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HOUSE OF REPRESENTATIVES
COMMONWEALTH *of* PENNSYLVANIA

House Democratic Policy Committee Hearing

Maternal + Infant Survival

Thursday, September 18, 2025 | 1:00 p.m.

Representative Gina Curry

OPENING REMARKS
1:00 p.m. Rep. Gina Curry, D-Delaware

PANEL ONE
1:05 p.m. Tashia Bishop
Delaware County, PA

Q & A with Legislators

PANEL TWO
1:25 p.m. Dr. Aasta Mehta, Director of Maternal, Child, and Family Health
City of Philadelphia

Melissa Patti, Director of Maternal and Infant Health Initiatives
March of Dimes

Q & A with Legislators

PANEL THREE
1:55 p.m. Dr. Meg Frizzola, Chief Medical Officer
Nemours Children's Health, Delaware Valley

Lora Werner, Director
Delaware County Health Department

Q & A with Legislators

Philadelphia Department of Public Health
Aasta D. Mehta, MD, MPP, FACOG
Director, Division of Reproductive, Adolescent, and Child Health
Director—Philadelphia Maternal Morbidity and Mortality Program
Vice Chair—Pennsylvania Maternal Mortality Review Committee

Provided for House Democratic Policy Hearing
Southeastern PA Maternal and Infant Survival
September 18, 2025

Good afternoon, members of the House Democratic Policy Committee. My name is Dr. Aasta Mehta. I serve as Director of the Division of Reproductive, Adolescent, and Child Health at the Philadelphia Department of Public Health, and I am also a practicing OB/GYN in Philadelphia. Thank you for the opportunity to provide testimony today on maternal and infant survival and equity in Southeastern Pennsylvania.

Maternal and infant mortality are among the clearest indicators of the health of our society. When mothers and babies are dying, it reflects not only failure of our healthcare delivery but also a reflection of our broader social, economic, and policy environment.

According to Pennsylvania's most recent Maternal Mortality Review, in 2021 the state's pregnancy-related mortality ratio was 39 deaths per 100,000 live births, meaning 51 Pennsylvanians died from causes directly related to pregnancy. The leading contributors were mental health conditions, including overdose, followed by cardiac disease and hemorrhage. Nearly half of these deaths occurred between 43 days and one year postpartum, showing us that maternal health extends far beyond delivery. Disparities persist: Black women in Pennsylvania die at more than double the rate of white women from pregnancy-related causes.

For infants, the state's mortality rate has declined to 5.7 per 1,000 live births in 2022, but the disparities are stark. Black infants die at more than twice the rate of white infants, with mortality consistently driven by prematurity and low birthweight. Infants born to teen mothers and those with limited educational attainment are also at significantly higher risk. These inequities are not biological—they are systemic, reflecting the conditions in which families live, work, and give birth.

These statistics illustrate the scope of the challenge before us, but also point us to solutions. If we want to improve maternal and infant survival, we need policies that make people's lives work—policies that ease economic stress, expand access to care, and strengthen communities.

First, we must address maternity care deserts. Southeastern Pennsylvania has seen hospital obstetric unit closures driven by low reimbursement for obstetrical care coupled with some of the highest medical liability costs in the nation. This combination makes it unsustainable for hospitals, especially community hospitals, to continue providing labor and delivery services. The result is that families are forced to travel further for care, putting both mothers and infants at risk and concentrating demand on fewer remaining hospitals. The solution requires making maternity care viable again: sustainable hospital-based services, expanded midwifery, transportation

supports, and the use of tele-OB models in underserved regions. Most importantly, Medicaid payment reform is needed to cover the true cost of obstetric care, alongside liability structures that no longer make it prohibitive for hospitals to maintain labor and delivery units. Without this, Pennsylvania will continue to see widening care deserts and worsening outcomes.

Second, Pennsylvania should adopt comprehensive paid family and medical leave. The postpartum period is one of the most vulnerable times for mothers and babies. Yet many families must return to work within weeks of delivery, leading to missed well-child visits, difficulties with breastfeeding, worsening maternal mental health, and increased infant mortality. Evidence shows that paid leave is associated with improved survival, higher vaccination and well-baby visit rates, and better maternal recovery. A comprehensive paid leave policy should provide adequate wage replacement, protect jobs, and cover birthing parents, partners, and adoptive families alike. Low-wage families—who are least likely to have employer-based leave—must be able to access and benefit equitably from such a program. Paid leave is one of the most effective investments Pennsylvania can make to improve outcomes across the board.

Third, we must protect and expand access to the full spectrum of reproductive healthcare, including abortion. Abortion is not separate from maternal health—it is part of the continuum of care. Restrictions on abortion have been directly tied to rising maternal mortality, more preterm births, and increased infant mortality. Access matters not just for immediate health outcomes but also for the economic stability and long-term wellbeing of families. If we want healthy mothers and healthy babies, we must ensure that Pennsylvanians can make timely, evidence-based decisions about pregnancy with their providers, free from unnecessary barriers. This means maintaining abortion's legality, ensuring geographic accessibility, and removing cost or waiting-period barriers that fall hardest on low-income families. Protecting abortion access is both a public health and an equity imperative.

