WHAT THE BLACK MATERNAL HEALTH MOMNIBUS MEANS FOR ALLEGHENY COUNTY
Allegheny County is home to 130 municipalities in Western Pennsylvania. Most notably, the City of Pittsburgh has been repeatedly ranked a “most livable city” in recent years. However, quality of life outcomes are not equitably shared across gender and race. Based on troubling findings, and generations of lived experiences, Pittsburgh is considered the worst city to live for Black women. In 2020, Allegheny County Council declared systemic racism a public health crisis.

In 2019, the City of Pittsburgh Gender Equity Commission published a report that assessed equity across gender and race in the City of Pittsburgh, compared to 12 demographically similar cities. Across health, employment, income, and education, Pittsburgh reflects national trends in gender and racial inequality. However, for its Black residents, Pittsburgh falls far below comparable cities. Among the most tragic are findings on maternal health outcomes for Pittsburgh and Allegheny County’s Black women and birthing people. Despite the fact that Black women begin prenatal care earlier than in similar cities, Pittsburgh’s Black maternal mortality rate is higher than Black mortality rates in 97 percent of other cities. In Allegheny County at large, Black women are dying three times higher than white women. It is important to note that this disparity exists regardless of educational or economic differences. It is not race, or a lack of perinatal care that accounts for this crisis, but rather, the intersectionality of racism and sexism faced across the lifespan. This, unfortunately, is perpetuated within the healthcare system and institutions of power.

Regardless of report findings, residents across Allegheny County have known that zip codes determine quality of life outcomes. Black residents of Pittsburgh would be likely to find better health, education, and economic opportunity elsewhere in the United States. From 2009-2018, Pittsburgh saw a decline of 9% of its Black population.

Maternal mortality is a crisis throughout the United States — mothers and birthing people are dying higher here than in any other developed country, and it is preventable. It would be an injustice not to structurally transform public health and human rights outcomes for those most impacted. To quote civil rights activist Angela Davis, “When Black women win victories, it is a boost for virtually every segment of society.”

THE BLACK MATERNAL HEALTH MOMNIBUS ACT OF 2021

The Black Maternal Health Momnibus is a comprehensive example of how federal policy can cultivate solutions for equitable perinatal care at the individual and institutional levels. On February 8th, 2021, Congresswoman Lauren Underwood (D-IL-14), Senator Cory Booker (D-NJ), and members of the Black Maternal Health Caucus introduced the Black Maternal Health Momnibus Act of 2021 — a package of legislation to address “every dimension of the maternal health crisis in America.”

Currently, Congressional representatives of Allegheny County have co-sponsored the Black Maternal Health Momnibus — Congressman Mike Doyle (D-PA-18) and Senator Bob Casey (D-PA).

The following pages provide a brief description of various bills within the Black Maternal Health Momnibus and their implications for maternal health outcomes in Allegheny County. Additional bills are also highlighted on page 8.
The maternal health crisis is an issue that epitomizes the repercussions of social, economic, and environmental risks that can negatively impact the health outcomes of birthing people and their families, communities, and entire social ecosystem. Understanding social factors is critical for prevention and treatment of maternal health disparities. The following illustrates examples of the impact of social determinants of health in Allegheny County.

**Social Determinants of Health**

**Economic Stability**
1 in 10 people live in poverty in the United States. In Allegheny County, one-third of the population lives in poverty. This income disparity especially impacts Black women, who, despite educational levels, are five times more likely to live in poverty than white men. For low-income families at large, the Special Supplemental Nutrition Program (WIC) supports the physical, social, and mental health of mothers and children. Despite its benefits, it has faced a decline in enrollment rates in Pennsylvania.

**Environmental Health**
Allegheny County's air quality has notoriously been among the worst in the nation. In 2021, the county achieved federal clean air standards for the first time ever. In addition, the Allegheny County Health Department has aimed to address high lead levels in the region's tap water. In 2020, the City of Pittsburgh's lead levels were the lowest in over 20 years, finally reaching state and federal standards. Exposure to environmental pollution can increase the risk of low birth weight, an adverse outcome presenting a disparity in the area. In Pittsburgh, Black mothers are three times more likely to give birth to babies born with extremely low birth weight.

