

I'm writing in favor of senate bill 2026 — S 2380 to fund the Newport Birthing Center in Newport, RI.

On January 23, 2026, the staff at Newport Hospital in Rhode Island delivered my son, Eamon, via emergency c-section at roughly 1:00 a.m. Our stay began two days earlier and lasted a full week after his birth. During my wife Kristin's atypical labor, she suffered a placental abruption that led to catastrophic blood loss. She went into DIC—a condition where she used up all of her body's clotting agents and very nearly died. Kristin spent the first several days of Eamon's life in the ICU, separated from her new son. Her kidneys were so badly damaged from blood loss and medication that we remained in the hospital, waiting for her body to recover enough for us to go home for over a week.

During that time, the nursing staff and doctors at Newport's Birthing Center astonished us with their care. While my wife was confined to the ICU, they reached out to hospital leadership to secure approval to bring our son to her in a NICU transport cart. These moments were the only time she could see him after their initial, brief encounter in surgery recovery. I will never forget the moment they placed Eamon in her arms—how her pain seemed to fall away, how she cried with an indescribably deep joy. That moment existed because the Birthing Center was there, fully staffed and close enough to make it possible.

Several of the nurses were also lactation consultants. We received constant, patient guidance—“Call me whenever you're going to feed him,” they would say—and, with their help, Kristin was astonishingly able to breastfeed within days. That gift will stay with her for the rest of her life. Breastfeeding was the only part of the birth that went according to plan, and it was the Newport Birthing Center's exceptional standard of care that made it possible.

It is impossible for me to think about the Newport Hospital Birthing Center as anything abstract. What it provides is immediate, continuous, hospital-based care—obstetric physicians, nurses, anesthesia, and neonatal support available at all hours. In a crisis like ours, there is no margin for delay, no ability to “redirect” or “transfer” without consequence.

That is why the protections outlined in 2026 — S 2380 matter. Ensuring continuous, year-round operation of the Birthing Center, with no reduction in scope or staffing that would make it functionally unavailable, is not a policy preference—it is a condition that determines whether families have real access to safe care when they need it most. For me and my wife it was a life-or-death decision.

The bill also recognizes that even a “partial” reduction in services carries real risk. Requiring advance notice, full financial transparency, public engagement, and state approval before any closure or significant reduction ensures that decisions of this magnitude are not made quietly or without accountability. The consequences of losing access to a birthing center are measured in outcomes—maternal, neonatal, and community-wide.

Moreover, S 2380 speaks to the longer arc of this issue. Maternal health depends on sustained investment in the workforce—nurses, midwives, lactation consultants—and in systems that support families before, during, and after birth. The care we received did not happen by accident. It was the result of trained professionals, supported infrastructure, and a system that, at least in that moment, held together.

We are glad that Brown Health has made this decision, but we need a long-term solution to keep the Birthing Center secure for this essential health care in Newport County.

For families like mine, this is not theoretical. The presence of a fully operational birthing center meant that when life-threatening injuries appeared, there was a team already there—ready, capable, and equipped to act without delay. It meant my wife survived. It meant she was able to hold our son. It meant we were able to begin our life as a family, together.

-Patrick Lambdin

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