+ hospitals** across the country – particularly those that serve vulnerable populations – to **reduce health disparities; scale standardized, evidence-based practices; and reliably measure associated outcomes**.
3. We're working with partners like MomMA's Voices and the National Birth Equity Collaborative to incorporate all perspectives – creating a **continuous feedback loop between mothers and providers** in and out of the hospital.
4. We are taking steps to **better connect the inpatient and ambulatory care** mothers and infants receive to get at another unexplored problem area.

**With data, evidence and insights from hospitals, outpatient settings and mothers, Premier and OWH's efforts will reduce harm and deaths – and make the U.S. the safest place to have a baby.**

Download Premier's full analysis of maternal and infant health trends: [bit.ly/PremierTrends](https://bit.ly/PremierTrends)