



Midwives Support Bipartisan Legislation to Improve the Health and Safety of Pregnant Women

The American College of Nurse-Midwives (ACNM) strongly supports the *Preventing Maternal Deaths Act* (H.R.1318) and the *Maternal Health Accountability Act* (S.1112), which were introduced in the U.S. House of Representatives by Reps. Herrera Beutler (R-WA), Conyers (D-MI), Costello (R-PA) and DeGette (D-CO) and in the U.S. Senate by Senators Heitkamp (D-ND) and Moore Capito (R-WV).

H.R. 1318/S. 1112 seeks to reduce preventable maternal morbidity and mortality rates and improve health outcome for mothers and infants prior to and during pregnancy. The legislation would help states establish or improve their existing maternal mortality review committees (MMRCs) – interdisciplinary groups of local experts in maternal, infant and public health– to fully examine maternal death cases and identify ways to prevent future deaths from occurring. The legislation mandates that each MMRC include a Certified Nurse-Midwife or Certified Midwife, as the midwifery model of care has been shown to significantly reduce maternal mortality.ⁱ Additionally, the legislation would promote national information-sharing through the Centers for Disease Control and Prevention (CDC) so that states can continue to learn from best practices and collaborate with each other. The legislation would also put data to work through demonstration projects focused on eliminating disparities in maternal health outcomes.

Specifically, H.R. 1318/S.1112:

- Authorizes states to establish MMRCs that include a CNM or CM (in addition to others in the maternal health space);
- Establishes a competitive grant program at the CDC to assist states in creating or expanding state MMRCs;
- Requires states to annually identify pregnancy-related and pregnancy-associated deaths and identify opportunities for improvement in the quality of care and system changes, findings and recommendations should be made public for review and research;
- Requires the research of racial and ethnic health disparities in maternal outcomes to identify solutions to improve healthcare, findings and recommendations should be made public for review and research; and
- Establishes a demonstration project to compare the effectiveness of interventions to reduce disparities in maternity services and outcomes.

Background:

More women in the U.S. die from complications related to pregnancy and childbirth than in any other developed country. Approximately, 65,000 women nearly die from pregnancy or childbirth each year.ⁱⁱ The U.S. has also failed to meet prior national goals for maternal mortality reduction and is not on track to meet the

modest Healthy People 2020 goal of reducing maternal mortality by 10% between 2007 and 2020.ⁱⁱⁱ Currently, the U.S. ranks 47th globally for its maternal mortality rate.

Even more alarming is the disparity in maternal mortality rates that exists among women of color. Black women die at a rate that ranges from three to four times the rate of their white counterparts—42 deaths per 100,000 live births among black women versus 12 deaths per 100,000 live births among white women as of 2010. American Indian and Alaskan Native women also fare worse than white women with approximately twice as many pregnancy-related deaths per 100,000 live births.^{iv}

There are several drivers of maternal health disparities in the United States, including the growing contribution of non-communicable diseases (e.g., type 2 diabetes and cardiovascular disorders) to maternal mortality and access to prenatal care. Women receiving no prenatal care are more likely to have a pregnancy-related death than women who receive prenatal care.

Maternal mortality ratios also vary significantly by socioeconomic status and geography. Women living in poverty and women in certain states experience significantly higher maternal mortality ratios than the national average.

Maternal mortality review boards have the potential to better inform state health departments and clinicians on context-specific interventions that can reduce preventable maternal mortality. While several states have established maternal mortality review boards charged with gathering critical information for recognizing and better understanding these disparities, not all states are required to do so and many have not.

ACNM encourages Congress to pass this important legislation to help states improve the health and safety of pregnant women and work to end preventable maternal deaths.

To cosponsor the House bill, please contact Ms. Jessica Wixson in Rep. Herrera Beutler's office at Jessica.wixson@mail.house.gov. To cosponsor the Senate bill, please contact Dana Richter in Senator Moore Capito's office at dana_richter@capito.senate.gov. You may also contact ACNM's Director of Government Affairs, Amy Kohl at (240) 485-1806 or via email at akohl@acnm.org if you have questions regarding this issue.

ⁱ Midwifery: Evidence Based Practice, *A Summary of Research on Midwifery Practice in the United States (2012)*, American College of Nurse-Midwives, <http://www.midwife.org/acnm/files/cclibraryfiles/filename/000000002128/midwifery%20evidence-based%20practice%20issue%20brief%20finalmay%202012.pdf>

ⁱⁱ Nina Martin & Renee Montagne, *Focus on Infants During Childbirth Leaves U.S. Moms in Danger*, NPR: Morning Edition (May 12, 2017) <http://www.npr.org/2017/05/12/527806002/focus-on-infants-during-childbirth-leaves-u-s-moms-in-danger>

ⁱⁱⁱ Healthy People 2020, (Accessed August 2017) <https://www.healthypeople.gov/>

^{iv} Maternal Health Taskforce, *Maternal Health in the United States* (Accessed August 2017) <https://www.mhtf.org/topics/maternal-health-in-the-united-states/>