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To Whom It May Concern:

On behalf of March of Dimes, the leading non-profit, non-partisan organization fighting for the health of all moms and babies, thank you for the opportunity to provide feedback on the *Proposed Research Initiative to Decrease Maternal Mortality*. March of Dimes is committed to addressing the nation's maternal and infant health crisis, and applauds the National Institutes of Health (NIH) for prioritizing the nation's mothers with this new initiative. I submit the following comments in the four categories below to inform NIH as it develops its research program.

**1. Serious research gaps, barriers, or best practices to consider within the context of the proposed initiative**

**Recommendation:** Currently, March of Dimes supported Prematurity Research Centers are conducting important research into biological factors that may be contributing to maternal and infant health outcomes. Additional investment is needed to support social sciences research in the social determinants of health arena and further translational research. The NIH research initiative should prioritize examining severe maternal morbidity (SMM) in addition to maternal mortality (MM), including available data, barriers to reducing SMM, and existing potential solutions. The initiative should give particular attention to investigating gaps in our understanding of SMM and MM, including:

- the etiology of significant racial/ethnic disparities in MM and SMM,
- policies in place or lacking in communities and institutions that may contribute to maternal health outcomes,
- the role of chronic stress, bias, racism, mental health, and multiple chronic conditions in maternal health outcomes, and
- best practices before, during and after pregnancy. With two thirds of maternal deaths occurring in the period after delivery, researching best and promising practices to support women in the postpartum period should be included, such as engagement with postpartum obstetric care providers through multiple mediums earlier than 6 weeks.

Additionally, the research initiative should explore novel methodologies to examine the ways in which institutional and structural racism contribute to inequities; examine systems, not patient factors (e.g., demographics, behavior, SES), as the reason for disparities; and promote studies designed to identify the ways in which we can change systems to improve patient outcomes and reduce inequities.

**2. Resources required or lacking or existing leverageable resources (e.g. existing partnerships, collaborations, or infrastructure) that could advance the proposed initiative**

**Recommendation:** National advocacy organizations, such as the March of Dimes, with well-established histories of advocating for policies and programs that support systems change for healthy moms and strong babies, are uniquely positioned to facilitate the scaling of key research

results across the country and in communities. Equipped with appropriate resources, infrastructures can be strengthened to fully support large-scale efforts to scale new evidence-informed initiatives and mobilize many to support key policy changes. Research that supports scaling of innovative solutions, such as a postpartum model of group care that provides both the clinical and ongoing supportive education and care to women after delivery should be included in the initiative. This type of research should also address policies such as payment policies that need to be adopted in order to support such a model of care.

Additionally, to promote novel research and approaches to reducing maternal mortality, the research initiative should ensure the reviewers represent diverse backgrounds and expertise specific to reproductive justice, Black maternal health, experience working in/with communities and structural/institutional racism.

**3. Emerging scientific advances or techniques in basic, clinical, implementation or behavioral research that could advance the proposed initiative**

**Recommendation:** The research initiative should consider new and emerging technologies, such as multimedia strategies, to share consumer information and to search and analyze what information women are seeking yet not finding. This could identify gaps in consumer information and inform action to address those gaps. Increased investments in research that examines the efficacy of using mobile device technology and/or social media and how it interfaces with consumers and providers to monitor certain conditions pre- and post-delivery. Additional research is needed in virtual models of group care to improve access and quality of care in the prenatal period and similar models in the postpartum period to gain a better understanding of technology solutions to improve access in both rural and urban maternity care deserts as well as maternal health outcomes. The research initiative should also develop and advance techniques that examine the role of systems and institutions on health inequities.

**4. Additional ideas for bold, innovative research initiatives that could yield knowledge readily translatable to reduce maternal mortality.**

**Recommendation:** The research initiative should consider organizations that can serve as the backbone entity for Collective Impact Initiatives. Collective Impact work rooted in a Results Based Approach are demonstrating the ability to mobilize action at the community level and make improvements in health outcomes. Research to ascertain which initiatives contribute to improved birth and maternal health outcomes and what are the key success elements in varying types of communities are needed. An examination of the economic effects of maternal mortality and morbidity and paid family leave is also encouraged.

Additionally, this new research initiative should support research quantifying structural racism as the foundation for future research projects; and support applicants whose research has immediate policy and practice applications in rapidly changing legislative environments for Black maternal health.

Respectfully submitted,

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