

118TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

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 SENATE OF THE UNITED STATES

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

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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”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) According to the Centers for Disease Con-  
9 trol and Prevention—

1 (A) in the United States, 1 in 175 births  
2 are affected by stillbirth each year amounting  
3 to approximately 21,000 stillbirths annually;

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

7 (C) the number of stillbirths each year is  
8 greater than the number of babies that die dur-  
9 ing the first year of life;

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

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

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

20 (ii) are of lower socioeconomic status;

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

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

25 (v) smoke cigarettes while pregnant;

1 (vi) have previously experienced preg-  
2 nancy loss; or

3 (vii) have multiple pregnancies, for ex-  
4 ample triplets; and

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

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

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

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

23 (5) Stillbirth, and the disparity in those im-  
24 pacted by stillbirth requires further research, sup-  
25 port, and prevention programming.

1 **SEC. 3. CLARIFICATION SUPPORTING PERMISSIBLE USE OF**  
2 **FUNDS FOR STILLBIRTH PREVENTION AC-**  
3 **TIVITIES.**

4 Section 501(a) of the Social Security Act (42 U.S.C.  
5 701(a)) is amended—

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

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