

By: Representative Summers

To: Rules

## HOUSE RESOLUTION NO. 120

1 A RESOLUTION RECOGNIZING THE WEEK OF APRIL 11 THROUGH 17,  
2 2025, AS "BLACK MATERNAL HEALTH WEEK".

3 WHEREAS, this year marks the eighth year to recognize the  
4 annual "Black Maternal Health Week," which is being acknowledged  
5 this year on April 11 through 17, 2025; and

6 WHEREAS, "Black Maternal Health Week," founded by Black Mamas  
7 Matter Alliance, Inc., brings national attention to the maternal  
8 and reproductive health crisis in the United States and the  
9 importance of reducing maternal mortality and morbidity among  
10 Black women and birthing persons; and

11 WHEREAS, according to the Centers for Disease Control and  
12 Prevention, Black women in the United States are two to three  
13 times more likely than White women to die from pregnancy-related  
14 causes; and

15 WHEREAS, Black women and people living in low-income and  
16 rural communities in the United States are the most likely to  
17 suffer from life-threatening pregnancy complications, known as  
18 "maternal morbidities"; and



19 WHEREAS, maternal mortality rates in the United States are  
20 among the highest in the developed world with 23.8 deaths per  
21 100,000 live births in 2020, 32.9 in 2021, 22.3 in 2022, and 18.6  
22 in 2023; and

23 WHEREAS, the United States has the highest maternal mortality  
24 rate among affluent countries, in part because of the  
25 disproportionate mortality rate of Black women; and

26 WHEREAS, according to the 2025 CDC Report, in 2023, the U.S.  
27 Maternal Mortality rate decreased for White (14.5), Hispanic  
28 (12.4), and Asians (10.7) women, but increased to 50.3 deaths per  
29 100,000 live births for Black women; and

30 WHEREAS, in Mississippi, the maternal mortality rate is 39  
31 per 100,000 live births; and

32 WHEREAS, Black women are 50 percent more likely than all  
33 other women to give birth to premature, low birthweight, and very  
34 low birthweight infants; and

35 WHEREAS, the high rates of maternal mortality among Black  
36 women span across income levels, education levels and  
37 socioeconomic status; and

38 WHEREAS, the Centers for Disease Control and Prevention found  
39 that more than 80 percent of pregnancy-related deaths are  
40 preventable; and

41 WHEREAS, the leading causes of maternal mortality among Black  
42 women and birthing persons include eclampsia, preeclampsia,  
43 postpartum cardiomyopathy, and obstetric embolism, and these



conditions impact Black women and birthing people disproportionately; and

WHEREAS, Mississippi had a high rate of preterm births of 15 percent in 2023, with the preterm birth rate among babies born to Black birthing people 17.7 percent; and

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

WHEREAS, racism and discrimination play a consequential role in maternal health care experiences and outcomes of Black birthing people; and

WHEREAS, the overturn of *Roe v. Wade* impacts Black women and birthing people's right to reproductive healthcare and bodily autonomy, and further perpetuates reproductive oppression as a tool to control women's bodies; and

WHEREAS, a fair and wide distribution of resources and birth options, especially with regard to reproductive health care services and maternal health programming, are critical to addressing inequities in maternal health outcomes; and

WHEREAS, states and rural counties with higher Black population rates have severe maternity care deserts, where there are no hospitals or birth centers offering obstetric care and no obstetric providers, and diminished access to reproductive



healthcare providers due to low Medicaid reimbursements, rising costs, and persistent healthcare workforce shortages; and

WHEREAS, in 2023, 13.6 percent of birthing people in Mississippi received little to no adequate prenatal care, with the issue disproportionately affecting low-income and minority communities; and

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; and

WHEREAS, Black midwives, doulas, perinatal health workers and community-based organizations provide holistic maternal care and support but face structural and legal barriers to licensure, reimbursement, and provision of care; and

WHEREAS, Black women and birthing persons experience increased barriers to accessing prenatal and postpartum care, including maternal mental health care; and

WHEREAS, COVID-19, which has disproportionately harmed Black Americans, is associated with an increased risk for adverse pregnancy outcomes and maternal and neonatal complications; and

