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HB 837

February 26, 2020

TO: Members of the House Health and Government Operations Committee

FROM: Nicholas Blendy, Deputy Director, Mayor's Office of Government Relations

RE: House Bill 837 – Public Health – Maternal Mortality and Morbidity – Implicit Bias Training and Study

POSITION: SUPPORT

Chair Pendergrass, Vice-Chair Pena-Melnyk, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** House Bill (HB) 837.

In an effort to prevent maternal mortality, HB 837 requires the Maryland Department of Health to establish an evidence-based training program on implicit bias for perinatal health care providers and requires providers to complete this training at least once every two years. In addition, HB 837 requires the Maryland Maternal Mortality Review Program to study the feasibility and impact of reviewing maternal morbidity in addition to mortality to prevent the number of "near misses" in Maryland.

Mothers in Baltimore City experience a quarter of the state's maternal mortality. Through the Baltimore City Fetal-Infant Mortality Review (FIMR) program, we know that the issues driving high fetal and infant mortality are often closely related to those that drive maternal mortality. Through confidential reviews of real cases of stillbirth and infant death and interviews with mothers, FIMR has revealed that the symptoms and concerns of mothers of color are often dismissed by providers.

In a series of reviews of cases related to maternal hypertension, multiple mothers reported serious symptoms to their providers—headaches, swelling, dizziness—without follow through from their providers, only to end up within 24 hours in hypertensive crisis with preeclampsia and the tragic loss of their babies. When asked about their experiences in the health care system, mothers reported experiencing discrimination based on multiple factors, the most common being their race. Following this review, the Baltimore City FIMR team, which is composed of public health professionals, health care providers, and community advocates, made implicit bias

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training for perinatal health care providers its top recommendation for eliminating the racial disparity in fetal and infant mortality.

No health care provider is immune to implicit bias; we all have unconscious biases by virtue of our being human and growing up within a culture shaped by racism. However, it is our collective responsibility to make these biases conscious and work to ensure that the care we provide is of the highest quality and free from bias in order to safeguard the health of mothers and babies in our community. Unchecked implicit bias can lead to tragic health outcomes, to avoidance of preventive and acute health care, to miscommunication and distrust of medical recommendations and health education.

To acknowledge and address implicit bias, the entire staff and leadership of the Baltimore City Health Department's Bureau of Maternal and Child Health has undergone training in implicit bias and anti-racism, holding 13 trainings since 2016. The BCA supports legislators in requiring perinatal health care providers across the state undertake similar training to improve the quality of health care for mothers and babies and color.

Further, requiring the study of the addition of review of maternal morbidity to the Maryland Maternal Mortality Review Program is a critical next step in reducing maternal mortality and improving the health of mothers. Reviewing these "near misses" expands the pool of data available on maternal health and quality of care, and therefore, they have much to teach us about how to prevent both morbidity and mortality.

For these reasons, we request a **favorable** report on House Bill 837.