Note to Legislators:
In alignment with the principle of collaborative governance, we encourage you to collaborate with birth justice advocates in your state on this resolution.

Resource to find the maternal mortality rate in your state:

- KFF Maternal Mortality Rate By State

Resource to compare the maternal mortality ratio in your state by race and ethnicity:

- JAMA Maps of 2019 Maternal Mortality Ratios by Race and State

---

Section 1:

This bill will be known as the "Black Maternal Health Week 20[XX] Resolution"

Section 2:

Recognizing the designation of the week of April 11 through April 17, 20[XX], as the [NUMBER] annual "Black Maternal Health Week," founded by Black Mamas Matter Alliance, Inc. (BMMA), to bring national attention to the maternal and reproductive health crisis in the United States and the importance of reducing maternal mortality and morbidity among Black women and birthing persons.

Whereas, according to the Centers for Disease Control and Prevention, Black women in the United States are two to three times more likely than White women to die from pregnancy-related causes[1];

Whereas Black women and people living in low-income and rural communities in the United States are the most likely to suffer from life-threatening pregnancy complications, known as "maternal morbidities,"[2];

Whereas maternal mortality rates in the United States are—

(1) among the highest in the developed world; with

(2) 23.8 deaths per 100,000 live births in 2020, 32.9 in 2021[3], 22.3 in 2022, and 18.6 in 2023[1].

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, according to the 2025 CDC Report, in 2023 the U.S Maternal Mortality rate decreased rate for White(14.5), Hispanic(12.4), and Asians(10.7) women, but increased to 50.3 deaths per 100,000 live births for Black women[1];

[INSERT STATE MATERNAL MORTALITY RATE]

Whereas Black women are 50 percent more likely than all other women to give birth to premature, low birthweight, and very low birthweight infants[4];

Whereas the high rates of maternal mortality among Black women span across— (1) income levels;

(2) education levels; and

(3) socioeconomic status;

Whereas the Centers for Disease Control and Prevention found that more than 80 percent of pregnancy-related deaths are preventable[5];

Whereas the leading causes of maternal mortality among Black women and birthing persons include eclampsia, preeclampsia, postpartum cardiomyopathy, and obstetric embolism, and these conditions impact Black women and birthing people disproportionately[6];

[INSERT STATE HIGHEST RATE FOR RELEVANT ISSUE] Example: Whereas, Georgia has the highest rate of Caesarean section deliveries with 35.8 percent of live births resulting in Black infants having the highest Cesarean rate of 38.1 percent from 2021-2023[7];

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[8];

Whereas racism and discrimination play a consequential role in maternal health care experiences and outcomes of Black birthing people[9];

Whereas the overturn of Roe v. Wade impacts Black women and birthing people's right to reproductive healthcare and bodily autonomy, and further perpetuates reproductive oppression as a tool to control women's bodies[10];

Whereas a fair and wide distribution of resources and birth options, especially with regard to reproductive health care services and maternal health programming, are critical to addressing inequities in maternal health outcomes;

Whereas, states and rural counties with higher Black population rates have severe maternity care deserts, where there are no hospitals or birth centers offering obstetric care and no obstetric providers, and diminished access to reproductive healthcare providers due to low Medicaid reimbursements, rising costs, and persistent healthcare workforce shortages[11];

[INSERT STATE RATE FOR PRENATAL, POSTPARTUM HEALTHCARE ACCESS] Whereas, [INSERT STATE] counties face higher rates of maternity care deserts with [X] percent compared to the 32.6 percent national average, where women

of childbearing age do not have access to hospitals or birth centers offering maternity care or obstetric providers[12];

Whereas, maternity care deserts lead to higher risks of maternal morbidity and mortality as most complications occur in the postpartum period when birthing people are far away from their providers;

Whereas Black midwives, doulas, perinatal health workers and community-based organizations provide holistic maternal care and support but face structural and legal barriers to licensure, reimbursement, and provision of care[13];

Whereas Black women and birthing persons experience increased barriers to accessing prenatal and postpartum care, including maternal mental health care;

[OPTIONAL LANGUAGE] Whereas COVID-19, which has disproportionately harmed Black Americans, is associated with an increased risk for adverse pregnancy outcomes and maternal and neonatal complications[14];

[OPTIONAL LANGUAGE] 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[15];

Whereas there are concerted efforts to increase uptake of maternal vaccinations[16];
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[6];

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 during labor, drug testing mothers and infants without informed consent, separating mothers from their newborns, and criminalizing pregnancy outcomes such as miscarriage[6];

Whereas Black women and birthing people experience pervasive racial injustice in the criminal justice, social, and health care systems;

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 persons, including care led by the communities most affected by the maternal health crisis in the State of [INSERT STATE];

(2) continuous health insurance coverage to support Black women and birthing persons for the full postpartum period at least one year after giving birth; and
(3) policies that support and promote affordable, comprehensive, and holistic maternal health care that is free from gender and racial discrimination, regardless of incarceration;

Section 3:

Now, therefore, be it *Resolved,* That the [SENATE/HOUSE] recognizes that—

(1) Black women are experiencing high, disproportionate rates of maternal mortality and morbidity in the State of [INSERT STATE];

