



ADVOCACY TOOLKIT

Working to achieve the best possible health and well-being of all mothers.





Advocacy Day

Our local rallies are so important, but the greatest lasting impact is when we lift our voice to support legislation that can move the needle forward on important issue.

The March for Moms event in DC is a 3-Day event with the March on Sunday May 6th, Lobby Training Day on Monday May 7th and Advocacy Day on May 8th.

We would like to encourage you to host an Advocacy Day in your community as a follow up to your local Rally. We've created to Advocacy Day Toolkit to help guide you.

There are many ways to be involved in lobbying and reach out to your legislators.

1. Visit your state capital and visit with your local officials.
2. Call your representatives office
3. Write your local representatives office

I don't know about you, but I've never done much lobbying and frankly it used to make me nervous. This video is a great one to watch and share with your local community.

How to Lobby - <https://www.youtube.com/watch?v=olRKnDrWHRE>

Find your legislator:

Contact information for your US Senators is available here:

- o http://www.senate.gov/general/contact_information/senators_cfm.cfm

Contact information for your US House Representative is available here:

- o <http://www.house.gov/representatives/>

Visit the March for Moms [State Legislation page](#) and see what legislation is pending in your state.



If you plan to visit your state capital –

- Call or email your legislator's office to make an appointment. Provide your name, address, and the organization you are representing as well as how many people will accompany you.
- Go prepared! March for Moms is focusing on three state advocacy issues: maternal mortality, paid family leave, and maternal mental health. Familiarize yourself with the information on our website and part of your toolkit.
- Be yourself! Your legislator serves YOU and they want to know what you are passionate about. Share personal stories and how improvements in maternal care would influence you and your family.
- Take pictures during your visit and share on social media!
- Don't forget to send a thank you note after the meeting and follow up on the progress of your requests.

If you can't visit your state capital

Ask People to Call:

- Visit the March for Moms [State Legislation page](#) and see what legislation is pending in your state.
- If there is current legislation, call your local official and ask them to support the bill or bills referencing the bill by its assigned number.
- If there is no current legislation, call your local official and tell them that you are passionate about maternal health and you feel that your state should get support bills like, and reference the bill number and state in which its sponsored.

Ask People to Write:

- Do all of the above in email or direct mail form
- Add attachments about the issues whenever possible. These items can be found and downloaded from the March for Moms page.



March for Moms State Advocacy Platform

1. Goal: Maternal Review Boards in every state

The following link is from AMCHP, for our team members not familiar, a very large diverse maternal health organization that works to improve outcomes and specifically targeting Maternal Mortality Review. They are also supported by Merck for Mothers, Every Mother initiative in 2013 and a priority topic for SMFM, Society for Maternal Fetal Medicine and ACOG. You will find a current state map on this url. What is missing are states where this is legislative bills in process. Such as KS has a maternal review board bill in session this year.

<http://www.amchp.org/programsandtopics/womens-health/Focus%20Areas/MaternalHealth/Pages/default.aspx>

2. Goal: Paid Family Leave in every state

NPWF just released fact sheets on the need for paid leave in every state here:www.nationalpartnership.org/paidleavemeansmap, and a landing page that includes a range of actions people can take:www.nationalpartnership.org/FMLA25.

3. State supported Perinatal Mental Health programs

2020 Mom has a 2017/18 Priority States Platform with recommendations. This would be a fantastic opportunity to build awareness in those states, as well as disseminate some product in other states that could be influenced to begin a dialogue

<https://www.2020mom.org/state-advocacy-platform/>



Maternal Mortality Review Board

What is the state of maternal mortality in the U.S.?

United States has the worst maternal mortality rate of all developed nations and has seen an increase in mothers dying in pregnancy, childbirth, and within one year of giving birth. The rising maternal mortality ratio continues to generate alarm and confusion. This national trend in maternal mortality is not an emerging issue: since 1986, the Centers for Disease Control and Prevention (CDC) has administered the Pregnancy Mortality Surveillance System, which has documented a rise in the national pregnancy-related mortality ratio for the past three decades.

Why are mothers dying?

There are many factors playing a role in maternal deaths: poor access to healthcare, discrimination, lack of information about family planning options, and healthcare provider shortage, among others. Due to these barriers, the U.S. has the highest maternal mortality out of every industrialized country. Maternal death for American Indian/Alaskan Native and non-Hispanic Black women is 3 to 4 times more likely to happen compared to White women. Over 50% of maternal deaths are considered preventable.

What are states doing?