**Neighborhoods & Housing**
Community members across the region have been priced-out and displaced from their neighborhoods due to the impacts of gentrification. In fact, Pittsburgh is one of the most gentrified cities in the United States. Studies have shown that the impact of displacement can lead to negative outcomes, such as stress, fewer options for healthy affordable housing, lags in public transportation, adverse birth outcomes, lack of availability to nutritious food, and food deserts.

Social determinants are defined as the way we are born, grow, live, work and, age. The combination of these factors can significantly drive health outcomes — by as much as 80 percent. The Social Determinants for Moms Act aims to invest in social determinants of health to end disparities in maternal health outcomes.

This bill will:

Provide funding for areas such as safe housing, free drop-in childcare access, the impact of food deserts, and community-based organizations and public health departments to address unique needs in their respective communities.

In addition, this bill will address the impact of transportation barriers in accessing perinatal appointments and social services, and extend Women, Infants, and Children (WIC) program eligibility periods for new mothers to increase access to nutritious food and healthcare referrals.

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The maternal health crisis is an issue that epitomizes the repercussions of social, economic, and environmental risks that can negatively impact the health outcomes of birthing people and their families, communities, and entire social ecosystem. Understanding social factors is critical for prevention and treatment of maternal health disparities. The following illustrates examples of the impact of social determinants of health in Allegheny County.
Kira Johnson lived an accomplished and well-rounded life. In 2016, Kira’s scheduled cesarean section should have proceeded normally. However, Kira died from a hemorrhage, despite being in great health. Kira’s story aligns with those of other Black mothers who died unnecessarily at disproportionately high rates.

This bill will: Fund community-based organizations, fund programs to implement anti-racism and discrimination employee training in maternity care settings, and establish Respectful Maternity Care Compliance Programs within hospitals to report instances of bias.

In addition, this bill will support pregnant and postpartum people with maternal mental health conditions and substance use disorders; midwifery practices; and perinatal health workers, such as doulas.

A factor in the maternal mortality crisis is limited maternity care in urban and rural communities in the United States, especially culturally congruent care. One solution is to grow and diversify the perinatal workforce.

This bill will: Require the Secretary of Health and Human Services to provide guidance to states on promoting diverse maternity care teams and study how culturally congruent care promotes positive outcomes for birthing people.

Provide funding to establish programs that will grow and diversify the perinatal workforce, which will increase the number of trustworthy perinatal health workers, nurses, physicians.

This bill will also study the barriers that prevent women from underserved communities from entering perinatal care professions and receiving compensation.

WHAT THIS CAN DO FOR ALLEGHENY COUNTY

A perinatal workforce that represents the community it serves can better meet the needs of and honor the autonomy of birthing people. This creates an opportunity for trusted relationships. Diversity in the perinatal workforce benefits both the client and the healthcare worker, as an inclusive environment values unique perspectives and fosters better results. Creating a healthcare setting that practices inclusion should begin with student training programs that center on health equity.

Perinatal health workers, such as doulas and midwives, have shown to improve birth and postpartum outcomes, and they play a crucial role in interrupting harm for those most impacted by systemic health disparities. Doulas and midwives of color, those who are LGBTQ, and those who represent a variety of socioeconomic backgrounds have created solutions for preventative care, lowered rates of medical interventions, and fostered culturally congruent support for pregnant and postpartum people.

Community-based models have narrowed maternal health disparities by providing culturally congruent support, connections to holistic services, and high-quality interventions throughout the postpartum period. Community organizations often fill the gaps of healthcare systems by addressing social factors and barriers to care that impact the health and wellness of birthing people.

While community-led efforts have worked to reduce negative perinatal health outcomes resulting from discrimination and bias, major hospitals and health systems across Allegheny County still have work ahead to implement anti-racism training and sustain its practice in maternity care.
Maternal Mortality Review Committees (MMRCs) have found that mental health conditions are one of the leading causes of pregnancy-related death. In addition, MMRCs are addressing the trend of substance use disorder accounting for maternal deaths.