Fourth, we need to address maternal mental health and substance use disorder as core parts of perinatal care. Overdose is the leading contributor to pregnancy-related deaths in Pennsylvania, yet our current system siloes behavioral health from physical health. Payment, providers, and regulations are separate, making integrated care very difficult to operationalize. Families end up navigating fragmented systems in moments of crisis. At the same time, Pennsylvania does not have a large perinatal mental health or substance use disorder workforce. There are too few psychiatrists, therapists, and SUD providers trained in the care of pregnant and postpartum people, particularly outside of major cities. To reduce deaths, Pennsylvania must align payment and regulations so that behavioral health can be delivered as part of routine perinatal care. We must expand the workforce, increase quick access to medications for opioid use disorder, normalize harm reduction strategies such as naloxone and fentanyl test strips, and strengthen warm-handoff models that connect birthing people from hospitals into long-term community care. These are practical, system-level changes that can save lives.

Fifth, Pennsylvania should invest in comprehensive, medically accurate, age-appropriate sexual education. Data clearly show that infants born to teen mothers are at higher risk of death in their first year of life. Preventing unintended teen pregnancies is therefore a maternal and infant survival strategy. Comprehensive sexual education—paired with access to contraception and supportive school health services—is proven to reduce unintended teen pregnancies and improve

outcomes for both mothers and infants. Sex education must also include content on healthy relationships, consent, and reproductive health literacy, equipping young people with the knowledge to make safe and informed choices. This is not simply an education issue; it is a maternal and infant health intervention.

Finally, we cannot ignore the upstream drivers of health. Families facing poverty, housing instability, or lack of childcare experience greater stress and worse health outcomes. Infant mortality is highest among families with limited educational attainment and low income. Addressing these upstream drivers requires investments in cash supports, affordable housing, and childcare access, alongside scaling up evidence-based home visiting and community-based parenting programs. These programs strengthen family stability, connect families to resources, and improve child development outcomes. They are not just anti-poverty measures—they are interventions that improve survival and equity.

In conclusion, these are not short-term fixes. If implemented, these solutions are long-term investments in the next generation. The outcomes we are seeing now—stark disparities in maternal and infant mortality—are the result of generational inequities. Addressing them requires a generational response: sustained investment in health, equity, and stability for families.

Thank you very much for the opportunity to testify. I welcome any questions from the Committee.

TESTIMONY OF MELISSA PATTI
DIRECTOR OF MATERNAL AND INFANT HEALTH INITIATIVES
GREATER PHILADELHIA, SOUTH JERSEY AND DELAWARE MARCH OF DIMES
PENNSLYVANIA HOUSE DEMOCRATIC POLICY COMMITTEE HEARING
THURSDAY, SEPTEBER 18TH 2025

Thank you for the opportunity to submit testimony for the record. The United States faces an urgent maternal and infant health crisis, and Pennsylvania is not exempt from these challenges.

March of Dimes leads the fight for the health of all moms and babies. March of Dimes began that fight more than 80 years ago as an organization dedicated to eradicating polio in the US. We continue that fight today as we work to address some of the biggest threats to moms and babies, such as premature birth and maternal mortality, through research, education, programs, and advocacy. March of Dimes' ongoing work to improve maternal and infant health is more important than ever as our nation is in the midst of a dire maternal and infant health crisis. March of Dimes is committed to ending preventable maternal health risks and death, ending preventable preterm birth and infant death, and closing the health equity gap for every family.

The Current State of Maternal and Infant Health in Pennsylvania

The 2024 March of Dimes Report Card for Pennsylvania provides a clear picture of the challenges we face:

- **Preterm Birth:** Pennsylvania received a "C" grade for its preterm birth rate, which was 9.7% in 2023. This rate is lower than the U.S. rate of 10.4% but higher than Pennsylvania's rate in 2022. There are significant disparities, with the preterm birth rate among babies born to Black birthing people being 1.4 times greater than the rate among all other babies. Chronic health conditions also increase the likelihood of preterm birth; for instance, birthing people with diabetes had a 26.9% preterm birth rate, and those with hypertension had a 21.7% rate in Pennsylvania in 2023.
- **Infant Mortality:** Pennsylvania's infant mortality rate was 5.7 deaths per 1,000 live births, ranking 22nd nationally. In 2022, 741 babies died before their first birthday. The infant mortality rate among babies born to Black birthing people is 1.8 times the state rate, underscoring significant racial disparities.
- **Maternal Mortality and Vulnerability:** In 2021, Pennsylvania experienced a pregnancy-associated maternal mortality ratio of 97 deaths per 100,000 live births, with a total of 129 individuals losing their lives during pregnancy, delivery, or up to one year postpartum. Mental health conditions were the leading cause of pregnancy-associated death, accounting for about 47% of cases, with overdose

and substance use disorder (SUD) being the primary drivers within this category. Mental health conditions, cardiac and coronary conditions, and hemorrhage collectively made up 70% of pregnancy-related deaths. Significant disparities exist, with non-Hispanic Black individuals having a maternal mortality ratio of 186 per 100,000 live births, substantially higher than non-Hispanic white birthing individuals. [1]

Key Challenges

Several core challenges contribute to these alarming statistics:

