

119TH CONGRESS  
1ST SESSION

**S. RES.** \_\_\_\_\_

Designating January 23, 2025, as “Maternal Health Awareness Day”.

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IN THE SENATE OF THE UNITED STATES

\_\_\_\_\_  
Mr. BOOKER submitted the following resolution; which was referred to the  
Committee on \_\_\_\_\_

\_\_\_\_\_  
**RESOLUTION**

Designating January 23, 2025, as “Maternal Health  
Awareness Day”.

Whereas each year in the United States, approximately 800 women die as a result of complications related to pregnancy and childbirth;

Whereas the pregnancy-related mortality ratio, defined as the number of pregnancy-related deaths per 100,000 live births, more than quadrupled in the United States between 1987 and 2021;

Whereas, according to the United Nations Maternal Mortality Estimation Inter-Agency Group, the United States is one of the only countries in the world with a significant percentage increase in the maternal mortality in 2020;

Whereas, of all pregnancy-related deaths that occurred in the United States in 2020—

(1) approximately 25.7 percent occurred during pregnancy;

(2) approximately 11.1 percent occurred during childbirth;

(3) approximately 16.2 percent occurred 1 to 6 days postpartum;

(4) approximately 20.2 percent occurred 7 to 42 days postpartum; and

(5) approximately 26.9 percent occurred between 43 days and 1 year postpartum.

Whereas 83.5 percent of pregnancy-related deaths in the United States are considered preventable;

Whereas, each year, as many as 60,000 women in the United States suffer from a severe maternal morbidity, which includes unexpected outcomes of labor and delivery that can result in significant short- and long-term health consequences;

Whereas approximately 20 percent of mothers who give birth in the United States report experiencing mistreatment;

Whereas postpartum depression affects a significant percentage of new mothers who give birth, with estimates ranging from 10 to 20 percent of mothers who give birth experiencing depressive symptoms during the first year after childbirth, but many postpartum depression cases go undiagnosed and untreated, often due to a lack of screening;

Whereas various social and systemic factors can influence maternal health outcomes and contribute to disparities in care;

Whereas significant disparities in maternal health outcomes exist in the United States, including that—

(1) the pregnancy-related mortality ratio for Black women is nearly 3 times higher than that of White women;

(2) the pregnancy-related mortality ratio for American Indian and Alaska Native women is more than twice as high as White women;

(3) the pregnancy-related mortality ratio for Black, American Indian, and Alaska Native women with at least some college education is higher compared to women of all other racial and ethnic backgrounds with less than a high school diploma;

(4) the rate of severe maternal morbidity for Black and Asian-Pacific Islander women is approximately twice as high as the rate for White women;

(5) women who live in rural areas have a greater rate of severe maternal morbidity and mortality compared to women who live in urban areas;

(6) 59 percent of rural counties are considered a maternity care desert;

(7) rural counties with more Black and Hispanic residents and lower median incomes are less likely to have access to hospital obstetric services;

(8) the average travel distance for maternity care deserts and rural counties is 28.1 and 17.3 miles, respectively; and

(9) American Indian and Alaska Native women living in rural communities are more than twice as likely as their White counterparts to report receiving late or no prenatal care;

Whereas 47 States and the District of Columbia have adopted the option to extend coverage for postpartum care under Medicaid to 12 months;

Whereas 49 States, the District of Columbia, New York City, Philadelphia, and Puerto Rico each have a formal maternal mortality review committee or legal requirement to review pregnancy-related deaths;

Whereas State and local maternal mortality review committees are positioned to comprehensively assess maternal deaths and identify opportunities for prevention;

Whereas 49 States and the District of Columbia are participating in the Alliance for Innovation on Maternal Health, which promotes consistent and safe maternity care to reduce maternal morbidity and mortality;

Whereas community-based maternal health care models, including midwifery childbirth services, doula support services, community and perinatal health worker services, and group prenatal care, in collaboration with culturally competent physician care, show great promise in improving maternal health outcomes and reducing disparities in maternal health outcomes;

Whereas increasing the maternal health care workforce and expanding telehealth services can help reduce the disparities in maternal health outcomes;

Whereas many organizations have implemented initiatives to educate patients and providers about—

- (1) all causes of, contributing factors to, and disparities in maternal mortality;
- (2) the prevention of pregnancy-related deaths; and
- (3) the importance of listening to and empowering all people to report pregnancy-related medical issues; and

Whereas several States, communities, and organizations recognize January 23 as “Maternal Health Awareness Day”

to raise awareness about maternal health and promote maternal safety: Now, therefore, be it

1       *Resolved*, That the Senate—

2           (1) designates January 23, 2025, as “Maternal  
3       Health Awareness Day”;

4           (2) supports the goals and ideals of Maternal  
5       Health Awareness Day, including—

6           (A) raising public awareness about mater-  
7       nal mortality, maternal morbidity, and dispari-  
8       ties in maternal health outcomes; and

9           (B) encouraging the Federal Government,  
10       States, territories, Tribes, local communities,  
11       public health organizations, physicians, health  
12       care providers, and others to take action to re-  
13       duce adverse maternal health outcomes and im-  
14       prove maternal safety;

15          (3) promotes initiatives—

16           (A) to address and eliminate disparities in  
17       maternal health outcomes; and

18           (B) to ensure respectful and equitable ma-  
19       ternity care practices;

20          (4) honors those who have passed away as a re-  
21       sult of pregnancy-related causes; and

22          (5) supports and recognizes the need for mean-  
23       ingful investments in efforts to improve maternal  
24       health, eliminate disparities in maternal health out-

- 1 comes, and promote respectful and equitable mater-
- 2 nity care practices.