PUSH

Maternal Health Coalition

Congregational Toolkit:

Introduction

Policy

Ways You Can Help

And More!

virginia interfaith center

FOR PUBLIC POLICY

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INTRODUCTION

The U.S. pregnancy related death rate remains the highest out of all high-income countries at around seven hundred deaths per year. Black pregnant individuals are three to four times more likely to die from pregnancy-related deaths than white pregnant individuals.1 In 2022, the rate was 138.1 for Black women and 50.6 for white women (per 100,000 live births) in Virginia.2 Even more alarming, the most recent review of deaths from the Centers for Disease Control found that 87% of pregnant-related deaths were preventable3. In Virginia, a preliminary review of the most recent data found that 100% of cases among Black women and women of other races were found to be preventable![4]

This not new and it affects EVERYONE. In 2010, Amnesty International released the report "Deadly Delivery, The Maternal Health Crisis in the USA."[5] That report revealed that women in the USA have a greater lifetime risk of dying of pregnancy-related complications than women in 40 other countries. In that 2010 Amnesty International report, Virginia was ranked 17th for maternal mortality. According to America's Health Rankings for the years 2018-20226, Virginia's rank is 39th! Acknowledging the existence of racial disparities, the Amnesty International report recommended cultural competency requirements for medical licensure as a strategy to reduce maternal mortality. It has been more than 15 years since the report and Virginia has failed to pass a bill to require bias reduction training (cultural competency training reduces bias).

Despite our best intentions, we all have biases that affect our thoughts and actions when interacting with others. Implicit/unconscious bias is a bias that is present but not consciously held or recognized. When racial unconscious biases manifest in health care settings, they set in motion a series of life-or-death consequences that do not exist in other sectors of society. We cannot eliminate unconscious biases, but we can bring an

[1] March of Dimes. (2024, April). Maternal death and pregnancy-related death. Www.marchofdimes.org. https://www.marchofdimes.org/find-support/topics/miscarriage-loss-grief/maternal-death-and-pregnancy-related-death

[2] "2024 Virginia Maternal Morality Review Team Annual Report" Submitted February 20, 2025 to the Governor and the General Assembly per Code of Virginia, § 32.1-283.8.

[3] CDC. (2025, August 28). Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees. Maternal Mortality Prevention. https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/?CDC_AAref_Val=https%3A%2F%2Fwww.cdc.gov%2Fmaternal-mortality%2Fphp%2Fdata-research%2Findex.html&cove-tab=4

[4] "2024 Virginia Maternal Morality Review Team Annual Report" Submitted February 20, 2025 to the Governor and the General Assembly per Code of Virginia, § 32.1-283.8.

[5] USA: Deadly delivery: The maternal health care crisis in the USA. (2010, March 12). Www.amnesty.org; Amnesty International. https://www.amnesty.org/en/documents/AMR51/007/2010/en/

[6] Explore Maternal Mortality in Virginia | AHR. (2025). Americashealthrankings.org; United Health Foundation. https://www.americashealthrankings.org/explore/measures/maternal_mortality_c/VA

awareness of bias with the goal of improving the decision-making process in health care settings.

Addressing racial bias must be a priority. Targeted universalism is the practice of targeting a specific population as a strategy to achieve a goal for the entire population. In this case, we focus on the alarming rates of maternal mortality for Black women in Virginia, which are over two times higher than white women, in order to meet the goal of ending maternal mortality for all women. We are focused on racial bias because year after year, the data continues to show that it is the deadliest.

In 2019, the Virginia Interfaith Center for Public Policy (VICPP) Health Equity Manager Dora Muhammad, launched the PUSH maternal health campaign to help achieve the goal of eliminating racial disparities in maternal mortality. Over the past six years, the campaign has grown into a coalition of over forty organizations. This toolkit will help you get involved in the PUSH campaign effort as an individual, an organization, a congregation, or social action group. If you are interested in your organization or group joining the PUSH Coalition, email VICPP Health Equity Program Manager Kathryn Haines at Kathryn@virginiainterfaithcenter.org.

