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Ohio House of Representatives
Public Health Policy Committee
House Bill 190
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Chair Lipps, Vice Chair Stewart, Ranking Member Liston, and members of the House Public Health Policy Committee, my name is Kezia Ofosu Atta, and I am a Policy Assistant at Groundwork Ohio. My expertise is in maternal and young child health.

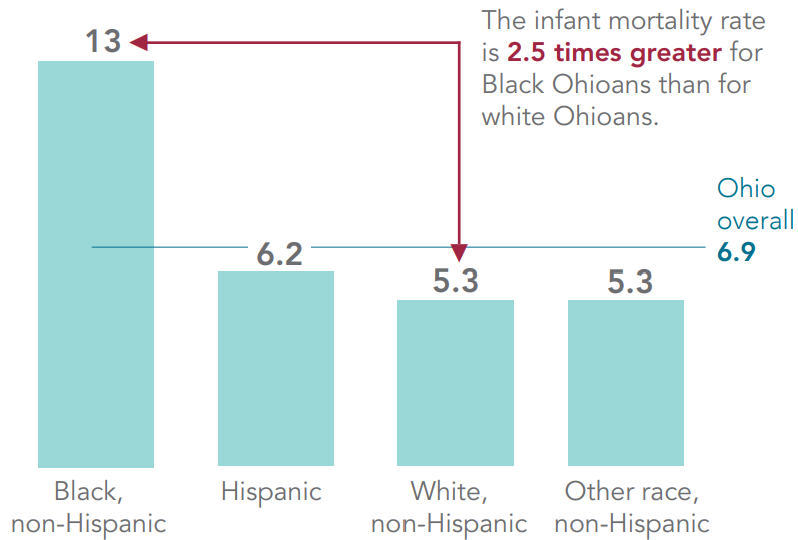
Today, I join fellow advocates, professionals, community leaders, and families from across Ohio to provide proponent testimony on House Bill 190, which designates the week of April 11 to April 17 as Black Maternal Health Week. I would like to thank our bill sponsors, Representatives Brent and White, for their leadership in prioritizing the voices and needs of Ohio's black mothers and their infants and I would also like to thank the committee for your time today.

Groundwork Ohio is a statewide, nonpartisan public-policy research and advocacy organization that champions high-quality early learning and healthy development strategies from the prenatal period to age five, that 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 every child can reach their full potential. The goal of the Center for Maternal and Young Child Health is to use research and policy to improve the health of Ohio's mothers and young children.

Babies learn who they are by how they are treated. The choices that the state of Ohio makes, how state policymakers prioritize or fail to care for our babies, will shape who they become. Here are a few statistics on how our babies doing in Ohio:

- Ohio ranks 41st worst for infant mortality, and 32nd worst for infant maltreatment.
- Nearly 1 in 4 pregnant moms do not have access to prenatal care in their first trimester.
- Half of Ohio's infants and toddlers and their families live in poverty.

Our state's infant mortality rates continue to be worse than the U.S. average at 6.9 infant deaths under the age of 1 per 1,000 births. This means more than 1 in 150 Ohio babies don't live to see their first birthday. The infant mortality rate is 2.5 times greater for Black Ohioans than for white Ohioans.

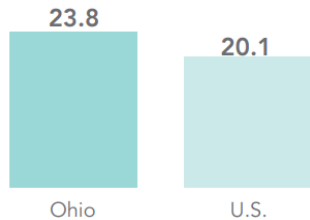


Healthy children begin with healthy moms. Of all that brain science has taught us over the last 30 years, one of the clearest findings is that early brain development is directly influenced by babies' day-to-day interactions with their caregivers. Even before birth, babies have a built-in expectation that adults will be available and care for their needs. Their very survival depends on this availability. If babies' expectations for protection and nurturance are less than adequately met, their confidence in getting their needs met through relationships may be challenged. When this occurs, emotional and social development suffer, and, because babies' emotional base is the foundation for all other learning, so do intellectual and language development. A baby's early experiences in relationships, whether at home or in an early education environment, set the stage for future brain functioning.

