

2021 SENATE HUMAN SERVICES

SCR 4002

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Sakakawea Room, State Capitol

SCR 4002
1/12/2021

A concurrent resolution declaring September 23, 2021, as Fourth Trimester Care Day in North Dakota.

Madam Chair Lee opens the hearing on SCR 4002 at 11:09 a.m. All members present: Senator Lee, Senator K. Roers, Senator Hogan, Senator Clemens, Senator Anderson, Senator O. Larsen.

Discussion Topics:

- Postpartum
- Medicaid coverage
- Fourth trimester awareness
- Stigma

[11:10] **Senator K. Roers, District 27.** Introduces Kayla Heger.

[11:10] **Kayla Heger, Physical Therapist, Apex Physical Therapy & Wellness Center.** Introduced SCR 4002 and provided testimony #552 in favor.

[11:15] **Alicia Belay, Public Health Specialist, North Dakota Department of Health.** Provided testimony #557 in favor.

[11:22] **Kristie Wolff, North Dakota's Women's Network.** Provided testimony in favor of SCR 4002.

Senator K. Roers moves **DO PASS**

Senator Hogan seconded

Senators	Vote
Senator Judy Lee	Y
Senator Kristin Roers	Y
Senator Howard C. Anderson, Jr.	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Oley Larsen	Y

The motion passed 6-0-0

Senator K. Roers will carry SCR 4002.

Additional Testimony: N/A

Madam Chair Lee closes the hearing on SCR 4002 at 11:23 a.m.

Justin Velez, Committee Clerk

REPORT OF STANDING COMMITTEE

SCR 4002: Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SCR 4002 was placed on the Eleventh order on the calendar.

To the Senate Human Services Committee,

My name is Kayla Heger, I am a Board-Certified Women's Health Physical Therapist in West Fargo, ND. I have proposed a "Fourth Trimester Care Day" in North Dakota in hopes to increase awareness of the importance of postpartum care. So much of our current practice in health care is to provide focused care during pregnancy and delivery but we are falling short of providing the care needed to moms after delivery. Currently, a single follow-up visit is allowed six weeks postpartum with the patients OBGYN or primary care provider. The American College of Obstetrics and Gynecology recommends a routine physical therapy consult 6 weeks post-partum, but unfortunately this is not yet the norm.

There is a significant amount of transformation and adaptation, particularly in the first three months of motherhood, all while experiencing physical, hormonal, and psychosocial changes in addition to caring for a newborn. This period of transition is considered the Fourth Trimester. Physical health issues during this Fourth Trimester often go undiagnosed and therefore, untreated. Some of the health issues mothers report experiencing include: pelvic and coccyx pain, urinary and fecal incontinence, diastasis recti, pelvic organ prolapse, scar tissue pain from either cesarean, episiotomy or natural tearing, hemorrhoids, pubic symphysis separation, painful intercourse, breastfeeding problems, physical exhaustion, depression, stress, and low back pain, just to name a few. These physical issues from childbirth in turn affect the mental health of new moms and their ability to provide care and nurture their babies. In addition to affecting full return to the workforce or previous activities and exercise.

For the sake of the health and well-being of both mother and infant, a mother should receive the physical, mental, social, and economic support she needs to successfully transition through this all-important, consequential Fourth Trimester period.

The ultimate goal of this proposal is to bring awareness and light to the significant amount of demands placed on moms in this transition back to life before pregnancy. Although focused care during pregnancy and delivery is crucial, it is only the tip of the iceberg in the scheme of things. The care provided to these patient's post-partum is critical to their return to previous activities, work, and overall quality of life. Not to mention a preventative measure to problems that may arise in the future if not addressed.

As a working mother in the field of women's health I am often working with moms struggling with symptoms and return to previous activities. Every woman deserves the social, emotional, physical, and economic support to successfully transition through the postpartum period. Help us move this conversation from "this is normal for a new mom" into the light. Let us provide a pathway and open opportunities to discuss prevention, education, and treatment options for moms in this fourth trimester period. Thank you for your time and consideration and hope you vote in favor of a "Fourth Trimester Care Day" in North Dakota. If you have any questions or would like more information or research to support the importance of this proposal, I would be happy to provide those for you.

