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Why Are Mothers Dying?

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Why is maternal mortality so high in the United States and what can be done about it?

DESPITE INCREDIBLE SCIENTIFIC ADVANCEMENTS IN technology and medicine, giving birth and caring for an infant are increasingly risky in the US where maternal mortality is rising, with 1,200 women dying from pregnancy-related causes in 2021, up from 754 in 2019 and 861 in 2020. Black women's recoveries are even more dangerous, resulting in a maternal mortality rate that is more than double that of the general pregnant population. Perhaps most shocking is that 52% of American pregnancy-related deaths occur in the first year postpartum. To emphasize, more than half of deaths from pregnancy complications happen *after* the fact of birth. We tend to think of pregnancy as the nine months when the infant is developing in the womb, but in reality, the physical health risks to women are currently

even higher in the aftermath. Postpartum death contributes to the fact that the [“US has the highest maternal mortality rate among developed countries.”](#)

Since women have always died in childbirth, people easily wave away these grim statistics as a small part of the risk that has perennially existed around birth. However, other countries do better, and so must we. We can alleviate this grave crisis by reviving practices of human empathy and care across civil society and medical practice. Doctors should prioritize the health of the mother and the baby together as an interdependent pair whose mutual flourishing depends on each other’s wellness. Each of us can revitalize selfless, empathetic, and humane habits within ourselves and our local communities that support new mothers as they rest, recover, and introduce their newborns, our newest neighbors, to the world around them.

Isolation as a Suspect in Maternal Mortality

Motherhood is deeply fulfilling, but pregnancy and the first year postpartum period can be extremely isolating in the US, with serious consequences. Prenatal healthcare does little to prepare moms for the “tenth month,” the weeks after the baby has arrived. Babies need to eat and sleep every several hours, meaning whether you bottle or breastfeed or some combination of the two, caring for an infant’s needs requires time near them around the clock. Babies’ communication is a new language of signs and noises that new parents must learn faster than a Middlebury College language immersion class. Clothes are rarely designed for the postpartum body, with maternity clothes emphasizing the bump and regular women’s clothes squeezing in uncomfortable places. These practical, physical challenges make being around others while with a newborn difficult.

The result is that moms of infants often isolate at home, wallowing in loneliness that fuels [postpartum depression](#). The US lags behind the developed world in care and community surrounding mothers and new babies. In fact, [a study](#) of 11 developed countries revealed that the US is the only one that does not have routine, postpartum home visits. Our

medical system overemphasizes babies' metrics with excessive weigh-in appointments and forgets the health of the mothers themselves. In the US, new moms schedule a single, six-week postpartum check, made even more difficult by recent policies by doctors (like mine) that prohibit the newborn from accompanying the mother. More than half of American moms do not even make that one visit.

I can understand why. After my 2021 delivery and concern about an infection in the weeks that followed, the obstetricians and midwives would not budge on their policy that dictated no visitors, including the newborn, could enter their office. The several hours to make the office visit and roundtrip commute, exacerbated by the unpredictability of waiting room times, could have jeopardized the delicate process it takes to establish a good feeding routine. But perhaps just as important as feeding was that I felt I should be with my baby, if at all possible. I toughed out my concerning symptoms at home because it was just too complicated to get to the obstetrician.

We need to train the doctors who guide women through pregnancy and birth that the maternal-baby pair is hardly less intertwined when the baby is on the outside than when the baby is on the inside. Regulations at the expense of humane, commonsense care were already becoming the norm in obstetric practice and have been exacerbated by COVID-19 rules that practices have adopted, including prohibiting spouses and family members from attending any appointments. Beyond the impediment that these regulations are to mothers like me who seek medical care for physical ailments, these isolating policies rip away the joy that families can share together seeing the baby's development and hearing that early, magical heartbeat, while simultaneously eroding the primary support network that a mom will have by excluding those closest from her from participating in the lead-up to the baby's arrival.

