


Connecting Vision to Action

W E L C O M E
 **DONA** INTERNATIONAL
SUMMIT 2021

#DONASUMMIT

The background of the slide features a blurred image of a person's hands typing on a laptop keyboard. The laptop is silver, and the hands are positioned over the keyboard. The overall scene is softly focused, with a warm, slightly yellowish tint. In the top left corner, there is a small, out-of-focus green plant. The text is overlaid on this background in a bold, blue, sans-serif font.

If maternal mortality and morbidity are the problem, are doulas the solution?

Eugene Declercq, PhD
Boston Univ. School of Public Health

DONA International Summit
October 28, 2021

Speaker Conflicts of Interest Disclosure

- *I have no conflicts to disclose*

Outline

- 1. Defining Maternal Mortality**
- 2. History of maternal Mortality in U.S.**
- 3. Strange tale of the pregnancy checkbox**
- 4. The Pregnancy Related Mortality Surveillance System**
- 5. The U.S. in World Context**
- 6. The Persistence of Racial Disparities**
- 7. The Problem is Greater than Maternal Mortality**
- 8. The Role of Doulas in Addressing Maternal Mortality**

The three widely used definitions of maternal mortality:

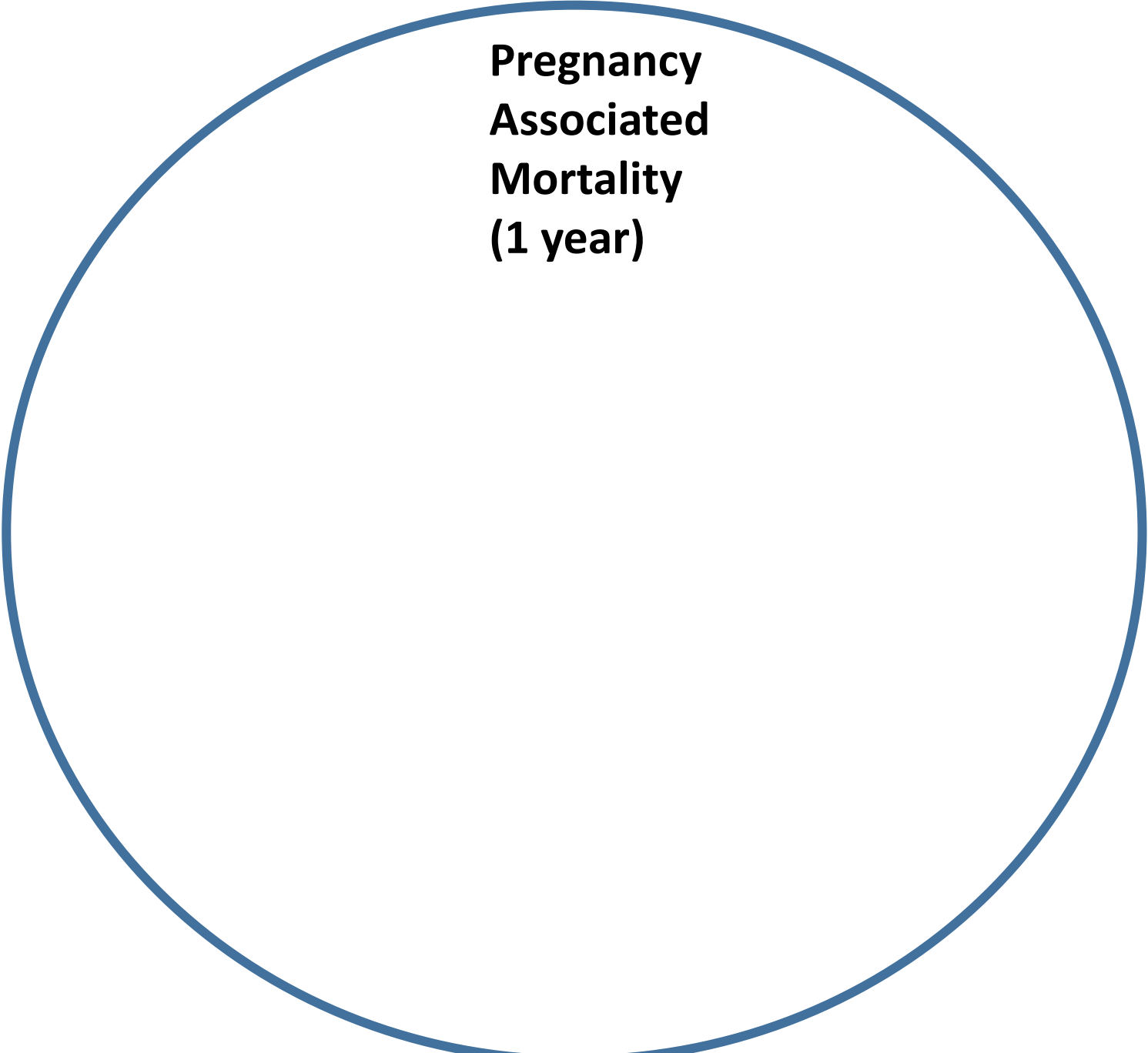
1. Pregnancy associated death

2. Pregnancy related death

3 Maternal mortality

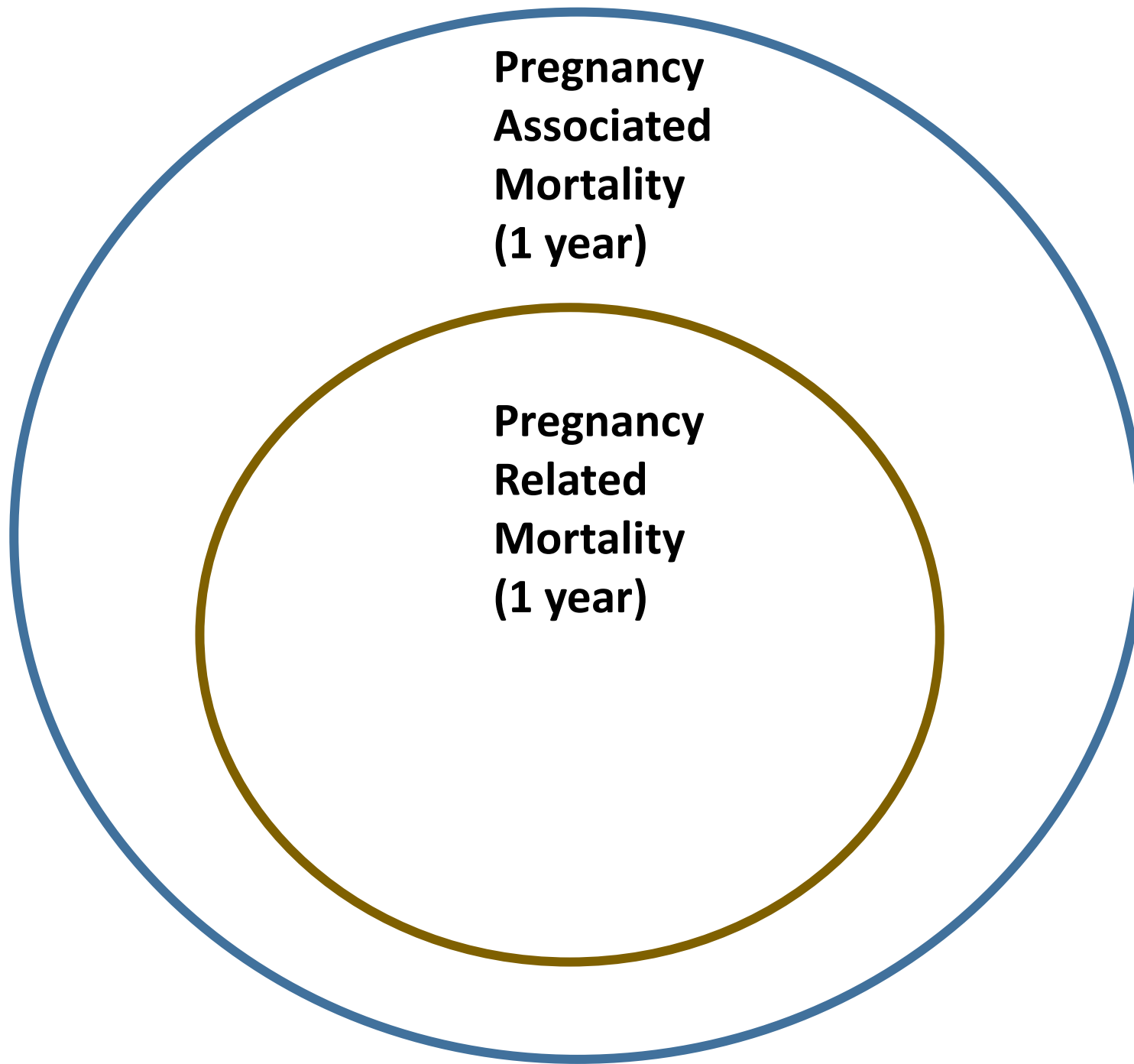
Three Definitions (in the U.S.)

- **Pregnancy Associated Death** – The death of a women while pregnant or *within one year* of termination of pregnancy, *irrespective of cause*. (*WHO calls these “pregnancy related”*). *Starting point for analyses*.
- **Maternal Mortality Ratio** – the death of a woman *while pregnant or within 42 days of termination of pregnancy*, irrespective of the duration and site of the pregnancy, from any cause *related to or aggravated by the pregnancy* or its management but not from accidental or incidental causes. Typically reported as a ratio per 100,000 births. *Used in international comparisons*.
- **Pregnancy Related Death** – the death of a woman during pregnancy or *within one year* of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. *Used by CDC for U.S. trends*.

