

Senate Health & Human Services

03/28/2024 01:30 PM

SB24-175 Improving Perinatal Health Outcomes Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Ashley Gibson For themselves	<p>Ashley Gibson Regarding: Bill SB24-175, Health and Human Services March 28, 2024, at 1:30 pm IN SUPPORT</p> <p>Hello, I am writing this testimony in support of Bill SB24-175. As a Social Work student at Colorado State University, I wanted to share my strong support for the "Improving Perinatal Health Outcomes" bill. This cause is truly close to my heart, especially as a Native American woman and a mother who faced serious complications during both childbirth and postpartum. I firmly believe that advocating for better healthcare for mothers, particularly women of color, is crucial for building a healthier and more equitable society.</p> <p>Through personal experiences and stories shared by friends, I've witnessed the struggles women face in being heard and respected by healthcare professionals. It's disheartening when concerns are brushed aside. I have been treated with discrimination and contempt when voicing my concerns. My studies in Social Work have shed light on the systemic discrimination that minority women encounter within the healthcare system.</p> <p>The pressing need for enhanced prenatal healthcare is evident from the alarming rates of maternal mortality, disproportionately affecting Black and Native women in the United States. I support the integration of doulas into maternal care, as they provide invaluable support and foster trust with expectant mothers. By endorsing this bill, we can help pave the way for tailored care and support for women, especially those from marginalized communities.</p> <p>I urge you to consider passing this bill and being a voice for positive change in healthcare for women, particularly women of color. By addressing social determinants of health and promoting inclusivity, we can create a healthcare system that truly serves and uplifts all individuals. I'm in support of this bill as it helps create a future where every woman receives the care and respect she deserves.</p> <p>Thank you for your time, Ashley Gibson</p>

Allie Fritschen

Regarding: Bill SB24-175, Health and Human Services

March 28, 2024 at 1:30 pm

IN SUPPORT

I am currently a student at Colorado State University studying Social work with a minor in Women's studies, and I am writing to express my support of the "Improving Perinatal Health Outcomes" bill. As a woman of color and a passionate advocate for social justice, I am deeply invested in the well-being of mothers and establishing more supportive healthcare for women of color.

As a student in the field of Social Work, I have first-hand witnessed how the healthcare industry has negatively affected women, and have heard a number of personal stories outlining distrust and fear towards the healthcare industry. The struggles and obstacles that women of color face in the healthcare industry can be traced back to discrimination due to race, socioeconomic status, and geography. As a woman of color, I personally have struggled receiving health services due to microaggressions and discomfort from various practitioners within the healthcare field in Colorado.

Perinatal health is a critical aspect of public health, and the current rates of maternal mortality within the United States demonstrate the urgency to implement a new program to support mothers. Despite advancements in various health and medical technology, women of color, especially Black and Native women, face disproportionately high rates of pregnancy related deaths and health problems. Furthermore, research has found that doulas are an excellent alternative to hospital births and classic maternal healthcare practitioners as they are able to build closer and trusting relationships with the women they are treating. This will allow women and women of color to receive the adequate care and support they need during the pregnancy, birth, and postpartum period. By implementing this bill, it will not only provide more options and resources for women, but it will also help to create a larger change within reproductive healthcare. This legislation addresses the importance of recognizing social determinants of health which is a crucial step in building a more equitable healthcare system. By passing and implementing this bill, we can begin to improve the lives of both mothers and infants, as well as the communities around them.

I appreciate and thank you for your time in reading this testimony. I strongly urge you to move forward with this bill as it opens up a number of opportunities and access for women of color, and helps to promote alternative health services which will better serve this community. I hope to continue to see conversation around improving healthcare for women and women of color, as this is a human necessity everyone deserves.

Your consideration in these matters and solutions is greatly appreciated.

