

46 **WHEREAS**, poor healthcare access, including but not limited to prenatal care,
47 health insurance coverage, and culturally appropriate care, low educational attainment,
48 poor built environment for physical activity, and lack of food access have been identified
49 as social drivers of maternal morbidity and mortality disparities in the US¹³; and

50
51 **WHEREAS**, community-based programs such as the Maternal Infant Wellness
52 Program and Moms2B have been proven to reduce infant mortality rates and address
53 health disparities by using a comprehensive, collaborative strategy between academic
54 medicine and community-based organizations to address social determinants of health
55 throughout Ohio¹⁴⁻¹⁶; and

56
57 **WHEREAS**, state policies such as child and maternal home well visits, expanded
58 Medicaid coverage, and Women, Infant and Children (WIC) and Supplemental Nutrition
59 (SNAP) programs have lowered the burden of seeking accessible prenatal care for
60 mothers, helped to ameliorate negative birth outcomes and mitigate outcome disparities
61 for at-risk populations through targeting social determinants^{9,11,17,18}; and

62
63 **WHEREAS**, providing sustained, individualized, quality patient care before and
64 after a pregnancy is recommended by the American College of Obstetricians (ACOG)
65 and the American Academy of Pediatrics (AAP) as key provider actions to preventing
66 infant mortality and maternal mortality^{19,20}; and

67
68 **WHEREAS**, our OSMA has passed policy to support legislative action that
69 fosters research and direct healthcare advancements in addressing pregnancy-related
70 morbidity and mortality in Ohio, including education of healthcare providers in identifying
71 and referring patients to community health pregnancy-related morbidity and mortality
72 programs and educating healthcare providers about health disparities in general²¹; and

73
74 **WHEREAS**, the AMA has passed policy to evaluate the issue of health
75 disparities in maternal and infant mortality (D-420.993, D-245.994) and to reduce
76 inequities and improve access to insurance for maternal health care (H-60.909, H-
77 185.917, D-245.994); and therefore

78
79 **BE IT RESOLVED**, that our OSMA supports legislation and government action
80 that promotes academic and community-based research to monitor infant mortality
81 rates, associated disparities, and the social factors which cause them; and be it further

82
83 **RESOLVED**, that our OSMA collaborates with the Maternal Infant and Wellness
84 Program to improve birth outcomes with a focus on health disparities; and be it further

85
86 **RESOLVED**, that our OSMA support legislation and government action that
87 reduces barriers to healthcare access and educational attainment in communities of
88 underrepresented persons; and be it further

89

90 **RESOLVED**, that our OSMA promote the utilization of and individualized care by
91 member physicians before and after pregnancy, leading to more equitable health
92 outcomes for infants and parents.