Some states are recognizing this problem and are taking steps to determine causes of maternal deaths by reviewing deaths or poor outcomes. Maternal mortality review (MMR) is a standard and comprehensive system primarily operating at the state level. MMR committees (MMRCs) identify, review, and analyze maternal deaths; disseminate findings; and act on the results.

Not every state has a maternal mortality review committee, but all should. If we do not know why mothers are dying, we cannot implement change.

What can I do?

1. Use this toolkit and information available on [March for Moms](#) website to familiarize yourself with statistics.
2. See if your [state](#) has a mortality review committee.
3. Bring attention to the issue during your visit. Ask for funding to establish or continue a review committee.
4. Share a personal story! Whether you are a mom/family that struggled with pregnancy or postpartum period or someone who is passionate about the issue, it does not matter! Legislators and their aides love to get to know YOU! They are elected to serve your community.

Resources



1. <https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world>
2. <http://www.amchp.org/programsandtopics/womens-health/Focus%20Areas/MaternalHealth/Pages/default.aspx>
3. <http://reviewtoaction.org/>

Perinatal Mental Health Program

What are maternal mental health disorders?

Maternal Mental Health (MMH) disorders, include a range of disorders including depression, anxiety and psychosis and can occur within pregnancy or the postpartum period (together often referred to as the perinatal period). When left untreated these disorders can cause devastating consequences for the mother, her baby, her family and society.

These illnesses can be caused by a combination of biological, psychological and social stressors, such lack of support. Maternal anxiety and depression are the most common complications of childbirth, impacting up to 1 in 5 women, yet they are not commonly screened for or treated.

What has been done?

Although there are no US federal policies that require screening of new mothers for postpartum depression, at least 12 states have adopted either state legislation, developed awareness campaigns, or convened tasks forces. States that require screening include:

- New Jersey (Findings, Declarations Relative to Postpartum Depression, 2006)
- Illinois (Perinatal Mental Health Disorders Prevention and Treatment Act, 2008)
- West Virginia (Uniform Maternal Screening Act, 2009)

Other states require education about postpartum depression including:

- Texas (Relating to Information Provided to Parents of Newborn Children, 2005)
- Virginia (Certain Information Required for Maternity Patients, 2003)



- Minnesota (Postpartum Depression Education and Information, 2015)
- Oregon (Relating to Perinatal Mental Health Disorders and Declaring an Emergency, 2011)

Washington has passed statewide awareness campaigns, and *California, Michigan,* and *Oregon* have postpartum depression awareness months. *Maine, Maryland, Massachusetts,* and *Oregon* have appointed perinatal depression task forces.

What can I do?

1. Our signature partner, [2020 Mom](#) compiled general legislative recommendations *REGARDLESS* of where your state falls in their efforts with MMH. See graphic below.
2. Share your story! Have you or anyone you know been touched by maternal mental health issues? It is a difficult topic; however, legislators need to hear why this issue is important to you and your loved ones. Please feel free to share personal stories or how those in the media touched you.



FACT SHEET

Paid Family and Medical Leave: An Overview

OCTOBER 2017

Nearly all workers need to take time away from work at some point to deal with a serious personal or family illness or to care for a new child. **Laws providing paid family and medical leave allow workers to meet these needs without jeopardizing their economic security.**

The Nuts and Bolts of "Paid Leave" Laws

Paid leave laws allow workers to continue to earn a portion of their pay while they take time away from work to:

- ▶ Address a **serious health condition** (including pregnancy);
- ▶ Care for a **family member** with a serious health condition;
- ▶ Address family circumstances arising from a **military service member's deployment**; or
- ▶ Care for a **newborn, newly-adopted child or newly-placed foster child**.

Only 15 percent of workers in the United States have access to paid family leave through their employers.

A **serious health condition** is one requiring either inpatient care or continuing treatment by a health care provider. For example, conditions like cancer and Alzheimer's, as well as chronic conditions like diabetes and asthma, may all be serious health conditions. Pregnancy-related complications and recovery and the need for prenatal care also qualify.

The definition of a **family member** varies under different proposals, but parents, spouses, domestic partners and children are typically covered. Under some proposals, grandparents, siblings, in-laws and the parents of domestic partners may also qualify.

