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Better Healthcare Newsletter from Patrick Malone



Too many women in this country suffer serious health harms or even die during pregnancy and just after. Too many infants in this country suffer serious health harms or die in the first year after they are born.

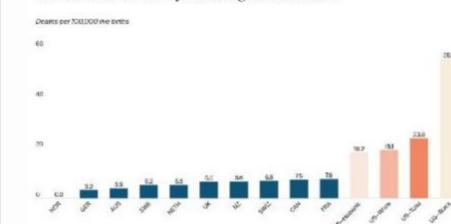
There is no getting around it: Maternal and infant "morbidity and mortality" are a disgrace of the U.S. health care system.

The unacceptable injury to and deaths of infants, statistically speaking, are not declining. The debilitation and death for moms, especially for those of color, already has become a public health crisis. And it is worsening.

It is hard to fathom how this nation has allowed the dismal treatment of women and infants to go on. The challenges of childbirth and early life, and the safeguarding of women and babies, are hardly new. The way to start reversing this national embarrassment is for more of us to know about it and to demand changes, so here are five key points to consider:

1. U.S. racks up dismal rankings on injuries and deaths of babies and expectant moms

The maternal mortality rate is highest in the U.S.



Long before the coronavirus pandemic began, journalists and health advocacy organizations raised alarms about the atrocious data on pregnant women and their increasingly awful care. That's because hundreds of women in this country die each year — needlessly — due to maternity-related causes.

National Public Radio and Pro Publica, a Pulitzer Prize-winning investigative website, just a few years ago dug deep and found that the spiking U.S. maternal mortality and morbidity put this country in the same neighborhood as Afghanistan, Lesotho, and Swaziland. The reporters also found this:

"In the course of our reporting, another disturbing statistic [besides that of maternal mortality] emerged: For every American woman who dies from childbirth, 70 nearly die. That adds up to more than 50,000 women who suffer 'severe maternal morbidity' from childbirth each year, according to the Centers for Disease Control and Prevention. A patient safety group, the Alliance for Innovation on Maternal Health, came up with an even higher figure ... around 80,000."

The independent, nonprofit Commonwealth Fund and its analysts in April examined data from the Organisation for Economic Co-operation and Development (OECD), reporting these distressing maternal mortality rankings for this country versus those for its highly industrialized peer nations in Scandinavia, Canada, Australia, Britain, Germany, and France:

"The U.S. has long had the highest rate of maternal mortality related to complications of pregnancy and childbirth. In 2020, there were 24 maternal deaths for every 100,000 live births in the U.S., more than three times the rate in the 10 other high-income countries studied. In Norway, no women died from maternal complications in 2019, the year with the latest available data."

The CDC in September reported that it studied 1,000 maternity-related deaths that occurred in 2017-19 and were reported to state groups that examine such cases to understand their causes and recommend steps to avert them. The federal experts reached this major finding:

More than 80% of pregnancy-related deaths were preventable.

Dr. Allison Bryant, an obstetrician and the senior medical director for health equity at Massachusetts General Hospital, told USA Today this of the CDC findings:

"It's significant. It's staggering. It's heartbreaking. It just means that we have so much work to do."

As for this country's infant mortality rate, it is not as grim as that of pregnant moms. But the numbers are appalling for the richest country in the world, which spends more on health care than any nation on the planet. Consider what America's Health Rankings, a project of the United Health Foundation, reported in 2019:

"Over the past 50 years, improvements in the U.S. infant mortality rate have not kept pace with improvements in other OECD countries. Today, the average rate of infant mortality among OECD countries is 3.8 deaths per 1,000 live births. At 5.8 deaths per 1,000 live births, the United States ranks No. 33 out of 36 OECD countries."

Commonwealth Fund chart (shown above) illustrates how the U.S. is an outlier among advanced OECD nations no matter the comparison for Hispanic, white, total, or black women.

