



April 2, 2020

Senator Chuck Grassley,
Chairman, Senate Finance Committee
135 Hart Senate Office Building
Washington, DC 20510

Senator Ron Wyden
Ranking Member, Senate Finance Committee
221 Dirksen Senate Office Building
Washington, DC 20510

Submitted via email: MaternalHealth@finance.senate.gov

Re: Comments on Evidence-Based Solutions to Address Poor Maternal Outcomes

Senators Grassley and Wyden,

I am writing on behalf of the First Five Years Fund (FFYF) in response to your request for information concerning evidence-based solutions to improve maternal health. FFYF is committed to ensuring all children get the best possible start in life, including supports for mothers and babies during pregnancy, childbirth, and the critical postpartum period, which are essential to positive maternal and infant outcomes. As part of this work, we have been strong supporters of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), a voluntary, evidence-based home visiting program that serves families living in at-risk communities. Its impact in both rural and urban settings has been well documented by research conducted since the program's inception.¹

¹ The Mother and Infant Home Visiting Program Evaluation (MIHOPE) studied MIECHV-funded programs in urban and rural settings and found positive outcomes, including fewer emergency department visits, improved home environments, and improved maternal mental health. Charles Michalopoulos, *et al.* 2019. *Impacts on Family Outcomes of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation*. OPRE Report 2019-07. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, available <https://www.acf.hhs.gov/opre/resource/impacts-family-outcomes-evidence-based-early-childhood-home-visiting-results-mother-infant-home-visiting-program-evaluation>.

Home visiting plays an essential role in providing evidence-based services to families at risk of maternal mortality and morbidity. A 2019 report estimated, however, that nearly 18 million pregnant women and families could benefit from home visiting but were not being reached.² Increased funding for MIECHV would expand the reach of home visiting to address the causes of maternal mortality and morbidity and allow states and localities to target additional dollars where they are needed most.

Home visiting programs made possible by MIECHV impact maternal mortality and morbidity in a number of ways. MIECHV serves families beginning at pregnancy and lasting through their child's kindergarten entry, allowing home visitors to establish trusted relationships with those they serve. These relationships allow home visitors to provide supports that address the very specific needs of each family and confront social determinants of health including social support, parental stress, access to health care, income and poverty status, and environmental conditions. For example, home visitors connect mothers and health practitioners, breaking down barriers to care, strengthening the link between healthcare resources and the families who need them, and thereby reducing pregnancy-induced hypertensive disorders and pre-term birth. Home visitors also screen for maternal depression, both prenatally and postpartum, and connect mothers in need with appropriate community-based behavioral health care. The cumulative effect of these efforts is to empower, educate, and build resiliency in mothers facing a variety of adverse circumstances that affect their health in the perinatal period and into their child's early years.

The Centers for Disease Control and Prevention estimates that three in five pregnancy-related deaths could be prevented and, tragically, these deaths reflect “a web of missed opportunities” at the community, health facility, patient, provider, and system levels.³ Home visiting programs play a unique role at the intersection of all these areas. The 2018 bipartisan reauthorization of MIECHV provided certainty to state and local programs that already are working in communities to address poor maternal health outcomes, disparate access to care, and gaps in connections to services. A meaningful increase to MIECHV could help to significantly expand on these efforts, improving the lives of women who are at-risk and their families.

² National Home Visiting Resource Center, 2019 Home Visiting Yearbook, available <https://nhvrc.org/yearbook/2019-yearbook/>.

³ CDC Vital Signs, May 2019, available <https://www.cdc.gov/vitalsigns/maternal-deaths/pdf/vs-0507-maternal-deaths-H.pdf>

We so appreciate your efforts to address the maternal mortality crisis in the United States, and for your recognition of the urgency of this matter. We look forward to continuing to explore this important issue with you and offer ourselves and our network as a resource. If we can provide any further comments, please do not hesitate to contact us.

Sincerely,

A handwritten signature in blue ink, appearing to read 'SR', with a horizontal line extending to the right.

Sarah Rittling
Executive Director
First Five Years Fund