93
94 **Fiscal Note:** \$ (Sponsor)
95 \$ 50,000 (Staff)
96

97 **References:**
98

- 99 1. Ely D, Driscoll A. *Infant Mortality in the United States, 2021: Data From the Period*
100 *Linked Birth/Infant Death File*. 2023. [https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-](https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-11.pdf)
101 [11.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-11.pdf)
- 102 2. Centers for Disease Control and Prevention. *Infant Mortality*, September 13, 2023.
103 <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>
- 104 3. Hoyert D. *Maternal Mortality Rates in the United States, 2021*. Published 2023.
105 [https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-](https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm)
106 [2021.htm](https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm)
- 107 4. Mayer D. *Infant Vitality*, 2023. <https://odh.ohio.gov/know-our-programs/infant-vitality>
- 108 5. Ohio Department of Health. *Ohio Maternal Health Data and Reports*, 2018.
109 <https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/reports>
- 110 6. Ohio Department of Health. *Severe Maternal Morbidity and Racial Disparities in Ohio,*
111 *2016-2019*, 2020. [https://odh.ohio.gov/wps/wcm/connect/qov/0657b23a-baba-4a74-](https://odh.ohio.gov/wps/wcm/connect/qov/0657b23a-baba-4a74-b31c-25e216728849/PAMR+SMM+Final.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-0657b23a-baba-4a74-b31c-25e216728849-nIngvoH)
112 [b31c-](https://odh.ohio.gov/wps/wcm/connect/qov/0657b23a-baba-4a74-b31c-25e216728849/PAMR+SMM+Final.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-0657b23a-baba-4a74-b31c-25e216728849-nIngvoH)
113 [25e216728849/PAMR+SMM+Final.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-0657b23a-baba-](https://odh.ohio.gov/wps/wcm/connect/qov/0657b23a-baba-4a74-b31c-25e216728849/PAMR+SMM+Final.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-0657b23a-baba-4a74-b31c-25e216728849-nIngvoH)
114 [4a74-b31c-25e216728849-nIngvoH](https://odh.ohio.gov/wps/wcm/connect/qov/0657b23a-baba-4a74-b31c-25e216728849/PAMR+SMM+Final.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-0657b23a-baba-4a74-b31c-25e216728849-nIngvoH)
- 115 7. Miller S, Belizán JM. The true cost of maternal death: individual tragedy impacts family,
116 community and nations. *Reprod Health*. 2015;12(1):56. doi:10.1186/s12978-015-0046-3
- 117 8. Green T, Hamilton TG. Maternal educational attainment and infant mortality in the
118 United States: Does the gradient vary by race/ethnicity and nativity? *Demogr Res*.
119 2019;41:713-752.
- 120 9. Keene Woods N, Reyes J, Chesser A. Infant Mortality and Race in Kansas:
121 Associations With Women, Infants, and Children Services. *J Prim Care Community*
122 *Health*. 2016;7(3):194-198. doi:10.1177/2150131916635572
- 123 10. Newman K. *Relationship between Income, Maternal and Infant Factors, and Infant*
124 *Mortality Rates in African American Communities*. 2022. Accessed November 14, 2023.
125 [https://www.proquest.com/openview/a26b150cf48b8307e8afb48131a98fbf/1?pq-](https://www.proquest.com/openview/a26b150cf48b8307e8afb48131a98fbf/1?pq-origsite=gscholar&cbl=18750&diss=y)
126 [origsite=gscholar&cbl=18750&diss=y](https://www.proquest.com/openview/a26b150cf48b8307e8afb48131a98fbf/1?pq-origsite=gscholar&cbl=18750&diss=y)
- 127 11. Soneji S, Beltrán-Sánchez H. Association of Special Supplemental Nutrition Program for
128 Women, Infants, and Children With Preterm Birth and Infant Mortality. *JAMA Netw*
129 *Open*. 2019;2(12):e1916722. doi:10.1001/jamanetworkopen.2019.16722
- 130 12. Orischak M, Fru DN, Kelly E, DeFranco EA. Social determinants of infant mortality
131 amongst births to non-Hispanic Black women. *Am J Obstet Gynecol*. 2022;226(1):S706.
132 doi:10.1016/j.ajog.2021.11.1164
- 133 13. Crear-Perry J, Correa-de-Araujo R, Lewis Johnson T, McLemore MR, Neilson E,
134 Wallace M. Social and Structural Determinants of Health Inequities in Maternal Health. *J*
135 *Womens Health*. 2021;30(2):230-235. doi:10.1089/jwh.2020.8882
- 136 14. Hade EM, Lynch CD, Benedict JA, et al. The Association of Moms2B, a Community-
137 Based Interdisciplinary Intervention Program, and Pregnancy and Infant Outcomes
138 among Women Residing in Neighborhoods with a High Rate of Infant Mortality. *Matern*
139

140 *Child Health J.* 2022;26(4):923-932. doi:10.1007/s10995-020-03109-9

141 15. Gabbe PT, Reno R, Clutter C, et al. Improving Maternal and Infant Child Health

142 Outcomes with Community-Based Pregnancy Support Groups: Outcomes from Moms2B

143 Ohio. *Matern Child Health J.* 2017;21(5):1130-1138. doi:10.1007/s10995-016-2211-x

144 16. Ohio Department of Health. *Maternal Infant Wellness*, 2023. [https://odh.ohio.gov/know-](https://odh.ohio.gov/know-our-programs/maternal-infant-wellness/welcome-to)

145 [our-programs/maternal-infant-wellness/welcome-to](https://odh.ohio.gov/know-our-programs/maternal-infant-wellness/welcome-to)

146 17. Bellazaire A, Skinner E. *Preventing Infant and Maternal Mortality: State Policy Options*,

147 July 2019. [https://www.ncsl.org/health/preventing-infant-and-maternal-mortality-state-](https://www.ncsl.org/health/preventing-infant-and-maternal-mortality-state-policy-options#:~:text=Prevention%20measures%20include%20high%2Dquality,managing%20diabetes%20and%20other%20interventions.)