Good morning Chairwoman Lee and members of the Human Services Committee. My name is Alicia Belay and I serve as the Public Health Specialist in the Health Equity Office for the North Dakota Department of Health. I am here to support Senate Concurrent Resolution 4002 which declares September 23, 2021 as Fourth Trimester Care Day in North Dakota.

Improving postpartum care has been identified as a state Maternal and Child Health (MCH) Grant Program priority by the North Dakota Department of Health. This MCH priority is specifically focused on early identification of postpartum depression and enhancing insurance coverage during the critical postpartum period.

According to the 2017-2018 North Dakota Pregnancy Risk Assessment Monitoring System (PRAMS), almost 30% of women reported not attending a postpartum visit. This data also indicates that over 15% of women in North Dakota experience postpartum depression. This increases to 24% for American Indian women.

Maternal care doesn't end with birth. Postpartum visits are critical for the detection of postpartum depression and other medical conditions. Recognizing a fourth trimester in North Dakota would highlight the importance of this care and elevate awareness among health care professionals and the public.

This concludes my testimony. I am happy to answer any questions you may have.

2021 HOUSE HUMAN SERVICES

SCR 4002

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

SCR 4002
3/17/2021

A concurrent resolution declaring September 23, 2021, as Fourth Trimester Care Day in North Dakota
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Chairman Weisz opened the committee hearing at 10:19 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	A
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Postpartum care awareness
- American College of Obstetricians and Gynecologists

Sen. Kristin Roers, District 27 (10:21) introduced the bill and submitted testimony #9353.

Kayla Heger, Women's Health Clinical Specialist (10:26) testified in favor.

McKenzie McCoy, Watford City (10:41) testified in opposition and submitted testimony #9789.

Additional written testimony: #9725.

Chairman Weisz adjourned at 10:51 a.m.

Tamara Krause, Committee Clerk

Optimizing Postpartum Care

Committee Opinion **i** | Number 736 | May 2018

Presidential Task Force on Redefining the Postpartum Visit Committee on Obstetric Practice

ABSTRACT: The weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being.

To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs. It is recommended that all women have contact with their obstetrician–gynecologists or other obstetric care providers within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth. The comprehensive postpartum visit should include a full assessment of physical, social, and psychological well-being, including the following domains: mood and emotional well-being; infant care and feeding; sexuality, contraception, and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management; and health maintenance. Women with chronic medical conditions such as hypertensive disorders, obesity, diabetes, thyroid disorders, renal disease, and mood disorders should be counseled regarding the importance of timely follow-up with their obstetrician–gynecologists or primary care providers for ongoing coordination of care.

During the postpartum period, the woman and her obstetrician–gynecologist or other obstetric care provider should identify the health care provider who will assume primary responsibility for her ongoing care in her primary medical home. Optimizing care and support for postpartum families will require policy changes. Changes in the scope of postpartum care should be facilitated by reimbursement policies that support postpartum care as an ongoing process, rather than an isolated visit. Obstetrician–gynecologists and other obstetric care providers should be in the forefront of policy efforts to enable all women to recover from birth and nurture their infants.

This Committee Opinion has been revised to reinforce the importance of the “fourth trimester” and to propose a new paradigm for postpartum care.

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care>

Good Morning Committee Members,

My name is McKenzie McCoy, and I reside outside of Watford City, ND in District 39. I'm testifying today in opposition to SCR 4002.

Let's just state the obvious – there is no such thing as a 'fourth trimester'. We all learned as kids that the prefix 'tri' means three: tricycles, triangles, and triple scoops at the ice cream shop. And we all know a human pregnancy generally consists of 40 weeks of gestation and is divided into three trimesters. These are scientific facts, well documented and universally accepted for millenia. So, where did this mystical fourth trimester come from? And why is this language showing up in legislation and being pushed so adamantly?

