A Mother Lost Every 90 Seconds: Maternal Mortality in the United States and Around the World

Lobbying Resource Kit for Activists | February 2010

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Fellow activist,

Thank you for taking action to support the right of every woman to a safe pregnancy and childbirth. In this toolkit you will find background information on maternal mortality in the US and around the world, information on proposed legislation to combat preventable maternal mortality, and tips on how to lobby your elected officials on this issue.

In the short time that has passed since we rang in the start of the New Year, nearly 25,000 women have lost their lives from complications related to pregnancy and childbirth – that’s one woman every ninety seconds, a thousand women each day. Most of these deaths could have been prevented if women had timely access to quality maternal and reproductive health care services.

A continued lack of attention to maternal health takes the lives of more than 350,000 women and girls each year, and denies countless others their dignity. In Sierra Leone, for example, one out of every 21 women will die during pregnancy or childbirth. Here in the United States, women face a greater lifetime risk of dying from pregnancy-related complications than do women in 49 other countries, and African-American women are nearly four times as likely to die as Caucasian women.

Over the past two years, Amnesty International has launched reports detailing maternal mortality in six countries around the world, including *Deadly Delivery: The Maternal Health Care Crisis in the USA*. These reports highlight Amnesty's call to governments around the world to end preventable maternal mortality by improving the accessibility, availability, acceptability, and accountability of maternal and reproductive health care systems. This includes:

- expanding and improving access to maternal care, family planning services, and information on sexual and reproductive rights and the right to health;
- removing financial, physical, and cultural barriers to maternal health care services;
- ensuring an equitable distribution of health facilities and trained staff throughout countries;
- combating discrimination;
- setting up well-publicized and accessible accountability mechanisms; and
- ensuring women have meaningful participation in decisions by governments concerning reproductive and maternal health.

In 2010, Congress responded to the work of Amnesty and many other organizations who have been working on this issue for years by introducing exciting new legislation, such as the Global MOMS Act and the MOMS for the 21st Century Act. Now, in 2011, we anticipate the reintroduction of those bills. This kit contains information and materials you can use to help move this legislation forward.

Please take some time to go through the kit and familiarize yourself with the issue of maternal mortality in the United States and around the world, and with how domestic legislation can help protect mothers worldwide. If you have any questions that are not addressed in the kit, please do not hesitate to contact the Demand Dignity team by emailing demanddignity@aiusa.org. Also, in the weeks leading up to Mother’s Day (Sunday, May 8, 2011), Amnesty International will be sponsoring events around the country spotlighting the women who die every day from pregnancy and childbirth-related complications. To get updated information about these events, actions, and information concerning maternal health legislation, be sure to periodically check our website at www.amnestyusa.org/mothersday. And don’t forget – once you're ready to meet with your elected officials, please reach out to the Legislative Coordinator of your state for more help; you can receive their information by contacting your regional office at 1.866.A.REGION. Finally, if you have any comments about ways we can make this kit or future toolkits more useful for you or easier to use, please share them with us at demanddignity@aiusa.org.

Thank you for taking the time to support the right of every woman to a safe pregnancy and childbirth.

In solidarity,

The Demand Dignity Campaign Team
Main Messages and Talking Points: Maternal Mortality Around the World

"Women are not dying of diseases we can't treat. ... They are dying because societies have yet to make the decision that their lives are worth saving."
- Mahmoud Fathalla, past president of the International Federation of Obstetricians and Gynecologists

With the Demand Dignity campaign, Amnesty International is making the message heard loud and clear: every woman’s life is worth saving.

- Around the world, one woman dies from pregnancy-related complications every ninety seconds. The vast majority of these deaths are unnecessary and preventable, caused by a lack of access to health care or health education.
- This is a not just a public health emergency — it is a human rights crisis.
- These preventable deaths represent violations of essential human rights, including the right to the highest attainable standard of health, and the right to freedom from discrimination based on gender, ethnicity, language, or income.

Why is Maternal Mortality a Human Rights Emergency?

- Maternal mortality ratios are typically representative of the overall strength and equity of a health care system.
- Ninety-nine per cent of maternal deaths occur in developing countries, particularly in sub-Saharan Africa and South Asia, making it the greatest health disparity between developed and developing countries.
- In 2000, the United Nations set nine goals to guide the fight against poverty: the Millennium Development Goals (MDGs). While there has been some progress toward reducing global maternal mortality, UN data shows that only 10 countries with high maternal mortality ratios are on target to meet MDG 5 – the goal of reducing the maternal mortality ratio by 75% by 2015.

Amnesty’s Work on Maternal Health

- Amnesty International researchers have prepared reports on maternal health in six countries: Burkina Faso, Nicaragua, Peru, Sierra Leone, Indonesia, and the USA.
- Although these six countries highlight the issues, the right to safe pregnancy and childbirth is being compromised throughout the world.
- Human rights advocates in each country are taking action to guarantee the right to maternal health care, with support from Amnesty International members around the world.

