

**United States Senate**  
WASHINGTON, DC 20510

April 4, 2023

The Honorable Tammy Baldwin  
Chairwoman  
Subcommittee of Labor, HHS, Education and  
and Related Agencies  
U.S. Senate Appropriations Committee  
Washington, DC 20510

The Honorable Shelley Moore Capito  
Ranking Member  
Subcommittee of Labor, HHS, Education  
Related Agencies  
U.S. Senate Appropriations Committee  
Washington, DC 20510

Dear Chair Baldwin and Ranking Member Capito:

As the Subcommittee begins consideration of the fiscal year (FY) 2024 Labor, Health and Human Services, Education and Related Agencies appropriations bill, we write to respectfully request that you include funding and report language that will work to address a pressing public health issue: the rising rate of maternal mortality in the United States.

Maternal mortality is often considered an important indicator of the quality of a nation's health care system and the nation's health status, overall.<sup>1</sup> Unfortunately, the United States has the highest maternal mortality rate among industrialized nations.<sup>2</sup> Furthermore, while the maternal mortality rate in other countries has been declining over time, in the United States, it has increased. The pregnancy-related mortality ratio, defined as the number of pregnancy-related deaths per 100,000 live births, more than doubled between 1987 and 2017.<sup>3</sup> Additionally, this rate increased in 2020 to 23.8 maternal deaths per 100,000 live births, up from 20.1 in 2019.<sup>4</sup> There is no acceptable rate of maternal mortality, but these statistics are all the more concerning given that more than 80 percent of maternal deaths are preventable.<sup>5</sup> And sadly, stark disparities in maternal deaths exist. The maternal mortality rate among Black people is more than three times as much as that of white people, and the maternal mortality rate among American Indian and Alaska Native (Indigenous) people is more than two times that of white people.<sup>6,7</sup> In addition, the COVID-19 pandemic only

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<sup>1</sup> Bouvier-Colle, M-H et al. "What about the Mothers? An Analysis of Maternal Mortality and Morbidity in Perinatal Health Surveillance Systems in Europe." *BJOG*. 2012.

<sup>2</sup> Rabin, Roni. "Global Declines in Maternal Mortality Have Stalled". The New York Times. February 22, 2023.

<sup>3</sup> Pregnancy Mortality Surveillance System, Centers for Disease Control and Prevention, [www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm](http://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm).

<sup>4</sup> Hoyert DL. Maternal mortality rates in the United States, 2020. National Center for Health Statistics Health E-Stats. February 23, 2022. doi: <https://dx.doi.org/10.15620/cdc:113967>

<sup>5</sup> Trost SL, Beauregard J, Njie F, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2022.

<sup>6</sup> "Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths." Centers for Disease Control and Prevention, 5 Sept. 2019, <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>.

<sup>7</sup> MacDorman MF, Thoma M, Declercq E, Howell EA. Racial and Ethnic Disparities in Maternal Mortality in the United States Using Enhanced Vital Records, 2016-2017. *Am J Public Health*. 2021 Sep;111(9):1673-1681. doi: 10.2105/AJPH.2021.306375. Epub 2021 Aug 12. PMID: 34383557; PMCID: PMC8563010

further exacerbated the maternal health crisis facing our nation.<sup>8</sup> As we prepare for future health crises, we must invest in programs that will help us prevent and measure adverse maternal health outcomes and deaths.

Accurate data collection is imperative for preventing maternal deaths, eliminating inequities, and informing future policy decisions to address this public health concern. In nearly every state, Maternal Mortality Review Committees (MMRCs) are leading this effort. Comprised of local public health professionals and experts, MMRCs review individual maternal deaths to understand their causes and help identify solutions to prevent these tragic outcomes. MMRCs are also working to incorporate community-based voices, including of those who have experienced the loss of a loved one. By investing in MMRCs, Congress can help improve the health and well-being of pregnant people and save families from devastating losses. Therefore, we respectfully request that you support \$164 million for the Safe Motherhood and Infant Health Program in order for the CDC to provide technical assistance to state MMRCs and to support uniform data collection and data-driven action.

