

**RYAN A. BIZZARRO, CHAIRMAN**

414 MAIN CAPITOL BUILDING  
P.O. BOX 202003  
HARRISBURG, PENNSYLVANIA 17120-2003  
(717) 772-2297  
FAX: (717) 780-4767



**HOUSE DEMOCRATIC POLICY COMMITTEE**

WEBSITE: [WWW.PAHOUSE.COM/POLICYCOMMITTEE](http://WWW.PAHOUSE.COM/POLICYCOMMITTEE)

EMAIL: [POLICY@PAHOUSE.NET](mailto:POLICY@PAHOUSE.NET)

[Twitter](#) [Facebook](#) [Instagram](#) @PADEMPOLICY

**HOUSE OF REPRESENTATIVES**

COMMONWEALTH *of* PENNSYLVANIA

*House Democratic Policy Committee Hearing*

Maternity Desert in Delaware County

Wednesday, May 11<sup>th</sup>, 2022 | 10:00 a.m.

Representatives Gina Curry and Mike Zabel

**OPENING REMARKS**

- 10:00a.m. Rep. Gina Curry, D-Delaware  
Rep. Mike Zabel, D-Delaware
- 10:05a.m. Angela Neopolitano, Nurse  
*PASNAP*
- 10:30a.m. Samia Bristow, Senior Program Director  
*Maternity Care Coalition*
- 10:55a.m. Teresa Pettaway, Founder and Executive Director  
*Pettaway Pursuit Foundation*
- Katie Kenyon  
*The Foundation of Delaware County*
- 11:35a.m. Dr. Monica Taylor, Chair  
*Delaware County Council*

Remarks and Testimony can be found by scanning the QR Code below:

## **Democratic Policy Hearing on Maternal Health May 11, 2022**

Good morning. My name is Angela Neopolitano.

I am an Emergency Department nurse at Delaware County Memorial Hospital, which is located just down the street. I am also the president of the Delaware County Nurses Association and a member of the Delaware County community.

I have been a nurse at DCMH for 42 years. What has happened to the hospital and, ultimately, to our patient community over the last several months feels like a nightmare.

Delaware County Memorial Hospital is part of the Crozer Health system, which is composed of four Delaware County-based hospitals: Crozer-Chester Medical Center, Springfield Hospital, Taylor Hospital, and DCMH. Crozer Health's parent company, Prospect Medical Holdings, is a for-profit system based in California. In February, Prospect announced that it would be selling all four hospitals within the Crozer Health system.

Just prior to and after this announcement, Prospect also announced a "spiral" of closures and service cessations, which, taken together, are an enormous crisis in the making for the Delaware County patient community, many of whom are underserved to begin with..

One of the first of these announced closures – and there have been many since – was the closure of the DCMH Maternal Health floor in January.

In one fell swoop, Prospect closed Labor & Delivery. They closed Maternal/Postpartum Care. They closed the nursery. And they closed the NICU.

In the year prior to these closures, DCMH delivered 1,800 babies.

The nearest hospital, Mercy Fitzgerald Medical Center, does not offer maternity services. So expectant mothers must go to Lankenau Medical Center 15 minutes away IF you have your own vehicle and into a neighboring county. The closure has left the residents of Upper Darby, Darby, Millbourne, Lansdowne, and Yeadon – the most populated area of Delaware County – without maternal and neonatal care in their communities.

The closure puts the most vulnerable residents with the fewest travel options at risk. By forcing them to travel farther, you're increasing the risk of adverse outcomes.

And that's when everything goes according to plan. Nature doesn't always follow the script.

When a laboring mother arrives in my ER, at DCMH, we have to call an ambulance to take her to another hospital. If there's no time, and the baby is delivered at the DCMH ER, we have to

call two ambulances – one to transport mom; the other to transport baby (they cannot go together), tying up two ambulances in a county where the demand for ambulances is only increasing.

When you eliminate critical medical services, you don't eliminate the patients seeking them, you just force those patients to seek care elsewhere, swamping a system that is already struggling and imperiling the people of Delaware County.

The closure of DCMH's maternity care services follows the closure of maternal care units in surrounding counties. The greater Philadelphia region lost one of its busiest maternity wards two years ago, when Hahnemann University Hospital closed. Prior to that, OB units closed at Jennersville Hospital in Chester County and Lower Bucks Hospital in Bucks County.

