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### **Testimony in Support of HB837, Maternal Mortality and Morbidity – Implicit Bias Training Study**

Thank you for the opportunity to testify in support of HB837, *Maternal Mortality and Morbidity – Implicit Bias Training Study*. My name is Anne Eder, and I am here today representing March of Dimes.

March of Dimes mission is to lead the fight for the health of all moms and babies. We began that fight more than 80 years ago as an organization dedicated to eradicating polio in the United States, a goal that we achieved. We continue that fight today as we work to address some of the biggest threats to moms and babies, such as premature birth and maternal mortality, through research, education, programs and advocacy.

March of Dimes' ongoing work to improve maternal and infant health is more important than ever as our nation is in the midst of a dire maternal and infant health crisis. Rates of preterm birth are increasing, the United States is one of the most dangerous places to give birth in the developed world, and there are unacceptable disparities in birth outcomes between women and infants of color and their white peers. By improving the health of women before, during and between pregnancies, we are guaranteeing improved outcomes for both them and their infants.

Each year, March of Dimes releases its annual report card grading the United States and each of the states on their progress toward improving maternal and infant health. On our most recent report card, the state of Maryland's preterm birth rate declined, earning the state a grade of C-. Despite this decline, the preterm birth rate among black women is 45% higher than the rate among all other women in our state. Preterm birth can lead to life-long health problems and, in the most tragic cases, a baby's death.

The state of maternal health mirrors that of infants born too soon. Outcomes are getting worse and those worsening outcomes are driven by disparities. Each year, 700 women die from complications related to pregnancy. For every maternal death, another 70 women suffer life-threatening health challenges. That's 50,000 women each year. While other countries have reduced their maternal mortality rates since the 1990s, the U.S. maternal mortality rate continues to rise.

The threat of maternal mortality and morbidity is especially acute for black women. Black mothers of all ages are three times more likely to die from pregnancy-related complications than their white peers, and are 27 percent more likely to experience severe pregnancy complications than white women. These disparities cannot be explained by differences in age or education.

We know that the causes of our nation's maternal and infant health crisis are diverse; they include physical health, mental health, social determinants, and much more. They can be traced back to issues in our health care system, and stem from factors in our homes, our workplaces, and our communities. Researchers, however, have identified implicit bias among health care providers as a potential contributor to these disparities.

Implicit bias refers to the attitudes or stereotypes that affect one's understanding, actions, and decisions in an unconscious manner. Implicit bias can negatively impact health care outcomes and overall quality of care. Addressing implicit bias among providers is a strategy to improve patient-provider communication and treatment decisions, contributing to improved quality of care.

We are testifying in support of HB837 because we see this legislation as a means of delivering the best possible care to all women. Thank you.