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H. RES. 231

Recognizing the longstanding and invaluable contributions of Black midwives to maternal and infant health in the United States.

IN THE HOUSE OF REPRESENTATIVES

MARCH 18, 2025

Ms. MOORE of Wisconsin (for herself, Ms. ADAMS, and Ms. UNDERWOOD) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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RESOLUTION

Recognizing the longstanding and invaluable contributions of Black midwives to maternal and infant health in the United States.

Whereas recognizing the day of March 14, 2025, as ''Black Midwives Day'' underscores the importance of midwifery in helping to achieve better maternal health outcomes by addressing fundamental gaps in access to high-quality care and multiple aspects of well-being;

Whereas the Black Midwives Day campaign, founded in 2023 and led by the National Black Midwives Alliance, establishes Black Midwives Day as a day of awareness, activism, education, and community building;

Whereas this day is intended to increase attention for the state of Black maternal health in the United States, the root causes of poor maternal health outcomes, and for community-driven policies, programs, and care solutions;

Whereas the United States is experiencing a maternity care desert crisis in which 2,200,000 women of childbearing age live in maternity care deserts where they do not have access to hospitals or birth centers offering maternity care or obstetric providers;

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 midwife-led care has been shown to result in cost savings, reduced medical interventions, lower cesarean rates, decreased preterm births, and improved health outcomes for both mothers and infants;

Whereas midwives provide essential maternal health care services across diverse settings, including homes, communities, hospitals, birth centers, clinics, and health units, ensuring accessibility and continuity of care;

Whereas increasing the number of Black midwives in the workforce is critical to addressing maternal health disparities, as Black midwives offer culturally competent care that builds trust, enhances maternal satisfaction, and improves health outcomes for Black mothers and their infants;

Whereas incorporating midwives fully into the United States maternity care system would reduce maternal health disparities and help to address the maternity care desert crisis;

Whereas, despite the medicalization of childbirth in the United States, the maternal mortality rates in the United States are among the highest in the high income countries, increasing rapidly, and disproportionately higher among Black birthing people;

Whereas Black birthing people in the United States suffer from life-threatening pregnancy complications, known as ''maternal morbidities'', twice as often as White birthing people;

Whereas these deaths have devastating effects on Black children and families, and the vast majority are entirely preventable through assertive efforts to ensure Black birthing people have access to information, services, and supports to make their own health care decisions, particularly around pregnancy and childbearing;

Whereas, according to a 2023 Centers for Disease Control and Prevention Report, the United States maternal mortality rate for Black women has continuously increased to 50.3 deaths per 100,000 live births compared to the decreased rate for White (14.5), Hispanic (12.4), and Asians (10.7) women;

Whereas the high rates of maternal mortality among Black birthing people span across income levels, education levels, and socioeconomic statuses;

Whereas structural racism, gender oppression, and the social determinants of health inequities experienced by Black birthing people in the United States significantly contribute to the disproportionately high rates of maternal mortality and morbidity among Black birthing people;

Whereas Black birthing people are more likely to report experiences of disrespect, abuse, and neglect when birthing in facility-based settings as compared to White people;

Whereas Black families benefit from access to Black midwives to receive culturally sensitive and congruent care established through trust and respect, backed with the wisdom of time-honored techniques and best practices;

Whereas the work and contributions of past and present midwives have ushered in new life have done so despite a history fraught with persecution, enslavement, violence, racism, and the systematic erasure of traditional and lay Black midwives throughout the 20th century;

Whereas the decimation of midwifery across the Southern United States reduced the numbers of Black midwives from thousands to dozens in a 50-year period from the 1920s to the 1970s, leaving many communities without care providers;

Whereas some States have criminalized and suppressed direct-entry midwives, despite rising maternal mortality rates across the United States;

Whereas the criminalization and overregulation of midwifery disproportionately impacts Black midwives and birthing families, exacerbating maternal health disparities and reducing access to culturally competent care;

