For the record my name is Alicia Manwiller and I am (was) a Charge Nurse at the Legacy Mt Hood Family Birth Center and I'm testifying in favor of House bill 3592. I believe this bill is critical to ensuring access to care for all pregnant people because of what I've seen in my community, as Legacy Health closed the Mt Hood birth center on March 19th at 12pm.

I would like to speak directly to the fact that the East County area has a disportionately high rate of non-English speaking and high OHP population. Oftentimes have women presenting to our birth center without previous prenatal care, we have patients who come to our hospital even though they have been referred to another area hospital because we are "closer". East County has a high immigrant farm-working population that most certainly have difficulty maneuvering into the Portland area for care. Also, as you know we also serve the outlying communities beyond Sandy. It is also not uncommon for people to travel from Sandy and beyond presenting in active labor and delivering shortly after arrival. These people will be ill-served by putting both the baby's and mom's lives in danger by having to travel greater distances.

I believe by having a formal equity analysis would prevent hospital systems to put profit or women's health by making generalized statements to justify their decision to withdraw maternity care. In particular, I would like to directly speak to some of my hospitals' reasons for closing the birth center. By doing an in-depth equity analysis this may prevent hospitals from being allowed to make such reckless decisions.

Low Volume FBC (misleading comment from Legacy)

- Legacy likes to use this talking point that Mt Hood has a low volume of births to justify not having an in-house OB provider. While Mt Hood does have the lowest Legacy Volume, we have an exceptionally high outpatient (triage) volume. Emanuel Randalls does deliver twice as many births as we do. However, Mt Hood has the highest number of outpatients of any Oregon Legacy Hospital. In 2022, Mt Hood saw 1350 outpatient OB patients, while Randalls only saw 882. Legacy likes to leave that fact out of there. We are an outlier hospital in a community. Where will this underserved population go? Also, Legacy Mt. Hood's emergency room sees 10,000 more patients than Emmanuel's emergency room. This speaks to the volume of our patients when you're an outlier hospital. It also speaks to the fact that our emergency room is already operating at capacity and placing this undue burden on them is inhumane to the staff and the community. This will also affect our community's ability to access timely emergency services in they are being burdened by now caring for obstetrical patients.

Pregnant patient care in the Emergency Room

- No electronic fetal monitoring will be happening in the emergency room. This is an AWHONN standard in the care for pregnant patients. They will use a Doppler or an ultrasound, which gives a brief moment and looks at the baby's heart rate. It DOES NOT determine if a baby is in distress and how it's reacting to contractions the woman may be having. Emergency room nurses are not trained in fetal monitoring, they are not trained in determining fetal response to contractions. Understanding and interpreting the patterns is reliant upon understanding fetal monitoring. If you have physicians and nurses interpreting a different thing about the same thing, error is going to happen.

Pregnant patient who presents to the Mount Hood Emergency Department in need of inpatient admission will be transferred to another local hospital.

- Transfer by Life Flight:
  - Legacy is pushing the fact that transfer time to Randalls is 7 minutes. This is such a misleading statement. If there is a true emergency which often presents to our Labor and Delivery, emergency delivery of the mother to save either her baby, herself or both will in no way be even realistic. Please remember women presenting to our L&D unit, we have gotten these women delivered in as little as 9 minutes by emergent c-section but our goal is within 15. Transferring by LifeFlight has a long path: It is ATLEAST and weather permitting 17 minutes to get to Mt Hood and that is in the most perfect scenario of the pilot being immediately ready, once there the patient has to get bundle up and report given, then transfer to helicopter, then fly to Randalls (which is the 7 minute part) and on the helipad, transfer to the Emanuel Emergency Room be declared stable then transferred over to the Randalls building to be taken up to the 9th floor. If she was in distress then you need to add in another 10-20 minutes to take someone into a stat c-section. This delay in care will be detrimental to the life of both.
- Transfer by AMR:
  - In East County we are already facing an overburdened medical transport system. It is never immediate. Furthermore, neither LifeFlight or AMR will transfer a woman who is more than 5cm. Those women frequently present to OB greater than 5cm. This is a recurring situation. So either women will not be getting adequately checked to determine dilation or they will be delivering in the emergency room. There will be no anesthesia for epidurals, which also subjects women to pain that they have previously been able to have managed.
  - Furthermore, Multnomah County Emergency Medical Services just released a policy update that has been shared with local Emergency Rooms. On 3/8/23 (policy #03082023-OPS) states that although LMH is closing the birthing center as of 3/17/23 “this will not affect transportation of an OB-GYN emergency. All deliveries which are imminent and/or abnormal shall be transported to the nearest hospital emergency department”. Therefore, our LMH ED will be forced to care for laboring mothers and delay/or lack of appropriate care for these patients will be significant.
- Transfering to other nearby hospitals.
  - As a charge nurse on FBC I am in constant communication with other area hospitals to see who is on divert due to lack of beds or staff. All of the Portland area OB hospitals do this daily to see who can accept patients if someone is unable to. Adventist, Portland Providence and Randalls are oftentimes on divert. The statement that transfer agreements with these hospitals will be worked out is misleading. Adventist is in the talks of expanding their program but they have not done that yet and it is reckless and ill-informed for Legacy to make claims that they can easily absorb our outpatients. I hope that OHA will do further investigation into Legacy’s statement by speaking to each hospital directly.

