

Healthy Mom Webinar Transcript

0:00:08 - Adele Scheiber- NWHN Director of Communications

All right, folks, everybody welcome, and thank you all for taking the time to join us today for the Healthy Mom webinar sponsored by the National Women's Health Network and March of Dimes. I'm Adele Scheiber, the Director of Communications here at the NWHN, and I will be your emcee, as it were, today. For those of you new to us. The NWHN is a national nonprofit that represents the health interests of women across the life continuum. We maintain an intersectional focus on sexual and reproductive health, maternal health and the health and well-being of aging women. Our partner in this webinar, March of Dimes, is also a national nonprofit organization. They are committed to ending preventable maternal death. Excuse me, they are committed to ending preventable maternal health risks and death, ending preventable preterm birth and infant death and closing the health equity gap for all families.

Today, we are uniting to bring attention to a literal life or death issue the dire state of maternal health in the US and what can be done to improve these health outcomes. You'll hear from three experts about the underlying causes of maternal morbidity and mortality crisis, systemic changes in the work to address these issues, and even get some tips on how to protect yourself and those you love. And so, without further ado, it is my absolute pleasure to introduce this first expert to you, congresswoman Bonnie Watson Coleman. Ms Coleman is serving her fifth term in the United States House of Representatives, the first Black woman to represent New Jersey in Congress. Her work in the House centers on her belief that in the United States of America, there's a floor below which we should never allow any child, any family or any person to fall. She has introduced a host of legislation to make this vision a reality, including the Healthy Mom Act, which we'll be learning about today. Welcome, congresswoman, and take it away.

0:02:04 - Congresswoman Bonnie Watson Coleman (D-NJ)

Thank you so much for having me, and let me thank the organizations that are responsible for having this discussion today. Elevating this issue is very important. We're probably the richest country in the world and we've got some of the worst statistics as it relates to maternal mortality, and as it relates to women of color, it is even worse, and so to have this discussion, and to have it holistically, and to look at the things that can change this dynamic is very important.

My introduction of the Healthy Mom Act was something that I did in the first Congress that I was elected to, and I've introduced it every year. Parts of it have found its way into other pieces of legislation. Aspects of this legislation was that when a woman finds herself pregnant, there should be a special enrollment period where she is allowed to choose the health care that is most important to her. That will provide both prenatal care, birthing care and 12 months of postpartum care, of postpartum care. But that's only a piece of the issue, you know, dealing with the social determinants, dealing with the implicit, explicit biases, dealing with places where there are healthcare deserts, dealing with just the issue of access, affordability and eligibility.

All of those are being addressed in one piece of legislation or another, and so, in addition to that, just the education of women, particularly women of color, poorer women, rural women, is something that we need to put our resources in, that we need to put our resources in, put our hands to the plow and move forward, and so I thank you all for what you're doing March of Dimes, the Health Network, the Women's Health Network (NWHN) and anybody else that's on this discussion today. As you will explore best practices, gaps, needs and, hopefully, a future that we will continue to work together, please consider my office a partner. Use us and educate us, inform us, and we'll be a part of this solution as well. Thank you, and God bless you for all the work that you do. I'm sorry that I have to leave.

0:04:47 - Adele Scheiber- NWHN Director of Communications

That's all right. Congresswoman, we really appreciate your time today. We know that you had something unexpected come up and we are happy to talk more about the healthy moms act later in the webinar, and thank you for introducing it. Every darned Congress, we appreciate you.

0:05:02 - Congresswoman Bonnie Watson Coleman (D-NJ)

Thank you, god bless. God bless your work.

0:05:05 - Adele Scheiber- NWHN Director of Communications

Bye-bye, all righty. So next up for a deeper dive into the state of maternal health care in the US, we have KJ Hertz, the Senior Director of Federal Affairs at March of Dimes. In this role, KJ guides the March of Dimes advocacy in Congress and with the administration. His expertise spans a portfolio of issues including health coverage access and affordability, maternal and child health, maternal mortality and preterm birth, prevention and nonprofit issues, among other things. KJ thank you for joining us.