Legislative Response

- Congress should support and pass legislation that would improve maternal health outcomes around the world, like the Global MOMS Act - introduced in the 111th Congress by Representative Lucille Roybal-Allard (D-CA). The Global MOMS Act must be reintroduced in the 112th Congress in order to move forward.
Out of Reach: The Cost of Maternal Health in Sierra Leone

- In Sierra Leone, pregnant women and girls are often unable to access lifesaving treatment because they are too poor to pay for it. As a result, less than half of all deliveries are attended by a skilled birth attendant and fewer than one in five are carried out in health facilities.
- In April 2010, Sierra Leone introduced a new policy making care free for pregnant and lactating women and children under 5. While this policy has already contributed to real progress in health outcomes, Amnesty is working with civil society groups in Sierra Leone to ensure accountability, and to ensure it works for all women and communities.

Giving Life, Risking Death: Maternal Mortality in Burkina Faso

- Despite an ambitious national policy to make childbirth affordable for all women, cost, corrupt medical practitioners, and a lack of women’s autonomy continue to keep women from the care they need.
- Success! After the launch of this report, Burkinabé activists and Amnesty International members secured a commitment from Burkina Faso’s president, Blaise Compaoré, to lift all financial barriers to emergency obstetric care and access to family planning in the country. Now we must ensure that he follows through on his promise.

Fatal Flaws: Barriers to Maternal Health in Peru

- Peru’s poor, rural and indigenous women face widespread systemic discrimination: language barriers, a severe shortage of accessible clinics, and a lack of information denies them the health care services available to other women in the country.
- President Alan Garcia has promised better equity in maternal health funding, a promise he has yet to fulfil.
- Amnesty is working with members and activists to urge President Garcia to ensure access to maternal health care.

The Total Abortion Ban in Nicaragua

- Nicaragua’s 2008 ban on performing or seeking abortions – including in cases of rape, incest, life-threatening complications, and accidental abortions from medically necessary procedures – means pregnant women’s health and lives are often put at grave risk as essential treatment is delayed or denied.
- Amnesty International is calling on the Nicaraguan government to repeal the ban.

Left Without a Choice: Barriers to Reproductive Health Care in Indonesia

- Women and girls face multiple barriers to fulfilling their sexual and reproductive rights in Indonesia – barriers that are rooted in a range of laws, policies, and practices that are discriminatory and reinforce gender stereotyping.
- Amnesty International is calling on government of Indonesia to ensure that women and girls can enjoy their sexual and reproductive rights free from coercion, discrimination, and the threat of criminalization.
Main Messages and Talking Points: Maternal Mortality in the United States

A recent Amnesty International report, *Deadly Delivery: The Maternal Health Care Crisis in the USA*, found unacceptably high rates of pregnancy-related deaths, appalling racial disparities, and rising complications in the United States. Opportunities to save women's lives are being missed because of numerous obstacles and failures in the health care system that stand in the way of women getting the care they need. Amnesty International’s report faults an inconsistent, haphazard approach to maternal care, and shocking disparities in care that lead to hundreds of preventable deaths and thousands of injuries.

- Every day, 2 to 3 women in the United States die from complications of pregnancy and childbirth – and approximately half of these deaths could be prevented, according to the Centers for Disease Control.
- African-American women are nearly four times more likely to die from pregnancy-related causes than white women.
- Deaths are just the tip of the iceberg. Severe complications that nearly result in death – known as “near misses” – are rising at an alarming rate. More than 34,000 women nearly die each year. This number increased by 25 percent between 1998 and 2005.
- The US has a higher maternal mortality ratio than 49 other countries. The risk is higher for women in the United States than for women in Kuwait, Bulgaria, and South Korea.
- Opportunities to save women’s lives are being missed because numerous obstacles stand in the way of women getting the care they need. These include discrimination, language barriers, financial barriers to obtaining health care, bureaucratic hurdles to securing government-funded care, shortages of health care professionals (especially in rural areas and inner cities), and the lack of standardized, nationally-implemented protocols to respond to complications that cause maternal deaths.
- The situation is far worse for women of color, Native Americans, immigrants, women living in poverty, and those who speak little or no English.

Half of the women who died could have been saved with better access to good quality maternal health care. And about 40% of the “near misses” could have been prevented. To reverse this crisis, the government must ensure that all women have access to timely, quality maternal health care services, before, during, and after pregnancy.

- Barriers to care widespread, even though the United States spends more than any other country on health care and more on maternal care - $86 billion – than any other type of hospital care.
- The United States has no standardized, nationally-implemented protocols to prevent, recognize, and treat the leading causes of childbirth-related deaths, including massive blood loss (hemorrhage) or blood clots (embolism).
- America’s healthcare crisis is exacerbating the problem. One of every five women of reproductive age has no health insurance. As a result, many women begin pregnancy with untreated medical problems that may worsen over the course of pregnancy and that increase health risks for the woman and her baby.
• Half of all pregnancies are unplanned in the United States, which can delay the start of prenatal care, increasing the risk of complications. Many women are without affordable contraceptive services.
• One in four women do not receive adequate prenatal care starting in the first trimester.
• Women with no prenatal care are three to four times more likely to die than women who have access to prenatal care.
• While most pregnancy-related deaths occur days or weeks after birth, postpartum care is generally limited to one office visit with a physician six weeks after birth. Women in many other countries receive home visits in the days and weeks following birth as a standard part of their postpartum care.
• A lack of accountability is leading to an overall failure to address fundamental systemic problems. The number of deaths is probably significantly understated and is estimated to be twice as high. There are no federal requirements to report maternal deaths and data collection at the state level is insufficient. By not counting, reviewing, and learning what happened to cause these deaths, opportunities are missed to prevent future deaths.

