JOIN TODAY
Help us end preventable preterm birth, end maternal and infant health risks and death and close the health equity gap.

TODAY
Moms and babies face an urgent health crisis

The U.S. remains among the most dangerous developing nations for childbirth, especially for families of color.

7 MILLION
women of childbearing age live in counties with no or limited access to maternity care

2 WOMEN
die from pregnancy-related causes every day

WOMEN OF COLOR
are up to 50 percent more likely to give birth preterm and their children can face a 130 percent higher infant death rate

1 BABY
dies every hour in the U.S.

1 IN 10 BABIES
is born preterm in the U.S. each year

PRETERM BIRTH AND ITS COMPLICATIONS
are the largest contributors to infant death in the U.S. and globally
OUR GOAL
Together we can improve maternal health, help babies be healthy and strong and protect the health of families through programs and advocacy.

OUR APPROACH

LEAD AND INNOVATE
With cutting edge research to inform public policy and educate moms and their families.

MOBILIZE ACTION
In communities across the country through partnerships, and convene thought leaders and implement public awareness campaigns.

DELIVER IMPACT
Through programs to support families and health care professionals throughout the pregnancy journey.

OUR IMPACT

By investing in March of Dimes and with support from people like you, we can:

- **Fund and support** innovative research to solve the biggest problems in maternal and infant health.
- **Advocate** for change by demanding policymakers and political candidates to prioritize our nation’s moms and babies and take action to improve their health.
- **Educate and help** every family have healthy pregnancies regardless of wealth, race, gender or geography.
- **Train** medical professionals to recognize bias and work toward health equity in the health care system.

- **4 MILLION BABIES**
  Benefit from our research, education, advocacy and breakthroughs.

- **700 THOUSAND WOMEN**
  And health care professionals are reached through our programs.

GET INVOLVED
Make an impact to help families get the best possible start today and for generations to come.

Learn how at [MARCHOFDIMES.ORG](https://marchofdimes.org)
### TOGETHER IN 2021 WE MADE AN IMPACT

Families needed a champion to help get the best possible start. Thanks to your support, March of Dimes was there for them in so many ways.

### INFORMATION, RESOURCES AND COMMUNITY

<table>
<thead>
<tr>
<th><strong>Provided</strong></th>
<th><strong>2.4K</strong> MEDICAL VISITS including quality prenatal and postpartum care</th>
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<tbody>
<tr>
<td><strong>Supported</strong></td>
<td><strong>50K+</strong> FAMILIES THROUGH OUR NICU INITIATIVES, including the NICU Family Support®, My NICU Baby® and Mi Bebé en la NICU apps, which were downloaded more than 14K times.</td>
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<tr>
<td><strong>Offered Training To</strong></td>
<td><strong>35K</strong> HEALTH CARE PROFESSIONALS to educate them on mitigating bias, stigma and systemic racism in care settings and on best practices to improve maternal and infant outcomes.</td>
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<tr>
<td><strong>Educated</strong></td>
<td><strong>12M</strong> PEOPLE WHO VIEWED OUR EDUCATION WEBPAGES to find the latest health information.</td>
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<tr>
<td><strong>Generated</strong></td>
<td><strong>562M+</strong> MEDIA IMPRESSIONS THROUGH IT STARTS WITH MOM that raised more than $3 million through corporate partner activations and contributions.</td>
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<tr>
<td><strong>Reached</strong></td>
<td><strong>156K</strong> PEOPLE THROUGH 10 HEALTHY MOMS STRONG BABIES WEBINARS to help families hear from experts to best prepare and care for their baby.</td>
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<tr>
<td><strong>Offered</strong></td>
<td>high quality prenatal care to parents-to-be at <strong>50</strong> SUPPORTIVE PREGNANCY CARE® sites around the country, with <strong>13</strong> brand new sites.</td>
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WORKPLACE ACCOMMODATIONS

Pregnant Workers Fairness Act (PWFA)

Despite the well established Pregnancy Discrimination Act of 1978 (PDA) declaring that discrimination on the basis of pregnancy and childbirth is illegal sex discrimination, nearly 31,000 pregnancy discrimination charges have been filed between 2010 and 2015 with the U.S. Equal Employment Opportunity Commission (EEOC). Pregnant workers are often forced out of their jobs and denied reasonable accommodations, jeopardizing their health and the health of their baby. A study in 2013 found that 250,000 pregnant workers are denied reasonable accommodations per year.1

