



Reproductive Justice is the human right to control one's body, sexuality, gender, and reproductive choices. That right can only be achieved when all women and girls have the complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives.

Addressing America's Black Maternal Health Crisis

All Black women—including Trans and gender-nonconforming or gender-variant individuals—deserve the right to accessible, safe, and competent health care that supports healthy pregnancies, births, and parenthood.

This right includes access to affordable, high-quality health care that protects people from unnecessary complications and potential death. This principle is at the core of the Reproductive Justice framework.

Maternal health has improved vastly worldwide, with maternal mortality* rates plummeting 44% from 1990 to 2015.^{1,2} Yet, although the U.S. spends more on health care than any other country, its maternal health outcomes are among the worst in the world. U.S. mortality rates increased between 2000–2014, rising from 18.8 maternal deaths to 23.8 maternal deaths per 100,000 births—a staggering 26.6% increase and around 700 maternal deaths annually.^{3,4,5,6} The U.S. is the most dangerous industrialized nation in which to give birth; U.S. women are more likely to die

from pregnancy-related complications than women in 45 other countries, including non-industrialized nations.^{7,8,9,10} Tragically, up to 60% of these pregnancy-related deaths are preventable.¹¹

BLACK WOMEN'S HEIGHTENED RISK

The risks are not shared equally among women in the U.S.; Black women face far worse maternal health outcomes than women of other race/ethnicities. Compared to white women, Black women are 3–4 times more likely to die from pregnancy-related causes, and more than twice as likely to experience severe maternal morbidity.¹ White women's maternal mortality rate is 13 deaths per 100,000 live births, while pregnancy-related mortality rate for Black women is 42.⁴ deaths per 100,000.⁶ Black women are twice as likely to die from

complications like heart attacks, blood clots, excessive bleeding, infections, and strokes.²

Black LGBTQI+ individuals, particularly Trans people, face additional barriers to care, including stigma, discrimination, and mistreatment, which can result in delaying or avoiding health care.¹² In a national survey of almost 28,000 transgender people, 23% reported they did not seek needed care due to concerns about mistreatment based on gender identity.¹³ For pregnant people, these barriers can be deadly.

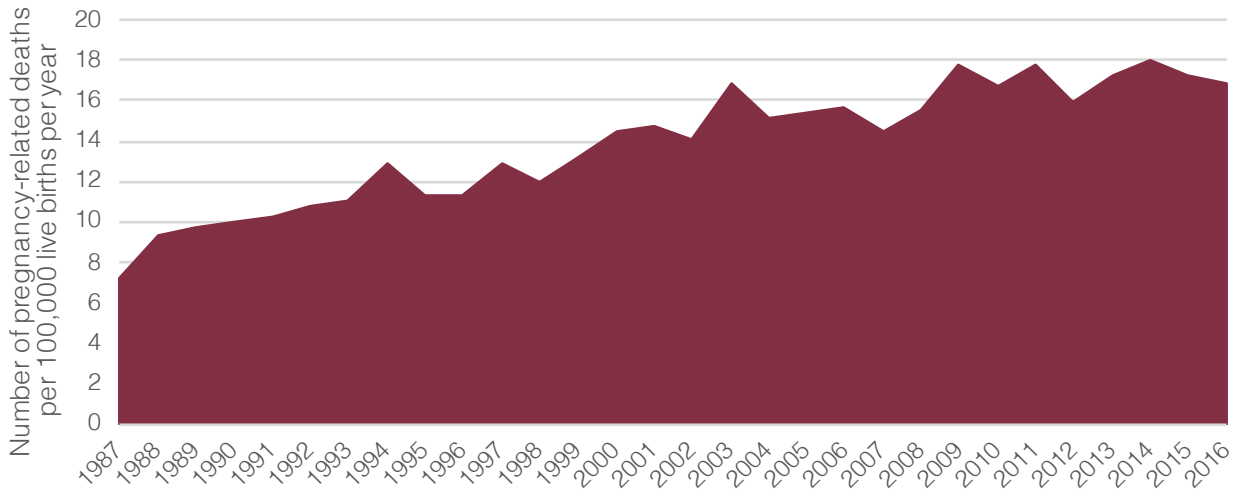
HEALTH CARE OVER THE LIFE SPAN

Black women's risk factors transcend educational and socio-economic status and do not result from chance. Root causes of Black women's adverse maternal health outcomes are complex, multi-faceted, and inter-related. They include challenges in accessing high-quality health care services before, during, and after pregnancy; disproportionate rates of chronic conditions; and the impact of social determinants of health** including, and compounded by, racism.^{14,15} The multiple factors contributing

* "Maternal mortality" occurs when a woman dies during pregnancy, within 42 days of an abortion, or in the following year due to pregnancy-related causes. "Severe maternal morbidity" occurs when a woman experiences a life-threatening complication during either pregnancy or childbirth. The mortality rate is the number of annual maternal deaths per 100,000 women.