Women living in poverty and racial, ethnic, and other minorities suffer from systemic inequalities and discrimination that result in dangerous barriers to care.

• Native American women are three and a half times more likely to receive late or no prenatal care than white women.
• Among women with high risk pregnancies, African-American women are five and a half times more likely to die than white women.
• For low-income pregnant women seeking government-funded care via Medicaid, burdensome bureaucratic procedures substantially delay access to vital prenatal care.
• In rural areas, women with high-risk pregnancies sometimes need to drive more than 100 miles to get the care that they need.
• The government has an obligation to address and eliminate these disparities, including through vigorous enforcement of non-discrimination laws.

Amnesty International calls on the US government to develop a coordinated and consistent approach to maternal care that corrects the disparities, improves conditions for women’s health overall, and makes sure all women have access to good-quality, safe maternal care.

• There is no robust or systematic government response to this critical problem. Amnesty International is urging the government to direct and fund the Department of Health and Human Services to prioritize and coordinate efforts to improve maternal care and maternal health, including taking steps to:
  o Expand comprehensive data collection and review of deaths, complications, and performance measures;
  o Ensure all women have prompt access to prenatal care and home visits after birth;
  o Develop and put in place evidence-based protocols to prevent, recognize, and respond to leading complications that cause maternal deaths; and
  o Prioritize eliminating disparities, including by vigorously enforcing federal anti-discrimination laws.
• Congress should support and pass legislation that would improve domestic maternal health outcomes, such as the MOMS for the 21st Century Act – introduced in the 111th Congress by Representative Lucille Roybal-Allard (D-CA). The MOMS for the 21st Century Act must be reintroduced in the 112th Congress in order to move forward.
• Health departments in all states should ensure that pregnant women have “presumptive eligibility” or immediate access to Medicaid while their permanent application for coverage is pending.
• Health departments in all states should improve maternal health data collection and review by establishing a maternal mortality review board, including a maternal death checkbox on their standard death certificates, and mandating separate reporting of maternal deaths and severe complications.
How to Lobby Your Member of Congress

Through coordinated legislative advocacy, AIUSA activists gain the power to influence important human rights legislation. All groups are asked to participate in at least one of AIUSA’s coordinated lobbying efforts each year. Contact your legislative coordinator (LC) by calling 1.866.219.4466 to ask about current lobbying efforts in your state, background on your legislators, and tips to maximize your efforts.

What Is Lobbying?

- Lobbying is getting your government to work for you. It is not limited to the hallowed halls of Congress or restricted to professional lobbyists – it is a tool we can all use to communicate with our decision-makers and shape the communities in which we live.

- Lobbying takes many forms, such as writing a letter, showing up for a public event, making a phone call, sending a fax/email/form letter, or anything else you can do to provide your elected official with information about your issue and a request for him/her to act on it.

How Do I Lobby?

Do Your Homework

- Find out what positions your elected member has taken in the past on maternal health legislation – for example, use the list in this toolkit to determine if your representative was a cosponsor of either the Global MOMS Act or the MOMS for the 21st Century Act in the 111th Congress.

- Familiarize yourself with the specific legislation you want to address using the information contained in this toolkit, including the talking points and the information you can provide to your legislator. Once you’ve done your homework, you are ready to make contact with your legislator.

Contact Your Elected Official

- **Be ACCURATE:** The key to influencing the people who represent you is proving to them that you are a well-informed, committed, and persistent constituent. You need to be a credible source of information – if you don’t know something, tell your Congress member you will find out and get back to him/her.
  - Ensure that as a representative of Amnesty you represent AIUSA’s views accurately. Use the legislative talking points and legislative issue briefs (contained in this toolkit) to fax or bring to a meeting with your legislator’s office. The talking points are for your use in preparing for your meeting; leave the issue briefs with your legislator’s office.

- **Be BRIEF:** The official and his/her staff are incredibly busy, and so are you. They appreciate it when you respect their time, so get to your request in the first few minutes. Be ready with the bill number and the specific action you want your legislator to take (for example, cosponsor / support the legislation). Provide a copy of any relevant materials you will be talking about, such as the Issue Briefs contained in this toolkit or a list of current cosponsors.

- **Be COURTEOUS:** Always, always, always be courteous! A thank you letter to the staff member for listening to your concerns, especially if they take action, is ALWAYS recommended. Commend your elected official publicly, including letters to the editor or items in a newsletter (and share copies with his/her staff).
Ways Of Lobbying

Write A Letter

- **Handwrite your letter** if possible. Be sure to include your name and address on the letter and envelope so they know you are a constituent.

- **Be brief and personal.** Share your knowledge and experiences with maternal health. Feel free to mention any organizations you are working with on this issue.

- **Be specific.** Cite a specific bill number or an individual case. Be sure to include the specific action you want your elected official to take (e.g. cosponsor/support the bill). Ask them to respond with information about the action taken.