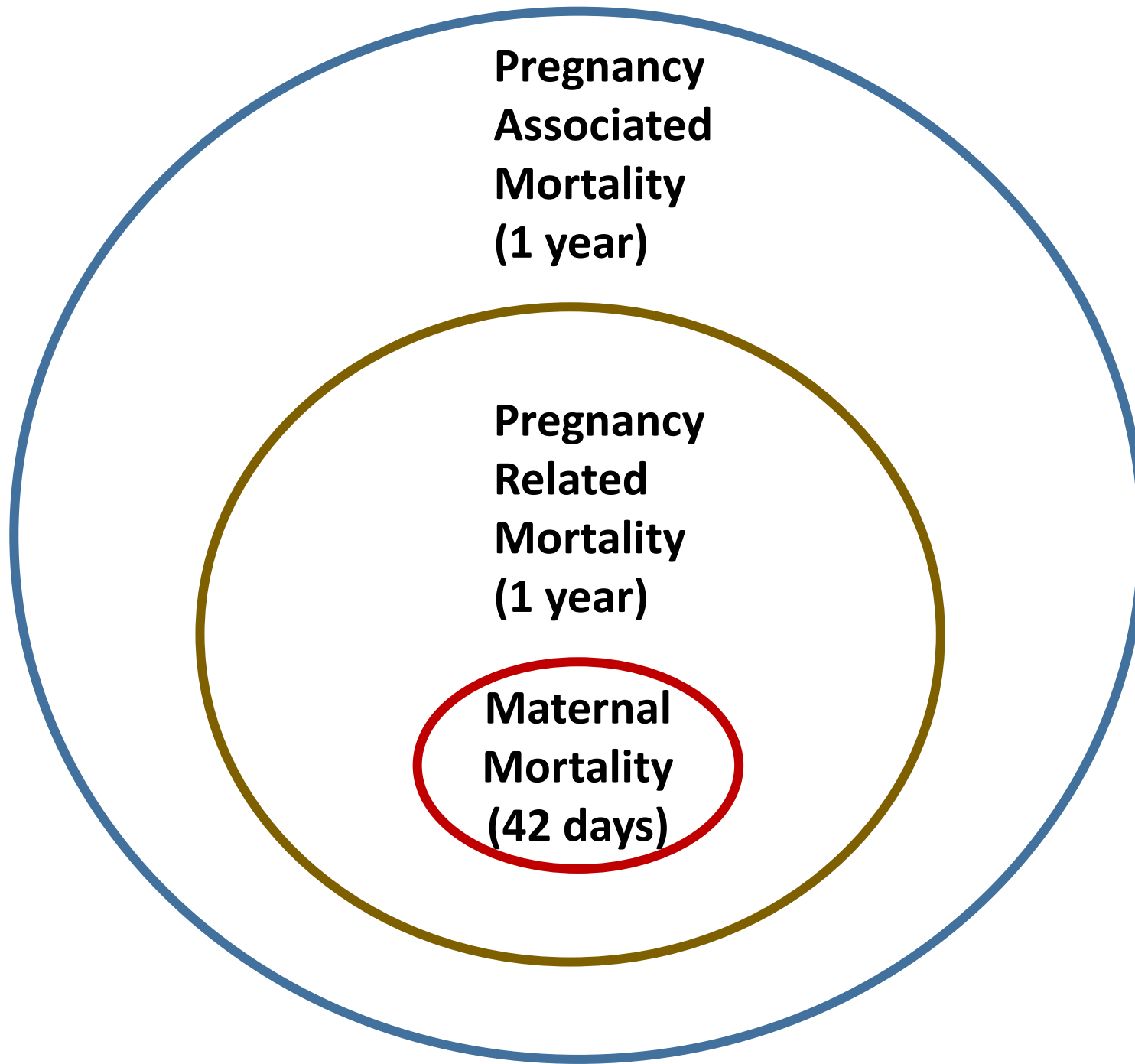


**Pregnancy
Associated
Mortality
(1 year)**

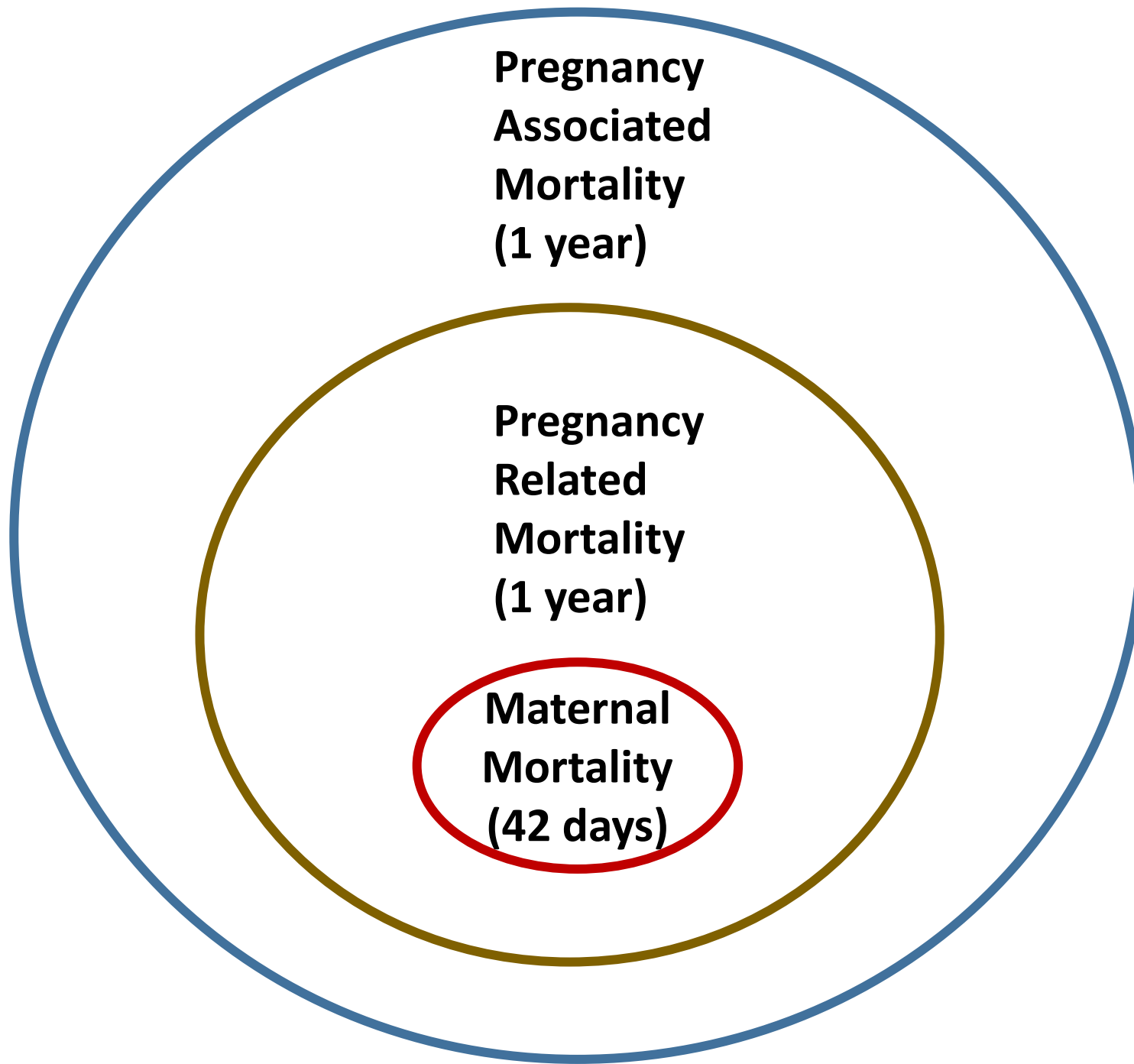
**Pregnancy
Associated
Mortality:**
**All Deaths women
of reprod. age
pregnancy to 1
year ppm**



**Pregnancy
Related
Mortality:**
All Deaths
women of
reprod. age
pregnancy to
1 year ppm
Related to the
pregnancy



Maternal Mortality:
All Deaths women
of reprod. age
pregnancy to **42**
days ppm Related
to the pregnancy



Pregnancy Associated Mortality: Deaths during pregnancy and up to **1 year postpartum**

Pregnancy Related Mortality: Deaths during pregnancy and up to **1 year postpartum** & related to the pregnancy

Maternal Mortality: Deaths during pregnancy and up to **42 days postpartum** & related to the pregnancy

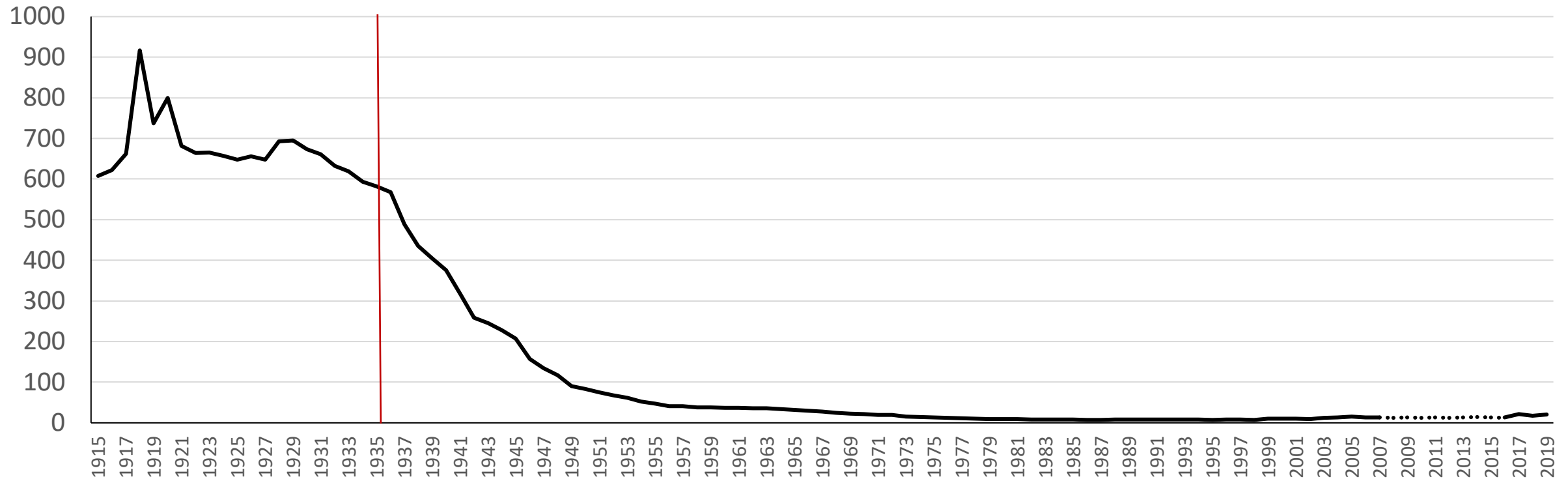
2. The Historical Trend in U.S. Maternal Mortality

Declaring Premature Victory

“An examination of the rates for the different states indicates areas in which further improvement can be expected, but it is clear that maternal mortality is no longer a nationwide problem.....Childbearing has been made quite safe.”