** Social determinants of health are economic and social conditions that influence both individual and group differences in health status, including health care; education; neighborhood and environmental conditions; social and community contexts; and economic stability.

TRENDS IN PREGNANCY-RELATED MORTALITY IN THE UNITED STATES: 1987-2016



Source: Centers for Disease Control and Prevention (CDC), *Pregnancy Mortality Surveillance System: Trends in Pregnancy-Related Deaths*, Atlanta (GA): CDC, 2020.

to poor maternal health for Black women include:¹⁵

- Lack of access to high-quality, evidence-based, culturally-competent, and medically appropriate care that meets the unique needs of Black women and their communities;
- Shortage of providers and health care organizations (including contraception and pregnancy-related services) accessible to Black women, resulting in high rates of chronic health conditions;
- Social, economic, and environmental stressors—including racism, poverty, criminalization, reproductive coercion, violence, and environmental toxins—that harm Black women's health on multiple levels.¹⁶

HIGH-QUALITY CARE

Affordable, accessible health coverage and care is essential to safeguarding Black women's health throughout the lifespan. It is critical to identifying pre-existing conditions and other factors that lead to negative health outcomes, including maternal death.¹⁷ Inadequate health care infrastructure, high costs, and lack of insurance all impede Black women's ability to access timely, comprehensive care.

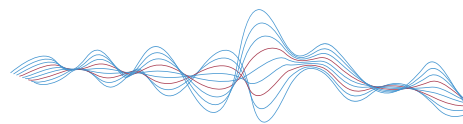
The Affordable Care Act (ACA) has improved Black women's health by expanding coverage of prenatal care, labor, delivery, and post-partum care.¹⁸ The ACA and asso-

ciated state Medicare expansion enable millions of Black women to access care, but, too many still lack coverage—particularly in states that did not expand Medicaid.^{7 19}

²⁰ Although the uninsurance rate among Black individuals has declined significantly from around 19% in 2013, 11% of Black people—and 14% of Black women—still lack coverage.^{21 22} Worse, uninsurance rates are rising again in the Trump administration, which is also cutting other Federal programs—like Title X and Medicaid—that provide critical reproductive health care services.⁵ Black women and other women facing economic barriers depend heavily on these programs for their health care needs, and funding cuts jeopardize their health.²³

CHRONIC CONDITIONS

Lack of health coverage and challenges accessing high-quality care are both drivers of negative health outcomes and lead to Black women's above-average rates of many chronic conditions—including obesity, diabetes, hypertension, and cesarean deliveries, which are all risk factors for health complications during pregnancy and childbirth.^{24 25 26 27 28} Without timely access to culturally affirming care, Black women are less likely to receive routine screenings and treatment for chronic conditions, increasing their risk for injury and death during pregnancy and childbirth. Equitable access to prevention, early identification,



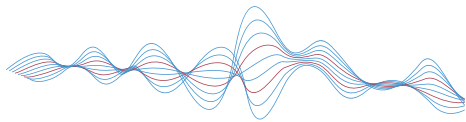
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and effective treatment services are vital to address the chronic health conditions that Black women face and improve maternal health outcomes.²⁹

SOCIAL DETERMINANTS OF HEALTH

Black women are subjected to environmental and medical racism and other social determinants of health that result in ad-

Even when services are available and covered by insurance, providers may lack cultural training to serve Black women appropriately.



verse maternal health outcomes.³⁰ Higher rates of premature births, infant mortality, and maternal death among Black women in the U.S. happen regardless of education, income, or health coverage status. Even when services are available and covered by insurance, providers may lack cultural training to serve Black women appropriately, creating disparities between the quality of care Black women receive as women of other races/ethnicities, even from the same provider.