I'm sad to say, however, that the maternal care isn't the only recent service closure in the Prospect Health system:

- In January, Prospect suspended the emergency department, pathology, lab and medical imaging services at Springfield Hospital.
- In February, Prospect closed its inpatient hospice unit at Taylor Hospital in Ridley Park.
- In March, Prospect announced the temporary closure of the ICU and OR at DCMH.
- In April, Prospect announced that it would be curtailing Advanced Life Support response vehicle emergency medical services (called chase cars) within 90 days – with no plan in place for that eventuality – unless the municipalities served pay for those services within 10 days. Chase cars are staffed by paramedics, who have the highest level of prehospital care education and can provide Advanced Life Support, and are dispatched with EMTs to the scene of an emergency.
- In April, Crozer Health announced the impending closures of:
  - the DCMH Outpatient Substance Abuse Clinic
  - The CCMC Inpatient Acute Substance Abuse/Addiction Unit (First Steps)
  - The CCMC Crisis Center
  - All mental health and substance use disorder treatment outpatient services at the Community Campus in Chester

As of April 18, 2022, M100-A (the Aston and Brookhaven chase car) had 4,005 ALS dispatches and M100-D (the chase car for Glenolden, Prospect Park, Tinicum, Norwood, and Ridley Park) had no fewer than 5,460 dispatches in the last year. These numbers indicate the great need within the county for EMS services and the sizable vacuum that will open up when those services are shut down.

When that occurs, the need for EMS services will not go away, so paramedics will have to be pulled from neighboring counties, increasing response times (and, the risk for bad outcomes)

and effectively short-handing the whole system, imperiling patients in Delaware County and in neighboring counties.

The closures of the crisis and rehab services will affect the county's most vulnerable residents and increase the rate of overdoses in a county already riddled with them. ERs, already overtaxed, will back up further, flooded with crisis patients. The police will be tied up longer and have nowhere to direct the public for crisis services. And ambulances will be called more frequently at a time when chase car services are being threatened.

This catastrophic domino effect was set in motion by a for-profit healthcare system looking to leech as much money as it can from expectant mothers, from those who struggle with addiction, and from the entire patient community of Delaware County on its way out.

It's despicable, and I will fight it with everything I have.

In fact, I will be leaving this hearing and going directly to DCMH, where nurses, technical specialists and professionals are holding a second informational picket within a one-week time span to protest the dangerous service shutdowns and unit closures in the Prospect Health System.

Prospect is looking to make a buck on the backs of our county's most vulnerable – including newborn babies and expectant mothers. It's catastrophic. And it's criminal. What they're doing rips the "care" from "healthcare." We cannot allow it.



Testimony of Samia Bristow

Senior Program Director, Maternity Care Coalition

Before the Commonwealth of Pennsylvania House Democratic Policy Committee Hearing on:

Maternal Health & Maternity Care Deserts in Delaware County

Drexel Hill, PA

May 11, 2022

Good afternoon, Representatives Bizzarro and Curry, and members of the Democratic Policy Committee. My name is Samia Bristow, and I am a Senior Director of Programs at Maternity Care Coalition (MCC). I'm also a mom and a Delaware County resident myself. At MCC our work is about ensuring parents impacted by racial and social inequities in Southeastern Pennsylvania can birth with dignity, parent with autonomy, and raise babies who are healthy, growing, and thriving.

One of the ways we do this work is by providing critical support to parents and caregivers in their homes, in the community, and virtually. We support our clients to recognize their strengths and develop self-determined health, development, and wellness goals for themselves and their children. We know we are succeeding in this work when parents are agents of change in their own lives and communities have access to supportive networks and high-quality services that address the social determinants of health.

Maternity Care Coalition has been serving Delaware County families since we opened our Upper Darby MOMobile site in 1999. Today MCC has 3 programs in the county including our Healthy Families America evidence-based home visiting program. With over two decades of commitment to and experience in the county, we are concerned about the closure of the maternity unit at Delaware County Memorial Hospital and its impact on the trajectory of maternal-child health in the county.

As I mentioned just a moment ago— equitable access to high-quality services is a cornerstone of maternal health. I want to talk a bit about what access really means because if we only talk about access in terms of distance to the nearest labor & delivery ward, we aren't really talking about what that means for people.

First, I want to talk a little bit about what access means for the individual and then I'll speak more broadly about what access means for the communities we serve.

The social determinants of health-- the conditions in which people are born, grow, live, work, and age—influence birth outcomes, we know this. In our programs, we spend a lot of time helping pregnant folks navigate barriers to access. Of course, one of the biggest barriers we see is transportation. Most of our clients rely on public transportation to attend their prenatal and

postpartum visits, which created challenges before the pandemic. Now and for the last two years, this comes with the additional risk of exposure to the virus. Access is more than just transportation. Pregnant and birthing people have to take time off work, often unpaid, to attend their visit, or secure childcare. It's more than just a fifteen- or twenty-minute check-up. It often takes half, if not all of their day.

