March 20, 2023

The Honorable Bernie Sanders  
Chair  
Senate Committee on Health, Education, Labor & Pensions  
Washington, DC 20510

Dear Chair Sanders:

On behalf of the Society for Maternal-Fetal Medicine (SMFM), thank you for the opportunity to provide feedback on the drivers of health care workforce shortages and opportunities to provide better patient care by alleviating those shortages. While there is a well-documented dearth of clinicians and health care workers across the care continuum, this letter will focus on those workers critical to providing pregnancy and postpartum care, especially to individuals experiencing high-risk pregnancies.

SMFM, founded in 1977, is the medical professional society for maternal-fetal medicine (MFM) subspecialists, who are obstetricians with additional training in high-risk pregnancies. SMFM represents more than 5,500 members who care for high-risk pregnant people and provides education, promotes research, and engages in advocacy to advance optimal and equitable perinatal outcomes for all people who desire and experience pregnancy.

The United States continues to have unacceptably poor and inequitable maternal health outcomes. Our maternal death rate is higher than all other high-income countries, and the data is trending in the wrong direction.¹ This month, the Centers for Disease Control and Prevention released data showing that there was a 40 percent increase in U.S. maternal deaths in 2021, largely driven by COVID-19 complications.² Black and Indigenous pregnant people continue to experience worse outcomes than their white peers.³

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³ Ibid.
The causes of poor maternal health outcomes are multi-faceted and are often driven by factors outside the clinical setting. However, there are opportunities to improve maternal and infant health outcomes by ensuring pregnant individuals have access to quality care throughout the pregnancy and the postpartum period. Research suggests improved perinatal outcomes for at-risk pregnancies under the care of an MFM subspecialist. These outcomes include reduced preterm birth and perinatal mortality. In fact, the density of MFM physicians is inversely proportional to the maternal mortality rate.

Despite the opportunity to reduce maternal mortality and morbidity through MFM care, there is currently a shortage of MMFs, and those that are practicing are concentrated in urban areas. An study in 2010 identified 1,355 MFM subspecialists in the United States, with the highest number being in the most populous states. With support from SMFM, a recent study mapped the geographic distribution of MFM subspecialists across the U.S. and compared the patient to physician ratios in MFM compared to other specialties to identify underserved regions. Results demonstrated that although many states had more than 10 MFM clinicians, many MFM deserts existed in which residents would have to travel three to six hours to see a subspecialist (including majority of tribal land reservations, Wyoming, North and South Dakota, border cities in Texas, Western Colorado, and western borders of New England states). For some counties, the data demonstrated a shorter driving distance to an MFM provider in a neighboring state, posing barriers to care for people with state-funded insurance.

SMFM is currently collaborating with an internal working group of our Health Policy & Advocacy Committee to develop recommendations to address workforce challenges impacting high-risk pregnancy patients. SMFM has previously released policy recommendations focused on improving access to MFM services through telehealth. While telehealth is a critical tool in increasing access to MFM care, it is insufficient for high-risk pregnant patients who need in-person care. These recommendations will focus on:

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Growing the pipeline of MFM-trained clinicians,
- Supporting MFM fellowship programs in underserved areas,
- Incentivizing MFMs to expand clinical practice within maternity care deserts, and
- Increasing the number of clinicians and health care workers supporting MFMs that practice in underserved areas.

We look forward to sharing the results of our workgroup with you in the coming months. In the meantime, please don’t hesitate contact SMFM with any questions.

Sincerely,

[Signature]

Rebecca Abbott
Senior Director of Advocacy