

SMBP Testimony : Chair Abney and Members of the House Finance Committee, my name is Kayle Shapero, I am a cardiologist with Brown Health here in Providence and I focus on cardiac disease in women, particularly cardiac disease in pregnancy.

I am here today to testify in support of House Bill 7310 as it covers a topic that I am particularly passionate about and one that applies to a large portion of the patients I take care of on a daily basis.

MY OB and MFM colleagues are intimately aware of the importance of bp monitoring during pregnancy and the implications that hypertensive disorders of pregnancy can have to both mother and baby during pregnancy, and I wanted to stress that these implications extend beyond the duration of pregnancy. We know that bp issues such as preeclampsia can manifest for the first time in the postpartum period and can cause significant short and long term complications. Hypertensive disorders of pregnancy can lead to hospital readmissions, increased maternal mortality and morbidity, and significantly increase the risk of future cardiovascular disease such as HTN, heart attacks, stroke, to name just a few.

I will give an example: We recently took care of a patient with no significant risk factors who had an uncomplicated pregnancy with a vaginal delivery. She returned home but then developed lower extremity swelling and headaches five days after delivery. She presented to an ED as she did not have a BP cuff at home. She was given script for an antihypertensive medication, but waited a day before filling the script. She unfortunately ended up having a seizure on the way home from the pharmacy and required a prolonged hospital admission.

This story emphasizes the important health concerns surrounding hypertensive disorders of pregnancy. We have countless data demonstrating that monitoring blood pressure during and after pregnancy allows us to initiate appropriate treatment which helps to lower blood pressure which in turn prevents readmission and improves maternal and fetal outcomes. The reduction in serious complications, reduction in ED visits and shortening or eliminating hospital and NICU stays will overall reduce the utilization of healthcare long term and lower not only the emotional toll, but also the financial cost.

Providing coverage for BP cuffs and training patients on their use, as outlined in House Bill 7310, is the first step in reducing a significant component of maternal morbidity and mortality in Rhode Island and across the country

I ask the committee to recommend passage of House Bill 7310 and help fill in the coverage gaps we have for pregnant and postpartum care in the state.