

Raising **OUR VOICES** **FOR MATERNAL HEALTH**



The U.S. has the worst maternal mortality rate of any developed nation. MomsRising members share their stories to make a difference.

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Dear Lawmaker,

More U.S. women are dying from pregnancy or childbirth-related complications now than in the past 20 years. In fact, the U.S. has one of the worst maternal and infant mortality rates out of any developed nation. There are also major racial disparities. Black women have consistently experienced a 3-4 time greater risk of death from pregnancy complications than White women, independent of age, parity, or education in our nation. This statistic hasn't changed for generations.

Everyone who becomes pregnant or gives birth should have access to a safe, healthy, and respectful experience. Access to health insurance, quality, equitable healthcare, and paid family and maternal leave are a crucial part of this. The U.S. could avoid about 40% of maternal deaths if ALL women had access to quality health care. We need to address issues of health access, paid leave, gaps in hospital protocols and systemic racism to protect the lives of those who give birth.

The statistics are unacceptable. We can and must do better to ensure that births are as safe and healthy as possible for all mothers. We must all work to ensure that the health of women and their children are made a priority!

Sincerely,

Patrisse Cullors

Senior Fellow for Maternal Mortality

Nadia Hussain

Campaign Director, Momsrising.org

#Justice4Kyira Means Justice for Black Mothers Everywhere



By Patrisse Cullors
*Senior Fellow for Maternal Mortality,
Co-Founder of Black Lives Matter*

Kyira Dixon Johnson's story is one of the thousands, if not millions, of black mothers who have died because of the history of an inadequate health care system in this country. She is one of too many black mothers who have died due to this country's legacy of structural racism.

Kyira Johnson, affectionately called Kira by family and friends, died of hemorrhagic shock after enduring 10 hours of internal bleeding after giving birth to her son Langston at Cedars Sinai Hospital in Los Angeles April 12, 2016. When the news of Kyira's death broke, it was devastating for her family, community and all of us who are concerned about the state of black people in this country and the world.

When we sound the call Black Lives Matter, we mean every black life everywhere. Our call must center and demand justice for the rising rates of black maternal mortality in the United States. Too many black mothers' lives are on the line throughout our pregnancies and in childbirth.

Kyira Johnson's death was preventable. Not only her death, but the manner in which she died, exposes the horrific state of the U.S. health care system, especially for black women and mothers. Each year, more than 12,000 women die due to preventable causes related to childbirth and pregnancy.

Black women are between three and four times more likely to die from pregnancy-related issues than white woman. Studies have shown that these rates persist even when black and white woman share the same socioeconomic status. Statistics for black women in the U.S. South are worse across the board given the legacy of state governments' reluctance to guarantee basic health care services and reproductive rights.

As a black mother, I am acutely aware of the dangers associated with black women's health care in this country. My experience after giving birth, notably after a cesarean section, came with its own set of complications, from pneumonia to the threat of blood clots, that I was not informed about nor prepared for.

I am alarmed by the abysmal standards our health care system provides our black women and mothers. It's clear that while some of us survive childbirth, many of us have died, and many of our black mothers will continue to die at the hands of medical neglect if we do not demand change.



It's critical that the health care crisis black communities face in the United States be labeled and understood as an international human rights crisis. In the same ways we demand justice in light of police brutality, we demand justice for this form of state violence against black bodies, and especially black mothers.

It's necessary to take concrete steps to improve our health care system and guarantee our right to healthy birthing options.

The facts leading up to Johnson's death expose clear negligence on behalf of hospital staff as they insufficiently addressed her bleeding body, pale state and visible unwellness. Johnson's family have been forever denied her love, care and support, and Johnson, herself, was deprived of a life with dignity and the right to raise her children.

Stand with us as we call on the U.S. Congress to sign into law H.R. 1318, the Preventing Maternal Deaths Act of 2017, which mandates stronger maternal health protocols in the fight against maternal mortality and morbidity as well as the reduction of the racial disparities associated with pregnancy and childbirth in our healthcare system.

Our concerns are also addressed to the Department of Health and California Legislature. We demand statewide universal maternal-risk screenings in collaboration with providers and advocates, patient-safety bundles at birthing sites in every hospital, and that all hospitals provide maternity services complete with a set of educational activities related to obstetric hemorrhage.

We also firmly stand with Johnson's family in their call for an investigation into Cedars-Sinai Medical Center.

Black women and mothers deserve better. We deserve higher standards in the health care we have access to and receive, and we must work together to ensure that black mothers and mothers everywhere don't risk our lives giving life.

Originally posted on The Root.com

DID YOU KNOW?

More U.S. women are dying from pregnancy or childbirth complications today than in recent history, **maternal death rates have increased steadily** over the past 20 years.

In a recent analysis by the CDC Foundation, **nearly 60 percent of maternal deaths in the U.S. are preventable.**

Every year in the United States, **700 to 900 women die from pregnancy or childbirth-related causes**, and some 65,000 nearly die.

A report published in the September issue of the journal *Obstetrics & Gynecology* found that from 2000 to 2014, **the maternal mortality rate** for 48 states and Washington, D.C. **increased 27%** from close to 19 deaths per 100,000 live births to close to 24 deaths per 100,000 live births. In Texas, the rate doubled between 2010 to 2012.



According to the WHO, **the maternal mortality rate in the U.S. has more than doubled** in just the past ten years.

Texas now has the highest rate of maternal mortality in the developed world.

2015 report from the World Health Organization (WHO) pointed out that the **U.S. has a higher maternal mortality rate than Iran, Libya and Turkey.** The WHO determined that half of the U.S. deaths were preventable.

American women are **more than 3x more likely than Canadian women to die** in the maternal period.

Childbirth is the **number-one reason for hospitalization** in the United States.

So far, states like California have led the way, making remarkable progress in lowering the rate of women who die in childbirth. But in other states such as Texas and Louisiana, **women – especially women of color – still die at exceptionally high rates.**

Racial disparities in Maternal Health

- In the past 5 decades, Black women have consistently experienced an almost 4-times greater risk of death from pregnancy complications than White women. This increased risk is independent of age, parity, or education.
- Black women aren't significantly more likely to develop conditions like hemorrhage & preeclampsia yet are more likely to die from them.
- Poverty, lack of healthcare, inequality and racism may lead to high number of Black maternal deaths.
- In Texas, Black women are 11.4% of all pregnant women in the state and a whopping 29% of those who die.
- Taken as a community, African-American women in California have a maternal mortality risk comparable to rates in Kazakhstan and Syria, according to World Health Organization data.

MomsRising Members Speak Out

ALABAMA

Pauline, Huntsville, AL

At 39 weeks of pregnancy, my baby was transverse breech (side-ways in the womb). He could not be turned and be born either healthy or even alive. My life was also seriously in danger. I was scheduled for surgery. Luckily, he turned into the proper position for birth. My surgeon, being ethical, canceled the surgery and my son was born 10 weeks later with no complications, healthy and beautiful. It was a scare and since then, I have been acutely aware of those who are not as lucky. Lucky is a relative term here. I never had another child because of the damage done to my reproductive organs.

Sherri, Albertville, AL

I miscarried my 1st pregnancy at 6 weeks. With my 2nd pregnancy, I delivered at 24 weeks. My 3rd pregnancy was high-risk. I had gestational diabetes, and I delivered at 36 1/2 weeks. After being in labor for 24 hours, I had to have an unplanned C-section. Because of the baby's head position, she wouldn't progress through the birth canal. She also had jaundice because of being born early. With my 4th pregnancy, I also was high-risk & had gestational diabetes. My water broke at 33 1/2 weeks, and I had to have a c-section. The baby had to stay in the NICU for 9 days and also had jaundice. Having health insurance was a must for me to be able to deliver my daughters and for them to come out healthy.

Tai, Opelika, AL

I don't have any children but plan to in the future so I wanna to take action before that happens rather than afterward.

ALASKA

Ruth, Fairbanks, AK

I have two boys now men. I was induced both times because they felt the baby was too large. The first time 1980 I used the lamaze method and pitocin was given to me by IV. I think the labor lasted about 14 hours. My water was broken manually and my first child was 9 lbs 3 ounces. He was very red when he came out and I had more contacts with nurses than the doctor. I was laying down flat to give birth. The second time FMH had advanced to a birthing room with the mother sitting. I did not use drugs but pitocin was used and water broken manually. I could see since I was sitting up that it was a boy, it only took three hours. We were taught not to yell because it bothered the other mothers but this time I felt more competent and yelled anyway. He was purple when he came out.

**INFANTS IN
THE U.S. ARE
MUCH LESS LIKELY TO
MAKE IT TO THEIR FIRST
BIRTHDAYS THAN
BABIES IN OTHER
WEALTHY NATIONS**



Sourcing: Black Mamas Matter Toolkit: <https://www.reproductiverights.org/document/black-mamas-matter-toolkit-for-advancing-human-right-to-safe-respectful-maternal-health-care>

ARIZONA

Lauren, Cave Creek, AZ

My baby was born at the end of March this year. Thanks to my excellent employee healthcare plan I paid a single copay of \$30 and the hospital admitting fee for her birth. All my maternal care and my baby's care was covered by my health insurance. My baby and I had trouble nursing so we were referred to a lactation consultant--we paid a \$30 copay for each visit, but it was otherwise covered by my plan. Thanks to those visits and our hard work, baby Lucy is breastfeeding now. I've since had to go back to work and I so wish that I could stay home or make a career change to have more time at home, but my family gets their healthcare through my job and I am so scared of what Congress and the president are trying to do to our healthcare system. I'd like to have another baby in the next few years and if maternal care is an essential health benefit that insurers can choose to cover, or not to cover, then there is no way I could leave my job or go part-time. I know I am incredibly lucky, but I also know that healthcare, especially maternal and infant care, is a human right and I shouldn't be locked into my job because I am afraid to lose that right.

Sharon, Phoenix, AZ

During my twin pregnancy in 2012, I developed preeclampsia and had to be hospitalized. I also experienced a significant postpartum hemorrhage following delivery of my twins via c-section. Thanks to attentive expert care, both my twins and

I are alive and well today in spite of these complications. We need to make the health of women and children a priority in this country. Every mother who develops complications deserves a happy outcome like ours.

ARKANSAS

SW, Marianna, AR

As a doc in rural Arkansas's Delta, I am exceedingly aware of the need for Medicaid funding for a huge majority of my patients, not only pregnant women, but young women in high school and college who depend on these services for routine health maintenance - which is very important prior to a first pregnancy. Many of these young folks and their parents utilized Medicaid, and have grown to be productive citizens in our area and other places in the state that their talents demanded.

With Medicaid cuts, expect higher mom and infant mortality, premature births, and without good prenatal care provided under Medicaid, more chances for birth defects, disability, and hospitals having to chalk up the costs to indigent care - which our small rural hospitals can't afford. Use common sense, cut corners, and slice aid, other costs will absolutely rise.

CALIFORNIA

Abigail, Berkeley, CA

My first daughter, Violet, was born with a congenital skull deformity called craniosynostosis. This is a condition where the sutures in the skull fuse in utero, which can cause brain development problems for the baby as she gets older, and which also commonly cause birth trauma because the plates of the skull cannot overlap to squeeze through the birth canal.

I had a severe internal tear that required surgery and physical therapy for months to regain pelvic functioning. The tear was severe enough that two OBs I saw when I became pregnant with my second daughter recommended that I have an elective c-section so as not to increase the risk for incontinence when I'm older. Although Violet's head looked identical to photos of babies with her condition, the family doctor who delivered Violet and saw her for her regular check-ups did not diagnose the problem or refer her to a specialist. Through my own advocacy, I finally got to the right specialist who diagnosed Violet with craniosynostosis, and we were fortunate enough to find a superstar surgeon to rebuild her skull. However, I am nearly certain that most women in my situation would not have had the tools to get the proper care for themselves or their babies.

Moreover, my insurance initially denied coverage, and I ended up needing to use legal advocacy skills I learned as an attorney to successfully appeal that decision. It infuriates me that my family got the basic care we needed only because of my ability to continue to advocate in the face of many obstacles put in place by our healthcare system.

“Access to care is essential to reducing morbidity and mortality. Unfortunately, prenatal care and access to essential services may be a luxury that some women and families cannot afford.”

Rebecca, Chico, CA

Jennifer, Berkeley, CA

I had a fairly normal healthy pregnancy; but because it was my first baby, my husband and I decided to have the birth in the hospital, just to be safe. We're glad we did. My water had been broken more than 24 hours, (which was missed by a doctor in the practice the day prior to my daughter's birth), the following day my regular ob-gyn said it absolutely was amniotic fluid and told me to return to the hospital in two hours.

We went home, called our parents, got our things, snuggled and returned to the hospital, where they began the induction. The contractions were strong and close together. But after only a couple hours, daughter's heartbeat declined to nothing. For a few minutes, she had no heartbeat at all. They rushed me to the OR, with me on all fours and my butt in the air. They got her out quickly. I was able to stay awake and due to massive adrenaline, didn't even feel the spinal block. Her heartbeat had stopped, due to a compressed, prolapsed cord, stuck between her head and my pelvis. Because it was a long slow leak, my body couldn't signal to itself that her amniotic fluid was too low.

Had it not been for fast intervention, I wouldn't have my beautiful daughter today. If the doctor I had seen the day prior, been willing to listen to me in the first place, I wouldn't have gone as long as I did, without labor assistance. This was on my husband's employee health insurance. It took years after we separated to be able to divorce, (otherwise I couldn't have insurance) because I had a pre-existing condition from having a cesarean. Thanks to the ACA, I'm able to have my own, individual insurance.

Rebecca, Chico, CA

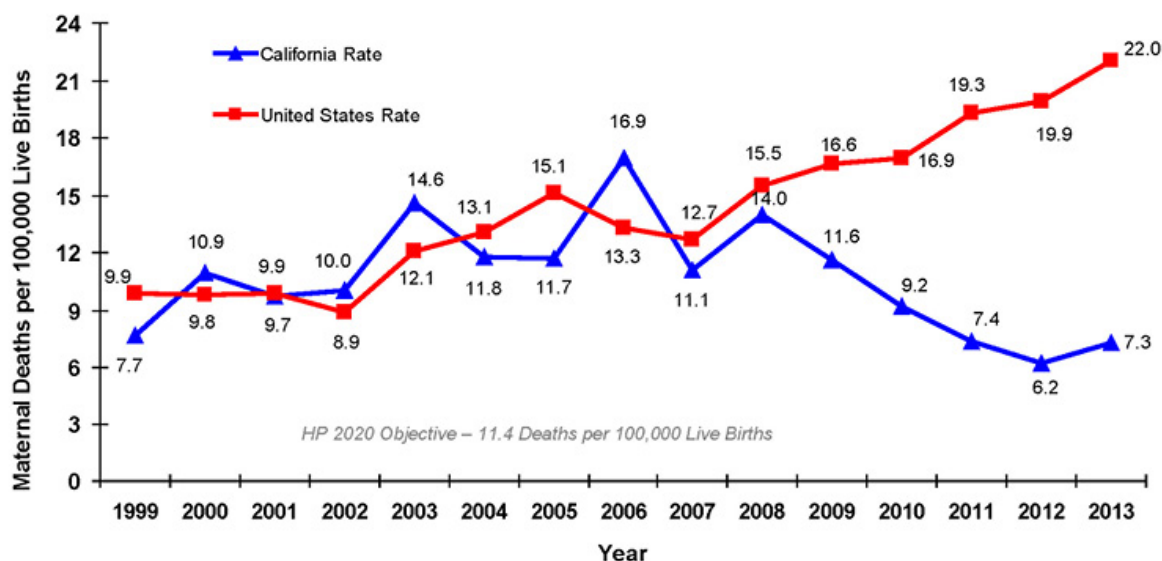
I experienced life-threatening bleeding following the birth of my daughter. After an emergent surgical procedure to stop the bleeding, I required transfusions to stabilize my blood pressure.

SUCCESS IN CALIFORNIA

The California Maternal Quality Care Collaborative (CMQCC)'s preeclampsia toolkit, launched in 2014 provides careful monitoring of blood pressure and early and aggressive treatment with magnesium sulfate and anti-hypertensive medications. Hospitals that adopted the toolkit saw a 21 percent decrease in near deaths from maternal bleeding in the first year; hospitals that didn't use the protocol had a 1.2 percent reduction. By 2013, maternal deaths in California fell to around 7 per 100,000 births, similar to the numbers in Canada, France and the Netherlands – a dramatic counter to the trends in other parts of the U.S. California's maternal mortality rate declined more than 55% from 2006 – 2013, saving 9.6 lives per 100,000 births. Maternal morbidity was reduced by 20.8% between 2014 – 2016 among the 126 hospitals participating in our projects to reduce maternal hemorrhage and preeclampsia.



Maternal Mortality Rate, California and United States; 1999-2013



SOURCES: <https://www.npr.org/2017/05/12/527806002/focus-on-infants-during-childbirth-leaves-u-s-moms-in-danger>
<https://www.cmqcc.org/>

State of California, Department of Public Health, California Birth and Death Statistical Master Files, 1999-2013.

“No parent should have to decide if their child’s life fits within their budget but for so many, that is exactly the situation we are in.”

Jessie, Goleta, CA

Luckily, my daughter and I recovered, thanks to quick medical attention. Childbirth and the postpartum period are still dangerous times for women and babies.

Access to care is essential to reducing morbidity and mortality. Unfortunately, prenatal care and access to essential services may be a luxury that some women and families cannot afford. We can do better. Protect Medicaid. Protect coverage of essential health benefits, like maternity care. Protect women and families!

Toni, East Palo Alto, CA

I was in labor for 100 hours with my son. One hundred hours. I went into labor on a Monday morning and he was born on Friday. Had I not had reliable access to quality healthcare at this time in my life, I don’t know what I would have done or what would have happened to me and to my son. There were many complications and interventions necessary for me to have a safe and healthy birth. Family values require us to support maternity and delivery care for ALL women! After my son was born, he was found to have jaundice. With the proper notice and care, this can be a very minor challenge that is easily treated. However, had I not had the support of the newborn clinic, I would never have known he had jaundice until it would have been much more advanced and dangerous. Family values require us to support comprehensive infant care for ALL newborns!

Jessie, Goleta, CA

My daughter was diagnosed with a “unique constellation of heart defects” (as the cardiologist coined it) at her 20-week anatomy ultrasound. Over the next few months, we prepared for her birth as well as the myriad of tests, surgeries, and other procedures to come. Luna Rogue was born right on time (induced a week early so as to coordinate the doctors, surgeons, and other specialists needed on-hand at her birth) and had a successful open-heart surgery 3 days after her birth. Her recovery was complicated by breathing and feeding issues, and she was hospitalized for the first 2.5 months of her life. When we

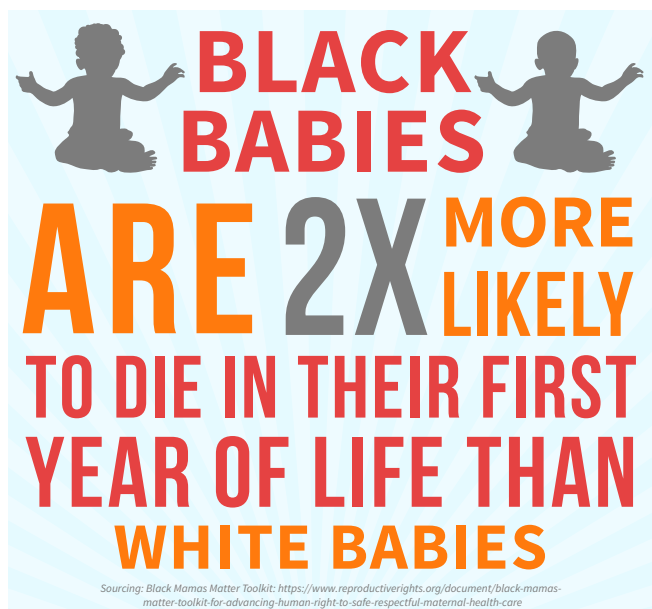
were finally able to bring her home, we came laden with medications, injections, monitors, and a feeding tube that required round-the-clock expert care. She is now 6 months old and we are looking forward to her 2nd and 3rd heart surgeries, after which she should be able to live as a “normal” child would.

As we spent those prenatal months preparing for what was to come, we understandably had many concerns on our minds. Most babies don’t come with mortality rates, but ours did. We were concerned for her life and well-being, and wondered if we would get to enjoy all the normal hallmarks of being first-time parents. Unfortunately, many of our concerns revolved around cost: how could we possibly manage to afford to keep our daughter alive?

No parent should have to decide if their child’s life fits within their budget. But like so many, that is exactly the situation we are in. We were so fortunate to live in the state of California which offers Medi-Cal coverage to special babies like mine. Her medical costs would be covered- but only after hours upon hours of paperwork, social work visits, and endless red tape. During Luna’s first few weeks of life, one would expect her parents to be at her hospital bedside 24 hours a day. However, my husband was required to spend 20 hours a week or more at appointments or waiting in lines trying to get her Medi-Cal coverage squared away. Since Luna needed care at a specialized hospital more than two hours away from our home (and in a different county than our residence), he often had to drive hours away from her to consult with social workers in our own county. These visits were often required to be in person despite our circumstances. And too often, while Dad was wading through Medi-Cal red tape at home, I was required to work with hospital billing staff, leaving our newborn alone in her room. I am endlessly grateful for my child’s coverage (something she may lose without the ACA). Her first hospital stay totaled over \$1 million, and she has two more surgeries to go. Without the ACA, we would not be able to afford to keep our child alive. I have experienced first-hand how tumultuous and difficult our current system is, and look forward to changes that will make it easier for parents to receive the help they need so that others will not need to endure the stress that we went through.

Jocelyn, Pacific Palisades, CA

I have three children. My first child Sam was born without any complications. When I was pregnant with my second child, Jack, I had pre-eclampsia and had a very difficult delivery and recovery. Thankfully, both Jack and I recovered. Two years later, while pregnant with my daughter Grace, I was put on extended bed rest. Grace was born six weeks prematurely and her lungs were not sufficiently grown yet. She was a high-risk baby in the Neonatal Intensive Care Unit for over two weeks. My mother had to move from another part of the state to help with the boys, and neighbors and friends helped out with food and support. Finally, we were allowed to bring Grace home but we had to also bring home oxygen, a heart monitor and jaundice fighting lights. Sadly, she contracted pertussis at five-



weeks-old, and she spent the next 100+ days in and out of the Intensive Care Unit in an isolation room, fighting for her life. The total cost of insurance was over \$375,000. Without insurance, we would have been in dire trouble. During those dark days, sitting with my daughter in the hospital, I saw so many little babies in need. How can we leave our children in need? What kind of country are we to prioritize military spending over maternal health, childbirth, and care for our elder citizens? It breaks my heart to think Americans might face life-threatening health choices simply because of a lack of will on the part of their own government.

