



House Bill 611

Proponent Testimony offered to Ohio House of Representatives, Insurance Committee

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Chairman Brinkman, Vice Chair Antani, Ranking Member Boggs and members of the Ohio House of Representatives Insurance Committee, my name is Lisa Amlung Holloway and I hold the position of Maternal and Infant Health Initiatives for the March of Dimes for the State of Ohio.

On behalf of March of Dimes, the leading non-profit organization fighting for the health of all moms and babies, thank you for the opportunity to submit proponent testimony in support of House Bill 611. March of Dimes promotes the health of women, children and families across the life course, from birth through adolescence and the childbearing years, with an emphasis on preconception, prenatal, interconception and infant health. Ensuring that women, infants and families have access to quality care is essential to achieving our goals.

Virtually every measure of the health of pregnant women, new mothers, and infants living in the United States is going in the wrong direction. In 2018, the nation's preterm birth rate rose for the fourth year in a row.¹ In Ohio, the preterm birth rate remains significantly higher than the national average with 1 in 10 babies born too soon. In many communities, infant mortality rates exceed those in developing nations.² Approximately every 12 hours, a woman dies due to pregnancy-related complications.³ This has led to an urgent crisis that demands a comprehensive response, which must address the unique needs of pregnant and postpartum women by policymakers.

March of Dimes supports increasing access to doulas as a valuable supplement to appropriate medical care during pregnancy, childbirth, and postpartum recovery. Doulas are non-clinical professionals who provide physical, emotional, and informational support to mothers before, during, and after childbirth, including continuous labor support. Studies suggest that increased access to doula care, especially in underserved communities, may improve birth outcomes, enhance the experience of care, and lower costs.⁴ For example, one study that compared outcomes for doula-supported Medicaid recipients with a national sample of similar women who did not receive doula care found lower c-section and preterm

¹2019 March of Dimes Report Card. March of Dimes. November 2019. Available at: <https://www.marchofdimes.org/mission/reportcard.aspx>

² Ingraham, C. Our infant mortality rate is a national embarrassment. *Washington Post*. September 29, 2014. Available at <https://www.washingtonpost.com/news/wonk/wp/2014/09/29/our-infant-mortality-rate-is-a-national-embarrassment/>.

³ March of Dimes. Nowhere to Go: Maternity Care Deserts Across the U.S. October 2018. Available at: https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf.

⁴ Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. Continuous support for women during childbirth. *Cochrane Database Syst Rev* 2013 Jul 15;7:CD003766.

birth rates for doula-supported births among subgroups including Black women, suggesting the “role doulas could play in reducing persistent racial/ethnic disparities” in outcomes.⁵

The American College of Obstetrics and Gynecologists (ACOG) acknowledges the potential benefits of continuous support during labor by doulas in its Committee Opinion on Approaches to Limit Intervention During Labor and Birth, and their Obstetric Care Consensus (with Society for Maternal-Fetal Medicine) on Safe Prevention of the Primary Cesarean Delivery.⁶⁷ Evidence suggests that, in addition to regular nursing care, continuous one-to-one emotional support provided by support personnel, such as a doula, is associated with improved outcomes for women in labor.⁸ Benefits found in randomized trials⁹¹⁰ include shortened labor, decreased need for analgesia, fewer operative deliveries, and fewer reports of dissatisfaction with the experience of labor.

Since one of the barriers to having doula support is cost, insurance coverage for doula support through Medicaid, the Children’s Health Insurance Program, private insurance, and other programs may be a way to improve birth outcomes and close the gap in birth outcomes between African American and white women.¹¹ March of Dimes advocates for all payers to provide coverage for doula services. Payment levels should be sufficient to support the care provided. March of Dimes supports the availability of doula care services during the prenatal, childbirth, and postpartum periods, in accordance with the needs and wishes of the mother.

March of Dimes recognizes the importance of increased training, support and capacity development for doulas, including doulas from racially, ethnically, socioeconomically and culturally diverse communities. Studies indicate that the “women who stand to benefit the most from doula care have the least access to it—both financially and culturally. Most doulas are White middle-class women serving White middle-class women.”^{11 12}The cost of training may be a potential barrier for women interested in becoming doulas. Doulas from communities of color, in particular, may be dedicated to working with other women of color or low-income women. Making doula work sustainable is an important goal to ensure that women with the highest rates of adverse birth and maternal health outcomes have support before, during and after pregnancy.

For the reasons stated above, March of Dimes encourages the Ohio House of Representatives Insurance Committee to support House Bill 11.

⁵ Thomas MP, Ammann G, Brazier E, Noyes P, Maybank A. Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population. *Maternal Child Health J* 2017;21(Suppl 1):59-64.

⁶ ACOG Committee Opinion No. 687. Approaches to Limit Intervention During Labor and Birth. February 2017.

⁷ ACOG Obstetric Care Consensus No. 1. Safe Prevention of the Primary Cesarean Delivery. March 2014 (Reaffirmed 2016).

⁸ Green J, Amis D, Hotelling BA. Care practice #3: continuous labor support. *J Perinat Educ* 2007;16(3):25-8.

⁹ Kennell J, Klaus M, McGrath S, Robertson S, Hinkley C. Continuous emotional support during labor in a US hospital. A randomized controlled trial. *JAMA* 1991 May 1;265(17):2197-201.

¹⁰ Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. Continuous support for women during childbirth. *Cochrane Database Syst Rev* 2013 Jul 15;7:CD003766.

¹¹ Kozhimannil KB, Hardeman RR, Attanasio LB, Blauer-Peterson C, O'Brien M. Doula care, birth outcomes, and costs among Medicaid beneficiaries. *Am J Public Health* 2013 Apr;103(4):e113-21.

¹² Lantz PM, Low LK, Varkey S, Watson RL. Doulas as childbirth paraprofessionals: results from a national survey. *Womens Health Issues* 2005;15(3):109-116.