Whereas the resurgence of Black midwifery is a testament to the resilience, resistance, and determination of spirit in the preservation of healing modalities that are practiced all over the world;

Whereas the focus on holistic care, which involves caring for the whole person, family, and community, is what makes a difference in midwifery;

Whereas midwifery—

(1) honors a birthing person's right to bodily autonomy; and

(2) can be facilitated at home, in a birth center, or hospital, and works in tandem with doulas, community health workers, obstetricians, pediatricians, and other maternal, reproductive, and perinatal health care providers;

Whereas the Midwifery Model of Care has been proven to have better pregnancy outcomes through preventing infant mortality and morbidity, lowering preterm births, reducing medical interventions, and providing the birthing person continuous support;

Whereas, in 2022, the Committee on the Elimination of Racial Discrimination (referred to in this preamble as ''CERD'') of the United Nations expressed concerns regarding the impact of systemic racism and intersecting factors on access to comprehensive sexual and reproductive health services for women, and the limited availability of culturally sensitive and respectful maternal health care, particularly for those with low incomes, rural residents, individuals of African descent, and Indigenous communities;

Whereas CERD recommended that the United States further develop policies and programs to eliminate racial and ethnic disparities in the field of sexual and reproductive health and rights, while integrating an intersectional and culturally respectful approach in order to reduce the high rates of maternal mortality and morbidity affecting racial and ethnic minorities, including through midwifery care;

Whereas, in 2023, the Human Rights Committee of the United Nations expressed similar concerns as CERD and

further recommended that the United States take measures to remove restrictive and discriminatory legal and practice barriers to midwifery care, including those affecting Black and Indigenous peoples;

Whereas a fair distribution of resources, especially with regard to reproductive health care services, is critical to closing the racial disparity gap;

Whereas an investment must be made in robust, quality, and comprehensive health care for Black birthing people, and policies that support and promote affordable, holistic maternal health care that is free from gender and racial discrimination;

Whereas it is fitting and proper on Black Midwives Day to recognize the tremendous impact of the human rights, reproductive justice, and birth justice frameworks on protecting and advancing the rights of Black birthing people;

Whereas Black Midwives Day is an opportunity to acknowledge the fight to end maternal mortality locally and globally;

Whereas maternal health is intractably linked to infant health and the United States infant mortality rate rose 3 percent from a rate of 5.44 infant deaths per 1,000 live births in 2021 to 5.60 infant deaths per 1,000 live births in 2022, the largest increase in the infant mortality rate in two decades; and

Whereas Congress must mitigate the effects of systemic and structural racism, to ensure that all Black people have access to midwives, doulas, and other community-based, culturally matched perinatal health providers: Now, therefore, be it

Resolved, That the House of Representatives—

(1) encourages Federal, State, and local governments to take proactive measures to address racial disparities in maternal health outcomes by supporting initiatives aimed at diversifying the perinatal workforce, increasing access to culturally congruent maternal health care;

(2) commits to collaborating with relevant stakeholders to develop and enact policy solutions that promote health equity, address systemic racism, and support the advancement of Black midwifery;

(3) calls for increased funding for education and training, increased access to Black preceptors, removing barriers and restrictions to said preceptors, providing financial pathways to support students and preceptors, and mentorship programs that focus on promoting and sustaining Black midwifery and removing barriers related to accreditation by recognizing midwives across all training pathways;

(4) encourages Federal and State governments to authorize the autonomous practice of all midwives to the full extent of their training;

(5) promotes the authorization or reauthorization of funding for TRICARE and Medicaid coverage of maternity care provided by midwives of all training pathways;

(6) encourages Federal, State, and local governments to take active steps to destigmatize and decriminalize midwifery pathways in the pregnant person's setting of choice, including their homes, birth centers, clinics, or health units; and

(7) supports and recognizes the longstanding and invaluable contributions of Black midwives to maternal and infant health in the United States.

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