The Maternal Health Care Crisis in the United States

Amnesty International report focuses on maternal mortality rates.

From 1987 to 2006 the maternal mortality rate in the United States doubled, from 6.6 to 13.3 deaths per 100,000 live births, according to a report from Amnesty International (read the full report and executive summary at http://bit.ly/93uSiT). The report also notes that deaths from pregnancy-related complications are more likely in the United States than in 40 other countries.

The report identifies disparities in care based on ethnicity, income, and immigration status, among other factors, as major contributors to the maternal health care crisis. Women of color, who are more likely to die in pregnancy and childbirth than white women, make up a disproportionate number of women who receive health care from publicly funded programs, which suffer from insufficient resources to deliver effective prenatal, maternal, and postpartum care.

Other barriers to maternal health care include language barriers, restricted appointment hours, and a shortage of facilities with adequately trained professionals (in both rural areas and inner cities).

The report suggests several measures to reverse the trend of pregnancy-related complications in the United States:

• Address variations in the quality of obstetric practices. At present, there are no national guidelines or protocols for maternal health care or for preventing and managing obstetric emergencies.
• Ensure that women receive adequate prenatal care.
• Ensure that women receive adequate postpartum care. More than half of all maternal deaths occur one to 42 days after childbirth, although most women don’t have a follow-up examination until the end of that period (six weeks).
• Establish an Office of Maternal Health to improve the collection of maternal health data, protect the right to non-discrimination in maternal health care, and recommend regulatory changes.
• Provide temporary access to Medicaid for all pregnant women while permanent coverage applications are pending.—Wayne Kuznar

Rotating shifts linked to irritable bowel syndrome (IBS) in nurses. The risks of both IBS and abdominal pain were significantly higher in nurses who worked rotating shifts (shift workers) than in those who routinely worked day or night shifts, finds a study in the April issue of the American Journal of Gastroenterology. Shift workers often complain of gastrointestinal symptoms, such as abdominal pain, constipation, and diarrhea—the symptoms commonly seen in IBS. Among the 399 nurses surveyed, 214 worked day shifts, 110 night shifts, and 75 rotated shifts. Rotating shift nurses reported more IBS symptoms (48%) than permanent day (31%) or night (40%) shift workers. The authors surmise that changes in the gut brought about by disruption of the circadian rhythm may be the cause.