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To amend title V of the Social Security Act to support stillbirth prevention and research, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. Merkley (for himself and Mr. Cassidy) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To amend title V of the Social Security Act to support stillbirth prevention and research, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Maternal and Child Health Stillbirth Prevention Act”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) According to the Centers for Disease Control and Prevention—
(A) in the United States, 1 in 175 births are affected by stillbirth each year amounting to approximately 21,000 stillbirths annually;

(B) of the 20,854 reported stillbirths in 2020, over 5,000 were experienced by Black mothers;

(C) the number of stillbirths each year is greater than the number of babies that die during the first year of life;

(D) annual stillbirths are more than ten times the number of annual deaths due to Sudden Infant Death Syndrome (SIDS);

(E) stillbirth occurs across all demographics and in otherwise healthy pregnancies. It is most common, however, among women who—

(i) are Black or African American, at two times more likely than White women to have a stillbirth;

(ii) are of lower socioeconomic status;

(iii) are diagnosed with high blood pressure, diabetes, obesity, or other medical conditions;

(iv) are 35 years of age or older;

(v) smoke cigarettes while pregnant;
(vi) have previously experienced pregnancy loss; or
(vii) have multiple pregnancies, for example triplets; and
(F) 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.

(2) According to a study by researcher Wall-Wieler et al., published in Obstetrics and Gynecology, “the risk of severe maternal morbidity among stillbirth deliveries was more than fourfold higher compared with live birth deliveries”.

(3) According to a study by researcher McClure et al., published in the International Journal of Gynecology and Obstetrics, “stillbirth was significantly associated with maternal mortality”.

(4) According to a review article by Murphy and Cacciatore, published in Seminars in Fetal & Neonatal Medicine, stillbirth has psychological impacts on parents like grief, shame, and guilt and impacts to family functioning and well-being.

(5) Stillbirth, and the disparity in those impacted by stillbirth requires further research, support, and prevention programming.
SEC. 3. CLARIFICATION SUPPORTING PERMISSIBLE USE OF FUND FOR STILLBIRTH PREVENTION ACTIVITIES.

Section 501(a) of the Social Security Act (42 U.S.C. 701(a)) is amended—

(1) in paragraph (1)(B), by inserting “to reduce the incidence of stillbirth,” after “among children,”; and

(2) in paragraph (2), by inserting after “follow-up services” the following: “, and for evidence-based programs and activities and outcome research to reduce the incidence of stillbirth (including tracking and awareness of fetal movements, improvement of birth timing for pregnancies with risk factors, initiatives that encourage safe sleeping positions during pregnancy, screening and surveillance for fetal growth restriction, efforts to achieve smoking cessation during pregnancy, community-based programs that provide home visits or other types of support, and any other research or evidence-based programming to prevent stillbirths)”. 