



SUPPORT **#BLANKETCHANGE** DEMAND EQUITY, ACCESS, AND PREVENTION

LOCAL, STATE, AND FEDERAL POLICYMAKERS MUST TAKE ACTION AND SUPPORT POLICY INITIATIVES FOCUSED ON:

1. EQUITY

WE MUST ELIMINATE RACIAL AND ETHNIC HEALTH DISPARITIES AND DRIVING ECONOMIC, SOCIAL AND HEALTH EQUITY BY FOCUSING ON PREVENTION, TREATMENT AND SOCIAL DETERMINANTS OF HEALTH TO IMPROVE BIRTH OUTCOMES.

Black women are three times more likely than White women to die from pregnancy-related causes nationwide.

In comparison to White women, serious complications and preterm births are disproportionately higher for moms and babies of color. Investing in cultural competency and implicit bias training for healthcare professionals, establishing risk-appropriate levels of maternal and neonatal care, declaring structural racism a public health emergency and ensuring proper access to maternity care for all women has the potential to reduce disparities in maternity care across the U.S. and improve birth outcomes for all.

Our country must invest in programs that help under-resourced and low-income moms get to their prenatal care appointments and improve the availability of safe, quality housing, ensure access to nutritional food, and enhance access to reliable and safe public transportation.

[The Black Maternal Health Momnibus Act of 2020](#) and the [Maternal Health Quality Improvement Act of 2020 \(H.R. 4995\)](#) (just passed House, needs Senate approval) will help reduce and prevent racial and ethnic discrimination in maternal health care, improve perinatal care and health outcomes and eliminate preventable maternal death and severe health challenges.

2. ACCESS

WE MUST IMPROVE UNEQUAL ACCESS TO HEALTH CARE, WHICH CONTRIBUTES TO THE MATERNAL AND INFANT HEALTH CRISIS.

Seven million women of childbearing age live in places with limited access to maternity care, and some without access to care at all.

We can improve access to care for all moms and babies through Medicaid programs, integrating Certified Nurse Midwives into care, addressing the "maternity care deserts," and increasing access to telehealth services and doulas.

The year after a mom gives birth is a critical time period, but many women face gaps in insurance coverage. New moms should be supported up to one year postpartum to provide physical and mental support. The [Helping Medicaid Offer Maternity Services \(MOMS\) Act \(H.R. 4996\)](#) will improve equal insurance coverage and the [Maternal Health Quality Improvement Act of 2020 \(H.R. 4995\)](#) (just passed House, needs Senate approval) will improve access to obstetric care in rural areas.

3. PREVENTION

WE MUST EXPAND RESEARCH AND DATA COLLECTION ON MATERNAL MORTALITY AND MORBIDITY TO ADDRESS PREVENTABLE HEALTH CONDITIONS.

Every 12 hours a woman dies from pregnancy-related causes, and 60% of those deaths are preventable.

Nearly one-third of pregnancy-related deaths occur one week to one year postpartum. Many women experience postpartum depression or other maternal mental health conditions.

Legislatures must extend Medicaid coverage for postpartum women from 60 days to 12 months to ensure they are covered during this critical period. The [Helping Medicaid Offer Maternity](#)

[Services Act \(H.R. 4996\)](#) is an important step to improving access to health insurance (through Medicaid or CHIP) for women one year after childbirth. Additionally, improvements to screening and treatment of these conditions, as well as supportive prevention and substance abuse programs are necessary to improve the health of moms and their babies.

The impact of COVID-19 on pregnant women is alarming. They have a greater likelihood of severe complications due to the virus, which is why we must include pregnant and/or lactating women in clinical trials and prioritize them when a vaccine is made available.

WE MUST COME TOGETHER TO TAKE ACTION AGAINST THE NEEDLESS LOSS OF MOMS AND BABIES IN AMERICA. PLEDGE YOUR SUPPORT NOW.

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