



**Statement for the Record Submitted by
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**Markup of
The House Subcommittee on Health of the Committee of Energy and
Commerce**

**U.S. House of Representatives
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March of Dimes began our fight for moms and babies more than 80 years ago as an organization dedicated to eradicating polio in the U.S., a goal that we achieved. We continue that fight today as we work to address some of the biggest threats to moms and babies, such as premature birth and maternal mortality, through research, education, programs and advocacy.

March of Dimes' ongoing work to improve maternal and infant health is more important than ever as our nation is in the midst of a dire maternal and infant health crisis. Rates of preterm birth are increasing; the U.S. is one of the most dangerous places to give birth in the developed world; and stillbirth rates continue to unacceptably grow in the U.S.

March of Dimes strongly endorses the SHINE for Autumn Act (H.R. 5012) and the Maternal and Child Health Stillbirth Prevention Act (H.R. 4581), and looks forward to the passage and signing of this impactful legislation this Congress.

OUR NATION IS IN THE MIDST OF A MATERNAL AND INFANT HEALTH CRISIS

Nearly every measure of the health of pregnant women, new mothers, and infants living in the U.S. is going in the wrong direction. In many communities, infant mortality rates exceed those in developing nations.ⁱ Approximately every 12 hours, a woman dies due to pregnancy-related complications.ⁱⁱ

Each year, about 700 women die from complications related to pregnancy.ⁱⁱⁱ For every maternal death, another 70 women suffer life-threatening health challenges. That's over 50,000 women each year.^{iv} While other countries have reduced their maternal mortality rates since the 1990s, the U.S. maternal mortality rate continues to rise.^v

Nationwide, five percent of counties have less maternity access than just two years ago. These areas of combined low or no access affect up to 6.9 million women and almost 500,000 births in the U.S. In maternity care deserts alone—approximately 2.2 million women of childbearing age and almost 150,000 babies are affected. Maternity care deserts are counties where there is a lack of maternity care resources, where there are no hospitals or birth centers offering obstetric care and no obstetric providers. The 2022 report describes a two percent increase in counties that are maternity care deserts since the 2020 report. That is 1,119 counties and an additional 15,933 women with no maternity care.^{vi}

Since 2008, March of Dimes began releasing our Report Card, one thing that has remained constant: an alarmingly high preterm birth rate. In 2022, over 380,000 babies were born preterm—10.4% of all births—earning our nation a D+ for the second year in a row.

Stillbirth is a pregnancy loss of a baby at or after 20 weeks of pregnancy. Stillbirth impacts 1 in 160 births, and each year 21,000 babies are stillborn in the United States.^{vii} Unfortunately, a minimum of 25% of stillbirths are preventable with the implementation of adequate prevention and education efforts. That is at least 5,250 children who are lost and families who come home to an empty nursery.

H.R. 5012, "Stillbirth Health Improvement and Education for Autumn Act of 2023" or SHINE for Autumn Act and H.R. 4581, "Maternal and Child Health Stillbirth Prevention Act of 2023"

Despite medical innovations, stillbirth rates are getting worse. Stillbirth occurs in all races, ethnicities, income levels, and to women of all ages – leaving no pregnancy immune. However, there are longstanding and persistent racial, ethnic, age, and educational disparities. For example, nearly all races have higher rates than whites but Blacks and Native Americans have about twice the rate of stillbirth of other groups.^{viii}

Stillbirth has serious physical and psycho-social consequences on parents and families. Women suffer from serious forms of anxiety, depression, loss of self-esteem and guilt, sometimes aggravated by the insensitive health system, as well as strained marital relationship and financial burdens. Depression alone is two to four times more common in women who have experienced a stillbirth than women who had given birth to a liveborn infant. The physical impacts are also significant with women more likely to die during stillbirth and having a morbidity rate four times higher than live birth.^{ix}

Due to information provided through vital records having significant issues with quality control, this significantly impacts the ability of researchers to better understand stillbirth rates and the later creation of effective, targeted programs to educate and prevent stillbirth. To provide some scope of this problem, one review of 27 studies found that a fetal autopsy revealed a change in diagnosis or additional findings in 22% to 76% of cases.^x

Despite these numbers, stillbirth has not been afforded the same attention as other critical areas of public health. This bill will take critical steps to invest in research and data collection to better understand stillbirth in the U.S., with the goal of lowering the stillbirth rate. Additionally, it will provide critical resources to the CDC, NIH, and local state departments of health to improve stillbirth data collection and increase education and awareness around the issue of stillbirth. It is the beginning of a longer-term solution towards the prevention and reduction of incidences of stillbirth. We must also ensure that states and organizations trying to add families are able to legally stand-up crucial programs to ensure safe and healthy pregnancies, and care if a stillbirth occurs.

Without a strong foundation, we cannot build impactful and lifesaving programs to prevent stillbirth and educate both practitioners and families. These bills will allow us to better track and research stillbirths and who is impacted and the role disparities have in negatively impacting infant and parental health, and then use that information to positively impact the growing rates of stillbirth among families.

CONCLUSION

March of Dimes thanks the Subcommittee for focusing attention on one of the nation's most important public health challenges. Our nation must invest in new policies to prevent stillbirth and educate expecting families. With your help, we can make strides to prevent pregnancy loss, preterm birth, end preventable maternal deaths, and improve the health of children through better prevention. March of Dimes stands ready to work with you to achieve that change and hopes that 2024 will be the year we take these important steps toward ending this crisis harming so many of unborn children and their families through the passage of the SHINE for Autumn Act (H.R. 5012) and the Maternal and Child Health Stillbirth Prevention Act (H.R. 4581).

ⁱ Ingraham, C. Our infant mortality rate is a national embarrassment. *Washington Post*. September 29, 2014. Available at <https://www.washingtonpost.com/news/wonk/wp/2014/09/29/our-infant-mortality-rate-is-a-national-embarrassment/>

ⁱⁱ March of Dimes. Nowhere to Go: Maternity Care Deserts Across the U.S. October 2018. Available at: https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf.

ⁱⁱⁱ Centers for Disease Control and Prevention. Maternal Mortality. September 4, 2019. Available at: <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html>.

^{iv} Ibid.

^v Centers for Disease Control and Prevention. Severe Maternal Morbidity in the United States. November 27, 2017. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>.

^{vi} Nowhere to go: (n.d.). https://www.marchofdimes.org/sites/default/files/2022-10/2022_Maternity_Care_Report.pdf

^{vii} Centers for Disease Control and Prevention. (2022b, October 4). Stillbirth data and statistics. Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/stillbirth/data.html>

^{viii} Ibid

^{ix} Ibid

^x [Http://journals.sagepub.com/doi/abs/10.1177/0887302x07303626](http://journals.sagepub.com/doi/abs/10.1177/0887302x07303626) | ... (n.d.-a).
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