

119TH CONGRESS
2D SESSION

S. RES. 590

Designating January 23, 2026, as “Maternal Health Awareness Day”.

IN THE SENATE OF THE UNITED STATES

JANUARY 28, 2026

Mr. BOOKER (for himself, Mrs. BRITT, Mr. HICKENLOOPER, Mrs. CAPITO, Mr. SCHIFF, Ms. ALSOBROOKS, and Mr. WYDEN) submitted the following resolution; which was referred to the Committee on the Judiciary

RESOLUTION

Designating January 23, 2026, as “Maternal Health Awareness Day”.

Whereas each year in the United States, on average, more than 600 women die as a result of complications related to pregnancy and childbirth;

Whereas the pregnancy-related mortality ratio, defined as the number of pregnancy-related deaths per 100,000 live births, more than doubled in the United States between 1987 and 2024;

Whereas, according to the United Nations Maternal Mortality Estimation Inter-Agency Group, the United States is one of 4 countries in the world with a significant percentage increase in the maternal mortality from 2000 to 2023;

Whereas, of the pregnancy-related deaths that occurred in the United States in 2021—

- (1) approximately 19.5 percent occurred during pregnancy;
- (2) approximately 9.1 percent occurred the day of delivery;
- (3) approximately 14.1 percent occurred 1 to 6 days postpartum;
- (4) approximately 29.2 percent occurred 7 to 42 days postpartum; and
- (5) approximately 28.1 percent occurred between 43 days and 1 year postpartum;

Whereas 87 percent of pregnancy-related deaths in the United States in 2021 are considered preventable;

Whereas, from 2016 to 2021, the rate of severe maternal morbidity (“SMM”), which includes unexpected outcomes of labor and delivery that can result in significant short- and long-term health consequences, increased by 40 percent;

Whereas approximately 20 percent of mothers who give birth in the United States report experiencing mistreatment;

Whereas postpartum depression affects a significant percentage of new mothers who give birth, with estimates ranging from 10 to 20 percent of mothers who give birth experiencing depressive symptoms during the first year after childbirth, but many postpartum depression cases go undiagnosed and untreated, often due to a lack of screening;

Whereas various social and systemic factors can influence maternal health outcomes and contribute to disparities in care;

Whereas significant disparities in maternal health outcomes exist in the United States, including that—

(1) the 2024 pregnancy-related mortality ratio for Black women is more than 3 times higher than for White women;

(2) the 2024 pregnancy-related mortality ratio for American Indian and Alaska Native women is more than 4 times as high as for White women;

(3) in 2021, based on hospital records for impatient deliveries, the rate of SMM for Black women was 91 percent higher than the rate for White non-Hispanic women;

(4) the rate of severe maternal morbidity for Black and Asian-Pacific Islander women is approximately twice as high as the rate for White women;

(5) women who live in rural areas have a greater rate of severe maternal morbidity and mortality compared to women who live in urban areas;

(6) 59 percent of rural counties are considered a maternity care desert;

(7) rural counties with more Black residents and lower median incomes are less likely to have access to hospital obstetric services;

(8) the average travel time to reach a birthing hospital in maternity care deserts is 2.6 times longer than in full access counties; and

(9) American Indian and Alaska Native individuals have a preterm birth rate of 12.5 percent, whereas White individuals have a preterm birth rate of 9.5 percent;

Whereas 48 States and the District of Columbia have adopted the option to extend coverage for postpartum care under Medicaid to 12 months;

Whereas 46 States and 6 United States territories and Freely Associated States receive funding from the Centers for Disease Control and Prevention via the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality program to support maternal mortality review committees to identify, review, and characterize pregnancy-related deaths and to identify prevention opportunities;

Whereas State and local maternal mortality review committees are positioned to comprehensively assess maternal deaths and identify opportunities for prevention;

Whereas 49 States, the District of Columbia, and Puerto Rico are participating in the Alliance for Innovation on Maternal Health, which promotes consistent and safe maternity care to reduce maternal morbidity and mortality;

Whereas community-based maternal health care models, including midwifery childbirth services, doula support services, community and perinatal health worker services, and group prenatal care, in collaboration with culturally competent physician care, show great promise in improving maternal health outcomes and reducing disparities in maternal health outcomes;

Whereas increasing the maternal health care workforce and expanding telehealth services can help reduce the disparities in maternal health outcomes;

Whereas many organizations have implemented initiatives to educate patients and providers about—

- (1) all causes of, contributing factors to, and disparities in maternal mortality;
- (2) the prevention of pregnancy-related deaths; and
- (3) the importance of listening to and empowering all people to report pregnancy-related medical issues; and

Whereas several States, communities, and organizations recognize January 23 as “Maternal Health Awareness Day” to raise awareness about maternal health and promote maternal safety: Now, therefore, be it

1 *Resolved*, That the Senate—

2 (1) designates January 23, 2026, as “Maternal
3 Health Awareness Day”;

4 (2) supports the goals and ideals of Maternal
5 Health Awareness Day, including—

6 (A) raising public awareness about mater-
7 nal mortality, maternal morbidity, and dispari-
8 ties in maternal health outcomes; and

9 (B) encouraging the Federal Government,
10 States, territories, Tribes, local communities,
11 public health organizations, physicians, health
12 care providers, and others to take action to re-
13 duce adverse maternal health outcomes and im-
14 prove maternal safety;

15 (3) promotes initiatives—

16 (A) to address and eliminate disparities in
17 maternal health outcomes; and

18 (B) to ensure respectful and equitable ma-
19 ternity care practices;

20 (4) honors those who have passed away as a re-
21 sult of pregnancy-related causes; and

1 (5) supports and recognizes the need for mean-
2 ingful investments in efforts to improve maternal
3 health, eliminate disparities in maternal health out-
4 comes, and promote respectful and equitable mater-
5 nity care practices.

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