June 16, 2020

The Birth Equity Agenda: A Blueprint for Reproductive Health and Wellbeing

It has been three years since Black maternal health and mortality inequities captured the attention of mainstream media in the United States. Coverage by national news outlets resulted from decades of research, advocacy and storytelling about the ways in which America’s substandard maternal health system is particularly harmful to Black people who are pregnant and giving birth. Today, the systemic challenges that underlie the disparity in outcomes for Black people remain. The National Birth Equity Collaborative offers five critical measures for ensuring that America has the proper infrastructure and resources in place to achieve equitable maternal health outcomes. Health is a fundamental right.

1. Reproductive health and autonomy are promoted and protected at the highest levels of government.

The United States has the highest rate of maternal mortality among wealthy countries. Black women are 3 - 4 x more likely to die in childbirth than their white counterparts.

Access to reproductive health care of all kinds depends heavily on where a person lives, how much money they make, and the extent to which discrimination impedes their ability to make and act on their reproductive decisions. At the federal level, the work of multiple agencies affects reproductive health, and yet these efforts are often siloed.

**Recommendation:** Create an Office of Reproductive Wellbeing in the White House dedicated to promoting reproductive health through a human rights and racial equity lens. This office would coordinate reproductive health efforts across the U.S. Department of Health and Human Services (HHS) agencies including The National Institute of Health (NIH), The Center for Disease Control (CDC), and The Health Resources and Services Administration (HRSA), and would address barriers to full reproductive autonomy, such as access to health care, including contraception, maternal and infant health, quality, affordable child care, and comprehensive paid family leave.

2. Health is a government priority and a recognized right.

The United States is the only industrialized nation that has not committed to ensuring that all people have some basic level of access to health and health care. The coronavirus pandemic is highlighting both the inequalities that approach generates, and the widespread health and economic consequences that affect us all when public health is deprioritized. Everyone in the United States should be able to get the care they need to meet their health and healthcare needs, including reproductive health care. No one should be denied essential healthcare because of discrimination on the basis of gender, race, and income.

**Recommendation:** Guarantee access to essential healthcare for everyone in the United States by recognizing the human right to health in U.S. law and requiring the government to ensure affordable, quality healthcare is available to all. The government should support health care transformation efforts that: include health equity as an explicit goal; are grounded in the needs of communities of color; and seek to provide care that is equitable, trauma-informed, reflects the health care needs of all people of color, and fully integrates reproductive health care.

3. Individuals and institutions are held accountable for discrimination that leads to disparate health impacts.

Discrimination manifests in many ways, all of which undermine health care and health outcomes. In addition to overt acts of interpersonal discrimination, implicit biases, stereotypes, and institutional and structural discrimination harm Black women and their families. The inequalities and exposure to racism that Black women experience throughout their lives, including while seeking healthcare, increases health risks and drives racial disparities in preventable maternal and infant deaths. Trainings and education can help to expose behaviors rooted in beliefs about a hierarchy of human value, but eliminating disparities in health ultimately requires accountability for disparities in treatment.
Recommendation: Prohibit laws, policies, and practices that cause preventable inequalities in health outcomes, regardless of their intent, and ensure that standards for assessing discrimination in the healthcare system recognize disparate impacts and align with human rights standards. The development of laws, policies, and practices must be expanded to include diverse and new voices in a meaningful way, just as the government and health care systems must be required to publicly demonstrate results in achieving equity and eliminating disparities through their implementation.

4. No maternal death goes unnoticed or uncounted.

Despite decades of rising maternal mortality and morbidity, the United States does not collect and disseminate reliable, timely data on maternal health. In 2018, the National Center for Health Statistics released the first national estimate of U.S. maternal mortality in more than a decade. You count what you value. Acknowledging and studying the maternal deaths of women, a disproportionate number of whom are Black, is necessary to prevent future deaths and injuries and ensure Black women’s human rights to life and health. Legislation passed in 2018 provides some funding for states to review maternal deaths and improve data processes, but more support and accountability mechanisms are needed.

Recommendation: Require and support all states and U.S. territories to collect and disseminate maternal mortality and morbidity data, disaggregated by race and ethnicity. Just as we require states to collect data on infant deaths, we should mandate maternal mortality and morbidity review committees and the standardized collection of reliable maternal health data to promote evidence-based policy interventions and accountability for improvement.

5. Government involvement in reproductive health may not intrude on reproductive freedom, agency, and autonomy.

The United States government has a role to play in ensuring human rights related to health and gender equity. Government involvement in reproductive health can advance human rights by ensuring that all people have access to health care services that enable them to prevent and treat illness, experience the best health outcomes possible, and make the reproductive decisions that are right for them. Access to non-coercive sexual health services, contraception, fertility care, and comprehensive pregnancy-related care including abortion, prenatal care, birth services, and postpartum care as needed are all essential to an individual’s ability to exercise their reproductive agency.

Recommendation: Remove restrictions on reproductive health care that limit reproductive decision-making, such as the Hyde Amendment and the global and U.S. “gag rules,” and ensure that all state and federal funding and regulations related to reproductive health are free from coercive measures. The government can require that health care options and services be provided in a non-coercive manner that emphasizes patient choice and fully informed consent, strengthen existing protections related to the privacy and safety of reproductive health care providers and patients, and ensure that quality measures used to focus and evaluate programs’ progress are not used inappropriately.

Sincerely,

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