2. Conditions that cause huge damage



maternal mortality and morbidity:

IN THIS ISSUE U.S. racks up dismal rankings on injuries and deaths of babies and expectant moms Conditions that cause huge damage Race, economics, and other inequities play a crushing role in this health crisis Changes are needed at every level The role of the federal government in reforms A momentous ruling underscores disparities in support for moms, infants For grieving parents, staggering bills and relentless debt collectors

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BY THE NUMBERS

\$32.3 billion Estimated cost for exceedingly high U.S. maternal mortality, with researchers figuring this sum based on all U.S. births in 2019 alone to the child's fifth birthday. This amounts to \$8,624 in additional costs to society for each maternal–child pair.

55th U.S. ranking worldwide,

based on 2018 statistics, for pregnancyrelated deaths of mothers. This put this country just below Russia and far below nearly all affluent, industrialized nations. **33rd**

U.S. ranking, based on 2019 data, for infant mortality (deaths in the first year of life) among affluent OECD nations. Japan, Finland, and Slovenia were top-rated nations, while the U.S. was near the Slovak

Republic, Chile, Turkey, and Mexico. \$19,000

Women's average cost

to give birth to a child, including \$2,854 paid out of pocket. Women who give birth incur an extra \$18,865 in total health care spending over three years vs. other women. The high cost of a U.S. pregnancy puts many poor women and families at finacial risk as they may spend as much as 20% of their

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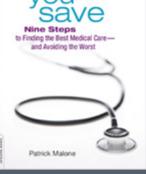
annual income on

year of infant care.

childbirth and the first

Read an excerpt from Patrick Malone's book: The life you save Nine Steps to Finding the Best







Blog, which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.

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PAST ISSUES

can be costly and

The silent shame of medical stigma The healing power of the arts Just say 'Whoa!' to runaway medical costs Staying safe and healthy this summer Medical "innovations"



There is plenty of information, and no mystery, about what harms the well-being of pregnant moms and infants. ProPublica and NPR provided one summary of some major causes of

"Women develop pregnancy-induced high blood pressure known as pre-eclampsia, which can lead to a stroke and organ failure; parts of the placenta can be left behind, which can lead to infection; and a woman giving birth is more prone to blood clots that can be lifethreatening ... The treatment for these complications can become an ongoing financial burden, and the trauma suffered from physical complications can lead to persistent emotional and psychological pain."

"In the U.S., the rate of severe complications from childbirth has been rising faster than the rate of women who died. The rate of women nearly dying almost tripled between 1993 and 2014, according to the CDC. To help explain those dire statistics, experts point to risk factors that have increased in recent years: American women are giving birth at older ages and are more likely to have problematic conditions like obesity, high blood pressure, and diabetes."

The journalists also found experts pointing to these issues:

The nonprofit, congressionally chartered Wilson Center and its researchers offered these insights on pregnant moms' health menaces:

"The three leading medical causes of preventable maternal mortality in the United States are blood clots in the lung, hypertension (high blood pressure), and blood loss. But why more women are dying because of them is unclear, according to a panel of experts."

The most recent CDC analysis offered a list of too prevalent medical conditions that contribute to maternal mortality: excessive bleeding, cardiac and coronary conditions, infection, thrombotic embolism, cardiomyopathy (a disease of the heart muscle) and hypertensive disorders of pregnancy (relating to high blood pressure).

With infants, a tracker researched by the Peterson and Kaiser Family Foundation finds these leading medical causes for high mortality: congenital malformations, deformations, and chromosomal abnormalities; short gestation and low birth-weight disorders; sudden infant death syndrome; accidents; complications of placenta, cord, and membranes; and bacterial sepsis.

Maternal pregnancy complications are listed as a major cause of infant mortality, underscoring, of course, how inter-related are the health issues of moms and tots.

The CDC list also has a major cause of maternal mortality that emphasizes the broader complications in dealing with this health nightmare — the significant percentage of fatalities of pregnant women due to mental health conditions, including deaths to suicide and overdose-poisoning related to substance abuse.

3. Race, economics, and other inequities play crushing role in this health crisis



The coronavirus pandemic made it glaringly clear: The U.S. health care system is rife with inequities, and these inflict grievous harms on expectant mothers and infants, especially for women and children of color, and especially for black women.

