

Health:

Reducing Maternal Mortality in Texas

June 2026



Top Line

1. Texas has one of the highest maternal mortality rates in the United States, and far higher than in other advanced countries. And many of these deaths are preventable.
2. This high maternal mortality is driven in part by gaps in insurance coverage, limited rural healthcare access, and lack of mental health services.
3. Texas can reduce maternal deaths by:
 - Expanding Medicaid coverage,
 - Increasing access to maternal healthcare providers,
 - And holding the healthcare system accountable for preventable deaths.

Too many Texas mothers are dying from preventable causes. Women across the state are losing access to care during pregnancy and after birth, especially in rural and low-income communities. Texas can save lives by expanding healthcare access, improving maternal care, and holding the healthcare system accountable for protecting mothers and babies.

CPP Research Analyst Nichole led the research and writing for this paper.

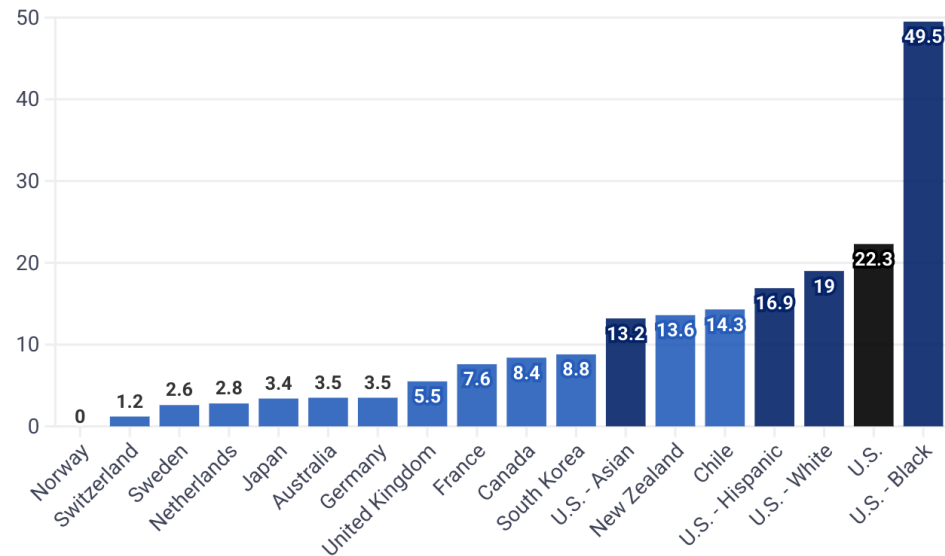
Backup

1. Texas continues to face one of the highest and most preventable maternal mortality rates in the United States.

- a. Maternal mortality generally refers to deaths during pregnancy or shortly after pregnancy.
- b. National maternal mortality data count deaths during pregnancy or within 42 days after pregnancy from causes related to or aggravated by pregnancy, not accidental or incidental causes. [13]
- c. Texas also reviews pregnancy-related deaths, which include deaths during pregnancy or within one year after pregnancy when the death was related to pregnancy or childbirth. [1]
- d. **Maternal mortality rates in Texas remain high relative to national levels.**
 - From 2018 to 2022, Texas had a maternal mortality rate of **28.2 deaths per 100,000 live births**, compared with **23.2 nationally**. [13]
 - The Texas rate is more than 20% higher than the US average.
- e. **Most pregnancy-related deaths are preventable.**
 - The Texas Maternal Mortality and Morbidity Review Committee, or MMMRC, found that **80 percent of pregnancy-related deaths** in its 2020 case review had at least some chance of being prevented. [1]
 - Preventable deaths are often linked to gaps in health coverage, access to care, timely diagnosis, follow-up care, and treatment.
 - These are problems Texas can address through policy and healthcare system changes.
- f. **The United States performs far worse than other high-income countries.**
 - The United States has the highest maternal mortality rate among high-income countries, reflecting broad gaps in maternal healthcare. [5][7]
 - Texas reflects and exceeds these national trends.
 - The Texas rate is **more than three times higher** than other large, advanced countries.

U.S. Maternal Mortality vs. Other High-Income Countries

Maternal deaths per 100,000 live births



Source: U.S. News / Commonwealth Fund, 2024, <https://www.usnews.com/news/best-countries/articles/2024-06-04/how-the-u-s-compares-to-other-rich-countries-in-maternal-mortality>

g. A small number of causes account for most pregnancy-related deaths reviewed by the Texas MMMRC. [1]

- Infection accounts for **25 percent** of deaths.
- Cardiovascular conditions and obstetric hemorrhage each account for **14 percent**.
- Mental health conditions account for **7 percent**.
- Recent reporting found that after Texas' abortion ban took effect, the sepsis rate increased by **more than 50 percent** among patients hospitalized for second-trimester pregnancy loss. [8]

h. Disparities by race and geography are severe.

