



Senate Bill 328
Proponent Testimony
Health, Human Services and Medicaid Committee
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Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the Senate Health, Human Services and Medicaid Committee: my name is Lisa Amlung Holloway and I hold the position of Maternal and Infant Health Initiatives Director for the March of Dimes for the State of Ohio. Thank you for the opportunity to present testimony in support of Senate Bill 328.

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.

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 Furthermore, approximately every 12 hours, a woman dies due to pregnancy-related complications.³ These worsening circumstances have 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. 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 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

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.

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.

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 trials include shortened labor, decreased need for analgesia, fewer operative deliveries, and fewer reports of dissatisfaction with the experience of labor.^{9 10}

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.

For the reasons stated above, March of Dimes encourages the Ohio Senate Health, Human Services and Medicaid Committee to support Senate Bill 328.

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.