0:05:45 - KJ Hertz- March Of Dimes Senior Director of Federal Affairs

Thank you, Adele. It's great to be part of the webinar today. I'd just like to start out by saying how proud March of Dimes is to endorse Congressman Watson Coleman's Healthy Mom Act. That would improve outcomes by expanding quality of access to care. Good morning or good afternoon everyone, as the case may be. I just want to thank the Congressman for her leadership and support of maternal and infant health programs funding the House Appropriations Committee. She's a real leader there and has been a leader in trying to get robust, sustained funding for the programs that we all depend upon to improve maternal and infant health. Next slide, please. So I'd like to just take a quick step back to share our organization's history and the legacy that has led us to where we are today.

For 85 years actually now 86, the March of Dimes has been on the forefront of life-saving research and the practical application of that knowledge. It all started with President FDR's call to action to eradicate polio. That led to the birth of our organization back in 1938. Americans were asked to mail in their dimes hence the name of our organization their dimes, hence the name of our organization to support research to find a cure in what was, in hindsight, really the first crowdfunding campaign. It's kind of fun to know that we were trailblazers right from the beginning in that respect. So then, after polio was conquered thanks to the Salk vaccine, we moved on to really tackle other issues like birth defects, prenatal care, newborn screening and preterm birth. And then, most recently, we've expanded our focus beyond babies to include the moms, beyond babies to include the moms. We know that the health of moms and the health of babies are inextricably linked. The greatest indicator for a healthy birth really is a healthy mom, and for several years we have layered in health equity and we look at our mission work through that lens. In particular, march of Dimes is committed to narrowing the equity gap so that we can see better outcomes for all birthing people.

Next slide, please. So you'll see here from this slide that the US, as the congresswoman was talking about, remains among the most dangerous developed nations in the world to give birth. The US has the highest maternal death rate among the world's most developed nations. Among other developed nations, the death rate has been stable or falling, but in the United States it's actually getting worse. Every 12 hours, women will die from pregnancy-related causes. The US maternal mortality rate has more than doubled, from 10.3 per 100,000 live births in 1991 to 23.8 in 2014. Excuse me, over 700 women die of complications related to pregnancy each year in the United States, and two-thirds of those deaths are preventable.

According to the CDC, almost 150,000 babies are born to women living in maternity care deserts and I'll get more into that where there is a higher poverty rate and lower household income levels than in countries with access to care. Among women living in maternity care deserts, one in five live in large metropolitan areas or urban settings, which might be surprising. More than 22,000 babies die in the United States before their first birthday. That is two babies every hour. Prematurity, low birth weight and related conditions account for more infant deaths than any other single cause about one in three and birth defects account for one in five infant deaths. For one in five infant deaths. Next slide, please. So we know we have a real crisis on our hands, and especially when it comes to black and brown moms. In the next few slides, I will consider how these factors impact the ability of a mom and a baby to receive care, as well as how the cost of care they receive.

In the US, significant racial and ethnic disparities exist in maternal and infant prenatal outcomes. Disparities are also evident in access to care. Although the majority of women living in maternity care deserts are non-Hispanic white women, 12.8% of our Native American women gave birth in 2020 living in maternity care deserts and in 2020, one in four Native American babies and that's 26.7% were born in areas with no or limited care to maternity care services. Additionally, one in six Black babies were 16.3% were born in areas of no or limited care to maternity care services. Next slide so, as you'll see, a lot of this has to do with the accessibility to OBGYN providers for moms. The number of obstetrical providers in a given county can help us really understand how accessible maternal care may be and even if there are facilities available. You'll see from the slide that rural counties had nearly half as many obstetrical providers compared to urban counties. 47.9% of the US counties did not have an OB and 55, over 55% do not have a certified nurse midwife. 39.8% of counties lack a single obstetrician or certified nurse midwife. So the difference in the number of providers between urban and rural areas is stark and while

midwives may be available in some counties, without OBGYNs, midwives are not able to provide care to high-risk patients in all situations that may come up, as you know. Next slide, please.

So with respect to hospitals and birthing centers. Even before the pandemic, hospitals started closing maternity units across the country, with many struggling with low birth volume, staff recruitment, retention and rising costs. Retention and rising costs Planning for healthy births starts really with the access to reproductive care services, which provide critical wellness exams, contraceptives, education on pregnancy timing, and these are important to ensure good outcomes for moms and babies. As one of the components of defining a maternity care deserts, we look at the number of hospitals or birthing centers in a county. That's an important measure of maternity care. In our country, as you can see from the map, there is a large percentage of counties without care for a birthing person. When these counties are classified as rural, this becomes a potentially bigger issue if care cannot be accessed in an appropriate amount of time. We know that 42.5, 42.5 percent of counties over 1300 had at least one hospital that provided obstetrical care services. Next slide, please.

