

42 U.S. Code § 247b-12 - Safe motherhood

(a)SURVEILLANCE

(1)PURPOSE

The purposes of this subsection are to establish or continue a Federal initiative to support State and tribal maternal mortality review committees, to improve data collection and reporting around maternal mortality, and to develop or support surveillance systems at the local, State, and national level to better understand the burden of maternal complications and mortality and to decrease the disparities among populations at risk of death and severe complications from pregnancy.

(2)ACTIVITIES For the purpose described in paragraph (1), the [Secretary](#), acting through the Director of the Centers for Disease Control and Prevention, may carry out the following activities:

(A)

The [Secretary](#) may continue and improve activities related to a national maternal mortality data collection and surveillance program to identify and support the review of [pregnancy-associated deaths](#) and [pregnancy-related deaths](#) that occur during, or within 1 year following, pregnancy, including improving disaggregation of data (in a manner consistent with applicable State and Federal privacy laws).

(B)

The [Secretary](#) may expand the Pregnancy Risk Assessment Monitoring System to provide surveillance and collect data in each State.

(C)

The [Secretary](#) may expand the Maternal and Child Health Epidemiology Program to provide technical support, financial assistance, or the time-limited assignment of senior epidemiologists to maternal and child health programs in each State.

(D)

The [Secretary](#) may, in cooperation with States, [Indian tribes](#), and [tribal organizations](#), develop a program to support States, [Indian tribes](#), and [tribal organizations](#) in establishing or operating maternal mortality review committees, in accordance with subsection (d).

(b)PREVENTION RESEARCH

(1)PURPOSE

The purpose of this subsection is to provide the [Secretary](#) with the authority to further expand research concerning risk factors, prevention strategies,

and the roles of the family, health care providers and the community in safe motherhood.

(2)RESEARCH The [Secretary](#) may carry out activities to expand research relating to—

(A)

prepregnancy counseling, especially for at risk populations such as women with diabetes and women with substance use disorder;

(B)

the identification of critical components of prenatal delivery and postpartum care;

(C)

the identification of outreach and support [services](#), such as folic acid education, that are available for pregnant women;

(D)

the identification of women who are at high risk for complications;

(E)

preventing preterm delivery;

(F)

preventing urinary tract infections;

(G)

preventing unnecessary caesarean sections;

(H)

the identification of the determinants of disparities in maternal care, health risks, and health outcomes, including an examination of the higher rates of maternal mortality among African American women and other groups of women with disproportionately high rates of maternal mortality;

(I)

activities to reduce disparities in maternity [services](#) and outcomes;

(J)

an examination of the relationship between interpersonal violence and maternal complications and mortality;

(K)

preventing and reducing adverse health consequences that may result from smoking and substance abuse and misuse before, during and after pregnancy;

(L)

preventing infections that cause maternal and infant complications;

(M)

an examination of the relationship between maternal health and obstetric [services](#) in rural areas and outcomes in delivery and postpartum care; and

(N)

other areas determined appropriate by the [Secretary](#).

(c) PREVENTION PROGRAMS The [Secretary](#) may carry out activities to promote safe motherhood, including—

(1)

public education campaigns on healthy pregnancies;

(2)

education programs for physicians, nurses and other health care providers;

(3)

activities to promote community support [services](#) for pregnant women; and

(4)

activities to promote physical, mental, and behavioral health during, and up to 1 year following, pregnancy, with an emphasis on prevention of, and treatment for, mental health disorders and substance use disorder.

(d) MATERNAL MORTALITY REVIEW COMMITTEES

(1) IN GENERAL In order to participate in the program under subsection (a)(2) (D), the applicable maternal mortality review committee of the State, [Indian tribe](#), or [tribal organization](#) shall—

(A)

include multidisciplinary and diverse membership that represents a variety of clinical specialties, State, tribal, or local public health officials, epidemiologists, statisticians, community organizations, geographic regions within the area covered by such committee, and individuals or organizations that represent the populations in the area covered by such committee that are most affected by [pregnancy-related deaths](#) or [pregnancy-associated deaths](#) and lack of access to maternal health care [services](#); and

(B)

demonstrate to the Centers for Disease Control and Prevention that such maternal mortality review committee's methods and processes for data collection and review, as required under paragraph (3), use best practices to reliably determine and include all [pregnancy-associated deaths](#) and [pregnancy-related deaths](#), regardless of the outcome of the pregnancy.

(2) PROCESS FOR CONFIDENTIAL REPORTING States, [Indian tribes](#), and [tribal organizations](#) that participate in the program described in this subsection shall, through the State maternal mortality review committee, develop a process that—

(A) provides for confidential case reporting of pregnancy-associated and [pregnancy-related deaths](#) to the appropriate State or tribal health agency, including such reporting by—

(i)

health care professionals;

(ii)

health care facilities;

(iii)

any individual responsible for completing death records, including medical examiners and medical coroners; and

(iv)

other appropriate individuals or entities; and

(B)

provides for voluntary and confidential case reporting of [pregnancy-associated deaths](#) and [pregnancy-related deaths](#) to the appropriate State or tribal health agency by family members of the deceased, and other appropriate individuals, for purposes of review by the applicable maternal mortality review committee; and

(C) shall include—

(i)

making publicly available contact information of the committee for use in such reporting; and

(ii)

conducting outreach to local professional organizations, community organizations, and social [services](#) agencies regarding the availability of the review committee.

