African-American mothers are three to four times more likely to die from pregnancy-related causes than White mothers, with 40.0 deaths per 100,000 live births for Black women and 12.4 deaths per 100,000 births for White women. This racial disparity has persisted for the past 60 years. Due to racism, sexism and other systemic barriers that have contributed to income inequality, Black women are also typically paid just 63 cents for every dollar paid to White, non-Hispanic men. Median wages for Black women in the United States are $36,227 per year, which is $21,698 less than the median salaries for White, non-Hispanic men. Economic inequalities impact the ability of African-American women and their families to not only support themselves, but also secure sufficient health care. The effects of lower wages, along with Black women’s inadequate access to high-quality reproductive health information and services contribute to declining maternal health.

The children of African-American mothers are also placed at a paramount disadvantage from the time of conception. Nationwide, 14 % of the babies that are born in the U.S. are African American, yet they contribute to roughly 30 % of the infants who die in their first year of their life. Further, infants who are born to African-American mothers die at twice the rate of those born to White women.

Reps. Alma Adams (D-NC) and Lauren Underwood (D-IL) officially launched the first-ever Black Maternal Health Caucus on 4/9/2019, in hopes of tackling one of the widest racial disparities in health care today. Black women are 243 percent more likely to die from pregnancy or childbirth-related causes than their white counterparts. The public health crisis has been getting more national attention recently, thanks in part to an award-winning ProPublica/NPR series on the soaring maternal mortality rate and celebrity testimonies from Serena Williams and Beyoncé on their own harrowing experiences. The Black Maternal Health Caucus, which already has more than 75 members, was created to research and push for policies that are culturally competent.

Through an examination of the causative factors that perpetuate maternal mortality among African American women, including implicit bias and accessibility to quality service, the National Medical Association (NMA) has highlighted the repercussions of this epidemic in the African American community.

**NMA Recommendations**

**Medical Mortality Review Boards**

Establish and support Maternal Mortality Review Boards at the state level for every state, with confidential protections for providers, that require a review for every pregnancy-related death, and which can develop recommendations to prevent future deaths.
Implicit Bias Training Grants
Address implicit bias by establishing competitive grants directed to medical schools, nursing schools, and other health professionals training programs, to support implicit bias training with an emphasis on obstetrics and gynecology.

Expanded Coverage of Postpartum Care
Expand access to care by ensuring that mothers retain their Medicaid coverage from two months after giving birth to one year after giving birth, the entire postpartum period.

Pregnancy Medical Home Programs
Establish pregnancy medical home programs to incentivize maternal health care providers to deliver integrated health care services to pregnant women and new mothers by conducting standardized medical, obstetric, and psychosocial risk assessments for each pregnant patient. Connect high-risk patients with a care manager that coordinates health care and social services.

Provision for Family Planning Services
Integrate family planning services with maternal health services for women to discuss contraceptive use options.

Support of Doulas
Establish grants for culturally competent companions, or doulas, who support a birthing woman during labor and birth for emotional, physical, and informational support.

Diversify the Workforce
Increase residency slots in order to continue to diversify the physician workforce including African American OB/GYNs.

Maternal Mortality
Legislation signed into Law

Preventing Maternal Deaths Act of 2018
A bill sponsored by Rep. Jaime Herrera Beutler (WA-3) passed Congress on a bi-partisan basis and was signed into law on 12/21/2018. It establishes a program under which HHS may make grants to states for the purpose of: (1) reviewing pregnancy-related and pregnancy-associated deaths; (2) establishing and sustaining a maternal mortality review committee to review relevant information; (3) ensuring that the state department of health develops a plan for ongoing health care provider education in order to improve the quality of maternal care, disseminate findings, and implement recommendations; (4) disseminating a case abstraction form to aid information collection for HHS review and preserve its uniformity; and (5) providing for the public disclosure of information included in state reports. As of February 4, 2019, 38 states have active MMRCs recognized by the CDC.

Legislation Introduced

Mothers and Offspring Mortality & Morbidity Awareness (MOMMA) Act- H.R. 1897
Rep. Robin L. Kelly (IL-2) introduced a bill focusing on reducing the maternal and infant health crisis in the U.S. by (1) expanding care access to the full postpartum period (1 year) for mothers; (2) standardizing data collection and empowering a designated federal agency to collect uniform data; (3) ensuring the sharing of best practices between practitioners and hospital systems (4) establishing and enforcing national and emergency obstetric protocols; and (5) improving access to culturally-competent care.

