

TALKING POINTS FOR ADVOCATES

KEY TALKING POINTS

This section provides advocates with key talking points regarding U.S. challenges with maternal mortality and morbidity and the human right to safe and respectful maternal health care. These points are offered as suggestions, and more research is needed to determine the most effective communication strategies and framing for improving maternal health. Advocates are further encouraged to develop and use messages that reflect their own goals, strategies, and advocacy environments.

Our Values: Black Mamas Matter. All women have the right to safe and respectful maternal health care that supports healthy pregnancies and births. Before, during, and after pregnancy, every woman needs access to quality health services and information, and the social and economic resources that will help her be as healthy as she can.

The Problem: In the U.S., too many women are suffering from pregnancy complications that lead to serious injury and death. The U.S. currently ranks lower than all other developed countries when it comes to maternal death ratios. Some women are more at risk than others. Black women are 3 - 4 times more likely to die from pregnancy-related causes than White women, and women in Southern states have a higher risk of pregnancy-related death than women in most other parts of the country.

The Solution: Many of these deaths and illnesses are preventable. The U.S. could avoid about 40% of maternal deaths if all women—regardless of age, race, and zip code—had access to quality health care. In addition to improving health care access and quality, government actors need to address the root causes of Black maternal mortality and morbidity—including socioeconomic inequalities and racial discrimination in the health care system and beyond.

Every level of government has a duty to advance policies that promote safe and respectful maternal health care. Ensuring safe pregnancies and births for all women in the U.S. will require sustained political will and long-term investments in the health and well-being of Black women and girls especially. There are a number of steps that states can take immediately to improve maternal health outcomes.

Articulate a vision:

- Safe and respectful maternal health care is a recognized human right throughout the U.S., and state governments adopt a human-rights based approach to ensuring safe pregnancy and childbirth.

- Black women lead a movement to improve maternal health, and are valued decision-makers in health care spaces.
- Black women’s health and survival are prioritized by all levels and branches of government.
- Women and girls receive safe, respectful, affordable, quality health care where they live, throughout the course of their lives.
- Black women have full access to culturally competent, community-based models of care.
- Black women in the South survive and thrive before, during, and after pregnancies.

Articulate the problem:

- **Black women’s lives and families are at stake.** Black women in the U.S. suffer from life-threatening pregnancy complications twice as often as White women, and they die from pregnancy-related complications four times as often as White women. When mothers die, it breaks apart families and can lead to negative health consequences for their children.
- **Preventable maternal mortality is a human rights crisis in the United States.** The U.S. is one of only 13 countries in the world where pregnancy-related deaths are on the rise. Women in the U.S. are more likely to die from pregnancy complications than women in 45 other countries, including the United Kingdom, Libya, and Kazakhstan.
- **Poor maternal health outcomes are getting worse.** Both the likelihood of experiencing a severe pregnancy complication and dying from it are on the rise in the United States. Although the U.S. spends more on health care per capita than any other country, maternal health outcomes are deteriorating overall and racial disparities are as wide as they were in the 1930’s.
- **The risk of dying from a pregnancy complication should not depend on one’s race or zip code.** But the reality is that women in the South are at much higher risk than women in other areas of the country. A Black woman in Mississippi is almost twice as likely to die as a White woman in Mississippi or a Black woman in California.
- **Maternal mortality affects Black women of all socio-economic backgrounds.** Racial disparities in pregnancy-related deaths show that across all income and education levels, Black women in the U.S. are at higher risk for poor outcomes than White women.
- **To tackle the problem of maternal mortality, we need to address racial discrimination and structural racism.** Poor maternal health outcomes expose inequalities in U.S. society that go beyond the health system. Improving those outcomes will require more equitable access to health care and the social determinants of health.

Articulate solutions:

To improve U.S. maternal health outcomes we must prioritize Black women’s health and lives and commit to taking meaningful action. **Every state must take steps to ensure safe and respectful maternal care for all women.**

At a minimum, these steps include policy measures that address the following areas:

- **Respect:** States must trust Black women with the decisions and resources that empower them and their families. Health care providers and systems must approach every woman with respect and compassion, build her capacity to engage in informed health care decision-making, and honor her autonomy to make decisions about her body and care.
- **Education:** States must ensure that women are equipped with the knowledge, tools, and power to determine if and when they want to become pregnant and have a child. At a minimum, this requires: comprehensive, evidence-based information about sexual, reproductive, and maternal health.
- **Access:** Every woman must have access to health care before, during, and after childbirth. States must ensure health coverage for low-income women before they get pregnant, promote continuity of care and insurance coverage as women’s life circumstances change, address barriers to prenatal and postpartum care, and reach women in the communities where they live.
- **Prevention:** Every state must take action to address and prevent risk factors for poor maternal health outcomes such as obesity, chronic conditions like heart disease and diabetes, and underlying determinants of health. Policymakers influence the structural conditions in which women live, work, and grow, and in turn, these conditions influence maternal health.
- **Quality:** States must ensure that every pregnant woman has access to facilities, health care providers, and support persons that are capable of safely and respectfully managing chronic conditions, identifying, monitoring, and appropriately addressing obstetric emergencies, and providing unbiased care.
- **Equity:** To prevent pregnancy-related deaths and sustainably improve maternal health, states must make transformative investments in the health and well-being of Black women and girls throughout the life course, including in the areas of housing, nutrition, transportation, violence, environmental health, and economic justice.
- **Data:** Every state must have a process in place to collect and disaggregate data about maternal health in a timely manner. Data collection should include both quantitative and qualitative methods, including community-based participatory data, in order to understand the impact of race and socio-economic inequality on Black women’s health.
- **Accountability:** States must create systems to design and implement recommendations, and hold institutions accountable when they fail women. These include independent and fully funded maternal mortality review boards, supportive maternal health programs that implement review findings, and attention to social determinants of health.

Notes