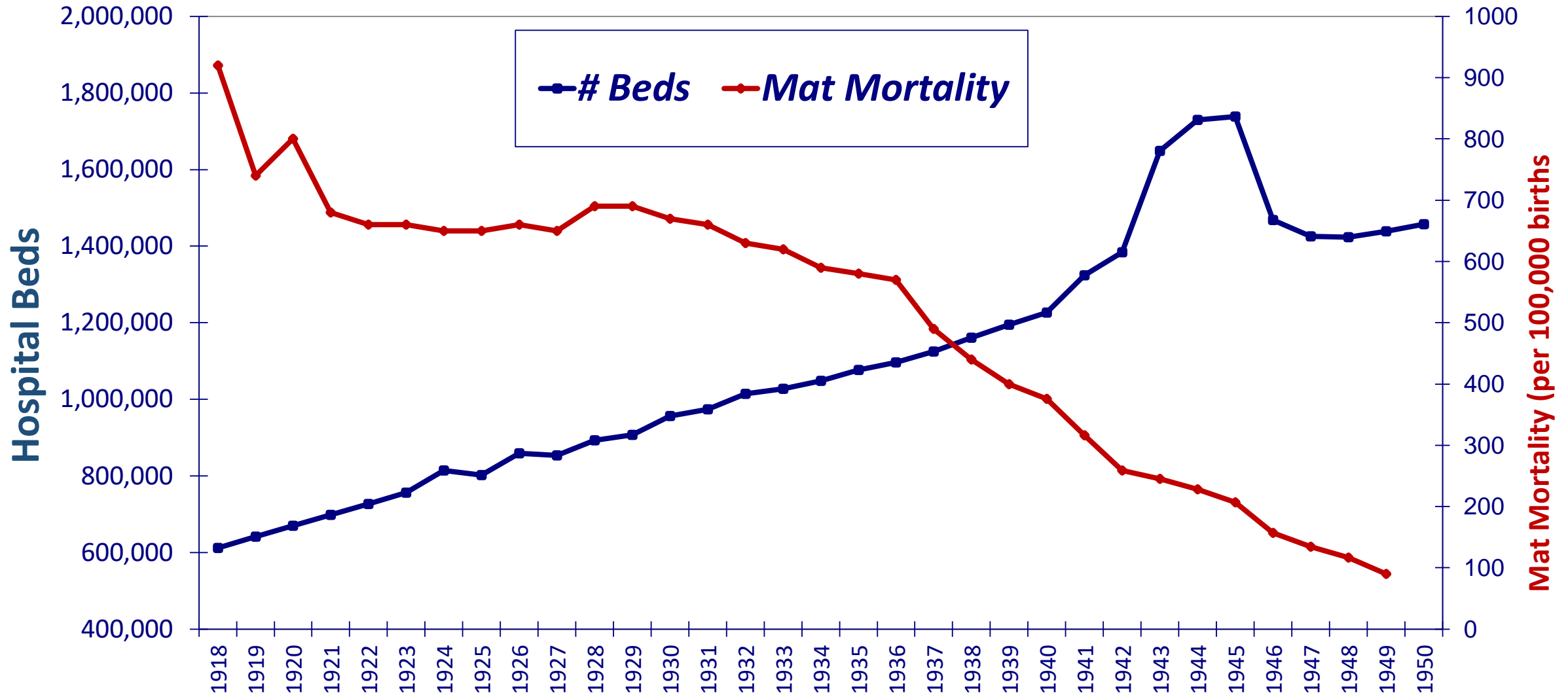
- Maternal Deaths One in a Thousand. *JAMA*, 1950; 144: 1096-7.
- *At the time the maternal mortality rate was 100 per 100,000*

U.S. Maternal Mortality (per 100,000 births), 1915-2019



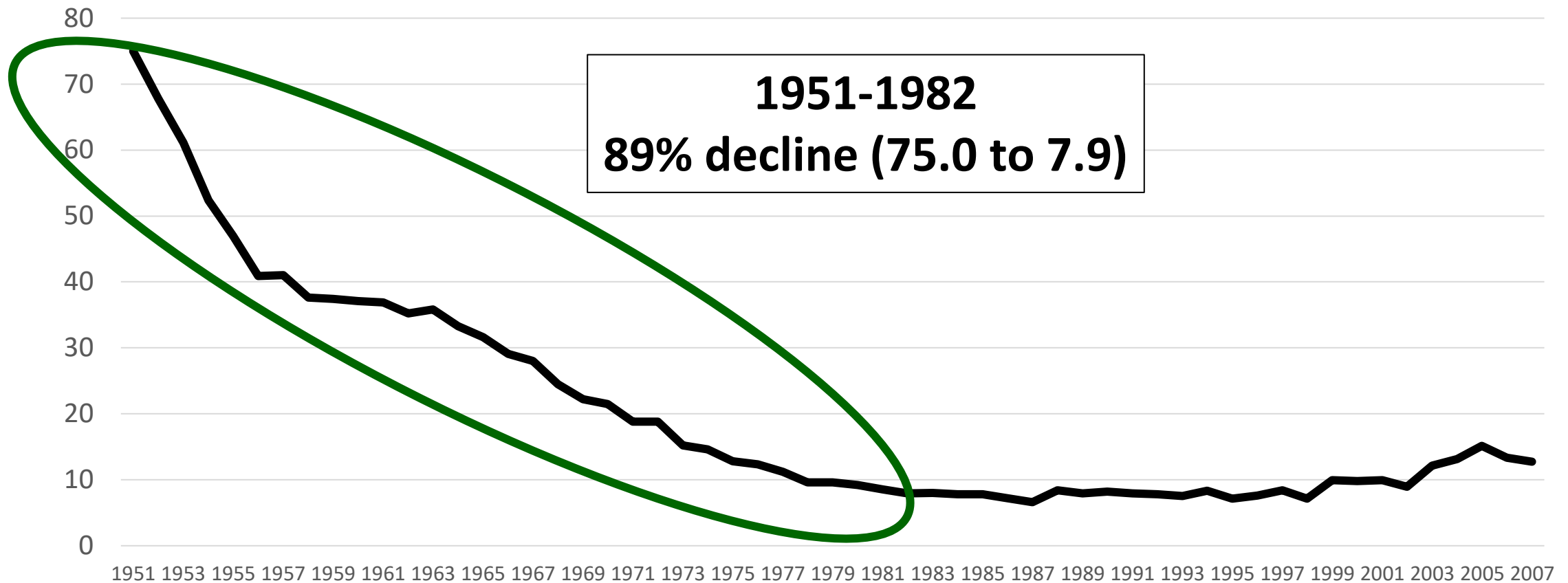
Sources: NCHS. Maternal Mortality and Related Concepts. Vital & Health Statistics. Series 33; #3. & annual data reports. 1915-1960 data from NCHS. *Vital Statistics Rates In The United States 1940-1960*. NOTE: Shifts in measurement (e.g. not all states were part of registration system prior to 1933) accounts for some of the variation over time. 2007-2016 based on 2 year estimates of the pregnancy related mortality rate: Petersen E. *MMWR*.9/6/19; 2017: Rossen. *Impact of Pregnancy Checkbox, U.S. 1999-2017*.NCHS.VitalHlthStat.3(44);2020.; 2018: U.S. Hoyert DL et al. *NVSR*; vol 69 no 2. Hyattsville, MD: NCHS. 1/30/2020.

Number of U.S. Hospital Beds and Maternal Mortality, 1918-1950



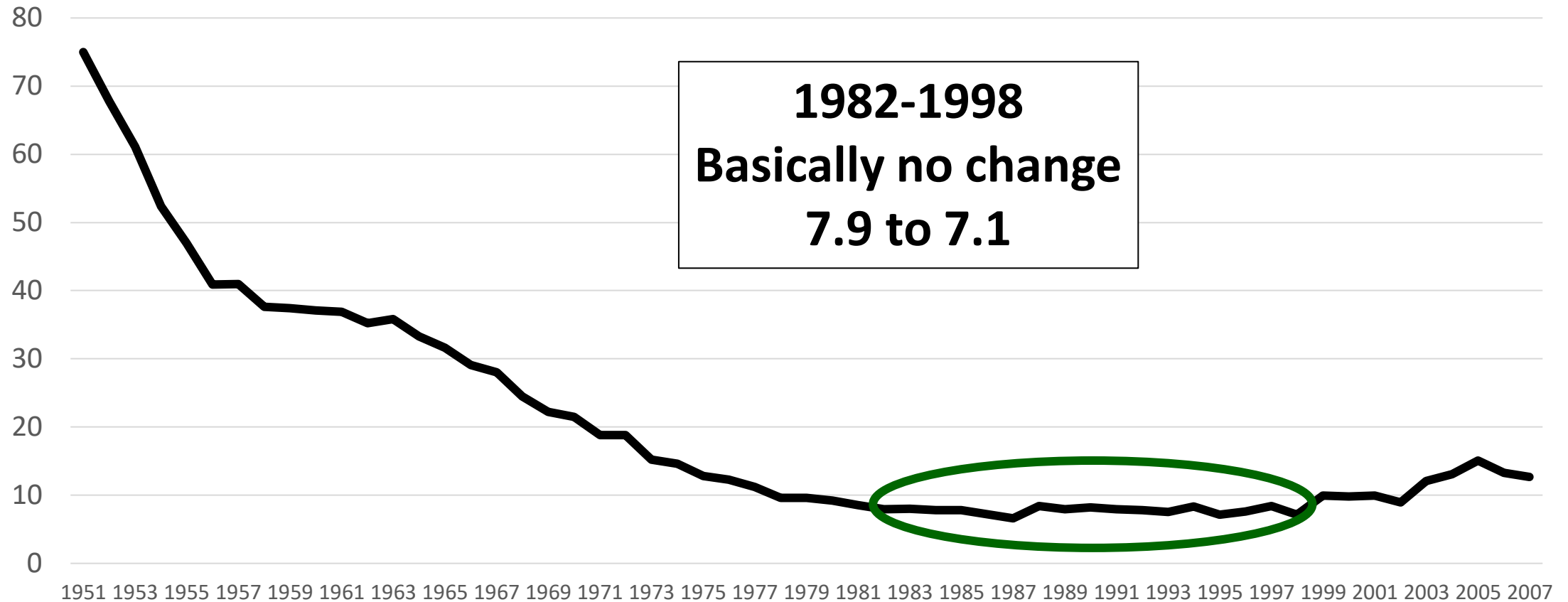
Sources: Hospital beds- Statistical Abstract & JAMA; Maternal mortality - NCHS. *Vital Statistics Rates In The United States 1940-1960*.