Birthing people of color and those who experience low income are significantly impacted by perinatal mood disorders.

**This bill will:** Invest in community-based programs that provide behavioral and mental health services, address stigma and raise awareness of warning signs, and provide prenatal and postpartum care models.

In addition, this bill will provide funding to diversify and expand the maternal mental health workforce, to expand access to culturally congruent care.

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Perinatal depression is the number one complication during pregnancy and the postpartum period. 1 in 7 women will experience a major depressive episode during pregnancy. Black birthing people are significantly impacted by maternal depression and anxiety, due to the impact of systemic racism across the lifespan. However, perinatal depression is often unrecognized because the changes in mood and behavior are disregarded as “normal” postpartum changes.

Cultural stigma also impacts mental health identification, reporting, and treatment rates. Black women are more likely to report barriers in communication with their provider, bias, as well as lower rates of screening and follow up services. Screening measures are also not always culturally responsive, and do not identify those in need of help.

Promoting access to early interventions that are person-centered and anti-racist, and integrating referrals to community-based care are critical in reducing negative outcomes and leveraging holistic care.

According to the Pennsylvania MMRC, from 2013 to 2018, accidental poisoning, which includes drug-related overdoses, was found to be the leading cause of pregnancy-associated death among Black and white women in Pennsylvania, accounting for 30 percent of deaths. A multi-system approach must take an active role in screening, treatment, follow up, and social support. In addition, healthcare providers must be sensitive to the unique needs of pregnant and postpartum people combatting substance use, including individualized services and referrals to community-based prevention programs.
There are over 100,000 incarcerated women, and 75 percent of them are of child-bearing age. Women who are incarcerated are at greater risk for maternal mortality and morbidities. The risk is higher for Black women, who are incarcerated at twice the rate than white women.

This bill will: Incentivize all state and local prisons and jails to end the shackling of pregnant people.

Provide funding for state, local, and federal jails and prisons to implement programs for pregnant and postpartum people in their facilities, and provide access to perinatal health workers, re-entry assistance, and counseling.

In addition, this bill will commission a comprehensive study on maternal health disparities among incarcerated people.

In the United States, the number of women in the criminal justice system is increasing. Between 1980 and 2017, the number of incarcerated women increased more than 750 percent. Nearly 80 percent are mothers.

In Allegheny County, Black women are disproportionately overrepresented at the Allegheny County Jail (ACJ) when accounting for population. Women who are incarcerated are in need of specialized services, yet they do not have their needs fulfilled. This is especially true for pregnant incarcerated women.

Pregnant women have historically experienced inhumane treatment at the ACJ. In 2017, the ACJ settled a lawsuit by five pregnant women who challenged the jail's practice of putting pregnant inmates in solitary confinement or depriving them of prenatal nutrition. A new policy was created to eliminate the confinement of pregnant women and provide necessary nutrients. While this was a landmark policy, it did not completely eliminate harm. In 2020, three women who experience disabilities filed a lawsuit against the facility for abuse by ACJ staff. One of the women was two months pregnant and experiences mental health conditions.

To improve maternal health and human rights outcomes for pregnant and postpartum women who are incarcerated, it is vital that they receive necessary medical attention and culturally congruent care. Advocates also suggest leaning on diversion programs to keep pregnant women out of jail, as access to quality healthcare, community-based models, and support from family and their communities are key to promoting safety and wellbeing.
The use of telehealth has been shown to improve maternal health outcomes. Digital tools provide a way to address the specific needs or challenges for patients across urban and rural communities.

**This bill will:** Provide funding for technology-enabled collaborative learning and capacity-building models for perinatal care providers in underserved areas.

Utilize digital tools in addressing racial disparities in maternal health outcomes, and study innovative technology that can prevent racial and ethnic biases from being implemented in new models of maternity care.

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The COVID-19 pandemic has worsened the rate of maternal health disparities, especially as it impacts birthing people of color. Black women have disproportionately experienced higher deaths due to COVID-19.

**This bill will:** Support data collection and research during public health emergencies, and require data on COVID-19 to be disaggregated by pregnancy status.