  - Because I am now being relocated to Randalls Labor and Delivery to work since our closure, I have received multiple staffing broadcast test messages stating they are short staffed. Today alone I received a message that Randalls’ was “down 6 nurses to start the shift”. I also received a follow up message stating,

"Help greatly needed now – any hours!". This burden of closing Mt Hood Family Birth even before a waiver was granted is greatly affecting Randalls ability to care for laboring patients there.

Emergency presentation to Mt Hood ED – OB Training of mother

- The unit is closed and staff was told they did not have a job as of March 19th, however training is yet to be completed until April 28th. This is reckless and incompetent. How can you close the unit down when some of your training is occurring after the closure day. This is reckless! There are numerous and frequent occurrences that happen when someone presents having a baby that staff need to be trained in – hemorrhages, shoulder dystocias that require certain maneuvers during delivery, vacuum deliveries to expedite a baby with fetal distress, abruptions, etc. ED nurses can not learn these skills in a couple hour class. We go through months of side-by-side precepting training to be able to do basic labor skills. The L&D unit closes in 7 days and the ED department has yet to barely begin training on the care of the mother. This is reckless that they are going to have laboring women present to the ED and they have yet to start this specific training. Why the rush? Why not do take time to adequately prepare the basics for ED nurses. This is an insult to the community and to the safety of women's health.
- The fact that we have 3 doctors (that gave resignations) still working and in contract until the end of April and the fact that legacy told all nursing, anesthesia, and OB techs that our doors would close on March 19th proves that they are out of compliance. We should not be on "divert" if we had the staff available. This date was planned on January 27th when closure announcement was made. Meanwhile for the next month, we still have all of our doctors working and on contract.
- When a mother presents bleeding with an abruption or a prolapsed cord or fetal heart rate deceleration, our current goal in Labor and Delivery is to have that baby out within 15 minutes to save the newborn's life. If a mother is abrupting, no amount of blood products will save her UNTIL you deliver her by c-section to remove the placenta (the cause of the bleeding). We will no longer be doing c-sections at Mt Hood and transferring a mother in this condition will undoubtedly result in death of the baby, of the mother or both.

Emergency presentation to Mt Hood ED – Newborn Resuscitation Training

- The Mt Hood ED has started training some staff on NRP (basic neonatal resuscitation program)– they have only taken ONE class. As an OB nurse that cares for the newborn at delivery, I have taken dozens of NRP classes, I have also gone through specialized "R" resuscitation training where I worked side by side a mentor for a month and spent time in the NICU and also attend yearly skills labs and training and many years honing in my skills by attending delivery after delivery. One NRP class DOES NOT make someone sufficient. The ED has had NO real life experience in working side by side with a nurse in L&D to actually practice resuscitating a real baby. The ED training has only consisted of mock scenarios using a doll. You have 2 minutes to get a baby breathing or they die. This is inhumane to the child, the family of the child and the ED staff

themselves to put them in this type of situation where they will most likely have to deal with a neonatal death.

- Pat Scheans had long been Legacy's NRP/Resuscitation Nurse trainer. She is a nurse practitioner with 40 years of experience and was considered an expert in her area training nurses in this role. She retired from Legacy but continues to be a consultant. She has been asked to work with the ED in working with ED staff with this NRP training. Yesterday she wrote a letter to OHA and community leaders and from working with Mt Hood ED staff she stated "Staff are receiving very minimal training. High risk, low volume events take repeated study and drills for proficiency. Hypoxic brain injury to newborns occurs rapidly and can be irreversible or lead to death."

Please advocate for the laboring women in East County. This decision by Legacy was reckless and only brought to our providers' attention in December. The decision was made in haste with no real forethought of future consequences. I believe strongly that this situation would have been prevented had an equity analysis, as outlined in the HB 3592, been completed.

Thank you,
Alicia Manwiller