U.S. Maternal Mortality (per 100,000 live births), 1951-2007



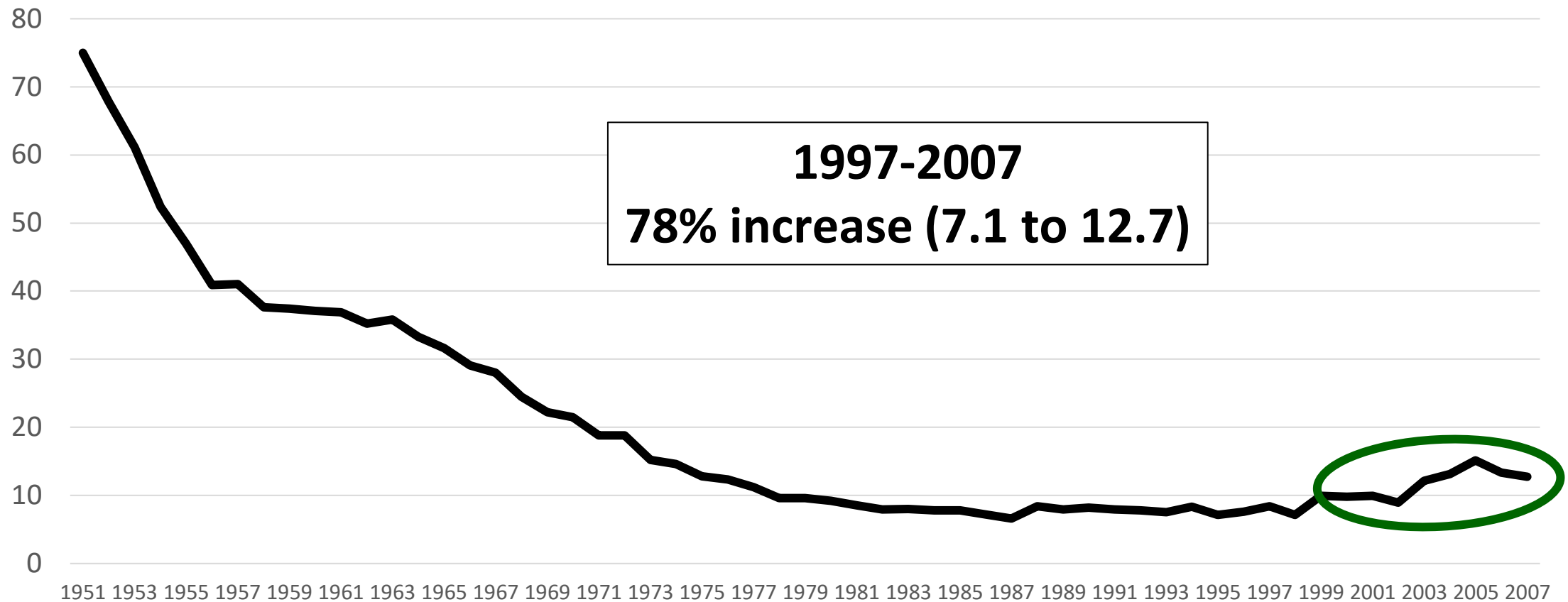
Source: NCHS. Deaths: Final Data. Annual Reports.

U.S. Maternal Mortality (per 100,000 live births), 1951-2007



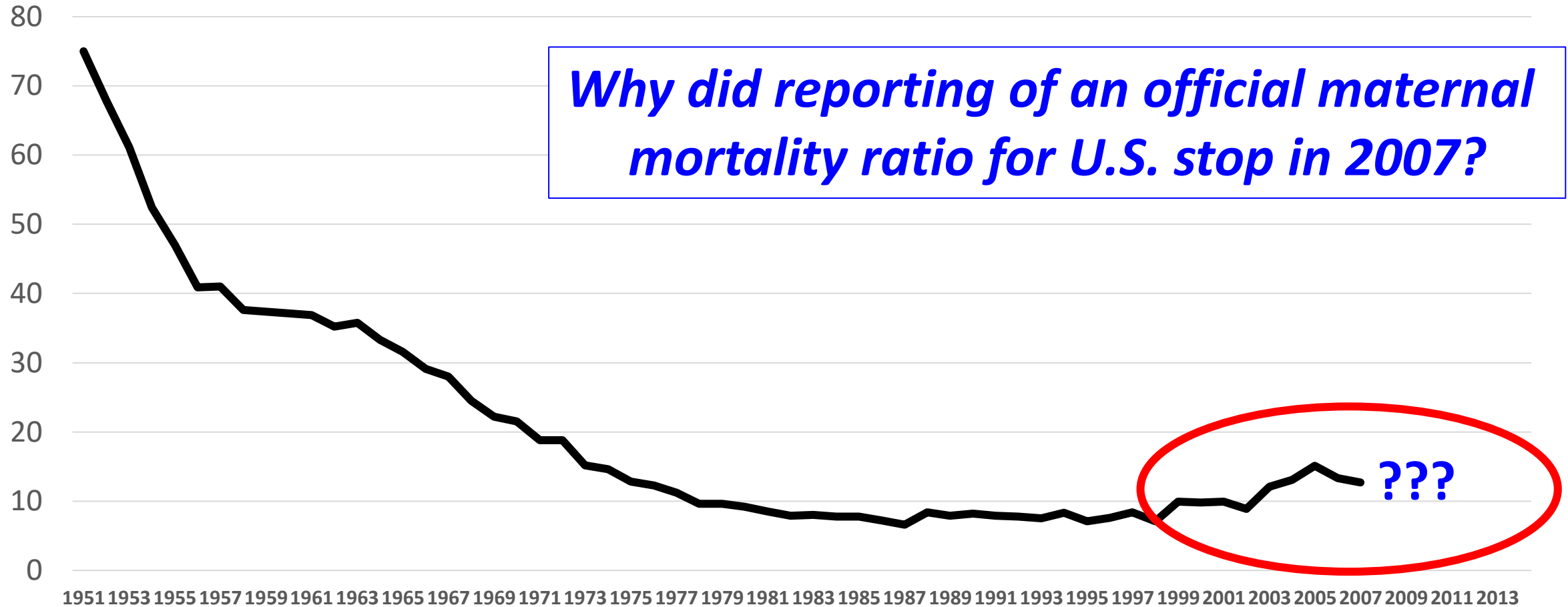
Source: NCHS. Deaths: Final Data. Annual Reports.

U.S. Maternal Mortality (per 100,000 live births), 1951-2007



Source: NCHS. Deaths: Final Data. Annual Reports.

U.S. Maternal Mortality Ratio (per 100,000 live births) , 1951-2007



Recent Increases in the U.S. Maternal Mortality Rate

Disentangling Trends From Measurement Issues

Marian F. MacDorman, PhD, Eugene Declercq, PhD, Howard Cabral, PhD, and Christine Morton, PhD

RESULTS: The estimated maternal mortality rate (per 100,000 live births) for 48 states and Washington, DC (excluding California and Texas, analyzed separately) increased by 26.6%, from 18.8 in 2000 to 23.8 in 2014. California showed a declining trend, whereas Texas had a sudden increase in 2011–2012. Analysis of the measurement change suggests that U.S. rates in the early 2000s were higher than previously reported.

***How did the U.S. get to the point
where they stopped publishing a
maternal mortality rate?***

***Efforts to avoid poor case
ascertainment led to over-
ascertainment***

3. The Case of the Pregnancy Checkbox

“This difficulty [in measuring maternal mortality] would be solved easily if universal birth and stillbirth registration was practiced and if death certificates required a statement as to the association of the puerperal state.”

Committee on Maternal Welfare. Maternal Mortality in Philadelphia 1931-1933 (1934)

Quick note on the federal reporting system of births and deaths.

- There is no centralized “national” reporting system in the U.S.
- Birth and death data is collected at the local level, compiled at the state level, and then selected items are sent to the **National Vital Statistics System (NVSS)**.
- The states and the NVSS periodically negotiate an agreement (the *U.S. Standard Certificate of Death*) on the specific items from state data collection used in the national file. These revisions were last made in 1975, 1989, and 2003.
- The failure to officially report U.S. maternal deaths from 2008-18 was a direct result of the 2003 revisions that attempted to improve reporting.

To improve case identification:

U.S. Standard Pregnancy Question, 2003 (sort of)

Checkbox format:

IF FEMALE:

- ☐ Not pregnant within past year
- ☐ Pregnant at time of death
- ☐ Not pregnant, but pregnant within 42 days of death
- ☐ Not pregnant, but pregnant 43 days to 1 year before death
- ☐ Unknown if pregnant within the past year

Meant to solve 2 problems:

(1) Most states had no such question; and

(2) Different questions used in different states that did ask about pregnancy status.

Delays in Adoption of the U.S. Standard Pregnancy Question among States

	New Adopters*	Total
2003	4	4
2004	7	11
2005	7	18
2006	4	22
2007	2	24
2008	7	31
2009	0	31
2010	4	35
2011	2	37
2012	4	41
2013	1	42
2014	5	47
2015	2	49
2016	1	50
2017	1	51

CA, ID, MT, NY	2003
New Jersey	2004
Florida	2005
Texas	2006
Ohio	2007
Massachusetts	9/2014
Alabama	2016
W. VA	2017

* Note: Some states adopted change in the middle of the calendar year.

