



**ERIN RYAN**  
Director, Center for Maternal & Young Child Health | Groundwork Ohio  
[eryan@groundworkohio.org](mailto:eryan@groundworkohio.org)  
4041 N. High St., Suite 204  
Columbus, Ohio 43214

**Ohio State Senate  
Health Committee  
House Bill 142 (Crawley, Brinkman): Doula Services  
Erin Ryan | Director, Center for Maternal & Young Child Health  
Groundwork Ohio  
December 6, 2022**

Chair Huffman, Vice Chair Antani, Ranking Member Antonio, and distinguished members of the Senate Health committee, thank you for the opportunity to testify in support of House Bill 142, regarding doula services. My name is Erin Ryan, and I serve as the Director of the Center for Maternal & Young Child Health at Groundwork Ohio.

Groundwork is a statewide, nonpartisan public-policy research and advocacy organization that champions high-quality early learning and healthy development strategies from the prenatal period to age five, that lay a strong foundation for Ohio kids, families, and communities. Our vision is to make Ohio the best place to be a young child so that all children have the opportunity to reach their full potential. Groundwork is led by Executive Director, Shannon Jones.

Healthy moms are the foundation of healthy children, which foster stronger communities and a more vibrant state. Ohio House Bill 142 aligns directly with the vision of the Center for Maternal & Young Child Health, and with Groundwork's overall mission, which is why we are proud to testify as a proponent of this bill today.

As part of the Governor's Disparities in Infant Mortality Task Force, Groundwork Ohio was tasked with facilitating 30 family listening sessions across 11 counties in the state. We partnered alongside local community-based organizations and commission members to bring together the voices of 174 family participants, with a focus on including the voices of those most affected by infant mortality—a total of 91% of the participants were Black. To begin my testimony, I want to start by reading some of the quotes from Black women who participated in those listening sessions, which will set the stage for why this legislation – and the need to listen to those most affected – is so crucial to building birth equity in our state.

- “A hospital is a very dangerous place for a Black woman. We die a lot in the healthcare system and it’s not a mistake.”
- “People need advocates who will walk alongside the family, with no judgment, and meet them where they are.”
- “The differential treatment you experience depending on your insurance is something I’m in the middle of experiencing with this second pregnancy.”
- “When you’re young, uneducated and Black, and come into this situation of being pregnant, and all your doctors are white, they don’t have your best interest at heart. They manipulate you – I was manipulated to have a C-section.”

Due to racism and bias within our health care systems, Black women's concerns are frequently dismissed or downplayed, leading to severe consequences and even death in many cases. Access to doulas, which are trained, non-clinical professionals who advocate for pregnant mothers as they navigate their care and the health care system, can provide needed additional support, create a more supportive environment during delivery, and make the experience of pregnancy much less difficult for the mothers rightfully advocating for their own lives and the lives of their children.

[www.groundworkohio.org](http://www.groundworkohio.org)

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Doulas provide pregnant mothers with educational, emotional, and physical support to ensure that the mother and baby remain healthy before, during, and after birth. However, for many women with low-incomes, the ability to hire a doula can be cost-prohibitive and out of reach. In Ohio, Medicaid covers more than half of births, playing a critical role in maternal care and health outcomes for babies.

Groundwork supports House Bill 142, which among its requirements, establishes a pilot program for the coverage or provision of doula services within the department of Medicaid. Doula services are part of a package of services, that if made available to pregnant women and babies most at-risk of poor health outcomes, can complement clinical care, support pregnant women, and improve maternal and infant health outcomes.

When a family is welcoming a new baby into their lives, it should be a time focused on the excitement, joy, and anticipation of this big life moment. Unfortunately, this unique time can quickly change for those who face pregnancy complications or poor health outcomes, which can become deadly for moms and babies. As a country, we are facing a maternal and infant health crisis, with vast racial disparities in outcomes. Ohio is home to regions experiencing some of the most abysmal maternal and infant mortality rates across our nation, and research shows that a large percentage of these deaths were preventable.

