



Perinatal Workforce Act

BACKGROUND

In the last 25 years, while pregnancy-related mortality ratios fell 44 percent around the world, the American maternal mortality rate increased: moms are now more likely to die from pregnancy-related causes in the United States than in any other high-income country in the world.¹ The situation is even worse for Black women, who are three to four times more likely to die from giving birth than their white counterparts.²

While the causes of the crisis are complex, one driving force is a lack of access to maternity care, and to culturally congruent maternity care and support specifically. More than one-third of U.S. counties are “maternity care deserts,” with no hospitals offering obstetric care and zero obstetric providers.³ Maternity care access is limited in both rural and urban communities: more than one million American women live in maternity care deserts located in large metropolitan areas or urban settings.⁴

One solution to this glaring shortage is to grow and diversify the perinatal health workforce. The **Perinatal Workforce Act** establishes grant programs to increase the number of maternity care providers and non-clinical perinatal health workers who offer culturally congruent support to women throughout their pregnancies, labor and delivery, and the postpartum period.

BILL SUMMARY

The **Perinatal Workforce Act** will:

1. Require the Secretary of Health and Human Services to (1) provide guidance to states on the promotion of racially, ethnically, and professionally **diverse maternity care teams** and (2) to study how **culturally congruent maternity care** promotes better outcomes for moms, especially in communities of color.
2. Provide funding to **establish and scale programs that will grow and diversify the maternal health workforce**, increasing the number of nurses, physician assistants, and other perinatal health workers who moms can trust throughout their pregnancies, labor and delivery, and the postpartum period.
3. Study the **barriers that prevent women – particularly from underserved communities – from entering maternity care professions** and receiving equitable compensation.

CONTACT

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¹ National Institutes of Health Office of Research on Women’s Health: [Maternal Morbidity and Mortality](#)

² Centers for Disease Control and Prevention: [Pregnancy Mortality Surveillance System](#)

³ March of Dimes: [Nowhere to Go](#)

⁴ March of Dimes: [Nowhere to Go](#)



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Sec. 1. HHS agency directives	<p>Requires the Secretary of HHS to issue guidance to promote the recruitment and retainment of racially, ethnically, and professionally diverse maternity care teams that provide respectful, culturally congruent care.</p> <p>Commissions a study on ways in which respectful culturally congruent maternity care can improve maternal health outcomes for pregnant and postpartum individuals from racial and ethnic minority groups.</p>
Sec. 2. Grants to grow and diversify the perinatal workforce	Establishes a grant program to establish or expand schools or programs that provide education and training to individuals seeking appropriate licensing or certification as physician assistants or perinatal health workers.
Sec. 3. Grants to grow and diversify the nursing workforce in maternal and perinatal health	Establishes a grant program to provide funding to accredited schools of nursing for the purposes of growing and diversifying the workforce of nurse practitioners and clinical nurse specialists focusing on maternal and perinatal health.
Sec. 4. GAO report	Commissions a GAO report to assess the barriers that prevent individuals – and low-income and minority women in particular – from pursuing careers as maternity care providers. The report also assesses disparities in access to maternity care providers and perinatal health workers, stratified by race, ethnicity, gender identity, geographic location, and insurance type, and includes recommendations to promote greater access equity.



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Current endorsements (117th Congress)

Maternal Mental Health Leadership Alliance
Black Women for Wellness Action Project
Commonsense Childbirth
National Perinatal Task Force
Ann & Robert H. Lurie Children's Hospital of Chicago
Nzuri Doula Services
Postpartum Support International
Alliance for the Implementation of Clinical Practice Guidelines
Childbirth Survival International
Society for Nutrition Education and Behavior
Thomas Health Education and Consulting
SisterReach
Preeclampsia Foundation
American Association of Birth Centers
The National Association to Advance Black Birth
California Nurse-Midwives Association
BreastfeedLA
Black Women Birthing Justice
HealthConnect One
National Birth Equity Collaborative
The Johns Hopkins Women's Mood Disorders Center
Black Women's Health Imperative
Black Mamas Matter Alliance
Diversity Uplifts, Inc.
Jacobs Institute of Women's Health
Association of State Public Health Nutritionists
Shades Of Blue Project
LOOM
National Association of Pediatric Nurse Practitioners
National League for Nursing
American Nurses Association



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Society for Women's Health Research

March for Moms Association

Preeclampsia Foundation

riskLD

Lifeline4Moms, University of Massachusetts Medical School

Melissa Simon, MD MPH, Vice Chair Department of OBGYN Northwestern University
Feinberg School of Medicine and Director, Center for Health Equity Transformation

Doula Philosophy

African American Breastfeeding Network Inc.

Irth/Narrative Nation, Inc.

Equitable Maternal Health Coalition

Asian & Pacific Islander American Health Forum

Black Mamas ATX

Dr. Jamila Taylor, The Century Foundation (endorsing as an individual)

National Association of Certified Professional Midwives

Physician Assistant Education Association

National Council of Jewish Women

National Organization for Women

1,000 Days

Association of Women's Health, Obstetric and Neonatal Nurses

Mom Congress

2020 Mom

Healing Hands Community Doula Project

Trust for America's Health

Power to Decide

EverThrive IL

NAACP

Birth Supporters United, LLC