



Testimony in Support of House Bill 1067

Doulas – Doula Technical Assistance Advisory Group and Certification

TO: Chair Pendergrass, and Members of the House Health and Government Operations Committee
FROM: Demaune A. Millard, President & CEO, Family League of Baltimore
DATE: March 6, 2020

Family League of Baltimore (Family League) strongly supports House Bill 1067. This bill would create a Doula Technical Assistance Advisory Group with the intention of exploring ways to better support doula services for pregnant individuals. The group will be tasked with making recommendations around, “workforce development for doulas, whether a voluntary State doula certification program should be established by the Maryland Department of Health and, if so, the training and credentialing that should be required of doulas for certification as nonclinical health care providers; reimbursement for doula services by the Maryland Medical Assistance Program; and expansion of doula care to low-income individuals and families.”¹

There is a body of evidence to show that when pregnant individuals use a doula, there is a reduction in instances of Cesarean births, reduction in use of pain medications, a reduction in the use of synthetic oxytocin to increase the speed of labor, an increase in the likelihood of having a spontaneous vaginal birth, and a reduction in reporting a “negative birth experience.”² We believe that it is critical our state begin exploring ways to better support community based doulas who can improve birthing outcomes for people of color. Maternal mortality in the state is alarmingly on the rise; Maryland’s maternal mortality rate for 2011-2015 was 20% higher than its rate for the five years prior. Nationally, Black women have a maternal mortality rate that is more than 2.5 times that of White women, but that disparity is higher in Maryland at 2.74 times.³ Risk of maternal mortality seems to be exacerbated by race, age, and residence in rural and high-poverty communities.⁴ Family League is addressing this crisis as a convener of the B’More for Healthy Babies strategy in Baltimore City, and as a member of the Reproductive Health Equity Alliance of Maryland (RHEAM), which “aims to reduce pregnancy and infant health disparities in Maryland’s Black, Brown and immigrant communities by advocating for evidence-based legislative and policy solutions that expand

¹ <http://mgaleg.maryland.gov/mgawebsite/Legislation/Details/HB1067?ys=2020RS>

² Bohren, Meghan & Hofmeyr, G & Sakala, Carol & Kishi, Rieko & Cuthbert, Anna. (2017). Continuous support for women during childbirth. The Cochrane database of systematic reviews. 7. 10.1002/14651858.CD003766.pub6.

³ Maryland Maternal Mortality Review (2017). *Annual Report*. Maryland Department of Health http://healthymaryland.org/wp-content/uploads/2018/05/MMR-Report-2017_FINAL.pdf

⁴ World Health Organization (2018). *Maternal Mortality Fact Sheet*. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

access to quality reproductive, pregnancy and infant health options designed to build healthy and stable families of color.”⁵

As the designated Local Management Board for the City of Baltimore, Family League’s mission is to serve as an architect of change by promoting data-driven, collaborative initiatives and aligning resources to create lasting outcomes for children, families and communities. This work is guided by the State’s 8 Child Well-being Results Areas. We support HB 1067 in particular because of its alignment with these result areas by working to ensure that “Babies are Born Healthy,” “Children are Healthy,” and “Families are Safe and Economically Stable.”⁶

For more information contact Margo Quinlan, Public Policy Manager, at mquinlan@familyleague.org.

⁵ Reproductive Health Equity Alliance of Maryland, Mission Statement.

⁶ Maryland Governor’s Office for Children. “Maryland’s Child Well-Being Scorecard.” <https://goc.maryland.gov/reportcard/>