

**Delaware House of Representatives**

**Rep. Melissa Minor-Brown**

**For Immediate Release:**

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**Lawmakers Unveil 2022 Delaware Momnibus: Bills that Would Address Maternal and Infant Health**

*Rep. Minor-Brown sponsoring bills tackling child and maternal mortality, doulas,*

*incarcerated pregnant persons, and aid to new parents.*

DOVER – Recognizing the ongoing challenges facing mothers and newborns, lawmakers unveiled several bills Monday aimed at addressing issues impacting pregnant and post-partum persons and decreasing infant mortality.

The 2022 Delaware Momnibus is a series of bills related to maternal and infant health that would tackle issues such as child and maternal mortality, doulas, incarcerated pregnant persons, and aid to new parents. Collectively, the seven bills would improve healthy outcomes for families and infants throughout Delaware.

“As a nurse and a Black woman, I am extremely aware of the maternal and infant health issues affecting Delaware families, particularly Black mothers and babies,” said **Rep. Melissa Minor-Brown**, who is the lead House sponsor of all seven bills. “Black women made up one of every four women giving birth in Delaware between 2011 and 2018, but made up half of the mothers who died in childbirth. At 12.5 infant deaths per 1,000 live births, the Delaware Black infant mortality rate is three times higher than the White infant mortality rate of 4.2 infant deaths per 1,000 live births.

“These are more than statistics; they are mothers and children who leave behind loved ones. These bills are designed to help all Delaware mothers and infants, to improve their outcomes and increase their chances for a successful and healthy pregnancy, birthing process and postpartum. Taken together, these bills will make a huge impact on Delaware families across the state by breaking down barriers to vital healthcare treatment and removing other obstacles that mothers and families have faced.”

The United States has one of the highest rates of maternal mortality among high-income countries and wide disparities by race that have been documented since rates separated by race were first published in 1935. Currently, Indigenous and Black women are dying at two to three times the rate of White women, Asian/Pacific Islander women, and Hispanic women.

"As a health care worker and as a Black woman, I am all too aware of the disparities in maternal health outcomes," said **Sen. Marie Pinkney**, D-Bear. "Black and Brown women across Delaware and across the nation are disproportionately likely to die during childbirth or experience serious pregnancy-related complications. Every mother — regardless of the color of her skin, her socioeconomic standing, or her zip code — should have the same access to high-quality, equitable prenatal and postpartum health care services. That’s why I am thrilled to join Rep. Minor Brown in championing the Delaware Momnibus, a series of bills aimed at lifting up women and infants."

The bills, which will be filed on Tuesday, include:

House Bill 340 would revamp the Child Death Review Commission to include more focus on maternal concerns. The commission would be renamed the Child and Maternal Death Review Commission to reflect its existing dual focus. The definition of “maternal death” would be updated to include death during pregnancy or within a year from the end of pregnancy, and related to, or aggravated by, the pregnancy or birth, including death by suicide. Commission membership would include a midwife, a doula, and a member of a community group focused on women’s health, teen pregnancy, or public health.

Additionally, the commission would be required to hold at least one annual meeting jointly with the Delaware Perinatal Quality Collaborative to discuss findings, recommendations, and initiatives of that body. The group also would be required to publicly post its draft report and accept written public comment, as well as hold a public meeting in each county.

“In the United States, far too many women suffer from pregnancy complications that can lead to injury or death,” said **Sen. Bryan Townsend**, D-Newark/Glasgow. “Our nation has the highest rate of pregnancy-related mortality among high-income countries. What’s worse is that maternal mortality rates for Black and Brown mothers are 2-3 times higher than rates for white Americans. But it doesn’t have to be this way. Many of these pregnancy-related deaths are preventable. That’s why I am proud to co-sponsor HB 340 that will broaden the scope of the Child Death Review Commission to now include a focus on maternal deaths. By reviewing the data, studying patterns, and investigating the causes of maternal deaths, we can better identify solutions and mobilize to enact them.”

House Bill 341 would require that the state exempt pregnant persons and the parent or other relative primary caregiver of a child six months of age or younger from Temporary Aid to Needy Family (TANF) work, education and training requirements. Individuals receiving TANF assistance typically have to comply with several requirements. HB 341 would provide some relief for expectant and new parents.

