



Oregon Perinatal Collaborative  
www.oregonperinatalcollaborative.org  
Mail code: L466  
3181 S.W. Sam Jackson Park Rd.  
Portland, OR 97239

February 17, 2025

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

Thank you for this opportunity to provide testimony in support of SB 693 to create a taskforce on the perinatal workforce in Oregon.

My name is Silke Akerson and I am the executive director of the Oregon Perinatal Collaborative. Each state in the US has a Perinatal Quality Collaborative (PQC) that works to improve care and outcomes around birth for moms and babies in that state. The Oregon Perinatal Collaborative is Oregon's PQC and we work closely with hospitals, nurses, providers, doulas, the Oregon health Authority, the Maternal Mortality and Morbidity Review Committee, and other partners to create and coordinate perinatal quality improvement across the state.

In 2024 we visited every one of the 47 birthing hospitals in our state and those visits made clear how universal and urgent the perinatal workforce crisis is in Oregon. All across the state, hospitals and clinics that serve pregnant, birthing, and postpartum families report that they are struggling to fill key positions and retain staff to provide the care needed in their communities. Access to high-quality care during pregnancy, birth, and postpartum is essential to having healthy communities in Oregon. Support to strengthen the perinatal workforce is needed all across our state from rural and frontier counties to urban areas.

In our visits with Oregon hospitals and in our quality improvement work with a wide range of partners we see firsthand the need to increase the perinatal workforce and improve access to:

- Labor trained nurses
- Maternity providers including obstetricians, family practice physicians, midwives, and maternal fetal medicine specialists
- Social workers, psychologists, and psychiatry providers with training in perinatal health
- Doulas
- Community Health Workers
- Peer support specialist
- Lactation consultants

Our colleagues testifying on SB 691 and 692 have beautifully covered the importance of doulas and peer support specialists already so our panel will focus on nurses and maternity providers which are the primary workforce concerns for Oregon's birthing hospitals.

While perinatal workforce issues affect all parts of Oregon, rural communities and Critical Access Hospitals are disproportionately impacted. Hospitals and clinics struggle to fill nursing and maternity provider positions, especially family practice positions that are essential to keeping our



Oregon Perinatal Collaborative  
www.oregonperinatalcollaborative.org  
Mail code: L466  
3181 S.W. Sam Jackson Park Rd.  
Portland, OR 97239

small and rural hospitals open. These staffing issues are driving the threat of labor & delivery closures in rural Oregon.

I also want to draw attention to the shortage of social workers and psychiatric providers in Oregon. All but a handful of hospitals we visited in 2024 reported a need for more mental health support with perinatal specific training across the full continuum of care in the hospital, prenatal clinic, and community. The lack of social workers and psychiatric providers is having profound impacts as maternity providers scramble to provide referrals and resources for patients' unmet basic needs during limited appointment time and without training, pregnant and postpartum patients with time-sensitive mental health needs wait 3 to 6 months to get into care with a therapist, and maternity providers are unable to refer patients to a psychiatric provider except in emergencies.

Investment in our perinatal workforce is cost-effective and cannot wait. As I am sure Senator Reynolds has already shared with those of you on this committee, the [Heckman Curve](#) shows that interventions during pregnancy and the first year of life are the most impactful for improving the health of our population. With that in mind I also want to briefly draw your attention to other bills this session that would support the perinatal workforce:

SB 443 would support training of family practice physicians for rural Oregon

HB 3280 would establish a task force on rural medical training facilities with the goal of creating nursing and medical technician training programs in Roseburg

I encourage you to connect with Senator Patterson and Representative Evans about these bills

These and other perinatal workforce shortage issues need attention and action from the state. This taskforce on the perinatal workforce is a good first step in that direction. Please move SB 693 forward with a do-pass recommendation as a much-needed investment in our future.

Thank you for your consideration,

Silke Akerson, MPH, CPM, LDM  
Executive Director  
Oregon Perinatal Collaborative  
akersons@ohsu.edu