Whether infants are born healthy and with the potential to thrive as they grow greatly depends on their mother's well-being even before birth. Infants and toddlers rely on parents or other primary caretakers to provide a safe environment; create positive, new experiences; and guide their emotions. Decades of research on maternal mental health show that maternal depression can impact a mother's ability to meet these needs. Babies need moms to be physically well and present in their lives in addition to mentally well. Maternal depression may pose serious mental health problems for mothers and jeopardize their ability to provide safe, responsive, and nurturing care to their young children. The incidence of maternal depression is high, placing many young children at risk for developing mental health and behavioral problems.

More mothers are dying from causes related to pregnancy and childbirth in Ohio than in other states.

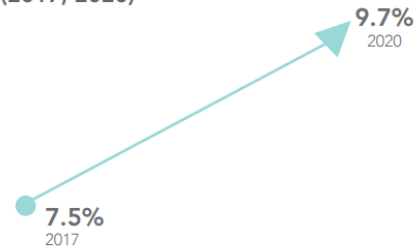
Number of deaths from causes related to pregnancy or its management, per 100,000 live births (2019)



Source: CDC WONDER, as compiled by America's Health Rankings (2019)

Postpartum depression increased 29% among Ohio women during the COVID-19 pandemic.

Percent of women with a live birth who experienced postpartum depression (2017, 2020)



Source: Ohio Pregnancy Assessment Survey (2017, 2020)

Racism can directly affect maternal and infant health and is a primary driver of infant and maternal mortality. For example, repeated exposure to racial discrimination can contribute to maternal toxic stress, which is linked to preterm births, low birth weight, and infant and maternal mortality. Racial disparities in infant and maternal mortality/morbidity persist despite maternal income or education level.¹ Black moms in Ohio require our thoughtful and focused attention because of the health disparities they are experiencing alongside their babies and families:

- In Ohio, from 2008-2016, non-Hispanic Black women were more than 2.5 times as likely to die from pregnancy-related causes, than non-Hispanic White women.
- More recent data affirms a stubborn disparity. From 2017-2018, excluding deaths due to overdose, the pregnancy-related mortality ratio for non-Hispanic Black individuals per 100,000 live births was 20.9 compared to non-Hispanic White women with 13.6.
- Non-Hispanic Black women in Ohio are at more risk of pregnancy-related deaths due to all causes except overdose.²
- Only three-quarters of pregnant women in Ohio received prenatal care in their first trimester of pregnancy. Black women in Ohio were more likely to experience delays in care including being less likely than their white peers to receive care in the first trimester of their pregnancy.
- Embolisms, pre-eclampsia, eclampsia, infections, and cardiovascular and coronary conditions were the leading causes of pregnancy-related deaths among non-Hispanic Black women in Ohio.
- While it is not the leading cause of death for Black women in the most recent data, half of all pregnancy-related deaths from 2017-2018 were due to a mental health condition.³

¹ [Groundwork Ohio Early Childhood Dashboard](#)

² [ODH Report on Pregnancy-Related Deaths](#)

³ [ODH Report on Pregnancy-Related Deaths](#)

Among this humbling and urgent data, there is also hope. Of all pregnancy-related deaths that occurred in Ohio from 2017-2018, 73% of deaths of non-Hispanic Black women were preventable.⁴ Among the key contributing factors that, if altered, could have potentially prevented maternal death from occurring, was the provider, support person or mother's lack of knowledge or understanding of threats to the health of Black pregnant women whether it's shortness of breath requiring the need for immediate care or how the impact of chronic stress as a result of racism. House Bill 190 is necessary to create awareness of the needs of pregnant Black women so that more Ohioans including moms, families, clinicians, community-based providers, and policymakers can improve systems that recognize inequalities and act to prevent Black moms from dying and improve their health and the health of their babies.

I am happy to answer any questions you may have.

Data Note: All data shared in this testimony is available in the Groundwork Ohio [Early Childhood Data Dashboard](#).

⁴ [ODH Report on Pregnancy-Related Deaths](#)