

2025 POLICY PRIORITIES

BLACK MATERNAL HEALTH AS A REPRODUCTIVE JUSTICE ISSUE

Black birthing people have unacceptably poor maternal and infant health outcomes in the United States (U.S.)—including staggering rates of preventable illnesses and deaths related to pregnancy and childbirth. At the heart of the U.S. maternal health crisis is a fragmented health care system that perpetuates vast racial disparities in maternal and infant morbidity and mortality. Black women have the highest rates of maternal mortality in the country and are two-to-three times more likely to die of pregnancy- and childbirth-related causes compared to women of other races and ethnicities. Black newborns also have worse outcomes than their counterparts: they face the highest rate of infant death compared to all other races/ethnicities, and more than double the rate of white babies. The impact of structural racism is clear: our most recent national poll reveals that nearly one-quarter of Black women aged 18 to 44 surveyed felt worried about their health and safety during pregnancy or childbirth because of their race; nearly 20 percent reported feeling that a health care provider didn't take their pain seriously during pregnancy or childbirth because of their race and/or gender. Achieving better outcomes for Black women, birthing people, and their babies requires a commitment to birth justice—including increasing the availability of Black midwives and doulas.

We urge you to advocate for passage of the *Black Maternal Health Momnibus Act*, *CARE for Moms Act*, and similar policies to achieve these goals.

Reproductive Justice can only be achieved when Black women, girls, and gender-expansive individuals can experience pregnancy and childbirth without endangering our lives. The U.S. has the worst maternal and infant mortality and morbidity outcomes¹ than any other industrialized nation. The U.S.' overall rate of 32.9 maternal deaths per 100,000 live births is cause for alarm, as it is the highest rate among high-resource countries.² It is important to note, however, that not all women face the same risks. Black birthing people have unacceptably poor outcomes in the U.S.—including staggering rates of death related to pregnancy and childbirth. Black women have the highest rates of maternal mortality in the country and are 2.6 times more likely to die of pregnancy- and childbirth-related causes compared to women of other races and ethnicities.^{3 4} Black newborns also have worse outcomes than their counterparts: they face the highest rate of infant death compared to all other races/ethnicities and is more than double the rate of white babies' mortality.⁵

At the heart of America's maternal health crisis is a woefully fragmented health care system that perpetuates vast racial disparities in maternal and infant morbidity and mortality. Structural racism and the resulting biased health care system contribute to Black women's poor health outcomes, including maternal mortality. Systemic barriers that Black women face include racism, sexism, and income inequality that result in lower wages. As a result, too often, we have to choose between essential resources like safe housing, childcare, food, and medical care.

Despite the positive impacts of the Affordable Care Act (ACA) and Medicaid's expansion from 60 days of postpartum coverage to one year postpartum in certain states, Black women are still more likely to be uninsured, face greater financial barriers to health care services, and have less access to timely prenatal care. Additionally, Black women experience higher rates of chronic health conditions that may worsen maternal and infant health outcomes—including diabetes, hypertension, obesity, and cardiovascular disease.⁶

Research points to substandard care at hospitals, driven by anti-Black racism and discrimination, as another critical driver of disparities across the care continuum. These include overt acts of interpersonal discrimination. On a broader level, implicit biases, stereotypes, and institutional and structural discrimination harm Black

birthing people and their families. The inequities and exposure to racism that Black women experience throughout their lives, including while seeking health care, increases health risks and drives racial disparities in preventable maternal and infant deaths.

Our 2024 national poll reveals that nearly one-quarter of Black women aged 18 to 44 surveyed felt worried about their health and safety during pregnancy or childbirth because of their race. Nearly 20 percent reported feeling that a health care provider didn't take their pain seriously during pregnancy or childbirth because of their race and/or gender.

The impact of this structural racism is clearly indicated by findings about what happens when newborn Black babies are cared for by Black clinicians. When Black babies are treated by Black providers (e.g., pediatricians, neonatologists, family practitioners), their mortality rate compared to white newborns is halved.⁷ Black midwives have been a pillar of Black communities since the antebellum period. Forcibly, they cared for enslaved birthing Black women and their infants on plantations and provided critical care to newly freed reproducing Black women. In the late 19th to early 20th century, the privatization of medicine, increased hospitalization of childbirth, and racist stigmatization of Black health care providers decimated Black midwifery; white male physicians, eager to "found" the field of obstetrics and gynecology, often collaborated to push Black midwives out of the delivery room through legislation and misinformation.⁸ Black midwives were, and remain, critical practitioners, especially in rural and remote areas or regions where physicians do not provide care to Black people.

