

**Congress of the United States**  
Washington, DC 20510

February 9, 2021

The Honorable Charles Schumer  
Senate Majority Leader  
United States Senate  
S-221 U.S. Capitol  
Washington, D.C. 20510

The Honorable Mitch McConnell  
Senate Minority Leader  
United States Senate  
S-230 U.S. Capitol  
Washington, D.C. 20510

The Honorable Nancy Pelosi  
Speaker of the House  
U.S. House of Representatives  
H-232 U.S. Capitol  
Washington, D.C. 20515

The Honorable Kevin McCarthy  
House Minority Leader  
U.S. House of Representatives  
H-204 U.S. Capitol  
Washington, D.C. 20515

Dear Majority Leader Schumer, Minority Leader McConnell, Speaker Pelosi, and Minority Leader McCarthy:

As Congress continues to negotiate the upcoming coronavirus disease 2019 (COVID-19) relief package, we urge you to include provisions that improve research and data collection, safeguard the health of pregnant and postpartum individuals, and dedicate resources to combat the maternal mortality and morbidity crisis during the COVID-19 pandemic. Specifically, we ask that you include portions of our *Maternal Health Pandemic Response Act*<sup>1</sup> in the package.

It is crucial that the federal government make a concerted effort to account for the unique needs of pregnant people in its response to the COVID-19 pandemic, especially as the country continues to grapple with a severe maternal mortality and morbidity crisis fueled by racial, ethnic, and socioeconomic inequities; comorbidities; and inadequate access to the health care system – the same factors that have contributed to the substantial racial disparities in COVID-19 outcomes.<sup>2</sup>

A federal COVID-19 pandemic response without attention to maternal health will only exacerbate the maternal mortality and morbidity crisis plaguing our nation: women in the United States die as a result of pregnancy and childbirth at a higher rate than in any other developed country and the United States has the only maternal mortality rate that has increased over the last 20 years.<sup>3</sup> In particular, Black and Indigenous women in the United States are much more likely

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<sup>1</sup> S. 4769 (116<sup>th</sup> Congress).

<sup>2</sup> Centers for Disease Control and Prevention, “COVID-19 Racial and Ethnic Health Disparities,” December 10, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>.

<sup>3</sup> NPR, “U.S. Has the Worst Rate of Maternal Deaths in the Developed World,” Renee Montagne and Nina Martin, May 12, 2017, <https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world>.

to die from pregnancy-related complications than white women, and women of color suffer disproportionately high rates of maternal morbidity. These communities that are at greatest risk for maternal death and illness are also disproportionately affected by COVID-19: people of color are significantly more likely to contract, be hospitalized, and die from COVID-19.<sup>4</sup>

We are continuing to learn more about the specific impact of COVID-19 on pregnant people, but the information we do have indicates that pregnant individuals appear to be uniquely vulnerable to the pandemic. According to the latest information from the Centers for Disease Control and Prevention (CDC), “pregnant people are at an increased risk for severe illness from COVID-19 and death, compared to non-pregnant people” and “pregnant people with COVID-19 might be at increased risk for other adverse outcomes, such as preterm birth.”<sup>5</sup> In one CDC study, the agency found that Hispanic and Black pregnant women were disproportionately infected by COVID-19.<sup>6</sup> As of February 1, 2021, over 64,000 pregnant women have tested positive for COVID-19 and 74 pregnant women have died.<sup>7</sup>

The CDC’s information on COVID-19 in pregnant individuals, however, continues to have significant data gaps. For example, the CDC says that it only has information on pregnancy status for a third of the data it receives—meaning that the CDC’s numbers “likely do not include all pregnant women with COVID-19 in the United States and must be interpreted with caution.”<sup>8</sup> Furthermore, the CDC is unable to determine whether hospitalizations among pregnant people with COVID-19 are due to COVID-19 related indications or pregnancy-related indications.<sup>9</sup>

We understand that the unprecedented challenges of the COVID-19 pandemic have tested and strained our public health system. But in responding to these numerous and pressing challenges, the federal government cannot lose sight of its obligation to safeguard the health of our most vulnerable populations during the COVID-19 pandemic, including pregnant individuals—a community that is often overlooked in pandemic response efforts. In package negotiations, we strongly encourage you to strengthen the federal government’s ability to do so by patching holes in data collection, expanding surveillance efforts, improving public health communication, and

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<sup>4</sup> Department of Health and Human Services, “Report to Congress on Paycheck Protection Program and Health Care Enhancement Act Disaggregated Data on U.S. Coronavirus Disease 2019 (COVID-19) Testing,” <https://www.help.senate.gov/imo/media/doc/FY%202020%20CDC%20RTC%20on%20COVID-19%20Testing%20Data%20-%20CDCfinalclean.pdf>; Government Accountability Office, “Maternal Mortality: Trends in Pregnancy-Related Deaths and Federal Efforts to Reduce Them,” March 2020, <https://www.gao.gov/assets/710/705331.pdf>.

<sup>5</sup> Centers for Disease Control and Prevention, “COVID-19 and Pregnancy,” Updated December 28, 2020, [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html#:~:text=Based%20on%20what%20we%20know,baby%20earlier%20than%2037%20weeks\)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html#:~:text=Based%20on%20what%20we%20know,baby%20earlier%20than%2037%20weeks)).

<sup>6</sup> Centers for Disease Control and Prevention, “Characteristics of Women of Reproductive Age with Laboratory-Confirmed SARS CoV-2 Infection by Pregnancy Status – United States, January 22–June 7, 2020,” June 26, 2020, Sascha Ellington et. al, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6925a1.htm>.

<sup>7</sup> Centers for Disease Control and Prevention, “Tracking data on COVID-19 during pregnancy can protect pregnant women and their babies,” February 8, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19.html>.

<sup>8</sup> *Id.*

<sup>9</sup> *Id.*

addressing racial disparities in health care outcomes related to both COVID-19 and maternal health outcomes.

Our *Maternal Health Pandemic Response Act*, which has received 165 group endorsements, should be used as the starting point for House and Senate negotiations on relief package provisions related to maternal public health and COVID-19. Specifically, we believe that the upcoming COVID-19 package should provide, at a minimum, \$175 million to the CDC to support its public health efforts through its Surveillance for Emerging Threats to Mothers and Babies program (\$100 million), Enhancing Reviews and Surveillance to Eliminate Maternal Mortality program (\$30 million), and Pregnancy Risk Assessment Monitoring System (\$45 million). The upcoming COVID-19 package should also provide \$15 million for the National Institute of Child Health and Human Development to support research interventions to mitigate the effects of the COVID-19 public health emergency on pregnant and postpartum people. To the extent feasible under reconciliation rules, we believe the package should also provide funding to support the Department of Health and Human Services' (HHS) efforts to improve outreach to health care providers and pregnant individuals specifically regarding the safety and effectiveness of COVID-19 vaccines for use in pregnancy.

It is only with concerted effort that we will be able to successfully navigate the twin public health emergencies of COVID-19 and maternal mortality. Please do not hesitate to reach out to us or our staff with any questions about the *Maternal Health Pandemic Response Act*. We look forward to working with you as negotiations continue to ensure that the needs of pregnant people are prioritized in the federal government's response to the COVID-19 pandemic.

Sincerely,



Elizabeth Warren  
United States Senator



Lauren Underwood  
Member of Congress



Cory A. Booker  
United States Senator



Kirsten Gillibrand  
United States Senator



Tina Smith  
United States Senator