POLICY BRIEF

A STRATEGIC ROADMAP FOR ERADICATING RACIAL DISPARITIES IN MATERNAL MORTALITY AMONG WOMEN OF AFRICAN DESCENT

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Introduction

Maternal mortality is, for the most part, a preventable global crisis that claims the lives of hundreds of thousands of women annually. The World Health Organisation describes maternal deaths, also known as maternal mortality, as the death of women due to pregnancy-related or aggravated causes either during or following pregnancy and childbirth.[1] Maternal mortality is not only one of the most pressing global health predicaments of our time, but also one of the most pressing human rights challenges of our time. From a macro-perspective, there has been a significant decline in maternal deaths from 443,000 deaths in 2000 to 260,000 in 2023.[2] Yet, from a micro perspective, there remain deeply entrenched maternal mortality inequalities within and between countries and regions. For women of African descent or Black women in particular, these inequalities are tied to the intersection between their race and gender, given that their intersectional identity exacerbates their risk of maternal death. Notably, in countries with communities of people of African descent, such as the United States (U.S.), Brazil, the Netherlands, and the United Kingdom, Black women experience significantly higher levels of maternal deaths in comparison to women belonging to other racial groups.[3] The International Convention on the Elimination of All Forms of Racial Discrimination requires states to eliminate and prevent racial discrimination that infringes on the right to health.[4] Hence, the global maternal mortality disparity among women of African descent violates the stipulations enshrined in this convention.

It is against this backdrop of significant disparities in maternal mortality among women of African descent that this policy brief focuses on policies and initiatives aimed at curbing their disproportionately high levels of maternal deaths. The policy brief is based on a recently released report by the W.E.B. Du Bois Southern Center for Studies in Public Policy, which examined the disparities in maternal mortality among women of African descent in the U.S. and Brazil.[5] The report, therefore, serves as the primary reference for information and data provided in the policy brief. Issues discussed in this brief include the maternal mortality trends among Black women in both the U.S. and Brazil; the structural catalysts; the policies and initiatives aimed at responding to the issue, as well as their strengths and limitations; and recommendations for all countries with communities of people of African descent, such as the U.S. and Brazil.

This document serves as a strategic roadmap for resolving the global Black maternal health crisis and safeguarding the right to life of Black women. Its focus also aligns with the theme for the United Nations' Second International Decade for People of African Descent (2025–2034), which is "People of African Descent: Recognition, Justice and Development." [6]

The State of the Black Maternal Mortality Crisis[1]

The overall maternal mortality trajectories of the United States and Brazil are widely divergent. The report indicates that in the U.S., maternal mortality has increased from 2000 to 2023, while during the same period, maternal mortality has declined in Brazil. Despite their divergent paths, in comparison to women belonging to other racial groups, Black women in both countries are disproportionately affected by maternal deaths. Additionally, while there are other leading causes of death unique to Black women in each country, the two leading causes of death for Black women in both countries are hypertension and hemorrhage.

United States of America

In comparison to other high-income countries, when it comes to the Maternal Mortality Ratio (MMR), the United States becomes an outlier, seeing that it recorded 17 deaths per 100,000 live

[1] Information and data provided throughout this section is based on the previously mentioned and cited report released by the W.E.B Du Bois Southern Center for Studies in Public Policy.

births in 2023, unlike other high-income countries such as Germany, France, and Canada. Recent provisional data from the U.S. Centers for Disease Control and Prevention (CDC) indicate that the United States continues to be an outlier, as it recorded a national MMR of 16.7 in the 12-month period that ended in September 2025. Whereas these statistics are alarming as a whole, they become even more troubling when analysed by race because they clearly show the magnitude of the Black maternal mortality crisis. In 1999, for instance, the national MMR was 12.7, but the MMR of Black women was 31.4. Ten years later, in 2019, the MMR of Black women had more than doubled to a staggering 67.6. Provisional data for 2025 indicate that the MMR for Black women is 43.3 deaths per 100,000 live births, a figure that is more than twice the national average and higher than that of women belonging to other racial groups. These disparities persist despite the presence of key risk-reducing factors such as being younger, having a higher level of education, and living in wealthier and more developed parts of the country. For instance, the report indicates that across various age groups, Black women had higher levels of maternal deaths in comparison to women belonging to other racial groups. MMR levels among Black women were also higher in the Northeast than in the Midwest and West regions, even though the former has higher levels of socioeconomic development.

