



Opening Statement

COMMITTEE ON EDUCATION & LABOR

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The Hon. Robert C. "Bobby" Scott • Chairman

Opening Statement of Chairwoman Frederica Wilson (FL-24)

Joint Subcommittee on Health, Employment, Labor, and Pensions and Workforce Protections Hearing

Expecting More: Addressing America's Maternal and Infant Health Crisis

2175 Rayburn House Office Building

Tuesday, January 28, 2020 | 10:15am

Today, we are gathered for a bipartisan hearing to discuss our responsibility to address America's maternal and infant health crisis.

During this hearing, we will confront the troubling reality that the United States has the worst maternal mortality rate among developed countries. Each year, 700 women die from pregnancy-related complications and 50,000 women suffer from life-threatening pregnancy-related complications.

Even as our peer nations across the world make significant improvements in maternal and infant health, outcomes in the United States are moving in the opposite direction. In fact, the U.S. maternal mortality rate in 2016 was nearly 17 per 100,000 live births—more than double the rate in 1987.

This impacts communities across the nation, including my own. In Florida the situation is even more dire. The maternal mortality rate is 22.3 deaths per 100,000 live births – well above the national average. Miami-Dade County had a maternal mortality rate for black women of 34.3 in 2018 – more than double the national average for all mothers. These numbers are unacceptably high.

Improving maternal and infant health requires us to focus not just on the health of mothers during pregnancy, but on their overall health.

That means providing consistent, quality, and affordable health insurance to the roughly 11 percent of reproductive age people—10.6 million Americans—who went without health insurance in 2017. Fourteen states still have not expanded Medicaid eligibility, which pays for 43 percent of births, to cover more low-income people. In those states, women may lose their insurance just two months after giving birth.

It means supporting the Special Supplemental Nutrition Program for Women, Infants, and Children, or WIC, which is proven to help protect the health of both mothers and infants by providing breastfeeding support and helping mothers avoid preterm births. A recent study found that infants born to WIC participants are 33 percent less likely to die than non-participants.

Despite this track record, WIC saw the lowest number of participants in over a decade in 2016. Instead of restricting access to quality health care, Congress must pass legislation to expand access to programs, like WIC, that have helped mothers navigate healthy pregnancies for decades.

Finally—and most importantly—addressing the maternal and infant health crisis means undoing structural racism that affects every facet of American life, from health care, to housing, to education, and transportation.

Black mothers are three to four times more likely to die from pregnancy-related complications than white mothers, regardless of education and income. Native mothers are two to three times more likely to experience maternal mortality than white mothers.

Simply put, if we are to stop this crisis, we must all work together and address the complex issues in maternal and infant health. That is why I am pleased we have an opportunity today, with the help of our witnesses, to discuss how we can take meaningful and immediate steps to improve maternal and infant health for all people.

I look forward to today's bipartisan discussions and thank our witnesses, again, for joining us.