

Health and Human Services Committee  
September 27, 2016  
Statement by Allyson Blandford  
Director Advocacy & Government Affairs  
March of Dimes

Thank you for the opportunity to submit testimony on SB332. The March of Dimes supports passage of the bill.

The March of Dimes is a national voluntary health agency whose volunteers and staff work to improve the health of infants and children by preventing birth defects, premature births and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy.

Prematurity is a common, serious and costly public health problem. Together with associated conditions, prematurity is the leading cause of neonatal death and infant mortality in the U.S. In the state of Ohio, 10.3% of births were preterm in 2015, falling short of the March of Dimes 2020 goal of 8.1% and resulting in a “C” grade on the March of Dimes Preterm Birth Report Card.

SB332 addresses the issues of infant mortality and preterm rates through the following evidence based provisions:

- Studies have shown the risk of preterm birth diminishes in at-risk women from weekly administration of progesterone supplementation (17P) beginning between 16-24 weeks gestation through 37 weeks gestation. The March of Dimes supports extending access to 17P through granting pharmacists the ability to administer the medication.
- Cigarette smoking during pregnancy poses many risks for women and their babies, including increased risk of premature delivery and low birthweight. The harmful effects are directly linked to the amount and duration of smoking during pregnancy. The March of Dimes supports legislative and regulatory action to reduce exposure to tobacco smoke by women of child bearing age (especially those who are pregnant) and infants, and to increase the availability and access to effective smoking prevention and cessation services.
- Birth spacing refers to the time from one child’s birth until the next pregnancy. Spacing pregnancies too close together is a known risk factor for preterm birth and infant mortality. Access to services that promote appropriate birth spacing can improve outcomes. The March of Dimes promotes birth spacing interventions supported by scientific evidence to improve maternal and child health outcomes.

As always, the March of Dimes remains a resource and a partner in this conversation. To that end, please contact us if you need any specific data and/or have questions or concerns.

Thank you for your consideration of our support.



## SB 332 Will Reduce Infant Mortality and Preterm Birth

Prematurity is a common, serious and costly public health problem. Together with associated conditions, prematurity is the leading cause of neonatal death and infant mortality in the U.S. In the state of Ohio, 10.3% of births were preterm in 2015, falling short of the March of Dimes 2020 goal of 8.1% and resulting in a “C” grade on the March of Dimes Preterm Birth Report Card.

SB 332 addresses the issues of infant mortality and preterm birth rates through the evidence-based provisions below:

### Progesterone Supplementation Administration:

Studies have shown the risk of preterm birth diminishes in at-risk women from weekly administration of progesterone supplementation (17P) beginning between 16 – 24 weeks gestation through 37 weeks gestation. The March of Dimes supports extending access to 17P through granting pharmacists the ability to administer the medication.

### Tobacco Use:

Cigarette smoking during pregnancy poses many risks for pregnant women and their babies, including increased risk of premature delivery and low birthweight. The harmful effects are directly linked to the amount and duration of smoking during pregnancy. The March of Dimes supports legislative and regulatory action to reduce exposure to tobacco smoke by women of child bearing age (especially those who are pregnant) and infants, and to increase the availability and access to effective smoking prevention and cessation services.

### Birth Spacing:

Birth spacing refers to the time from one child’s birth until the next pregnancy. Spacing pregnancies too close together is a known risk factor for preterm birth and infant mortality. Access to services that promote appropriate birth spacing can improve birth outcomes. The March of Dimes promotes birth spacing interventions supported by scientific evidence to improve maternal and child health outcomes.

### The March of Dimes Urges Support of SB 332

- Expanding the practice of pharmacy definition to allow pharmacists administration of 17P will increase access to this critical intervention and lower rates of preterm birth
- Reducing tobacco use through evidence based prevention and cessation efforts will reduce the incidence and risk of preterm birth among pregnant women and women of child bearing age
- A minimum of 18 months is recommended between births to prevent preterm birth, small gestational age and low birthweight

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