S, San Francisco, CA

The same day I found out I was pregnant, my husband found out the startup biotech company he worked for - our source for health insurance - was shutting down. I was terrified. Ironically, I was enrolled in a doctoral program on women's & reproductive health, and had taken many maternal & child health courses - so I knew exactly how important prenatal care is. Luckily, I was eventually able to gain insurance through my school, which though inadequate and expensive, at least covered my prenatal visits. We were even luckier when my husband found a job a few months later and we regained good health insurance through his employer -- especially since my son had a complicated birth and required an emergency c-section. However, I was not warned that the circumstances of his birth greatly increased my risk of infection, which I did, in fact, suffer only a couple of weeks later, thus painfully lengthening my recovery time. Between shaky health care coverage and inadequate post-surgery follow up, my own story illustrates some of the potential risks for American women that could so easily be prevented if our political and healthcare systems actually cared about women's

lives. We are treated like second-class citizens, which leads to us literally dying at maternal mortality rates that are absolutely shameful for any industrialized country. Women are ANGRY and we will not stand for this anymore! Politicians and the health care system need to ACT NOW. Our eyes are open.

Sudha, San Jose, CA

I had a normal delivery with episiotomy that did not heal in 6 weeks and had to go back to get care. I thought I was done once I was able to get back on my feet after 6 months. But the trauma of the birth and the unhealed episiotomy left me vulnerable and led to Pelvic Organ Prolapse. Typical of moms, it was already couple years after birth and I had a kid to take care of. I have suffered from Pelvic Organ Prolapse over the past 3 years and have been told I should get a hysterectomy surgery or else it will lead to more complications with incontinence. I am under an employer-sponsored health insurance and with the new bill, I am scared that I will lose coverage as a pre-existing condition.

I don't think I can work again if I don't get my surgery soon. And if I don't work I'll lose my health insurance and without ACA I don't know what will happen to me and my family. Women who are moms should not be left to suffer from conditions like this that we are already not comfortable to talk about publicly with added agony of healthcare coverage. The risk of surgery and who will take care of our families during our downtime is already enough worry for us. This cannot be happening in America.

COLORADO

Lorraine, Denver, CO

I was one of the lucky women who was carrying triplets, back in 1990. I had good health care and good insurance. Every week in my last trimester, I visited my doctor. When I went into early labor at 32 weeks, I was lucky. I was hospitalized. I was lucky. When one of the placentas was detaching, I had an emergency c-section. I was lucky. All of my children survived, and thrived and are now 27 years old. I was lucky. I hope all women in the future are as lucky about having consistent health care insurance!

Jennifer, Hesperus, CO

I will try to keep my long story short. With both of our daughters' births, I went into labor 8 weeks early, 1 being born 8 weeks early with complications of the heart, lungs, and pneumonia, the other birth we were able to hold her off medically for a few weeks longer until it was safer. Both were very hefty medical bills that without the help of insurance we would have lost our home. When I was 20 yrs old I came down with a severely painful debilitating autoimmune disorder of which I have battled for the past 27 years. We always felt that without question we had

to have insurance at all times. So we paid our premiums religiously every month for years. Even with insurance, we eventually lost our home due to these unaffordable medical costs. I can't even imagine where we would be if we didn't have our health insurance to help with some of these outrageous costs.

Janet, Cortex, CO

My first pregnancy occurred when I was 29 years old. I was told that I was never going to be able to have kids because I have two uteri and two cervixes. Within three months of becoming pregnant, I had to go to bed rest due to a low amniotic fluid level and my daughter had a condition where most of the blood was diverted to her brain as a result of the low amniotic fluid level. So her body was smaller gestationally. I had a pre-existing

condition of high blood pressure. I acquired gestational diabetes. So I had to take pills to even out my blood sugar, monitor my blood sugar, and cut out carbohydrates and sugars.

I also had to go to the doctor. 2 to 3 times a week to do non-stress tests. I also had to take steroids to develop my daughter's lungs in case I delivered early. I ended up carrying her to term. I tried to deliver her naturally, but after giving me all the Pitocin they could I never dilated. Her heart rate was also decelerating so they decided to do an emergency c-section. They did the c-section and after they cut the umbilical cord my daughter went limp and stopped breathing. They did CPR on her for ten minutes before she came back. Her weight was 4 lbs and 12 1/2 ounces full term. She was put into an oxygen tent and I was moved to the ICU because of my high blood pressure.

Incarceration & Pregnancy:

IN MOST STATES incarcerated women and their infants are separated 2-3 days after the birth and recovery.

SHACKLING DURING any part of the maternal process increases infant mortality and poor health outcomes.

22 STATES either have no policy at all addressing when restraints can be used on pregnant women or have a policy which allows for the use of dangerous leg irons or waist chains.

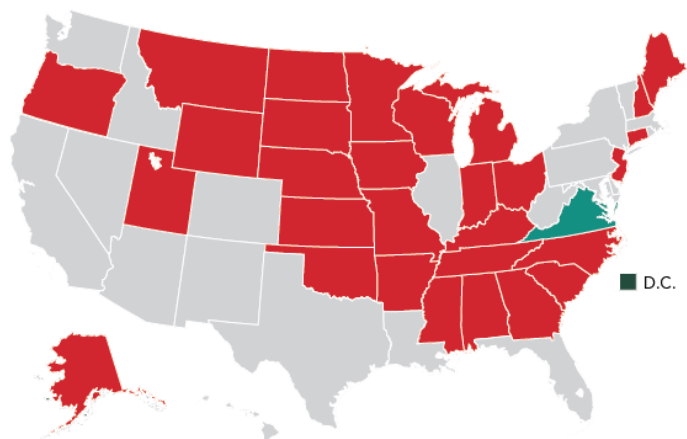
34 STATES do not require screening and treatment for women with high risk pregnancies.

43 STATES do not require medical examinations as a component of prenatal care.

29 States And D.C. Don't Prohibit Shackling Prisoners While They Give Birth

Shackling of pregnant prisoners during labor and delivery is regarded by human rights groups and medical professionals as unnecessary and potentially harmful to the health of both the mother and her child. Shackled prisoners are not able to adequately position themselves to cope with labor pains, and can be bruised or cut by shackles during the strains of childbirth. Restraints used during labor and delivery also restrict how doctors are able to manipulate a woman for the safe delivery of her child, and can limit their ability to perform emergency C-sections. In at least two states with prohibitions on shackling during labor and delivery – Texas and Pennsylvania – investigations revealed it was happening in violation of the law.

- States with no laws on shackling during labor and delivery
- States where laws that prohibit shackling during labor and delivery have been introduced but not passed
- States with a set of regulations on shackling issued by the Department of Corrections
- States with laws that prohibit shackling during labor and delivery



Source: National Women's Law Center report, Mothers Behind Bars: <https://www.nwlc.org/sites/default/files/pdfs/mothersbehindbars2010.pdf>

Source: ACLU

THE HUFFINGTON POST

Karen, Loveland, CO

I had an unplanned pregnancy while in college. I had individual insurance, was unmarried and unaware I would have complications. My boy was delivered by C-section as my uterus was not normal. He was six weeks premature. I was working so he was ineligible for Medicaid coverage. He spent a month in NICU and I had to declare indigence. I imagine his costs got passed on to others.

CONNECTICUT

Janice, Ellington, CT

In the summer of 1993 I realized I was pregnant, Brian (boyfriend, then husband) and I were thrilled and frightened because of lack of income. Thank God for Medicaid. The pregnancy became difficult and I had to lay on my left side four months. I ended up in the hospital for a week before I had my baby (Anthony). Medicaid saved our LIVES. I am not exaggerating when I say that. The three of us had a loving life. Brian died last summer but Anthony lives on strong. I breastfed for 18 months, it makes a difference.

FLORIDA

Ellie, Miami Beach, FL

I had planned to have my baby in a birthing center to avoid a big hospital but I had some premature pain and they found three large fibroids. It is because of Medicaid that I was able to deliver in a hospital, where it turned out the baby was in trouble and we had an emergency c-section. The cord was wrapped around him. He would not have made it if it wasn't for our Medicaid coverage. Instead, he had the best care and is a happy, healthy boy.

Charlotte, Navarre, FL

My first delivery involved twins, each of which weighed over 7 lbs resulting in a prolonged labor with finally high forceps delivery resulting in a 4th-degree rip from vagina to rectum. Though repaired, the repair did not last into late adulthood resulting in urinary & fecal incontinence which requires additional surgical intervention. That said, the babies did well as a result of good obstetric care.

GEORGIA

Emily, Atlanta, GA

Hey. Ok. I had my daughter in the year 2013. I was a full time waitress (with a Bachelor's degree in Criminal Justice). Being Bi-polar, I was not able to obtain a job in my field, nor was I able to obtain any health insurance (it was before the ACA). My long-term boyfriend, David had recently gotten a job in his

field as an architect, at a company in Philadelphia. They did not offer health insurance. (His current job does not offer any insurance or pension plan of any kind, either).

Anyway, yeah...I had to go on Medicaid. Some of the doctors were incredibly rude to me, too. A few hours after delivering my baby, I was asked if my baby was planned (they forced me to undergo a psychological evaluation because they knew I was bipolar). He asked me what grade level I had completed, and if I knew what day it was. Clearly, this wealthy old white man was under the impression that Medicaid recipients are morons. Anyway, that's the short of it.

Decatur, GA

My health insurance during pregnancy, the birth, and after was through the ACA. My husband and I are both self-employed and rely on the insurance plans available through the ACA. Prior to ACA, our premium was an unaffordable \$1,200/month. The first year it was offered, our premium dropped to \$280. Despite its problems, we are so thankful to have it.

I believe that if it were fixed, insurance companies wouldn't be pulling out of GA leaving us with only 2 insurance companies (which will soon be just one company come January). 1.) Repair the ACA. Support small business owners who can't afford healthcare without it. Our health, our children's health, and our lives are at stake. It will only cost the taxpayers much more when we lose the ability to afford healthcare. What preventative care would have eliminated, will cost so much in treatment.

Cassandra, Stone Mountain, GA

While pregnant, I worked for a very large company and was told I qualified for paid maternity leave. Midway through my gestation, the company changed its policy and excluded employees in my state from maternity leave benefits. HR recognized they no longer *had* to pay my leave, but they did because it had been promised to me early in my pregnancy. That care truly saved my life. I was able to stay on my health insurance and receive treatment for postpartum anxiety and depression. Getting paid for those four months also allowed me to fully recover from PPD and bond with my son without worrying about money.

HAWAII

Alyce, Honolulu, HI

This is a story of how good things can be, not a tale of woe. Twenty-six years ago, I gave birth to my only child while living in Japan. My husband and I were living and working in Japan and so we were included in the Japanese national health insurance, although we're American (foreigners in Japan). All prenatal visits were covered, and I was given a useful and informative handbook in which every checkup was recorded, and which told what to expect at every month and develop-



BLACK WOMEN IN THE U.S. ARE 3-4 TIMES MORE LIKELY TO DIE FROM PREGNANCY RELATED CAUSES THAN WHITE WOMEN

This is independent of parity, age or education. This number has been the same since 1915.

Sourcing: Black Mamas Matter Toolkit: <https://www.reproductiverights.org/document/black-mamas-matter-toolkit-for-advancing-human-right-to-safe-respectful-maternal-health-care>

mental milestone. This booklet went all the way up through the child's elementary school checkups. I wonder why we don't have something like this here.

I chose to have a natural childbirth and found a midwife's clinic not too far away. There was also the biggest modern maternity hospital in Tokyo nearby. A hospital birth would have been covered 100% by the insurance, but the midwife was not fully covered. We went to the clinic for the required childbirth classes and then at full term for the birth of our child (husband was allowed to be present as requested). During the birth, there were two assistants with me all the time. Everything was monitored and went smoothly. Another mother was having her baby in the next room too. And a third couple arrived later.

I was overjoyed at the birth of my child, even through the labor. The midwife took care of all of us mothers and newborns for a whole week in her clinic. All healthy meals were cooked and served, including some dishes to regain strength and to produce milk. During the week, we were shown how to bathe the baby, change the baby, hold and massage the baby, and nurse (breastfeed) the baby. I felt truly cared for, and also felt our baby was given the best of starts in life. The bill for all of this came to less than \$2000.

After returning to our apartment, a nurse came for a home visit to check up on the baby and on me. She came another time and finding all was normal, we were asked to go to the doctors for further well-baby checkups. This spared the baby from having to be out in public for the first month. All the checkups were recorded in one booklet - which included information on what was to come; developmental milestones like growth charts, first tooth, first food.

I found this to be really helpful for a first-time parent, especially living in a foreign country. These are some reasons why

Japan has one of the lowest infant and mother mortality rates in the world. Japan also has one of the highest breastfeeding rates in the world.

Kamalei, Kamuela, HI

I received prenatal care and gave birth in May of 2014 at North Hawai'i Community Hospital, a hospital that was widely renowned for its midwifery program. If not for the midwives at the hospital, I would have chosen home birth. I was mostly satisfied with my prenatal care, although my husband's very wealthy employer at the time provided us the cheapest insurance available with a very high deductible. We are still paying off the hospital bills almost three and a half years later. The issues in my labor, birth, and postnatal care that still bother me:

1. I was induced on exactly the 42-week mark, even though I felt fine, baby's heart rate and fluid levels were normal, and I had already lost my mucus plug and was dilated to 4 cm. I wanted more time. The midwives checked me every 3 days from week 40. Then one day, a male OB checked me and alarmed both me and my husband when he said the fluid levels were "slightly lower than he liked" and "this baby needs to come out now". He wanted me to check in to the hospital that day. I suspected some kind of hospital policy was at play. But he made my husband a nervous wreck and I ended up deferring to these two men. It still bothers me.

2. I was admitted to the hospital Saturday morning and the midwives put me on a breast pump to try to start contractions. They also encouraged me to walk around the hospital. Then, they offered me Misoprostol and I accepted. Nothing happened. Then a midwife swept my membrane. The next morning (Sunday) the nurse woke me up at 5:30 am!!! to start a Pitocin IV. Not that I had slept much anyway with all the hospital noise and horrible bed. But still. Then a midwife broke my water. The contractions started around 9 am and my baby was born at 5:47 pm that same day. My labor and birth were very intense and I feel that the nurses and midwife encouraged me to push too hard too soon (I pushed for about an hour). So I tore and needed stitches. I lost a lot of blood. I got to hold my baby for only a few minutes when I got very cold and started shaking uncontrollably. I begged for more blankets and my husband held our baby and watched, scared. I remember my doula, who I had hired and had worked closely with hospital staff for years, arguing with the midwife to stop pulling on the umbilical cord to speed the birth of the placenta. I wonder if it was that or the Pitocin that made me bleed so much. Or both? They put another IV of antibiotics in me and kept the Pitocin going. I started to feel better and was able to hold and breastfeed my baby without a problem. I didn't put her down or sleep all night. The hospital was way too noisy anyway.

3. On Monday morning, the nurse heard an irregular heartbeat in my baby. She was taken to the nursery and had a chest x-ray and they kept poking her heels over and over to get more blood. She screamed and screamed. I tried to stay with her

but felt like I was going to pass out. My husband stayed with the baby and I went by myself back to my room to bed. Despite how scared I was for her, I fell into a blackout exhausted sleep. They brought her back to me a few hours later. She was fine and hungry. I later read that Pitocin can cause irregular heartbeat in the baby.

4. On Tuesday, we were woken up at 6 am to be moved to another smaller room. We filled out paperwork and checked out a few hours later. I was not provided a wheelchair and by the time I made it to the lobby I was winded and dizzy and had to sit down.

5. I started struggling with baby blues about 5 days after birth. I decided not to wait for the 6 week checkup and made an appointment with the clinic midwife. She looked at my record and was concerned about how much blood I had lost and said I was very close to needing a transfusion. She told me my blues were sleep deprivation and that I needed to pump milk and give the baby to someone else to feed and care for while I slept uninterrupted. This was not an option for me so I suffered from blues and anxiety for a couple of weeks.

6. At my 6-week checkup, I still had bright red lochia and large clots. The midwife told me my stitches had popped but seemed unconcerned. No one told me that I needed to restrict movement with stitches. I think they popped because I did some minor stretching to relieve back and hip pain. I felt pretty lonely and wished that I had more guidance and care in the weeks following my birth. I bled for 8 weeks. I know I'm lucky and that it could have been way worse. The midwives and nurses were wonderfully caring and nurturing in many ways. But I do wonder if all the interventions were necessary or if they were influenced by an arbitrary hospital policy to get the baby out by a certain timeframe to avoid possible litigation? Anyway, my girl was and is healthy and I recovered. I hope my story can be of help.

Also, the midwifery program at the North Hawaii Community Hospital is gone. Queen's Hospital has taken over and is cutting programs and firing longtime employees who are due to retire soon. All but one of the midwives and nurses that helped me have quit or been let go. If I have another child, I will choose homebirth.

ILLINOIS

Lindsey, Chicago, IL

My son - Asher, 21 months old today - was born 7 weeks early in 2015. It was a surprising, scary event on Friday evening after I finished a full day of work. I am a clinical social worker - working to serve others in their healthcare journey. I finished my last client meeting for the day, retreated home and an eventful night unfolded. Asher was born little - 4 lbs 11 ounces. We were blessed that nothing wrong was known and all he needed was to mature and grow. We were afforded 24 days in the NICU setting at Loyola Medical Center. We were afforded

13 STATES ALLOW INDISCRIMINATE SHACKLING OF INCARCERATED WOMEN DURING PREGNANCY, LABOR & RECOVERY



this because my husband and I have an employer-sponsored health insurance. We had over \$90,000 in bills accrued but were blessed to pay only a small part due to our coverage. My son has a life that is blessed - and as a family, we can afford his home, art classes, music lessons, and an enriched caregiving situation because we didn't lose all we had to keep him alive when he arrived early nearly two years ago. Thank you for valuing my life, and my son's health. Please continue to value those lives and health of all the families like mine that need the support of either employer-based health insurance or state Medicaid. It is imperative.

T, Deerfield, IL

I gave birth to twins via C-section after over 20 hours of labor with two of my Ob-gynecologists in the operating room. Immediately after the doctor pulled out baby B, I was rushed to the ICU since my vitals were crashing. I remember shaking uncontrollably (probably due to hormone levels/shock). Less than two weeks later, I had to go to the Emergency Room due to bleeding. I had an emergency partial hysterectomy to save my life and lost almost half my blood. I needed 4 blood transfusions. I was thankful that it was me who had to undergo surgery and not my newborn twins. It was a difficult time and long recovery. I am very thankful and fortunate that I had good health insurance and wonderful doctors and nurses who I credit with saving my life.

M, Evanston, IL

I almost died from uncontrolled bleeding after giving birth to my third child. If the physician had not been able to stop the bleeding, my three children would have lost their mother. Having lost my mother at an early age, I know how devastat-

ing that can be for any child. I am grateful I survived and want the very best care for women.

Terri, Macomb, IL

I was completing my Master's Degree while pregnant with my daughter. Because of access to care for low-income women, I had to drive an hour and a half each way for prenatal care, as not all local providers were willing to take patients receiving public assistance with healthcare, and there is a shortage of care providers in our area. My obstetrician agreed to a natural birth plan, however once in labor I was bullied about complications, and required to sign consent forms for a C-section after unwanted medications had been administered. My doctor broke my water without my consent at 5 centimeters dilation, which caused complications, and my daughter was born by C-section 12 minutes before the end of my doctor's shift. The next day was her day off.

INDIANA

Jessica, Indianapolis, IN

When I found out that I was pregnant with my twins girls, it was not a pleasant time for me as it would have been for most expecting mothers. Their father and I had just separated and I had just started a new job with awesome insurance. Well, with it being a multiple birth my body was extremely sensitive to certain smells and odors. I was working at a local factory where the chemicals in the building would cause me to become so sick that I would vomit and become light-headed. With that being said I had to leave that job and take a lower paying job that caused me to not be able to afford medical insurance. I had to rely on Medicaid for myself and my then toddler. It was a very difficult time for me, as I was sick during the majority of my pregnancy. Without Medicaid and being able to pick the doctor of my choice, I am not sure I how I would have been able to maintain medical coverage and cost for my family.

Thelma, Summitville, IN

My granddaughter was pregnant and kept passing out. She had Medicaid insurance. Tests were run and they found out her blood pressure was going so low her heart was stopping. They put her on medication and she was able to have a healthy baby boy. Without Medicaid, my granddaughter and my great grandson would have most likely died.

IOWA

Shawn, Kelley, IA

Both of my birth experiences were for the most part good. First-time mothers don't know they have a voice and can say no to

**“I can't even begin to
imagine what I would
have done if I didn't have
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freedom to take time off
without fear of losing
my job.”**

Rachel, Louisville, KY

the invasive and unnecessary tests during pregnancy as well as in the delivery room. There need to be birthing room advocates that can help families in a rushed chaotic environment. I also want to share the story of my colleague and his wife. They were both in their early 30's and had a fairly normal well-monitored pregnancy. However, my colleague lost his wife two days after giving birth while they were still in the hospital related to complications from pregnancy. If all medical information had been available to her team she'd still be alive today.

KANSAS

Tina, Overland Park, KS

I have twins. Being pregnant with twins is a high-risk pregnancy. I was lucky enough to have great insurance coverage and a great doctor, who monitored me throughout my pregnancy, but my pregnancy was still risky. Every week my doctor would check my twins' heartbeats, and toward the end of my pregnancy, one of my twins had a low/risky heartbeat. I had an emergency c-section. I can't and don't want to imagine what might have happened if I had not been checked regularly and if her low heartbeat wasn't caught and acted upon. I was also able to take maternity leave and care for my twins, who were in the NICU and on monitors. Those who don't have the same access to quality healthcare by default don't have the same care.

KENTUCKY

Rachel, Louisville, KY

My first child was born by emergency C-section after 24 hours of fruitless labor. My cervix refused to dilate, my baby was getting stressed, and my blood pressure was getting very high. I was on Medicaid, and the night shift doctor was extremely

rude and dismissive. She told me to go home and to come back once my cervix had dilated.

Fortunately, shift change came and the far more experienced daytime doctor brought me back in to be admitted. If he hadn't done that, I would have gone home, had a stroke, and both my baby and I could have died. Even so, the stress from the long labor made my baby aspirate his meconium, and when he was delivered he stopped breathing. He had to be intubated and was taken to the NICU.

