

## Adams, Cassidy, Hinson, and Merkley Introduce Bipartisan Legislation to Address 'Silent' Stillbirth Crisis



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## Adams, Cassidy, Hinson, and Merkley Introduce Bipartisan Legislation to Address 'Silent' Stillbirth Crisis

Washington, DC – Today, Congresswomen Alma Adams (D-NC-12) and Ashley Hinson (R-IA-01) in the House and U. S. Senators Jeff Merkley (D-OR) and Bill Cassidy, M.D. (R-LA) announced the introduction of the *Maternal and Child Health Stillbirth Prevention Act of 2022*. The legislation was introduced in the United States House of Representatives today, with a companion bill being introduced in the Senate tomorrow.

[Text of the legislation is available here.](#)

“For too long, stillbirth has been a silent crisis, but 23,500 babies are stillborn every year. According to a recent study, nearly 1 in 4 stillbirths are potentially preventable, and the United States is trailing other countries in making progress,” **said Congresswoman Alma**

**Adams, co-founder and co-chair of the Black Maternal Health Caucus.** “That is why I am proud to introduce the bipartisan and bicameral **Maternal and Child Health Stillbirth Prevention Act of 2022** with Senators Merkley and Cassidy, as well as Representative Hinson. All available data suggests we can make progress, so our bill helps reverse this shocking trend of stillbirths and maternal mortality in the United States. The Maternal and Child Health Stillbirth Prevention Act will address this injustice so more babies experience a healthy birth and make it home with their families. These babies – and their mamas – can’t wait.”

“Ensuring women have access to maternal health care throughout pregnancy is critical and helps prevent stillbirths—the unexpected loss of a baby 20 or more weeks through pregnancy—and maternal mortality. This is particularly important in rural areas, where women may have to drive over an hour to their doctor’s office. Our bipartisan bill will help ensure expecting mothers and their babies receive the care they need,” **said Congresswoman Ashley Hinson.**

“Stillbirth upends the lives of individuals and families from all demographics across the United States—increasing the risk of maternal mortality and morbidity, and negatively impacting parental mental health and family well-being,” **said Senator Jeff Merkley.**

“Nearly 1 in 4 stillbirths are potentially preventable, and it is disturbing that the rate of stillbirth is considerably higher in Black, American Indian, and Alaska Native women. With the tremendous advances we’ve made in modern medicine, we should be doing everything we can to prevent Americans—regardless of zip code, income, or the color of their skin—from experiencing stillbirth. Yet recent reports and data clearly show that we are not living up to that promise in our nation, especially for those in marginalized communities. I look forward to working with Congresswoman Adams to advance this bill and make an urgent step forward for maternal and child health in America.”

“Every child in the womb is a life deserving of a future,” **said Dr. Cassidy.** “Increasing access to stillbirth prevention saves the lives of babies and mothers.”

“March of Dimes applauds Congresswoman Alma Adams (D-NC-12) for her leadership in sponsoring the Maternal and Child Health Stillbirth Prevention Act of 2022. Thousands of babies are stillborn in the United States every year. Stillbirth rates affect women of all ages and every demographic background. However, there are longstanding and persistent racial, ethnic, age, and educational disparities, especially among black mothers. In addition, stillbirth increases the risk of maternal mortality and morbidity and impacts the overall health and well-being of the whole family. This legislation would strengthen and enhance the Maternal and Child Health Services Block Grant, which provides critical support to women, mothers and infants. This important bill could save the lives of thousands of babies,” **said Stacey Brayboy, Senior Vice President, Public Policy and Government Affairs, March of Dimes.**

“This legislation is for the hundreds of thousands of expectant parents in this country who have lost a baby to stillbirth. It is a strong, bipartisan effort to acknowledge the silent crisis of stillbirth in this country and that we must do more to prevent preventable stillbirths

through awareness and funding. We are deeply grateful to Congresswoman Adams for championing this issue,” said **Emily Price, Executive Director of Healthy Birth Day, Inc.**

“The Maternal and Child Health Stillbirth Prevention Act is pivotal in bringing a voice to the thousands of families who have had a stillborn baby. It brings stillbirth out of the shadows and finally to a place where research and preventative measures will be considered and implemented so other families do not have to leave the hospital with empty arms like we did,” said **Healthy Birth Day, Inc. North Carolina Ambassador Heather Greene**, who lost her daughter Addison to stillbirth just eight days from her expected due date.

In addition to co-leads **Merkley** and **Cassidy**, original Senate cosponsors include **Senators Tammy Duckworth (D-IL)** and **Elizabeth Warren (D-MA)**.

