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Testimony of
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Interested Party Testimony on House Bill 11
June 4, 2019
Ohio House Health Committee

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the House Health Committee, thank you for allowing me to provide testimony on House Bill 11. I commend Representatives Gayle Manning and Howse for introducing this important legislation.

I am a Pediatrician and Founder of an Ohio State University Wexner Medical Center program called Moms2B.

As a way to address the multitude of factors that affect infant mortality and help reduce disparities in infant mortality, I helped create the Moms2B program in 2010. Moms2B is a weekly community educational group program for pregnant women living in poverty. At Moms2B, a multidisciplinary team of health professionals empowers women through weekly, two-hour sessions focused on pregnancy and parenting education, stress reduction, and healthy nutrition. We address the social determinants of health and connect pregnant women to needed medical care, social services, education and jobs. We assist families until the infant reaches his or her first birthday.

Our team of healthcare professionals participating includes physicians, family advocates, community health advisers, dietitians, certified lactation counselors, nurses and midwives. The Moms2B sites are also service learning opportunities for health professions students as well as allied medical professional students, social work interns, and many volunteers.

Our program serves eight high-risk neighborhoods in Columbus. We have served more than 2000 pregnant women, as well as their children and the fathers of the babies. We serve moms of all ages – our moms have ranged in age from 12 to 47 years old.

We appreciate that House Bill 11 seeks to improve birth outcomes and reduce infant mortality by addressing some known causes of preterm birth and other risks for developing babies. In particular, I would like to address group prenatal health care.

Group prenatal care can work very well in certain circumstances, and I support efforts to expand its reach.

However, the group prenatal care model is a complex and difficult model to achieve in health systems designed for individual prenatal care. Moms2B is an alternative, scalable community-based group model that addresses the barriers faced by health systems in utilizing group prenatal care. For

instance, many of the pregnant women receiving care at the Ohio State University Wexner Medical Center are so high risk, they "risk" out of group care and need care in specialty clinics or one-on-one with an obstetrician.

Moms2B has been implemented to date in predominantly African American neighborhoods in Columbus to address disparities in infant mortality, preterm births and low birthweight babies. Our model reported a five-fold reduction in infant mortality at our first site.[1] This community-based group model serves as an adjunct to traditional individual prenatal care and addresses the barriers to implementation of traditional group prenatal care models as outlined in the table below.

Traditional group prenatal care models and Moms2B's approach

Group Prenatal Care	**Moms2B Community Group Model**
Accepts only women with low risk pregnancies.	All low income pregnant women are welcome, including those with high risk pregnancies.
Requires adequate space for group sessions in clinics.	Community-based and can be easily implemented in churches and other public meeting spaces.
Children of pregnant women are not allowed at the prenatal group sessions.	Provides developmentally stimulating childcare for children of all ages.
Appointments must be scheduled in groups based on women's gestational age.	Sessions are held at the same time every week in the same setting. Women of all gestational ages attend together. Once delivered, women are encouraged to continue to attend with their children until their newborn's first birthday.
It is difficult to recruit and retain women at the same gestational age to maintain a cohesive group experience.	Referrals come from multiple sources: prenatal clinics, WIC clinics, and community outreach. Women are excited to attend and often develop close relationships with other mothers in the community.

The community-based group model that we have developed allows health systems to continue to use their current individual prenatal care model while also addressing the social determinants of health in high-risk populations, thereby improving maternal and infant health. This alternative to group prenatal could be replicated in other locations, and I encourage you to allow community-based group models to be supported through HB 11.

Thank you for allowing me to present my views on ensuring all expecting moms have access to needed prenatal health care, so we can continue to welcome more healthy babies in our state.

[1] Gabbe, PT, Reno, R, Clutter C et al. Improving maternal and infant child health outcomes with community-based pregnancy support groups: outcomes from Moms2B Ohio. Matern Child Health J. 2017:21:1130-1138.