



March 20, 2020

The Honorable Charles Grassley  
Chair, Senate Finance Committee  
US Senate  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member, Senate Finance Committee  
US Senate  
Washington, DC 20510

Re: Information, Solutions to Improve Maternal Health

Dear Chair Grassley and Ranking Member Wyden,

Thank you for your attention to the maternal healthcare crisis in our country. The current state of maternity care in the US is unacceptable. Pregnancy and childbirth have seen worsening outcomes, especially for Black, low income, and rural women. Healthcare system changes are occurring to address the rising maternal mortality rates, but policy efforts are also needed to support and develop evidence-based initiatives.

AWHONN supports nurses caring for women, newborns, and their families through research, education, and advocacy. As an organization that represents 350,000 nurses who are clinically active in hospitals, perinatal facilities, and Health Centers, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) advocates for laws and regulations to improve and promote the health of women and newborns and to strengthen the nursing profession. Nurses make up the largest profession in the healthcare workforce and work closely with patients and their families. Nurses are therefore positioned to provide unique insights into patient care circumstances that may contribute to women's mortality and morbidity.

AWHONN continues to support policies that improve care delivery models and resources to women and children such as:

- Expanding Medicaid coverage from 60 days to one year. In 2019, the US maternal mortality rate was 19 per 100,000 live births<sup>1</sup>, the highest of any developed nation. The CDC identified that one third of maternal deaths occur one week to one year after delivery, and that over half of all maternal deaths were preventable. Improving access to health care services is essential to reducing mortality and morbidity to new mothers. Nearly half of US births are covered by Medicaid, demonstrating the significant impact that this service provides to families across the nation. Black women, low income individuals, and rural residents are more likely to be covered by Medicaid services and are at highest risk of pregnancy related mortality and morbidity. Expanding Medicaid coverage beyond the 60 days typically covered can connect vulnerable mothers and children in this critical time period after birth to essential and lifesaving services.
- Implementing and supporting maternal mortality surveillance programs such as Maternal Mortality Review Committees (MMRCs) and CDC's Pregnancy Mortality Surveillance system through the Preventing Maternal Death Act. Maternal mortality is an important indicator of a nation's health care system performance. But mortality is only the tip of the iceberg. Maternal morbidity and mortality

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<sup>1</sup> The World Bank, <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=US>

both require initiatives to help support healthy families. To understand flaws and deficiencies within the current healthcare system, it is important to obtain data to understand patterns and trends to recommend solutions and implement prevention policies that are specific to the locality in need. Maternal Mortality Review Committees (MMRCs) and surveillance programs bring together a diverse and multidisciplinary team of specialists providing obstetrical care to pregnant and postpartum women to develop policy solutions for prevention and reduction in disparities. Federal funding has encouraged states in the development and support of MMRCs, however, not all states are participating. Maternal mortality deserves the full attention and efforts of everyone. Every state should have an MMRC to protect our nation's mothers and families.

- Funding for programs that support care delivery models aimed at reducing morbidity, mortality, and health disparities for women and infants such as the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). Pregnancy and the postpartum period mark a critical time for women and their families. Barriers to health care services, limited access to providers, and socioeconomic and racial factors in delivery of care contribute to maternal mortality and morbidity in the US. The MIECHV Program has helped to connect pregnant women and their families to social services, health, and child development resources. Home visits support preventive health practices and empower families to thrive. Evidence has demonstrated benefits of home visits to children and families through education and support in initiatives such as breastfeeding, safe sleep practices, nutrition as well as early identification and referral for developmental delays, substance abuse, perinatal/postpartum depression, family violence, and substance abuse. Through continued funding, states and local territories can design and implement programs to serve the needs of their communities. Additionally, by supporting families through home visiting programs, future generations can achieve greater potential with improved performance and health, translating back to a healthier society.
- Creation of programs that train providers to care for communities in “healthcare deserts” such as HR 4995—the Maternal Health Quality Improvement Act of 2019. Geographic barriers to healthcare services must be addressed if we are to continue to improve maternal outcomes. Rural residents face challenges both in accessing health care services and providers and outcomes associated with the services provided to them. Women in rural communities tend to have lower incomes and higher health related complications. Maternal mortality rates are significantly higher in rural areas compared to urban areas. HR 4995 provides federal funding to train maternal health care providers in rural areas and create rural obstetrics collaborative networks to connect women to the providers and services they need.
- Supporting childbirth education and doula services, which contributes to a woman's preparation for and support during childbirth through research initiatives such as HR 4996—the Helping Medicaid Offer Maternity Services (MOMS) Act of 2019. Lack of patient/family knowledge regarding childbirth complications and symptoms to report was identified as a significant factor in the preventable maternal mortality cases. Doula services provide physical, emotional and informational support to mothers before, during and after childbirth. Access to doula care in under resourced communities improves health outcomes for mothers and families through reduced cesarean sections, maternal depression and anxiety, and fostering communication between women, their families, and their providers. Currently, health insurance does not cover doula services, preventing women and families from utilizing this much needed service.
- Initiatives to address implicit bias in the healthcare system through training programs through partnerships with the US Health Resources and Services Administration (HRSA) to eliminate health



disparities through training programs addressing implicit bias and adoption of evidenced based care to promote best practice for every mom and baby.

The current maternal mortality crisis is a multifactorial problem that will require collaboration of women, their families, healthcare professionals and Congress to understand and respond to the challenges. AWHONN continues to advocate and provide research and training for the nursing workforce to make birth safe for all women.

If you have any questions or desire to further discuss these issues, please contact AWHONN Government Affairs Director Seth Chase at [schase@awhonn.org](mailto:schase@awhonn.org) or 202-261-2427.

Sincerely,

M. Suzanne Berry, MBA, CAE  
Chief Executive Officer