Pregnant workers are further discriminated against according to their race, ethnicity, immigrant and income status putting their employee rights and health at a disadvantage. Latinas, Black women, immigrant and low-income women are more likely to work in labor-intensive occupations. White women file pregnancy discrimination charges at higher rates of 46%, whereas Black women file at lower rates of 29% despite their poor working conditions. Black women are at higher risk for pregnancy related complications and have the highest infant mortality rate in the United States.2

The Pregnant Workers Fairness Act (PWFA) (H.R. 1065/S. 1486), a bipartisan bill, would ensure that pregnant workers have the reasonable accommodations they need to work safely while maintaining healthy pregnancies. This bill would specifically clarify existing law and create a uniform national standard. PWFA would:

• Prevent employers from forcing pregnant workers out of the workplace
• Require pregnant workers and employers to interact on reasonable accommodations
• Provide an exemption for businesses if pregnant workers are faced with an accommodation that poses undue hardships
• Protect pregnant workers from inappropriate behavior expressed when they request accommodations
• Employers with 15 or more employees must make reasonable accommodations for any employee with limitations related to pregnancy
• Promote family economic security

Although the 2015 U.S. Supreme Court decision Young v. United Parcel Service held that failing to accommodate pregnant workers with medical needs violates PDA, PWFA is still important in protecting pregnant workers. While 25 states including Washington D.C. and four cities have passed laws requiring employers to provide reasonable accommodations, a federal law would help protect pregnant workers nationwide.3

HIGHLIGHTS

• Despite the PDA of 1978, there have been nearly 31,000 pregnancy discrimination charges filed between 2010 and 2015
• A 2013 study estimated 250,000 pregnant workers are denied reasonable accommodations per year
• Pregnant workers are further discriminated against according to their race, ethnicity, immigrant and income status
• PWFA would ensure reasonable accommodations and healthy pregnancies
• Even with Young v. UPS court decision, a federal law is needed to protect workers nationwide

References
Pregnancy-related death has more than doubled over the last 30 years. Moms in the U.S. die at the highest rate in the developed world, about 800 each year, with two-thirds considered to be preventable. Postpartum care is important because new moms are at risk of serious and sometimes life-threatening health complications. It is also vital for moms who experienced loss at birth. A lapse in insurance coverage can mean these women are sicker when they regain coverage.

Access to postpartum care not only saves lives, but also leads to better long-term health outcomes for both moms and babies.

In 2021, the American Rescue Plan Act gave states a new option to use state plan amendments to extend Medicaid postpartum coverage from 60 days to 12 months. Currently, only a third of states and DC have extended Medicaid’s postpartum benefits. This leaves nearly a half million moms annually lacking this vital benefit. We need to ensure that all moms are covered by Medicaid for a full year postpartum and that it is a permanent mandatory benefit.

There was a 14.2 percent increase in maternal deaths from 2019-2020.

March of Dimes’ Maternity Care Desert Report showed that 7 million women of childbearing age live in counties without access or with limited access to maternity care. These women are giving birth to more than 500,000 babies a year.

Medicaid covers 42% of all births in the nation.

One in five women are affected by anxiety, depression and other maternal mental health conditions during and the year following pregnancy. Black moms suffer most often from maternal mental health conditions.

Nearly one-third of women experience changes to or loss of insurance coverage in the postpartum period.

The crisis is most severe for Black moms who are 3x more likely to die from pregnancy-related complications than White women and are at higher risk of giving birth to pre-term babies.

Women of color and women who live in poverty are disproportionately impacted by maternal mental health conditions, experiencing them at rates 2-3 times higher than White women.
**Bill summary**

The Mothers and Offspring Mortality and Morbidity Awareness Act will extend postpartum eligibility for Medicaid and CHIP to one year from 60 days and the Special Supplemental Nutrition Program for Women, Infants, and Children for two years.

It will also expand pregnant and postpartum Medicaid and CHIP benefits to include oral health coverage.

Additionally, the CDC will consult with HRSA to provide technical assistance and advance practices in data collection, reporting standardization, and maternal mortality prevention. The bill authorizes state-level CDC grant funding toward care improvement collaborations prior to and after birthing to improve health outcomes for the mothers and infants. It also approves a HRSA initiative to increase the quality and safety of maternity care.

Lastly, it requires the HHS must educate healthcare providers about implicit bias and cultural competency.

