



September 11, 2018

TO: US House Energy & Commerce Committee

Written Testimony of the March for Moms Association at a Hearing of the House Committee on Energy and Commerce Subcommittee on Health on the “Maternal Mortality Act” (H.R. 1318)

Dear Committee Members,

On behalf of the March for Moms Association Board of Directors, we value your time and our opportunity to highlight key issues related to maternal mortality in the United States. March for Moms Association, now in its second year, is a growing, multi-stakeholder coalition sharing like-minded urgency to improve the wellbeing of mothers in the US.

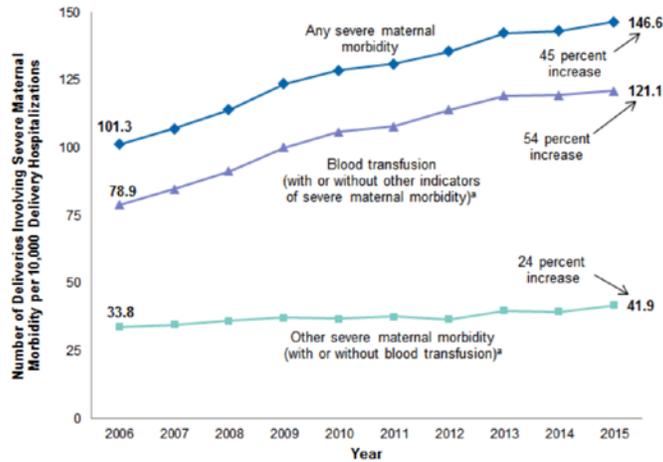
We established March for Moms in 2017 to address a widespread crisis among American families during the universally vulnerable period that stretches from pregnancy through delivery of a baby to early parenthood. Right now, Americans who are starting or growing their families face starkly greater risks than their parents did.

In just one generation, the odds of an American mother dying from a pregnancy-related cause has increased by more than 50%, a risk that is consistently three to four times higher for black mothers than white mothers.

For every death, there are 100 mothers who experience life-threatening injuries. For every injury, there are tens of thousands of mothers who experience avoidable suffering in the form of physical or mental illness, professional disruption, and/or wider societal disempowerment.

Our inclusion of two graphs depict the current state and worsening trend of maternal health childbirth in our country. The first graph published this month from AHRQ illustrates severe maternal morbidity from 2006-2015. Severe maternal morbidity is defined as including unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health. Often called near-misses, deliveries involving severe maternal morbidity generally include life-threatening conditions, such as acute myocardial infarction, pulmonary embolism, or sepsis. ***Severe maternal morbidity disproportionately affects minority and low-income pregnant women, especially non-Hispanic Black women and those with Medicaid coverage.***

Figure 1. Trends in delivery hospitalizations involving severe maternal morbidity, 2006-2015

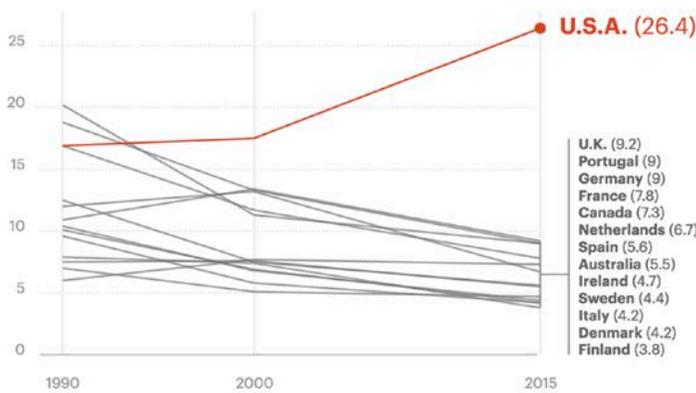


Fingar KF (IBM Watson Health), Hambrick MM (AHRQ), Heslin KC (AHRQ), Moore JE (Institute for Medicaid Innovation). Trends and Disparities in Delivery Hospitalizations Involving Severe Maternal Morbidity, 2006-2015. HCUP Statistical Brief #243. September 2018. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb243-Severe-Maternal-Morbidity-Delivery-Trends-Disparities.pdf.

The next graph depicts maternal death. American women are more than three times as likely to die in the maternal period and six times as likely to die as Scandinavians. ***In every other high-income country, many less affluent than the US, maternal mortality rates have been falling. But in the US, maternal deaths increased from 2000-2005, with the CDC estimating nearly 60% of such deaths are preventable.***

Maternal Mortality Is Rising in the U.S. As It Declines Elsewhere

Deaths per 100,000 live births



Notes
 *Global, regional, and national levels of maternal mortality, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015, The Lancet. Only data for 1990, 2000 and 2015 was made available in the journal.

Source: The Lancet

Going forward we envision a society where every person can start or grow their family with dignity by accessing childbirth care that is safe, supportive and empowering. In the current state, maternal health is dangerously fragmented and riddled with inequity. The quality of care for women and moms can swing wildly from one woman to the next based on the accident of her geography, the color of her skin, or the size of her paycheck. Families, healthcare providers and policy makers must come together to shed light on where we are failing and how we can do better.

We are pleased H.R. 1318 enjoys bipartisan support in the House and Senate. We applaud the Senate HELP Committee for advancing S. 1112, the Maternal Health Accountability Act this past June, and for taking a significant step toward fighting maternal mortality and improving maternal health. This legislation will help reverse our country's rising maternal mortality rate by assisting states to establish or improve multidisciplinary committees that will track, analyze and identify local solutions to prevent maternal deaths. These are known as maternal mortality review committees (MMRCs). And we are also pleased they raised the funding level available for these state MMRCs from \$7 million to \$12 million each year for five years. This increased investment will allow the CDC to robustly support state MMRCs so they can provide a comprehensive picture of why these deaths are occurring, and come up with actionable solutions.

Advancement of H.R. 1318 today shows House leadership in addressing this public health crisis, a first step in ending preventable maternal mortality.

Thank you for your consideration of this legislation on September 14th, 2018. We urge this Subcommittee and House to pass without delay. Feel free to contact either of us with any questions.

Respectfully,



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