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**STATEMENT BEFORE THE**
**COMMITTEE ON ENERGY AND COMMERCE**
**SUBCOMMITTEE ON HEALTH**
**MEMBER DAY HEARING**

**THURSDAY, JULY 25, 2019**
**10:00 AM**
**JOHN D. DINGELL ROOM**
**2123 RAYBURN HOUSE OFFICE BUILDING**

We thank Chairwoman Eshoo, Ranking Member Burgess, and distinguished Members of the Subcommittee for today's opportunity to submit our testimony in support of the Congressional Caucus on Maternity Care priorities for the 116th Congress. We ask unanimous consent to submit extended testimony for the hearing record.

First, please allow us to express our appreciation for your many years of public service and dedication to protecting and improving the health of this nation. Your bipartisan leadership is an example for the rest of the House, and we are honored to appear before you today.

We started the Maternity Care Caucus in the 114th Congress to raise awareness among our Congressional colleagues about the status of childbirth in this country and the challenges facing America's maternity care system. At that time there was a widespread perception in Congress that childbirth was safe and that the US had the best maternity health care system in the world.

Childbirth advocacy groups had been trying to raise the alarm for years that this was not the case. The U.S. spends significantly more per capita on childbirth than any other industrialized nation. However, despite this investment, America continues to rank far behind almost all other developed countries in birth outcomes for both mothers and babies.

But as so often happens, it takes a visible catalyst to get the attention of policy makers. That catalyst was the worsening maternal mortality crisis in this country. According to the CDC, each year about 700 women die because of pregnancy or delivery complications, or about 2 women every day. Despite many other countries around the world having successfully reduced their maternal mortality rates since the 1990s, the U.S. rate remains higher than most other high-income countries, and the U.S. maternal mortality rate has increased over the last few decades.

The racial and geographic disparities in these maternal mortality numbers are staggering: African-American women have nearly a four-time greater risk of dying from pregnancy-related complications than their White counterparts, and Native American women are dying at two to three times the rate of White women. And these disparities in maternal deaths for African-American women have not improved in more than 20 years. Maternal mortality is also significantly higher in rural areas. Scientific American analyzed public mortality data from the CDC and found that in 2015 the maternal mortality rate in large central metropolitan areas was 18.2 per 100,000 live births – but in most rural areas it was 29.4 per 100,000 live births.

The Maternal Mortality crisis in our minority and rural communities is alarming, and we absolutely must do everything we can to address it and ensure the safety of all childbearing women. But it is also critical that this subcommittee keeps sight of the fact that maternal mortality is just the tip of the iceberg when it comes to problems in our maternity care system.

According to the CDC, Severe maternal morbidity (SMM) includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health. SMM has been steadily increasing in recent years and is currently estimated to affect more than 50,000 women in the United States. That means that more than 135 expectant and new mothers each day endure dangerous and even life-threatening complications that have an adverse effect on their health.

And mothers are not the only victims of our maternity care system.

Infant mortality, the death of an infant before his or her first birthday, is an important marker of the overall health of a society. According to the United Health Foundation, the infant mortality rate in the United States in 2018 was 5.9 deaths per 1,000 live births. While this rate has been slowly decreasing it has not kept up with other wealthy countries, and in 2018 the US ranked 33 out of 36 other developed nations. The CDC reports that Black and Native American infants are two to three times more likely to die than their white counterparts.

Additionally, each year about 24,000 babies are stillborn in the United States, and we have made some of the slowest progress in the world in reducing our stillbirth rates, behind 154 out of 159 other countries. We also have unacceptably high rates of preterm births and cesarean sections in this nation. We are not adequately diagnosing and treating postpartum depression, and preventive care is underused and poorly integrated in our maternity care system.

All these poor outcomes are even more concerning because we face a growing shortage of trained maternity care providers. According to the March of Dimes, there are currently more than five million women in the United States who live in a maternity care desert. This includes women in both of our districts in Southwest Washington and greater Los Angeles areas who live in a maternity care desert area. An estimated 1,085 counties in the United States have hospitals without services for pregnant women, nearly half the counties in the

United States do not have a single ob-gyn and 56 percent are without a certified nurse-midwife or certified midwife. And the American Congress of Obstetricians and Gynecologists estimates these shortages will grow significantly: there will be a shortage of up to 8,800 OB-GYNs by 2020, with the shortfall approaching 22,000 by 2050.

Adding to all these concerns is the extraordinary economic burden of U.S. maternity care, with cumulative costs estimated to be well over $50 billion. According to AHRQ, Maternity and newborn care constitutes the single biggest category of hospital payouts for most commercial insurers and state Medicaid programs. And the Kaiser Family Foundation reports Medicaid is the largest single payer of pregnancy-related services, financing 43% of all U.S. births in 2016. In five states and DC, Medicaid covers more than 60% of all births. With this significant investment, the federal government has a major responsibility for ensuring the quality and value of maternal-newborn care.