The moms we work with at MCC want to attend their perinatal visits, they want to be active participants in their care and be in good health, but with limited options for care and numerous barriers to access this can be challenging. That means we end up working with some moms who received little or no prenatal care.

Next, while accessibility of care is a big challenge during the prenatal and immediate postpartum period, when it comes to labor and delivery, community access is key. And this is where we will see the biggest impact related to the closure of the maternity ward at Delaware County Memorial Hospital. First and foremost are the numbers. Recent state data<sup>i</sup> shows the births in Delaware County were split evenly across our three birthing hospitals within the county. We know folks go out of the county to give birth, but I'm concerned about the strain on our other two birthing hospitals. It's going to be very important that the remaining two birthing hospitals are prepared to serve not only an increased number of women, but also are responsive to the diversity of the new patients they will be taking on.

It's important for people giving birth to be able to see themselves in their providers, to share cultural backgrounds, experiences, and language. It gets harder and harder to do that when fewer hospitals are serving more people. It's not just a matter of preference. Recent research<sup>ii</sup> conducted out of the University of Minnesota School of Public Health showed an association between Black doctors caring for Black infants after birth and a significant reduction in infant mortality.

Finally, I will note that when resources-- like hospitals --are in a community, they become integrated in the social fabric of that community. When people think about where they want to give birth, they think about quality, and they think about what they've heard. Reputation, quality, and experience comes from voices in the community. When people are giving birth in hospitals

outside of their community, not by choice but by necessity-- they are being forced into the unknown. Right now, this trend is complicated by the changes in prenatal care delivery brought about by Covid-19 and the ongoing challenges related to substance use disorder.

In closing, one of the best things that legislators can do to support positive maternal and child health outcomes—particularly in the face of decreasing access to care-- is to invest in and increase access to supportive services like home visiting, doula, and lactation supports. A healthy baby starts with a healthy mom and so many factors outside the hospital setting influence outcomes. We need to be working across systems to support the best possible outcome for every mom and baby in our County. Thank you and I'm happy to answer any questions you may have.

---

i

[https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/BirthStatistics/Documents/Birth\\_HospMethod\\_County\\_2019.pdf](https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/BirthStatistics/Documents/Birth_HospMethod_County_2019.pdf)

ii [https://1410c6d1-d135-4b4a-a0cf-5e7e63a95a5c.filesusr.com/ugd/c11158\\_150b03cf5fbb484bbdf1a7e0aabc54fb.pdf](https://1410c6d1-d135-4b4a-a0cf-5e7e63a95a5c.filesusr.com/ugd/c11158_150b03cf5fbb484bbdf1a7e0aabc54fb.pdf)



11 Owen Avenue  
Lansdowne, Pennsylvania 19050  
Office: 610-553-5479  
Fax: 610-553-5482  
Email: [info@theppf.org](mailto:info@theppf.org)  
[www.PettawayPursuitFoundation.Org](http://www.PettawayPursuitFoundation.Org)

## Maternal Program Crisis - Theresa Pettaway Testimony Statement

Hello, my name is Theresa Pettaway, Founder and Executive Director of Pettaway Pursuit Foundation. I would like to extend my gratitude to Rep. Gina Curry for inviting me to share with you my testimony on the ever-growing deficit of maternal care resources within Delaware County and how community-led organizations like Pettaway Pursuit Foundation can be the solution.

Within the last few years, the U.S. government has identified what many of us have deemed a crisis for decades - the gap in equitable care for families across America with respect to maternal care. In fact, “the U.S. has the highest maternal mortality rate among developed countries” according to a 2020 study done by The Commonwealth Fund.

Across America, Black women are 3 to 4 times more likely to have child-birth related deaths. Even just this past week, 6abc Action News reported “Black women make up 43% of births in Philadelphia but 73% of pregnancy-related deaths.” Although Philadelphia-adjacent, Delaware County mirrors similar metrics. In a perinatal risk study from 2017, the Foundation for Delaware County reported Black women are 2 times more likely than White women to perish during childbirth and the “...overall feto-infant mortality rate among black women was 3 times higher than that of white women.” The grueling fate of these mothers’ stems from ill-prepared physicians with implicit bias on how these women feel pain. In cases such as these, it is important Black women know how to properly advocate for themselves. While advocating for oneself should never be a requirement to have a successful birth, many Black women know all too well how our voice isn’t heard due to racial disparities in medicine. It’s why many Black mothers have sought out doulas; perinatal professionals who provide non-medical support to new and expecting mothers.