TESTIMONY OF SUNAH S. HWANG, MD, MPH PhD
NEONATOLOGIST, CHILDREN'S HOSPITAL COLORADO, ANSCHUTZ MEDICAL CAMPUS
TO THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE
"IMPROVING PERINATAL HEALTH OUTCOMES: SB24-175"

March 28, 2024

Madam Chair Fields, Vice Chair Ginal, and Members of the Committee, thank you for allowing written testimony to be provided in support of this bill. By way of introduction, my name is Sunah Hwang. I am neonatologist, and provide care for high-risk infants in the neonatal intensive care unit at Children's Hospital Colorado. I am also a health services researcher and neonatal quality improvement expert, focused on understanding and improving disparities in maternal and infant health. In my 20 years as a pediatrician and neonatologist across 3 U.S. states, one of the most powerful and effective approaches to improving maternal and infant health that I have witnessed is hospital engagement with state perinatal quality collaboratives.

We are in the midst of a crisis – more mothers and infants are dying than in prior decades across the US. In 2022, for the first time in 20 years, the infant mortality rate increased. Despite advancing medical technology and our ability to provide ICU care for infants born very preterm, more infants are dying across our country. We know that the quality of care provided by birth hospitals is a critical factor in maternal and infant mortality and morbidity rates. And yet, here in Colorado, we do not have a formal sustainable mechanism to measure and thus improve the quality of care at our birthing facilities. Through innovation and persistence (and limited resources) the Colorado Perinatal Care Quality Collaborative (CPCQC) continues to serve as our state's resource to attempt to improve the quality of care for mothers and infants. I will provide two examples of how our state's perinatal quality collaborative has significantly improved the care, outcomes, and experiences of infants and families in Colorado.

First, one of the infant-focused efforts of CPCQC is the Colorado Hospitals Substance Exposed Newborn Quality Improvement Collaborative (CHoSEN QIC). CHoSEN QIC aims to improve the quality of care of infants who are prenatally substance exposed during birth hospitalization through reducing stigma and bias, implementing a standardized approach to identifying and treating infant opioid withdrawal syndrome and optimizing transitions from hospital to home. At present, over 50% of all Colorado births occur in a hospital engaged with CHoSEN QIC and nearly 90% of these infants and mothers are Medicaid-insured. For hospitals that participate in CHoSEN QIC, infant birth hospital length of stay has been reduced from over 14 days to 7 days for infants prenatally substance exposed. Prior to CHoSEN QIC, 70% of infants prenatally exposed to opioids required morphine or methadone to treat their withdrawal. For hospital who implemented the CHoSEN QIC approach, only 20% of exposed infants required pharmacologic treatment. We are currently conducting a cost analysis of the CHoSEN QIC

effort, but given the reduced length of stay and fewer infants transfers from the nursery to the ICU, we have no doubt that there have been significant cost savings along with improved quality of care.

Second, CPCQC also leads the Data-driven Engagement of Families to Improve the NICU Experience (DEFINE). We know that during prolonged NICU hospitalization, family presence and engagement at their infants' bedside improves infant health and developmental outcomes, reduces length of stay, increases breastfeeding rates, and reduces parental stress and anxiety. Despite the growing body of evidence for the importance of parental engagement, there is no standardized approach to engaging families effectively during NICU hospitalization. DEFINE addresses these deficits by providing hospitals with a wide array of tools, educational resources, and a data collection system to implement effective interventions and measure outcomes over time. The current focus of DEFINE is improving safe sleep practices among preterm infants in our state. Sleep-associated infant death is the leading cause of infant mortality beyond the first month life, and rates have not changed in over 20 years. Preterm infants are 2-4 times more likely to experience sleep-associated death and yet, NICUs are lacking in effective approaches to educating families about safe sleep practices to ensure that they adhere to these protective infant care practices after hospital discharge. DEFINE provides hospitals with innovative tools to engage families and collects data about safe sleep adherence among families of preterm infants after they have transitioned home. At present, 10 NICUs in Colorado participate in DEFINE. I am certain that all NICUs in our state would choose to participate if afforded the resources to do so.