Here is what the independent, progressive Century Foundation reported in reaction to 2020 CDC data on maternal mortality:

"[T]he overall maternal mortality rate masks stark disparities by race and ethnicity ... Black women bear the brunt of this horrific burden. Due to systemic racism and discrimination at the individual level, black women ... face unacceptable (and mostly preventable) risk during childbirth and throughout and after pregnancy. It must also be noted that Hispanic women saw the largest maternal mortality increase of any racial or ethnic demographic group in the study, rising by a staggering 44% in just one year."

The Biden Administration has published its blueprint to battle the injuries to and deaths of women during pregnancy and just after, focusing on racial and economic injustice as a key and underlying issue and affecting not only black women but many others, too:

"Black women are more than three times as likely as white women to die from pregnancy-related causes, while American Indian/Alaska Native (AI/AN) are more than twice as likely. These disparities persist regardless of income, education, geography, and other socioeconomic factors. Systemic barriers and the failure to recognize, respect and listen to patients of color when they express concerns continues to contribute to unequal outcomes for black and AI/AN people in our health system. Considerable disparities have also been reported for rural women and for women with disabilities."

The White House describes one of the confounding outrages of black maternal mortality, which the Kaiser Family Foundation has reported on:

"[R]acial disparities [in the death of those pregnant and black] persist across education levels. Among women with a college education or higher, black women have an over five times higher pregnancy-related mortality rate compared to white women. Notably, the pregnancyrelated mortality rate for black women with a completed college education or higher is 1.6 times higher than the rate for white women with less than a high school diploma."

U.S. society may celebrate black women celebrities. But many of them have spoken out about their own experiences with pregnancies that became problematic, the inattentive care they received, and their tooclose brushes with maternal mortality or morbidity. The public reaction has been shock and dismay to such first-hand accounts by pop diva Beyonce, tennis hall-of-famer Serena Williams, six-time Olympic gold medal-winner Allyson Felix, and TV star Tatyana Ali.

Race and other social determinants of health also loom large in infant harms and deaths, as the Kaiser Family Foundation has reported:

"There are significant racial disparities in infant mortality rates in the United States. Non-Hispanic black mothers experience the highest infant mortality rate among all racial and ethnic groups ... as well as the highest rates of preterm birth (delivery before 37 weeks of gestation) and low birth weight, both of which are leading causes of infant death. Mothers who are American Indian or Alaska Native and Native Hawaiian or other Pacific Islander also experience a higher-thanaverage infant mortality rate ... The infant mortality rate among Hispanic mothers is similar to the national average ... while rates among White and Asian mothers are lower than average ...

"Researchers have long considered a variety of complex factors ...to better understand racial disparities in infant mortality, including infant health; maternal demographics, health, and behavior; medical care before, during, and after birth; and home and social environments before and after birth. Studies consistently indicate that socioeconomic disadvantage is linked to higher risk of adverse birth outcomes both in the U.S. and other highly industrialized countries, with substantial variation in how socioeconomic factors impact birth outcomes for different racial and ethnic groups.

"However, studies also increasingly note that socioeconomic disadvantages alone may not fully account for why black mothers and their infants face such a disparity in adverse maternal and infant health outcomes in the U.S. ... Researchers focusing on the substantial blackwhite infant mortality gap have generally found that controlling for maternal background factors also does not fully explain the disparity. Notably, recent research exploring U.S. maternal and infant health disparities discusses structural racism as a primary risk factor for African-American mothers and their infants, largely due to the complex stress it places on mothers throughout their life."

4. Changes are needed at every level

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What's to be done to better safeguard infants and expectant moms? Experts say the responses must occur at all levels: national, state, local and individual.

Segregated hospitals, for example, bear some of the blame, with this concern hot in Washington, D.C., where maternal mortality rates are unacceptably high.

More study may be needed to assist black women. But experts have looked at state-by-state statistics and have examined the better outcomes in spots like California. Unlike many other parts of the nation, the Golden State has reduced risks for its mothers by committing public resources to provide prenatal care and assistance for moms, with follow-up after their children are born. Further, as the Washington Post reported, public health officials, doctors, and hospitals have zeroed in on "problems that arise during labor and delivery, using data collection to quickly identify deficiencies (such as failing to have the right supplies on hand or performing unnecessary Caesarean sections) and training nurses and doctors to overcome them."

