House Bill 142
Interested Party Testimony
Ohio House of Representatives, Families, Aging, and Human Services Committee
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Chair Manchester, Vice-Chair Cutrona, Ranking Member Liston, and members of the House Families, Aging, and Human Services Committee, my name is Lisa Amlung Holloway and I hold the position of Maternal and Infant Health Director for March of Dimes Ohio. Thank you for the opportunity to submit testimony in support of Medicaid coverage of doula care as part of House Bill 142.

March of Dimes, the leading non-profit health foundation established in 1938, is working to promote 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 of reducing premature birth, infant mortality, maternal morbidity and mortality and an achieving equity in birth outcomes.

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 2019, the nation's preterm birth rate rose for the fifth year in a row.[1] Likewise, in Ohio, the preterm birth rate rose to 10.5% and the preterm birth rate among Black women was 48% higher than the rate among all other women. Preterm birth is the leading cause of Ohio's infant mortality crisis and is associated with extreme financial and emotional costs for our families, our employers and insurers. As we work to reduce poor infant outcomes in our communities and in Ohio, we must also remain focused on addressing poor maternal outcomes.

Nationally, an estimated 700 women die from complications related to pregnancy each year and more than 50,000 additional women experience life-threatening complications due to labor and delivery.[2] [3] Despite the fact that many countries around the world have successfully reduced their maternal mortality rates since the 1990's, the U.S. rate is still higher than most other high-income countries, and it has doubled in the past 25 years.[4] [5] The threat of maternal mortality is especially acute for women of color. Black mothers of all ages are three times more likely to die from pregnancy-related complications

[1] 2020 March of Dimes Report Card. March of Dimes. November 2020. Available at: https://www.marchofdimes.org/mission/reportcard.aspx
[2] Maternal Mortality Review Information Application. Report from Nine Maternal Mortality Review Committees. (2018). https://www.cdcfoundation.org/building-us-capacity-review-and-prevent-maternal-deaths
[3] CDC. Severe Maternal Morbidity in the United States. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html
[4] WHO. Trends in Maternal Mortality 1990-2015. Available at: http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/
[5] CDC. Pregnancy Mortality Surveillance System. Available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html

than their white peers.[6] The Ohio Department of Health reports that between 2008 and 2016, pregnancy-related deaths occurred at a ratio of 14.7 per 100,000 live births, with 57% of these considered preventable. Furthermore, Black women in Ohio died at a rate two and a half times that of white women.[78] This has led to an urgent crisis that demands a comprehensive response by policymakers which must address the unique needs of pregnant and postpartum women.

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. [9] 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.[10]

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.[11] [12] 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.[13] 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. [14] [15]

Since one of the barriers to having doula support is cost, insurance coverage for doula support through Medicaid, private insurance, and other programs may be a way to improve birth outcomes and close the

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[6] xiPetersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *Morbidity and Mortality Weekly Report*. May 10, 2019. Available at: http://dx.doi.org/10.15585/mmwr.mm6818e1.

[7] Ohio Department of Health, A Report on Pregnancy-Associated Deaths 2008-2016, 2019

[8] 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.

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

[10] 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.

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

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

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

[14] 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.

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

gap in birth outcomes between African American and white women.[16] 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.

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 17] 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 Families, Aging and Human Services Committee to support Medicaid coverage of doula care through House Bill 142.

[16] 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.
[17] 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.