Eight years later, I was pregnant with twins. One of the babies wasn't getting enough nutrition because her cord wasn't functioning properly. This time, I had excellent private insurance and received excellent care. I was admitted and kept in the hospital for a month on bed rest before my twins were finally delivered prematurely by another emergency C-section. They then spent nearly 2 months in the NICU before they could come home. I am a part-owner of the business where I now work. That gave me the flexibility to take the necessary time to care for myself and my twins before returning to work. It also meant I was in no danger of losing my job and therefore my health insurance. I can't even begin to imagine what I would have done if I didn't have either the insurance or the freedom to take time off without fear of losing my job. So few women have that luxury, and it angers me that we even consider it to be a luxury. Decent health care and maternity/paternity leave should be guaranteed for all!

Amanda, Union, KY

Due to the current federal guidelines when it comes to medical leave for employees, I was forced to make a decision on whether or not to use my Family Medical Leave Act to cover my physician appointments, which cut into the time I would have been able to bond with my infant. I made the decision to not utilize my FMLA to cover my physician appointments, antenatal testing, and necessary medical treatments prior to delivery. Due to this decision, my employer gave me a verbal warning about my attendance before I even had my child.

I had a traumatic cesarean delivery and was glad I had a full 12 weeks to recover from the delivery. My blood iron levels were extremely low, almost low enough that I needed a blood transfusion. This led to extreme fatigue combined with sleep deprivation and I suffered greatly from postpartum depression. I went back to work before I felt I was fully ready.

Of course, the nature of having an infant is childcare for them and occasional illness in their first year. Again, due to absences from providing care to my child, my employer rewarded me with a written warning on attendance. The real kicker is, I'm a professional health care provider myself. It's clear that our federal regulations protect employers and not employees who chose to become parents and try to provide quality care for their children. The system is broken and it needs to be fixed. I pray my daughter never knows the anxiety that having to choose between caring for her children and reporting for a job has caused me.

**THE U.S. COULD
AVOID ABOUT 40%
OF MATERNAL
DEATHS IF ALL
WOMEN HAD
ACCESS TO
QUALITY HEALTH CARE**



LOUISIANA

Deri Ann, Metairie, LA

My sister had her first and only child 7 years ago. She was induced due to preeclampsia. As a former LDRPN nurse for over 2 decades, I went with her. There was no triage in the waiting room--it was first come, first serve. I made my sister wait until a young woman clearly preterm, went first, as if preterm labor or a UTI, she and her fetus would be in great danger.

My sister was induced at midnight and I stayed 36 hours, on oxygen myself and in a scooter, as I am a cancer survivor with massive complications, so I do not work. Got her through labor, told her when an epidural was needed, as her doula did not bring it up. She delivered vaginally. The baby nursed well. Both magnesium sulfate was on and urine and DTR were okay.

Unfortunately, my niece developed jaundice which required a return hospital admission as my sister did not produce breast milk with this IVF hormone supported pregnancy. The labor nurse only came in to increase the Pitocin and if I had not been there, may well have been a c-section for failure to progress/to descend as the epidural was necessary because my sister was on hands and knees sobbing from pain.

I would never have provided so little nursing care but I suspect the nurse had another active labor patient, which I have had to work with myself in my last 12 years of L&D work! One on one during active labor is a must, we need to strive for, and therefore, open up nursing school positions by paying instructors more and requiring less than a Masters to teach. I have a BSN and over 2 decades of experience but still was not allowed to teach RN students.


MEDICAID / ACA

The U.S. could **avoid about 40% of maternal deaths** if all women had access to quality health care.

Medicaid covers about **half of the births** in the U.S.

Medicaid **reduces poverty** most among Black and Hispanic communities.

THERE'S SUCH A STRONG CORRELATION BETWEEN MEDICAID AND MATERNAL HEALTH THAT 60% OF MATERNAL DEATHS IN TEXAS OCCUR SIX WEEKS AFTER BIRTH, WHICH IS AFTER MEDICAID COVERAGE ENDS



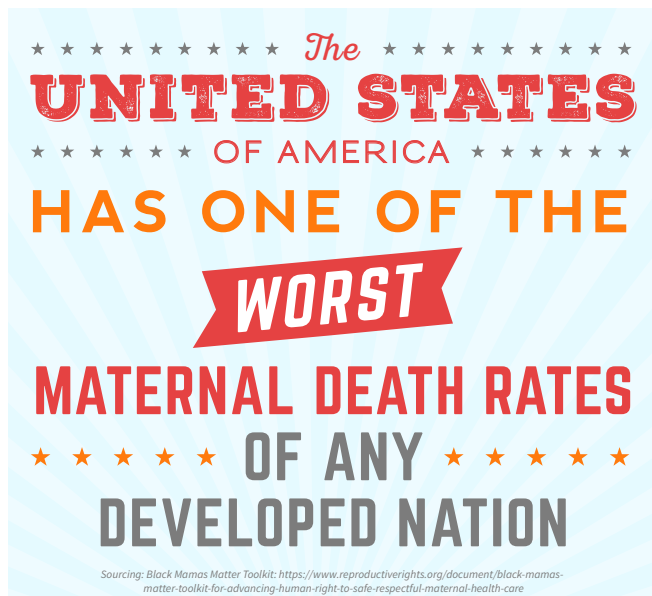
<https://www.propublica.org/article/a-spike-in-rates-of-pregnancy-related-deaths-in-texas-spurs-soul-searching>

A MEDICAID STORY:

"I did not have health care coverage...and when I got pregnant with my second child, I was extremely stressed out, wondering how we were going to pay for doctors bills, especially thinking about childbirth. I honestly believe that all this stress ended up in a miscarriage after three months of pregnancy, which was devastating. Not only did I have to deal with the anguish of losing a baby, I had to deal with the phone call from the hospital the next day asking me how I was going to pay for the miscarriage. I was totally freaked out that the hospital personnel would be so callous as to call me the day after my baby died. My husband and I had to declare bankruptcy because we could not pay the astronomical amount that was charged to us from the hospital."

– DOMINIQUE, MD

Nearly **one-third of black women** of reproductive age **are enrolled in Medicaid**, and millions of black women gained access to maternal health screenings through the ACA.



Patty, New Orleans, LA

In New Orleans in 2005, my daughter became pregnant days after Katrina. How it happened is complex: antidepressants and birth control compromised by illness and no access to medical care. The result was my glorious granddaughter Summer--born with a congenital heart defect that required two open-heart surgeries before she was three.

She's 11 now, and after years of careful monitoring, the time has come for another surgery. She's on Medicaid, and I am holding my breath, fearful her insurance will be taken away by Congress.

MAINE

Katie, Orono, ME

I am the proud parent of a Medicaid baby. He was born with a hole in his lung and we were so grateful to have him under the care of our local hospital and community clinic for those first few days of his life when he was on oxygen.

Reid turned 7 this year – he loves biking, runs track, devours books, and had the privilege of learning Spanish this year as we were living in the mountains of Costa Rica, where many roads are unpaved because of limited national funding, but all people have access to healthcare. All children deserve a good start to life and we're very grateful Medicaid was available for Reid.

Jean, Waterville, ME

It was a long time ago, but before the ACA, before COBRA, before several other fantastic health coverage reforms, my husband and I decided to move to a new home in a different part of the country. Despite our best efforts at contraception, I got

pregnant fifteen days later. The pregnancy was not covered, of course, even when we got to the new location and got insurance there. But, fortunately, it was a long time ago - thanks to a grant from the hospital and some frugal decisions, Jonathon was born healthy and the process only cost us about three thousand dollars out of pocket.

That would be more than thirty thousand today for the services we received, which is in itself unconscionable. Every child deserves the right to all care necessary for a healthy and safe arrival into this world, just as every mother deserves the care that will protect her and her unborn child from conception through the 'fourth trimester' of early infancy, including the necessary mental health care.

MARYLAND

Kimberly, Rockville, MD

I was only 21 when I got pregnant and there was no father or anyone else in the picture to provide for mine and my daughter's medical care. Because of government programs like Medicaid, WIC, ADC and food stamps, as well as subsidized housing, I was given the resources I needed to have a healthy baby girl, provide for both our medical care throughout my pregnancy and after, keep a roof over our heads and food in our bellies and the ability to stay at home with my daughter until she was 3 months old. I was off of government assistance completely by the time she was 9 months old and have not needed it again since. That system was such a blessing to both of us and I am so grateful that it was available!

It also helped my mother out when my parents split up when I was 8 and is helping my 26 yr old daughter to survive in a low wage waitressing job as I write this! These programs are a vital lifeline in this wage slavery economy that our government sees fit to proffer upon its citizens! If we were allowed to receive livable wages then these programs wouldn't be necessary, but wages have been stagnant for most of my lifetime and the government refuses to address that problem either! These programs must be preserved not just for young, low-income mothers but the elderly rely heavily on them as well and no amount of raising the minimum wage will do anything to help these seniors, that will only benefit future generations of elders!

Ruth, Silver Springs, MD

I had a healthy pregnancy with my first born but was pushed into having a c-section at 41 weeks because the docs thought there was a small chance that maybe my baby's head was too big for her body. I hadn't dilated or effaced at all, and the Cervidil they gave me to labor didn't work. So we ended up with a C-section that I may or may not have needed.

My 2nd pregnancy was complicated from the start, and the delivery was impacted in part by my previous C-section. I developed

placenta previa that turned into accreta and started bleeding at 37 weeks. To make a very long story short, I ended up having an emergency C-section and a hysterectomy and faced the possibility of bleeding out on the table. My daughter was born not breathing b/c of the anesthesia. She had to be resuscitated in the OR. She spent a week in the NICU. Luckily we're fine and she has no resulting complications from her rough entry. I am grateful that we had good insurance and medical care and importantly, paid time off from work to recover. I am pissed that I was pushed to do a C-section I probably didn't need and on top of that it increased the risk of placenta previa. I'm pissed that I can't have any more biological children, though I'm grateful for the health of the ones I have. I am devastated and outraged that I'm lucky and that so many other women in this country face far more dire outcomes than I did.

Stefanie, Silver Spring, MD


I have pelvic organ prolapse. And so do lots of other moms. It's time to start talking about it.

My first baby came very quickly. I even worked a full day in the office the day that I went into labor. Contractions started around 8:30 and little Amalia was born about four hours later -- not long after I arrived at the hospital. While I loved my new little girl, my body had been through a lot in a very short period of time. I had third-degree vaginal tearing, which means that I tore into my anal sphincter. I can't be sure how long it took to put everything back together, but I am sure that the doctor was sewing for a very long time. I'd had a physically uneventful pregnancy, so I was shocked when I could barely walk after delivering the baby. The nurses said this was "normal," though I'd never heard of it happening to anyone else. No one even told me how severe my vaginal tearing was. I got the usual talk about using a sitz bath, a perineal squirt bottle, sitting on a donut, and was sent home.

At home, my pelvic pain and instability were so bad that I needed a step stool to get in and out of my bed. My husband had to get up and bring the baby to me because it hurt so much when I attempted to roll over to get out of bed. But, the worst part came a couple of days after I arrived home when I began to have fecal incontinence. I was totally unprepared for this and nobody warned me about it, even though a good third of women with severe tearing experience incontinence like this. It was mortifying and embarrassing. After a few episodes of my husband having to clean up the mess I left on the floor, I had him buy me Depends. At least that way, my messes would be contained. This meant that nine days postpartum when I had professional pictures taken of the baby and me, I was wearing an adult diaper and hoping I wouldn't poop my pants.

As my muscles began to regain their tone, due in no small part to exercises I had begun researching on my own and started doing, I began to feel a bulge in my vagina. It felt like having a tampon out of place. Convinced that something horrible was happening to me, I called my Ob-gyn, who informed me that

40%
OF BLACK
FEMALE-HEADED HOUSEHOLDS
ARE IN POVERTY,
INCREASING NEGATIVE
BIRTH AND INFANT
HEALTH OUTCOMES



I seemed to be describing something called pelvic organ prolapse. What is pelvic organ prolapse? It's a condition affects a lot of women who have had children, but it's tough to get clear statistics because women won't even talk about it with their doctors (statistics say up to half of all women suffer from this condition, in which the pelvic organs begin to droop and may ultimately fall out of the body). It is not a fatal condition, but it has a huge impact on quality of life, given the incontinence and overall discomfort with having things out of place in the body. And probably for good reason, as mine told me that I couldn't be feeling what I was feeling and that everything would be fine once I stopped nursing.

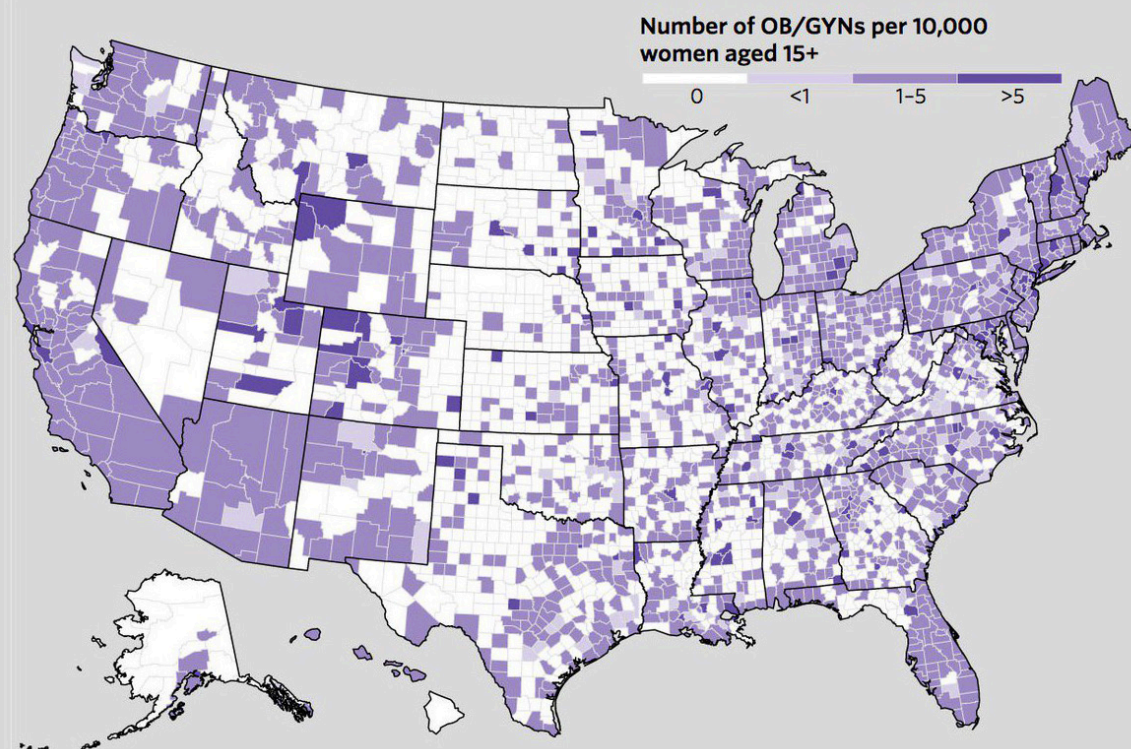
Long story short, tons of research and money spent on pelvic floor physical therapy have gotten me to a place where I'm managing my condition, which is likely to worsen as I age. Why am I even talking about this? Because lots of things have to change. First, women are more at risk for pelvic organ prolapse when they are forced to lift things and spend long periods of time on their feet after giving birth. Because roughly a quarter of all women return to work less than two weeks after delivery, we are putting women at greater risk of developing this rarely-discussed condition. Second, many women have quite a bit of vaginal tearing after a vaginal delivery. Not being able to rest and stay off of their feet increase the risk of developing an infection from the healing stitches. Third, incontinence -- urinary is more likely, but fecal incontinence can happen, too -- plagues many women after delivery.

No one should be forced to return to work when her bodily functions cannot be controlled. Fortunately for me, I was able to take six months of maternity leave and have a wonderful network of family and friends who helped me immensely while I recovered from a traumatic delivery. I simply don't know how other women manage to get back to work while they are entirely sleep-deprived, learning to care for a new human being, and attempting to heal their own bodies. It's

MATERNAL HEALTH IN RURAL AREAS

Maternity Deserts

Obstetrician/gynecologists are scarce in rural areas and small towns.



Sources: Census Bureau; Physician data derived from American Medical Association Masterfile, March 2017

At least **81 rural hospitals have shut down across the country** since 2010, according the North Carolina Rural Health Research and Policy Analysis Center at UNC.*

A recent study by researchers at the University of Minnesota found that **more than half of the nation's rural counties no longer have hospital obstetric services**, and 9 percent of them lost those services between 2004 and 2014.*

Only about 6 percent of the nation's ob-gyns work in rural areas, according to the latest survey numbers from the American Congress of Obstetricians and Gynecologists (ACOG). **Yet 15 percent of the country's population, or 46 million people, live in rural America.****

As a result, **fewer than half of rural women live within a 30-minute drive of the nearest hospital offering obstetric services**. Only about 88 percent of women in rural towns live within a 60-minute drive, and in the most isolated areas that number is 79 percent.**

* Source: <https://www.politico.com/magazine/story/2017/10/03/meadows-medicare-rural-hospitals-pregnant-women-dying-215671>

** Source: <https://www.scientificamerican.com/article/maternal-health-care-is-disappearing-in-rural-america/>

inhumane for this country to not prioritize finding a way to let moms heal after giving birth. It's further wrong to not allow a way for a partner to take protected time off from work in order to facilitate a mother's recovery. Maybe if we started to really talk about what it's like to give birth and recover from that process, people will begin to understand the importance of supporting moms' ability to care for themselves and their new babies for more than a couple of days after birth.

MASSACHUSETTS

Lynne, Amherst, MA

I had a long difficult delivery (back labor, pushing for four hours). Afterwards, I was in a lot of pain. They gave me pain-killers and sent me home. I was still in a lot of pain days later, but the doctors were only concerned about the baby--not me. Eventually, I read in a book that in rare instances you can break your coccyx during delivery. I knew what was wrong then. I told the doctor, and he said there's no point in getting it x-rayed because there was nothing anybody could do about it. All he could suggest was that I put a bag of frozen peas on it!

I was in excruciating pain for months. I couldn't nurse the baby sitting down. I had to lie down to nurse, and then get back up one knee at a time. It was six months before I could sit normally. I got no help or even sympathy from my provider. (They weren't helpful when I got thrush either, but that's another story.) I felt like I was just a womb in the eyes of the providers. The baby's well being is important, but shouldn't the mother's be, too?

Aterah, Boston, MA

I gave birth to my first child last year, after undergoing two rounds of IVF at the age of 42. I was fortunate in that the state of Massachusetts allowed insurance to cover my IVF treatment up to the age of 42. After a double episiotomy, I needed to recover from the surgery after delivery.

Again I was fortunate to have 6 weeks of FMLA at 60% pay. I then had to use my own benefit time which I had saved up, to cover another 6 weeks of full time paid leave. After 3 months at home I returned to work at 30 hours/week, and by 6 months I was back to 40 hours full time in the office, pumping twice a day at work. My employer was supportive of me, but I know this is far from the norm, and many women do not have what I think of was the minimum time to heal from delivery, bond with my baby, and adjust through the most challenging first months of looking after a newborn.

I believe a woman's body really needs 6 months to recover from childbirth. The US does not recognize this, and quite frankly most women and men don't know this. I am originally from the U.K. And am aware that new mothers (and fathers) are provided far more support and paid leave than here in the States. I am of subcontinental Indian origin.

Magali, Easthampton, MA

This my birth story: I'm French and my family is in France. My husband's family lives 3 hours away from us. I was terrified to experience pregnancy and labor in the US, because of the stats I read. Would we ever be able to afford to be pregnant and go to all the checkups? To be in labor and give birth here, at the cost of it? What if a complication arose? What if they pushed c-section on me, to make more money off my labor?

Thankfully, with ACA and employer-sponsored healthcare, I was able to get through it with *lower than feared* costs, but when I compared the bills with my French counterparts, we were astonished at the exorbitant price I paid in the US. And France got three paid for ultrasounds (we got 2 only, out of pocket). And other stuff too, I was also lucky to have an uncomplicated pregnancy and easy labor. I give a million thanks to the midwives who followed my pregnancy and took care of the birth journey with me.

I am thankful that my employer was big enough that maternity leave was covered under "paid sick time" for 6 weeks; that FMLA protected my job for 12 (unpaid). There again, my best friend in France, working in the same job environment as me in the US, got 8 months paid at 100% for maternity leave, and covered postpartum care, including perineal recovery care, which is mandatory in France, so that women don't suffer incontinence problems later.

With this administration's and Congress' relentless efforts to demolish ACA, and showing no incline toward the bettering of women's rights and care, paid family leave etc. I have decided to not have any other children while living in the USA. If we ever have more than one, the next one(s) will be born in France. And let's not even get started with the cost of daycare.

**MORE U.S.
WOMEN ARE DYING
FROM PREGNANCY
& CHILDBIRTH
RELATED CAUSES TODAY
THAN IN THE
PAST 20 YEARS**



Sourcing: Black Mamas Matter Toolkit: <https://www.reproductivejustice.org/document/black-mamas-matter-toolkit-for-advancing-human-right-to-safe-respectful-maternal-health-care>

“Pregnancy is the absolute last period of time when a woman needs to worry about having adequate health coverage... We need to be covered, regardless of the circumstances. Our future depends on it.”

Susan, Monroe, MI

Jennifer, Lee, MA

I had an emergency C-section because the baby's heart rate was falling. Without full insurance coverage, I could not have afforded this operation, which may have caused one or both of our deaths. Or, I could have plunged my struggling family into bankruptcy. Instead, insurance covered all our costs.

Dana, North Reading, MA

My spouse and I were lucky to live in a state that was one of the first to treat same-sex couples with respect and dignity. My employer-sponsored insurance covered her, even before same-sex couples could legally marry, and covered the IVF procedures that allowed her to become pregnant with my egg.

She ended up having an emergency C-section, but our insurance allowed her to recover in the hospital for four days. Without insurance, we wouldn't have been able to get pregnant, much less ensure that both she and our son were healthy and strong soon after his birth.

MICHIGAN

Jen, Lincolnwood, MI

I had three problems during pregnancy. Without prenatal care, any of these issues could have escalated into a much bigger, even fatal, problem. Thanks to the excellent medical care I received before and during childbirth, I had (1) a class on how to manage my gestational diabetes, plus blood testing supplies; (2) preventive antibiotics for Group B strep during labor; and

(3) stitches for the internal tear that had me bleeding right after birth. Not to mention continuous monitoring to be on the lookout for other problems. I will be forever grateful to the wonderful, highly skilled certified nurse-midwife team at Swedish Covenant Hospital in Chicago.

