

March 11, 2025

Chair Reynolds and Members of the Senate Committee on Early Childhood and Behavioral Health,

My name is Jessica McElreath and I am the perinatal coordinator and educator at Harney District Hospital (HDH). We are a small, critical access hospital in Harney County, located in Eastern Oregon serving the largest county by land mass, which is also the smallest by population. I am writing to ask you to vote yes on SB 1039 to improve outcomes for mothers and babies in Oregon.

HDH is categorized as a low volume, frontier hospital, with only 40 babies delivered in 2024. While there is a well-publicized maternal and infant health crisis nationwide, what makes our situation more tenuous is the rural character and low birth volume of Harney County. Research looking at rurality and low volume shows a significant relational increase in morbidity and mortality risk to mothers and babies. We are observing a trend of large, multi-care hospital systems closing down low-volume birthing centers like ours citing increased risk as a factor. Harney is fortunate to provide perinatal services to the families here, as many of our sister, rural regions are turning into 'maternity deserts'.

Shuttering obstetric units increases the risk of preterm birth and other potentially harmful delivery outcomes for these frontier families. Instead of closing, what is needed is a focused, quality improvement approach to Critical Access/rural/low birth volume challenges. The Oregon Perinatal Collaborative (OPC) has committed to constructively addressing these issues and reversing the trend.

Quality improvement through state-level Perinatal Quality Collaboratives like the OPC is the "gold standard" to improve outcomes. Continued funding of the OPC is the way forward. Over the past year, I have had the pleasure of collaborating with OPC on the current state-wide Hypertension in Pregnancy initiative. I have also met with them in person to review the specific needs of our hospital. They listened and acted on our suggestions. After our meeting, they created a quarterly, low-volume, critical access forum where advocates can come together to crowd source information and solutions from other low-volume units. This peer support group has helped to create a culture of collaboration wherein rural access hospitals can better address their unique needs.

HDH is a small but mighty hospital. Our nurses stand out from the crowd for their cross-disciplinary competence. Our nurses float between emergency, obstetrics, medical surgical and pediatric units/duties and their education requirements are high. Simulation education is an essential part of achieving the best outcomes for our patients but hard to implement with hospital education staff alone. Mobile simulation units are up and running in other states, and are providing access to critical, educational resources, including realistic drilling simulation of the skills needed in high risk, low frequency scenarios. We are ready to implement simulation here with the help from the OPC. I hope, with continued funding, the OPC can bring perinatal simulation training to my small, rural town.

Continued OPC funding is the right thing to do for Oregon families and the caregivers that serve them. Birth is sacred and life affirming. Let's keep it safe as well!

Please vote YES on SB 1039 to improve maternal and infant health in Oregon. Thank you for the work you do to support the health of mothers and babies.

Sincerely,
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