



Oregon
Perinatal
Collaborative

March 7, 2025

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

Thank you for this opportunity to share about the work of the Oregon Perinatal Collaborative and to ask for your support for Senate Bill 1039 which would renew our funding to improve maternal and infant health in Oregon and establish our existence in statute for better functionality. My name is Silke Akerson, and I am a midwife and the executive director of the Oregon Perinatal Collaborative, which is Oregon's Perinatal Quality Collaborative or PQC.

Each state has a PQC that works to improve care and outcomes around birth for moms and babies in that state. We work closely with hospitals, nurses, providers, doulas, the Oregon Health Authority, the Maternal Mortality Review Committee, and other partners to create and coordinate perinatal quality improvement across the state. We have been doing this statewide work since 2012 and have been able to expand our capacity and reach with core funding from the Oregon legislature in 2023. We are funded through the OHSU higher education budget and are housed within OHSU but function as an independent organization, similar to the Office of Rural Health.

Core funding from the Oregon legislature has helped OPC transform from a passionate but small, volunteer-led organization with limited capacity, to a stable, highly productive organization that is now able to reach all hospitals and all births in our state with much needed support for improving care for moms and babies. This transformation could not have come at a more urgent time as we face a crisis in maternal and infant health in our country and state. The state funding for our work in Oregon is part of a growing trend of states investing in their PQC as an essential part of their health infrastructure.

The Oregon Perinatal Collaborative is a cost-effective and impactful investment for the state of Oregon. With \$1 million for the 2023 biennium, OPC has:

- Increased staff to 3 full-time employees
- Secured additional funding through the CDC foundation and HRSA (with Comagine Health)
- Visited all 47 birthing hospitals in Oregon to build relationships, and ensure that our quality improvement work is responsive to the real needs of Oregon communities and hospitals.
 - Please see the full [report](#) on these visits for more information
- Run a statewide initiative with 25 hospitals to improve care and outcomes for pregnant and postpartum people with severe hypertension and preeclampsia, which are leading causes of maternal mortality and morbidity in our state

- Planned a 2026 statewide initiative to improve care and outcomes for pregnant and postpartum people with substance use disorders. This is our top priority for reducing maternal mortality in Oregon.
- Developed a 2025 statewide initiative to improve newborn resuscitation
- Created a quarterly maternal and infant health meeting for Critical Access Hospitals to support their unique quality improvement needs
- Partnered with the Oregon Health Authority in outreach to emergency departments and county health departments as part of our work on congenital syphilis prevention
- Created a plan for an OPC mobile simulation unit that would provide simulation education for Oregon hospitals in response to their request for this support to help providers and nurses maintain emergency and keep labor units open
- Increased participation in the Oregon Maternal Data Center
- Begun an analysis of the doula workforce in partnership with the Center for Outcomes Research & Education (CORE) and the Oregon Doula Association to guide effective future investments in the doula workforce to increase access and impact
- Provided guidance to the OHA, the governor's office, and state and federal legislators on effective maternal and infant health policy changes
- Held two annual OPC summits with continuing education for the perinatal workforce in Oregon with targeted sessions on key topics to improve maternal and infant health
- Continued our program to improve transfers from home births & birth centers to hospitals
- Funded training for 10 patient advocates
- Presented our work at two national conferences, and more!

Our state needs the Oregon Perinatal Collaborative to continue its work to maintain access to, and improve the safety of, essential care for mothers and babies. As you will hear in this panel and in written testimony, Oregon hospitals, providers, nurses, doulas, and other partners need the open access support that OPC provides to continue and improve their essential work. We are asking for an increase in funding of \$250,000 per year to support expansion of our programs with a special focus on meeting the urgent needs of rural hospitals and communities.

I urge this committee to vote yes on Senate Bill 1039 with a do-pass recommendation to renew OPC funding and establish our existence within Oregon statute to provide statutory clarity for future sessions.

Thank you for all you do for families in our state,

Silke Akerson, MPH, CPM, LDM
 Executive Director
 Oregon Perinatal Collaborative
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