Brazil

Compared to other countries in Latin America and the Caribbean, which have a regional MMR of 77, Brazil has made significant strides in reducing its national MMR because it fell from 186 deaths per 100,000 live births in 1985 to 67 in 2023. Whereas these statistics are remarkable, the progress is, unfortunately, not equally distributed amongst women of all races. Per the report, from 2000 to 2020, Black women in Brazil accounted for 59.2% of the overall maternal deaths in the country. These statistics became alarmingly higher in 2022 when the MMR for Black women rose to 97.5 deaths per 100,000 live births. As is the case in the U.S., the risk-reducing factors that are supposed to protect women from maternal death, such as being younger and living in a wealthy or more developed part of the country, remain largely irrelevant for Black women. Notably, MMRs were higher among Black women for all age groups, and wide disparities persist between Black and White women in the Southeastern region, despite the region being the most developed and wealthy part of the country.

Catalysts of the Black Maternal Mortality Crisis[2]

The report highlights that the Black maternal mortality crisis in the United States and Brazil is not caused by just one factor but rather a web of factors. Broadly, these factors include social and structural determinants of health; limitations in health insurance coverage; and provider, patient, and system of care factors.[7]

Social and Structural Determinants of Health

Both the United States and Brazil have a history of systemic racism, which manifests itself in economic, social, and environmental conditions that disadvantage Black women. In some cases, systemic racism dictates where people live, what their income levels are, and what environmental risks they are exposed to. As a result, there are severe gaps between Black and White people in both countries in terms of income, housing, wealth distribution, food security, and other social and structural determinants of overall health. The health of some Black women is, therefore, already compromised long before conception occurs.

Health Insurance Limitations

In the United States, the health insurance system is a patchwork of private insurance companies

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and public health insurance programs, with the later having strict eligibility requirements. The majority of the population relies on the former. Black people are disproportionately affected when it comes to healthcare access because they account for the second-highest rate of uninsured individuals in the U.S., as well as the largest proportion of individuals who rely on Medicaid and the Children's Health Insurance Program (CHIP). For Black women in particular, their reliance on Medicaid increases their maternal mortality risk because the historically abrupt end to Medicaid benefits at 60 days postpartum means that Black women were left highly vulnerable during the crucial period (43 to 365 days postpartum) wherein the majority of maternal deaths occur. Unlike the United States, Brazil has a universal health insurance system, which it provides through the Sistema Único de Saúde (SUS). This notwithstanding, Black Brazilian women are still at a higher risk of maternal mortality because they still fall victim to logistical and systemic hurdles that limit their access to quality maternal interventions. This means that, as much as health insurance coverage is universal, its execution is not equal.

Provider, Patient, and System of Care Limitations

The report indicates that in both the United States and Brazil, the healthcare systems are marred with provider bias and systemic care failures, and these, in turn, endanger Black women. For instance, in comparison to women of other races, Black mothers in the U.S. are the most likely to report mistreatment by hospital staff on account of their racial, language, and/or cultural background and equally the most likely to undergo caesarean sections, a medical procedure linked to severe maternal morbidity. Furthermore, some maternal deaths are due to patients having chronic diseases that increase their risk. In Brazil, Black women experience systemic institutional racism within the healthcare system, which manifests itself in the form of delayed medical care; a dismissal of patient concerns; and the performance of invasive procedures without adequate consent or pain management. Additionally, some of these deaths are due to patients not seeking timely medical assistance.

Evaluation of Current Policies and Initiatives[3]

In both the United States and Brazil, a combination of universal and targeted policies and initiatives has been implemented in a bid to address the Black maternal mortality crisis. Whereas some of the 13 measures discussed in this brief have yielded positive results, overall, there are critical weaknesses with several of the measures.[8] Furthermore, given the absence of racially-disaggregated data concerning the effectiveness of the majority of the universal policies and initiatives, their true impact on reducing maternal deaths among Black women remains unknown.

United States

Maternal Mortality Review Committees (MMRCs)

These multidisciplinary committees operate at the state and local levels and play a crucial role by reviewing maternal deaths to identify the factors influencing these deaths and propose recommendations. Their effectiveness is, however, compromised by factors such as poor reviewing and reporting standards, inadequate funding, and a lack of diverse community-based representation. The latter in particular hinders their ability to develop recommendations that align with the challenges faced by the communities most impacted by the crisis.

