Philadelphia's Persistently High Infant and Maternal Mortality Rates Require a Response

Family & Community Health

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Recent data from the Centers for Disease Control and Prevention shows a national increase in infant mortality rates for the first time in 20 years. This historic rise should force an urgent re-examination of how systems that together create the health and social service safety net best function to meet the needs of families. As Philadelphia's 100th mayor takes the helm and new city councilmembers are sworn in, the city must keep its commitment to improving maternal and child health and addressing persistent racial and ethnic disparities in outcomes.

While Mayor Parker's action plan for her first 100 days in office reflects a number of important issues that intersect with health, we hope to see a more direct focus on the pressing health needs of children and families as the administration develops its full set of priorities in the months ahead.

In this post, we'll explore the landscape of infant and maternal mortality in Philadelphia and will outline how the mayor and city leaders can look to partner with the city's diverse array of maternal and child health stakeholders as a unique resource to be leveraged. These actors are passionate, mobilized and continue to lead nationally-recognized innovation.

Infant and Maternal Mortality On the Rise

Philadelphia's infant mortality rate is nearly 40% higher than the national rate. The latest maternal death data also shows us a changing picture of the well-being of those giving birth in Philadelphia. Specifically, deaths due to accidental drug overdoses increased from 25% of the city's pregnancy associated deaths from 2010 to 2016 to 39% from 2017 to 2018. Among the 110 new mothers lost between 2013 and 2018, 1 in 5 had a documented history of domestic violence.

Critically, deaths among infants and mothers are not distributed equally—racial disparities are striking and unjust. Non-Hispanic Black women made up 43% of births in Philadelphia from 2013 to 2018 but accounted for 73% of pregnancy-related deaths.

The significance of population health measures, like infant and maternal mortality rates, lies in the fact that they do not fluctuate based on singular failures. These measures move only when a substantial segment of the population has experienced a change in context or exposure. In this way, these measures offer a signal of systemic failures. We must respond.

A large proportion of infant and maternal morbidity and mortality is preventable, offering both encouragement and an imperative to act. As child health research and policy professionals, we know there is decades of

evidence demonstrating the pronounced positive intergenerational impact of health promotion efforts in the reproductive, postpartum and early childhood periods. Therefore, from our vantage point, a focus on maternal and child health represents a foundational strategy for improving the well-being of an entire community in the short and long term.

Cultivating Partnerships to Support Families

Progress requires facilitating cross-sector partnerships that prioritize investments in evidence-informed approaches to address key drivers of poor outcomes, including: economic insecurity, fragmentation of the mental health and substance use treatment systems and inaccessibility of these systems for pregnant and postpartum people, domestic violence, housing instability, and the intersectional effects of stigma and racism that impact mothers' ability to seek help when needed.

In order to achieve a vision of an improved and accessible service landscape, city leaders can look to the rich network of community provider, social service, philanthropic, research and health system partners in Philadelphia. Meaningfully supporting and aligning this landscape of varied actors offers a way to achieve population-level impact greater than what any organization or sector can accomplish on its own.

Philadelphia has been first in the nation on many things, including establishing the first non-state-based Maternal Mortality Review Committee in 2010, even before the Commonwealth stood up its own such committee. And the city has a wealth of community initiatives to look to for further investment, including platforms like Organized Voices for Action and other efforts that meet people where they are.

Facilitating and scaling successful partnership models is a path forward. At PolicyLab, we are excited about work together with colleagues from the city's Office of Domestic Violence Strategies and domestic violence advocacy organizations and early childhood home visiting providers. With this collaboration, we seek to improve family outcomes through partnerships between maternal and infant home visiting programs and domestic violence agencies.

We also see an opportunity and need for improved referral and collaboration between the pediatric care system and other family-serving systems, including early childhood home visiting, child care, food security programs, adult mental health services and early intervention supports for child development. To this end, we're encouraged by health care partnerships that contribute to the economic and housing security of families in the critical period of pregnancy and early childhood, such as CHOP's Medical Financial and Medical Legal Partnerships.

The barriers to progress are great, but the collective wisdom and commitment of organizations and individuals in our city is greater. It is our hope that Philadelphia's new leadership keeps up the momentum on successful efforts to support caregivers and their children throughout the city, and looks to what more can be done to ensure that all families in Philadelphia can thrive.

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