Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 10, 2026

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 348 – Hospitals and Freestanding Birthing Centers - High-Risk Pregnancies - Communication After Discharge – Letter of Information

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for Senate Bill (SB) 348 – Hospitals and Freestanding Birthing Centers - High-Risk Pregnancies - Communication After Discharge. This bill modifies a portion of the 2024 Maternal Health Act related to post-discharge follow-up requirements for high-risk pregnancies by extending the timeframe in which a hospital or freestanding birth center must call the birthing parent from 24–48 hours to 24–72 hours after discharge to assess status and provide information as needed.[1]

High-risk patients are those with risk factors or complications during delivery that make them more vulnerable for severe morbidity and mortality in the postpartum period. The purpose of the post-discharge phone call is to connect with patients who may need assistance but have not sought it, to identify concerning symptoms that may be going unrecognized, and to ensure that birthing people in Maryland feel supported by their clinical providers during this critical period. It aligns with the Alliance for Innovation on Maternal Health (AIM) Postpartum Discharge Transition Bundle, which requires hospitals to "facilitate *and assure* linkage to relevant services in outpatient settings for care identified for postpartum risk factors".[2]

The high-risk groups most likely to benefit from post-discharge follow up include: those with a history of preeclampsia, hypertension, substance use disorder, or who underwent cesarean delivery; those with prior hemorrhage; and individuals with limited home support or facing language barriers or low health literacy. These risk factors contribute to racial and ethnic disparities in maternal health outcomes in the state because they are not distributed or experienced equally. The Department is not aware of specific research comparing the efficacy of post-discharge phone calls at 48 hours to 72 hours. However, from a clinical perspective, a phone

[1] Maryland General Assembly. (2024). House Bill 1051/Senate Bill 1059.
[2] Available at: https://saferbirth.org/psbs/postpartum-discharge-transition/

call within 48 hours may present a stronger and more timely opportunity to address issues like hypertension and preeclampsia that are at high risk of worsening in the first 48 hours after discharge while also helping to prevent other complications, like hemorrhage, which could occur at a later date. Extending the follow-up time period to 72 hours could also create a gap in support for some patients. If this gap occurs over a weekend and no call is made, it misses a critical point when birthing people have the fewest resources at their disposal and feel the most isolated. Access to care is often restricted over weekends: prenatal and primary care offices typically close, while lactation support services and pharmacies operate on reduced schedules.

The Department acknowledges that hospitals may require additional staffing to make these calls on the weekend. We also understand that patient communication preferences may vary, and we encourage hospitals to use text, email, or other communications in addition to an initial call as needed. The most important part of the outreach to patients is that it allows for two-way communication to support them with their individual needs.

This type of patient follow up is a valuable, and time-sensitive, resource for birthing people; an opportunity to bridge the divide between inpatient care and outpatient wellbeing for birthing people in the United States, and it should be directed toward the timeframe with the greatest chance for impact and prevention.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,

Meena Seshamani, M.D., Ph.D.
Secretary