Teresa, Belleville, MI

When I was 41, 20 years ago, I lost my job and health insurance. I was 5 months along into a high-risk pregnancy. My partner had left me so I had to apply for government assistance. I am blessed that Planned Parenthood was open in my community and I was able to receive excellent pre and postnatal care by their midwives! I ended up having a c-section at the hospital and am so grateful Medicaid covered the entire cost! I can't imagine what I'd have done if those services and programs hadn't been available!

Nichole, Canton, MI

After years of trying to get and stay pregnant, I learned I was carrying twins. I was in my 30's and in very good health, having just competed in a 10-mile trail race. Not long into my pregnancy, I learned I had pregnancy-induced ITP, a blood disorder that meant my platelet count was dropping. For this, I received regular infusions throughout my 2nd and 3rd trimesters, but without a successful increase in platelet count. I carried my twin boys to 38 weeks.

At birth they each weighed 6 lbs, 8 oz. and Yes, I was HUGE. But during labor, my blood pressure spiked (labor pre-eclampsia) into a very dangerous area and my doctors became concerned I would experience seizures or worse. They needed to perform an emergency C-section. Because my platelet count was critically low, an epidural was not an option; the C-section had to occur under general anesthesia. But no surgery could occur until I received a transfusion; without adequate platelets, I was at risk for bleeding out.

The c-section was performed while I was under, but because of the drugs given to address my labor pre-eclampsia, the babies' heart rates were dangerously low and both were rushed to the NICU. This period of time was terrifying for me and my family. My babies and I are incredibly lucky to have received the care we needed.

We had good insurance through my husband's employer and were at a large university hospital with access to the best providers and facilities. My twins boys are now 12 and about to pass me in height. I am terrified to think of how things might have turned out had we not had access to the medical interventions that saved our 3 lives.

Melissa, East Lansing, MI

I had preeclampsia at 38 weeks and at age 39, already considered high risk. I had great care from conception to birth, due

to my age and diabetes and compassionate medical staff. The pregnancy itself went well. Minor morning sickness, and back discomfort the last 6-8 weeks. Overall, I felt great. I loved being pregnant! Back to birthing: Despite vaginal delivery efforts, Franni flipped sunny side up and ended up in an emergency c-section. She was whisked to NICU for low respiratory response and I didn't get to see her again 30+ hours. She was in NICU for about 60 hours.

I am grateful for my care and health insurance. As a single, educated mom with a Master's degree, my teacher salary could not have borne all those costs. I healed beautifully and I now have a very healthy 11-year-old daughter. I didn't pay a dime due to my insurance (it no longer exists in that 100% form for staff who want families).

So can you imagine families in more need than me? How can they possibly afford the costs? My diabetes was most likely congenital (had it for years prior to pregnancy) and preeclampsia is not a preventable condition. Mothers need the amazing care I had throughout my pregnancy to raise healthy children.

Susan, Monroe, MI

When I was pregnant with my daughter (first child), my husband changed positions from a contract employee to a direct hire employee at his company, which meant our insurance changed. Because of the ACA, we didn't have to worry that our out-of-pocket cost for my maternity care was suddenly going to skyrocket. Under the ACA, my 3-month pregnancy was no longer considered an uncoverable preexisting condition.

This was especially fortuitous because when my daughter was born, I hemorrhaged and ended up needing a blood transfusion. I was kept in the hospital for 3 days to recover, and we didn't have to stress about how we were going to pay for it. In the middle of my pregnancy with my son, my husband's employer changed their coverage requirements to state that if spouses were working and had health care coverage offered by their own employers, they were required to purchase that coverage and be removed from this company's benefits.

Again, at about 6 or 7 months pregnant, I did not have to worry about losing maternity coverage. And again this was fortuitous, because my previous transfusion had left me with a potential blood type incompatibility with my fetus, and I was referred to a maternal-fetal medicine specialist to get a more thorough ultrasound to check on head growth. 10 months is a long time to expect that everything will remain status quo in the lives of an expectant family.

Pregnancy is the absolute last period of time when a woman needs to worry about having adequate health coverage. So many things can happen suddenly and unexpectedly, whether they are directly related to the pregnancy itself or peripheral events that threaten the health and wellness of a woman and her family. We need to be covered, regardless of the circumstances. Our future depends on it.

Rebecca, Royal Oak, MI

My story starts in 1996, which of course was before the pre-existing conditions clause the ACA was able to be put in place to help people. I was working a part-time job. I had left my full-time job that gave me insurance to help care for my father who had dementia. I was engaged to be married. Two months before our wedding we were lucky to have become pregnant. But me being unlucky not to have health insurance and I knew any treatment I would get prior to being placed on my future husband's health insurance would be considered pre-existing and thus not paid for.

So Planned Parenthood was there for me. Thank god! I was able to get an exam, a due date and prescription for prenatal vitamins. I had a healthy baby boy that December. How on God's green earth can pregnancy be considered a pre-existing condition? I needed care prior to being placed on my future husband's insurance. Instead, I felt like I was sneaking around and worried that somehow the insurance company could get ahold of my Planned Parenthood medical records, which of course does not make for a peaceful pregnancy. Thanks for the ACA that helps women and families and babies to get needed pre and postnatal care!

Sarah, Williamsburg, MI

My older daughter was born unexpectedly at 35 weeks and 5 days due to an unexplained placental abruption. I woke up to my water breaking and passed several clots of blood the size of my hand, and when I called my on-call Ob-gyn they told me I should "probably" go get checked at labor and delivery. I had a c-section under general anesthesia completed within an hour of walking through the hospital doors due to the baby being in danger and due to my uncontrolled hemorrhaging. My placenta was 50-70% detached at the time of the surgery. My daughter was 4lb 9 oz and 17 inches long at birth and spent a week in the NICU.

I will never forget the doctor asking me what my birth plan was *after* telling me the placenta is rapidly detaching and I'm only in stage 1 labor and my cervix is about 3cm dilated. My c-section was necessary, and my baby survived, but the experience was harrowing and I needed a blood transfusion after the surgery. I then woke up alone in recovery unsure whether the baby hadn't lived. It is one of the worst memories of my life. I was 28 and in relatively good health, non-smoker/non-drinker and had no reason for the abruption. It was really hard on me mentally and nobody really checked in with me to see how my emotional health was--I see this as a failure of the system.

NICU moms are way more likely to develop PPA/PPD and I am sure I was an undiagnosed case, after having a second postpartum experience. With my second pregnancy, I was unable to get an OBGYN appt in my town and had to see one in a larger city two hours away from home. I developed pre-eclampsia and had a c-section at 37 weeks 6 days. Post-surgery the pre-

eclampsia didn't go away, and I luckily had the option of going to my primary care doctor to talk to them about my blood pressure and etc. I'm now healthy and not on blood pressure medicines--without insurance, I may be taking unnecessary and expensive meds still, because I wouldn't have been able to go back to the OB 2 hrs away to be checked.

Thanks to the ACA I opted to have a Paraguard placed and won't be having any more children and this choice only cost me \$16 out of pocket. Without the ACA I could be on the hook for about \$1500 for this procedure/device or I'd be at risk to get pregnant again and further put my health in danger, as late pregnancy was not great for me either time.

MINNESOTA

Michaela, Elk River, MN

I had a completely normal and healthy pregnancy and vaginal delivery. Thirty minutes after the birth of our first child, I started to hemorrhage. I was rushed to exploratory surgery without saying goodbye to our child or my husband. They updated my husband while I was under anesthesia that my condition was deteriorating and nothing they were doing was helping the bleeding. They were going to transfer me to a larger hospital when labs showed that I was going into DIC. They told my husband that they would have to perform an emergency hysterectomy to save my life.

I stabilized shortly after and was brought to the ICU. I had received several transfusions in the process via a trauma line in my neck. We were given the diagnosis of uterine atony with no overt cause. We feel incredibly lucky to have had a care team who listened and took immediate action and did everything in their power to ensure that I could become a mother and continue to be a wife. Since being on our journey I have learned this is not always the case.

Lucy, Minneapolis, MN

Receiving prenatal care through Medicaid was vital because of the Rh factor--otherwise I could have miscarried and never would have known why.

MISSOURI

Jennifer, Kansas City, MO

I was very fortunate to be covered under the Affordable Care Act just before I gave birth to my daughter in 2014. Thanks to the ACA, I was able to receive medical care and deliver a healthy baby without experiencing debilitating debt. The ACA has been a godsend to our family, as both my husband and I are self-employed and would not have access to affordable insurance otherwise. Please don't take this vital form of healthcare away from us and millions of other Americans!

MONTANA

Shahariar, Cantagallo, MT

U.S. women are dying from pregnancy or childbirth complications than in recent history with the U.S. having one of the worst maternal and infant mortality rates of any developed nation. There are also scary racial disparities. Black women have consistently experienced an almost 4-times greater risk of death from pregnancy complications than White women, independent of age, parity, or education. These statistics are unacceptable. We can and must do better to ensure that births are as safe and healthy as possible for all mothers.

NEBRASKA

Shanna, Alliance, NE

My daughter was born at 29 weeks, I had been hospitalized at 23 weeks due to preeclampsia. I've always been a bigger girl, but always had low blood pressure lower end of normal for my weight and age). My BP started increasing immediately with pregnancy, but because it was within normal limits no one worried about it. At 22 weeks, my ultrasound showed my daughter was small for her gestational age, and my urine test showed high protein. My doctor and I made a deal, She would allow me to work mornings and be on bedrest after lunch if I promised to see a high-risk Ob-gyn. I was scheduled the next day with the high risk doctor, my blood pressure was fluctuating during the visit, and my temp was up, she did a quick ultrasound in her office and turned to me and said I had 2 choices, I could terminate the pregnancy today or be admitted to the hospital. So I was admitted to the hospital. This started my FMLA which I had been saving my vacation and sick days up so that I would have enough built up to cover my maternity leave, instead it covered my hospitalization and then 6 weeks after delivery. I am and was then too a single mom.

I ran out of vacation/sick pay during my hospital stay, and ended up homeless. I stayed with a friend after I was released. My daughter spent 14 weeks in NICU care. I brought her home the weekend of July 4th, I got a 3 day weekend to "bond" with her without nurses and machine noises surrounding us. She came home on a heart monitor, feeding tube, and tons of meds.

I would have loved to have had the opportunity to spend even just a week with my baby before going back to work. Had my doctors came out and told me at the beginning that I wouldn't be able to go home until after I delivered I could have handled my lease better and planned ahead.

But as it turns out I had to renew my lease shortly after being hospitalized and then a few weeks later break my lease, having to pay extra to break it. Our medical care was excellent, I worked within a disability realm back then, so we were hooked up with PT/OT/SP, nutrition and WIC as soon as we left the hospital, mainly because I knew what to do. The hospital social worker was able to get us lined up with SSI as my premature daughter automatically qualified due to birth weight.

Anne, Lincoln, NE

I had been diagnosed with preeclampsia for 4-6 weeks by the time I was 33 weeks pregnant with our twins, when our doctor said they had to be delivered because I was just too sick to keep carrying them. I delivered them 2 days later. My beautiful children had to spend 2 weeks and 2.5 weeks respectively, in the NICU. I spent a week in the hospital recovering.

Our family has excellent health insurance, but I can't imagine going through that situation without it, or with lesser coverage. Everyone deserves good health insurance. As it turned out, I have two fabulous, beautiful eight-year-olds (boy and girl, fraternal twins). And my health improved steadily after my C-section and stay in the hospital, but I know not all women or families are as lucky and blessed as we were and are.

Katherine, Lincoln, NE

When I had my first child it was a full moon, which might not mean anything to most of you but for maternity nurses, it is a busy night. We started out as one of two couples in the unit and by the time I was ready to go there were some 16 women in the same boat. My delivery was difficult and was complicated by the fact that both of my doctors were in other rooms performing emergency C sections.

When it became clear that my Ob-gyns would not be attending, they had to cast about for someone with a MD...no takers...even the anesthesiologist turned it down. The anesthesia, by the way, didn't work and after an incredibly long and painful labor, put on hold while we waited desperately for one of the docs to get free, a resident delivered my son.

However, since he was not an OB/GYN he did not perform "the cut" - no episiotomy meant substantial tearing from delivery of a 9 lb baby. He stitched me up for the better part of an hour. The first crash cart for the baby was not functioning, so they found a second. The baby and I were fine, but recovery from the birth was pretty substantial and painful. My son had jaundice which required several subsequent visits to address. I had several visits with a lactation consultant so I could successfully breastfeed.

I was lucky to have coverage that allowed not only a successful delivery under chaotic circumstances, but also so I could afford the care to avoid a serious infection afterward, and support to successfully breastfeed for 6 months even while I returned to work. Every. Single. Expectant. Mother. Deserves. That. Same. Coverage. And. Care.

NEVADA

Jennifer, Henderson, NV

My first pregnancy and first delivery I was in labor for 46 hours. I had an inverted uterus. My uterus came out after my delivery. The doctor pushed it back up with his hands. I lost blood

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Katherine, Lincoln, NE

& needed a blood transfusion. I remember them saying we are losing her. I passed out. My daughter was only 6 pounds 8 ounces. I was only 20 years old & was told not to have any more kids for at least 5 years.

NEW HAMPSHIRE

Julia, Durham, NH

Even though I had excellent prenatal care and good insurance, I had at least one very scary experience giving birth to my children. With My first child I had decided to go to a nurse-midwife so, unfortunately, let my labor go on too long, and eventually I needed to be transferred to a hospital where I got excellent care and had a C-section, as the long labor had dehydrated me so much that my labor had stopped after 20 hours. With my second child, everything went routinely with the planned C-section.

For my third child, I went into labor three weeks early and while in the hospital went into anaphylactic shock after hav-

ing an unexpected allergic reaction to the antibiotic they gave me before surgery. Thanks to a very alert nurse, who stopped that IV drip of the antibiotic, I was able to deliver my third child safely. I was very weakened by the allergic reaction on top of the delivery and surgery from the C-section.

It was also a very scary experience as I have never had a reaction like that to a medication or anything else, and I thought I was going to die. Thank goodness for good medical care and caring nurses and doctors.

Heather, Hampton, NH

I had a friend and colleague who was pregnant at the same time I was, both of us with our second child after having had miscarriages. Her c-section was scheduled to occur on the same day as my due date (nine days ahead of hers). She and I exchanged frequent pregnancy discussions/news and were taking friendly bets with each other as to which one of us was going to give birth first.

About two weeks out, she started to feel like something wasn't right. She went to her OB/GYN for an ultrasound and testing, but everything came back normal. About a week later, during a routine check, they discovered the baby no longer had a heart-beat and had died. She had to deliver her stillborn baby, and discovered then that the umbilical cord had wrapped around the baby's ankle, cutting off all supply of oxygen, blood, nutrients, etc.

With more advanced testing, this could have (and should have) been avoided. This baby was an otherwise healthy baby. It affected my pregnancy as well, as I was panicked. I delivered my baby on my due date with the help of my doctor breaking my water and starting me on Pitocin (which has risks/possible side effects).

After five good pushes, my daughter was delivered, and, as a result, I had a pretty significant tear. For a good time after, I went through severe depression which negatively impacted my marriage. There has always been this pain between my friend and I, especially when she sees my second child.

My child and I are constant reminders to her of what she lost. The risks a mother and child face during pregnancy and delivery are astronomical, and anyone who attempts to diminish the need or availability of proper care is either misogynistic, ignorant, greedy, heartless, self-serving, or all of the above.

NEW JERSEY

Nadia, Bloomingdale, NJ

I gave birth to my son in March 2015. I had been in labor for almost 16 hours before delivery. I entered the hospital at 10 am with contractions and was told I would be due to deliver around 11 pm. As we got close to 11, the time kept being pushed back. First 12 am then 1 am. Starting at 12 am, I started pushing and after 2 hours the doctor decided that more needed to be done.

**AMERICAN WOMEN
ARE MORE THAN
3 TIMES
MORE LIKELY
TO DIE DURING
THE MATERNAL PERIOD
THAN CANADIAN WOMEN**



My son was facing down or as my doctor said "sunny side down" and never turned up so my OB used forceps to get him out. He came out successfully and was healthy but I got a third-degree tear because of the forceps. My Ob-gyn who was a black woman with over 20 years of experience in the field and had been my primary physician throughout my pregnancy and I trusted her.

She sewed me up and though I couldn't feel anything (thank goodness) since I had an epidural, I could see a mountain of bloody gauze behind my doctor. I tried not to think about it, but in retrospect, it was a LOT Of blood. My doctor stayed calm throughout. By now, I realize I did have a birth complication because of my tear. I realize that other doctors might have immediately put me in for a c-section but maybe because of her expertise she held off on that option which I am grateful for.

I also realize that if I had experienced less care from my physician or had given birth in a developing country there would be a good chance I could have bled out or gotten an infection. The line is so thin and honestly, I feel very lucky because I know for too many women, this situation can lead to a lifelong injury or even death.

Nicole, Brick, NJ

When I was pregnant with my first child. I woke up one night not feeling well. I just knew something was wrong I went to the hospital and my blood pressure was through the roof! I had preeclampsia and never knew it. I had to have an emergency c-section as my son and I weren't doing well.

He was born at 34 weeks and weight 3 pounds 15 oz. and had to stay in NICU for 21 days. As for myself, I had complications healing from the c section. The incision opened up and had to be cleaned by a nurse who came to my home twice a day for 2 months.

Reverend Batcher, Lakewood, NJ

25-30 years ago, I learned the importance of high quality prenatal through postpartum maternity and infant care is. Having adequate health insurance provided me with the resources to be treated for a hemorrhage just after my first childbirth experience (and for my first child to receive appropriate and timely care), a stillbirth after my second pregnancy, and appropriate options for my third and last pregnancy.

I want all women in the USA to be able to have access to and afford what care they need to have healthy pregnancies and babies when and how they would prefer.

Maureen, Mount Laurel, NJ

I gave birth to my daughter vaginally in November of 2015. Like many mothers, I tore and had to have quite a bit of stitching to repair the damage done to my labia. Although I was in a lot of pain, I had to rise above to try to bond with my daughter. My milk came in but it was not enough to support my daughter and we needed to supplement her feeding.

Because of the swelling, pain, and not being able to see my genitals, a few stitches came out and my body healed incorrectly. I now have a large hole in my labia. Although it does not physically harm me, emotionally it does a toll on my self-esteem. I can not have it repaired because it is not covered by my insurance.

Tiffany, Newark, NJ

My name is Tiffany Douglas and I had my daughter at University Hospital now call Rutgers Hospital in Newark New Jersey back in 2010. I had a C-section and the whole time I was there I could just tell that I didn't feel well. They had me on antibiotics and didn't tell me why. I didn't know why it was necessary. So the day of discharge, I kept telling my nurses that I didn't feel good. They said well all my vital signs were good and that I was ready to go home. I got home with my newborn and my then 8-year-old son went to sleep woke up in the middle of the night sweating chills felt like it was a full-blown fever. I had to call my mom who lives very far away to come pick up my children so I can call the ambulance. so I had to wait until she got there which was an hour to call an ambulance. I came to find out I had an infection in my C-section something that I knew already in my heart before I left. Now I'm pregnant with my fourth child and I somehow ended up at the same hospital. I am very scared and I will discuss this with my doctor. I'm just praying that this doesn't happen again because I don't have my mother anymore to just come pick up children for me while I go to the hospital and I don't want to die in the hospital or after I come home I want to raise my children I have a big fear and I just pray to God that I get home and with no complications immediate or in the future.

Allison, West Orange, NJ

I had preeclampsia and was induced at 37 weeks after an alarmingly high blood pressure reading at a routine OB appt. My

daughter aspirated fluid during her birth and was in the NICU for 10 days. After I gave birth to her, I was so sick and weak from the magnesium sulfate drip I was on that I couldn't actually leave my bed to see my daughter for the first 24 hours of her life - a difficult situation made exponentially more emotionally charged by post-pregnancy hormones. Although my blood pressure was still high, my insurance company made me leave the hospital 2 evenings after I gave birth (vaginally). I woke up at home the following morning, eager to visit my new daughter in the NICU but was instead rushed to the ER with dangerously high blood pressure.

NEW MEXICO

Lindsey, Tao, NM

My pregnancy with my youngest was complicated by hyperemesis gravidarum, lasting eight months of the full term pregnancy. I was also over 40-years-old at that time. With consistent attention by my RN/midwife, I got through the pregnancy, and the weekly tests confirmed our baby was healthy and safe in utero. This allowed us to keep going, to stay strong with the aid of medication, information, and assistance as needed. During labor, my water would not break, so my Midwife, lovely woman that she is, deftly ruptured it. From there, the delivery was quick and seamless. After the birth, it turned out I had ripped a deep abdominal muscle and had severe swelling of my labia and surrounding area.

Again, I had fantastic assistance from the nurses, my RN/midwife, and the hospital staff. I don't think I would have survived the pregnancy if not for the assistance of experienced midwives and medical staff. I nearly starved to death due to the hyperemesis gravidarum, but they got me through it.

NEW YORK

Denise, Albion, NY

Medicaid helped me to raise my daughter in a healthy way. As a single parent, I worked all kinds of different odd jobs. To be able to take care of her properly, having Medicaid took care of her and my medical needs. Medicaid should be protected, for the people that really need it.

Lashonda, Freeport, NY

Being pregnant, and going into labor, were the scariest moments of my life. And it wasn't because I didn't know what to expect, or because I had watched too many movie deliveries. I was terrified because I knew, that despite living in America, one of the richest countries in the world - that it was very likely that I would die. Statistically pregnant women in the US have more complications, more C sections and more deaths than women in other developed countries. And as a Black woman, I knew the numbers were especially dire for me. I knew that

Doulas & Midwives Improve Birth Outcomes

Doulas fulfill the role of supporting a birth mother before, during and after birth, while also advocating on her behalf to doctors during labor. Studies show that birthing with a doula results in fewer cesareans, less preterm birth, and fewer overall complications for mother and baby. Do a google search for doulas in your area or visit SisterMidwife.com or The International Center For Traditional Childbearing, (ICTC) for a directory. In fact, ICTC has trained over 1,600 doulas and counting.

A midwife is a person trained to deliver babies and care for women before, during, and after childbirth. It has been statistically proven that birthing with a midwife reduces infant and maternal mortality rates, decreases cesareans, increases breastfeeding success, and improves the overall health of moms and babies. Particularly beneficial for black moms is longer visits with the midwife and the added attention given to stress, nutrition, keeping men involved, and an overall focus on the beauty of birth as an empowering experience. Black midwives bring with them an added education on the legacy of midwifery dating back to slavery and into the early 1960's when 'granny midwives' were responsible for not just catching babies, but the health of the community as a whole.



