# Birth, death and contemporary media coverage in the U.S. 

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## Collaborators



## BIRTH by the NUMBERS

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## Want to know how much birth has changed in America?

## Gestational Age, U.S. All Births, 1990



## Gestational Age, U.S. All Births, 2015



## Gestational Age, U.S. All Births, 1990, 2015



## Gestational Age, U.S. All Births \& Planned Home Births that Occur at Home, 2015



## Gestational Age, U.S. All Births \& Planned Home Births that Occur at Home, 2015



## This change could be entirely worthwhile if it improved outcomes.

## Much of the focus of the change was preventing stillbirths.

## U.S. Perinatal Mortality Rates, 2000-2014



## Perinatal Mortality Rates, 2000-2014 , U.S., \& Ave. for Industrialized Countries*



* Countries with 100,000+ births (2014): Australia, Belgium, Canada, Czech Republic, France, Germany, Greece, Israel, Italy, Japan, Netherlands, S. Korea, Spain, Sweden, United Kingdom


# Perinatal Mortality Rates (per 1,000 births), 2014, Industrialized Countries 100,000+ Births 



## Five Other Quick Points on Birth in America

# 1. Birth is a big deal in the U.S. Health System 

## Total U.S. Births, 1990-2015



Source: Adapted from CDC VitalSTATS. http://www.cdc.gov/nchs/VitalStats.htm
BirthByTheNumbers.org

## LEADING MAJOR DIAGNOSTIC CATEGORIES by NUMBER OF HOSPITAL DISCHARGES, U.S., 2014



## MEDIAN FACILITY LABOR \& BIRTH CHARGES BY MODE OF BIRTH, U.S., 2014



Sources: AHRQ. 2017. HCUPnet, Healthcare Cost \& Utilization Project. Rockville, MD: AHRQ. http://hcupnet.ahrq.gov. Accessed 2/18/17;

## Estimated Total Charges, Hospital Birth, U.S., 1993-2014 $(000,000)$



Sources: AHRQ. 2017. HCUPnet, Healthcare Cost \& Utilization Project. Rockvi!le, MD:
AHRQ. http://hcupnet.ahrq.gov. Accessed 2/17/17.
Birthbythenumbers.org

# 2. There's a serious maldistribution of maternity care providers in the U.S. 

## OBGYN per 100K, 2011



OBGYN per 100,000
$\square$

- 0.1-29.9



0

## CNMs per 100K, 2011



## CNMs \& OBs per 100K, $2 0 1 1 \longdiv { 3 , 1 4 2 }$ U.S.



## 3. We have wide black/white disparities in outcomes in the U.S.

Wide disparities in outcomes in the U.S.
U.S. Infant \& Maternal Mortality

Black/White Ratios 1980-2014

(3a) But the disparities cannot account for the U.S. poor performance compared to other countries

## Neonatal Mortality Rates (per 1,000 births), 2014, Industrialized Countries with 100,000+ Births



## Neonatal Mortality Rates (per 1,000 births), 2014, Industrialized Countries with 100,000+ Births



## Maternal Mortality Rates, (per 100,000 births), 2013, Industrialized Countries with 300,000+ births



Sources: OECD Health Data 2016; NCHS. 2009. Deaths, Final Data, 2007.

## Maternal Mortality Rates, (per 100,000 births), 2013, Industrialized Countries with 300,000+ births



Sources: OECD Health Data 2016; NCHS. 2009. Deaths, Final Data, 2007.

## Infant Mortality Rates (per 1,000 births), 2014, Industrialized Countries with 100,000+ Births



## Infant Mortality Rates (per 1,000 births), 2014, Industrialized Countries with 100,000+ Births



## 4. Cesarean Rates have leveled in the US

## US Cesarean Rates, 1989-2015



Source: National Center for Health Statistics Annual Birth Reports

# .......And in the Industrialized World 

Trends in Overall Cesarean Rate (per 1,000) 1990-2014


50
1990199119921993199419951996199719981999200020012002200320042005200620072008200920102011201220132014

—United Kingdom」United States

Most all country rates have plateaued, but at widely different levels.
Source: OECD Health Data 2016; WHO Health for All Database; Country reports

## Cesarean Rates (\%) in Industrialized Countries* with 100,000+ Births, 2014



## Vaginal Births after Cesraean Rates Industrialized Countries, 2010



# 5. A subset of women are voting with their feet against the current system. 

## Percent of all births at home, or in a birthing center, United States, 1990-2015



Source: NCHS Annual Birth Reports \& CDCVitalStats. http://www.cdc.gov/nchs/nvss.htm

# For any future births, how open 

 would you be to giving birth at home?

Definitely Do Not Want
■ Would Consider

■ Definitely Want
I. No More Kids

Not Sure

For any future births, how open would you be to giving birth at a birth center that is separate from a hospital?