POLICY

The Problem: Today, racism embedded in U.S. culture and medical systems is widely understood to account for disparities in maternal morbidity and mortality. An unconscious (implicit) bias is a bias that is present but not consciously held or recognized. It has long been identified as a factor contributing to lower health care quality for Black Americans. Numerous studies show implicit bias can impact patient safety and is directly correlated with lower quality of care.1

Racial disparities highlighted during the COVID-19 pandemic2, along with a growing body of research and news stories, has drawn public attention to implicit/unconscious bias among healthcare providers. Implicit bias, including unconscious stereotypes and attitudes, may influence healthcare providers' communication, perception of symptom complaints, and selection of treatment options for Black patients. The weathering hypothesis suggests that differences in maternal death rates may arise from the negative health impact due to a stress response resulting from Black individuals' chronic exposure to racial bias and social and political disadvantage. Studies show that when you control education and income, racial disparities do not disappear, suggesting that bias plays a role. In one study, the wealthiest Black mothers had higher mortality rates than the poorest White mothers.3

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The Solution: To reduce the impact of bias, Virginia must pass a bill to make evidence-based bias reduction training a criterion for licensing health care professionals licensed by the Virginia Board of Medicine and the Board of Nursing.

Virginia has a history of passing a mandate to save lives. In 2016, facing the opioid crisis, the General Assembly passed a mandate for continuing education on controlled substances. Virginia's maternal mortality crisis requires a similar mandate.

The Cost: The Goal of the Department of Health Professions is to protect the public by ensuring safe competent healthcare. Bills like this have been passed with no stated fiscal impact and are instead absorbed into the licensing costs set by the Department of Health Professions. In the spirit of avoiding unfunded mandates, VICPP recommends one part-time consultant to work with the Board of Medicine and the Board of Nursing for 6-9

[1] Kennedy-Moulton, K., Miller, S., Persson, P., Rossin-Slater, M., Wherry, L., & Aldana, G. (2022). Maternal and Infant Health Inequality: New Evidence from Linked Administrative Data. National Bureau of Economic Research. https://doi.org/10.3386/w30693

[2] Artiga, S., Corallo, B., & Pham, O. (2020). Racial Disparities in COVID-19: Key Findings from Available Data and Analysis. Henry J. Kaiser Family Foundation.

[3] Kennedy-Moulton, K., Miller, S., Persson, P., Rossin-Slater, M., Wherry, L., & Aldana, G. (2022). Maternal and Infant Health Inequality: New Evidence from Linked Administrative Data. National Bureau of Economic Research. https://doi.org/10.3386/w30693

months ($20-$25,000) to facilitate the process of complying with this legislation. The consultant will schedule and convene the meetings, take minutes, and produce a report to document the process.

The Benefits: This Virginia Board of Medicine and Virginia Board of Nursing collaboration to affirm the dignity of care for all patients sends the message that Virginia is ALL in for ALL birthing families.

Digging Deeper and Understanding Bias: According to the 2024 Virginia Maternal Mortality Review Team Annual Report, based on preliminary review, 100% of cases among Black women and women of other races were found to be preventable.1 There is wide-spread recognition that systemic racism and unconscious bias negatively impact Black maternal health outcomes. These are also preventable! Recent research has highlighted the importance of restoring trust among historically underrepresented communities and the importance of cultural humility. “Cultural humility occurs with intentional self-reflection to examine the origins of bias, developing a plan to mitigate the harmful effects of said bias, and a genuine curiosity to learn more about those who are not like us”.2

Disability advocates understand that you cannot change a system that often renders people with disabilities invisible without first acknowledging the blinders (unconscious bias) that prevent you from fully seeing how the system benefits those without disabilities. The same is true when it comes to dismantling systems that drive racial disparities in maternal mortality, disparities that disproportionately affect Black birthing families. The following are several biases that research has linked to health care disparities for Black patients, and that cultural competency and bias reduction training for health care providers will work to end.

WHAT ELSE DOES IMPLICIT BIAS AFFECT?

Racially Biased Science and Medical Education: Many biases stem from the history of misusing science to justify slavery and later racial discrimination. One wide-spread false claim perpetuated by physicians in the 1800s was that Black people are less sensitive to pain. In 2016, UVA Professor Sophie Trawalter, Ph.D. documented this false belief in medical students.3 Harm: Black patients are less likely to receive adequate pain

[1] Shelton, K. (2025). 2024 Virginia Maternal Mortality Review Team Annual Report. Virginia Department of Health. Submitted February 20, 2025 to the Governor and the General Assembly per Code of Virginia, § 32.1-283.8.

