



House Committee on Oversight and Reform

Birthing While Black: Examining America's Black Maternal Health Crisis

May 6, 2021

11:00 A.M., 2154 Rayburn House Office Building

PURPOSE

The purpose of this hearing is for the House Committee on Oversight and Reform to listen to stories from witnesses who have worked with or lost a loved one from childbirth. The Committee examined root causes of Black maternal mortality and discussed potential solutions to improving Black maternal health outcomes.

KEY TAKEAWAYS

- During the hearing, members listened to witness testimonies on the alarming rate at which Black women are lost due to childbirth.
- Black mothers are disproportionately affected from preventable maternal health complications, which is a direct result from a long history of systemic racism and sexism.
- This crisis, further compounded by the COVID-19 pandemic, demands serious actions to save the lives of marginalized women, such as improving the shortage of providers, increasing access to video and audio telehealth services, expanding broadband, providing implicit bias training, and supporting non-physician healthcare professionals like doulas, lactations consultants, and midwives.
- The panel of witnesses emphasized the need to support and include the Momnibus Act in the American Families Plan as a bold and compassionate solution to deliver health equity and justice to Black mothers and families.

MEMBERS PRESENT

Chairwoman Maloney, Ranking Member Comer, Representatives Kelly, Foxx, Mace, Connolly, Gibbs, Raskin, Keller, Khana, LaTurner, Mfume, Clyde, Ocasio-Cortez, Norton, Tlaib, Porter, Bush, Wasserman Schultz, Welch, Johnson, Sarbanes, Kelly, Pressley, Gomez

WITNESSES

Panel 1:

The Honorable Ayanna Pressley, Member of Congress, 7th District of Massachusetts

The Honorable Cori Bush, Member of Congress, 1st District of Missouri

The Honorable Lauren Underwood, Member of Congress, 14th District of Illinois

The Honorable Alma S. Adams, Ph.D., Member of Congress, 12th District of North Carolina, Co-Chair, Black Maternal Health Caucus

Panel 2:

Tatyana Ali, Actress and Advocate

Charles Johnson, Husband of Kira Johnson and Founder of 4Kira4MomsMedicine

Veronica Gillispie, M.D., FACOG, MS, Medical Director, Louisiana Perinatal Quality Collaborative

Joia Adele Crear-Perry, M.D., FACOG, Founder and President, National Birth Equity Collaborative

Jamila Taylor, Ph.D., Director of Health Care Reform and Senior Fellow, The Century Foundation

OPENING STATEMENTS

Chairwoman Maloney (D-NY) said our nation is facing a maternal health crisis, ranking the absolute worst amongst similarly developed nations. The danger of giving birth in the U.S. is not evenly distributed, estimating that Black women are more than 3x as likely to die at childbirth compared to white women. Sixty-six percent of these deaths are preventable. This is a result of systemic racism and barriers that put Black people at an inherent disadvantage. Thankfully, Black women leaders have developed policies to systemically shift policy to decrease the rates of maternal mortality. Health equity is attainable as long as they address racial disparities.

Co-Chairwoman Kelly (D-IL) said that the federal government has a critical role to play in Black maternal outcome, especially when it comes to coverage, access, support, and addressing social determinants of health (SDOH) and inequities. She has been advocating for evidence-based action to address this issue. In the recently passed American Rescue Plan, language was included to expand postpartum coverage. Women must have access to continued health coverage to reducing poor health outcomes and improve maternal mortality rates. Lapses in insurance coverage is a continued problem in maternal coverage. Women of color are disproportionately impacted by lack of insurance coverage. The MOMS Act helps standardize data collection and establish regional centers of excellence to educating providers on implicit bias.

Ranking member Comer (R-KY) said that maternal mortality rate is unacceptable, especially in a country with the most advanced healthcare system in the world. The lack of access to proper care is a barrier for mothers. Historically, this issue has been approached in a bipartisan manner. This hearing is about what can be done right now to save the lives of mothers and babies.

Representative Foxx (R-NC) said the situation regarding maternal health is unacceptable. Data collection has historically been incomplete, and in order to target relief that can affect positive outcomes, there needs to be better information. She stated she hopes they can address the shortage of OB-GYN providers and the proper education in the healthcare industry. Currently, the country has the lowest supply of OB-GYN providers. There is expected to be a shortage and they must ensure this shortage does not get worse. One potential way to address the shortage is using non-physician workers, especially for low-risk pregnancies. Expanding access to midwife care can reduce barriers in underserved areas. Incorporating non-physician clinicians as part of a healthcare team has shown to improve outcomes. Implementing these best practices of care is something hospitals can be doing now.