Research strongly suggests that poor health can result from social determinants' cumulative impact on Black women's health before, during, and after pregnancy.^{31 32 33}

For example, racism is linked with hypertension, a known risk factor for maternal death.³⁴ Research also indicates that prejudice, stereotyping, and implicit bias can lead to lower-quality care.³⁵ Discrimination

can result in doctors spending less time with Black patients,³⁶ underestimating their pain,³⁷ and dismissing their health concerns.³⁸ In fact, doctors appear to provide less effective care to Black patients compared to their white peers for almost every disease examined.³⁶

The U.S. health care system has historically neglected the needs of people based on race and gender; Black women, existing at the intersection of these identities, face immense threats to their well-being from discrimination, negative interactions with providers, and lack of informed consent for health care. Discrimination in the medical field has long roots in the U.S. For example, in the 1970s, low-income women of color were coerced to be sterilized, often without consent. In some states, doctors refused to deliver babies for low-income Black women who refused to be sterilized after the childbirth. Today, Black women report feeling that their medical providers do not take their health concerns seriously; this is especially true for women who are low-income, have children, or have pre-existing health conditions.^{5 39}

Black women are forced to advocate for themselves, rather than being able to form a trusted partnership with their providers. As a result, many Black women mistrust traditional health care providers and/or settings. They historically obtain health information from family members and in community settings, including churches

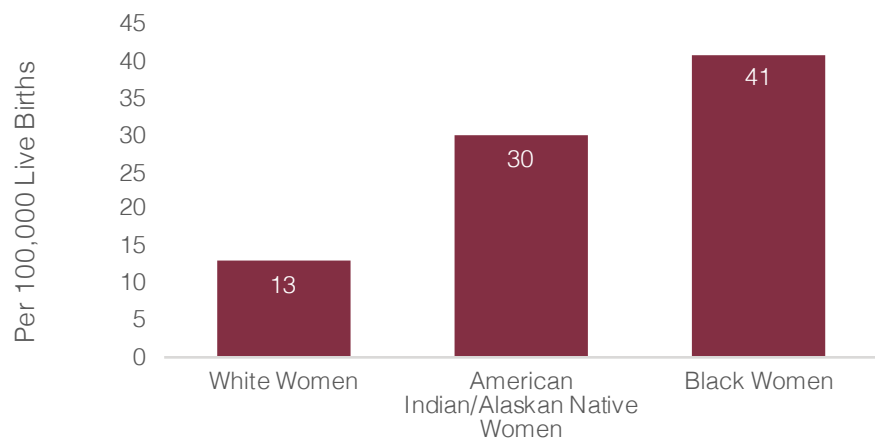
and beauty salons. So, health care providers must make good-faith efforts to reach Black and other vulnerable women in places and using methods they're receptive to—usually, this is within their own communities. Health care must also be provided in a culturally competent manner, free from implicit bias, in order to build trust, address patients' intersectional identities, and provide care that values the cultural contexts of the communities served.⁴⁰

NEXT STEPS IN ADVANCING BLACK WOMEN'S HEALTH

A Reproductive Justice framework is critical to ensure that pregnant people have access to services characterized by equity and empowerment.⁴¹ Providers, advocates, policymakers, and health care organizations must work to:

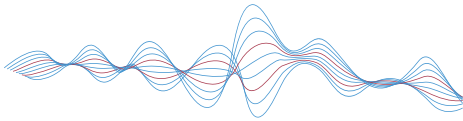
- Address social determinants of health that affect well-being;
- Expand programs to protect the health of women of color and foster healthy pregnancy and post-partum outcomes;
- Close fake clinics and "Crisis Pregnancy Centers" that provide biased, coercive, and inaccurate information about reproductive health care;
- Ensure that people facing economic barriers have access full range of reproductive health care;

PREGNANCY-RELATED DEATHS



Source: Petersen EE, Davis NL, Goodman D, et al., "Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016," *MMWR Morb Mortal Wkly Rep*, 2019; 68:762–765. DOI: <http://dx.doi.org/10.15585/mmwr.mm6835a3external icon>.

- Fund the collection, review, and reporting of maternal health outcome data at the Federal, state, and local levels; this includes research incorporating Black women's and LGBTQ+ people's intersectional experiences and identifying opportunities for intervention;
- Improve medical and family leave policies and culturally-affirming social supports for parents and other caregivers, including LGBTQI+ individuals;
- Expand coverage of, and access to, services like doula and midwifery care;
- Require and monitor the efficacy of training programs for medical professionals on implicit-bias, trauma-informed care, and cultural competency;
- Expand the number of Black health care providers who provide maternal care;



Shockingly, the U.S. lacks a nationwide system to collect and analyze comprehensive data on maternal deaths and complications.

- Ensure that people who are incarcerated can access the full range of maternal and reproductive health care, including prenatal and postpartum care and support; this includes ending the practice of shackling incarcerated individuals during pregnancy;
- Include women in all health care decisions and ensure they can make informed decisions.

