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(Original Signature of Member)

111TH CONGRESS
2D SESSION

H. R. _____

To provide assistance to improve maternal and newborn health in developing countries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mrs. CAPPS introduced the following bill; which was referred to the Committee on _____

A BILL

To provide assistance to improve maternal and newborn health in developing countries, 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 “Improvements in Glob-
5 al Maternal and newborn health Outcomes while Maxi-
6 mizing Successes Act” or “Improvements in Global
7 MOMS Act”.

1 **SEC. 2. FINDINGS AND PURPOSES.**

2 (a) FINDINGS.—Congress makes the following find-
3 ings:

4 (1) In 2000, the United States joined 188 other
5 countries in supporting 8 United Nations Millen-
6 nium Development Goals (MDGs), including MDG
7 5, to reduce the maternal mortality ratio by three-
8 quarters by 2015. In 2005, universal access to re-
9 productive health was added as a target for MDG 5.

10 (2) On January 15, 2009, United States Per-
11 manent Representative to the United Nations Susan
12 Rice stated before the Committee on Foreign Rela-
13 tions of the Senate that President Barack Obama is
14 committed to “making the Millennium Development
15 Goals America’s goals.”.

16 (3) With thousands of avoidable maternal
17 deaths still occurring, the United States will need to
18 immediately scale up its funding and delivery of
19 proven low-cost, lifesaving interventions in order to
20 fulfill its commitment to help ensure that MDG 5 is
21 met.

22 (4) Substantial progress in maternal health has
23 been made in some countries and regions: Egypt,
24 Honduras, Malaysia, Sri Lanka, and parts of Ban-
25 gladesh have all halved their maternal mortality ra-
26 tios over the past few decades.

1 (5) However, MDG 5 has made the least
2 progress of all the MDGs. At the current pace,
3 MDG 5 will not be met in Asia until 2076 and much
4 later in Africa.

5 (6) An estimated 8,800,000 children under the
6 age of 5 die each year. Over 40 percent of these die
7 in the first month of life. And mortality rates are in-
8 creasing for those born to young mothers or where
9 pregnancies are less than a year apart.

10 (7) Hundreds of thousands of women die each
11 year from causes related to pregnancy and child-
12 birth. Ninety-nine percent of these deaths occur in
13 the developing world and the vast majority are pre-
14 ventable.

15 (8) In sub-Saharan Africa, a woman's lifetime
16 risk of maternal death is a staggering 1 in 22, com-
17 pared with 1 in 4,800 in the United States, accord-
18 ing to the United Nations Children's Fund
19 (UNICEF).

20 (9) Nine out of 10 women in sub-Saharan Afri-
21 ca will lose a child during their lifetimes.

22 (10) For every maternal death, approximately
23 20 women—or 10,000,000 women per year—suffer
24 complications with severe consequences, including

1 pregnancy-related injuries such as fistula, uterine
2 prolapse, infections, diseases, and disabilities.

3 (11) The number one cause of maternal deaths
4 is hemorrhage. Other primary causes of maternal
5 death include sepsis, unsafe abortion, hypertensive
6 disorder, and prolonged or obstructed labor.

7 (12) Violent acts against pregnant women can
8 lead to poor health outcomes, including preterm
9 labor, preterm delivery, miscarriage, and stillbirths,
10 and even maternal deaths, and the risk for maternal
11 mortality is 3 times as high for abused mothers.

12 (13) The spacing of births has a powerful im-
13 pact on a child's chances of survival. Children born
14 less than 2 years after the previous birth are about
15 2.5 times more likely to die before age 5 than chil-
16 dren born 3 to 5 years after the previous birth.

17 (14) Pregnancy is the leading cause of death
18 for young women aged 15 to 19 worldwide. Com-
19 pared to girls in their twenties, girls aged 15 to 19
20 are twice as likely, and girls under 15 five times as
21 likely, to die in childbirth, and mortality and mor-
22 bidity rates are also higher among infants born to
23 young mothers.

24 (15) Globally, 215,000,000 women would like to
25 delay or end childbearing, but do not have access to

1 modern contraceptives. Fully addressing this need
2 would prevent an additional 53,000,000 unintended
3 pregnancies each year and reduce maternal deaths
4 due to unsafe abortion by 82 percent.

