301 South 13th St. | Suite #600 | Lincoln, NE 68508 | FirstFiveNebraska.org | (402) 261-9671

September 14, 2021

Senator John Arch, Chair

Members of the Health and Human Services Committee

Nebraska Legislature

Re: LR 221

Chairman Arch and Members of the Health and Human Services Committee,

Thank you for allowing me to testify today. My name is Sara Howard, spelled S-A-R-A H-O-W-A-R-D and I am a policy advisor at First Five Nebraska. First Five Nebraska is a statewide public policy organization focused on promoting quality early care and learning opportunities for Nebraska's youngest children. First Five Nebraska's interest in issues pertaining to maternal and infant health policy, are centered around the fact that healthy moms and babies are critical to ensuring the long-term success of children in our state. I am here to testify on Senator Vargas' interim resolution LR 221.

First, I want to thank Senator Vargas for his ongoing interest and work in the area of data analysis around maternal and infant mortality and morbidity and his recognition of this important work. The Nebraska Child Death Review Team was created in 1993 after the state recorded over 300 child deaths in the year prior, and the statute remained unchanged until 2013 when revisions were passed which included definitional changes and the addition of reviews of maternal deaths, defined as the death of a woman during pregnancy or the death of a postpartum woman up to one year after she ceases to be pregnant. Those revisions were implemented in 2014. The original core purpose of the Maternal and Child Death Review team was to advise the Governor, the Legislature, and the public on changes to law, policy, and practice which would prevent child deaths.

The most recent findings from the Maternal and Child Death Review Team were released in September of 2017 and consider deaths which occurred in 2012 and 2013. At that time the top five causes of death for the state's children were pregnancy related (133 deaths), birth defects (96 deaths), motor vehicle related incidents (51 deaths), sudden unexpected infant death (41 deaths) and medical conditions (non-cancer; 35 deaths). It's hard to know if these causes of death remain at the forefront in Nebraska, simply because we do not have timely information from this team the way it was envisioned in the original legislation.

What can legislators do? There are three main policy options I want to highlight for this committee to ensure timely, accurate and useable information is shared so that everyone can work towards preventing maternal and infant deaths in our state.

1. Pass Senator Vargas' LB 626 – This bill was advanced unanimously from this committee last year and offers long overdue updates to the Maternal and Child Death Review team structure;
2. Consider clarifying definitions to include fetal data in Section 71-3405 – When revisions were passed to the Maternal and Child Death Review team in 2013, fetal deaths were inadvertently omitted, and the language as currently written prevents the state from sharing data with counties around stillbirths;
3. Contemplate state involvement and ownership of severe maternal morbidity reviews – While the state has a structure in place to consider maternal mortality, it is equally important to identify opportunities for preventable morbidity conditions.

Thank you for allowing me to testify today and again, I want to thank Senator Vargas for his work in this very critical area of law for moms and babies in Nebraska.

Sincerely,

Sara Howard
Policy Advisor
First Five Nebraska