

Dr. Lori L. Swain
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RE: Testimony submitted to the Oregon Senate Committee On Early Childhood and Behavioral Health for the hearing of Senate Bill 691 and Senate Bill 692

February 18, 2025

Many thanks today to the chair and committee members for the time to hear the merits of this proposed legislation. I am a Certified Nurse-Midwife, serving families in Silverton, at one of Marion County's rural hospitals. I am a past Scholars for Healthy Oregon recipient and have been able to serve rural Marion County for the last 8.5 years. I am here to testify in support for the Omnibus suite of bills, particularly SB 691, supporting Maternal Behavioral Health Support including the Project Nurture programs, and SB 692, which would increase access to doulas and traditional health workers.

The majority of families receiving care at Silverton, utilize Medicaid services to cover their care during their pregnancies. My practice attended approximately 700 births in 2024, and approximately 40% of our pregnant patients were noted to have mental health comorbidities complicating their pregnancies at the time of their births. Every year my group is seeing an increasing number of patients whose pregnancies are complicated by substance use disorder. Clinics providing obstetrics and maternity care are classically grouped as specialty clinics and do not receive the same supports as primary clinics regarding mental health, behavioral health, and social work services. My clinic does not have an embedded social worker, behavioral health specialist or any kind of mental support. In my experience, this means that the 40% of patients whose pregnancies are complicated by mental health concerns, these needs are often met inadequately by providers who are not trained to be mental health experts, or their care is needlessly delayed in our system of referral, authorizations, and long wait times.

My practice is increasingly caring for patients with substance use disorder, and we do not currently have a Project Nurture established for patients in rural Marion County. Substance use disorder is not limited to larger urban areas; it is affecting families all over our state. Having access to Project Nurture services for our rural patients would help to improve outcomes for these neighbors. Patients in Project Nurture are twice as likely to have 7 or more prenatal visits - each visit is such an opportunity to improve health and outcomes and infants whose parents were connected to Project Nurture require less high-needs care in the hospital after delivery^{1,2}.

This last year, I had the opportunity to care for a family whose pregnancy was complicated by substance use disorder. I initially met them in winter of 2022 when they came in through the emergency department - both parents had been using that day, they were currently living out of their car and had only had one OB triage visit around 30 weeks of pregnancy to comprise their prenatal care. Less than ideal situation. I met them in the chaos of presenting to labor and delivery during the pushing stage of their third birth. I attended this preterm birth in the triage room and their infant needed immediate transport to a hospital with NICU services due to the stress of this particular pregnancy and labor on this little one. Our team cared for the parents briefly, and then they quickly discharged to be with the infant who was in the NICU. At that moment, I had no idea how that child was going to do or whether this family had a chance of ever being together; the long-term outcomes did not seem optimistic.

Then in the winter of 2023, I had a prenatal visit on my schedule and when I entered the room, it was the same couple. They were there with their nine-month-old who I had met briefly at that chaotic birth and often wondered about. It was wild to see a healthy, strong, infant who smiled and chattered all the way through that visit when my last memory of this child was one where they had poor tone, were dusky and not breathing, and was very concerning. Catching up, I learned that this couple had gained access to services shortly after their tumultuous birth in the winter of 2022. They had been provided housing, substance use support, parenting classes, job skills classes, and transportation support. They were now, sober, stable, had a home, and had custody of all three of their children. One parent had full-time employment while the other parent was caring full-time for their children. I left that visit in tears.

Because of the support they received between their pregnancies, this time they were able to access regular prenatal visits. They were able to have a healthy pregnancy, deliver at Silverton at term, and discharge with their infant routinely, as well as meeting their family planning goals. Their second pregnancy with our group would not have been as successful without the mental health, social, housing, and parental supports that they received.

Unfortunately, this case is an outlier. To this day, I am unsure of how everything aligned so well for this couple. Most commonly when I see births or pregnancies at our facility complicated by substance use disorder, they come through OB triage, they have had very little care, and on discharge, there are not appropriate resources to connect them and help them access care and treatment for pregnant families prior to their birth. Then they return for similarly chaotic birthing experiences and poor outcomes. If we had had a Project Nurture program in rural Marion County, this family could have been connected to treatment and support at that 30 week ED/OB triage visit, reducing the risk that their third child would have needed those weeks of NICU initial support.

SB 692 would increase access to doula care in labor. Doulas are labor support professionals whose role is to provide emotional and physical support to the birthing family. This continuous

support throughout the birthing experience also improves perinatal outcomes. Doula support in labor has been shown to reduce risk for cesarean birth, infant admission to the NICU, and reduce use of medications for pain and labor augmentation³. All of these improve perinatal outcomes and reduce the cost of care.

In my community,, doula support is not routinely covered by health insurance plans, so it is reserved for those who have sufficient education and resources to access this service. This creates an equity imbalance in which only families with higher socioeconomic status can utilize this service to reduce their own health risks at the time of giving birth. SB 692 would require doula services to be covered by all health insurance plans in Oregon, thus increasing equity and access to this phenomenal service.

Again, thank you for your time and consideration of these bills which would serve to improve the health of our neighbors.

Sincerely,

A handwritten signature in cursive script that reads "Lori Swain".

Dr. Lori L Swain
DNP, CNM, MSCP, FACNM

References

1. McConnell KJ, Kaufman MR, Grunditz JI, et al. Project nurture integrates care and services to improve outcomes for opioid-dependent mothers and their children. *Health Aff.* 2020;39(4):595-602. doi:10.1377/hlthaff.2019.01574
2. Vartanian K, Jones K, Buckley RE, McMenamin K, Sanchez K. Project Nurture Final Report. 2018.
3. Hodnett, E. D., Lowe, N. K., Hannah, M. E., Willan, A. R., Stevens, B., Weston, J. A., ... & Nursing Supportive Care in Labor Trial Group. (2002). Effectiveness of nurses as providers of birth labor support in North American hospitals: a randomized controlled trial. *Jama*, 288(11), 1373-1381.

