




Momnibus Act: Built for Moms & Babies

MomsRising.org | [MamásConPoder.org](https://MamasConPoder.org)



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A woman with curly hair, wearing a blue shirt, is holding a pregnancy test. The test is white with a pink cap. The background is a soft, out-of-focus light color.

American women are more likely to die from pregnancy-related complications than women in other countries, including the UNITED KINGDOM, LIBYA AND KAZAKHSTAN.

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Black Women are
3 - 4 more times
likely to die from
pregnancy related causes
than White Women

March of Dimes gives the United States a **D+** Preterm Birth Grade

10.4% Preterm Birth Rate

Infant Mortality Rate **5.4** per 1,000



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80% of maternal deaths can be **prevented**

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In her own words. . .

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.

- T. from Overland Park, KS

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**BLACK
MATERNAL
HEALTH**

MOMNIBUS



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Black Maternal Health Momnibus

- Make **critical investments in social determinants of health** that influence maternal health outcomes, like housing, transportation, and nutrition.
- **Extend WIC eligibility** in the postpartum and breastfeeding periods.
- Provide funding to **community-based organizations** that are working to improve maternal health outcomes and promote equity.
- Increase funding for programs to improve **maternal health care for veterans**.
- **Grow and diversify the perinatal workforce** to ensure that every mom in America receives maternal health care and support from people they trust.
- **Improve data collection processes** and quality measures to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.
- Support moms with **maternal mental health conditions and substance use disorders**.
- **Improve maternal health care** and support for incarcerated moms.
- **Invest in digital tools** to improve maternal health outcomes in underserved areas.
- Promote innovative payment models to **incentivize high-quality maternity care** and non-clinical support during and after pregnancy.
- Invest in federal programs to **address maternal and infant health risks** during public health emergencies.
- Invest in community-based initiatives to **reduce levels of and exposure to climate change-related risks** for moms and babies.
- **Promote maternal vaccinations** to protect the health of moms and babies

Kira Johnson Act



**Provides funding to
community-based
organizations that
are working to
improve maternal
health outcomes**



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Social Determinants for Moms Act

Makes critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation & nutrition

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Perinatal Workforce Act

Grows & diversifies the perinatal workforce to ensure that every mom in America receives maternity care and support from people she can trust



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Data to Save Moms Act

Improves data collection processes & quality measures to better understand the causes of the maternal health crisis in the United States and inform solutions to address it

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The Protecting Moms Who Served Act



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Stakeholders Input & Convening

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Momnibus in the States

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Thank you!

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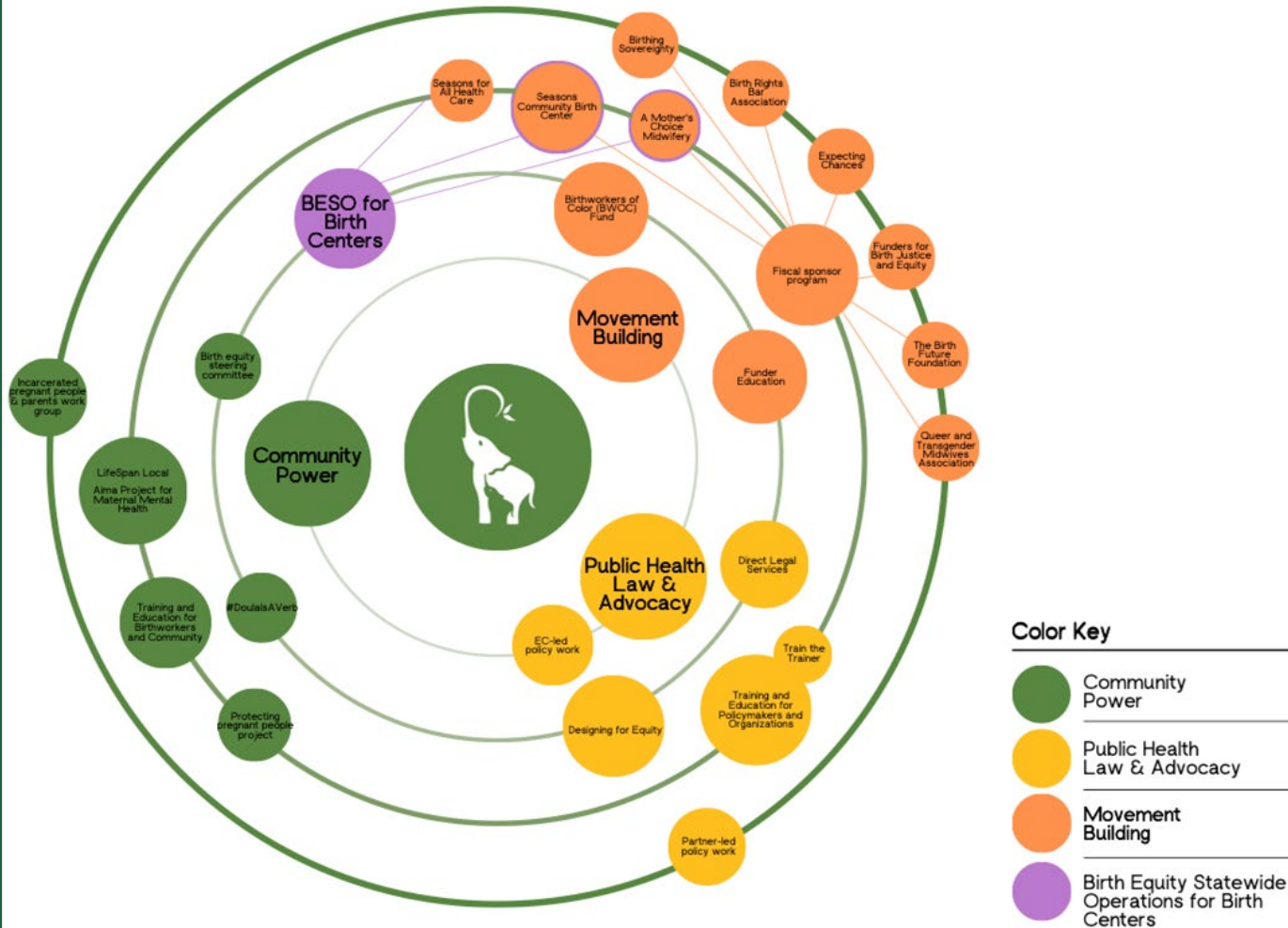
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Elephant Circle

