



**State Representative Erica C. Crawley  
Ohio House District 26  
House Bill 435 Sponsor Testimony (as prepared)**

Chairman Lipps, Vice-Chair Holmes, Ranking Member Boyd, and members of the House Health Committee, thank you for the opportunity to provide sponsor testimony on House Bill 435, which will enact the Save Our Mothers Act in order to establish continuing education requirements for birthing facility personnel. This is an initiative to improve birth equity, reduce peripartum racial and ethnic disparities, and address implicit bias in the healthcare system.

In February, I was before you providing sponsor testimony supporting improvements to the Pregnancy-Associated Mortality Review (PAMR) board. PAMR was only the first step in addressing the disparities which exist in our health care system especially within maternity care.

The Save Our Mothers Act is important because in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth every day.<sup>i</sup> In the U.S. every year, 700 to 900 new and expectant mothers die, with an additional 500,000 experiencing life-threatening postpartum complications. The majority of the deaths are from preventable causes.<sup>ii</sup> Black women in the United States are three to four times more likely to die from childbirth or pregnancy-related causes than white women.<sup>iii</sup>

The United States has the highest maternal mortality rate in the industrialized world and the only industrialized country with increasing rates. Because women are dying at increasing rates, and the disparities between White women and Black women continue to grow, the U.S. Congress passed the "Preventing Maternal Deaths Act" (The Act) in 2018. This bipartisan legislation is meant to support states in their work to save and sustain the health of mothers during pregnancy, childbirth, and the postpartum period. The legislation also aims to eliminate disparities in maternal health outcomes for pregnancy-related and pregnancy-associated deaths and identify solutions to improve health care quality and health outcomes for mothers. The "Preventing Maternal Deaths Act" allocates \$58 million each fiscal year to provide states with the funds to establish and maintain the work of their maternal mortality review committees. Ohio was awarded 2 grants from "The Act" in September 2019 to address maternal mortality.<sup>iv</sup>

The Save Our Mothers Act requires hospitals and freestanding birthing centers to conduct annual continuing education for employees and contractors who routinely care for pregnant and postpartum women, including employees and contractors of the facility's emergency department. These requirements would be put in place by the Ohio Director of Health, who may consult with the American College of Obstetricians and Gynecologists (ACOG) and other professional associations concerned with the care of pregnant and postpartum women when establishing the requirements.

The leading underlying causes of Pregnancy-Related deaths in Ohio from 2008-2016 were cardiovascular and coronary conditions (16%), infections (13%), hemorrhage (12%), pre-eclampsia and eclampsia (12%), and cardiomyopathy (10%).<sup>v</sup>

A 2017 factsheet released by ODH shows that in 2013, Ohio's Severe Maternal Morbidity (SMM) rate was 143 per 10,000 hospital deliveries. Ohio must address these incidents as they greatly and adversely affect women's health and wellbeing.<sup>v</sup> Understanding what went wrong in an SMM case and what was done to save the mother has the ability to prevent future SMM incidents as well as incidents of maternal mortality.

The Alliance for Innovation on Maternal Health (AIM) Program has provided evidence-based patient safety bundles focusing on readiness, recognition, response, and reporting for Obstetric Hemorrhage, Severe Hypertension in Pregnancy, Maternal Prevention of VTE, and Safe Reduction of Primary Cesarean Birth.<sup>v</sup> Therefore, the continuing education modules will not have to be created by the Director of Health, The Ohio Department of Health, or the individual hospitals.

While our goal is to become an AIM state, the most important aspect is implementing the evidence-based patient safety bundles. When ODH and OHA announced their plan in September 2020<sup>vi</sup> to become an AIM state I was pleased. However, I was very disappointed after speaking with ODH about the implementation of the bundles, I quickly learned that it was not a full implementation at all. ODH and OHA's plan is funded by a grant that is a five year grant and they are working to implement one patient safety bundle focused on severe hypertension in pregnancy and then potentially implementing a second patient safety bundle in year 4 of the grant.<sup>vii</sup> This announcement, while an important initial step, it did not fully meet the maternal health needs of our state and Ohio joins 25 other states who are solely implementing one patient safety bundle when there are 6 core patient safety bundles and 7 supporting patient safety bundles that are available and have been proven to save lives.<sup>vi</sup> As a state that has an alarmingly high maternal morbidity rate, there needs to be more movement and preventative action.<sup>vii</sup>