- **Thank your official** for any positive steps s/he has taken in the recent past.

- **Follow-up.** Continue to maintain contact with the office to ensure that your elected official fulfills his/her commitments. Continue to provide information, and thank him or her for any positive actions taken.

Make a Phone Call

- **Call your US Senator / Representative** by contacting the Capitol Hill switchboard at 202.224.3121. Ask to speak with the legislative assistant dealing with women’s issues and/or human rights concerns.

- **Identify yourself as a constituent.** You might also mention your AI group, if appropriate.

- **Be specific.** Identify the bill(s) you are concerned with and the action you would like your legislator to take. Ask if your legislator has taken a position on the legislation. Volunteer to provide further information about the bill or about maternal health in general. Ask for the name of the person you spoke to and let him or her know that you will be calling back to follow up.

- **Follow up** with a thank you note and any information you promised to provide.

Schedule an In-Person Meeting

- Personal meetings are the most effective method of lobbying. Your group can organize a meeting with your member of Congress on the issue of maternal health, or join an AIUSA lobbying delegation in Washington DC or at your representative’s district office in your state.

- If you are interested in meeting with your legislator in person, please contact your legislative coordinator for more tips on effective in-person lobbying.

What Are The Next Steps?

- Concentrate on building a relationship. Lobbying can take awhile, and the more focused you are, the better the results. Remember that the bill you are working on may not pass during this session or that you may undertake another legislative initiative next year. Establishing this relationship is key to your work in future sessions.

- Thank your legislator publicly. Write a letter to the editor or a short article for your group’s newsletter. Be sure to share the information with your legislator.

- Continue to track the bill and provide periodic updates to your legislator as necessary.

- Share the news of your interaction with AIUSA by filling out a Debrief Form (contained in this toolkit) and sharing it with your volunteer Legislative Coordinator and the Washington DC office of Amnesty International.
How a Bill Becomes a Law (And What You Can Do Along the Way)

I. Legislation is Introduced

Any Member of Congress can introduce a bill. Once a bill is introduced, it is labeled with the sponsor’s name and is given a bill number (e.g. H.R. 1 or S. 1).

Prior to a bill’s introduction, other Members of Congress can contact the bill’s sponsor and ask to become an original co-sponsor of the legislation. During the period prior to a bill’s introduction, you can contact your representatives to encourage them to contact the bill’s sponsor and ask to become an original co-sponsor. Once a bill is introduced, you can contact your representatives to encourage them to contact the bill’s sponsor to show their support for the legislation by becoming a co-sponsor of the bill.

II. Committee Action

Once a bill is introduced, it is referred to the appropriate committee by the Speaker of the House or the presiding officer in the Senate. Bills can be referred to more than one committee, or different parts of a bill can be sent to different committees; bills can also be referred to subcommittees within committees. Committees and subcommittees debate the bill, can offer to amend the bill, and may hold hearings on the legislation. In order for a bill to leave committee, it must be voted out of committee. Failure to act on a bill in committee is equivalent to killing the bill.

If your Member of Congress is a member of a committee or subcommittee charged with reviewing a piece of legislation Amnesty International supports, you can contact them to ask them to support the legislation in committee, and to support its passage out of committee to the floor of the chamber. Even if your elected official is not a member of the committee, he or she can support for the legislation by cosponsoring the bill.

III. Floor Action

Once a bill is passed out of committee, the legislation is placed on the calendar of the respective chamber, where the Speaker of the House or the Senate Majority leader determine which bills will reach their chamber floor, and when. Once a bill is brought to the floor of the chamber, debate can begin. In the House, the length of debate is determined by rules developed by the Rules Committee. In the Senate, debate is unlimited unless cloture is invoked (a cloture vote requires the support of 60 Senators). Unless cloture is invoked, Senators can use a filibuster to prevent a bill from coming to the floor for a full vote.

Once debate is closed, the bill is voted on. If the bill is passed, it will be sent to the other chamber unless the other chamber is already considering a similar piece of legislation. If either chamber does not pass the bill, the legislation dies. If both chambers pass the same piece of legislation, the bill is sent to the President. And if the House and the Senate pass different bills, they are sent to a Conference Committee for reconciliation.

During the period prior to debate and a final floor vote on the bill, contact your Members of Congress asking them to support the legislation by voting for its passage. If the bill is in the Senate, you can also ask your Senators to show their support for the legislation by becoming a co-sponsor of the bill at any point until a final vote on the bill has taken place.
IV. Conference Committee

Members from each chamber form a conference committee and meet to reconcile the differences between the bills passed by each chamber. If the Conference Committee reaches a compromise, the committee prepares a written report, which is submitted to each chamber. This report must then be approved by both the House and the Senate.

V. The President

Before a bill can become law, it must be sent to the President for review. If the President signs the bill, or does not sign it within 10 days of receiving it if Congress is in session, the bill becomes law. If Congress adjourns before the 10 days, and the President fails to sign the bill, it does not become law. If the President vetoes the law, it is sent back to Congress with a note listing his or her reasons. The chamber that originated the bill can attempt to override the veto by a two-thirds vote. If the veto of the bill is overridden in both chambers, the bill becomes law.