Ensure COVID-19 vaccinations and treatments are safe for pregnant people.

In addition, this bill will launch an education effort on COVID-19, and launch a study on maternal health and public health emergency preparation.

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COVID-19 has shone a light on the gaps that exist in our healthcare systems and ability to prepare for and prevent public health emergencies. Pregnant people are at increased risk for severe illness from COVID-19, compared to non-pregnant people. Black and Hispanic women have been disproportionately affected by the virus at large.

Due to the pandemic, access to in-person prenatal care has been disrupted. Throughout the pandemic, pregnant people in Allegheny County have increasingly sought out birth centers and midwives due to the changes in care protocols and overwhelmed hospitals. Telehealth has been increasingly used as a way to provide essential mental and behavioral health services for pregnant people, especially those living in rural or distant communities. Telehealth has been shown to improve patient outcomes and reduce barriers to care, such as transportation. In addition to virtual appointments with care providers, telehealth and hybrid technology have been used for remote clinical monitoring.

Regional insurance providers have extended members’ access to telehealth as a result of the COVID-19 pandemic, benefiting birthing people. If made a permanent, standard institution, this would provide birthing people with better, more accessible options to quality care in their own homes.
Innovative and alternative maternity care payment models can lead to positive and equitable birth outcomes. Continuous health insurance from the beginning of pregnancy through the postpartum period ensures that women have access to the critical diagnosis, monitoring, and treatment they need.

This bill will: Develop strategies to ensure pregnant and postpartum people have continuous health insurance coverage, including automatic enrollment in Medicaid/CHIP, and measures to prevent disruptions in coverage up to one year postpartum.

In addition, this bill will create a project to address alternative perinatal care payment models alongside diverse stakeholders, to address racial and ethnic disparities in maternal health outcomes.

In 2015, Pennsylvania adopted Medicaid expansion under the Affordable Care Act (ACA) so that adults and children who experience low income qualify for coverage. Medicaid is the largest payer of maternity care in the United States, as much as 43 percent. As of 2017, about 34 percent of mothers in Pennsylvania were covered by Medicaid. Pennsylvania still has yet to extend Medicaid coverage up to a year postpartum. However, legislation at the state level was introduced in 2019 to address this.

The postpartum period is known as the "fourth trimester," due to the significant emotional and physical changes birthing people experience after delivery. More than half of pregnancy-related deaths occur during the postpartum period. These deaths are preventable and can be addressed through expanding Medicaid coverage up to one year postpartum. Women will have access to essential services, including care for chronic conditions (like high blood pressure), treatment for a substance use disorder or diabetes, or mental and behavioral health needs.

Approximately 10,000 mothers lose coverage 60 days postpartum. Due to COVID-19, states have been prohibited from cutting off Medicaid at 60 days postpartum. President Biden's American Rescue Plan Act of 2021 now gives states the option to keep all Medicaid beneficiaries enrolled, which also includes postpartum women up to a year.

To further increase access to maternity care options and improved health outcomes, Medicaid should expand coverage and reimbursement for maternity care services, such as doulas and midwives. In addition, reimbursement for care can achieve cost-savings.
Below are additional bills within the Momnibus that address areas of comprehensive maternity care

**DATA TO SAVE MOMS ACT**  
*Representative Sharice Davids | Senator Tina Smith*  
Will establish the Task Force on Maternal Health Data and Quality Measures, provide grants to MMRCs, and address maternal mortality and morbidities in minority populations, particularly Native American communities.

**PROTECTING MOMS AND BABIES AGAINST CLIMATE CHANGE ACT**  
*Representative Lauren Underwood | Senator Ed Markey*  
Will address the impact of climate change-related threats to pregnant and postpartum people and their infants. Climate change contributes to putting people of color, especially Black women, at higher risk for maternal health disparities.

**MATERNAL VACCINATION ACT**  
*Representative Terri A. Sewell | Senator Tim Kaine*  
While vaccinations for the flu and Tdap are essential for the protection of mothers and their children, just half of pregnant people get vaccines. Maternal immunizations are even lower for communities of color. Building culturally congruent partnerships with community organizations will be essential in addressing racial disparities in vaccination rates.

