September 21, 2022

Dear Chair Patterson and members of the Senate Committee on Health Care,

My name is Silke Akerson and I am the executive director of the Oregon Midwifery Council as well as a midwife with a home birth practice in Portland. I am writing to provide testimony about the ways that the current health care system capacity issues are affecting care for pregnant and birthing people in Oregon. We know that rates of maternal mortality and morbidity in the US have worsened during the COVID-19 pandemic began and we cannot afford further deterioration in the care that is available to this population.

Pregnant and birthing people are experiencing difficulty and delays in accessing care that can have real impacts on outcomes both for mothers and babies. Across the state there are delays in getting appointments for screenings, imaging, and interventions ranging from fetal surveillance testing to iron infusions for anemia to nutritional counseling for gestational diabetes. These delays mean that pregnant people may not receive diagnosis or treatment in the timeframe that is needed to improve outcomes.

In some areas of the state there has been partial to total interruption of lactation services provided to new mothers and birthing parents. Lactation support in the days and weeks after birth is an essential support to increase breastfeeding success and improve breastfeeding rates, which produce huge health benefits and health cost savings across the lifetime. Decreased lactation services will have long term impacts on population health in Oregon.

Many hospitals in the state are regularly on divert because of staffing and other capacity issues. This has unique impacts on birthing people who may experience significant stress and delays in accessing care during labor when they are not able to go to their planned hospital or receive care from the providers they are familiar with. These delays are especially concerning for birthing people who need to transfer from a planned home birth or birth center because the time it takes to call multiple hospitals and be rerouted can lengthen the time it takes for the person to get necessary care. In an emergency situation the midwife can transfer the patient to the nearest hospital regardless of divert status, but in the majority of transfers which are non-emergent, the midwife needs to call around until she can find a hospital to accept the patient. There have been recent episodes in the Portland area where midwives have experienced 4 or 5 hospitals on divert at the same time which has meant over an hour of calling and confirming availability before being able to transfer.

Pregnant and birthing people are a vulnerable population and the delays in care I have described here can have impacts not only for the short term but for future generations.

Thank you for your consideration,

Silke Akerson, MPH, CPM, LDM
Oregon Midwifery Council