



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

## House Committee on Health

### H.B. 909, Relating to Infant Mortality Program

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health

February 6, 2013

1 **Department's Position:** The Department of Health (DOH) strongly supports this measure which would  
2 1) establish a comprehensive infant mortality reduction program within DOH, 2) establish an infant  
3 mortality reduction advisory board, 3) require providers to establish and distribute written policies  
4 prohibiting non-medically indicated induction of newborn deliveries prior to 37 weeks of gestation, and  
5 4) require birthing facility reporting.

6 **Fiscal Implications:** Funds in the amount of \$190,000 will be appropriated for two positions (planner  
7 and research analyst) and the purchase of hospital discharge data.

8 **Purpose and Justification:** Hawaii is widely recognized as one of the healthiest states in the nation,  
9 but has significant disparities by race/ethnicity, geography, age, education, insurance status, and other  
10 subpopulations often referred to as social determinants of health. The bill would establish a  
11 comprehensive infant mortality reduction program within DOH clarifying our role in reducing infant  
12 mortality rates. It would establish an infant mortality reduction advisory board responsible for  
13 approving a statewide strategic plan, providing recommendations to the infant mortality reduction  
14 program, and promoting collaboration among public and private stakeholders. Under the measure, DOH  
15 is to develop and the board approve a statewide strategic plan to reduce infant mortality by January 1,

1 2015, with an update every three years. Notably, the bill stipulates that plan strategies address social  
2 determinants of health as they relate to infant mortality.

3 The bill would require birthing facilities to distribute annually to all staff and providers with  
4 admitting privileges at that facility, its written policies prohibiting non-medically indicated induction of  
5 newborn deliveries prior to thirty-seven weeks of gestation. Providers would be required to provide  
6 patient education material on infant mortality and pre-term birth to expectant mothers. Providers would  
7 also be required to report to DOH information concerning pre-term birth. DOH will produce and  
8 distribute factual and scientific educational information addressing infant mortality and pre-term birth  
9 with the intention of informing policy and practice.

10 To improve birth outcomes and reduce infant mortality and pre-term birth, systemic changes will  
11 be needed. Through this comprehensive infant mortality reduction program, we expect an improvement  
12 in statewide healthy birth outcomes and a reduction in consequential costs associated with infant  
13 mortality and pre-term birth.

14 Thank you for the opportunity to testify.

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EXECUTIVE OFFICE ON EARLY LEARNING  
HONOLULU

TERRY LOCK  
DIRECTOR

Testimony in **Support** of  
H.B. 909, Relating to Infant Mortality Program  
By Terry Lock, Director

House Committee on Health  
February 6, 2013  
10:30 a.m., Room 329

Chair Au Belatti, Vice-Chair Morikawa, and Members of the Committee:

Aloha, I am Terry Lock, Director of the Executive Office on Early Learning (EOEL). EOEL is in support of House Bill 909.

EOEL is charged with coordinating efforts on behalf of young children by creating partnerships and alignment of policies and programs to achieve improved outcomes in health, safety, and school readiness and success. Over the past year, EOEL has engaged partners across the state to define the desired outcomes for children and families, as well as the critical strategies to achieve those outcomes, which should be prioritized over the next three to five years. This work – the Hawaii Early Childhood Action Strategy – is described in *Taking Action for Hawaii's Children*, which can be found at [earlylearning.hawaii.gov](http://earlylearning.hawaii.gov).

One of these priority strategies is to improve birth outcomes for our keiki. H.B. 909 aligns with this strategy. H.B. 909 would, among other things, establish a comprehensive infant mortality reduction program under the Department of Health and require licensed birthing facilities to report information on pre-term births.

Thank you for the opportunity to testify.

Date: February 5, 2013

To: Honorable Della Au Belatti  
Honorable Dee Morikawa

From: Lin Joseph  
Director of Program Services  
March of Dimes Hawaii Chapter

Re: In support of  
**HB909**

Hearing: Committee on Health  
February 6, 2013  
Conference Room 329, State Capitol

March of Dimes Foundation

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[marchofdimes.com/hawaii](http://marchofdimes.com/hawaii)

Chair Belatti, Vice Chair Morikawa, Members of the Committee:

I am writing to express strong support for HB909: *Relating to Infant Mortality Program*.

For over 70 years, the March of Dimes has been a leader in maternal and child health. Our mission is to *improve the health babies by preventing birth defects, premature birth, and infant mortality*.

In 2009, 18,887 babies were born in the state of Hawaii. According to the National Center for Health Statistics, 12.6% of them were born preterm, or less than 37 weeks gestation and more than 5 of every thousand born died in infancy. That means in an average week, 363 babies are born, 46 babies are born preterm, and 2 babies die before their first birthday. Prematurity is the leading cause of neonatal death in the first 30 days of life and a major contributor to infant mortality. In 2003, the March of Dimes launched a national campaign to raise awareness of the problem of prematurity and to reduce the rate of preterm birth in the United States.

In 2009, pursuant to HCR 215 SD1, March of Dimes partnered with the Department of Health and Healthy Mothers Healthy Babies to survey Hawaii hospitals regarding implementation of policies and procedures to reduce elective cesarean sections and labor inductions, and found that only 55% of Hawaii hospitals performing deliveries had policies in place that are consistent with American Congress of Obstetricians and Gynecologists (ACOG) guidelines of no elective labor inductions or cesarean sections before 39 weeks gestation. In its report of HCR215 to the legislature, DOH recommended the formation of a task force to further pursue the reduction in elective procedures before 39 weeks through development of quality initiatives, training, and collection of data relating to elective deliveries, review of regulations governing state licensure of hospitals, and a public awareness campaign on the risks of delivery prior to 39 weeks gestation. In 2012, March of Dimes again partnered with the Department of Health to take up the challenge to reduce Hawaii's prematurity rate by eight percent by 2014. We are working together on increasing public awareness to reduce Hawaii's preterm birth through our "Healthy Babies

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are Worth the Wait” campaign that encourages women to wait for labor to begin on its own if their pregnancy is healthy.

Therefore, March of Dimes asks the House Committee on Health to support the establishment of a statewide, comprehensive infant mortality reduction plan and the distribution by hospitals of their written policies on non-medically indicated induction of newborn deliveries to address early births in Hawaii through the passage of HB909.

Mahalo for the opportunity to present testimony in support of HB909.