

House Resolution 1744

By: Representatives Clark of the 108th, Cannon of the 58th, Hugley of the 141st, Miller of the 62nd, Evans of the 57th, and others

A RESOLUTION

1 Recognizing April 11-17, 2026, as Black Maternal Health Week; and for other purposes.

2 WHEREAS, Black Maternal Health Week was founded by the Black Mamas Matter
3 Alliance, Inc., to bring national attention to the maternal and reproductive health crisis in the
4 United States and the importance of reducing maternal mortality and morbidity among Black
5 women and birthing persons; and

6 WHEREAS, according to the Centers for Disease Control and Prevention, Black women in
7 the United States are two to three times more likely than White women to die from
8 pregnancy-related causes; and

9 WHEREAS, Black women and individuals living in low-income and rural communities in
10 the United States are among those most likely to suffer from life-threatening pregnancy
11 complications, known as maternal morbidities; and

12 WHEREAS, maternal mortality rates in the United States are among the highest in the
13 developed world, with 23.8 deaths per 100,000 live births in 2020; 32.9 in 2021; 22.3 in
14 2022; and 18.6 in 2023; and

15 WHEREAS, the United States has the highest maternal mortality rate among affluent
16 countries, in part because of the disproportionate mortality rate of Black women; and

17 WHEREAS, according to the 2025 CDC Report, in 2023 the United States maternal
18 mortality rate decreased rate for White (14.5), Hispanic (12.4), and Asian (10.7) women but
19 increased to 50.3 deaths per 100,000 live births for Black women; and

20 WHEREAS, as of 2023, the maternal mortality rate in Georgia is 30.4 per 100,000 live
21 births, and the infant mortality rate is 7.0 per 1,000 live births; and

22 WHEREAS, according to the Georgia Department of Health, 87 percent of pregnancy-related
23 deaths were preventable; and

24 WHEREAS, Black women are 50 percent more likely than all other women to give birth to
25 premature, low birthweight, and very low birthweight infants; and

26 WHEREAS, the high rates of maternal mortality among Black women persist across all
27 income levels, education levels, and socioeconomic statuses; and

28 WHEREAS, the Centers for Disease Control and Prevention has found that more than 80
29 percent of pregnancy-related deaths are preventable; and

30 WHEREAS, the leading causes of maternal mortality among Black women and birthing
31 persons include eclampsia, preeclampsia, postpartum cardiomyopathy, and obstetric
32 embolism, all of which disproportionately impact Black women and birthing people; and

33 WHEREAS, 34.9 percent of live births in Georgia are delivered via Cesarean section, with
34 Black infant Cesarean births reaching 38.0 percent from 2022-2024; and

35 WHEREAS, structural racism, gender oppression, and the social determinants of health
36 inequities experienced by Black women in the United States significantly contribute to the
37 disproportionately high rates of maternal mortality and morbidity among Black women; and

38 WHEREAS, racism and discrimination play a consequential role in maternal health care
39 experiences and the outcomes of Black birthing people; and

40 WHEREAS, the overturning of *Roe v. Wade* impacts Black women and birthing people's
41 right to reproductive healthcare and bodily autonomy and further perpetuates reproductive
42 oppression as a tool to control women's bodies; and

43 WHEREAS, a fair and wide distribution of resources and birth options, especially with
44 regard to reproductive health care services and maternal health programming, are critical to
45 addressing inequities in maternal health outcomes; and

46 WHEREAS, states and rural counties with higher Black population rates experience severe
47 maternity care deserts, where hospitals or birth centers offering obstetric care and obstetric
48 providers are lacking, and access to reproductive health care providers is further diminished
49 due to low Medicaid reimbursements, rising costs, and persistent health care workforce
50 shortages; and

51 WHEREAS, Georgia counties face higher rates of maternity care deserts at 36 percent
52 compared to the national average of 32.6 percent, where women of childbearing age do not
53 have access to hospitals or birth centers offering maternity care or obstetric providers; and

54 WHEREAS, maternity care deserts lead to higher risks of maternal morbidity and mortality,
55 as most complications occur in the postpartum period when birthing people are far from their
56 providers; and

57 WHEREAS, Black midwives, doulas, perinatal health workers, and community-based
58 organizations provide holistic maternal care and support but face structural and legal barriers
59 to licensure, reimbursement, and the provision of care; and

60 WHEREAS, Black women and birthing persons experience increased barriers to accessing
61 prenatal and postpartum care, including maternal mental health care; and

62 WHEREAS, there are concerted efforts to increase uptake of maternal vaccinations; and

63 WHEREAS, even as there is growing concern about improving access to mental health
64 services, Black women are the least likely to have access to mental health screenings,
65 treatment, and support before, during, and after pregnancy; and

66 WHEREAS, Black pregnant and postpartum workers are disproportionately denied
67 reasonable accommodations in the workplace, leading to adverse pregnancy outcomes; and

68 WHEREAS, Black pregnant people disproportionately experience surveillance and
69 punishment, including shackling incarcerated people during labor, drug testing mothers and
70 infants without informed consent, separating mothers from their newborns, and criminalizing
71 pregnancy outcomes such as miscarriage; and

72 WHEREAS, Black women and birthing people experience pervasive racial injustice in the
73 criminal justice, social, and health care systems; and

74 WHEREAS, justice-informed, culturally congruent models of care are beneficial to Black
75 women; and

76 WHEREAS, investments should be made in maternity care for Black women and birthing
77 persons, including care led by the communities most affected by the maternal health crisis
78 in the State of Georgia; continuous health insurance coverage to support Black women and
79 birthing persons for the full postpartum period at least one year after giving birth; and
80 policies that support and promote affordable, comprehensive, and holistic maternal health
81 care that is free from gender and racial discrimination, regardless of incarceration.

82 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES that
83 the members of this body recognize April 11-17, 2026, as Black Maternal Health Week.

84 BE IT FURTHER RESOLVED that the Clerk of the House of Representatives is authorized
85 and directed to make appropriate copies of this resolution available for distribution to the
86 public and the press.