



Maternal and Child Health Access

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**Testimony of Lynn Kersey, MA, MPH  
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**Beilenson Hearings, Martin Luther King, Jr.-Harbor Medical Center Reductions  
October 30, 2007**

Board of Supervisors and Community Members:

Thank you for the opportunity to speak today.

My name is Lynn Kersey and I direct Maternal and Child Health Access. We provide assistance to women in need of maternal and reproductive health services all over the county, but especially in SPAs 4 and 6, and address the policy issues related to health access for low-income women and their families. We are funded to provide case management for pregnant high risk women in SPA 6 and to train other agencies how to provide such services.

We are members of the Coalition for Health and Justice and have contributed to and support their recommendations to improve the health care and the health status of the residents of South Los Angeles. Numerous speakers will testify to the need in South Los Angeles for services, both from the standpoint of the scarcity of health providers and facilities and from the shockingly disparate population health indicators.

I want to speak to three interrelated points about the scarcity of prenatal providers for the sicker population of women that lives in South Los Angeles. Pregnancy and childbirth are the highest medical discharge diagnoses for the area, and 75% of the population is under 45. This suggests a very high need for obstetrics and reproductive care.

I am deeply concerned about the issues of maternal and child health capacity for the high risk pregnancies that SPA 6 women have in greater number and percentage than in other parts of the county. In 2005, then-Director of Health Services Thomas Garthwaite commissioned an "Obstetrician Survey and Distance Analysis" dated October 7, 2005. The survey called physicians who had admitting privileges at eight private hospitals surrounding MLK and asked them if they would take one or two new obstetrical patients per month and whether their practice accepted high risk patients and Medi-Cal funding. The survey did not ask how each practice defined high risk – whether that meant to them a diabetic pregnant woman or a woman with cardiac disease carrying twins or a woman with seizure disorders carrying twins. It makes a difference.

Two of the hospitals to which DHS would redistribute patients have no Neonatal Intensive Care Unit and one will not provide tubal ligations should a woman so choose. DHS determined that 70 providers would accept new Medi-Cal patients and of those, 39 would accept new high risk

Medi-Cal patients. From this information DHS determined that there was sufficient capacity to absorb all MLK obstetrics patients.

Since then, however, the closure of the Obstetrics units at just two of those hospitals, Daniel Freeman Memorial Hospital and Suburban Medical Center, affected 22 of the 39 obstetricians who were willing to take even just one or two high-risk, Medi-Cal patients. Suburban saw over 1800 births and Daniel Freeman about the same before they closed their obstetrical units in 2005. Other birthing hospitals in the area are at risk of closure, including Downey Regional Medical Center, with about 1200 births a year.

My second related and greater concern is the issue of complex, high risk pregnancies. South LA has the highest rate of problem pregnancies in the county, i.e: the highest rate of low birth weight babies, the highest teen and repeat teen births, the highest infant death rate in the county the second-lowest rate of women receiving care in the first trimester, and the highest rate of inadequate prenatal care, which is a composite measure of both late entry into care and total number of visits.

In addition, women in SPA 6 have poorer overall health status compared to women in LA County on most indicators – higher rates of hypertension and diabetes than the rest of the county. The OSHPD data for hospital discharge shows pregnancy, childbirth and the postnatal period as the most numerous cause of discharge for SPA 6 residents in 2005 but does not also show the overlap of the next highest discharge categories, for circulatory and heart diseases, respiratory diseases and disorders, kidney and urinary tract diseases and disorders, metabolic diseases and disorders, i.e. diabetes, and on and on. That is, we see the numbers and percentages for maternal hospital discharges and separately, the underlying health conditions and their hospital discharge rates.

SPA 6 women have these conditions more than in any other SPA and women get pregnant. These pregnant women need the expertise of county hospitals and county prenatal clinics to see the women who come in with serious, often untreated underlying conditions. They need the round-the-clock coverage and full access to specialty services that a county hospital with specialists provides. The county is both better at treating these conditions and is seen as having the financial responsibility to do so by many private physicians who see high risk women. It is not an issue of capacity in the private sector or other county hospitals. The private sector does not necessarily want to see certain types of high risk patients even when they are on Medi-Cal because of reimbursement issues for care that is seen by the state as unrelated to the pregnancy, and thus not reimbursable under Medi-Cal, even when it is in fact, an issue related to pregnancy.

My third related concern is the lack of high risk obstetrical care provided best by county hospitals and clinics and the underutilization of the resources at MLK. We have been told that women may not want to come to MLK for prenatal care because they will not deliver there – but most women do not deliver where they receive their prenatal care, for those who are seen in the private sector or in community clinics. Those sites do not often have a hospital attached. High risk pregnant women seen at the Southside Coalition of Clinics or by the private sector should not have to take a bus across town to County USC for care. The campaign to bring patients back into MLK's ambulatory care needs to extend beyond its original cut-off of the end of this month, October, 2007.

The March of Dimes Birth Defects Foundation and the Regional Perinatal Programs is looking at this issue of risk-appropriate hospital care, seeking to determine that women deliver in the most appropriate setting available to her and her newborn. The Los Angeles County Department of

Health Services needs to work with perinatal experts such as these to better identify the need for high-risk obstetrical care in South Los Angeles.

In conclusion, then, MCHA would like to make the following requests:

- Recognize issues of health and health care needs in South Los Angeles beyond the closure of MLK and work with foundations, major stakeholders and the residents of the affected area to address needs in a comprehensive, long-term planning process
- Continue to aggressively pursue the reopening of Martin Luther King, Jr. Hospital and your commitment to reopen and rebuild the services at MLK.
- Keep the bilingual campaign to advertise MLK's services open beyond the end of October, given the relatively low census of outpatient clinics, existing capacity, the promise of additional outpatient services and the overload of the private clinics and improve the appointment process for outpatient clinics at MLK.
- Create a process for community input into SB 474 funds
- Create community oversight/input into additional measures needed to gauge the impact of closures and which will be reported and open to community.

Thank you.