*Midwife going on a call, carrying her kit.
Siloam, Georgia, 1941*

SOURCE: <http://www.erickasysavane.com/7-facts-every-black-woman-should-know-about-childbirth>
<https://www.npr.org/sections/health-shots/2016/01/15/463223250/doula-support-for-pregnant-women-could-improve-care-reduce-costs>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4061621/>

factors that usually reduce pregnancy and labor risks (under 35 yrs old, high education, high income, diligent prenatal care) would not be enough to counteract the dangers of my race. I had read about how, statistically doctors are less likely to believe women when they say that they're in pain...and even less likely to believe Black women.

I had nightmares of bleeding out on an operating table, ignored - adding undue stress to my body and my unborn child. During my labor, the umbilical cord got wrapped around my son's neck. When my Ob-gyn announced that we would have to have a C section, my husband announced that we were leaving. He literally started putting my shoes on and attempted to get the epidural needle removed. Despite the procedure being extremely common in the U.S, he had read about the risks the procedure came with - and he didn't want to have to choose between his wife and son.

My son was born healthy, but spent 4 days in the NICU, because I had a fever during labor. And with my extremely high coinsurance, that cost us extra thousands of dollars in

care. It meant that I had to cut my unpaid leave short in order to make sure our bills were paid on time. If making sure that more women attempted breastfeeding, and continued breastfeeding for longer periods of time was a priority - how could paid leave not be mandatory? I was forced to pump in my car, in closets, behind a podium, in a bathroom. In spite of locking the door, and putting up signs - I've been walked in on (while pumping) by colleagues, visitors to my school, and students.

Finally, when my son got sick 6 months later and was admitted to the Emergency Room for 3 days, I didn't have any sick days left to take off to be with him. And while I did leave work, I did so at the risk of not having a job to return to. Parents in America, in 2017 should not still be forced to make these kinds of archaic choices. When is Congress going to make families and children a priority? I get so upset when I hear people complain about having to pay for maternity care in their insurance plans.

Sure, maybe as an older women, you won't be having any children. Or maybe you're a man who isn't going to have a family.

YES, YOU SHOULD STILL PAY FOR MATERNITY CARE! Because whether or not you are having children of your own, we were all children once who were hopefully able to get the necessary care. Furthermore, healthy children and communities are simply better for our society. That's common sense.

Ty, Freeport, NY

After multiple miscarriages in the first trimester, I finally made it to the third trimester of a pregnancy in 2008. My baby died while in my belly at 28 weeks. I was forced to push a dead child out because the hospital would not do a C-section. Nine hours of hard labor to only have one memory of holding my already dead child. If this weren't traumatic enough, the hospital left me on the maternity floor to hear all of the other children cry and watch them bond with their mothers. I was given no aftercare counseling and I suffered very badly with postpartum depression for YEARS.

Marija, New York, NY

If it weren't for our health insurance which covered maternity in full, both my daughter and I would have died when I was giving birth to her because of placenta previa. We were saved by an emergency C-section and fantastic care afterward. Women must have full health care/maternity coverage or many will die.

Giving birth is a very complicated process for many, and everyone deserves to have the chance for our advanced medical system to make sure that mother and baby get through the process safely. The idea that only wealthy people would have this medical guarantee is disgraceful and cannot be considered by any moral person.

Sara, New York, NY

When I was pregnant with my daughter, I had private medical insurance with my job. That birth story is wild because she popped out at home! Six years later, I was pregnant with my son and was on Medicaid. I was working part-time so I could pay more attention to my family. The midwives who cared for me did so for free, only because they had such respect for my mother.

I had a hard pregnancy but I was privileged with that stroke of luck. Everyone should have compassionate, consistent prenatal care regardless of their economic circumstances. It makes for a healthier society overall.

Melissa, Saratoga Springs, NY

I work for a small business in Upstate, NY. I notified my employer when I was pregnant with my first child in 2008 and we set up a time to discuss maternity leave. We didn't have a formal leave policy in place at the time, and I was the only female employee with the company full-time. My employer offered

“Supporting growing families is necessary for our nation to continue its growth. Someday that baby that I took leave to care for may be your doctor, your child’s teacher or your next President.”

Melissa, Saratoga Springs, NY

me ten weeks of fully paid leave and then allowed me to use two of my four earned vacation weeks for a full twelve-week leave.

Thanks to their generosity, I was able to spend precious time with my newborn, healing from birth and adjusting to our growing family without worrying about how we would be able to cover our living expenses. I returned to work after my leave feeling healthy and appreciative.

Their willingness to support me and my growing family gave me even more drive to work harder, to be the best employee possible because they cared for me as a person, not a number and I owed them the same respect. I wish every new mother was afforded the level of support by their employer as I received. Disability pay for maternity leave would barely cover a very thin weekly grocery budget for most families. Supporting growing families is necessary for our nation to continue its growth. Someday that baby that I took leave to care for may be your doctor, your child's teacher or your next President.

Alia, White Plains, NY

I gave birth to twins via cesarean just before midnight on a Thursday in December. I had been adamant about not wanting a C-section throughout the entire pregnancy, so despite being warned by all of the doctors in my practice that a twin delivery was more likely to end in the surgery, I wasn't really emotionally prepared when it happened. My first night in the hospital is mostly a blur--a mix of exhaustion from the labor and foggiest from the drugs. But I remember a male doctor coming in to examine me, and that he pulled out a couple of medium-sized blood clots. I don't remember his name or his

face, but I do remember feeling a dulled sense of alarm, and his instructions: If this happens again, call for the doctor immediately.

The rest of my recovery was without incident, and my time in the hospital was spent learning how to change a diaper, figuring out how to breastfeed, and pushing myself to get up and move. When my husband and I brought the babies home on Monday, it was one of the only times in my life I can truly say I felt equal parts joy and terror: joy at having created these two perfect little lives and terror at the thought of somehow doing something wrong. I hear this is fairly common for new parents. At home, the bleeding didn't stop, but I'd been told that that was normal, so I thought nothing of it. My feet and lower legs were more swollen than they'd been for the entire pregnancy; but again, swollen feet are common, so I just waited patiently for the swelling to go down. And besides, we were busy getting to know our babies, receiving visitors, and basking in the giddy joy of being parents.

On Saturday morning, nine days after giving birth, I got out of bed and as I stood up, I felt a gush of blood between my legs. I quickly made my way to the bathroom, where I was horrified to see four baseball-sized clots soaked the pads I'd been wearing. I vaguely remembered seeing something in my discharge instructions about calling the doctor if I started passing large clots, so I called my husband for help and immediately called the answering service. In the 45 minutes between when I called and when the doctor called me back, I had soaked through three sets of pads. I told her what was happening, and she said, "Come to the ER right away."

So we left our newborns with my mother and rushed back to the hospital, an eerie reliving of our trip just over a week ago. This time, though, instead of chattering with anticipation and excitement, our car ride was silent, heavy with our fear. I left a pool of blood in the seat of the car—I keep meaning to track the driver down to apologize. In the ER, my blood pressure was dangerously low, so we were immediately ushered back to a bed. From there, my memory is comprised of a series of still-life moments. Joking with the nursing staff about how we loved the hospital so much we couldn't stay away.

My husband going next door to help the disabled patient and his caretaker connect to the Wi-Fi. Me, crying out for my husband to stay there, to not pull the curtain back despite my screams as the doctor examined me – I didn't want him to see her hands come away soaked in my blood. And through it all, trying to handle myself with aplomb while sitting in an ever-widening pool of blood.

The moment that is etched in my memory is this: I am holding my husband's hand, listening to the doctors on the other side of the curtain navigating the logistics of operating room privileges and blood type, when the edges of my vision start to fade. I look at my husband and say, "I think I'm going to pass out." And then, as if from a distance, I see him tear the curtain back and yell for help. I fall further toward the black, until the only thing I can see is his face—always so kind, and calm, and

in control—a mask of panic. He, who never cries, has tears in his eyes as he says, "You have to stay here, okay? You have to stay here." I promise to try, but it feels as if I'm underwater.

That is the moment I can still relive if I close my eyes. That's the moment I thought I was going to die. I was too far gone to feel fear, but I did feel an overriding sense of regret. What a shame, I thought, that we'll never get to raise those beautiful children together. What a shame that my children, whom I already love so much, will never know their mother. A nurse came and elevated my feet above my head. And slowly the room came back into focus.

From there, I was rushed to the operating room where the doctor explained that they were about to put me under and to count backward from ten. I awoke in recovery to the news that the procedure had gone well, and that I'd needed four units of blood to replace all that I'd lost. When I looked it up later, I was shaken to realize that they had replaced nearly half of my blood volume. Before it happened to me, I had never heard the term "postpartum hemorrhage". That seemed like the kind of thing that happened somewhere else, where women didn't have access to quality maternal care. But it is far more common that one would expect.

In the time since it happened, I've learned new information about how doctors treat Black women that has colored my birth and postpartum experience. Was the doctor careful enough? Did she see me as a human being? I don't know if I could have done anything differently to prevent what happened to me, but I hope that by sharing my story, others might be more prepared. And more than anything, I now feel gratitude. For every moment I get to spend with my husband, every moment spent watching our twins grow, I am exceedingly grateful.

NORTH CAROLINA

Nan, Durham, NC

During my first pregnancy, my blood was typed wrong. I am negative, my husband was positive. My first pregnancy resulted in a healthy baby. I suffered four miscarriages during the next four years.

I had better care very early in my fifth pregnancy and it was discovered that my blood had been typed in error and I had the Rh factor. I should have had treatment after each pregnancy but did not. I did deliver a healthy child on the fifth try. My original doctor was civilian. The last one was military.

Marianne, Durham, NC

My first 8 years ago was a c-section child after "failure to progress". I ended up with a wound infection at the incision site that required weeks of home health visits. With my second child, I experienced a severe postpartum hemorrhage, disseminated intravascular coagulation, and subsequent emergency hyster-

ectomy to save my life. I spent 2 days in the ICU without my child and needed 12 units of blood product transfused. This was three years ago.

There is NOTHING that can prepare you for almost losing your life while bringing life into the world. Both of the experiences above were as you can imagine quite traumatic. With the first, I never wanted a c-section so that in itself was traumatizing. I ended up experiencing postpartum depression which went untreated. It was a very challenging time. With the second, I had a lot more support from the medical community but needed to work through grief and PTSD related to the birth. With my first birth, the medical professionals felt very dismissive to me. I believe this contributed to the trauma greatly and possibly one of the reasons why I did not seek help for the postpartum depression.

I have employee-sponsored private insurance and gave birth at a world-class hospital system. I recognize how fortunate I am to have the access to healthcare that I did. I would not be here without the quick thinking of my medical care team, emergency protocols and blood products on hand. My care team with my second delivery provided wonderful bedside care that really helped to minimize the trauma effects of a life-threatening delivery.

I took 12 weeks with both births. My employer paid for 3 weeks and the rest I used vacation/sick leave and short-term disability. Because my second delivery was so complicated, I would have appreciated more time off from work. Returning to work while in the throes of grief and PTSD was so very difficult.

Keeneya, Fayetteville, NC

My first pregnancy happened at 35. At a routine visit, my blood pressure was dangerously elevated. I was sent to the hospital at 27 weeks and arrived with a BP of 220/125. After 2 days of attempting to lower it the decision was made to deliver my oldest daughter.

She was 1lb13oz at birth. Required 3 months of hospitalization before she was ready to come home. Then required PT and OT for the first 11 months of life. She is perfect now.

Susan, Greensboro, NC

As a Maternal/Child RN of 44 years in direct care and as a nursing school professor, I witnessed improvement when Medicaid begin to cover prenatal care. Up until that time, there was a huge disparity in care of those who had insurance and those who did not.

The complications seen in those patients without care were life and death issues for the mother as well as her baby. North Carolina had a very high infant mortality rate which improved as more mothers had better care. The US infant mortality rate is higher than any other industrialized country in the world.

**MEDICAID PROVIDES
HEALTH COVERAGE
FOR NEARLY HALF
OF ALL
BIRTHS
IN THE U.S.**



SOURCE: <http://lkff.org/medicaid/fact-sheet/medicaid-pocket-primer/>

March of Dimes has spent decades teaching young women about the importance of prenatal care to pick up early on risk factors and complications so interventions can prevent permanent harm. Removing women from Medicaid coverage is so detrimental to society in general.

It is going backward rather than improving life for the most vulnerable. Mothers do not come for 6 week postpartum checkups and start birth control without Medicaid coverage for the visit resulting in more and ill-timed pregnancies.

Amy, Raleigh, NC

I have a subseptate uterus, an abnormality that may limit the space inside the uterus. This was not discovered until I was 7 weeks pregnant with my first child. At that point, there is no way to know how severe the abnormality was because there was a baby in there. Thankfully, most of my pregnancy went very well, but I had to be monitored more closely. At 36 weeks, my water broke in the parking lot of my work. It was an exciting morning to be sure. What followed though, was 36 hours of hell.

You see, my baby ran out of room in the womb because of my sub-septate uterus, so my water broke; but the labor was not progressing at all. After 12 hours of nothing happening, doctors had to progress it with pitocin, which makes labor pains more severe. Another 12 hours passed and I had dilated very little. Another 12 hours of excruciating pain and anguish (even with pain meds) and I was finally fully dilated, but the baby was not aligning with my cervix. After pushing failed, we had to get the baby out, so we went to emergency C-section.

Because I was in labor so long, I lost an incredible amount of blood during the c section. I was anemic for 2 months after. I suffered a uterine infection 2 days postpartum and had to be kept in the hospital even after the baby was discharged. I suffered terrible postpartum depression and posttraumatic stress immediately. It wasn't caught until 2 weeks later when a Lactation Consultant house call intervened and referred me to help.

There is definitely more to the story, but the lesson is simple: me and my child would have died without the help of Duke University Hospital. We would have suffered longer in silence, without the midwife who's home visit was covered by ACA. We would not have had a successful and joyous scheduled C section of our second child. We are still paying off the debt of our first son's birth, but I know it could have been so much worse without our health care and insurance.

OHIO

Gina, Apple Creek, OH

I had many issues during my pregnancy. I had a terrible time gaining weight. My baby was born very small. I had cramping and bleeding. I had to have tests done EVERY WEEK. It was terrifying. After the delivery, I continued having postnatal complications. Thankfully, I was on Medicaid or my baby and I might not have made it though!! We must make prenatal care a major priority!

Amy, Berea, OH

My daughter was born 7/3/10. She is now a healthy happy 7-year-old but she may have had to grow up without a mother. I had a lot of heartburn all through pregnancy and couldn't eat a lot of things so we were worried I would have something happen to our baby. Fortunately, nothing happened to her but I've had to make huge life changes. First being I can no longer have children so she is forced to be an only child. She's had to come to terms with that.

After I gave birth, I kept having a fever. Then gave me an ultrasound 3 months after she was born to tell me some of the placenta didn't come out. I had a raging infection. Then at about 9 months I was sleeping a lot, and my pelvis and knees hurt and would swell up and I couldn't walk much and had to lay down. We did a blood test and found out I have SLE lupus. I have to take 8 meds a day and some ibuprofen to do my part-time job and care for her.

Even seven years out and finally finding a relatively good medicine it is still hard. I think the infection I had could have triggered it. I am thankful my daughter did not have a condition called heart block. I am thankful I didn't have damage to my heart which is common to SLE lupus pregnancies. I do have to take vitamin D and folate supplements the rest of my life though due to after effects of pregnancy and it ate away at some of my teeth so I had to have them filled and fixed. Thank goodness it wasn't worse. No one ever thought to check my im-

“As a Maternal/Child RN of 44 years in direct care and as a nursing school professor, I witnessed improvement when Medicaid begin to cover prenatal care. Up until that time, there was a huge disparity in care of those who had insurance and those who did not.”

Susan, Greensboro, NC

mune system and I had blood taken before getting pregnant.

It could have been so much worse because many lupus patients miscarry and cannot carry to term. I was lucky but only just. Now I have to be on SSDI to take care of my medical needs the government is looking to end all the things I will need to be a healthy mom to be there for my miracle baby girl.

Pam, Columbus, OH

Urban areas have zones in Ohio where the death rate of either a mother or child or both dying during childbirth is worse than in some third world countries. It's largely attributed to the opioid epidemic and antiquated misogynist laws that take the child away for a mother that tests positive for drugs, narcotics, herbs and soon nicotine and alcohol. They can also be prosecuted for hurting a viable fetus. Viable until it's not. Addicts, even occasional users forego prenatal care. Miscarriages have skyrocketed too I'm sure.

Personally, my grandson was stillborn. His mom was in the most vulnerable group: Black, socio-economically disadvantaged, educationally disenfranchised, her mom addicted and she too sorely addicted. The only hope she had of rehabbing was a court order to do so, after first being felonized by the judicial system, forever sentenced to low wage menial jobs and monitored by the government.

These women should feel safe to go to doctors and Planned Parenthood clinics and freely discuss their risks/options regarding childbearing. And doctors should be free to treat patients addiction without reporting it to government. Then maybe we can identify these high-risk pregnancies early and monitor these fetuses and these women's health.

Sherry, Wickliffe, OH

Without Medicaid, I wouldn't have my daughter. My husband and I do the best we can but our insurance on the Marketplace while it would have covered a good chunk, would have still caused us to have to spend a significant amount. When reapplying for our plan, we found I qualified for Medicaid. We filled out the paperwork and submitted our pay stubs and thankfully were approved.

I can't tell you what a blessing that was for our family! I was able to save money towards my maternity leave as my employer does not offer paid maternity leave. Thanks to Medicaid I had a healthy pregnancy and when I had to have an emergency C-section it was thankfully covered. My daughter also has Medicaid now and I am on my husband's insurance plan.

We could not afford to add her to his plan and are able to take care of all her other needs without having to fear being unable to pay our bills. We are extremely grateful for Medicaid and we pay into this system, and we are strongly in favor of expanding Medicaid so that everyone has quality care. I also was able to get care for my postpartum depression care I would not otherwise have been able to receive.

OKLAHOMA

Jade, Muskogee, OK

My third pregnancy was uneventful. I use Indian Healthcare Services. I had a C-section planned due to two previous C-sections. One Sunday early morning I started having contractions. I was 3 weeks till my due date. We rushed to W.W Hastings Indian Hospital. I was hooked up to monitoring. I was in labor so they rushed me to a C-section. I got the doctor on call, not my doctor. This doctor decided to do a vertical cut instead of the bikini. I had 2 very successful bikini cuts with my prior pregnancies. Surgery went fine and my son was super healthy.

Recovery was a nightmare. They took my staples out after a week. Days later my entire incision came open while I was at home. Rushed back to Hastings and got the staples closed in the ER. Saw my doctor the next Monday and he had to remove the staples and pack my wound. I endured wound packing twice daily for about two months with a nurse in my home. Frequent doctor visits, poorly managed pain, the physical limitations and everything else made it extremely hard to care for my children.

Now I am 3 years later left with PTSD from the incident, lack of

trust in doctors and a horrible ugly scar from belly button to pubic bone. Later I found out this same doctor did the exact same thing to other women. He is still practicing too.

OREGON

Madeleine, Ashland, OR

After 73 hours of labor trying to do a home birth, I went to a Berkeley, CA hospital and had a C-section free of charge thanks to help from Medicaid, without which my beautiful daughter and I would have died.

PENNSYLVANIA

Janette, East Petersburg, PA

While pregnant with my son I had horrible morning sickness, to the point where my doctor was threatening me with the hospital if I didn't gain weight. The prenatal vitamins made the morning sickness worse. I also have scoliosis, and it pushes my left rib cage forward just enough for it to be incredibly painful with the extra weight of pregnancy. Because of the intense pain, I had to go on bed rest for the final two months of my pregnancy. My son was a week late and I had to be induced. Every time I had a contraction, my son's heartbeat would drop. After 13 hours of no progression, my midwife decided that if nothing happened by sunrise, I'd be getting a C-section. I've had a seizure disorder since 16 and while I was in labor it decided to attack. There was no question now about getting a C-section. I remember the doctor asking me to tell him if I could feel him, (I had had an epidural). I could, so I told him, and they did nothing about it.

I had to go back to work 6 weeks after he was born because I had used up all of my FMLA time on bed rest. My son was born healthy and he is utterly amazing. I got pregnant with my daughter shortly after giving birth to my son despite using preventative measures and following doctor's instructions of waiting 8 weeks before having sex again, (every single time I've been pregnant has been unplanned and preventive measures have been taken). Because I was breastfeeding, we didn't know she was there until I was about 4 months along. I had similar issues with my back and ribs as I did with my son. Two months away from my due date, I quit working. My doctor said that because of my seizure while in labor with my son, they could not induce me again.

Because I quit my job I had to find another ob-gyn, the first one I went to was absolutely horrible, they looked at me like they had never seen a pregnant woman with a seizure disorder before. And I kept having to re-re-re-answer questions that should have been in my chart. (Keep in mind, I'm already in a great deal of pain because of my scoliosis). I was there for a total of two hours, and fighting tears the majority of the time. I had to find another ob-gyn.

Because of the back to back pregnancies, I thought it would

Essential Elements of the Right to Health

Availability: Health care facilities, goods, services, and programs must be available in sufficient quantity in all areas, urban and rural. This includes, for example, a sufficient number of health clinics, trained medical personnel receiving domestically competitive salaries, and adequate stocking of medicines in health facilities.

Accessibility: Health facilities, goods, and services have to be accessible to everyone without discrimination. Accessibility has four overlapping dimensions:

- 1. Non-discrimination** – health facilities, goods, and services must be accessible – both in law and in fact – to everyone regardless of race, sex, gender, sexual orientation, nationality, disability or other status.
- 2. Physical accessibility** – health facilities, goods, and services must be within safe physical reach for all sections of the population, and especially for vulnerable or marginalized groups such as women and ethnic minorities, residents of rural areas, and people with disabilities.
- 3. Economic accessibility** – whether publicly or privately provided, health facilities, goods, and services must be affordable for all, and payment for health care services should be based on the principle of equity.
- 4. Information accessibility** – information and ideas concerning health issues should be made accessible to everyone, without discrimination, and provided in an accessible format.

Acceptability: Health facilities, goods, and services must respect medical ethics, respect the culture of individuals and their communities, and be sensitive to gender and life-cycle requirements.

Quality: Health facilities, goods, and services must be scientifically and medically appropriate and of good quality.

SOURCE: Black Mamas Matter Toolkit, https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/USPA_MH_TO_HRBrief_Final_9.16.pdf

be in the best interest of my health, mental, physical, and emotional to get my tubes tied. Well, with the in-between ob-gyn there was a snafu and I was not able to get my tubes tied when they cut me open to get my daughter out. (That was performed six weeks after giving birth.) C-section was scheduled and I had told my primary care physician about how much pain I was in, he prescribed Valium for me, and all it did was make me sleep. Sleeping and a barely one-year-old baby do not mix, so I dealt with the pain.

