

## The Perils of Childbearing in Arkansas

### *Shabbat Tazria 5784*

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So much of this week's Torah portion is disturbing. A person who has given birth is considered ritually unclean, prohibited from participation in Temple rituals, for over a month if the baby is male—double the time if she is a girl. To gain readmission to Jewish rituals, the child-bearer must bring a sacrifice “to make expiation,”<sup>i</sup> as if a sin must be erased. Noting the *mitzvah*, the Jewish religious obligation to be fruitful and multiply, Maharat Rori Picker Neiss states the problem with Leviticus 12 succinctly: “It is striking to find that in a Jewish tradition that seems so focused on reproduction, birth is ... treated with repulsion rather than reverence.”<sup>ii</sup>

*Maharat* is a term used by some progressive Orthodox communities to refer to women who are rabbis, and Maharat Picker Neiss is a particularly scholarly authority. She cites a medieval commentary by Nachmanides, who understands the word translated as “expiation” to mean “ransom” instead. She explains: “Nachmanides does not understand the child-bearer as one in need of atonement, but instead restoration. In essence, Nachmanides, a physician as well as a philosopher and biblical scholar, recognizes that pregnancy, labor, and birth are each life-threatening. The one carrying the fetus and delivering the newborn has, in a sense, relinquished some control over their own life, giving up of their own body, ... and consumed nutrients to grow and develop a future child... And so, ... the sacrifice is a ransom paid for returning the child-bearer's body to its original owner.”<sup>iii</sup>

Being a cisgender male, I naturally cannot personally attest to the sacrifice Picker Neiss describes and has experienced, though of course I have witnessed it up close. The sacrifice yields an incalculable blessing, but it is a sacrifice all the same. Torah knows the risks well. Women die in childbirth—including, dramatically, our matriarch Rachel, when she gives birth to her second child, Benjamin.<sup>iv</sup> But that was millennia ago. I suspect that most of us here this evening has never known a person to die in pregnancy or childbirth.

However, those of us who pay attention to Arkansas news are sadly aware that these deaths are not exclusively a tragedy of the past. The Kaiser Family Foundation has reported that Arkansas is “the state with the highest maternal mortality rate in the nation.” Yes, worse than Mississippi.<sup>v</sup> There are reasons that most of us here—largely white and residents of Pulaski County—don't know anybody who has died in pregnancy or childbirth.

Maharat Picker Neiss documents staggering “racial and ethnic disparities in pregnancy-related mortality...From...2011 to 2016, ... the [Centers for Disease Control] recorded 42.4 deaths per 100,000 live births for Black[s]..., whereas white ... [child-bearers] had less than one-third that number, at thirteen deaths per 100,000 live births...The pregnancy-related mortality rate for a Black [child-bearer] is more than that of Asian Pacific Islander..., white..., and Hispanic [child-bearers] *combined*.”<sup>vi</sup>

Maharat Picker Neiss does not address geography, but the Kaiser Family Foundation does. The death rate for Arkansas child-bearers between 2018 and 2021 was 44 per 100,000 live births.

*Arkansas Advocate* explains some of the factors that may be driving Arkansas’s deplorable child-bearing death rate. Many rural Arkansans lack the medical resources available to us in Little Rock, and “60% of rural hospitals in Arkansas do not offer labor and delivery services for expectant mothers. That means a pregnant [person] has to travel 30 minutes or more to a different community to deliver..., presenting a higher risk of complications and death for both mother and child... [Pregnant people] are also less likely to get adequate prenatal and postpartum care when they have to travel outside of their communities for it. In 2022, more than a fifth of pregnant Arkansans did not receive prenatal care until the fifth month of pregnancy or had fewer than 50% of the appropriate number of prenatal visits, according to the March of Dimes 2023 maternal care report.” The worst part: The State of Arkansas’s own Maternal Mortality Review Committee found that 92% of those child-bearer deaths were preventable. The State also found the Arkansas statistics to be consistent with Maharat Picker Neiss’s report from the CDC: “Black [child-bearers] were more than twice as likely to die from pregnancy-associated causes.”<sup>vii</sup>

One member of the Arkansas General Assembly is particularly concerned. Representative Aaron Pilkington is from Knoxville—that’s just west of Russellville, for those of you, like me, who would have to look it up. In the 2023 legislative session, he “introduced several bills to bolster” health care for child-bearers. “Pilkington said Arkansas policymakers should ‘put our money where our mouth is’ in light of [Arkansas’s] abortion ban,” which he supports. Having prevailed in his quest to end legal abortion in our state, Pilkington proclaimed, “The next fight is to take care of mothers and children so they have what they need in order to have happy and healthy pregnancies.”<sup>viii</sup>

Some of the legislation Rep. Pilkington proposed—for example, requiring Medicaid to cover depression screenings for pregnant Arkansans—was adopted and signed into law by Governor Sanders, as was a bill by Little Rock’s Rep. Ashley Hudson, to provide “support systems in public schools for pregnant and parenting teenagers.”<sup>ix</sup> Representative Hudson’s district includes our Temple.

