

Safeguarding Maternal Health and Rights in the United States During the COVID-19 Pandemic

Childbirth is the leading reason for hospitalization in the United States, and nearly 4 million births occur each year. As the COVID-19 pandemic continues, so will pregnancies and the need for pregnancy-related health care. It is imperative that government officials and health care decision makers ensure that pregnant people have access to high quality, respectful maternal health care during this time.

Government leaders should ensure that disparities in maternal health outcomes are not exacerbated by the pandemic

Before the arrival of COVID-19, the United States was entrenched in a public health and human rights crisis characterized by rising maternal mortality and morbidity and wide racial and ethnic disparities in maternal health outcomes. The majority of maternal deaths in the U.S. are preventable, reflecting weaknesses in the health care system and structural inequalities that discriminate along lines of gender, race, and income. The COVID-19 pandemic adds an additional layer of vulnerability for pregnant people who now face a novel infectious disease and a strained health care system with even less capacity to meet their health care needs.

Moreover, the same communities that are at greatest risk for maternal death and illness are disproportionately affected by COVID-19. Black and Indigenous women in the U.S. are much more likely to die from pregnancy complications than white women are, and women of color suffer disproportionately high rates of maternal morbidity as well. Early data show strikingly high rates of infection and death from COVID-19 among

communities of color. For women of color, the pandemic's impacts are further amplified by societal expectations that they take on caregiving roles and perform other "essential" work in exchange for low-wages and few labor protections.

Government leaders should ensure that resource constraints do not lead to lower standards of care and human rights abuses in maternal health care settings

Government failures to adequately prepare and respond to the coronavirus outbreak accelerate the pandemic's harms and jeopardize the safety and rights of both health care workers and pregnant people. Health care institutions with insufficient staffing, personal protective equipment, and diagnostic tests are making difficult decisions about how to deliver care while curbing transmission of the virus. Some institutions are implementing policies that conflict with human rights principles and guidance from the World Health Organization, such as prohibiting patients in labor from choosing a support person to accompany them and separating newborns from mothers infected with COVID-19. These, along with inductions of labor, birth interventions,



and early hospital discharges, are just some of the ways that hospitals are managing capacity and contagion concerns in labor and delivery settings.

Policies that restrict pregnant people's rights—or rely on stressed providers to use their discretion when determining what rights birthing people will retain during a pandemic—risk amplifying the impact of implicit biases. Provider biases influence diagnoses and treatment decisions and adversely affect Black and low-income women especially. Experiencing discrimination and mistreatment during pregnancy and childbirth can be traumatizing, but in an obstetric emergency, it can also be life-threatening. For instance, a Black woman whose pain is ignored or not prioritized by her maternity care providers might die because a pregnancy complication went unrecognized and untreated.

Rather than retreating from human rights based standards of care during the COVID-19 pandemic, government and healthcare decision makers should look to the human rights framework as a guide for ensuring pregnant people's rights to respectful maternity care and preventing the normalization of policies and practices that increase harm to women and marginalized communities.

Government leaders and health care decision makers should immediately implement policies to guarantee pregnant people access to high quality, human rights affirming health care

Many of the policy changes required to mitigate risks to maternal health and rights during the COVID-19 pandemic were needed before it began and will still be needed after it ends. Before the pandemic, pregnant and birthing people faced a fragmented health care system that did not adequately protect their health and rights. The coronavirus

outbreak has only exacerbated that reality. Whether the U.S. emerges from this crisis with a health care system that has enhanced or diminished capacity to protect maternal health depends on the decisions that law and policy makers make at this critical moment. To support positive maternal health outcomes, policy makers at the federal, state, and hospital administration level should implement the following recommendations:

The state and federal governments, along with health care institutions, should ensure access to lifesaving, hospital-based maternal health care that respects pregnant individuals' human rights.

