

United States Senate

WASHINGTON, DC 20510

June 21, 2018

The Honorable Gene Dodaro
Comptroller General of the United States
Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Mr. Dodaro:

We write to request that the U.S. Government Accountability Office (GAO) review the ways in which states are utilizing federal funds to address deaths caused by or related to pregnancy, including racial disparities in maternal mortality. Our country has one of the highest maternal mortality rates in the developed world, and it's even higher for women of color. Families across the country deserve to know what is being done to address this urgent crisis and help keep mothers and their children healthy.

The Centers for Disease Control and Prevention (CDC) defines maternal mortality as “the death of a woman while pregnant or within one year of the end of a pregnancy—regardless of the outcome, duration or site of the pregnancy—from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.” The CDC estimates that about 700 women die from childbirth or pregnancy-related complications in the U.S. each year, and Non-Hispanic black women experience a maternal mortality rate that is three to four times higher than that of non-Hispanic white women. This disparity is also reflected across most of the maternal morbidity outcomes for which CDC has data. The most common causes of maternal mortality are cardiovascular diseases, infection or sepsis, hemorrhage, cardiomyopathy, thrombotic pulmonary or amniotic fluid embolism, hypertensive disorders of pregnancy, or cerebrovascular accidents, most of which are preventable and treatable.¹ When controlling for racial differences in prevalence of these diseases, the disparities in maternal mortality and morbidity still remain.²

The Department of Health and Human Services (HHS) oversees programs that work with state, local, and tribal communities in a variety of ways to collect data on and address maternal mortality. For example, the Title V Maternal and Child Health (MCH) Services Block Grant is the oldest federal-state partnership program and is intended to promote and improve the health

¹ <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>;
<http://reviewtoaction.org/sites/default/files/national-portal-material/Report%20from%20Nine%20MMRCs%20final%20edit.pdf>

² <https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html>;
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3701153/>

and well-being of low-income mothers, children, and their families. Under this partnership, states and jurisdictions utilize federal and nonfederal funds to provide health care services to pregnant women and mothers. HHS also provides federal funding for states to develop, implement, and expand evidence-based home visiting services that have been proven to improve maternal and child health outcomes.³

The majority of states employ a maternal mortality review (MMR) committee to understand why maternal mortality in the United States is increasing and to prioritize interventions to promote maternal health; over 30 states currently maintain some form of an MMR committee. Of those states, 25 utilize a free data system developed by CDC and other partners, the Maternal Mortality Review Information Application (MMRIA), that allows various MMR communities to take action through a standardized data system.⁴ In addition to MMR committees, a number of states use quality care collaboratives to assist in putting maternal health recommendations into practice. These collaboratives are groups of state stakeholders that share specific issues regarding maternal morbidity and mortality in hospital systems or communities and offer evidence as to why a new clinical standard should be implemented by the state's health governing body.⁵

We are interested in examining how states are coordinating federal investments in maternal health with state-based efforts to combat maternal mortality. We therefore ask that GAO assess the following questions:

1. What additional requirements and programmatic controls can the Department and relevant agencies employ to ensure that these investments are being utilized to improve maternal health?
2. To what extent do awardees, including those receiving funds from the MCH Services Block Grant, coordinate with other federally-initiated programs that utilize cooperative agreements for private entities, such as the Alliance for Innovation on Maternal Health, to help meet block grant goals?
3. How do states and jurisdictions leverage the federal funding they receive to address maternal mortality and maternal health more broadly with other efforts at the state and local levels to decrease rates of maternal death?
4. What resources, if any, are available to but underutilized by states that could be used to decrease the number of deaths caused by or related to pregnancy?
5. To what extent are entities working to address maternal mortality considering racial disparities in maternal mortality in their efforts to prevent deaths caused by or related to pregnancy?

³ <https://www.americanprogress.org/issues/early-childhood/reports/2017/09/12/438414/home-visiting-programs-vital-maternal-infant-health/>

⁴ <http://www.reviewtoaction.org/learn/fast-facts>

⁵ <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html>;
<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pdf/perinatal-quality-collaborative-success-story-california-2015.pdf>

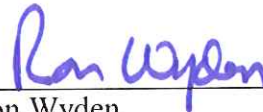
From this study, we hope to gain a complete understanding of which existing policies and practices may be beneficial in decreasing overall rates of maternal mortality, and as appropriate, to identify areas that may require improvement through increased intervention or oversight.

Thank you for your consideration and attention to this request.

Sincerely,



Patty Murray
United States Senator



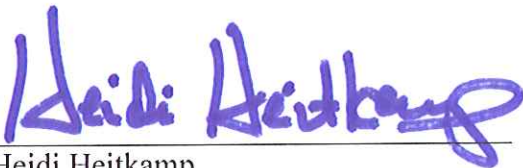
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United States Senator



Thomas R. Carper
United States Senator



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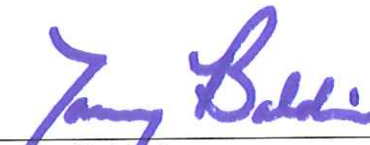
Heidi Heitkamp
United States Senator



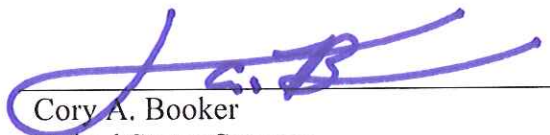
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United States Senator



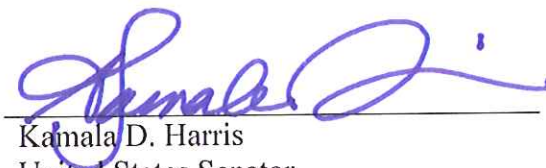
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