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December 18, 2020

Michael Warren, MD, MPH, FAAP
Associate Administrator
Maternal Child Health Bureau
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Warren,

As an organization committed to promoting maternal and infant health, March of Dimes appreciates this opportunity to comment on the Maternal and Child Health Bureau (MCHB) Request for Information (RFI) to inform its strategic plan. March of Dimes is the leading non-profit organization fighting for the health of all moms and babies. We promote the health of women, children and families, across the life course, from birth through adolescence and the childbearing years, with an emphasis on preconception, prenatal, interconception, and infant health.

The Nation's Maternal and Infant Health Crisis

The United States is facing an ongoing maternal and infant health crisis and in 2020 we are still among the most dangerous developed nations for a woman to give birth. Even though infant mortality rates are declining, two babies still die each hour, and approximately every 12 hours a woman dies due to pregnancy-related complications.[1]

An estimated 700 women die from complications related to pregnancy each year.[2] More than 50,000 other women experience life-threatening complications due to labor and delivery.[3] The threat of maternal mortality and morbidity is especially acute for women of color. Significant racial and ethnic disparities exist in maternal health care. Non-Hispanic Black women and American Indians/Alaskan Native (AI/AN) women have higher rates of maternal mortality (3 and 2.5 times, respectively) as compared with non-Hispanic white women.[4]

In 2019, the nation's preterm birth rate rose for the fifth year in a row.[5] The preterm rate rose to 10.2% of births in 2019, whereas in 2018, the preterm birth rate was 10.0%. Additionally, preterm birth rates remain much higher for Black, American Indian/Alaskan Native and Hispanic women where the rate among Black women is 50% higher than the rate among all other women.[6] Preterm birth is the second leading contributor to infant death, which can lead to long-term health and development disabilities for babies.

That is why March of Dimes calls for Blanket Change to prioritize our nation's moms and babies and to take immediate action to improve their health. Through the Blanket Change campaign, March of Dimes outlines three areas of key opportunities to better serve moms and babies: equity, access, and prevention.[7] The U.S. must work towards eliminating racial and ethnic health disparities in maternity care and improve on the many social determinants of health that impact birth outcomes such as housing, nutrition, transportation, and environmental factors. Additionally, the U.S. must work on improving the unequal access to health care, as seven million women of childbearing age live in places

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with either limited access to maternity care or some without access to care at all.[8] Finally, the need for data is crucial so it is important to expand research and data collection on maternal mortality and morbidity.

Question 1: What do you see as core, critical activities of MCHB? What is most important to continue into the future? Are there things not being done that should be? Question 2: MCHB has responsibility for a wide range of programs and initiatives. How could MCHB help its programs be more effective and successful? Do you see specific untapped opportunities related to one or more programs, populations, or areas of focus?

March of Dimes would like to highlight seven programs we believe are core, critical activities that align with our organization's mission to promote the best health outcomes for all moms and babies. Additionally, we have combined answering question one and two together to highlight how the programs can be more effective and successful.

Title V Maternal and Child Health Block Grant Program

March of Dimes supports the efforts of the Title V Maternal and Child Health Block Program (Title V), and recognizes that strong collaborative partnerships are required to safeguard the health of the nation's moms and babies. As one of the largest federal block grant programs, Title V is a critical program that supports and promotes improving the health and well-being of families, moms, and their babies[9]. It also strongly aligns with our mission to ensure equity as central to enhance the health of all moms and babies, regardless of age, socioeconomic background, or demographics.

