



Colorado Section of ACOG
www.acog.org/colorado
colo.acog@gmail.com
8547 E. Arapahoe Rd., J-257
Greenwood Village, CO 80112

Thank you, committee Chairman and committee members, for allowing a statement to be read aloud today in regards to House Bill 19-1122. This statement is from three board certified Obstetricians and Gynecologists in the Denver metro area. Dr. Emily Schneider, Vice Chair of the Colorado section of the American College of Obstetricians and Gynecologists (ACOG), Dr. Bronwen Kahn, the chair of Colorado's Maternal Mortality Review Committee (MMRC), and Dr. Meghan Donnelly, the medical director of the Colorado Perinatal Care Quality Collaborative (CPCQC). Drs. Kahn and Donnelly are also board certified in Maternal Fetal Medicine, otherwise known as high risk Obstetrics.

We ask the committee to vote in support of House Bill 19-1122, the Maternal Mortality Prevention Act. Maternal Mortality is the most concerning health issue we face as Obstetricians. We have worked to become champions within healthcare organizations to help address this concerning issue and we are proud to be able to have a voice in our state legislature today.

The United States has more women die from pregnancy complications than in any other developed country, and our rate is rising. From 2000 – 2014 the United States saw a 26% rise in maternal mortality. The Center for Disease Control and Prevention (CDC) and ACOG have long prioritized the reduction of maternal deaths in the US and have called for all states to have active, confidential Maternal Mortality Review Committees. The goal of an MMRC is to give specific, data-driven recommendations to prevent future maternal deaths by examining the medical and non-medical circumstances of maternal deaths that occur during pregnancy and up to one-year post delivery. Review of records by these committees is done in a culture of promoting safety and identifying opportunities for improvement of healthcare systems.

Colorado has had a long history of an active MMRC, one of the first established in the country, and is a model state for working with the CDC to develop a database for standardized reporting. The most recent Colorado MMRC data reported revealed that between 2008 - 2013 there were 145 pregnancy associated deaths, 80% were deemed preventable by our committee. The leading cause of pregnancy-related deaths were cardiovascular conditions, hemorrhage, infection, and mental health conditions. For every woman who dies in childbirth, 70 experience trauma and injuries during birth that take them near death or are considered a "near miss", and these mothers continue to suffer adverse mental and physical consequences from this for the rest of their lives.

While we have a current MMRC in place, this bill being discussed today is critically important to formalize its existence within CDPHE, by codifying it in state statute, and providing necessary resources for timely reporting. The current members of the committee are hamstrung by the fact that reviews must be done after a 3-year lag due to insufficient confidential protections under current state law, preventing timely identification and action on patient, community, provider, facility, or systems factors that could prevent these tragic outcomes. The confidential protections are necessary for any MMRC to receive federal funding for MMRC support which recently became law through federal legislation, the Preventing Maternal Deaths Act of 2018, which was recently passed in December 2018 by Congress and signed by the President of the United States. In addition, there is currently no funding in place to allow representation on the committee by rural volunteers, who provide a crucial voice in reviews as maternal deaths in Colorado are more likely to occur in their communities.

We strongly urge this committee to vote in support of HB19-1122. This bill will help to strengthen the future of obstetrical care in the state of Colorado by providing the necessary components for timely quality review of maternal mortality so we as a healthcare community can work to ensure our healthcare delivery systems are the safest for all moms to be. Our Colorado families are depending on it. No baby should enter this world and leave the hospital without its mother, and no children should be gaining a baby brother or sister only to lose their mom because we as a healthcare community were not able take the necessary steps to prevent the next tragedy.