

Chair Murray and Members of the Senate Health and Human Services Committee, I am Jamil Halaby, and I am a nurse practitioner at Brown University Health. I care for patients in general cardiology at the Cardiovascular Institute. Additionally, I am on Dr. Shapero's care team and see her patients, which include postpartum women who had preeclampsia, gestational HTN, and gestational diabetes.

I am here today to testify in support of Senate Bill 2871 as it has broad implications for cardiovascular disease prevention and women's health. Preeclampsia, gestational HTN, and gestational diabetes are risk factors for future HTN, DM, and cardiovascular disease later in life. We have 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. Elevated BP is one of the biggest causes of stillbirths or babies dying prior to birth. If women could have access to home monitoring devices, they could monitor BP at home and alert their health care provider prior to the development of life threatening HTN. This will reduce hospital admissions and healthcare costs. Additionally, this will prevent long term effects of HTN, thus reducing the burden of CV disease within RI. We know that these women are at higher risk of heart disease in the future.

For example, I saw a young woman in clinic a few weeks ago who had preeclampsia and delivered early. 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 to the hospital, where she was found to have a stroke because of how high her blood pressure was. The baby was delivered urgently, who was only about a pound when he was born and spent many months in the neonatal ICU. At the time of her visit, we discussed the importance of controlling her BP which remained elevated at the time, but she was unable to check BP at home as she could not afford a BP cuff. I reviewed with her that she is at an increased risk of heart disease in the future and managing these risk factors is paramount.

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.