Maternal Care Access and Reducing Emergencies (CARE) Act – S. 3363
Sen. Kamala D. Harris (CA) introduced a bill in the Senate and House, focusing on increasing comprehensive and quality health care access by creating two grants: (1) implicit bias training program grants to support specific training programs in medical, nursing, and other training schools; (2) Pregnancy Medical Home Demonstration Project to establish a demonstration project to assist up to 10 states with developing and sustaining pregnancy medical home (PMH) programs.

Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services (MOMMIES) Act- S. 1343 ; H.R. 2602
Senator Cory Booker (NJ) and Representative Ayanna Pressley (MA) introduced legislation in the Senate and House on 5/8/2019, to substantially extend the time period Medicaid will cover postpartum women to a year after they give birth. Current Medicaid coverage for postpartum women is two months. The bill embraces “services that are proven to positively impact maternal health outcomes for black women.” Such services include the use of midwives, doulas and holistic birth workers. S.1343 was referred to the Committee on Finance and H.R. 2602 (Healthy MOMMIES Act) was referred to the Committee on Energy and Commerce.

Community Access to Resources and Education (CARE) for Families Act- H.R. 3117
Representatives Alma Adams (NC), Lauren Underwood (IL), and Bobby Scott (VA) introduced legislation on 6/5/19 which would make key investments in community health partnerships led by the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and would address maternal and infant mortality by improving women and children’s access to quality nutrition and health care services throughout pregnancy and after giving birth. Specifically, this vital legislation would create a grant program for local WIC agencies and clinics for community partnerships aimed at:
• Increasing the involvement of WIC staff in the community;
• Improving health outcomes by better connecting WIC to community health providers like OB/GYNs, advance practice nurses and pediatricians;
• Facilitating referrals between WIC and health care providers; and
• Improving the coordination, quality, and cost effectiveness of health care services.

Excellence in Maternal Health Act of 2019-H.R.4215

Representatives Larry Bucshon (IN), Andre Carson (IN), Michael Burgess (TX), Susan Brooks (IN), Jaime Herrera Beutler (WA), Billy Long (MO), Lucy McBath (GA), and Greg Walden (OR) introduced a bi-partisan bill, on 8/30/2019, to improve maternal health care quality, to improve the training of health care professionals to reduce or prevent discrimination in certain health care services, to improve perinatal care, and for other purposes. The bill was also referred to the Committee on Energy and Commerce on 8/30/2019.

Fiscal Year 2020 Labor, Health and Human Services, Education, and Related Agencies Appropriations

Maternal Mortality priorities passed as part of the Fiscal Year 2020 Labor, Health and Human Services, Education, and Related Agencies Appropriations, on 6/24/19, include the following:

1. $1.58 billion for the National Institute of Child Health and Human Development, which supports research that investigates the causes and interventions for maternal health disparities among black women;
2. $10 million to initiate research on maternal mortality and disparities in maternal mortality rates;
3. $23 million for state Maternal Health Innovation grants;
4. $705 for a maternal and child health block grant;
5. $5 million for Maternal Health Safety Bundles;
6. $10 million for hospitals promoting breastfeeding;
7. Extension for the Task Force on Research in Pregnant and Lactating Women;
8. $15 million for Healthy Start;
9. $2.5 million for midwife education to address the national shortage of maternity care providers, specifically the lack of diversity in the maternity care workforce;
10. Additional $5 million for the Maternal and Child Health Bureau;
11. $76 million for coordinated services and access to research for women, infants, children and youth;
12. $12 million increase in funding for the Center of Disease Control Safe Motherhood and Infant Health program's Maternal Mortality Review Committees, supporting research to comprehensively assess maternal deaths and identify opportunities for prevention.

These priorities have not yet been taken up by the Senate.

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1. [https://www.hrsa.gov/sites/default/files/ourstories/mchb75th/mchb75thanniversarypublication.pdf](https://www.hrsa.gov/sites/default/files/ourstories/mchb75th/mchb75thanniversarypublication.pdf)
4. [Henry J Kaiser Family Foundation. 2017. Health Facts: Births by Race and Ethnicity. Available at: https://www.kff.org/other/state-indicator/births-by-race-ethnicity/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22,%22rel%22:%22%7D](https://www.kff.org/other/state-indicator/births-by-race-ethnicity/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22,%22rel%22:%22%7D)