NVSS analyses of the checkbox

National Vital Statistics Reports

Volume 69, Number 1



January 30, 2020

Evaluation of the Pregnancy Status Checkbox on the Identification of Maternal Deaths

by Donna L. Hoyert, Ph.D., Division of Vital Statistics, Sayeedha F.G. Uddin, M.D., M.P.H., Office of the Director, and Arialdi M. Miniño, M.P.H., Division of Vital Statistics

National Vital Statistics Reports

Volume 69, Number 2



January 30, 2020

Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018

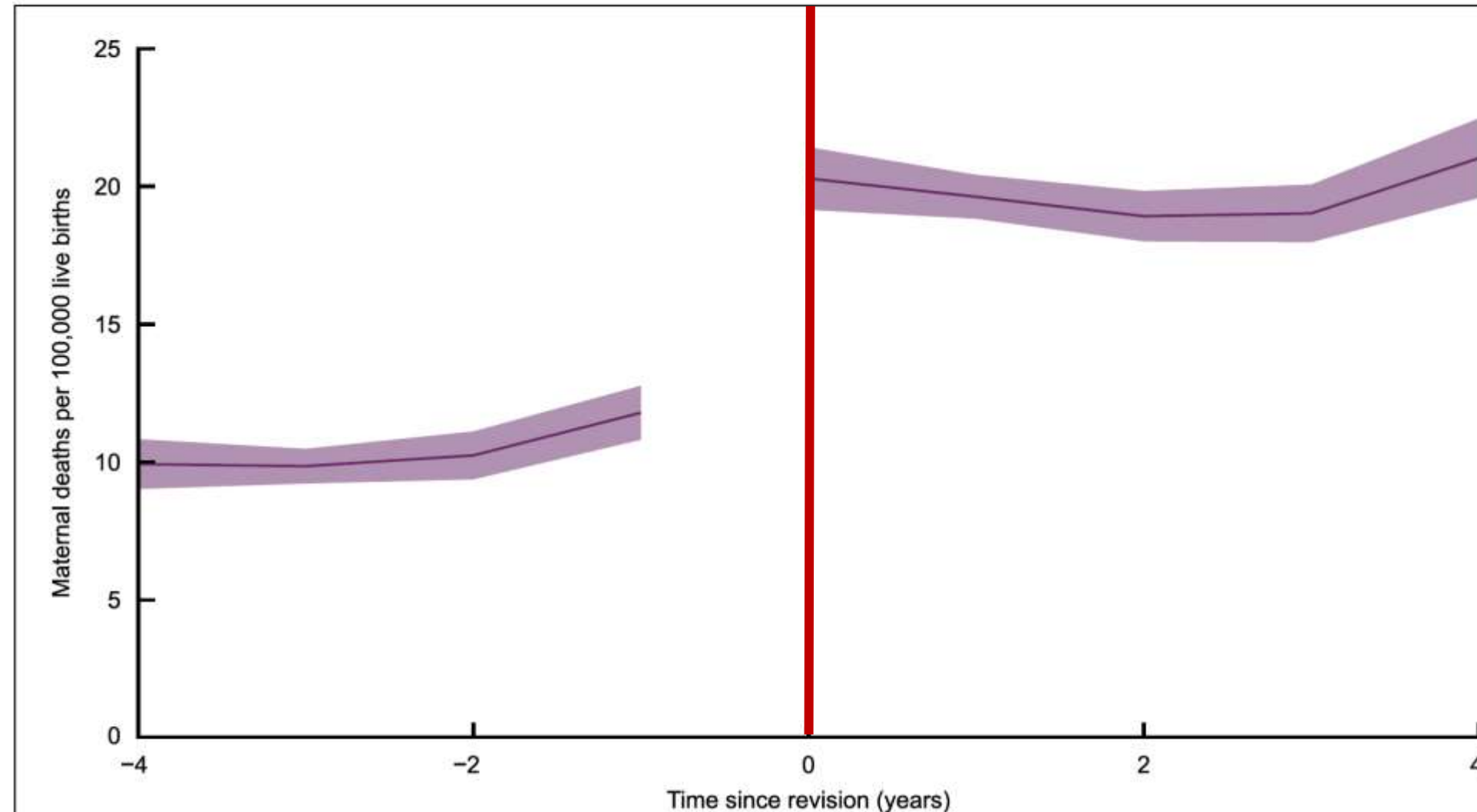
by Donna L. Hoyert, Ph.D., and Arialdi M. Miniño, M.P.H., Division of Vital Statistics

The Impact of the Pregnancy Checkbox and Misclassification on Maternal Mortality Trends in the United States, 1999–2017

Analytical and Epidemiological Studies

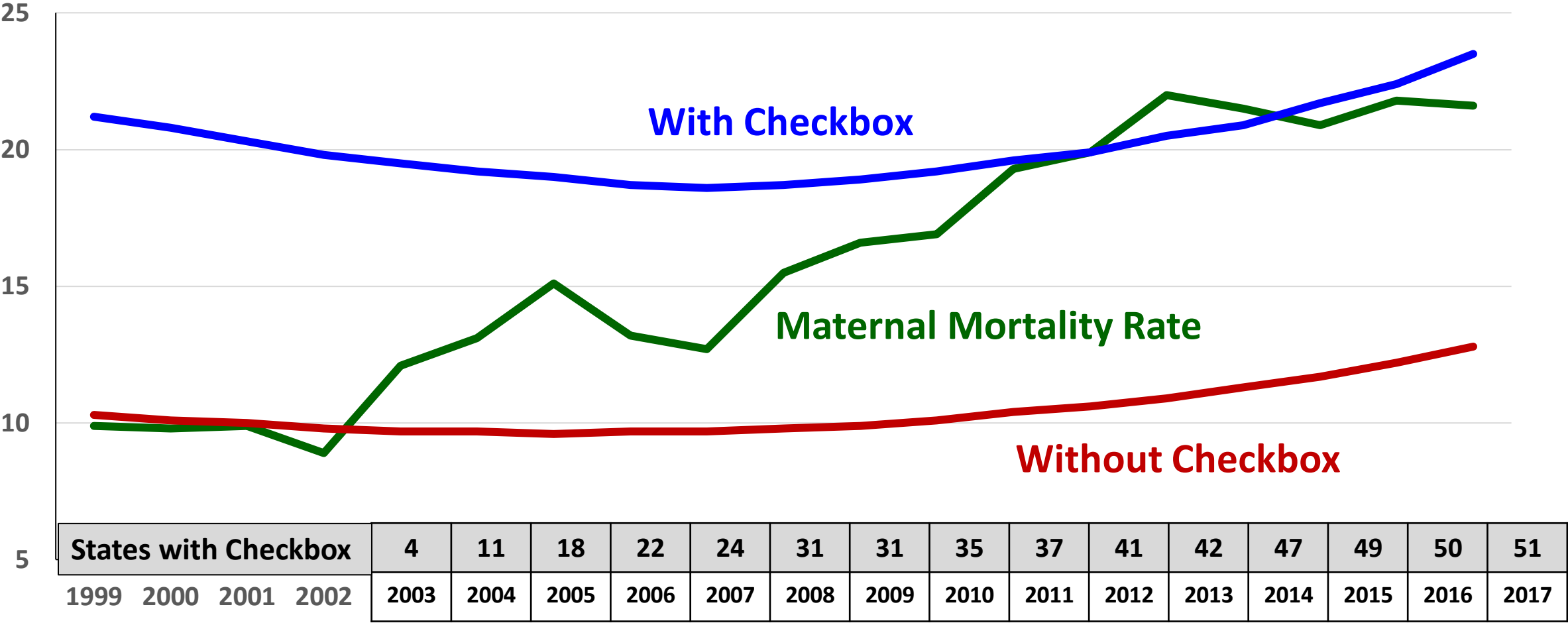
NCHS Analysis of the Impact of Checkbox

Figure 1. Average change in maternal mortality rates associated with the pregnancy checkbox implementation: United States, 2003–2017



Source: Rossen LM, et al. *The impact of the pregnancy checkbox, 1999–2017*. NCHS. Vital Health Stat 3(44). 2020.

Observed and predicted maternal mortality rates: United States, 1999–2017



Source: Rossen LM, et al. *The impact of the pregnancy checkbox, 1999–2017*. NCHS. Vital Health Stat 3(44). 2020.

Ratio of maternal deaths assigned using the checkbox item to maternal deaths assigned without using the checkbox item for maternal deaths: Selected states, 2015–2016

	Number of deaths		
State	Assigned by checkbox	Assigned w/out checkbox	Ratio
47 States & D.C.*	1,527	498	3.07
Florida	78	37	2.11
Georgia	134	28	4.79
Illinois	40	21	1.90
New York	72	41	1.76
Ohio	53	24	2.21
Texas	264	58	4.55

* Excludes Alabama, California, & W. Virginia

Source: Hoyert Diet al. Evaluation of the pregnancy status checkbox on identification of maternal deaths. Nat'l

Vital Stat Rep; V 69 # 1. Hyattsville, MD: NCHS. 2020.

Number of births and deaths with positive pregnancy responses in the checkbox: United States, 2013

Age	Births	Deaths
40-44	134,540	145
45-49	10,329	89
50-54	780	148
55-59	74	33
60-64	7	51
65-69		45
70-74		51
75-79		46
80-84		42
85+		147

331 cases of positive pregnancy checkbox in deaths of women 65+

NOTE: Alabama, Alaska, Colorado, Hawaii, Massachusetts, North Carolina, Virginia, and West Virginia did not have the standard checkbox in 2013.

How can there be so much misclassification?

Who completes death certificates?