“As mothers, both Rep. Minor-Brown and I know that the months following a pregnancy can be tumultuous and exhausting," said **Sen. Kyle Evans Gay**, D-Talleyville. “HB 341 gives TANF recipients the time they need to recover and get back on their feet after a pregnancy without penalty.”

House Bill 346 would remove the requirement that a pregnant patient enrolled in the state Medicaid program receive prior authorization for an automated take home blood pressure cuff when the automated take home blood pressure cuff is recommended by their doctor.

Monitoring blood pressure is an important part of prenatal care because the first sign of preeclampsia is commonly a rise in blood pressure. Left untreated, preeclampsia can lead to serious, even fatal, complications for a woman and her baby. Remote monitoring provides the opportunity to promptly detect preeclampsia and other pregnancy complications for which high blood pressure is a symptom.

“No woman should be denied access to critical health care services simply because of their insurance plan,” said **Sen. Nicole Poore**, D-New Castle. “Monitoring blood pressure is an important part of prenatal care because a spike in blood pressure is often the first sign of preeclampsia. That’s why I proudly support HB 346, which would eliminate the need for pregnant Medicaid patients to receive prior authorization for a take-home blood pressure cuff.”

House Bill 344 would provide licensed healthcare professionals and other healthcare staff with strategies for understanding and reducing the impact of their biases in order to reduce disparate outcomes and ensure that all patients receive fair treatment and quality healthcare. The bill would require annual explicit and implicit bias training for health professionals and staff of hospitals and freestanding birthing centers.

Implicit bias impacts treatment decisions and outcomes. Black patients often are prescribed less pain medication than white patients who present the same complaints, and Black patients with signs of heart problems are not referred for advanced cardiovascular procedures as often as white patients with the same symptoms. Women are less likely to survive a heart attack when they are treated by a male physician and surgeon. LGBTQ and gender-nonconforming patients are less likely to seek timely medical care because they experience disrespect and discrimination from health care staff.

“Despite recent strides to prioritize equity in the medical field, implicit bias still negatively impacts the experience that thousands of patients have in doctors’ offices and emergency rooms across our state,” said **Sen. Sarah McBride**, D-North Wilmington. “Even the fear of bias in our health care system creates meaningful barriers and often prevents those with marginalized identities from seeking care in the first place. My colleague Rep. Minor-Brown routinely sees the damaging effects that implicit bias has on her patients – from delayed diagnoses, to misdiagnosed symptoms, and mistreatment of illness. That’s why I am honored to co-sponsor HB 344, which would require additional bias training and accreditation for health care professionals and staff across our state.”

HB 344 would take effect January 1, 2023.

House Bill 342 would expand existing restrictions on the use of restraints on women who are giving birth or in labor to include women in the second or third trimester of pregnancy and those in the 13-week post-partum period. The bill requires that a pregnant or post-partum woman be provided accommodation to avoid falls during a strip search and codifies the current Department of Correction policy and practice that limits vaginal examinations to medical professionals.

The American College of Obstetricians and Gynecologists states that shackling a pregnant inmate increases the risk of falling, impairs evaluations for serious pregnancy-associated conditions, and further endangers inmates at increased risk of preeclampsia. The Women’s Prison Association reports there is no record of escape from a woman who was not restrained during labor.

House Bill 345 would ensure pregnant women or women who have given birth within the past six weeks who are subject to the custody of the Department of Corrections at Level IV or V have access to midwifery and doula services by requiring the department to make reasonable accommodations for provision of available midwifery or doula services.

“The Delaware Department of Correction is pleased to work collaboratively with Representative Minor-Brown on legislation that builds upon existing policies and practices to provide supportive care to pregnant incarcerated individuals,” **Department of Correction Commissioner Monroe B. Hudson Jr.** said.

HB 343 would require that the Division of Medicaid and Medical Assistance to present a plan to the General Assembly by November 1 for coverage of doula services by Medicaid providers. The services would be provided by a trained doula designed to provide physical, emotional, and educational support to pregnant and birthing persons before, during, and after childbirth. This would include support and assistance during labor and childbirth, prenatal and postpartum support and education, breastfeeding assistance, and parenting education.

Also included as part of the 2022 Delaware Momnibus is House Bill 234, which currently sits on the House Ready List. The measure requires the Division of Medicaid and Medical Assistance to expand Medicaid coverage to pregnant women from the current coverage of 60 days from the end of pregnancy under federal Medicaid regulations to 12 months from the end of pregnancy.

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