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**Bill No: HB 235**

Title: **Correctional Services – Pregnant Incarcerated Individuals**

***“Pregnant Incarcerated Continuity of Care Act “***

Committee: Judiciary

Hearing Date: January 26, 2021

**Position: SUPPORT**

HB 235 – Pregnant Incarcerated Continuity of Care Act

**Position: SUPPORT**

My name is Jessica Spinali and I am in support of HB 235.

As a registered nurse, my concern lies with the adverse health outcomes that could manifest in our populations if the Pregnant Incarcerated Continuity Care Act of 2020 were to not be passed by the Maryland General Assembly. This bill is important because it focuses on the prison to provider breakdown that is present for pregnant and incarcerated individuals. Pregnancy is not without risk to the pregnant person and to the baby, and without adequate healthcare at an exceedingly vulnerable time how can we ensure we are protecting the interests of mother and child alike?

Having a safe and trusted provider to turn to after release is instrumental in ensuring a healthy transition from prison. Incarceration is not without stressors, often less than adequate obstetric care, coupled with a lack of access to healthcare upon release we are contributing to poor outcomes if we do not act. Primary providers can assist in medication access necessary to a healthy pregnancy, for example blood pressure-controlling medications. Gestational hypertension leading to pre-eclampsia and eclampsia can be fatal for the pregnant person if not treated as soon as possible. If a pregnant person is not regularly being screened, how would they know their blood pressure was high, or even dangerously high? Catching pre-eclampsia early may lower the chances of it negatively impacting the mother and child, long-term. The mother may also not be educated on the warning signs of preeclampsia if they do not have a healthcare provider educating them on the warning signs. Having seen hypertension in pregnancy in my own practice, I know it an urgent matter. The pregnant individual deserves access to different medications necessitated by their pregnancy and additional counseling on those medications by a provider, as well as access to their medical records detailing the medications they are on and the conditions they have so they can be treated appropriately in the future, during delivery, postpartum and during any other future pregnancies they might have.

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The Pregnant Incarcerated Care Act of 2021 would ensure that these individuals have access to providers following release to then administer medication counseling, education about their pregnancies and about what to expect, before, during and after labor and delivery and other relevant information as it relates to their pregnancy.

I urge a favorable report on HB 235.

Respectfully,  
Jessica Spinali, BSN, RN