**South Carolina General Assembly**

124th Session, 2021-2022

**H. 4209**

**STATUS INFORMATION**

House Resolution

Sponsors: Reps. Garvin, Henegan, Govan, Anderson, Brawley, Howard, Clyburn, K.O. Johnson, King, Cobb‑Hunter, Jefferson, McDaniel, R. Williams, Tedder, Thigpen, McKnight, Matthews, J.L. Johnson, Henderson‑Myers, Hosey, Rivers, Gilliard, Robinson, S. Williams, Dillard, Pendarvis, Hart, Rutherford, Weeks and Wheeler

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Introduced in the House on April 14, 2021

Adopted by the House on April 14, 2021

Summary: Black Maternal Health Week

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

4/14/2021 House Introduced and adopted ([House Journal‑page 26](file:///h:\hj\20210414.docx))

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=4209&session=124&summary=B) at the website

**VERSIONS OF THIS BILL**

[4/14/2021](file:///p:\pprever\2021-22\4209_20210414.docx)

**A** **HOUSE RESOLUTION**

TO RECOGNIZE THE WEEK OF APRIL 11 THROUGH APRIL 17, 2021, AS ‘‘BLACK MATERNAL HEALTH WEEK’’ IN SOUTH CAROLINA IN ORDER TO BRING STATEWIDE ATTENTION TO THE MATERNAL HEALTH CRISIS IN THE BLACK COMMUNITY AND TO THE IMPORTANCE OF REDUCING MATERNAL MORTALITY AND MORBIDITY AMONG BLACK BIRTHING PEOPLE.

Whereas, the inaugural National Black Maternal Health Week (BMHW) campaign, founded and led by the Black Mamas Matter Alliance, is a week of awareness, activism, and community building; and

Whereas, BMHW is intended to increase awareness of the state of Black maternal health in the United States, to address the root causes of poor maternal health outcomes, and to improve community‑driven health care policies, programs, and solutions; and

Whereas, in addition, BMHW will serve as a national platform for Black women‑led entities and efforts on maternal health, birth justice, and reproductive justice, including African immigrant and Afro‑Latin groups, and to enhance community organizing on Black maternal health via community conversations, events, and outreach; and

Whereas, the United States spends more on health care than any other nation, yet it ranks among the worst in disparities in maternal health outcomes and is not on track to improve maternal health with its mortality rates increasing between 1990 and 2013; and

Whereas, in South Carolina between 2014 and 2018, maternal mortality rate was 2.6 times higher for Black and Other women versus White women (43.3 versus 16.4 maternal deaths per 100,000 live births, respectively); and

Whereas, Black women in the United States suffer from life threatening pregnancy complications, known as ‘‘maternal morbidities,’’ twice as often as White women; and

Whereas, maternal mortality rates in the United States are among the highest in the developed world and are increasing rapidly; and

Whereas, the United States has the highest maternal mortality rate among affluent countries, in part because of the disproportionate mortality rate of Black mothers; and

Whereas, these deaths have devastating effects on Black children and families, and the vast majority is entirely preventable through assertive efforts to ensure Black birthing people can access adequate information, services, and support to make their own health care decisions, regarding pregnancy and childbearing; and

Whereas, it is imperative that there be greater equitable access to prevention, early identification, and effective treatment services that are delivered in appropriate care settings to improve Black birthing people’s chronic health conditions and maternal health; and

Whereas, Black women are forty‑nine percent more likely than White women to deliver prematurely; and

Whereas, the high rates of maternal mortality among Black birthing people span across income levels, education levels, and socioeconomic status; and

Whereas, structural racism, gender oppression, and the social determinants of health inequities experienced by Black birthing people in the United States significantly contribute to the disproportionately high rates of maternal mortality and morbidity among Black birthing people; and

Whereas, racism and discrimination play a consequential role in maternal health care, experiences, and outcomes; and

Whereas, a fair distribution of resources, especially with regard to reproductive health care services and maternal health programming, is critical to closing the maternal health racial disparity gap; and

Whereas, even as there is growing concern about improving access to mental health services, Black birthing people are least likely to have access to mental health screenings, treatment, and support before, during, and after pregnancy; and

Whereas, justice‑informed, culturally congruent models of care are beneficial to Black birthing people; and

Whereas, an investment should be made in maternity care for Black birthing people and policies that support and promote affordable, comprehensive, and holistic maternal health care that is free from gender and racial discrimination; and

Whereas, the alarmingly high and disproportionate rates of maternal mortality and morbidity in South Carolina that Black birthing people are experiencing are unacceptable; and

Whereas, in order to better mitigate the effects of systemic and structural racism, the South Carolina General Assembly should work toward ensuring that the Black community has adequate housing; transportation equity; nutritious food; clean water; environments free from toxins; fair treatment within the criminal justice system; safety and freedom from violence; a living wage, including paid leave; equal economic opportunity; comprehensive, affordable health care; and access to midwives, doulas, and other perinatal health providers; and

Whereas, the campaign and activities for Black Maternal Health Week serve to amplify the voices of Black birthing people and center the values and traditions of the reproductive and birth justice movements; and

Whereas, it is fitting and proper for Black Maternal Health Week to recognize the tremendous impact of human rights, reproductive justice, and birth‑justice frameworks; and

Whereas, Black Maternal Health Week is an opportunity to strive to end maternal mortality locally and globally. Now, therefore,

Be it resolved by the House of Representatives:

That the members of the South Carolina House of Representatives, by this resolution, recognize the week of April 11 through April 17, 2021, as ‘‘Black Maternal Health Week’’ in South Carolina in order to bring statewide attention to the maternal health crisis in the Black community and to the importance of reducing maternal mortality and morbidity among Black birthing people.

Be it further resolved that the House of Representatives memorialize Governor Henry McMaster to proclaim April 11‑17, 2021, as Black Maternal Health Week in the State of South Carolina.

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