[2] Saluja, B., & Bryant, Z. (2021). How Implicit Bias Contributes to Racial Disparities in Maternal Morbidity and Mortality in the United States. Journal of Women’s Health, 30(2), 270–273. https://doi.org/10.1089/jwh.2020.8874

[3] Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial Bias in Pain Assessment and Treatment recommendations, and False Beliefs about Biological Differences between Blacks and Whites. Proceedings of the National Academy of Sciences, 113(16), 4296–4301. https://doi.org/10.1073/pnas.1516047113

treatment. Inadequate pain treatment when warranted could affect maternal morbidity; the use of epidurals in childbirth has been shown to reduce severe maternal morbidity. Racial bias in pain perception has also been found to lead to underdiagnosis of endometriosis in Black women.1 Late diagnosis of endometriosis affects fertility which can necessitate assisted reproductive technology (ART) to conceive. ART increases the risk of severe maternal morbidity and mortality.

Adultification: Pervasive stereotypes of Black women that originated in the south during slavery impact how they are treated today. Implicit bias is evident starting at age five. When compared to White girls, starting at age five, Black girls are seen to need less protection, nurturing, support, and comfort. One of three common stereotypes that dates to the time of slavery portrays Black women as loud and aggressive.2 Harm: These negative perceptions contribute to stereotyping and dismissal of Black adult patients experiencing pain and symptoms in a clinical setting. An assertive Black patient who speaks up for their needs may be seen as aggressive or angry instead of an informed patient. The Georgetown Law Center on Poverty and Inequality is a great resource to learn more about Adultification Bias, https://www.endadultificationbias.org/.

Racial Bias and Drug Use: Black people are believed to have higher rates of drug use/misuse even though the evidence does not support this belief.3 Harm: Numerous studies have identified racial bias in prenatal drug testing. Black women are more likely to be drug tested even though Black patients have been found to have lower rates of positive tests.4 Virginia PRAMS data (2023) reveals that in Virginia, White women are more likely to be asked about their use of prescription medications while non-Hispanic Black women are more likely to be asked about illegal drug and marijuana use. This concludes that bias continues to exist in the decision-making process even in initial assessments of patients.

[1] Racial Disparities Associated With Endometriosis Diagnosis. (2023, May 18). American Journal of Managed Care; MJH Life Sciences. https://www.ajmc.com/view/racial-disparities-associated-with-endometriosis-diagnosis

[2] Epstein, R., Blake, J., & Gonzalez, T. (2017). Girlhood Interrupted: The Erasure of Black Girls' Childhood. SSRN Electronic Journal. https://doi.org/10.2139/ssrn.3000695

[3] Burston, B.W., Jones, D., Roberson-Saunders, P. (1995). Drug Use and African Americans: Myth Versus Reality. Journal of Alcohol and Drug Education. 1995;40(2):19-39. https://www.jstor.org/stable/45092058

[4] Jarlenski, M., Shroff, J., Mishka Terplan, Roberts, S. C. M., Brown-Podgorski, B., & Krans, E. E. (2023). Association of Race With Urine Toxicology Testing Among Pregnant Patients During Labor and Delivery. JAMA Health Forum, 4(4), e230441–e230441. https://doi.org/10.1001/jamahealthforum.2023.0441

WAYS THAT YOU CAN HELP

1. Shareresources to educate others about the issue. Print copies of VICPP's fact sheet at theend of this kit, bulletin insert, or this handout, and leave in a high visibility location (library, a place of business, house of worship, bulletin board). Like and share graphics on VICPP's social media platforms: @vainterfaith on Facebook, Twitter/X, and Instagram.

2. Host a film discussion on the U.S. maternal mortality crisis. Films are a creative way to help people understand and discuss issues in a comfortable environment. Talking among peers about the issue is a first step to becoming comfortable talking with stakeholders and policymakers about the issue.

