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BEFORE THE ENERGY AND COMMERCE SUBCOMMITTEE ON HEALTH
HEARING
"BETTER DATA AND BETTER OUTCOMES: REDUCING MATERNAL MORTALITY IN THE U.S."

SEPTEMBER 27, 2018

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Thank you, Mr. Chairman, for this opportunity to testify today before the Energy and Commerce Subcommittee on Health at this hearing, "Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S." I am Stacey D. Stewart, President of March of Dimes, and I would like to commend you for holding this important hearing. March of Dimes is leading the fight for the health of all moms and babies.

Imagine, if you would, a classic hospital receiving blanket. It's made of soft white flannel, with a pastel blue and pink stripes on each end. Any of us with children will never forget that first moment when the doctor placed our precious baby boy or girl in our arms, wrapped warmly in one of these blankets. More than 700 times a year, a beautiful baby is wrapped up in a blanket just like this one -- but there is no mother to hold that child. That is not just a statistic; 700 mothers die every year, and over 50,000 others experience dangerous complications that could have killed them — making the U.S. the most dangerous place in the developed world to give birth. This situation is completely unacceptable.

Our nation is in the midst of a crisis in maternal and child health. Across our nation, 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 like Slovenia and French Polynesia have a better infant mortality rate than the U.S.

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 2 times higher than the rate for Asian children and 1.5 times higher than the rate for white children.[i] 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

Across the United States, women 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,[ii] and the U.S. maternal mortality rate has doubled in the past 25 years.[iii] A significant racial and ethnic disparity in maternal mortality exists in the U.S., with black women being three to four times more likely to die from pregnancy-related causes compared to white women.[iv,v]

Maternal mortality is also significantly higher in rural areas, where obstetrical providers may not be available,[vi] and delivery in rural hospitals is associated with higher rates of postpartum hemorrhage.[vii] March of Dimes will release a report in the coming weeks that will show these "maternity care deserts," where pregnant women face serious challenges in receiving appropriate care.

Approximately 700 women die each year in the U.S. as a result of pregnancy or pregnancy-related complications.[viii] The Centers for Disease Control and Prevention (CDC) estimates that up to 60% of these deaths are preventable.[ix,x] 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.[xi]

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.[xii] Severe maternal morbidity includes unexpected outcomes of labor and delivery that result in significant short or longer term consequences to a woman's health.[xiii]

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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.[xiv]

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

- Encourages every state to have a maternal mortality review committee 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.
- Supports ensuring access to inpatient obstetrical facilities and qualified obstetrical providers in rural settings.
- Supports state perinatal quality collaboratives working with hospitals to identify and review cases of SMM and implement hospital based quality improvement initiatives to improve care and promote patient safety.
- 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.

- 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, including group prenatal care.

The Preventing Maternal Deaths Act is a Critical Step Forward

The state of maternal health in the U.S. is dire, but there are things we can and must do. Many factors are contributing to the maternal health crisis in our nation, and our work to address it must be equally multi-faceted. The bill before the subcommittee today represents a critical step toward preventing death or serious health outcomes for pregnant women and new mothers.

The discussion draft of H.R. 1318, the Preventing Maternal Deaths Act, sponsored by Representatives Jaime Herrera Beutler (R-WA), Diana DeGette (D-CO) and Ryan Costello (R-PA) mirrors S. 1112, the Maternal Health Accountability Act, as recently passed by the Senate Committee on Health, Education, Labor and Pensions. would provide grants to states and tribes to help establish maternal mortality review committees (MMRCs) – interdisciplinary groups of local experts in maternal, infant and public health – to investigate cases of maternal death, identify system-wide factors that contributed to the deaths, and develop recommendations to prevent future cases. MMRCs are unique in that they identify solutions targeted to the needs of pregnant women and mothers in specific states, cities and communities. The discussion draft of H.R. 1318 would also establish a demonstration

project to help ascertain how best to address disparities in maternal health outcomes. Together, these provisions will help us obtain the information and recommendations we need to prevent women from dying or experiencing serious health consequences of pregnancy. Congress should pass this important legislation as quickly as possible.

Our nation cannot prevent maternal mortality if we lack data about where and why it takes place. This legislation will fill significant gaps in our current knowledge by ensuring we have nationwide data on maternal mortality rates as well as information about causes. It will provide states and tribes with new resources to gather information and ensure their maternal mortality review committees operate according to best practices. Finally, it will protect the privacy of women and their families by ensuring strong confidentiality processes are in place to prevent the unauthorized release of information.

Mr. Chairman and members of the subcommittee, while this bill is extremely important, maternal mortality is not a single problem with a single solution. The causes of maternal mortality and severe maternal morbidity 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, systems 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 hearing and one bill. I urge Congress to launch a series of hearings into the root causes of maternal mortality and to pass additional measures to improve maternal and child health, because every mom and baby deserve a healthy start.

In conclusion, I would like to thank you, Mr. Chairman and members of the subcommittee, for recognizing the urgency and magnitude of this public health crisis. Our nation's mothers and babies cannot wait any longer. We must act now to save the lives and health of pregnant women, new mothers and their infants. Piecemeal efforts are not enough; moms and babies are dying. We need blanket change. March of Dimes stands ready to assist you in working to protect and improve the health of all women and babies.

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