Expansion of Postpartum Medicaid Coverage

The Medicaid healthcare program is a federal-state program that assists with the coverage of medical care costs for low-income individuals.[9]

[3] Information and data provided throughout this section is based on the previously mentioned report released by the W.E.B Du Bois Southern Center for Studies in Public Policy.

According to the report, in 49 states, Medicaid postpartum coverage has been extended from 60 days to 12 months, in line with the American Rescue Plan Act of 2021. This extension holds immense potential in terms of reducing the high levels of maternal death among Black women, because, as the report notes, among those aged 18 to 64, Black people are the leading racial demographic supported by Medicaid and (CHIP).

Medicaid Coverage for Doula Services

The report indicates that in 27 states, Doula services are covered or in the process of being covered under Medicaid, an indication of the crucial role Doulas play in the provision of maternal care and the mitigation of poor maternal outcomes. While this looks promising on paper, in reality, it is difficult to implement due to factors including payment challenges, low rate of utilization, and training and credentialing limitations.

California's Black Infant Health (BIH) Program

This targeted policy is geared towards providing Black mothers with social and life planning support. Whereas it has achieved success in terms of helping Black mothers reduce smoking, depressive symptoms, and food insecurity, the program still struggles to improve healthy behaviours such as those linked to diet, particularly when the Black mothers in question reside in areas that are essentially food deserts. This goes to show that geographical disadvantages can limit its impact.

California Maternal Quality Care Collaborative (CMQCC) Equity Initiatives

CMQCC has contributed to significant declines in maternal deaths in California, resulting in the state having the lowest level of maternal deaths across the country. The report indicates that it has contributed to reductions in hemorrhage among both White and Black women, with the latter experiencing the highest level of reductions. Yet, inequities persist. For instance, in comparison to White women, Black women are more than 5 times as likely to experience maternal deaths in California. This has led to the creation of the CMQCC Pilot Health Equity Collaborative to advance respectful and equitable maternal health care.

The Los Angeles County African American Infant and Maternal Mortality (AAIMM) Initiative

This county-level program is designed to address maternal and infant death among Black women and children in Los Angeles County. Programs included within this initiative include a Group Prenatal Care program, the Pregnancy Intentionality, Preconception and Interconception Care Intervention, the Village Fund, and a doula program consisting of 14 doulas aimed at supporting 500 Black women.

Telehealth Programs for High-Risk Pregnant Women

The report indicates that the University of Mississippi Medical Center telehealth program and the Severe Maternal Morbidity through Telehealth (SMMT) pilot programs in Florida have resulted in improved maternal health outcomes. In Mississippi, the program resulted in zero maternal deaths among 77 participants during the 60-day postpartum period, and most of them were Black, lived in rural areas, and were on Medicaid. Similarly, in Florida, these programs made it possible to keep track of blood sugar levels and identify dangerous blood pressure levels. Notably, the primary focus group of the SMMT program is vulnerable and minority pregnant women, and this includes Black women.

Brazil

Comitê Nacional de Prevenção da Mortalidade Materna, Fetal e Infantil (CNPMMFI)/ National Committee for the Prevention of Maternal, Fetal and Infant Mortality

Similar to the MMRC model in the U.S., the CNPMMFI is designed to develop as well as monitor policies that address preventable maternal, fetal, and infant deaths in the country. It is also tasked with making recommendations that reflect social, racial, and regional inequalities.

Given its racial focus, it has the potential to contribute to declines in maternal deaths.

National Policy for the Integral Health of the Black Population (PNSIPN)

This policy addresses systemic racism in healthcare by requiring healthcare facilities to stratify data by ethnicity and race and adopt measures to combat racism. According to the report, its implementation is, however, fraught with challenges, given that frontline managers in areas with massive Black populations, for instance, Bahia, often either express ignorance of the policy or operate under the false premise that racial inequality is non-existent.

