

Legislation Text

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Authorizing the Committee on Public Health and Human Services to hold hearings examining proposed solutions to racial disparities in the maternal mortality rate in the City of Philadelphia.

WHEREAS, Maternal mortality, also known as maternal death, is defined by the United States Centers for Disease Control and Prevention as the death of a pregnant person due to complications related to pregnancy, underlying conditions worsened by the pregnancy, or management of these conditions, occurring during pregnancy, childbirth, or within one year postpartum; and

WHEREAS, To the extent that maternal mortality rates are used by global health researchers as important proxy markers of the health of a country and the quality of its health infrastructure, these trends demand, and have received, the attention of individuals and families, healthcare providers and practitioners, public health officials, and leaders at every level of government; and

WHEREAS, Despite spending more on healthcare than any other nation on Earth, the United States has the highest maternal mortality rate among highly-resourced countries; and

WHEREAS, Troublingly, the maternal mortality rate in the U.S. has been steadily increasing from a low of 7.2 deaths per 100,000 births in 1987, the first year after the implementation of the Pregnancy-Related Mortality Surveillance System, to 32.9 in 2021, representing a more than fourfold increase in deaths, with 80% of them estimated to have been preventable; and

WHEREAS, Therefore the United States has the unfortunate distinction of being one of very few nations where a pregnant person today is several times more likely to experience maternal death or near-death than the person who gave birth to them; and

WHEREAS, Black women in the United States are persistently several times more likely than White women to die as a result of pregnancy or childbirth, and in Philadelphia, where an average of 20 pregnancy-associated deaths per year occurred between 2013 and 2018, and where pregnant Black people represent 43% of all people who are able to carry a child, they represent 73% of maternal deaths; and

WHEREAS, Philadelphia also represents 20% of all maternal deaths in Pennsylvania, despite accounting for just 12% of its population; and

WHEREAS, The fact that these racial disparities in outcome are still visible in the data even after controlling for socioeconomic factors strongly suggests that implicit bias and a lack of cultural competency account for these differences - a belief that was shared by many who offered testimony at a 2019 hearing on racial disparities in maternal mortality held by this Council's Committee on Public Health and Human Services; and

WHEREAS, In that hearing - chaired by Councilmembers Cindy Bass and William Greenlee - public health officials, representatives of the delivery hospitals in Philadelphia, women's health advocates, and State Representative Morgan Cephas all suggested that mandatory continuing implicit bias and cultural competency

trainings could go a long way toward eliminating racial disparities in maternal mortality; and

WHEREAS, During the 2019-20 legislative session in Harrisburg, Representative Cephas sponsored House Bill 2110, which would mandate implicit bias training for all state-licensed healthcare professionals in Pennsylvania and awaits a hearing in the House Committee on Professional Licensure; and

WHEREAS, Testimony in the City Council hearing also highlighted several efforts already achieved in an attempt to reduce these disparities and drive down the overall maternal mortality rate, including comprehensive case-level review of every maternal death in the City of Philadelphia and the Commonwealth of Pennsylvania and expanding Medicaid to include a full year of postpartum care; and

WHEREAS, Among many other creative suggestions offered at the hearing were improving access to care and making it more comprehensive by incorporating mental health and substance use care and trauma-informed practices; Medicaid and insurance reimbursements for doula services; strengthening surveillance, data collection and reporting; making better use of technology; including the voices of community health workers and those with lived experience in the decision making process; and diversifying the medical profession; and

WHEREAS, It is fitting that this Council revisit this important conversation in a committee hearing, in order to monitor the progress of, and update the public on, the significant work being done across sectors to reduce the overall maternal mortality rate and eliminate the racial disparities in outcomes contained therein; and

WHEREAS, A comprehensive accounting of the current maternal mortality landscape will serve as a stronger call to action, prompting all stakeholders, including this Council, to chart a clear path toward appreciable impacts on the maternal mortality rate in the City of Philadelphia. Now, therefore, be it

RESOLVED, BY THE COUNCIL OF THE CITY OF PHILADELPHIA, That we hereby authorize the Committee on Public Health and Human Services to hold hearings examining proposed solutions to racial disparities in the maternal mortality rate in the City of Philadelphia.