148 [policy-](https://www.ncsl.org/health/preventing-infant-and-maternal-mortality-state-policy-options#:~:text=Prevention%20measures%20include%20high%2Dquality,managing%20diabetes%20and%20other%20interventions.)

149 [options#:~:text=Prevention%20measures%20include%20high%2Dquality,managing%20](https://www.ncsl.org/health/preventing-infant-and-maternal-mortality-state-policy-options#:~:text=Prevention%20measures%20include%20high%2Dquality,managing%20diabetes%20and%20other%20interventions.)

150 [diabetes%20and%20other%20interventions.](https://www.ncsl.org/health/preventing-infant-and-maternal-mortality-state-policy-options#:~:text=Prevention%20measures%20include%20high%2Dquality,managing%20diabetes%20and%20other%20interventions.)

151 18. Meghea CI, You Z, Raffo J, Leach RE, Roman LA. Statewide Medicaid Enhanced

152 Prenatal Care Programs and Infant Mortality. *Pediatrics.* 2015;136(2):334-342.

153 doi:10.1542/peds.2015-0479

154 19. American College of Obstetricians and Gynecologists. *Optimizing Postpartum Care*,

155 May 2018. [https://www.acog.org/clinical/clinical-guidance/committee-](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care)

156 [opinion/articles/2018/05/optimizing-postpartum-care](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care)

157 20. Warren MD, Hirai AH, Lee V. Accelerating Upstream Together: Achieving Infant Health

158 Equity in the United States by 2030. *Pediatrics.* 2022;149(2):e2021052800.

159 doi:10.1542/peds.2021-052800

160 21. Ohio State Medical Association. *OSMA Policy Compendium*, 2023.

161 <https://www.osma.org/aws/OSMA/pt/sp/policy-compendium>

162 22. AMA Policy: Disparities in Maternal Mortality D-420.993

163 23. AMA Policy: State Maternal Mortality Review Committees H-60.909

164 24. AMA Policy: Reducing Inequities and Improving Access to Insurance for Maternal Health

165 Care H-185.917

166 25. AMA Policy: Infant Mortality D-245.994

167

168

169 OSMA Policy:

170

171 **Policy 20 – 2023 – Utilizing Principles of Collective Impact to Address Pregnancy-Related**

172 **Mortality in Ohio**

- 173 1. Our OSMA supports legislation and government action that works to foster research
- 174 and/or directly affect maternal mortality rates in the state of Ohio
- 175 2. Our OSMA collaborate with Ohio Pregnancy Associated Mortality Review and Ohio
- 176 Council to Advance Maternal Health to address pregnancy related morbidity and
- 177 mortality in Ohio
- 178 3. Our OSMA collaborate with healthcare facilities and other relevant stakeholders to
- 179 support the development of resources to train healthcare providers in identification and
- 180 referral of patients for participation in community health pregnancy-related morbidity and
- 181 mortality programs.

182

183 **Policy 06 – 2019 – Increase Awareness of Disparities in Medical Access and Treatment in**

184 **Ohio**

- 185 1. The OSMA shall work with appropriate stakeholders to increase awareness of Ohio
- 186 physicians, residents, and medical students of disparities in medical access and
- 187 treatment in Ohio based on disability, race, ethnicity, geography, and other social and
- 188 demographic factors through the utilization of existing resources
- 189

190 **Policy 25 – 2017 – Longitudinal Approach to Cultural Competency Dialogue on**
191 **Eliminating Health Care Disparities**

- 192 1. The OSMA encourages all medical education institutions in Ohio to engage in expert
193 facilitated, evidence-based dialogue in cultural competency and the physician's role in
194 eliminating cultural health care disparities in medical treatment.

195