1. **Leading Causes of Death:** Mental health conditions, particularly overdose and SUD, are the leading causes of both pregnancy-associated and pregnancy-related deaths.
2. **Persistent Disparities:** Race, ethnicity, and age continue to be strong predictors of adverse maternal and infant health outcomes, with non-Hispanic Black moms and birthing individuals facing higher risks.
3. **Access to High-Quality Care and Maternity Care Deserts:** Many families lack dependable and equitable access to care, especially those living in rural counties—of which 7.5% are considered "Maternity Care Deserts" (areas without birthing facilities or obstetric clinicians).
4. **Maternal Health Workforce Shortages:** Over the past decade Pennsylvania has seen a reduction in the obstetric workforce in rural Pennsylvania counties. [2]

Solutions and Recommendations

March of Dimes identifies several policy measures that are critical to improve and sustain maternal and infant healthcare. Implementing and strengthening these policies will directly benefit families in Southeastern Pennsylvania:

1. **Protecting Medicaid:** Medicaid is essential to ensure access and favorable health outcomes for women, children, and families. Medicaid covers more than 2 million Pennsylvanians including 34% of births and 39% of children. Pennsylvania has adopted Medicaid expansion through the Affordable Care Act, which broadens eligibility for Medicaid coverage and increases access to preventative care during pregnancy. Pennsylvania has also adopted Postpartum Medicaid extension, which provides coverage for women for up to one year postpartum, beyond the past standard of 60 days. This is a vital step in ensuring continued access to necessary health services during a critical period, and continued support for this policy is essential. [3]
2. **Modernizing and Expanding Midwifery Care:** Some studies suggest that midwifery care can lower the need for interventions in birth, can lower health care costs, increase

patient satisfaction (happiness) and improve care. Expanding policies that support the growth and sustainability of the midwifery workforce, including independent practice, pay parity, prescriptive authority, and licensure for Certified Midwives (CMs) is crucial for increasing access to care, particularly in underserved areas. As the Commonwealth faces potential Medicaid cuts and future hospital closures, there is a critical need to expand and diversify the maternal health workforce and care delivery options. [4]

3. **Expand access to accredited and licensed freestanding birth centers:** Birth Centers offer a positive model of care for low-risk pregnant individuals and are associated with outcomes such as lower cesarean sections, higher rates of breastfeeding initiation, and lower rates of premature birth. [5]
4. **Perinatal Mental Health Screening, Treatment, and Support:** Pennsylvania's Medicaid program requires and reimburses for perinatal mental health screening during prenatal care visits. Given that mental health and substance use are leading factors in maternal vulnerability and mortality, this policy is indispensable. Universal mental health screening throughout pregnancy and postpartum in diverse health care settings is a critical first step in identifying risks and initiating conversations about mental health. Support for building the mental health workforce and treatment programs is necessary to ensure all birthing people have access to quality and timely care.
5. **Paid Family Leave:** Pennsylvania does not currently have a policy requiring employers to provide a paid option for parental leave. Implementing paid family leave would allow workers to receive compensation when taking time off to bond with a new child, supporting family well-being and stability, and is critical for improving maternal and infant healthcare.

Conclusion

The maternal and infant health crisis in Pennsylvania is complex, but with concerted effort and strategic investments, we can improve outcomes. We urge continued dedication and commitment from all levels of government, healthcare systems, and communities to implement these critical recommendations. By working together, we can address disparities, prevent future deaths, and ensure that every mom and baby in Pennsylvania has the opportunity for a healthy and strong start, regardless of wealth, race, gender, sexual orientation, or geography.

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[1] https://www.marchofdimes.org/peristats/reports/pennsylvania/report-card
[2] https://www.pa.gov/content/dam/copapwppagov/en/health/documents/topics/documents/programs/2024%20MMR%20Annual%20Report.pdf
[3] https://www.pa.gov/agencies/dhs/resources/data-reports
[4] https://www.marchofdimes.org/peristats/assets/s3/reports/2024-Maternity-Care-Report.pdf
[5] https://www.birthcenters.org/news/nbcs2


MARCH OF DIMES

House Policy Committee Hearing
Testimony of Dr. Meg Frizzola, DO, FAAP
Chief Medical Officer, Nemours Children's Health, Delaware Valley
September 18, 2025

Chairman Bizzarro, Representative Curry, and members of the Policy Committee, thank you for the opportunity to provide testimony on behalf of Nemours Children's Health. I am Dr. Meg Frizzola, Chief Medical Officer at Nemours Children's Health.

Nemours Children's Health is one of the nation's largest multistate pediatric health systems, which includes two free-standing children's hospitals and a network of more than 70 primary and specialty care practices, including 15 Pennsylvania primary and specialty care locations. Nemours Children's seeks to transform the health of mothers and children by adopting a holistic health model that utilizes innovative, safe, and high-quality care, while also caring for the health of the whole child beyond medicine. Nemours Children's also powers the world's most-visited website for information on the health of children and teens, Nemours KidsHealth.

Despite being the world's wealthiest nation, the United States has the highest maternal mortality rates among developed countries. In Pennsylvania, 15.6 percent of birthing people receive inadequate prenatal care compared to 14.8 percent of women nationwide, and one in four counties lacks full maternity services. The farther a family lives from a birthing hospital, the greater the risk. In the Commonwealth, 12.4% of women live more than 30 minutes of a birthing facility, compared to 9.7% of women in the U.S. As we have all experienced with the Crozer Medical Center, recent hospital closures have further exacerbated these challenges.