The **length of the leave** also varies by proposal. In the three states with paid family leave laws in effect, one (Rhode Island) allows new parents and family caregivers to take leave from work for up to four weeks while the other two (California and New Jersey) allow new parents and family caregivers to take up to six weeks. In the places where paid leave laws have passed but are not yet in effect, two (New York and Washington) allow new parents and family caregivers to take leave from work for up to 12 weeks, and one (Washington, D.C.) allows new parents and family caregivers to take leave from work for up to eight and six weeks, respectively. In some of the five states with Temporary Disability Insurance (TDI) programs that allow people to take time away from work for their own serious health conditions, including the health effects of



pregnancy, workers may take substantially longer periods of time if their conditions require it.

The **amount of pay** a worker receives varies by proposal, but workers can typically expect to receive a portion of their current wages while on leave. Typically, workers receive a percentage of their wages (up to a maximum cap).

Programs are **funded** by joint employer-employee contributions or solely by employee or employer contributions. Under most systems and proposals, special insurance systems are created and workers' wage replacement is paid from these funds.

Where in the United States Do Paid Leave Laws Exist Now?

- ▶ California (passed in 2002, implemented in 2004), New Jersey (passed in 2008, implemented in 2009) and Rhode Island (passed in 2013, implemented in 2014) have enacted paid family leave laws that allow workers to take paid leave to care for an ill family member or bond with a new child. New York passed a paid family leave law in 2016 that will start phasing in beginning in 2018. These laws complement the states' TDI programs, which provide paid medical leave for a worker's own serious illness.
- ▶ The District of Columbia and Washington state passed laws in 2017 that will both take effect in 2020. These are the first laws to be enacted without the infrastructure of an existing state TDI program.
- ▶ TDI programs are also in place in Hawaii and Puerto Rico.

These state programs show that progress is possible, but too many working families still struggle without paid leave.

All Working Families Need Access to Paid Leave

Only 15 percent of workers in the United States have access to paid family leave through their employers, and fewer than 40 percent have access to personal medical leave through employer TDI programs.¹ The Family and Medical Leave Act (FMLA) has kept millions of people from losing their jobs when serious medical needs arise. But the FMLA only covers 60 percent of the workforce, and it guarantees only *unpaid* leave, which millions cannot afford to take.²

Nationwide or statewide paid family and medical leave laws would give more workers access to the paid time they need to recover from a serious illness or care for a sick family member or new child.

Join us in supporting paid family and medical leave proposals. Working families can't wait any longer. Learn more at NationalPartnership.org.

1 U.S. Department of Labor, Bureau of Labor Statistics. (2017, September). *Employee Benefits in the United States National Compensation Survey: Employee Benefits in the United States, March 2017* (Tables 16 and 32). Retrieved 16 October 2017, from <https://www.bls.gov/ncs/ebs/benefits/2017/ebb10061.pdf>

2 Klerman, J.A., Daley, K., & Pozniak, A. (2012, September 7). *Family and Medical Leave in 2012: Technical Report* (p. 21). Abt Associates Publication. Retrieved 4 November 2015, from <http://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>; diversitydatakids.org. (2015). *Working Adults Who Are Eligible For and Can Afford FMLA Unpaid Leave (Share)*. Brandeis University, The Heller School, Institute for Child, Youth and Family Policy Publication. Retrieved 16 October 2017, from <http://www.diversitydatakids.org/data/ranking/529/working-adults-who-are-eligible-for-and-can-afford-fmla-unpaid-leave-share/#loct=28;cat=44,258;tf=17>

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Does my state have paid family leave?

States with current paid family leave policies:

- California
- New Jersey
- Rhode Island
- New York
- District of Columbia
- Washington

A bill is currently moving through the Massachusetts legislature.

What if my state is not on the list?

If your state does not have a comprehensive paid family leave policy, then this is a perfect opportunity for you to voice the need for one to your legislator! The [National Partnership for Women and Families](#) provides an amazing resource with statistics on your state.

1. Click [here](#) to find your state and download a fact sheet.
2. Review the sheet and bring it with you on your legislative visit.
3. Use these individual state statistics to convey how important paid family leave is to families, our economy and businesses.
4. Make it personal!
Have you or a family member ever been ill, deployed, and/ or planning to expand a family? Share your personal story during the visit.

Pending Federal Legislation

Legislation at the state level is crucial for improving family leave policies. However, **S. 337 FAMILY Act**, is a federal bill that is currently moving through congress. If it passes in those states that have richer laws, the state law will apply. This federal bill will provide paid leave for 12 weeks for any family member for any family-related medical leave including maternity care. This legislation was introduced by Sen. Gillibrand of NY.

Voice your support for this federal legislation and urge your federal legislators to become sponsors if they believe families should not have to worry in times of pregnancy, maternity leave, or any other family related absence.

Resources

1. <http://www.nationalpartnership.org/>