

DRAFT COALITION LETTER FY26

Dear XXX,

As you consider the Fiscal Year (FY) 2026 Labor, Health and Human Services, Education, and Related Agencies (LHHS) Appropriations bill, we respectfully urge you to address the critical public health issue of stillbirth by continuing to fund programs that aim to reduce stillbirth. Specifically, we ask for level funding of ***\$1.75 million to support the continued implementation of the Stillbirth Working Group's recommendations at the Department of Health and Human Services (HHS).***

Stillbirth affects 1 in 170 pregnancies, with more than 20,000 babies stillborn every year—that's 60 per day—often in healthy, seemingly low-risk pregnancies. Stillbirth does not discriminate, leaving no pregnancy immune, and occurs in women of all races, ethnicities, income levels, and all ages. Women who experience a stillbirth are also more likely to die after delivery, and severe morbidity is nearly five times more common than in women whose babies are born alive. Studies indicate that at least 25 percent of U.S. stillbirths are preventable. Addressing these preventable cases could save at least 5,050 babies each year. Stillbirth has gone unaddressed for far too long in the U.S., and, despite medical advances, the rate of stillbirth has remained the same over the past 30 years.^[1] Sadly, despite these alarming statistics, stillbirth remains one of the most underfunded and under-researched public health issues today.

Other high-income countries are making much more progress in reducing stillbirths than the United States. In a study of high-income countries, the U.S. had the 17th highest stillbirth rate and ranked 38th out of 46 high-income countries in progress towards reducing stillbirth rates between the years 2000-2021. In a different study of 195 countries, *only 35 other countries* performed worse than the United States in reducing stillbirth rates from 2000-2021.^[2] Unlike other countries, the U.S. does not have a national system to report and investigate stillbirths. Instead, national stillbirth data come from vital records which are administered at the state-level. These data suffer from poor quality; not all stillbirths are registered, not all requested information is provided, and not all information is correct.

To address this public health issue, Congress provided initial funding of \$750,000 in the FY22 Appropriations law, directing the Secretary of HHS to convene a Stillbirth Working Group of experts from the CDC, NIH, outside specialty organizations, and maternal and fetal medicine specialists to focus on the current barriers to collecting data on stillbirths throughout the U.S., identify known risk factors for stillbirth and communities at higher risk of stillbirth, and examine the psychological impact and treatment for mothers post stillbirth.

Recognizing the need for expanded efforts, the FY23 Appropriations law increased funding for the Stillbirth Working Group to \$1.75 million. The Stillbirth Working Group released its final report, [Working to Address the Tragedy of Stillbirth](#) on March 15, 2023 with important recommendations that involved, 'creating and supporting a full research agenda, including

research on both known and unknown risk factors and physiologic mechanisms, and to drive the development of interventions to ultimately prevent stillbirth'.^[3]

In July 2024, the Stillbirth Working Group published a [follow up report with implementation recommendations](#). At the core of these recommendations is ensuring high-quality data. Meaningful research and quality data is needed to drive effective prevention strategies which will lead to better outcomes.^[4]

Building on this progress, the FY24 and FY25 Appropriations laws each included \$1.75 million in funding to **prioritize the Department-wide implementation of the Stillbirth Working Group's recommendations and engage in efforts to promote evidence-based stillbirth awareness and prevention activities across HHS**. We believe it is critical to maintain this funding in FY26.

Therefore, we respectfully urge the Subcommittee to include **\$1.75 million in the FY26 bill to support the Department-wide implementation of the Stillbirth Working Group's recommendations and engage in efforts to promote evidence-based stillbirth awareness and prevention activities across HHS**. This includes issuing guidelines to State departments of health and vital statistics units to improve stillbirth data collection, reporting, and timeliness. Accurate and timely data will help us understand the underlying causes of stillbirth and identify strategies for prevention.

The stillbirth of a precious baby is an inexplicable loss of life, an incomprehensible tragedy. Stillbirth has gone unaddressed for far too long in the United States and we cannot afford to continue neglecting the issue. Babies dying at these rates should not be considered acceptable or the norm. We have a responsibility to understand why stillbirths are happening and identify what can be done to combat this crisis. We can, and must, do better for all future families. Your commitment to ensuring this lifesaving funding continues is crucial. We greatly appreciate the support we have received so far, and we hope that it continues as we work together to make lasting change. Thank you for your time and consideration of our request. For additional information, please contact Debbie Haine Vijayvergiya at debbie@dlh-associates.com.

^[1] *What is Stillbirth?* | CDC. (2022, September 29). Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/stillbirth/facts.html>

^[2] *UNICEF 2023 Stillbirth Data* <https://data.unicef.org/topic/child-survival/stillbirths/>

^[3] "Stillbirth Working Group of Council." Eunice Kennedy Shriver National Institute of Child Health and Human Development, U.S. Department of Health, and Human Services, <https://www.nichd.nih.gov/about/advisory/council/stillbirth-working-group-of-council>.

^[4] Page, J. M., Thorsten, V., Reddy, U. M., Dudley, D. J., Hogue, C. J. R., Saade, G. R., Pinar, H., Parker, C. B., Conway, D., Stoll, B. J., Coustan, D., Bukowski, R., Varner, M. W., Goldenberg, R. L., Gibbins, K., & Silver, R. M. (2018). Potentially Preventable Stillbirth in a Diverse U.S. Cohort. *Obstetrics and gynecology*, 131(2), 336–343. <https://doi.org/10.1097/AOG.0000000000002421>