Nemours services an area of more than 1.1 million children in Pennsylvania. Of the newborn children with complex medical conditions delivered in Nemours' Advanced Delivery Program, almost half come from Pennsylvania. This extraordinary program provides expectant mothers with the opportunity to deliver their babies in the same location where they can receive immediate, high-level care. That is why we are investing $130 million next year to expand our Advanced Delivery Program into a nationally leading, state-of-the-art Maternal and Fetal Health Program equipped with specialized surgical suites and advanced care for complex cases.

Traditionally, interventions to address maternal mortality have focused on supporting labor and delivery; however, maternal risk extends beyond birth with 31 percent of maternal deaths occurring during pregnancy and a staggering 52 percent of maternal deaths occurring post-partum. Black women face a risk of severe maternal morbidity twice that of white women, with mortality rates three times higher. Black women also suffer higher numbers of preterm births, low birthweight births, and births with late or no prenatal care, compared to White women.

Infant mortality refers to deaths that occur within the first year of life. In the United States, an estimated 20,000 infants die annually due to factors including birth defects, prematurity, sudden infant death syndrome, maternal complications of pregnancy and respiratory distress syndrome. The infant mortality rate can be seen not just as an indicator of maternal and child health, but of the health status of the entire population. In Pennsylvania, 707 infants died before reaching their first birthday in 2023. The rate for Black infants is roughly twice as high compared to White infants.

More recent attention to maternal and infant health has led to more initiatives aimed at improving outcomes and reducing disparities, such as expanding access to coverage and care, diversifying the health care workforce, and enhancing data collection and reporting. However, with up to 80 percent of the influences on children's health occurring outside of medical settings, to effectively address healthcare, we must tackle the root causes of poor health and health disparities.

Access to regular and quality care helps women maintain their health and reduce their risk of complications during pregnancy and the postpartum period. Reimbursing doulas, lactation consultants, and community health workers strengthens families, improves breastfeeding, and reduces disparities. Directing in-home visits and place-based support to specific communities can help address areas with high infant mortality rates. Expanding maternal and child death review programs provides essential recommendations to prevent future deaths. Increasing opportunities for at-home monitoring and support, such as at-home blood pressure monitors, has proven benefits for both maternal recovery and infant health. Investing in maternal and newborn supply kits reduces barriers to accessing basic healthcare supplies and knowledge.

Nemours Children's Health's mission is to go beyond medicine. We strive to create healthier generations of children by addressing the social, economic, behavioral, and environmental factors that affect families every day. That is why we partner with communities, schools, and policy makers to advance child health and equity both inside and outside the clinic. Addressing these social drivers of health guides our mission to provide holistic healthcare that improves Whole Child Health and goes Well Beyond Medicine.

Southeast Pennsylvania's maternal and infant deaths are preventable. With evidence-based policy and targeted investments, we can ensure every mother and baby- regardless of race and zip-code has an equal chance to survive and thrive.

Thank you

Meg Frizzola, DO, FAAP
Senior Vice President, Chief Medical Officer, DV
Associate Professor Pediatrics

DELAWARE COUNTY HEALTH DEPARTMENT

Promoting and Protecting the Health of Delaware County

Testimony:
Lora Siegmann Werner, MPH
Director, Delaware County Health Department

Born to Thrive: Southeastern PA Maternal and Infant Survival & Equity Summit
Pennsylvania House Democratic Policy Committee Hearing
Thursday, September 18, 2025
1:00 PM – 3:00 PM
Subaru Park, 1 Stadium Drive, Chester, PA 19013

Good afternoon. It is an honor to address this committee and to have the opportunity to provide recommendations for improving health equity among maternal and infant populations in Southeast Pennsylvania. I want to extend my gratitude to both Chairman Ryan Bizzarro and Representative Gina Curry for inviting the Delaware County Health Department to be here today. Representative Curry, we are so grateful for your dedicated leadership with the Black Maternal Caucus and your support for driving change in this critical area.

My name is Lora Siegmann Werner. I am the director at the Delaware County Health Department (DCHD). I first served at DCHD as Deputy Director, joining the department when we launched operations as a brand-new county health department in April 2022, and began serving as director last year. I am a public health professional with over 30 years of experience in government and the private sector.

I know we will learn many valuable research insights about maternal and child health during the policy hearing today and the symposium tomorrow. However, as one of the public health professionals in the room, the one critical point I must emphasize over any other is that the body of evidence out there clearly indicates that we need to elevate the social and economic conditions of our most vulnerable families. Social determinants of health are associated with the root causes of maternal and child health disparities.

Here in Delaware County, we need solutions that reduce poverty and increase the availability and accessibility of high-quality preconception primary care for our families. We know outcomes are better if there are high quality medical services embedded in our communities. The plan moving forward should continue to include partnerships that support increased pediatric and women's health capacity in our most at-need communities like the City of Chester and Upper Darby. We absolutely need to prioritize efforts that lift up the partners serving our vulnerable families, including the FQHC serving in our county (ChesPenn), the Together for Chester collaborative, and other partners like the Foundation for Delaware County and Widener and Neumann Universities.