I cannot emphasize enough how important the passage of this bill is to the health and well-being of infants and mothers in our state. We have this critical opportunity to translate data and evidence into clinical practice through robust quality improvement approaches by ensuring that all birthing facilities participate in the Colorado Perinatal Care Quality Collaborative. In our state, over 80% of all maternal deaths were considered to be preventable; we must act now to ensure that this trend does not continue. By supporting birth hospitals to actively participate in quality improvement efforts with data monitoring, we can allow every baby and every mother in our state to receive the highest quality of care, establishing a robust foundation of health. Indeed, over 98% of all births in the US occur in a hospital, affording a unique opportunity for hospitals to directly improve the health of nearly every mother and infant. We must invest in our state's perinatal quality collaborative so that birth hospitals can have the resources to implement evidence-based practices in data-driven ways. I cannot think of a more cost effective investment in perinatal healthcare for Colorado babies and mothers.

REFERENCES

Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023. DOI: <https://dx.doi.org/10.15620/cdc:124678>.

Ely DM, Driscoll AK. Infant mortality in the United States: Provisional data from the 2022 period linked birth/infant death file. National Center for Health Statistics. Vital Statistics Rapid Release; no 33. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://doi.org/10.15620/cdc:133699>.

Howell EA. Racial disparities in infant mortality: a quality of care perspective. Mt Sinai J Med. 2008 Jan-Feb;75(1):31-5. doi: 10.1002/msj.20018. PMID: 18306240.

Glazer KB, Zeitlin J, Egorova NN, Janevic T, Balbierz A, Hebert PL, Howell EA. Hospital Quality of Care and Racial and Ethnic Disparities in Unexpected Newborn Complications. Pediatrics. 2021 Sep;148(3):e2020024091. doi: 10.1542/peds.2020-024091. PMID: 34429339; PMCID: PMC9708325.

Hwang SS, Weikel B, Adams J, Bourque SL, Cabrera J, Griffith N, Hall AM, Scott J, Smith D, Wheeler C, Woodard J, Wymore E. The Colorado Hospitals Substance Exposed Newborn Quality Improvement Collaborative: Standardization of Care for Opioid-Exposed Newborns Shortens Length of Stay and Reduces Number of Infants Requiring Opiate Therapy. Hosp Pediatr. 2020 Sep;10(9):783-791. doi: 10.1542/hpeds.2020-0032. Epub 2020 Aug 7. PMID: 32769086; PMCID: PMC7446548.

Hwang SS, Bourque SL, Hannan KE, Passarella M, Radack J, Formanowski B, Lorch SA. Racial and Ethnic Disparities in Sudden Unexpected Infant Death Among US Infants Born Preterm. J Pediatr. 2023 Sep;260:113498. doi: 10.1016/j.jpeds.2023.113498. Epub 2023 May 19. PMID: 37211205.

O'Brien K, Robson K, Bracht M, Cruz M, Lui K, Alvaro R, da Silva O, Monterrosa L, Narvey M, Ng E, Soraisham A, Ye XY, Mirea L, Tarnow-Mordi W, Lee SK; FICare Study Group and FICare Parent Advisory Board. Effectiveness of Family Integrated Care in neonatal intensive care units on infant and parent outcomes: a multicentre, multinational, cluster-randomised controlled trial. Lancet Child Adolesc Health. 2018 Apr;2(4):245-254. doi: 10.1016/S2352-4642(18)30039-7. Epub 2018 Feb 8. Erratum in: Lancet Child Adolesc Health. 2018 Aug;2(8):e20. PMID: 30169298.

Church PT, Grunau RE, Mirea L, Petrie J, Soraisham AS, Synnes A, Ye XY, O'Brien K. Family Integrated Care (FICare): Positive impact on behavioural outcomes at 18 months. Early Hum Dev. 2020 Dec;151:105196. doi: 10.1016/j.earlhumdev.2020.105196. Epub 2020 Sep 19. PMID: 32987227.