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HB 286
Public Health – Maternal Mortality Review Program - Stakeholders
Hearing of the House Health & Government Operations Committee
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Position: SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. PJC strongly supports HB 286, which would require that the stakeholders convened under the Maternal Mortality Review Program reflect the racial and ethnic diversity of Maryland. It would also require that the majority of the committee members be directly impacted women and community-based organizations.

There are significant and persistent racial disparities in Maryland's maternal mortality rate, and many of these deaths are preventable. In the United States, about 700 women die each year due to pregnancy and delivery complications.¹ Maternal mortality is not only an issue of health equity, but is also an issue of race equity as Black women die during childbirth at 2 to 3 times the rate of white women, a disparity that has continued for over 7 decades in the United States.² This disparity persists in Maryland where maternal mortality among Black women is 3.7 times higher than the rate among White women.³ In fact, maternal mortality among Black women in Maryland has increased while the rate among White women has decreased, widening the gap.⁴ Among Maryland's 39 pregnancy-associated deaths in 2016, 70% of nonpregnancy-related deaths and 89% of pregnancy-related deaths were either preventable or potentially preventable.⁵ While there are many more near misses than deaths, these numbers are not insignificant. HB 286, if passed, would help the State in reducing racial

¹ Pregnancy Mortality Surveillance System, Centers for Disease Control & Prevention, https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpmss.html (last visited on February 13, 2019).

² *Maryland Maternal Mortality Review 2018 Annual Report*, Maryland Department of Health (2018), <https://phpa.health.maryland.gov/documents/Health-General-Article-%C2%A713-1207-2018-Annual-Report-Maryland-Maternal-Mortality-Review.pdf>.

³ *Id.*

⁴ *Id.*

⁵ *Id.*

disparities in maternal deaths by ensuring that the voices of people of color, directly impacted women and community-based organizations become a permanent part of the Stakeholder Group's design.

The existing stakeholder group does not reflect Maryland's racial and ethnic diversity. Currently, there are few people of color on the MMR Stakeholder Group. Given the racial disparities in Maryland's maternal deaths, the State cannot move forward in making recommendations centered in race equity to reduce those disparities if the Stakeholder Group is not reflective of the rich racial diversity of the state. One-size-fits-all solutions do not work to reduce maternal mortality long-term. HB 286 is a step toward not only creating a racially equitable space to discuss maternal mortality and maternal health outcomes, but also improving the quality and effectiveness of the Stakeholder Group's recommendations.

The voices of women who have experience with pregnancy complications and navigating the maternal healthcare system are vital, but often overlooked. No woman's experience with pregnancy and accessing maternal healthcare is the same because they may receive care from different providers, in different settings, and under different conditions. Women with lived experience, especially those who have experienced more than one pregnancy or would be considered a near miss, are adept at identifying cracks in the maternal health system. Having more women with lived experience, particularly women of color, on the MMR Stakeholder Group is essential to making recommendations on how to address racial disparities in maternal deaths. For example, research supports that stress resulting from racism is associated with pregnancy-related complications and maternal mortality among Black women.⁶ Without their voices, there will continue to be gaps in the state's analysis of why women, and especially Black women, are dying during and shortly after pregnancy. HB 286 recognizes that women with lived experience are crucial to reducing and preventing maternal deaths.

Many community-based organizations help women navigate pregnancy and are a valuable resource in improving maternal health outcomes. There are community-based organizations, especially in Baltimore where the racial disparities in mortality are highest, that provide prenatal, birth and postpartum care and support to women. This includes home visiting and community-based doula programs. Research supports that community-based programs that focus on addressing social determinants of health have a positive impact on birth outcomes and have the potential to reduce mortality and morbidity, particularly among low-income women and women of color. HB 286 would enable the MMR Stakeholder Group to identify best practices and equitable strategies for improving maternal health outcomes by having input from community-based organizations.

For the foregoing reasons, the PJC **SUPPORTS HB 286** and urges a **FAVORABLE** report. Should you have any questions, please contact Ashley Black at (410) 625-9409, ext. 224 or blacka@publicjustice.org.

⁶ Linda Villarosa, *Why America's Black Mothers and Babies Are in a Life-or-Death Crisis*, NY Times, (April 11, 2018), <https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html>. See also Paula Braverman, et al., *Worry about racial discrimination: A missing piece of the puzzle of Black-White disparities in preterm birth?* (2017), <https://doi.org/10.1371/journal.pone.0186151>.