

March 2, 2018

Testimony of: Ginger Breedlove, CNM, PhD, MSN, FACNM, President and Founder, March for Moms and KS Certified Nurse-Midwife

Chair/Senator Vicki Schmidt and Senators on the Public Health and Welfare Committee;

As a lifelong resident, thank you for your important work representing all of us in the Great State of KS!

I also want to thank your colleagues in the KS House for bringing forward urgent need to study and investigate maternal deaths, recognizing HB2573 passed by a unanimous vote of 117 to 0.

Today I represent many stakeholders. The KS Affiliate of the American College of Nurse-Midwives, CNMs who provide care for childbearing families in a variety of settings throughout the state; Grandmothers, as I am blessed that my first grandchild was born healthy, by a healthy mom, in Shawnee Mission, KS 5 months ago. I worked closely for many, many years alongside the KS DOH, Perinatal Association and March of Dimes on initiative's to improve maternal health of KS mothers. Currently, I am the Founder and President of a new, national coalition, the March for Moms Association. A 501c3 established here in KS, representing over 35 national professional associations and societies that coalesced in fall of 2016 to raise national awareness on issues impacting moms and babies, paralleling urgency of the maternal health crises to the opioid epidemic. The March for Moms mission is *to align and coordinate efforts of families, healthcare providers, policymakers and other partners who are acting to achieve the best possible health and well-being of all mothers.* www.marchformoms.org It is past time to understand, acknowledge, and address rising maternal death in the US, realizing best research suggests between 50-60% of these deaths are preventable.

I stand here, profoundly grateful that I live in a State recognizing that the health of childbearing women is important, and, in crises. I have worked in maternity care first as a Nurse, then as an Advanced Practice/Nurse-Midwife in Kansas for four decades. Watching care provided for laboring women transition from high touch/low intervention in the late 70's to low touch/high tech has been profound. Labor and delivery units across the country now resemble Intensive Care Units as the standard of care for all women, healthy or those with co-morbid conditions. And I have observed maternal mortality rise in the last 20 years at an alarming rate with the increase in technology, increasing year over year, never before seen in a developed country. In 1978 when I started as an L&D nurse here in Topeka, the US maternal death rate was 9.8/100,000. Today the US rate is 26.4/100,000. This current rate of 26.4 compares to UK 9.2; Spain 5.6; Italy 4.2; and Finland 3.8/100,000. Are American mother's that much unhealthier than our European counterparts? Did women become sicker in the last 20 years than the 20 prior? Or have we designed system challenges in caring for women? Some researchers suggest challenges within care settings can include low and improperly prepared staffing models. Others suggest access to care issues, ignoring risks of moms with pre-existing conditions, obesity, multiples, lack of treatment for addictions, and poor access to prenatal care. And finally, although it may be difficult to acknowledge in a white privileged world, racism impacts stress within community and within care provided in our institutional settings. We now have the highest maternal death rate, highest premature birth rate, and absence of mandated paid family leave of any of the high-resource countries in the world. High correlations of mom's dying, and severe maternal morbidity can be correlated to one's zip code and color of skin, and absence of support and services in the postpartum period. Kansas maternal mortality, as defined by America's Health Rankings from the United Health Foundation is 17.7/100,000. https://www.americashealthrankings.org/explore/2016-health-of-women-and-children-report/measure/maternal_mortality/state/KS

This bill aims to establish an answer to the question, WHY? Your action will enable KS to establish a committee to review and investigate the best possible health of all mothers and improve the well-being of families by better understanding the causes of maternal deaths in Kansas. Surveillance is needed to validate and address factors contributing to poor pregnancy outcomes. Though it requires an investment of time and resources, a structured death review process can be a powerful facilitator of systems change to improve the health of women before, during and after pregnancy.

We do not need to invent a program or tools to implement this. The Association of Maternal & Child Health Programs (AMCHP) has worked closely with the CDC and Merck for Mothers to provide resources used by other states. And, all the professional societies caring for women, ACOG, ACNM, AWHONN, AAFP, NPWH, MOD, and others are in agreement about the urgent need for every state to establish this review process. The unique and critical role of review committees include key decisions that must address: preventability, contributing factors, recommendations for improvement and measurement of impact.

<https://www.cdcfoundation.org/sites/default/files/upload/pdf/MMRIAREport.pdf>

Society must invest in achieving the best possible health and well-being for all mothers. Behind every healthy child is a healthy mother. And behind every healthy family is a healthy community. We've waited long enough, watching raising trends over 20 years. Why must we wait any longer?

I urge you to join your House colleagues in unanimously moving this bill forward.

Thank you!

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