As Co-Chairs of the Maternity Care Caucus, we believe it is time for policymakers to prioritize optimal birth outcomes for all families in the United States. **Towards that end we encourage the Energy and Commerce Health Subcommittee to schedule hearings to address the inequities in birth outcomes and the looming maternity care shortage, and to explore the most promising solutions to advance safe and cost-effective maternity care for all mothers and babies in all communities.**

We have several policy recommendations we would like this subcommittee to consider:

1. **Increase Access to Midwives**
   Midwives are widely cited as being an important part of the solution to addressing these problems in our maternity care system. However, Midwives currently attend less than 10 percent of all births in the United States, compared to countries like Great Britain where midwives deliver half of all babies, and Sweden, Norway and France where midwives oversee the majority of expectant and new mothers. All these countries have much lower rates of maternal and infant mortality than we do in the US.

   Last week we introduced ***H.R. 3849, the Midwives for Maximizing Optimal Maternity Services*, or *Midwives for MOMS Act*** to address the growing maternity care provider shortage, to improve maternity care outcomes for mothers and babies, and to reduce maternity care costs for families and state and federal governments, by expanding educational opportunities for Midwives.
   - This bill will establish two new funding streams for midwifery education, one in the Title VII Health Professions Training Programs, and one in the Title VIII Nursing Workforce Development Programs.
   - Additionally, the bill will address the significant lack of diversity in the maternity care workforce by prioritizing students from minority or disadvantaged backgrounds.

2. **Take the next steps towards Reducing Maternal Mortality**

The *Preventing Maternal Deaths Act* that was passed in the 115th Congress and signed into law in December 2018 will vastly improve data collection on the maternal mortality crisis so we can begin to understand why mothers are dying from preventable causes. It will also help states to sustain the health of mothers during the entire pregnancy cycle. This was a critical first step to addressing maternal mortality, but there is more work to be done.

We believe there are bipartisan opportunities to ensure that vulnerable populations of women have access to care during pregnancy and throughout the postpartum period. Additionally, supporting the implementation of best practices throughout hospital systems is something we would like to work with the Committee to address.

**3. Prioritize Evidence Based Maternity Care and Optimal Physiologic Birth Outcomes**

In 1996, the World Health Organization called for the elimination of unnecessary intervention in childbirth. However, two decades later the United States still has some of the highest primary and repeat Cesarean birth rates, labor induction and augmentation practices, and regional anesthesia usage. At the same time, we are underusing proven models of care such as group model prenatal care and birth centers, and practices such as smoking cessation intervention and continuous labor support. In 2018 a multidisciplinary group of maternity care experts found that "Current maternal-newborn practice involves evidence-practice gaps and unwarranted practice variation, reflecting overuse of unneeded practices, underuse of beneficial practices and limited use of implementation science and quality improvement methods."

After the August recess we will be introducing the ***Maximizing Optimal Maternity Services and Building a Best Evidence System,* or *MOMS and BABES Act*** that is based on the recommendations in the 2018 *Blueprint for Advancing High-Value Maternity Care Through Physiologic Childbearing.* In that blueprint these experts recommended that "mobilizing innate capacities for healthy childbearing processes and limiting use of consequential interventions that can be safely avoided… can contribute to health equity across the childbearing population."

We look forward to working with the Subcommittee to prioritize evidence-based care in all federal maternity care efforts, to ensure consumers have access to the best evidence in maternity care practices and outcomes, and to promote research that will further our knowledge base about physiologic birth and the best practices to achieve optimal birth outcomes for all women.

As members of the House Appropriations Committee, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, we have worked in a bipartisan fashion to support critical programs and initiatives to improve the lives and health of both mom and baby. We are proud to have helped secure robust funding for programs such as Safe Motherhood Maternal Mortality Review Committees, the Title V Maternal and Child Health Block Grant, Healthy Start, the Alliance for Innovation on Maternal Health, Breastfeeding Promotion, the Task Force for Research in Pregnant and Lactating Women, and so many

others. Additionally, we were able to commission a National Academies of Science Study on Research Issues in Birth Settings that is currently underway and will be concluding with consensus policy recommendations in early 2020. We will continue our work to support maternal health in the federal appropriations process and we look forward to working collaboratively with the Committee to build on this work.

Chairwoman Eshoo and Ranking Member Burgess, we thank you for your leadership and for extending us this opportunity to share our major priorities with the Subcommittee. We look forward to working with you to advance awareness, education and solutions to improve maternity care outcomes for all our nation's mothers and their children. Together we can make maternal and infant health a national priority. We believe this is long overdue.