## New York State Health Act New York Health Act A5248/S3525 Testimony of Patricia O. Loftman, CNM, LM, MS, FACNM May 28, 2019

The Honorable Richard N. Gottfried Chair
Assembly Committee on Health

The Honorable Gustavo Rivera Chair Senate Committee on Health

Greetings Chairman Gottfried and Chairman Rivera and members of the New York State Assembly and Senate Health Committees. Thank you for this opportunity to provide testimony in support of the New York State Health Act.

My name is Patricia Loftman. I am a Certified Nurse Midwife and a Fellow of the American College of Nurse Midwives. I graduated from Columbia University Graduate School of Nursing with a specialty in midwifery in 1981. I practiced full scope midwifery caring for women as a midwife and former Director of Midwifery Service at Harlem Hospital in New York City for three decades. Full scope midwives provide the full range of women's reproductive health care. This encompasses prenatal, labor and delivery and post-partum care, gynecologic care which includes contraceptive management and primary care. I retired from clinical midwifery in 2010.

I was a midwife at Harlem Hospital when the community was ravaged with the crack and HIV epidemics beginning in 1984. For ten years, between 1985-1995 I, together with another midwife, cared for women whose pregnancies were complicated by drug use and/or HIV Infection in a Special Clinic designed specifically for them. They should not have had good outcomes, but they did. Why? The women attended clinic weekly, which was a requirement, and adhered to multiple and varied appointments. They were engaged in their health and health care because they were cared by midwives who looked like them, who understood their cultural and linguistic norms and values with whom they developed a relationship and trusted. They remained engaged in the health care system post delivery continuing to adhere to health maintenance activities.

Recently, an unprecedented amount of media attention has centered around the crises of Black maternal morbidity and mortality. Today, Black women are 8 times more likely to experience a pregnancy related death than a White woman in New York City. Approximately, half of the causes of these deaths are of medical causation. Yet, a study of more than 45, 000 women found that only more than half visit their OB/GYN. Less than 6% visited a primary care physician. The CDC reported, in 2017, that 12.5 % of women aged 18 and over reported that they were in fair or poor health. (1) However, only 9.5% of women under age 65 are reported to have health insurance coverage. (2) Women can't take control of their health without health insurance.

The New York Health Act would expand women's access to healthcare by eliminating the lack of insurance as a barrier to visiting a primary care provider to engage in health screening, disease prevention and health promotion activities before they enter pregnancy. Most women enter the health care system through pregnancy. However, at the end of that pregnancy, women's continued access to

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Overview. Included in the section titled, Relevance and Key Findings, is the following:

The Series found that "midwifery matters more than ever" because of the ability of midwives to save and improve the lives of women and children around the time of pregnancy. The Series demonstrates how the normalization of childbirth provided by midwifery, coupled with collegial, inter-professional collaboration results in impressive outcomes. Despite the availability in the United States of the most children rank close to the bottom of almost all developed countries. The Series on Midwifery provides a technologically sophisticated and comprehensive medical resources, outcomes for both women and fresh, holistic framework with technical evidence to position midwifery and midwives as central to

improving the care of childbearing women globally. (3)

in the Cochrane Database of Systematic Reviews. Cochrane Reviews are internationally recognized as The Cochrane Review is a systematic review of research in health care and health policy that is published the highest standard in evidence-based health care and is published online in the Cochrane Library. The review, Ways to help pregnant women avoid preterm birth, states the following:

preterm birth, or being born before 37 weeks of pregnancy, is a major reason why newborns die and may also mean long-term disability for surviving infants. There are many ways healthcare providers try

to prevent women from having their babies too early. Pregnant women may be encouraged to take vitamins, reduce smoking, take medicines for infections or attend regular healthcare visits. Our overview the Cochrane Library on 2 November 2017. looks at different ways (or interventions) to prevent preterm birth. We searched for relevant papers in

Outcome: Preterm Birth

Clear benefit

We were confident that the following interventions were able to help specific populations of pregnant women avoid giving birth early: midwife-led continuity models of care versus other models of care for all women; screening for lower genital tract infections; and zinc supplementation for pregnant women without systemic illness. Cervical stitch (cerclage) was of benefit only for women at high risk of preterm

birth and with singleton pregnancy. (4) PLOS One is a peer-reviewed open access scientific journal published by the Public Library of Science (PLOS) since 2006. The journal covers primary research from any discipline within science and medicine.

Mapping Integration of Midwives Across the United States: Impact on Access, Equity, and Outcomes,

published in 2018 found the following:

Research suggests that integration of midwives into regional health systems is a key determinant of optimal maternal-newborn outcomes that might change outcomes for mothers and babies. States that integrated midwives into their health systems experienced lower rates of premature births, neonatal mortality and Cesarean Section. (5)

them to address issues of reproductive justice, birth equity, health disparities, maternal and infant In summary, The New York Health Act would increase health equity for women and families enabling morbidity and mortality and primary care through increased access to midwives at a time when hospitals are closing their maternity services in rural areas and the availability of women's reproductive health care providers are decreasing.

Thank You.

- (1) U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Health Interview Survey, 2017, Table A-11c pdf icon[PDF - 133 KB] National Center for Health Statistics. Table A-11a, Summary Health Statistics Tables for U.S. Adults:
- (2) Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey.

2017, table VII pdf icon[PDF - 530 KB]

- http://www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000004314/Lancet Series Highlights. (4) Accessed 5-26-2019. https://www.cochrane.org/CD012505/PREG\_ways-help-pregnant-women-
- (5) Accessed 5-26-2019. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0192523.