



Report of the Special
Commission on

**RACIAL
INEQUITIES
IN MATERNAL
HEALTH**

COMMONWEALTH OF MASSACHUSETTS

Recommendations and Action Items

Presented by Commissioner
Nneka Hall

1. Implement Mother IS Supreme Inc.'s vision for postpartum care

Surrounding a new parent with support and care can prevent the new parent from ever developing a PMAD.

See RIMH report, p. 19

2. Establish kick counting as a standard of care.

Kick counting has been proven to reduce stillbirth rates. The trauma and grief surrounding stillbirth has long-lasting mental health implications for parents.

See RIMH report, p. 19

3. Expand the number of Neighborhood Birth Centers.

Freestanding birth centers “serve as a third option to hospital and homebirths. They will potentially improve experiences and outcomes, save delivery and other associated costs, and advance racial equity in births.”

–RIMH report, p. 23

“Limitations to accessing capital and resources is a significant barrier to people of color in creating and owning birthing centers.”

–RIMH report, p. 16

4. Expand Medicaid coverage through one year postpartum.

“There is a need for comprehensive postpartum care for one full year following birth. ... Black people and people of color are more likely to rely on Medicaid for pregnancy and postpartum care”

–RIMH report, p. 47

“Medicaid’s limited or absence of reimbursement for the services [birthing centers] provide is another outstanding obstacle.”

–RIMH report, p. 16

5. Create and pass a birthing justice Momnibus bill.

Create a birthing justice omnibus bill closely resembling the Federal Black Maternal Health Momnibus Act of 2021, which will include recommendations from the report filed by the Special Commission on Racial Inequities on Maternal Health, and consider previously and currently filed pieces of birth and reproductive justice legislation.

See RIMH report, p. 24

6. Create a birthing justice task force.

A task force should be created to aid in the development of a Birthing Justice Omnibus bill, advise on continued policy changes, and guide the implementation of the legislation.

See RIMH report, pp. 24-25.

7. Incentivize hospital systems to connect patients to community-based services.

“[C]ommunities may have perinatal collaboratives/coalitions that link families to services that are supportive and not necessarily ‘professionalized’ (e.g. lactation support, diaper banks, childcare, peer support groups)”

–RIMH report, p. 52



Report of the Special
Commission on

**RACIAL
INEQUITIES
IN MATERNAL
HEALTH**

COMMONWEALTH OF MASSACHUSETTS

Discussion