

119TH CONGRESS
1ST SESSION

H. RES. 332

Supporting the designation of the week of April 11 through April 17, 2025, as the eighth annual “Black Maternal Health Week”, founded by Black Mamas Matter Alliance, Inc. (BMMA), to bring national attention to the maternal and reproductive health crisis in the United States and the importance of reducing maternal mortality and morbidity among Black women and birthing people.

IN THE HOUSE OF REPRESENTATIVES

APRIL 14, 2025

Ms. ADAMS (for herself, Ms. UNDERWOOD, Mr. VEASEY, Mr. BISHOP, Ms. WASSERMAN SCHULTZ, Mr. TORRES of New York, Mrs. BEATTY, Mrs. WATSON COLEMAN, Mrs. RAMIREZ, Ms. CROCKETT, Ms. TLAIB, Mr. COHEN, Mr. JACKSON of Illinois, Mr. MRVAN, Ms. MCCLELLAN, Mr. MORELLE, Ms. OMAR, Ms. MOORE of Wisconsin, Ms. SCANLON, Mr. SMITH of Washington, Mr. KRISHNAMOORTHY, Ms. KELLY of Illinois, Ms. CLARKE of New York, Mr. KHANNA, Mr. GOTTHEIMER, Mr. MEEKS, Mrs. FOUSHEE, Mrs. SYKES, Mr. CONNOLLY, Ms. PRESSLEY, Ms. SEWELL, Ms. BROWN, Ms. NORTON, Mr. TONKO, Ms. LEE of Pennsylvania, Mr. BELL, Mrs. McIVER, Ms. KAMLAGER-DOVE, Ms. WILLIAMS of Georgia, Ms. SÁNCHEZ, Mrs. CHERFILUS-McCORMICK, Ms. WILSON of Florida, Mr. DAVIS of Illinois, Ms. BARRAGÁN, Mr. THOMPSON of Mississippi, Ms. GARCIA of Texas, Mr. JOHNSON of Georgia, Mrs. TORRES of California, Mr. KENNEDY of New York, and Mr. THANEDAR) submitted the following resolution; which was referred to the Committee on Energy and Commerce

RESOLUTION

Supporting the designation of the week of April 11 through April 17, 2025, as the eighth annual “Black Maternal Health Week”, founded by Black Mamas Matter Alliance, Inc. (BMMA), to bring national attention to the

maternal and reproductive health crisis in the United States and the importance of reducing maternal mortality and morbidity among Black women and birthing people.

Whereas, according to the Centers for Disease Control and Prevention, Black women in the United States are 2–3 times more likely than White women to die from pregnancy-related causes;

Whereas Black women and people living in low-income and rural communities in the United States suffer from life-threatening pregnancy complications, known as “maternal morbidities”, twice as often as White women;

Whereas the maternal mortality rate in the United States—
 (1) is among the highest in the developed world; and
 (2) was 23.8 deaths per 100,000 live births in 2020, 32.9 in 2021, 22.3 in 2022, and 18.6 in 2023;

Whereas the United States has the highest maternal mortality rate among affluent countries, driven in part by systemic inequities in health care that disproportionately and unjustly affect Black women;

Whereas, according to the Centers for Disease Control and Prevention, in 2023, the United States maternal mortality rate decreased for White (14.5), Hispanic (12.4), and Asian (10.7) women but increased to 50.3 deaths per 100,000 live births for Black women;

Whereas Black women are 50 percent more likely than all other women to give birth to premature and low birth weight infants;

Whereas the high rates of maternal mortality among Black women span across—
 (1) income levels;

(2) education levels; and

(3) socioeconomic status;

Whereas the Centers for Disease Control and Prevention found that more than 80 percent of pregnancy-related deaths in the United States are preventable;

Whereas the leading causes of maternal mortality among Black women and birthing people include obstetric embolism, obstetric hemorrhage, eclampsia and preeclampsia, and postpartum cardiomyopathy, and these conditions impact Black women and birthing people disproportionately;

Whereas Black mothers have the highest rate of cesarean section deliveries;

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 right to reproductive health care and bodily autonomy and further perpetuates reproductive oppression as a tool to control women's bodies;

Whereas a fair and wide distribution of economic resources and birth options, especially regarding reproductive health care services and maternal health programming, including prenatal, postpartum, family planning, and

education programs, is critical to addressing inequities 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 health care 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 systemic, structural, economic, and legal barriers to licensure, reimbursement, and provision of care;

Whereas Black women and birthing people experience increased structural and financial barriers to accessing prenatal and postpartum care, including maternal mental health care;

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

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 Black pregnant women have historically low rates of vaccinations, which is associated with higher disparities in maternal health outcomes;

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 such as miscarriage;

Whereas Black women and birthing people experience pervasive racial injustice in the criminal justice, social, and health care systems;

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 people, including 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 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 and un-
6 just;

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

10 (A) safe and affordable housing;

11 (B) transportation equity;

12 (C) nutritious food;

13 (D) clean air and water;

14 (E) environments free from toxins;

15 (F) decriminalization, removal of civil pen-
16 alties, end of surveillance, and end of manda-
17 tory reporting within the criminal and family
18 regulation system;

19 (G) safety and freedom from violence, es-
20 pecially violence perpetrated by government ac-
21 tors;

22 (H) a living wage;

23 (I) equal economic opportunity;

24 (J) a sustained and expansive workforce
25 pipeline for diverse perinatal professionals; and

1 (K) comprehensive, high-quality, and af-
2 fordable health care including access to the full
3 spectrum of reproductive care;

4 (4) in order to improve maternal health out-
5 comes, Congress must fully support and encourage
6 policies grounded in the human rights, reproductive
7 justice, and birth justice frameworks that address
8 maternal health inequities;

9 (5) Black women and birthing people must be
10 active participants in the policy decisions that im-
11 pact their lives;

12 (6) in order to ensure access to safe and re-
13 spectful maternal health care for Black birthing peo-
14 ple, Congress must pass the Black Maternal Health
15 Momnibus Act and other legislation rooted in human
16 rights that seek to improve maternal care and out-
17 comes; and

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

20 (A) deepen the national conversation about
21 Black maternal health in the United States;

22 (B) amplify and invest in community-driv-
23 en policy, research, and quality care solutions;

1 (C) center the voices of Black Mamas Mat-
2 ter Alliance, inc., women, families, and stake-
3 holders;

4 (D) provide a national platform for Black-
5 led entities and efforts on maternal and mental
6 health, birth equity, and reproductive justice;

7 (E) enhance community organizing on
8 Black maternal health; and

9 (F) support efforts to increase funding and
10 advance policies for Black-led and centered
11 community-based organizations and perinatal
12 birth workers that provide the full spectrum of
13 reproductive, maternal, and sexual health care.

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