

Advocating for Communities: Addressing the Maternal Mortality Crisis

Maternal mortality is an issue that, tragically, touches every community. The [most recent data](#) from the Centers for Disease Control and Prevention (CDC) reported 32.9 deaths per 100,000 births in the U.S. in 2021, up by 9 points from the year prior, giving the United States one of the [highest maternal mortality rates](#) among other industrialized nations. This number is roughly 3 times higher among non-Hispanic Black women, with 69.9 deaths per 100,000 in 2021 according to the CDC and is also around 2 times higher for women in rural areas, with 66.9 deaths per 100,000 in 2019. The [leading underlying causes](#) of pregnancy-related death include hemorrhage, infection or sepsis, mental health conditions, and cardiovascular/cardiopulmonary conditions. On review of [Maternal Mortality Review Committee data from 2017-2019](#), the CDC concluded that more than 80% of pregnancy-related deaths were preventable.

Enhancing Collection and Dissemination of Maternal Health Data

The CDC has made 46 awards, supporting 44 states and two US territories for the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program. This funding directly supports agencies and organizations that coordinate and manage Maternal Mortality Review Committees ([MMRCs](#)) to identify, review, and characterize pregnancy-related deaths; and identify prevention opportunities. The Preventing Maternal Deaths Act was passed by Congress and became law in 2018. This legislation amended the Public Health Service Act to authorize funding for programs that support state and local surveillance of maternal mortality, MMRCs, through FY2023. The bipartisan Preventing Maternal Deaths Reauthorization Act of 2023, [H.R. 3838/S. 2415](#), continues this crucial federal support for state-based maternal health efforts, including MMRCs. Specifically, this bill reauthorizes funding through FY2028, modifies federal support for state-based efforts to improve MMRCs to enhance surveillance of pregnancy-associated and -related deaths and reduce disparities in maternal health outcomes. This bill also requires the CDC to annually disseminate best practices for preventing maternal mortality and morbidity to hospitals, professional societies, and perinatal quality collaboratives.

Urge your Member of Congress to provide funding to collect valuable information and develop solutions to address the rising maternal mortality crisis by cosponsoring H.R. 3838/S. 2415.

Improve Access and Coverage of Remote Physiologic Monitoring Devices in Pregnancy

Remote physiologic monitoring involves the collection and analysis of patient physiologic data that is used to develop and manage a treatment plan related to a chronic and/or acute health condition. It allows patients to be closely monitored from the comfort of their homes and for physicians to track patients' physiologic parameters and implement changes to treatment plans as appropriate. Examples of remote physiologic monitoring include self-measured blood pressure (SMBP) devices and blood glucose monitors. The use of remote monitoring devices is becoming more and more prevalent. In fact, the American Heart Association recommends [home blood pressure monitoring](#) for all patients with hypertension.

Hypertensive disorders in pregnancy, such as pre-eclampsia and eclampsia, account for [two to eight percent](#) of all pregnancy-related complications. In fact, hypertensive disorders of pregnancy are the [leading causes](#) of pregnancy-related death in the U.S. Early diagnosis and prompt management is essential to preventing associated morbidity and mortality.

While [SM BP monitoring](#) is known to improve hypertension control, [Medicaid coverage is insufficient](#) in many states, creating a barrier to access for patients. Medicaid pays for [roughly half of all births](#) in the U.S and plays a critical role in the provision of maternity-related services. Moreover, Medicaid covers the overwhelming majority of births among American Indian or Alaska Native, non-Hispanic Black, and Hispanic or Latina women, as well as women living in rural areas of the country.

Expanding Medicaid coverage of remote physiologic monitoring devices will make these management options more widely available and subsequently improve maternal and infant health outcomes. This is exactly what the Connected Maternal Online Monitoring (Connected MOM) Act, [S. 712](#), aims to accomplish. Specifically, this bill requires the Centers for Medicare & Medicaid Services to provide resources for states and report on coverage of remote physiologic devices and related services under Medicaid to improve maternal and infant health outcomes for pregnant and postpartum patients.

Urge your Senators to take action to increase access to remote physiologic monitoring devices for pregnant patients by cosponsoring the bipartisan Connected MOM Act (S. 712) and implore your Representative to either introduce a companion bill or push leadership to advance similar legislation in the House of Representatives.