To turn data from state MMRCs into action, the Maternal and Child Health Bureau (MCHB) at the Health Resources and Services Administration (HRSA) has invested in the Alliance for Innovation on Maternal Health (AIM) – a program that works with states and hospital systems to implement evidence-based toolkits, or bundles, to improve maternal outcomes. The AIM program has bundles on a range of important maternal safety topics including obstetric hemorrhage, severe hypertension in pregnancy, safe reduction of primary cesarean birth, cardiac conditions in obstetrical care, maternal mental health, sepsis in obstetrical care, and care for pregnant and postpartum people with substance use disorder. The AIM program is also working to ensure each bundle is implemented through an equity lens, elevating a respectful care component to support the reduction of peripartum racial and ethnic disparities.<sup>9</sup> Sustained funding is sought to support capacity building and the provision of technical assistance to enrolled states and jurisdictions, and implementation in additional care settings, including community health centers and Indian Health Service and tribal health care facilities. Therefore, we urge the Subcommittee to support the inclusion of the following language in the report accompanying the FY 2024 appropriations bill:

The Alliance for Innovation on Maternal Health—The Committee includes \$15,300,000 to support continued implementation of the Alliance for Innovation on Maternal Health Program's patient safety bundles to all U.S. States, territories, and tribal entities, as well as to support capacity building and the provision of technical assistance to enrolled states and jurisdictions. Patient safety bundles are a set of targeted and evidence-based best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity.

Thank you for your consideration of this request and your work to combat the rising rate of maternal mortality and to eliminate preventable maternal deaths in the United States.

Sincerely,

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<sup>8</sup> GAO Report. GAO-23-105871. October 19, 2022. Available at: <https://www.gao.gov/products/gao-23-105871>

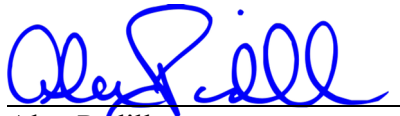
<sup>9</sup> Alliance for Innovation on Maternal Health, “Patient Safety Bundles”, Available at: <https://saferbirth.org/patient-safety-bundles/>



Cory A. Booker  
United States Senator



Kirsten Gillibrand  
United States Senator



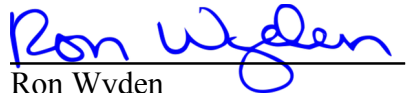
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United States Senator



Tammy Duckworth  
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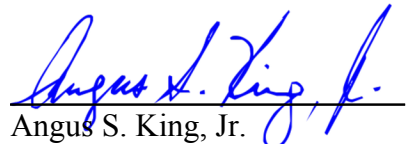
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Ron Wyden  
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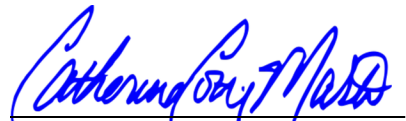
Richard Blumenthal  
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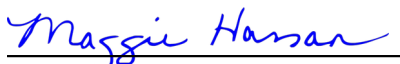
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United States Senator



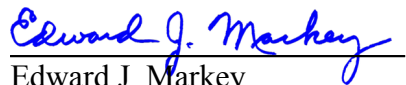
Jack Reed  
United States Senator



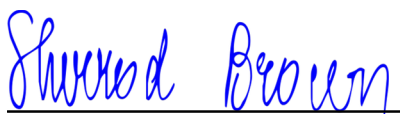
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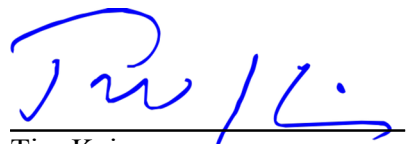
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United States Senator



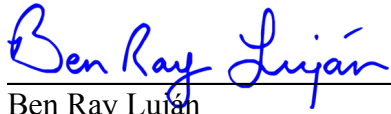
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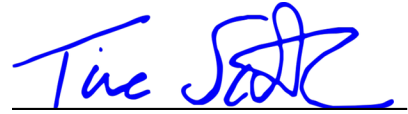
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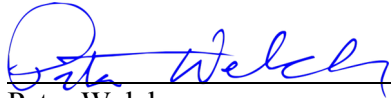
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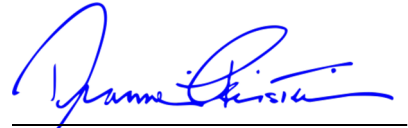
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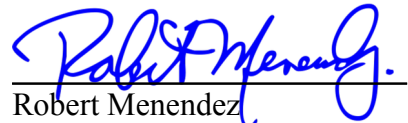
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United States Senator



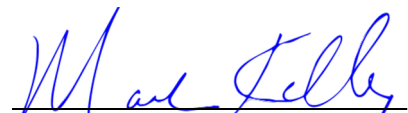
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Robert Menendez  
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Chris Van Hollen  
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Mark Kelly  
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Kyrsten Sinema  
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