- As hospital policies change, updated policies should be effectively communicated to pregnant people and the public, and never applied to patients in arbitrary or discriminatory ways. Information must reach all patients and communities, enabling pregnant people to prepare for changing scenarios, make informed medical decisions, and protect their health.
- All pregnant people should be able to labor and birth accompanied by at least one support person of their choosing. According to the World Health Organization, “[a]ll women have the right to a safe and positive childbirth experience, whether or not they have a confirmed COVID-19 infection.” This includes, “a companion of choice.” Continuous labor support by birthing partners and doulas improves outcomes and is especially important for people of color, people with disabilities, non-English speakers, young people, and anyone else who is at risk of discrimination. In addition to physical and emotional support, a support person can alert hospital staff to complications and assist the birthing person with communicating their needs.

At a time when health care workers are short staffed and over-burdened by COVID-19, it is especially important for people in labor to have someone they know and trust at their side.

- Decisions to separate babies from parents in hospitals should be based on the best available evidence, made in cooperation and communication with parents, and in consideration of all the risks and benefits, including the benefits of close contact and breastfeeding, and the physical and mental health risks of separation for both parent and child. This is consistent with guidance from the World Health Organization.
- Government leaders and healthcare employers should ensure that health care workers have the diagnostic tests and personal protective equipment (PPE) they need to protect themselves, their patients, and their own families. Birth workers and hospital staff interacting with pregnant people should be prioritized along with other frontline workers who will necessarily be in close contact with COVID positive patients during the pandemic.

Government officials and health care decision makers should ensure that pregnant people can safely birth outside of hospital settings. The pandemic will continue to strain the capacity of the health care system and its workers for months to come. Pregnant people need more options to ensure access to safe, respectful births that meet their individual and family needs.

- State government officials should permit credentialed midwives to practice in their jurisdiction without civil or criminal penalties.

- › State and federal policy makers should identify and remove barriers to opening birth centers and other short and long-term alternative birthing sites for people with low risk pregnancies.
- › State and federal policy makers and health insurance decision makers should further ensure that public and private insurance covers credentialed midwifery services provided in an individual's home or at a freestanding birth center, and that these services are reimbursed adequately and equitably.
- › Local, state, and federal policy makers, along with hospitals, should work with midwives to integrate midwifery care and births outside hospitals into broader health systems, ensuring that emergency responders and hospitals are prepared to facilitate safe transfers when a person in labor needs a different level of care.

The state and federal governments should expand access to affordable health services that support maternal health, for the duration of this pandemic and beyond. While social distancing and stay at home measures are in effect, people who are pregnant, giving birth, and postpartum should be supported to access comprehensive health services wherever they are sheltering in place.

- › The state and federal governments and health insurance decision makers should remove in-network/out-of-network insurance restrictions on providers.
- › The state and federal governments and health insurance decision makers should ensure that midwifery care, childbirth education, doula services, mental health care, lactation support, and family planning are covered by public and private insurance and can be provided via a range of telehealth methods.

- › The state and federal governments should remove barriers to public insurance before, during, and after pregnancy by expanding Medicaid in states that have not done so, implementing presumptive eligibility for pregnant individuals and automatic enrollment for newborns, and increasing income eligibility thresholds.
- › The state and federal governments should combat the one-third of maternal deaths that occur after childbirth by expanding access to postpartum care, including (optional) home-visiting programs and extension of pregnancy-related Medicaid coverage through the full postpartum year.

Finally, the state and federal governments should ensure that equity and accountability measures are built into public health responses to both COVID-19 and the maternal mortality crises.

- › State and federal government entities must continue to maintain and improve data on maternal health outcomes by race and ethnicity and should collect similar data on COVID-19 to ensure that diagnoses and treatment reach and include Black and Indigenous communities.
- › Government funding for maternal health programs should be maintained.
- › Government and health care policy makers at all levels should include women of color, pregnant people, and maternal health care providers in decision-making bodies working on pandemic response.

More resources are available from The Center for Reproductive Rights' [Maternal Health & Rights Initiative](#) and Columbia University Mailman School of Public Health's [Averting Maternal Death and Disability \(AMDD\)](#) program.