Film Suggestions:
Aftershock (https://www.aftershockdocumentary.com/)
Birthing Justice (https://www.pbs.org/show/birthing-justice/)
Giving Birth in America Film Series (https://everymothercounts.org/giving-birth-in-america/)
No Woman, No Cry (https://www.cargofilm-releasing.com/films/no-woman-no-cry)
When The Bough Breaks (https://www.pbs.org/unnaturalcauses/hour_02.htm)
Sister (http://www.sisterdocumentary.com/)
Toxic A Black Woman's Story (https://toxicshortfilm.com/)

3. Light a candle and reflect with song, scripture readings, or silence in your home in remembrance of a pregnancy lost on October 15th, Pregnancy & Infant Loss Remembrance Day (see planning your action) or on Maternal Health Awareness Day, January 23rd.

4. Perform an act of kindness in memory of a baby gone too soon. Volunteer at a family shelter. Donate to a children's ward. Plant a fall garden with blooms for the spring.

5. Organize a small prayer vigil. Gather with five to 10 people outside the entrance of a health care entity (local hospital, clinic, health center). Invite people who may know someone who has died in a pregnancy-related cause or who has lost a pregnancy or infant; as well as advocates, health care professionals, or others who care about the birth outcomes of Black women and their babies. Use the VICPP action guide to design your program.

6. Get 10 friends to call their legislature in support of a mandate of bias reduction and cultural competency training for all professionals licensed by the Virginia Board of Nursing and Virginia Board of Medicine. Find your legislator here: https://whosmy.virginiageneralassembly.gov/

7. Write a letter to the editor of your local newspaper. You can share your personal experience with maternal or infant mortality and loss or other personal reasons why you support the campaign.

8. Join the VICPP advocacy email list. Stay up to date with the campaign. Sign up here: https://virginiainterfaithcenter.org/health-equity/

9. Volunteer with VICPP. Sign up to volunteer here: https://virginiainterfaithcenter.org/getinvolved/volunteer/

SCRIPTURES FOR READINGANDREFLECTION

Buddhist: "Just as with her own life, a mothershieldsfromhurtherown son, her only child, let all embracing thoughts for all beings beyours."-KaraniyaMettaSutta, verse 7

Christian: "A woman, when she is in labor,haspainbecauseherhour has come; but as soon as she has given birth to the child, shenolongerremembersthe anguish, for joy that a human being has been born into the world."-John16:21

Hindu: "We are born in the world of nature;oursecondbirthisintothe world of spirit." - Bhagavad Gita

Jewish: "Rachel began to give birth and hadgreatdifficulty.Andasshe was having great difficulty in childbirth, the midwife said to her,'Don'tdespair…'"-Genesis 35:16-17

Muslim: "Heaven lies under the feet of yourmother."–ProphetMuhammad

Sikh: "In the mother's womb, life was enshrinedandcherished.Youwere blessed with body and soul." - Guru Granth Sahib, p. 1004

SOUND&SILENCE

"Precious Lord, Take My Hand" was writtenbyThomasDorsey,known as the father of Black Gospel, after his wife and infant son died ofchildbirthcomplications. You can play this during your moments of reflection as a grouporindividual,orfindother songs that speak to healing, inner strength, and the courage tomoveforward.Itisalsoappropriate to pause in silence.

PLANNING YOUR ACTION

JOIN THE INTERNATIONAL WAVE OF LIGHT

Since 1988, October 15th has been observed as Pregnancy & Infant Loss Remembrance Day. The International Wave of Light is a global observance of this remembrance. To join the observance, you simply light a candle at 7 p.m. your local time and leave it burning for at least one hour, creating a continuous "wave of light" across all time zones covering the entire globe. This can be done individually or in a group, at home or in a communal space, to remember all the babies lost during pregnancy and infancy.

While demonstrating support to families who have suffered this tragic loss, VICPP also aims to promote awareness of the public health crisis of Black maternal mortality in Virginia. According to the CDC, maternal pregnancy complications are a top five cause of infant mortality. Quality care is key to improving infant and maternal mortality. Unconscious bias is directly correlated with lower quality of care for patients.

