



TO: House Health and Human Services Committee
FROM: Stefka Fabbri, MD, MPH
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DATE: 4/27/2024
RE: Testimony in support of SB24-175, Improving Perinatal Health Outcomes

Madam Chair Daugherty, Vice Chair Young, and members of the Committee:

Thank you for the opportunity to testify about the importance of SB24-175. My name is Stefka Fabbri, and I am an obstetrician-gynecologist at Denver Health Medical Center. I serve as the Associate chair of inpatient services including Labor and Delivery, and as the Director of Patient Safety and Quality Improvement for the Department of OB/GYN at Denver Health Medical Center. I am testifying in support of SB24-175.

The Centers for Disease Control and Prevention (CDC) recently released sobering data demonstrating that the maternal mortality rate has yet again risen in the United States (Hoyert, 2023). Nationally, leading causes of maternal mortality include drug-related deaths and suicide where the majority of these occur during the postpartum period. Between 2010 and 2019, drug-related maternal deaths have risen 190% (Margerison, 2022). Similarly, in Colorado approximately 33% of maternal deaths are attributed to unintentional drug overdose, and 34% are attributed to suicide (CPDHE 2023). Further, significant disparities are noted among people of color with Black people 1.9 times more likely and American Indian people 2.9 times more likely to die during pregnancy or within one year postpartum. **Importantly, the Colorado Maternal Mortality Review Committee has concluded that nearly 90% of these deaths are preventable (CPDHE 2023).**

Thus, timely, evidence-based, high-quality, and equitable care is critical to address the rising rates of maternal morbidity and mortality. By quality of care I am not just referring to the care provided by the healthcare team of providers and nurses, but also the systems in place that make it possible for pregnant and postpartum patients to access the evidence based, quality care they need. This holistic view encompasses care coverage, hospital system policies and practices, availability of services, and health care resources. Key elements to addressing the rising rates of maternal mortality and morbidity are data transparency, unblinded reporting of perinatal outcomes, standardization of care by the adoption of evidence-based care bundles, and the provision of dedicated resources to advance quality improvement work in the perinatal care setting.

Such efforts are already underway at the national and state level. At the state level, perinatal quality collaboratives, including the Colorado Perinatal Care Quality Collaborative (CPCQC), are working to improve quality of care for mothers and babies. Members identify health care processes that need to be improved and use the best available methods to make change. There are success stories in several states, but legislative support and resources are crucial to



achieve better outcomes. At the national level, the Alliance for Innovation on Maternal Health (AIM) aims to reduce maternal deaths and severe maternal morbidity by engaging hospitals, health systems, state-based public health systems, consumer groups, community organizations, and others to implement evidence-based maternal safety bundles (evidence-based standardized care practices). This data driven quality improvement initiative targets some of the most preventable causes of maternal death such as high blood pressure, hemorrhage, drug-related deaths, and access to care during the postpartum period. The AIM program is currently adopted in 27 states and has the potential to reach the majority of U.S. births. However, the adoption and implementation of the AIM bundles as well as participation in state perinatal care collaboratives is fragmented and spotty. The latter leads to unnecessary variation in care, which in turn negatively impacts perinatal outcomes.

Our poor performance on maternal mortality and the glaring racial disparities that exist require immediate action. I am honored and pleased to provide testimony in strong support of legislation aimed at reducing maternal mortality and morbidity while also addressing the longstanding racial and ethnic disparities in maternal mortality and morbidity in our state. There are a number of important elements discussed in these bills that are essential to achieving our goals: 1) development and testing of patient-centered perinatal health quality measures that address health disparities before, during, and after pregnancy; 2) authorization of the AIM program to ensure best practices across hospitals and health systems for the care of pregnant and postpartum patients; 3) development and expansion of state and regional perinatal care quality collaboratives to support data reporting and quality improvement work across health care institutions; 4) care management and coordination to address the social determinants that contribute to disparities; 5) infrastructure to support better data collection and measurement; and 6) support for implicit bias training for healthcare professionals.

I would like to end my testimony by emphasizing that the unacceptably high maternal mortality and morbidity rates and the racial and ethnic disparities that exist in the state of Colorado and in the U.S. are preventable. We can do better. To do so in a meaningful way, we must consider the healthcare system as a whole and not just at the level of the healthcare team. The adoption of evidence-based equitable standards of perinatal care and the unblinded reporting of perinatal outcomes are key drivers to address perinatal morbidity and mortality. I thank you for the opportunity to provide testimony.

Sincerely,

Stefka Fabbri

Stefka Fabbri



April 29, 2024

Dear Members of the House Health & Human Services Committee:

On behalf of Mental Health Colorado, we are writing in support of SB24-175: Improving Perinatal Health Outcomes. Mental Health Colorado is the state's leading non-profit, non-partisan organization advocating for healthier minds across the lifespan for all Coloradans. We want to thank the sponsors for bringing this important bill forward.

We appreciate this Legislature's attention and resources to maternal mental health to address maternal mortality over the last few years. This bill would add additional tools to invest in maternal and infant health, especially during this critical perinatal window.

According to the most recent Maternal Mortality Prevention Program (MMPP) Legislative Report, between [2016 -2020](#), there were 174 pregnancy-associated deaths in Colorado, disproportionately impacting Coloradans of Color, those living in poverty, and living in frontier areas. The leading causes of death include suicide, unintentional overdose, and obstetric complications, with 90% of these deaths being preventable. We can and must do more.

As a member of the Maternal Behavioral Health Policy and Financing Coalition, facilitated by CPCQC, we support:

- Establishing accountability for implementing recommendations by Colorado's maternal mortality review committee;
- Creating a hospital perinatal health quality improvement engagement program to gain better insight into the key drivers of disparities in perinatal health care and outcomes;
- Providing support to hospitals with fewer resources, especially in rural and frontier areas, to participate in quality improvement initiatives to address infant and maternal health.
- Lastly, we are excited to support the coverage of choline supplements for pregnant people. Recent studies have found that most pregnant individuals do not meet the recommended daily choline intake. However, this supplement has been linked to helping promote health during pregnancy, reduce premature births, and support fetal and early child brain development.

We urge this committee to vote yes on SB24-175 to sustainably address and support improved health outcomes for infants and their families.

Bridget Anshus
Senior Policy Advocate
Mental Health Colorado