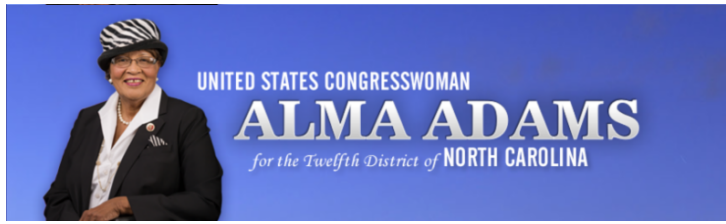


Adams, Hinson, Merkley, Booker, and Grassley Introduce National Stillbirth Prevention Day Resolution



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Washington, D.C. (September 19, 2022) – Today, **Congresswomen Alma Adams (D-NC-12)** and **Ashley Hinson (R-IA-01)** in the House and **U.S. Senators Jeff Merkley (D-OR), Cory Booker (D-NJ) and Chuck Grassley (R-IA)** announced the introduction of a bipartisan resolution recognizing "National Stillbirth Prevention Day" today, September 19. The legislation was introduced in the United States House of Representatives and Senate today.

[Text of the resolution 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 recognize September 19 as National Stillbirth Prevention Day with Congresswoman Hinson and Senators Booker, Grassley, and Merkley. All available data suggests we can make progress, so we hope increased attention to this issue will reverse this shocking trend of stillbirths and maternal mortality in the United States. I am thankful for all of the colleagues joining us as we raise awareness about stillbirth prevention efforts, promote research, and recognize the tens of thousands of American families who have endured a stillbirth tragedy. These babies – and their mamas – can't wait."

"My heart goes out to any woman or family who has endured the tragedy of a stillbirth. The stillbirth rate in the United States is unacceptably high, especially for low-income and rural moms, and we must do more to help them have healthy pregnancies. Designating today as National Stillbirth Prevention Day is an important bipartisan action to prevent stillbirths and support expecting moms through their pregnancy, regardless of their income level or where they live," **said Congresswoman Ashley Hinson.**

"Stillbirth is an emotionally devastating tragedy for far too many Americans, and across the lives of individuals and families from all demographics across the United States, including increasing the risk of maternal mortality and morbidity," **said Senator Jeff Merkley.** "Nearly 1 in 4 stillbirths could be preventable, and it is alarming that the rate of stillbirth is considerably higher in Black, American Indian, and Alaska Native women. This resolution recommit us to leveraging advances in modern medicine to ensure we are doing everything we can—especially for historically marginalized communities—to prevent individuals and families from experiencing the trauma of stillbirth."

"The stillbirth rate in the United States is unacceptably high, and it's clear we must do more to protect mothers and children from this heartbreaking tragedy. In recognizing National Stillbirth Prevention Day, we're calling on the Biden administration to leverage federal resources to reduce the stillbirth rate by improving data collection, supporting evidence-based prevention efforts and educating parents to improve understanding of stillbirth causes. I've previously led efforts to support at-risk pregnant women and families, including through the Maternal, Infant and Early Childhood Home Visiting Program, and I'll continue working with my colleagues to help expectant families," **Senator Chuck Grassley said.**

"In the United States, thousands of families experience the heartbreaking pain of a baby being stillborn. This issue is exacerbated along racial lines, with stillbirth rates alarmingly higher for Black women and birthing people," **said Senator Cory Booker.** "No family should bear this tragedy. That is why I am proud to join my colleagues on this resolution designating September 19 as National Stillbirth Prevention Day. The United States must use the tools at its disposal to reduce stillbirths and begin to address the maternal and child health disparities that affect our nation."

In addition to co-leads **Adams** and **Hinson**, original House cosponsors include **Representatives Axne, Castor, Cohen, Fitzpatrick, Herrera Beutler, Miller-Meeks, Roybal-Allard, and Tonko.**

In addition to co-leads **Merkley, Booker, and Grassley**, original Senate co-sponsors include **Senators Wyden, King, and Peters.**

Endorsing organizations include **Healthy Birth Day, Start Healing Together, SUDC Foundation, Mommies Enduring Neonatal Death**

(MEND), Measure the Placenta, Maternal Mental Health Leadership Alliance, National Birth Equity Collaborative, March of Dimes, JustActions, NechamaComfort, Three Little Birds Pregnancy & Infant Loss Support, Society for Reproductive Investigation, Every Mother Counts, the Shane Foundation, MomsRising, Association of Maternal & Child Health Programs, Preeclampsia Foundation, HER Foundation, Kindred Beginnings, What to Expect Project, and Group B Strep International.

Background

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.

Previous Efforts

Earlier this year, Adams, Hinson, and Merkley introduced the ***Maternal and Child Health Stillbirth Prevention Act***, which 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. 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.

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