Title V is a key example of the importance of federal and state partnerships that work in conjunction to provide support for services that address the ongoing maternal and infant health crisis. It provides a number of support programs for the nation's families that can address maternal and child health, including support for care for women during the prenatal, partum, and postpartum cycle, immunization for all children, and vital access to care for all moms and their children, among other key service support systems.[10] In 2018, the $6 billion federal-state partnership investment resulted in 86% of pregnant women and 99% of infants in the U.S. directly benefitting from a Title V-supported program.[11]

It is crucial that MCHB continues to prioritize its current domains to address women and maternal health, and perinatal and infant health as important priorities to ensure access to care. Among the fifteen National Performance Measures (NPMs), March of Dimes strongly supports that MCHB reports on NPM 1: Well-Woman Visit, NPM 2: Low-Risk Cesarean Delivery , NPM 3: Risk-Appropriate Perinatal Care, and NPM 4: Breastfeeding indicators as key priority, evidence-based assessments across the nation. Even though states selected a minimum of five NPM focus areas, MCHB should encourage states to choose additional focus areas, especially highlighting the first four, to continue to identify gaps in maternal and infant health.

Heritable Disorders and Newborn Hearing Screenings

Each year, tens of thousands of the 4 million infants born in the nation have health conditions that are not apparent at birth, but can cause serious health problems or even death if not treated early.[12] Yearly,

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these babies receive timely, life-saving or life-altering care because of newborn screening, which has saved or improved the lives of these infants since it began years ago.

When testing takes longer, infants may develop lifelong disabilities or even die. We have championed congressional passage of the Newborn Screening Saves Lives Act, a landmark bill that represents the federal government's commitment to newborn screening. We recognize newborn screening is a state-specific public health activity, and that hospital protocols and lab requirements are not standard across state boundaries. To improve these programs, we recommend MCHB address a number of barriers, including awareness and education of the importance of timely screening, proposed hospital protocols across municipalities, recommended guidelines for the transport of specimens in batches containing multiple days of samples and resources to address lab workforce support, coverage, and follow-up procedures.

The Heritable Disorders Program provides assistance to states to improve and expand their newborn screening programs and promote parent and provider education. One key activity we want to highlight is MCHB's support of the Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC). The ACHDNC provides guidance to the Secretary of the Department of Health and Human Services on ways to improve the nation's newborn screening system to save more lives, and its guidance includes reviewing nominations of the list of conditions the federal government recommends every state screen for, known as the RUSP.[13]

March of Dimes strongly supports the screening of heritable disorders and newborn hearing. We advocate for uniform state condition additions as recommended by the ACHDNC, which also supports the funding of state laboratories, short and long-term follow-up support, and improved timeliness efforts to screen newborns.

The Maternal, Infant and Early Childhood Home Visiting Program

The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program supports evidence-based models of home visiting programs in states and gives at-risk pregnant women and families necessary resources and skills to raise children who are ready to succeed physically, socially, and are emotionally healthy.[14] MIECHV provides funds for families who participate in local home visiting programs to receive help from health, social service and child development professionals to support preventive health and prenatal practices, assist mothers on how best to breastfeed and care for their babies, and assists parents to understand child development milestones.[15]

March of Dimes has a long history of supporting the evidence-based home visiting services provided by MIECHV. In our advocacy, we have been supportive of congressional and state efforts to fund the program, most recently supporting H.R. 4768, Home Visiting to Reduce Maternal Mortality and Morbidity Act, which would double MIECHV's funding as a continued investment in evidence-based home visiting models that address social determinants of maternal health and morbidity.[16] This increase in funding will allow MIECHV's evidence-based programs to reach more families. Currently, the program is only able to serve approximately 150,000 of the 18 million families that could benefit from home visiting.

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March of Dimes recommends that MCHB prioritize efforts to expand on the reach of MIECHV as part of its strategic plan so that it can continue to meet the needs of the most vulnerable, and remains flexible in its services for families. We support the program providing additional resources for families who are continuing to experience the effects of the pandemic, including using funds for training additional home visitors, and allowing virtual visits to continue into 2021, or until the end of the public health emergency.

Healthy Start

For nearly 30 years, the Healthy Start Program has provided services to promote healthy pregnancies and strong infants in the nation's most challenged communities. Due in part to the success of the program, the U.S. infant mortality rate dropped to an all-time low in 2017.[17] The racial gap in infant mortality rates is narrowing, as well.