Collaborative Abraço de Mãe (CAM)

This healthcare quality improvement initiative by the Hospital Israelita Albert Einstein and the Institute for Healthcare Improvement places anti-racism at the centre of its clinical outcomes and is designed to reduce institutional MMR. Per the report, it resulted in a 34.2% reduction of institutional MMR in 19 participating hospitals. Nonetheless, as indicated in the report, its effectiveness in integrating anti-racism and equity approaches is hindered by challenges such as resistance by clinical leaders and staff and the lack of accountability systems to identify clinical staff who engage in racist acts.

The Alyne Network

This policy was launched by the Government of Brazil in 2024 and thereafter allocated a budget of 1 billion Brazilian Reais in 2025. It is aimed at reducing maternal mortality nationwide and particularly among Black women. As the report notes, it is, nonetheless, difficult to implement, given the vast geography of the country; the variations across regions; outdated maternal care practices; and structural racism embedded in obstetric care.

Tele-Intensive Care Unit (Tele-ICU) Obstetric Project

The Tele-ICU Obstetric Project operates in 11 states, and it is funded by the Ministry of Health. Participating health care facilities have recorded a 47.6% decline in ICU maternal deaths, highlighting the program's effectiveness. Given that Black women are disproportionately affected by maternal deaths, the program could play a significant role in curbing their maternal deaths.

Establishing a Referral Center for High-Risk Pregnancies in Predominantly Black Communities

In the state of Bahia, the Instituto de Perinatologia da Bahia/ Perinatology Institute of Bahia (IPERBA), a public hospital, serves as a referral center for high-risk pregnancies. Notably, Bahia has the highest population of people of African descent in Brazil. In four years (2009 to 2012), only one maternal death was recorded in the hospital, demonstrating its instrumental role in curbing maternal deaths among Black women. This was achieved through a partnership with the United Nations Population Fund.

Strategic Recommendations

From the foregoing, the report outlines the following evidence-based recommendations to alter the deadly trajectory of maternal mortality rates among women of African descent.

♦ All Countries with Communities of People of African Descent

Incorporate Anti-Racism Efforts into Clinical Accountability

It is essential that healthcare providers undergo mandatory anti-racism training directly tied to professional licensing and quality measures for healthcare facilities. Additionally, funding for health care facilities can be linked to reductions in maternal deaths among Black women.

Collect Race-Disaggregated Data for All Universal Maternal Health Policies and Initiatives

The collection and accessibility of race-disaggregated data concerning universal maternal health policies and initiatives are key to assessing the effectiveness of these efforts. As such, the race-disaggregated data on the effectiveness of universal programs in countries with communities of people of African descent ought to be collected and made publicly accessible.

Without such data, systemic racial gaps in the health system cannot be closed.

Scale Community-Centered Preventative Programs

Programmes such as the BIH in California and the AAIMM in Los Angeles suggest that it is essential for governments and state agencies to establish and fund more programs that address the social determinants of maternal mortality (for instance, stress reduction, housing, and food security). These programs should prioritise accessibility for rural and low-income Black women.

Leverage Partnerships with International and Non-Governmental Organizations

Countries, states, cities, and counties experiencing funding limitations should actively pursue partnerships with UN agencies, non-governmental organisations, and private foundations. The success of IPERBA and CAM is proof that non-state partnerships can provide the necessary support to advance efforts aimed at addressing maternal deaths among Black women.

The United States and Brazil

Expand Telehealth Services for High-Risk Pregnant Women

Both countries must scale remote monitoring programs. In the U.S., other states can learn from the UMMC and Florida models and replicate similar programs. In Brazil, the current telehealth program should be expanded beyond the 11 states it currently covers. Scaling telehealth programs will facilitate the monitoring of high-risk pregnancies and reduce Black women's likelihood of experiencing maternal deaths.

Strengthen the Capacity of Maternal Mortality Review Committees through Increased Diversity and Funding

MMRCs in the U.S. and the newly formed CNPMMFI in Brazil must reform their membership structures to facilitate the inclusion of representatives from communities that are most impacted by maternal deaths, such as Black women and women in rural areas. Without the voices of these community representatives, the reviews by these committees will continually miss vital non-medical catalysts of mortality. These review committees should also be provided with adequate funding to support their work.

Conduct Frequent Racial Equity Assessments of Maternal Quality Care Collaboratives

Existing maternal quality care collaboratives in the U.S. and Brazil that have yet to do so must embark on frequent equity assessments to ascertain how and to what extent the impact of their activities is equitably distributed among various minority groups. These assessments are critical for the identification of weaknesses and the development of solutions to ensure that their efforts are meeting the needs of Black women. CMQCC has already started doing this through the development of the Pilot Health Equity Collaborative.