WHEREAS, new data from the Centers for Disease Control and Prevention has indicated that since the COVID-19 pandemic, the maternal mortality rate for Black women has increased by 26 percent; and



93 WHEREAS, there are concerted efforts to increase uptake of  
94 maternal vaccinations; and

95 WHEREAS, even as there is growing concern about improving  
96 access to mental health services, Black women are least likely to  
97 have access to mental health screenings, treatment, and support  
98 before, during, and after pregnancy; and

99 WHEREAS, Black pregnant and postpartum workers are  
100 disproportionately denied reasonable accommodations in the  
101 workplace, leading to adverse pregnancy outcomes; and

102 WHEREAS, Black pregnant people disproportionately experience  
103 surveillance and punishment, including shackling incarcerated  
104 people during labor, drug testing mothers and infants without  
105 informed consent, separating mothers from their newborns, and  
106 criminalizing pregnancy outcomes such as miscarriage; and

107 WHEREAS, Black women and birthing people experience pervasive  
108 racial injustice in the criminal justice, social, and health care  
109 systems; and

110 WHEREAS, justice-informed, culturally congruent models of  
111 care are beneficial to Black women; and

112 WHEREAS, an investment must be made in maternity care for  
113 Black women and birthing persons, including care led by the  
114 communities most affected by the maternal health crisis in the  
115 State of Mississippi; and

116 WHEREAS, an investment must be made in continuous health  
117 insurance coverage to support Black women and birthing persons for



the full postpartum period at least one year after giving birth;  
and

WHEREAS, an investment must be made in policies that support  
and promote affordable, comprehensive, and holistic maternal  
health care that is free from gender and racial discrimination,  
regardless of incarceration; and

WHEREAS, Black women are experiencing high, disproportionate  
rates of maternal mortality and morbidity in the State of  
Mississippi; and

WHEREAS, the alarmingly high rates of maternal mortality  
among Black women are unacceptable and unjust; and

WHEREAS, in order to better mitigate the effects of systemic  
and structural racism, the Mississippi House of Representatives  
must work toward ensuring that the Black community has the  
following:

- (a) Safe and affordable housing;
- (b) Transportation equity;
- (c) Nutritious food;
- (d) Clean air and water;
- (e) Environments free from toxins;
- (f) Decriminalization, removal of civil penalties, end  
of surveillance, and end of mandatory reporting within the  
criminal and family regulation system;
- (g) Safety and freedom from violence;
- (h) A living wage;



- (i) Equal economic opportunity;
- (j) A sustained and expansive workforce pipeline for diverse perinatal professionals;
- (k) Comprehensive, high-quality, and affordable health care including access to the full spectrum of reproductive care;
- and

WHEREAS, in order to improve maternal health outcomes, the Mississippi House of Representatives must fully support and encourage policies grounded in the human rights, reproductive justice, and birth justice frameworks that address maternal health inequities; and

WHEREAS, Black women and birthing persons must be active participants in the policy decisions that impact their lives; and

WHEREAS, in order to ensure access to safe and respectful maternal health care for Black birthing people, the Mississippi House of Representatives must pass the Black Maternal Health Momnibus Act and other legislation rooted in human rights that seeks to improve maternal care and outcomes; and

WHEREAS, "Black Maternal Health Week" is an opportunity:

- (a) To deepen the national conversation about Black maternal health in the United States;
- (b) To amplify and invest in community-driven policy, research, and quality care solutions;
- (c) To center the voices of Black Mamas, women, families, and stakeholders;



168           (d) To provide a national platform for Black-led  
169 entities and efforts on maternal and mental health, birth equity,  
170 and reproductive justice;

171           (e) To enhance community organizing on Black maternal  
172 health;

173           (f) To support efforts to increase funding and advance  
174 policies for Black-led and centered community-based organizations  
175 and perinatal birth workers that provide the full spectrum of  
176 reproductive, maternal, and sexual healthcare.

177       NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF  
178 REPRESENTATIVES OF THE STATE OF MISSISSIPPI, That we do hereby  
179 recognize April 11 through 17, 2025, as "Black Maternal Health  
180 Week".

181       BE IT FURTHER RESOLVED, That copies of this resolution be  
182 furnished to the members of the Capitol Press Corps.

