The Problem

Georgia is one of the most dangerous states in America for pregnant people. Currently, Georgia has the second highest maternal mortality rate in the country.

For Black women in Georgia, the rate is even higher: Black women are more than twice as likely to die from pregnancy-related complications than white women. It’s evident that racism is alive and well in the Peach State.

In Georgia, almost two thirds (65.9%) of Black women are on Medicaid compared to 35.3% of white women, and most of Georgia’s pregnancy-related deaths occurring after delivery (68%) are Medicaid patients. These patients often face additional obstacles to finding and receiving care, such as lack of transportation, needing to take time off work—and potentially lose wages, and, often, receiving lower-quality care than patients with private insurance. These persistent challenges stem from racial and socioeconomic disparities and perpetuate the high rate of pregnancy-related deaths among Black women in Georgia.

Georgia is experiencing a significant shortage in healthcare providers, especially OB/GYN physicians. 82 of Georgia’s 159 counties do not have an OB/GYN. That’s more than half of Georgia’s counties. Women and pregnant people living in these 82 counties may be left with little to no options for care if they are unable to find time, transportation, and resources to get to the nearest OB/GYN. Additionally, more than 35% of Georgia’s counties are maternity care deserts meaning that not only is there a limited number of OB/GYNs, but there may also be few or no hospitals or birthing centers that offer labor and delivery services.
The leading causes of pregnancy-related death include hemorrhage, mental health conditions, cardiomyopathy, cardiovascular conditions, embolism, preeclampsia, and eclampsia. **Almost all the deaths associated with these conditions could have been prevented,** according to Georgia’s own health experts.

The extreme OB/GYN shortage in Georgia has made the need for others pregnancy-related healthcare providers and non-clinical support, such midwives and doulas, more urgent. However, the absence of licensing and regulation of homebirth midwives and the barriers to becoming a certified nurse midwife (e.g., education costs) means that there is a lack in available midwives to support home births in Georgia. People giving birth may prefer to have a home birth due to the scarcity of OB/GYN providers and labor and delivery services across the state, however without licensing, homebirths may not be safe and homebirth midwives may face legal challenges.

Doulas help promote physical, emotional, and mental health for pregnant people before, during, and after birth. Doulas are a critical support for connecting pregnant people and their families with healthcare services and social support resources. **The continuous support of a doula has proven to reduce the time pregnant people are in labor, improve pregnant people’s sentiments about childbirth, and reduce potentially needless birth interventions (e.g., epidurals, cesareans) that may lead to complications. They also lead to improved birth outcomes, with doula-assisted mothers four times less likely to have babies with low birthweights.** Black women and mothers in Georgia strongly support doulas and midwives as an alternative option that pregnant people should have throughout their pregnancies and after their birth.

Doulas and midwives play a crucial role in addressing the gap in maternal healthcare that exists in Georgia, especially in rural parts of the state. They also provide an alternative to traditional maternal healthcare that anecdotally is more trusting, offers greater support, and advocates for people giving birth in Georgia.

**Maternal Healthcare Resources:** Many Georgia-based organizations strive to connect pregnant Georgians and their families with resources to help them during their pregnancy and postpartum. These resources include how to find a doula or midwife in your area, how to train to become a doula, and free virtual classes if you are planning to become pregnant, are pregnant, or after childbirth. We have collected some of those resources for you.

**You can access them by scanning the QR Code or visiting ngp.org/maternalresources**

If you know of any resources that would be useful to share, please send them to repro@newgeorgiaproject.org.

ngp.org/rj