As defined by the Public Health Accreditation Board, Maternal/Child/Family Health is one of five foundational Public Health Services that no jurisdiction can be without, alongside Communicable Disease Control, Chronic Disease and Injury Prevention, Environmental Public Health, and Access to and Linkage with Clinical Care. As a three-year-old county health

department, DCHD is working hard to prioritize initiatives and partnerships to advance Maternal, Child, and Family Health in Delaware County.

Again, the key point I want to emphasize is that improving the health of mothers and children requires addressing the health and social needs of women—especially poor and marginalized women—early in life, not just around the time of pregnancy.

Here are some examples of Delaware County's current Maternal and Child Health work:

- Delaware County Council Chair Dr. Monica Taylor and Delaware County Board of Health Chair Rosemarie Halt established Delaware County's Maternal Child Health Committee in 2022 to bring community stakeholders together to address and be informed about maternal and child health issues in the county.
- DCHD then assembled a coalition of community organizations collaborating together on a Maternal, Parental, and Infant Health workgroup under Delaware County's five-year Community Health Improvement Plan. DCHD's goals selected by partner organizations under this priority include: improving health outcomes through better access to and awareness of community and medical services (including specialized perinatal care and certified doula support); decreasing opioid misuse during pregnancy; and preventing infant deaths.
- DCHD is working to increase childhood screening rates for lead exposure and increase follow up on maternal Hepatitis B cases to ensure that babies are getting preventative vaccines.
- DCHD is administering the Vaccines for Children and Adult 317 programs to ensure both adults and children are protected against vaccine preventable illnesses.
- DCHD is leading the Delaware County Immunization Coalition to promote immunization education and access to Delaware County residents of all ages.
- Doula involvement in perinatal care has been associated with reduced cesarean sections, premature deliveries, and length of labor.[1] DCHD is administering the state funded Title V grant to support Delaware County partners in providing free doula services, free doula trainings, and to promote doula services; as well as improve assistive technology resources for children served by the Delaware County Intermediate Unit.
- DCHD is administering a federal Department of Labor grant focused on building a sustainable doula workforce in the county, developing an academic birth companion program with Villanova and Temple Universities, and creating a maternal and child health centralized intake system for our residents to better connect with maternal, child, and family health resources and services.
- DCHD is using epidemiological data to meet the needs of our partners and inform our public health work; and
- DCHD is actively providing health education and outreach throughout our county.

To highlight one of DCHD's recent epidemiological efforts, earlier this year we released Delaware County's latest Perinatal Periods of Risk Report (PPOR) (see

[1] Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163. https://pmc.ncbi.nlm.nih.gov/articles/PMC10292163/

summary of findings in Attachment 1).[2] Black infant mortality rates remain higher than White infant mortality rates across Pennsylvania. However, while the disparity in Black infant mortality rates (IMRs) compared to Whites decreased across the whole of Pennsylvania, in contrast, Delaware County showed an increase in this disparity. Delaware County's Black infant mortality rate rose from 2.90 times higher than White mothers to 3.94 times higher in Black mothers during the time periods we analyzed.

Our work identified that the highest period of risk for infant mortality in Delaware County is the Maternal Health and Prematurity period. Our report identified that the main cause of excess mortality among Black infants when compared to White infants in Delaware County over the period 2016-2020 was due to more Black infants being born at very low birthweights. This is primarily caused by a larger number of Black mothers having social, environmental, and behavior factors contributing to preterm birth (less 37 weeks gestation) and growth restriction inside the uterus. Poverty, lack of access to care, poor nutrition, and environmental exposures also contribute to very low birth weight.[3]

Very low birth weight (less 1,500 grams or 3 lbs. 5 ounces) continues to be a focal point for our concerns about infant health in Delaware County. Looking at all Delaware County births from 2019-2023, 1.3% were very low birthweight. All of the neighboring counties in the Southeast were less than 1% over this time period, with the exception of Philadelphia County at 1.6%. In fact, Delaware County's percentage of very low birth weight infants has been significantly higher, when statistically compared to the state and surrounding counties (excluding Philadelphia), over the last 3 reporting cycles (2009-2013, 2014-2018, and 2019-2023) (see Attachment 2).[4] This reinforces Delaware County's PPOR findings regarding the frequency of very low birth weight births being the main driver of Black / White disparities in infant mortality in our county.

Preconception health is critical to improve low birth weight, and must include:

- promoting healthy behaviors and mitigating health risks
- maintaining a balanced diet, engaging in regular physical activity, and avoiding harmful substances like smoking, alcohol, and illicit drugs
- Being educated to make informed decisions about family planning
- screening for conditions such as diabetes, hypertension, or infections
- Providing information and support to understand and address potential genetic risks
- Remaining up to date on essential vaccinations, such as rubella and hepatitis B, which can adversely affect pregnancy; and

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[2] Delaware County Health Department. 2016-2020 PERINATAL PERIODS OF RISK (PPOR) DELAWARE COUNTY, PA. January 2025. https://delcopa.gov/sites/default/files/2025-01/DCHD_PPOR_2016-2020_Report.pdf

