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COVID-19 and Pregnancy**

Good afternoon, Chair Muth, Chair Bizzarro, and the Joint Democratic Policy Committee. I am Dr. Aasta Mehta, Medical Officer of Women's Health for the Philadelphia Department of Public Health and a practicing OB/GYN in Philadelphia. Thank you for the opportunity to provide testimony for the topic of Maternal Health Amidst COVID-19.

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. Therefore, it is extremely important to analyze challenges pregnant and recently pregnant individuals face considering the COVID-19 pandemic.

As we all know, COVID-19 has impacted the United States particularly hard and pregnant people are no exception. According to the CDC, pregnant people who have COVID are five times more likely to have severe disease requiring ICU admission, have an increased chance of preterm delivery and are more likely to die than non-pregnant women in the same age group. This coupled with the fact that number of pregnant people who die while pregnant or within 1 year of the end of a pregnancy is significantly higher in the US than in other developed countries makes the urgency of addressing issues related to maternal health amidst COVID-19 all the more urgent.

Philadelphia Department of Public Health, in collaboration with the Commonwealth and the CDC, has been conducting COVID and pregnancy surveillance to better understand the local impact of COVID on maternal and infant outcomes. As of Feb 1, 2021, there have been a total of 106,857 cases of COVID-19 in Philadelphia. Of those, approximately 1.2% were pregnant or recently pregnant at the time of their diagnosis. People with COVID during pregnancy accounted for 1.1% of all births in Philadelphia. Of these births, 65% were paid for by Medicaid. While COVID-19 has impacted the whole population, it is important to point out that it has not affected all people equally. Significant racial disparities exist in COVID-19 infections. Black and Hispanic pregnant people contracted COVID at 5 times more than their white counterparts and account for 80.3% of all COVID infections in pregnancy. This is significant because Black and Hispanic pregnant people account for 63% of all births in the same period. While these

disparities are alarming, they are unsurprising. Significant disparities in pregnancy outcomes existed long before COVID-19. In Philadelphia, Black birthing people are four times more likely to die of pregnancy related causes than their white counterparts. Black infants are two and half more times more likely to die before their first birthday than white infants. Low birth weight among black infants is over two times more prevalent than among white infants and the prevalence of preterm birth is almost two times higher among black infants as compared to white infants.

Long term effects of how the pandemic will affect pregnancy outcomes remains to be seen. However, considering COVID-19's magnification of health disparities it is crucial that we implement meaningful strategies to address root causes of inequitable health care outcomes. Systemic issues that existed prior to the pandemic still exist and, in some cases, have been worsened. Furthermore, the pandemic has quickly altered the way in which health care is delivered and in turn has shone a bright light on long standing gaps and systemic inequities in the health care system. To reduce disparate pregnancy outcomes related to COVID in the short term, it is essential to ensure equitable access to blood pressure cuffs for remote prenatal care, personal protective equipment, rapid COVID testing, and vaccines. In the long term, it is necessary to break down silos and increase collaboration across the health care ecosystem including hospital systems, community-based support organizations (such as home visiting), and insurance companies. Policy changes such as extending access to Medicaid for up to a year postpartum and investing in health innovation are needed to tackle the complex contributors to disparate pregnancy outcomes. Also, devoting resources to address social determinants of health such as housing and food insecurity, paid family leave and access affordable childcare and integrating community voices into policies and programs is key to improving the pregnancy outcomes for the women of Philadelphia and across Pennsylvania.

COVID-19 has fundamentally changed the way health care is delivered. Policies and programs implemented now—specifically geared towards building up systems through the lens of equity and dismantling systems that create barriers—can alter the trajectory and create a lasting positive impact on health disparities as we enter the post-pandemic world. Let's take advantage of this unique period to work collectively, think outside the box, and develop innovative solutions so we can ensure healthy futures for all families across the Commonwealth for years to come.

Respectfully submitted,

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