Despite that progress, however, there is still much more to be done. Infant mortality is higher in the U.S. than in comparable countries, our rate of infant deaths has declined more slowly than in peer countries, and significant racial disparities in birth outcomes persist.[18] Non-Hispanic black infants are more likely to be born preterm and more likely to die before their first birthday than non-Hispanic white infants.[19] Poverty also continues to have a significant impact on birth outcomes.

The U.S. should be the world's leader on maternal and infant health. In order to do so, we must invest in programs to improve birth outcomes for our most at-risk populations. The Healthy Start Program has a 30-year record of accomplishment of providing culturally appropriate and effective services to communities with the highest infant mortality rates. March of Dimes strongly supports the reauthorization the Healthy Start Program, and has urged congressional passage. We recommend MCHB encourage all grantee organizations provide and coordinate culturally appropriate care for the whole family, and provide pre-and postnatal care, maternal depression screening, parenting support, and health education.

Alliance for Innovation on Maternal Health (AIM)

March of Dimes strongly supports the efforts of the Alliance for Innovation on Maternal Health (AIM). A national data-driven maternal safety and quality improvement initiative, AIM uses proven safety and quality implementation strategies to work to reduce preventable mortality and severe morbidity across the nation.[20] AIM works through state and community-based teams to align national, state, and hospital level quality improvement to improve maternal health outcomes, and allows for hospital, provider, and healthcare communities to collaborate and engage, and is able to do so through a MCHB-funded cooperative agreement.[21]

March of Dimes strongly supports the efforts of AIM programs in conjunction with other interventions to reduce instances of maternal mortality and morbidity. We recommend continued support to vulnerable individuals—especially those in the Medicaid population— so they receive services to support patient safety. To further improve this core program, March of Dimes recommends MCHB consider ensuring partnerships with state Medicaid programs utilize technical assistance support by the Centers for Medicare and Medicaid Services as a part of the Medicaid Innovation Accelerator Program (IAP) to address maternal morbidity. The goal of IAP is to strengthen partnerships while developing data

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to support reduction of maternal mortality and severe maternal mortality in the Medicaid population, and supports AIM patient safety bundles focused on obstetric care.[22]

We recommend including the following evidence-based objectives to reduce maternal mortality through AIM programs: identifying gaps in care for Medicaid recipients, including access to care during the pregnancy cycle; data links between claims data and vital statistics; encouraging states to adopt AIM program safety bundles in birth facilities; and capacity building for data analysis that can contribute to the elimination of inequalities in health outcomes.

Screening and Treatment for Maternal Depression and Related Behavior Disorders Program (MDRBD)

Depression and anxiety can happen during pregnancy or anytime during the first year after the birth of a baby.[23] Research shows that up to one in seven pregnant women or new mothers experience some sort of maternity-related depression, yet only about 15 percent of those affected receive treatment.[24] Undiagnosed maternal mental health conditions can impact how an individual cares for themselves and their child and therefore pregnant and postpartum individuals need access to mental and behavior health services.[25] In order to respond to this unmet need, March of Dimes has advocated for additional funding for grants that specifically work on maternal depression screening and treatment.

MCHB should continue to increase statewide or regional access to these screenings for pregnant and postpartum individuals. March of Dimes recommends expanding the maternal depression screenings in telehealth access programs up to ten states as the public health emergency has increased the use of telehealth. These efforts should include targeted workforce training on perinatal depression so that obstetric care providers are prepared not only with screening the patients but to initiate medical therapy and/or refer patients to appropriate behavioral health resources.

Question 3: Thinking about equity, how can MCHB support efforts to eliminate disparities and unequal treatment based on race, income, disability, sex, gender, and geography? How might MCHB guidance, funding opportunities, or partnerships play a role?