VI. The Bill Becomes a Law

Once a bill is signed by the President or his/her veto is overridden by both chambers, it becomes law and is assigned an official number.

Glossary of Terms

**Cloture**: a procedure used in the Senate to end a filibuster. Under Senate rules, invoking cloture requires an affirmative vote by 3/5 of the entire Senate and will limit remaining debate to 30 hours. Cloture is not a vote on the passage of the bill.

**Co-Sponsor**: A member or members who add his or her name(s) formally in support of another member’s bill. In the House, a member can become a co-sponsor of a bill at any point up until the last authorized committee considers it. In the Senate, a member can become a co-sponsor of a bill at any point before the final vote takes place on the bill.

**Filibuster**: An informal term used in the Senate to describe an attempt to block or delay action on a bill or other matter by lengthy debate, numerous procedural motions or other obstructive actions. It can be stopped only by a three-fifths cloture vote of the senators present and voting.

**Original co-sponsor**: a member who is listed as a co-sponsor at the time of a bill’s introduction.

**Sponsor**: the original member who introduces a bill.

**Veto**: a presidential power to approve or refuse a bill or joint resolution, preventing its enactment into law. A veto can be overturned only by a two-thirds vote in both the Senate and the House.
Legislative Talking Points

International Maternal Mortality - The Global MOMS ACT

(The Global MOMS Act is awaiting reintroduction in the 112th Congress)

Main Message

- Hundreds of thousands of women die each year from pregnancy-related complications.
  - The vast majority of these deaths are unnecessary and preventable, caused by a lack of access to timely, quality health care.
- Globally, pregnancy-related complications cause the death of more than 350,000 women each year. That's one woman every 90 seconds.

Background

- Amnesty International has identified obstacles to lifesaving treatment faced by pregnant women around the world.
  - In Peru, poor, rural and indigenous women face language barriers and too few accessible clinics.
  - In Burkina Faso, women die because they cannot reach a health facility capable of treating them or because they arrive too late.
  - In Sierra Leone, pregnant mothers are dying because they are too poor to pay for the treatment required to save their lives - one in twenty-one women will die from complications of pregnancy and childbirth.
- Women dying in pregnancy and childbirth is not just a public health emergency; it is also a human rights crisis. These preventable deaths represent violations of essential human rights, including:
  - The right to the highest attainable standard of health and
  - The right to freedom from discrimination based on such factors as gender, race, ethnicity, immigration status, Indigenous status, or income level.

Legislative Response

- The United States has an important role to play in supporting developing countries in developing and implementing plans to reduce maternal deaths.
- Congresswoman Lois Capps introduced the Global MOMS Act (introduced in the 111th Congress as H.R. 5268) to help improve maternal health outcomes around the world by supporting activities that help expand access to better quality maternal health services, remove barriers to such services, and ensure that they meet international human rights standards.
- The Global MOMS Act must be reintroduced in the 112th Congress in order to move forward, and having many original co-sponsors – legislators who are listed as supporting the bill at the time of reintroduction – will increase its chances of success.

Amnesty International’s Recommendation

- Please urge your Member of Congress to contact Representative Lois Capps to become an original co-sponsor of the Global MOMS Act in the 112th Congress and to vote in favor of the bill when it comes to the floor.
Congressional Cosponsors of the Global MOMS Act in the 111th Congress
(The Global MOMS Act is awaiting reintroduction in the 112th Congress)

ARIZONA
Rep. Raul M. Grijalva [AZ-7]

CALIFORNIA
Rep. Susan A. Davis [CA-53]
Rep. Anna G. Eshoo [CA-14]
Rep. Sam Farr [CA-17]
Rep. John Garamendi [CA-10]
Rep. Barbara Lee [CA-9]
Rep. Zoe Lofgren [CA-16]
Rep. George Miller [CA-7]
Rep. Grace F. Napolitano [CA-38]
Rep. Lucille Roybal Allard [CA-34]
Rep. Adam B. Schiff [CA-29]
Rep. Fortney Pete Stark [CA-13]
* Rep. Diane E. Watson [CA-33], replaced by Karen Bass [D]
Rep. Lynn C. Woolsey [CA-6]

COLORADO
Rep. Diana DeGette [CO-1]

CONNECTICUT
Rep. Rosa L. DeLauro [CT-3]

FLORIDA
Rep. Alcee L. Hastings [FL-23]

HAWAII
Rep. Mazie K. Hirono [HI-2]

IOWA
Rep. David Loebssack [IA-2]

ILLINOIS
Rep. Danny K. Davis [IL-7]
Rep. Luis V. Gutierrez [IL-4]
Rep. Janice D. Schakowsky [IL-9]
Rep. Mike Quigley [IL-5]

KANSAS
* Rep. Dennis Moore [KS-3], replaced by Kevin Yoder [R]

 MASSACHUSETTS
Rep. Michael E. Capuano [MA-8]
* Rep. Bill Delahunt [MA-10], replaced by Bill Keating [D]
Rep. John W. Olver [MA-1]

MAINE
Rep. Chellie Pingree [ME-1]

MICHIGAN
Rep. John Conyers, Jr. [MI-14]

