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Regarding HB1051 Maryland Maternal Health Act of 2024

My name is Jacqueline Jones and I am concerned healthcare provider, friend, sister, and mother of two. I am testifying to improve overall maternal health in Maryland, specifically maternal mental health.

I am a former Labor and Delivery nurse which is a fast-paced unit where I fell in love with mothers and babies. I developed a profound respect for mothers being able to endure labor and bring life into this world. In 2018, I delivered my first daughter, but soon realized the lack of resources available to mothers. I realized that there were many appointments that focused on the care of the infant, however there was only ONE appointment that focused on mom, typically 6 weeks after delivery. I moved on to become a Family Nurse Practitioner with hopes to somehow venture into maternal health to correct this problem. This is a hope that I still want to attain after discussing this problem with many of my friends who have felt the lack of safety or care for mothers in the U.S. healthcare system. Many of these birth stories and descriptions of postpartum care were absolutely appalling to hear that they could occur here in the U.S. However, on December 12, 2023, I received a devastating text message from an old friend from high school that truly broke my heart. My friend, Andrea Salome Kolbe, a friend I had known for over 20 years, committed suicide, the day after her 35th birthday, due to complications with postpartum depression. Her beautiful son, Harbor, was only three months old. I cannot begin to imagine the amount of pain and sorrow Andrea was experiencing to take her life and I truly wish more was done within the healthcare system to protect her. Andrea was a shining light in our small community in Damascus, MD. She gave love, smiles and endless laughs to everyone she met. She was truly a joy to be around and her love for you was felt no matter how far you were from her or how long it had been since you had seen her. She moved on to become a dance teacher in New York and open Art In Motion (AIM) Dance Center(s) with two of her colleagues. She was a guiding light for so many dancers and I truly admired her commitment and dedication to each of her students. Andrea's death is an overwhelming loss for her family, friends, husband, son, and the NY dance community.

I wanted to share this story because I want to amplify the need for increased risk assessments, referrals and follow up during the perinatal period. If Andrea had received adequate risk assessments, referrals and follow-up, I truly believe she would still be here today. Unfortunately, perinatal mental health is stigmatized and limits women from seeking the care they need. In an article by Moore et al. (2016) it is mentioned that "women with perinatal mental illness often fail to receive treatment despite treatment being available". An example that is presented in this article is that "there are thousands of websites dedicated to perinatal mental health and many online support groups or forums, but little is known about how members engage with them" (Moore et al. 2016). Additionally, "there can be a misconception about what perinatal mental illness is, and women may find it difficult to distinguish what is a healthy emotional reaction to the transition to motherhood and what emotions may indicate a mental illness" (Moore et al. 2016). Moore et al. (2016) conducted a study aimed to "examine stigma and disclosure in forums and describe any potential disadvantages of forum use". Their study concluded that "forum use may increase women's disclosure to health care providers by challenging their internal and external stigma and this may strengthen professional treatment uptake and adherence" (Moore et al.

2016). The information from this article further describes the difficulty to seek help during the perinatal period and supports the need for improved assessments as well as additional methods that can be used to prevent this from happening to more women during the perinatal period.

I am in favor of the HB1051 Maryland Maternal Health Act of 2024. In addition to the solutions that are mentioned in HB 1051 Maryland Maternal Health Act, I believe additional calls should be made to mothers following discharge. Per review of the *Maryland Maternal Mortality Review (MMR) 2020 Annual Report Health – General Article §§13-1207—13-1208 and §13-1212*, “both the U.S. and Maryland rates remain above the Healthy People 2020 Objective MICH-5 target of 11.4 maternal deaths per 100,000 live births” (p.5). In the MMR 2020 Annual Report, cases were reviewed from 2018 and it is noted that “among the 18 pregnancy-related deaths in 2018, the leading causes of death were non-cardiovascular conditions, cardiovascular conditions, and suicide, each accounting for three deaths” (P.10). Additionally, it is noted that “among the 18 pregnancy-related deaths in 2018, eight (44 percent) occurred within 42 days postpartum” and “of the 20 nonpregnancy-related deaths, 14 (70 percent) occurred between 43-365 days postpartum” (P. 10). This information highlights the fact that many of these deaths occur during the first months of the postpartum period and therefore would necessitate closer follow-up during the first months of the postpartum period. Another solution would be to require more private practices receive training to obtain Centering™ accreditation to increase the number of Centering™ pregnancy and parenting sites in Maryland. Centering™ was developed by the Centering Healthcare Institute to provide patient centered care in a group setting. This method helps patients to feel less isolated and empowered to connect with their healthcare provider. Currently there are only 13 Centering™ pregnancy and 2 Centering™ parenting sites.

Thank you to the Health and Government Operations Committee for reading my testimony. My hope is that changes in legislation locally in Maryland will help other states mirror our methods and nationally we can improve maternal health outcomes by providing more support to mothers all over the U.S. I hope you consider my testimony and solutions are appreciated.

Respectfully,

Jacqueline Jones

References:

Health-General Article, §§ 13-1207—13-1208 and §13-1212, Annotated Code of Maryland - 2020 Annual Report – Maryland Maternal Mortality Review. <https://Health.Maryland.gov/>. (2021, November 16). Retrieved March 3, 2024, from <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%20A7%20A7%2013-1207%2013-1208%20and%20%20A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

Moore D, Ayers S, Drey N. A Thematic Analysis of Stigma and Disclosure for Perinatal Depression on an Online Forum. *JMIR Ment Health*. 2016 May 19;3(2):e18. doi: 10.2196/mental.5611. PMID: 27197516; PMCID: PMC4909386.