

118TH CONGRESS
2D SESSION

S. RES. _____

Recognizing the designation of the week of April 11 through April 17, 2024,
as the seventh annual “Black Maternal Health Week”.

IN THE SENATE OF THE UNITED STATES

Mr. BOOKER submitted the following resolution; which was referred to the
Committee on _____

RESOLUTION

Recognizing the designation of the week of April 11 through
April 17, 2024, as the seventh annual “Black Maternal
Health Week”.

Whereas, according to the Centers for Disease Control and
Prevention, Black women in the United States are 2 to
3 times more likely than White women to die from preg-
nancy-related causes;

Whereas Black women in the United States suffer from life-
threatening pregnancy complications, known as “mater-
nal morbidities”, twice as often as White women;

Whereas maternal mortality rates in the United States are—

- (1) among the highest in the developed world; and
- (2) increasing rapidly, from 17.4 deaths per 100,000
live births in 2018, to 20.1 in 2019, 23.8 in 2020, and
32.9 in 2021;

Whereas the United States has the highest maternal mortality rate among affluent countries, in part because of the disproportionate mortality rate of Black women;

Whereas Black women are 50 percent more likely than all other women to deliver prematurely;

Whereas the high rates of maternal mortality among Black women span across—

- (1) income levels;
- (2) education levels; and
- (3) socioeconomic status;

Whereas structural racism, gender oppression, and the social determinants of health inequities experienced by Black women in the United States significantly contribute to the disproportionately high rates of maternal mortality and morbidity among Black women;

Whereas racism and discrimination play a consequential role in maternal health care experiences and outcomes of Black birthing people;

Whereas the overturn of *Roe v. Wade*, 410 U.S. 113 (1973) impacts Black women and birthing people's access to reproductive health care and right to bodily autonomy, and further perpetuates reproductive oppression as a tool to control women's bodies;

Whereas a fair and wide distribution of resources and birth options, especially regarding reproductive health care services and maternal health programming, is critical to closing the racial gap in maternal health outcomes;

Whereas communities of color are disproportionately affected by maternity care deserts, where there are no or limited hospitals or birth centers offering obstetric care and no or limited obstetric providers, and have diminishing ac-

cess to reproductive healthcare due to low Medicaid reimbursements, rising costs, and ongoing staff shortages;

Whereas Black midwives, doulas, perinatal health workers, and community-based organizations provide holistic maternal health care but face structural and legal barriers to licensure, reimbursement, and provision of care;

Whereas COVID–19, which has disproportionately harmed Black people in the United States, is associated with an increased risk for adverse pregnancy outcomes and maternal and neonatal complications;

Whereas the COVID–19 pandemic has further highlighted issues within the broken health care system in the United States and the harm that system does to Black women and birthing people by exposing—

(1) increased barriers to accessing prenatal and postpartum care, including maternal mental health care;

(2) a lack of uniform hospital policies permitting doulas and support persons to be present during labor and delivery;

(3) inconsistent hospital policies regarding the separation of the newborn from a mother that is suspected to be positive for COVID–19;

(4) complexities in COVID–19 vaccine drug trials including pregnant people;

(5) increased rates of Cesarean section deliveries;

(6) shortened hospital stays following delivery;

(7) provider shortages and lack of sufficient policies to allow home births attended by midwives;

(8) insufficient practical support for delivery of care by midwives, including telehealth access;

(9) the adverse economic impact on Black mothers and families due to job loss or reduction in income during quarantine and the pandemic recession; and

(10) pervasive racial injustice against Black people in the criminal justice, social, and health care systems;

Whereas new data from the Centers for Disease Control and Prevention has indicated that since the COVID–19 pandemic, the maternal mortality rate for Black women has increased by 26 percent;

Whereas, even as there is growing concern about improving access to mental health services, Black women are least likely to have access to mental health screenings, treatment, and support before, during, and after pregnancy;

Whereas Black pregnant and postpartum workers are disproportionately denied reasonable accommodations in the workplace, leading to adverse pregnancy outcomes;

Whereas Black pregnant people disproportionately experience surveillance and punishment, including shackling incarcerated people in labor, drug testing mothers and infants without informed consent, separating mothers from their newborns, and criminalizing pregnancy outcomes;

Whereas justice-informed, culturally congruent models of care are beneficial to Black women;

Whereas an investment must be made in—

(1) maternity care for Black women and birthing people, including support of care led by the communities most affected by the maternal health crisis in the United States;

(2) continuous health insurance coverage to support Black women and birthing people for the full postpartum period up to at least 1 year after giving birth; and

1 (IV) clean air and water;

2 (V) environments free from tox-

3 ins;

4 (VI) safety and freedom from vi-

5 olence;

6 (VII) a living wage;

7 (VIII) equal economic oppor-

8 tunity;

9 (IX) a sustained and expansive
10 workforce pipeline for diverse

11 perinatal professionals; and

12 (X) comprehensive, high-quality,
13 and affordable health care with access
14 to the full spectrum of reproductive
15 care; and

16 (ii) reform of the criminal justice and
17 family regulation systems to decriminalize
18 pregnancy, remove civil penalties, end sur-
19 veillance of families, and end mandatory
20 reporting within the system;

21 (D) in order to improve maternal health
22 outcomes, Congress must fully support and en-
23 courage policies grounded in the human rights,
24 reproductive justice policies, and birth justice

1 frameworks that address Black maternal health
2 inequity;

3 (E) Black women and birthing people must
4 be active participants in the policy decisions
5 that impact their lives;

6 (F) in order to ensure access to safe and
7 respectful maternal health care for Black birth-
8 ing people, Congress must pass the Black Ma-
9 ternal Health Momnibus Act; and

10 (G) “Black Maternal Health Week” is an
11 opportunity to—

12 (i) deepen the national conversation
13 about Black maternal health in the United
14 States;

15 (ii) amplify and invest in community-
16 driven policy, research, and quality care so-
17 lutions;

18 (iii) center the voices of Black mamas,
19 women, families, and stakeholders;

20 (iv) provide a national platform for
21 Black-led entities and efforts that promote
22 maternal and mental health, safe and
23 healthy births, and reproductive justice;

24 (v) enhance community organizing on
25 Black maternal health; and

1 (vi) support efforts to increase fund-
2 ing for, and advance policies that assist,
3 Black-led and centered community-based
4 organizations and perinatal birth workers
5 that provide full spectrum reproductive,
6 maternal, and sexual healthcare.