



May 5, 2026

The Honorable Marvin Abney  
House Committee on Finance  
Rhode Island General Assembly  
82 Smith Street  
Providence, RI 02903

**SUBJECT: Support for House Bill 7310**

Dear Chair Abney and Members of the Committee:

The American Heart Association thanks the committee for the opportunity to submit testimony in support of H. 7310, AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- HEALTH CARE FOR CHILDREN AND PREGNANT WOMEN, by Rep. Stewart. This vital legislation would require EOHHS to provide self-measured blood pressure monitoring for eligible pregnant and postpartum individuals, covering home monitors, training, data transmission, and co-interventions.

Despite the decrease in maternal mortality worldwide, the maternal mortality rate continues to rise in the United States. **The U.S. has the highest maternal mortality rate in the developed world**, with an estimated 700 women dying each year from pregnancy-related complications and three in five pregnancy-related deaths being preventable.<sup>i</sup> Cardiovascular disease (CVD) can pose a threat to maternal heart health during pregnancy and later in life, and is the leading cause of maternal death in the U.S.<sup>ii</sup> The early identification of CVD could prevent at least a quarter of maternal deaths.<sup>iii</sup>

Black women face a greater risk of developing hypertension, having a stroke and complications during and immediately after pregnancy.<sup>iv</sup> Black women have almost double the risk of pre-pregnancy hypertension compared to white and Hispanic women, which puts them at higher risk of hypertensive disorders of pregnancy (HDP).<sup>v</sup> 10% of all pregnancies are affected by HDP which includes gestational hypertension and pre-eclampsia, and women who experience HDP are on average twice as likely to develop CVD later in life.<sup>vi</sup> Pregnant women who experience gestational hypertension are at greater risk for developing hypertension, stroke, CVD, and type 2 diabetes later in life.<sup>vii</sup>

**Self-measured blood pressure (SMBP) monitoring can be an important tool to help ensure a healthy birth and postpartum period.** Studies of SMBP during pregnancy consistently find that patients and clinicians favor SMBP as a supplement to clinic-based measures.<sup>viii ix x</sup> Results have demonstrated that SMBP is convenient and easy to use, empowers the patient, and reduces anxiety.<sup>xi</sup> Clinicians also found that SMBP engaged the patients in their own care and provided opportunities for more discussion about blood pressure and management.<sup>xii</sup> Patients were also found to be using SMBP to aid in self-knowledge and self-care.<sup>xiii</sup> Continuity of care and close patient-clinician relationships remain critical for the confident and safe use of SMBP during pregnancy.<sup>xiv</sup>

The metabolic demands on the mother's heart during pregnancy can often expose underlying or silent cardiac issues, which is why pregnancy is often referred to as nature's stress test. To improve maternal health outcomes, we must continue to work to equitably expand women's access to affordable, high-quality, patient-centered medical care, before, during, and after pregnancy. H. 7310 is a critical step forward, and we ask the committee to recommend passage.

Thank you for your consideration.

Sincerely,

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American Heart Association  
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<sup>i</sup> Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

<sup>ii</sup> Ibid.

<sup>iii</sup> Pregnancy and heart disease. *ACOG Practice Bulletin No. 212*. American College of Obstetricians and Gynecologists. *ObstetGynecol* 2019;133:e320–56.

<sup>iv</sup> Petersen EE, Davis NL, Goodman D, Cox S, Syverson C, Seed K, Shapiro-Mendoza C, Callaghan WM and Barfield W. Racial/Ethnic Disparities in Pregnancy-Related Deaths - United States, 2007-2016. *MMWR Morb Mortal Wkly Rep*. 2019;68:762-765.

<sup>v</sup> Ghosh G, Grewal J, Männistö T, Mendola P, Chen Z, Xie Y and Laughon SK. Racial/ethnic differences in pregnancy-related hypertensive disease in nulliparous women. *Ethnicity & disease*. 2014;24:283-289.

<sup>vi</sup> Benschop L, Duvekot JJ, Roeters van Lennep JE. Future risk of cardiovascular disease risk factors and events in women after a hypertensive disorder of pregnancy. *Heart* 2019;105:1273-1278

<sup>vii</sup> Singh GK, Siahpush M, Liu L, Allender M. Racial/Ethnic, Nativity, and Sociodemographic Disparities in Maternal Hypertension in the United States, 2014-2015. *Int J Hypertens*. 2018;2018:7897189. Published 2018 May 17. doi:10.1155/2018/7897189

<sup>viii</sup> Wilson H, Tucker KL, Chisholm A, Hodgkinson J, Lavalley L, Mackillop L, Cairns AE, Hinton L, Podschies C, Chappell LC and McManus RJ. Self-monitoring of blood pressure in pregnancy: A mixed methods evaluation of a national roll-out in the context of a pandemic. *Pregnancy Hypertens*. 2022;30:7-12.

<sup>ix</sup> Pealing L, Tucker KL, Fletcher B, Lawley E, Chappell LC, McManus RJ and Ziebland S. Perceptions and experiences of blood pressure self-monitoring during hypertensive pregnancy: A qualitative analysis of women's and clinicians' experiences in the OPTIMUM-BP trial. *Pregnancy Hypertens*. 2022;30:113-123.

<sup>x</sup> Yeh PT, Rhee DK, Kennedy CE, Zera CA, Lucido B, Tunçalp Ö, Gomez Ponce De Leon R and Narasimhan M. Self-monitoring of blood pressure among women with hypertensive disorders of pregnancy: a systematic review. *BMC Pregnancy and Childbirth*. 2022;22.

<sup>xi</sup> Ibid.

<sup>xii</sup> Pealing L, Tucker KL, Fletcher B, Lawley E, Chappell LC, McManus RJ and Ziebland S. Perceptions and experiences of blood pressure self-monitoring during hypertensive pregnancy: A qualitative analysis of women's and clinicians' experiences in the OPTIMUM-BP trial. *Pregnancy Hypertens*. 2022;30:113-123.

<sup>xiii</sup> Ibid.

<sup>xiv</sup> Ibid.