Black Maternal Health Week #CenteringBlackMamas

The American College of Obstetricians and Gynecologists urges Congress to act now to save Black women’s lives.

While the rates of maternal mortality and severe maternal morbidity in the United States are unacceptable, even more concerning is the stark racial and ethnic disparities in these outcomes. Black women are three to four times more likely to die from a pregnancy-related complication than non-Hispanic White women. Differences in outcomes result from many factors including racism and bias in access to and delivery of quality health care. The American College of Obstetricians and Gynecologists (ACOG) recognizes that in order to improve maternal health outcomes for Black women, it is critical to change the culture of medicine by addressing racism and implicit biases that contribute to health disparities and prioritizing centering Black women’s voices. ACOG is committed to eliminating disparities in women’s health and to confronting implicit and explicit bias and racism. This means recognizing and examining our own prejudice and bias and addressing the ways in which health care systems perpetuate inequality.

As the Nation’s leading organization of physicians dedicated to the health care of women, we strongly urge policymakers to enact legislation that will help us build upon this work and improve maternal health outcomes for Black women through:

Enactment of comprehensive bipartisan legislation that invests in evidence-based public health programs to improve maternal health.

- **H.R. 4995, the Maternal Health Quality Improvement Act** can help us make strides in improving care for Black women and eliminating racial health disparities by:
  - Supporting training programs to eliminate and prevent discrimination in the provision of health care services and improve cultural competency in patient-physician communications;
  - Investing in the Alliance for Innovation on Maternal Health (AIM) program to facilitate the adoption of evidence-based maternal safety best practices by working with state-based teams and health systems to promote safe maternal health care for every U.S. birth and changing the culture of medicine nationwide;
  - Supporting Perinatal Quality Collaboratives tasked with translating recommendations from maternal mortality review committees (MMRC) into policy and health care practice changes that can save Black women’s lives;
  - Improving access to obstetric care in rural areas, where communities with larger Black populations are more likely to lack access to hospital-based obstetric care, through support for rural residency training, creation of obstetric networks to boost collaboration and innovation, and increased access to telehealth resources.

- **H.R. 4996, the Helping MOMS Act** incentivizes states to adopt 12 months of continuous postpartum coverage for all women who rely on the Medicaid program for pregnancy-related care. Medicaid is the largest single payer of maternity care in the U.S., covering 43% of births. However, Medicaid pregnancy coverage ends roughly 60-days postpartum. The facts illuminate the dire need to ensure women have comprehensive and continuous health care coverage to 12 months postpartum, given that:
  - One in three women in the United States experience a disruption in insurance coverage before, during, or after pregnancy.iii
  - Nearly half of all non-Hispanic Black women had discontinuous insurance from prepregnancy to postpartum.ii
  - As many MMRCs have found, and the Centers for Disease Control and Prevention has confirmed, about 33% of pregnancy-related deaths occur during the time between 7 days to one year following childbirth, and greater than one third of those deaths occurred 43-365 days postpartum.x
  - Deaths from cardiovascular disease, including cardiomyopathy, and other preventable causes, including overdose and suicide, occur more frequently during this 12-month postpartum period.xi

Closing this critical gap in coverage during this vulnerable time can mean the difference between life and death for many mothers.

Immediate action to mitigate the impacts of the COVID-19 pandemic compounding our Nation’s maternal mortality crisis. Congress should:

- Direct HHS to standardize the data collection and reporting for COVID-19, to ensure that race and ethnicity are uniformly collected and reported for all diagnostic tests, positive cases, hospitalizations, and deaths.
- Support efforts to study the impacts of COVID-19 on pregnant women and their newborns, such as the PRIORITY (Pregnancy CoRonavirus Outcomes RegIsTrY) Study, by promoting broad participation in the study and appropriating emergency funding for the Eunice Kennedy Shriners National Institute of Child Health and Human Development.
- Prioritize direct funding for the delivery of maternity care during the public health emergency, with an emphasis on increasing access to care for Black women, in any forthcoming legislation related to addressing the COVID-19 pandemic.

As we work to eliminate preventable maternal deaths and improve maternal health outcomes, it is critical that we incorporate Black women’s voices and lived experiences in our patient safety work. If we hope to change how care is delivered, we must ensure that the methods hospitals and clinicians use to address implicit bias and racism align with Black women’s needs, values, and preferences. Black women’s feedback must be a driver for quality improvement measures. ACOG urges Congress to pass meaningful legislation to support this work and help save Black women’s lives.


"High Rates Of Perinatal Insurance Churn Persist After The ACA," Health Affairs Blog, September 16, 2019. DOI: 10.1377/hblog20190913.387157


