

KEY CONSIDERATIONS



PRIORITIZING HEALTH EQUITY & FOOD SECURITY

Spotlight on Maternal Health



Feeding America is collaborating with March of Dimes to raise awareness about the connection between maternal health equity and food security. Together, we can help pregnant women and mothers who are facing hunger get the care and help they need to improve their prenatal and postpartum health.

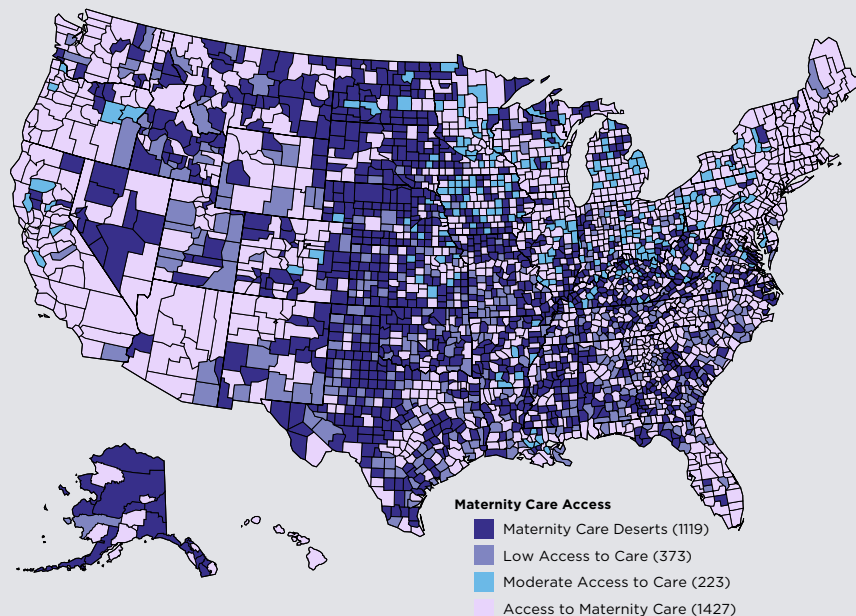
Maternal mortality rates in the United States are the highest among all developed nations. In 2021, the maternal mortality rate was 32.9 deaths per 100,000 live births.¹ These rates are 2.6 times higher among Black mothers compared to non-Hispanic white mothers due to systemic and structural barriers in the health care industry. Additionally, American Indian and Alaskan Native women experience approximately 2.3 times higher pregnancy-related mortality compared to non-Hispanic white women.^{2,3}

There are many factors that influence maternal health outcomes such as access to healthy and fresh foods, income, social status, education, access to health care, housing, the physical environment, socioeconomic supports, and health behaviors.⁴ Food insecurity and maternal nutrient depletion contribute to poor maternal health outcomes, including increased risk of iron deficiency anemia that is associated with higher risk for maternal morbidity and mortality.^{5,6}

Diet and Nutrition

A nutritious diet is crucial to maternal health. Many of the poor health outcomes associated with food insecurity during pregnancy may be prevented by ensuring pregnant individuals have access to nutritious foods. A health-promoting dietary pattern for pregnant individuals includes adequate amounts of fruits, vegetables, whole grains, nuts/seeds, and lean proteins, and moderate amounts of added sugars, saturated fat, and sodium. See Chapter 5 of the [Dietary Guidelines for Americans 2020-2025](#) for more specific recommendations for pregnant individuals.⁷

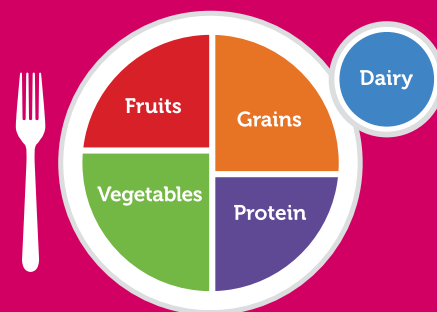
Maternity Care Deserts, 2020



Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2021.

FAST STATS

- Food insecurity in pregnant individuals is understudied; however, adults who experience food insecurity are most likely to be female and of reproductive age.^{8,9} About 1 in 11 pregnant individuals experience food insecurity.¹⁰
- Individuals who experience household food insecurity during pregnancy are more likely to experience stress and increased risk for depression.^{11,12}
- Pregnant individuals experiencing household food insecurity have increased risk for developing gestational diabetes. Gestational diabetes is a risk factor for poor maternal and infant health outcomes, including a 7-fold increased risk for later developing type 2 diabetes in the mother.⁴



MyPlate.gov

FRUITS AND VEGETABLES	$\frac{1}{2}$ PLATE
WHOLE GRAINS	$\frac{1}{4}$ PLATE
FISH AND OTHER LEAN PROTEINS	$\frac{1}{4}$ PLATE
LOW FAT OR FAT-FREE DAIRY	3 CUPS

- Food low in saturated and trans fats
- Low sodium options
- Low sugar options

Stories from the Field

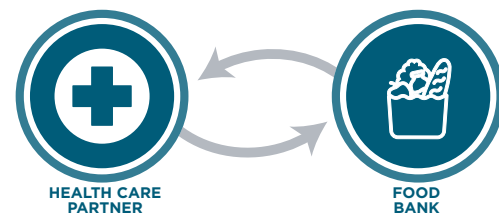
After learning of the importance proper nutrition plays in reducing infant mortality rates, community leaders in Terre Haute, Indiana and the surrounding areas came together to address the needs of expecting families, mothers, and infants. Led by Purdue Extension, Terre Haute Catholic Charities Foodbank and All Babies Healthy Start Initiative by Union Medical have partnered with other organizations in the community to provide wrap around nutrition services for this vulnerable population. The All Babies Healthy Start Initiative is operated by various grants and is free to participants in a handful of Indiana counties.

