Black Women's Maternal Health

A Multifaceted Approach to Addressing Persistent and Dire Health Inequities

The United States has become even more dangerous for Black people to give birth.

Regardless of socioeconomic status, Black women and birthing individuals[1] in the United States are three times more likely to die from pregnancy than their white counterparts. While institutional and structural racism have long undermined the health and economic outcomes for Black women and families, the COVID pandemic exacerbated inequities and worsened the Black maternal health crisis. Black childbearing people – who were more likely to be essential workers and have increased risk of COVID-19 exposure – were three times more likely than white parents to have a COVID-19–attributable maternal death.[2]

Black individuals deserve bodily autonomy in safe and health-promoting environments to decide whether, how, or when to become parents. To improve Black maternal health, policymakers and health care itself must make institutional and structural changes to transform the delivery and quality of care.

To Solve the Black Maternal Health Crisis, We Must:

Transform the Delivery of Black Maternal Care

- **Congress** must pass the Black Maternal Health Momnibus Act *(S. 1606 and H. R. 3305)*, which addresses maternal mortality, morbidity, and disparity by making investments in social drivers of health that influence maternal health outcomes.
- **Congress** must pass the Community, Access, Resources, Empowerment (CARE) for Moms Act *(S. 2846 H.R. 5568)*, which addresses the one in two women nationwide who live in maternity care deserts and rural areas by improving access to maternal health care services, extending Medicaid 12-month postpartum coverage nationwide, and growing and diversifying the doula workforce.

Destigmatize and Treat Black Maternal Mental Health

Sixty percent of Black mothers do not receive any treatment or support services for prenatal and postpartum emotional complications due to lack of insurance coverage, social and cultural stigma related to mental health needs, logistical barriers to services, and lack of culturally appropriate care.

- **Congress** should increase and sustain current funding levels at $15 million or greater to support the Alliance for Innovation on Maternal Health (AIM) Maternity Care Safety Bundles to all states and health provider institutions.

Protect and Expand Access to Reproductive Health Care

Even before *Dobbs*, abortion was often difficult to access, especially for Black women. A National Partnership for Women & Families analysis reveals that Black women who have recently given birth are substantially more

likely than other women to live in a state that has banned abortion or is likely to ban it. Sixty-one percent of Black women who have given birth in the last 12 months were living in states that have banned abortion or are likely to ban it post-*Dobbs*, compared to 50 percent of women overall and 53 percent of white, non-Hispanic women.

- **Congress** must pass laws like the Equal Access to Abortion Coverage in Health Insurance (EACH) Act *(S. 1031 and H.R. 561)* to restore abortion coverage to people who receive health care or insurance through the federal government.
- **Congress** should also pass the Women's Health Protection Act *(S. 701 and H.R. 12)* to protect the right of health care providers to provide abortion care and the right for their patients to receive that care, free from medically unnecessary restrictions that single out abortion and impede access.

Eliminate Economic Inequities & Close the Wage Gap

Black women face wealth and income gaps that negatively impact economic outcomes. These gaps remain due to a stark history of deliberate policy choices based in white supremacy, systemic racism, sexism, misogynoir, and ableism, designed to keep Black women and other women of color in poverty.

Nearly two-thirds (62 percent) of Black women who have given birth in the last 12 months are employed.[3] Even when they are employed, they face a wage gap and are only paid 66 cents for every dollar earned by white, non-Hispanic men.[4] This gap is particularly large after giving birth.

- **Congress** must address this disparity by strengthening equal-pay legislation and raising the national minimum wage to at least $17 an hour.
- **Congress** should also pass the Family and Medical Insurance Leave (FAMILY) Act *(S. 1714 and H.R. 3481)*, which guarantees access to paid leave to meet the needs of pregnant people, caregivers, and families.

Collect & Use Intersectional Data

We need to collect and leverage quality data on birthing people's race, ethnicity, gender identity, disability status and other identities – as well as the intersection of these identities. Black disabled people are more likely to experience adverse birth outcomes than nondisabled or non-Black people.[5] Pregnant women with disabilities have a much higher risk for severe pregnancy- and birth-related complications and death than other pregnant women.[6]

- **Congress** must commit to collecting standardized data on disability status, in addition to disaggregated race/ethnicity (with subgroups) and sexual orientation and gender identity data, as well as how these identities interact with each other so that we can understand and solve inequalities and their root causes.

1. NOTE: We recognize and respect that pregnant, birthing, postpartum, and parenting people have a range of gender identities and do not always identify as "women" or "mothers." In recognition of the diversity of identities, this issue brief uses both gendered terms, as well as gender-neutral terms such as "people," "pregnant person," and "birthing people." In referencing studies, we use the typically gendered language of the authors.
2. National Partnership for Women & Families. "Raising the Bar for Maternal Health Equity and Excellence," accessed October 7, 2023, https://nationalpartnership.org/health-justice/raising-the-bar/
3. Amanishakete Ani. "C-Section and Racism: 'Cutting' to the Heart of the Issue for Black Women and Families" *Journal of African American Studies*, December 2015, http://www.jstor.org/stable/44508234
4. People are identified as having a disability in this analysis if they responded that they have difficulty in one or more of the following realms: vision, hearing, cognitive, ambulatory, self care, and independent living. This is a limited definition of disability that excludes a portion of disabled people. For more information on how disability is measured in the American Community Survey, please see: United States Census Bureau. "How Disability Data are Collected from The American Community Survey," https://www.census.gov/topics/health/disability/guidance/data-collection-acs.html
5. Gleason JL, Grewal J, Chen Z, Cernich AN, Grantz KL. Risk of Adverse Maternal Outcomes in Pregnant Women With Disabilities. JAMA Netw Open. 2021;4(12):e2138414. doi:10.1001/jamanetworkopen.2021.38414
6. U.S. National Institutes of Health. "NIH Study Suggests Women with Disabilities Have Higher Risk of Birth Complications and Death," December 15, 2021, www.nih.gov/news-events/news-releases/nih-study-suggests-women-disabilities-have-higher-risk-birth-complications-death