



**FOR IMMEDIATE RELEASE**  
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## **Northeast Families and Providers Speak Out**

*Philadelphia, December 11<sup>th</sup>, 2007*- Women are literally laboring in hallways. They fear obstetric units are too far away. They search frantically for prenatal care and when their insurance is not accepted, they consider going without it. Providers are overwhelmed with too many deliveries, while hospitals struggle to stay in the baby business when they lose \$2,000-\$4,000 per birth. These are the stories heard at a November 29<sup>th</sup> Town Meeting in Northeast Philadelphia, where as many as 125 citizens, providers, public officials and maternal and child health advocates discussed dwindling maternity services. Maternity Care Coalition (MCC) and The Community Board of Public Health Center #10 and over 20 community groups sponsored the public forum.

John Domzalski, Philadelphia's Health Commissioner, described a stable birth rate over the last decade of around 22,000 while eleven OB units with 350 licensed beds previously used for labor and delivery have disappeared. Dr. Calvin Johnson, Pennsylvania Secretary of Health, addressed the need to analyze community level data to identify inequities in maternity care. Representative Dennis O'Brien, Speaker of the Pennsylvania House, suggested the need to investigate how to make insurance reimbursements transparent to the public eye.

### Specific solutions for alleviating this crisis:

- Legislate that insurance rates and reimbursement must be transparent to the public.
- Increase reimbursement rates from Medicaid and commercial insurance so hospitals no longer lose approximately \$2-4,000 per birth.
- Eliminate disincentives to providing care by reforming malpractice insurance policies.
- Ensure basic services close to home, for emergencies and convenience.
- Opt for birth centers with back up physicians at nearby hospitals and midwives with birthing privileges. Also add birth supports-Doulas, lactation consultants, etc.
- Abide by a community-informed process when a hospital closes, including enough transition time for providers and supportive resources for families (i.e. transportation costs) to ensure access to care
- Extend health insurance coverage to all women

MCC Executive Director JoAnne Fischer remarked, "There are two possibilities- either OB is made profitable, or we say that profit is not important and that you still need to provide that service to be in the community. Some states do regulate that, requiring services to fill the communities' needs. If we won't do that, we have to make it profitable, which means addressing reimbursement and liability."

Her remarks echo the findings of MCC's *Childbirth at a Crossroads* report, which reveals the harsh realities and inequities facing childbearing families in Southeastern Pennsylvania. MCC and the Northeast Community Planning group will be working with citizens and other stakeholders on implementing solutions to alleviate the childbearing crisis.

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### **About Maternity Care Coalition**

For over 26 years, Maternity Care Coalition has served mothers and their babies in neighborhoods affected by poverty, infant mortality, and changing patterns of immigration. Staff at nine MOMobile<sup>®</sup> and two Early Head Start sites provide hands-on, individualized services and support to pregnant women and new moms who have limited access to community health resources. The *Cribs for Kids* program offers education on safe sleep and provides cribs for families who can't afford one. In addition, MCC educates the community about the needs of pregnant women, young children and families. To learn more and view a full copy of the *Childbirth at a Crossroads* report, go to [www.MOMobile.org](http://www.MOMobile.org).