Achieving better outcomes for Black women, birthing people, and babies requires a commitment to birth justice—including increasing the availability of Black midwives and doulas. As defined by Ancient Song Doula Services: *Birth justice is achieved when individuals can make informed decisions during pregnancy, childbirth, and postpartum, that is free from racism, discrimination of gender identity, and implicit bias. Birth justice requires that individuals fully enjoy their human rights regarding reproductive and childbirth-related health decisions, without fear of coercion, including coercion to submit to medical interventions, reprisal for refusal of care, and/or face the threat of inadequate medical care. Birth justice centers the intersectional and structural needs of individuals and communities.*⁹

Progress to Date

Thanks to the efforts of countless Reproductive Justice and Black birthing advocates across the country, reducing Black maternal mortality and morbidity has become a central policy priority for many federal and state policymakers over the past

several years. This focus has led to some policy success—the most promising to date being the Biden-Harris Administration’s incentivizing states to expand Medicaid coverage to 12 months postpartum through the *American Rescue Plan*. As of early 2024, 45 states, the District of Columbia, and the U.S. Virgin Islands have answered this call to action.

2025 Policy Recommendations

- Require all states to extend comprehensive, holistic maternity care and newborn care for a minimum of one year postpartum by supporting policies such as the *MOMMIES Act*
- Remove cost-sharing for preconception care; labor-, delivery-, and pregnancy-related labs; mental health; and postpartum visits
- Require coverage for doulas and midwifery care in insurance programs and increase funding for doulas and midwifery care in federal health care programs
- Authorize and appropriate funding for a National Maternal Mortality Review Board that oversees an epidemiological infrastructure to accurately tabulate morbidity and mortality across all states and U.S. territories
- Authorize and appropriate funding for a Federal Office of Sexual and Reproductive Health and Wellbeing (OSRHW) to fully address racial/ethnic health disparities and ensure a comprehensive and holistic approach to sexual and reproductive health is prioritized at all levels of government
- Implement monthly financial supplements or universal incomes for low-income pregnant people
- End coercive, non-consensual drug testing and criminalization of substance use for patients, including pregnant people
- Pass the *Black Maternal Health Momnibus Act*, *CARE for Moms Act*, and other legislation that advance Black maternal health outcomes.

Endnotes

1. Gunja MZ, Gumas ED, Masitha R, Zephyrin LC, *Insights into the U.S. Maternal Mortality Crisis: An International Comparison*, New York (NY): Commonwealth Fund, 2024. Online: <https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>.

2. Hoyert DL, *Maternal mortality rates in the United States, 2021*, National Center for Health Statistics, *Health E-Stats*. 2023. Online: <https://dx.doi.org/10.15620/cdc:124678>.

3. Centers for Disease Control and Prevention (CDC), *Pregnancy Mortality Surveillance System*, Atlanta (GA): CDC, 2023. Online: <https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance/index.html>.

4. Hoyert DL, “Maternal mortality rates in the United States, 2021,” National Center for Health Statistics, *Health E-Stats*, 2023. Online: <https://dx.doi.org/10.15620/cdc:124678>.

5. Centers for Disease Control and Prevention (CDC), *Infant Mortality*, Atlanta (GA): CDC, 2022. Online: https://www.cdc.gov/maternal-infant-health/infant-mortality/?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm.

6. Doshi RP, Aseltine RH, Sabina AB, Graham GN, “Racial and ethnic disparities in preventable hospitalizations for chronic disease: prevalence and risk factors,” *Journal of racial and ethnic health disparities*, 2017; 4(6): 1100-1106.

7. Cunningham A, “What we can learn from how a doctor’s race can affect Black newborns’ survival,” *Science News*, August 25, 2020. Online: <https://www.sciencenews.org/article/black-newborn-baby-survival-doctor-race-mortality-rate-disparity>.

8. Smithsonian Institution (SI), *The Historical Significance of Doulas and Midwives*, Washington (DC): SI, no date. <https://nmaahc.si.edu/explore/stories/historical-significance-doulas-and-midwives>.

9. Ancient Song Doula Services, *Full Spectrum Doula Training*, Montclair (NJ): Ancient Song Doula Services, 2018. www.ancientsongdoulaservices.com/training.