To be part of the Digital Wave of Light:

1. Take a photo of your candle and post it to Facebook, Instagram, or TikTok at 7 p.m. local time.
2. Name a loved one(s) you are remembering. You may include dates of deaths, if you like.
3. Use the following hashtags: #waveoflight2026 #waveoflightUSA #VICPP #PUSHbiasout #maternalhealth

PLAN A MATERNAL HEALTH PRAYER VIGIL

Plan a Prayer Vigil to raise public awareness that maternal care is a life-or-death public health crisis that disproportionately affects Black women and infants, foster a space and experience that inspires people to advocate beyond the event and generate media coverage about the need to mandate unconscious bias/cultural competency training for all licensed health care professionals. What happens? Invite five to ten people to join you for a prayer vigil outside the entrance of a health care setting (hospital, clinic, health center). The gathering should honor the grief of loss while focusing on the hope for change. Invite men and women who may know someone who has died in a pregnancy-related cause or who has lost a pregnancy or infant. Also invite advocates, health care professionals, and others who care about the birth outcomes of Black women and their babies.

When: Virginia Interfaith Center for Public Policy (VICPP) is asking groups to plan a prayer vigil in October, which is observed as National Pregnancy and Infant Loss Remembrance Month or on January 23rd, Maternal Health Awareness Day.

Duration: The vigil can be 30 minutes or less. Plan it after a worship service, campus meeting, organizational gathering, or invite people to gather specifically for this action.

Visuals: You can create placards displaying a fact contained in this toolkit. Additionally, holding infant toys are a useful visual element to amplify the message and visibility of the vigil.

Program Elements:

- The vigil should begin with an opening prayer or moment of silence.
- VICPP also offers interfaith scriptures that you can read and then pause for reflection. Consider playing a song during this time to foster a collective sense and focus on healing, resilience, and community.
- Individuals should say the name of women, pregnant persons, or infants who have died in a pregnancy related cause to honor and support the bereaved relatives who remember them.
- Invite someone to lead a prayer.
- Take a group picture to post to social media. Be clear that the particular health facility is not a target, the focus is on Statewide policy. Do not block the entryway or obstruct passage of emergency vehicles if you are gathered outside an emergency annex to a hospital.

Advocacy Action: Ask prayer vigil attendees to call their legislature to support the mandate. Find the legislator here: https://whosmy.virginiageneralassembly.gov/

Press:

Media helps the message reach more people. As you plan your action, plan how you can generate media coverage. Refer to sample media advisory at the end of this toolkit. You can:

- Email, mail or deliver a media advisory to local press outlets a few days before the event.
- Take photos of your event and send a press release to the media after the event if the media doesn't come.
- Ask each person who participates to post about the event on social media and include a link to the campaign petition.
- Ask the editorial writers of your local papers to write about the issue.
- Let Roberta Oster at VICPP know about your planned event, so VICPP can help promote it. Send her photos of your event too at roberta@virginiainterfaithcenter.org.

SOCIAL MEDIA & DIGITAL ACTIONS

The social media component of the campaign is primarily aimed to encourage people to contact their legislatures about this important issue. The link for people to find their legislature is here: https://whosmy.virginiageneralassembly.gov/

Let your legislator know why it is important to pass a bill to require unconscious bias and cultural competency training. You can also provide the URL to sign up for updates and alerts: https://virginiainterfaithcenter.org/health-equity/ In the 2026 General Assembly Session, look out for Action Alerts pertaining to the Senate Bill, SB22 and the House companion.

The campaign will be augmented @vainterfaith on Facebook, Twitter/X, and Instagram. Follow VICPP on these three platforms to share, like, and comment on campaign posts. Use the campaign slogan: "Every woman deserves to give birth and live to tell it with a healthy baby in her arms."
Campaign hashtags to use in social media posts: #VICPP #PUSHcoalition #PUSHbiasout #maternalhealth #maternalmortality #infantmortality #birthjustice #birthequity #healthequity. Share the reasons why eliminating racial disparities in maternal mortality is an important issue to you personally. Send submissions of 500 words or less for consideration to kathryn@virginiainterfaithcenter.org.

SAMPLE MEDIA ADVISORY

Prayer Vigil/Rally to #PUSHbiasout at Location?