I'll give you a hint: WORDS. Words are powerful, and words effect culture. The Left knows this, and they have become very good wordsmiths. Some examples: The taking of an unborn baby's life is simply a 'woman's choice'. A human baby is referred to as an embryo, a fetus, or a clump of cells...anything but a baby. Pro-lifers are called 'anti-choice'.

The term fourth trimester was coined by Dr. Harvey Karp, a California pediatrician. He claims that babies are born too soon, and thus should be thought of as fetuses outside the womb. Hence the birth of the 'fourth trimester'. The abortion industry saw this as a perfect trojan horse – and ran with it. They latched on to the 'fourth trimester' phrase to push the Left's agenda to facilitate our own destruction under the guise of helping women. And like all of their solutions to help women, the baby becomes the sacrificial lamb. And now being born alive doesn't even help. The message to the newborn baby is that it is disposable if it causes mom too much hardship. In order to justify the killing of babies outside the womb, pro-abortionists use made up language to dehumanize the born child and seditiously start passing legislation that seems harmless, even good, like SCR 4002, which attempts to make September 23rd Fourth Trimester Care Day in North Dakota.

But read carefully, committee members – and be very wary of any seemingly pro-life legislation written and supported by Republican Senators whose voting record on life does not follow the Republican Platform at all.

This bill is an attempt to re-brand the postpartum phase of pregnancy in North Dakota under the guise of advocacy for mom and baby. But instead of supporting the mom and baby as separate yet equal human beings in symbiotic relationships, they are inadvertently placing mom's needs over baby's, setting the stage for North Dakota to follow Canada and many countries in Europe which have legalized abortion in the fabricated fourth trimester. Page 1, lines 8 "WHEREAS, the well-being of a mother and her infant are intimately connected **and rather than treating them as separate entities**, their care should be understood as mutually beneficial, (baby is stripped of its individual status as a human and tied to mom's well-being) with the needs of the one considered in the context of the needs of the other" and page 2, line 14- "WHEREAS, for the sake of the health and well-being of both mother and infant, **a mother should receive the mental, physical, social, and economic support she needs** to successfully transition through this important fourth trimester period"

And here is where the seemingly innocent language in SCR 4002 comes full circle and demonstrates the insidious practice of tying mom and baby together as one human, not two, by placing mom's needs over the baby's. In 2008, the Urban Dictionary defined fourth trimester abortion as "an abortion within the first 4 months after birth. Traditionally performed by a clothes hanger or other wire shaped device, but modern science is constantly coming up with newer and safer procedures." They go on to use the word in a sentence, "After the baby was out, she decided to have a fourth trimester abortion, as it was in everyone's best interest." In Canada, as well as most of Europe and any country supported by the WHO, if a woman doesn't want the responsibility of

motherhood anymore, and doesn't want to place the baby up for adoption or drop the baby off at the hospital no questions asked, then the woman may have an 'abortion'. This is clearly infanticide. The mother's "right to choose" supersedes the baby's right to live. We are leaving out a very important person in this equation – the child. Even Dr. Seuss understands this as the factitious Horton loudly proclaims, "A person's a person, no matter how small!"

If you want to read more on atrocity of 'fourth trimester abortion' committed against born children, research The Groningen Protocol. Published in 2005 by physicians in Netherlands, it outlines five criteria to actively commit infanticide and avoid questioning by authorities. As a nurse, this protocol is nauseating. As a medical professional I took an oath to do no harm, *primum non nocere*, and to never abandon a patient. These two rules are the framework that guides my actions when caring for another human being. The very notion that there is an "accepted medical standard" for infanticide is appalling, and any medical professional who supports abortion at any stage, for any reason, should be stripped of the rights to practice.

