

118TH CONGRESS
2D SESSION

S. RES. _____

Recognizing March 14, 2024, as “Black Midwives Day”.

IN THE SENATE OF THE UNITED STATES

Mr. BOOKER (for himself and Ms. BUTLER) submitted the following resolution; which was referred to the Committee on _____

RESOLUTION

Recognizing March 14, 2024, as “Black Midwives Day”.

Whereas recognizing March 14, 2024, as “Black Midwives Day” underscores the importance of midwifery in helping to achieve better maternal health outcomes by addressing fundamental gaps in access to high-quality care and multiple aspects of well-being;

Whereas the Black Midwives Day campaign, founded in 2023 and led by the National Black Midwives Alliance, establishes March 14th as Black Midwives Day as a day of awareness, activism, education, and community building;

Whereas March 14, 2024, is intended to increase attention on the state of Black maternal health in the United States, the root causes of poor maternal health outcomes for Black birthing people, and the need for community-driven policies, programs, and care solutions;

Whereas the United States is experiencing a maternity care desert crisis in which 2,200,000 women of childbearing age live in maternity care deserts where they do not have access to hospitals or birth centers offering maternity care or obstetric providers;

Whereas maternity care deserts lead to higher risks of maternal morbidity and mortality as most complications occur in the postpartum period when birthing people are far away from their providers;

Whereas incorporating midwives fully into the maternity care system in the United States would reduce maternal health disparities and help to address the maternity care desert crisis;

Whereas, despite the medicalization of childbirth in the United States, the maternal mortality rates in the United States are among the highest in high-income countries, increasing rapidly and disproportionately higher among Black birthing people;

Whereas maternal health is intractably linked to infant health, as the United States infant mortality rate rose 3 percent from a rate of 5.44 infant deaths per 1,000 live births in 2021 to 5.60 infant deaths per 1,000 live births in 2022, the largest increase in the infant mortality rate in 2 decades;

Whereas Black birthing people in the United States suffer from life threatening pregnancy complications, known as “maternal morbidities”, twice as often as White birthing people;

Whereas deaths from maternal morbidities have devastating effects on Black children and families, and the vast majority of material morbidities are entirely preventable

through assertive efforts to ensure that Black birthing people have access to information, services, and supports to make their own health care decisions, particularly around pregnancy and childbearing;

Whereas the high rates of maternal mortality among Black birthing people span across income levels, education levels, and socioeconomic statuses;

Whereas structural racism, gender oppression, and the social determinants of health inequities experienced by Black birthing people in the United States significantly contribute to the disproportionately high rates of maternal mortality and morbidity among Black birthing people;

Whereas Black birthing people are more likely to report experiences of disrespect, abuse, and neglect when birthing in facility-based settings as compared to White people;

Whereas Black families benefit from access to Black midwives to receive culturally sensitive and congruent care established through trust and respect backed with the wisdom of time-honored techniques and best practices;

Whereas the work and contributions of past and present midwives who have ushered in new life have done so despite a history fraught with persecution, enslavement, violence, racism, and the systematic erasure of traditional and lay Black midwives throughout the 20th century;

Whereas the decline of midwifery across the southern United States reduced the numbers of Black midwives from thousands to dozens throughout the 20th century, leaving many communities without care providers;

Whereas some States have criminalized and suppressed direct-entry midwives, despite rising maternal mortality rates across the United States;

Whereas the resurgence of Black midwifery is a testament to the resilience, resistance, and determination of spirit in the preservation of healing modalities that are practiced all over the world;

Whereas the focus of Black midwifery on holistic care, which involves caring for the whole person, family and community, is what makes a difference in midwifery;

Whereas midwifery honors the right to bodily autonomy for the birthing person and can be facilitated at home, in a birth center, or hospital by working in tandem with doulas, community health workers, obstetricians, pediatricians, and other maternal, reproductive, and perinatal health care providers;

Whereas the Midwifery Model of Care has been proven to have better pregnancy outcomes, including by reducing infant mortality and morbidity, preterm births, reducing medical interventions, and providing the birthing person continuous support;

Whereas, in 2022, the Committee on the Elimination of Racial Discrimination (referred to in this preamble as “CERD”) of the United Nations expressed concerns regarding the impact of systemic racism and intersecting factors on access to comprehensive sexual and reproductive health services for women, and the limited availability of culturally sensitive and respectful maternal health care, particularly for those with low incomes, rural residents, individuals of African descent, and indigenous communities;

Whereas CERD recommended that the United States further develop policies and programs to eliminate racial and ethnic disparities in the field of sexual and reproductive

health and rights, while integrating an intersectional and culturally respectful approach in order to reduce the high rates of maternal mortality and morbidity affecting racial and ethnic minorities, including through midwifery care;

Whereas, in 2023, the Human Rights Committee of the United Nations expressed similar concerns as CERD and further recommended that the United States take measures to remove restrictive and discriminatory legal and practice barriers to midwifery care, including those affecting Black and indigenous peoples;

Whereas a fair distribution of resources, especially with regard to reproductive health care services, is critical to closing the racial disparity gap in maternal health outcomes;

Whereas an investment must be made in robust, quality, and comprehensive health care for Black birthing people, with policies that support and promote affordable and holistic maternal health care that is free from gender and racial discrimination;

Whereas it is fitting and proper on Black Midwives Day to recognize the tremendous impact of the human rights, reproductive justice, and birth justice frameworks have on protecting and advancing the rights of Black birthing people;

Whereas Black Midwives Day is an opportunity to acknowledge the fight to end maternal mortality locally, nationally, and globally; and

Whereas Congress must mitigate the effects of systemic and structural racism to ensure that all Black people have access to midwives, doulas, and other community-based,

culturally matched perinatal health providers: Now, therefore, be it

1 *Resolved*, That the Senate—

2 (1) recognizes March 14, 2024, as “Black Mid-
3 wives Day”;

4 (2) encourages the Federal Government and
5 State and local governments to take proactive meas-
6 ures to address racial disparities in maternal health
7 outcomes by supporting initiatives aimed at diversi-
8 fying the perinatal workforce, increasing access to
9 culturally congruent maternal health care;

10 (3) commits to collaborating with relevant
11 stakeholders to develop and enact policy solutions
12 that promote health equity, address systemic racism,
13 and support the advancement of Black midwifery;

14 (4) calls for increased funding for education,
15 training, and mentorship programs that focus on
16 promoting and sustaining Black midwifery across all
17 training pathways;

18 (5) encourages the Federal Government and
19 State and local governments to authorize the auton-
20 omous practice of all midwives to the full extent of
21 their training;

22 (6) promotes TRICARE and Medicaid coverage
23 of maternity care provided by midwives of all train-

1 ing pathways in the setting of choice of the birthing
2 person; and
3 (7) supports and recognizes the longstanding
4 and invaluable contributions of Black midwives to
5 maternal and infant health in the United States.