

By: Senator(s) Frazier

To: Rules

SENATE RESOLUTION NO. 146

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 we recognize the
4 annual "Black Maternal Health Week," which is being acknowledged
5 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% more likely than all other women
33 to give birth to premature, low birthweight, and very low
34 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% of pregnancy-related deaths are preventable;
40 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% in 2023, with the preterm birth rate among babies born to Black birthing people 17.7%; 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% 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%; and

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



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

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

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

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

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

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

115 WHEREAS, an investment must be made in continuous health
116 insurance coverage to support Black women and birthing persons for
117 the full postpartum period at least one year after giving birth;
118 and



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

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

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

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

- 131 (a) Safe and affordable housing;
- 132 (b) Transportation equity;
- 133 (c) Nutritious food;
- 134 (d) Clean air and water;
- 135 (e) Environments free from toxins;
- 136 (f) Decriminalization, removal of civil penalties, end
137 of surveillance, and end of mandatory reporting within the
138 criminal and family regulation system;
- 139 (g) Safety and freedom from violence;
- 140 (h) A living wage;
- 141 (i) Equal economic opportunity;
- 142 (j) A sustained and expansive workforce pipeline for
143 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 Legislature 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 Legislature must pass the Black Maternal Health Momnibus Act and other legislation rooted in human rights that seek 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;

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



168 (e) To enhance community organizing on Black maternal
169 health;

170 (f) To support efforts to increase funding and advance
171 policies for Black-led and centered community-based organizations
172 and perinatal birth workers that provide the full spectrum of
173 reproductive, maternal, and sexual health care:

174 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE STATE OF
175 MISSISSIPPI, That we do hereby recognize that April 11 through 17,
176 2025, is "Black Maternal Health Week," and encourage
177 Mississippians to observe the purpose of this observation.

178 BE IT FURTHER RESOLVED, That this resolution be forwarded to
179 the State Department of Health for appropriate distribution and
180 made available to the Capitol Press Corps.

