

Written Testimony in Support of Continued Funding for Oregon Perinatal Collaborative (OPC)

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

Thank you for the opportunity to speak today. My name is Jennifer Atkisson, and I have been a labor, delivery, postpartum, and nursery nurse since 2007. I'm also a clinical educator specializing in fetal monitoring and obstetric patient safety, I bring a unique perspective shaped by my extensive frontline experience and my role in supporting the education of nursing staff across small hospitals in the Willamette Valley, Eastern Oregon, and the Coast.

As we discuss the need to continue support of the Oregon Perinatal Collaborative (OPC), it is important to highlight their essential role in the state as the coordinator of all statewide maternal health quality improvement. The task of improving maternal and neonatal morbidity and mortality in Oregon might seem overwhelming, yet OPC is uniquely positioned to coordinate the efforts of all stakeholders—hospitals, healthcare providers, and professional organizations, such as AWHONN. Through this coordinated approach, OPC takes clear, concrete actions that lead to measurable improvements in health outcomes. State Perinatal Quality Collaboratives (PQCs) like OPC are the gold standard and the level of collaboration that must occur amongst all stakeholders, including AWHONN, would be impossible without the OPC.

Since its inception in 2012, OPC has done incredible work which was accelerated when it began to receive funding in 2023. In these two years, they led the statewide efforts to combat severe hypertension and preeclampsia, which will result in measurable reductions in preventable harms and deaths; begun work to improve care and outcomes for pregnant and postpartum people with substance use disorders, which is one of the main drivers of maternal mortality in our state; and continued work to address the congenital syphilis emergency in Oregon. These are not mere statistics; they represent mothers and babies home healthy with their families.

With renewed funding, OPC can continue to leverage its infrastructure to reach all Oregon birthing families through educational initiatives such as a mobile simulation unit. In rural hospitals, where patient volumes are low, simulation becomes an indispensable tool in maintaining clinical competence. These simulations provide nurses with hands-on experience and scenario-based training that are vital for preparing them to handle complex clinical situations without the regular influx of cases that larger hospitals see. However, conducting simulation is a specialized skill, and while trained individuals such as myself have attempted to gap-fill, it is insufficient and incredibly inefficient, which is why we need OPC to lead the charge.

Oregon Perinatal Collaborative is the hub of a wheel that brings together professional organizations, such as AWHONN, to ensure that these educational programs and programs

are informed by the latest research and best practices in perinatal care. Our goal is to make Oregon the safest place in the U.S. to give birth, and that means supporting the professionals on the front lines in our rural hospitals.

In conclusion, your support for this funding will directly enhance our ability to provide crucial education and simulation training across Oregon, addressing one of the most significant barriers to quality care. I urge you to continue your investment in the health of Oregon's mothers and babies by voting yes on SB 1039.

Thank you for your time and consideration.

Sincerely,

Jennifer Atkisson, MSN, RNC-OB, CNL