People of color are 3 times more likely to die from complications during or soon after pregnancy than their white peers. KY must implement policies addressing racism in medicine and increasing access to doulas.

**THE PROBLEM**

The U.S. has the highest rate of maternal mortality among the world’s wealthiest countries. Maternal mortality rates are 3 times higher for people of color and nearly 4 times higher for African-Americans, compared to their white peers.

**THE SOLUTION**

The ACLU of Kentucky supports legislation to improve maternal health, including House Bill 212 and the Maternal CARE Act, (House Bills 27, 266, and 185):

- **HOUSE BILL 212**: Requires maternal fatality teams to report race, income, and geography.
- **HOUSE BILL 27**: Addresses systemic racism in medicine by requiring anti-racism training.
- **HOUSE BILL 266**: Allows patients to pay for doula services with Medicaid.
- **HOUSE BILL 185**: Enhance process to review and understand maternal and infant deaths.

**HOW DOES SYSTEMIC RACISM SHOW UP IN HEALTHCARE?**

Systemic racism often shows up as implicit bias. This is an automatic, subconscious feeling or attitude about a certain group of people. It does not come from a place of negative intent, but does result in unequal treatment. Anti-racism training teaches people how to identify these patterns of thinking and change them to eliminate discriminatory behaviors.

**WHAT ARE DOULAS?**

Doulas inform and advocate for pregnant people before, during, and after birth. Doulas provide individualized and culturally-specific education about pregnancy and childcare, and ways to reduce stress and promote a healthy pregnancy. They visit patients at home and are present during delivery to ensure the patient receives the care they need.