Between 2009 to 2013, California's maternal mortality rate decreased by 55% and that can be contributed to over 200 hospitals that enacted the California Maternal Quality Care Collaborative's toolkit which is now known as evidence-based patient safety bundles.<sup>viii</sup> In Michigan, there has been a 10.5% decrease in severe maternal morbidity since birthing

hospitals have been implementing patient safety bundles. There has also been a 17.9% decrease in complications for women who experience hemorrhaging.<sup>xi</sup> In an ACOG 2018 report, four AIM states showed a decrease of 8.3% to 22.1% in maternal mortality after implementing the hemorrhage and hypertension patient safety bundles in 2015.<sup>x</sup> These state's examples have shown the importance of adopting patient safety bundles. The Save Our Mothers Act would allow Ohio to begin working toward reducing maternal deaths by implementing at least two of the AIM patient safety bundles, obstetric hemorrhage and severe hypertension in pregnancy. The state would also implement the patient safety bundles addressing the two most prevalent obstetric complications, other than obstetric hemorrhage and severe hypertension, as identified in the most recent biennial report prepared by the PAMR board.

As you can see, the Save Our Mother's Act ties directly into PAMR. Prior to being codified, PAMR had not released a report since 2014. PAMR released its most recent report in November 2019. The creation of an annual report as required by House Bill 434 is able to highlight the patient safety bundles that are most necessary within our state.

Ohio's maternal death rate was 14.7 per 100,000 live births between 2008 and 2016. The report found that during this time, there were 610 pregnancy-associated deaths in Ohio. Of those, 186 women died due to pregnancy-related reasons. Black women died at a rate more than two and a half times that of white women, accounting for 34 percent of pregnancy-related deaths while only making up 17 percent of women giving birth in Ohio.<sup>iv</sup> Over half of all pregnancy-related deaths (57 percent) between 2012 and 2016 were preventable.<sup>iii</sup>

Mothers are dying, many from preventable causes. Where these deaths are preventable, it is our responsibility to do everything we can to ensure that families come first in Ohio and birthing people can live their lives without the fear of dying during or after childbirth.

Another important factor of the Save Our Mothers Act is development of an initiative to improve birth equity, reduce peripartum racial and ethnic disparities, and address implicit bias in the health care system. The development of this initiative is also covered in one of the safety bundles through the Reduction of Peripartum Racial/Ethnic Disparities. This initiative will address the stark outcomes Black mothers and infants experience during pregnancy and after birth. We know more has to be done in order to address these disparities and the safety bundles are a step in the right direction.

There are several pieces of legislation introduced during the GA that focus on birthing people carrying their pregnancies to term. We need healthy moms and healthy babies. Implementing the Save Our Mothers Act and the maternal patient safety bundles will establish that mothers and babies are a priority in our state, families come first in Ohio, and mothers can live their lives without the fear of dying during or after childbirth. HB 435 is pro-life legislation.

Thank you again for the opportunity to speak on behalf of this legislation, and at this time I will be happy to answer any questions you may have.

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- i. "Maternal Mortality." World Health Organization. World Health Organization.
  - ii. "America Is Failing Its Black Mothers." Harvard Public Health Magazine
  - iii. "Pregnancy-Related Deaths." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention
  - iv. "Preventing Maternal Deaths Act of 2018." Congress.
  - v. "A Report on Pregnancy-Associated Deaths in Ohio 2008-2016." Ohio Department of Health, 2019.
  - vi. "AIM State Participation." Alliance for Innovation on Maternal Health.
  - vii. "Ohio Joins National Program Taking Aim to Advance Maternal Health Care." Ohio Hospital Association.
  - viii. "How California Cut Its Maternal Death Rate in Half." Self.
  - ix. "MI AIM Handbook." Michigan Alliance for Innovation on Maternal Health.
  - x. "AIM Program Awarded Millions to Expand Efforts to Reduce Maternal Mortality and Morbidity." ACOG.