The DC maternal mortality rate is still almost 2 times the national rate despite dramatic improvements since 2014. Within DC, Wards 7 and 8 experience the highest rates of women delaying prenatal care, smoking during pregnancy, preterm births, low birth weight, and infant mortality. The healthy mothers and babies make our communities stronger and our health system. Preventative care would be more effective and cost-effective. A lack of resources, and certain health conditions, lower socioeconomic status, and discrimination, all of which negatively affect maternal health outcomes.17

Nationally, African-American women are 3.3 times more likely to die in childbirth than white women. Between 2013-2017, 98% of pregnancy-related deaths in DC were African-American despite only comprising 44.53% of the population. This is a failure across government sectors and political, managerial, legal, and fiscal spheres. Our devaluation of women’s health and black communities is shameful. Maternal health outcomes are directly correlated with the availability of healthcare and other adjacent issues. Perinatal deaths and near-deaths are expensive for individuals and our health system. Preventative care would be more effective and cost-effective. Healthy mothers and babies make our communities stronger now and for our future.

Pregnancy-Related Mortality Rates in the USA per 100,000 Live Births, 2007-2016

<table>
<thead>
<tr>
<th>Maternal Health Condition</th>
<th>Wards 7 &amp; 8</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic Complications</td>
<td>7.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>8.7%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Smoked Alcohol</td>
<td>4.6%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>63.2%</td>
<td>62.3%</td>
</tr>
<tr>
<td>No Prenatal Care</td>
<td>1.4%</td>
<td>0.7%</td>
</tr>
<tr>
<td>1st Trimester</td>
<td>6.50%</td>
<td>4.83%</td>
</tr>
<tr>
<td>2nd Trimester</td>
<td>13.0%</td>
<td>9.09%</td>
</tr>
<tr>
<td>3rd Trimester</td>
<td>11.18%</td>
<td>7.82%</td>
</tr>
</tbody>
</table>

Percentage of Women Who Gave Birth in DC by Race and Health Condition, 2015-2016

<table>
<thead>
<tr>
<th>Race</th>
<th>Early Pregnancy</th>
<th>During Pregnancy</th>
<th>After Pregnancy</th>
<th>Total Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Women</td>
<td>9.0%</td>
<td>6.0%</td>
<td>4.0%</td>
<td>19.0%</td>
</tr>
<tr>
<td>White Women</td>
<td>6.8%</td>
<td>4.7%</td>
<td>3.7%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

**CAUSES**

**Policy**

In DC, Medicaid only pays for health services up to 60 days postpartum and 1-2 visits.
- In DC, inequitable resource distribution, limited number of high-risk hospitals funded, and delayed passing of key legislation.

**Socioeconomics**

- Nearly 97% of DC residents have health insurance; few preventative healthcare services are underutilized.
- There is insufficient research into social determinants of accessing preventative care in DC.
- Socioeconomics indirectly affect maternal health outcomes through housing insecurity, lack of mental health resources, and certain health conditions.

**Infrastructure**

- There is currently nowhere to give birth in Wards 7 & 8 since United Medical Center’s obstetrics unit closed in 2017 due to malpractice and low revenue. Women must travel to Maryland or across the river to safely deliver their babies, but some women reportedly still continue to give birth in UMC’s ER despite a lack of proper equipment there.
- From 2016 to 2017, UMC was operated by Veritas, a 2-year old private consulting firm with no hospital management experience through a no-bid contract. It delivered only 10% of the additional revenue it had promised the city4 and faced numerous allegations of unethical administrative mismanagement.
- UMC is scheduled to be closed by 2023; the replacement hospital’s future is uncertain due to ongoing contract disputes between DC City Council and GWU Hospital.
- Historical community disinvestment means a lack of store, public transportation, safe housing, and affordable childcare, and job opportunities.

**RECOMMENDATIONS**

**Government**

- Federally, Medicaid covers health services for all pregnant women and children.
- “Mommobius” introduced in House on March 9th, 2020. It proposes investment, research, and expanded federal funding and for public awareness of the need for $6 billion for maternal health services in Wards 7 & 8.

**Nonprofit**

- Local nonprofits Mamamoto Village, Community of Hope, and Healthy Babies Project provide holistic, community-based maternal health care.
- Locally, DC established a Maternal Mortality Review Committee in law in 2018 to investigate maternal health outcomes.
- DC has hosted an annual Maternal and Infant Health Summit since 2018.

**Legal Recommendations**

- Federally, sign into law all nine bills included in the “Mommobius” package.

**Fiscal Recommendations**

- Extend the length of Medicaid coverage from 60 days postpartum to 12 months postpartum.
- Broaden eligible reimbursements covered by Medicaid dollars, including midwives and doula.
- Increase Medicaid base payments for obstetric services so hospitals serving the uninsured do not operate at a substantial loss.
- Invest in creating wrap-around services and referral networks between DC nonprofit and medical providers.

**Managerial Recommendations**

- Recruit, hire, and retain additional street-level bureaucrats representative of the community, including outreach workers, doulas, and midwives.
- Encourage hospital administrators to implement holistic screenings including screenings, “centering” programs, and wrap-around services.
- Encourage implicit bias training for medical providers in partnership with medical community and local community partners.
- Federally, sign into law all nine bills included in the “Mommobius” package.

**Political Recommendations**

- Finish negotiations with GWUH to construct the East End Hospital.
- Conduct constituent research into DC’s “social determinants” that prevent women from accessing services such as housing, quality transportation, access, and food deserts.
- Raise public awareness about the importance of women’s health, the value of preventative care and healthy centers, and availability of health services.

**RESOURCES**

- Partner with local community-based organizations for outreach, engagement, and recruitment, including nonprofits, churches, and hair salons.

**METHODOLOGY**

Using online sources, we researched and analyzed academic articles, government publications, datasets, and public policy recommendations.

Between February 23 - March 31, 2020, we reached out to over 60 stakeholders in the field of maternal health, including federal administrators, local government officials, local and national nonprofit actors, academics, medical professionals, and advocates. The timing of the COVID-19 pandemic greatly affected our low response rate; only 10 individuals replied affirmatively, leading to 8 semi-structured phone interviews:

- Liz Borkowski, Managing Editor of Women’s Health Issues
- Jazmine Brazier, Youth Services Coordinator of Healthy Babies Project
- Dr. Siobhan Burke, Discipline Director of OB/GYN at Unity Health Care
- Amy Hadad, Director of Public Policy and Government Affairs at Association of Maternal and Child Health Programs (AMCHP)
- Kacie McLaughlin, Public Health Analyst at Maternal and Child Health Bureau (MCHB)
- Destiny Sharp, Economic Justice Organizer at Spaces in Action
- Dr. Amita Tharaskal, Division Chief for Perinatal and Infant Health at DC Health Department
- Kristina Wint, Program Manager for Women and Infant Health at Association of Maternal and Child Health Programs (AMCHP)