



Supporting Maternal and Child Health Across All Stages of Life



Legislative Prospectus Series: 2025 Public Health Spotlight

Introduction

Public health plays a vital role in promoting maternal and child health by addressing the interconnectedness of maternal morbidity and mortality, fetal and infant mortality, and youth mental health. Evidence shows that maternal health and well-being [significantly affect](#) both fetal and infant health outcomes, highlighting the importance of comprehensive support systems. Additional [research reveals](#) the [impact maternal mental health](#) has on early brain [development](#) and [child mental health](#). By focusing on these key areas, public health policy interventions can significantly improve the well-being of all families.

Legislative Trends

Maternal Morbidity and Mortality

Illness and death related to pregnancy and childbirth are critical public health indicators reflecting the overall well-being of women and their access to care. Maternal morbidity and mortality review committees examine pregnancy-related deaths and complications and seek to understand the causes and ways to prevent them in the future. States are also enacting policies to increasing access to services which support the birthing person's mental health. Doulas can provide continuous physical, emotional, and informational support to mothers before, during, and after childbirth. This support is an evidenced-based strategy to [improve maternal health](#) outcomes.

At least two states enacted laws in 2024 to support access to doulas and support state maternal morbidity and mortality review committees. Colorado enacted [SB 24-175](#), requiring private health benefit plans to cover doula services beginning July 1, 2025, within the same scope as [Colorado's Medicaid program](#). The law also authorizes the health department to partner with a designated perinatal care quality collaborative to track the implementation of Colorado maternal mortality review committee recommendations.

Virginia enacted [HB 831](#), expanding the work of its maternal morbidity and mortality review team to develop a five-year plan to expand the operation of the team, including a proposed data dissemination plan.

The workgroup will include plans for greater data collection, comprehensive integrated reviews of all maternal deaths and instances of severe maternal morbidity, policy recommendations to reduce maternal mortality, and collaboration with community partners to implement those policies.

States are also working to improve maternal mental health by increasing [mental health screenings](#) and referrals, with California enacting [AB 1936](#) in 2024. This new law mandates mental health screenings throughout pregnancy as well as at least once during postpartum period, allowing for more screenings if a provider deems it medically necessary. Additionally, California enacted [AB 2319](#), which requires the state's implicit bias training program for healthcare providers—including perinatal care and alternative birth centers—to include recognition of intersecting identities and potential associated biases.

Fetal and Infant Mortality Review Boards

Public health officials and their partners are working to [reduce fetal and infant mortality](#) by identifying and addressing the underlying causes of these deaths. At least 27 states have at least one community Fetal and Infant Mortality Review (FIMR) committee to examine confidential and de-identified causes of fetal and infant death and make recommendations to improve healthcare and public health services and systems to reduce infant mortality. Some FIMRs have been established through collaborations among local partners, several states have implemented legislation to support FIMR work.

In 2024, at least four states passed laws either establishing or supporting a FIMR within their state. Massachusetts enacted [H 4999](#), requiring the public health department to establish a statewide FIMR program. West Virginia enacted [HB 4874](#), designating the state health officer as the chair for the state fatality and mortality review team, which includes reviewing infant and maternal deaths as well as the death of any child under 18 years old, and requiring the health officer to appoint certain members to the board (e.g., licensed physician trained in neonatology). Connecticut, which [legislatively established](#) its FIMR in 2023, enacted [HB 5290](#) this session to authorize the health commissioner to provide the committee the necessary information the commissioner decides is needed for the committee to make recommendations to prevent infant deaths. Montana enacted [HB 313](#), amending the requirements for local fetal, infant, child, and maternal mortality review teams to include a physician assistant with experience in obstetrical care.

Youth Mental Health

In 2021, the U.S. Surgeon General issued a [youth mental health](#) advisory, recommending actions to reduce youth mental health challenges by ensuring access to mental health care and strengthening school-based mental health programs. In 2024, at least four states enacted laws to strengthen youth mental health. Delaware enacted [HB 200](#), establishing a mental health services unit for high schools to be phased in over three years with a goal of providing at least one counselor, school social worker, or licensed clinical social worker per 250 students. Mississippi enacted [SB 2727](#), establishing the Mississippi K-12 and Post-Secondary Mental Health Task Force, which will focus on students from kindergarten through college.

This past year several states enacted laws to address youth social media use, which the [Surgeon General warned](#) has a negative impact on youth mental health in a recent advisory. At least three states enacted laws to either establish requirements for youth accounts on social media platforms or build in awareness of potential harm from social media into school curriculums in 2024. Utah enacted two laws— [SB 194](#) and [SB 89](#)—which require social media companies to verify the age of a user through an assurance system provides parental access to a minor’s account, and restricts minor’s use of social media platforms from the hours of 10:30 p.m.-6:30 p.m.

Colorado enacted [HB 24-1136](#) adding the impacts of social media use to the department of education’s comprehensive health program guidelines and requiring the department to collect and make available evidence-based and researched-based materials related to the mental and physical health impacts of social media. Additionally, the law requires social media platforms to provide notifications to users under 18 years old when they have spent an hour or more on social media during a 24-hour period or overnight. California enacted a new law ([SB 976](#)) requiring “addictive internet-based” services or applications—such as social media platforms—to prohibit minors from using the service without parental consent.

Health Resources and Services Administration (HRSA) announced [\\$240 million in awards](#) to launch and expand mental health and substance use disorder services on September 19, 2024.

Learn more at
www.astho.org

Looking Ahead

ASTHO expects states and territories to continue considering legislation related to maternal health, fetal and infant mortality, and youth health, including legislation that:

- Establishes maternal mortality review committees (MMRCs) to examine data, understand trends, and identify issues surrounding maternal mortality.
- Addresses Pregnancy Risk Assessment Monitoring System (PRAMS) and its funding sources.
- Determines whether a minor can consent to certain medical treatments.
- Aims to reduce opioid use and substance use in the postpartum period while increasing access to mental health services during this period.
- Expands healthcare workforce and licensing, especially in rural areas for midwives, doulas, and community health workers.



Headquarters:

2231 Crystal Drive, Suite 450, Arlington, VA 22202

Regional Office:

855 Emory Point Drive, NE, Suite C-100, Atlanta GA 30329



Association of State and Territorial Health Officials