PA Joint Democratic Policy Committees & Women’s Health Caucus
Testimony Briefing Materials Wednesday February 10th, 2021

Professional Titles:

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Background Comments:
1. **123 for Maternal Health Awareness** - This year health on 126, Maternal Mental Health
2. **February is Black History Month** – founded by a son of ex-slaves and black historian in 1926, Carter G. Woodson to celebrate black history and contributions, but disparities still exist and are only emphasized in maternal health and mortality.
3. **Heart Health Month** – NIH and AHA 1st Friday “wear red day” until COVID, heart disease the number one cause of death for men and women annually (CDC 2019)
   a. Heart disease: 659,041
   b. Cancer: 599,601
   c. Accidents (unintentional injuries): 173,040
   d. Chronic lower respiratory diseases: 156,979
   e. Stroke (cerebrovascular diseases): 150,005

Women’s/Maternal Health and COVID:
1. **COVID & Women/Maternal Health** –
   a. PA Case: 754,240 (women>men), Deaths: 22,467 (women=> men)
      i. Death Rate: 2.97%
   b. CDC Pregnancy Report: cases:64,075, deaths: 74
      i. Death rate: <0.2%
   c. Disparity, more per capita black and Hispanics with COVID
2. **Vaccine & Pregnancy** – 2 ways to gain immunity, disease and potential morbidity/mortality risk or vaccine and minimized risk of adverse event.
   a. **ACOG/SMFM – COVID-19**
      i. vaccines should not be withheld from pregnant individuals who meet criteria for vaccination based on recommended priority groups
      ii. vaccines should be offered to lactating individuals like non-lactating individuals when they meet criteria for receipt of the vaccine based on prioritization groups outlined by the ACIP.
   b. **WHO** – confusion, original statement was if low risk of exposure, don’t get vaccine if pregnant or breast feeding. This statement has been walked back.
   c. **PA Vaccine Distribution**

3. **Diversity & Disparity of Maternal Health Care** –
      i. Causes: maternal mental health, obesity and related diseases (diabetes and hypertension), OUD and public health emergencies
   b. **COVID & Race/Ethnicity** – C19 is a “public health emergency” – per capita, more Hispanic and black women infected and get sick from C19.
      i. More diverse provider population is directly correlated with better care.

4. **Maternal Mental Health and Maternal Mortality** – PA MMRC established by Act 24 in 2018 report
   a. **Mortality** – while pregnant up to 1-year post-partum
      i. **“Accidental Poisoning”** – 2013 19% to 2018 44%
      ii. **Indirect/Direct OB Deaths** – only about 19% of deaths

   a. Almost 50% of providers feel burned out.
   b. Maternal health providers is top 10 profession
   c. During COVID, female providers 51% more likely to be burnout then male 36%
d. Good news, exercise is number 1 stress relief.

Recommendations:
1. Support diversification of our provider work force by improving the pipeline:
   a. Encourage institutions to recruit students in percentage that resembles the state population.
2. Support education of public and providers as to the risks associated with racial and ethnic effects on health care.
3. Enhance monitoring and education of maternal mental health issues.
4. Understand the impact of “public health emergencies” on providers as well as patients

References:
1. PA C19 Dashboard - https://www.health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx

Thank you,

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