

Joint Democratic Policy Committee Hearing
Maternal Health Amid COVID-19
Nicole Chaney- Certified Nurse-Midwife

I'm honored to be the voice today for the pregnant and postpartum folks that I care for in Berks County, and I am grateful to Judy Shwank and her staff for inviting me today and everyone that helped organize this. I am a Certified Nurse-Midwife that provides prenatal and postpartum care for pregnant individuals, and I catch babies at Reading Hospital in Berks County. I also provide gynecologic care from the teenage years through later adulthood, which includes cancer and primary care screenings, contraception, STD treatment, gynecologic problems, and referrals to specialists and mental health providers. We have a wonderful collaborative midwifery and obstetric practice that focuses on building relationships and continuity in our care, and I work with the best and most midwife friendly obstetrician in the world.

Everyday in the hospital and outpatient office, I see firsthand the toll that COVID-19 has taken on pregnant people. Those currently birthing their babies have spent the entirety of their pregnancy living and dealing with isolation and the difficulties of the pandemic.

I have seen unprecedented levels of pregnancy and postpartum depression and anxiety. People are overwhelmed balancing their careers, (or the loss thereof,) and virtual school for their children. Many suffer the stress of food and housing instability, being ill themselves, and the illness or death of loved ones.

A group of researchers at the Brigham and Women's Hospital at Harvard Medical School conducted a study of predominantly affluent, white individuals, in which their findings showed 36.4% reported clinically significant symptoms of depression within the past week. These findings are likely worse in communities of color where the effects of the pandemic have been more severe. It's hard to understand postpartum depression if you or someone you love hasn't experienced it. Postpartum depression is feeling alone in a room full of people, it's feeling isolated, it's feeling disconnected from yourself and your body, it's not connecting with your baby, not enjoying time with your baby, it's crying every single day for months, it's your brain telling you that your baby and the world would be better off without you, it's a mother ending her life, and it's a child growing up without the unconditional love of their mother.

The only way out is by stopping the pandemic. We MUST get through this faster by increasing access to vaccines. As I write this our state is ranked 43rd out of 50 in percentage of vaccine distribution nationwide. I understand we have a geographically larger, older and more diverse state than some of the others, and I watched the vaccine hearing last week, and I saw legislators from both parties advocating for us, but as a state, we absolutely can and must do better. And we need YOUR leadership and action.

So many people ask me how to get their vaccine: my pregnant patients, my octogenarian patients, family, friends and neighbors. So many people ask me and I am at a loss.

I have spent countless hours on the Pennsylvania Department of Health vaccine map clicking on links, trying to find vaccine clinics for them. All of my efforts have been fruitless.

I find it disgraceful that instead of helping their constituents get access to vaccines, some senators and representatives from our commonwealth have spent their time and energy recently introducing legislation that would essentially make abortion illegal in Pennsylvania.

Having access to a safe abortion is a basic human right yet our state has been deemed hostile when it comes to this important service. On top of challenges related to COVID, abortion restrictions in Pennsylvania have made access to care severely limited. Meanwhile, we must recognize that abortion is essential to improve our maternal mortality rate and the overall health and wellbeing of families in our state. The Turnaway study, conducted at the University of San Francisco, followed women turned away from an abortion for a variety of reasons, and showed the negative impact this had on their life, including 2 women who died in childbirth. Instead of restrictions, we should allow for the prescription of medication abortion via telemedicine, as to decrease COVID exposure to patients, families, and healthcare workers - which is recommended by the American College of Obstetricians and Gynecologists. Right now we need to focus on legislation that supports parents throughout the pregnancy and postpartum period, with paid maternity and paternity leave, workplace protection for pregnant and nursing mothers, expanded medicaid coverage, high quality, affordable childcare, housing, nutrition, and mental health support. Instead of introducing baseless restrictions on reproductive healthcare, we need to be focused on supporting families through COVID and beyond.

Medicaid covers 34% of births in Pennsylvania. When you look at the Smart Start study, which was a five-year study that published findings in 2018, it showed that Medicaid recipients had the best outcomes at a lower cost for birth center care versus traditional care, this was whether they went on to birth their baby at a birth center or hospital. These very compelling results showed better outcomes for birth weight, cesarean rate, gestational age, preterm birth, all things that affect the mother and child for the rest of their lives.

Surprisingly, despite these excellent outcomes and lower cost, Medicaid insurers reimburse very poorly for birth center care and they reimburse very poorly and unsustainably for birth center providers. This results in an equity issue in which Medicaid recipients have less access to birth center care, when often they are the ones that would benefit most from it.

On a legislative level, I urge all of you to increase support for pregnant and postpartum individuals, with a value based payment structure for maternity care, Medicaid coverage for doulas, expanding Medicaid in the postpartum period, supporting telemedicine, expand access to substance use treatment, improve reimbursement for out of hospital births and maintain and improve our access to safe, legal abortions.

From a leadership level, I encourage you to do anything within your power to improve equitable vaccine distribution in our state, so we can decrease the burden COVID-19 has on our communities and get through this. Partner with and apply pressure on your local health

department, your local health systems, and try for yourself to navigate the Pennsylvania vaccine map so you can empathize with your frustrated constituents.

And on a personal level, if you know someone that is the primary caregiver for young children, thank them, support them, and bring them a veggie lasagna.

1. Peace Study, Cindy Liu, et al.
<https://www.sciencedirect.com/science/article/pii/S0165178120332133>
2. Strong Start study: p. 136
<https://downloads.cms.gov/files/cmimi/strongstart-prenatal-finalevalrpt-v1.pdf>
3. Turnaway Study:
https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf
4. PA abortion facts
<https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-pennsylvania#>
5. ACOG Statement on Abortion Access during COVID
<https://www.acog.org/news/news-releases/2020/11/acog-updates-committee-opinion-on-increasing-access-to-abortion>
6. The best veggie lasagna recipe:
<https://www.thepioneerwoman.com/food-cooking/recipes/a11693/vegetable-lasagna/>