

**MARYLAND BLACK
PERINATAL HEALTH &
REPRODUCTIVE JUSTICE
POLICY COLLECTIVE**

Committee: Senate Finance Committee

Bill: Senate Bill 348 – Hospitals and Freestanding Birthing Centers – High Risk Pregnancies – Communication After Discharge

Hearing Date: February 10, 2026

Position: Oppose

On behalf of the Maryland Black Perinatal Health and Reproductive Justice Policy Collective, we submit this testimony in opposition to Senate Bill 348.

Maryland is facing an ongoing maternal health crisis. With our state being ranked 21st in maternal mortality, Black mothers and birthing people continue to experience the highest rates of preventable maternal death and severe maternal morbidity. These outcomes are not accidental – they are the result of systemic failures across the healthcare delivery, policy implementation, and postpartum support. At a time when Maryland has taken meaningful steps forward through the Maryland the Maryland Maternal Health Act of 2024 (HB 1051/SB 1059), it is critical that we do not weaken the intentional systems designed to save lives.

While we acknowledge the intent of Senate Bill 348 to address implementation challenges experienced by some hospitals, we also understand that this should be a priority for all hospitals and not be seen as a burden. In addition, changing the required postpartum communication timeframe to 48 to 72 hours for high-risk pregnancies risks unraveling a system of care that is still in its earliest and most fragile stages. For Black birthing people, who are more likely to experience delayed diagnoses, dismissal of systems, and barriers to follow-up care, timely postpartum contact is not simply a procedural requirement—it's a life saving intervention.

As the Black Mamas Matter Alliance (BMMA) affirms, improving Black maternal health outcomes requires a reproductive justice and human rights-based approach that prioritizes continuity of care, accountability within health systems, and robust postpartum support. BMMA's policy framework¹ emphasizes that the postpartum period is one of the most critical- and dangerous-times for birthing people, and that early engagement with healthcare systems is essential to preventing maternal health death and long-term harm.

The Commonwealth Fund² similarly underscores that preventing maternal deaths requires comprehensive solutions across healthcare systems, community based perinatal care, policy and social interventions before, during and after pregnancy. The 24 to 48 hour postpartum communication requirement is one such intervention, recognizing that the immediate days following discharge are often when complications emerge and when timely response can make the difference between recovery and crisis.

Postpartum preeclampsia can develop within days after birth, even among individuals who had normal blood pressure during pregnancy. Delays in postpartum follow-up can result in missed warning signs, escalation of symptoms, and preventable maternal deaths. Birthing people impacted by substance use disorder are also at heightened risk in the immediate postpartum period, including experiencing severe withdrawal symptoms or overdose, making early and consistent contact with the healthcare system essential.

For Black mothers and birthing people, these risks are compounded by structural racism, fragmented systems of care, and a long history of being unheard or undertreated within medical settings. Any policy change that delays postpartum engagement—particularly for those already deemed high-risk, deepens inequity and undermines Maryland’s commitment to advancing Black maternal health and reproductive justice.

The Maryland Black Perinatal Health and Reproductive Justice Policy Collective believes that now is not the time to scale back postpartum protections. Instead, the healthcare community needs more time, resources and collaboration to fully and effectively implement the Maryland Maternal Health Act of 2024 as intended. This aligns with our collective call to strengthen postpartum care systems and to invest in policies that prioritizes safety, dignity, and quality of life for all Marylanders, especially Black birthing people.

We stand ready to work collectively with hospitals, providers, local health departments, community organizations and practitioners, and policymakers to support thoughtful implementation that centers equity and accountability. Maintaining timely postpartum communication is a critical part of ensuring not only survival, but a better quality of life for families across Maryland.

For these reasons, we respectfully ask the Committee not to move forward with Senate Bill 348.

Thank you for your time, consideration, and commitment to protecting the lives of Maryland’s birthing people.

If we can provide any additional information, please do not hesitate to reach out to Tanay Lynn Harris at Tanay@BloominBaltimore.com or 202.394.0694

¹ [Black Mamas Matter Alliance: In Policy and Practice, 2023](#)

² <https://www.commonwealthfund.org/publications/issue-briefs/2025/jul/maternal-mortality-united-states-2025>