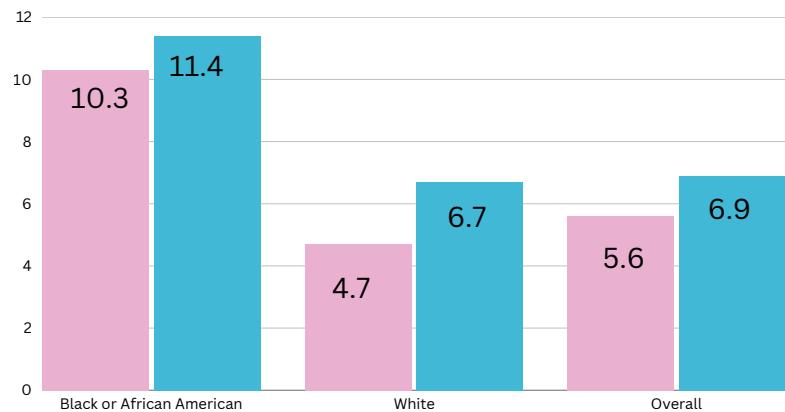


Black Infant and Maternal Health in West Virginia

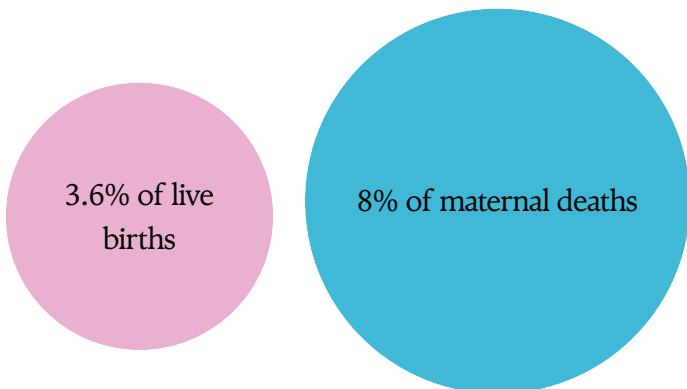
Infant and maternal mortality rates are often considered an indicator for the overall health and well-being of a community. In West Virginia, we have an opportunity to improve infant and maternal health through proactive health policy advancements.

West Virginia's Infant Mortality Rate Exceeds the National Average (mortality rate per 1,000, 2017–22)



In 2021, the most recent year of data publicly available, one-quarter of infant deaths in West Virginia were due to Sudden Unexpected Infant Death (SUID). Other prominent causes of infant death were sleep-related, prematurity, and other medical-related issues. West Virginia's rate of infant deaths is higher than the national average and Black babies are nearly twice as likely to die in the prenatal period or their first year of life as white babies.

Black Moms Dying at Disproportionate Rate (percent of WV Black live births and Black maternal deaths, 2017–23)



West Virginia experiences a handful of pregnancy-related deaths each year; in 2023, there were three. The most common causes between 2017 and 2023 were infections, mental health conditions, and other health issues like hemorrhages, embolisms, and cardiovascular conditions. Between 2017 and 2023, Black women in West Virginia made up fewer than four percent of live births but eight percent of maternal deaths; nearly 70 percent of all maternal deaths were considered preventable, which is on par with national data.



Overall infant mortality in West Virginia exceeded the national average according to the most recent data available. Black West Virginia infants were more likely than their white peers to die before turning one year old.

2x

Nationally, the maternal mortality rate is over two times greater for Black mothers than their white peers.



Mortality is just the tip of the iceberg. For every maternal death, there are an estimated 75-100 cases of life-threatening complications during or after childbirth, which can have major, long-term effects on health and well-being.

Proactive Policies Can Improve Infant and Maternal Health in West Virginia

Ensure Access to Health Care for All

- There is a strong relationship between access to prenatal care and infant and maternal health outcomes: infants who received no prenatal care died three times as often as babies who did receive this care in WV (2017-2022).
- Access goes beyond insurance; it must also address the maternal care deserts that exist across West Virginia, as well as barriers like lack of transportation.
- Increasing pathways to service for Certified Professional Midwives (CPMs) and doulas are just two of many ways to improve health care access.

Create Pathways to Service for Certified Professional Midwives (CPMs) and Doulas

- A certified professional midwife (CPM) is a health care provider trained to provide medical services during and after pregnancy and childbirth. They work alongside hospitals, and often doulas, to provide holistic care services to support healthy pregnancies.
- CPMs can be licensed in 38 states and DC.
- Doulas are trained birth workers who provide non-medical support throughout pregnancy, during childbirth, and after pregnancy.
- Both CPMs and doulas have been shown to improve birthing outcomes, including fewer preterm births, decreased unnecessary c-sections, and reduced postpartum depression and anxiety.



Reverse Destructive Public Health Care Policy

- Congress passed HR 1 (“One Big Beautiful Bill Act”) in July 2025, which contains significant cuts to the safety net, including the largest cuts to Medicaid (which 30 percent of West Virginia families rely on for health insurance) in program history.
- The legislation creates barriers to health care that many will find difficult to navigate, forcing thousands of people off the Medicaid program and away from their health care.
- While pregnant people are supposed to be exempt from new restrictions, past examples of administrative burden have shown that many will fall through the cracks.
- HR 1 also puts pressure on state budgets that forces difficult decisions about how to pay for health care. If the state cannot make up the lost federal funds, decision-makers may need to cut important services (like extended prenatal care, mental health, and substance use disorder treatment) to make ends meet.