

REPORT: How The Black Maternal Health Momnibus Act Will Improve Maternal Health And Reduce Racial Disparities

American women suffer the <u>highest rates</u> of maternal mortality in the industrialized world. New data from the National Center for Health Statistics <u>reveals</u> the maternal mortality figures for American women jumped to 861 deaths in 2020, up from 754 in 2019, with Black mothers experiencing the highest increases. It is unconscionable that in the wealthiest nation on earth, the majority of maternal deaths are not only preventable, but on the rise. The United States is only one of two nations that has experienced a significant <u>increase in maternal mortality</u> over the past 20 years.

These facts, while tragic, are unsurprising. The United States routinely strips new mothers of their insurance coverage, just weeks after giving birth. 12 percent of maternal deaths occur more than six weeks after delivery, at the same time women are being purged from the Medicaid program, the nation's largest financier of child birth. Lack of access to quality, affordable health coverage is both a health and racial justice emergency. Those bearing the brunt of this crisis — Black, American Indian, and Alaska Native women — have experienced staggering rates of maternal mortality generation after generation. The Center on Budget Policy and Priorities confirms racial disparities in maternal mortality can be directly linked to life-long toxic stress resulting from institutionalized racism and the impacts of structural racism in the health care system.

The Black Maternal Health Momnibus Act will provide millions in funding to address the root causes of America's maternal mortality crisis. In addition to advocating for 12-month post-partum Medicaid coverage, the Black Maternal Health Caucus drafted the Mominbus with provisions including: funding to address social determinants of health contributing to maternal mortality, funding to grow and diversity the priental workforce, and providing health care workers with the tools and training necessary to confront discriminatory and biased practices.

KEY POINTS

- The United States has the highest maternal mortality rate of the industrialized world. Women in the United States suffer from maternal mortality at a rate twice that of other industrialized nations, with health outcomes worsening over the last two decades. In 2020, the maternal mortality rate in the United States rose to 861 deaths, up from 754 in 2019
- Women of color are acutely impacted by the maternal mortality crisis. Systemic
 racism and its direct impacts on the health care system, create dangerous and deadly
 outcomes for women of color, particularly Black, American Indian, and Alaska Native

- women. The racial disparities in maternal health between Black and white women are at the same rate recorded in the 1940s.
- The Black Maternal Health Momnibus Act investments will provide funding to address the root causes of maternal mortality. The Momnibus will provide funding to address social determinants of health, invest in health equity research and practices, and provide health care workers with the necessary tools to confront discriminatory and biased practices.

Maternal Mortality In The United States

American Maternal Mortality Rates Are Rising. The United States is only one of two nations that has reported an <u>increase in maternal mortality</u> since 2000. In 1987, the CDC reported <u>7.2</u> deaths for every 100,000 live births, with the rate increasing to <u>23.8</u> in 2020.

Highest Maternal Mortality Of Any Industrialized Nation. When compared with 10 other industrialized nations, the United States has the highest rate of maternal mortality by far, with American women dying at a rate more than double that of other industrialized countries.

Maternal Mortality Ratios in Selected Countries, 2018 or Latest Year

Deaths per 100,000 live birrlss

174

1830 3243 4848 4865

Most Maternal Deaths Occur Within The Year Following Delivery. 31 percent of maternal deaths occur during pregnancy, with 17 percent occurring

on the day of delivery, and more than half, <u>52 percent</u>, occurring within one year of giving birth, underscoring the need for access to quality, postnatal health coverage.

Most Pregnancy-Related Deaths Are Preventable. The CDC reports nearly two thirds of pregnancy-related deaths could have been prevented. In order to prevent pregnancy-related deaths, it is essential women have access to care, so medical professionals are able to recognize early maternal warning signs, provide an accurate and timely diagnosis, and deliver quality medical care.

Addressing Late Maternal Deaths. Maternal deaths occurring between 42 and 365 days following delivery are categorized as late maternal deaths. Cardiomyopathy and other cardiovascular conditions accounted for 27 percent of maternal deaths from 2014 to 2017, with cardiomyopathy serving as the leading cause of late maternal deaths. American women experience a higher rate of late maternal death than their counterparts in other industrialized nations. Insurance enrollment is a critical element in preventing premature death, by ensuring these conditions, specifically cardiomyopathy, are identified early and treated appropriately.

