From: Aurora DeJesus
To: Council Clerk; City Council Email
Subject: June 22 city council meeting
Date: Sunday, June 21, 2026 10:45:46 PM

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I plan to attend and read my statement aloud.

I'm here today to discuss the closing of Grady's maternity ward as a concerned citizen, mother, nurse, and woman.

OhioHealth claims its mission is to provide charitable, nonprofit, community-based healthcare rooted in Methodist values. However, the decision to close the only labor and delivery unit in the fastest-growing county in Ohio suggests otherwise.

Since taking over our community hospital in 2005, OhioHealth has repeatedly reduced services and closed units that were not considered profitable enough. This appears to be part of a broader pattern of acquiring rural and community hospitals while concentrating resources and investments in larger facilities. The result is reduced access to care and the creation of healthcare deserts that disproportionately affect vulnerable populations.

Not everyone has the ability to travel to larger hospitals. Not everyone has reliable transportation. And when it comes to labor and delivery, babies do not wait. Emergencies do not wait.

As a mother who delivered her second child relatively quickly, I cannot imagine being stuck in rush-hour traffic while in active labor. I was incredibly grateful to live only five minutes from Grady, where I received exceptional one-to-one care throughout labor, delivery, and postpartum recovery.

The nurses at Grady nearly saved my life when I was readmitted with postpartum preeclampsia after the birth of my first child. I had been discharged from a larger OhioHealth hospital without adequate education about the warning signs of preeclampsia and without a way to monitor my blood pressure at home, despite being induced early because of elevated blood pressure. Because I was induced early, I delivered in a triage room rather than a labor and delivery room.

OhioHealth's plan to route all future deliveries from Grady to Dublin and Riverside raises serious concerns about capacity. Based on my own experience, these hospitals were already struggling to accommodate patients. Redirecting an entire community's deliveries will only increase that strain.

I have seen many articles citing what OhioHealth considers "low birth numbers" to justify this closure. But reducing laboring mothers and their babies to statistics misses the true impact of this decision.

When I delivered at Grady, I never felt like a number. The care I received was personal, compassionate, and patient-centered. The staff at Grady Family Birth treated me like family.

That level of care stands in stark contrast to what I experienced at a larger hospital, and it is exactly the kind of community-based healthcare that deserves to be protected, not eliminated.

I implore OhioHealth and our community leaders to reconsider this decision and prioritize access to safe, local maternity care for the families who live here now and for the thousands more who will call this county home in the future.

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