

118TH CONGRESS  
1ST SESSION

# H. RES. 289

Recognizing the designation of the week of April 11 through April 17, 2023, as the sixth 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.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 13, 2023

Ms. ADAMS (for herself, Ms. UNDERWOOD, Ms. CLARKE of New York, Ms. LEE of Pennsylvania, Mr. PAYNE, Mr. CONNOLLY, Mr. MOULTON, Ms. BLUNT ROCHESTER, Ms. KELLY of Illinois, Mr. TRONE, Ms. STEVENS, Ms. JACOBS, Ms. MOORE of Wisconsin, Ms. SEWELL, Mr. SABLAN, Ms. STANSBURY, Ms. BROWN, Ms. PLASKETT, Mrs. WATSON COLEMAN, Mr. CLEAVER, Mr. COHEN, Ms. LEE of California, Mr. CARSON, Ms. BONAMICI, Ms. PRESSLEY, Ms. MENG, Mr. VEASEY, Ms. WASSERMAN SCHULTZ, Mrs. CHERFILUS-MCCORMICK, Mr. MEEKS, Mr. KRISHNAMOORTHY, Mr. NADLER, Ms. BUSH, Ms. OMAR, Mr. CARTER of Louisiana, Mr. GARCÍA of Illinois, Ms. ROSS, Ms. KAMLAGER-DOVE, Ms. DAVIDS of Kansas, Ms. CHU, Ms. SCANLON, Mrs. MCCLELLAN, Ms. BUDZINSKI, Mrs. HAYES, Mr. MORELLE, Mr. EVANS, Mr. SMITH of Washington, Mr. ALLRED, Mrs. BEATTY, Ms. CASTOR of Florida, Mr. GARAMENDI, Ms. CROCKETT, Ms. ESCOBAR, Ms. SLOTKIN, Mrs. DINGELL, Mr. SOTO, Mr. CROW, Mr. GOTTHEIMER, Ms. SCHOLTEN, Ms. KUSTER, Mr. MCGOVERN, Ms. BALINT, Mr. BOWMAN, Mr. GOLDMAN of New York, Mr. CÁRDENAS, Mrs. SYKES, Mr. THANEDAR, Ms. LOIS FRANKEL of Florida, Ms. MCCOLLUM, and Ms. STRICKLAND) 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 the Workforce, the Judiciary, Natural Resources, Agriculture, and Veterans’ Affairs, 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

# RESOLUTION

Recognizing the designation of the week of April 11 through April 17, 2023, as the sixth 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 2.6 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 32.1 deaths per 100,000 live births in 2021;

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 the rate of preterm birth among Black women is nearly 50 percent higher than the preterm birth rate among White or Hispanic women;

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 data from the Centers for Disease Control and Prevention indicates that Black women had the highest rates of maternal deaths related to COVID–19 in 2020 and

2021, at 13.2 per 100,000 live births, while the rate among White women was 4.5 per 100,000 live births;

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—

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

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

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

9                   (A) safe and affordable housing;

10                   (B) transportation equity;

11                   (C) nutritious food;

12                   (D) clean air and water;

13                   (E) environments free from toxins;

14                   (F) fair treatment within the criminal jus-  
15           tice system;

16                   (G) safety and freedom from violence;

17                   (H) a living wage;

18                   (I) equal economic opportunity;

19                   (J) a sustained workforce pipeline for di-  
20           verse perinatal professionals; and

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

24           (4) in order to improve maternal health out-  
25           comes, Congress must fully support and encourage

1 policies grounded in the human rights, reproductive  
2 justice, and birth justice frameworks that address  
3 Black maternal health inequity;

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

7 (6) in order to ensure access to safe and re-  
8 spectful maternal health care for Black birthing per-  
9 sons, Congress must reintroduce and pass the Black  
10 Maternal Health Momnibus Act of 2021 (S. 346,  
11 H.R. 959, 117th Congress); and

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

14 (A) deepen the national conversation about  
15 Black maternal health in the United States;

16 (B) amplify community-driven policy, re-  
17 search, and care solutions;

18 (C) center the voices of Black mothers,  
19 women, families, and stakeholders;

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

23 (E) enhance community organizing on  
24 Black maternal health.

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