MINNESOTA

MONTANA
Rep. Russ Carnahan [MO-3]

NEW HAMPSHIRE
* Rep. Paul W. Hodes [NH-2], replaced by Charlie Bass [R]
* Rep. Carol Shea-Porter [NH-1], replaced by Frank Guinta [R]

NEW JERSEY
Rep. Donald M. Payne [NJ-10]
Rep. Steven R. Rothman [NJ-9]

NEW YORK
Rep. Maurice D. Hinchey [NY-22]
Rep. Carolyn B. Maloney [NY-14]
Rep. Louise McIntosh Slaughter [NY-28]
Rep. Jose E. Serrano [NY-16]
Rep. Nydia M. Velazquez [NY-12]

NORTH CAROLINA

OHIO

OREGON
Rep. Earl Blumenauer [OR-3]

PENNSYLVANIA
Rep. Michael F. Doyle [PA-14]

SOUTH DAKOTA
* Rep. Stephanie Herseth Sandlin [SD], replaced by Kristi Noem [R]

TENNESSEE

TEXAS
Rep. Lloyd Doggett [TX-25]
Rep. Gene Green [TX-29]

VERMONT
Rep. Peter Welch [VT]
VIRGINIA

US VIRGIN ISLANDS
Rep. Donna M. Christensen [VI]
* Rep. Thomas S.P. Perriello [VA-5], replaced by Robert Hurt [R]

WASHINGTON
Rep. Rick Larsen [WA-2]

WASHINGTON DC
Rep. Eleanor Holmes Norton [DC]

WISCONSIN
Rep. Tammy Baldwin [WI-2]
THE IMPROVEMENTS IN GLOBAL MATERNAL AND NEWBORN HEALTH OUTCOMES WHILE MAXIMIZING SUCCESSES ACT (GLOBAL MOMS ACT)

Hundreds of thousands of women die each year from pregnancy-related complications. The vast majority of these deaths are unnecessary and preventable, caused by a lack of access to timely, quality health care. These preventable deaths represent violations of essential human rights, including the right to the highest attainable standard of health and the right to freedom from discrimination based on such factors as gender, race, ethnicity, immigration status, Indigenous status or income level. The Global MOMS Act (introduced in the 111th Congress as H.R. 5268) will support activities that help expand access to better quality maternal health services, remove barriers to such services, and ensure that they meet international human rights standards. The Global MOMS Act is currently awaiting reintroduction in the 112th Congress.

Women dying in pregnancy and childbirth is not just a public health emergency, it is also a human rights crisis. Amnesty International has identified obstacles to lifesaving treatment faced by pregnant women around the world. In Peru, poor, rural and indigenous women face language barriers and too few accessible clinics. In Burkina Faso, women die because they cannot reach a health facility capable of treating them or because they arrive too late. In Sierra Leone, pregnant mothers are dying because they are too poor to pay for the treatment they require to save their lives. The United States has an important role to play in supporting developing countries in reducing maternal deaths, through helping to improve coordination among agencies and programs currently working to reduce maternal and newborn deaths; developing strategies to reduce maternal deaths; and authorizing assistance for evidence-based proven interventions, such as improving access to family planning, access to skilled care and birth, and training health care professionals in emergency obstetric care.

Three years ago, the U.S. House of Representatives passed a resolution affirming “commitment to promoting maternal health and child survival both at home and abroad through greater international investment and participation” (H.Res.1022 in the 110th Congress). This new legislation is an opportunity to match commitment with action. Amnesty International urges representatives to make a difference in the lives of millions of pregnant women by becoming an original co-sponsor of the Global MOMS Act in the 112th Congress.”

AMNESTY INTERNATIONAL USA RECOMMENDATIONS:

✓ U.S Representatives should contact Representative Lois Capps to become an original co-sponsor of the Global MOMS Act in the 112th Congress.
Legislative Talking Points

Maternal Mortality in the US – The MOMS for the 21st Century Act
(The MOMS for the 21st Century Act is awaiting reintroduction in the 112th Congress)

Main Message

- Amnesty International’s recent report, *Deadly Delivery: The Maternal Health Care Crisis in the USA*, found that a crisis in maternal health care in the United States is leading to unnecessary deaths and serious complications. Opportunities to save women’s lives are being missed because of the numerous obstacles and failures in the health care system that stand in the way of women getting the care they need.

Background

- Although the United States spends more than any other country on health care and more on maternal care – $86 billion – than any other type of hospital care, women in the US have a greater risk of dying from pregnancy-related complications than women in 49 other countries.
  - In the US, two to three women die every day from complications of pregnancy and childbirth.
  - African American women are nearly four times more likely to die than white women.
  - Deaths are just the tip of the iceberg: each year, more than 34,000 women suffer a “near miss” – a complication so severe that they nearly die. These complications have risen 25% since 1998.
  - There has been no improvement in the rate of maternal deaths or disparities for over 20 years.
- Approximately half the deaths and 40% of near misses could have been prevented with better access to good quality maternal health care.
  - Barriers to quality care are widespread and include:
    - discrimination, language barriers, and financial barriers to obtaining healthcare;
    - bureaucratic hurdles to securing government-sponsored care;
    - the lack of standardized, nationally implemented protocols to prevent, recognize, and respond to complications that cause maternal deaths; and
    - shortages of health care professionals especially in rural areas and inner cities.
  - The situation is far worse for women of color, Native Americans, immigrants, women living in poverty and those who speak little or no English, who face systemic inequalities and discrimination that result in additional dangerous barriers to care.
- To reverse this crisis, the government must ensure that all women have access to timely and quality maternal healthcare services, before, during and after pregnancy.