Intersectional
birth justice
organization

Connected to
community
through our
ecosystem



Community

Roots

Relationships with those
that are most impacted

Building the bridge together

Rejecting the status quo



DIVERSE COLORADO VOICES
COMMUNITY-BASED SOLUTIONS
FOR THE PERINATAL PERIOD

Meeting the Moment



Black Lives Matter Movement

COVID and Community Birth

Maternal Health Crisis

Values

- **Reproductive justice**
 - Led by women and transgender people of color
 - Oriented toward dismantling systems of oppression
 - Oriented toward human rights
- **Feminist**
 - Oriented toward dismantling inequities based on sex and gender
- **Design thinking**
 - Inequities have been designed-in and can be designed-out
 - We have a bias toward action
- **Intersectional**
 - We need lots of whole-people, bringing their whole-selves in order to solve the problem of inequities in perinatal health

Birth Equity Policy Platform

- 1 Human Rights
- 2 Equity, Data and Systems
- 3 Innovation and Quality Improvement

Birth Equity Bills

*“We come from
community, we are
grassroots people, and
it’s the people’s voice that
got amplified”*

Demetra Seriki, CPM
A Mother’s Choice Midwifery



and support people who give birth,

SB21-193

Protection of
Pregnant People in
the Perinatal Period

SB21-194

Maternal Health
Providers

SB21-101

Sunset Direct-Entry
Midwives

The Package

Some Key Elements in 2021



JOY!

- Deep relationship- and trust-building
- Person-centered, trauma-informed policy engagement
- Testimony - remote, mentoring/debrief
- Keeping Equity front and center
- Language choices (physiologic, gender inclusive)
- Multi-provision
- Good timing (National Momnibus efforts)

Beyond the bill

Implementation



Working with the community



Looking ahead



Questions?

Reach out!

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ElephantCircle.net



- **Strengthen the effectiveness of the Kansas Maternal Mortality Review Committee** to make recommendations to reduce maternal deaths, elevating community voices and experience. Data transparency is an important element of this bill.
- **Grants to community-based organizations** that are closest to the communities most impacted by maternal and infant deaths.
- **Create a nursery program** at the Topeka Correctional Facility – eligible incarcerated mothers who give birth while at the facility would be able to have their child with them for the first 18 months while in residence
- **Access to donor human milk** – would extend current Medicaid coverage of donor human milk to all infants up to 12 months of age. Currently, donor human milk is limited to hospitalized infants under three months. This aligns with Oklahoma and five other states. This will allow infants in need of supplementation to receive human milk, which follows the recommendation of the American Academy of Pediatrics.