NEW REPORT: U.S. Health Care System Does a Poor Job Serving Women of Reproductive Age Compared to 10 Other High-Income Countries

U.S. Women Have the Highest Rates of Avoidable Deaths and Mental Health Needs and Are More Likely to Report Problems Paying Medical Bills

NEW YORK (April 5, 2022) — The U.S. health care system consistently fails to meet the needs of women of reproductive age — whether for maternal care, primary care, or mental health care — according to a new Commonwealth Fund report that compares health care access and outcomes for women ages 18 to 49 in 11 high-income countries.

It is well documented that among high-income countries, the United States has the highest rates of maternal death. The problem is particularly acute for Black women, who are nearly three times more likely to die from pregnancy-related complications than are white women. The new report, Health and Health Care for Women of Reproductive Age: How the United States Compares with Other High-Income Countries, reveals just how broadly the U.S. health care system fails women.

Among the report’s key findings:

• **Compared to women of all ages in other wealthy countries, U.S. women have the highest rates of death from avoidable causes**, including pregnancy-related complications. In 2017, nearly 200 of 100,000 deaths could have been prevented or treated with the right care provided at the right time. Swiss women are the least likely to die from a preventable or treatable cause.

  High rates of avoidable deaths often indicate shortcomings in a country’s public health and care delivery systems. Primary and preventive health services, including cancer screenings and immunizations, can reduce premature and unnecessary deaths.

• **U.S. women of reproductive age are significantly more likely to have problems paying their medical bills or to skip or delay needed care because of costs.** More than half said they had experienced at least one problem paying a medical bill in the past year. By contrast, in the U.K., which provides free care to all residents, only one of 10 women reported a medical bill problem.
• **U.S. women of reproductive age have among the highest rates of multiple chronic conditions and the highest rate of mental health needs.** In the U.S., one of five women of reproductive age reported having two or more chronic conditions, in contrast with fewer than one of 10 women in Switzerland, Germany, Sweden, and France. Women of reproductive age in Canada, Australia, and the U.S. were the most likely to report having a mental health care need. Women in Germany were the least likely.

• **Women of reproductive age in the U.S., Sweden, Canada, and Australia are least likely to report having a regular doctor or place to go for care.** Having a regular doctor or place of care, such as a primary care physician or a medical home, is important for ensuring good health, minimizing health disparities, and limiting health care costs. Majorities of women of reproductive age in all 11 countries reported having a regular doctor or place to go for care, but women in Sweden, the U.S., Canada, and Australia were the least likely to report this.

The report authors note that other countries have made substantial efforts to ensure that women can get needed primary care as well as maternal and mental health care. U.S. policymakers have a number of options to substantially improve health care access for women of reproductive age. These include building on the Affordable Care Act to ensure more women have coverage and extending pregnancy-related Medicaid coverage to at least 12 months after birth. In addition, they say, the U.S. should take steps to grow and diversify the primary care, maternal health care, and mental health care workforces, which suffer from underinvestment and are significantly smaller than those of other wealthy countries.

When the embargo lifts, the full report will be available at: https://www.commonwealthfund.org/publications/issue-briefs/2022/apr/health-and-health-care-women-reproductive-age

### About the Commonwealth Fund

The mission of the Commonwealth Fund is to promote a high-performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society’s most vulnerable, including low-income people, the uninsured, and people of color. Support for this research was provided by the Commonwealth Fund. The views presented here are those of the authors and not necessarily those of the Commonwealth Fund or its directors, officers, or staff.