So traveling for care. In 2020, there were over 1,300 counties, as I mentioned, where 42.9% where every preterm birth infant was born outside of their county of residence, meaning they had to travel, you know, ways away from their home. Nearly 300,000 women with high-risk pregnancies lived in counties without high-level obstetrical beds in 2020. Lived in counties without high-level obstetrical beds in 2020. And also, we know from our research that nearly 80,000 infants who were admitted to neonatal intensive care units, or NICUs, were born to families that lived in counties without NICU beds available. So next slide, please.

We cannot forget about, of course, the need to ensure that pregnant and postpartum women can receive care they must have, or must ensure that they have health insurance and that it is sufficient to cover the needs that they have for their family. So, as you can see from this diagram or this map here, approximately 11% of women aged 19 to 64 are uninsured. In the US, 48% of counties with full access to maternity care have a high proportion of women without health insurance, and over 55% or over 1,800, of all US counties have a greater than 10% proportion of women without health insurance. So, even

today, after the tremendous advancements with the Affordable Care Act and expansion of Medicaid, there are still many people that are still uninsured. Next slide, please.

We also know that, in terms of access to care, telehealth is a very big issue. We have seen significant effort towards telehealth across the healthcare sector. However, we do see that where you live matters still. In many parts of the country, families cannot access telehealth fully because they don't have access to the necessary bandwidth to access these capabilities. In 2020, over 600 US counties, or 19.5%, had low telehealth access access defined as at least 40 percent of consumer broadband providers within a county advertising low speed or less than 25 download or three upload megabytes per second, which is the FCC's established minimum speed needed for acceptable broadband access. So we still have a long way to go in terms of ensuring that there is access to telehealth for everyone who needs it. Next slide, please.

This slide here focuses on Medicaid postpartum coverage extensions, and we have made great strides in this area. You know why is postpartum so crucial. Care during the postpartum period, or the 12 months after a childbirth, you know, in the weeks that follow birth, the foundation for the long-term health and well-being for the woman and her infant is critical. Really, to establish a reliable postpartum period that should provide ongoing, continuous and comprehensive care. Most maternal deaths approximately 63% occur in the first year after childbirth, which is the majority of which are preventable, as I mentioned earlier, based on the CDC's data, one in five women are affected by anxiety, depression and other maternal mental health conditions during the year following pregnancy, and this is why postpartum care is mandatory, really to improving both short-term and long-term consequences for the mother and newborn. As many of you may know, beginning back in April of 2022, to help improve coverage stability, a provision under the American Rescue Plan Act of 2021 gave states the option to extend Medicaid postpartum coverage to 12 months, and it's made available for five years, and we were able to actually build on that by making that option a permanent one in the consolidated appropriation act of 2023. And while nearly the whole country has extended this coverage for states still have not done so or are continuing to work to implement it, representing tens of thousands of mothers and infants. If all states were to adopt this important option, as many as 720,000 people across the United States annually could be guaranteed Medicaid and SHIP coverage for 12 months after pregnancy. So this has been a major advancement in coverage for women after childbirth, but we still have some work to do as of now Next slide, so just wanted to provide some additional facts on some of the costs involved, particularly as it relates to

preterm birth in the United States, set the stage a little bit more on some of the issues facing families in the US and, in particular, you know these costs of the cost of preterm birth.

Preterm birth alone costs the United States \$25.2 billion per year and, based on the data and beyond the sheer number of preterm births in the US, there are several factors that are contributing to this cost, due to the need to address these factors to ensure a healthy pregnancy. The factors associated with preterm birth include prior maternal reproductive history as far as previous preterm births that someone may have had, socio-demographic characteristics or socioeconomic status, or access to care, nutrition status, physical activity and smoking and drug abuse during pregnancy. So next slide. I just wanted to move on to some of the things that we're working on in terms of solutions. Next slide, please.

