



**Statement for the Record Submitted by
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Hearing of the House Energy and Commerce Subcommittee on Health
“Investing in Public Health: Legislation to Support Patients, Workers, and Research”
Wednesday, June 29, 2022, 11:00 AM**

Chairwoman Eshoo, Ranking Member Guthrie, and distinguished members of the Health Subcommittee, thank you for your commitment to the well-being of moms and babies by holding this hearing. March of Dimes commends you for examining public health bills of utmost importance to maternal and child health.

March of Dimes was founded more than 80 years ago as an organization dedicated to eradicating polio in the U.S., a goal that we achieved. We continue that fight today as we work to address some of the biggest threats to moms and babies, such as premature birth and maternal mortality, through research, education, programs and advocacy.

Our ongoing work to improve maternal and infant health is more important than ever as our nation is in the midst of a dire maternal and infant health crisis. Although preterm birth rates declined slightly in 2020, the U.S. remains one of the most dangerous places to give birth in the developed world, and there are unacceptable disparities in birth outcomes between women and infants of color and their White peers.

We know the pandemic has only worsened this crisis. According to the Centers for Disease Control (CDC) data, expectant mothers with COVID-19 had a 50 percent higher chance of being admitted to intensive care and a 70 percent higher chance of being intubated than non-pregnant women in their childbearing years.¹ The data also shows pregnant Latina and Black women were infected at higher rates than White women. As we know, COVID-19 strikes the respiratory and cardiovascular systems, which are two systems that are impacted by changes during pregnancy.

We also know both the physical and mental well-being of mothers and infants are inextricably linked. By improving the health of women before, during and between pregnancies, we can improve outcomes for both them and their infants. But we have many challenges before us.

OUR NATION IS IN THE MIDST OF A MATERNAL AND INFANT HEALTH CRISIS

Nearly every measure of the health of pregnant women, new mothers, and infants living in the U.S. is going in the wrong direction. In many communities, infant mortality rates exceed those in developing nations.² Approximately every 12 hours, a woman dies due to pregnancy-related complications.³

Maternal Health

The state of maternal health mirrors that of infants born too soon. Outcomes are getting worse and those worsening outcomes are driven by disparities. Each year, about 700 women die from

complications related to pregnancy.⁴ For every maternal death, another 70 women suffer life-threatening health challenges. That's over 50,000 women each year.⁵ While other countries have reduced their maternal mortality rates since the 1990s, the U.S. maternal mortality rate continues to rise.⁶

The threat of maternal mortality and morbidity is especially acute for women of color. Black mothers of all ages are three times more likely to die from pregnancy-related complications than their White peers.⁷ The rates of pregnancy-related death for Black and American Indian/Alaska Native women over the age of thirty are four to five times higher than their White peers.⁸ Black women are 27 percent more likely to experience severe pregnancy complications than White women.⁹ These disparities cannot be explained by differences in age or education. According to the latest CDC data, maternal mortality rates among Black women with a completed college education or higher was 1.6 times that of White women with less than a high school diploma.¹⁰

In addition to access to quality prenatal care that makes the difference, improving the health of a mom before she becomes pregnant and in the postpartum period are essential to maternal and infant health. Chronic conditions begin long before a woman becomes pregnant, such as high blood pressure, diabetes, heart disease and obesity, putting women at higher risk of pregnancy complications and must be appropriately managed. We know that more than one-third of pregnancy-related deaths from 2011 to 2016 were associated with cardiovascular conditions.¹¹

We also know the "4th trimester," the 12-week period immediately after birth, is a vulnerable time for moms, babies and families and so it is imperative to ensure mothers are receiving adequate care during this postpartum period. About 1 in 8 women experience symptoms of postpartum depression.¹² These conditions are the most common complication of pregnancy and childbirth, impacting an estimated 800,000 women in the U.S. each year.¹³

Maternal mortality is also significantly higher in rural areas, where obstetrical providers may not be available,¹⁴ and delivery in rural hospitals is associated with higher rates of postpartum hemorrhage.¹⁵ In the fall of 2020, March of Dimes released a report showing that seven million women of childbearing age live in counties without access or with limited access to maternity care, and each year, 150,000 babies are born to mothers living in maternity care deserts.¹⁶

Also, maternal mental health conditions often go undiagnosed and untreated, increasing the risk of multigenerational long-term negative impact on the mother's and child's physical, emotional, and developmental health, and the risk of poor health outcomes. **Furthermore, women of color and women who live in poverty are disproportionately impacted by both the pandemic and maternal mental health conditions, experiencing both at rates 2-3 times higher than White women.**^{17 18}

Sustained, federally funded research has helped identify factors that contribute to the country's maternal health crisis, however, far more bipartisan support is needed.

This is why March of Dimes supports two of the important bills being discussed today, **H.R. 7565, the NIH Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Act**, and **H.R. 2007, the Stephanie Tubbs Jones Uterine Fibroid Research and Education Act**.