**PROTECTING MOMS WHO SERVED ACT**  
*Representative Lauren Underwood | Senator Tammy Duckworth*  
Women are the fastest growing group of veterans, yet little is known about the unique maternal health needs of expectant veterans. This bill will commission a comprehensive study on the maternal health crisis among veterans and on racial and ethnic disparities, and will support coordination of maternity care at Department of Veterans Affairs facilities.
We all play a role in actualizing comprehensive health justice for birthing people and families.

Below are a few ways for you to be part of the solution.

**FOR BIRTHING PEOPLE**

**YOU** are the expert of your lived experience and have solutions.

- Thoroughly research your health provider, and find out if they have a good patient-doctor relationship.
- Consider utilizing a birth worker such as a doula or midwife through your entire journey.
- Research induction protocols and types of birth. Be sure to include your delivery partner so they can also advocate for you!
- Care for your mental health. The postpartum period can include depression and anxiety. Educate yourself and those around you on signs of mood changes, and share with your provider.

**FOR HEALTHCARE PROVIDERS**

**LISTEN** to the voices and needs of birthing people and honor the expertise of their experiences.

- Engage in regular anti-racism and culturally congruent trainings and practices.
- Be clear and transparent in communication. Use language interpreters when needed.
- Establish a trusting relationship with your patient, and identify what is important to them before, during, and after delivery.
- Ask your patient how they are doing. Assess ways you can alleviate any stressors.

**FOR THE COMMUNITY**

**Become engaged** in a local community-based organization that has invested time and trust on the ground to address issues related to maternal health (see page 11).

Pressure your **elected official** to consider ways they can support maternal health equity, either through existing legislation, or by using their platform and partnership with the community to introduce new legislation.

**Talk** to birthing people in your community and identify ways you can be a physical, emotional, and mental support for them.
Community-based care is available in Allegheny County. See below a list of organizations that actively promote the wellbeing of birthing people, families, and provide services. **Note: This is not an exhaustive list.**

- Allegheny County Health Department
- Allegheny Reproductive Health Center
- Birth Doulas of Pittsburgh
- Bloom Birth Concierge
- Boundless Birth Doulas
- The Birthing Hut
- Center for Inclusion Health
- Elephant Song Doula Services
- Forward Allies
- Golden Lotus Doula Services
- Healthy Start Inc
- Jeremiah's Place
- Kangaroo Birthing
- Le Leche League of Western PA
- MAYA Organization
- Melanin Mommies
- The Midwife Center
- New Voices for Reproductive Justice
- Nurture PA
- Oli's Angels
- Pittsburgh Doula Network
- Pittsburgh Brown Mamas
- Planned Parenthood
- Steel City Homebirth
- Women, Infants, and Children Program

Links:

- [https://www.alleghenycounty.us/healthdepartment/index.aspx](https://www.alleghenycounty.us/healthdepartment/index.aspx)
- [https://alleghenyreproductive.com/prenatal-obstetrics/](https://alleghenyreproductive.com/prenatal-obstetrics/)
- [https://www.birthdoulasofpittsburgh.com/](https://www.birthdoulasofpittsburgh.com/)
- [https://www.bloombirthconcierge.com/](https://www.bloombirthconcierge.com/)
- [https://www.boundlessbirthdoulas.com/](https://www.boundlessbirthdoulas.com/)
- [https://birthinghut.com/](https://birthinghut.com/)
- [https://www.ahn.org/services/medicine/center-for-inclusion-health](https://www.ahn.org/services/medicine/center-for-inclusion-health)
- [https://www.elephantsongdoulas.com/about](https://www.elephantsongdoulas.com/about)
- [https://www.forwardallies.org/i-need-supported](https://www.forwardallies.org/i-need-supported)
- [https://www.goldenlotusdoulaservices.com/](https://www.goldenlotusdoulaservices.com/)
- [https://healthystartpittsburgh.org/about-us/](https://healthystartpittsburgh.org/about-us/)
- [https://jeremiahasplace.org/](https://jeremiahasplace.org/)
- [https://kangaroobirthing.com/](https://kangaroobirthing.com/)
- [http://lllofwpap.org/](http://lllofwpap.org/)
- [https://www.mayaorganization.org/](https://www.mayaorganization.org/)
- [https://melaninmommiespgh.org/about-us](https://melaninmommiespgh.org/about-us)
- [https://midwifecenter.org/](https://midwifecenter.org/)
- [http://www.newvoicespittsburgh.org/](http://www.newvoicespittsburgh.org/)
- [http://nurturepa.org/](http://nurturepa.org/)
- [https://www.facebook.com/olis-Angels-451966724948883/](https://www.facebook.com/olis-Angels-451966724948883/)
- [https://pittsburghdoulanetwork.com/](https://pittsburghdoulanetwork.com/)
- [https://brownmamas.com/](https://brownmamas.com/)
- [https://www.plannedparenthood.org/](https://www.plannedparenthood.org/)
- [https://www.steelcityhomebirth.com/](https://www.steelcityhomebirth.com/)
- [https://www.alleghenycounty.us/Health-Department/Health-Services/Women,-Infants-and-Children/Women-Infants-and-Children-Program.aspx](https://www.alleghenycounty.us/Health-Department/Health-Services/Women,-Infants-and-Children/Women-Infants-and-Children-Program.aspx)


References


3 Brennt Mock, Pittsburgh: A 'Most Livable' City, but Not for Black Women (Bloomberg, 2019).


5 City of Pittsburgh Gender Equity Commission, 2019

https://www.whamglobal.org/images/blog/mmoverviewfinal4418.pdf


8 Rich Lord, From the Hilltop to North Side, Black flight drives population change in Pittsburgh. (PublicSource, 2020)

9 Commonwealth Fund, Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries (Commonwealth Fund, 2019)


12 Healthy People 2030, Economic Stability (US Department of Health and Human Services)

13 The Pittsburgh Foundation, Poverty in Our Region.https://pittsburghfoundation.org/poverty-in-region#:~:text=According%20to%20the%202010%20Census%2C%20for%20a%20family%20of%20four

14 Sarah Boden, Despite Being More User-Friendly, WIC Enrollment Still Falling (WESA, 2020)

15 KDKA Pittsburgh, Air Quality In Mon Valley Once Again Hits Unhealthy Levels
https://pittsburgh.cbslocal.com/2020/02/24/mon-valley-air-quality-unhealthy-levels/


17 Juliette Rihl, After a years-long crisis, the lead levels in Pittsburgh's water finally meet federal compliance (PublicSource, 2020)


20 City of Pittsburgh Gender Equity Commission, 2019

21 Ryan Deto, Pittsburgh is one of the most gentrified cities in the U.S (Pittsburgh City Paper, 2019)

22 CDC, Health Effects of Gentrification
https://www.cdc.gov/healthylives/healthtopics/gentrification.htm

REFERENCES

24 4Kira4Moms http://4kira4moms.com/home/#mission


26 Nora Ellmann, Community-Based Doulas and Midwives Key to Addressing the U.S. Maternal Health Crisis (Center for American Progress, 2020) https://www.americanprogress.org/issues/women/reports/2020/04/14/483114/community-based-doulas-midwives/#:~:text=Both%20midwives%20and%20doulas%20are%20of%20color%20and%20LGBTQ%20people.


31 Kaiser Family Foundation, Black Mothers Get Less Treatment For Postpartum Depression Than Other Moms. https://khn.org/news/black-mothers-get-less-treatment-for-postpartum-depression-than-other-moms/


33 American College of Obstetricians and Gynecologists, 2017


38 Vera Institute of Justice, 2019


43 Eckert, Emily. "It’s past time to provide continuous Medicaid coverage for one year postpartum." Health Affairs Blog (2020).


45 Representative Morgan Cephas, House Bill 2108 https://www.legis.state.pa.us/cfdocs/billInfo/billInfo.cfm?sYear=2019&sInd=0&body=H&type=B&bn=2108

46 Eckert, Emily, 2020