



Reproductive Health Equity Alliance of Maryland

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HB 286: Public Health - Maternal Mortality Review Program – Stakeholders Support, as Amended February 4, 2020

In recent years, the Maryland General Assembly has passed numerous pieces of legislation to address the high rates of maternal mortality and morbidity. Examples of this work includes the expansion of the current Maternal Mortality Review Committee (MMRC) to include a 'Stakeholders Group' (HB 1518- 2018); the permanent inclusion in the yearly report of 'Race/Racial Disparities (HB 583- 2019); and, the creation of a pathway for the establishment of local MMRC's (HB 796- 2019). The Centers for Disease Control and Prevention (CDC) has established a pathway for creating and strengthening MMRCs. Their 2003 report, "State Maternal Mortality Review: Accomplishments of Nine States," outlines why key aspects of the MMRC are vital in order for the Committee to be responsive to the changing factors which contribute to certain spikes in deaths, including deaths occurring in certain geographical areas, as well as disparities in maternal mortality attributed to race. Well-respected publications across the healthcare and public health sphere have attributed several key factors to the current disparity between African American birthing persons and their White counterparts, the most notable among them being race. Race, as a key risk factor in the growing gap in maternal and birth outcomes, is one that must be addressed in a multi-layered approach. Not only should race be addressed by medical and public health professionals, but also by representatives who reflect the population in question and their lived experience.

The inclusion of the MMRC- Stakeholders group brings together professionals, community-based practitioners, and organizations that a birthing person may either encounter or from which they already receive support. Having a wide range of stakeholders actively engaged in the MMRC process allows for the yearly report to provide actionable recommendations state and local agencies and review and implement on the community-level. The variety of stakeholders will better allow the MMRC to address the **social determinants of health**, defined by the World Health Organization (WHO) as the:

Conditions in which people are born, grow, live and work as well as age. These circumstances are shaped by the distribution of money, power, and resources. The social determinants of health are mostly

responsible for health inequalities- the unfair and avoidable differences in health status.¹

Having input from professionals approaching maternal health support from varying disciplines allows for clarity, which otherwise may not be offered when the MMRC composition is solely from a medical perspective. Transforming the composition to also be reflective of impacted populations adds a key voice that is vital to addressing health disparities.

A person's lived experience is the totality of their thoughts, actions, feelings and understanding of particular events or life occurrences to which only they can offer insight. Medical, public health, and other professionals bring with them their experience- both from their training and experiences in their fields of practice. Ensuring that professionals from these fields come from a diverse racial background will bring dialogue and insight to the MMRC because of their backgrounds, which will be necessarily impacted by their race and socioeconomic status. The inclusion of those impacted, or those have experienced a maternal loss, will bring a wealth of information to how various interactions of the institutional and personal level can support professionals working within those institutions to develop recommendations that can be implemented on the state and local level across agencies and departments.

It is critical that the MMR Stakeholder group's demographics mirror those of the Marylanders most directly impacted by maternal mortality for it to be an effective body at reducing the racial disparities in maternal mortality. Therefore, we urge this committee to issue a favorable report on HB 286.

Thank you for your consideration.

Sincerely,

The Reproductive Health Equity Alliance of Maryland (RHEAM), a coalition of community-based birth workers, policy and legal advocates and organizations which focus on reproductive justice, pregnancy, and infant health.

¹ World Health Organizations "About Social Determinants of Health", www.who.int/social_determinants, 2020.