So you know we do a lot at March of Dimes to reach our goals through really four major channels of work. We invest our resources and expertise in a rich portfolio of activities that include research and data programs, advocacy and education and education. We mobilize action through advocacy, from raising awareness about preterm birth effects, infant and maternal mortality, to advocating for mom and baby friendly legislation at both the state and the federal levels. We lead and we innovate. We're building off our legacy of life-saving research. We continue to assess the current state of maternal and child health and provide key insights to inform medical care policies. And, more Most recently, we have leveraged our data infrastructure to shine a spotlight into the issue of maternity care deserts, as you've heard, that are threatening families' access to health care. We educate and support providers and families. The March to Dimes directly drives impact in communities through health programming and comprehensive training for health care providers, such as our implicit bias programs. We also provide a wealth of information for expecting mothers and their families through our website, newsletter, consumer education app, our NICU family support program and hospitals across the country, and we partner with other organizations to accelerate health equity.

March of Dimes leads critical work in mobilizing the action through local collaboratives and communities. We facilitate the Mom and Baby Action Network, or, as we call it, mbam, which is a national consortium of over 400 partners at the national, state and local levels who are really coming together to collaboratively address the root causes of inequities in maternal and infant health, and we're also partnering with local health systems to test and

implement novel solutions to improve both the quality and the availability of care, response to maternity care deserts We've been dealing with as a country, but also through quality improvement initiatives and expanding equitable access to doula and midwifery care and mobile health units, which I'll talk a little bit more about before I finish up my presentation. So next slide, please. Here's just a brief snapshot of March of Dimes 2023 through 24 policy priorities.

So, as I've talked about Medicaid, postpartum extension has been a big focus of ours. We've been heavily involved in getting the legislation through Congress to provide that option to states accessing increasing access to midwives and doulas by giving them reimbursement, particularly under Medicaid, state Medicaid programs. Accessing equity or, excuse me, quality through telehealth services I talked a lot about that. We need to make sure that there's adequate broadband coverage for everyone who needs it to access telehealth services. And then we've done a lot of work to support maternal mental health efforts, particularly to expand on state screening programs through HRSA and the National Helpline. That's also funded through HRSA as well.

And we've done a lot to advocate for workplace policies for families in particular working to get the Pregnant Workers Fairness Act enacted into law. And finally, in terms of improving research and surveillance, we continue to work to build upon maternal mortality review committees and reauthorize them through the Preventing Maternal Deaths Act. It building on state newborn screening programs and modernizing them and getting them funded through Congress through the CDC and HRSA programs that support them. And then, finally, you know, increasing access to vaccination and you know, addressing issues like vaccination hesitancy. So next slide, next slide, please. As I mentioned before, we do offer what we call the mom and baby mobile health centers. This is a great program that March of Dimes started back in 2006 during Hurricane Katrina. We currently have four locations where we're operating mobile health units Washington DC, a van in Tucson, Arizona.

And these mobile health units really enable health care access for women and children via preconception, pregnancy, postpartum, newborn interventions, directly in their neighborhoods.

And we're targeting this expansion of this program especially in maternity care deserts that I've talked a lot about and underserved communities, allowing us to reach those who are most at risk of inadequate care. And we're uniquely positioned to provide culturally responsive services in underserved neighborhoods to underinsured and uninsured members of the community, regardless of their immigration status or ability to pay. And finally, the last slide here I wanna express how we all of us at March Dimes are invigorated by the strong legacy of our organization and we continue that staunch commitment to leading the fight for the health of all moms and babies in alignment and partnership with everyone that's also working in this sector, and I will definitely invite anyone to please reach out to me. We look forward to continuing to advance our shared goals in better and more impactful ways so that less and less families will have to know the heartache of maternal or infant loss, and I hope you will join us by signing up for our action alerts that are available on our website at www.marchofdimes.org. Get involved, advocate so. Thank you very much and I'll turn it back to the moderator.

0:30:48 - Adele Scheiber- NWHN Director of Communications

Thank you, KJ. I'm just going to go off script and say that was truly inspiring. I love your branded trucks and I'm going to download the Compass app, which I happened to Google while you were talking, because I think it's so cool. Highly recommend you all. Take advantage of those resources and we will, of course, be posting you know those in the post-show notes. Okay, now back on my script. We got it, Um. So finally, uh, it is my pleasure to introduce Raaya Alim, the NWHN's policy associate, um, who will leave us with some concrete tips for individuals and their families, uh, considering expanding their families. Raaya earned her undergraduate degrees in psychology and journalism in 2022, followed by her master's degree in public policy in 2023, all from UMass, Amherst, and I must just add that in her short time with us, she has proven herself to be a rather dynamite researcher. So it is my pleasure to give the floor to you, Raaya.

