Statement for the Record Submitted by
Stacey D. Stewart, President and CEO, March of Dimes
Hearing of the House Energy & Commerce Committee's Subcommittee on Health
"Improving Maternal Health: Legislation to Advance Prevention Efforts and Access to Care"
Tuesday, September 10, 2019

March of Dimes, a unique collaboration of scientists, clinicians, parents, members of the business community, and other volunteers representing every state, the District of Columbia and Puerto Rico, appreciates this opportunity to submit testimony for the record for the hearing, "Improving Maternal Health: Legislation to Advance Prevention Efforts and Access to Care." March of Dimes applauds you for holding this hearing to consider policy proposals to address our nation's maternal health crisis.

Each day, in thousands of delivery rooms across the country, mothers cradle newborns wrapped in the iconic pink and blue stripped receiving blanket. They will bundle their new baby girl or boy in the same blanket as they go home for the first time, and swaddle their infant in the soft flannel during the early sleepless nights. Tragically, more than 700 infants will keep their hospital receiving blanket, but will not have their mothers to lovingly wrap them in it. In the United States, 700 mothers die from pregnancy-related causes each year, and more than 50,000 others experience dangerous complications that could have killed them -- making the United States the most dangerous place in the developed world to give birth.[i] For women of color, the dangers of giving birth are even more acute. Black mothers of all ages are more than three times as likely to die from pregnancy-related complications as their white peers.[ii] The rates of pregnancy-related death for black and native women over the age of thirty are four to five times higher than their white peers.[iii]

Our nation is in the midst of a crisis in maternal and child health. Virtually every measure of the health of pregnant women, new mothers, and infants is going in the wrong direction. Preterm birth rates are rising. In many communities, infant mortality rates exceed those in developing nations. Nations such as Slovenia and French Polynesia have a better infant mortality rate than the United States.[iv]

Striking disparities exist among the health of mothers and babies of different racial and ethnic backgrounds. Black children face the highest child mortality rate among racial/ethnic groups – more than two times higher than the rate for Asian children and 1.5 times higher than the rate for white children.[v] There are dramatic variations in key measures like well-visits for women and infants among different racial and ethnic groups, as well as geographic areas.

Maternal Mortality and Severe Maternal Morbidity Are a Public Health Crisis

Women across the United States are tragically dying or suffering serious consequences from pregnancy-related causes. Despite the fact that many countries around the world have successfully reduced their maternal mortality rates since the 1990s, the U.S. rate is still higher than most other high-income countries,[vi] and the U.S. maternal mortality rate has doubled in the past 25 years.[vii] A significant racial and ethnic disparity in maternal mortality exists in the United States, with black women being three times more likely to die from pregnancy-related causes compared to white women.[viii,ix] These disparities cannot be explained by differences in age or education. According to the latest data from the Centers for Disease Control and Prevention (CDC), 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.[x]

Maternal mortality is also significantly higher in rural areas, where obstetrical providers may not be available,[xi] and delivery in rural hospitals is associated with higher rates of postpartum hemorrhage.[xii] In October 2018, March of Dimes released a report showing that 5 million women live in "maternity care deserts," which are communities without a hospital offering obstetric services or providers. Each year, 150,000 babies are born to mothers living in maternity care deserts.

Of the 700 pregnancy-related deaths in the United States, approximately one-third occur during pregnancy, another third happen during delivery and up to one week afterward, and the final third come in the year following delivery.[xiii] The CDC estimates that up to 60 percent of these deaths are preventable.[xiv] For every maternal death, there are about 100 episodes of severe maternal morbidity (SMM) affecting more than 50,000 women in the United States every year.[xv] Black women are 27 percent more likely to experience severe pregnancy complications than white women.[xvi]

According to the CDC, pregnancy-related deaths are those that occur during pregnancy or within the following year due to pregnancy complications, because of a chain of events initiated by pregnancy, or because of an unrelated condition that was aggravated by pregnancy.[xvii] SMM includes unexpected outcomes of labor and delivery that result in significant short or longer term consequences to a woman's health.[xviii]

Causes of maternal deaths include cardiovascular conditions, hypertensive disorders of pregnancy (preeclampsia/eclampsia), infection, hemorrhage, suicide and drug overdose. Identifying and treating medical conditions before, during and after pregnancy are essential to preventing maternal morbidity and maternal mortality, as part of the continuum of care for all women of childbearing age. This requires a commitment to high-quality clinical care and enhanced maternal quality improvement and safety initiatives in hospitals, particularly those that address disparities, structural barriers to care, differential care experienced by women of color, and provider implicit racial bias.[xix]

