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Senate Bill 327
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Chairman Burke, Vice-Chair Huffman, Ranking Member Antonio, and members of the committee, my name is Lynanne Gutierrez and I am the Policy Director and Legal Counsel at Groundwork Ohio. Thank you for the opportunity to provide written proponent testimony on Senate Bill 327 which would enact the Save Our Mothers Act.

As you may know, Groundwork is a statewide, nonpartisan advocacy organization that champions high-quality early learning and healthy development strategies from the prenatal period to age five, which lay a strong foundation for Ohio kids, families, and communities. Our vision is to make Ohio the best place to be a young child so that all children have the opportunity to reach their full potential. Groundwork is led by Executive Director, Shannon Jones, and governed by a robust steering committee of child-focused health and education experts from across the state.

When a mother dies as a result of childbirth, it is both a tragedy for families and communities. Healthy moms are the foundation of healthy children and that is why Groundwork is testifying today as a proponent of Senate Bill 327. Whether infants are born healthy and with the potential to thrive as they grow greatly depends on their mother's well-being—not just before birth, but even prior to conception. To have a healthy pregnancy and positive birth outcomes, women and their infants require access to appropriate health care services, before, during, and after birth.

A pregnancy-related death can happen at any point during pregnancy, at delivery, and up to a year after birth (postpartum). According to the Centers for Disease Control and Prevention (CDC), about 1/3 of deaths (31%) happened during pregnancy; about 1/3 (36%) happened at delivery or in the week after; and about 1/3 (33%) happened 1 week to 1 year postpartum. A national study found that of the medical complications that most commonly cause maternal mortality and morbidity, Black women were two to three times more likely to die than white women who have the same exact complications. The reasons behind the racial disparity are varied and complex, but lack of access and poor quality of care are leading factors. Researchers have explored connections between these disparities and factors such as poverty due to parents not earning a living wage, unemployment, or underemployment; living in under-resourced neighborhoods; or low educational attainment. These numerous studies, however, have reached the same conclusion: Even after considering the influence of these factors, racism accounts for huge differences in maternal health outcomes.

The CDC estimates that every year in the United States, 700 women die from pregnancy or childbirth-related causes, and the majority are from preventable causes. The U.S. has the worst maternal mortality record in the

developed world and Black women are three times more likely than white women to die from pregnancy or childbirth-related causes. In Ohio, between 2008 and 2016 pregnancy-related deaths occurred at a ratio of 14.7 per 100,000 live births. Over half of these deaths, 57% were considered preventable. Additionally, Black women in Ohio died at a rate of more than two and a half times that of white women making up 34% of deaths but only 17% of births.

This data is one of a series of metrics for which the pervasive racial disparity determines outcomes for both parent and child(ren). The experiences of both mothers and infants are inextricably linked, although they are often considered separately. This is particularly important when it comes to babies and women of color, due to the intergenerational effects and lived experiences of racism. These factors are influential throughout pregnancy and affect their babies' start in life. We know that where these disparities and gaps present themselves during the prenatal period of a young child's development, they often persist across the life course as demonstrated by the following data points:

- More than half of all babies in Ohio are born to women who receive Medicaid and 49% of infants and toddlers in Ohio receive health coverage through Medicaid and Healthy Start.
- Nearly 12% of all Ohio births are preterm and this rate is 50-80% higher for moms receiving Medicaid compared to their higher income peers. 1 in 7 Black babies are born premature compared to 1 in 10 white babies.
- Black babies are more than 2.5 times more likely to die before their first birthday compared to white babies;
- Black children ages 0-5 are nearly three times more likely to live in poverty than white children;
- Black children are much more likely than their white peers to be accessing publicly funded child care, but are less likely to be in a high-quality program;
- Less than 11,000 families are accessing voluntary evidence-based home visiting through the state funded Help Me Grow program.
- Only 24% of Black children show up to kindergarten ready to learn compared to 47% of white children;
- Black kindergartners are 7 times more likely to be suspended or expelled than white kindergarteners—and that gap increases to about 9.5 times more likely by 2nd grade;
- Black children are far more likely to have adverse childhood experiences (ACEs)—61% of Black children have had at least one adverse childhood experience (ACE) compared to 40% of white children.

The crisis of maternal mortality and morbidity, however, is not a problem without evidence-based solutions. Among other recommendations for addressing maternal mortality and morbidity, the CDC suggests that hospitals and health systems standardize coordination of care and response to emergencies, improve delivery of quality prenatal and postpartum care, and train non-obstetric providers to consider recent pregnancy history when treating pregnant women. The Save Our Mothers Act implements these recommendations by establishing annual continuing education requirements for hospital and freestanding birthing center staff who routinely care for pregnant and postpartum women focusing on maternal hypertension, obstetric hemorrhage, and other prevalent obstetric complications and to monitor compliance with the requirements. In addition to requiring this continuing education, SB 327 requires collaboration with the Pregnancy-Associated Mortality Review Board (PAMR)to make best practices for the timely identification of all pregnant and postpartum women in the emergency department available to all hospitals and freestanding birthing centers.

In recognition of the impact of systemic racism on the health of women and mothers, the bill also requires the Ohio Department of Health to collaborate with the Ohio Perinatal Quality Collaborative or its successor to develop an initiative to improve birth equity, reduce peripartum racial and ethnic disparities, and address implicit bias in the health care system. The initiative must include the development of best practices for implicit bias training and education in cultural competency.

It is our hope that this legislation is enacted to addresses prevalent causes of maternal mortality and morbidity by improving the skills and expertise of providers who treat pregnant women and elevating equity in the care of pregnant women through implicit bias and cultural competency best practices. As it does so, we ask that state policymakers increase investments in and develop better practices and policies to prevent maternal mortality and morbidity. Thank you for your time and attention to this important issue. Please feel free to contact me if you have any questions regarding my testimony.