Our nation is facing a maternal health crisis. Across the globe, our maternal mortality rate ranks the absolute worst among similarly developed nations and 55th overall.

And the danger of giving birth in the United States is not equally distributed.

The Centers for Disease Control and Prevention estimates that Black women are more than three times as likely to die during or after childbirth as white women.

Black Americans experience higher rates of life-threatening complications at every stage of childbirth, from pregnancy to postpartum.

It doesn’t have to be this way—the CDC estimates that 60% of these deaths are preventable.

So how does one of the most medically advanced nations in the world continue to fail Black birthing people at such high rates?

To understand, we have to take the blinders off our history and acknowledge that our health care system—including reproductive health care—was built on a legacy of systemic racism and the mistreatment of Black people, and that this legacy continues today.

Our current health care system is rife with implicit bias and structural barriers that put Black people at an inherent disadvantage before, during, and after their pregnancies.

Thankfully, Black women leaders here in the halls of Congress and across the country have developed policies to systemically shift the way we approach health care for birthing people of color, and promote programs and resources that are proven to reduce the rates of maternal mortality in these communities.

I am honored that several of these leaders are with us today to discuss policies they have written and championed—and that Congress needs to implement—to protect the health and wellbeing of Black people and Black families.

These include bills like Congresswoman Kelly’s MOMMA’s Act, Congresswoman Pressley’s Healthy MOMMIES Act, and Congresswomen Underwood and Adams’ Black Maternal Health Momnibus Act.

We are also joined today by experts and individuals who have first-hand experience with the ways that our health care system fails Black people in birth settings.

I urge all my colleagues to consider today’s testimony and recommendations carefully.
Health equity for Black birthing people is attainable, so long as we address racial disparities with the urgency, empathy, and ingenuity this issue requires.

I now want to introduce my Co-Chair for this hearing, Congresswoman Robin Kelly.

From the moment she set foot in Congress, Ms. Kelly has championed efforts to turn the tide on this crisis. Her efforts recently led to a groundbreaking provision in the American Rescue Plan that allows state Medicaid programs to cover new moms for a full year postpartum.

Ms. Kelly, it is a privilege to share the gavel with you today, and you are now recognized for your opening statement.

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