

118TH CONGRESS  
2D SESSION

# S. RES. 647

Recognizing the designation of the week of April 11 through April 17, 2024,  
as the seventh annual “Black Maternal Health Week”.

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## IN THE SENATE OF THE UNITED STATES

APRIL 17, 2024

Mr. BOOKER (for himself, Ms. BUTLER, Mr. PADILLA, Ms. STABENOW, Ms. BALDWIN, Ms. WARREN, Ms. DUCKWORTH, Mr. WARNOCK, Mr. MERKLEY, Mrs. MURRAY, Mr. MENENDEZ, Mr. VAN HOLLEN, Mr. DURBIN, Mr. SANDERS, Ms. SMITH, Mr. WELCH, Ms. CORTEZ MASTO, Mr. MARKEY, Mr. BROWN, Ms. KLOBUCHAR, and Mr. WHITEHOUSE) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions

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## RESOLUTION

Recognizing the designation of the week of April 11 through April 17, 2024, as the seventh annual “Black Maternal Health Week”.

Whereas, according to the Centers for Disease Control and Prevention, Black women in the United States are 2 to 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 in the developed world; and  
(2) increasing rapidly, from 17.4 deaths per 100,000 live births in 2018, to 20.1 in 2019, 23.8 in 2020, and 32.9 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 Black women are 50 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 in the United States significantly contribute to the disproportionately high rates of maternal mortality and morbidity among Black women;

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

Whereas the overturn of *Roe v. Wade*, 410 U.S. 113 (1973) impacts Black women and birthing people's access to reproductive health care and right to bodily autonomy, and further perpetuates reproductive oppression as a tool to control women's bodies;

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

Whereas communities of color are disproportionately affected by maternity care deserts, where there are no or limited hospitals or birth centers offering obstetric care and no or limited obstetric providers, and have diminishing access to reproductive healthcare due to low Medicaid reimbursements, rising costs, and ongoing staff shortages;

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

Whereas COVID–19, which has disproportionately harmed Black people in the United States, is associated with an increased risk for 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 that system does to Black women and birthing people by exposing—

(1) increased barriers to accessing prenatal and postpartum care, including maternal mental health care;

(2) a lack of uniform hospital policies permitting doulas and support persons to be present during labor and delivery;

(3) inconsistent hospital policies regarding the separation of the newborn from a mother that is suspected to be positive for COVID–19;

(4) complexities in COVID–19 vaccine drug trials including pregnant people;

(5) increased rates of Cesarean section deliveries;

(6) shortened hospital stays following delivery;

(7) provider shortages and lack of sufficient policies to allow home births attended by midwives;

(8) insufficient practical support for delivery of care by midwives, including telehealth access;

(9) the adverse economic impact on Black mothers and families due to job loss or reduction in income during quarantine and the pandemic recession; and

(10) pervasive racial injustice against Black people in the criminal justice, social, and health care systems;

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

Whereas an investment must be made in—

(1) maternity care for Black women and birthing people, 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 people 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; and

Whereas Black Maternal Health Week was founded in 2018 and led by Black Mamas Matter Alliance, inc. to bring national attention to the maternal and reproductive healthcare crisis in the United States and the importance of reducing maternal mortality and morbidity among Black women and birthing people: Now, therefore, be it

1       *Resolved*, That the Senate recognizes—

2               (1) the seventh annual “Black Maternal Health  
3       Week”; and

4               (2) that—

5                       (A) Black women are experiencing high,  
6       disproportionate rates of maternal mortality  
7       and morbidity in the United States;

8                       (B) the alarmingly high rates of maternal  
9       mortality among Black women are unaccept-  
10      able;

11                      (C) in order to better mitigate the effects  
12      of systemic and structural racism, Congress  
13      must work toward ensuring—

14                               (i) that the Black community has—

15                                       (I) safe and affordable housing;

- 1 (II) transportation equity;  
2 (III) nutritious food;  
3 (IV) clean air and water;  
4 (V) environments free from tox-  
5 ins;  
6 (VI) safety and freedom from vi-  
7 olence;  
8 (VII) a living wage;  
9 (VIII) equal economic oppor-  
10 tunity;  
11 (IX) a sustained and expansive  
12 workforce pipeline for diverse  
13 perinatal professionals; and  
14 (X) comprehensive, high-quality,  
15 and affordable health care with access  
16 to the full spectrum of reproductive  
17 care; and  
18 (ii) reform of the criminal justice and  
19 family regulation systems to decriminalize  
20 pregnancy, remove civil penalties, end sur-  
21 veillance of families, and end mandatory  
22 reporting within the system;  
23 (D) in order to improve maternal health  
24 outcomes, Congress must fully support and en-  
25 courage policies grounded in the human rights,

1 reproductive justice policies, and birth justice  
2 frameworks that address Black maternal health  
3 inequity;

4 (E) Black women and birthing people must  
5 be active participants in the policy decisions  
6 that impact their lives;

7 (F) in order to ensure access to safe and  
8 respectful maternal health care for Black birth-  
9 ing people, Congress must pass the Black Ma-  
10 ternal Health Omnibus Act; and

11 (G) “Black Maternal Health Week” is an  
12 opportunity to—

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

16 (ii) amplify and invest in community-  
17 driven policy, research, and quality care so-  
18 lutions;

19 (iii) center the voices of Black mamas,  
20 women, families, and stakeholders;

21 (iv) provide a national platform for  
22 Black-led entities and efforts that promote  
23 maternal and mental health, safe and  
24 healthy births, and reproductive justice;

1 (v) enhance community organizing on  
2 Black maternal health; and

3 (vi) support efforts to increase fund-  
4 ing for, and advance policies that assist,  
5 Black-led and centered community-based  
6 organizations and perinatal birth workers  
7 that provide full spectrum reproductive,  
8 maternal, and sexual healthcare.

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