



Date: February 10, 2026

To: Chair Beidle and Members of the Senate Finance Committee

Re: Senate Bill 348 – Maternal Health Act – Postpartum Outreach Requirements

Position: Favorable with Amendments

Dear Chair Beidle and Committee Members,

On behalf of Sinai Hospital, thank you for the opportunity to testify in support of Senate Bill 348, which advances a more patient-centered, compassionate, and clinically appropriate approach to postpartum care. Sinai Hospital strongly supports the intent of the Maternal Health Act—to ensure that birthing parents receive timely and meaningful support after discharge, particularly those at highest risk for complications. SB 348 thoughtfully refines the law to better align with patient needs, clinical best practices, and continuity of care.

The postpartum period is not one-size-fits-all. For some patients—particularly those with certain medical complications—post-discharge contact within 24–48 hours is critical. For others, outreach that occurs slightly later but through a trusted and accessible modality is more effective. SB 348 preserves the ability for hospitals to act quickly when clinically necessary, while avoiding rigid requirements that do not improve patient outcomes.

Sinai Hospital recognizes that early post-discharge contact within 24–48 hours can be essential for specific high-risk patients, including those with:

- Severe hypertensive disorders of pregnancy
- Significant postpartum bleeding risks
- Complex medical comorbidities
- Acute behavioral health or safety concerns

In these situations, timely outreach—often coordinated with the patient’s OB-GYN or midwife—can be lifesaving. Hospitals already prioritize these patients for rapid follow-up based on clinical judgment, discharge planning, and individualized risk assessment. SB 348 does not diminish this practice; rather, it preserves flexibility so clinicians can respond when urgency is clinically indicated, not simply when required by statute.

For many birthing parents, however, the immediate 24–48 hour window is marked by physical recovery, pain management, sleep deprivation, and newborn care. During this time, patients may miss phone calls or be unable to engage meaningfully, even when outreach occurs. When contact is delayed slightly—or delivered through a preferred modality such as secure text or a patient portal—engagement and trust often improve. *We strive to respect patient choice and coordinate with patients and family the best methods in contacting them based on their preferences.*

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Extending the outreach window to 72 hours remains well within accepted definitions of early postpartum care and aligns with clinical pathways for conditions such as hypertensive disorders of pregnancy, which frequently reference provider contact within 48–72 hours after discharge.

For patients with substance use disorders, SAMHSA guidance emphasizes that effective care depends on consistent, trust-based, and individualized engagement over time, rather than rigid timelines. Multiple modalities and sustained connection are central to successful postpartum recovery.

The current statute applies broadly to “high-risk pregnancies,” a term that is undefined in law and expansive in practice. As a result, hospitals often over-include—contacting all postpartum patients to avoid missing someone—diluting attention and resources from patients who truly require immediate support.

Finally, *Sinai Hospital emphasizes that the most important relationship for postpartum recovery is the ongoing connection between the birthing parent and their OB-GYN or midwife.* These providers are best positioned to monitor recovery, manage complications, and support long-term maternal health. Hospital outreach should reinforce—not disrupt—this trusted relationship.

SB 348 supports a coordinated, patient-centered model that prioritizes continuity, respects patient preferences, and improves maternal outcomes. SB 348 strikes the right balance between urgency and flexibility, ensuring that patients who need immediate post-discharge contact receive it, while allowing care teams to engage others in ways that are realistic, respectful, and effective. By aligning statutory requirements with clinical judgment and patient experience, this bill strengthens postpartum care across Maryland.

For these reasons, Sinai Hospital respectfully urges adoption of proposed amendments by MHA with a favorable report on SB 348.

Thank you for your consideration.

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Amendment:

Pg 2. Line 20 (3) ~~Contact Call~~ the birthing parent at least 24, but not later than [48] 72, hours 21 after discharging the parent to evaluate the parent’s status and, as necessary, provide 22 information about postpartum complications.