- Definitely Do Not Want
- Would Consider

■ Definitely Want
[ No More Kids

- Not Sure

Source: Declercq et al. Listening to Mothers 3

## This is a time of notable transition in childbirth in the U.S. and internationally.....

# ...and too many women are dying in childbirth 

## Definitions

- Maternal Mortality Ratio - the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Typically reported as a ratio per 100,000 births.
- Pregnancy Related Death - the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.
- Pregnancy Associated Death - The death of a women while pregnant or within one year of termination of pregnancy, irrespective of cause.


## U.S. Maternal Mortality (per 100,000 live births), 1951-2007



## Original Research

## Recent Increases in the U.S. Maternal Mortality Rate <br> Disentangling Trends From Measurement Issues

Marian F. MacDorman, PhD, Eugene Declercq, PhD, Howard Cabral, PhD, and Christine Morton, PhD

> RESULTS: The estimated maternal mortality rate (per 100,000 live births) for 48 states and Washington, DC (excluding California and Texas, analyzed separately) increased by $26.6 \%$, from 18.8 in 2000 to 23.8 in 2014. California showed a declining trend, whereas Texas had a sudden increase in 2011-2012. Analysis of the measurement change suggests that U.S. rates in the early 2000s were higher than previously reported.

## Estimated MMRs, 48 states* and DC, 2000-2014



## Maternal mortality rates by race and ethnicity, 27 states* and Washington D.C., 2008-9 and 2013-14



[^0]
## Interracial Differences

## Where would estimated rates leave the U.S. in international comparisons?

## Hispanic 15.8 (Lebanon 15/Turkey 16)

## Interracial Differences

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## Hispanic 15.8 (Lebanon 15/Turkey 16)

## NH White 20.2 (Thailand 20/Chile 22)

## Interracial Differences

## Where would estimated rates leave the U.S. in international comparisons?

## Hispanic 15.8 (Lebanon 15/Turkey 16)

## NH White 20.2 (Thailand 20/Chile 22)

## NH Black 56.3 (Vietnam 56/Jordan 58)

## U.S. MMR* Compared to Countries with 300,000+ births, 2014, using WHO Estimates



Source: Maternal Mortality: 1990 to 2015 Estimates by WHO, UNICEF, UNFPA, World Bank Group \& UN Population Division. Geneva: 2015.

## Is this of interest to journalists?



## IT'S A COLLEGE <br> FOOTBALL TRADITION.

## Health

## Study: Rate of maternal mortality doubles in Texas

State report narrows down causes
By: Stephanie Valle
Posted: Nov 02, 2016 06:02 PM MDT
Updated: Nov 02, 2016 11:09 PM MDT
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TOPICS ${ }^{-}$MY ACCOUNT -
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More New Mothers in Texas are Dying; Experts Can't Say Why
Two recent studies have highlighted the increasing rate of maternal deaths in Texas, b researchers say they can't explain why it's happening. $f y$
by edgar walters sept. 4, 2016 12:01 AM


Texas must learn more about maternal deaths

Reasons for Texas' surge in pregnancy-related deaths cloaked in secrecy, bad data

> The State of Texas: Data On Skyrocketing Maternal Mortality Rate Remains Secret

PLUS: A TEXAS COP GETS INDICTED FOR BEATING A MAN WITH A BATON, DEZ BRYANT ADDS HIMSEL
THE LIST OF TEXAS INURED NFL STARS, AND A HOUSTON NIGHTCLUB GETS SUED BY THE FEDS FOR leged discrimination. sptember 29,2016 | by LIf refigstad | ocomments

THE DAILY POST
what texas is talking about today

## Why all the media coverage?

The NEW ENGLAND JOURNAL of MEDICINE

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                        SPECIAL ARTICLE
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Effect of Removal of Planned Parenthood from the Texas Women's Health Program

Amanda J. Stevenson, M.A., Imelda M. Flores-Vazquez, Ph.D.,
Richard L. Allgeyer, Ph.D., Pete Schenkkan, J.D., and Joseph E. Potter, Ph.D.

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N ENGLJ MED 374;9 NEJM.ORG MARCH 3,2O16
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## CONCLUSIONS

The exclusion of Planned Parenthood affiliates from a state-funded replacement for a Medicaid fee-for-service program in Texas was associated with adverse changes in the provision of contraception.

Texas was a possible story, but the study couldn't determine that.
What's lost is the ongoing problems with maternal
mortality both in terms of disparities and the overall poor outcomes in the U.S.

## Possible Stories

- Maternal mortality
- Positive efforts in California
- The Hispanic paradox and maternal mortality
- Possible impacts of cuts to women's health services
- Success of efforts to limit growth in cesareans - what's next?
- Maldistribution of OBs and midwives in the U.S.
- Rise of home and birth center births and efforts to curtail them


## www.birthbythenumbers.org

## (s) Birth by the Numbers Team

8 doulas


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## Questions and Comments?

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[^0]:    $\mathrm{NH}=$ non-Hispanic. n.s. = no significant change.

    * Arkansas, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Michigan, Montana Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Utah, Washington, and Wyoming.

