

Written Testimony

Of

The American College of Obstetricians and Gynecologists

Submitted by:

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Before the

House Energy and Commerce Subcommittee on Health

Regarding the Subcommittee Hearing

Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S.

September 27, 2018

Chairman Burgess, Ranking Member Green, Chairman Walden, Ranking Member Pallone, and distinguished Members of the Energy & Commerce Subcommittee on Health, thank you for inviting me to speak with you today on behalf of the American College of Obstetricians and Gynecologists (ACOG) at this hearing entitled, “Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S.”

ACOG, with a membership of more than 58,000, is the leading physician organization dedicated to advancing women’s health. Today’s hearing will focus on a discussion draft of H.R. 1318, the Preventing Maternal Deaths Act, sponsored by Representatives Jaime Herrera Beutler, Diana DeGette, and Ryan Costello. I want to extend a special thank you to the bill sponsors for working so diligently on this bipartisan legislation – a critical first step in improving maternal health outcomes for women in this country. Special thanks also to you, Dr. Burgess, a colleague ob-gyn, for your leadership highlighting this critically important issue and making maternal mortality a top priority.

As many of you may know, the United States has a maternal mortality crisis. Too many women die each year in the United States from pregnancy-related or pregnancy-associated complications.<sup>i</sup> We have a higher maternal mortality rate than in any other developed country. At a time when 157 of 183 countries in the world report decreases in maternal mortality, ours is rising.<sup>ii</sup> Black women are disproportionately affected and are three to four times more likely to lose their lives than white women.<sup>iii</sup> For every maternal death in the United States, there are 100 women who experience severe maternal morbidity, or a “near miss”. This is all unacceptable, and the time for action is now.

We know that over 60 percent of maternal deaths are preventable.<sup>iv</sup> Common causes include hemorrhage, cardiovascular and coronary conditions, cardiomyopathy, or infection. Overdose and suicide, driven primarily by the opioid epidemic, are also emerging as the leading causes of maternal

mortality in a growing number of states.<sup>v</sup> If we have a clear understanding of why these deaths are occurring, and what we can do to prevent them in the future, we can save women's lives.

The Preventing Maternal Deaths Act assists states in creating or expanding maternal mortality review committees (MMRCs) through the Centers for Disease Control and Prevention (CDC). MMRCs are multidisciplinary groups of local experts in maternal and public health, as well as patient and community advocates, that closely examine maternal death cases and identify locally-relevant ways to prevent future deaths. While traditional public health surveillance using vital statistics can tell us about trends and disparities, MMRCs are best positioned to comprehensively assess maternal deaths and identify opportunities for prevention.

As ACOG's Pennsylvania Section Chair, incoming ACOG District III Legislative Chair, and practicing physician for over 20 years, addressing maternal mortality is of critical importance to me. As an ob-gyn, seeing a woman die while pregnant or after delivering a baby is something that sticks with you for life. Preventing that kind of tragedy and ensuring the health and safety of the women we care for is central to our mission. When I took over as ACOG Pennsylvania Section Chair, Pennsylvania didn't have a maternal mortality review committee, though the city of Philadelphia did. Over the past two years, I have worked diligently to organize a campaign with other ob-gyns and advocates to urge the state legislature to pass legislation to form a statewide MMRC. Finally, on May 9, 2018, the governor signed the Maternal Mortality Review Act.

Enthusiasm like this for MMRCs is growing all over the country. Today, approximately 33 states have an MMRC – and many of those 33, including Pennsylvania, are brand new this year.<sup>vi</sup> But states like ours need help. CDC plays a vital role in assisting these states to ensure their MMRCs are robust,

multidisciplinary, and using standardized reporting mechanisms. The Building U.S. Capacity to Prevent Maternal Deaths initiative – a partnership between the CDC’s National Center for Chronic Disease Prevention and Health Promotion, the CDC Foundation, the Association for Maternal & Child Health Programs, and Merck for Mothers – has made tremendous progress giving technical assistance to states to help them establish MMRCs or ensure established MMRCs are operating with evidence-based practices. In Pennsylvania, we need to ensure that this type of technical assistance is amplified, so we can get our MMRC off the ground and working correctly.

Once MMRCs are up and running, they lead to opportunities for quality improvement. For example, to participate in the Alliance for Innovation on Maternal Health, or AIM, a state must have an MMRC. AIM, convened under ACOG’s leadership, is a national alliance of clinicians, hospital administrators, patient safety organizations, and patient advocates that work to reduce maternal mortality and severe maternal morbidity by creating condition-specific “bundles” – evidence-based toolkits to improve maternal outcomes. Some of these bundles include: severe hypertension, maternal mental health, obstetric care for women with opioid use disorder, obstetric hemorrhage, and racial disparities in maternity care.

To participate in AIM, states must have an MMRC. The data and recommendations from MMRCs instruct states where they need to invest to address specific conditions that affect women in their community and ensure appropriate targeting of limited resources.

For us to clearly understand why women are dying from preventable maternal complications across the country and make lasting improvements, every state must have a robust MMRC. The Preventing

Maternal Deaths Act will help us reach that goal, and ultimately improve maternal health across this country.

Thank you for the opportunity to speak to you about this pressing issue and in support of this important legislation. I'm happy to answer any questions.

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<sup>i</sup> Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Retrieved from [http://reviewtoaction.org/Report\\_from\\_Nine\\_MMRCs](http://reviewtoaction.org/Report_from_Nine_MMRCs)

<sup>ii</sup> Lu MC. Reducing Maternal Mortality in the United States. JAMA. Published online September 10, 2018. doi:10.1001/jama.2018.11652

<sup>iii</sup> Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

<sup>iv</sup> Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Retrieved from [http://reviewtoaction.org/Report\\_from\\_Nine\\_MMRCs](http://reviewtoaction.org/Report_from_Nine_MMRCs)

<sup>v</sup> Ibid.

<sup>vi</sup> Ibid.