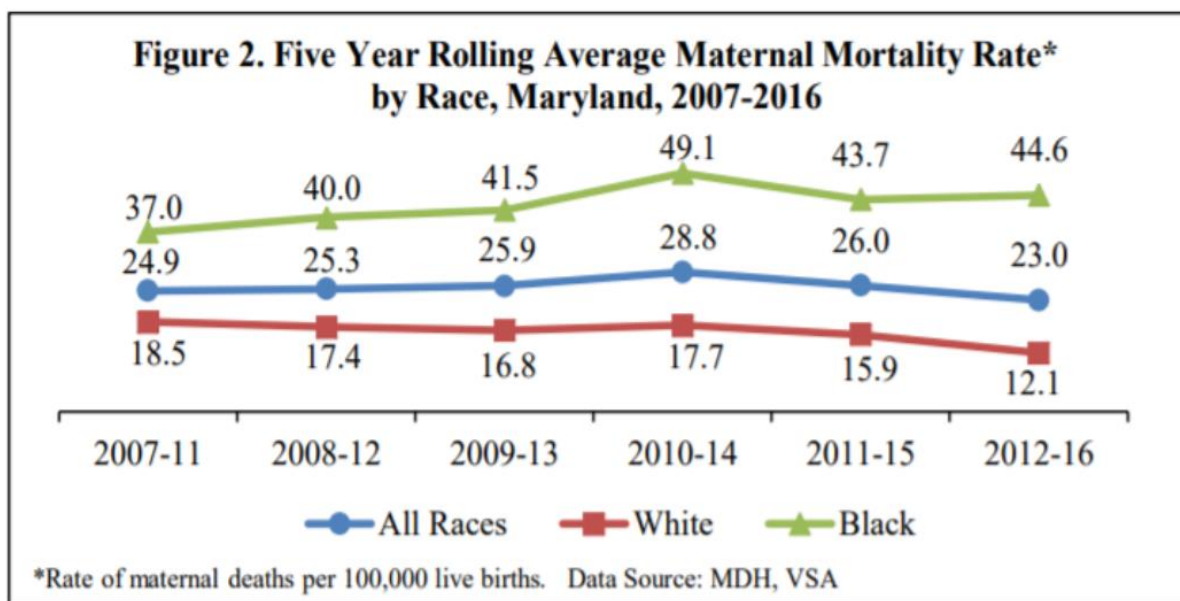




To: The Honorable Chair, Senator Delores Kelley, and members of the Finance Committee
 From: Melissa S. Rock, Birth to Three Strategic Initiative Director
 Re: **SB 914—Doula—Doula Technical Assistance Advisory Group and Certification**
 Date: March 10, 2020
 Position: **SUPPORT**

There are significant racial disparities in birth outcomes for Black women and Black babies. Black women in Maryland are 3-4 times more likely to die after childbirth than White women. According to the State's Maternal Mortality Review Program, "compared to 2007- 2011, the 2012-2016 White MMR in Maryland **decreased 34.6 percent** and the Black MMR **increased 20.5 percent**, increasing the racial difference. The 2012-2016 Black MMR is 3.7 times the White MMR."ⁱ (Emphasis Added.)



Having a doula to work with pregnant individuals throughout their pregnancies and after delivery is one of the few ways to improve birth outcomes for Black people giving birth and black babies. Studies have shown that people who work with doulas are less likely to give birth to low birth weight babies (a leading cause of infant mortality), less likely to have complications with their delivery, and more likely to initiate breast feeding.ⁱⁱ SB 914 will allow experts to come together and thoughtfully plan how best to expand access to doulas to improve birth outcomes for Black women and to eliminate the racial disparities in infant and maternal mortality.

Recommendations to Ensure Doula Expansion Reduces Racial Disparities

In response to New York's pilot project around expanding access to doulas, Ancient Song Doula Services, Village Birth International, and Every Mother Counts published "Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities."ⁱⁱⁱ Maryland would be well served by heeding the recommendations included in that report for how to ensure that the expansion of doula programs actually reduces racial disparities:

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- **Adjust reimbursement rates** to ensure that doulas have the opportunity to earn a living wage
- **Collaborate with and invest in community-based doula programs** to ensure that doulas enrolled in Medicaid reimbursement programs are equipped to serve communities of color and low-income communities
- **Support best practices through the pilot design**, including ensuring adequate training, certification, supervision, mentorship and peer support to appropriately serve communities of color and low-income communities
- **Develop a comprehensive approach to wellness and support by ensuring organizations or agencies** are equipped with the structure, relationships, and processes in place to provide a coordinated network of referrals
- **Provide funds to train and certify a diverse doula workforce**, specifically from underserved rural and urban low-income communities, communities of color, and communities facing linguistic or cultural barriers.
- **Incorporate community engagement as an essential component to improve health equity.**
- **Take active steps to raise awareness about the benefits and availability of community-based doulas.**^{iv}

Advocates for Children and Youth urges this committee to issue a favorable report on SB 914 to increase access to doulas for Black women to improve their birth outcomes and reduce the racial disparities in birth outcomes for Black women and their babies.

ⁱ "Maryland Maternal Mortality Review 2018 Annual Report," Health –General Article § 13-207 at p. 6. <https://phpa.health.maryland.gov/documents/Health-General-Article-%C2%A713-1207-2018-Annual-Report-Maryland-Maternal-Mortality-Review.pdf>

ⁱⁱ Gruber KJ, Cupito SH, Dobson CF. Impact of doulas on healthy birth outcomes. *J Perinat Educ.* 2013;22(1):49–58. doi:10.1891/1058-1243.22.1.49

ⁱⁱⁱ Bey, Asteir, Brill, Aimee, Porchia-Albert, Chanel, Gradilla, Melissa, and Strauss, Nan, "Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities," at p. 4 (March 25, 2019). <https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>

^{iv} Id.