5 (16) If family planning and maternal and new-
6 born services were provided simultaneously, the costs
7 of these services would decline by \$1,500,000,000
8 compared with investing in maternal and newborn
9 care alone—this dual investment would result in a
10 70 percent decline in maternal deaths and 44 per-
11 cent decline in newborn deaths.

12 (17) Maternal death rates are inextricably tied
13 to neonatal survival, with the risk of death doubling
14 for newborns in some countries in the developing
15 world following maternal death.

16 (18) In many developing countries, including
17 fragile states and countries affected by conflict, lack
18 of access to quality health care facilities, health serv-
19 ices, and trained providers results in deaths for
20 mothers, newborns, and children—the majority of
21 births in Africa take place without a skilled attend-
22 ant present, increasing the risk of death or disability
23 for both mother and newborn.

24 (19) The experiences of United States Govern-
25 ment-supported and nongovernmental organization

1 maternal and child health programs in countries
2 such as Nepal, Ethiopia, and Senegal have dem-
3 onstrated that community-based approaches, linked
4 to primary and referral care when possible, can de-
5 liver high-impact interventions to prevent or treat
6 many of the life-threatening conditions affecting
7 mothers, newborns, and children under the age of 5.

8 (20) More than half of all children and preg-
9 nant women in developing countries suffer from ane-
10 mia, which is exacerbated by malaria, neglected
11 tropical diseases, and nutritional deficits, causing
12 adverse pregnancy outcomes and even death.

13 (21) According to WHO, women that have un-
14 dergone female genital mutilation are significantly
15 more likely than those who have not undergone fe-
16 male genital mutilation to experience serious
17 postpartum health problems, and children born to
18 mothers who have undergone female genital mutila-
19 tion face higher death rates immediately after birth.

20 (22) According to the Director of National
21 Intelligence's 2009 Annual Threat Assessment, wide-
22 spread poor maternal and child health and malnutri-
23 tion has the potential to weaken central governments
24 and empower non-state actors, including terrorist
25 and paramilitary groups.

1 (23) The United States Agency for Inter-
2 national Development has estimated the economic
3 impact of maternal and newborn mortality to be a
4 global loss of over \$15,000,000,000 due to dimin-
5 ished productivity.

6 (b) PURPOSES.—The purposes of this Act are—

7 (1) to develop a strategy to reduce mortality
8 and improve maternal and newborn health, and au-
9 thorize assistance for its implementation; and

10 (2) to establish a task force to assess, monitor,
11 and evaluate the progress and contributions of rel-
12 evant departments and agencies of the United States
13 Government in achieving United Nations Millennium
14 Development Goal 5.

15 **SEC. 3. ASSISTANCE TO IMPROVE MATERNAL AND NEW-**
16 **BORN HEALTH IN DEVELOPING COUNTRIES.**

17 (a) IN GENERAL.—Chapter 1 of part I of the Foreign
18 Assistance Act of 1961 (22 U.S.C. 2151 et seq.) is amend-
19 ed—

20 (1) in section 102(b)(4)(B), by striking “reduc-
21 tion of infant mortality” and inserting “reduction of
22 maternal and newborn mortality”; and

23 (2) by inserting after section 104C the fol-
24 lowing new section:

1 **“SEC. 104D. ASSISTANCE TO REDUCE MORTALITY AND IM-**
2 **PROVE MATERNAL AND NEWBORN HEALTH.**

3 “(a) AUTHORIZATION.—Consistent with section
4 104(e), the President is authorized to furnish assistance,
5 on such terms and conditions as the President may deter-
6 mine, to reduce mortality and improve maternal health
7 and the health of newborns in developing countries.