There is no such thing as the fourth trimester of pregnancy, and any lawmaker, especially a Republican cannot continue to support this resolution now knowing the truth. The 2020 Republican Platform is very clear on life – in the Preamble it states, "We affirm – as did the Declaration of Independence: that all are created equal, endowed by their Creator with inalienable rights of life, liberty, and the pursuit of happiness (emphasis added)." It further states on pages 13 and 14, "We assert the sanctity of human life and affirm that the unborn child has a fundamental right to life that cannot be infringed. We oppose the non-consensual withholding or withdrawal of care or treatment, including food and water, from individuals with disabilities, newborns, the elderly, or the infirm, just as we oppose euthanasia and assisted suicide."

The wording in this legislation sponsored by Republican's is deeply concerning. Even if one was initially naive to the history of the fourth trimester. I am urging every single legislator to take the time to study this resolution and the history of the fictitious fourth trimester. Let's not allow the manipulation of language to fool us into adopting potentially lethal legislation. There is no 4th trimester. And God willing, there never will be here in America.

This resolution is a subtle way to introduce dehumanizing language of a born child. Committee members be courageous and recommend a "Do not pass" on this resolution that diminishes the life of a newborn infant under the banner of women's health initiatives. If you truly care about mothers and babies, you will advocate for their support and care while holding to the truth that both lives are precious.

References

Merriam-Webster. (n.d.). Trimester. In [Merriam-Webster.com](https://www.merriam-webster.com/dictionary/trimester) dictionary. Retrieved March 12, 2021, from <https://www.merriam-webster.com/dictionary/trimester>

Urban Dictionary. (n.d.). Fourth Trimester Abortion. In [urbandictionary.com](https://www.urbandictionary.com/define.php?term=fourth%20trimester%20abortion) dictionary. Retrieved March 11, 2021, from <https://www.urbandictionary.com/define.php?term=fourth%20trimester%20abortion>

SCR 4002: <https://www.legis.nd.gov/assembly/67-2021/documents/21-3027-02000.pdf>

Republican Senator testifying against HB 1336 video:
<https://video.legis.nd.gov/en/PowerBrowser/PowerBrowserV2/20210316/-1/12115?startposition=20190315125543>

Vote on HB 1336: <https://www.legis.nd.gov/assembly/66-2019/journals/sr-dailyjnl-46.pdf#Page944>

The Groningen Protocol. Paedatric Ethics: A repudiation of the Groningen protocol.
<https://www.thelancet.com/journals/lancet/article/PIIS014067360860402X/fulltext>

GOP. (n.d.). 2016 Republican Platform, revised 2020. Retrieved March 9, 2021 from
https://prod-cdn-static.gop.com/docs/Resolution_Platform_2020.pdf

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This concludes my testimony. I am happy to answer any questions you may have.

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SCR 4002
3/24/2021

A concurrent resolution declaring September 23, 2021, as Fourth Trimester Care Day in North Dakota
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Chairman Weisz opened the committee meeting at 9:33 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Postpartum care
- Discharge education programs
- Postpartum care awareness

Rep. Kathy Skroch (9:37) moved **Do Not Pass**

Rep. Bill Tveit (9:37) second

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	Y
Representative Mike Beltz	N
Representative Chuck Damschen	Y
Representative Bill Devlin	Y
Representative Gretchen Dobervich	N
Representative Clayton Fegley	Y
Representative Dwight Kiefert	Y
Representative Todd Porter	Y
Representative Matthew Ruby	Y
Representative Mary Schneider	N

Representative Kathy Skroch	Y
Representative Bill Tveit	Y
Representative Greg Westlind	Y

Motion Carried Do Not Pass 11-3-0

Bill Carrier: Rep. Kathy Skroch

Chairman Weisz adjourned at 9:52 a.m.

Tamara Krause, Committee Clerk

REPORT OF STANDING COMMITTEE

SCR 4002: Human Services Committee (Rep. Weisz, Chairman) recommends **DO NOT PASS** (11 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). SCR 4002 was placed on the Fourteenth order on the calendar.