

House Energy and Commerce Committee Health Subcommittee hearing
Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S
September 27, 2018

On September 27, the House Energy and Commerce Committee Health Subcommittee held a hearing entitled, “Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S.”

Witnesses included:

- The Honorable Jaime Herrera Beutler (R-WA)
- Dr. Lynne Coslett-Charlton, Pennsylvania District Legislative Chair, The American College of Obstetricians and Gynecologists
- Dr. Joia Crear Perry, Founder and President, National Birth Equity Collaborative
- Charles Johnson, Founder, 4Kira4Moms
- Stacey Stewart, President, March of Dimes

Full witness testimony is available [here](#).

Witness Opening Statements

Congresswoman Herrera Beutler (R-WA) testified first about a discussion draft she sponsored, the *Preventing Maternal Deaths Act* (HR 1318), which was the subject of the hearing. She spoke about the rising maternal death rates in the United States and said, “as a mother, a citizen and a lawmaker, I believe that we can and must do better.” Her legislation would enable states to establish or strengthen maternal mortality review committees (MMRCs) and she explained that MMRCs bring together local experts in maternal, infant, and public health to review each instance of a pregnancy-related or pregnancy-associated death in order to understand what went wrong and how to save future mothers’ lives. She said that the legislation has broad bipartisan support and over 160 cosponsors in the House. In later testimony, Ms. Stewart with the March of Dimes noted that companion legislation was reported by the Senate Health, Education, Labor and Pensions (HELP) Committee in July.

Following the Congresswoman’s testimony, Charles Johnson provided incredibly powerful testimony about the death of his wife after a planned c-section for the birth of their second child. Mr. Johnson’s testimony and subsequent answers during the question and answer period following formal remarks brought some Members to tears. Rep. DeGette (D-CO) remarked that they want to get the bill passed by the end of the year and that his testimony “will get us there.”

Ms. Stewart testified in support of the discussion draft. In her testimony she spoke about the racial disparities that exist around maternal and infant mortality rates. She noted that black children have the highest child mortality rates among racial/ethnic groups – with rates more than 2 times higher than the rate for Asian children and 1.5 times higher than the rate for white children. Black women are 3 to 4 times more likely to die of pregnancy-related causes than white women.

Ms. Stewart also testified about the higher rates of maternal mortality in rural areas due to an insufficient number of providers. She noted that delivery in rural hospitals is associated with higher rates of postpartum hemorrhage. She said the March of Dimes will be releasing a report in the coming

weeks on “maternity care deserts” - areas they have identified where pregnant women have inadequate access to care.

Dr. Coslett-Charlton also testified in support of the discussion draft. She stated that over 60% of maternal deaths are preventable and said common causes include hemorrhage, cardiovascular and coronary conditions, cardiomyopathy, or infection. She added that overdose and suicide, driven primarily by the opioid misuse and overdose epidemic, are also emerging as the leading causes of maternal mortality in a growing number of states. She noted that lives can be saved if there is a clear understanding of why these deaths are occurring and what can prevent them in the future. She testified that the MMRCs are best positioned to comprehensively assess maternal deaths and identify opportunities for prevention.

Dr. Perry testified that the discussion draft would be a “tremendous” step forward in recognizing that “black mamas matter.” Similar to the other witnesses, she broke down the racial disparities that exist and said that data shows that a black mother who initiates care in the first trimester still may have a worse birth outcome than a white woman with late or no prenatal care. She said that, “despite clear evidence of this inequity, policymakers, and as a consequence, government had not, until now, addressed this urgent public health and human rights issue.” She also stated that Medicaid expansion is critical to reducing the rates of maternal mortality. She said that in her state, Louisiana, which she noted was the only state in the deep south to expand its Medicaid program, the data shows that such an investment saves money and lives.

Question & Answer

Following the witness statements, Subcommittee Chairman Burgess (R-TX), an OB-GYN by training, said to Dr. Coslett-Charlton that, doctor to doctor, he does not know how to legislate decisions being made at the bed side. He said it is incumbent on the medical societies and specialty societies to address this and said “this is where the rubber meets the road,” for them, but was unsure how Congress could fix it. He said MMRCs sound like a great idea and that during his training they were called “grand rounds.” He asked if that kind of introspection has gone by the wayside?

Dr. Coslett-Charlton responded that grand rounds still happen, but largely at academic medical centers and not community hospitals. She said the data needs to be collected to see where the deficiencies are.

Ranking Member Green (D-TX) along with several other Democrats on the Committee noted the importance of Medicaid expansion for providing access to health care. Dr. Perry responded that they have seen the benefit since Louisiana expanded its benefit and said, for example, patients with diabetes are less likely to present at the hospital with out of control blood sugar.

Rep. Latta (R-OH) asked about the impact of the opioid misuse and overdose epidemic. Dr. Coslett-Charlton said that is a very significant issue and that Philadelphia has seen a doubling in maternal deaths in a short time related to opioids. She noted that it is important not to make women fear that their baby will be taken from them because she will not seek care if she is afraid.

Rep. DeGette asked about the higher rates of mortality among black women and the lower rates of maternal mortality in other countries. Ms. Stewart said that a policy environment that respects women and babies is needed with a range of policies that support a woman’s healthy lifestyle before she gets

pregnant and provides support after the birth. She said Medicaid coverage needs to extend for longer than 60 days post-partum.

Rep. Griffith (R-VA) noted that his district is very rural and has high rates of neo-natal abstinence syndrome. He asked about if telemedicine could be used to provide care. Ms. Stewart said they are very excited about the possibilities telemedicine provides for pre-natal and post-natal care. She said that preliminary studies where women upload their data at home after giving birth has been shown to reduce maternal deaths.

Next Steps

As noted above, Members on the Committee made commitments to move Rep. Herrera Beutler's bill this year. The House is expected to recess tomorrow until after the elections so Committee consideration and any floor action will likely wait until the lame duck session.