On behalf of SMFM, I am pleased to submit testimony in support of the important work related to optimizing the health of birthing people and infants being conducted at HHS for FY 2022. SMFM urges Congress to ensure that the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and Agency for Healthcare Research and Quality (AHRQ) are adequately funded in FY 2022. Specifically, SMFM urges the Committee to provide at least the following in base program level funding:

- $46.1 billion for the NIH, with $1.7 billion of that funding to support the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD);
- $10 billion for the CDC, including $89 million for the Safe Motherhood Initiative, $100 million for the Surveillance for Emerging Threats to Moms and Babies initiative, and $200 million for the National Center for Health Statistics (NCHS);
- $9.2 billion for the HRSA, including $822.7 million for the Title V Maternal and Child Health Services Block Grant; and
- $500 million for AHRQ.

Established in 1977, SMFM is the national voice for clinicians and researchers with expertise in high-risk pregnancies. A non-profit association representing more than 5,000 individuals, the core of SMFM’s membership is comprised of maternal-fetal medicine (MFM) subspecialists. MFM subspecialists are obstetricians with an additional three years of formal education and who are board certified in MFM making them highly qualified experts and leaders in the care of complicated pregnancies. Additionally, SMFM welcomes physicians in related disciplines, nurses, genetic counselors, ultrasound technicians, MFM administrators, and other individuals working toward optimizing the care of people with high-risk pregnancies. SMFM members see the most at-risk and complex patients, with the goal of optimizing outcomes for pregnant people and their children.

**NIH/NICHD**

The NICHD’s investment in maternal and child health outcomes is essential to understanding and combatting the rising maternal mortality and severe morbidity rates and to optimizing maternal and child health.

**Task Force Specific to Pregnant Women and Lactating Women (PRGLAC):** SMFM urges Congress to continue its strong support for NIH’s efforts to advance the inclusion of pregnant and lactating people in clinical trials and research, specifically by taking necessary steps to implement the recommendations of the PRGLAC Task Force, which was convened by NICHD. PRGLAC submitted its report to the Secretary in the fall of 2018 with 15 recommendations on
including pregnant and breastfeeding people in clinical trials and broad research initiatives, and the Task Force further outlined how to implement those recommendations in a follow-up report submitted to the Secretary of Health and Human Services in 2020. In that implementation report, the PRGLAC Task Force described the need to convene an expert panel to develop a framework for addressing medicolegal and liability issues when planning or conducting research specific to pregnant people and lactating people. SMFM requests $1.5 million for NICHD to contract with the National Academies of Sciences, Engineering, and Medicine to convene a panel tasked with developing that framework (language below).

The COVID-19 pandemic again emphasized the importance of including pregnant and lactating people in clinical research. This population was largely excluded from clinical trials for treatments and vaccines, leaving them and their health care providers without clear evidence on safety and efficacy to guide clinical decision-making. It is essential that Congress support broader inclusion of pregnant and lactating people in research, so that lifesaving interventions and treatments can be addressed for mother and their infants.

**NICHD Report Language**

*Liability Study.* – Pregnant and Lactating Individuals. The Committee includes $1,500,000 for NICHD to contract with NASEM to convene a panel with specific legal, ethical, regulatory, and policy expertise to develop a framework for addressing medicolegal and liability issues when planning or conducting research specific to pregnant people and lactating people. Specifically, this panel should include individuals with ethical and legal expertise in clinical trials and research; regulatory expertise; plaintiffs’ attorneys; pharmaceutical representatives with tort liability and research expertise; insurance industry representatives; federally funded researchers who work with pregnant and lactating women; representatives of institutional review boards (IRBs) and health policy experts.

**Maternal-Fetal Medicine Units Network (MFMU):** SMFM urges continued strong support of the MFMU and asks that Congress allocate $30 million to support the Network’s ongoing work. Established in 1986, MFMU pursues the development of treatments for medical complications during and after pregnancy, including maternal mortality and morbidity, preterm birth, low birth weight, fetal growth abnormalities, and fetal mortality. MFMU is a critical resource to stemming the nation’s growing maternal health crisis and addressing emerging threats to maternal and infant health. For instance, during the COVID-19 pandemic, the MFMU was able to quickly pivot resources to monitor the health impact of COVID-19 on pregnant people and their infants, as well as researching effective treatments for pregnant populations. We hope that the NICHD will ensure the MFMU’s continued success by maintaining its highly efficient structure of multicenter collaborative research. The MFMU has a strong history of changing and improving clinical practice and obstetric management, improving outcomes of pregnant people and babies in the United States, and is extremely successful. 25.6 percent of all publications from the network are cited in clinical practice guidelines. These guidelines are relied upon by Medicaid and Medicare programs to define evidence-based services covered under the plans. The work of the network is even more urgent given the recent increase in maternal mortality.
and severe morbidity in the United States. We urge Congress to ensure stable and sustained funding and infrastructure for the MFMU, and to ensure that any proposed change in the funding mechanism or structure for the MFMU not compromise the ability of the network to remain nimble and directly address the changing landscape of women’s health, including to reduce health disparities.