- Non-Hispanic Black women experienced **39.0 deaths per 100,000 live births**, compared to **16.1 for White women**. [1]
- This reflects a disparity of almost **2.5 times higher risk**.
- Maternal mortality in Texas is **155% higher** than in California, and Latina mothers face nearly triple the risk compared to those in California. [2]

i. Pre-existing health conditions explain a large share of racial differences in serious maternal health complications.

- A woman’s health before pregnancy has a significant impact on maternal mortality. [9]
- Pre-existing conditions such as obesity, cardiac disease, hypertension, diabetes, mental illness, and other chronic illnesses can increase the risk of pregnancy complications and maternal death. [9]
- In Texas, one in three pregnant women has a chronic condition such as diabetes, hypertension, nicotine addiction, and/or obesity. [9]
- Research cited by the Texas Advisory Committee found that pre-existing health conditions account for **nearly 80 percent** of the Black-White gap in serious maternal health complications. [9]

j. But pre-existing conditions do not fully explain racial disparities in maternal mortality.

- The same report states that differences in health before pregnancy can account for some racial disparities in maternal mortality, not all of them. [9]
- Some of these health differences are linked to “weathering”, or the cumulative effect of chronic stress and adversity, especially from racism and socioeconomic disadvantage. [9]
- The report also notes that Black women face higher maternal mortality rates regardless of education or socioeconomic status, and that women of color are more likely to receive less care, reduced autonomy, and less medical attention when serious complications occur. [5][9]

2. This high maternal mortality is driven in part by gaps in insurance coverage, limited rural healthcare access, and lack of mental health services.

a. Lack of Medicaid expansion leaves many women uninsured.

- Texas has not expanded Medicaid under the Affordable Care Act.
- In 2024, **20.2 percent** of Texas women ages 19–64 were uninsured, the highest rate among states and more than double the national rate of 9.9 percent. [3][10] (See Appendix 1)

- **Too many Texas women must navigate pregnancy, childbirth, and recovery without health insurance coverage, increasing the risk of delayed, interrupted, and missed care during critical periods.**

b. Postpartum coverage has improved, but many maternal deaths still occur after birth.

- Texas extended Medicaid postpartum coverage from 60 days to 12 months in 2024, which improved access to care during the postpartum period. [6]
- This change is important because many pregnancy-related deaths occur after childbirth, including approximately one-quarter between 43 days and one year after birth. [1]
- Continued postpartum care is critical for monitoring complications, chronic conditions, and mental health needs after delivery.

c. Rural healthcare access remains limited.

- Many Texas counties lack hospitals offering obstetric services, creating significant barriers to care. [4]
See Appendix 1 for a list of Texas counties without a single OB/GYN.
- Many communities are considered **maternity care deserts**, with limited or no access to obstetric providers. [4]
- Women in rural areas often travel long distances for prenatal care and delivery or delay care altogether.
- These gaps increase the risk of complications due to delayed diagnosis and treatment.

d. Mental health conditions and care gaps are major drivers of maternal mortality. [1]

- Mental health conditions, including postpartum depression, are a leading cause of pregnancy-related deaths in Texas. [1][9]
- Untreated mental health conditions can increase the risk of suicide, overdose, and violence during the postpartum period. [9]
- Among pregnancy-related deaths due to mental health conditions in 2019 and 2020, **85 percent occurred between 43 days and one year after pregnancy.** [1][9]

- Maternal mortality reviews identified gaps in care coordination, screening, follow-up care, and access to mental health services as major contributing factors. [1][9]
- Texas ranks **49th in the country** for mental health providers, limiting treatment options for new mothers. The United States has **362.6 mental health providers per 100,000 people**, compared with **188.1 providers per 100,000 people in Texas**, meaning Texas has about **half the national rate**. (Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care.) [15]

3. Texas can reduce maternal deaths through policies that expand healthcare coverage, increase access to maternal healthcare providers, address racial disparities in care, and improve accountability across the healthcare system.

a. Expand Medicaid coverage for women before, during, and after pregnancy.