Representative Mace (R-SC) commented that she echoes the remarks of her colleagues. It is unacceptable that Black women are more likely to die than white women. Substance use and mental health crises further compound maternal health risks. All child bearing women should be educated on postpartum health conditions. Congress is working to shine a light on their plight and want to provide the resources they can at every level. She said it is important to note that this crisis has been further compounded by the COVID-19 pandemic and the needs are even greater today. Opioid use, domestic violence, and mental health has been further compounded. Women bear the brunt of this crisis, experiencing higher levels of stress, which increases the likelihood of health complications. Telehealth has improved these conditions, encouraging more women to keep their doctor appointments and has resulted in similar outcomes as those women who came in person. Telehealth is epically helpful in rural communities or addressing other limitations.

TESTIMONY FROM PANEL 1

Representative Ayanna Pressley (D-MA) said that Black people are tired of losing loved ones due to maternal mortality. Black people have been vocal about this pain, but this pain has been delegitimized for generations. It is incumbent on this body to legislate solutions. They are demanding the type of responsible and person-centric care that is required to save lives. One bill alone will not end this crisis, and she supports the Momnibus Act. She said she supports those who are incarcerated and create initiatives for these people behind the wall, such as mental health, doula, and substance and mental health counseling. She said she demands the meaningful change that the Black community needs. Birthing while Black should not be a death sentence.

Representative Cori Bush (D-MO) shared her story on birthing her child and not being listened to by providers. Every day, women are subjected to a system that denies them humanity and patient care. She is committed to doing the most to protect Black mothers and babies, and to save lives.

Representative Alma Adams (D-NC) stated Black mothers are disproportionately affected from preventable maternal health complications. Sixty percent of maternal deaths are preventable. Systemic racism and sexism make Black women more vulnerable, and the system fails Black women. This crisis demands serious actions to save the lives of marginalized women. The Momnibus Act was introduced and will comprehensively address every dimension of maternal health. It focuses on environmental justice to enforce the linkage between climate change and maternal outcomes. It also supports doulas, lactations consultants, and other solutions. The Momnibus is a bold and compassionate solution and calls upon the American Families Plan to include the Momnibus. All moms deserve equal access to care without bias.

Representative Lauren Underwood (D-IL) said that behind every statistic is a story. She shared a story about her friend and said that too many families have similar stories. Data-driven and evidence-based policies must address drivers of health inequities. The Momnibus was introduced and has wide support, which is a suite of 12 bills to save lives to achieve true equity. At the heart of these investments, every family has the right to thrive. The Momnibus improves data collection, expands access to mental health resources, and addresses the social determinants of health (SDOH), which will support families.

TESTIMONY FROM PANEL 2

Ms. Tatyana Ali shared her pregnancy and birthing story, talking about her experiences with midwives and providers. She talked about institutional racism and the dismissal of women's pain. The similarities between vulnerable communities are prevalent, and there needs to be more culturally competent birth workers so adequate care can be delivered. Racial bias and trauma training is necessary, and pregnant and birthing people must be listened to and treated with loving care.

Mr. Charles Johnson shared his story on his wife's pregnancy, who received a delayed CT scan that cost his wife's life. He said that the harsh truth is that Congress cannot legislate compassion, and that this is a result of racism. He said his expectation that the committee will come together to stand in solidarity that mothers and babies and Black birthing people are important.

Dr. Tamika Auguste said that American College of Obstetricians and Gynecologists (ACOG) priorities are to recognize the need to change the culture of medicine and promoting equity in women's health. Data indicates the pandemic has compounded these outcomes, which indicates a need for a multi-pronged approach to address solutions. In order to confront this crisis, they must acknowledge that systemic and institutionalized racism is a direct cause of these outcomes. They must increase access to care in rural communities, address SDOH, and ensure pregnant, birthing and postpartum people have access to what they need. Their programs provide tools and resources to facilitate system wide implementation of best practices. They must also

close the postpartum gap in Medicaid. She said that no one should experience this type of fear of childbirth.

Dr. Veronica Gillispie-Bell stated that many of her patients are afraid of giving birth, with Black women dying at more alarming rates compared to white counterparts. Race is a social construct, not a biological condition. 400 years of systemic racism has created a world that has led to inequities in care that Black women receive. They need congressional support to reduce maternal mortality, as well as review committees to collect data on drivers of maternal death. They need congressional support to extend Medicaid coverage to one year after birth to optimize care. Even with these incentives, not all states will choose to extend Medicaid. Not all states have adopted this system, and it is apparent states will need resources to adopt these changes. They must also ensure telehealth is accessible, which has the potential to improve outcomes. It may also exacerbate barriers without the expansion of broadband. They must support minorities pursuing a career in healthcare. Privilege should not be the gateway to equitable care, it should be a right to everyone.

