

ONE HUNDRED SIXTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-2927

Minority (202) 225-3641

April 24, 2019

Dr. George Sigounas
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Sigounas:

We write to request a briefing from the Health Resources and Services Administration (HRSA) to discuss what efforts are being taken, or could be taken, to address the alarming rate of maternal morbidity and mortality in the United States.

Maternal morbidity and mortality in the United States is a major public health concern. Over the last two decades, the number of women who die each year during pregnancy or within a year of delivery in the United States has increased dramatically. Since the Centers for Disease Control and Prevention (CDC) implemented the Pregnancy Mortality Surveillance System, the number of reported pregnancy-related deaths in the nation has steadily increased from 7.2 deaths per 100,000 live births in 1987 to a high of 18.0 deaths per 100,000 live births in 2014.¹

These continued increases are distressing. A 2015 World Health Organization (WHO) report found that the United States was one of roughly a dozen countries worldwide where the maternal mortality rate had increased since 1990.² While countries around the world have

¹ Centers for Disease Control and Prevention, *Pregnancy Mortality Surveillance System* (www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm) (accessed Apr. 15, 2019).

² World Health Organization, *Trends in Maternal Mortality: 1990 to 2015, Executive Summary* (2015) (apps.who.int/iris/bitstream/handle/10665/193994/WHO_RHR_15.23_eng.pdf;jsessionid=F916E3A0D2136E4CBDF800D8E585605D?sequence=1).

reduced maternal deaths and related injuries over in recent decades, U.S. rates have climbed to 26.4 maternal deaths per 100,000 births in 2015.³

Racial disparity in the pregnancy-related mortality ratio of deaths to live births is cause for additional alarm and action. According to CDC, during 2011 through 2014, there were 12.4 deaths per 100,000 live births for white women, 40.0 deaths per 100,000 live births for black women, and 17.8 deaths per 100,000 live births for women of other races.⁴ While maternal mortality rates have been increasing in the United States in recent years, since 1950, black mothers have continued to die at three to four times the rate of white mothers, representing one of the widest racial disparities in women's health.⁵

Recent media reports have generated additional public awareness of the apparent increase in maternal mortality. A *USA Today* investigation found that thousands of women suffer life-altering injuries or die during childbirth in the United States because hospitals and medical workers do not follow proven safety practices.⁶ Further, according to a report released recently by the Agency for Healthcare Research and Quality, the rate of women who experienced serious complications while giving birth in U.S. hospitals rose 45 percent between 2006 and 2015.⁷ As discussed during a hearing before the Subcommittee on Health, an estimated 700–900 maternal deaths occur in the United States every year, more than any other high-income country in the world, with a CDC estimate that 60 percent of these maternal deaths could have been prevented.⁸

³ *Global, regional, and national levels of maternal mortality, 1990–2015: a systemic analysis for the Global Burden of Disease Study 2015*, Lancet (Oct. 8, 2016) ([www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31470-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31470-2.pdf)) 388:1775-812).

⁴ See note 1.

⁵ *Reducing US Maternal Mortality as a Human Right*, American Public Health Association (Nov. 1, 2011) (www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/11/15/59/reducing-us-maternal-mortality-as-a-human-right/).

⁶ *Hospitals know how to protect mothers. They just aren't doing it.*, USA TODAY (July 27, 2018) (www.usatoday.com/in-depth/news/investigations/deadly-deliveries/2018/07/26/maternal-mortality-rates-preeclampsia-postpartum-hemorrhage-safety/546889002/).

⁷ Healthcare Cost and Utilization Project, *Trends and Disparities in Delivery Hospitalizations Involving Severe Maternal Morbidity 2006-2015* (Sept. 4, 2018) (www.hcup-us.ahrq.gov/reports/statbriefs/sb243-Severe-Maternal-Morbidity-Delivery-Trends-Disparities.jsp). Federal hospitals including IHS hospitals were excluded from the sample in this study.

⁸ House Committee on Energy and Commerce, *Hearing on Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S.*, 115th Cong. (Sept. 27, 2018) (Testimony of Congresswoman Jaime Herrera Beutler).

Dr. George Sigounas

April 24, 2019

Page 3

In response to this public health priority, Congress enacted the Preventing Maternal Deaths Act of 2018, led by Representatives Jaime Herrera Beutler and Diana DeGette, to enhance Federal support of states to improve data collection and reporting of maternal mortality, and to develop surveillance systems at the local, state, and national level to better understand the burden of maternal complications.

This was an important first step, and we are interested in exploring additional efforts that may be underway to improve reporting, data collection, information sharing, prevention, and care related to reducing maternal morbidity and mortality. At the briefing, we would like to discuss how ongoing activities and programs within HRSA programs help improve the quality and availability of maternal mortality and morbidity data, address implicit bias and cultural competency of the health care workforce and in health care settings, and improve the quality of maternity services in hospitals through safety protocols such as the Alliance for Innovation on Maternal Health (AIM) safety bundles.

We appreciate your attention to this matter. If you have any questions, and to schedule the requested briefing for Committee staff, please contact Jesseca Boyer of the Democratic Committee staff at (202) 226-3682 and Alan Slobodin of the Republican Committee staff at (202) 225-3641.

Sincerely,



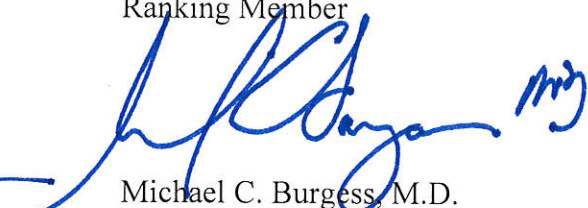
Frank Pallone, Jr.
Chairman



Greg Walden
Ranking Member



Anna G. Eshoo
Chairwoman
Subcommittee on Health



Michael C. Burgess, M.D.
Ranking Member
Subcommittee on Health



Diana DeGette
Chair
Subcommittee on Oversight
and Investigations



Brett Guthrie
Ranking Member
Subcommittee on Oversight
and Investigations