The Commonwealth Fund has offered a list of policy options to battle maternal mortality and morbidity problems, including a redoubled commitment to taking better care of women and expectant moms:

"In the U.S., which on a per capita basis has among the fewest maternal health providers overall and among the fewest midwives, most women see an obstetrician in a hospital. Top-performing health systems like those of Norway, the Netherlands, and Australia are better at preventing maternal deaths for several reasons, including the wide use of alternate models of care. In the U.S., expanding the maternal care workforce to include more nurses, midwives, and doulas could improve perinatal and postpartum outcomes, particularly for people experiencing significant inequities in birth outcomes.

"Greater investment in the U.S. primary health care workforce and an expansion of the medical home model to include women-centered primary health care could also have a significant impact on maternal health. One bill introduced in Congress, the Midwives for MOMS Act, aims to provide targeted grant funding for accredited midwifery education programs. Additional efforts to incentivize medical residents to work in rural or other underserved areas could increase the overall supply of maternal health providers."

The Wilson Center has reported that its researchers and experts they interviewed have found that modern medicine — familiar as it may be with childbirth, dating into antiquity — can be slapdash in its formalized practices to protect infants and expectant moms. The center quoted Dr. Michael C. Lu, associate administrator of the U.S. Department of Health and Human Services' Health Resources and Services Administration, reporting:

"Until recently in the United States, there were no standardized medical protocols to deal with maternal health emergencies, said Lu. California implemented its own protocol in 2008 which has resulted in a considerable reduction in maternal mortality below the national average. This model of best practices and standardized protocols 'needs to be replicated nationally,' he said. One way to introduce and standardize protocols in health facilities are 'patient safety bundles' – consistent guidelines, protocols, and best practices that can be replicated in many different settings, said Lu. The goal is to ensure consistent care in hospitals, clinics, and among private providers for conditions such as preeclampsia and obstetric hemorrhage, and to prevent unnecessary Cesarean sections."

For doctors, the tragedy of infant and maternal mortality and morbidity should be, experts say, a "sentinel event" — a loud alarm of preventable injury and death that cannot be ignored.

Research shows that, sadly, doctors fail to listen to and heed what black women patients are telling them, as experts like Dr. Ana Langer, a pediatrics and neonatology specialist at the Harvard T. H. Chan School of Public Health, have warned:

"Basically, black women are undervalued," she said. "They are not monitored as carefully as white women are. When they do present with symptoms, they are often dismissed."

5. The role of the federal government in reforms



With the U.S. birth rate declining for seven of the last eight years, demographers have warned that our already graying nation faces serious challenges ahead in maintaining its global dominance with shrinking numbers of young people. So, why isn't the country also doing everything it can to safeguard and support its infants and expectant moms?

That giant public policy question has been part and parcel of the furious political combat over health care for more than a decade. It has centered on the Affordable Care Act, aka Obamacare, and the pitched battles to provide health coverage to tens of millions of poor, working poor, and middle-class Americans.

The ACA, and recently the Biden Administration's push to provide health benefits to the country during the throes of the miseries of the pandemic, also has led to expansion of public support for the care of infants and expectant mothers, notably via Medicaid programs for the poor.

Medicaid is a life-changing and lifesaving difference-maker for just under half of pregnant moms it covers in many states, paying for medical services that otherwise would be unavailable to those who may need them most.

But politicians have waged war on benefit programs for the needy. Progressives have laid out detailed, expansive plans for federal support for the poor and working poor, notably to improve the well-being of expectant moms and infants. Republicans have argued in almost theocratic fashion that the government, mostly, has no legitimate role in Americans' health care.

A dozen states have declined to expand Medicaid coverage under the ACA, leaving giant geographic disparities in medical care — particularly in the South. As Democrats expanded Medicaid postpartum coverages, with clear and proven support for expectant moms and infants, new partisan wrangling has erupted over how much the nation should spend on such efforts and how long they should last.

Let's also not forget that Democrats and the current administration briefly got Congress to approve an expanded child tax credit program, which, for poor families, meant many received U.S. checks with money they could spend on necessities like more and better food, as well as medical care. The program benefited 65 million children and boosted 3.7 million of them out of poverty, researchers say. This was one of the largest and most successful anti-poverty efforts in recent memory.