8 “(b) ACTIVITIES SUPPORTED.—Assistance provided
9 under subsection (a) shall, to the maximum extent prac-
10 ticable, include—

11 “(1) activities to expand access and improve
12 quality of maternal health services, including—

13 “(A) comprehensive voluntary family plan-
14 ning services, integrated into antenatal and
15 postnatal care and in child health services, to
16 support women and men in making informed
17 decisions and having timely, intended, well-
18 spaced pregnancies and to help women with
19 preexisting conditions avoid high-risk, unin-
20 tended pregnancies;

21 “(B) birth preparedness through the provi-
22 sion of quality antenatal care, including—

23 “(i) educating women and families
24 about danger signs to look for, potential
25 complications during pregnancy and child-
26 birth, and where to access care;

1 “(ii) providing counseling about hy-
2 giene, nutrition, and the care and feeding
3 of babies;

4 “(iii) helping women and families de-
5 velop a birth plan that includes skilled de-
6 livery care and a transport plan in case of
7 emergencies;

8 “(iv) screening for complications in-
9 cluding blood pressure screenings;

10 “(v) diagnosis and treatment of exist-
11 ing conditions, such as HIV/AIDS, syphi-
12 lis, malaria, and tuberculosis, and ensuring
13 that women are provided with, or referred
14 to, appropriate care and treatment for
15 those conditions;

16 “(vi) ensuring that women infected
17 with HIV are provided mother-to-child
18 transmission prevention services, including
19 access to voluntary family planning, medi-
20 cations to prevent such transmission, and
21 counseling on infant feeding; and

22 “(vii) making vaccines, micronutri-
23 ents, and treatment for infections and
24 parasites available and accessible;

25 “(C) skilled delivery care, including—

1 “(i) the presence of an accredited
2 health professional, such as midwife, doc-
3 tor, or nurse, who has been educated and
4 trained to proficiency in the skills needed
5 to manage normal or uncomplicated preg-
6 nancies, childbirth, and the immediate
7 postnatal period, and in the identification,
8 management, or referral of complications
9 in women and newborns, including active
10 management of the third stage of labor;
11 and

12 “(ii) an enabling environment that in-
13 cludes access to a referral system, commu-
14 nication and transport, drugs and supplies,
15 and equipment appropriate for a normal
16 delivery;

17 “(D) quality emergency obstetric care, in-
18 cluding—

19 “(i) increasing the technical com-
20 petence of health care providers;

21 “(ii) increasing the essential supplies
22 and equipment including fluids, blood
23 products, and drugs to treat complications
24 such as infection, bleeding, and hyper-
25 tension;

1 “(iii) providing the information and
2 counseling for the client, including quality
3 of client-provider interaction;

4 “(iv) ensuring continuity of com-
5 prehensive, acceptable care, referrals and
6 followup; and

7 “(v) access to cesarean section when
8 necessary;

9 “(E) postpartum care and support, includ-
10 ing—

11 “(i) activities to promote immediate
12 exclusive breastfeeding;

13 “(ii) activities to promote essential
14 care of newborns;

15 “(iii) activities to treat, repair, and
16 provide followup services for injuries re-
17 sulting from pregnancy and childbirth, in-
18 cluding fistula; and

19 “(iv) family planning counseling and
20 service provision; and

21 “(F) postabortion care, including—

22 “(i) emergency treatment of complica-
23 tions of unsafe abortion;

24 “(ii) family planning counseling and
25 services; and

1 “(iii) linkages to other reproductive
2 health services;

3 “(2) working with communities and health care
4 providers to identify and remove barriers to mater-
5 nal health care services, including barriers such as
6 financial, socio-cultural, transportation, gender dis-
7 crimination, and stigma based on preexisting health
8 concerns, and ensure that those services are based in
9 individual human rights, as recognized by inter-
10 national agreements and instruments;

11 “(3) comprehensive sexuality education pro-
12 grams and services for youth that provide adoles-
13 cents with information, skills, and materials nec-
14 essary to postpone childbearing;

15 “(4) promotion of activities that focus on em-
16 powering women and girls and engaging men and
17 boys at the individual, household, and community
18 levels to improve the health outcomes of women,
19 newborns, and children including education and
20 awareness programs about gender-based violence,
21 the health risks of female genital mutilation, and
22 shared responsibility for and benefits of family plan-
23 ning;

24 “(5) activities to improve essential newborn
25 care and treatment, including educating families and

