



TESTIMONY IN SUPPORT OF HB 286

Public Health - Maternal Mortality Review Program - Stakeholders

House Health and Government Operations Committee

February 5, 2020

Submitted by Stacey Jefferson and Margo Quinlan, Co-Chairs

Member Agencies:

Advocates for Children and Youth
Baltimore Jewish Council
Behavioral Health System Baltimore
CASH Campaign of Maryland
Catholic Charities
Episcopal Diocese of Maryland
Family League of Baltimore
Fuel Fund of Maryland
Health Care for the Homeless
Homeless Persons
Representation Project
Job Opportunities Task Force
League of Women Voters of Maryland
Loyola University Maryland
Maryland Catholic Conference
Maryland Center on Economic Policy
Maryland Community Action
Partnership
Maryland Family Network
Maryland Hunger Solutions
Paul's Place
Public Justice Center
St. Vincent de Paul of Baltimore
Welfare Advocates

Marylanders Against Poverty

Stacey Jefferson, Chair
P: 410-637-1900 ext 8578
C: 443-813-9231

E: stacey.jefferson@bhsbaltimore.org

Margo Quinlan, Co-Chair
C: 410-236-5488

E: mquinlan@familyleague.org

Marylanders Against Poverty (MAP) supports HB 286, which requires certain members of the stakeholder group convened under the Maternal Mortality Review Program reflect the diversity of birthing individuals in Maryland. This bill would strengthen the already-established stakeholder group by more explicitly defining their need for racial and ethnic diversity.

Maternal mortality in the state is on the rise - Maryland's maternal mortality rate for 2011-2015 is 20% higher than its rate for the five years prior. While deaths to pregnant and postpartum women are rising nationally, Maryland continues to have a higher maternal mortality rate than the U.S. average. Additionally, Black women nationally have a maternal mortality rate that is more than 2.5 times that of White women, while Black women in Maryland have a maternal mortality rate that is 2.74 times that of White women.

Given the disparate rates of maternal deaths shown by the data, research tells us that the causes of this disparity are deeper than race, economic or education status. For instance, Black women with a college education have a higher infant mortality rate than White women with less than a high school education. As such, racial disparities in maternal health outcomes are likely not to be attributed to race itself, but to systemic social and economic forces which institutionalize racism in the development and health of women of color, Black women in particular. The impacts of structural racism can have demonstrable impacts on the physiological wellbeing of pregnant women, increasing levels of stress and, in turn, cortisol. These raised stress hormones can disrupt immune, vascular, metabolic, and endocrine systems, and cause cells to age more quickly. In short - it is the prolonged and sustained exposure to racism that most threatens the lives of African American women and infants in Maryland. If the stakeholders convened to review the factors contributing to these deaths does not reflect the makeup of the families most impacted by maternal deaths, then we simply will not produce recommendations and interventions suitable for reducing these outcomes.

The public health crisis that is Maryland's rising maternal mortality rate should be addressed with all possible resources and strategies available to our health workers. MAP appreciates your consideration and urges a favorable report on HB 286.

Marylanders Against Poverty (MAP) is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.