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**Sponsor Testimony
Senate Bill 125
Save Our Mothers Act
Health Committee
Wednesday, November 17, 2021**

Chairman Huffman, Vice-Chair Antani, Ranking Member Antonio and members of the Senate Health Committee, thank you for the opportunity to provide sponsor testimony on Senate Bill 125, the Save Our Mothers Act. This bill, which is a reintroduction of Senate Bill 327 of the 133rd General Assembly, would require hospitals and other birthing facilities to offer employees training on maternal health and pregnancy-related complications in order to improve standards of care and save lives. This training would include, but would not be limited to, the treatment and management of women experiencing severe maternal hypertension and/or obstetric hemorrhage in accordance with acceptable and prevailing standards of care.

According to a 2019 report by the Pregnancy-Associated Mortality Review Board, there were 610 pregnancy-associated deaths in Ohio between the years 2008-2016. Among these deaths, 186, or 31 percent, were pregnancy-related; meaning the cause of death was related to or aggravated by the pregnancy or its management. The leading causes of death related to pregnancy were cardiovascular and coronary conditions, followed by infections, hemorrhage, pre-eclampsia and eclampsia, and cardiomyopathy. Black women only made up 17 percent of mothers giving birth; however, they made up 34 percent of pregnancy-related deaths, dying at a rate more than two and a half times that of white women. Ultimately, the report states that over 57 percent of the deaths were preventable.

Together, provider and facility-level factors comprised more than half of the factors identified that contributed to pregnancy-related deaths. Provider-level factors included failure to adequately screen or assess risk, misdiagnosis, use of ineffective treatment, delays in diagnosis, treatment, or follow-up, failure to refer or seek consultation, lack of communication between providers, lack of continuity of care, and inadequate patient education. Facility-level factors included lack of continuity of care from a system perspective, insufficient case coordination or management,

barriers to accessing care, unavailable facilities, inadequate, unavailable, or inadequately trained personnel, inadequate follow-up by personnel, and poor communication, just to name a few.

The Pregnancy-Associated Mortality Review Board report provides recommendations to address contributing factors and prevent pregnancy-related deaths. Among the top three of these recommendations is educating providers and patients on recognizing, treating, and preventing obstetric complications including hypertensive disorders and postpartum hemorrhage. The Save Our Mothers Act seeks to follow through on this by requiring the director of health to adopt rules establishing requirements for hospitals and freestanding birthing centers to conduct annual continuing education for employees and contractors who routinely care for pregnant and postpartum women.

Hospitals and birthing centers would be required to provide their employees and contractors educational modules on severe maternal hypertension, obstetric hemorrhage, and on the two most prevalent obstetric complications as identified in the most recent report by the Pregnancy-Associated Mortality Review Board. The director of health would require them to apply to the appropriate licensing boards to have each educational module approved for continuing education credit.

In addition to continuing the education requirement, the Save Our Mothers Act would contribute to reducing the maternal and infant mortality rate by requiring the Ohio Department of Health and Perinatal Quality Collaborative to develop an initiative to improve birth equity, reduce peripartum racial and ethnic disparities, and address implicit bias in the healthcare system. The initiative would include the development of best practices for implicit bias training and education in cultural competency for hospitals and freestanding birthing centers.

Finally, this bill would require the Department of Health, in collaboration with the Pregnancy-Associated Mortality Review Board, to make best practices for the timely identification of pregnant and postpartum women in emergency departments available to all hospitals and freestanding birthing centers. As well as best practices for timely and appropriate consultation with an obstetrician, certified nurse-midwife, or physician with obstetric expertise in order to provide input on patient management and follow-up.

We still have a lot of work to do if we want to eliminate health disparities in Ohio. In order to achieve health equity, we must eliminate barriers that prevent individuals from receiving quality care. Requiring hospitals and freestanding birthing centers to offer employees training on maternal health and pregnancy-related complications is an important step toward ensuring that healthcare providers gain the knowledge they need to successfully serve patients from all backgrounds and to eliminate health disparities among all Ohioans.

Lastly, I would like to share a statistic that makes this issue particularly important to Senator Maharath and myself. According to the center for community solutions, Cuyahoga, Franklin, Hamilton, and Montgomery are the four Ohio counties with the highest mortality ratio per 100,000 live births. Franklin County, which we both represent here in the Senate, has a mortality ratio of 16.2 per 100,000. We believe it is our duty to stand up for our constituents, and countless other Ohioans, to try to curb this horrific problem.

Chairman Huffman and members of the Committee, we appreciate your attention to this issue and we respectfully request your favorable consideration and passage of Senate Bill 125, the Save Our Mothers Act. Thank you and we are happy to respond to questions from the committee.