- *Death certificates can be signed by* a medical examiner, a primary physician, an attending physician, a non-attending physician, a nurse practitioner, a forensic pathologist or a coroner, but it varies according to state law. In Texas, for example, a justice of the peace can sign. Typically, deaths have to be recorded with local health departments within 72 hours of the death, and to the state within five to seven days.
- *Only about 8% of death certifications involve an autopsy*

PBS. Frontline. PostMortem.(2/1/2011) <https://www.pbs.org/wgbh/pages/frontline/post-mortem/things-to-know/death-certificates.html>

Summary

- *The introduction of the pregnancy checkbox served its stated purpose – it identified cases that would have been otherwise missed.*
- *Unfortunately, it also led to a significant overcounting of women's death as maternal deaths.*
- *Even if you take a more conservative approach to determining the maternal mortality ratio, the U.S. data suggests we are not doing well.*

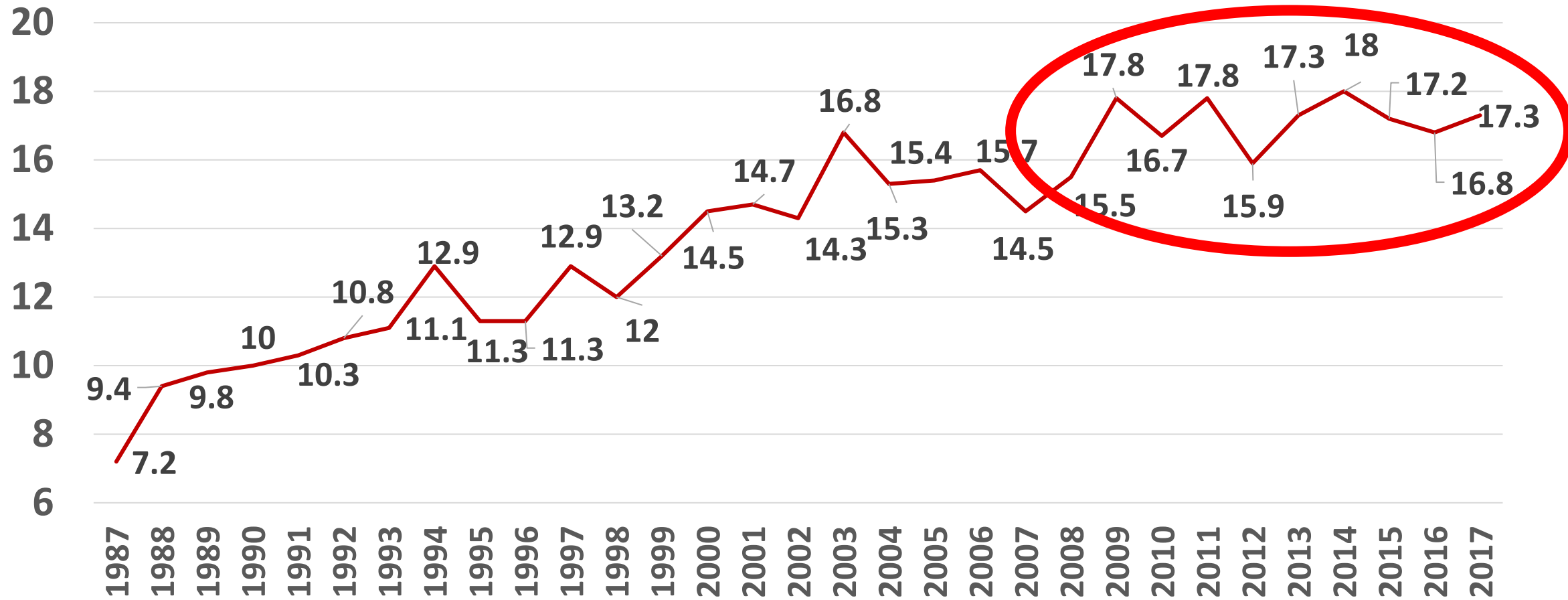
Was there a better system available?

4. The Pregnancy Related Mortality Surveillance System

Our best existing measure

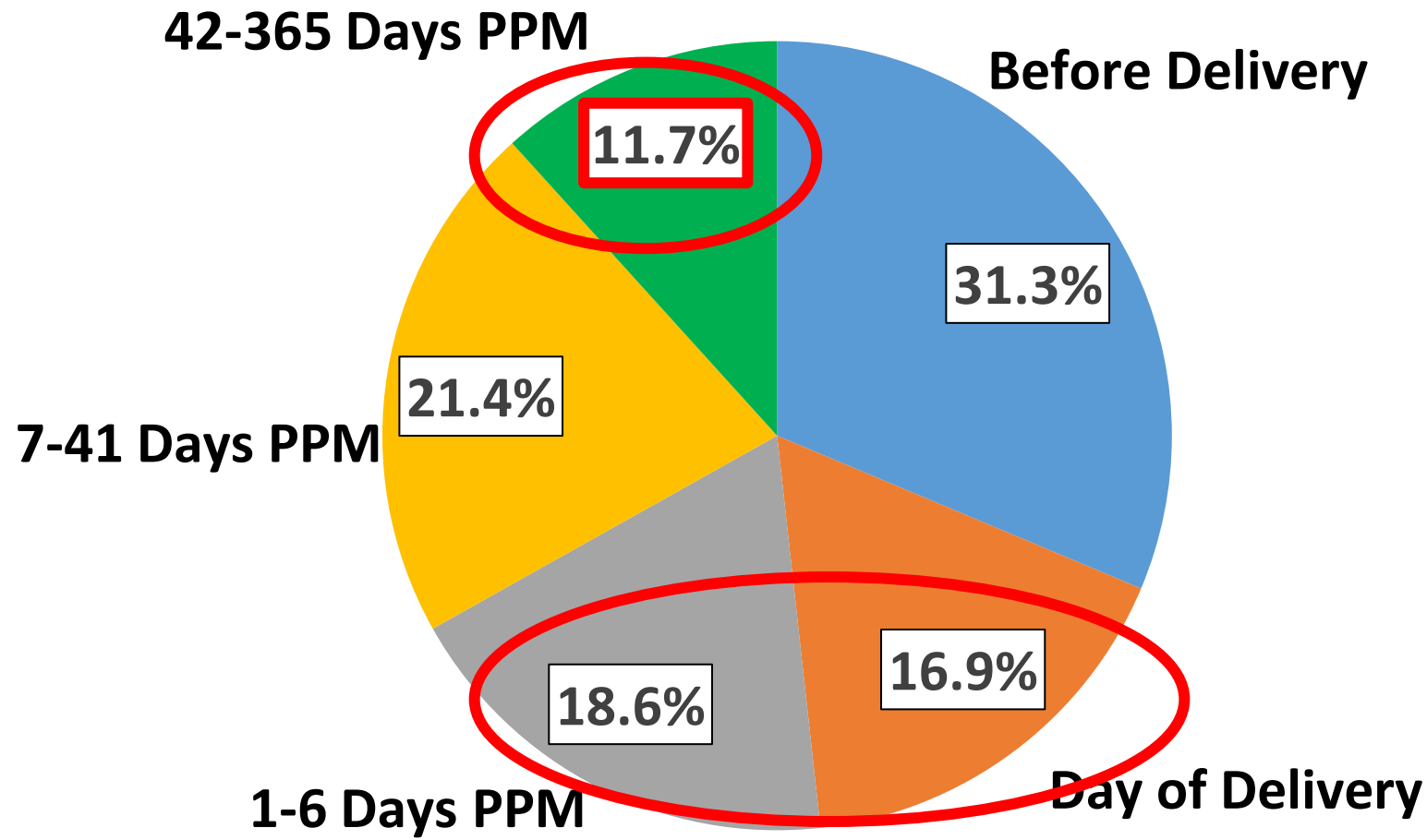
Pregnancy Related Mortality, U.S., 1987-2017

Pregnancy Related Mortality Ratio (per 100,000 births)



Source: CDC. Adapted from Creanga. Pregnancy-Related Mortality in the United States. *Obstet Gynecol* 2017 & Petersen E. et al. Vital Signs: Pregnancy-Related Deaths, U.S., 2011–2015, *MMWR* .vol.68. May 7, 2019. 1-7 & Petersen E et al. Racial/Ethnic Disparities in Pregnancy Related Deaths – U.S. 2007–'16. *MMWR* 9/6/19.

Timing of Maternal Deaths



Source: Petersen E. et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR* .vol.68. May 7, 2019. 1-7.

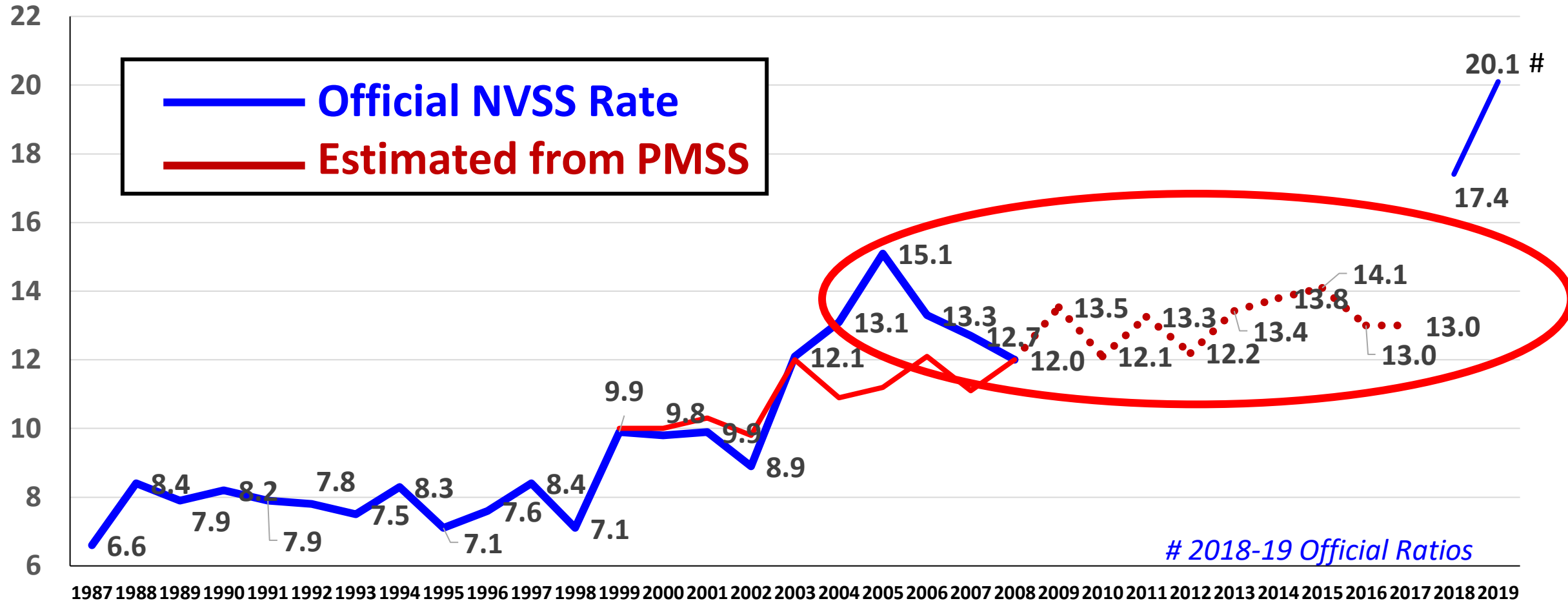


Maternal Mortality Rates in the United States, 2019

by Donna L. Hoyert, Ph.D., Division of Vital Statistics

This report presents maternal mortality rates for 2019 based on data from the National Vital Statistics System. A maternal death is defined by the World Health Organization as, “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (1).” Maternal mortality rates, which are the number of maternal deaths per 100,000 live births, are shown in this report by age group and race and Hispanic origin.