**Key approaches to reduce maternal mortality and morbidity:**

- Increase Medicaid coverage to one-year post-partum
- Expand access to culturally competent health care
- Standardize information collection and reporting

**Senate Sponsors**

**Lead sponsor:**
Sen. Richard Durbin (D-IL)

**Co-sponsors:** 10 current; including 9 original

**House Sponsors**

**Lead sponsor:**
Rep. Robin L. Kelly (D-IL-2)

**Co-sponsors:** 63 current; including 25 original
Maternal mental health (MMH) conditions are one of the most common complications during pregnancy and the postpartum period. As such, overdose and suicide are the leading causes of pregnancy-associated death in the US. These MMH conditions impact 800,000 families each year in the United States and the COVID-19 pandemic has only exacerbated this crisis.

**Maternal mental health** conditions include depression, anxiety, bipolar illness, obsessive-compulsive disorder, post-traumatic stress disorder, and substance use disorders.

75% of women who experience maternal mental health symptoms go untreated; the annual cost of not treating MMH is $14 billion nationally or $32,000 per mother and infant.

Individuals who face racial or economic inequities are more likely to experience maternal mental health conditions, but less likely to get help. Untreated MMH conditions can have long-term negative impacts on the parents, baby, family and society.

20% of women will experience maternal mental health conditions during pregnancy or the first year postpartum.

The rate of maternal mental health conditions has increased three to four times since the onset of the COVID-19 pandemic.
This bill will make critical steps to reauthorize and expand the federal grant program to support screening and increased access to treatment for maternal health and substance use disorders during pregnancy and postpartum.

Additionally, it will provide funding to authorize the national Maternal Mental Health Hotline, which will provide emotional support, information, resources, and brief intervention to pregnant and postpartum individuals 24 hours a day, 365 days per year.

Key takeaways include:

1. **Initial funding for** the Maternal Mental Health Hotline was provided by the FY21 Spending Bill; the Into the Light act will provide further authorization and funding for culturally and linguistically-appropriate support, substance use disorder support, and increased awareness.

2. **Screening and treatment of MMH** conditions will be addressed by programs that provide psychiatric consultation services for obstetric providers, resources and referral programs, and training for front-line providers.

3. **The bill reauthorizes provisions** of the 21st Century Cures Act which provides grants to states; the legislation will increase funding to a level so that at least half of the states and territories will receive grants.

Original Cosponsors

**House:** Reps. Matsui (D-CA-6), Burgess (R-TX-26), Clark (D-NY-9), and Kim (R-CA-39)

**Senate:** Sens. Baldwin (D-WI), Murkowski (R-AK)
The Black Maternal Health Momnibus Act of 2021 is composed of 12 individual bills sponsored by Black Maternal Health Caucus Members. The legislation will:

1. Make critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation, and nutrition.
2. Provide funding to community-based organizations that are working to improve maternal health outcomes and promote equity.
3. Comprehensively study the unique maternal health risks facing pregnant and postpartum veterans and support VA maternity care coordination programs.

...Continued next page
Black Maternal Health Momnibus Act of 2021

Bill Summary (continued)

4. Grow and diversify the perinatal workforce to ensure that every mom in America receives culturally congruent maternity care and support.

5. Improve data collection processes and quality measures to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.

6. Support moms with maternal mental health conditions and substance use disorders.

7. Improve maternal health care and support for incarcerated moms.

8. Invest in digital tools like telehealth to improve maternal health outcomes in underserved areas.

9. Promote innovative payment models to incentivize high-quality maternity care and continuity of insurance coverage from pregnancy through labor and delivery and up to 1 year postpartum.

10. Invest in federal programs to address the unique risks for and effects of COVID-19 during and after pregnancy and to advance respectful maternity care in future public health emergencies.

11. Invest in community-based initiatives to reduce levels of and exposure to climate change-related risks for moms and babies.

12. Promote maternal vaccinations to protect the health and safety of moms and babies.

Endorsements

The Black Maternal Health Momnibus Act of 2021 is endorsed by 191 organizations, listed [here](#). Quotes in support of the Momnibus can be found [here](#).

“Black women are dying at higher rates than all other races, which is unacceptable. Almost two thirds of maternal deaths are preventable. Now is the time to enact policies that will eliminate disparities and improve health outcomes for women of color.

-Stacey D. Stewart, President & CEO

Original Cosponsors

Click [here](#) for the list of original and current cosponsors.