Having gone through 3 premature births, starting at the age of 15, I have been failed by the medical system on various occasions: inflicting unnecessary trauma for each of my birthing experiences. It’s one of the many reasons I became a doula and Pettaway Pursuit Foundation was founded in 2001; later launching an essential hub for the community, the Doula By My Side program. The first of its kind, this program follows a fee-for-service model, allowing members to experience a doula-supported pregnancy and postpartum from both well-experienced and certified professionals at the expense of their managed care provider. Since its inception in 2007, Doula By My Side has offered perinatal support to a total of 2,712 mothers across 3 states, Pennsylvania, Massachusetts, and Rhode Island; 2,303 of which were in Pennsylvania. Over the span of 2 decades, PPF has expanded beyond its doula services to address the needs of underserved families head-on. Even in the face of the pandemic, PPF stepped up to support the surrounding community, working to provide:

- Breastfeeding education and lactation consultations via The Lactation Station
- Free parenting classes and workshops with the PAL for Parents Program
- Diapers, formula, adult and baby clothing, toys, and books through the Pampering Parent Program
- Behavioral health support to birthing and postpartum parents via the Perinatal Strong Program
- Nutritious meals and fresh produce to local families with our Harvest Food Program; having served just under 100,000 meals in 2020-2021 alone

Even with all that PPF has accomplished, we have recently had to halt our services in Delaware County due to our partnering insurance agency prematurely ending our agreement. They have cited our inability to be compliant as the reasoning for such an abrupt departure, however, limiting mothers to the full services a doula can provide is something PPF will never be compliant with. The Doula By My Side program has always followed the mother throughout her entire perinatal journey from time of referral, including a consultation to fully assess the needs of the mother. Given the nature of the pandemic and the limitations it placed on access worldwide, we were even able to provide these services virtually, doubling the number of mothers served in 2020-2021. To our surprise, our partnering insurance agency insisted we restrict these services down to 2 visits pre-birth and 2 visits after birth, with no consultation. Standing by our mission to empower mothers with education and support throughout their perinatal period, PPF declined this change in program offerings, causing our partner to pull back its members. It was devastatingly heartbreaking to abruptly end services for mothers that have already built a trusting relationship with their doula. It took a mental toll on me personally as I constantly thought of these mothers, and how this experience could add trauma to the already unideal perinatal journey this pandemic has caused.

It is unclear what could be driving the decision to suddenly restrict services as it surely could not be lack of funding. Via the American Rescue Plan, an estimated total of \$110 million was distributed to Delaware County alone to, in part, support surrounding small businesses and resources. Instead, we have seen a bulk of government funding go to Managed Care Organizations to address disparities within the community. Often known to crowd herd its members, MCOs have launched new programs, reducing the needs of families to a one-size-fits-all ideology; piecemealing programs instead of providing individualized care centered around the birthing parents. It begs the question, how are we holding these organizations accountable?

We are in a crisis. The future is uncertain. An unforeseen pandemic has completely shifted the lives of many. Within a span of 2 years, the middle income family has become the low income family, increasing the need for assistance now more than ever. The investment needs to start with programs that are in the community doing the work. Failure to do so would be the same as sticking a bandage on a gushing wound.

Sources:

<https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>

<https://6abc.com/philadelphia-pregnancy-child-birth-black-maternal-mortality-death-during/11821272/>

<https://delcofoundation.org/wp-content/uploads/2021/09/CAN-PPOR-Action-Plan.Sept17.pdf>

<https://delcopa.gov/arpa/index.html#:~:text=As%20part%20of%20the%20federal,%24110%20million%20in%20new%20funding.>

Testimony  
Democratic Policy Hearing on Maternal Health  
May 11, 2022  
Submitted by:  
Dr. Monica Taylor  
Chair, Delaware County Council



Good Morning,

Today I am speaking to you about the grave concerns for maternal health care in our county and long term impact that will have for the county in morbidity, mortality of women and infants.

With the closure of the maternity ward at Delaware County Memorial Hospital (DCMH) in early 2022, it has become even more challenging for women in the eastern part of Delaware County to receive the support they need to ensure a health pregnancy and delivery. Delaware County Memorial Hospital accounted for approximately one-third of all births in the County by hospitals according to the Commonwealth of Pennsylvania Department of Health 2019 Vital Statistics.<sup>i</sup> 6,281 births occur yearly in Delaware county and half of the births already occur outside county borders in Montgomery, Chester and Philadelphia Counties. With this closure, the County faces new challenges in protecting and advancing maternal health and well-being, while also ensuring their babies have the healthiest start. When we have closures such as these women of color are disproportionately impacted - about 35 percent of the women of childbearing age living in areas of no access or very limited access to maternity care are women of color. Racial and ethnic diversity is not evenly distributed throughout the County, with the greatest diversity seen along the county's eastern and southeastern border with Philadelphia where gaps in maternal-child care will be most prominent with the closure of the DCMH maternity ward.

