

Proponent Testimony SB 332 regarding Stillbirth Amendment

Presented by Elizabeth Yassenoff to House Finance Committee December 6, 2016

Chairman Smith, Vice Chairman Ryan, Ranking Member Driehaus and members of the committee: My name is Elizabeth Yassenoff and I want to thank you for the opportunity to testify before the committee today on SB 332, the Infant Mortality Bill. I would like to express my support for the bill, and specifically for the amendment that requires data collection and education regarding stillbirths. In July, my husband Erik and I lost our firstborn, our son, Jacob Dale Yassenoff due to complications that arose when I went into labor at full term. Jacob was not classified as stillborn because he was able to be resuscitated at birth and lived about three hours after delivery, but many babies suffering his same complications are delivered stillborn. It is a testament to the strong, healthy baby he was, and to the incredible care we received, that Jacob lived at all following delivery. In the months since Jacob's birth and death, I have become passionate that we must do more to learn about the causes of stillbirth and death shortly after birth. My passion for this issue arises not only from Jacob's experience, but also from all of the devastated, yet incredibly strong, bereaved mothers I have encountered since suffering our loss. When Jacob died, Erik and I became members of one of those clubs in life that no one wants to join. It's the membership you never think you or someone close to you will earn because you think it's so incredibly rare. You almost think it doesn't happen. Not to healthy women who receive exceptional prenatal care, follow all their doctor's orders, and count their baby's kicks. But once you join this group, you learn that it has way more members than you ever imagined, including many who have done everything right to have a healthy baby. According to the CDC website, "Stillbirth affects about 1% of all pregnancies, and each year about 24,000 babies are

stillborn in the United States. That is about the same number of babies that die during the first year of life and it is more than 10 times as many deaths as the number that occur from Sudden Infant Death Syndrome (SIDS).”¹

Since losing Jacob, I have connected online and in person with so many amazingly strong grieving mothers. We all have our own grief journeys, but we seem to share one universal feeling, which is that as hard as it is to think and talk about the scariest pregnancy outcome, we need to stop being afraid to do so. It is only once we lose the fear and stigma around talking about stillbirth that we can learn about its causes and find solutions to those cases that could be prevented. Certainly there are some causes of stillbirth that cannot be predicted or prevented, but just as certainly there are some that can. The CDC website states that “known causes of stillbirth generally fall into one of three broad categories:

- Problems with the baby (birth defects or genetic problems)
- Problems with the placenta or umbilical cord (this is where the mother and baby exchange oxygen and nutrients)
- Certain conditions in the mother (for example, uncontrolled diabetes, high blood pressure, or obesity)”²

Much like my own experience, the most common experience I hear from moms who lost their full term babies is that these women had routine, healthy pregnancies. They were not high risk and there was no detected cause for extra monitoring. Often we are left wishing that there had been some sign, something that would have triggered an extra test or ultrasound that could have showed a risk and allowed for a life-saving intervention. Without medical training, I am

¹ <http://www.cdc.gov/ncbddd/stillbirth/facts.html#ref>

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certainly not the one to suggest what screening or interventions might be effective to reduce the stillbirth rate, but I do know that we have no hope of figuring it out without first collecting data on stillbirths and increasing awareness based on that data. Ohio's focus on infant mortality in recent years is critically important and must continue, but it's time to expand that focus to look at those babies that die in the later stages of pregnancy. A 2015 National Vital Statistics Report explains that "Despite minor fluctuations, the U.S. fetal mortality rate [for fetal deaths at 20 weeks of gestation or more] has remained relatively unchanged since 2006. In contrast, the infant mortality rate has declined 11% in the same time period. Additionally, although the total fetal mortality rate has historically been lower than the total infant mortality rate, as of 2011 these two rates have been essentially the same."³ This bill requires the Department of Health to collect and disseminate information to help understand why stillbirth occurs, and it is a critical first step toward the possibility of saving some of these precious young lives.

Thank you for your consideration of this important issue, and thank you especially to Senators Jones and Tavares for sponsoring this bill and to Representative Kunze for advocating for the amendment to address stillbirth. I would be happy to take any questions you have.

³ http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_08.pdf