Other Countries with Communities of People of African Descent

Collect and Make Publicly Accessible Race-Disaggregated Data on Maternal Mortality

All countries with communities of people of African Descent must collect and make race-disaggregated maternal health data publicly accessible. This will provide insights into the racial disparities in maternal deaths among women of African descent and facilitate the monitoring of progress made by various countries in curbing maternal deaths among Black women. Countries that have yet to do so can learn from the U.S. and Brazil's approach of making such data accessible. The U.S. does so through the CDC National Center for Health Statistics and the National Vital Statistics System. Brazil does likewise through the Fetal and Maternal Mortality Monitoring Dashboard – Notification and Investigation (Painel de Monitoramento da Mortalidade de MIF e Materna – Notificação e Investigação).

Establish Telehealth Programs for High-Risk Pregnant Women

Other countries with communities of people of African descent that are yet to adopt telehealth programs for high-risk pregnant women can learn from the existing models in the U.S. and Brazil and adopt similar programs. This will reduce the likelihood of maternal deaths among high-risk pregnant Black women. In rural parts of the country with limited internet coverage, telephone and mobile phone calls can be used for telehealth appointments.

Establish Maternal Review Committees

These review committees play a vital role in deepening understanding about maternal mortality trends and disparities, and they provide recommendations as well. Hence, other countries with communities of people of African descent that have yet to establish such committees should do so. The U.S. and Brazil models can serve as examples. Furthermore, these committees should be well-funded and have a diverse membership that includes representation for communities with high levels of maternal deaths.

Develop Maternal Quality Care Collaboratives

Given the success of maternal care collaboratives in the U.S (CMQCC) and Brazil (CAM), countries that are yet to establish such collaboratives must do so. Additionally, both new and pre-existing collaboratives should conduct frequent racial equity assessments to ensure that their activities meet the needs of Black women.

Conclusion

The disparities in maternal mortality among women of African Descent point to a profound failure of healthcare systems and governments to protect the most fundamental human right, that is, the right to life. Data unequivocally show that the majority of these maternal deaths are indeed preventable and not driven by biological inevitability. Therefore, as the global community approaches the Second International Decade for People of African Descent, piecemeal solutions to the maternal mortality crisis among women of African descent are no longer acceptable. This is a crisis that demands intersectional solutions, that place anti-racism at its centre because that is the only way to dismantle the structures that make racial identity the core determinant of whether Black mothers live or die.

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[1] "Maternal Mortality Ratio (Per 100 000 Live Births)," World Health Organization, accessed November 24, 2025, https://www.who.int/data/gho/indicator-metadata-registry/imr-details/26#:~:text=The%20maternal%20mortality%20ratio%20(MMR,during%20the%20same%20time%20period.

[2] World Health Organization, Trends in Maternal Mortality Estimates 2000 to 2023: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division, 2025, xv,

[3] Yemo, Rebecca. "Disparities in Maternal Mortality Among Women of African Descent." W.E.B Du Bois Southern Center for Studies in Public Policy, March 30, 2026. https://zenodo.org/records/19336034

[4] "International Convention on the Elimination of All Forms of Racial Discrimination," United Nations General Assembly, adopted December 21, 1965, https://www.ohchr.org/en/instruments-mechanisms/instruments/international-convention-elimination-all-forms-racial.

[5] Yemo, Rebecca. "Disparities in Maternal Mortality Among Women of African Descent."

[6] "OHCHR and the Second International Decade for People of African Descent 2025-2034," Office of the United Nations High Commissioner for Human Rights, accessed December 10, 2025, https://www.ohchr.org/en/racism/second-international-decade-african-descent.

[7] Yemo, Rebecca. "Disparities in Maternal Mortality Among Women of African Descent

[8] Ibid.

[9] "What's the difference between Medicare and Medicaid?," U.S. Department of Health and Human Services, Accessed May 4, 2026, https://www.hhs.gov/answers/medicare-and-medicaid/what-is-the-difference-between-medicare-medicaid/index.html#:~:text=Medicaid%20is%20a%20joint%20federal,information%2C%20visit%20Medicaid.gov.