Launched in 2020, the NIH IMPROVE Initiative invests in research on how to reduce maternal mortality, improve the health of women both during and after pregnancies, and promote health equity across the

country. In particular, IMPROVE puts an emphasis on health disparities among communities of color, young women and women of advanced maternal age, and those with disabilities.

Since the program's inception, the IMPROVE Initiative has invested in the following:

- The effects of community violence and disparities in maternal and infant health
- Research on the predictors of healthy pregnancies in Black women
- A study on the improving technology for identifying women who are at-risk for preterm births
- Several studies on the potential effects of emerging infections on pregnancy-related deaths and complications in different geographic regions and communities

However, this program not only needs a long-term authorization from Congress, but also additional support in order to expand and enhance its reach. This bipartisan bill, H.R. 7565, sponsored by Congresswomen Lauren Underwood (D-IL) and Jaime Herrera Beutler (R-WA), would ensure a dedicated funding stream for studies that focus on:

- Addressing causes of maternal mortality and severe maternal morbidity
- Developing and expanding evidence-based perinatal programs to promote maternal health equity across the country
- Identifying factors, including biological and behavioral, that contribute to disparities in maternal health and delays or disruptions in maternal care
- Investigating the potential effects of emerging infections, such as COVID-19, on pregnancy-related deaths and complications in different geographic regions and communities
- Supporting the development of technologies, tools, devices, and interventions that predict or diagnose risk for maternal morbidity and mortality, reduce preventable causes of maternal deaths and improve health with a focus on mitigating maternal health disparities

In addition to this bipartisan bill, on June 24, the Biden Administration published its "Blueprint for Addressing the Maternal Health Crisis¹⁹," which focuses on combating maternal mortality and morbidity. Included in the blueprint was a recommendation on bolstering existing programs that support maternal health research at the Department of Health and Human Services, including the IMPROVE Initiative, to confront this crisis. Therefore, passage of this legislation is necessary to help NIH continue with its mission on carrying out life-saving research.

March of Dimes also supports passage of H.R. 2007, Stephanie Tubbs Jones Uterine Fibroid Research and Education Act. With next month marking Fibroid Awareness Month, it is critical to highlight the devastating impacts uterine fibroids has on nearly 26 million women a year, especially black women. Many of those affected go undiagnosed which can result in both long-and short-term health complications.

H.R. 2007, which is sponsored by Congresswoman Yvette Clark (D-NY), would dramatically increase critical research funding to the NIH, establish a uterine fibroids public education program through the CDC, and promote evidence-based care by health providers.

March of Dimes appreciates the opportunity to provide feedback to the House Energy and Commerce Subcommittee on Health to assist in the ongoing efforts to improve maternal health outcomes. We urge the swift advancement of these important bills and look forward to working with you toward their enactment.

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- ¹ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6925a1.htm>
- ² Ingraham, C. Our infant mortality rate is a national embarrassment. *Washington Post*. September 29, 2014. Available at <https://www.washingtonpost.com/news/wonk/wp/2014/09/29/our-infant-mortality-rate-is-a-national-embarrassment/>
- ³ March of Dimes. Nowhere to Go: Maternity Care Deserts Across the U.S. October 2018. Available at: https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf.
- ⁴ Centers for Disease Control and Prevention. Maternal Mortality. September 4, 2019. Available at: <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html>.
- ⁵ Ibid.
- ⁶ Centers for Disease Control and Prevention. Severe Maternal Morbidity in the United States. November 27, 2017. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>.
- ⁷ Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *Morbidity and Mortality Weekly Report*. May 10, 2019. Available at: <http://dx.doi.org/10.15585/mmwr.mm6818e1>.
- ⁸ Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *Morbidity and Mortality Weekly Report*. September 6, 2019. Available at: <http://dx.doi.org/10.15585/mmwr.mm6835a3>.
- ⁹ Leonard SA, Main EK, Scott KA, et al. Racial and ethnic disparities in severe maternal morbidity prevalence and trends. *Annals of Epidemiology* 2019;33:30-36. Available at <https://www.sciencedirect.com/science/article/pii/S1047279718308998>.
- ¹⁰ Ibid.
- ¹¹ Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. October 10, 2019. Available at <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>.
- ¹² <https://www.cdc.gov/reproductivehealth/depression/index.htm>
- ¹³ Maternal Mental Health Leadership Alliance. Maternal Mental Health Advocacy Day Fact Sheet. Available at: <https://www.mmhla.org/mmhrsources/>.
- ¹⁴ <https://www.scientificamerican.com/article/maternal-health-care-is-disappearing-in-rural-america/>
- ¹⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4851580/>
- ¹⁶ <https://www.marchofdimes.org/materials/2020-Maternity-Care-Report-eng.pdf>
- ¹⁷ Howell, E., et al. (2005). Racial and Ethnic Differences in Factors Associated With Early Postpartum Depressive Symptoms. *Obstet Gynecol*.
- ¹⁸ <https://swhr.org/the-disproportionate-impact-of-covid-19-on-women-of-color/>
- ¹⁹ <https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf>