117TH CONGRESS
2D SESSION

S. RES. 492

Designating January 23, 2022, as ''Maternal Health Awareness Day''.

IN THE SENATE OF THE UNITED STATES

JANUARY 19 (legislative day, JANUARY 18), 2022

Mr. BOOKER (for himself and Mr. MENENDEZ) submitted the following resolution; which was referred to the Committee on the Judiciary

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RESOLUTION

Designating January 23, 2022, as ''Maternal Health Awareness Day''.

Whereas, each year in the United States, approximately 700 individuals die as a result of complications related to pregnancy and childbirth;

Whereas the pregnancy-related mortality ratio, defined as the number of pregnancy-related deaths per 100,000 live births, more than doubled in the United States between 1987 and 2017;

Whereas the United States is one of the only Organisation for Economic Co-operation and Development member countries in which the maternal mortality rate has increased over the last several decades;

Whereas, of all pregnancy-related deaths in the United States between 2011 and 2016—

(1) nearly 32 percent occurred during pregnancy;

(2) approximately 35 percent occurred during childbirth or the week after childbirth; and

(3) 33 percent occurred between 1 week and 1 year postpartum;

Whereas more than 60 percent of maternal deaths in the United States are preventable;

Whereas, each year, more than 50,000 individuals in the United States suffer from a ''near miss'' or severe maternal morbidity, which includes potentially life-threatening complications that arise from labor and childbirth;

Whereas approximately 17 percent of individuals who give birth in a hospital in the United States report experiencing 1 or more types of mistreatment, such as—

(1) loss of autonomy;

(2) being shouted at, scolded, or threatened; or

(3) being ignored or refused or receiving no response to requests for help;

Whereas certain social determinants of health, including bias and racism, have a negative impact on maternal health outcomes;

Whereas significant disparities in maternal health outcomes exist in the United States, including that—

(1) Black individuals are more than 3 times as likely to die from a pregnancy-related cause as are White individuals;

(2) American Indian and Alaska Native individuals are more than twice as likely to die from a pregnancy-related cause as are White individuals;

(3) Black, American Indian, and Alaska Native individuals with at least some college education are more

likely to die from a pregnancy-related cause than are individuals of all other racial and ethnic backgrounds with less than a high school diploma;

(4) Black, American Indian, and Alaska Native individuals are about twice as likely to suffer from severe maternal morbidity as are White individuals;

(5) individuals who live in rural areas have a greater likelihood of severe maternal morbidity and mortality, compared to individuals who live in urban areas;

(6) less than ½ of rural counties have a hospital with obstetric services;

(7) counties with more Black and Hispanic residents and lower median incomes are less likely to have access to hospital obstetric services;

(8) more than 50 percent of individuals who live in a rural area must travel more than 30 minutes to access hospital obstetric services, compared to 7 percent of individuals who live in urban areas; and

(9) American Indian and Alaska Native individuals living in rural communities are twice as likely as their White counterparts to report receiving late or no prenatal care;

Whereas pregnant individuals may be at increased risk for severe outcomes associated with COVID–19, as—

(1) pregnant individuals with symptomatic COVID–19 are more likely to be admitted to an intensive care unit, receive invasive ventilation, and receive extracorporeal membrane oxygenation (commonly known as ''ECMO'') treatment, compared to nonpregnant individuals with symptomatic COVID–19;

(2) pregnant individuals with symptomatic COVID–19 are at a 70-percent increased risk for death, compared

to nonpregnant individuals with symptomatic COVID–19; and

(3) pregnant individuals with COVID–19 are at risk for pre-term delivery and stillbirth;

Whereas 49 States have designated committees to review maternal deaths;

Whereas State and local maternal mortality review committees are positioned to comprehensively assess maternal deaths and identify opportunities for prevention;

Whereas 43 States are participating in the Alliance for Innovation on Maternal Health, which promotes consistent and safe maternity care to reduce maternal morbidity and mortality;

Whereas community-based maternal health care models, including midwifery childbirth services, doula support services, community and perinatal health worker services, and group prenatal care, in collaboration with culturally competent physician care, show great promise in improving maternal health outcomes and reducing disparities in maternal health outcomes;

Whereas many organizations have implemented initiatives to educate patients and providers about—

(1) all causes of, contributing factors to, and disparities in maternal mortality;

(2) the prevention of pregnancy-related deaths; and

(3) the importance of listening to and empowering all people to report pregnancy-related medical issues; and

Whereas several States, communities, and organizations recognize January 23 as ''Maternal Health Awareness Day'' to raise awareness about maternal health and promote maternal safety: Now, therefore, be it

Resolved, That the Senate—

(1) designates January 23, 2022, as ''Maternal Health Awareness Day'';

(2) supports the goals and ideals of Maternal Health Awareness Day, including—

(A) raising public awareness about maternal mortality, maternal morbidity, and disparities in maternal health outcomes; and

(B) encouraging the Federal Government, States, territories, Tribes, local communities, public health organizations, physicians, health care providers, and others to take action to reduce adverse maternal health outcomes and improve maternal safety;

(3) promotes initiatives—

(A) to address and eliminate disparities in maternal health outcomes; and

(B) to ensure respectful and equitable maternity care practices;

(4) honors those who have passed away as a result of pregnancy-related causes; and

(5) supports and recognizes the need for further investments in efforts to improve maternal health, eliminate disparities in maternal health out-

comes, and promote respectful and equitable maternity care practices.

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