



Testimony of Rita Furlow, Senior Policy Analyst  
Maine Children's Alliance  
Before the Joint Standing Committee on  
Health and Human Services

Resolve, To Direct the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal  
Populations To Study and Propose Solutions to Disparities in Access to Prenatal Care in the State  
LD 1113  
April 6, 2021

Senator Claxton and Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services, my name is Rita Furlow. I am the Senior Policy Analyst at the Maine Children's Alliance, and I am here today to provide testimony related to LD 1113, *Resolve, To Direct the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations To Study and Propose Solutions to Disparities in Access to Prenatal Care in the State*. The Maine Children's Alliance is a statewide non-partisan, non-profit research and advocacy organization whose mission is to promote sound public policies to improve the lives of children, youth, and families in Maine.

As one of the oldest states in the nation, and with fewer babies born each year in Maine, we need to be sure that every infant is off to a good start. One way to ensure a strong start in life is with equitable care. Health equity means everyone has access to care regardless of income, geography or race and ethnicity. It is critical to the health and well-being of all Maine children that equitable health care is available for: prenatal and post-partum care for mothers; appropriate neonatal care for high-risk births; and evidence-based programs that support new parents in the home. Providing early and equitable care for both mother and child is essential to getting all babies off to a healthy start.

We know that when pregnant women have consistent care throughout the prenatal period, it is more likely that mothers and newborns will have positive health outcomes. In Maine, 90 percent of women received some prenatal care. Unfortunately, there were racial disparities in the rates of women who received adequate prenatal care. Maine's 2021 KIDS COUNT publication noted that Black women in Maine were less likely to benefit from prenatal care in the first trimester; in 2019, 75 percent of Black women and 91 percent of white women had prenatal care in the first trimester. In Maine, 4 percent of women did not receive prenatal care until the third trimester or not at all, including 12.4 percent of Black women and 3.5 percent of Non-Hispanic white women.

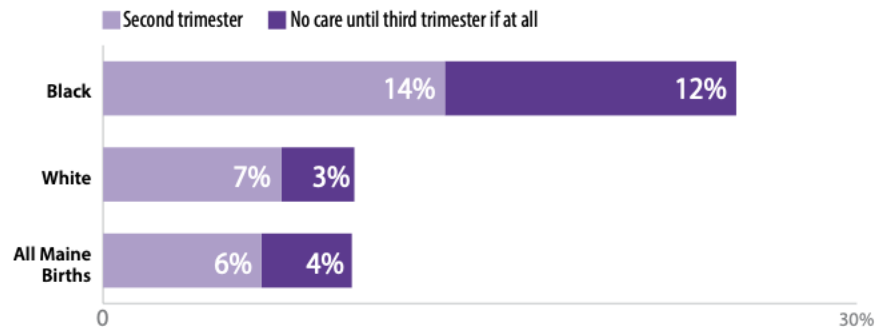
We know that early prenatal care for pregnant women can provide important information about the physical risk factors affecting both mother and child, along with the risk of maternal depression. Quality improvement efforts should aim to broaden access to prenatal care to all pregnant women

across our state, as well as ensure women with high-risk pregnancies are connected to hospitals where women can give birth with care equipped for their needs.

We would encourage the committee to support this Resolve that would direct the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations to study the health disparities in access to prenatal care in the Maine, examine existing data and research, and report back to you with potential policy solutions to improve access to prenatal care

Thank you for your consideration.

### BLACK WOMEN IN MAINE ARE THREE TIMES MORE LIKELY NOT TO RECEIVE PRENATAL CARE UNTIL THE THIRD TRIMESTER, IF AT ALL



Source: Prenatal Care in First Trimester, Maine Department of Human Services, Office of Vital Statistics, No Prenatal Care until Third Trimester if at all, KIDS COUNT, [KIDS COUNT: births-to-women-receiving-late-or-no-prenatal-care-by-race](#) Note that prenatal care among other races is not available because small numbers make the data uncertain.