Common Good Iowa is registered in support of SSB 1042.

This bill creates an important opportunity to enhance Iowa’s obstetric workforce and it comes at a critical time. We know there is an uneven distribution of obstetric services in Iowa and limited access to culturally responsive care. Significant racial and ethnic disparities in maternal outcomes exist in Iowa. Black mothers in Iowa have a pregnancy-related maternal mortality over 6 times higher than their White counterparts.[[1]](#footnote-1) Broadening the workforce that is able to provide care, particularly to areas and populations that are underserved and under-represented, can help improve obstetric care and maternal health outcomes.

Reducing these disparities will require a multifaceted approach, but Iowa can take an important step by prioritizing providers of color. One [recent study](https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/) of hospital births in Florida found that there were significant improvements in mortality for Black newborns who were cared for by Black physicians, pointing to the importance of culturally competent care. This strategy is also supported by the [American College of Obstetricians and Gynecologists](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/12/racial-and-ethnic-disparities-in-obstetrics-and-gynecology)—calling for support and assistance in, “the recruitment of ObGyns and other health care providers from racial and ethnic minorities.”

To that end, I would ask the sub-committee to consider adding language that would encourage recruiting and retaining Ob-gyn providers of color.

Thank you for your consideration.

1. <https://idph.iowa.gov/Portals/1/userfiles/38/Final%202020%20MMRC%20report.pdf> and <https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_b/state/IA> [↑](#footnote-ref-1)