The program has expired. Its prospective resurrection is stuck in the politically riven Congress, notably because GOP opponents insist that it can return only if it contains work requirements for poor recipients, including already overwhelmed single mothers.

A momentous ruling underscores disparities in support for moms, infants For grieving parents, staggering bills and relentless debt collectors





The U.S. Supreme Court, with its decision to reverse a half-century of settled law on abortion, put a giant spotlight on women's reproductive health matters and disparities in the way individual states support and protect the well-being of infants and children.

As the justices' momentous decision in *Dobbs v. Jackson* spills into and upends the November midterm election, news organizations have reported on the contradictory reality taking roots in states where abortion opponents hold great sway and what children and expectant moms confront there. As NPR reported:

"Nearly two dozen states have moved to restrict abortion or ban it altogether since the reversal of *Roe v. Wade* — meaning more people, especially those with low incomes and from marginalized communities, will be forced to carry unwanted pregnancies to term. So, are states prepared to pay for the infrastructure needed to support these parents and children? The data paints a grim picture for many families: Mothers and children in states with the toughest abortion restrictions tend to have less access to health care and financial assistance, as well as worse health outcomes ...

"Even before the Dobbs ruling, the 14 states with the most restrictive abortion laws had the worst maternal and child health outcomes in the country, according to an amicus brief filed on behalf of Jackson Women's Health Organization by the American Public Health Association (APHA), the Guttmacher Institute, the Center for U.S. Policy and hundreds of public health scholars and professionals. The brief cites poorer maternal and child health outcomes across existing risk measures, including mistimed and unwanted pregnancy, low infant birth weight, infant mortality, child poverty and adverse childhood experiences. (It also notes that Mississippi — at the center of the *Dobbs* case — ranked last in the Commonwealth Fund's 2020 composite score for health system performances on measures including 'overall preventable mortality' and 'children without appropriate preventive care.') These findings are echoed in similar analyses by Evaluating Priorities, the Brookings Institution, the Associated Press, the New York Times and others."

The news and information site Axios reported this:

"What we're facing as a country is hundreds of thousands of births, probably disproportionately located in the states that have been most limited in what they do for pregnant women, infants, and children. So, this is the great paradox that we are dealing with,' said Sara Rosenbaum, a health law and policy professor at George Washington University. 'We have not ever designed these programs for a world without Roe,' she added. 'You need a child welfare system, the likes of which we've never seen.' Experts [also] say there's already a growing shortage of obstetricians. In 2020, more than 2 million women of childbearing age lived in counties that had no hospital offering obstetric care, no birth center and no obstetric provider, according to a report by March of Dimes. Millions more lived in areas with limited access to care. Red states in the middle of the country — many of which will automatically ban abortion in Roe's absence — are particularly likely to have a high number of maternity care deserts."

Abortion is a complex, fraught issue that forces many to weigh and balance religious, practical, and political concerns. Voters should keep this in mind and be wary of extremists with simple answers, especially as the high court has pushed this huge concern to states for key decisions. \$2.5 million. \$3.4 million. \$6.5 million.

No, those aren't the annual salaries for CEOs of giant corporations. (Many make a lot more.) Those are the totals for what a few parents were billed for the intensive care of their sick infants who ultimately died.

After dealing with difficult pregnancies and tumultuous times in their youngsters' first days, the parents told the Kaiser Health News Service and NPR that doctors, hospitals, and other providers of medical services — notably an air ambulance company — turned their overpowering grief into an agonizing nightmare.

Who needs to be reminded, relentlessly, about a child's death by hounding bill collectors?

The news article details well that extraordinary maternal and infant care can carry costs that can be extreme. Parents find they cannot say no to suggested services, hoping against hope that it will give a newborn any chance at all of life and thriving.