In addition to co-leads **Adams** and **Hinson**, original House cosponsors include **Rep. Cindy Axne (IA-03)**, **Rep. Nanette Diaz Barragán (CA-44)**, **Rep. Karen Bass (CA-37)**, **Rep. Joyce Beatty (OH-03)**, **Rep. Ami Bera (CA-07)**, **Rep. Suzanne Bonamici (OR-01)**, **Rep. Anthony Brown (MD-04)**, **Rep. G. K. Butterfield (NC-01)**, **Rep. Kathy Castor (FL-14)**, **Rep. Yvette Clarke (NY-09)**, **Rep. Steve Cohen (TN-09)**, **Rep. Gerry Connolly (VA-11)**, **Rep. Danny K. Davis (IL-07)**, **Rep. Brian Fitzpatrick (PA-01)**, **Rep. Jaime Herrera Beutler (WA-03)**, **Rep. Carolyn Maloney (NY-12)**, **Rep. Donald McEachin (VA-04)**, **Rep. Gwen Moore (WI-04)**, **Rep. Seth Moulton (MA-06)**, **Rep. Eleanor Holmes Norton (DC-AL)**, **Rep. Mark Pocan (WI-02)**, **Rep. Deborah Ross (NC-02)**, **Rep. Mary Gay Scanlon (PA-05)**, **Rep. Terri A. Sewell (AL-07)**, **Rep. Thomas Suozzi (NY-03)**, **Rep. Eric Swalwell (CA-15)**, **Rep. Paul Tonko (NY-20)**, **Rep. Lauren Underwood (IL-14)**, **Rep. Bonnie Watson Coleman (NJ-12)**, and **Rep. Nikema Williams (GA-05)**.

Endorsing organizations include **1st Breath**, **2020 Mom**, **2 Degrees Foundation**, **American College of Obstetricians and Gynecologists**, **Association of Maternal & Child Health Programs**, **Black Mamas Matter Alliance**, **Every Mother Counts**, **Healthy Birth Day**, **March of Dimes**, **Maternal Mental Health Leadership Alliance**, **Measure the Placenta**, **Mom Congress**, **Moms Rising Together**, **PUSH for Empowered Pregnancy**, **Reproductive and Placental Research Unit-Yale School of Medicine**, **Return to Zero: HOPE**, and **Star Legacy Foundation**.

## Background

Available data suggests that further reduction in the incidence of stillbirth is possible. The ***Maternal and Child Health Stillbirth Prevention Act*** will help reverse this shocking trend of stillbirths and maternal mortality in the United States.

In 1966, at a press conference for the Second Convention of the Medical Committee for Human Rights, Dr. Martin Luther King, Jr. said, “Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.”

## Why it Matters

In our nation, an alarming 23,500 babies are stillborn every year. This is greater than the number of babies that die during the first year of life and more than ten times the number of babies that die annually due to sudden infant death syndrome.

According to a recent study, nearly 1 in 4 stillbirths are potentially preventable. Data comparing the United States to other countries informs that our nation can do more to prevent stillbirth.

While the rate of stillbirth has declined since the 1940s due to improvements in maternity care, in recent years, the decline has slowed or halted. Stillbirths increase the risk of maternal mortality and morbidity and negatively impact parental mental health and family well-being.

Like many of the health crises in our country, disparities exist, and Black women are over two times more likely than White women to have a stillbirth. Stillbirth rates are also high for American Indian or Alaska Native women, who are almost 1.5 times as likely to have a stillbirth compared to White women. Hispanic women also experience higher rates.

Despite impacting families from all backgrounds and women with otherwise healthy pregnancies, stillbirth is more common for women who are 35 years or older, of lower socioeconomic status, for women who have multiple pregnancies, like twins or triplets, and women who have already experienced the loss of a pregnancy.

In addition, stillbirth also occurs more commonly amongst women who smoke while pregnant or are diagnosed with certain medical conditions like hypertension, diabetes, or obesity.

Due to social determinants of health, women from less advantaged backgrounds and who are marginalized, continue to experience a greater burden of stillbirth. And these disadvantages are further impacted by the social determinants of health. For example, women in maternity care deserts and rural areas have fewer healthcare providers. Nationwide, approximately 10% of births take place in counties with limited access to maternity care.

According to *The Lancet*, in a 2016 study, the United States ranked number 48 out of 49 high-income countries in annual stillbirth rate reduction. Furthermore, in comparison with the same group of countries, the United States stillbirth rate per 1,000 births was higher than 24 other countries.

## **What the Bill Does**

The ***Maternal and Child Health Stillbirth Prevention Act*** amends Title V, the Maternal and Child Health Services Block Grant of the Social Security Act, to clarify that stillbirth prevention activities are an allowable use of funds. This clarification will support stillbirth

prevention activities, thereby saving the lives of mothers and babies.

**Congresswoman Alma S. Adams, Ph.D.** represents North Carolina's 12th Congressional District (Charlotte, Mecklenburg County) in the US House of Representatives. She serves on the House Committee on Education and Labor, the House Agriculture Committee, and the House Financial Services Committee in the 117th Congress. She serves as the co-founder and co-chair of the Black Maternal Health Caucus in Congress.

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