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HB 837

Public Health – Maternal Mortality & Morbidity – Implicit Bias Training & Study Hearing of the House Health & Government Operations Committee

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1:00pm

SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. PJC strongly supports HB 837, which would require the Cultural and Linguistic Health Care Professional Competency Program to establish and provide evidence-based implicit bias training for perinatal health care professionals. It also requires the Maryland Maternal Mortality Review Program to report data on Severe Maternal Morbidity.

Black women are dying at higher rates than their white counterparts during and after pregnancy. For the last seven decades in the United States, Black women have been dying due to pregnancy and delivery related complications at a rate 3 to 4 times higher than their white counterparts.¹ According to the most recent Maryland Maternal Mortality Review (MMR) Program report, Black women in the state are dying at rates 3.4 times higher than white women, and many of these deaths were found to be preventable.² Nationwide, there are many more near misses (women who nearly died, but survived pregnancy and delivery related complications) than deaths. Racial and ethnic disparities in maternal mortality persist regardless of income, education, or other factors that

¹ Pregnancy Mortality Surveillance System, Centers for Disease Control & Prevention, https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpmss.html.

² Maryland Department of Health, Annual Report Maryland Maternal Mortality Review (2018), <https://phpa.health.maryland.gov/documents/Health-General-Article-%C2%A713-1207-2018-Annual-Report-Maryland-Maternal-Mortality-Review.pdf>.

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are traditionally protective. These disparities are reinforced through institutional and structural racism in our healthcare system. By requiring that perinatal healthcare professionals complete evidence-based implicit bias training, HB 837 recognizes that we cannot reduce and prevent Black maternal death without first addressing the implicit bias that plagues our maternal healthcare system. Implicit bias, subconscious assumptions that we make about the world around us, can negatively affect the way that perinatal clinicians provide care to patients and discuss treatment options. HB 837, if passed, could help the state significantly reduce maternal mortality and morbidity.

Understanding severe maternal morbidity is necessary to preventing future maternal deaths. HB 837 requires the MMR Program to collect and report data on severe maternal morbidity (SMM). Black women are more likely to experience maternal morbidity (“any physical or mental condition, illness, or disability associated directly with pregnancy and/or childbirth”), including preeclampsia, hemorrhage, and cardiovascular conditions, than white women.³ The Centers for Disease Control and Prevention currently tracks SMM, and reports that SMM has steadily increased in recent years without clear indications as to why.⁴ However, the greatest fraction of women with SMM are those who received blood transfusions.⁵ Currently, the MMR Program does not report data on maternal morbidity. Collecting this type of data and analyzing any links in maternal morbidity would be an important source for understanding how to prevent maternal deaths.

Research supports that racism and implicit bias play a role in maternal mortality among Black women. There is a growing body of research that supports that stress resulting from racism and implicit (and explicit) bias is associated with pregnancy-related complications and maternal mortality for Black women.⁶ The accumulated stress from racial discrimination in many aspects of life, such as work and housing, take a physical toll on the body. In healthcare settings, racial and implicit bias leads to healthcare providers ignoring Black women’s complaints of pain and delivering a lower quality of care.⁷ Compounding these factors are the many barriers to healthcare that disproportionately affect people of color, such as segregation in low-income neighborhoods that have poor housing, limited access to healthy food, insufficient transportation options, and few nearby health provider locations. The care and counsel that a pregnant woman of color receives from her clinician should not be colored by implicit bias, but this is a reality for many women of color. By making implicit bias training a requirement for perinatal healthcare providers, HB 837 would help clinicians become more aware of their own biases and enable them to take the steps needed to correct dangerous assumptions in providing care to women of color.

³ Black Mamas Matters Alliance, *Advancing Holistic Maternal Care for Black Women through Policy* (2018), <https://blackmamasmatter.org/wp-content/uploads/2018/12/BMMA-PolicyAgenda-Digital.pdf>.

⁴ Severe Maternal Morbidity, Centers for Disease Control & Prevention, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html> (last accessed on February 25, 2020).

⁵ *Id.*

⁶ Linda Villarosa, *Why America’s Black Mothers and Babies Are in a Life-or-Death Crisis*, NY TIMES, (April 11, 2018), <https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html>. See also Paula Braverman, et al., *Worry about racial discrimination: A missing piece of the puzzle of Black-White disparities in preterm birth?* (2017), <https://doi.org/10.1371/journal.pone.0186151>.

⁷ <https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/>

HB 837 would aid Maryland's healthcare system in finally dismantling institutional and structural racism and rebuilding an equitable system where pregnant and postpartum Black women's complaints of pain are not ignored. For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **HB 837**. If you have any questions, please contact Ashley Black at 410-625-9409 x 224 or blacka@publicjustice.org.