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**SENATE HEALTH, HUMAN SERVICES AND MEDICAID COMMITTEE
CHAIRMAN BURKE**

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Hope A. Lane, Public Policy Associate

Chairman Burke, Vice Chairman Huffman, Ranking Member Antonio and members of the Senate Health, Human Services and Medicaid Committee thank you for the opportunity to provide interested party testimony on Senate Bill 328. My name is Hope Lane and I am a Policy Associate at The Center for Community Solutions, a nonprofit, nonpartisan think tank that aims to improve health, social and economic conditions through research, policy analysis and communications and advocacy.

For the past several years, The Center for Community Solutions has been committed to examining and improving maternal and infant health for families in our state. By analyzing disaggregated maternal mortality data, infant mortality reports and other critical statistics such as birth records, we've developed policy solutions to help combat an escalating maternal and infant health crisis which includes acknowledging doulas as essential staff for the purposes of childbirth and paying them accordingly for their work.

The popularity and importance of doulas has risen to the forefront of maternal health discourse as of late, rightfully so. During the ongoing pandemic, hospitals across the country have instituted strict delivery room and visitation limits to enforce social distancing, even during childbirth, allowing no more than one to two people in the room at a time. This has meant that many women have had to go without the midwife or doula that they have worked with throughout their pregnancy to provide emotional, physical and educational support before, during and after the birthing experience.

Families, particularly families of color, choose to work with doulas because of the proven healthy birth outcomes.

According to the Centers for Disease Control and Prevention (CDC), black women are dying at roughly 3 times the rate of white women in birth-related deaths. [1] That statistic gets more dire with age. Black women over age 30, are 4 to 5 times more likely to die in childbirth than white women. [2] Women who experience hemorrhage at hospitals predominantly serving Black patients face a higher risk of severe complications than those who receive care at hospitals with whiter clientele. [3] The inclusion of doulas into the normal course of care before, during and after child birth has been shown to improve outcomes for mothers and infants, while reducing costs associated with care. [4]

Evidence demonstrates expectant mothers matched with a doula had better birth outcomes than did mothers who gave birth without involvement of a doula. [5]

Doula-assisted mothers are:

- Four times less likely to have a low birth weight baby
- Two times less likely to experience a birth complication involving themselves or their baby
- Significantly more likely to initiate breastfeeding with all (90.4%) of the adult mothers assisted by a doula.

Because of this, and the Cochrane Systemic Review of Random Control Studies Regarding Continuous Labor Support,[6] we support insurance reimbursement of doula services and ask that this bill consider state mandated private insurance coverage in addition to Medicaid.

I want to thank you again for the opportunity to provide interested party testimony as Community Solutions always values the chance to weigh in on policy that would greatly impact the health and wellbeing of Ohioans. We would welcome the chance to share additional research that we have conducted in this space, and are happy to answer any questions that you may have at this time.

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1. https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm?s_cid=mm6835a3_w
2. <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>
3. <https://www.propublica.org/article/how-hospitals-are-failing-black-mothers>
4. <https://onlinelibrary.wiley.com/doi/abs/10.1111/birt.12218>
5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/>
6. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003766.pub5/full>