1 communities about proper antenatal and skilled de-
2 livery care, tetanus toxoid immunization during
3 pregnancy, immediate and exclusive breastfeeding,
4 keeping the newborn warm, such as by providing
5 skin-to-skin care, keeping the cord clean, resuscita-
6 tion of newborns who are not breathing properly,
7 and treatment of infections;

8 “(6) activities to prevent and treat childhood ill-
9 ness, including early infant diagnosis of HIV infec-
10 tion and increasing access to appropriate prevention
11 and treatment for diarrhea, pneumonia, malaria,
12 HIV/AIDS, and other life-threatening childhood ill-
13 nesses;

14 “(7) activities to improve child and maternal
15 nutrition, including the delivery of iron, zinc, vita-
16 min A, iodine, and other key micronutrients, the
17 promotion of breastfeeding and appropriate com-
18plementary feeding, and the utilization of Ready to
19 Use Therapeutic Foods (RUTF) that, to the extent
20 practicable, are developed, purchased, or produced in
21 the country or region that they are utilized;

22 “(8) activities to strengthen the delivery of im-
23munization services, including efforts to strengthen
24 routine immunization, introduce new vaccines for

1 diseases such as rotavirus and pneumococcal disease,
2 and eliminate polio;

3 “(9) activities to improve household-level behav-
4 ior related to safe water, hygiene, safe and hygienic
5 food preparation and storage, exposure to indoor
6 smoke, and environmental toxins such as lead;

7 “(10) activities to improve capacity for health
8 governance, health finance, and the health work-
9 force, including in the private sector, and support
10 for training clinicians, nurses, technicians, sanitation
11 and public health workers, community-based health
12 workers, midwives, birth attendants, peer educators,
13 volunteers, and private sector enterprises to provide
14 integrated health services and referrals that meet
15 the needs of patients across a continuum of care;

16 “(11) activities to address antimicrobial resist-
17 ance in treating maternal health infections;

18 “(12) activities to establish and support man-
19 agement of host country institutions’ information
20 systems and the development and use of tools and
21 models to collect, analyze, and disseminate informa-
22 tion related to maternal and newborn health;

23 “(13) activities to develop and conduct needs
24 assessments, baseline studies, targeted evaluations,
25 or other information-gathering efforts for the design,

1 monitoring, and evaluation of maternal and newborn
2 health efforts, including—

3 “(A) studying the availability and effects
4 of critical medicines, particularly those of im-
5 portance in the developing world, on pregnant
6 women and newborns;

7 “(B) collection, evaluation, and use of data
8 on the medical and socioeconomic factors that
9 led to a maternal or newborn death or ‘near
10 miss’ at the community and health facility lev-
11 els; and

12 “(C) sociocultural barriers, influencers,
13 and enhancers of health and nutrition behav-
14 iors;

15 “(14) activities to integrate and coordinate as-
16 sistance provided under this section with existing
17 health programs for—

18 “(A) the prevention of the transmission of
19 HIV from mother to child and other HIV/AIDS
20 prevention, care, treatment, and counseling ac-
21 tivities;

22 “(B) malaria;

23 “(C) tuberculosis;

24 “(D) family planning and reproductive
25 health;

1 “(E) counseling for survivors of sexual and
2 gender-based violence;

3 “(F) neglected tropical diseases; and

4 “(G) nutrition;

5 “(15) activities to improve orphan care services
6 and to support innovative orphan and vulnerable
7 children programs;

8 “(16) activities to end harmful traditional prac-
9 tices including female genital mutilation and child
10 marriage;

11 “(17) activities to train health care providers to
12 prevent, identify, and manage cases of gender-based
13 violence as part of family planning and maternal and
14 newborn health services;

15 “(18) activities to support mental health care
16 and provide psychosocial support;

17 “(19) activities to improve access to clean water
18 and improved sanitation through community-based
19 hygiene education programs, access to household-
20 and community-level water purification tools and de-
21 vices, and latrine construction; and

22 “(20) activities to prevent, control, and in some
23 cases eliminate neglected tropical diseases for both
24 newborns and mothers.