0:31:45 - Raaya Alim- NWHN Policy Associate

Thank you, Adele. I really appreciate you saying such nice things about me. That made me feel really nice, but I am really excited to be here and to talk about some advocacy strategies that you can utilize.

0:32:01 - Adele Scheiber- NWHN Director of Communications

o I'm sorry. I realized there was a question I needed to ask.

0:32:03 - Raaya Alim- NWHN Policy Associate

Yes.

0:32:04 - Adele Scheiber- NWHN Director of Communications

That was my bad, I didn't give you your cue, but you know, seeing as this landscape isn't going to change overnight, despite the tireless efforts of organizations like us and March of Dimes, what are some things women and their families can do to maximize the chances of getting high quality care during pregnancy?

0:32:22 - Raaya Alim- NWHN Policy Associate

Yeah, definitely so, like I said, I'm going to be sharing some advocacy strategies, but I wanted to start off real quick with saying that pregnancy varies from person to person. No two pregnancies are going to be the same, but the strategies that I'm going to be talking about are a little bit more general, more broad, so anyone can really utilize them. So, for starters, I highly highly recommend choosing a qualified healthcare provider and attending prenatal appointments a provider who has the experience and expertise in prenatal care, because regular prenatal checkups are really essential for monitoring both the health of you, the birthing person, and the baby, and it also allows you to communicate openly with your healthcare provider about any concerns or questions you might have, and it's just a really good way to kind of learn more about that. Additionally, you can utilize resources from organizations like March of Dimes, which have things like the support of pregnancy care. So this is where clinicians bring group prenatal care to patients and you can learn more about pregnancy, meet other pregnant people and form connections with them and then also spend more time with your provider pregnant people and form connections with them and then also spend more time with your provider. And KJ brought up a really great resource, which is the March of Dimes, mom and Baby Mobile Health Centers and those, like he said, bring access to maternity care in areas that have limited or no access. So if you're in an area like that and there is a mobile health center, they're a great resource to utilize.

Another strategy that you can use is really educating yourself about qualified and reliable sources, but you might be wondering what exactly is a reliable resource, and typically reliable resources cover topics like the stages of labor, pain management options, breastfeeding and postpartum care, and by understanding the process of all this, it can help you make more informed decisions and feel more confident during your pregnancy and childbirth.

You can use a lot of different resources to get this reliable information, but some places you can look are books on pregnancy, like the very classic what to Expect when You're Expecting, websites like the American Pregnancy Association and the Bump, and even podcasts there's one called Midwife at your Cervix and they all kind of provide education on pregnancy in general.

Another way to really learn about pregnancy is by talking to your midwife or obstetrician and asking them as many questions as you have. They will have a lot of information to provide and they're more than happy to really make sure you know everything you need to know and I promise you'll definitely be surprised or learn something new, because that is pregnancy is a very complicated thing. And then another thing is a lot of jobs have resources for maternity or parental leave, but a lot of people underutilize these resources because they might not understand the full capacity of them. So we'd really recommend learning more about any maternal or parental leave policies, workplace accommodations and insurance coverage for pregnancy and postpartum care, and the best way to do this is really sitting down and setting up a meeting with your HR person and they can really go in detail about what's covered and what they have in place for you. And that is my spiel on pregnancy advocacy.

0:36:13 - Adele Scheiber- NWHN Director of Communications

Yeah, you know and your point is well taken, Raaya about people you know, not knowing - Even myself just to give an anecdote really quick an employee of the National Women's Health Network I still don't know what all of our benefits are, I mean and that's on me, right. So it's definitely worth asking those questions and just to kind of piggyback on something that you said, they should be happy to answer all of your questions and if you're ever feeling like you're not being listened to or you're being rushed out of an office, that might be a really good sign to start looking for another provider, because you deserve the answers to

your questions and there's no such thing as a stupid question when you're growing a human. So what about after giving birth and navigating what we like to call the fourth trimester right, or that 12 month postpartum period?

