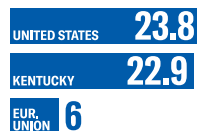


IMPROVING MATERNAL HEALTH

People of color are **3 times more likely to die from complications during or soon after pregnancy than their white peers.** Kentucky 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.



Maternal mortality rate per 100,000 births.



U.S. maternal mortality rate rose 26% from 2010-14.



Pregnant people of color have 3x the maternal mortality rate.



Black infants are 2x likelier to die before their 1st birthday than non-Hispanic white infants.



Maternal and infant mortality happens to pregnant people of color of all incomes.



Mortality rates are higher for all people of color due to structural racism in healthcare.

THE SOLUTION – MATERNAL CARE ACT:

HOUSE BILL 212
Requires maternal and infant mortality report to include race, income, and geography

Address systemic racism in medicine by requiring anti-racism training for healthcare providers

Allow patients to pay for doula services with Medicaid and cover those services for 12 months post-partum

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.

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 patients receive the care they need.