BLACK WOMEN'S HEALTH IMPERATIVE

Maternal Health: Policy Priorities

In the last 10 years, Black women-led community-based organizations – with support from values-aligned partners – have sounded the alarm, raised awareness, and engaged in strategic coalition-building to address racial inequities in Black maternal and perinatal health outcomes.[1] This advocacy has led to many successes, including congressional funding for maternal mortality review committees (MMRCs) to identify factors, including racism and discrimination, contributing to pregnancy-related deaths; media campaigns on urgent maternal warning signs; and resources for healthcare professionals and pregnant and postpartum Black women to have effective and respectful conversations that have the potential to save lives.

Despite these advancements, Black women continue to experience a greater risk of death or injury around the time of pregnancy. In 2024, the provisional maternal mortality rate for non-Hispanic Black women was 50.5 per 100,000 live births, over 2.5 times the maternal mortality rate for all women (19.3 deaths per 100,000 live births).[2] Maternal mortality review committees attribute cardiovascular and hypertensive disorders (e.g., eclampsia, pre-eclampsia, and cardiomyopathy) as leading causes of maternal deaths among non-Hispanic Black women, and they acknowledge the role of chronic stress, including from structural and interpersonal racism and discrimination.[3]

The Black Women's Health Imperative (BWHI) recognizes that we are in a pivotal moment in which the current socio-political environment and intentional dismantling of public health infrastructure will have the greatest burden on communities with limited social and economic capital, including Black women in rural areas, low-resourced households, and maternity care deserts.

BWHI is committed to eliminating inequities in maternal health, including in addressing maternal mortality, maternal morbidity, maternal mental health, cardiovascular conditions, and infertility. Our work is guided by a vision in which all Black pregnant, postpartum, and parenting people – including non-binary and genderqueer people – experience safe, affirming, and joyful pregnancy and birth experiences and outcomes.

BWHI's maternal health portfolio is structured into four areas of focus:

1) **Access to quality and affordable maternal healthcare**
2) **Perinatal workforce development and retention**
3) **Chronic disease prevention and management**
4) **Maternal health across the life spectrum**

Access to Quality and Affordable Maternal Healthcare

Policy Priority: Strengthening and expanding Medicaid access for maternal healthcare at federal and state levels

Medicaid finances over 40% of all births in the United States.[4] Recent advancements in healthcare financing has led to the extension of Medicaid coverage to 12 months postpartum in 49 states and Washington, DC.[5] The passage of the American Rescue Plan Act of 2021 was a critical legislative win to increase access to maternal health, as nearly 30% of pregnancy-related deaths occur 43-365 days postpartum,[6] and relative to white women a

1 Black Mamas Matter Alliance, https://blackmamasmatter.org/ https://reproductiverights.org/wp-content/uploads/2020/12/USPA_BMMA_Toolkit_Booklet-Final-Update_Web-Pages.pdf .
2 Ahmad FB, Cisewski JA, Hoyert DL. Provisional Maternal Mortality Rates. National Center for Health Statistics. 2025. DOI: https://dx.doi.org/10.15620/cdc/20250305011
3 Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Retrieved from http://reviewtoaction.org/Report_from_Nine_MMRCs
4 https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
5 https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/
6 Trost, S.L., Busacker, A., Leonard, M., et al. (2024). Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 38 U.S. States, 2020. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. https://www.cdc.gov/maternal-mortality/php/data-research/index.html

greater proportion of Black women experience a pregnancy-related death during the same period.[7] Even with the extension of Medicaid services, 1 in 10 women of reproductive age are uninsured. Efforts to expand Medicaid coverage include reducing income requirements to ease eligibility into the program. States that have expanded Medicaid coverage increase health insurance coverage before pregnancy and prenatal care initiation, and reduce avoidance of care due to costs.[8][9]

Perinatal Workforce Development and Retention

Policy Priority: Advancing midwife and doula care expansion at federal and state levels

Studies demonstrate not only that Black women desire to receive healthcare from providers who look like them,[10] but also that Black women experience improved health outcomes when they receive healthcare services from Black providers. Perinatal care workers, including doulas, lactation counselors, and community health workers, provide critical information, resources, and touchpoints with healthcare practitioners and healthcare services.[11] As rates of cesarean sections and other medical interventions are greater among Black women,[12] there has been a paradigm shift in reclaiming traditional birthing practices including birthing in stand-alone birth centers as well as receiving care and support from midwives and doulas.[13] While the demand for midwives and doulas and out-of-hospital births has increased,[14] limitations in health insurance coverage restrict many Black patients from actualizing their desired care plans. As of 2024, only eight states require doula coverage for private insurance plans and 18 states and Washington, DC have implemented Medicaid coverage for doula support.[15] Additionally, Black students experience financial and clinical preceptor mentorship barriers to completing midwifery training requirements,[16] and Black doulas experience challenges with burnout and a lack of support navigating bureaucratic reimbursement processes that do not adequately compensate them for their services.[17]

Chronic Disease Prevention and Management

Policy Priority: Investing in community-based organizations that center Black pregnant and postpartum people, facilitate continuity of care, and address social determinants of health

Cardiovascular and hypertensive disorders (e.g., eclampsia, pre-eclampsia, cardiomyopathy) represent the leading causes of maternal deaths among non-Hispanic Black women. This is particularly concerning considering that studies indicate temporal increases in the prevalence of hypertensive disorders of pregnancy (e.g., gestational hypertension, eclampsia, and pre-eclampsia), chronic hypertension, and diabetes (e.g., pre-gestational diabetes, and diabetes) among all women, with non-Hispanic Black women experiencing the highest overall prevalence.[18] Over two-thirds of pregnancy-related deaths attributed to cardiovascular conditions are preventable. Scholars attribute the increased risk of hypertensive and cardiovascular conditions among Black pregnant and postpartum people to a range of factors including chronic stress induced by structural and interpersonal racism and discrimination.[19]

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Maternal Health Across the Life Spectrum

Policy Priority: Decriminalizing abortion and other forms of pregnancy loss (e.g., stillbirth)

Relative to women who deliver in their 20s and early 30s, pregnant people 35 years and older experience elevated risk of pregnancy complications, including pregnancy loss and pregnancy-related deaths.[20] Stillbirth rates are nearly 30% higher for women ≥35 years than for women <35 years, and two times higher among non-Hispanic Black women relative to non-Hispanic white women.[21] Inequities in pregnancy loss are particularly concerning as reproduction, and specifically abortion, is increasingly criminalized, restricting access to reproductive health care and placing women at elevated risk for maternal deaths.[22][23] Further, women who deliver over the age of 40 years have the highest rate of pregnancy-related deaths (76.5 per 100,000 live births) followed by women 35-39 years (28.7 per 100,000 live births), relative to all other age groups.[24] For Black pregnant people, 17-34% of the increase in severe maternal morbidity is attributed to an increase in maternal age.[25]

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