Tomorrow: Advocates and Supporters Amplify Their Call to Legislators to Help End Virginia's Maternal Mortality Crisis

YOUR LOCATION, Virginia

WHAT: A prayer vigil to raise awareness that maternal care is a life-or-deathpublichealth crisis for Black women and infants.
WHY: The U.S. pregnancy associated death rate is the highest out ofallhigh-income countries at around seven hundred deaths per year. Black pregnantindividualsarethree to four times more likely to die from pregnancy related deaths thanwhitepregnant individuals.1 In VA, the pregnancy-associated death rate for Blackindividualswere more than two times the rate for white people at 113.8 vs. 54.8respectively(per 100,000 live births, 2021).22 Increasing evidence indicates that racismacrossmultiple levels of the U.S. health system is a key cause of these disparitiesinmaternalmortality.3 Virginia's rural maternity care deserts compound the problem.4

The purposes of the Prayer Vigil/Rally to #PUSHbiasout are to:
1. Elevate the voices and faces behind the alarming statistics of Virginia'smaternalhealth

crisis.
2. Raiseawarenessoflegislatorsoftheirvitalroleandauthority.
3. Demonstratesupportforactiontorequireunconsciousbiastrainingforhealth professionals.

WHEN:

WHERE:

FACT SHEET

virginia interfaith center FOR PUBLIC POLICY
1716 East Franklin Street, Richmond, VA 23223
804-643-2474 • www.virginiainterfaithcenter.org

Bias Reduction Training Licensing Criterion

Problem: Black women in Virginia continue to have two to three times higher rates of pregnancy-associated deaths compared with their white counterparts. In 2022, the rate was 138.1 for Black women and 50.6 for white women (per 100,000 live births).1 **A recent look at Virginia data revealed that the infant death rate for *non-smoking* African-American mothers is three times the infant death rate for White American *smokers*.2** Virginia Pregnancy Risk Assessment Monitoring System (PRAMS) reported that 18% of women experienced discrimination or harassment as a result of their insurance or Medicaid status, 25% as a result of their race, ethnicity or culture, and 42% of women experienced discrimination or harassment due to their weight.3 Studies show that when you control for education and income, racial disparities do not disappear, suggesting that bias plays a role. In one study, the wealthiest Black mothers had higher mortality rates than the poorest White mothers.4

Policy solution: To reduce the impact of bias in health care, Virginia must pass a bill to make evidence-based bias reduction training a criterion for licensing for health care professionals licensed by the Virginia Board of Medicine and the Board of Nursing. Bias can be both explicit (conscious) or implicit (unconscious). Unconscious bias is a bias (attitude or belief about a person or group that can affect judgement or behavior) that is present but not consciously held or recognized. It has long been identified as a factor contributing to lower health care quality for Black Americans. Numerous studies show implicit bias can impact patient safety and is directly correlated with lower quality of care.5 High quality care is integral to improving maternal and infant mortality. The American Medical Association, the American Hospital Association, the Association of American Medical Colleges have urged the adoption of bias reduction training strategies such as unconscious bias and cultural competency. In recent longitudinal studies of bias reduction training, over 90% of healthcare providers reported that training: Improved their patient care. Enhanced patient encounters. Elevated the patient experience. Increased their confidence in caring for diverse populations.6

Costs: In 2024, the Department of Health Professions indicated that the Board of Medicine will need one new pay band 5 FTE at a cost of $140,750.

Who benefits: With passage of this bill, Virginia sends a strong message that VA Healthcare professionals are committed to equal treatment for all.

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1 "2024 Virginia Maternal Morality Review Team Annual Report" Submitted February 20, 2025 to the Governor and the General Assembly per Code of Virginia, § 32.1-283.8.

2 "Exploring Implicit Bias in Care Settings & the Respectful Maternal Care Model" Kenesha Barber, PhD and Lauren Kozlowski, MPH, MSW.

3 Virginia PRAMS Facts-2021, https://www.vdh.virginia.gov/content/uploads/sites/67/2023/12/Virginia-PRAMS-Facts-2021.pdf

4 National Bureau of Economic Research, Maternal and Infant Health Inequality: New Evidence from Linked Administrative Data, 2023. https://www.nber.org/system/files/working_papers/w30693/w30693.pdf

5 Agency for Healthcare Research and Quality, (2024) Healthcare Worker Implicit Bias Training and Education, Rapid Review. https://effectivehealthcare.ahrq.gov/sites/default/files/related_files/mhs-IV-rapid-response-implicit-bias.pdf

6 "Learner-Reported Impactof the DignityinPregnancy& Childbirth Course: A Summary of Three Studies, Diversity Science Institute, 2024" https://www.humanitasinst.com/dipc-feedback

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