



Life Matters

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House Bill No. 64

Senate Finance – Workforce Subcommittee

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Good afternoon Chairman Beagle, Vice chair Williams, and members of the committee.

Thank you for allowing me to testify before you regarding House Bill 64. 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 care for those who lack resources. This lack of resources leaves them 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, over 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 2014, 73% of the women served at PDHC reported an annual income of less than \$15,000 and 79% were single. Over 60% of the women who came to us self-identified as non-Caucasian and nearly 50% were under

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



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the age 25. These statistics demonstrate the key position that pregnancy centers are in to reach our shared target audience of women and infants at-risk.

Our services are uniquely designed to combat the risk of the socioeconomic 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. All of our nursing staff has attended the state's Infant Mortality Summit and are poised to promote healthy pregnancy. Our nurses educate pregnant women on the benefits of a healthy diet, the risks of smoking and substance abuse, and are equipped to help women gain access to early and essential prenatal care. In addition, our mentoring program covers a wide range of topics including breastfeeding and safe sleep. 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 Beagle, Vice chair Williams, 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 appropriating Ohio Pregnancy and Parenting funds to pregnancy centers.