American Rescue Plan State Fiscal Recovery Fund Recommendation Cover Sheet

Please submit this document with any recommendations for funding from Rhode Island's allocation of federal fiscal recovery funds available through the American Rescue Plan Act. This information will be made available to the public along with any detailed documents submitted that describe the proposal. It is encouraged that such documents identify clear goals and objectives and quantifiable metrics.

This is not a formal request for funds, and submission of recommendations does not guarantee a response, public hearing, or appropriation from the General Assembly.

Name of Lead Agency:Women & Infants Hospital of Rhode Island
Additional agencies making recommendation (if applicable):
Contact Person / Title:Shannon Sullivan, PresidentPhone:401-430-1104
Address:
Email Address (if available) Shsullivan@wihri.org
Brief Project Description (attachments should contain details) Construction of a new Labor & Delivery Center at Women & Infants Hospital of Rhode Island - to
fulfill patient need and address maternal mortality rates.
Total request: \$10,000,000
One-time or Recurring Expense?
ARPA Eligibility Category (check all that apply) – See link for further information https://www.rilegislature.gov/commissions/arpa/commdocs/Treasury%20-%20Quick-Reference-
<u>Guide.pdf</u>
 Respond to the public health emergency and its economic impacts Premium pay to eligible workers
Government services/state revenue replacement
Water/sewer/broadband infrastructure



ARPA Grant Application

Women & Infants Hospital





About Women & Infants Hospital

Women & Infants Hospital is the regions tertiary care obstetrical facility, the second largest obstetrical hospital in New England, and the 11th largest stand-alone obstetrical service in the country. We are a leader and innovator in the fields of women's health, including both normal and high-risk obstetrics and neonatology. Approximately 80 percent of women from Rhode Island choose to give birth here, with over 8,500 newborns delivered each year in our Labor and Delivery Center. In FY2020, Women & Infants saw 17,997 inpatients, 120,975 outpatients, and 9,157 emergency patients (totaling 148,129 patients). Many of those patients are from lower socioeconomic families and communities: 50 percent of Women & Infants patients are on Medicaid for their insurance.



The Need

For generations, Women & Infants Hospital has cared for women and their families at pivotal moments in their lives. When Women & Infants' current labor and delivery suite opened 35 years ago, it was considered state-of-the-art. Since then, medical protocols and the medical needs of families-to-be have evolved considerably, and protocols around provider efficiency have changed. The existing facility does not meet code standards for room size or patient care design. Labor and delivery rooms lack windows and are void of natural light. Patients in labor use shared bathrooms during their stay. The space does not allow for specialized birthing tubs or walking areas that aid in the comfort of the labor and delivery experience.

Studies have shown that an improved natural birth experience impacts the short and long-term health of mothers and newborns. including improved morbidity and mortality, lower C-section rates and better outcomes for infants. Natural light has been shown to shorten hospital stays and vastly improve patient outcomes. In fact, 2017 International Health Facility Guidelines for maternity units detail "The use of natural light should be maximized throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of patients. Natural light must be available in all bedrooms and is desirable in-patient areas, such as lounge rooms."

Private bathrooms are an across-the-board standard for effective infection control in a hospital setting, as sharing facilities may be a source for cross contamination.

Vulnerable mothers recovering from a birthing experience and their newborns need their own bathroom space for both privacy and health-related reasons.

Put simply, a more technologically advanced, better-designed birth center is urgently needed for all women in Rhode Island. The need is highlighted further as we look at the state of maternal mortality ratios (MMR) in the United States. Global trends reported by the World Health Organization (WHO) demonstrate that pregnant women in the U.S. face a mortality ratio that is at least four times higher than leading European countries. CDC estimates (2018) report a national pregnancy-related ratio of 17.3 deaths per 100,000 live births. In Rhode Island, MMR is lower than the national numbers, but still alarming. According to the Rhode Island Department of Health, Center for Health Data and Analysis, in 2017 the maternal mortality rate was 11.2 deaths per 100,000 live births.

The overall high maternal mortality rate in the United States and here in Rhode Island masks dramatic variation by race and ethnicity: nationally the number of deaths per 100,000 births for black non-Hispanic women in 2018 (37.1) was more than two times higher than that for white mothers (14.7). Hispanic women have the lowest rate (11.8). The COVID-19 pandemic

has the potential to exacerbate these existing racial disparities in maternal outcomes, as Black and Latino people have faced higher rates of economic hardship and mental health problems during the pandemic compared to their white counterparts, making essential obstetric services and highquality birthing experiences inaccessible for many Black and Latino women. ** Sandhya Raman, "COVID-19 Amplifies Racial Disparities in Maternal Health," Roll Call, May 14, 2020. As a non-profit hospital, Women & Infants alleviates this lack of access in Rhode Island, providing high-quality obstetric care and labor and delivery services regardless of a patient's ability to pay. This is reflected in our state MMR being generally lower than the national average; but it is still comparatively high when reviewed against the rates in other developed countries. There is work to be done, and a new Labor & Delivery Center, that accounts for the evolving needs of our patients, is an essential part of that work.



