



HR0237

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1 HOUSE RESOLUTION

2 WHEREAS, According to the Centers for Disease Control and
3 Prevention, Black women in the United States are two to three
4 times more likely than White women to die from
5 pregnancy-related causes; and

6 WHEREAS, Black women and people living in low-income and
7 rural communities in the United States are most likely to
8 suffer from life-threatening pregnancy complications, known as
9 maternal morbidities; and

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

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

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

1 WHEREAS, KFF, which was formerly known as The Kaiser
2 Family Foundation, reported that from 2018-2022, the maternal
3 mortality rate in Illinois was 18 per 100,000 live births; and

4 WHEREAS, Black women are 50 percent more likely than all
5 other women to give birth to premature, low birth weight, and
6 very low birth weight infants; and

7 WHEREAS, The high rates of maternal mortality among Black
8 women span across income levels, education levels, and
9 socioeconomic status; and

10 WHEREAS, The Centers for Disease Control and Prevention
11 found that more than 80 percent of pregnancy-related deaths
12 are preventable; and

13 WHEREAS, The leading causes of maternal mortality among
14 Black women and birthing persons include eclampsia,
15 preeclampsia, postpartum cardiomyopathy, and obstetric
16 embolism, and these conditions impact Black women and birthing
17 people disproportionately; and

18 WHEREAS, Structural racism, gender oppression, and the
19 social determinants of health inequities experienced by Black
20 women in the United States significantly contribute to the
21 disproportionately high rates of maternal mortality and

1 morbidity among Black women; and

2 WHEREAS, Racism and discrimination play a consequential
3 role in maternal health care experiences and outcomes of Black
4 birthing people; and

5 WHEREAS, The overturn of Roe v. Wade impacts Black women
6 and birthing people's right to reproductive healthcare and
7 bodily autonomy and further perpetuates reproductive
8 oppression as a tool to control women's bodies; and

9 WHEREAS, A fair and wide distribution of resources and
10 birth options, especially with regard to reproductive health
11 care services and maternal health programming, is critical to
12 addressing inequities in maternal health outcomes; and

13 WHEREAS, States and rural counties with higher Black
14 population rates have severe maternity care deserts, where
15 there are no hospitals or birth centers offering obstetric
16 care and no obstetric providers and diminished access to
17 reproductive healthcare providers due to low Medicaid
18 reimbursements, rising costs, and persistent healthcare
19 workforce shortages; and

20 WHEREAS, Illinoisans face higher rates of maternity care
21 deserts with 34.3 percent of counties defined as maternity

1 care deserts compared to the 32.6 percent national average,
2 where women of childbearing age do not have access to
3 hospitals or birth centers offering maternity care or
4 obstetric providers; and

5 WHEREAS, Maternity care deserts lead to higher risks of
6 maternal morbidity and mortality as most complications occur
7 in the postpartum period when birthing people are far away
8 from their providers; and

9 WHEREAS, Black midwives, doulas, perinatal health workers,
10 and community-based organizations provide holistic maternal
11 care and support but face structural and legal barriers to
12 licensure, reimbursement, and provision of care; and

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

16 WHEREAS, COVID-19, which has disproportionately harmed
17 Black Americans, is associated with an increased risk for
18 adverse pregnancy outcomes and maternal and neonatal
19 complications; and

20 WHEREAS, New data from the Centers for Disease Control and
21 Prevention has indicated that since the COVID-19 pandemic, the

1 maternal mortality rate for Black women has increased by 26
2 percent; and

3 WHEREAS, There are concerted efforts to increase uptake of
4 maternal vaccinations; and

5 WHEREAS, Even as there is growing concern about improving
6 access to mental health services, Black women are least likely
7 to have access to mental health screenings, treatment, and
8 support before, during, and after pregnancy; and

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

12 WHEREAS, Black pregnant people disproportionately
13 experience surveillance and punishment, including shackling
14 incarcerated people during labor, drug testing mothers and
15 infants without informed consent, separating mothers from
16 their newborns, and criminalizing pregnancy outcomes such as
17 miscarriage; and

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

1 WHEREAS, Justice-informed, culturally congruent models of
2 care are beneficial to Black women; and

3 WHEREAS, An investment must be made in maternity care for
4 Black women and birthing persons, including care led by the
5 communities most affected by the maternal health crisis in the
6 State of Illinois, continuous health insurance coverage to
7 support Black women and birthing persons for the full
8 postpartum period at least one year after giving birth, and
9 policies that support and promote affordable, comprehensive,
10 and holistic maternal health care that is free from gender and
11 racial discrimination, regardless of incarceration; therefore,
12 be it

13 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE
14 HUNDRED FOURTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that
15 we declare April 11-17, 2025 as Black Maternal Health Week in
16 the State of Illinois; and be it further

17 RESOLVED, That we recognize that Black women are
18 experiencing high, disproportionate rates of maternal
19 mortality and morbidity in the State of Illinois; and be it
20 further

21 RESOLVED, That we recognize that the alarmingly high rates
22 of maternal mortality among Black women are unacceptable and

1 unjust; and be it further

2 RESOLVED, In order to better mitigate the effects of
3 systemic and structural racism, the Black community must have
4 (1) safe and affordable housing, (2) transportation equity,
5 (3) nutritious food, (4) clean air and water, (5) environments
6 free from toxins, (6) decriminalization, removal of civil
7 penalties, end of surveillance, and end of mandatory reporting
8 within the criminal and family regulation system, (7) safety
9 and freedom from violence, (8) a living wage, (9) equal
10 economic opportunity, (10) a sustained and expansive workforce
11 pipeline for diverse perinatal professionals, and (11)
12 comprehensive, high-quality, and affordable health care,
13 including access to the full spectrum of reproductive care;
14 and be it further

15 RESOLVED, That in order to improve maternal health
16 outcomes, we must fully support and encourage policies
17 grounded in the human rights, reproductive justice, and birth
18 justice frameworks that address maternal health inequities;
19 and be it further

20 RESOLVED, That Black women and birthing persons must be
21 active participants in the policy decisions that impact their
22 lives; and be it further

1 RESOLVED, That in order to ensure access to safe and
2 respectful maternal health care for Black birthing people, the
3 Black Maternal Health Momnibus Act and other legislation
4 rooted in human rights that seeks to improve maternal care and
5 outcomes must be passed; and be it further

6 RESOLVED, That Black Maternal Health Week is an
7 opportunity (1) to deepen the national conversation about
8 Black maternal health in the United States, (2) to amplify and
9 invest in community-driven policy, research, and quality care
10 solutions, (3) to center the voices of Black Mamas, women,
11 families, and stakeholders, (4) to provide a national platform
12 for Black-led entities and efforts on maternal and mental
13 health, birth equity, and reproductive justice, (5) to enhance
14 community organizing on Black maternal health, and (6) to
15 support efforts to increase funding and advance policies for
16 Black-led and centered community-based organizations and
17 perinatal birth workers that provide the full spectrum of
18 reproductive, maternal, and sexual healthcare.