CAMT
Coalition to Advance Maternal Therapeutics

October 5, 2023

Honorable Commissioner Dr. Robert M. Califf
10903 New Hampshire Avenue
Silver Spring, MD 20993

Honorable Principal Deputy Commissioner Dr. Janet Woodcock
10903 New Hampshire Avenue
Silver Spring, MD 20993

Honorable Associate Commissioner Dr. Kaveeta Vasisht
10903 New Hampshire Avenue
Silver Spring, MD 20993

Cc: Commissioners Kimberlee Trzeciak, James Sigg, Leah Hunter, RAMD Richardae Araojo, Carol Cave

Dear Commissioner Califf, Deputy Commissioner Woodcock, and Associate Commissioner Vasisht:

On behalf of the Coalition to Advance Maternal Therapeutics (CAMT), we write to offer our perspective on important steps that the U.S. Food and Drug Administration (FDA) can take to improve the lives of pregnant and lactating Americans and align federal policies related to inclusion of this population in clinical trials. Specifically, we urge the FDA to expeditiously take steps to harmonize regulations and guidance governing the inclusion of pregnant women in clinical research with the Federal Policy for the Protection of Human Subjects (the "Common Rule").[1]

The CAMT was launched in 2014 with the goal of better understanding the safety and efficacy of prescription drugs, therapeutics, and vaccines used during pregnancy and breastfeeding. The Coalition and its member organizations are committed to raising awareness among policymakers and industry about the need to include pregnant and lactating populations in clinical trials, where appropriate, to close our gaps in knowledge, and ultimately improve the health of women and their families.

Historically, pregnant and lactating women were excluded from clinical trials, leading to large evidence gaps that are impacting the health outcomes of mothers and infants today. In 2016, Congress took the bipartisan step, through the *21st Century CURES Act,* to create the Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC) to address the lack of pregnant and lactating women in clinical trials. The Task Force made 15 recommendations to

[1] 45 C.F.R. Part 46, Subpart A.

the Secretary of the Department of Health and Human Services (HHS) regarding research and the development of safe and effective therapies specific to pregnant women and lactating women. Of these recommendations, the first was to:

> *"Include and integrate pregnant women and lactating women in the clinical research agenda, [which includes the recommendation that] the Food and Drug Administration (FDA) should harmonize with the Common Rule and remove pregnant women as a vulnerable population."*[2]

Additionally, Congress mandated that HHS, to the extent possible, harmonize the differences between the Common Rule and FDA Human Subject Regulations. *CURES* harmonization was required to be completed by December 13, 2019.[3]

In September of 2022, the FDA issued proposed rulemaking to harmonize FDA's regulations pertaining to human subjects research with the Common Rule, which is in line with Congressional intent.[4] While we applaud the steps the FDA has taken to harmonize guidance with the Common Rule, however, the nearly four year delay in harmonizing the rules to remove pregnant women as vulnerable population has had detrimental impacts on moms and babies throughout the United States.

The United States has one of the highest maternal mortality rates in the developed world – a rate that has been rising since 2000 and that has increased by over 63% between 2019 and 2021.[5,6] Death rates have consistently been highest among Black women, who experience maternal-related deaths more than 2 times the rate of non-Hispanic white women.[7]

The leading causes of maternal deaths include maternal mental health conditions, excessive bleeding, cardiac or coronary conditions, infection, thrombotic embolism, cardiomyopathy, and hypertensive disorders of pregnancy. Maternal Mortality Review Committees have determined that 80% of maternal deaths are preventable.[8] Preventing these deaths will take a well-rounded approach, and research is a critical component to saving mothers' lives.

For these reasons, we urge the FDA to work expeditiously to harmonize regulations and guidance governing the inclusion of pregnant women in clinical research with the Common Rule.

---

[2] U.S. Department of Health and Human Services. (2018, September). *List of recommendations from the Task Force on research specific to pregnant women and lactating women (PRGLAC)*. Eunice Kennedy Shriver National Institute of Child Health and Human Development. https://www.nichd.nih.gov/about/advisory/PRGLAC/recommendations

[3] Public Law No. 114-255

[4] 87 FR 58733

[5] Gunja, M. Z., Gumas, E. D., & Williams, R. D. (2022, December 1). *The U.S. maternal mortality crisis continues to worsen: An international comparison*. U.S. Maternal Mortality Crisis Continues to Worsen. https://www.commonwealthfund.org/blog/2022/us-maternal-mortality-crisis-continues-worsen-international-comparison

[6] Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023.

[7] Ibid.

[8] Centers for Disease Control and Prevention. (2022, September 19). Four in 5 pregnancy-related deaths in the U.S. are preventable. Centers for Disease Control and Prevention. https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html

Sincerely,

American Academy of Allergy, Asthma & Immunology/VAMPSS (Vaccines and Medications in Pregnancy Surveillance System)

American Association of Colleges of Pharmacy

American College of Obstetricians and Gynecologists

Elizabeth Glaser Pediatric AIDS Foundation

Endocrine Society

Epilepsy Foundation

HealthyWomen

March of Dimes

Maternal Mental Health Leadership Alliance

Organization of Teratology Information Specialists

Policy Center for Maternal Mental Health

Society for Birth Defects Research and Prevention

Society for Maternal-Fetal Medicine

Society for Women's Health Research

UCB, Inc.

Wake Up Narcolepsy