My daughter's birth was easy, everything was calm, professional, helpful. I never felt lost or scared. In November of 2016 I found out I was pregnant again, (yes, after having my tubes tied). With having a tubal ligation, my doctor wanted to make sure everything was healthy, so she gave me numbers to ob-gyns. I'm on Medicaid because we're low income and my seizure disorder. There aren't a whole lot of ob-gyns that accept Medicaid in my area. So, I called the Ob-gyn that had me close to tears when I was pregnant with my daughter.

They would see me, but they couldn't until after Thanksgiving. And they didn't understand why my primary care physician hadn't ordered an ultrasound and blood test. I called my

doctor back, explained to them what the ob told me, and they called and set up an ultrasound and blood test for me. I went in for the ultrasound hoping that everything would be okay. I watched on a TV screen sized monitor of the tech performing the ultrasound on me trying to guess where my baby was (when I went in for my first ultrasound with my son, he looked like a DNA strand to me.) Every little blip or odd looking thing (2 C-sections and a tubal ligation does not make it easy to pick things out for the untrained eye.) The tech had to do a trans-vaginal ultrasound on me. My baby showed up on the monitor and I was thrilled, I could actually tell that it was a baby. When the tech finished he told me that he needed me to stay and that he was going to have a doctor look at the ultrasound and have my doctor call me. It didn't occur to me that this meant something was wrong.

My doctor called me and told me that the fetus had attached to my Fallopian tube, and asked me to stay at the hospital and they were going to try and get me to see an ob-gyn there. Within an hour, I was sitting in front of a very kind ob-gyn and he said "in cases like this we prefer you to be up and moving around and not doubled over in pain." He was very sorry, but

the pregnancy needed to end. I was escorted down to the hospital and my husband and I waited several hours to end my pregnancy, the potential life that was growing inside me. During that time I was barely holding it together and I honestly think I was in a bit of shock because there was literally no time to process anything. A woman came in and started talking about burying my baby. She wasn't a nurse or a doctor, and she did not notify the hospital staff that she was going to come in and talk to me.

So, I was angry and hurt and my husband and I made a snap decision to let the hospital dispose of my fetus'/baby's remains (forgive me but it was a baby to me, and had it been three to four inches south, I'd most likely be holding a two week old infant in my arms.) The doctor that was going to perform the surgery asked if I wanted my tubes put together. I stared at him blankly, again, not processing all that was going on. When he came back later he asked again, I told him that of my right tube could be saved, save it, but leave the left tube alone.

The surgery was a success, I lost my right tube, but it didn't rupture before or while they were in there, and I came home in immense physical, mental, and emotional pain. Everything physically healed well, sometimes I still get twinges from the surgery. I think there may be some scar tissue around where the waist of pants/shorts sits on me. Mentally and emotionally I had cycled back to old paths of feeling like a constant burden, thinking I'm worthless. That my loved ones would be better off without me. I got myself into therapy before I spiraled to a point I couldn't come back from, and I am grateful to be alive, but I miss my baby.

Ectopic pregnancies are the leading cause of maternal death in the first trimester. According to the UK's (I couldn't find any statistics in the US) health site, 1 in 80-90 women have an ectopic pregnancy in their lifetime. 4 out of 7 of the women I know (including me) have had ectopic pregnancies. I wish there was a way to show our government, our doctors, that our lives matter.

Marguerite, Mechanicsburg, PA

The first time I was pregnant, I had a miscarriage at approximately 14 weeks. I was devastated. Since my doctor advised me to wait before trying again, I finally was pregnant again about a year later. My pregnancy went very well, but after being in labor for 14 hours, the baby did not descend and I had a C-section. My baby was too big to be born vaginally and had facial paralysis for about a year from being pushed against my pelvic bones with each contraction. She is fine now!!

Two years later, I was pregnant again, and I felt like the baby was as big (or bigger) than my first one. I mentioned this to the doctor, and he made me sign a paper which said that I did not want to try a vaginal birth. I had another C-section and this baby was slightly bigger than my first one, and the doctor told me that she would not have been able to come out vaginally.

As a matter of fact, she was squeezed inside my uterus very

tightly and when she was born her whole side was paralyzed. Fortunately, that only lasted a few hours and then she was fine. Thank goodness for good physicians and healthcare that did not dictate them how to do deliveries "by the book" so that my children were born safely.

Kari, Macungie, PA

Admitted at 38 weeks 3 days with "mild" preeclampsia. The only symptom was protein in my urine. Induced labor for 19 hours, son went into distress. Went for emergency c section. While in operating room spiked 104-degree temp. Son was in NICU for only 6 hours.

After birth, I had difficulty breathing and started turning yellow. I was diagnosed with postpartum HELLP Syndrome. I had kidney failure, liver failure, fluid overload, pulmonary edema, heart failure, ARDS, DIC. I was placed in a medically induced coma on life support for 7 days. Hospitalized for 19 days. Received dialysis and multiple blood transfusions (55 units of blood products). Learned to walk again and restore fine motor skills. Luckily all organs came back to normal levels within 1 year.

Carol, Philadelphia, PA

At age 24, my daughter Andrea got pregnant. Her baby girl died in utero two weeks before she was due to be born. She had to give birth vaginally to her dead baby. It was horrific for her. I watched my "baby", wearing a monitor that was measuring her contractions, which had to be induced. But there was no heartbeat. I felt useless and I was speechless-- truly dumbfounded.

The life of my bright and funny 24-year-old daughter would forever be altered. Her worldview tainted. Her psyche traumatized. My poor Andrea. I could not kiss it and make it better and I too lost my beautiful first grandchild Amelia Marie-6lbs 7 oz. 21 1/2 inches long. Perfectly formed and lifeless. I wanted to see her breath, to hear her cry. I never would. Andrea never would. Andrea's hell lasted 4 years. PTSD, and profound grief.

She ended up being diagnosed with polycystic ovary syndrome and had fertility problems. She finally got pregnant with Sammy. Her pregnancy was traumatic. She carried a Doppler and checked his heartbeat every day until it made her crazy. She went to the ER countless times before he was born - just to make sure he was alive. Her medical bill was hefty, to say the least.

They were almost penniless, but they had Sammy, a beautiful and healthy baby boy. However, Sammy did have a Nevus next to his eyebrow that had to be removed and had a hernia for which he needed surgery. Her husband's work insurance offered lousy coverage. \$70 copayments. No vaccination coverage. Only paid a percentage of Sammy's surgeries. She and her husband recently declared bankruptcy.

Marlene, Philadelphia, PA

My first child was conceived in 1989. This was a few months after a miscarriage. My insurance didn't cover pregnancy because it wasn't an injury or an accident or an illness. I found a naturopathic physician because I was in Portland, OR. I paid cash, up front for the delivery.

I went to PA for the summer, and luckily, could get Medicaid, for prenatal care. I had a hemorrhage up to the 4th month, as my placenta was separating. Luckily, I was able to deliver at home, in my living room, with the help of my husband's cousin, and the naturopathic physician.

Angela, West Mifflin, PA

My son was born at 24 weeks' gestation – 16 weeks early. He spent three months in a neonatal intensive care unit, three weeks in a step-down transitional hospital, and was followed by neurologist, urologist, and developmental specialists. He was immune compromised, not allowed to attend daycare, and we had nursing services for a couple of weeks and early intervention services in our home several times a week for 5 years. I had private insurance, and Medicaid covered our co-pays. We were able to nurse that baby into toddlerhood, teach that toddler into school, and now he's about to enter high school.

And because of all that early work, he is thriving. THRIVING. He's volunteering at a kids camp that he's attended in the past, and they will employ him next year when he turns 15. He's bright, funny, in the gifted program, and on track to be a working American taxpayer. I feel very strongly that ongoing therapeutic and medical care can prevent some folks ending up living on disability. I feel very strongly that making health care hard to access will be very expensive in the long run.

RHODE ISLAND

Michelle, North Providence, RI

After two completely uncomplicated pregnancies and births, I was caught off-guard when I started seeing blood at 19 weeks with my third pregnancy. I had a complete posterior placenta previa, and was put on pelvic rest and restricted from exercise—anything more than the walk to the bus stop to get me to work was off limits. Some women with placenta previa experience no symptoms or complications, others have large bleeds during pregnancy and/or childbirth. I was incredibly fortunate to have this complication resolve before the end of the pregnancy, and I credit my wonderful Ob-gyn practice with helping me through the mental stress by being available to answer questions and provide additional ultrasounds and monitoring.

I also joined a placenta previa and accreta support group during this time, and many of my fellow group members openly shared their stories. Some stories were similar to mine, with healthy, happy endings. Others faced hemorrhages, infant loss, and one woman with previa, accreta, and percreta died.

Some women fell into higher-risk categories for these complications—older moms with many prior pregnancies, with prior C-sections, a history of smoking; for some, this was their first experience with pregnancy in their early twenties. The support and knowledge sharing of other women going through similar complications was a light during a scary time.

Victoria, Warwick, RI

I was delivering my youngest child and his heart slowed dangerous low. He was in fetal distress. Apparently, when I had a contraction it pulled him back in the birth canal. This was due to the cord it was around his neck. This, of course, was making his heartbeat lower. My husband was told to leave because they may have to take me to surgery. They told me to do exactly what they say because they had to get him out fast. Boy, was I scared.

I lost a baby 2 years ago and I won't lose this one. I pushed so hard I was sitting up. He came out silent and not breathing after what seemed like forever they gave him oxygen and he was alive and beautiful today. Tell me what parents are going to do when their babies are critical under Trump's healthcare because he's giving them no coverage. So I guess they just die.

SOUTH CAROLINA

Lauren, Florence, SC

I was pregnant with my son last year and everything had been relatively normal, although I had hypertension that went untreated and an abnormal glucose tolerance test (my 3-hour glucose tolerance test was normal). I had not gone into labor by my due date but was told we would "keep going" to avoid a possible C-section with an induction. The next week I went in for my 41-week appointment.

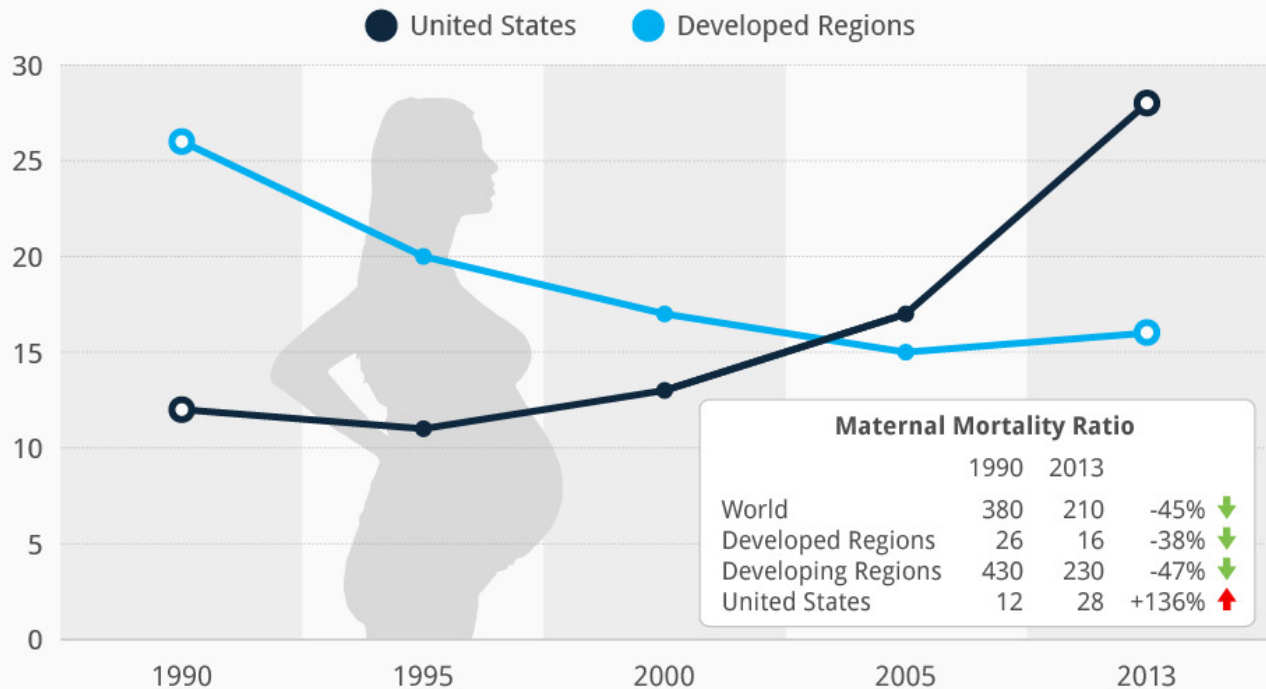
My OB was at a delivery so they sent me to ultrasound first. The ultrasound tech didn't tell us anything was wrong, but I could see her writing something down and she seemed distracted when talking to me and my husband. We went in to see the OB and he checked my cervix then told me that the ultrasound showed that our son's heart was enlarged so we would be going immediately to see the pediatric cardiologist.

We went to see him, and he told us that his heart was indeed enlarged, but it looked like it was because his ductus arteriosus closed early, and it should "be okay" after he was delivered. He recommended a C-section, but my OB said he would rather start inducing the next morning (this was around 5 pm. I assume he made this decision because he was getting off for the week after my appointment). We were admitted that night and my OB came in to start a Foley catheter induction with plans of Pitocin starting the next morning.

Everything was going fine but within a few hours, my baby was having late decelerations in his heart rate. They called in ultrasound to do a biophysical profile on my baby (I thought it was

Maternal Deaths in the U.S. Are on the Rise

Maternal mortality ratio (number of maternal deaths per 100,000 live births)



Source: World Health Organization

Mashable statista

just a routine ultrasound or something to do with his heart). He scored extremely low (something I didn't find out until after discharge), and I was informed that I would be going in for an immediate C-section because my baby wasn't "breathing or moving." I was prepped for my c-section and taken in. I have never been so terrified in my life, and I had no time to process anything that was happening. I was shaking so badly that I couldn't speak clearly. Thankfully I calmed down some after my husband was allowed in.

My son was born through meconium and had an APGAR score of 2 at birth. He was limp, purple, and had to be resuscitated. I was told later that he aspirated meconium. He was then rushed to the NICU before I could see him. It was 48 more hours before I held him for the first time. He was on CPAP (ventilation) due to his meconium aspiration syndrome, and it was another two weeks before he was fully weaned off of oxygen and able to come home.

The whole experience was traumatic for us, and coming home without him was miserable. We were so thankful that we did get to bring him home, since many mothers don't, and other NICU moms have to wait much longer. We were also thankful for Medicaid; since I was in nursing school at the time, I could

not work very much at all, much less afford health insurance. Medicaid covered my delivery and my son's NICU stay, which was the biggest relief.

Katie, Greenville, SC

I think the thing I would write about would be my blood pressure. With my first pregnancy, my blood pressure crept higher and higher and higher as each month went by until we ended up inducing when my doctor finally grew concerned about the potential impact on my long-term health. My child was born perfectly healthy, and I was put on blood pressure medicine for six weeks postpartum. By my six-week checkup, my swelling was down and my blood pressure was nearly normal, so she took me off the meds (with the caveat that I keep testing my blood pressure at home for another six weeks). Everything was fine.

With my second, I had a different doctor due to a chance of insurance. My blood pressure did not go as high but was still above normal. My doctors were unconcerned. I went into early labor at 36 weeks. My baby was born totally healthy, no issues. My blood pressure continued to climb in the days after giving birth. It was routinely much much higher in one arm than the

other. No one appeared even remotely concerned about this, despite the fact that this is one of the first signs of postpartum heart failure. I asked for blood pressure medicine and it was never prescribed. I asked again and was told I would get some but it was never given to me. I was sent home, still with the strange BP readings.

At my six week checkup, my blood pressure had started to stabilize but was still high. I was still not given even a temporary blood pressure medicine dose, even when I asked. My blood pressure did eventually go down on its own. But I was immensely lucky. My doctor did not listen to me the second time around and if that strange blood pressure reading had been the symptom of serious complication, it would not have been caught until it was too late.

Sarah, Mount Pleasant, SC

I had a difficult pregnancy in the sense that I was sick all the time - I lost 40 lbs from the sheer lack of appetite and frequent vomiting, though the baby was always healthy and on track with her growth. I was 35 weeks pregnant and that Friday, I realized that I hadn't felt her kick or move as much as she normally did. I initially chalked it up to my own fatigue but throughout a restless night, I did what I could to try and get her to move.

I ate/drank something, switched sides, etc. She still hadn't moved so I called the on-call doctor who told me to go to the hospital and they would put me on a monitor. I'm a single mom and I drove myself there, trying not to panic and hoping I was just being paranoid. I got to the hospital and up to L&D - my sisters arrived for support and thankfully the doctor found a heartbeat, though they noticed decelerations of it.

They kept me in triage, as it happened more than once and then said they were going to admit me for observation. My sisters had to run out so it was just me, and the monitor showed some minor contractions as well as decelerations. Shortly after my younger sister returned, the on-call doctor came in and told me I needed a c-section ASAP as my daughter's heartbeat was showing distress and she wasn't tolerating the minor contractions I was having. Within 30 minutes I was prepped and on the table - scared out of my mind as she was early. Her APGAR was 3 initially but went up to 8. She is a fairly healthy almost 2-year-old now but has had some motor delays and feeding issues so she received physical therapy and occupational therapy.

The thing I always come back to is that a couple of months before my daughter was born, a friend of mine from school had posted on FB about her daughter who was stillborn at 38 weeks. She hadn't felt her move in a while but thought she was just being anxious. Her story would not get out of my head and I probably called my doctor earlier than I might have if I hadn't heard about the terrible loss this friend had experienced.

Also, as a single parent, the lack of paid leave was a huge source of stress for me. Though I was fortunate to have FMLA, all but about 3 weeks of the 10 I took were unpaid. The extra expenses of my daughter's therapies, foot braces, and general

“We were also thankful for Medicaid; since I was in nursing school at the time, I could not work very much at all, much less afford health insurance. Medicaid covered my delivery and my son’s NICU stay, which was the biggest relief.”

Lauren, Florence, SC

costs worry me constantly and I have to use significant leave when she is sick as there is more often no one else who can watch her. I am very privileged in many ways, with a good job and family nearby, but it is always on my mind.

Carol, Taylors, SC

My fourth baby was born at 26 weeks, weighing 900g (7 grams under 2 pounds) in 1987. She was in the NICU for 4 months. Her medical bills for those 4 months were well over \$250,000. Fortunately, we had good health insurance. but many mothers in the same situation do not. Two of the great benefits of the ACA is the elimination of lifetime caps and the elimination of pre-existing conditions. If Katherine had lived (she died of chronic lung disease at 11 months) she might well have been considered uninsurable.

TENNESSEE

Pamela, Afton, TN

I was pregnant with my third child, the previous two came at 37 weeks via C-section due to complications. I went to the hospital with contractions and was told that due to insurance purposes I had to wait another week because it was no longer an option to take a baby at 37 weeks even though my OB had reservations about sending me home. I felt that I wasn't going to make it to the 38 weeks, I went home and the next day my baby ripped out of my previous c-section scar.

If I would have waited one more hour to go to the hospital my Ob-gyn said we both would have hemorrhaged and died. This

could have been prevented if the doctor would have been able to do his job the day before, because of this I was kept in the hospital an extra day and had a much longer recovery time. One positive thing came out of my experience though, my Ob-gyn said he would always go with his gut feeling after dealing with that no matter what insurance companies say and try to block.

Ashley, Allons, TN

I have had a traumatic birth experience with my last two children. I developed a higher than average amount of amniotic fluid with my last two pregnancies and even though I was seeing a high-risk doctor they were unable to figure out why I had so much extra fluid. But I was told that I would not be able to go further than 37 weeks in pregnancy, so was induced on October 12th of 2016.

I arrived at the hospital and had my water broken and was given Pitocin to labor which I did well with. It wasn't until the delivery portion that my ob-gyn came in and told me that I could begin to push, which I did with the nurse. My doctor was not in the room, which wasn't out of the norm since I know they get me to the point until the baby is almost out. But here is what makes it traumatic, as I was pushing and got to her head coming out, I had a nurse who wasn't fully prepared and shouldn't have been in the room by herself. When the baby's head came out the umbilical cord not only wrapped around her neck but also had a knot in it as well which meant my baby was not getting air or blood to her body so I was in a panic. The nurse in the room tried pushing the beeper to call anyone in the room to help her she called at least 10 people including my doctor while fumbling and messing up with each call as she was in such a panic.

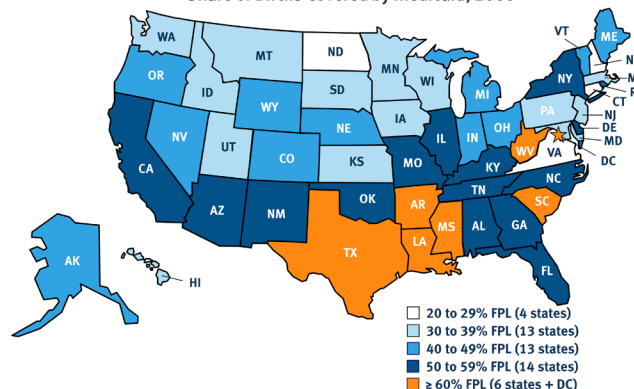
All while my husband had no clue as what to do to help and this nurse telling me not to push. Anyone in labor will tell you how hard that is. At that moment, I had no idea what was going on and wasn't told why I was no longer allowed to push and this nurse held the baby in so as that I wouldn't push which in turn resulted in me tearing and screaming in agonizing pain.

After her last failed attempt to try and page someone on her beeper she told my husband to run outside the door and find anyone to come and help her, which my husband did. He told them it was an emergency and that doctors were needed in the room asap. When my daughter came out, she was not breathing. She was white as a snow and had to have CPR and be intubated, while my doctor was nowhere to be found. I still had no answers as to what was going on and I kept screaming out and crying "Why isn't my baby crying??? Why can't I hear her? What is going on? What is wrong? ". All I got from the same nurse was that they are working on her and for me and my husband to pray. When my doctor did finally appear, he had to stitch me up and was looking to find out was going on with my daughter and had the umbilical cord taken to be looked at.