In April 2022, the Delaware County Health Department (DCHD) received approval as a county health department in the Commonwealth of Pennsylvania. It is the first new health department in Pennsylvania since 1989. With over 566,000 residents, Delaware County was the largest county in Pennsylvania and the United States without a county health department.

Community research leading up to the DCHD showed concerns with the associated inter-County racial disparity in indicators related to maternal-child health. For example, infant mortality rates were three times higher for babies born to black mothers than those born to white mothers in the County. Differences in other birth outcomes and development markers between white mothers and babies and mothers and babies of other races in the County were also noted.<sup>ii</sup>

In 2020

- 1 in 6 infants (15.7% of live births ) were born receiving limited or no prenatal care
- 1 in 11 babies ( 9.5% of live births) were born preterm
- Rate of Pre- term births was highest for black infants at 12.2%

In reaction to these statistics, the County's Health Department Program Plan for Pennsylvania Department of Health specifically notes the DCHD's intention to address disparities in maternal and infant morbidity and mortality through educational programming, data collection and coordination with community partners.

The COVID pandemic accentuated the needs of underserved communities in the eastern part of the county, which is a densely populated area bordering Philadelphia.

It is estimated that only 7 obstetrics providers are actually located in the most densely populated area of eastern Delaware County and now have to use one of the two remaining hospitals in the county to deliver at.

**Commented [HR1]:** Keystone First is obtaining additional data on this for you should have next week

The data showing that maternal health and infant health outcomes are markedly different by racial and economic status is extensive. The Delaware County Perinatal Periods of Risk Study conducted by the Foundation for Delaware County found that the overall fetal-infant mortality rate among black mothers was three times higher than that of white mothers. The study also found that black women in the County with a prior preterm birth were almost five times more likely to have a very low birth weight (weighing less than 3 pounds, 4 ounces). Associated with these outcomes was a lack of records about sufficient and timely prenatal care.<sup>iii</sup> Nothing sums up the state of the situation that we face in America as well as this one fact: In 2020 the U.S. remains among the most dangerous developed nations for a woman to give birth

#### Proposed policy solutions

On behalf of the county I convened two Maternal Health roundtable events in early 2022 after the announcement of the maternity ward closer. Community stakeholders came together to assess the current situation of reduced maternity care as well as the other factors that interfere with women in the county accessing supportive services such as evidenced based home visiting programs and related social services for housing, food, childcare etc. that contribute to healthier pregnancies for mom and baby. The following are the policy recommendations from the group.

#### County based solutions

- Centralized call center to help direct moms to where to access maternity care as well as other services related to the health and wellbeing of themselves and their baby.
- Resource guide in multiple languages to distribute across the county for all pregnant and parenting families
- Communication social media platform to be a resource as well as hearing from the communities on their needs and concerns.
- Access to transportation for women for appointments and delivery if needed

#### State based solutions

- Regional collaboration to address access to care for pregnant and parenting families
- Increased access to evidenced based programs for pregnant and parenting families
- Increased support of midwives and Doulas including Medicaid reimbursement
- Incentives to health systems to provide maternity care rural and urban areas that have limited access or have lost services
- Better localized data on maternal health and accessibility of maternity services with a health equity perspective

In the end healthy moms and babies are everyone’s responsibility and the role of government and community is to ensure that the services and protections are in place to reduce maternal & infant morbidity and mortality.

---

<sup>i</sup> Pennsylvania Department of Health, Division of Health Informatics, Live Births by Hospital and Method of Delivery (2019), available at: [https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/BirthStatistics/Documents/Birth\\_HospMethod\\_County\\_2019.pdf](https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/BirthStatistics/Documents/Birth_HospMethod_County_2019.pdf).

<sup>ii</sup> Johns Hopkins Bloomberg School of Public Health, Examination of Health and Public Health Service Delivery in Delaware County, Pennsylvania, *available at*: [https://www.delcopa.gov/pdf/JHSPHDelawareCountyFinalReport\\_July2020REV.pdf](https://www.delcopa.gov/pdf/JHSPHDelawareCountyFinalReport_July2020REV.pdf).

<sup>iii</sup> The Foundation for Delaware County, The Perinatal Periods of Risk Study, Sept. 2017, Available at: <https://delcofoundation.org/wp-content/uploads/2021/09/Final-PPOR-Report.pdf>.