1 “(c) GUIDELINES.—To the maximum extent prac-
2 ticable, programs, projects, and activities carried out using
3 assistance provided under this section shall be—

4 “(1) carried out through private and voluntary
5 organizations, including community and faith-based
6 organizations, and relevant international and multi-
7 lateral organizations, including the United Nations
8 Population Fund, the United Nations Children’s
9 Fund, and the Global Alliance for Vaccines and Im-
10 munizations, that demonstrate effectiveness and
11 commitment to improving the health and rights of
12 mothers, newborns, and children;

13 “(2) carried out in the context of country-driv-
14 en plans in whose development the United States
15 Government participates along with other donors
16 and multilateral organizations, nongovernmental or-
17 ganizations, and civil society;

18 “(3) carried out with input by beneficiaries and
19 other directly affected populations, especially women
20 and marginalized communities; and

21 “(4) designed to build the capacity of host
22 country governments and civil society organizations.

23 “(d) ANNUAL REPORT.—Not later than January 31,
24 2011, and annually thereafter for 4 years, the President

1 shall transmit to Congress a report on the implementation
2 of this section for the prior fiscal year.

3 “(e) DEFINITIONS.—In this section:

4 “(1) AIDS.—The term ‘AIDS’ has the meaning
5 given the term in section 104A(g)(1) of this Act.

6 “(2) HIV.—The term ‘HIV’ has the meaning
7 given the term in section 104A(g)(2) of this Act.

8 “(3) HIV/AIDS.—The term ‘HIV/AIDS’ has
9 the meaning given the term in section 104A(g)(3) of
10 this Act.”.

11 **SEC. 4. DEVELOPMENT OF STRATEGY TO REDUCE MOR-**
12 **TALITY AND IMPROVE MATERNAL AND NEW-**
13 **BORN HEALTH IN DEVELOPING COUNTRIES.**

14 (a) DEVELOPMENT OF STRATEGY.—The President
15 shall develop and implement a comprehensive strategy as
16 part of the Global Health Initiative to reduce mortality
17 and improve the health of mothers and newborns in devel-
18 oping countries.

19 (b) COMPONENTS.—The comprehensive United
20 States Government strategy developed pursuant to sub-
21 section (a) shall include the following:

22 (1) An identification of not less than 30 coun-
23 tries, including fragile states and countries affected
24 by conflict, with priority needs for the 5-year period

1 beginning on the date of the enactment of this Act
2 based on—

3 (A) the number and rate of neonatal
4 deaths;

5 (B) the number and rate of maternal
6 deaths;

7 (C) the number and rate of malnourished
8 women of reproductive age; and

9 (D) the number of individuals with an
10 unmet need for family planning.

11 (2) For each country identified in paragraph
12 (1)—

13 (A) an assessment of the most common
14 causes of maternal and newborn mortality and
15 morbidity;

16 (B) a description of the programmatic
17 areas and interventions providing maximum
18 health benefits to populations at risk and max-
19 imum reduction in mortality and morbidity;

20 (C) an assessment of the investments need-
21 ed in identified programs and interventions to
22 achieve the greatest results;

23 (D) a description of how United States as-
24 sistance complements and leverages efforts by

1 other donors and builds capacity and self-suffi-
2 ciency among recipient countries; and

3 (E) a description of goals and objectives
4 for improving maternal and newborn health, in-
5 cluding, to the extent feasible, objective and
6 quantifiable indicators.

7 (3) Enhanced coordination among relevant de-
8 partments and agencies of the United States Gov-
9 ernment engaged in activities to improve the health
10 and well-being of mothers and newborns in devel-
11 oping countries.

12 (4) A description of the measured or estimated
13 impact on maternal and newborn morbidity and
14 mortality of each project or program.

15 (c) REPORT.—Not later than 180 days after the date
16 of the enactment of this Act, the President shall transmit
17 to Congress a report that contains the strategy described
18 in this section.

19 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

20 (a) IN GENERAL.—There are authorized to be appro-
21 priated to carry out this Act, and the amendments made
22 by this Act, such sums as may be necessary for each of
23 fiscal years 2011 through 2015.

24 (b) AVAILABILITY OF FUNDS.—Amounts appro-
25 priated pursuant to the authorization of appropriations

- 1 under subsection (a) are authorized to remain available
- 2 until expended.