

Testimony before the  
**Committee on Health and Human Services**  
Melinda Toumi, Board of Directors, Advocate  
Kansas Midwives Alliance  
February 12<sup>th</sup> 2018

**Support for HOUSE BILL 2573**

Chairman Hawkins and other members of the HHS committee:

My name is Melinda Toumi and I am currently serving on the board for the Kansas Midwives Alliance (KMA), which supports the practice of midwifery throughout the state. I have a combined 22 years of healthcare and scientific research experience and have been researching the maternal and pregnancy related death statistics in Kansas since 2014.

The United States has a rising maternal death rate, meanwhile rates in other industrialized nations are decreasing. Kansas' maternal mortality is on par with other states frequently criticized for maternal death rates. While World Health Organization data indicate 60% of maternal deaths are preventable, Kansas has lacked a formal maternal mortality review process, making statewide preventative actions unclear or difficult to implement. The KMA holds the position that the state review program generating best practice recommendations for death prevention is needed.

Maternal deaths produce motherless children and broken communities. These deaths *also* heavily impact healthcare providers - HB2573 provides an excellent framework for reviewing these deaths without being punitive in nature, and KS ACOG's work in this draft is appreciated. There are two major issues, however, that HB2573 fails to address in this draft.

Compared to last year's bill on this topic, HB2244 of 2017, this new bill does not indicate that obstetricians, family practice physicians, and certified nurse midwives will always be included in the panel. The Secretary of Health and Environment is directed to "consult with relevant experts to evaluate the records". The KMA recommends that these KDHE review panels always include healthcare providers with the same training and certifications as the healthcare providers involved in the deceased mother's care.

HB2573 as written incorrectly defines "maternal death". Definitions used by KDHE **are** congruent with national and international standards.

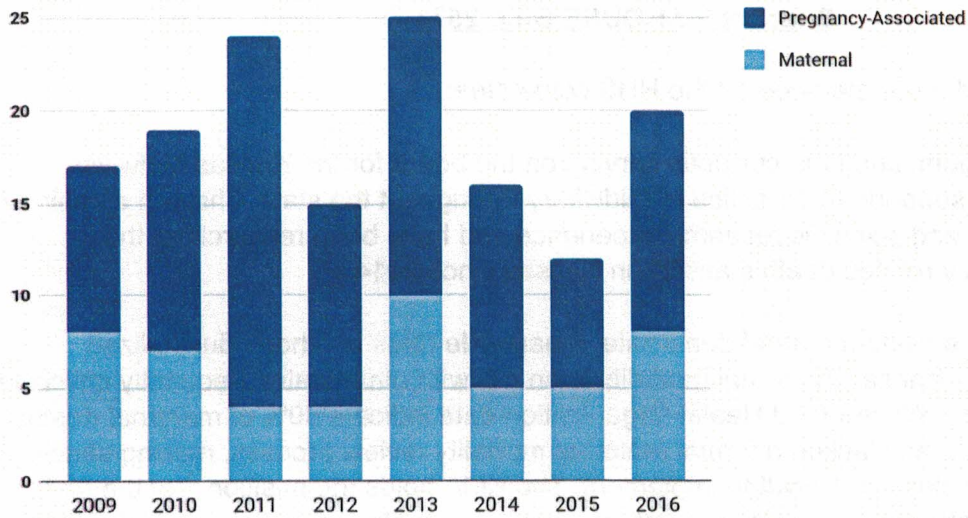
Per KDHE's own documents, "**maternal death**" is defined as "The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes."

Whereas a "**pregnancy-associated death**" is defined as "The death of any woman, from any cause, while pregnant or within one calendar year of termination of pregnancy, regardless of the duration and the site of pregnancy. Maternal deaths are a subset of pregnancy-associated deaths." The KMA supports all pregnancy associated deaths being reviewed, but clarity in HB2573 would support more clear avenues for death prevention strategies, as deaths in these two categories often have different etiologies that would lead to different prevention strategies.

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The following data might further illustrate Kansas' problem with maternal mortality:

### Actual Kansas Mortalities



Note that Healthy People 2020 goals include reducing maternal deaths to 11.4 per 100,000 live births, or approximately **4.3 maternal deaths for 38,000 births.**

In closing the Kansas Midwives Alliance asks you to support this bill with clarifications on “relevant experts” and “maternal deaths”.

Melinda Toumi PhD IBCLC Midwife  
Board of Directors, Advocate  
Kansas Midwives Alliance  
[melindatoumi@gmail.com](mailto:melindatoumi@gmail.com)  
785-979-2477