**Preterm birth**: Delivery before 37 weeks gestation is associated with increased risk of death in the immediate newborn period as well as in infancy and can cause long-term complications. Although the survival rate is improving, many preterm infants have life-long disabilities including cerebral palsy, intellectual disabilities, respiratory problems, and hearing and vision impairment. Preterm birth costs the United States $25.2 billion annually. Great strides are being made through NICHD-supported research to address the complex situations faced by mothers and their babies. One of the most successful approaches for testing research questions is the NICHD research networks, which allow researchers from across the country to collaborate and coordinate their work to change the way we think about pregnancy complications and to change medical practice across the country.

**CDC**
The CDC’s Division of Reproductive Health (DRH) and National Center for Birth Defects and Developmental Disabilities (NCBDDD) are doing important work related to pregnancy. Data collection efforts related to pregnancy outcomes, maternal mortality, and medications in pregnancy must continue.

For instance, CDC’s ongoing support for state-based perinatal quality collaboratives and new funding for state maternal mortality review committees (MMRCs) is essential to address the nation’s unacceptable maternal death rate. According to the NCHS, the maternal mortality rate in 2019 was 20.1 deaths per 100,000 live births, and racial disparities persisted with a maternal mortality rate of 44.0 per 100,000 live births among non-Hispanic black women compared to 17.9 among non-Hispanic white women. SMFM fully supports Congress’ attention to reducing maternal mortality through CDC’s Safe Motherhood Initiative, and we ask that you provide at least $89 million for this work. Of that, we ask Congress to allocate the full $43 million included in the President’s FY 2022 budget request to fund additional state MMRCs.

SMFM also urges Congress to allocate $100 million for the CDC’s *Surveillance for Emerging Threats to Moms and Babies* initiative housed at the NCBDDD. The state-level surveillance infrastructure supported by the initiative allows state public health departments to monitor health threats stemming from maternal exposures, including infectious diseases such as COVID-19.

**HRSA**
The work of HRSA is critical to maternal and child health. HRSA’s initiatives reduce infant mortality, improve maternal health and wellbeing, and serve more than 50 million people through the Maternal and Child Health (MCH) Block Grant. The funds provided through the MCH Block Grant increase access to comprehensive prenatal and postnatal care – especially for
patients who are most at risk for adverse health outcomes. The Title V MCH Block Grant programs save federal and state governments money by expanding the delivery of preventive services to avoid more costly chronic conditions later in life. Additionally, HRSA’s family planning initiatives ensure access to comprehensive family planning and preventive health services for more than 4 million people, thereby reducing unintended pregnancy rates. Finally, HRSA’s support for the Alliance for Innovation in Maternal Health Care (AIM) reduces maternal mortality through implementation of care bundles at the state and institutional level. These bundles help reduce maternal mortality through quality improvement in various areas including postpartum hemorrhage and hypertension. We encourage Congress to provide at least $822.7 million for this important program that will help improve maternal and infant health across the United States.

AHRQ
Projects conducted at AHRQ are critical to translate research from bench to bedside through comprehensive implementation in the everyday practice of medicine. AHRQ is the only federal agency that funds research on “real-life” patients — those with comorbidities and co-existing conditions, including high-risk pregnant people. The agency’s work is instrumental in collecting data; funding health services research; and, most importantly, disseminating findings to clinicians to improve maternal health care. Together, AHRQ’s intramural programs, such as the Healthcare Cost and Utilization Project (HCUP), Evidence-Based Practice Center Program and Safety Program in Perinatal Care, and extramural research are essential to reducing maternal deaths and adverse pregnancy outcomes. By providing at least $500 million to AHRQ in FY 2022, Congress will allow AHRQ to expand its maternal health portfolio, improving care for nearly 4 million pregnant patients each year.

CONCLUSION
The COVID-19 pandemic has further exposed existing inequities and gaps within our healthcare system for people across the country, including pregnant people. It is more important than ever to prioritize the needs of pregnant people and their infants in federal programs from research, to public health surveillance, to care. We urge HHS to prioritize and adequately fund maternal health efforts for that aim to reduce maternal mortality and severe morbidity during and after the pandemic.

With your support of vital HHS programs, obstetric researchers, clinicians, and patients can address the complex problems of pregnancy and truly improve the health and wellbeing of mothers and infants. Please direct any inquiries about this testimony to Rebecca Abbott, SMFM’s Director of Government Relations (rabbott@smfm.org, 405.642.9391).

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