

Maternal Health State Policy Agenda

A Proactive Approach to Equity & Rights

Maternal health outcomes are often seen as indicators of the overall health and well-being of a society. With the highest maternal mortality ratio in the developed world, the U.S. ranks poorly on this measure and is one of only thirteen countries where maternal mortality is on the rise.¹ This crisis disproportionately impacts Black women, as they are nearly four times more likely than white women to suffer a maternal death.²

Harnessing the power of law, policy, and strategic advocacy, and applying human rights principles of participation, transparency, non-discrimination, and accountability, the U.S. Maternal Health & Rights Initiative seeks to improve access to safe and respectful maternal health care for all who need it, and to ensure that all people have an opportunity to attain the highest standard of maternal health possible for themselves. To advance these goals, the Initiative focuses on the following policy priorities:

I. Ensure quality maternal mortality data collection and appropriate resource allocation for the prevention of maternal health harms

Currently, maternal deaths are not adequately monitored in the United States. The lack of systematically collected maternal mortality and morbidity data precludes comparison across states and regions, and undermines accountability for preventable maternal deaths and injuries. Approximately half of all states in the U.S. currently lack a maternal mortality review process, and the review mechanisms that do exist vary widely in their scope and efficacy. Without quality data, it is difficult to appropriately allocate funds for prevention to the areas of greatest need. Additionally, standardized data and comprehensive review mechanisms that engage impacted communities are critical to uncovering and addressing the root causes of racial disparities in maternal health.

To effectively investigate and prevent maternal mortality and morbidity, legal standards and formal policies that ensure government accountability, transparency, and inclusive stakeholder participation at the local, state, and federal level must be proactively implemented and upheld. Community leaders must be engaged in authentic collaborations, and proposed policy changes must respond to the needs that are identified and prioritized by the individuals and communities most affected by maternal health harms.

Supportive policies should:

- Promote the collection and analysis of quality maternal mortality and morbidity data and broad dissemination of key findings
- Promote the participation of communities most affected by maternal health harms in the development of policy responses
- Ensure adequate resources for evidence-based maternal health prevention programs servicing the communities most affected by maternal mortality and morbidity

1 The United States has a maternal mortality ratio (MMR) of 14, placing the U.S. behind 45 other countries. WORLD HEALTH ORGANIZATION (WHO) ET AL., TRENDS IN MATERNAL MORTALITY: 1990 TO 2015 70-77 (2015), http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1.

2 Reproductive Health: Pregnancy Mortality Surveillance System, CDC, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html> (last updated June 29, 2017); Andrea A. Creanga et al., Racial and Ethnic Disparities in Severe Maternal Morbidity: A Multistate Analysis, 2008–2010, 210 AM. J. OBSTET. GYNECOL. 435, 437 (2014).

II. Expand and ensure access to maternity care and preventive health services

The enactment of the Affordable Care Act was an important step toward more equitable health care access for all. It improved access to reproductive health care by including maternity care as an essential health insurance benefit and by making women's preventive services available to millions of low-income women with no co-pay. Despite these gains in supportive policies, women of color are still more likely than white women to lack health insurance, and the barriers to care that they face place them at higher risk for poor maternal health outcomes. The states with some of the widest health disparities in the country have rejected Medicaid expansion, including many states in the South. Moreover, for many women, health problems and barriers to health care start before pregnancy with limited access to family planning services and regular primary care.

To achieve optimal maternal health outcomes in the U.S., it is essential to defend the progress already made, and to further expand meaningful access to affordable, comprehensive, culturally appropriate, high quality, evidence-based health care for women and pregnant people, wherever they live, throughout their lives.

Supportive policies should:

- Protect maternity care coverage as an essential health benefit available to all pregnant people
- Improve access to Medicaid by (1) expanding Medicaid coverage to individuals who fall into the coverage gap created by states that rejected the ACA's plan for Medicaid expansion, (2) increasing the number of providers that accept Medicaid, (3) extending Medicaid coverage for pregnant people through 18 to 24 months post-partum, (4) providing broader benefits and coverage to pregnant people enrolled in Medicaid, and (5) reducing Medicaid eligibility and enrollment barriers
- Improve access to affordable reproductive health services that address infertility

III. Advance health equity by addressing racism within and beyond the health care system

Some people face greater risks during pregnancy and childbirth than others. In the U.S., racial disparities in health outcomes are closely linked to imposed social and economic disadvantages, reflecting systemic obstacles to health that disproportionately affect women of color. The social determinants of health—the social and economic circumstances in which people are born, grow up, live, work and age—are shaped by social hierarchies and policy decisions. Factors such as poverty, lack of access to health care, social inequality, and exposure to racism all undermine health and may contribute to the elevated number of maternal deaths among Black women. The same communities that are experiencing some of the highest rates of maternal mortality and morbidity are also those struggling with the consequences of criminalization policies, low, unequal, or stagnant wages, unemployment and underemployment, barriers to safe, affordable housing, inadequate access to health care, transportation obstacles, and reductions to safety net programs that many families rely on for their health and economic security.

To improve access to the social, economic, and political conditions that support healthy pregnancy and birth outcomes, culturally and legally constructed inequalities must be challenged and dismantled. Since structural, institutional, and interpersonal racism constrains the lives and choices of women of color, new policies that advance both reproductive freedom and racial justice are critical to alleviating the long-term impacts of racism and other forms of discrimination on maternal health outcomes.

Supportive policies should:

- Promote safe, affordable housing
- Promote workplace pregnancy accommodations and paid family leave
- Support quality health care for detained and incarcerated women, including (1) adequate nutrition, (2) access to prenatal and postpartum care, (3) anti-shackling policies, (4) maintenance of parent-child relationships, and (5) alternatives to imprisonment