March of Dimes supports efforts to eliminate preventable maternal mortality and SMM and the unacceptable large disparities in rates experienced by black and native women. To achieve this, March of Dimes:

- Encourages every state to have a maternal mortality review committee (MMRC) that investigates each death of a pregnant woman or new mother to understand causes and recommend interventions for the future.
- Supports efforts to improve ways to collect data on maternal mortality and SMM, research into their causes and prevention, and promotion of proven ways to keep all mothers healthy.
- Champions policies to address provider implicit bias and eliminate systemic barriers in health care that perpetuate inequities in maternal health outcomes.
- Supports ensuring access to inpatient obstetrical facilities and qualified obstetrical providers, including Certified Nurse Midwives and Certified Midwives, in underserved and rural settings.
- Supports state perinatal quality collaboratives working with hospitals to identify and review cases of SMM and implement quality improvement initiatives to improve care and promote optimal maternal health.
- Supports efforts to ensure that all women have quality, affordable health insurance and health care to include but not limited to postpartum depression screening, mental health treatment, substance use treatment, affordable contraception, including long-acting reversible contraception (LARC), and access to health care providers who understand and meet their health needs before, during and after pregnancy.
- Champions extending health insurance coverage offered to new mothers through Medicaid and the Children's Health Insurance Program (CHIP) to a full year after pregnancy.
- Supports improving the social and economic conditions and quality of health care at all stages of a woman's life.
- Encourages acceleration of policies and programs shown to provide preventive and supportive care for women during pregnancy and childbirth, including group prenatal care and coverage for doula services.

Opportunities for Congressional Action

Last year, Congress took an important step toward addressing the nation's maternal mortality crisis by passing the *Preventing Maternal Deaths Act of 2018* (P.L. 115-344). This legislation is helping states to support MMRCs to review each instance of maternal death and develop recommendations to prevent them in the future. In FY 2019, Congress also provided $50 million in new funding to support state reviews and other activities to protect the health of pregnant women and new mothers.

Congress cannot stop now. We know that the causes of maternal mortality and SMM are diverse; they include physical health, mental health, social determinants, and much more. They can be traced back to issues in our health care system, including quality of care, systemic

problems, and implicit bias. They stem from factors in our homes, our workplaces, and our communities. **The effort to save women's lives can't just end with one bill. Congress must build upon its record of success by advancing a comprehensive legislative package in the 116th Congress that incorporates the principles outlined above.** March of Dimes has endorsed several bills in this Congress (Table 1) that advance these important tenets.

We are pleased that today's hearing will focus specifically on the MOMMA's Act (H.R. 1897), the Quality Care for Moms and Babies Act (H.R. 1551), the Maternal CARE Act (H.R. 2902) and the Healthy MOMMIES Act (H.R. 2602). Each one of these bills includes proposals that are essential to address the multifaceted contributors to maternal mortality and SMM. March of Dimes thanks Reps. Robin Kelly (D-IL), Eliot Engel (D-NY), Steve Stivers (R-OH), Alma Adams (D-NC) and Ayanna Pressley (D-MA) for championing maternal health and spearheading these important bills.

March of Dimes encourages the Energy & Commerce Committee to demonstrate its commitment to healthy mothers by working in a bipartisan fashion to craft a comprehensive legislative package to address maternal mortality and SMM that incorporates proposals from H.R. 1551, H.R. 1897, H.R. 2902, H.R. 2602, and the other bills listed below. We stand ready to assist you in this effort to protect and improve the health of all women and babies.