(2) the alarmingly high rates of maternal mortality among Black women are unacceptable and unjust;

(3) in order to better mitigate the effects of systemic and structural racism, State Senate must work toward ensuring that the Black community has—

(A) safe and affordable housing;

(B) transportation equity;

(C) nutritious food;

(D) clean air and water;

(E) environments free from toxins;

(F) Decriminalization, removal of civil penalties, end of surveillance, and end of mandatory reporting within the criminal and family regulation system;

(G) safety and freedom from violence;

(H) a living wage;

(I) equal economic opportunity;

(J) a sustained and expansive workforce pipeline for diverse perinatal professionals; and

(K) comprehensive, high-quality, and affordable health care including access to the full spectrum of reproductive care;

(4) in order to improve maternal health outcomes, the State Senate must fully support and encourage policies grounded in the human rights, reproductive justice, and birth justice frameworks that address maternal health inequities;

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

(6) in order to ensure access to safe and respectful maternal health care for Black birthing people, the Senate must pass the Black Maternal Health Momnibus Act and
other legislation rooted in human rights that seeks to improve maternal

care and outcomes;

(7) “Black Maternal Health Week” is an opportunity—

(A) to deepen the national conversation about Black maternal health in the United States;

(B) to amplify and invest in community-driven policy, research, and quality care solutions

(C) to center the voices of Black Mamas, women, families, and stakeholders (D) to provide a national platform for Black-led entities and efforts on maternal and mental health, birth equity, and reproductive justice; and

(E) to enhance community organizing on Black maternal health

(F) to support efforts to increase funding and advance policies for Black-led and centered community-based organizations and perinatal birth workers that provide the full spectrum of reproductive, maternal, and sexual healthcare.

Section 4:

This resolution is ordered to take immediate effect.

[1]Health E-Stats, February 2025, Maternal Mortality Rates in the United States, 2023. Published online 2025.
[2] American Academy of Family Physicians. Striving for Birth Equity: Family Medicine's Role in Overcoming Disparities in Maternal Morbidity and Mortality. Accessed February 28, 2025. https://www.aafp.org/about/policies/all/birth-equity-pos-paper.html
[3] CDC, Pregnancy Mortality Surveillance System https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm l [4] March of Dimes https://www.marchofdimes.org/peristats/data?reg=99&top=3&stop=63&lev=1&slev=1&obj=1
[5] CDC. Preventing Pregnancy-Related Deaths. Maternal Mortality Prevention. January 31, 2025. Accessed February 22, 2025. https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html
[6] MacDorman MF, Thoma M, Declcerq E, Howell EA. Racial and Ethnic Disparities in Maternal Mortality in the United States Using Enhanced Vital Records, 2016–2017. *Am J Public Health*. 2021;111(9):1673-1681. https://ajph.aphapublications.org/doi/10.2105/AJPH.2021.306375
[7] Total Cesarean deliveries by maternal race/ethnicity: United States, 2020-2022 Average | PeriStats | March of Dimes. Accessed February 22, 2025. https://www.marchofdimes.org/peristats/data?reg=99&top=8&stop=356&lev=1&slev=1&obj=1
[8] Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. The Lancet, 389(10077), 1453–1463. https://doi.org/10.1016/S0140-6736(17)30569-X
[9] Black Mamas Matter Alliance Care Working Group Members. Black Mamas Matter Alliance Black Paper: Setting the Standard for Holistic Care of and for Black Women. Published online 2018. Accessed February 28, 2025. https://blackmamasmatter.org/wp-content/uploads/2018/04/BMMA_BlackPaper_April-2018.pdf
[10] Njoku, A., Evans, M., Nimo-Sefah, L., & Bailey, J. (2023). Listen to the Whispers before They Become Screams: Addressing Black Maternal Morbidity and Mortality in the United States. Healthcare (Basel, Switzerland), 11(3), 438. https://doi.org/10.3390/healthcare11030438
[11] March of Dimes, Maternity Care Deserts Report https://www.marchofdimes.org/maternity-care-deserts-report
[12] Fontenot, J, Lucas, R, Stoneburner, A, Brigance, C, Hubbard, K, Jones, E, Mishkin, K. Where You Live Matters: Maternity Care Deserts and the Crisis of Access and Equity in Georgia. March of Dimes. 2023
[13] Black Mamas Matter Alliance, Policy & Advocacy Department. Black Mamas Matter: In Policy and Practice. Atlanta, GA. April 2023. https://blackmamasmatter.org/policy-agenda/
[14] Wei, S. Q., Bilodeau-Bertrand, M., Liu, S., & Auger, N. (2021). The impact of COVID-19 on pregnancy outcomes: A systematic review and meta-analysis. Canadian Medical Association Journal, 193(16), E540–E548. https://doi.org/10.1503/cmaj.202604
[15] Kasehagen L, Byers P, Taylor K, et al. COVID-19–Associated Deaths After SARS-CoV-2 Infection During Pregnancy — Mississippi, March 1, 2020–October 6, 2021. MMWR Morb Mortal Wkly Rep 2021;70:1646–1648. DOI: http://dx.doi.org/10.15585/mmwr.mm7047e2
[16] ACOG. Maternal Immunization. 2022. Accessed March 4, 2025. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2022/10/maternal-immunization