



House Bill 11 – Proponent Testimony
Ohio Senate Health, Human Services, and Medicaid Committee
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November 13, 2019

Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Ohio Senate Health, Human Services, and Medicaid Committee, thank you for having me here today to speak in support of House Bill 11, which would establish a grant program for group-based prenatal health care services to address infant mortality and smoking cessation. My name is Susan Hudson, and I am a Certified Nurse Midwife, Director of Midwifery for Cleveland Clinic's Western Region, and Director of the CenteringPregnancy Program at Cleveland Clinic.

Cleveland Clinic is committed to serving the community by providing care to the disadvantaged, supporting public health initiatives, and engaging in a broad range of medical, research, education, and training programs. In 2017, our community benefit expenditures totaled \$906.5 million, including \$90.0 million in financial assistance. Cleveland Clinic also plays a key role in the economic health of the region generating \$17.8 billion of the total economic activity in Ohio.

I am honored for the opportunity to share why CenteringPregnancy is such a valuable tool for both pregnant women and their providers, and how House Bill 11 would help these efforts.

Centering is prenatal care that combines the medical appointment, education, and support in a series of group sessions. It teaches women to partner in their own care and it provides the space to gather, talk, and share knowledge and concerns. In the CenteringPregnancy model, this is done with professional guidance, facilitation, and support. Women who are at risk for preterm birth due to unhealthy habits like smoking, unbalanced diets, or chronic stress caused by economic pressures, social isolation or discrimination will find a level playing field in their Centering group. They can obtain information about how best to access services and support for important change, and they will find a community that hears them and helps to gently direct them to healthier choices.

The first session of each group includes information on healthy lifestyle choices. This curriculum provides information on the risks of smoking and secondhand smoke to both the mother and her baby. We address not only the physiology, but also the value and importance of smoking cessation. We provide smoking cessation support and opportunities at each subsequent visit. In addition, in the first visit, we address dental changes that occur in pregnancy, ways to cope with and manage these changes, and the importance of good dental care throughout the pregnancy. Throughout the course of a Centering group (10 sessions), women are encouraged to complete self-assessment worksheets, many of which include gentle reminders and guides for implementing these healthy changes. Also, members of the group provide the support and community that encourage this healthy living.

The Cleveland Clinic began its CenteringPregnancy program in March 2016. Through 2018, we have served 261 women. Of these, three had babies of low birth weight (<2500g), and five



babies were premature (<37weeks). That is, 1% of Centering babes had a low birth rate, and 2% were born at less than 37 weeks of gestation. From January to July 2019, we enrolled 106 mothers in our Centering program. Of these, 42% are African American. Only 48% (51) have delivered at this time, and of those, there have been five preterm births, of which three also had low birth weight.

The evidence is compelling that CenteringPregnancy can reduce preterm birth, improve attendance at prenatal visits, improve readiness for birth and parenting, and improve disparity between black and white women. In the city of Cleveland, it is incumbent on us to improve all of these factors in order to bring our 14% preterm birth rate down to the national rate of 9.6% or lower. Certainly, preterm birth is the singular largest contributor to the infant mortality crisis in our community.

Once again, Cleveland Clinic voices its support for the passage of HB 11, which will support our efforts by reducing preterm birth, and increasing the number of pregnant women receiving early prenatal care. We are thankful to the bill sponsors, Representative Gayle Manning and Representative Stephanie Howse for introducing the bill, which was unanimously passed in the House on June 20.

Thank you, and I would be happy to answer any questions you may have.