



TESTIMONY OF:

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IN SUPPORT OF:

Senate Bill 327
Enact Save Our Mothers Act-equitable birthing
Senate Health, Human Services and Medicaid Committee
September 22, 2020

Chair Burke, Vice Chair Huffman, Ranking Minority Member Antonio, and distinguished members of the Ohio Senate Health, Human Services and Medicaid Committee, thank you for the opportunity to provide testimony today in support of Ohio Senate Bill 327, the Save Our Mothers Act.

My name is Erin Ryan and I serve as the Managing Director of the Ohio Women's Public Policy Network, a coalition of nearly 40 organizations working collaboratively to advocate for public policy solutions that build economic opportunity for women and families. We are united by a collective vision: an Ohio in which all women, particularly women of color and low-income women, have the resources to thrive and the ability to live economically secure, safe, and healthy lives.

The right to access quality, affordable, and culturally competent health care is fundamental to our mission as an organization, and this shaped our interest in testifying today in support of Ohio's Senate Bill 327. This legislation aims to directly improve maternal health outcomes, with a focus on addressing racial inequities in maternal mortality and morbidity rates facing women of color, by requiring hospitals and birthing facilities to provide their staff with necessary educational resources and training, including content that covers cultural competency and implicit bias.

The quality of care that women receive throughout their pregnancy, during delivery, and postpartum has a direct impact on maternal and infant health outcomes, as well as playing a role in whether women will seek care in the future. Structural racism within our health care system affects the quality of care that women of color - particularly Black women - receive, and this can have very dangerous, and oftentimes deadly, consequences. **Senate Bill 327 would enact**

crucial education and training requirements for healthcare professionals that would improve the quality of the care they provide, leading to better health outcomes for Ohio's mothers.

Women of color, and especially Black women, are disproportionately likely to be denied or unable to access resources, services, and information related to their reproductive health. Even when they can access care, Black women are more likely to face implicit or explicit bias from medical providers, which impacts the care they receive, prevents them from experiencing optimal health, wellbeing, and birth outcomes, and could lead to their death.

Nationally, Black women are three to four times more likely to die from pregnancy-related deaths compared to white, non-Hispanic women. This is as a result of racial disparities in access to and quality of care, discrimination and implicit bias in the health care system experienced before, during, and after pregnancy, and stress and trauma associated with structural and institutional racism.¹ All of this is compounded by an overarching trend of Black women's voices and experiences being devalued and ignored. Across several articles, studies, and shared stories of women, Black women's concerns throughout and after their pregnancy and delivery are frequently dismissed or downplayed, leading to severe consequences. Increased health risks and changes in protocols and policies at hospitals during the coronavirus pandemic are all realities that further threaten maternal health outcomes.

In 2019, the Ohio Pregnancy-Associated Mortality Review Board released the state's first comprehensive report on pregnancy-associated deaths. The data illustrates exactly why legislation like Senate Bill 327 is so important: 57 percent of the pregnancy-associated deaths in Ohio between the years 2008 - 2016 were deemed preventable, with Black women experiencing disproportionately higher death rates. Among the recommendations proposed to address the contributing factors to such deaths, the report emphasized the importance of educating providers and patients on treating birthing complications, such as severe maternal hypertension and/or obstetric hemorrhage.²

The Save Our Mothers Act effectively responds to these adverse maternal outcomes and disparities by requiring hospitals and birthing centers to offer employees educational training on the recognition and management of prevalent obstetric complications. Moreover, it promotes the incorporation of implicit bias training and educational modules related to cultural competency in order to directly mitigate racial and ethnic disparities embedded within the health care system, with the goal of achieving birth equity. This educational initiative is imperative to ensuring that

¹ <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancyrelatedmortality.htm>

² <https://www.daytondailynews.com/news/local/half-ohio-pregnancy-related-deaths-preventable-report-shows/H6ImOmNoil8uf4vPrfPWBP/>

mothers from all backgrounds are able to adequately access essential maternal care and treatment.

There is no one solution to address the maternal mortality crisis we are facing, however, Senate Bill 327 is critical in the efforts to improve the health outcomes of Ohio mothers, along with proactive policy solutions such as enacting a state paid family leave program. On behalf of the Ohio Women's Public Policy Network, I respectfully urge the committee to support passage of Senate Bill 327, the Save Our Mothers Act.

Thank you again for the opportunity to testify. I am available to answer any questions by email at ryan@innovationohio.org.

Sincerely,
Erin Ryan
Managing Director
The Ohio Women's Public Policy Network