

House Public Health Interim Hearing: Improving Birth Outcomes **Testimony of the Texas Women's Healthcare Coalition** May 19, 2016

Good afternoon, Chair Crownover and members of the committee. Thank you for this opportunity to provide testimony today on this important issue. My name is Dr. Carl Dunn. I am past president of the Texas Association of Obstetricians and Gynecologists and currently the vice chair of the Texas District of the American College of Obstetricians and Gynecologists (ACOG). I have practiced general OBGYN in Texas for the last 26 years. Today I am representing the Texas Women's Healthcare Coalition (TWHC) in my role as the Coalition's Vice Chair.

The Texas Women's Healthcare Coalition (TWHC) and its 62 healthcare, faith, and community-based member organizations are dedicated to improving the health and wellbeing of Texas women, babies, and families by ensuring access to preventive healthcare for all Texas women. Access to preventive and preconception care—including health screenings and contraception—leads to better birth spacing, greater access to prenatal care, and healthier babies.

Though Texas has made great strides in recent years to improve infant and maternal health outcomes, our state's rates of prematurity and low birthweight are above the national average. Racial/ethnic and geographic disparities in infant health remain stark, with an infant mortality rate for African American babies that is nearly twice that of White and Hispanic babies.ⁱⁱ

One of the greatest strategies we have to improve health outcomes for moms and babies is to ensure that moms receive the healthcare they need before, during, and after pregnancy. Extensive research shows that when women are able to plan and space their pregnancies, moms, babies, and families experience a wide array of benefits. Unfortunately, in Texas over half of pregnancies are unintended, and too many moms miss out on the critical health benefits associated with adequately spaced pregnancies. iii

Increasing access to family planning is a key tool for improving birth outcomes in the state.

Planning for a Healthy Pregnancy Leads to Better Birth Outcomes

- When women experience intervals between pregnancies that are too short, they have an increased risk of preterm birth, low birthweight, slow neonatal growth, and infant death.^{iv}
- Studies show that women who have at least 18 months between pregnancies have healthier babies and are less likely to deliver early. Optimal birth spacing also improves maternal health. Women whose pregnancies are unintended are much more likely to have a short interval between pregnancies.
- One study showed that optimal birth spacing was nearly four times higher among women using the most effective forms of contraception (IUDs or implants).vi

Having a Planned Pregnancy Increases the Likelihood of Accessing Preconception and Prenatal Care

- Women whose pregnancies are unplanned often miss out on critical preconception services and early prenatal care. One study showed that 19% of women whose pregnancies were unplanned lacked prenatal care in the first trimester; this number fell to 8% for women whose pregnancy was planned.vii
- Studies show that prenatal care can improve maternal and infant health outcomes, reducing the risk of still birth, premature birth, neonatal death, and infant death.
- Receiving prenatal care enables doctors to identify and address health risks such as hypertension, diabetes, nutrition, and depression before they become more entrenched and difficult to treat.

Access to Preventive Healthcare Contributes to Healthier Behavior

- When women are able to plan and space their pregnancies, they are less likely to participate in unhealthy behavior during pregnancy, such as smoking or consuming alcohol.^{ix}
- Conversely, women whose pregnancies are planned are more likely to participate in positive behavior such as breastfeeding. The Centers for Disease Control and Prevention found that 74% of babies born following planned pregnancies were breastfed, compared to 61% of births that were not planned.^x

Access to Preventive Healthcare Saves the State Money

• Ensuring women have access to contraceptive care and basic health screenings not only improves the health of moms and babies; it also reduces costs associated with poor birth outcomes. The health risks associated with unintended pregnancy – such

- as prematurity and low birthweight lead to substantial costs in Texas, where Medicaid pays for 54% of the state's births.xi
- Unplanned Texas births cost \$1.34 billion annually.xii Every dollar spent on contraceptive care leads to savings of over \$7.xiii

Recommendations

- Increase funding for women's preventive healthcare, including contraception, to fully meet the growing need among low-income uninsured Texas women.
 Nearly 1.8 million Texas women are in need of publicly funded preventive services.xiv
 Less than a quarter of these women currently receive the services they need.
- Increase provider participation in the state's women's health programs. Texas needs more providers to deliver preventive care to women, especially in rural areas. The launch of the state's new women's health programs Healthy Texas Women and the Enhanced Family Planning Program represents an opportunity to strengthen provider engagement throughout the state.
- Increase access to the most effective forms of contraception implants and intrauterine devices (IUDs). These forms of contraception are twenty times more effective than other methods, but their high upfront cost can be a barrier to providing them.
- Maximize the ability of the women's healthcare safety net to reach more
 women and save Texas taxpayer dollars. Developing a workable solution for the
 coverage gap will maximize federal funding and substantially increase the number of
 women able to access a medical home where they can receive critical preventive care
 and family planning services.

Thank you for your consideration, and for your commitment to improving the lives of babies and families in Texas. If you have any questions or we can provide you with further information, please contact me at Carl.Tony.Dunn@gmail.com.

Respectfully,

C. Tony Dunn, MD, FACOG

Texas Women's Healthcare Coalition Steering Committee Members

Texas Medical Association District XI (Texas) American Congress of Obstetricians and Gynecologists Texas Academy of Family Physicians Texas Association of Community Health Centers Methodist Healthcare Ministries Teaching Hospitals of Texas Texans Care for Children Center for Public Policy Priorities Healthy Futures of Texas

Texas Women's Healthcare Coalition General Members

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Center for Community Health, UNTHSC Central Texas Nurse Practitioners Children's Hospital Association of Texas Coalition for Nurses in Advanced Practice Coastal Bend Advanced Practice Nurses Consortium of Texas Certified Nurse Midwives Department of Ob/Gyn of UNTHSC and the ForHER Institute El Paso Area Advanced Practice Nurse Association Fort Worth Region Nurse Practitioners

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North Texas Nurse Practitioners

Panhandle Nurse Practitioner Association

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San Antonio Nurses in Advanced Practice

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Southeast Texas Nurse Practitioner Associates

St. David's Foundation

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Texas Association of Obstetricians and Gynecologists

Texas Campaign to Prevent Teen Pregnancy

Texas Council on Family Violence

Texas Health Institute

Texas Hospital Association

Texas Medical Association Alliance

Texas Nurse Practitioners

Texas Nurses Association

Texas Pediatric Society

Texas Unitarian Universalist Justice Ministry

University Health System

Women's & Men's Health Services of the Coastal Bend, Inc.

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iii Kost K, "Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002," New York: Guttmacher Institute, 2015, http://www.guttmacher.org/pubs/StateUP10.pdf.

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