Maternal Mortality Ratios (per 100,000 live births), U.S. 1987-2019*



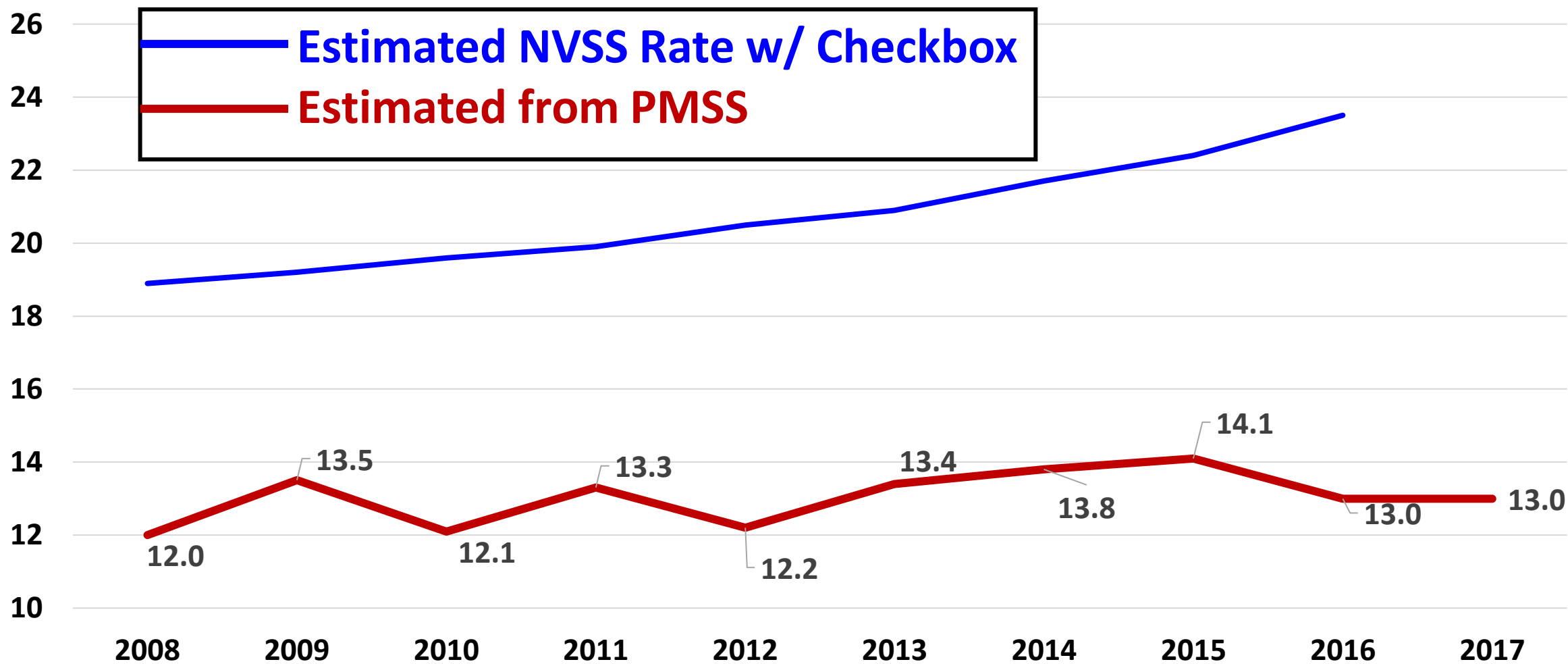
* 1987-2007 & 2018-19 based on official NVSS reported ratio; 2008-2016 estimated based on Pregnancy-Related Mortality Ratio limited to 42 days postpartum.

Source: Adapted from: Callaghan W. <https://www.cdc.gov/grand-rounds/pp/2017/20171114-presentation-maternal-mortality-H.pdf>

www.birthbythenumbers.org

So is the maternal mortality going up in the U.S.?

Maternal Mortality Ratios (per 100,000 live births), U.S. 2009-2016



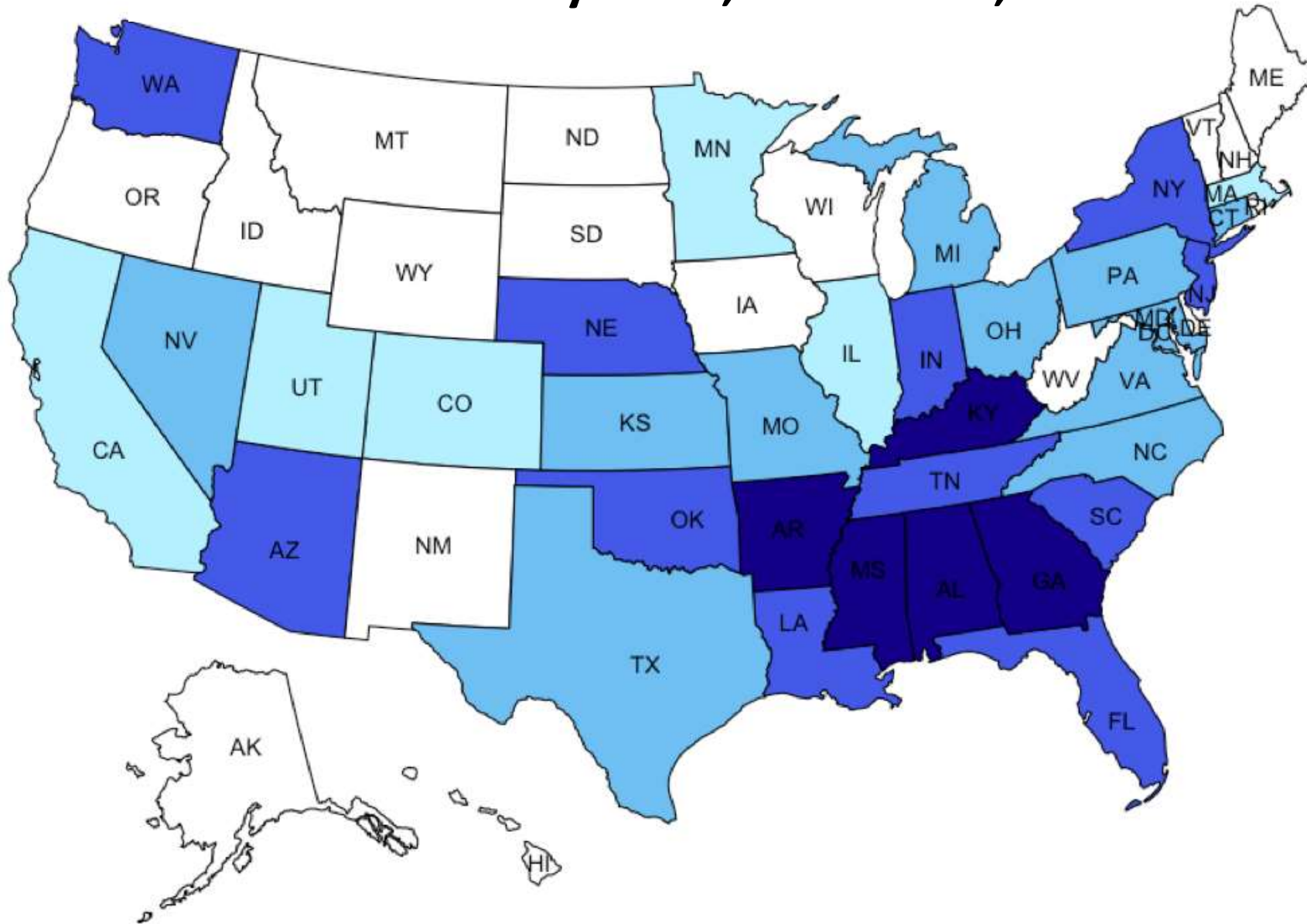
* 1987-2007 based on official NVSS reported ratio; 2008-2016 estimated based on Pregnancy-Related Mortality Ratio limited to 42 days postpartum

Source: Hoyert DL et al. Maternal mortality in the United States: Changes in coding, publication, and data release, 2018.