Yet author Abigail Tucker reports that social support "is the primary predictor" of perinatal mental health. In other words, being around others is critical for wellness just before and after birth. Isolation is a key suspect in the postpartum death of mothers. Conversations help women process the birth. Someone physically present helps her know she is not alone and that she can do hard things. A cheerful friend, doula, or relative

can uplift the mother's outlook, providing needed perspective and levity. A visitor lifting objects like a toddler sibling or a teapot of water prevents hemorrhaging that occurs when postpartum women carry too much too soon. Physically being together can identify serious health problems that might be missed by the mom herself. A supportive visitor can be the life and death difference for a mother.

Declining social capital manifests itself in the loneliness women experience after birth. From observation of friends over the years, it appears that at best, a new mother in the US might have a relative help for a week. After that, spouses have gone back to work, friends are back to normal life, colleagues are onto new projects. The mom is alone navigating the great changes of caring for a new person. The isolation in the American context leaves 51% of moms with young children reporting "miserable degrees of loneliness."

Motherhood does not have to be so isolating. In many other countries, cultural traditions support postpartum recovery by surrounding mothers with community, care, and nutrition. These traditions can be found in the 40 day *la cuarentena* in Latin American, monthlong *zuo yuezi* in China, 40 day resting period in India, and midwifery home visits in developed countries that allow new mothers to stay close to their babies in a comfortable environment while receiving much-needed conversation and support. Americans could creatively integrate the best practices from around the world to become exceptional rather than derelict at perinatal support.

Hemorrhaging Health for Metrics

From the first days after birth, doctors make recovering from birth difficult. American doctors require moms to bring their babies in for a weight check 24–48 hours after leaving the hospital. This is the time when moms and babies should be nestled at home, establishing peaceful rhythms that promote maternal healing and relaxation that helps milk production, is instead fraught with stressful trips out the door to a clinical office where all too often doctors push additional baby

measurements, consultant visits, and more check-in appointments, even when babies are within the normal range of growth.

The most supportive mother-baby care I ever received surprisingly occurred at a military base hospital which had a midwifery-based model for uncomplicated pregnancies and has set the standard in my mind for what is possible. Even the special forces soldiers who delivered my second baby under the midwife's careful guidance were more humane than obstetricians I have encountered since. In subsequent pregnancies, even as a seasoned mom and a professional, Ivy-League researcher, I faced doctors who dismissed my concerns and censured me when pushing back against their one-size-fits-all approach, which engendered my severe distrust. My distrust is in good company, as Americans rank trust in doctors comparatively low to other countries.

The solutions to maternal mortality are hardest to prescribe because they largely rely on civility and empathy that emerge from a healthy, civic-minded culture.

After giving birth in 2021, I pleaded with the pediatrician at the hospital check-out to wait to bring the baby in for the weight check for at least 48 hours. She was as prickly as a cholla cactus about this request. Despite my healthy chunk of a baby and my perinatal research about recovery, the pediatricians bullied and pressured me to attend multiple baby weight checks in the immediate postpartum week. No wonder over 70% of mothers find breastfeeding difficult. Ignoring the mother-baby pair to track and fret over every ounce of baby weight is counterproductive to the weight gain itself. The frenetic rush to appointments impedes the mother-baby connection that flourishes with rest, unrushed time to bond, communicate, nap, and eat.

Our bureaucratized, over-testing health system has lost sight of the importance of relationships rather than metrics for health and well-being. Even when babies have not lost more than the standard 10% weight after birth, pediatricians insist on multiple office check-ins during the first week postpartum, an excessive number of which are not covered by insurance's well-baby care. The skeptical side of me wonders if this is simply a money-making scheme by private equity companies that increasingly own medical groups to bill more visits, with nearly 70% of doctors now employed by a large corporate entity instead of owning their own practice. Under normal circumstances, the keep-up-with-the-Jones' baby metric appointments outside the home impair the mother's physical recovery and disrupt the symbiotic mother-baby relationship that naturally promotes growth through rest and nutrition. Of course there are exceptional cases where more baby follow-up care is needed, but as a general principle, doctors should weigh the good of both the mother and baby together.