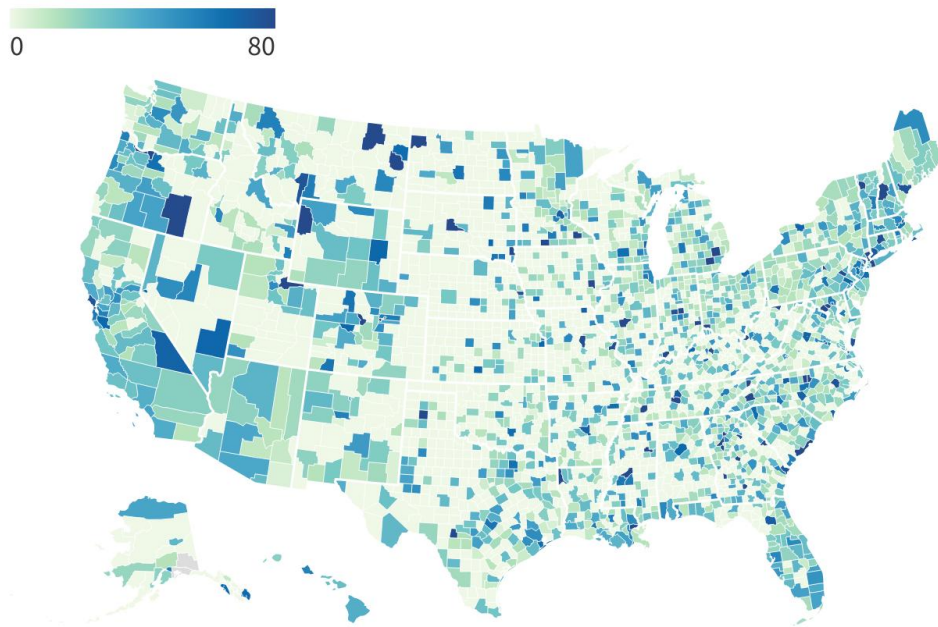
- Texas has extended Medicaid coverage to **12 months postpartum**, improving access to care during the highest-risk period. [6]
- However, postpartum coverage only helps women who already qualify for Medicaid during pregnancy. It does not reach uninsured women who need care before pregnancy, between pregnancies, or outside the postpartum window.
- Expanding Medicaid eligibility would help close this coverage gap and give more women access to preventive, prenatal, postpartum, mental health, and chronic condition care. [3]
- Continuous coverage is especially important because many pregnancy-related deaths occur after childbirth and involve conditions that require follow-up care, including mental health and chronic health needs. [1]

b. Increase access to maternal healthcare providers in rural and underserved areas.

- **Almost half of Texas counties** are maternity care deserts, meaning they lack a hospital or birth center offering obstetric care and lack obstetric clinicians. [4]
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Figure 1

Number of Practicing OB-GYNs per 100,000 Women Ages 15-64, by County, 2021-2022



Source: KFF analysis of 2021-2022 HRSA Area Health Resources File

KFF

Source: KFF, 2025, *Access to OB-GYNs: Evaluating Workforce Supply and ACA Marketplace Networks*, <https://www.kff.org/private-insurance/access-to-ob-gyns-evaluating-workforce-supply-and-aca-marketplace-networks/>

- In addition, **150 of Texas’s 254 counties** have no OB-GYN listed in the KFF county-level workforce data. [12] (See Appendix 2)
 - Expanding telehealth, supporting rural hospitals, and increasing workforce incentives can improve access to care in underserved communities.
 - Increasing the number of OB-GYNs, midwives, and doulas can help reduce delays in care and improve maternal health outcomes. [9]
- c. Address racial disparities and inequities in maternal healthcare.**
- Black women in Texas face significantly higher maternal mortality rates than White women, regardless of income or education. [1][9]

- Expanding implicit bias training, improving data collection by race and ethnicity, and supporting community-based providers can help reduce disparities in maternal outcomes. [5][9]
- Increasing access to culturally competent care, including doulas and midwives, can improve patient-provider communication and trust. [9]

d. Improve maternal health reviews, data, and mental health access.

- Texas needs faster and clearer maternal health data to understand why mothers are dying, where deaths are happening, and which groups are most at risk.
- The Texas Maternal Mortality and Morbidity Review Committee, or MMMRC, reviews pregnancy-related deaths and looks for patterns, risk factors, and ways to prevent future deaths. [1][9]
- Regular and timely reviews can help Texas identify gaps in care and respond faster to maternal mortality trends. [1][9]
- Clear safety steps for hospitals and providers can help identify warning signs earlier and prevent emergencies from becoming fatal. [1]
- Texas should also increase access to mental health care, especially for pregnant and postpartum women with mental health or substance use concerns. [1][15]

Texas has taken steps to improve maternal health, including extending postpartum Medicaid coverage, but serious gaps remain. Too many women still struggle to access healthcare during and after pregnancy, especially in rural and low-income communities. Shortages of maternal and mental health providers, high uninsured rates, and delays in care continue to put mothers at risk. Expanding healthcare access, improving follow-up care, and strengthening accountability can help prevent maternal deaths and improve outcomes for Texas families.