(3) DATA COLLECTION AND REVIEW States, [Indian tribes](#), and [tribal organizations](#) that participate in the program described in this subsection shall—

(A) annually identify [pregnancy-associated deaths](#) and [pregnancy-related deaths](#)—

(i) through the appropriate vital statistics unit by—

(I)

matching each death record related to a [pregnancy-associated death](#) or [pregnancy-related death](#) in the State or tribal area in the applicable year to a birth certificate of an infant or fetal death record, as applicable;

(II)

to the extent practicable, identifying an underlying or contributing cause of each [pregnancy-associated death](#) and each [pregnancy-related death](#) in the State or tribal area in the applicable year; and

(III)

collecting data from medical examiner and coroner reports, as appropriate;

(ii)

using other appropriate methods or information to identify [pregnancy-associated deaths](#) and [pregnancy-related deaths](#), including deaths from pregnancy outcomes not identified through clause (i)(I);

(B)

through the maternal mortality review committee, review data and information to identify adverse outcomes that may contribute to [pregnancy-associated death](#) and [pregnancy-related death](#), and to identify trends, patterns, and disparities in such adverse outcomes to allow the State, [Indian tribe](#), or [tribal organization](#) to make recommendations to individuals and

entities described in paragraph (2)(A), as appropriate, to improve maternal care and reduce [pregnancy-associated death](#) and [pregnancy-related death](#);

(C)

identify training available to the individuals and entities described in paragraph (2)(A) for accurate identification and reporting of pregnancy-associated and [pregnancy-related deaths](#);

(D)

ensure that, to the extent practicable, the data collected and reported under this paragraph is in a format that allows for analysis by the Centers for Disease Control and Prevention; and

(E)

publicly identify the methods used to identify [pregnancy-associated deaths](#) and [pregnancy-related deaths](#) in accordance with this section.

(4)CONFIDENTIALITY States, [Indian tribes](#), and [tribal organizations](#) participating in the program described in this subsection shall establish confidentiality protections to ensure, at a minimum, that—

(A)

there is no disclosure by the maternal mortality review committee, including any individual members of the committee, to any person, including any government official, of any identifying information about any specific maternal mortality case; and

(B)

no information from committee proceedings, including deliberation or records, is made public unless specifically authorized under State and Federal law.

(5)REPORTS TO CDC For fiscal year 2019, and each subsequent fiscal year, each maternal mortality review committee participating in the program described in this subsection shall submit to the Director of the Centers for Disease Control and Prevention a report that includes—

(A)

data, findings, and any recommendations of such committee; and

(B)

as applicable, information on the implementation during such year of any recommendations submitted by the committee in a previous year.

(6)STATE PARTNERSHIPS

States may partner with one or more neighboring States to carry out the activities under this subparagraph. With respect to the States in such a partnership, any requirement under this subparagraph relating to the reporting of information related to such activities shall be deemed to be fulfilled by each such State if a single such report is submitted for the partnership.

(7)APPROPRIATE MECHANISMS FOR INDIAN TRIBES AND TRIBAL ORGANIZATIONS

The [Secretary](#), in consultation with [Indian tribes](#), shall identify and establish appropriate mechanisms for [Indian tribes](#) and [tribal organizations](#) to

demonstrate, report data, and conduct the activities as required for participation in the program described in this subsection. Such mechanisms may include technical assistance with respect to grant application and submission procedures, and award management activities.

(8)RESEARCH AVAILABILITY

The [Secretary](#) shall develop a process to ensure that data collected under paragraph (5) is made available, as appropriate and practicable, for research purposes, in a manner that protects individually identifiable or potentially identifiable information and that is consistent with State and Federal privacy law.

(e)DEFINITIONS In this section—

(1)

the terms “[Indian tribe](#)” and “[tribal organization](#)” have the meanings given such terms in [section 5304 of title 25](#);

(2)

the term “[pregnancy-associated death](#)” means a death of a woman, by any cause, that occurs during, or within 1 year following, her pregnancy, regardless of the outcome, duration, or site of the pregnancy; and

(3)the term “[pregnancy-related death](#)” means a death of a woman that occurs during, or within 1 year following, her pregnancy, regardless of the outcome, duration, or site of the pregnancy—

(A)

from any cause related to, or aggravated by, the pregnancy or its management; and

(B)

not from accidental or incidental causes.

(f)AUTHORIZATION OF APPROPRIATIONS

For the purpose of carrying out this section, there are authorized to be appropriated \$58,000,000 for each of fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title III, § 317K, as added [Pub. L. 106-310, div. A, title IX, § 901](#), Oct. 17, 2000, [114 Stat. 1125](#); amended [Pub. L. 115-344, § 2](#), Dec. 21, 2018, [132 Stat. 5047](#); [Pub. L. 117-103, div. P, title I, § 141\(c\)](#), Mar. 15, 2022, [136 Stat. 798](#).)