



**RHODE ISLAND KIDS COUNT**  
ONE UNION STATION  
PROVIDENCE, RHODE ISLAND 02903  
401/351-9400 • 401/351-1758 (FAX)

## Testimony Re: H5929 & Article 12 Section 8d– Perinatal Doula Services

House Finance Committee  
April 14, 2021  
Katie Orona, Policy Analyst

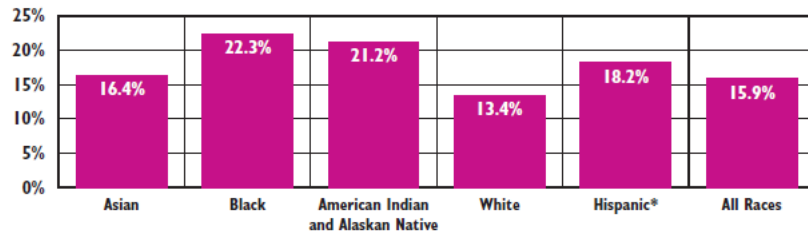
Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT would like to voice its strong support for House Bill 5929 which would establish medical assistance coverage and reimbursement rates for perinatal doula services and for Article 12 Section 8d which recommends \$112,252 from general revenue to provide perinatal doula services. On behalf of Rhode Island KIDS COUNT I would like to thank Representative Ranglin-Vassel for her leadership in sponsoring the bill and to Governor McKee for including doulas in the proposed FY2022 budget. Our support for this legislation and budget article reiterates our organization’s strong commitment to address the needs of children and families in Rhode Island with a particular focus on closing racial and ethnic disparities.

### Maternal Mortality Crisis Among Black Women

Worldwide, rates of maternal mortality have steadily decreased over time in nearly every developed country. Despite this, rates of maternal mortality in the United States are on the rise and disproportionately impact already vulnerable populations.<sup>1</sup> Evidence clearly demonstrates that women of color are less likely to have access to adequate maternal health care services and more likely to die in pregnancy and childbirth than White women.<sup>2</sup> Nationally, Black women are three to four times more likely than White women to die of pregnancy-related complications.<sup>3</sup> These racial disparities in maternal mortality rates span all levels of education, age, and income.<sup>4</sup>

In Rhode Island between 2014 and 2018, 16% of all women received delayed prenatal care<sup>5</sup> This statistic masks significant racial and ethnic disparities - between 2014 and 2018, Black women in Rhode Island were 40% more likely than White women to receive delayed prenatal care.<sup>6</sup> Additionally, Black women in Rhode Island significantly more likely to experience an unintended outcome of labor and delivery that result in significant consequences to their health.<sup>7</sup>

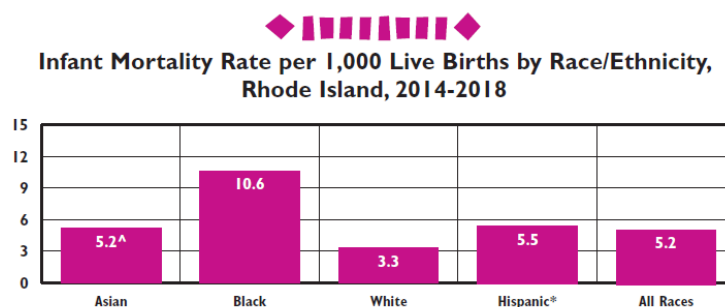
◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆  
**Women With Delayed Prenatal Care by Race/Ethnicity,  
Rhode Island, 2014-2018**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. \* Race categories are non-Hispanic..

## Racial Disparities Among Black Infants

Infant mortality rates are associated with maternal health, quality of and access to medical care, and socioeconomic conditions.<sup>16</sup> While infant mortality has declined nationally across all racial and ethnic groups, stark disparities remain. In Rhode Island between 2014 and 2018, the Black infant mortality rate was 10.6 per 1,000 live births.<sup>17</sup> Simply put, Black infants in Rhode Island die in the first year of life at a rate nearly three times that of White infants. The Black infant mortality rate is the highest of any other racial or ethnic group in the state even after controlling for known risk factors such as socioeconomic status and parental educational attainment.<sup>18</sup>



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. <sup>A</sup>The data are statistically unstable and should be interpreted with caution. \*Hispanic infants can be of any race.