0:37:03 - Raaya Alim- NWHN Policy Associate

Yeah, yeah. So postpartum is a very critical period. A lot of times it's thought as something completely different and just its own beast to tackle, but pregnancy and postpartum obviously go hand in hand and the tips that I'm going to be talking about they're definitely backed by not only the medical community and science, but also from birthing people themselves. So these are tips that they would recommend to make sure that you're getting the care and you know how to navigate this really interesting transition period that you're in. So, first off, learning about what's normal during the postpartum period and what's not, like prenatal care. By understanding what's going on, you're able to take more of an active role in your postpartum health and the baby's health. And there's a variety of ways you can get involved in really learning about what's normal, what's not. Some ways are like understanding what common risk factors are specifically for you, so whether you might have any risk factors during pregnancy or after pregnancy. Again, asking questions that's going to be something I'm really going to drive home is asking questions is extremely important and then also just learning things like what common tests are and screenings that are done to monitor the health of your baby. You can also utilize some other outside resources. So, again, March of Dimes has a great resource, which is their postpartum wellness plan. It's a tool that helps you organize and kind of navigate the initial postpartum period. It allows you to keep a lot of important information at hand, so like your doctor's information, how you want to announce your baby's birth, any emergency numbers, what you need to support your physical and emotional needs, nutrition, how others can help you, and so on, so forth. It's a really great document that kind of helps you make sense of what's going on. And other resources you can use are things like the Postpartum Progress, which is a blog that is contributed to by people with birthing experience, and postpartum doulas, who can really help you navigate this fourth trimester phase. And for those of you who don't know, a postpartum doula is basically a professional advocate. They're there to support you in pretty much every capacity that they can while you're trying to learn how to you know be a new parent, how to like take care of yourself and all that good stuff.

And another thing that we strongly encourage is establishing postpartum care for yourself. So it's really important that you can get an appointment with your healthcare provider after giving birth so they can monitor your physical health and your emotional health and really address anything that might seem out of place and your emotional health and really address anything that might seem out of place, might be a little weird, out of place. And at these appointments it's great if you can bring someone you trust. So, whether that's your partner, a friend, a family member, anyone that you really trust who can come and kind of take notes and provide support during your appointment, because you're probably going to be wrangling a baby and talking to the doctor. It's going to be a lot of chaos and so having someone else there is going to be really important so you can retain more information.

And then, finally, I think one of the biggest things during this postpartum period is really emphasizing the importance of rest and recovery. Adequate rest is absolutely crucial during the postpartum period because you are physically going through a major change. You no longer have a baby growing in your body, your body's getting adjusted to normal and you might be emotionally wired. So it's a very, very important thing to get the rest that you need, and I know it seems a little challenging and a little kind of backwards that, oh, you have a baby, but now you also have to make sure you make time for yourself. But it's absolutely medically necessary.

It'll help you in the long run, it'll help the baby in the long run, and you can do this self-care and rest by accepting help from friends and family with things like household chores and caring for the baby, doing your groceries, things like that. But you know, not everyone is always going to have a strong social support, that there are options to reach out to, like your healthcare provider for guidance and support, joining online communities and connecting with other people who might be going through similar experiences, asking them questions and seeking their advice, and then also exploring community resources. So this is like going to your church, talking to social services, any community centers, and really seeing if they have resources and guidance for you in this extremely chaotic transitional period that you're in. So those are the strategies that we recommend. That's all I have, but anything else we'll be sure to link in the webinar notes after we're done.

0:42:18 - Adele Scheiber- NWHN Director of Communications

Yeah, thank you. You're not quite off the hook yet, but yeah, no, absolutely. Your points are well taken. And also, I'd just like to add on a personal note go watch the show Working Moms on Netflix. It'll really give you some ideas for how to tap into your village to raise a kid. The last thing I wanted to ask you, raya, is, since the Congresswoman had to leave us a little early today, could you maybe expand a bit on the Healthy Mom Act and why we think at the network here that it's so crucial to this larger conversation and to improving these outcomes?

0:42:52 - Raaya Alim- NWHN Policy Associate

Yeah, for sure.