Dr. Joia Adele Crear-Perry said that white supremacy and racism has perpetuated harm on communities. Black mothers deserve better. The structure of American culture, such as political, economic, justice, and economic systems, are all reinforcing systems of oppression that cause death. In order to end the Black maternal mortality crisis, they must address interlocking systems of oppression. The Momnibus Act furthers reproductive justice and health equity. A permanent infrastructure is necessary to promote health justice through a social justice lens. The federal structures should support the bodily autonomy of all people. COVID-19 has disproportionately affected Black women and has exacerbated maternal health outcomes. Funding should be given to Black-led community based orgs and support hybrid models of guidance. Congress should pass the COVID-19 Safe Birthing Act, as well as increasing postpartum coverage up to 1 year after birth. Doulas, lactation consultants, and other workers are essential to improving Black maternal health.

Dr. Jamila Taylor said that poor maternal outcomes is not solely attributed to SDOH, but structural racism is the main culprit. It is a powerful social condition rooted in oppression. It now only persists in health and policy, but it has significant impacts on women's health. Throughout history, Black women were forced to undergo sterilization and their bodily pain has been diminished or outright ignored. These have lasting consequences, which leads to trauma and death. This has to change. Healthcare providers should be trained in implicit bias and ensure safe protocols. Public policy also needs to change. Some policy decision make it harder for Medicaid enrollee's access pregnancy services. The American Rescue Plan takes steps to remedy these barriers, but there is a need for long term solutions. Everyone has role to play to dismantling structural racism.

QUESTIONS AND ANSWERS

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Chairwoman Maloney asked how funding can improve maternal mortality outcomes. **Dr. Taylor** said that there needs to be better funding for more accurate data on maternal mortality, as well as the impacts on communities. **Chairwoman Maloney** said that there has been a number of bills introduced to address these issues. She asked how better data collection would reduce Black maternal mortality. **Dr. Crear-Perry** said that the pandemic has highlighted lack of information, which creates solutions on things that are not actually happening. She said that infrastructure must supported data collection so solutions do not operate out of bias. **Chairwoman Maloney** stated three reports that would evaluate the Black maternal mortality crisis. She asked what they hope what will come out of this hearing today. **Mr. Johnson** said that although these statistics and stories are devastating, on behalf of families that have been impacted, legislation like the Momnibus gives communities hope. He hopes that the committee will come together in a bipartisan fashion.

Representative Foxx said that the U.S. and Canada have a shortage of providers, and asked how this lack of providers impacts mothers. **Dr. Auguste** said that this shortage contributes to lack of attention to Black women. **Representative Foxx** asked what can be done to encourage people to enter these professions. **Dr. Auguste** said that raising awareness on what types of care can be offered is necessary, as well as emphasizing the improved outcomes of teams will help maternal health efforts. Having non-physician partners, doulas and midwives is associated with improved outcomes for women in labor. **Representative Foxx** asked about the impacts on prenatal care from telehealth. **Dr. Auguste** said that telehealth allows people to be heard and cared for, as well as solidifies the relationship between providers and patients. **Representative Foxx** asked about maternal mortality in rural communities. **Dr. Auguste** said that the maternal mortality rate rises in rural communities and they must emphasize increase access in these communities.

Representative Connolly (D-VA) said that there has been blatant indifference to the pain and suffering of women. He asked about what this means on hospital and healthcare in America. **Dr. Taylor** said that when talking about racism, it can either be covert or overt. These stories are manifestations of the history of white supremacy. **Dr. Gillispie-Bell** said that when looking historically, Black women have been ignored and dismissed. This has been perpetuated throughout history, and these biases must change. She also said that diversifying the workforce is necessary to deliver care and respect all birthing persons.

Representative Gibbs (R-OH) asked if there has been legal action taken in these stories. **Mr. Johnson** said that there has been no legal action taken, and there is no accountability from his wife's story. Many hospitals and providers are still practicing medicine even found grossly negligent in their practice. There has been no transparency. **Representative Gibbs** said that many of these communities are trapped in poverty, and the education system has failed the Black community. He asked if there have been studies done on infant mortality and drug abuse. **Dr. Auguste** said that there are very clear links to opioid use and infant mortality, which needs to be addressed.

