October 22, 2019

Representative Danny K. Davis
Chairman
House Committee on Ways and Means
Subcommittee on Worker and Family Support

Dear Chairman Davis:

As national organizations at the forefront of improving outcomes for women and their families, we write in strong support of H.R. 4768, the *Home Visiting to Reduce Maternal Mortality and Morbidity Act*. Thank you for your work to address the maternal mortality crisis in the United States, and for your recognition of the urgency of this matter.

Pregnancy, childbirth, and the postpartum period are critical and fragile times for mothers and infants. Proper prenatal care, early maternal support, and planning to care for a new baby are essential to healthy births and positive maternal and infant outcomes. Unfortunately, for a growing number of women, particularly women of color and Native women, persistent barriers during the prenatal and postpartum periods lead to significant negative health outcomes and, in the most extreme cases, death.

During your committee's May 16 hearing, *Overcoming Racial Disparities and Social Determinants in the Maternal Mortality Crisis,* members reflected the growing recognition that home visiting is an important part of a continuum of evidence-based services for families at risk of maternal mortality and/or morbidity. Many members recognized that the impact of voluntary home visiting in rural and urban communities alike has been well documented through research for over three decades.

Your bill to expand funding for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) makes critical steps to expand the reach of home visiting to address the causes of maternal mortality and morbidity. As states and localities seek to deliver proven programs to improve outcomes in this area, your bill allows for the targeting of additional dollars to high-needs communities.

Home visiting programs impact maternal mortality and morbidity in myriad ways, including:

- Creating human-to-human relationships that enable home visitors to provide supports based on the very specific needs of each family;
- Reducing pregnancy induced hypertensive disorders, pre-term birth, and maternal depression;
- Creating connections between mothers and health practitioners in the community, breaking down barriers to care and strengthening the link between healthcare resources and the families who need them;
- Providing screening in maternal depression both prenatally and postpartum, and connecting mothers in need with appropriate community-based behavioral health care;
- Providing referrals for mothers when certain risk factors, including trauma or domestic violence, are present in the home;

- Providing resources to children who experience trauma and toxic stress, which research has shown to lead to poor health outcomes for those children in adulthood[1];
- Targeting the social determinants of health affecting families, such as social support, parental stress, access to health care, income and poverty status, and environmental conditions.[2]

The Centers for Disease Control and Prevention has reported that approximately three in five pregnancy-related deaths were preventable, and that "every death reflects a web of missed opportunities." Contributing factors can be categorized at the community, health facility, patient, provider, and system levels, and evidence-based home visiting plays a unique role at the intersection of all these areas. But in 2017, a report found that 18 million pregnant women and families could benefit from home visiting programs but were not being reached. These numbers have held steady since 2015.[3]

The *Home Visiting to Reduce Maternal Mortality and Morbidity Act* recognizes that a meaningful increase to MIECHV could make a significant impact on the maternal mortality and morbidity crisis. Home visiting empowers, educates, and builds resiliency in mothers facing a variety of adverse circumstances that affect their health in the perinatal period and into their child's early years, thus creating opportunities to impact positive changes for families.

Our organizations were grateful for bipartisan support to reauthorize MIECHV in early 2018. That reauthorization meant certainty for states and local programs, who work each day to deliver home visiting programs to families that need them. Because of that reauthorization, we also know that home visiting is already doing work in communities today to address this crisis of poor maternal health outcomes, disparate access to care, and gaps in connections to services. It is vital that we devote additional resources now to improve the lives of women who are at-risk and their families.

Thank you again for your leadership.

Sincerely,

American Academy of Pediatrics
American Psychological Association
Association of Maternal & Child Health Programs
Association of Women's Health, Obstetric and Neonatal Nurses
Center for the Study of Social Policy
Center for Law and Social Policy
Child First
Child Welfare League of America
Children's Defense Fund
Children's Home & Aid
Children's Home Society of America

[1] Center for Disease Control and Prevention. (2014). *Injury prevention and control: Adverse Childhood Experiences (ACE) Study.* Retrieved July 7, 2014, from www.cdc.gov/violenceprevention/acestudy/
[2] Artiga, S., Hinton, E., (2018). Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity.
[3] https://www.nhvrc.org/wp-content/uploads/NHVRC_Yearbook_2018_FINAL.pdf

First Five Years Fund
First Focus Campaign for Children
Healthy Families America
HIPPY USA
National Alliance of Children's Trust & Prevention Funds
National Association for Children's Behavioral Health
National Association of Social Workers
National WIC Association
Nurse-Family Partnership
Ounce of Prevention Fund
Parents as Teachers
Parent Child+
Prevent Child Abuse America
Results for America
Save the Children
Society for Maternal-Fetal Medicine
Tennyson Center for Children
Zero to Three