

117TH CONGRESS
2D SESSION

H. RES. 1051

Expressing support for the designation of the week of April 11 through April 17, 2022, as the fifth annual “Black Maternal Health Week” to bring national attention to the maternal health crisis in the United States and the importance of reducing maternal mortality and morbidity among Black women and birthing persons.

IN THE HOUSE OF REPRESENTATIVES

APRIL 11, 2022

Ms. ADAMS (for herself, Ms. UNDERWOOD, Mrs. TRAHAN, Ms. SEWELL, Ms. MOORE of Wisconsin, Ms. LEE of California, Ms. PLASKETT, Ms. WILSON of Florida, Ms. TLAIB, Ms. ROSS, Ms. CLARKE of New York, Mr. KEATING, Mr. MOULTON, Mrs. CHERFILUS-McCORMICK, Mr. BROWN of Maryland, Ms. STEVENS, Mr. NADLER, Ms. SPEIER, Mrs. MCBATH, Mr. CARTER of Louisiana, Mr. LEVIN of Michigan, Mr. THOMPSON of Mississippi, Mr. RASKIN, Mr. JOHNSON of Georgia, Ms. NORTON, Mr. MICHAEL F. DOYLE of Pennsylvania, Ms. BLUNT ROCHESTER, Mr. PAYNE, Mr. VEASEY, Mr. GALLEG0, Ms. BONAMICI, Mrs. LAWRENCE, Ms. DAVIDS of Kansas, Mr. GARAMENDI, Mr. COOPER, Mrs. CAROLYN B. MALONEY of New York, Mr. CONNOLLY, Mr. PAPPAS, Mr. RUIZ, Mr. DANNY K. DAVIS of Illinois, Ms. MANNING, Ms. BASS, Ms. MENG, Mr. RUSH, Ms. BROWN of Ohio, Ms. SÁNCHEZ, Mrs. WATSON COLEMAN, Ms. VELÁZQUEZ, Mr. LAWSON of Florida, Mr. MEEKS, Ms. CASTOR of Florida, Ms. MCCOLLUM, Ms. OMAR, Ms. JACOBS of California, Ms. NEWMAN, Ms. JOHNSON of Texas, Mr. CÁRDENAS, Mr. GRIJALVA, Mr. BOWMAN, Mrs. DINGELL, Mr. HIGGINS of New York, Ms. STANSBURY, Ms. KELLY of Illinois, Mrs. HAYES, Ms. STRICKLAND, Ms. BARRAGÁN, Mr. KRISHNAMOORTHY, Ms. WILLIAMS of Georgia, Mr. RYAN, Mr. LARSEN of Washington, Mr. SIREs, Mr. SABLAN, Mr. BERA, Mr. DAVID SCOTT of Georgia, Mr. CICILLINE, Mr. CROW, Mr. DOGGETT, Ms. DEAN, Mr. McEACHIN, Ms. BOURDEAUX, Mr. CLEAVER, Mr. LARSON of Connecticut, Ms. SCHAKOWSKY, Mr. TRONE, Mr. PRICE of North Carolina, Ms. KUSTER, Ms. SCANLON, Mr. SOTO, Ms. WASSERMAN SCHULTZ, Mr. SMITH of Washington, Ms. PRESSLEY, Mr. JONES, Ms. ESCOBAR, Mr. BUTTERFIELD, and Mr. KHANNA) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Financial Services, Transportation and Infrastructure, Education and Labor, the Judiciary, Natural Resources, Agriculture, and Veterans’ Affairs, for a period to be subsequently deter-

mined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

RESOLUTION

Expressing support for the designation of the week of April 11 through April 17, 2022, as the fifth annual “Black Maternal Health Week” to bring national attention to the maternal health crisis in the United States and the importance of reducing maternal mortality and morbidity among Black women and birthing persons.

