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March 5, 2020

The Honorable Alex M. Azar
Secretary
US Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar,

On behalf of March of Dimes, the nation's leading non-profit organization fighting for the health of all moms and babies, I write today to encourage you to prioritize the unique needs of pregnant women, new mothers, and infants in our nation's response to the 2019 novel coronavirus (COVID-19). This at-risk population deserves special attention in all response activities.

March of Dimes is pleased that Congress and the Administration are collaborating to quickly advance supplemental funding legislation to respond to the COVID-19 outbreak. Supplemental funding will ensure that federal agencies have sufficient resources to develop effective vaccines, diagnostics and treatments; provide technical assistance to public health departments, health care facilities and providers; and support critical national surveillance efforts. The supplemental funding will also guarantee that states, territories, and localities have the necessary funds to prepare, educate the public, provide testing, and effectively respond to reported cases of COVID-19. March of Dimes strongly urges you to include pregnant women, new moms, and infants in any research and surveillance activities, and incorporate the needs of this population into response activities of federal agencies and its grantees.

History shows us that mothers and infants are uniquely impacted by infectious disease outbreaks. Data from the 2002-2003 severe acute respiratory syndrome (SARS) epidemic indicate that infected pregnant women are at-risk for severe maternal illness, maternal death, and miscarriage.ⁱ During the 2009 H1N1 influenza pandemic, infected pregnant women were at substantially higher risk for hospitalization than the general population, and they accounted for approximately 5 percent of deaths from 2009 H1N1 influenza, even though pregnant women make up only about 1 percent of the population.ⁱⁱ Their babies were also a greater risk of adverse birth outcomes, including preterm birth and low birth weight.ⁱⁱⁱ

Given the significant threat infectious disease outbreaks pose to maternal and infant health, March of Dimes recommends the following actions to protect the health of moms and babies:

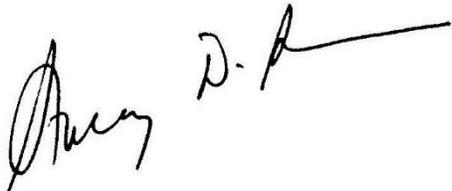
- 1. Include mothers and babies in research activities:** Federally funded research on the impact of COVID-19 must include pregnant women, new moms and their infants. This research should include questions on whether pregnancy affects a woman's immune response to COVID-19 and the virus' impact on adverse obstetrical outcomes and maternal mortality. Efforts to develop a new vaccine and effective treatments should also prioritize mothers and infants. We must also ensure that any vaccination developed is accessible to all that need it and is affordable or available at no cost.
- 2. Quickly distribute funding to front-line responders:** Federal agencies should work in haste to disseminate funding to public health agencies, health care facilities, community-based organizations, and other stakeholders providing frontline response to COVID-19. These funds can address immediate interventions for mothers and babies, including test kits to screen for COVID-19, masks and necessary sterilized equipment to protect healthcare providers, and coordinated care among local and state health departments to provide access to services for pregnant women. These entities should not have to divert scarce resources from other public health priorities in order to prepare for and address COVID-19 cases in their communities.
- 3. Mobilize and enhance existing surveillance infrastructure to monitor COVID-19's impact on maternal and infant health:** During the Zika virus outbreak, the Centers for Disease Control and Prevention (CDC) supported a complementary mother-baby longitudinal linked surveillance system and an adverse birth outcomes surveillance system in almost all 50 states and several jurisdictions. This nationwide network enabled CDC to track the virus' impact in real-time to inform clinical guidance, educate health care providers and the community, and connect families to care. CDC should provide funding to help states reinvigorate this system to track the impact of COVID-19 on pregnant women and their babies.
- 4. Support the development and dissemination of clinical guidance for maternity and pediatric care providers:** As the nation's researchers and public health experts learn more about the impact of COVID-19 on mother and infants, they must quickly communicate the latest information to front-line health care providers and public health workers caring for pregnant women and infants.
- 5. Incorporate pregnant women, new moms, and infants into response activities:** Federal agencies and grantees should be required to include the unique needs of mother and infants in all their response activities. This requirement would include developing and disseminating consumer and provider education materials, providing guidance on diagnostic testing, supporting this population if they are forced to be quarantined, and developing protocols for treating pregnant women diagnosed with COVID-19 if they present for labor or treatment at a health care facility. Special protocols are also

necessary for babies who require treatment at a health care facility. HHS should rely on March of Dimes and other voluntary health organizations as a trusted voice with established networks to disseminate public health messaging to these at-risk populations.

- 6. Guarantee that all Americans can access diagnostic testing and appropriate treatment without fear of unaffordable out-of-pocket-costs:** During an outbreak, it is critical that sick individuals do not avoid testing and treatment because of financial concerns. Already, there have been media reports of individuals receiving expensive bills after a hospital visit for a suspected case of COVID-19.^{iv} The administration should use all existing authorities to ensure that uninsured Americans, as well as those enrolled in public and private health insurance, can access the necessary care without surprise bills or financially crippling out-of-pocket costs. Such actions will slow the spread of disease and protect the health of moms and babies.

March of Dimes thanks you for your leadership to protect the nation from the threat of COVID-19. We look forward to working with you to ensure that pregnant women, new mothers and infants are prioritized at every level of the response. Please direct any follow-up questions to Rebecca Abbott, Deputy Director of Federal Affairs for Public Health (rabbott@marchofdimes.org, 202.292.2750).

Sincerely,



Stacey D. Stewart
President & CEO



Rahul Gupta, MD, MPH, MBA, FACP
Senior Vice President & Chief Medical and Health Officer

cc:

The Honorable Michael Pence, Vice President of the United States
Robert Redfield, MD, Director, Centers for Disease Control and Prevention
Francis Collins, MD, PhD, Director, National Institutes of Health
Thomas Engels, Administrator, Health Resources and Services Administration
The Honorable Robert Kadlec, MD, MTM&H, MS, Assistant Secretary for Preparedness and Response
Stephen Hahn, MD, Commissioner of Food and Drugs
The Honorable Nancy Pelosi, Speaker, US House of Representatives
The Honorable Kevin McCarthy, Minority Leader, US House of Representatives
The Honorable Mitch McConnell, Majority Leader, US Senate
The Honorable Charles Schumer, Minority Leader, US Senate

ⁱ Schwartz, D, Graham, A. Potential Maternal and Infant Outcomes from Coronavirus 2019-nCoV (SARS-CoV-2) Infecting Pregnant Women: Lessons from SARS, MERS, and Other Human Coronavirus Infections. *Viruses*. 2020. 12(2),194. Available at: <https://www.mdpi.com/1999-4915/12/2/194/htm>.

ⁱⁱ Rasmussen, S, Jamieson, D. 2009 H1N1 Influenza and Pregnancy — 5 Years Later. *The New England Journal of Medicine*.2014. 371:1373-1375. Available at: https://www.aafp.org/dam/AAFP/documents/patient_care/immunizations/Rasmussen1009Persp.pdf

ⁱⁱⁱ Ibid.

^{iv} Kliff, S. Kept at the Hospital on Coronavirus Fears, Now Facing Large Medical Bills. *New York Times*. February 20, 2020. Available at: <https://www.nytimes.com/2020/02/29/upshot/coronavirus-surprise-medical-bills.html>