



NHCSL

THE NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS

RESOLUTION

No. 2019-16

Maternal Health and Morbidity

Reported to the Caucus by the NHCSL
Healthcare Task Force
Rep. Louis Ruiz (KS), Chair

Sponsored by Sen. Cristina Castro (IL)

Unanimously ratified by the Caucus on December 5, 2019

1 **WHEREAS**, maternal death is when a woman dies during pregnancy or within 42
2 days after the end of pregnancy;¹ and,

3 **WHEREAS**, about 700 women die a year from complications during or shortly after
4 a pregnancy in the United States;² and,

5 **WHEREAS**, black and American Indian/Alaska Native women in the United States
6 are 3 times more likely to die from pregnancy-related causes than white women;
7 and,

¹ <https://www.marchofdimes.org/complications/pregnancy-related-death-maternal-death-and-maternal-mortality.aspx>

² <https://www.ncbi.nlm.nih.gov/pubmed/23090519>

8 **WHEREAS**, Asian and Pacific Islander women have an annual average of 182
9 pregnancy-related deaths and a pregnancy-related mortality ration of 14.2;³ and,

10 **WHEREAS**, “high-risk pregnancy” means a pregnancy in which the mother or baby
11 is at increased risk of complications during pregnancy or childbirth.

12 **WHEREAS**, every year in the United States more than 50,000 women have severe
13 pregnancy complications and one in four pregnancy-related deaths are related to
14 heart conditions;⁴ and,

15 **WHEREAS**, low income and first time mothers who are at risk for pregnancy
16 complications can benefit and improve their chances for a healthy outcome by
17 increasing collaboration with health care providers; ⁵and,

18 **WHEREAS**, benefits of home-visitation programs include increased use of prenatal
19 care, increased birth weight, decreased preterm labor and increased length of
20 gestation, improved nutrition during pregnancy, increased attendance at childbirth
21 classes, greater interest by fathers in pregnancy, and an increase in the number of
22 labor room companions;⁶ and,

23 **WHEREAS**, a 15-year follow-up study of families who received a mean of nine home
24 visits by nurses during pregnancy and 23 home visits up to their child’s second
25 birthday displayed the following long-term effects⁷-

- 26 (1) Fewer subsequent pregnancies,
- 27 (2) Reduced maternal criminal behavior,
- 28 (3) Decrease in use of welfare,
- 29 (4) Decrease in verified incidents of child abuse and neglect,
- 30 (5) Less maternal behavioral impairment attributable to alcohol and drug abuse;
- 31 and,

32 **WHEREAS**, benefits of doula services include⁸-

- 33 (1) Breastfeeding support,

³ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm>

Refer to the *Pregnancy Mortality Surveillance System*

⁴ <https://www.cdc.gov/chronicdisease/resources/publications/aag/maternal.htm>

Refer to the Section under *Public Health Problem* titled *Pregnancy-Related Deaths*

⁵ <https://www.cdc.gov/chronicdisease/resources/publications/aag/maternal.htm>

Refer to the *Fast Facts* section of the website on the right hand side.

⁶ <https://pediatrics.aappublications.org/content/101/3/486>

Refer to the section titled *Prenatal Effects*

⁷ <https://pediatrics.aappublications.org/content/101/3/486>

Refer to the section titled *Long-term Effects*

⁸ <https://americanpregnancy.org/planning/post-partum-doula/>

Refer to the section titled *Duties of a Postpartum Doula*

- 34 (2) Help with emotional and physical recovery after birth,
35 (3) Housekeeping,
36 (4) Assistance with newborn care,
37 (5) Sibling care,
38 (6) Baby soothing techniques,
39 (7) Referrals to local resources such as parenting classes, pediatricians, and
40 lactation support; and,

41 **WHEREAS**, long-acting reversible contraceptive devices (LARCS) have been proven
42 effective in reducing the rate of unintended pregnancies which have been tied to
43 maternal illness and death according to the U.S Centers for Disease Control and
44 Prevention (CDC);⁹ and,

45 **WHEREAS**, the aforementioned services will decrease rates of maternal morbidity
46 in minority communities and promote perinatal and maternal health by improving
47 birth outcomes.

