



Maryland
Hospital Association

March 6, 2020

To: The Honorable Shane Pendergrass, Chairman
House Health & Government Operations Committee

From: Jennifer Witten, Vice President, Government Affairs
Maryland Hospital Association

Re: Letter of Support- House Bill 1067- Doulas - Doula Technical Assistance Advisory Group
and Certification

Dear Chairman Pendergrass:

On behalf of the Maryland Hospital Association's (MHA) 61 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 1067. The United States, sadly, has the highest maternal mortality rate among developed countries.ⁱ Rates of mortality and adverse outcomes are even higher for women of color—especially for black women. These disparities persist regardless of income, level of education, socio-economic status, and access to care.ⁱⁱ Given this concerning trend, Maryland is working to improve maternal health outcomes. The state most recently received a \$10.3 million federal grant that established the [Maryland Maternal Health Innovation Program](#). This five-year initiative will help the state comprehensively improve maternal health outcomes through a statewide task force, improved data collection, and the implementation of quality improvement programs for health care providers and hospitals, including implicit bias training.

Improving maternal health outcomes will take a comprehensive, all-hands on deck approach that engages diverse stakeholders and promotes innovative practices. Research shows “doula support during pregnancy, birth, and the postpartum period reduces rates of cesarean deliveries, prematurity and illness in newborns, and the likelihood of postpartum depression.”ⁱⁱⁱ Several studies show the benefits of partnering mothers with doulas. One study found these mothers were “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, and significantly more likely to initiate breastfeeding.”^{iv}

HB 1067 provides an opportunity to explore a voluntary doula certification program. The state used a similar approach to certifying community health workers. The Maryland Department of Health worked with stakeholders to create a standardized curriculum and certification process.^v Now many more of Maryland's hospitals employ community health workers, who are a vital extension of the hospital's workforce in the community. Approaching the certification of doulas similarly and learning from MDH's process could ensure access to additional support for women before, during, and after pregnancy—improving the health of new moms and their babies.

For these reasons, we urge a *favorable report* on HB 1067.

For more information, please contact:
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ⁱ Alliance for Innovation on Maternal Health. "About AIM." safehealthcareforeverywoman.org/aim-program-3/about-aim/

ⁱⁱ Centers for Disease Control and Prevention. (September 6, 2019). "Racial/Ethnic Disparities in Pregnancy-Related Deaths- United States, 2007-2016." www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm?s_cid=mm6835a3_w

ⁱⁱⁱ Ancient Song Doula Services, Village Birth International, Every Mother Counts. (March 25, 2019). "Advancing Birth Justice: Community-based Doula Models as a Standard of Care for Ending Racial Disparities." everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf

^{iv} The Journal of Perinatal Education. (Winter, 2013). "Impact of Doulas on Healthy Birth Outcomes". www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/

^v Maryland Department of Health. (n.d.). "Community Health Worker Certification: Certification for Community Health Worker Certification." pophealth.health.maryland.gov/Community-Health-Workers/Pages/Certification-Program.aspx