

117TH CONGRESS  
2D SESSION

# H. R. 7011

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

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 9, 2022

Ms. ADAMS (for herself, Mrs. HINSON, Mrs. AXNE, Ms. BARRAGÁN, Ms. BASS, Mrs. BEATTY, Mr. BERA, Ms. BONAMICI, Mr. BROWN of Maryland, Mr. BUTTERFIELD, Ms. CASTOR of Florida, Ms. CLARKE of New York, Mr. COHEN, Mr. CONNOLLY, Mr. DANNY K. DAVIS of Illinois, Mr. FITZPATRICK, Ms. HERRERA BEUTLER, Mrs. CAROLYN B. MALONEY of New York, Mr. McEACHIN, Ms. MOORE of Wisconsin, Mr. MOULTON, Ms. NORTON, Mr. POCAN, Ms. ROSS, Ms. SCANLON, Ms. SEWELL, Mr. SUOZZI, Mr. SWALWELL, Mr. TONKO, Ms. UNDERWOOD, Mrs. WATSON COLEMAN, and Ms. WILLIAMS of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

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

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

### 3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Maternal and Child  
5 Health Stillbirth Prevention Act of 2022”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) According to the Centers for Disease Con-  
4 trol and Prevention—

5 (A) in the United States, 1 in 169 births  
6 are affected by stillbirth each year amounting  
7 to 23,500 stillbirths annually, of which 6,900 of  
8 these are Black or African-American stillbirths;

9 (B) the number of stillbirths each year is  
10 greater than the number of babies that die dur-  
11 ing the first year of life;

12 (C) annual stillbirths are more than ten  
13 times the number of annual deaths due to Sud-  
14 den Infant Death Syndrome (SIDS);

15 (D) stillbirth occurs across all demo-  
16 graphics and in otherwise healthy pregnancies.  
17 It is most common, however, among women  
18 who—

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

22 (ii) are of lower socioeconomic status;

23 (iii) are diagnosed with high blood  
24 pressure, diabetes, obesity, or other med-  
25 ical conditions;

26 (iv) are 35 years of age or older;

- 1 (v) smoke cigarettes while pregnant;  
2 (vi) have previously experienced preg-  
3 nancy loss; or  
4 (vii) have multiple pregnancies, for ex-  
5 ample triplets; and

6 (E) while the rate of stillbirth has declined  
7 since the 1940s due to improvements in mater-  
8 nity care, in recent years, the decline has  
9 slowed or halted.

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

15 (3) According to a study by researcher McClure  
16 et al., published in the International Journal of Gyn-  
17 ecology and Obstetrics, “stillbirth was significantly  
18 associated with maternal mortality”.

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

1           (5) Stillbirth, and the disparity in those im-  
2           pacted by stillbirth requires further research, sup-  
3           port, and prevention programming.

4 **SEC. 3. CLARIFICATION SUPPORTING PERMISSIBLE USE OF**  
5 **FUNDS FOR STILLBIRTH PREVENTION AC-**  
6 **TIVITIES.**

7           Section 501(a) of the Social Security Act (42 U.S.C.  
8 701(a)) is amended—

9           (1) in paragraph (1)(B), by inserting “to re-  
10          duce the incidence of stillbirth,” after “among chil-  
11          dren,”; and

12          (2) in paragraph (2), by inserting after “follow-  
13          up services” the following: “, and for evidence-based  
14          programs and activities and outcome research to re-  
15          duce the incidence of stillbirth (including tracking  
16          and awareness of fetal movements, improvement of  
17          birth timing for pregnancies with risk factors, initia-  
18          tives that encourage safe sleeping positions during  
19          pregnancy, screening and surveillance for fetal  
20          growth restriction, efforts to achieve smoking ces-  
21          sation during pregnancy, community-based programs  
22          that provide home visits or other types of support,  
23          and any other research or evidence-based program-  
24          ming to prevent stillbirths)”.

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