

Chair Murray and Members of the Senate Health and Human Services Committee, my name is Alisse Hauspurg, and I am a maternal fetal medicine physician here at Women and Infants Hospital and Brown University. I care for individuals with high-risk pregnancies whether it be a condition in mom or baby that makes the pregnancy more complicated.

I am submitting testimony in support of Senate Bill 2871 as it covers a topic that I have spent years advocating for and researching since it applies to the large majority of my patients. I'm sure most people here have seen on the news or in your own communities that maternal mortality in the United States is increasing and is higher than in virtually any other developed country. When we look at the reasons that women die in childbirth or the period right after delivery, high blood pressure and heart conditions are the biggest contributors and are more common among Black and Brown individuals. We have really strong data to say that when we give people a blood pressure cuff and teach them how to use it during pregnancy and after birth, we improve outcomes - not just for moms but also for babies. High blood pressure is the most common reason we deliver babies early and is one of the biggest causes of stillbirth or babies dying before birth.

I could spend this entire session recounting stories of how my patients, particularly the most disadvantaged have been impacted by not having access to devices to measure blood pressure during pregnancy. In the interest of time, I'll tell you about a woman I took care of. This was someone who came to all her prenatal appointments, followed all of our advice. We had recommended that she check her blood pressure at home because of some risk factors that she had, but unfortunately, her insurance would not cover a blood pressure cuff and the cost of buying it was too much. She was about 26 weeks or 6 months pregnant when she developed a headache. She had 2 kids at home who were sick and chalked it up to being tired and pregnant. Unfortunately, about 2 days later, she started slurring her speech and was no longer able to move one side of her body. Her husband rushed her in to the hospital, where we saw that she was having a stroke because of how high her blood pressure was. We quickly delivered her baby, who was only about a pound when he was born and who will spend many months in the neonatal ICU. Fortunately, she was treated quickly once she arrived to the hospital and she will do ok long term, but not all of my patients have been as lucky as she was to make a full recovery.

These are the kinds of situations that we can prevent with the passage of this bill. I ask the committee to recommend passage of Senate Bill 2871 and help us begin to address the maternal mortality crisis in our communities and make birth safer for women and babies in the state of Rhode Island.