The **Project**

Women & Infants' new Labor and Delivery Center will assure high quality care and outcomes for all women, regardless of socioeconomic status, and is being developed to create a care environment that matches Women & Infants' operational excellence and clinical quality. The project team is using the latest data to guide a design that promotes higher quality access and they are listening to the voices of our community of mothers who increasingly are seeking participation of family members, birth partners and Doulas and alternative birthing experience.

The new center, at an estimated cost of \$28 million, will enhance quality of care, patient safety, and patient

experience by including:

- Advanced technology with clinical components hidden for use when necessary
- 20 labor rooms that will increase in size from 235 square feet to 350 square feet, with windows that allow for essential natural light
- Private bathrooms and showers
- A low-intervention suite for women who prefer a natural childbirth experience
- Walking path for laboring mothers
- Family and guest lounge

The Labor and Delivery Center project focuses on providing the best possible care in the best possible environment. This project will create a state-of-the-art care environment that matches and enhances the clinical excellence of Women & Infants Hospital, allowing our caregivers to better address patient and family needs and better respond when complications arise during the birth experience. Emerging data show a clear link between

the healthcare environment and safety, quality, and clinical outcomes. Specifically, labor and delivery units that are designed to enhance natural childbirth have lower rates of cesarean delivery and lower rates of birth complications. In addition, the new building is designed to address the concerns of women in the community.

On December 7, 2021, Vice President Kamala Harris highlighted the need to address maternal mortality, particularly among Black women, stating "Maternal mortality and morbidity is a serious crisis and one that endangers both public health and economic growth." The Vice President's plan to address this public health crisis closely aligns with the vision for Women & Infants' Labor & Delivery Center, calling for designated "birthingfriendly" hospitals that encourage natural childbirth experiences for all mothers, access to doulas before and during the birth experience, and expanded prenatal care.

The Value

The value Women & Infants provides to our community is evident in the exceptional care we offer for ALL women - regardless of their ability to pay. Women & Infants Hospital is the safety-net hospital for Providence and its environs. We offer a variety of complimentary services during and after pregnancy including educational programs to groups of all ages and transitional programs for women in need as they bring their babies home and care for their bodies and minds post-partum. We consistently brainstorm and problem solve around the issues of women in our community, devising programs to boost the supply of nurses or roll out technology or construction projects designed to address the needs of people in our community. We lead a variety of community programs such as the Prematurity Task Force, a multi-stakeholder task force addressing issues related to premature birth.

Our Community Leadership Council includes 10 other community agencies that align around and support of our overlapping service populations. The Council membership includes: Meeting Street, Progreso Latino, Day One, Clinica Esperanza, Brown Medical School, Crossroads RL LunaYou, NAACP, Southside Boys & Girls Club, West Elmwood Housing, Urban Greens, YMCA and YouthBuild. Members of the Community Leadership Council are regularly engaged for their input and support in the development of the new Labor and Delivery Center. Women & Infants also collaborates with SistaFire and works with multiple Doulas who practice in our service area.





Conclusion

ARPA support for Women & Infants Hospitals' Labor & Delivery Center would address a pressing disparity in healthcare outcomes, Maternal Mortality Ratios, by providing a safer, more technologically advanced birthing experience for every woman we treat. This is especially true for Black and Indigenous women in our community, who are 3-4 times more likely to die during pregnancy, birthing, or in the year after giving birth, than their white counterparts.

This growing national

healthcare concern has a direct impact on our nation's economic health. According to a recent report by the Century Foundation "maternal health is an important macroeconomic issue. Globally, investments in women's health are associated with long-term economic productivity, while maternal morbidity places substantial financial burdens on health systems and societies."

The impact of maternal death goes beyond families' experiences of loss and grief – maternal death can cause

economic devastation that ripples across generations, with more than 40 percent of mothers being sole or primary breadwinners for their families. For those mothers who survive conditions that cause maternal death, physical recovery often comes with financial strain. Conditions like these are rising at an even faster rate than maternal mortality, despite nearly always being preventable and they increase the cost of a delivery to three times that of an uncomplicated delivery. And although mothers' need for care does not stop at birth, too often their health coverage ends shortly after-particularly for women with lower incomes. Medicaid, which finances 43 percent of births in the United States, is only mandated to provide postpartum coverage for sixty days after the end of a pregnancy. Over half of pregnancy-related deaths, however, occur up to a year after birth.

Women & Infants' aftercare programs are designed to

address these issues, but a drastically improved birth experience in a state-of-the-art Labor & Delivery Center will most certainly allow for reduced trauma from the start of a woman's experience as a mother.

We respectfully request consideration of this vital project that will enhance the health and safety of mothers and infants in our region.