Despite large investments in maternity care services, perinatal health outcomes in the U.S. are among the worse compared to other industrialized countries, with documented perinatal health disparities disproportionately affecting racial and ethnic minorities. As noted above, racial inequalities in maternal health, specifically maternal mortality and morbidity are staggering, with Black women experiencing mortality rates three times that of white women, according to the Centers for Disease Control and Preventions (CDC). Black women are three times as likely to die from pregnancy or childbirth-related complications.[26] Maternal mortality is also significantly higher in rural areas, where obstetrical providers may not be available,[27] and delivery in rural hospitals is associated with higher rates of postpartum hemorrhages.[28]

In October 2020, March of Dimes released its report *Nowhere to Go: Maternity Care Deserts Across the U.S.* showing that 5 million women live in "maternity care desserts" which are communities without a hospital offering obstetric services or providers. [29] MCHB can provide leadership by supporting efforts to eliminate disparities and unequal treatment based on race, income, disability, sex, gender and

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geography guidance, funding opportunities and community based partnerships. The following programs and interventions have a growing evidence base demonstrating positive impact in maternal health care.

Implicit Bias Training for Maternal Care Providers

March of Dimes strongly supports implicit bias training for healthcare professionals providing maternal care. Implicit bias refers to the unconscious attitudes and beliefs that influence understanding, decisions and behaviors towards people based on certain characteristics, such as race, gender, ethnicity, religion, and sexuality. Although every person across society has unconscious bias, unchecked negative biases and stereotypes can foster misplaced narratives about a patient's background or a group of patients, and contribute to poor decision-making. Knowledge and behavior change are the first steps to ensuring better patient-provider communication and improving the quality of care, which can help narrow gaps in maternal and infant outcomes. A recent study showed nearly half of all providers practicing in obstetrics and gynecology admit to having some bias.[30] Implicit bias trainings for healthcare providers could work to mitigate adverse health experiences across every care delivery setting to create and sustain a culture of equity within health care institutions and improve birth outcomes. March of Dimes recommends that MCHB include implicit bias training as part of the MCH training programs to ensure that medical and allied health professionals are able to implement these practices when providing maternal and infant care.

Doula Care Services

As non-clinical professionals who provide physical, emotional and informational support to mothers before, during and after childbirth, doulas also provide continuous labor support.[31] A 2017 Cochrane review of 26 trials of continuous labor support and doula care involving over 15,000 women in 17 different countries in high and middle-income settings found improved outcomes for women and infants including: "increased spontaneous vaginal birth, shorter duration of labor, and decreased caesarean birth, instrumental vaginal birth, use of any 4 analgesia, use of regional analgesia, low five-minute Apgar score and negative feelings about childbirth experiences, and…no evidence of harms of continuous labor support."[32] Increasing access to doula care, especially in under-resourced and/or rural communities may improve birth outcomes; improve the experience of care, and lower costs by reducing non-beneficial and unwanted medical interventions. Studies suggest doula access can decrease maternal anxiety and depression and help improve communication between low-income, racially and ethnically diverse pregnant women and their healthcare providers. March of Dimes supports Medicaid and other payers providing coverage for doulas services as one tool to help improve birth outcomes and reduce the higher rates of maternal morbidity and mortality among women of color in the United States. Additionally, we support efforts where MCHB can play leading role to strengthen and increase diverse workforce investment in doula education, training, and capacity building to provide integrated roles in the healthcare delivery systems.

Promote integration of Midwifery and Midwifery-Lead Care Services

Certified nurse midwives (CNMs), certified midwives (CMs) or midwives whose education and licensure meets the International Confederation of Midwives (ICM) Global Standards for Midwifery Education all

