



## **Maternal Mortality and Unstable Housing: An Overview of Data and Recommendations from the Washington State Maternal Mortality Review Panel**

In October 2019, the Washington State Maternal Mortality Review Panel released its second annual report on maternal deaths to the legislature.<sup>1</sup> As in its last report, the panel draws a connection between unstable housing and maternal mortality, linking unstable housing as a contributing factor to pregnancy-related<sup>2</sup> deaths.

The panel determines an event or issue is a contributing factor to maternal mortality if altering it would have prevented the pregnancy-related death. These determinations are important because, according to the report, “identifying and addressing these issues has the potential to impact all types of maternal deaths and severe maternal morbidity, and improve maternal and perinatal health care, overall.”

To address the connection between maternal health and housing, the report lists priority recommendations to prevent an increase in pregnancy-related deaths, such as focusing on “social determinants of health, structural racism, provider biases, and other social inequities to reduce maternal mortality in priority populations.”

To implement this important recommendation, the panel proposes two budget and policy action items:

- 1) Prioritize funding for housing services for parents from priority populations; and**
- 2) Address the housing crisis to ensure women and children have access to safe, affordable, and stable housing during and after pregnancy.**

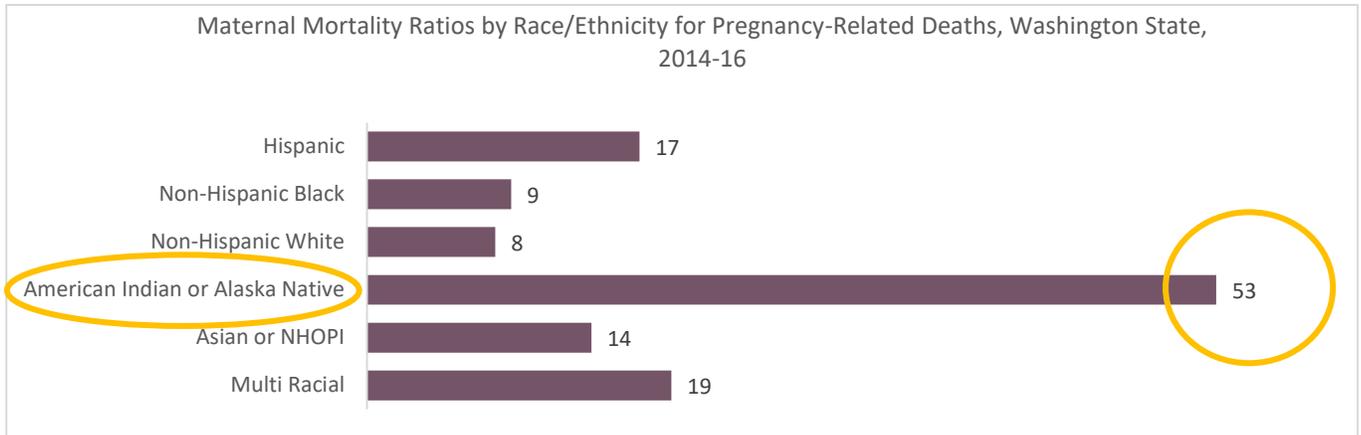
In looking at the maternal mortality data and its connection to housing in this report, it is also important to look at the large racial and ethnic disparities highlighted in the report. For example, the panel found that the pregnancy-related death ratio in Washington from 2014-16 was 11.2 deaths per 100,000 live births. However, for American Indian and Alaska Native women, that ratio was 53 deaths per 100,000 live births, almost seven times the rate for non-Hispanic white women. Unfortunately, we also see a similar trend in the homelessness population in Washington, where the rate of homelessness for American Indian and Alaska Native families is nearly seven times greater than the rate for white women.

These data points illustrate a terrifying reality for American Indian and Alaska Native women and their families.

---

<sup>1</sup> Washington State Department of Health, Prevention and Community Health Division. *Washington State Maternal Mortality Review Panel: Maternal Deaths 2014-2016*. Washington State Department of Health. October 2019. Olympia, Washington. Retrieved from <https://www.doh.wa.gov/Portals/1/Documents/Pubs/141-010-MMRPMaternalDeathReport2014-2016.pdf>.

<sup>2</sup> According to the Washington State Department of Health Maternal Mortality Review Panel, a pregnancy-related death is defined as 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.



In reviewing the pregnancy-related deaths, the panel “identified instances where bias, stigma, and differential treatment based on race or substance use affected the quality and timeliness of maternal care delivery and contributed to preventable pregnancy-related deaths.”

As stated by the panel, **“Chronic stress caused by racism and bias can compound socioeconomic issues that also lead to poor health outcomes. Living in a society with a legacy of racial discrimination and historical trauma is an additional source of stress and an additional factor leading to poor health outcomes among communities of color.”**

Addressing structural racism and other social inequities to reduce maternal mortality is a priority recommendation of the panel. The panel proposes strategies to implement this recommendation, including prioritizing impacted populations, specifically American Indian and Alaska Native families, for services. They also recommend applying a racial equity lens when creating health policies and programs and making resource decisions.

***For more information:***

Visit: [doh.wa.gov/maternalmortality](https://doh.wa.gov/maternalmortality)

Contact: Megan Veith, JD, Policy & Research Associate, Building Changes  
[Megan.Veith@BuildingChanges.org](mailto:Megan.Veith@BuildingChanges.org), 206.805.6163