THE JOINT ORGANIZATIONAL COMMITMENT TO ANTI-RACISM AND RACIAL EQUITY

July 6, 2022

Declaration:

The following organizations hereby declare our commitment to undoing racism as it contributes to disparate health outcomes based on race:

- Association of Maternal & Child Health Programs (AMCHP)
- Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)
- CityMatCH
- National Healthy Start Association (NHSA)
- National Institute for Children's Health Quality (NICHQ)

In Order to Improve Maternal Health, We Must Depoliticize Racial Equity.

Recently, Black Maternal Health Week challenged systems of maternal care to improve racial disparities. Led by the Black Mamas Matter Alliance, it highlighted jarring, persistent inequities and meaningful conversations about the root causes of poor maternal health outcomes for Black women and birthing people. The Biden Administration made additional commitments, among them establishing "Birthing-Friendly" hospital designations, strengthening Maternal, Infant, and Early Childhood Home Visiting Programs, and supporting state-level development of proven strategies to address disparities. And May is Maternal Mental Health Month, highlighting the need to prioritize maternal mental health, particularly in the post-partum period.

Earlier this year, data from the Centers for Disease Control and Prevention (CDC) showed that maternal mortality rates increased during the first year of the pandemic, continuing a decades-long trend of increasing pregnancy-related deaths. In 2020, 861 women and birthing people died of a pregnancy-related cause during pregnancy or in the 42 days after. The number of maternal deaths increased by 14 percent from 2019-2020 – deaths occurring most significantly among non-Hispanic Black and Hispanic women and birthing people.

These data are jarring, as every death is a tragic loss to families with rippling effects throughout communities. Unfortunately, these new data are not surprising. Longstanding racial inequities in maternal health outcomes were exacerbated during the COVID-19 pandemic, which furthered negative health outcomes for communities of color, with many people working in essential frontline roles, particularly Black women and birthing people. This is important: these persistent inequities in maternal health outcomes are not about something intrinsically different or wrong with communities of color.

The majority of maternal deaths are preventable. This fact is devastating in that it represents avoidable loss. But this fact is also hopeful because we have opportunities to make changes – in our systems and our policies – that can prevent future maternal deaths.

Our five organizations each play a role in advancing maternal health and hold significant responsibility to end the racial inequities in maternal health outcomes. In many ways, we are only now joining the decades-long work of people of color and organizations led by and representing populations who have been systematically marginalized. We have work to do, and part of that work is advancing systemic, political, and individual changes that move racial equity forward. Our Joint Organizational Commitment acknowledges that racism is a public health crisis and lays out our commitments to critically analyze and change our organizational systems with the goal of advancing racial equity.

We strongly urge:

1. **Congress to pass the Black Maternal Health Momnibus Act of 2021 and make 12 months of comprehensive postpartum coverage the federal standard for Medicaid**. According to the CDC, nearly 25% of pregnancy-related deaths after the day of delivery occur between six weeks and the end of the first year after delivery. Based on estimates from the Department of Health and Human Services, approximately 720,000 people would benefit if all states adopted the American Rescue Plan's new option to extend postpartum Medicaid and CHIP coverage for a full 12 months.

2. **The Biden Administration to continue its prioritization of advancing maternal health equity.** This prioritization needs to be reflected across departments and agencies, and especially within the context of the administration's work to advance health equity and racial equity. As an example of where this prioritization unfortunately fell short, the final report and recommendations of the Presidential COVID-19 Health Equity Task Force does not mention pregnancy or maternal health despite the disproportionate and intersecting impacts of COVID-19 on pregnant women and birthing people of color.

   Further, gaps in the data remain. While the latest report from CDC on maternal mortality shows the impact of COVID-19 on maternal health outcomes and the exacerbation of maternal health inequities, it only looks at the first 42 days postpartum rather than the full year, and it doesn't capture the totality of the issue by diving into the underlying structural, historical, and systemic causes of these maternal deaths. In the coming months, state maternal mortality review committees should share a more nuanced and explicit picture.

3. **Federal, state, and local political leaders to depoliticize racial equity.** The data are clear: Poor health outcomes in the U.S., as exemplified by our abysmal maternal mortality rates, are driven by our systems that fail Black families, Indigenous families, and other communities of color. We cannot bury our heads in the sand or respond defensively out of feelings of personal attack. Acknowledging and seeking to counteract and root out racism makes us stronger as individuals and as a society.

Signatories:

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- Jonathan Webb, MPH, MBA, *Chief Executive Officer at the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)*
- Chad Abresch, PhD, *Executive Director at CityMatCH*
- Deborah Frazier, *CEO at the National Healthy Start Association (NHSA)*
- Lidyvez Sawyer, EdD, MPH, *Equity Implementation Strategist at NHSA*
- Scott D. Berns, MD, MPH, FAAP, *CEO at the National Institute for Children's Health Quality (NICHQ)*
- Stacy Scott, PhD, MPA, *Executive Project Director and Equity Lead at NICHQ*