

## **STATEMENT OF SUPPORT ON H.B. 142**

– Regards Doula Services –

### **Kamilah Dixon-Shambley, MD, MA, FACOG**

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Medical Director of Moms2B  
The Department of Obstetrics and Gynecology  
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Chairwoman Manchester, Vice Chairman Cutrona, Ranking Member Liston, and Members of the House Families, Aging, and Human Services Committee:

My name is Dr. Kamilah Dixon-Shambley and I am an Assistant Professor of Obstetrics and Gynecology at The Ohio State University Wexner Medical Center, Vice Chair of Diversity, Equity, and Inclusion for the OB/GYN department and Medical Director of Moms2B.

The Moms2B program was created in 2010 as a way to address the multitude of factors that affect infant mortality and help reduce disparities in infant mortality. Moms2B is a weekly community educational group program for pregnant women living in poverty. At Moms2B, a multidisciplinary team of health professionals empowers women through weekly, two-hour sessions focused on pregnancy and parenting education, stress reduction, and healthy nutrition. We address the social determinants of health and connect pregnant women to needed medical care, social services, education and jobs. We assist families until the infant reaches his or her first birthday.

I am deeply committed to equitable care for the birthing people of Ohio and through my work with our Moms2B team, we are working to eliminate the disparities in maternal care and infant mortality that we have seen in Franklin County. As you are already aware, there is a 2-3X increased risk of maternal mortality for Non-Hispanic Black women compared to White women in Ohio and a 2X increased risk of maternal morbidity. Additionally, Ohio has historically had one of the worst rates of infant mortality and this disparity persists with Black infants having a mortality rate 2-3X that of White infants. There are many changes needed to address these disparities, but ensuring that the birthing people of Ohio have the very best care is paramount.

We hear and witness the struggles that families encounter when a partner or support person is unable to go to the hospital to support a Mom in labor because someone needs to be at home caring for other children. A trusted individual such as a doula could help in alleviating the stress experienced in such instances. We know that support during labor is a key part of the experience of the birthing person and a Cochrane review demonstrated that patients with continued birth support may have improved outcomes including lower rates of cesarean section and use of regional anesthesia.

While the review did not include patients from low-income settings, it is important to consider that the access to continued birth support or doula care for many patients in these groups is challenged by the inability to pay. In Ohio, rates for private doula care can range from \$200 to upwards of \$1,500. Our moms are predominantly accessing health care through Medicaid and

the additional cost of a doula is absolutely prohibitive for them. For this reason, we strongly support legislation that would allow coverage for doula services by Medicaid and know that this will enable many of our moms to seek continued birth support services.

In reviewing HB 142, my colleagues at The Ohio State University Wexner Medical Center (OSUWMC) would recommend:

- that a physician who provides obstetrical services be a required member of the Doula Advisory Board as they would be of immense benefit to the Ohio Board of Nursing and the pilot program. The OSUWMC suggests the following modification in the advisory board's composition:

**...At least one member who is a physician who provides obstetrical services;**

At least one member who is a public health official, ~~physician~~, nurse, or social worker;...

- that just like any community provider who enters our hospitals, that there be a requirement for a doula to be registered with that hospital, have a hospital ID badge, and meet any other standards required of a community provider, including carrying liability insurance.
- that the Department of Medicaid have an advisory board for the reimbursement side of the program, so that they can have access to expertise and advice on the successes, challenges and future of paying for doula services.

As someone who works daily to reduce Ohio's maternal and infant death rate and reduce the disparities seen between Black and White women and infants, I support the establishment of a pilot program to measure the impact of Medicaid support of doula services. I ask the Committee to support HB 142.

Thank you for your consideration.