

The Black Maternal Health Crisis

Federal and State Policy Solutions

Black maternal health is in a state of emergency in the United States. The US has the **highest** rate of maternal mortality of wealthy nations, and although rates have skyrocketed over the last two decades for all women, **Black women are around three times more likely to die from a pregnancy-related cause than White women.** High rates of maternal mortality are universal for all Black women in the United States, regardless of socioeconomic background. The COVID-19 pandemic **exacerbated** maternal mortality rates and widened racial disparities among Black women nationwide. So has the Supreme Court's decision overturning *Roe v. Wade*: **43 percent** of women of reproductive age who are living in states where abortion is—or likely will become—illegal are women of color.

In the United States, maternal mortality is caused by a range of factors, from medical system failures to harmful gender norms to other social determinants of health. On top of all these, medical racism is a major contributing factor to the disastrous rates of Black maternal mortality and morbidity. Harmful institutional practices **rooted** in structural racism and medical professionals' own explicit and implicit racial biases inform and influence how care is provided to patients. Racism hinders the ability of medical professionals to listen to and validate patients' experiences, accurately assess and diagnose patients, and provide an equitable quality of care to all patients.

Black maternal mortality is a crisis in all 50 states. The **legacy** of reproductive control over Black women's bodies is a remnant of slavery and still impacts their reproductive outcomes today. Medical racism is worsened by underinvestment in social services, health care, and child care programs. Laws and policies are neither race- nor gender-neutral, and to adequately combat the Black maternal health crisis, federal and state policies must be developed and implemented through both a gendered and racial lens.

BY THE NUMBERS

Black Maternal Health Nationwide

- Data from 36 states finds that more than **80 percent** of pregnancy-related deaths were preventable.
- Black women are approximately **three times more likely** to die from a pregnancy-related cause than White women.
- A study from the University of Colorado Boulder estimates that a nationwide abortion ban would increase maternal mortality by **24 percent**; that number jumps to **39 percent** for Black women.

Black Maternal Health in the States

- Maternal death rates in abortion-restricted states are **62 percent higher** than in states with abortion access.
- **Forty-five percent** of the population of Black women and girls under the age of 55 live in states that have heavy abortion and contraceptive restrictions or total bans.

Policy Recommendations

Solving the maternal health crisis and addressing racial disparities will require a robust approach by policymakers at all levels of government, including Congress, federal agencies, and state governments. Black mothers need equitable access to a range of reproductive health care services to make informed decisions about their own sexual and reproductive health, and they need access to quality medical care.

On the federal level, key legislative solutions include:

- **The Black Maternal Health Momnibus Act (H.R. 3305/S. 1606)**, a legislative package that comprehensively addresses racial disparities in maternal health in the United States through interventions, including addressing the social determinants of health, maternal mental health, and diversifying the perinatal workforce.
- **The Women's Health Protection Act (H.R. 12/S. 701)** to nationally codify the right to an abortion. Reproductive health care and the maternal mortality crisis are inextricably linked. The Women's Health Protection Act will ensure that everyone has safe access to reproductive care and can make their own health choices.
- Legislators should further consider additional **policies to protect reproductive autonomy**, particularly in the post-*Dobbs* era, such as legislation that expands access to medication abortion, protections around the right to travel for medical care, and increased contraceptive access.
- **Pass federal paid family and medical leave legislation.** Research shows that paid leave is essential to the health and well-being of pregnant people and their infants. Congress can secure federal paid family and medical leave programs for all by passing the **FAMILY Act (H.R. 3481/S. 1714)**, which creates a national paid family and medical leave insurance program. Additionally, Congress should pass the **Support Through Loss Act (H.R. 6103/S. 3137)**, which allows workers to receive paid leave to process and address health needs during the period following a pregnancy loss or family expansion losses.

States can support Black women's bodily autonomy and decision-making by:

- **Decriminalizing and ensuring equitable access to reproductive health care**—including abortion, birth, and miscarriage care—to allow all patients to make reproductive health care decisions and to empower providers to deliver the best care to their patients.
- **Decriminalizing pregnancy, pregnancy outcomes, and parenthood** to guarantee the safety and protection of Black women who are often the most criminalized and monitored throughout pregnancy and parenthood.
- **Implementing pharmacist-prescriber laws and leveraging funds to stockpile abortion bills** to promote the accessibility of contraceptives and abortion care.
- **Implementing comprehensive sexual education** to educate residents about consent, safe sex practices, teen pregnancy prevention, and sexual and reproductive health.

States can improve the quality and accessibility of maternal health care by:

- **Assessing and coordinating delivery hospitals for risk-appropriate care**, ensuring medical teams can appropriately respond to the unique risks and emergencies experienced by Black mothers.
- **Requiring anti-racism bias training for medical professionals and diversifying the perinatal workforce** to reduce medical racism, promote patient-provider concordance, and provide Black mothers with the care, dignity, and respect that every patient deserves.

- **Extending the same high-quality maternal health care to incarcerated pregnant people** to promote equitable health outcomes for all during the maternity and postpartum periods.
- **Leveraging existing federal funds** such as the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Title V Maternal and Child Health (MCH) Block Grant to support the needs of pregnant/postpartum residents who use substances.
- **Leveraging Medicaid reimbursement for doulas** to offer Black mothers more prenatal, delivery, and postpartum care options.
- **Expanding Medicaid coverage for at least one year postpartum** to keep Black mothers with low incomes connected to care during a time when they are especially vulnerable to maternal mortality and morbidity conditions.
- **Sustainably funding** community-based maternal health organizations and maternal mental health services.
- **Increasing funding for research on and support for reproductive health issues** such as uterine fibroids, polycystic ovarian syndrome, endometriosis, and breast/chest feeding and lactation.
- **Securing paid family and medical leave (PFML) and paid sick days** for workers so that Black mothers can retain their employment status and income while taking time off work as needed to care for their health and well-being, as well as that of their families.