



SUPPORT

#BLANKETCHANGE

LOCAL, STATE, AND FEDERAL POLICYMAKERS MUST TAKE ACTION AND SUPPORT POLICY INITIATIVES FOCUSED ON:

1. EQUITY

Black women are three times more likely than White women to die from pregnancy-related causes nationwide.

In comparison to White women, serious complications and preterm births are disproportionately higher for moms and babies of color. Investing in cultural competency and implicit bias training for health care professionals, establishing risk-appropriate levels of maternal and neonatal care, declaring structural racism a public health emergency and ensuring proper access to maternity care for all women has the potential to reduce disparities in maternity care across the U.S. and improve birth outcomes for all.

WE MUST ELIMINATE RACIAL AND ETHNIC HEALTH DISPARITIES BY FOCUSING ON PREVENTION, TREATMENT AND SOCIAL DETERMINANTS OF HEALTH TO IMPROVE BIRTH OUTCOMES.

Our country must invest in programs that help under-resourced and low-income moms get to their prenatal care appointments and improve the availability of safe, quality housing, ensure access to nutritional food and enhance access to reliable and safe public transportation.

The Black Maternal Health Momnibus Act of 2021 (H.R. 959/S. 346), the Maternal Health Quality Improvement Act of 2021 (H.R. 4387/S.1675) will help reduce and prevent racial and ethnic discrimination in maternal health care, improve perinatal care and health outcomes and eliminate preventable maternal death and severe health challenges.

2. ACCESS

Seven million women of childbearing age live in places with limited access to maternity care, and some without access to care at all.

We can improve access to care for all moms and babies through Medicaid programs, integrating Certified Nurse Midwives into care, addressing the “maternity care deserts,” and increasing access to telehealth services and doulas.

The year after a mom gives birth is a critical time period, but many women face gaps in insurance coverage. New moms should be supported up to one year postpartum to provide physical and mental support. Bills such as the Maternal Health Quality

WE MUST IMPROVE UNEQUAL ACCESS TO HEALTH CARE WHICH CONTRIBUTES TO THE MATERNAL AND INFANT HEALTH CRISIS.

Improvement Act of 2021 (H.R.4387/S.1675) will begin addressing this shortfall by improving access to obstetric care in rural areas.

Legislation must be passed to extend Medicaid coverage for postpartum women from 60 days to 12 months to ensure they are covered during this critical period.

States also can adopt legislation to expand access to midwifery care to improve access in under-resourced areas and reduce interventions that contribute to risk of maternal mortality and morbidity. Reimbursement for doula care is another way to help improve birth outcomes and reduce higher rates of maternal morbidity and mortality.

3. PREVENTION

Screening prevents 12,000 infants yearly from dying or experiencing complications leading to permanent intellectual and physical disabilities.

There are 3.8 million babies born in the United States each year. Nearly every one of them will be screened for dangerous health conditions that are not apparent at birth. Newborn screening has

WE MUST EXPAND RESEARCH AND DATA COLLECTION ON MATERNAL MORTALITY AND MORBIDITY TO ADDRESS PREVENTABLE HEALTH CONDITIONS.

saved or improved the lives of hundreds of thousands of infants since population screening began almost 60 years ago.

We need legislation like the Newborn Screening Saves Lives Reauthorization Act of 2021 (H.R. 482/S.350), which reauthorizes through FY2026 and sustains several screening programs and activities that impact certain conditions and genetic, endocrine and metabolic diseases.

WE MUST COME TOGETHER TO TAKE ACTION AGAINST THE NEEDLESS DEATHS OF MOMS AND BABIES IN AMERICA. PLEDGE YOUR SUPPORT NOW.

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