June 5, 2020

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Azar:

We are writing to urge the Department of Health and Human Services (HHS) to ensure that the United States is taking all available steps to adequately understand the unique risks for and effects of the novel coronavirus (COVID-19) in pregnant women.

According to guidance for pregnant women from the Centers for Disease Control and Prevention (CDC), “there are currently no data showing that COVID-19 affects pregnant people differently than others, [although] we do know that pregnant people are at greater risk of getting sick from other respiratory viruses than people who are not pregnant. Sometimes, this causes adverse outcomes for the mother or child.”¹ CDC’s guidance reflects a clear need for more robust data collection to fully understand the risks that pregnant women might face due to COVID-19.

Further, as we seek to collect more comprehensive COVID-19 data for pregnant women, an equitable approach must include a focused consideration of women of color, who already experience disproportionate rates of adverse maternal health outcomes.² People of color are also suffering from higher rates of COVID-19 hospitalizations³ and fatalities.⁴

In order to take appropriate steps to protect pregnant and postpartum women from COVID-19 risks, we must gather a stronger evidence base to inform future policy. Already, the CDC Human Infection with 2019 Novel Coronavirus Case Report Form includes pregnancy-status data collection. However, further guidance is needed to ensure complete reporting from health care providers to public health agencies. For example, the Council of State and Territorial

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¹ CDC: [If You Are Pregnant, Breastfeeding, or Caring for Young Children](https://www.cdc.gov/pregnancy/coronavirus.html)
² According to a [2019 NIH report](https://www.nih.gov/news-events/nih-research-focus/protecting-pregnant-women-during-coronavirus-pandemic) on maternal mortality and morbidity. Black women had a pregnancy-related mortality ratio 3.2 times higher than white women. The incidence rate for severe maternal morbidity was 122 percent higher for Hispanic women than white women. According to a [2019 CDC report](https://www.cdc.gov/mmwr/volumes/68/wr/mm6811e1.htm) on racial and ethnic disparities in pregnancy-related deaths, the pregnancy-related mortality ratio was 2.3 times higher for American Indian/Alaska Native women than the ratio for white women.
Epidemiologists report that pregnancy status is rarely included by providers on orders for COVID-19 tests when specimens are sent to laboratories. As such, when laboratories report testing results to state public health departments, pregnancy-status data are not included, preventing this important demographic information from being aggregated and analyzed.

It is critically important that pregnancy status be included as part of demographic data collected and reported on COVID-19 testing numbers, confirmed case counts, hospitalizations, and fatalities. In recognition of these urgent issues, we request a written response to the following questions:

1. What guidance has HHS offered to health care providers to ensure that providers are including all relevant demographic data, including pregnancy status, when sending COVID-19 testing specimens to laboratories?

2. What additional steps is HHS taking to ensure that pregnancy status is included in COVID-19 data collection, documentation, and reporting from health care providers to public health agencies, particularly at the time of the initial or first report?

3. In what specific ways is CDC adapting its Surveillance for Emerging Threats to Mothers and Babies program to evaluate COVID-19 among pregnant and postpartum women?
   a. In which states are COVID-19 data being collected through the Surveillance for Emerging Threats to Mothers and Babies program?
   b. In states that are not included in the program, what steps are being taken to ensure that important pregnancy-related data are being collected, reported, and analyzed in the context of COVID-19?
   c. What steps is CDC taking to align the Surveillance for Emerging Threats to Mothers and Babies program with other CDC surveillance programs, such as the National Notifiable Diseases Surveillance System, to minimize reporting requirements for states?

4. We are encouraged to learn about recent efforts to understand the effects of the COVID-19 pandemic during and after pregnancy, like the National Institutes of Health study through the Maternal-Fetal Medicine Units (MFMU) Network. However, we must ensure that such efforts include proactive steps to promote racial, ethnic, and geographic diversity among participants. What steps is HHS taking, through the NIH MFMU Network study and other research, to ensure diverse participation in studies conducted to understand the effects of COVID-19 on pregnant and postpartum women?

Thank you for your attention to this matter. We look forward to working with you to ensure that the health and safety of pregnant and postpartum women is protected during the COVID-19 public health emergency and beyond.

Sincerely,
Lauren Underwood  
Member of Congress

John Lewis  
Member of Congress

Brian Fitzpatrick  
Member of Congress

Gwen Moore  
Member of Congress

Terri A. Sewell  
Member of Congress

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