If you could give me one second, my laptop is having some mind of its own, um, but yes, so the healthy mom act is absolutely necessary for a lot of different reasons, um, particularly that it helps um uplift, uh, specifically women of color, who often face um a lot of issues in their postpartum, or not even postpartum, just their maternal care, and increasing access to maternal care would lead to lowering rates of maternal and infant mortality and morbidity and also just expand access in areas that are lacking comprehensive care. This is relatively pertinent right now as of today, especially because there was a case on Idaho versus United States where they were talking about Idaho's really restrictive abortion bans, and Idaho is one of the states that has an extensive amount of maternity care deserts. A lot of providers have left Idaho and so people who need maternity care they have to go out of state. So policies and laws like the Healthy Mom Act will be able to kind of remedy some situations in that regard. And then you had a different, you had a second part of that question as well.

0:44:29 - Adele Scheiber- NWHN Director of Communications

I probably did. Let me go take a gander, shall I? What did I mean to ask you? Is it written down there for you?

0:44:40 - Raaya Alim- NWHN Policy Associate

No, I thought you had something else that you had asked as well when I was answering the question.

0:44:46 - Adele Scheiber- NWHN Director of Communications

Oh no, just you know I think I think you covered it why we think it's important, right, and you know, at the end of the day, it's about expanding access and as we know, as March of Dimes, the Network.

The Network knows it's not just about what we as the individuals can do to advocate for ourselves. It's about what this system and this government can do to make to clear that way and give us room to move and to access the care Right. It takes two billion to tango Right, so that we want to make sure that we highlight remedies like this, bills like this, going through Congress and advocate for them, and we also encourage you to advocate for them. And, Raaya, I don't know if you're willing to speak to some of the things that you know J&Q Public could do to, let's say, advocate for a bill, but you know.

0:45:32 - Raaya Alim- NWHN Policy Associate

There's a variety of ways that the general public can actually get involved in advocating for the bill, and it's everyone's favorite thing of calling or emailing your representative's office and really letting them know why you, as their constituent, believe that this is an important bill that they should support and try to push forward in Congress, or even on the state level, if there's specific bills that are equivalent and you want to try to change it more so in your state rather than federally. Again calling and emailing the offices and letting them know that this is who you are, why it's important that they support it and, like, really get them to understand that this is something that you, as are, that their constituents, actually really care about. So, um, that's definitely one way to get involved, um, in trying to get the bills, uh, in to law.

0:46:32 - Adele Scheiber- NWHN Director of Communications

This is kind of what you do, so I don't know if you want to piggyback off of anything.

0:46:36 - KJ Hertz- March Of Dimes Senior Director of Federal Affairs

Raaya just said yeah, I mean I would just say you know, if you go to congress.gov and you type in Healthy Mom Act and you know you don't see your member of Congress listed as a

co-sponsor of that bill this goes for any bill really that would help address the maternal and infant mortality crisis but in that case I would say you know, the most organic thing you can do to get them to support it is pick up the phone and call their office, whether it's their district office or their office here in DC or write them a letter and send it to them asking for their support of the bill. That's the kind of boots on the ground, grassroots kind of efforts that we need to have to build support for bills like the Congresswoman's Healthy Moms Act, to get them to move forward in that legislative process she mentioned she's introduced it every year, every term, for the five in terms that she's been in office. We need to have advocates, you know, at the state and the local level engaging on that legislation.

0:47:53 - Adele Scheiber- NWHN Director of Communications

Absolutely. We like to say in this space there's people power and there's purse power and in today's environment, you know, it can be really disillusioning sometimes when you don't have a giant purse like some of these, you know, advocacy groups. But people power is still very important and it is still very relevant, which is one of the reasons we organized this shebang for you today. So with that I'm going to thank you guys again. You've been great sports me going off script, me being a congresswoman, you know. So thank you so much for presenting and thank you to everybody in the audience. This recording, along with a full transcript and any resources we mentioned or think are appropriate, will be available within the next week or two on our website and we'll be sure also to email it out to everybody who registered. Raya, KJ do you have any final thoughts?

0:48:47 - Raaya Alim- NWHN Policy Associate

No, it was great talking about this.

0:48:57 - KJ Hertz- March Of Dimes Senior Director of Federal Affairs

Yeah, thank you very much for inviting us.

0:49:00 - Adele Scheiber- NWHN Director of Communications

Awesome. And as a final note to anybody, if you have a question, feel free to email it to alerts@nwhn.org and we will make sure to send out an email answering those questions. Alrighty, this is your MC and the webinar signing off.