48 **THEREFORE, BE IT RESOLVED**, that the National Hispanic Caucus of State
49 Legislators (NHCSL) urges state governments to expand and update maternal
50 health programs to better serve any pregnant or postpartum woman whose
51 pregnancy has been identified as high-risk by her primary care provider or
52 according to the standards developed by the respective state agency tasked with
53 overseeing public health; and,

54 **BE IT FURTHER RESOLVED**, that the National Hispanic Caucus of State Legislators
55 advocates for a partnership and joint taskforce with the National Caucus of Native
56 American State Legislators (NCNASL) , the National Black Caucus of State Legislators
57 (NBCSL), and the National Asian Pacific American Caucus of State Legislators
58 (NAPACSL) to address and increase accessibility of maternal healthcare to decrease
59 maternal morbidity rates given the increased likelihood of pregnancy-related death
60 in minority populations; and,

61 **BE IT FURTHER RESOLVED**, that services provided to pregnant and postpartum
62 woman must by administered by a registered nurse, licensed social workers, or
63 other staff with behavioral and medical training, as approved by the respective state
64 agency tasked with overseeing public health; and,

⁹ <https://www.texmed.org/Template.aspx?id=49392>

65 **BE IT FURTHER RESOLVED**, that States should establish standard levels of
66 maternal care in birthing facilities adhering to the criteria set forth by the American
67 Congress of Obstetricians and Gynecologists;¹⁰ and,

68 **BE IT FURTHER RESOLVED**, those providing services may collaborate with other
69 providers including obstetricians, gynecologists, or pediatricians in treating a
70 patient; and,

71 **BE IT FURTHER RESOLVED**, that the National Hispanic Caucus of State Legislators
72 (NHCSL) recommends the establishment of an evidence-based, voluntary, nurse –
73 home visitation program that improves the health and well-being of low-income,
74 first-time pregnant women and their children. This nurse-family partnership shall
75 include, but not limited to the following components:

76 (1) Maternal health education includes but is not limited to, home visits to
77 program participants, providing education, support, and guidance regarding
78 pregnancy and maternal health, child health and development, parenting, the
79 mother's life course development, and instruction on how to identify and use
80 family and community supports.

81
82 (2) Home visits to program participants regarding pre-natal and post-natal care
83 shall begin on a weekly or biweekly basis starting on the 28th week of
84 pregnancy and continuing until participants children reach the age of 2.

85 **BE IT FURTHER RESOLVED**, that the respective Department tasked with public
86 health may work in collaboration with human services, healthcare and family
87 services in addition to other key providers of maternal child health services to
88 amend the state agency's rules regarding high risk infant follow-up; and,

89 **BE IT FURTHER RESOLVED**, that high risk infant follow-up shall entail the use of
90 current scientific, national, and State outcome data, to expand existing services to
91 improve both maternal and infant outcomes and to reduce racial disparities when it
92 comes to outcomes and services provided;¹¹ and,

¹⁰ <https://safehealthcareforeverywoman.org/>

Standard levels of care include an early warning system that monitors mothers during pre and post-natal care.

¹¹

<http://ilga.gov/legislation/BillStatus.asp?GA=101&DocTypeID=SB&DocNum=1909&GAID=15&SessionID=108&LegID=119723>

93 **BE IT FURTHER RESOLVED**, that any group health insurance policy shall allow
94 hospitals separate reimbursement for a long-acting reversible contraceptive device
95 provided immediately postpartum before hospital discharge; and,

96 **BE IT FURTHER RESOLVED**, that any group health insurance policy shall provide
97 coverage for medically necessary treatment for postpartum complications,
98 including, but not limited to, infection, depression, and hemorrhaging, mental,
99 emotional, nervous, or substance use disorder or conditions at in-network facilities
100 for a pregnant or postpartum women up to one year after the woman has given
101 birth to a child; and,

102 **BE IT FURTHER RESOLVED**, the participants eligible for medical assistance shall
103 receive medical coverage for doula services by a certified doula during their
104 pregnancy and during the 12-month period beginning on the last day of their
105 pregnancy; and,

106 **BE IT FURTHER RESOLVED**, participants are also eligible for coverage of
107 perinatal¹² depression screenings for the 12-month period beginning on the last day
108 of their pregnancy; and,

109 **BE IT FINALLY RESOLVED**, that state governments shall endorse a state plan to
110 expand medical coverage for family planning services to low-income pregnant
111 women.

112 THE NHCSL EXECUTIVE COMMITTEE UNANIMOUSLY APPROVED THIS
113 RESOLUTION ON AUGUST 3, 2019 AT ITS SUMMER MEETING IN SANTA FE, NM.

114
115 THE NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS UNANIMOUSLY
116 RATIFIED THIS RESOLUTION ON DECEMBER 5, 2019, AT THE ANNUAL MEETING
117 IN SAN JUAN, PR.

¹² Relating to the time, usually a number of weeks, immediately before or after birth.