[3] Collins JW Jr, David RJ, Handler A, Wall S, Andes S. Very low birthweight in African American infants: the role of maternal exposure to interpersonal racial discrimination. Am J Public Health. 2004 Dec;94(12):2132-8. doi: 10.2105/ajph.94.12.2132. PMID: 15569965; PMCID: PMC1448603.[4] Pennsylvania Certificates of Live Births, Fetal Death Certificates and/or Death Certificates. https://www.phaim.health.pa.gov/EDD/Default.aspx, https://www.phaim.health.pa.gov/EDD/WebForms/ReproductiveOutcome.aspx

[4] Pennsylvania Certificates of Live Births, Fetal Death Certificates and/or Death Certificates. https://www.phaim.health.pa.gov/EDD/Default.aspx, https://www.phaim.health.pa.gov/EDD/WebForms/ReproductiveOutcome.aspx

- addressing emotional well-being by supporting healthy stress management practices, screening for mental health conditions, and making sure that people have access to mental health supportive care and services.

Preconception care allows for identifying and managing pre-existing conditions, reducing the risks associated with chronic diseases during pregnancy and reducing the chance of complications during pregnancy. As you can see, these risk factors and potential solutions to the problem require a considerable amount of time and patient support – and are not limited to delivery or post-partum period.[5] To attempt to tackle a piece of this complex situation, DCHD is working with partners to improve the health of Black women in our county, especially those experiencing poverty, by developing programs to target the causes of these chronic diseases and by prioritizing health throughout the lifespan.

We are here today in the important city of Chester, the oldest city in the Commonwealth of Pennsylvania. It is imperative that I point out the unique challenges here facing Chester families that have recently been hugely exacerbated by the closure of the Crozer health system this spring. The City of Chester's infant mortality rate (IMR) is unacceptably high and disparities by race are stark. The infant mortality rate for Black infants in the City of Chester is almost 2 times higher than Pennsylvania's Black IMR and Delaware County's Black IMR from 2019 to 2023 (see attachment 3).[6, 7]The city of Chester was already a designated health professional shortage area (HPSA) prior to the closure of Crozer. ChesPenn is the one federally qualified health center serving in Delaware County. With the closure of Crozer, it is the only primary care provider currently serving the city of Chester. It is doing a tremendous job but it is highly challenged in meeting the primary care needs of the Chester City women's health and pediatric populations. The incredibly sensitive individual and familial period following birth is a time when linkage to medical care is of utmost importance.

To address this crisis, Delaware County's most populous and underserved areas - the city of Chester and Upper Darby – need more pediatric and women's health providers serving in these locations to enhance preconception and pediatric care.

Proposed solutions:

- In partnership with the Delaware County Council, we are seeking to establish a Lifecycle Wellness and Birth Center in the county. With donor support, we can expand access to equitable reproductive care and ensure healthier birth outcomes for mothers and families throughout the county (see Attachment 4).

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[5] Khekade H, Potdukhe A, Taksande AB, Wanjari MB, Yelne S. Preconception Care: A Strategic Intervention for the Prevention of Neonatal and Birth Disorders. Cureus. 2023 Jun 29;15(6):e41141. doi: 10.7759/cureus.41141. PMID: 37519532; PMCID: PMC10386873. https://pmc.ncbi.nlm.nih.gov/articles/PMC10386873/#:~:text=Preconception%20care%20refers%20to%20interventions%20and%20services,and%20well%2Dbeing%20before%20they%20conceive%20a%20child

[6] Pennsylvania Department of Health. PA DOH https://www.phaim.health.pa.gov/EDD/WebForms/InfDeathCnty.aspx

[7] Pennsylvania Department of Health. Maternal and Child Health Status Indicators, City of Chester (2021-2023). https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/healthstatistics/vitalstatistics/maternalchildhealth/documents/maternal_and_child_health_chester_2023.pdf

- As an interim solution in Chester, DCHD has proposed partnering to implement a low-barrier weekly medical clinic that provides high-quality, evidence-based healthcare and family support services for newborns (from time of discharge to home) through 2 months of age regardless of insurance status or eligibility. DCHD has offered to host this at our Wellness Center in Chester, but we need support from a pediatric provider to make this a reality.
- Other interim options could take advantage of future mobile clinics from Nemours and/or DCHD. The City of Chester and Upper Darby need investments for the future from providers and stakeholders who are dedicated to serving in areas with low or limited insurance reimbursement.

Lu et al. outlines a 12-point 'life course approach' to addressing the Black-White gap in birth outcomes. Their recommendations range from targeted interventions—such as providing inter-conception care to women with prior adverse pregnancy outcomes and improving access to preconception care for African American women—to broader strategies like expanding lifelong access to healthcare, investing in community development and urban renewal, and supporting working mothers and families. Although this is a daunting task, to advance maternal and child health we must continue to make investments in our overall community health.

I want to close out by again thanking this committee for allowing me to share this testimony from the perspective a local county health department.

In summary, in order to address these complex challenges, we recommend these steps:

1. **Prioritizing efforts that reduce poverty and address social determinants of health in Southeast Pennsylvania and across the Commonwealth.**
2. **Supporting access to women's and pediatric health care with increased providers in underserved areas and increasing - not limiting - medical assistance.**

While the goal of health care is to treat disease, the goal of public health is to prevent it. It is from this mindset that public health professionals work and it is why we continue to advocate for resources that support people's abilities to live healthy lives. This is an enormously complicated problem, and we need all levels of public and private sector engagement to commit to solutions that support healthy living and to help reduce the disparities in our communities.