A growing body of evidence indicates that pervasive racial bias against Black women and unequal treatment of Black women in the health care system often results in inadequate treatment for pain.<sup>8,9</sup> This, coupled with stress from racism and racial discrimination experienced throughout the lifespan, contributes to unacceptable health outcomes among Black women and their infants in Rhode Island.<sup>10,11</sup>

## Doulas as a Key Strategy

Doulas have emerged as a key method of addressing these disparities in maternal and infant morbidity and mortality by delivering a higher quality of culturally appropriate and patient-centered health care for women, particularly those who are low-income women or women of color. A doula is a trained professional who provides physical, emotional, and informational support to mothers before, during, and immediately following childbirth.<sup>12</sup> Support from a doula during labor and delivery is associated with improved health outcomes for both the mother and their baby, including shorter labors, lower cesarean rates, and higher five-minute APGAR scores.<sup>13,14</sup> Additionally, babies born to mothers who had the support of a doula were less likely to have low birth weight and were more likely to be breastfed than those born to mothers who did not receive doula support.<sup>15</sup>

## Conclusion

Improving access to doula services is a key strategy to addressing the unacceptable racial and ethnic disparities that exist as it relates to maternal and infant morbidity and mortality. We ask you to support House Bill 5929 which would increase access to doula services in Rhode Island and Article 12 Section 8d – both would take a crucial step forward in addressing health equity in communities of color. This is a policy priority of the Right From the Start Campaign, an early childhood effort led by Rhode Island KIDS COUNT in partnership with five other organizations including Beautiful Beginnings, Economic Progress Institute, Latino Policy Institute, RI Association for Infant Mental Health, and the RI Association for the Education of Young Children

<sup>1,2,3</sup> Pregnancy Mortality Surveillance System | Maternal and Infant Health | CDC. (2020). Retrieved February 3, 2020, from [www.cdc.gov](http://www.cdc.gov)

<sup>4</sup> Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007–2016. *MMWR Morbidity Mortality Weekly Report* 2019;68:762–765

<sup>5,6,7,17,18</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2013–2017.

<sup>8</sup> Hoffman, K. M., Trawalter, S., Axt, J. R.,. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America*, 113(16), 4296–4301.

<sup>9</sup> Haider, A. H., Sexton, J., Sriram, N., Cooper, L. A., Efron, D. T., Swoboda, S., ... & Lipsett, P. A. (2011). Association of unconscious race and social class bias with vignette-based clinical assessments by medical students. *Jama*, 306(9), 942–951.

<sup>10</sup> Braveman, P., Heck, K., Egerter, S., Dominguez, T. P., Rinki, C., Marchi, K. S., & Curtis, M. (2017). Worry about racial discrimination: A missing piece of the puzzle of Black-White disparities in preterm birth?. *PloS one*, 12(10), e0186151.

<sup>11</sup> Vilda, D., Wallace, M., Dyer, L., Harville, E., & Theall, K. (2019). Income inequality and racial disparities in pregnancy-related mortality in the US. *SSM - population health*, 9, 1

<sup>12</sup> What is a Doula - DONA International. (2020). Retrieved February 3, 2020, from [www.dona.org](http://www.dona.org)

<sup>13</sup> Hodnett, E. D., Gates, S., Hofmeyr, G. J., & Sakala, C. (2013). Continuous support for women during childbirth. *Cochrane database of systematic reviews*, (7).

<sup>14</sup> Kozhimannil, K. B., Attanasio, L. B., Jou, J., Joarnt, L. K., Johnson, P. J., & Gjerdingen, D. K. (2014). Potential benefits of increased access to doula support during childbirth. *The American journal of managed care*, 20(8), e340.

<sup>15</sup> Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of doulas on healthy birth outcomes. *The Journal of perinatal education*, 22(1), 49–58. doi:10.1891/1058-1243.22.1.49

<sup>16</sup> Federal Interagency Forum on Child and Family Statistics. (2017). *America's children: Key national indicators of well-being, 2017*. Washington, DC: U.S. Government Printing Office