Representative Raskin (D-MD) asked about health outcomes affect Black women, compared to white women, no matter the class of Black women. **Dr. Gillispe-Bell** said that yes, this is true. **Representative Raskin** said he appreciates the point of racism, and that it is a social construct. He said that they have the power to change racism and asked what some of the specific definitions of racism in the medical system that can be altered. **Dr. Auguste** said that this highlights there is racism at all levels, and addressing this at all levels is important. **Representative Raskin** asked how insurance coverage has been shown to improve health outcomes. **Dr. Taylor** said that health insurance coverage is essential in ensuring that women are keeping up with appointments, supporting the health of the infant, and also ensuring continuum of care. **Mr. Johnson** said it is critically important for a system to listen to and hear advocates.

Representative Keller (R-PA) said that every mother and newborn child deserves access to healthcare. He asked about shortages in providers and how this impacts rural areas. **Dr. Auguste** said that bringing providers to these rural areas will improve maternal health outcomes in these areas. **Representative Keller** asked what regulatory burdens may occur with non-physician providers, and **Dr. Auguste** said she will get back to him on that answer. **Representative Keller** said that statistics on suicide illustrate the continued care after birth, especially for rural areas. **Dr. Auguste** said that maternal mental health is on the most common consequences of postpartum care. With telehealth, there must be both video and audio components to ensure delivery of care. **Representative Keller** asked if care before birth may also be beneficial. **Dr. Auguste** said that yes, it would be very beneficial to monitor mental health and improve overall maternal mortality.

Representative Khanna (D-CA) said that expanding access to midwives and doulas is necessary to improve maternal mortality. He asked about the role of doulas and midwives for pregnant people. **Dr. Crear-Perry** said that there must be a full spectrum of support. Doulas provide social support and safety, as well as make room for all people to support birthing people. Birthing people want doulas and midwives. **Representative Khanna** said a study showed that those who used doulas have lowered complications and asked how access to these resources will improve outcomes. **Dr. Taylor** said that access to these resources improves health outcomes if patients have providers who look like them. Ensuring the pipeline of a diverse workforce is important, which means creating opportunities for people to move into this workforce. **Representative Khanna** said there is an issue of racism, even if there is universal healthcare. **Dr. Crear-Perry** said that any sort of universal coverage must undo racist policies. **Dr. Taylor** agreed, and said that coverage is not enough. Fixing healthcare policies, as well as addressing racism, will improve outcomes.

Representative LaTurner (R-KS) commented that the Black maternal mortality rate in the U.S. is unacceptable. A comprehensive plan was released in the last administration and must be built off of in the Biden Administration. The action plan improves access to postpartum care with four goals to improve maternal health outcomes. He asked the witnesses on their thoughts on the previous administration's action plan. **Dr. Crear-**

Perry said that there was a desire to work on maternal health, but there was no identification of racism as a root cause. They must address the bias and call out racism. **Dr. Auguste** said that it is important to recognize that some of the initiatives are continued to be supported

Representative Mfume (D-MD) said that there is a crisis and called out a particular member for prior comments. They cannot ignore the fact that doulas and midwives will help improve outcomes for mothers. The Momnibus is not only about mothers, but about all of humanity. He said that people have been ringing this bell for decades, and the construct of race must be at the forefront of this discussion.

Representative Clyde (R-GA) said that mothers are the bearers of life, but colleagues continue to block abortion-related bills. It is critical to ensure all communities have access to healthcare resources. Rural communities are struggling and they have a higher maternal mortality rate than urban areas. To reduce these unnecessary deaths, a perinatal collaborative have been implemented. Ensuring quality maternal healthcare is necessary. He asked if an increase in providers will improve health outcomes. **Dr. Auguste** said that yes, there should be efforts to improve provider shortages in rural areas, which can improve maternal mortality.

Representative Ocasio-Cortez (D-NY) said that every single medical provider point to social indicators of health, as well as medical racism. She asked if midwifery and doulas could help be a protectant against medical racism. She also asked this system is hurting men and spouses as well. **Ms. Ali** said doulas and midwives come from positions where they have defended their rights to choice and autonomy. Many doulas may not have the authority to do what they want to for their patients. There is a paradigm shift of care from a doula compared to an OB-GYN provider. **Mr. Johnson** said that racism plays a role in all aspects of maternal mortality. Men get increasingly frustrated, and for Black men, they are seen more as a threat compared to white men. Black men do not have the same autonomy as Caucasian men.