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provide a full range of primary health care services for women, including gynecologic and family planning services; preconception care; and care during pregnancy, childbirth and the postpartum period.[33] Midwifery model of care has been documented in the literature as a cost-effective strategy to improve the quality and safety of maternity care in the U.S. and abroad.[34] Midwives serve women of all socio-economic, race and ethnic backgrounds and practice in both hospital-based and out of hospital settings, with only 1.5% of all U.S. births occurring out of the hospital in 2014 and only 8.8% of all U.S. births were attended by CNM's in 2016.[35] Midwifery-lead freestanding birth centers (FSBC) have emerged as an underutilized model for safe and cost-effective care of women with low-risk pregnancies. Approximately 85% of all U.S. pregnancies are considered low-risk, meanwhile only 0.5% of all U.S. births occur in a FSBC. Midwifery-lead birth center care could improve the experience and outcome of maternity care among publically insured women of color.[36]

Recently there has been a steady increase in midwifery care utilization, however, there are challenges such as; great variability in federal and state regulation, licensing, insurance coverage, reimbursement, consumer awareness and demand, and availability of midwifery care within and across different states. March of Dimes supports efforts to increase the support of training, education and workforce development of midwives of color and diversity with individuals who represent the lived and cultural experiences of the patients they serve to reduce disparities and improve maternal and infant outcomes. March of Dimes recommends that the MCHB develop programs to expand the use of midwifery care and allow them to practice to the full extent of their certification.

Question 4: Thinking about trends in emerging science, public health, health care, workforce, and technology, what do you see as key opportunities for MCHB?

Telehealth Services

The pandemic has shown that telehealth is critical to our nation's health care delivery system. Unfortunately, our systems are not adequately equipped to facilitate remote treatment, particularly for pregnant women covered by Medicaid. A woman's ability to receive prenatal care, postpartum services, and remote monitoring via telehealth during the COVID-19 pandemic varies significantly between states.[37] Therefore, it is important that the MCHB continues to maximize investments in telehealth services as a growing body of evidence suggests telehealth is an effective method to deliver care for both low and high-risk pregnancies.[38]

One way to maximum investments in telehealth services is continuing to implement HRSA's Rural Maternity and Obstetrics Management Strategies Program (RMOMs). These existing grant programs help rural communities develop, implement, and test models to improve access to quality prenatal and postpartum care. As there are more than 7 million women of childbearing age who live in counties without access or with limited access to maternity care, the growth of using telehealth is crucial and should be incorporated into many aspects of women's health care.[39]

Prevention through Vaccination Efforts

The public health pandemic has impacted routine preventive and nonemergency care, which included well-child appointments. A study published by the CDC in its Morbidity and Mortality Weekly Report

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highlighted the decline in orders of regular childhood vaccines from January through April 2020.[40] The decline in routine pediatric vaccine ordering and doses indicates that children and the communities they live in face increased risks for outbreaks of vaccine-preventable disease.[41] A key opportunity for MCHB is to continue a public health approach around the importance of staying on track with immunization schedules to sustain high immunization coverage levels.

Maternal Mental Health Care

Maternal mental health conditions are the most common complications of pregnancy and childbirth and the pandemic has increased the likelihood of maternal depression and anxiety, therefore there is a need for heightened assessment and treatment of maternal mental health. [42] [43] Pregnant and postpartum individuals are facing unique challenges during the pandemic as the CDC has reported that pregnant individuals are more likely to have worse COVID-19 symptoms. [44] Pregnant individuals are not receiving as much social support during a crucial time due to social distancing and there is a heightened stress due to reduce access to health care visits. [45] This is a key opportunity for MCHB to continue incorporating depression and maternal stress screenings into well-woman visits, prenatal appointments, well-child visits, and during postpartum check-ups. Additionally, it is imperative to collect more data on women who are impacted by postpartum depression to support research and treatment initiatives for mothers suffering from maternal mental health disorders.

Conclusion

Once again, March of Dimes appreciates the opportunity to offer comments on the MCHB RFI to inform its strategic plan and we look forward to partnering together to improve the health of all women and infants. If we can provide further information or otherwise be of assistance, please contact Erin Jones, Director, Legislative and Strategic Counsel at ejones2@marchofdimes.org.

Sincerely,

Ariel Gonzalez
Senior Vice President, Public Policy and Government Affairs

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