Saving Women, Babies, and Ourselves

In our race to advance technologically and professionally, the basic human needs of women who bring new life into the world have been left hidden behind home doors. Artificial intelligence can never be a human shoulder to cry on or warm and caring arms to hold a baby. Birth and infants rudely disrupt the technological vision of humanity, revealing the embodied, physicality and vulnerability that humankind shares together from their earliest moments of life both inside and outside the womb, little of which we remember but all of which shapes our personhood. If our medicine and our support become more automated, more dependent on calculations rather than on deep human empathy and old-fashioned common sense about rest, nutrition, and friendship, we will continue to see declining birth rates and rising maternal mortality rates.

The solutions are not top-down regulation and bureaucracy. The solutions are hardest to prescribe because they largely rely on civility and empathy that emanate from within and are manifest in a million, small, selfless ways that emerge from a healthy, civic-minded culture. A few ideas along these lines come to mind, but they are just the beginning of tackling this societal problem. Families are the first buttress against crushing isolation; in the best of circumstances, they know and love the mother and her child best. However, not everyone has a loving spouse or relatives nearby who are both capable and willing to help. Alarmingly, [40% of births are to unmarried mothers](#), meaning new mothers need support from civil society more than ever.

Each of us as citizens, friends, neighbors, and family, can practically help when a new baby arrives; this might be bringing meals, helping clean, dropping off groceries, picking up an older sibling from school or soccer, or sitting with the baby while the mother takes a nap. We can organize voluntary associations like book clubs, moms' groups, church ministries, and neighborhood friends to coordinate these tasks. After a restful physical recovery, when mothers are ready to venture out of the house, we can joyfully encourage them to bring their babies with them, whether to a social event, a meeting, a religious service, or casual coffee.

Doctors can help mothers survive the postpartum desert by looking a mom in the eyes and verbally asking how she is doing at a postpartum checkup instead of having her fill out an impersonal, postpartum

depression checklist. Doctors would get a more honest response and be able to have a real conversation about what is difficult and how to make things better. Perhaps doctors themselves need training in how to listen. Postpartum care could move toward an in-home baby weight check in the first week instead of stressful office visits. Lactation consultants, who can weigh babies as well as help with feeding, could check in on the baby and mother at home in lieu of expensive doctor office check-ups.

Pediatricians should presume success on the part of mothers and babies. Raising alarm about metrics can be a self-fulfilling prophecy that generates stress on the part of the woman further exacerbating not only the bonds she is developing with her child, regardless of feeding method, but unduly stressing the postpartum body that is trying desperately to recover from the physical trauma of birth and the emotional processing from hormone changes, confusion, worry, and lack of sleep.

The good news is that helping mothers and babies helps everyone. The calm and smiles that spontaneously roll across people who interact with a young child are biochemically evident and benefit society at large. Studies show that interacting with young children, *especially* those that are not one's own, increases oxytocin levels, a hormone that helps us relax and feel happy. I witnessed this recently at the pumpkin patch. The weathered, old farm worker who lifted my toddler off the hayride looked into my son's eyes and with emotion exclaimed, "What a beautiful baby!" and then involuntarily kissed him on the forehead. My little guy has that effect on all of us. The 1980s movie, "Three Men and A Baby," humorously illustrates the smile and frequent comment by passersby at seeing a baby, "Oh, it's a baby!" Nurtured babies, welcomed by others in society, lead to well-adjusted kids. Brain development occurs in a nonlinear direction, with sensory interactions like face processing and language in the first year of life-shaping brain plasticity and behavioral health for the long run. Babies and moms need friendship and relationships, and a healthy society needs them too.

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