But at the same time, institutions and individuals in health care — as reporter Lauren Weber makes clear — do not step to the fore to explain to overwhelmed families that they may qualify for benefits and programs that could save them huge sums:

"More than 300,000 U.S. families have infants who require advanced medical attention in the newborn intensive care units every year. Some babies stay for months, quickly generating astronomical fees for highly specialized surgeries and round-theclock care. The services are delivered, and in U.S. health care, billing follows. But for the smaller fraction of families whose children die, the burden can be too much to bear. A patchwork of convoluted Medicaid-qualification rules seek to defray these kinds of bills for very sick children. But policies differ in each state, and many parents - especially those ... who have commercial insurance — don't know to apply or think they won't qualify. Also, because many crises that befall premature or very sick babies are in-themoment emergencies, there may not be time for the preapprovals that insurers often require for expensive interventions. That leaves parents in crisis — or in mourning — tasked with fighting with insurers to have treatment covered."

The news article offers key steps that parents can take to battle the bills for their infants' care in neonatal intensive care units or NICUs:

"Parents who've been there advise contacting your health plan immediately to talk through the costs of your child's NICU stay, including what is covered and what is not. If your baby's not already on your health plan, make sure to add them. Speak to a social worker immediately about applying for Medicaid or the Supplemental Security Income program, known as SSI. If your baby qualifies, it can dramatically reduce your personal cost for a child who has extensive medical bills. The March of Dimes offers a My NICU Baby app designed to help families wade through the overwhelming experience. The nonprofit says the app can help you learn about caring for your baby in the NICU and at home, as well as monitor your baby's progress, manage your own health, and keep track of your to-do list and questions."

When confronted by high medical costs, keep careful records. Be prepared to fight back. Doctors, hospitals, and others in medicine can and will negotiate, as will insurers. They know that prices are full of flex and that if bills go to debt collection they will get little or nothing. Reach out to others who can help — patient advocacy groups, politicians and lawmakers, regulators, and, yes, experienced legal counsel.

Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest you:

- The coronavirus pandemic has not only caused sustained damage to the U.S. health workforce, it also apparently has accelerated a looming crisis in nursing care, as has been shown by a three-day strike by 15,000 private-sector nurses in Minnesota. Theirs was the largest such walkout by nurses and it sought to underscore how pay inequities, staffing shortages, exhaustion, working conditions, and other management-employee issues strike at the heart of the quality, safety, and excellence of direct patient care, the Washington Post and other media outlets reported.
- Americans live such nerve-wracking, glum, stressful lives that not only young people but also adults up to age 65 would benefit from regular screening during their doctor visits for anxiety and depression. That's the draft recommendation, newly issued and up for public comment, by the U.S. Preventive Services Task Force, an independent, blue-ribbon group that provides influential guidance to the federal government on medical tests and treatments.
- One of humanity's favorite activities also has become riskier than ever in health terms, experts say, as U.S. cases of sexually transmitted diseases are increasing so much that one expert describes the situation as "out of control." In official terms, reported syphilis cases rose 26% last year, hitting their highest rate in three decades and their highest total number since 1948, the Associated Press reported. HIV cases spiked by 16% last year. As with syphilis, reported gonorrhea cases keep increasing. And, of course, the nation is struggling and perhaps containing a coast to coast outbreak of monkeypox, with the infection once best known for its presence in less developed nations spreading mostly by men having intimate relations with multiple other men.
- Two federal regulatory agencies have rebuked nursing homes and their debt collectors, warning them that they may be breaking the law with sketchy efforts to make loved ones and friends pay for the care of sick, injured, and debilitated residents in long-term facilities. Bottom line: A lot of the forms that you may sign for a loved one as they are admitted to a nursing home are straight-up illegal if they purport to make you responsible for paying the facility's bills. The Consumer Financial Protection Bureau (CFPB) has conducted hearings and issued a report as well as putting out a joint letter with the Centers for Medicare and Medicaid Services (CMS), the agency with oversight of nursing homes and other long-term care facilities.
- As manufacturers press to shrink electronic devices, small children across the country are getting put at high risk of big harms by swallowing small button- and lithium coin-batteries, research shows. The round, shiny, and ubiquitous batteries have proven to be irresistible to the pint-sized and curious, who gulp them down after they find them scattered around or pry them free from an array of gadgets, including, the New York Times reported, "television remotes, key fobs, thermometers, scales, toys, flame-free candles even singing greeting cards." Grownups can be shocked by the damage the objects can cause, the newspaper reported

HERE'S TO A HEALTHY 2022!

Sincerely, Trick Molone

Patrick Malone
Patrick Malone & Associates

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