

ONE HUNDRED FIFTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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WASHINGTON, DC 20515-6115

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MEMORANDUM

September 24, 2018

To: Subcommittee on Health Democratic Members and Staff

Fr: Committee on Energy and Commerce Democratic Staff

Re: Hearing on “Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S.”

On **Thursday, September 27, 2018 at 10:00am in Room 2123 of the Rayburn House Office Building**, the Subcommittee on Health will hold a hearing titled “Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S.”

I. MATERNAL MORTALITY IN THE UNITED STATES

According to the Centers for Disease Control and Prevention (CDC), women in the United States are more likely to die from childbirth or pregnancy-related causes than women in other parts of the developed world.¹ While maternal mortality rates have fallen in other countries, pregnancy-related deaths in the United States increased by 26.6 percent from 2000 to 2014.² CDC reports that about 700 women die each year in the United States as a result of pregnancy or delivery complications, and research suggests that half of these deaths are preventable.³

¹ Centers for Disease Control and Prevention, *Pregnancy Related Deaths* (<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>).

² MacDorman, et al, *U.S. Maternal Mortality Trends* (Sept. 2016) (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5001799/pdf/nihms910951.pdf>).

³ Centers for Disease Control and Prevention, *Pregnancy Related Deaths* (<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>).

Currently, CDC conducts national pregnancy-related mortality surveillance to collect data and better understand the causes of maternal mortality in the United States. CDC also provides technical assistance and support to state and local Maternal Mortality Review Committees (MMRCs) that work to identify and review the deaths of women from pregnancy-related causes.

While the causes of pregnancy-related deaths in the United States vary, CDC acknowledges that the “variability in the risk of death by race, ethnicity, and age indicates that more can be done to understand and reduce pregnancy-related deaths.”⁴ Considerable disparities in maternal mortality exist, and maternal death rates are disproportionately higher for women of color, low-income women, and women living in rural areas. Racial disparities in maternal mortality are particularly concerning and CDC notes that the risk of pregnancy-related deaths for black women is three to four times higher than those of white women.⁵

II. LEGISLATION

H.R. 1318, introduced by Reps. Herrera Beutler (R-WA) and DeGette (D-CO), would amend the Safe Motherhood program at the Centers for Disease Control and Prevention to support states in establishing or operating MMRCs. Those committees would facilitate the identification and review of pregnancy-associated and pregnancy-related deaths to identify outcomes that may contribute to such deaths as well as trends, patterns, and disparities in such outcomes. To receive funding, such committees must include multidisciplinary and diverse experts, use evidence-based practices to help ensure the collection of information on all pregnancy-associated and pregnancy-related deaths, and provide for confidential case reporting of such deaths.

III. WITNESSES

Panel I:

Jaime Herrera Beutler (R-WA)

Member of Congress

Panel II:

Charles S. Johnson, IV

Founder

4Kira4Moms

⁴ Centers for Disease Control and Prevention, *Pregnancy Mortality Surveillance System* (<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>).

⁵ Centers for Disease Control and Prevention, *Pregnancy Related Deaths* (<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>).

Stacey D. Stewart
President
March of Dimes

Lynne Coslett-Charlton, MD
Pennsylvania District Legislative Chair
The American College of Obstetricians and Gynecologists

Joia Crear Perry, MD
President
National Birth Equity Collaborative