TABLE 1

MOMMA's Act (H.R. 1897/S. 916) *Rep. Robin Kelly (D-IL)* *Sen. Dick Durbin (D-IL)*	- Authorizes the Alliance for Innovation on Maternal Health (AIM) program and state-based perinatal quality collaboratives (PQCs). - Extends postpartum coverage for women served by Medicaid, the Children's Health Insurance Programs (CHIP), and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). - Supports implicit bias and cultural competency training. - Improves national maternal mortality surveillance.
Quality Care for Moms and Babies Act (H.R. 1551/S. 1960) *Reps. Eliot Engel (D-NY) and Steve Stivers (R-OH)* *Sen. Debbie Stabenow (D-MI) and Sen. Susan Collins (R-ME)*	- Authorizes state-based PQCs. -Creates a core set of maternal care quality measures.
MOMS Act (S. 116) *Sen. Kirsten Gillibrand (D-NY)*	- Authorizes the AIM program and supports hospital implementation of best practices. - Improves national maternal mortality surveillance.
MOMMIES Act (H.R. 2602/S. 1343) *Rep. Ayanna Pressley (D-MA)* *Sen. Cory Booker (D-NJ)*	- Extends postpartum coverage for women served by Medicaid and CHIP. - Creates a maternity care home demonstration project. - Requires reports on access to doula care and how states are using telemedicine to increase access to maternity care.

Maternal Care Access and Reducing Emergencies (Maternal CARE) Act (S. 1600) *Sen. Kamala Harris (D-CA)*	- Support evidence-based implicit bias training. - Establishes a demonstration project for implementing pregnancy medical homes. - Directs the National Academy of Medicine to make recommendations for incorporating implicit bias recognition in U.S. medical schools.
The Healthy Maternity and Obstetric Medicine Act (Healthy MOM Act) (H.R. 2778/S. 1481) *Rep. Bonnie Watson Coleman (D-NJ)* *Sen. Sherrod Brown (D-OH)*	- Establishes a special enrollment period for expectant mothers to sign up for health insurance. - Extends postpartum coverage for women served by Medicaid. - Ensures comprehensive coverage of maternity care.
Rural Maternal and Obstetric Modernization of Services (MOMS) Act (S. 2373) *Sens. Tina Smith (D-MN), Lisa Murkowski (R-AK), Doug Jones (D-AL), and Shelley Moore Capito (R-WV)*	- Establishes new rural obstetric network grants. - Integrates maternal and obstetric care into existing federal telehealth grant programs. - Creates a new rural maternal and obstetric care training program. - Improves rural maternal and obstetric care data.

[i] 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.

[ii] 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. MMWR Morb Mortal Wkly Rep 2019;68:423–429. Available at: http://dx.doi.org/10.15585/mmwr.mm6818e1.

[iii] Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. Available at: http://dx.doi.org/10.15585/mmwr.mm6835a3external.

[iv] Central Intelligence Agency. World Factbook: Infant Mortality Rate. Access May 2019. Available at https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html.

[v] America's Health Rankings Health of Women and Children Report. March 2018. United Health Foundation. Available at https://assets.americashealthrankings.org/app/uploads/ahr_hwc_2018_report_summary_022818a.pdf.

[vi] WHO. Trends in Maternal Mortality 1990-2015. Available at: http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/

[vii] CDC. Pregnancy Mortality Surveillance System. Available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html

[viii] Creanga AA, Berg CJ, Syverson C, Seed K, Bruce FC, Callaghan WM. Pregnancy-related mortality in the United States, 2006-2010. Obstet Gynecol 2015;125(1):5-12.

[ix] Callaghan WM. Overview of maternal mortality in the United States. Semin Perinatol 2012;36(1):2-6.

[x] Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. Available at: http://dx.doi.org/10.15585/mmwr.mm6835a3external.

[xi] Faron, Dina. Maternal Health Care is disappearing in rural America. Scientific American, February 15, 2017.

[xii] Kozhimannil KB, Thao V, Hung P, Tilden E, Caughey AB, Snowden JM. Association between hospital birth volume and maternal morbidity among low-risk pregnancies in rural, urban, and teaching hospitals in the United States. Am J Perinatol 2016 May;33(6):590-9.

[xiii] 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. MMWR Morb Mortal Wkly Rep 2019;68:423–429. Available at: http://dx.doi.org/10.15585/mmwr.mm6818e1.

[xiv] Ibid.

[xv] CDC. Severe Maternal Morbidity in the United States. Available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html

[xvi] 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.

[xvii] CDC. Pregnancy Mortality Surveillance System. Available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html

[xviii] CDC. Severe Maternal Morbidity in the United States. Available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html

[xix] Jain JA, Temming LA, D'Alton ME, et al. SMFM Special Report: Putting the "M" back in MFM: Reducing racial and ethnic disparities in maternal morbidity and mortality: A call to action. Am J Obstet Gynecol 2018;218(2):B9-B17.