The program seeks to remove every foreseeable barrier to a healthy pregnancy, successful delivery, and triumphant first year of life. They do this by offering:

- weekly food baskets donated by Terre Haute Catholic Charities Foodbank,
- cooking classes from Purdue Extension,
- nutrition education classes from Indiana State University,
- personalized health classes from Union Health's nurse navigators,
- childcare offered by the Vigo County YMCA, and
- transportation to classes if needed.



TACKLING FOOD INSECURITY TOGETHER



"Beginning a new healthcare partnership can seem overwhelming with so many social determinants of health needing to be addressed. Indiana's maternal mortality rate stands at 43.6 per 100,000 — the third highest in the country. It was an easy decision for us to partner with Purdue Extension, All Babies Healthy Start Initiative and other community groups to provide mothers with the resources to create a healthy start for their families."

Staff member,
Terre Haute Catholic Charities Food Bank

Take Action! Address maternal health and hunger.



CONVENE health care, food/hospitality, education, social service, and other community partners to identify and develop solutions to hunger and health barriers within the community.



PRIORITIZE increasing access to affordable food, health care and medication; addressing the social determinants of health; eliminating health disparities; and amplifying community voice.



BUILD TRUST through positive interactions and communication with communities and engage in developing strategies to address the unique and complex needs of people facing hunger, while eliminating bias, recognizing we are all in this together.



DESIGN culturally appropriate diet, nutrition, and health resources and make them available in local clinics, grocery stores, food banks and pantries, community centers, schools and places of worship.



ADVOCATE for policy, systems and environmental change approaches that support increased nutritious food access and improved health and well-being for community members in greatest need.

¹ Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023. DOI: dx.doi.org/10.15620/cdc:124678

² Petersen EE, Davis NL, Goodman D, Cox S, Syverson C, Seed K, Shapiro-Mendoza C, Callaghan WM, Barfield W. Racial/Ethnic Disparities in Pregnancy-Related Deaths - United States, 2007-2016. MMWR Morb Mortal Wkly Rep. 2019 Sep 6;68(35):762-765. doi: [10.15585/mmwr.mm6835a3](https://doi.org/10.15585/mmwr.mm6835a3). PMID: 31487273; PMCID: PMC6730892.

³ Heck JL, Jones EJ, Bohn D, et al. Maternal Mortality Among American Indian/Alaska Native Women: A Scoping Review. Journal of Women's Health. 2021;30(2):220-229. doi: [10.1089/jwh.2020.8890](https://doi.org/10.1089/jwh.2020.8890)

⁴ Howell EA. Reducing Disparities in Severe Maternal Morbidity and Mortality. Clin Obstet Gynecol. 2018;61(2):387-399. doi: [10.1097/GRF.0000000000000349](https://doi.org/10.1097/GRF.0000000000000349)

⁵ Park CY, Eicher-Miller HA. Iron deficiency is associated with food insecurity in pregnant females in the United States: National Health and Nutrition Examination Survey 1999-2010. J Acad Nutr Diet. 2014 Dec;114(12):1967-73. doi: [10.1016/j.jand.2014.04.025](https://doi.org/10.1016/j.jand.2014.04.025). Epub 2014 Jun 20. PMID: 24953790. PMID: 24953790.

⁶ Smith C, Teng F, Branch E, Chu S, Joseph KS. Maternal and Perinatal Morbidity and Mortality Associated With Anemia in Pregnancy. Obstet Gynecol. 2019 Dec;134(6):1234-1244. doi: [10.1097/AOG.0000000000003557](https://doi.org/10.1097/AOG.0000000000003557). PMID: 31764734; PMCID: PMC6882541.

⁷ U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).

⁸ Myers CA, Mire EF, Katzmarzyk PT. Trends in Adiposity and Food Insecurity Among US Adults. JAMA Network Open. 2020;3(8):e2012767. doi: [10.1001/jamanetworkopen.2020.12767](https://doi.org/10.1001/jamanetworkopen.2020.12767)

⁹ Dolin CD, Compher CC, Oh JK, Durnwald CP. Pregnant and hungry: addressing food insecurity in pregnant women during the COVID-19 pandemic in the United States. American Journal of Obstetrics & Gynecology MFM. 2021;3(4):100378. doi: [10.1016/j.ajogmf.2021.100378](https://doi.org/10.1016/j.ajogmf.2021.100378)

¹⁰ Hinkle SN, Dolin CD, Keddem S, Kinsey EW. Patterns in Food Insecurity During Pregnancy, 2004 to 2020. JAMA Network Open. 2023;6(7):e2324005. doi: [10.1001/jamanetworkopen.2023.24005](https://doi.org/10.1001/jamanetworkopen.2023.24005)

¹¹ Laraja B, Vinikoor-Imler LC, Siega-Riz AM. Food insecurity during pregnancy leads to stress, disordered eating, and greater postpartum weight among overweight women. Obesity. 2015;23(6):1303-1311. doi: [10.1002/oby.21075](https://doi.org/10.1002/oby.21075)

¹² Orr CJ, Ritter V, Coker TR, Perrin EM, Flower KB. Time-Varying Associations between Food Insecurity and Infant and Maternal Health Outcomes. The Journal of Nutrition. 2022;152(5):1291-1297. doi: [10.1093/jn/nxac020.htm4](https://doi.org/10.1093/jn/nxac020.htm4)



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