

Budget Recommendations to Support Maternal and Infant Health

Testimony to the Legislative Budget Board and Office of the Governor on the Department of State Health Service's 2022-2023 Legislative Appropriations Request (LAR)

As the Legislative Budget Board and the Office of the Governor consider the FY 2022-2023 LAR submitted by the Department of State Health Services (DSHS), we respectfully request continued investments in DSHS' maternal and child health section. We are pleased to see continued funding in Rider #28 for maternal health public awareness activities and Texas' Alliance for Innovation in Maternal Health (*TexasAIM*) initiative -- key strategies for combating maternal mortality and improving maternal and infant health in Texas.

A child's healthy development and start in life begins with a healthy pregnancy, a healthy birth, and a healthy mothers. When medical complications crop up in pregnancy or during labor and delivery, it can lead to tragedy for moms, long neonatal hospital stays for babies, long term health issues for moms and babies, and financial costs to the state and health care system. Maternal mental health challenges during pregnancy and the months after childbirth directly affect moms *and* their baby's health and brain development.

The coronavirus pandemic has exacerbated many longstanding Texas challenges, such as the state's high uninsured rate, and has disrupted critical services, such as regular prenatal check-ups and postpartum care for many Texas women. Hospitals are stretched to their limits helping Texans through the pandemic. Now more than ever, Texas hospitals and other health providers need the resources to continue providing safe, quality, and effective medical care for mothers and babies.

Recommendation: Support Rider #28 (page II-32 of 2021-22 General Appropriations Act) to maintain investments needed for statewide implementation of the *TexasAIM* initiative; a maternal care coordination services pilot for pregnant women at high-risk of complications; and public awareness and prevention activities related to maternal mortality and morbidity.

Through *TexasAIM* initiative, DSHS works closely with Texas hospitals to provide training, facilitate peer-to-peer learning, and implement evidence-based protocols in hospitals with the goal to improve safety and prevent pregnancy and birth complications. Each set of safety protocols is called a “bundle”. These maternal health and safety bundles – such as Obstetric Hemorrhage Bundle, Severe Hypertension in Pregnancy Bundle, and Opioid Use Bundle – enhance the delivery of health care, save women’s lives, and prevent harmful complications for mother and baby.

The vast majority of Texas hospitals participate in *TexasAIM* and have implemented at least one bundle: the Obstetric Hemorrhage Bundle. Texas’ goal is to implement *TexasAIM* statewide and have more hospitals institute the Severe Hypertension in Pregnancy Bundle and Opioid Use Bundle. Hypertension in pregnancy is one of the leading causes of maternal mortality – and one of the most preventable. According to the Texas Maternal Mortality & Morbidity Review Committee, cardiac arrest and hypertension/eclampsia were two of the top four causes of maternal death among Black women in Texas (2012-2015).¹ When looking at hospitalizations during delivery, Black mothers experienced the highest rates of obstetric hypertension compared to their White and Hispanic counterparts.²

The planned launch of these two additional bundles – Severe Hypertension in Pregnancy Bundle and Opioid Use Bundle – has been delayed due to the coronavirus pandemic. But DSHS and hospitals are working hard to launch these bundles in early 2021. Continued investment in DSHS’ *TexasAIM* will help more Texas hospitals implement life-saving maternal health and safety practices.

¹ Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. Appendix D (Sept. 2018).

² Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. Figure D4. (Sept. 2018).