

Progress Made, But the Work Isn't Done:

Delaware's Path on Maternal and Infant Health

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In recent years, Delaware has made real gains in maternal and infant health. After years of sobering statistics, we cut our infant mortality rate by nearly half and achieved parity with the national rate for the first time.¹

This improvement is meaningful, and beyond statistics, it represents families who did not have to endure the loss of a child, and communities where healthier starts in life are becoming more attainable

But even with that improvement, there is still a reality on the ground that we can't ignore: not all families are experiencing this progress equally. Racial disparities -- especially for Black mothers and infants -- continue to persist.

In 2019, Black women made up 28% of live births in Delaware, but they represented 78% of pregnancy-related deaths in 2017 to 2021.²

This is why the passage of the Delaware Momnibus package in 2022 was so significant.³ It marked one of the most comprehensive efforts our state has undertaken to support maternal health, confront disparities, and strengthen care at every stage of pregnancy and postpartum.

The package included HB 344, which created bias and competency training for healthcare workers and requires the Delaware Perinatal Quality Collaborative to create training guidelines for health professionals.

Two additional bills, HB 343 and HB 234, aim to increase stability and access for mothers and infants who might otherwise face gaps in care. HB 343 extends Medicaid coverage to include doula services, offering mothers additional support, advocacy, and culturally informed care. HB 234 ensures that Medicaid coverage continues throughout the first full year postpartum, a crucial period when many health complications arise and continuous care is essential.

Besides being beneficial for new mothers, this extended postpartum coverage allows providers to focus on delivering quality preventive care rather than navigating interruptions in insurance or delayed access to services.

The Momnibus also ensures that incarcerated women receive dignified, appropriate maternal care. HB 342 prohibits the use of restraints on women in their second and third trimester and during the 13-week postpartum period, a necessary protection for both safety and human dignity. HB 345 further expands support by providing access to doula services for pregnant and postpartum women in custody, recognizing that pregnancy does not pause while a person is incarcerated and that their health needs to be protected and prioritized.

Finally, the package strengthened the state's oversight and accountability. One bill updates the responsibilities of what is now the Child and Maternal Death Review Commission, directing it to

examine maternal and infant mortality more deeply in an effort to connect policy and frontline experience, helping to align systems, standards, and resources to better support providers.⁴

The Commission is tasked with presenting recommendations not only on deaths, but on complications related to pregnancy and childbirth and on the racial disparities that continue to drive unequal outcomes. Tracking this data is essential, but understanding the stories behind the numbers - and acting on them - is what leads to real change.

But we know that the reasons behind the statistics are not solely clinical. They also include the social determinants of health, including transportation, housing stability, workplace protections, access to nutritious food, and the ability to receive care without bias or barriers. Training and policy reforms matter a lot, but they cannot stand alone. A truly holistic approach must address the full lifecycle of maternal health, supporting women before, during, and long after birth.

The Delaware Momnibus marked a pivotal moment in our state's commitment to improving maternal health and reducing infant mortality. In both chambers, we have continued to build upon that progress to better support Delaware mothers, their children, and their families.

One notable example is Senate Bill 340, which we were both excited to support as co-sponsors during its successful passage in 2023.

That legislation is vitally important because it recognizes that mental health challenges during pregnancy and after birth are factors that many mothers deal with. This legislation is critically important because it acknowledges the reality that mental health challenges during pregnancy and the postpartum period affect many families.

Conditions such as anxiety, panic disorders, obsessive-compulsive symptoms, and trauma can have profound and lasting impacts — not only on mothers, but also on children, fathers, and overall family stability.

Senate Bill 340 expanded the previously-limited definition of “maternal depression” to reflect the full spectrum of perinatal mental health conditions many mothers face. It also broadened access to care by recognizing that these challenges can affect any caregiver, not just the birthing parent.

Together, these efforts exemplify the General Assembly's inclusive, forward-looking approach to maternal and child health — prioritizing early identification, reducing stigma, expanding access to treatment, and strengthening support systems to improve outcomes for infants, parents, and families across Delaware.

We have also recognized the disparities within this area, specifically for people of color. That is why, for multiple years running, the General Assembly has recognized Black Maternal Health Week from every April 11 through April 17 to bring awareness to this extremely important topic.

This work reflects the values nurses bring to maternal and perinatal care every day: continuity of care that does not end at delivery, listening to patients and families, and designing systems that work for people rather than forcing individuals to navigate these important issues on their own.

These legislative initiatives have not only improved outcomes for mothers and infants, but have also continued our commitment to support a nursing workforce that is best equipped and empowered to deliver compassionate care throughout the full spectrum of pregnancy, birth, and postpartum.

The progress we've made matters, but it's only the beginning. If we're serious about closing the gaps and truly addressing the root causes of the disparities we're seeing, we have to look beyond the statistics and listen to the lived experiences of Black mothers in Delaware – many of whom have stories about being ignored, dismissed, or denied adequate care.

We also have to recognize that although we have laid important groundwork through the Momnibus and other recent reforms, the momentum is not self-sustaining. Especially when we're up against the longstanding underrepresentation of women in medical research, the minimization of their symptoms, and the historic sidelining of their health needs in both clinical and policy environments. These systemic issues have disproportionately impacted women of color, whose experiences reflect disparities that have spanned generations

But we don't have to accept these disparities as inevitable or these experiences as normal.

If Delaware lawmakers and medical professionals keep their focus, continue to elevate women's health as a priority, and listen closely to the families who have been most affected, then a healthier, more equitable future for every mother and child remains firmly within reach.

To sustain and build upon Delaware's progress, we must continue to prioritize strong partnerships and targeted investments in the maternal and child health workforce to ensure that today's gains become tomorrow's standard.

References

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