

To: Chair Greenlick and members of the Committee
Dt: March 31st, 2017
Re: Support for HB 2015

Dear Members of the Committee:

My name is Ellen Tilden. I am a certified nurse-midwife and assistant professor at Oregon Health and Science University. As a clinician, I have had the privilege of working closely with doulas for the past 20 years, personally witnessing how doula care can greatly improve obstetric outcomes and women's pregnancy/childbearing/early mothering experiences. As a scientist, I am aware of the impressive and growing body of evidence linking doula care with better outcomes and lower costs.

Per the Kaiser Family Foundation, 50% of births in Oregon were financed by Medicaid in 2015.¹ The body of evidence linking maternal/child health with income, race, and other social determinants of health is very strong. People of color have higher rates of premature birth, their children experience lower birth weights than white peers, and in Oregon, experience higher rates of cesarean delivery.² Additionally, higher rates of birth complications are observed within communities of color.³ Doula care is an extremely important, feasible, and cost-effective intervention to mitigate racial and ethnic disparities in birth outcomes.⁴

The effectiveness of doula care has been so robustly supported in the maternal/child health outcomes science that Dr. John Kennell, a pediatrician and perinatal researcher, stated:

"if a doula were a drug, it would be unethical not to use it."

1. *Doula care is an evidence-based practice for improving maternal outcomes:*

a. A 2011 Cochrane Review found that:⁵
"Continuous support during labor should be the norm, rather than the exception [...] the greatest benefits are when the [doula] provider is not an employee of the institution, when epidural analgesia is not routinely used, and when support begins in early labor."

- i. This comprehensive review assessed the following outcomes:
 - i. Labor events, such as use of an epidural;
 - ii. Birth events, such as a cesarean delivery or episiotomy;
 - iii. Newborn events, such as low 5-minute Apgar scores, specialty needs;
 - iv. Immediate psyche, such as anxiety during labor, negative experience ratings;
 - v. Long-term maternal outcomes, such as postpartum depression, difficulty mothering

¹ Kaiser Family Foundation, Births Financed by Medicaid: State Health Facts, Interactive Table accessed 2017-03-28

² *The Health Care Costs of having a baby*: Thomson health Care, 2007: (<http://www.kff.org/womenshealth/upload/whp061207othc.pdf>)

³ Berns SD, et al. 2010, *Toward improving the Outcome of Pregnancy III: Enhancing Perinatal Health through Quality, Safety and Performance Initiatives*. White Plains, NY: March of Dimes National Foundation; 2010.

⁴ Kozhimannil KB, et al. 2013. Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries

⁵ "Continuous support for women during childbirth | Cochrane Summaries" 2003. 2011, issue 2. <http://summaries.cochrane.org/CD003766/continuous-support-for-women-during-childbirth>.

- ii. This comprehensive review concluded that “women who received continuous support were less likely to experience all aforementioned outcomes.”
- b. Modern obstetric care can be a foreign, stressful process for all women experiencing the childbearing cycle for the first time and may be particularly stressful for mothers of culturally diverse backgrounds. Doulas are nonmedical providers who offer emotional and physical support to a woman prior to, during, and after birth. This can improve a woman’s sense of confidence and well-being during pregnancy, labor, and early in the postpartum period including increasing “feelings of control and competence and reducing the need for obstetric intervention”⁶ such as forceps, vacuum, or caesarean.
 - c. A recent study among a cohort of doulas in Minneapolis, MN showed that women who received doula care experienced a 22.3% reduction in caesarean births, among Medicaid patients surveyed.⁷ This report recommended “increasing financial access by offering coverage to birth doula care.”

