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; and

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; and

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 midwives 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 involving 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) the lack of ability to access remote telehealth services and fail to adequately address 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 non-consensual deliveries;

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

Whereas an investment must be made in—

(i) increased support and funding of Black-led entities and efforts that promote maternal and neonatal health, safe and healthy births, and reproductive justice;

(ii) capacity to ensure that Black women and birthing people are able to have present during labor and delivery;

(iii) the seventh annual “Black Maternal Health Week”; and

(iv) that—

(A) Black women are experiencing high, disproportionate rates of maternal mortality and morbidity in the United States;

(B) the alarmingly high rates of maternal mortality among Black women are unacceptable;

(C) in order to better mitigate the effects of systemic racism, Congress must work toward ensuring—

(i) that the Black community has—

(I) safe and affordable housing;

(II) transportation equity;

(III) nutritious food;

(IV) clean air and water;

(V) environments free from toxins;

(VI) safety and freedom from violence;

(VII) a living wage;

(VIII) equal economic opportunity;

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

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

(ii) reform of the criminal justice and family regulation systems to decriminalize pregnancy, remove civil penalties, end surveillance of familial and mandatory reporting within the system;

(D) in order to improve maternal health outcomes, Congress must fully support and encourage policies that are included in the human rights, reproductive justice policies, and birth justice frameworks that address Black maternal health inequity;

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

(F) in order to ensure access to safe and respectful maternal health care for Black birthing people, Congress must pass the Black Maternal Health Monuments Act; and

(G) ‘Black Maternal Health Week’ is an opportunity to—

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

(ii) amplify and invest in community-driven policy, research, and quality care solutions;

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

(iv) provide organizational support for Black-led entities and efforts that promote maternal and mental health, safe and healthy births, and reproductive justice;

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

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


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Whereas Black Maternal Health Week was founded and led by Black Mamas Matter Alliance, Inc. to bring national attention to the maternal and reproductive healthcare crisis in the United States and the importance of reducing maternal mortality and morbidity among Black women and birthing people; Now, therefore, be it

Resolved, That the Senate recognizes—

(1) the seventh annual “Black Maternal Health Week”; and

(2) that—

(A) Black women are experiencing high, disproportionate rates of maternal mortality and morbidity in the United States;

(B) the alarmingly high rates of maternal mortality among Black women are unacceptable;

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

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