Women Of Color Are Acutely Impacted By The Maternal Health Crisis

Racial Disparities Have Worsened Over The Last Century. While the United States has made progress in addressing maternal mortality since the beginning of the 20th century, it has been unsuccessful in reducing racial disparities in maternal mortality. In 1915, the maternal mortality rate for Black women was 1.8 times higher than for white women, with disparities increasing in subsequent decades. In 2018, the maternal mortality rate for Black women was 3.2 times higher than for white women — the same disparity recorded 80 years ago. American Indian and Alaska Native women have a maternal mortality rate 2.3 times higher than white women. For Black, American Indian, and Alaska Native women over 30, the rate of maternal mortality is four to five times higher than for their white counterparts.

Social Determinants Of Health And Maternal Mortality. Addressing social determinants of health is essential to ending racial disparities in maternal mortality. However, the Center on Budget Policy and Priorities found "there is now consensus...that disproportionately high maternal mortality and morbidity among Black women, regardless of income and education, are due to structural racism in the delivery of health care services along with their lived experiences of racism." Higher educational attainment and income level do not have the same degree of benefit in reducing maternal mortality in Black women as they do for white counterparts. A maternal mortality report released by HHS in 2007 found racial disparities persisted despite poverty status. Black women living below the federal poverty line experienced maternal mortality at a rate three times higher than their white counterparts at the same income level. Any effective approach to eliminating racial disparities in maternal health will need to address social determinants of health — like access to quality, affordable health care and health coverage — while equally addressing racism's pervasive influence in our society and its manifestations in health care delivery.

Expanding Medicaid And The Black Maternal Health Momnibus Act Will Improve Maternal Health

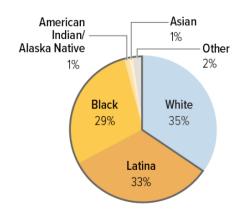
The Black Maternal Health Momnibus Act will provide millions in funding to address the root causes of America's unprecedented maternal mortality crisis. In addition to advocating for 12-month post-partum Medicaid coverage, provisions in the legislation include: addressing social determinants of health, funding health equity research and practices, and providing health care workers with the necessary tools to confront discriminatory and biased practices.

Strong Maternal Health Relies On Medicaid

Access To Care Is Essential At Every Stage. There is an urgent need for quality, affordable health coverage prior to, during, and after giving birth. While <u>48 percent</u> of maternal deaths occur during pregnancy and delivery, more than half, <u>52 percent</u>, occur in the year following the birth of a child. <u>12 percent</u> of maternal deaths are deemed 'late', occurring between six weeks and one year following delivery, demonstrating the immense need for continuous health access and coverage for a minimum of one year following the birth of a child.

More Than Four In 10 Births Are Covered By Medicaid. In 2018, <u>42 percent</u> of births were financed by Medicaid, with 40 percent or more births covered by the program in <u>25 states</u>. Rates varied across the nation, with <u>61 percent</u> of births financed by Medicaid in Louisiana, and 22 percent in Utah. In the 12 states that have refused Medicaid expansion, <u>eight</u> had more than 40 percent of births covered by Medicaid. Medicaid covers <u>65 percent</u> of all births to Black mothers.

Closing the Medicaid Coverage Gap Is Critical To Improving Maternal Health. Women of color consistently experience higher rates of maternal mortality than white women, with the Center on Budget Policy and Priorities finding this to be the result of a combination of factors, including life-long toxic stress resulting from racism and the impacts of structural racism in the health care system. If post-partum Medicaid coverage was expanded to a full year, more than 720,000 individuals would receive quality coverage. 65 percent of women of reproductive age living in the coverage gap are women of color.



Confronting Social Determinants Of Health & Systemic Racism In Health Care

Millions Will Be Invested To Address Social Determinants Of Health. The Black Maternal Health Momnibus Act provisions contain \$60 million to address social determinants of maternal health at the local level. Additional funding is provided for once-in-a-generation investments in housing, nutrition, and environmental conditions with the explicit focus of improving maternal health.

Funding Health Equity Measures. The Momnibus includes \$120 million to <u>bolster</u> and <u>diversify</u> the perinatal health workforce, including funding for <u>midwives and doulas</u> whose involvement is essential to reducing maternal deaths. An additional <u>\$75 million</u> has been included for maternal mental health equity and <u>\$40 million</u> for maternal health research at Minority-Serving Institutions.

Directly Confronting Systemic Racism in Maternal Care. \$20 million for training to address racism, discrimination, and bias is included in the Momnibus. This training for health care professionals is just one of the many necessary steps required to begin addressing racism in the American health care system and improve maternal health equity.