States have a key role to play in promoting Black women's health and improving maternal outcomes. They should strive to prevent risk factors associated with poor maternal health and improve health care access, such as by expanding state Medicaid programs. States should also initiate quantitative and qualitative data collection processes on maternal health, then implement recommended solutions, and hold health care providers and institutions accountable if they fail to meet women's needs. Shockingly, the U.S. lacks a nationwide system to collect and analyze comprehensive data on maternal deaths and complications.^{41 42} Local and state practices vary substantially, complicating efforts to identify the problem's scope and viable solutions. Data collection efforts must enable women to voice their concerns and assess the impact of race and socioeconomic status on Black women's health.

The Black Maternal Health Caucus, chaired by Rep. Alma Adams (NC) and Lauren Underwood (IL), introduced the Black Maternal Health Momnibus Act of 2020 to address gaps in existing legislation to comprehensively address every dimension of the Black maternal health crisis in America. *In Our Own Voice* has endorsed this omnibus bill, as well as several individual Federal legislative efforts that advance the health of Black women, particularly pregnant women:

Maternal Care Access and Reducing Emergencies (Maternal CARE) Act (H.R. 2902, S.1600):

creates a new grant program to improve maternal health outcomes, reduce maternal deaths, and address racial disparity in maternal mortality and morbidity rates. It supports evidence-based implicit bias training for health professional programs, and helps medical schools incorporate bias recognition in clinical skills testing. It creates pregnancy Medical Home demonstration projects to provide integrated health care services to pregnant and postpartum individuals.

Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services (MOMMIES) Act (H.R. 2602, S.1343):

provides full Medicaid coverage (vs. coverage only for pregnancy-related care) and lengthens the coverage period from 60 days to 1 year

after giving birth. It increases beneficiaries' access to primary care providers and doulas. It establishes a Maternity Care Home demonstration project to study the model's success in improving access to prenatal and postpartum care and decreasing morbidity and mortality.

Mothers Offspring Mortality and Morbidity Awareness (MOMMA) Act (H.R. 1897, S.916):

improves access to Medicaid services by lengthening the coverage period from 60 days to 1 year after giving birth, and requires Medicaid and Child Health Insurance Program (CHIP) coverage for preventive, diagnostic, periodontal, and restorative oral health services. It extends nutrition benefits from 1 to 2 years postpartum. It supports funding for, and dissemination of, best practices by Federal agencies, and funds a program to support adoption and implementation of evidence-based best practices for maternal safety. It helps state efforts to report maternal mortality data and support implicit bias and cultural competency training for health care professionals.

Title X Family Planning Program: Title X funds a range of vital health services, including contraception, pelvic exams, sexually transmitted disease screening and treatment, and breast and cervical cancer screening. Full funding is critical to improving health outcomes and providing high-quality, evidence-based, and culturally affirming care.

All women have the right to safe and respectful maternal health care. As one stakeholder commented that "independent human rights bodies have highlighted the persistent racial disparities in maternal health as a form of racial and gender discrimination and called on the U.S. to improve access to quality maternal health care."⁴² Comprehensive and culturally competent care is vital to addressing the steep disparities in maternal health that threaten Black women's health. Assertive political and social efforts are required to ensure Black women can access information, services, and support to make their own health care decisions, particularly about pregnancy and childbearing.

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voice

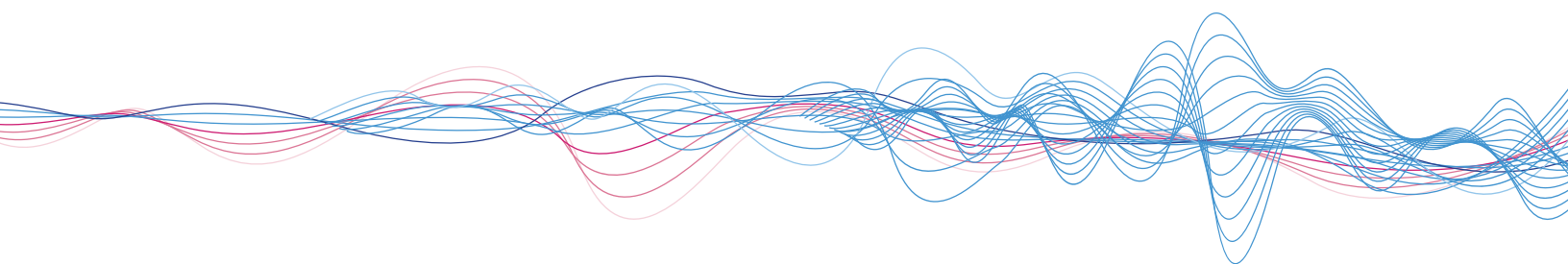
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