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**Appendix 1 - Rates of Uninsured Women Ages 19-64 in 2024
(Ranked Highest to Lowest)**

United States	9.90%
Texas	20.20%
Georgia	15.00%
Alaska	14.20%
Nevada	13.80%
Oklahoma	13.80%
Florida	13.40%
Mississippi	12.60%
New Mexico	12.60%
Tennessee	12.30%
Arizona	12.20%
Wyoming	11.80%
Arkansas	11.50%
South Carolina	11.30%
Alabama	11.20%
Montana	11.00%
South Dakota	11.00%
Kansas	10.90%
North Carolina	10.50%
Idaho	10.40%
Nebraska	10.30%
New Jersey	9.70%
Louisiana	9.50%
Missouri	9.20%
Utah	9.00%
Colorado	8.90%

Indiana	8.70%
Illinois	8.60%
Kentucky	8.00%
Virginia	8.00%
Ohio	7.70%
Washington	7.70%
West Virginia	7.70%
Connecticut	7.60%
Delaware	7.30%
North Dakota	7.20%
Iowa	7.00%
Wisconsin	6.90%
California	6.80%
Maine	6.80%
Maryland	6.80%
Pennsylvania	6.80%
Oregon	6.40%
Minnesota	6.30%
New Hampshire	5.90%
Michigan	5.70%
New York	5.40%
Vermont	4.60%
Rhode Island	4.40%
Hawaii	3.90%
Massachusetts	2.80%

Source: KFF, 2025, <https://www.kff.org/state-health-policy-data/state-indicator/health-insurance-coverage-of-women-19-64/>

Appendix 2 - List of Counties in Texas Without An OB-GYN (150 out of 254 counties in Texas)

Aransas, TX	Duval, TX	Knox, TX	Robertson, TX
Archer, TX	Eastland, TX	Lamb, TX	Runnels, TX
Armstrong, TX	Edwards, TX	Lampasas, TX	Sabine, TX
Austin, TX	Falls, TX	La Salle, TX	San Augustine, TX
Bailey, TX	Fannin, TX	Lavaca, TX	San Jacinto, TX
Baylor, TX	Fisher, TX	Lee, TX	San Patricio, TX
Blanco, TX	Floyd, TX	Leon, TX	San Saba, TX
Borden, TX	Foard, TX	Limestone, TX	Schleicher, TX
Briscoe, TX	Franklin, TX	Lipscomb, TX	Scurry, TX
Brooks, TX	Freestone, TX	Live Oak, TX	Shackelford, TX
Burleson, TX	Frio, TX	Loving, TX	Sherman, TX
Caldwell, TX	Garza, TX	Lynn, TX	Somervell, TX
Callahan, TX	Glasscock, TX	McCulloch, TX	Starr, TX
Camp, TX	Goliad, TX	McMullen, TX	Stephens, TX
Carson, TX	Grimes, TX	Madison, TX	Sterling, TX
Cass, TX	Hall, TX	Marion, TX	Stonewall, TX
Castro, TX	Hamilton, TX	Martin, TX	Sutton, TX
Chambers, TX	Hansford, TX	Mason, TX	Swisher, TX
Childress, TX	Hardeman, TX	Menard, TX	Terrell, TX
Clay, TX	Hartley, TX	Milam, TX	Throckmorton, TX
Cochran, TX	Haskell, TX	Mills, TX	Trinity, TX
Coke, TX	Hemphill, TX	Mitchell, TX	Tyler, TX
Coleman, TX	Hill, TX	Morris, TX	Upshur, TX
Collingsworth, TX	Hockley, TX	Motley, TX	Upton, TX
Comanche, TX	Houston, TX	Newton, TX	Van Zandt, TX
Concho, TX	Hudspeth, TX	Nolan, TX	Waller, TX
Coryell, TX	Irion, TX	Ochiltree, TX	Ward, TX
Cottle, TX	Jack, TX	Oldham, TX	Wheeler, TX
Crane, TX	Jackson, TX	Orange, TX	Wilbarger, TX
Crockett, TX	Jeff Davis, TX	Panola, TX	Willacy, TX
Crosby, TX	Jim Hogg, TX	Parmer, TX	Wilson, TX
Culberson, TX	Jones, TX	Pecos, TX	Winkler, TX
Dallam, TX	Karnes, TX	Presidio, TX	Wood, TX
Dawson, TX	Kenedy, TX	Rains, TX	Young, TX
Delta, TX	Kent, TX	Reagan, TX	Zapata, TX
DeWitt, TX	Kimble, TX	Red River, TX	Zavala, TX
Dickens, TX	King, TX	Refugio, TX	
Donley, TX	Kinney, TX	Roberts, TX	

Source: KFF, 2025, *Access to OB-GYNs: Evaluating Workforce Supply and ACA Marketplace Networks*, <https://www.kff.org/private-insurance/access-to-ob-gyns-evaluating-workforce-supply-and-aca-marketplace-networks/>