Thank you.

Attachment 1

Delaware County Health Department
Perinatal Periods of Risk Report

The Impact of Maternal Health on Fetal and Infant Mortality

What is the DELCO Perinatal Periods of Risk (PPOR) Report?

The DELCO PPOR Report is a review of Delaware County fetal and infant deaths over a 5-year period. PPOR provides data to support public policy to reduce disparities in fetal and infant mortality.

- Previous DELCO PPOR Reports were completed by the Foundation for Delaware County using data from 2008-2012 and 2012-2016. It is important to complete PPOR analyses in sequence to see the information over time. **The PPOR Report completed by the Delaware County Health Department includes data from 2016-2020.**

The DCHD PPOR found a large number of Black babies born at very low birth weight (VLBW < 3 lbs. 4 oz or 1,500 grams) as the main reason for infant mortality disparities in Delaware County during the 2016-2020 period. *[Normal birthweight: 5.5 - 8.75 lbs. or 2.5 - 4 kg, Low birthweight: 5 lbs. 8 oz or 2.5 kg]*

The **Maternal Health and Prematurity (MH/P)** period has the highest infant mortality rate

- Solutions to address MH/P risk period include pre-conceptional health, health behaviors, and perinatal care
- Risk factors for excess infant mortality due to very low birthweight include smoking, prenatal care, maternal age, parity (number of births), multiple pregnancies (twins, triplets), socioeconomic status and education, birth interval, maternal hypertension, and diabetes.

Although infant mortality rates have declined over time, significant disparities persist. We continue to research the main causes of these disparities and plan strategies to reduce excess premature deaths among Black infants. We encourage Delaware County policy interventions to take a comprehensive life course approach, rather than solely focusing on prenatal care and individual behavioral changes. This broader perspective, as detailed in Dr. Michael Lu's 12-point framework for addressing Black-White gap in birth outcomes, recognizes that interventions must span across a woman's entire life-span[1].

See the full DELCO PPOR Report here:
https://delcopa.gov/health/pages/pdf/DCHD_PPOR_2016-2020_Report.pdf

[1] Lu, M. C., Kotelchuck, M., Hogan, V., Jones, L., Wright, K., & Halfon, N. (2010). Closing the Black-White gap in birth outcomes: a life-course approach. Ethnicity & disease, 20(1 Suppl 2), S2–76.

Attachment 2

Reproductive Health Outcomes Low Birth Weight: Percent of Very Low Birthweight (less than 1500 grams) of Live Singleton Births **Created: 09/11/2025**

County/State	Year	Count	All Births	Percent	Lower Bound	Upper Bound
Bucks	2019-2023	228	27,176	0.8	0.7	0.9
Chester	2019-2023	172	26,442	0.7	0.6	0.7
Delaware	2019-2023	391	30,485	1.3	1.2	1.4
Lancaster	2019-2023	281	33,694	0.8	0.7	0.9
Montgomery	2019-2023	338	40,825	0.8	0.7	0.9
Philadelphia	2019-2023	1,524	93,743	1.6	1.5	1.7
Bucks	2014-2018	260	27,952	0.9	0.8	1.0
Chester	2014-2018	189	25,887	0.7	0.6	0.8
Delaware	2014-2018	454	31,620	1.4	1.3	1.6
Lancaster	2014-2018	304	34,547	0.9	0.8	1.0
Montgomery	2014-2018	378	41,849	0.9	0.8	1.0
Philadelphia	2014-2018	1,820	103,969	1.8	1.7	1.8
Bucks	2009-2013	251	27,372	0.9	0.8	1.0
Chester	2009-2013	213	26,606	0.8	0.7	0.9
Delaware	2009-2013	417	32,213	1.3	1.2	1.4
Lancaster	2009-2013	315	34,179	0.9	0.8	1.0
Montgomery	2009-2013	362	43,010	0.8	0.8	0.9
Philadelphia	2009-2013	2,177	111,056	2.0	1.9	2.0

ND = Not Displayed when count data is not available.

Note: A rate, ratio or percent that appears in red for a county denotes a significantly higher value compared to Pennsylvania. A blue rate, ratio or percent denotes a significantly lower value. Exported data may contain a + symbol indicating a significantly higher value or a - symbol indicating a significantly lower value compared to Pennsylvania.

