



HEALTHY MOTHERS, HEALTHY BABIES

Coalition of Georgia

Improving maternal and infant health in Georgia through advocacy, education and access to vital resources since 1974.

2019 LEGISLATIVE & POLICY AGENDA

Establish satellite perinatal support sites in rural areas of Georgia at highest risk for poor birth outcomes.

Georgia continues to have abysmal rankings in maternal mortality (50th), infant mortality (32nd), prematurity (43rd) and low-birthweight (47th). HMHB has identified the rural counties with the poorest maternal and infant health outcomes for each perinatal region of Georgia (of which, there are six). These counties also do not have a labor & delivery unit or prenatal care available within the county. **We propose to open six HMHB satellite perinatal support sites, one for each perinatal region.** These sites will provide prenatal education, thereby increasing access to critical information and support services before, during and after childbirth for Georgia's most vulnerable families. Moreover, the satellite will help amplify current efforts in the region surrounding public health education and service access.

Support one or more changes in our tobacco laws to deter smoking.

Smoking during pregnancy puts moms and babies at higher risk for medical complications including placental hemorrhaging, fetal growth restriction and preterm birth. Maternal smoking during pregnancy and second hand smoke exposure after birth are also significant risk factors for sudden infant death syndrome (SIDS). Georgia has one of the lowest tobacco tax rates in the nation, ranking 48th of the 50 states. Currently, the Georgia tobacco tax is only .37 cents per pack, whereas the national average is \$1.66 per pack. E- cigarettes and comparable products do not fall under Georgia's tobacco product statute and are therefore not subject to any excise tax at all. Both of these dynamics lead to increased tobacco use, and a significant budget impact on state resources. **We support an increase to the State tobacco product excise tax as well as an equity tax on e-cigarette and tobacco alternative products.**

Support insurance access for women of childbearing age before, during and after pregnancy.

When women have comprehensive health coverage, including oral and mental healthcare, before becoming pregnant and between pregnancies, they have healthier pregnancies and babies. Around 54% of births in Georgia are covered by Medicaid. However, before these women become pregnant and after six weeks postpartum, the majority are uninsured (PRAMS: 39.7% uninsured before pregnancy and 41.2% uninsured postpartum). That adds up to around 66,000 women who do not have insurance of any kind before or after pregnancy each year (OASIS). Without proper insurance, women are unable to get the preventative services they need to manage chronic conditions that have a large role in contributing to Georgia's poor maternal and infant health outcomes. Moreover, women are less able to get the postpartum care they need, with 42% unable to attend their postpartum visit before their Medicaid coverage ends. **We support increased access to affordable health insurance options that offer comprehensive health benefits for women of childbearing age in Georgia.**



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Support appropriations for programming to address maternal mental health.

While many women experience perinatal mood and anxiety disorders (PMADS) during pregnancy and the postpartum period, Georgia does not have universal screening in place to identify, refer and treat those experiencing maternal mental health issues. Moreover, Georgia currently only collects self-reported data pertaining to maternal depression (via PRAMS) but not on anxiety, which is equally prevalent. Each year in the US, 1 in 7 new mothers and 1 in 10 new fathers suffer from these illnesses. However, only 10% of women with PMADs are diagnosed and receive treatment. **We support fully funding a perinatal mood and anxiety disorder screening, treatment and referral program, along with necessary data collection services at the Department of Public Health.**

Support legislation to prevent incarcerated women from being shackled during pregnancy and birth.

Georgia does not have a statute in place to ban the shackling of pregnant inmates in any State, County or Municipal detention system. As a result, there are some areas of the State where the shackling or restraint of pregnant women is allowed and sometimes occurs even during labor. Moreover, pregnant inmates need to receive adequate prenatal care while incarcerated to ensure the health of both the mother and baby. **We support legislation to ensure that no woman in Georgia is shackled during pregnancy or labor for the health and safety of the mother and the baby.**

Support legislation to protect pregnant women from discrimination in the workplace as well as to provide appropriate workplace accommodations.

Pregnant women continue to face discrimination in the workplace across industries. Additionally, not all employers provide reasonable, no or low-cost accommodations for pregnant workers, such as allowing the pregnant employee to sit during the workday or taking adequate water and food breaks. It is also important for employers to support breastfeeding by providing lactation policies to support families as they return to work. **We support legislation that prevents pregnant women from facing discrimination in the workplace and also affords them reasonable accommodations for a safe and healthy pregnancy and postpartum period.**

READY TO GET INVOLVED? Email us at thecoalition@hmhbga.org. Visit our website to sign up for weekly advocacy updates at: www.hmhbga.org

SAVE-THE-DATE: Join us on February 7 for our 2019 Legislative Breakfast, co-hosted by March of Dimes Georgia.