

119TH CONGRESS
2D SESSION

H. RES. 1120

Supporting the recognition of March 14, 2026, as “Black Midwives Day” and the longstanding and invaluable contributions of Black midwives to maternal and infant health in the United States.

IN THE HOUSE OF REPRESENTATIVES

MARCH 17, 2026

Ms. MOORE of Wisconsin (for herself, Ms. ADAMS, and Ms. UNDERWOOD) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

RESOLUTION

Supporting the recognition of March 14, 2026, as “Black Midwives Day” and the longstanding and invaluable contributions of Black midwives to maternal and infant health in the United States.

Whereas recognizing March 14, 2026, as “Black Midwives Day” underscores the importance of midwifery in helping to achieve better maternal health outcomes by addressing fundamental gaps in access to high-quality care and multiple aspects of well-being;

Whereas the Black Midwives Day campaign, founded and led by the National Black Midwives Alliance in 2023, is a

day of awareness, activism, education, and community building;

Whereas March 14, 2026, is intended to increase attention for the state of Black maternal health in the United States, the root causes of poor maternal health outcomes, and for community-driven policy, program, and care solutions;

Whereas the United States is experiencing a maternity care desert crisis in which more than 2,300,000 women of childbearing age live in maternity care deserts where they have no hospital offering obstetric care, no birth center, and no obstetric clinic;

Whereas maternity care deserts lead to higher risks of maternal morbidity and mortality as most complications occur in the postpartum period when patients are far away from their providers;

Whereas midwife-led care has been shown to result in cost savings, reduced medical interventions, lower cesarean rates, decreased preterm births, and improved health outcomes for both mothers and infants;

Whereas midwives provide essential maternal healthcare services across diverse settings, including homes, communities, hospitals, birth centers, clinics, and health units, ensuring accessibility and continuity of care;

Whereas increasing the number of Black midwives in the workforce is critical to addressing maternal health disparities, as Black midwives offer culturally competent care that builds trust, enhances maternal satisfaction, and improves health outcomes for Black mothers and their infants;

Whereas incorporating midwives fully into the United States maternity care system would reduce maternal health disparities and address the maternity care desert crisis;

Whereas, despite the medicalization of childbirth in the United States, the maternal mortality rates in the United States are among the highest in the developed world and disproportionately higher among Black women;

Whereas Black women in the United States are at a significantly higher risk of suffering from life threatening pregnancy complications, known as “maternal morbidities”, than White women;

Whereas deaths from maternal morbidities have devastating effects on Black children and families, and the vast majority of material morbidities are entirely preventable through assertive efforts to ensure that Black women have access to information, services, and supports to make their own health care decisions, particularly around pregnancy and childbearing;

Whereas, according to the 2024 Centers for Disease Control and Prevention Report, the maternal mortality rate for Black women in the United States was 44.8 deaths per 100,000 live births, compared to the rates observed for—

(1) White women, with a rate of 14.2 deaths per 100,000 live births;

(2) Hispanic women, with a rate of 12.1 deaths per 100,000 live births; and

(3) Asian women, with a rate of 18.1 deaths per 100,000 live births;

Whereas the high rates of maternal mortality among Black women span across income levels, education levels, and socioeconomic statuses;

Whereas structural racism, gender oppression, and the social determinants of health inequities experienced by Black women in the United States significantly contribute to the disproportionately high rates of maternal mortality and morbidity among Black women;

Whereas Black women are more likely to report experiences of disrespect, abuse, and neglect when birthing in facility-based settings as compared to White people;

Whereas Black families benefit from access to Black midwives to receive culturally sensitive and congruent care established through trust and respect, backed with the wisdom of time-honored techniques and best practices;

Whereas the work and contributions of past and present midwives who have ushered in new life have done so despite a history fraught with persecution, enslavement, violence, racism, and the systematic erasure of traditional and lay Black midwives throughout the 20th century;

Whereas the decimation of midwifery across the southern United States reduced the numbers of Black midwives from thousands to dozens in a 50-year period from the 1920s to the 1970s, leaving many communities without care providers;

Whereas some States have criminalized and suppressed direct-entry midwives, despite rising maternal mortality rates across the United States;

Whereas the criminalization and overregulation of midwifery disproportionately impacts Black midwives and birthing families, exacerbating maternal health disparities and reducing access to culturally competent care;