Source: Pennsylvania Certificates of Live Births, Fetal Death Certificates and/or Death Certificates

Attachment 3

MATERNAL AND CHILD HEALTH STATUS INDICATORS
CHESTER

SELECTED RESIDENT BIRTH STATISTICS BY RACE AND ETHNICITY, 2021-2023

RACE or ETHNICITY of MOTHER	LOW BIRTH WEIGHT		NO PRENATAL CARE IN FIRST TRIMESTER		BIRTHS TO MOTHERS UNDER 18	
	Number	Percent	Number	Percent	Number	Percent
ALL RACES	188	13.7	603	45.7	40	2.9
WHITE	20	13.1	73	49.3	3	ND
BLACK	126	13.5	390	43.5	26	2.8
ASIAN/PI*	5	ND	12	75.0	0	ND
MULTI-RACE	11	17.2	29	46.8	6	ND
HISPANIC	40	13.5	140	49.3	11	3.7

RACE or ETHNICITY of MOTHER	SMOKED IN FIRST TRIMESTER		PRETERM BIRTHS		BIRTHS TO MOTHERS WHO DID NOT BREASTFEED	
	Number	Percent	Number	Percent	Number	Percent
ALL RACES	105	8.0	192	14.0	424	31.3
WHITE	25	17.4	17	11.1	51	33.3
BLACK	71	7.9	132	14.1	285	31.1
ASIAN/PI*	0	ND	4	ND	8	ND
MULTI-RACE	4	ND	13	20.3	19	30.2
HISPANIC	17	6.0	34	11.4	86	29.1

DEATHS AMONG RESIDENTS 15 TO 19 YEARS OF AGE BY RACE AND ETHNICITY, SELECTED CAUSES, 2019-2023

RACE or ETHNICITY	ALL CAUSES	MOTOR VEHICLE ACCIDENTS	INTENTIONAL SELF-HARM (SUICIDE)
ALL RACES	16	0	1
WHITE	1	0	1
BLACK	13	0	0
ASIAN/PI*	ND	ND	ND
MULTI-RACE	ND	ND	ND
HISPANIC	2	0	0

RESIDENT INFANT DEATHS, NUMBER AND RATE BY RACE AND ETHNICITY, 2023 AND 2019-2023

RACE or ETHNICITY	2023		2019-2023	
	Number	Rate	Number	Rate
ALL RACES	7	ND	43	18.1
WHITE	0	ND	2	ND
BLACK	5	ND	34	20.5
ASIAN/PI*	0	ND	0	ND
MULTI-RACE	1	ND	2	ND
HISPANIC	1	ND	6	ND

NOTES:
Rates based on less than 10 events are considered statistically unreliable and are not displayed (ND).

Infant mortality rates are per 1,000 live births for specified year/s and race or ethnicity.

ICD-10 Codes: Motor Vehicle Accidents (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2), Intentional Self-harm (Suicide) (U03, X60-X84, Y87.0).

Low birth weight is less than 2,500 grams or 5 pounds and 9 ounces.

Preterm births are less than 37 weeks gestation.

Starting in 2013, breastfeeding calculation changed to exclude infants not living at time of birth certificate reporting.

Any unknown data are excluded from calculations.

Starting in 2013, race was derived from multiple race selections. Prior to 2013, race was derived from a single race designation. For example, starting in 2013, "White" means that it was the only race selected from a list of multiple race selections. Prior to 2013, "White" means that the single race designation was "White".

Hispanics can be of any race.

*Asian/Pacific Islander

SOURCES: Birth and Death Data: from Birth & Death Certificates. For more information please contact: Division of Health Informatics, Pennsylvania Department of Health 625 Forster St., 10th Floor, Harrisburg, PA 17110. Phone: (717) 782-2448. This report and many others are on our website at www.statistics.health.pa.gov

Attachment 4

ADDRESSING THE MATERNAL HEALTH DESERT IN DELAWARE COUNTY.

THE WOMEN's WELLNESS CENTER CAN BE PART OF THE SOLUTION!

In partnership with the Delaware County Council, Lifecycle Wellness and Birth Center is committed to the best health outcomes for mothers and babies in our community. With donor support, we can expand access to equitable reproductive care and ensure healthier birth outcomes for mothers and families throughout the county.

Why Delaware County Needs Immediate Action

- **Loss of Critical Services**
  - 1,800 births at Delaware County Memorial Hospital (closed Nov 2022)
  - 1,102 births at Crozer Chester Medical Center in 2023 (closed May 2025)
  - Riddle Memorial Hospital: 1,100 births in 2023; already near full capacity with expanded maternity facilities
- **Disproportionate Risk for Black & Brown Women**
  - Black & Brown women in PA are 2x more likely to experience pregnancy-related mortality
  - In Delaware County the fetal & infant mortality rate is 2.5 times higher for black women
- **Delaware County at Crisis Levels**
  - Ranked high on March of Dimes Maternal Vulnerability Index
  - Neighboring counties rank much lower, highlighting inequity
  - Two major maternity hospitals closed, devastating OB/GYN access
  - Families must travel farther, wait longer, or go without care

Our Solution: Lifecycle Wellness & Birth Center

- Provide essential gynecological care, lactation support, education, and community engagement.
- Deliver culturally and linguistically responsive care.
- Be located in the areas hardest hit by hospital closures.
- Partner with Mainline Health for higher-level care when needed.

This model bridges the gap—offering safe, affordable, and compassionate care close to home.

4 Million Dollar Investment Needed for Success!

We seek investment to:

- Build and staff a state-of-the-art facility
- Fund essential clinical services and prenatal programs
- Launch community outreach and education initiatives
- Support ongoing operations to ensure long-term success

The Time is Now

Delaware County families cannot wait. Together, we can transform maternal and infant health outcomes and create a model of care that spans a lifetime. Join us in making maternal health and wellbeing a priority in Delaware County.