

**Ohio House Health Committee  
HB11 Tobacco Cessation/Prenatal Care  
Testimony of Wayne Trout, MD  
American College of Obstetricians and Gynecologists, Ohio Section**

Chair Merrin, Vice Chair Manning and Ranking Member Boyd, my name is Dr. Wayne Trout, I am an obstetrician-gynecologist, and I currently serve as Chair of the Ohio Section of the American College of Obstetricians and Gynecologists (ACOG Ohio). I am grateful for this opportunity to provide written proponent testimony for HB11 Tobacco Cessation/Prenatal Care.

As you may know, ACOG is the nationally recognized foremost organization dedicated to the improvement of women's health. As such, ACOG, through its members, produce guidelines and education material viewed as the standard of care for patients. ACOG Ohio represents over 1500 Ohio OB/GYNs and their patients.

Centering pregnancy and group prenatal care: The provision in HB11 establishing a grant program to benefit centering pregnancy programs will be helpful to practices and healthcare facilities wishing to provide this valuable service. We recognize group prenatal care models can be challenging to initiate and maintain; often the cost of initiating a group prenatal care model can be a barrier to implementation.

Group prenatal care models are designed to improve patient education, include opportunities for social support and maintain the risk screening and physical assessment of individual prenatal care. Some studies demonstrate high levels of patient satisfaction and obstetric outcomes equal to those patients receiving individual prenatal care, with improved outcomes for some patient populations. ACOG believes individual and group care models warrant additional study, with a goal of demonstrating differences in outcomes and identifying populations that benefit most from specific care models.

When participation in group prenatal care is offered, it should be provided as an alternative option to traditional prenatal care and not mandated. Each patient should have the ability to choose how they receive their medical care.

Tobacco Cessation: Smoking is one of the most important modifiable causes of poor pregnancy and ACOG fully supports the provisions in HB11 that addresses tobacco cessation. Quitting tobacco can be extremely difficult; coverage of cessation medications and services is an important improvement.

Dental Care: Maintaining good oral health is important to all adults and ACOG supports access to dental care for women, including those who are pregnant. Physiologic changes during pregnancy can affect oral health and pregnant women are more prone to gingivitis, tooth mobility, tooth loss and other oral health conditions. Dental care can be provided during pregnancy safely. Thus we support access to dental hygiene programs for pregnant women as part of their oral health and overall health care.

Thank you for the opportunity to offer testimony on HB11. I appreciate your consideration, urge you to support this bill, and I hope you will consider ACOG Ohio and myself a valuable resource for all items relating to the practice of obstetrics and gynecology and women's health issues.

*Pregnancy Group Care: ACOG Committee Opinion 731; Mar. 2018 (attached)*

*Dental Care: ACOG Committee Opinion 569; Aug. 2013; reaffirmed 2017 (attached)*

*Tobacco Cessation: ACOG Committee Opinion 721; Oct. 2017*