Whereas, according to the Centers for Disease Control and Prevention, Black women in the United States are 3 times more likely than White women to die from pregnancy-related causes;

Whereas Black women in the United States suffer from life-threatening pregnancy complications, known as “maternal morbidities”, twice as often as White women;

Whereas maternal mortality rates in the United States are—

(1) among the highest of any member country of the Organisation for Economic Co-operation and Development; and

(2) increasing rapidly, from 17.4 deaths per 100,000 live births in 2018, to 23.8 deaths per 100,000 live births in 2020;

Whereas the United States has the highest maternal mortality rate among affluent countries, in part because of the disproportionate mortality rate of Black women;

Whereas Black women are 49 percent more likely than all other women to deliver prematurely;

Whereas the high rates of maternal mortality among Black women span across—

- (1) income levels;
- (2) education levels; and
- (3) socioeconomic status;

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

Whereas racism and discrimination play a consequential role in maternal health care experiences and outcomes of Black birthing persons;

Whereas a fair and wide distribution of resources and birth options, especially with regard to reproductive health care services and maternal health programming, is critical to closing the racial gap in maternal health outcomes;

Whereas Black midwives, doulas, perinatal health workers, and community-based organizations provide holistic maternal care but face structural and legal barriers to licensure, reimbursement, and provision of care;

Whereas COVID–19, which has disproportionately harmed Black Americans, is associated with an increased risk of adverse pregnancy outcomes and maternal and neonatal complications;

Whereas the COVID–19 pandemic has further highlighted issues within the broken health care system in the United States and the harm of that system to Black women and birthing persons;

Whereas new data from the Centers for Disease Control and Prevention has indicated that since the COVID–19 pandemic began, 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 pregnancy outcomes;

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

Whereas an investment must be made in—

(1) maternity care for Black women and birthing persons, including support of care led by the communities most affected by the maternal health crisis in the United States;

(2) continuous health insurance coverage to support Black women and birthing persons for the full postpartum period up to at least 1 year after giving birth; and

(3) policies that support and promote affordable, comprehensive, and holistic maternal health care that is free from gender and racial discrimination, regardless of incarceration: Now, therefore, be it

1 *Resolved*, That the House of Representatives recog-
2 nizes that—

3 (1) Black women are experiencing high, dis-
4 proportionate rates of maternal mortality and mor-
5 bidity in the United States;

6 (2) the alarmingly high rates of maternal mor-
7 tality among Black women are unacceptable;

8 (3) in order to better mitigate the effects of
9 systemic and structural racism, Congress must work
10 toward ensuring that the Black community has—

11 (A) safe and affordable housing;

12 (B) transportation equity;

13 (C) nutritious food;

14 (D) clean air and water;

15 (E) environments free from toxins;

16 (F) fair treatment within the criminal jus-
17 tice system;

18 (G) safety and freedom from violence;

19 (H) a living wage;

20 (I) equal economic opportunity;

21 (J) a sustained workforce pipeline for di-
22 verse perinatal professionals; and

23 (K) comprehensive, high-quality, and af-
24 fordable health care with access to the full spec-
25 trum of reproductive care;

1 (4) in order to improve maternal health out-
2 comes, Congress must fully support and encourage
3 policies grounded in the human rights, reproductive
4 justice, and birth justice frameworks that address
5 Black maternal health inequity;

6 (5) Black women and birthing persons must be
7 active participants in the policy decisions that im-
8 pact their lives;

9 (6) in order to ensure access to safe and re-
10 spectful maternal health care for Black birthing per-
11 sons, Congress must pass the Black Maternal
12 Health Momnibus Act of 2021 (H.R. 959; S. 346);
13 and

14 (7) “Black Maternal Health Week” is an oppor-
15 tunity to—

16 (A) deepen the national conversation about
17 Black maternal health in the United States;

18 (B) amplify community-driven policy, re-
19 search, and care solutions;

20 (C) center the voices of Black mothers,
21 women, families, and stakeholders;

22 (D) provide a national platform for Black-
23 led entities and efforts on maternal health,
24 birth, and reproductive justice; and

- 1 (E) enhance community organizing on
- 2 Black maternal health.