Whereas the resurgence of Black midwifery is a testament to the resilience, resistance, and determination of spirit in

the preservation of healing modalities that are practiced all over the world;

Whereas the focus on holistic care, which involves caring for the whole person, family, and community, is what makes a difference in midwifery;

Whereas midwifery honors the right to bodily autonomy of the birthing person and can be facilitated at home, in a birth center, or hospital, and works in tandem with doulas, community health workers, obstetricians, pediatricians, and other maternal, reproductive, and perinatal health care providers;

Whereas the Midwifery Model of Care has been proven to have better pregnancy outcomes through preventing infant mortality and morbidity, lowering preterm births, reducing medical interventions, and providing the birthing person continuous support;

Whereas, in 2022, the Committee on the Elimination of Racial Discrimination (referred to in this preamble as “CERD”) of the United Nations expressed concerns regarding the impact of systemic racism and intersecting factors on access to comprehensive sexual and reproductive health services for women, and the limited availability of culturally sensitive and respectful maternal health care, particularly for those with low incomes, rural residents, individuals of African descent, and indigenous communities;

Whereas CERD recommended that the United States further develop policies and programs to eliminate racial and ethnic disparities in the field of sexual and reproductive health and rights, while integrating an intersectional and culturally respectful approach in order to reduce the high

rates of maternal mortality and morbidity affecting racial and ethnic minorities, including through midwifery care;

Whereas, in 2023, the Human Rights Committee of the United Nations expressed similar concerns as CERD and further recommended that the United States take measures to remove restrictive and discriminatory legal and practice barriers to midwifery care, including those affecting Black and indigenous peoples;

Whereas a fair distribution of resources, especially with regard to reproductive health care services, is critical to closing the racial disparity gap in maternal health outcomes;

Whereas an investment must be made in robust, quality, and comprehensive health care for Black women, with policies that support and promote affordable and holistic maternal health care that is free from gender and racial discrimination;

Whereas it is fitting and proper on Black Midwives Day to recognize the tremendous impact of the human rights, reproductive justice, and birth justice frameworks have on protecting and advancing the rights of Black women;

Whereas Black Midwives Day is an opportunity to acknowledge the fight to end maternal mortality locally and globally;

Whereas maternal health is intractably linked to infant health, and the United States infant mortality rate rose 3 percent from a rate of 5.44 infant deaths per 1,000 live births in 2021 to 5.60 infant deaths per 1,000 live births in 2022, the largest increase in the infant mortality rate in 2 decades; and

Whereas Congress must mitigate the effects of systemic and structural racism to ensure that all Black people have access to midwives, doulas, and other community-based, culturally matched perinatal health providers: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) supports the recognition of “Black Midwives
3 Day”;

4 (2) encourages the Federal Government and
5 State and local governments to take proactive measures to address racial disparities in maternal health
6 outcomes by supporting initiatives aimed at diversifying the perinatal workforce, increasing access to
7 culturally congruent maternal health care;

10 (3) commits to collaborating with relevant
11 stakeholders to develop and enact policy solutions
12 that promote health equity, address systemic racism,
13 and support the advancement of Black midwifery;

14 (4) calls for—

15 (A) increased funding for education, training, and access to Black preceptors;

17 (B) removing barriers and restrictions to
18 Black preceptors;

19 (C) providing financial pathways to support students and preceptors;

1 (D) mentorship programs that focus on
2 promoting and sustaining Black midwifery; and

3 (E) removing barriers related to accredita-
4 tion by recognizing midwives across all training
5 pathways;

6 (5) encourages the Federal Government and
7 State governments to authorize the autonomous
8 practice of all midwives to the full extent of their
9 training;

10 (6) promotes the authorization or reauthoriza-
11 tion of funding for TRICARE and Medicaid cov-
12 erage of maternity care provided by midwives of all
13 training pathways;

14 (7) encourages the Federal Government and
15 State and local governments to take active steps to
16 destigmatize and decriminalize midwifery pathways
17 in the setting of choice of the pregnant person, in-
18 cluding their homes, birth centers, clinics, or health
19 units; and

20 (8) supports and recognizes the longstanding
21 and invaluable contributions of Black midwives to
22 maternal and infant health in the United States.

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