Legislative Response

- Congresswoman Lucille Roybal-Allard introduced the MOMS for the 21st Century Act (introduced in the 111th Congress as H.R. 5807) to address many of these problems and improve domestic maternal outcomes.
- The MOMS for the 21st Century Act must be reintroduced in the 112th Congress in order to move forward, and having many original co-sponsors – legislators who are listed as supporting the bill at the time of reintroduction – will increase its chances of success.

Amnesty International’s Recommendation

- Please urge your Member of Congress to contact Representative Lucille Roybal-Allard to become an original co-sponsor of the MOMS for the 21st Century Act in the 112th Congress and to vote for the bill when it comes to the floor.
Congressional Cosponsors of the MOMS for the 21st Century Act in the 111th Congress
(The MOMS for the 21st Century Act is awaiting reintroduction in the 112th Congress)

**CALIFORNIA**
Rep. Lois Capps [CA-23]
Rep. Sam Farr [CA-17]
Rep. Susan A. Davis [CA-53]
Rep. Barbara Lee [CA-9]
Rep. Zoe Lofgren [CA-16]
Rep. Grace F. Napolitano [CA-38]
Rep. Lynn C. Woolsey [CA-6]

**COLORADO**
Rep. Diana DeGette [CO-1]
* Rep. Betsy Markey [CO-4], replaced by Cory Gardner [R]

**CONNECTICUT**
Rep. Rosa L. DeLauro [CT-3]
Rep. Christopher S. Murphy [CT-5]

**FLORIDA**

**ILLINOIS**
Rep. Janice D. Schakowsky [IL-9]

**MAINE**
Rep. Chellie Pingree [ME-1]

**MICHIGAN**
Rep. John Conyers, Jr. [MI-14]

**MINNESOTA**

**NEW JERSEY**

**NEW YORK**
Rep. Eliot L. Engel [NY-17]
Rep. Carolyn B. Maloney [NY-14]
Rep. Edolphus Towns [NY-10]
Rep. Nydia M. Velazquez [NY-12]

**NORTHERN MARIANA ISLANDS**
Rep. Gregoria Kilili Camacho Sablan [MP]

**OHIO**

**PENNSYLVANIA**
Rep. Robert A. Brady [PA-1]

**TENNESSEE**

**TEXAS**
Rep. Charles A. Gonzalez [TX-20]
Rep. Silvestre Reyes [TX-16]

**VIRGINIA**

**US VIRGIN ISLANDS**
Rep. Donna M. Christensen [VI]

**WASHINGTON**
Rep. Jay Inslee [WA-1]

**WASHINGTON DC**
Rep. Eleanor Holmes Norton [DC]

**WISCONSIN**
Rep. Tammy Baldwin [WI-2]
THE MAXIMISING OPTIMAL MATERNITY SERVICES FOR THE 21ST CENTURY ACT (MOMS FOR THE 21ST CENTURY ACT)

Two to three women die of pregnancy-related complications every day in the United States but some experts believe that a lack of data may be masking the scope of the problem. Estimates vary, but accurate numbers may be twice as high. Severe complications that nearly cause deaths -- known as "near misses" -- are rising at an alarming rate. More than 34,000 women nearly die in childbirth each year, and more than one-third of all women who give birth in the United States --1.7 million women each year--experience some type of complication that has an adverse effect on their health. While the United States does poorly overall, African American women in the US are nearly four times more likely to die of pregnancy-related complications than white women. Lack of information and access to public services mean that women of color, immigrant women, and the uninsured are at particularly high-risk.

On March 12, 2010, Amnesty International USA released a report Deadly Delivery: The Maternal Health Care Crisis in the USA. The findings of this report reveal a maternal health care system in desperate need of reform. Amnesty found that hundreds of maternal deaths in the United States could have been prevented by high-quality accessible, affordable and timely medical care.

On July 21st, 2010 Congresswoman Lucille Roybal-Allard introduced the Maximizing Optimal Maternity Services for the 21st Century Act (MOMS for the 21st Century Act) (introduced in the 111th Congress as H.R. 5807) that will improve women's access to quality, evidence-based maternal care and begin to address disparities. The MOMS for the 21st Century Act is currently awaiting reintroduction in the 112th Congress.

More than half of maternal deaths in the United States could have been prevented if women had better access to quality health care. Preventable maternal mortality violates a variety of human rights, including the right to the highest attainable standard of health; the right to life; and the right to freedom from discrimination. The MOMS for the 21st Century Act is a step towards reducing the needless loss of women's lives that tragically affect so many families in the United States and preventing the complications that have risen steadily for decades.