The Center for Disease Control estimated that in 2022, the maternal mortality rate was 23.8 deaths per 100,000 live births, with 861 known deaths due to pregnancy or childbirth-related causes. The U.S. has the worst maternal mortality record in the developed world, with a rate that is nearly three times higher than the country with the next highest rate (France). Nationally, Black women are three times more likely than white women to die from pregnancy or childbirth-related causes. In Ohio, recent research from the Ohio Department of Health found that between 2012 and 2016, more than half (57%) of the pregnancy related deaths in Ohio were preventable. Additionally, the data found that Black women in Ohio died at a rate of more than two and a half times that of white women, making up 34% of deaths but only 17% of births.

One of our federal partners in this work, The March of Dimes, recently released its 2022 Report Card, which highlights the latest key indicators to describe and improve maternal and infant health for each state. The report also presents public policies that state lawmakers can implement to improve equitable maternal and infant health for families, including the solution provided by House Bill 142 of allowing Medicaid to reimburse for doula services. Ohio earned a D+ in preterm birth grade in the March of Dimes' report, demonstrating the need for more targeted action to strengthen maternal and infant health outcomes, as well as outlining once again the stark racial disparities that exist. For example, the preterm birth rate among Black women is 51% higher than the rate among all other women. Both internationally and within the United States, preterm birth and the complications that accompany it are some of the key factors that contribute to infant mortality. Ohio's infant mortality rate is higher than the national average, and the gap in racial outcomes between Black babies (14.1 infant mortality rate) and white babies (5.5 infant mortality rate) is alarming.

Overall, the report indicates that the maternal and infant health crisis is worsening. And the numbers are even more desolate for Black women and babies who experience worse maternal and infant health outcomes, even when accounting for different factors of the pregnant person such as socioeconomic status, education, and insurance coverage. In fact, according to the 2020 Infant Mortality Annual Report released by the Ohio Department of Medicaid, while overall infant mortality rates have decreased slightly from 2019 to 2020, racial disparities continue to persist. Ohio is at risk of even worsening outcomes for moms and babies due to changes in federal law and anticipated changes to state law. The positive news is that there are several policy interventions with abundant common ground that Ohio can act on to build a

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strong foundation for every Ohio mom and baby. (For more information, visit: [www.groundworkohio.org/babies](http://www.groundworkohio.org/babies)).

The experiences of both mothers and infants are inextricably linked, although they are often considered separately in health care and policymaking settings. To have a healthy pregnancy and positive birth outcomes, women and their infants require access to appropriate health care services before, during, and after birth. This is particularly important when it comes to babies and women of color, due to the intergenerational effects and lived experiences of racism that can uniquely impact pregnancy outcomes for moms and have both immediate and long-term affects across a baby's lifetime.

House Bill 142 is one of many concrete, actionable steps that our state can take to better support the health and well-being of pregnant women, moms, and babies across Ohio. We are calling for the successful passage of this legislation to expand Medicaid coverage to include doula services, which would help to address the current inequalities that exist in the services covered by the state's Medicaid program and support Ohio's ongoing fight to improve maternal and infant health and advance birth equity. Through passage of this bill, we are hopeful that we will strengthen our response to the needs of women and mothers across the state of Ohio, particularly Black moms and babies.

In conclusion, while doulas provide a critical service, they are one of many non-clinical interventions that have demonstrated impact on maternal and child health outcomes. We hope that House Bill 142 will be an example of the power behind Medicaid financing of non-clinical interventions to serve the needs of pregnant women, infants, toddlers, and young children. Advancing a more comprehensive vision for pregnant women and young children will be critical to, not only the improvement of birth outcomes, but also health and education outcomes that will pay dividends for pregnant women, children, and the state for years to come.

We can and must do better in our communities to ensure that every mother-to-be has a healthy and safe pregnancy and every child has the opportunity to reach their full potential. That includes the need to listen to Black women and family members as the experts of their own lives and the lives of their children. The voices of those most affected by the maternal and infant health crisis must be at the decision-making table, with the power to influence the policies, practices, and programs that they interact with in their lives. The representation of a diverse group of voices, including Black mothers and families, on the established doula advisory board within the board of nursing is crucial to success of building this support equitably. Thank you again for your time today and for the opportunity to testify on this important legislation. I'm happy to answer any questions today or by email at [eryan@groundworkohio.org](mailto:eryan@groundworkohio.org).

Thanks,

Erin Ryan  
Director, Center for Maternal & Young Child Health  
Groundwork Ohio