Representative Norton (D-DC) shared a few stories on the impacts of maternal mortality. She asked how the loss of his wife impacted his family and wanted to know about other family's lasting impacts. **Mr. Johnson** said that centering the impacts on the pain of families is important. He said that there has been no accountability and mothers are continuing to be lost and more must be done to save mothers and babies.

Representative Tlaib (R-MI) said this is a public health emergency and heard the pain of the witness's testimony. She asked what it means that racism kills women and child bearing people. **Mr. Johnson** said that there were policies and procedures in place that should not happen when a woman is showing signs of hemorrhage. The intersection of racism and testimony has fatal consequences on mothers. Identifying biases to get better is necessary.

Rep. Porter (D-CA) asked if Ms. Ali's birthing experience was traumatic. **Ms. Ali** said yes. **Rep. Porter** asked if mental health services were available. **Ms. Ali** said being

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invited to birth advocacy spaces online after sharing a personal story provided a world of advocates. **Rep. Porter** asked if prenatal mood disorders contribute to maternal mortality. **Dr. Crear-Perry** said yes, and the social supports aren't provided after the birth. **Rep. Porter** asked how likely new Black mothers are to be screened for depression versus White mothers. **Dr. Taylor** said there are huge disparities across the board, whether that is having a provider that is Black or being able to afford coverage.

Rep. Bush (D-MO) asked how the legacy of slavery has affected Black maternal health. **Dr. Taylor** said discounting Black women has been going on for a very long time. There is a connection between the history of slavery and the history of Black women's pain being diminished. Providers need to have the right training which roots out racist mindsets. **Rep. Bush** asked what harm is caused when providers ignore Black women's pain. **Dr. Crear-Perry** said that a recent study was released that showed that medical students thought Black women had thicker skins and had a higher pain tolerance. Training needs to increase to education providers on the truth.

Rep. Wasserman Schultz (D-FL) asked what Congress can do to make sure it can have an impact Black maternal mortality and the racism that is in the health care system. **Dr. Gillispie** said legislation for implicit bias training can be a solution followed up by actionable items to undo these biases, which should be consistent training. **Mr. Johnson** said implicit bias training doesn't go far enough as humanity cannot be legislated. Congress needs to establish a fundamental care threshold that can be quantified and tie payment to that standard. **Dr. Crear-Perry** said policies can be created that dissolve structural racism like what is seen in hospitals.

Rep. Welch (D-VT) asked what challenges exist in building a diverse workforce. **Dr. Crear-Perry** said that studies show that a Black baby's livelihood increases when a Black doctor cares for them. Additionally, further investments should be made for health care training targeting people of color. **Dr. Taylor** said barriers to high cost of medical training needs to be further addressed. Rep. Welch asked what telehealth provides for Black Americans. **Dr. Gillispie** said telehealth has the potential to be a successful tool but efforts need to be furthered to make sure communities of need continue to have access to these services in the future. **Dr. Auguste** said Congress needs to make sure telehealth access is equitable both in relation to broadband access, to technology utilization, and other use barriers.

Rep. Johnson (D-GA) asked what Congress can do to ensure these issues are considered in the context of systemic racism. **Dr. Taylor** said some people are more comfortable in addressing implicit bias rather than systemic racism but it is a part of every corner in the country and needs to be addressed head on.

Rep. Sarbanes (D-MD) asked whether the Center for Disease Control's announcement that racism is a public health issue can help these issues. **Dr. Crear-Perry** said the announcement is a step forward in helping states further understand how investing in programs like expanding Medicaid can help work against these issues. **Dr. Taylor** said that the announcement does help but much more needs to be done.

Co-Chairwoman Kelly asked if any of the witnesses had anything else to say. **Dr. Crear-Perry** thanked the Congresswomen for her efforts and support. **Mr. Johnson** said it is important that no one person is trying to make this about race, the statistics are making it about race and that when this issue is fixed for Black mothers, it is fixed for all mothers.

Rep. Pressley (D-MA) said the Anti-Racism in Public Health Act could provide solutions to these issues.

Rep. Gomez (D-CA) asked what Congress can do to impact health outcomes for Black mothers. **Dr. Taylor** said the wear and tear felt by people of color from racism greatly effects health outcomes. Further, there are other structural issues that aren't directly related to having the worse maternal outcomes, like income or safe housing, which needs to be addressed.

Ranking Member Comer asked what Congress can do to support a diverse healthcare workforce. **Dr. Crear-Perry** said pipeline programs are very important in elementary, middle, and high school. There has been a disinvestment in reparative action to support diverse people into the workforce. Dr. Taylor said there is structural racism even in trying to get into medical school such as testing and cost, so these barriers need to be addressed.