

NYC Health + Hospitals/North Bronx Healthcare Network
Jacobi Medical Center/North Central Bronx Hospital
1400 Pelham Parkway
Bronx, NY 10461

May 4, 2021

Chairwoman Maloney and the House Oversight Committee,

Every day I'm reminded about the Black Maternal Health crisis. My patients come in every day with high-risk pregnancy complications such as gestational diabetes, preeclampsia, and preterm labor. Prior to coming back to work in my community, I was in the Army for 8 years as an OB/GYN physician. The complications that I see here in the Bronx are not unlike the complications I've seen in other communities in which I have worked. However, the sheer number of pregnant moms affected by these high-risk conditions in my community is concerning. Additionally, the amount hurdles that my patients encounter while dealing with these complications make it more challenging for them and those of us who are trying to help them to ensure healthy outcomes.

A great example is a mom that I saw recently with gestational diabetes who had difficulty obtaining her prescription for insulin and supplies to check her blood sugar. Due to the pandemic and changes in her employment status, she was in between insurance coverage and couldn't afford her insulin or testing supplies. She was rationing out her insulin – in pregnancy! Her inability to access insulin and testing supplies was not only detrimental to her health, but the health of her growing baby. Thankfully, it had only been a few weeks that she had been rationing her insulin and supplies before she had an appointment in our clinic, and we were able to help sort this out.

I have patients who can't afford to buy prenatal vitamins – they are working to provide for themselves and their families and don't have much money left over for these vitamins. Although many insurance companies cover prenatal vitamins, some do not, and this becomes an issue for my patients who are financially responsible for their households. I have tried to procure prenatal vitamins from generous donations from individuals and organizations, but this is just a band aid on a larger problem. I shouldn't have to worry if my patients can afford vital supplements that can help them have a healthy pregnancy.

I have patients who have severe prenatal complications that require them to be hospitalized for days or weeks prior to delivering their baby, but due to childcare issues and concerns about money, these patients decide not to stay in the hospital for that whole period of time. Again, these moms are often the primary caretakers for small children in their homes or primary breadwinners. They cannot afford to stay in the hospital to care for themselves because they have to care for their families. As much as they understand how important it is for them to take

care of their health for the sake of themselves or their baby, they are up against a wall and usually, they put their needs aside to help those around them.

I see the facilities that my Black and Latinx moms have their babies in and wonder if we can make them brighter and more dignified for new life coming into the world. We try our best to make the places where our moms have their babies be inviting and welcoming. However, we are working with the resources we are given and staffing challenges, so we try our best to make these facilities work for our patients. Additionally, seeing more birthing providers that look like them in these facilities is something that many of my patients would appreciate. I am from NY-14 – I was raised in Parkchester and went to Albert Einstein College of Medicine. I can identify with my patients on multiple levels about their lived experience in our community. One of the things that I cherish the most about our community is the diversity. However, the diversity of the medical providers doesn't reflect the community. The medical providers we presently have are very committed in providing excellent care to our patients, but one thing that can elevate that experience is having providers that reflect the community. The shared lived experiences can do wonders in helping the provider-patient relationship and may help patients feel more comfortable discussing some of the problems or challenges they face in pregnancy. That shared bond can save lives.

I see the confusion and fear that my immigrant Black moms who may speak Kreyol, Arabic, Wolof, or Spanish have when they come to be seen and are not sure if people will truly understand their needs during the prenatal period. In our community, we are blessed to have so many residents from all over the world. I have the honor of taking care of these pregnant moms. However, while taking care of them, I can see how hard it can be for them to navigate the healthcare system, especially when English is not their primary language. We have tons of Black immigrant moms who speak a variety of different languages and we often have to get creative in order to make sure that they understand any pregnancy complications they face.

I see these moms try to navigate nutritional advice to take care of their gestational diabetes in neighborhoods that have expensive produce or few options for the healthy foods that are suggested by the dietician. There are food deserts in the neighborhoods in which my patients live. We can recommend all of the foods that will ensure that their gestational diabetes is well controlled, but if my patients can't find these foods in the bodega down the block or in their local supermarket, it doesn't matter. Additionally, if they find these foods and the cost of them are so expensive, they can't afford them, again, it doesn't matter. I find this issue to be a very common one with many of my pregnant patients. We try our best to give recommendations (through our dieticians) for foods that are easily accessible in our neighborhoods, but again, it relies on the creativity of our staff to navigate the resources we have.

I saw pregnant moms trying to navigate phone and video visits throughout the pandemic (to reduce exposure to COVID) with unstable phone and internet access. Although it is 2021, we cannot assume everyone has access to a phone, internet, or enough privacy to be able to have a medical visit via phone or video. On the provider side, when we perform televisits, we are in a

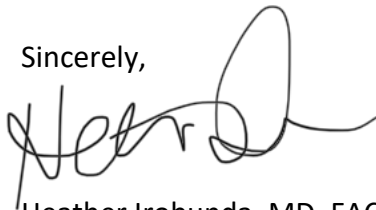
room that is private and are using HIPAA safe software and phone lines. If my patient lives in a shelter, she may not have a private area to speak to me about her private medical problems. Additionally, for video visits, my patient would need internet/Wi-Fi/data to accomplish this. For many of my patients, that is a luxury. They may not have internet at home. They may not have enough data on their phone to complete a video visit. They cannot use a public WIFI area for their appointment due to sensitive nature of the appointment. These issues have contributed to barriers to care.

I've seen homeless pregnant moms in our community try to not only navigate their pregnancy complications but their housing instability. Constant moving, changing of phone numbers, uncertain living situations make it hard for these moms to come to their appointments and stick to treatment regimens.

I spend a lot of my days talking with pregnant moms that are absolutely terrified that they may die in pregnancy, labor or the postpartum period. These women have heard stories of people they know, either personally or in the community, that have died or nearly died in childbirth. They are not sure if they will be neglected by medical providers when they come into the hospital or if the healthcare system will fail them. It is upsetting that there is a portion of my day that is spent wiping tears from the eyes of my patients and telling them that I will do everything that I can to make sure that they have a healthy pregnancy and baby (and praying that I can keep my word).

These are the things happening right now in the Bronx. Those of us on the ground, caring for these patients are doing the best we can. We try to use all of the resources we can to creatively help our patients. However, it upsets me to see the difference between how my patients here in the Bronx have to navigate their pregnancies versus other moms I've worked with in other parts of the country. It also makes me sad as someone who has a sister and friends who live in NY-14, that there are so many more hurdles in the way to a healthy pregnancy for these people who I love so dearly. I shouldn't have to fear that my family members will have poorer pregnancy outcomes due to their skin color and where they live. We owe it our community to ensure better outcomes for Black moms and babies.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Irobunda". The signature is fluid and cursive, with a large loop at the end.

Heather Irobunda, MD, FACOG
Attending Obstetrician-Gynecologist
NYC Health + Hospitals/North Bronx Healthcare Network
irobundh@nychhc.org
heather@irobundamd.com