Testimony

In 2022 we saw 147 different individuals for a total of 801 services. Our services include pregnancy testing, first trimester ultrasounds, lactation, pregnancy and parenting education. Our pregnancy and parenting education programs allow parents to receive points for each lesson (of their choosing) covered, with points being able to be spent in our onsite boutique. Our boutique is filled with all the essentials needed in pregnancy, for infants and toddlers. This includes, diapers, wipes, bath supplies, clothes, winter gear, maternity clothing, breastfeeding and bottle supplies, formula, baby monitors, pack and plays, strollers, high chairs, toys, books and more. We gave almost 2,000 items out from our boutique and $1,265 in gift cards to our clients in 2022, helping them to provide for their families. We also will help out a parent in need, once each six months, with whatever material items or gift cards they need if they choose not to participate in our education program. The PA Grant supplies many of the items and gift cards we are able to provide to these families. We believe strongly that by building relationships with families we can help them identify their needs and provide resources or referrals to help remove the barriers they face. Each time we meet with someone we’re taking inventory of their needs and how we can help meet them. Not only are their immediate needs being met, but the education they receive helps to disrupt any negative cycles and prevent future Adverse Childhood Experiences (ACEs). According to the CDC, ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. Additionally, 26% of our clients have open Child Protection Cases and are working with us on parenting education to regain custody of their children. We are able to help parents navigate their case plans and celebrate their new, healthy parenting skills, as they reunite with their children and help reduce the burden on the foster care system.

We had 115 clients attend our drop in lactation/post-partum group in 2022. We offer a set time weekly where breast/chestfeeding persons can come in as it works for them to connect with other new parents, weigh baby, and trouble shoot feeding with our RN and certified lactation counselor (CLC). The CLC licensure is extensive, and was made possible by our PA funding. We are the only lactation/post-partum support group in our county. This group has been vital in helping new parents maintain connection, encouragement, and support. According to a manuscript listed in the HHS Author Manuscripts on the National Library of Medicine website, 20% of people giving birth will experience post-partum depression with the following known risk factors, “(1) lower social class, (2) life stressors during pregnancy, (3) complicated pregnancy/birth, (4) difficult relationship with family or partner, (5) lack of support from family or friends, (6) prior history of psychopathology (depression, anxiety), (7) chronic stressors postpartum (this can include problems with child care and difficult infant temperament), (8) unemployment/instability, (9) unplanned pregnancy, (10) ambivalence over becoming a pregnant, (11) poor relationship with own mother, (12) history of sexual abuse, (13) lack of a confidante, (14) bottle feeding, and (15) depression during pregnancy”. By offering a free, easy to access, drop in lactation support group lead by trained and certified medical professionals and one to one pregnancy and parenting education cover areas like infant care and infant temperament, along with material items, support, and referrals to our community partners, we are able to help intercede and lower the risk of post-partum depression to these individuals.

Specific clients we’ve been able to help through grant funding in 2022:

Client 1) “Matt”- A 16 year old transgender male who discovered he was pregnant at 13 weeks. We were able to walk alongside him throughout the pregnancy, provide resources, support, and navigate the difficulties of not only being a pregnant teenager, but the added difficulties being transgender and journey through his changing body. By the time of his child’s birth, he felt prepared both physically and mentally to give birth and bring baby home. We were able to provide many of the baby items he needed, and after the child was born, we continued to meet with him to help him learn how to provide, and care for, not only his baby, but his body after birth. Ensuring that he has support in his role as a parent, and encouraging him to continue to reach his goals. We helped secure day care so he could return to school, and continue to help provide diapers and other items needed for baby. He has elected to receive ongoing parenting education to continue to increase his confidence in this new role, and loves to spend his points choosing items in our boutique.

Client 2) “Chelsey” - A married, recent immigrant, mother of two, came in for an ultrasound to determine gestational age so she would know her options if she chose to terminate the pregnancy. Our Physician’s Assistant who performs ultrasounds was able to detect an ectopic pregnancy, and immediately referred her to the Emergency Department. She ended up needing to have a fallopian tube completely removed and had surgical complications. The discovery of the ectopic pregnancy when we did, saved her life. She was grateful to have been seen by us before deciding to terminate using the pill, or even surgically, as she felt that it did indeed save her life.

Client 3) “Anne” - A single young women, who stated she was homeless and did not eat on a regular basis, came in for pregnancy testing and options information. We provided her with resources to meet her immediate needs including gift cards for groceries, before we ever told her how we could support her if she chose to carry her pregnancy to term. She was moved to tears and incredibly grateful that we cared about her as a person and for her situation.

The existing PA Grant has helped stretch our fundraising efforts so that we can continue to meet the needs in our small, rural community in greater Minnesota. With most help agencies being private non-profits in our community, we have been able to work together with them and our county departments to provide for pregnant and parenting families in a variety of ways.

The proposed changes to this grant would not allow us to apply for any future funding, which means we may not have the resources to help people like “Matt” so he doesn’t journey alone, or help parents whose children have been removed from their home to learn new skills and be reunited with their children, and post-partum birthing people might not be able to find the community they need to help prevent post-partum depression.

Specifically concerning areas in this rewritten proposal are

Subd. 2. (a) 9. B. (a)

(a) services are provided by appropriately trained or licensed individuals and in accordance with law.

* what/who determines training or appropriate licensure to provide parenting education?

Subd. 2. (c ) 4-5

(4) not require a person to receive an ultrasound or counseling, view media, or participate in any other activities prior to or as a condition of receiving information, resources, or other services offered by the agency or organization;

(5) ensure that all signage and print materials make clear that resources and services are available free of charge and free of preconditions

* Does this mean people are able to receive material help as much/often as they want and not allowing for earning points through education and spending points on items they need?
* Logistically how would organizations manage how many items a person could take and how often, manage inventory to ensure items needed are on hand and manage finances to ensure access to material items are always on hand and accessible?

And most concerning,

Subd. 2. (c ) 8

(8) ensure that none of the money provided is used to encourage or affirmatively counsel a ~~woman to have an abortion not necessary to prevent her death, to provide her an abortion, or to directly refer her to an abortion provider for an abortion. The agency or organization may provide nondirective counseling; and~~ person toward one birth outcome over another. When providing information on prenatal care and delivery, infant care, foster care, adoption, or pregnancy termination, the agency or organization must provide evidence-based, accurate information, and must provide referrals upon request.

* This language requires centers like ours to provide abortion referrals, under a grant that’s original primary purpose is to encourage pregnant people to carry their pregnancies to term. This will restrict greatly the types of organizations that will be able to apply, allowing many organizations who already receive state and federal funding under other grants to double dip.