2. *Doula care is an evidence-based practice for improving neonatal and infant outcomes:*

- a. A 2013 study published in *The Journal of Pediatrics* determined that doulas enhanced long-term health outcomes for the child:⁸ In this study, African American mothers who received doula care (vs. African American mothers who received standard care) attempted to breastfeed 14% more frequently and introduced complementary foods at an age-appropriate time 12% more frequently.
- b. A study from the Minnesota’s Turtle Women Project surveyed women over the course of a six-year period. Result showed that children of women who received doula care experienced:⁹
 - i. 92% of babies born at a healthy birth weight; and
 - ii. A breastfeeding rate of ~85%;
- c. “Infants born to mothers who received continuous labor support have significantly higher 5-minute Apgar scores”^{10 11 12}

⁶ Wolman Wendy-Lynne, et al. 1993. Postpartum depression and Companionship in the clinical birth environment: A Randomized, Controlled Study.

⁷ Kozhimannil KB, et al. 2013. Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries.

⁸ Edwards, Renee C. et al, *Breastfeeding and Complementary Food: randomized Trial of Community Doula Home Visiting*, *Journal of Pediatrics*, November 2013, Volume 132 Issue 2. (http://pediatrics.aappublications.org/content/132/supplement_2/S160.full.print)

⁹ LaFloe, Janice. *American Indian Family Center. Interview regarding Turtle Women Project Pilot*, January 24-26, 2012.

¹⁰ Tillman T, Gilmer R, Foster A. Utilizing doulas to improve birth outcomes among underserved women in Oregon. Salem: Oregon Health Authority; 2012. Available at: <http://www.oregon.gov/oha/legactivity/2012/hb3311report-doulas.pdf>. Accessed January 15, 2013.

¹¹ Campbell DA, A randomized control trial of continuous support in labor by a lay doula. *J Obstet Gynecol Neonatal Nurse*. 2006;35(4): 456-464.

¹² Olds DL, et al. Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending: follow-up of a randomized trial among children at age 12 years. *Arch Pediatr Adolesc Med*. 2010; 164(5): 419-424

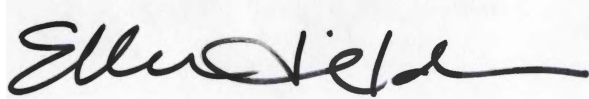
- d. A 2013 study published in *The Journal of Pediatrics* determined that doula care enhanced long-term health outcomes for the child.¹³ In this study, African American mothers who received doula care (vs. African American mothers who received standard care) attempted to breastfeed 14% more frequently and introduced complementary foods at an age-appropriate time 12% more frequently.

3. *The current effort builds upon Oregon's prior commitment:*

- a. The Oregon Legislature studied the impact of doula care through HB 3311 (2011) and made the recommendation to apply for Medicaid reimbursement for doula services through the waiver. We were granted this waiver. In 2013 the Oregon Legislature passed HB 3407 establishing the Traditional Health Workers (THW) Commission to adopt criteria and descriptions for CCOs to integrate and use THWs. The Legislature also passed HB 3650 to ensure THWs were integrated in transformation.
- b. While most cost-effectiveness analyses model savings associated with reduced cesarean visits, a 2016 analysis projected cost savings associated with a decline in "preterm birth and cesarean birth, recommending a cost-effective reimbursement between \$929-1,047 across states."¹⁴
- c. We have committed to integrating doula care in Oregon's transformation process because it will not only "ensure healthier births for women and their children, but will also mitigate costs associated with poor birth outcomes."¹⁵ This is especially important for improving maternal/child outcomes within communities more at risk for health disparities.

It's time to build on this foundational Oregon legislative work and achieve the next set of targets. A dollar of investment today could yield thousands in cost-savings tomorrow.

Thank you for considering this important piece of legislation.



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¹³ Edwards, Renee C. et al, *Breastfeeding and Complementary Food: randomized Trial of Community Doula Home Visiting*, *Journal of Pediatrics*, November 2013, Volume 132 Issue 2. (http://pediatrics.aappublications.org/content/132/supplement_2/S160.full.print)

¹⁴ Kozhimannil KB, et al. 2016. Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery.

¹⁵ Tillman T, Gilmer R, Foster A. Utilizing doula care to improve birth outcomes among underserved women in Oregon. Salem: Oregon Health Authority; 2012. Available at: <http://www.oregon.gov/oha/legactivity/2012/hb3311report-doulas.pdf>. Accessed January 15, 2013.