



April 28, 2026

Subject: Testimony in Support of S-2258, Joint Resolution Creating a Joint Legislative Study Commission on Safe Staffing in Hospitals — Submitted by a Member of SEIU 1199NE

Dear Chairwoman Murray and Honorable Members of the Senate Committee on Health & Human Services:

I have worked as a registered nurse at Women & Infants Hospital for nine years in the Postpartum unit, and I have a total of 20 years of nursing experience. I am submitting this testimony in support of Senate Bill 2258 to create the Hospital Staffing Commission.

Postpartum nursing is different from other units. I often describe postpartum as a still pond - everything looks calm on the surface, but there is a lot happening underneath.

Your clinical skills need to be extremely sharp. When babies are born, they begin a transition period. If something is going to go wrong, it often happens 48 to 60 hours after birth. For mothers, conditions like postpartum preeclampsia can develop. Blood pressure issues can lead to seizures or strokes, and hemorrhages can occur.

Babies also require close monitoring. A newborn could become septic, and we need to carefully track their vital signs. Babies can develop low temperatures or low blood sugar. Heart rate abnormalities can occur even with all the ultrasounds performed during pregnancy.

The work can be especially intense at night. When you are responsible for four families - each consisting of a mother, a father, and a baby - it can become overwhelming. As such, on the night shift, there has been a huge turnover in staff. The patient ratios are too high, and there is very little support.

On one particularly short-staffed shift, a young nurse came to me with her voice quaking and told me she did not feel safe. She had five couplets assigned to her and she was worried about making a mistake.

When nurses have too many patients, education is the first thing that gets sacrificed which is a huge part of our job. Parents are exhausted, so nurses often have to repeat the same information multiple times. That repetition is necessary but it takes time.

And when there is not enough time for education, the quality of patient care suffers. If a mother does not feel adequately prepared to breastfeed, she may give up and switch to bottle feeding. Breastfeeding rates in the state have already dropped by about 30 percent. A large portion of my conversations with patients focuses on self-care, including recognizing the signs of postpartum depression. When we can't provide this individualized care, we are not setting parents up for success.

I believe that the Hospital Staffing Commission will be the first step we need to create dialogue with decision-makers that is long overdue. Overall, we need to not only invest in more nurses at the bedside, we need to change the culture that says nurses can do more with less. We are not interchangeable. Each of us has specialized knowledge and skills that are critical for quality care.

We ask for your support to work alongside us to pass this critically needed legislation. Thank you.

Sincerely,

Pam Reid, RN
Women & Infants Hospital