Due to being in labor so long, I developed an infection and had a fever so was given antibiotics. Then I had my IV line blow so I asked if I needed another line put in, which to their reply was

Medicaid Programs in the South and Southwest Cover a Higher Share of Births

Share of Births Covered by Medicaid, 2006



SOURCE: Sonfield, A., Kost, K., Benson Gold, R., & Finer, L.B. (2011). The public cost of births resulting from unintended pregnancies: National and state-level estimates. *Perspectives on Sexual and Reproductive Health* 43(2): 94-102.

yes and so I asked for them not to poke me so many times to come back awhile later which fell on deaf ears. I told them I have veins that respond better to warmth if they would bring me a warm rag to get them to show better which one nurse on call argued with me. She told me that's not the case and that she knew what she was doing as she has been doing it for some 20+ yrs.

So I wasn't listened to again and she blew another vein so another nurse was called in to start a new IV line and was told to put it somewhere on the side of my wrist or arm as to not interfere with breastfeeding my daughter and to not put it in the inside of my elbow. She was told this by the doctor, lactation consultant, and myself and still did it anyway causing for blood to gush from my arm from bending it and not being a good enough vein and then I was told after all this ordeal that I no longer needed the IV and all the trouble to get one was for nothing. When I would use the call button to get a nurse's attention to ask for food and drinks for more pads to be helped to the bathroom or to even take a shower it would take me asking 3 or more times over a few hours before any one of them would help me. I could understand this being the case if they were busy and had lots of moms in labor that day, but when I went to walk around the floor and feed my daughter there were only two other patients on the labor floor.

So there was no reason for my pleas to go unheard and unhelped for so long! My daughter did recover fully from all that happened to her. I was discharged with her 5 days later and was never given an apology by the nurses or doctor or the hospital itself. After this last ordeal, we are unsure if we will use the same hospital or doctor again if we have any more children and talking to other patients of this doctor we have found this isn't the first time this has happened!

Kacey, Germantown, TN

I got pregnant out of wedlock. My fiancé and I had just moved to Memphis, TN, and I did not have a job. I was able to get on

Medicaid as a result of my pregnancy. At 35 weeks, I went to the doctor for a regular checkup. My baby was not growing and I had to be induced immediately. My baby was born at 4lbs 15oz. She had to stay in the hospital for over a week as a result of complications. There is no way my daughter could have gotten the care she needed had it not been for Medicaid. I have never had to be on Medicaid since then, but I thank God and the government for my beautiful, healthy child and the care she was able to receive because of Medicaid.

Anna, Memphis, TN

I found out that I was pregnant at 19 years old and a sophomore in college. I was a scholarship athlete for a Division I university, and I was very scared and unsure of what I was going to do. On top of that, I received a call a few hours after finding out about the pregnancy from the doctor's office telling me that I was also uninsured. My mother's insurance plan did not cover maternity care for dependents.

So I turned to Medicaid through the state of TN and applied for coverage through the ACA Health Insurance Marketplace. I immediately received temporary coverage while my application was being processed, and then gained more permanent Medicaid coverage after the 40 day period. I had a successful, healthy pregnancy and baby boy who is now almost 2.5 years old. I received free birth control through my insurance as well.

I have just recently graduated from college and am continuing on with my Master's degree. I am so thankful that pregnancy was not considered a pre-existing condition and I was able to get the insurance I so desperately needed at that time. I am not burdened by medical debt nor was I forced into seeking substandard care due to a lack of insurance. I am now more easily able to plan any addition to our family on my own time and have control over my own reproduction.

All women regardless of race or income deserve the peace of mind of knowing that they are getting quality care for themselves and their children and that this care will not burden them with medical bills that they cannot pay for.

Jane, Murfreesboro, TN

Our daughter was born a month early. The mucus plug came out, but I was not dilating. After I was admitted to the hospital it was determined that Pitocin should be administered to help the birthing process along. Our daughter's heart rate kept dropping and mine was going sky high. The doctor would change the level of drugs according to our heart rates. Around the 11th hour, our daughter's heart rate kept dropping without coming back up. The doctor had told us this might happen and for us not to panic. She was low enough in the birth canal that he could get her out quickly with forceps if need be. Suddenly he said no more, she needed to come out now. Thankfully with the appropriate medical equipment, drugs, nurses and doctors we gave birth to a beautiful tiny girl. I cannot imagine our birth story having a happy ending if

“All women regardless of race or income deserve the peace of mind of knowing that they are getting quality care for themselves and their children and that this care will not burden them with medical bills that they cannot pay for.”

Anna, Memphis, TN

we did not have immediate and proper access to health care as so many women do not. It is unfathomable that a woman undergoing such a profound experience should fear for the safety of her baby or her own life based solely on her socioeconomic standing and access to health care.

TEXAS

Laura, Austin, TX

I got pregnant on purpose. My husband and I had decided to have a child and he had insurance through his workplace. I have had low blood pressure my whole life. Before getting pregnant I had researched what could go wrong when a woman is pregnant and I saw what could happen but figured it happened to women that had high blood pressure, normally not me.

I was almost 8 months pregnant when I woke up one morning with spots in my vision. I felt fear. I had a neighbor drive me to the doctor's office. I had preeclampsia and was admitted to the hospital. Long story short, I had to have a C-section within 2 days because my blood pressure would not lower by laying on my left side, as some women do. I had high blood pressure for many weeks after and had to heal from the C-section. I had thought going into all this that I would have a natural birth and no complications-I was wrong.

I was a very healthy, average weight female and I assumed too much. Complications come from nowhere and happen to women like me. I also had very scary hallucinations and a bad emotional relationship with my Ob-gyn. I am so happy I gave birth to my son who turned 17 years old this week, but sometimes birth gets complicated and women deserve good health-care to do the important job of procreating.

TEXAS NOW HAS THE HIGHEST RATE OF MATERNAL MORTALITY IN THE DEVELOPED WORLD



Sourcing: Black Mamas Matter Toolkit: <https://www.reproductivejustice.org/document/black-mamas-matter-toolkit-for-advancing-human-right-to-safe-respectful-maternal-health-care>

Constance, Dallas, TX

Back when both hospitals and doctors could refuse treatment because you were poor, Planned Parenthood saved my life and my unborn son. 7 months pregnant and I couldn't afford a doctor. Having problems. Desperate. Planned Parenthood could see me. During my exam, it was found that I had toxemia. Both my life & my son's life was at risk. Pap smear showed I had cervical cancer. Planned Parenthood got me admitted to a hospital when my toxemia got out of control. My cervical cancer was treated with a brand new treatment of freezing a cancerous area. I spent last month of my pregnancy confined to a high-risk ward in a community hospital that Planned Parenthood arranged for me. Literally, PLANNED PARENTHOOD SAVED OUR LIVES!

Paulette, Euless, TX

My first pregnancy terminated in a miscarriage. After that, I was able to have 3 children, none of which were carried to term. My first baby was born at 32 weeks. She weighed 3 pounds, 7 ounces, had no serious birth defects, and really only needed special care while her systems developed enough to survive without medical help. It was not a difficult birth, just such a surprise with no warning.

For me, the most difficult part was going home without my baby. Because she lacked the strength or energy to suck, she was fed by gavage, or a tube down her throat. The team of neonatal nurses was wonderful, but a very young one was sometimes a little careless.

As a result, our tiny, very weak daughter contracted a serious bacterial infection, and was moved to a general hospital room at two weeks old, so she could be in isolation. I was allowed to

move into the room with her to provide round-the-clock care. This week was the scariest and most traumatic week for me. I was given a couple hours training in caring for a baby who barely weighed four pounds.

Apparently, however, mother's love was good medicine. Though they had told us she must weigh five pounds before she could leave the hospital, after one week in that isolation room, she was discharged, free of the infection, and we took her home with us, weighing four pounds, eleven ounces!

Karisa, Universal City, TX

I delivered my daughter in July of 2007. My doctor was not present at her birth because the nurse had me push before he was present. This led to severe internal lacerations that required immediate surgery and blood transfusions. I was discharged from the hospital prematurely and proceeded to hemorrhage for the following two weeks. The doctor's office told me multiple times that I was fine.

Finally two weeks later I suffered from a finally massive hemorrhage and was rushed to the hospital with a hemoglobin level of 3. They weren't sure if I was going to make it without brain damage or other issues. It was discovered that my previous doctor failed to remove a quarter size piece of placenta and that some of my lacerations were repaired incorrectly. I am sure you have heard this before but my life was forever changed by what occurred. I now suffer from PTSD and severe medical anxiety. I will never be the same.

UTAH

Alicia, Ogden, UT

I had a uterine inversion in 2012, resulting in a trip to the OR and 4 units of blood. Then I had undiagnosed placenta accreta in 2015 that resulted in a hysterectomy and 3 blood transfusions.

VERMONT

Nicholas, Burlington, VT

My mom was in labor with me for 3 days before I was born. I have a lot of physical & mental disabilities including learning problems and I wonder if they could be related to my extremely long birth.

Annegret, East Hardwick, VT

I had fully recovered from a near deadly car crash, needed some help occasionally during my 3 pregnancies. My doctor and his nurse paid close attention and I could overcome any flu or other such illness. First childbirth was 2 weeks early, a healthy, 32" girl, lean, easy baby. Two years later a hefty built, healthy 34" boy. The last baby was three years later, healthy

HEALTHY PREGNANCY TIPS

What can a woman do to help her have a healthy pregnancy?

The key to a healthy pregnancy is planning it in the first place. When pregnancies are planned, the mother-to-be can be in the best health possible and be ready for all the challenges of having a healthy baby and raising a family.

Most people don't think about birth control as a way to have a healthy baby, but it plays a key role by helping women plan the best time to have a baby.

When a woman is planning a pregnancy, she should be in the best health possible and should follow these guidelines:

- Take a multivitamin every day that has 400 mcg (0.4 mg) of folic acid. Folic acid is a B vitamin that helps prevent serious birth defects of the heart and brain. But it only helps if the mother takes it before pregnancy and in the first three months of pregnancy.
- Stop smoking. Get others at home and at work to stop smoking too to cut down on second-hand smoke.
- Stop drinking alcohol and/or using illegal drugs. Fetal Alcohol Syndrome is one of the most common birth defects. Every case is preventable by not drinking alcohol during pregnancy.
- Have a pre-pregnancy health check-up with a doctor, midwife, or nurse practitioner. Women with chronic health problems such as diabetes or high blood pressure and women who take medicines or herbs especially need pre-pregnancy care.
- Talk to your healthcare provider about the possible risk of lead poisoning. If lead gets into your body, it could harm you and your unborn baby.

What can a woman do after she gets pregnant to have a healthy pregnancy?

- Get prenatal care early. Go to all your regularly scheduled doctor appointments.
- Eat a well-balanced diet. Continue to take a multivitamin to be sure that mother and baby both get the nutrients they need.
- Gain enough weight, but not too much.
- Sign up for WIC, if you qualify. WIC provides extra food for pregnant and breastfeeding women and for infants and children. It also provides health education and support during pregnancy and breastfeeding.
- Get help with causes of stress, including family violence or work and school problems. There are sources of help in every community: schools, clinics, community centers, churches, and other organizations.
- Take a childbirth class to learn more about having a healthy birth and a healthy baby.
- Talk to your doctor or midwife if you believe you might be exposed to lead from:
 - paint chips or dust in apartments or houses built before 1978
 - working in a battery factory, re-finishing old furniture, or other jobs and hobbies working with lead
 - eating certain materials such as clay or dirt
 - some spices, foods and medicines from other countries
 - using chipped or broken dishes to store food
- Always wash your hands before making meals or eating

Source: https://www.health.ny.gov/community/pregnancy/health_care/healthy_pregnancy_fact_sheet.htm

34", lean, happy, easy. I was fully on my feet within days and the postpartum exams revealed no problems.

Twenty years later, I had a grapefruit-size tumor removed, just below the navel, and have had no difficulty since. I am 80 years old, teach a small yoga class for people over 60, all's well.

VIRGINIA

Anonymous, Afton, VA

Safe birth in 1989, which wasn't a given, considering the circumstances of squalor I was living in. But practitioner missed that I was in an abusive relationship (because I didn't know it either). The one friend that knew, their suggestion was that I have the child adopted. So those weren't so good. One great thing was that even though I was traveling until month 6 I was able to get prenatal checkups in several different states.

Got out of the relationship, by the way, via women's shelter, after a family services therapist ALSO didn't pick up on it. I was able to see it when my ex closed my head in a door and I realized I couldn't bring my daughter up safely like that, but it was hard and scary to leave. Been safe now 22 years and daughter and I are doing well. I'm in grad school. She's in undergrad. By the way, lost several jobs her first few years because of lack of decent childcare in my area, and never, until about 5 years ago, paid less than 50% of my income for safe housing.

Stephanie, Chesapeake, VA

When I was pregnant with my first child, I was diagnosed with gestational diabetes. This required twice-weekly check-ins with a diabetic nurse counselor, constant insulin adjustments, visits with an endocrinologist, visits with a perinatologist, and additional ultrasounds, nonstress tests, and bloodwork to check for complications associated with gestational diabetes.

While many babies of diabetics are born large, which carries its own risks, my son stopped growing in the womb. My placenta began to deteriorate early, my amniotic fluid was low, and my son was delivered unexpectedly at 36 weeks by emergency c-section after a nonstress test and ultrasound revealed that he was struggling. That was the scariest day of my life. In the end, Hollis was fine. He was only 5 pounds, 3 ounces when we brought him home, but he was alive.

Today, my 12-year-old is a happy, healthy boy who runs track, plays baseball, and loves being a percussionist in his middle school band. But Hollis is here with us only because I had insurance and access to excellent medical care. When my husband and I sat down to figure out how much all of those tests, doctor visits, and my emergency c-section cost, we were shocked. We both had good paying, professional jobs, but we could never have paid the \$60,000 in care that saved my son's life. It would have bankrupted us. We now have 3 sons and I received excellent prenatal care during each of their pregnancies.

As a diabetic, that care was essential to save their lives and

mine. I shudder to think what could have happened if my husband and I had found ourselves trying to obtain insurance through the individual market under the rules in place prior to Obamacare. There isn't an insurance company that would touch me or my sons with a 10-foot pole because of my pre-existing condition. My sons are alive today because of my access to insurance and the medical care that insurance allowed me to obtain. If we truly value life, then everyone deserves that chance.

Cindy, Jonesville, VA

My first experience in being pregnant was horrible. I was sick all the time, couldn't eat, was just miserable. It took the longest time to find the reason why, and by the time they realized I had gallstones I had delivered a baby boy at 22 weeks who only lived for 2 hours. Better doctors would have been a big help. My second pregnancy was high risk and I had to have a cervical stitch. I saw a prenatal specialist and it made a big difference in my pregnancy, even though I delivered a month early and the baby had to be in NICU. I had a healthy baby girl, who is now 8 years old.

Gloria, Oak Hill, VA

My daughter was born in Tokyo, Japan. Despite everything we hear about the declining birth rate in that country, largely because fewer and fewer women want to enslave themselves via marriage and children in that highly patriarchal society. When it comes to the childbirth experience, women are treated like goddesses. After a smooth childbirth, I stayed in the hospital for an entire week, during which time I was waited on hand and foot. I was visited by a parade of staff, from nurses to doctors to nutritionists, constantly checking up on me and making sure I had the resources I needed to successfully launch as a new parent. I had a little trouble with breastfeeding, with my milk coming in late.

For the first few days, staff I hadn't even met would approach me and kindly ask about how my milk production was coming along and offering encouraging words. I truly felt like the well-being of my baby and me was the top priority for everyone. Years later, when my son was born in Northern Virginia, it was a completely different experience. While I can't complain about how I was treated, it was just a much more impersonal experience, where I was more a customer than a patient. This prompted me to leave the hospital a day earlier than I needed to, since I knew I would get more nurturing care and attention at home as I recovered from childbirth.

Susan, Richmond, VA

I am a rich white woman who had 3 healthy babies and no complications with prenatal care from day 1. I am also a family doctor who has worked with families who do not have insurance or education or access to birth control and who have had prema-

ture babies, babies with congenital defects, and complications of pregnancy, especially pre-eclampsia. The US metrics on maternal mortality and infant mortality are a criminal indictment of our broken health system. I support Improved Medicare for ALL. If “everyone is in, and no one is out” our metrics will get MUCH better. Vote for those who consider healthcare a right, not a commodity.

WASHINGTON

Stephanie, Moses Lake, WA

After I had my baby I only had access to the little PTO that I had saved up (which was approximately one week) and then unpaid leave. I was the primary financial support for my family at that time. I returned to work at 6 weeks postpartum. My daughter and I both had health issues. Being separated from her and suffering myself while at work exacerbated my postpartum depression and anxiety to the point I was unable to function and ended up having to take even more unpaid time off work. I was caught in a downward spiral of needing money and needing time off to heal and being forced to choose. Still, even with all that - I was fortunate. I was working with a relatively friendly agency that was understanding. Many women don't have those things going for them.

Carissa, Olympia, WA

My daughter and I are here today because of good prenatal healthcare. I had numerous complications and was admitted to the hospital 12 times before having her. After 40 hours of labor and 6 hours pushing, she was in fetal distress and I had to have an emergency c-section.

If we hadn't had access to a good doctor, and appropriate care, we both would have died. As it is, she is my miracle, and I am so thankful we are here! Good prenatal care and access to the childbirth center are not optional. We live in the wealthiest country in history, and there is no excuse for moms and babies to die needlessly.

Clarissa, Seattle, WA

I gave birth to my daughter in 2008. I had a healthy pregnancy. My daughter was born vaginally and without intervention in a birthing center. The labor was 4 hours following two weeks of pre-labor. My midwife had to leave and another took over within the first ten minutes after my daughter was born. I suffered a 3rd-degree tear that the second midwife didn't notice. She tractioned the placenta believing that to be the source of the bleeding. I suffered an internal hemorrhage due to that intervention. She waited three hours before calling an ambulance.

The hospital discharged me after stitching me up. 3 days later I went to the ER with a 105-degree fever. I later received four pints of blood. I was in intensive care for 12 days. I very easily could have died, I don't believe the medical system worked

to save me, my friends and family navigated that for me. Even the blood I received came directly from friends as the hospital wasn't sure they could get my type. The midwife that tractioned me, she lost her midwifery license and became a full-time labor and delivery nurse at the same hospital that discharged me without treatment.

Hollie, Spokane, WA

In 2003, I needed emergency C-section when it was clear my son was not going to fit through my birth canal. In 2005 I was rushed to the hospital in a snowstorm in the middle of the night with broken water a month early. My newborn was on oxygen for a month until his actual due date. In 2007 I suffered a miscarriage of twins 12 weeks in and bled out, fainted at home and broke my ankle, so an ambulance took me to the local emergency room and I stayed in the hospital for days and had half of my blood restored via transfusions. In 2008 I was put on bed rest at 3.5 months at home due to a placenta previa. During my second bleed, I was transferred to the hospital where I spent a month on bed rest and was treated for gestational diabetes. Then, upon my third bleed, I was transferred by ambulance to another hospital in the middle of the night for my Ob-gyn to do an emergency C-section. My son was born 6 weeks early and was in the NICU for two weeks until we took him home. Had we not had employee insurance we would have been bankrupted each and every time. As it is, we pay quite a bit each month but also have affordable deductibles, copay and doable payments for services along with relatively inexpensive ambulance and hospital stay bills. I didn't work at any formal jobs during these young years of my children and we have relied on my husband's health care coverage as a teacher. We struggle to pay bills, debt, and daily items but are grateful. I owe my three sons lives and mine to access to quality healthcare.

WEST VIRGINIA

Jill, Athens, WV

I have two children and both deliveries were probably on the border between high risk and normal. I had pre-eclampsia with my son and gestational diabetes with my daughter. My son was born through natural childbirth in 2007. My daughter was induced and I had an epidural in 2011. Everything seemed to go fine with delivery. She latched on easily and was nursing well. My family came in to see her and we were all visiting. Since I was still fairly numb from the epidural, I hadn't noticed that I was still bleeding. The blood pressure monitor signaled that my blood pressure was very low. We assumed that it was a problem with the monitor. I finally noticed that I was still bleeding and called for the nurse. She responded quickly. She dropped my bed flat and told me she was going to push on my stomach very hard and it was going to hurt very bad. Something was blocking my cervix and instead of contracting like it is supposed to, it was expanding and filling with blood. They were able to stop the bleeding that night and I received 2 units of blood. Two days

later they let me go home from the hospital without doing an ultrasound to see if my uterus was clear. I was home for a half a day and made myself an omelet. I sat down in the kitchen and had what felt like a contraction and I hemorrhaged. That happened two more times in the next hour.

My bathroom looked like a horror movie with blood everywhere. I called the hospital and they had me come back in. They had to do a D&C to clear my uterus of excess tissue. They were not sure where the tissue came from. One theory was that my daughter had an un-gestated twin where the placenta grew, but the baby did not. I received 3 more units of blood that night. It was scary. Overall, I am pleased with my healthcare, but they should have done an ultrasound before I left the hospital.

WISCONSIN

Jody, Madison, WI

I had preterm labor with both of my pregnancies. The first episode with my first pregnancy was at 5 months, which improved with IV fluids. The second episode was at 32 weeks and I had to be hospitalized and receive several liters of fluids then several types of meds to get the labor to stop. I was on bed rest and medication for the rest of my pregnancy. As soon as I went off of the medication I went into labor and my water broke (at 37 weeks as my doctor recommended). My daughter ended up having sensory integrative dysfunction related to a dairy allergy, and allergies to vaccinations, culminating in an encephalitis like reaction and lymphadenopathy, the latter of which she has suffered with to this day (she is now 22).

My second pregnancy also resulted in preterm labor, partial bed rest and medication. After the emergency C-section birth I developed autoimmune disease which went undiagnosed for 3 years due to several local doctors being unable to diagnose or help me when I asked for help until I found a doctor 2 hours away who specialized in unusual allergies. I was unable to walk more than 1/2 block without lying down for several minutes, although I had been able to walk for an hour at a good pace prior to the birth (after I was allowed to walk again). I could hardly think or function even though I had to go back to work, until I was put on antifungals and thyroid medication and changed my diet to gluten and dairy free. My second daughter ended up with celiac disease and a dairy allergy.

Bernhard, Madison, WI

We have quite a birth story, we think. My wife got pregnant completely natural with her first child at age 47. Birth started pretty good. She wanted to give birth standing and crouching, but in the course of things she decided to have an epidural. Once she got the epidural and lied down the contractions stopped and the baby's heartbeat faded. We had to stop and start several times. The doctor was contemplating a Caesarean. After 27 hours of labor she gave birth. The doctors told us that the baby is perfectly healthy, except that it had jaundice, which is

not that unusual. The nurses insisted that we breastfeed. Unbeknown to us and the staff, my wife did not produce any milk due to the long labor, our baby become dehydrated and the jaundice must have grown worse in the process. Nevertheless, we were sent home after three days. After a few hours in the house, the baby started to sag and we felt as if life was draining out of her. We called our pediatrician. We reached her substitute, who after listening to our description quickly connected the dots: mother and baby had blood type incompatibility.

