



Life Matters

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House Bill No. 49

House Finance Committee

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Good afternoon Chairman Smith, Vice Chair Ryan, Ranking Member Cera, and members of the committee. Thank you for allowing me to testify before you regarding House Bill 49. As the Director of Operations for Pregnancy Decision Health Centers (PDHC) in Columbus, Ohio, I represent the work that we do in our six centers located in both Franklin and Fairfield counties, and I am here as an advocate for the work of pregnancy centers from around the state.

At PDHC, we offer practical support to those facing an unplanned pregnancy. We have promoted healthy pregnancy and childbirth since 1981. We provide early pregnancy intervention services, education, and resources for those who are most at-risk for adverse medical and social outcomes. Our services include free pregnancy testing, ultrasounds, connection to prenatal care, material aid, and a positive parent mentoring program. In the past 10 years, nearly 14,000 women have had a positive pregnancy test at our centers. Every woman who has a positive test receives resources to promote a healthy pregnancy. In addition, regardless of test result, PDHC promotes the benefits of education, employment, stability in relationships, and maintaining good health.

As a no cost service provider, pregnancy centers are in a strategic position to serve women with the high-risk factors that contribute to infant mortality. According to the Kirwan Institute at The Ohio State University; poverty, singleness, teen age, maternal stress, and lack of health care contribute to an increased risk of infant mortality. Additionally, positive parenting behaviors such as quitting smoking, breastfeeding, and practicing safe sleep habits have been shown to reduce the mortality rate.<sup>1</sup> In 2016, 66% of the women served at PDHC reported an annual income of less than \$15,000 and 76% were single. Over 60%

1. <http://kirwaninstitute.osu.edu/wp-content/uploads/2014/02/ki-infant-mortality.pdf>



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of the women who came to us self-identified as non-Caucasian. These statistics demonstrate the key position that pregnancy centers are in to reach our shared target audience of families who are most at-risk for infant mortality.

Our services are uniquely designed to combat the socioeconomic risk factors that contribute to adverse pregnancy outcomes. Each one of our staff nurses has the likelihood to be the first medical point of contact that a woman has during her pregnancy. PDHC nursing staff and volunteers promote healthy pregnancy through empowering women to access early prenatal care and through provision of prenatal vitamins to each woman with a positive pregnancy test. All PDHC clients are eligible to receive prenatal vitamins at no cost throughout pregnancy and during breastfeeding. In addition, PDHC educates pregnant women and new families on a wide range of topics including: breastfeeding, safe sleep, car seat safety, healthy foods, the risks of smoking and substance use, and more. All of these efforts enable us to play a vital role in reducing the state's infant mortality rate.

Our only challenge is our limited resources. As a service provider, committed to providing care at no cost and without qualification, we have the ability to reach those who are most vulnerable among us. However, our ability to serve depends on the generosity of our donors. We are very grateful that people of goodwill have enabled us to reach many women over the years, but we know that our state's challenge of infant mortality is much greater than our current scope. I am certain that we could reach many more with state funds appropriated to us through the Ohio Pregnancy and Parenting Program.

Chairman Smith, Vice Chair Ryan, Ranking Member Cera, and members of the committee, thank you for the opportunity to share how pregnancy centers are uniquely suited to support healthy pregnancy and combat the problem of infant mortality. I appreciate your public service and commitment to reduce the incidence of infant mortality in our state. I urge you to support successful pregnancy outcomes by increasing the amount of appropriated Ohio Pregnancy and Parenting funds available to pregnancy centers.