House Bill 611

Proponent Testimony

Ohio House of Representatives Insurance Committee

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Chairman Brinkman, Vice Chair Antani, Ranking Member Boggs, and members of the House Insurance Committee

My name is Sierra Hillebrand. I have spent the past 23 years working with pregnant women and families as a perinatal educator, birth doula and psychotherapist. I am also a mother of two adult daughters, and an Ohio resident who cares deeply about the wellbeing of mothers, babies and families in our state. I am honored to be here today to testify in support of House Bill 611 regarding Medicaid reimbursement for doula services.

Throughout my career, I have witnessed the ways that doulas provide essential emotional, informational and physical support to pregnant, birthing and postpartum people from varied backgrounds, and experiencing a wide range of medical and psychosocial circumstances and risk factors. Across the board, doula support has the potential to improve outcomes by (among other things) helping parents to reduce stress, increase confidence, and effectively navigate health systems and situations that may otherwise be daunting or overwhelming.

Ohio families today are facing significant racial disparities in perinatal health outcomes. In Lucas county, where I live, Black infants are more than twice as likely to pass away before the age of 1 than their white counterparts. This disparity is consistent with other counties in Ohio, and, with some regional variance, the United States as a whole. Similarly, black mothers are 3-4 times as likely as white mothers to lose their lives due to childbirth-related causes, while it is estimated that at least half of these deaths are preventable. These differences are unconscionable, and I believe we have a duty to make the resources that have the potential to improve perinatal outcomes accessible to all Ohio residents.

Doula support has been shown to significantly improve maternal and infant health outcomes, while also reducing the need for risky and expensive medical intervention in pregnancy, childbirth and the postpartum period. Doula support in pregnancy has been associated with a 22% reduction in preterm birth rates, thus having a significant impact on one of the most critical risk factors for infant mortality and morbidity (Kozhimannil, et. al., 2016). Further, doula support in labor is associated with a 40.9% decrease in the need for Cesarean section, reducing both cost and medical risk associated with childbirth and the postpartum period (Kozhimannil, et. al., 2013).

In my experience, doula support is most effective when the relationship between the doula and client is built on mutual trust, respect and understanding. In many cases, that trust and understanding flow most easily when a woman receives support from a someone who looks like her, comes from her community, or has lived experience with her culture, values and life circumstances. As such, any effort to improve perinatal outcomes for the communities that are most impacted by health disparities needs to center the influence of people who are members of the communities the efforts aim to serve.

House Bill 611 proposes to accomplish just that through an advisory board that includes doulas, medical professionals and social services providers, a significant percentage of whom represent the communities that are most impacted by maternal and infant mortality. With this guidance, I believe that Medicaid reimbursement for doula services has the potential to make effective and culturally appropriate doula services available the people who are the greatest risk for poor perinatal outcomes, with potentially life-saving results for Ohio mothers and babies.

Thank you. I welcome any questions you may have at this time.

References

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