AMNESTY INTERNATIONAL USA RECOMMENDATIONS:

U.S Representatives should contact Representative Lucille Roybal-Allard to become an original co-sponsor of the MOMS for the 21st Century Act in the 112th Congress.
Sample Telephone Script

Find out the number of your member of Congress at www.congress.org/congressorg/dby/officials/

1. Telephone calls are usually taken by a staff member. Ask to speak with the aide who handles women’s issues or foreign affairs issues.

2. After identifying yourself as a constituent, tell the staff that you would like to leave a brief message.

   “Please tell Representative [name of your Representative] that I support the reintroduction and passage of the Global MOMS Act and the MOMS for the 21st Century Act in the 112th Congress.”

3. Ask your Representative to contact Representative Capps to become an original co-sponsor of the Global MOMS Act, and Representative Roybal-Allard to become an original co-sponsor of the MOMS for the 21st Century Act, in the 112th Congress. If they are already an original co-sponsor, thank them for their support and urge them to support the bills when they come to the floor.

4. If you are unable to speak to a staff member, leave a message saying:

   “Please urge Representative [insert name of your Representative] to become an original co-sponsor of the Global MOMS Act and the MOMS for the 21st Century Act in the 112th Congress and support them when they come the floor.”

5. And add:

   “I support these bills because:

   • Every 90 seconds, a woman – most likely living in poverty – dies giving birth. That’s more than 350,000 women every year.

   • Preventable maternal deaths represent violations of essential human rights, including the right to the highest attainable standard of health, and the right to freedom from discrimination based on factors such as gender, race, ethnicity, immigration status, Indigenous status, or income level.

   • The Global MOMS Act and the MOMS for the 21st Century Act support measures that will improve both domestic and international maternal health care outcomes by increasing access to quality, evidence-based maternal health care services, removing barriers to such services, addressing disparities, and ensuring that services meet international human rights standards.”

You many request a written response to your telephone call.
Sample Please Cosponsor the Global MOMS Act and the MOMS for the 21st Century Act Letter

[Date]

[Member of Congress]
[Office Address - find it at www.congress.org/congressorg/dbq/officials/]

Dear [Member of Congress],

As a constituent, I urge you to become an original co-sponsor of the Global MOMS Act (introduced in the 111th Congress as H.R. 5268) and the MOMS for the 21st Century Act (introduced in the 111th Congress as H.R. 5807) in the 112th Congress.

As you know, every year, hundreds of thousands of women -- the vast majority of them in developing countries -- die globally from pregnancy and childbirth-related complications. Here in the United States, women face a greater lifetime risk of dying in childbirth than do women in forty nine other countries, and African-American women die at an almost four times higher rate than white women. Maternal mortality is not just a public health emergency -- it is a human rights crisis.

I am excited that the House of Representatives took the lead in responding to this urgent issue through the introduction of two important pieces of legislation in the 111th Congress, the Global Maternal and newborn health Outcomes while Maximizing Success Act, or the “Global MOMS Act,” and the Maximizing Optimal Maternity Services for the 21st Century Act of 2010, or “MOMS for the 21st Century Act.” I ask that you support both of these vital bills as they are reintroduced in the 112th Congress.

The Global MOMS Act will make a difference in the lives of the world’s mothers by expanding access to better quality maternal health services, removing barriers to such services, and ensuring that they meet international human rights standards. Similarly, the MOMS for the 21st Century Act will improve domestic maternal health care and outcomes by increasing access to quality, evidence-based maternal care and beginning to address disparities.

Please make a difference in the lives of millions of pregnant women by contacting Representative Lois Capps to become an original co-sponsor of the Global MOMS Act and Representative Lucille Roybal-Allard to become an original co-sponsor of the MOMS for the 21st Century Act in the 112th Congress.

Sincerely,

[Your name and address]
DON'T LET CONGRESS FORGET ABOUT THE WORLD'S MATERNAL MORTALITY CRISIS!
URGE CONGRESSIONAL LEADERSHIP TO PROTECT THE RIGHTS OF MOTHERS

Dear Majority Leader Reid and Speaker Boehner:

Every 90 seconds, a woman dies from complications of pregnancy or childbirth. I respectfully urge you to prioritize passage of legislation to fight maternal mortality, around the world and here in the United States.

Each year, hundreds of thousands of women – the vast majority of them in developing countries – die unnecessary and preventable deaths from pregnancy-related complications due to a lack of access to timely, quality health care. Here in the United States, women face a greater risk of dying of complications of pregnancy and childbirth than in 49 other countries, and African-American women are four times as likely to die as white women.

The death of women in pregnancy and childbirth is not just a public health emergency, it is a human rights crisis. The United States can and should play a leadership role in responding.

Please make a difference in the lives of millions of pregnant women by prioritizing passage of legislation to combat maternal mortality both at home and abroad.

Sincerely,

Name

Address

City

State

ZIP

Email Address

If you sign this petition, AIUSA will send actions on your behalf to Speaker of the House John Boehner and Senate Majority Leader Harry Reid, urging them to prioritize passage of legislation that protects mothers, via AIUSA’s online petition at (amnestyusa.org/maternalhealth).

Return signed petitions to: Amnesty International USA | Demand Dignity Campaign | 350 Sansome St., Ste. 210 | San Francisco, CA 94101
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