FRANK PALLONE, JR., NEW JERSEY
CHAIRMAN

GREG WALDEN, OREGON
RANKING MEMBER

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

Rear Admiral Michael D. Weahkee
Acting Director
Indian Health Service
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, Maryland 20857

Dear Rear Admiral Weahkee:

We write to request a briefing from the Indian Health Service (IHS) to discuss what efforts are being taken, or could be taken, to address the alarming rates of maternal morbidity and mortality for American Indian and Alaskan Native (AI/AN) women residing in the IHS service areas.

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 injuries over the last decades, U.S. rates have climbed to 26.4 maternal deaths per 100,000 births in 2015.[3]

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.[4] 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.[5]

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 across the United States.[6] The rates of maternal deaths and morbidity for AI/AN women residing in the IHS service area were also higher than the rate overall in the United States. Data from IHS for example, show that the maternal death rate of AI/AN women in IHS service areas in 2007 through 2009 was 23.2, about 50 percent higher than the rate for all races of 15.5 deaths per 100,000 live births throughout the United States for the same time frame, and 90 percent higher than for white women.[7] Likewise, limited data available show higher maternal morbidity rates at select IHS medical centers. A 2007 study found that AI/AN women at five IHS medical centers had higher rates of maternal morbidity compared to women in the general population, including postpartum hemorrhage, gestational diabetes, and pregnancy-related hypertension.[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) 388:1775-812).

[4] *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/).

[5] 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.

[6] *See* note 1.

[7] Indian Health Service, *Trends in Indian Health 2014 Edition*, Office of Public Health Support, Division of Program Statistics (Mar. 2015) (www.ihs.gov/dps/includes/themes/responsive2017/display_objects/documents/Trends2014Book508.pdf). Table 3.7, adjusted to compensate for misreporting of AI/AN race on state death certificates.

[8] S.J. Bacak, et al, *Maternal Morbidity during Delivery Hospitalizations in American Indian and Alaska Native Women*, The IHS Primary Care Provider (Feb. 2007).

These reports of higher maternal morbidity and mortality rates among women in IHS service areas and at certain IHS medical centers suggest this troubling crisis is seriously harming women in the AI/AN communities. Unfortunately, there seems to be a relative dearth of recent public data specific to AI/AN maternal health outcomes for women in IHS service areas, as well as those who receive care at IHS medical facilities., to truly assess this toll and the effect of actions undertaken by IHS to improve the maternal health outcomes of the AI/AN women they serve.

To ensure a productive briefing, the discussion should include the following information:

1. A discussion of aggregated IHS data on maternal mortality rates as well as rates at individual IHS facilities for each of the last three fiscal years.

2. A discussion of the maternal morbidity rates for birth mothers at individual IHS hospitals for each of the last three fiscal years.

3. What findings, if any, that IHS leadership has derived from monthly reports sent to IHS headquarters related to maternal health hemorrhage-related adverse events.

4. A discussion of medical malpractice lawsuits against IHS related to maternal mortality or morbidity since January 1, 2015.

5. What actions IHS is taking to reduce the maternal morbidity and mortality rates at IHS hospitals, such as the nature of the safety bundles being implemented at IHS hospitals through the Alliance for Innovation in Maternal Health (AIM) program.

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