The baby was rushed to the NICU, where she spent the night in a phototherapy unit. They told us that if that didn't work, all of her blood would have to be exchanged, a risky procedure. Luckily, she recovered after just one night. We could bring her home and use a biliblanket for a few weeks. All of this could have been avoided if our pediatrician had recognized the risk factors (the blood types, the fact that my wife belongs to the risk-group of Asian women, and that she was likely to have poor milk production after the long birth) and if they would have advised and allowed us to bottle-feed the baby after birth. We can't complain, though. Our daughter was extremely healthy after that first scare and is now a terrific 9-year old.

Hope, Milwaukee, WI

My son came a week earlier than the scheduled c-section. I was in active labor, I've had 3 previous ones we started prepping for surgery that morning. I'm O-negative we couldn't get any blood but my doctor decided to go ahead with the c-section. Everything was fine, he (my baby) came all healthy until I started to lose a lot of blood from my doctors cutting thru the previous scar. I started to get sleepy and couldn't stay awake, I was kinda panicking my doctor talked to me during surgery and the stitch up kept me calm. I took maternity leave unpaid for 8 weeks, came back to work only for my job to illegally take 8 hours from me saying it was for holding my job. My son is 4 months now we're doing fine now everything is back to normal at least for awhile thanks for letting me share my story it was one of the most scariest experiences of my life.

Kristen, Stoughton, WI

I carried twins for 29 weeks when I started getting extreme headaches. Went to the doctor and they immediately sent me to the hospital with high blood pressure - I had Pre-eclampsia. They did everything they could to bring my blood pressure down and keep the babies in for as long as possible but I only made it 3 days before having an emergency C-section. The kids were born at 3lbs at 29.5 weeks gestation.

They spent 8 weeks in the NICU. If I didn't have insurance, the bill would have been close to \$1 million. I got the first bill for 1 week, before the insurance kicked in, and it was \$100,000. Insurance covered it, but it was eye opening. We are very lucky that the kids turned out healthy with no severe issues but it was a long 8 weeks and I couldn't be more grateful for the care they received from nurses, specialists, doctors, etc.

REVERSE AMERICA'S RISING RATE OF MATERNAL MORTALITY

The Preventing Maternal Deaths Act of 2017

The Problem – Our Nation's Rising Maternal Mortality Rate:

More women in the U.S. die from pregnancy complications than in any other developed country. This alarming fact must be addressed; pregnancy must become safer. In 33 states, maternal mortality review committees (MMRCs) comprised of local health experts study local maternal death cases to learn how to make pregnancies safer and prevent tragic outcomes. Congress can help improve the health and safety of pregnant women, and save families from devastating losses, by investing in local MMRCs.

Causes include preventable conditions like preeclampsia and obstetric hemorrhage. Mental health conditions, including suicide and overdose, are the leading cause of maternal mortality in a growing number of states.

The Solution:

State MMRCs bring together local ob-gyns, nurses, social workers, and other healthcare professionals to review individual maternal deaths and recommend solutions to prevent these tragic events in the future. MMRCs are essential to understanding maternal deaths and identifying opportunities for prevention. Every state should have an MMRC.

- 17 states still have not yet established an MMRC.

Federal Relevance:

- 48% of births are covered by Medicaid.
- Congress already invests to reduce infant mortality through programs addressing preterm birth, SIDS, and birth defects, and supports national infant mortality data collection.
- The same investment for our nation's mothers will help save lives.

The Preventing Maternal Deaths Act:

Authorizes the CDC to assist states in creating or expanding MMRCs.

- \$7 million annual authorization for grants to states, fiscal years 2018 through 2022, for MMRCs to:
 - Collect consistent data to help our Nation understand what causes maternal mortality.
 - Recommend locally relevant strategies to State Departments of Public Health to prevent pregnancy deaths & reduce disparities.
 - Report to Congress on maternal mortality data to track successes and setbacks.
- HHS to research disparities in maternal health outcomes.

House Ask: Cosponsor H.R. 1318, the Preventing Maternal Deaths Act, sponsored by Reps. Jaime Herrera Beutler (R-WA), Ryan Costello (R-PA), and Diana DeGette (D-CO).

Senate Ask: Cosponsor S. 1112, the Maternal Health Accountability Act, sponsored by Senators Heidi Heitkamp (D-ND) and Shelley Moore Capito (R-WV).

Courtesy of ACOG - The American Congress of Obstetricians and Gynecologists



Why Giving Birth Is Deadly for Black Women... and Why It Might Get Worse

By Monifa Bandele, Vice President at MomsRising and leader of the Healthy Kids Programs

Mothers dying during pregnancy and childbirth is a crisis most Americans believe impacts only countries experiencing extreme poverty with shortages of food, health care providers, medicine, water and housing.

Most people think of developing or war-torn nations where there are inadequate hospitals and little government infrastructure. But when it comes to maternal health and mortality in the United States, we need to think again.



This deadly reality unfolds in the apartheidlike health outcomes experienced by black women, in which the difference between life and death for a mother and her newborn is too often determined by the color of her skin. The maternal mortality rates among black women in the United States are simply terrifying: Black women are between three and four times more likely to die from pregnancy-related causes than white women.

Shockingly, these numbers hold true across all education levels, even after controlling for differences in socioeconomic status. It is this disproportionate risk that black women face during pregnancy and childbirth that drives the maternal mortality crisis in the United States, in which black mothers and their babies experience rates of death and disease virtually nonexistent in most developed nations.

Across race, the maternal mortality rates in the United States are already at alarming levels: According to the World Health Organization, the U.S. is one of only 13 countries in the world where pregnancy-related deaths are actually on the rise, and it has the worst rate of maternal deaths in the developed world.

In fact, American women are more likely to die from pregnancy-related complications than women in 45 other countries, including the United Kingdom and much poorer nations like Libya and Kazakhstan.

The crisis in this country is getting worse: Both the likelihood of experiencing a severe pregnancy complication and dying from it are on the rise.

If the state of maternal care in the U.S. is abysmal for America's women, the health care system fails black mothers and their babies the most. Our nation's enduring legacy of systematic racism against black people has deep roots in virtually every sector of society – including health.

Racial health disparities are as wide as they were in the 1930s, and let us not forget this country's history of using and abusing black female bodies at the expense of their reproductive health. From a brutal system of slavery and segregation that robbed black women the chance of healthy motherhood to Jim Crow-era forced sterilization and inhumane gynecological medical experimentation, black mothers' human right to have access to quality health care has always been under threat.

It comes as no surprise that a study from as recent as 2016 showed that a disturbing number of medical professionals polled held wildly racist views about their black patients, such as the false beliefs that black people feel less pain than whites and that their blood coagulates faster—resulting in lack of proper treatment and care.

> MORE

Every mother has the right to quality and equitable maternal health care. Fundamental human rights protections, such as those enshrined in the International Covenant on Economic, Social and Cultural Rights – signed by virtually every country on the globe – ensure that women’s experiences of pregnancy and childbirth care are rooted in principles of equality and nondiscrimination.

Even the international community has raised concern over the maternal mortality rate of black women in America. In September 2014, a United Nations committee (pdf), troubled by the persistently high rates of maternal mortality among black women, called on the United States to eliminate racial disparities in health in order to fulfill its international human rights obligations.

Medicaid covers nearly half of births in the U.S. And while its imminent gutting has been halted, Medicaid is still in

the crosshairs. The conditions that enable black women in this country to support healthy pregnancy and childbirth are almost impenetrable, and the ongoing Republican health care agenda’s proposed slashes to health services would very likely increase the body count of black mothers and their newborns.

Let’s be clear: Black Moms Matter, which is why Mom-sRising members and mothers across the nation are fighting back as our elected officials attempt to gut the health care system and worsen our nation’s already abysmal track record on maternal health.

Now is the time to expand health access – not cut it. Until black mothers are able to achieve their best health, access to quality care is not just a health issue, but also a racial-justice one.

Recommendations from the Black Mamas matter Alliance Toolkit

View the full toolkit at:

https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/USPA_MH_TO_PolicyBrief_Final_5.16.pdf



The following is the Black Mamas Matter Alliance’s
Resources on Maternal Health in the United States

RESOURCES ON MATERNAL HEALTH IN THE UNITED STATES

PUBLIC HEALTH RESEARCH AND INITIATIVES

Alliance for Innovation on Maternal Health (AIM): works to reduce maternal morbidity and mortality through a national partnership of organizations; aligns national, state, and hospital level efforts to improve maternal safety; develops safety bundles to promote consistency in maternal care.

Association of Maternal & Child Health Programs (AMCHP): provides resources aimed at improving the health of women, children, youth, and families, including technical assistance, best practices, and convening opportunities; serves as a partner and advocate for state public health leaders and other maternal and child health stakeholders who make up its membership. AMCHP has taken the lead on developing and sharing resources about state-level maternal mortality review processes, providing: a maternal health resource guide (*Health for Every Mother*); assistance to select states in building capacity around data collection, case review, and translation of findings (the Every Mother Initiative); and a web-based *MMR Resource Portal* for sharing tools and examples with and among states.

Every Woman Southeast: connects a coalition of partners across nine southern states focused on improving women's health and health equity over the life course; provides resources and training; conducts research; builds leadership across the Southeast; and emphasizes women's participation in health policy decisions.

Health and Medicine Division (HMD) of the National Academies of Sciences: (formerly the Institute of Medicine, or IOM) provides independent, objective analysis and evidence to help government and private actors make informed policy decisions related to health; operates under congressional charter and serves in an advisory role by providing studies at the request of federal agencies, independent agencies, and Congress; produces reports on racial and ethnic disparities in health and health care, and women's health.

The Kaiser Family Foundation: provides information on key health policy issues, including Medicaid, disparities, and women's health; maintains interactive state profiles with facts on women's health.

Maternal Health Taskforce (MHTF) of the Harvard School of Public Health: provides a database of resources covering all aspects of maternal health in order to help eliminate preventable maternal mortality and morbidity; compiles research and information from news, journals, and global health and development sources to facilitate a well-informed, integrated maternal health community with equitable access to high-quality technical evidence.

Merck for Mothers: provides \$500 million over 10 years to reduce preventable maternal mortality worldwide; applies Merck's scientific and business expertise, as well as financial resources, to solutions focused on improving the quality of maternal care that women receive at facilities; includes support for programs that work to address maternal mortality in the United States.

World Health Organization (WHO): serves as the public health arm of the UN, directing and coordinating international health within the UN system; provides leadership on matters critical to health; shapes the global health research agenda; sets norms and standards and monitors their implementation; articulates ethical, evidence-based policy options; provides technical support; offers authoritative guidance on maternal health in the course of standard activities such as promoting health, monitoring disease outbreaks, and assessing the performance and preparedness of health systems around the world; publishes key reports and roadmaps including *Strategies Toward Ending Preventable Maternal Mortality (EPMM)*, *Trends in Maternal Mortality: 1990-2015*, and the *Global Strategy for Women's, Children's and Adolescent's Health 2016-2030*.

PROVIDERS AND PROFESSIONAL ORGANIZATIONS

American College of Nurse Midwives (ACNM): provides advocacy, research analysis, and education related to pregnancy, childbirth, and reproductive health; serves as a professional association representing certified nurse midwives (CNMs) and certified midwives (CMs).

American College of Obstetrics and Gynecologists (ACOG): provides education, advocacy, and research related to women's health care (including state and federal legislative advocacy around reproductive health and access, and improving pregnancy outcomes); serves as a membership organization for obstetricians and gynecologists.

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN): promotes the health of women and newborns; serves as a resource for nurses and health care professionals; provides advocacy, research, and education.

Association of State and Territorial Health Officials (ASTHO): represents the leaders of state and territorial health agencies; formulates and influences public health policy to improve state-based public health practice; provides policy and position statements on various topics, including maternal mortality and morbidity.

Commonsense Childbirth: provides midwifery services in Florida using an approach to maternal child health care developed by founder and midwife Jennie Joseph (called *The JJ Way*); provides perinatal training and certification programs to address maternal health provider workforce shortages and increase provider diversity; provides an empowering model of care that has successfully reduced racial disparities and poor outcomes while expanding access to safe and respectful maternal health care.

Feminist Women's Health Center: provides reproductive health services, community education, and policy advocacy in Atlanta, GA; sustains a state legislative agenda focused on public policies that enable a full range of reproductive health rights and options for all; offers an online advocacy toolkit to help advocates in Georgia engage with their lawmakers.

International Center for Traditional Childbearing: provides midwife and doula training to increase the number of Black maternal health providers in order to empower families and eliminate infant and maternal mortality.

National Association of Certified Professional Midwives (NACPM): represents the interests of certified midwives in coalitions and policy advocacy to improve maternal health outcomes; works to eliminate racial disparities in maternal health by supporting anti-racism in midwifery care, the leadership of midwives of color, and broader access to CPMs.

National Healthy Start Association: serves as the membership organization for federal Healthy Start programs; promotes the development of community-based maternal and child health programs and access to a continuum of affordable quality health care and related services to improve birth outcomes and reduce racial health disparities; emphasizes newborn health but also includes support for mothers and families.

Society for Maternal Fetal Medicine: provides a forum for physicians and scientists with additional training in high-risk, complicated pregnancies to share knowledge, resources, and best practices in order to improve pregnancy and perinatal outcomes; advocates for health policies and systems of care that support people with high-risk pregnancies.

ADVOCACY

Access Reproductive Care (ARC)—Southeast: provides funding and public advocacy to help individuals and families in the South navigate pathways toward safe, compassionate, and affordable reproductive health care access.

Amnesty International: investigates and exposes human rights abuses as the world's largest grassroots human rights organization; published a 2010 report on U.S. maternal health problems titled *Deadly Delivery: The Maternal Health Care Crisis in the USA*.

Center for Reproductive Rights: uses the law to advance reproductive freedom as a fundamental human right; provides technical assistance to state-based partners on reproductive health law, policy and human rights advocacy strategies, including those related to maternal health in the South.

Childbirth Connection: engages consumers to improve the quality and value of maternal health care; advocates for evidence-based, high quality care, shared decision-making, and improved health outcomes; maintains a directory of maternal and perinatal care quality collaboratives; publishes reports and surveys including the *Transforming Maternity Care* project, which lays out a vision and action plan for improving maternity care in the United States.

Choices in Childbirth: provides expectant parents with information and education so they can experience the birth they want and choose; conducts education and advocacy activities to expand families' choices about where, how, and with whom to birth.

National Birth Equity Collaborative: engages in research, advocacy, and family centered collaboration to reduce African American infant mortality; mobilizes health and civil rights organizations; and targets ten U.S. cities with the highest Black infant mortality rates and provides support to local leaders through the Campaign for Black Babies.

National Healthy Mothers, Healthy Babies Coalition (HMHB): creates partnerships among community groups, nonprofits, professional associations, businesses, and government agencies to improve the health and safety of mothers, babies, and families; provides educational materials and opportunities for collaboration (including state and local HMHB coalitions) and influences maternal health policy.

National Perinatal Taskforce: creates a network of support to improve maternal health outcomes by building a virtual community of people and encouraging the growth of grassroots movement building and the formation of Perinatal Safe Spots—physical or virtual spaces where individual communities can share ideas about what’s working and what’s not.

National Women’s Law Center (NWLC): champions laws and policies that promote equality and opportunity for women and families; provides resources and advocacy on pregnancy and health issues, including resources on women’s health care coverage; publishes state-by-state reports that track key state laws and policies affecting women; maintains a national and state-by-state report card on women’s health, which includes maternal mortality and prenatal care indicators.

National Health Law Program (NHeLP): advocates, educates, and litigates for the health rights of low-income and underserved people at the federal and state levels; works on policy topics including Medicaid, reproductive health, and health disparities; publishes information and reports.

March of Dimes: in addition to its primary work on preventing infant morbidity and mortality, provides funding for local programs that address racial disparities in birth outcomes; produces resource materials and a data book for policymakers that includes information about maternal health; provides access to maternal and infant health data by state and region through a tool called *PeriStats*.

Robert Wood Johnson Foundation: provides funding for projects that aim to improve U.S. health and health care; provides information and resources about various health topics (such as social determinants and health disparities); offers the County Health Rankings report, which compares counties across the country on a broad range of health related measures, and identifies health gaps in each state.

FEDERAL GOVERNMENT

Centers for Disease Control and Prevention (CDC): conducts scientific research, monitors U.S. health, and provides health information while acting as the national agency responsible for health protection; tracks diseases and analyzes data related to U.S. maternal mortality and morbidity; uses science and technology to prevent disease; provides resources, training, and guidance to the public health workforce. States can use the Maternal Mortality Review Data System (MMRDS) developed by the CDC to help them collect and abstract data, develop case summaries, conduct analysis, and document committee findings and recommendations.

Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB): partners with key stakeholders to improve the physical and mental health, safety, and well-being of the nation’s women, children, and families; funds programs, research and other efforts to address the needs of these groups across the lifespan; provides funds to states and jurisdictions through the Title V Maternal and Child Health Block Grant, as well as discretionary grants; focuses on health disparities, health equity, and social causes of health outcomes.

Healthy People 2020: provides science-based, ten-year national objectives for improving U.S. population health (at national, state, and local levels) as part of a national health promotion and disease prevention agenda; includes goals aimed at improving health equity and addressing social determinants of health; includes maternal health indicators and benchmarks related to maternal mortality and morbidity, access to maternal health services, and pregnancy and postpartum care; provides recommendations on maternal health interventions and other tools and resources.

National Institutes of Health (NIH): serves as the nation's medical research agency, and the largest funder of biomedical research in the world; funds projects aimed at enhancing health and life expectancy and reducing illness and disability in the United States, including projects related to maternal health; drives discovery and translation of new health ideas.

Office of Minority Health, U.S. Department of Health and Human Services: works to improve the health of racial and ethnic minority populations through the development of health policies and programs that help eliminate health disparities; maintains the OMH Resource Center, which provides access to literature and information on the health status of racial and ethnic minority populations.

STATE GOVERNMENTS

California Maternal Quality Care Collaborative: brings stakeholders from multiple sectors together to with a mission to end preventable maternal morbidity, mortality, and racial disparities in maternity care in California; provides resources and support for improvements in quality care and data collection; may serve as a leading example for quality care collaboratives in other states.

NYC Department of Health and Mental Hygiene: protects and promotes the health of all New Yorkers; as one of the nation's oldest public health agencies and one of the world's largest, is often recognized as a leader in the field of public health; conducted enhanced surveillance of maternal mortality from 2001–2010 before the New York State Department of Health took over review of maternal deaths (reports available at <http://www.nyc.gov/html/doh/downloads/pdf/ms/ms-report-online.pdf> and <http://www1.nyc.gov/assets/doh/downloads/pdf/ms/pregnancy-associated-mortality-report.pdf>); conducted the first citywide surveillance of severe maternal morbidity and expects to release its report in Spring 2016.

REPRODUCTIVE JUSTICE

Echoing Ida: develops and promotes the thought leadership of Black women change-makers in media spaces; sustains a growing network of writers, editors, media professionals, organizers, and policy advocates; provides analysis on issues impacting Black women and their diverse communities, including maternal health; features the work of maternal health leaders.

Black Women's Health Imperative: works to improve the health and wellness of Black women and girls—physically, emotionally and financially; identifies the most pressing health issues and invests in the best strategies, partners, and organizations working to ensure that Black women live longer, healthier, more prosperous lives; addresses a range of reproductive health and justice issues.

In Our Own Voice: National Black Women's Reproductive Justice Agenda: amplifies the voices of Black women at national and regional levels to secure reproductive justice; focuses on abortion rights and access, contraceptive equity, and comprehensive sex education; represents a partnership between the following five reproductive justice organizations: Black Women for Wellness, Black Women's Health Imperative, New Voices Pittsburgh, SisterLove, and SPARK Reproductive Justice Now.

Mothering Justice: empowers mothers in Michigan to organize and influence policies that will affect them and their families; focuses primarily on engaging mothers as leaders, advocates, and voters on issues of economic security; advocates for maternal health and rights.

National Advocates for Pregnant Women: challenges punitive reproductive health and drug policies through the courts and provides litigation support in cases across the country; engages in policy advocacy to protect the rights of pregnant and parenting women, particularly low-income women and women of color; engages in organizing and public education.

Religious Coalition for Reproductive Choice (RCRC): brings religious people who believe in reproductive justice together to advocate for public policies that improve access to reproductive health services and eliminate disparities in these areas; provides tools for faith leaders and activists.

SisterReach: empowers, organizes, and mobilizes women and girls in Tennessee around their reproductive and sexual health, encouraging them to become advocates for themselves; supports women and girls to lead healthy lives, have healthy families, and live in healthy communities by offering comprehensive education about their sexual and reproductive health; engages with education, policy, and advocacy on behalf of women and girls.

SisterSong Women of Color Reproductive Justice Collective: serves as a Southern-based, national membership organization for reproductive justice advocates; works to strengthen the collective voices of indigenous women and women of color to achieve reproductive justice by eradicating reproductive oppression and securing human rights; mobilizes women of color around lived experiences and works to improve institutional policies and systems that impact the reproductive lives of marginalized communities; provides training in reproductive justice and provides a platform for movement members to work collaboratively toward shared policy goals, including advocacy on maternal health.

SPARK Reproductive Justice Now: builds new leadership, knowledge, and culture change in Georgia and the South to ensure individuals and communities have resources and power to make sustainable and liberatory decisions about their bodies, gender, sexualities, and lives; centers Black women, women of color, and queer/trans youth of color; focuses on civic engagement and policy advocacy around reproductive justice issues.

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MomsRising.org is an online and on-the-ground grassroots organization of more than a million people who are working to achieve economic security for all families in the United States.

MomsRising is working for paid family leave, flexible work options, affordable childcare, and for an end to the wage and hiring discrimination which penalizes so many others. MomsRising also advocates for better childhood nutrition, health care for all, toxic-free environments, and breastfeeding rights so that all children can have a healthy start.

Established in 2006, MomsRising and its members are organizing and speaking out to improve public policy and to change the national dialogue on issues that are critically important to America's families. In 2013, Forbes.com named MomsRising's web site as one of the Top 100 Websites For Women for the fourth year in a row and Working Mother magazine included MomsRising on its "Best of the Net" list.

MamásConPoder is MomsRising's Spanish language community and website.

To learn more about our stories or to speak to our staff, please contact: nadia@momsrising.org

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