



SB 348

Hospitals and Freestanding Birthing Centers – High-Risk Pregnancies - Communication After Discharge WRITTEN TESTIMONY BEFORE THE HOUSE HEALTH COMMITTEE

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For the Maryland Association of County Health Officers (MACHO)

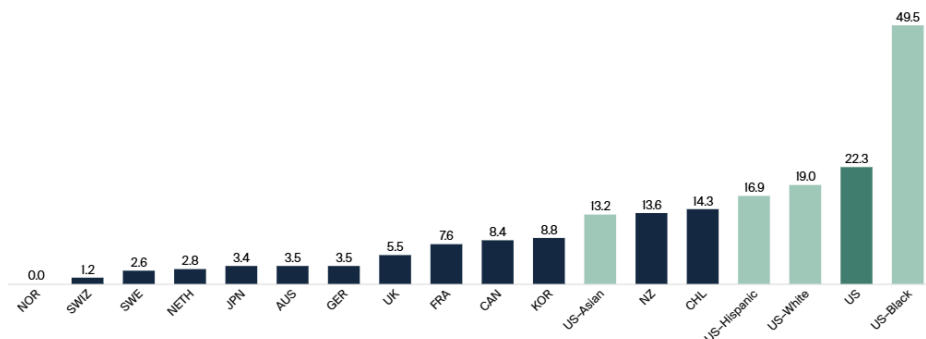
Position: Oppose – Date: March 25, 2026

The Maryland Association of County Health Officers (MACHO) opposes SB 348 out of concern that the bill will **weaken a newly established protection of maternal health**. Current statute requires hospitals and birthing centers to call **high-risk** postpartum patients 24-48 hours after discharge to assess for serious health problems. SB 348 will allow texting to substitute for conversations between health professionals and at-risk new moms. MACHO would not suggest that texts are sufficient substitutes for conversations between high-risk patients and providers during third trimester. The same holds for high-risk patients during their first postpartum week.

The **United States has the highest maternal mortality rate of any economically developed country in the world**, with a rate approximately 10-times higher than the five best-performing countries (see graph below). African American women have an even higher mortality rate - more than double that of other U.S. women.¹ For additional context, Maryland ranked 21st in maternal mortality rate compared to other states between 2019-2023.² 1 in 8 maternal deaths occur during postpartum days 1-6.¹

The United States continues to have the highest maternal death rate, with the rate for Black women by far the highest of any group.

Maternal deaths per 100,000 live births



The currently required call to high-risk patients was the result of a consensus opinion of a stakeholder workgroup convened during the 2024 General Assembly session. Workgroup members included the Maryland Hospital Association, the Maryland Department of Health, MACHO, and various public and private agencies vested in maternal healthcare. It was acknowledged by the stakeholders that multiple dangerous postpartum conditions, including opioid overdose risk (the leading cause of maternal mortality in Maryland)³, postpartum depression, complications of preeclampsia, and sequelae of postpartum hemorrhage can worsen during the first few days after hospital discharge.^{1,3,4,5} Allowing this contact to happen by text *decreases workload for hospital staff, but also decreases the likelihood that early warning signs of patient danger will be identified*.

At the Senate hearing, **MACHO proposed a compromise that would allow hospital staff to send text messages after two attempts to reach high-risk women by phone**. The sponsor did not accept this compromise.

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If the concern of the Maryland Hospital Association is that not enough patients are being reached by phone, more reasonable solutions are:

- 1) Prior to hospital discharge, notify **both** parents to expect a call in 2 days, along with the purpose of the call
- 2) Provide the parents with the first digits of the hospital's number so they recognize it on caller ID
- 3) If hospital staff are unsuccessful in reaching patients after 2 attempts by phone, it is reasonable to transition to text rather than fail to make any form of contact.

Timely identification of patients with worsening health conditions during the first days after discharge provides the opportunity to initiate potentially life-saving treatment. Direct conversations increase the likelihood of identifying someone who is struggling, particularly those with mental health and substance use conditions.

Maryland's maternal mortality rate, like that across the U.S., is shockingly high. We can do better. Maryland should not backpedal on a relatively new strategy that has the potential to help save lives.

For these reasons, the Maryland Association of County Health Officers submits written testimony in opposition to SB 348. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

¹ <https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>.

² <https://www.commonwealthfund.org/publications/issue-briefs/2025/jul/maternal-mortality-united-states-2025>

³ <https://health.maryland.gov/phpa/mch/Documents/MMR/2022%20MMR%20Report.pdf>

⁴ Al-Safi, Z. E. Obstet Gynecol. 2011 Nov;118(5):1102-1107

⁵ [https://www.ajog.org/article/S0002-9378\(20\)32214-6/fulltext](https://www.ajog.org/article/S0002-9378(20)32214-6/fulltext)