However, the most powerful of Pilkington’s proposals was rejected. This one takes a minute to explain. Pregnant people are qualified for Medicaid at higher income levels than people who are not pregnant. That makes sense. However, that expanded eligibility used to end sixty days after childbirth. During the Covid health crisis, nobody could be disenrolled from Medicaid, so people who qualified for Medicaid during pregnancy retained that coverage for considerably longer postpartum. The results were so encouraging that the federal government offered states the opportunity to extend the enhanced Medicaid eligibility for pregnant people to twelve months after delivery.<sup>x</sup> To date, forty-seven states, including all of Arkansas’s neighbors and every other state in the South, have taken the feds up on that offer, as has the District of Columbia.<sup>xi</sup> In Arkansas, the federal government pays nearly eighty percent of Medicaid costs.<sup>xii</sup>

Rep. Pilkington plans to propose the extension again—if possible, in the fiscal session that began this week; or alternatively, in the regular session next year. Governor Sanders, though, is opposed. She discussed the issue in her State of the State address this week, and she has included other remedies in her proposed budget. The governor also signed an executive order in March, to “formulate a ‘comprehensive statewide strategic health plan.’”<sup>xiii</sup> Apparently misunderstanding the nature of the problem, Governor Sanders was pictured signing the order

surrounded by now fewer than ten apparently white women and one Black woman.<sup>xiv</sup> The time to advocate for enhanced care for pregnant Arkansans is now!

This week’s Torah portion seems to treat childbirth as repulsive, as Maharat Picker Neiss explains. We may be grateful, then, that she gives us another way to think about it: Torah intends to give the person who has been pregnant and given birth much-needed time to heal and mark transition. Their body has not been their own for many months—and in some ways, it never may be again. Still, if given every opportunity for a healthy pregnancy, delivery, and postpartum recovery, nearly every child-bearer may look forward to good health going forward. And then, there may be blessing, in words of Talmud often repurposed as a benediction for newborns:

May you see the world transformed in your lifetime,  
May you inherit eternity.  
May your hopes be sustained for generations to come.  
May your heart meditate understanding,  
May your lips speak wisdom,  
May your tongue whisper words of praise.  
May your eyes shine in the light of Torah,  
May your face be radiant like the brightness of the sky.<sup>xv</sup>

Amen.

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<sup>i</sup> Leviticus 12:1-7.

<sup>ii</sup> Maharat Rori Picker Neiss, “Facing Mortality in Childbirth,” *The Social Justice Torah Commentary*, New York: CCAR Press, 2021, p. 159.

<sup>iii</sup> Picker Neiss, p. 160-1.

<sup>iv</sup> Genesis 35:16-20.

<sup>v</sup> Sonny Albarado, “If Arkansas claims to protect life, it needs to do more for mothers and infants,” *Arkansas Advocate*, January 30, 2024, <https://arkansasadvocate.com/2024/01/30/if-arkansas-claims-to-protect-life-it-needs-to-do-more-for-mothers-and-infants/>.

<sup>vi</sup> Picker Neiss, pp. 161-2. Emphasis Picker Neiss’s.

<sup>vii</sup> Albarado.

<sup>viii</sup> Tess Vrbin, “Arkansas Legislature saw wide range of maternal and reproductive health legislation in 2023,” *Arkansas Adocate*, April 17, 2023, <https://arkansasadvocate.com/2023/04/17/arkansas-legislature-saw-wide-range-of-maternal-and-reproductive-health-legislation-in-2023/>.

<sup>ix</sup> Vrbin.

<sup>x</sup> Maggie Clark, “Early Research Shows Benefit of One Year of Postpartum Medicaid,” Georgetown University McCourt School of Public Policy, Center for Children and Families, December 15, 2022, <https://ccf.georgetown.edu/2022/12/15/early-research-shows-benefits-of-one-year-of-postpartum-medicaid-as-states-and-congress-consider/>.

<sup>xi</sup> “Medicaid Postpartum Coverage Extension Tracker,” Kaiser Family Foundation, March 29, 2024, <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>.

<sup>xii</sup> “Medicaid spending in Arkansas,” *Ballotpedia*, [https://ballotpedia.org/Medicaid\\_spending\\_in\\_Arkansas](https://ballotpedia.org/Medicaid_spending_in_Arkansas).

<sup>xiii</sup> Tess Vrbin, “Arkansas governor authorizes committee, strategic plan aimed at bolstering maternal health,” *Arkansas Advocate*, March 6, 2024, <https://arkansasadvocate.com/2024/03/06/arkansas-governor-authorizes-committee-strategic-plan-aimed-at-bolstering-maternal-health/>.

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<sup>xiv</sup> My Ly, “Sanders creates panel aimed at improving maternal health in Arkansas,” *Arkansas Democrat-Gazette*, March 6, 2024, [Sanders creates panel aimed at improving maternal health in Arkansas | The Arkansas Democrat-Gazette - Arkansas' Best News Source \(arkansasonline.com\)](#).

<sup>xv</sup> T.B. *Berachot* 17a.