



This is Our Lane - Too: Joint Statement on the Maternal Health Crisis from the Association of Black Cardiologists, American College of Cardiology and American Heart Association

This Mother's Day and beyond, as cardiologists we care for the fate of all women. The death of a woman during pregnancy, at delivery, or soon after childbirth is an immeasurable tragedy for her family as well as society at large. Urgent action is needed to combat the maternal morbidity and mortality crisis in America and cardiologists have a vital role to play.

Decades of data highlight the unacceptably high rate of maternal mortality in the United States (U.S) and the disproportionate burden borne by Black women who are 2 to 3 times higher risk of maternal mortality compared to White women. In 2021, maternal mortality rates increased by almost 60%. Given that cardiovascular disease (CVD) remains the leading cause of maternal mortality and death in general among Black women residing in the U.S, the Association of Black Cardiologists (ABC) and our cardiovascular partners share the urgency to ameliorate these statistics.

The maternal crisis is influenced by multiple factors including increased maternal age, health conditions such as hypertension, diabetes, obesity as well as discrimination including bias and racism. The higher maternal mortality experienced by Black women is independent of educational attainment, income or wealth highlighting the role of structural inequities. Therefore, [a multi-faceted approach](#) that includes prevention and treatment of underlying cardiovascular risk factors along with education of stakeholders, and addressing social and structural determinants of maternal and cardiovascular risk is necessary¹.

As nature's first cardiac stress test for a woman, pregnancy provides a window to future cardiovascular health. Therefore, cardiologists cannot afford to be bystanders to the maternal health of their patients especially as it pertains to women who are most affected by the maternal morbidity crisis. [Adverse pregnancy outcomes](#) such as gestational hypertension, preeclampsia, eclampsia, preterm delivery, gestational diabetes, small-for-gestational-age delivery, placental abruption, and pregnancy loss increase a woman's risk of developing cardiovascular risk factors and lifetime risk of cardiovascular

¹ Bond, Rachel M et al. "Working Agenda for Black Mothers: A Position Paper From the Association of Black Cardiologists on Solutions to Improving Black Maternal Health." *Circulation. Cardiovascular quality and outcomes* vol. 14,2 (2021): e007643. doi:10.1161/CIRCOUTCOMES.120.007643

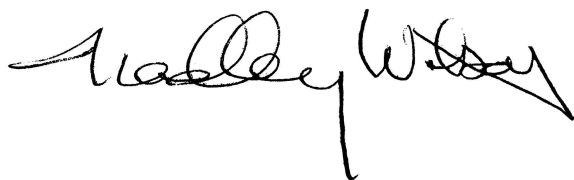
disease². Poor maternal health also negatively influences the health of the offspring. For example, [offspring of mothers with adverse pregnancy outcomes](#) are at higher risk for premature cardiovascular disease³. Therefore, it seems prudent that they be screened more carefully throughout their lifespan.

Recognizing that CVD is the leading cause of maternal mortality in the US with widening racial gaps, the ABC, American College of Cardiology (ACC), and American Heart Association (AHA) have all launched initiatives and published scientific statements to educate various stakeholders about the maternal health crisis, and to help improve care for all patients. The ABC also launched the “We Are the Faces of Black Maternal Health™” campaign in 2021 to tell the stories of the maternal health crisis faced by cardiologists along with their patients.

We encourage all cardiovascular specialists to double down on their efforts to reduce maternal mortality and to eliminate racial and ethnic gaps in maternal health outcomes.



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² Parikh, Nisha I et al. “Adverse Pregnancy Outcomes and Cardiovascular Disease Risk: Unique Opportunities for Cardiovascular Disease Prevention in Women: A Scientific Statement From the American Heart Association.” *Circulation* vol. 143,18 (2021): e902-e916. doi:10.1161/CIR.0000000000000961

³ Perak, Amanda M et al. “Associations of Maternal Cardiovascular Health in Pregnancy With Offspring Cardiovascular Health in Early Adolescence.” *JAMA* vol. 325,7 (2021): 658-668. doi:10.1001/jama.2021.0247