National Vital Statistics Reports; vol 69 no 2. Hyattsville, MD: National Center for Health Statistics. 2020.

www.birthingbythenumbers.org

Maternal Mortality Ratio, U.S. States, 2018-19



**What does
it look like
in the
states?**

Legend No Data (<10 deaths) <15.0 15-19.9 20-29.9 30+

Source: NCHS. NVSS.
*Maternal Mortality by State,
2018-2019.* Personal
communication, Donna
Hoyert

www.birthingthenumbers.org

5. Comparing the U.S. to the Rest of the World

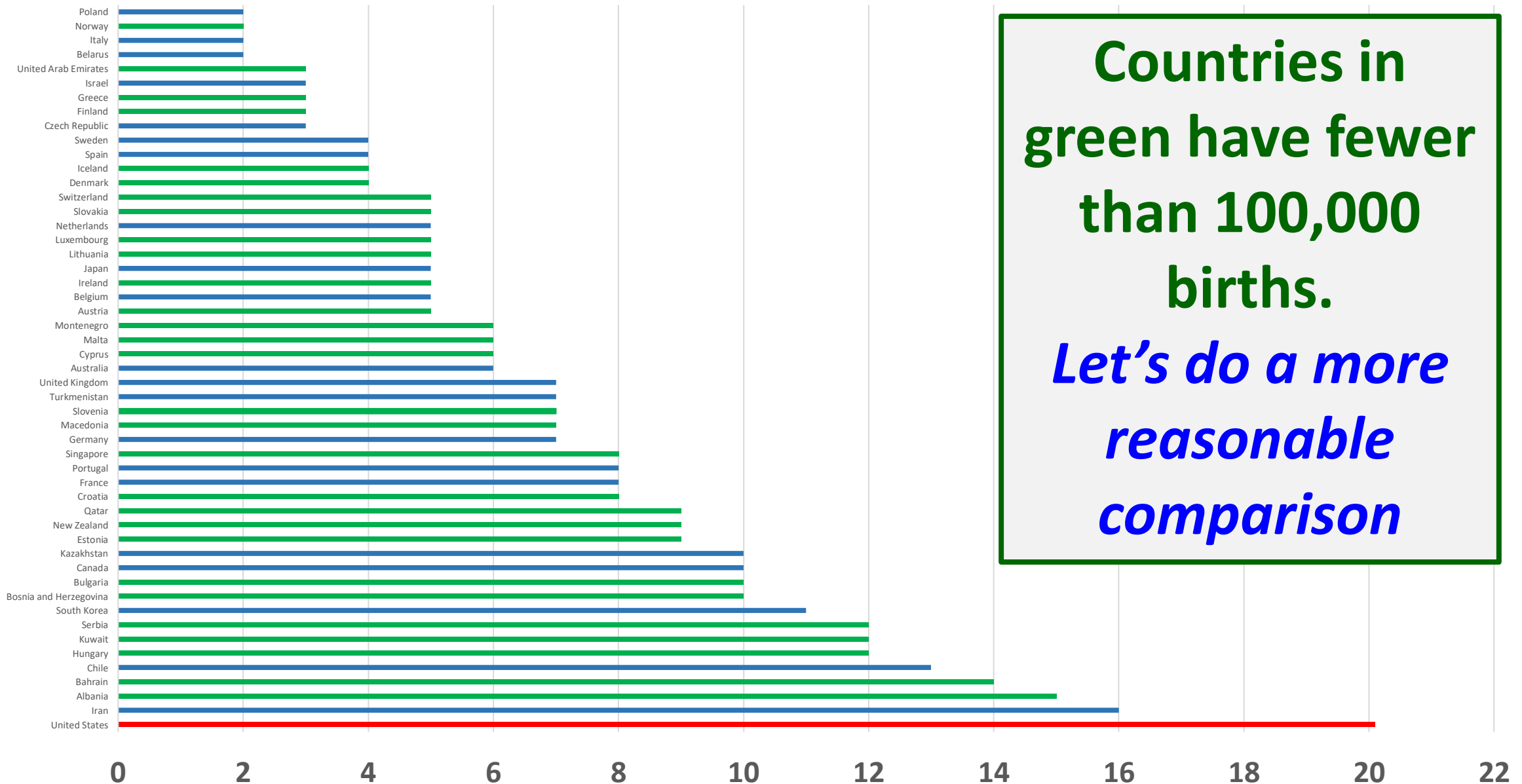
U.S. in a Comparative Context, 1910, 1927, 2017

	1901-1910 ¹	1927 ²	2017-19 ³
	per 100K births	per 100K births	per 100K births
Norway	290	245	2
Italy	270	264	2
Sweden	230	278	4
Northern Ireland	550	480	5
Australia	530	592	6
England & Wales ⁴	410	411	7
France	520	287	8
New Zealand	460	491	9
United States⁵	650	647	20

Sources & Notes:

1. Meigs. *Maternal Mortality in U.S. & other countries*. 1917; 2. Tandy. *Comparability of Maternal Mortality Rates in the United States and Certain Foreign Countries*. 1933; 3. WHO. *Trends in Maternal Mortality, 2000-2017*; 4. UK rate in 2017; 5. Based on 10 reporting areas (CT,ME,MA,MI,NH,PN,RI,VT,NYC, DC) in 1910 & about 90% of all births in 1927.

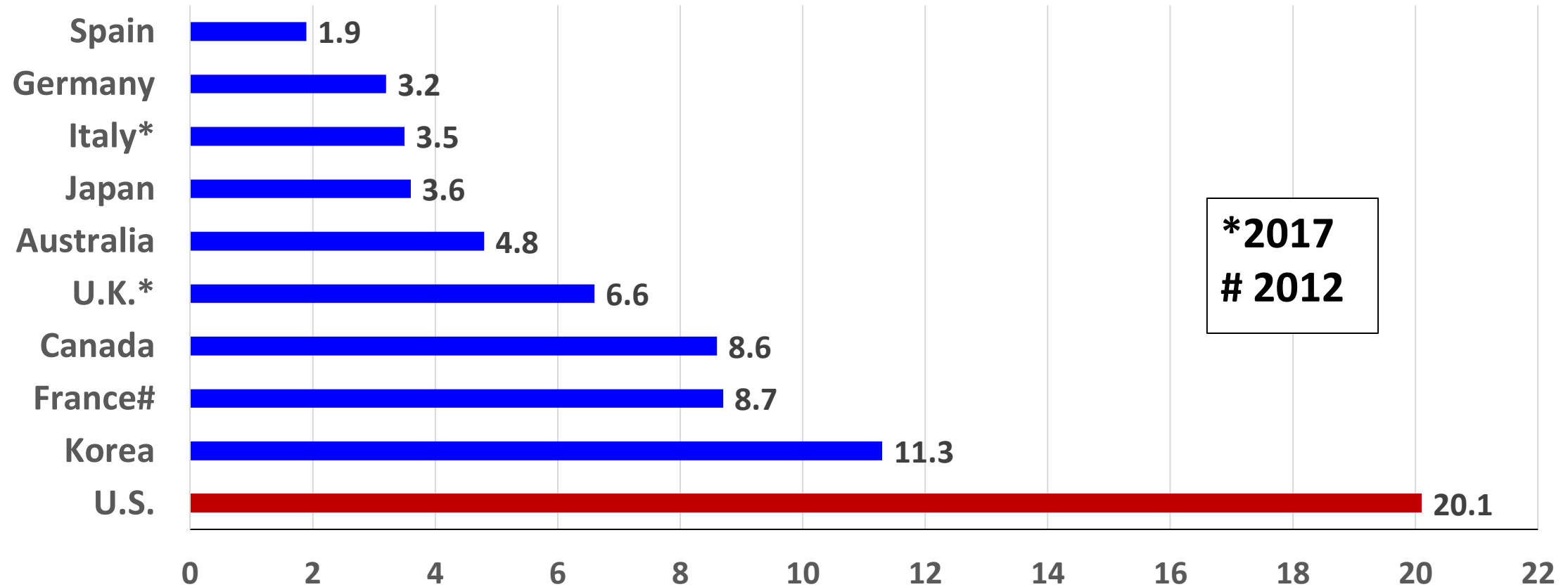
Maternal Mortality Ratios (per 100,000 births), 2017-19



Source: WHO. *Trends In Maternal Mortality, 2000-2017*. (Geneva, 2019)

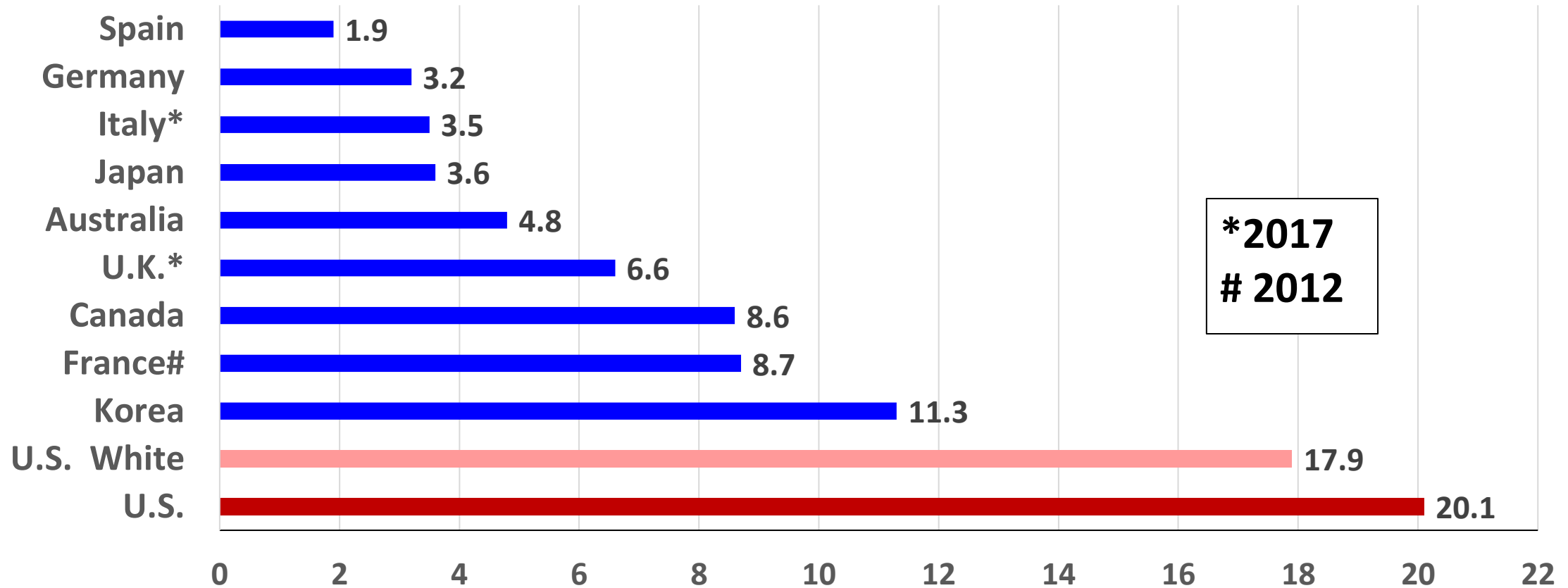
www.birthbythenumbers.org

U.S. Maternal Mortality Ratio (per 100,000 births) Compared to Industrialized Countries with 300,000+ births, 2018-19



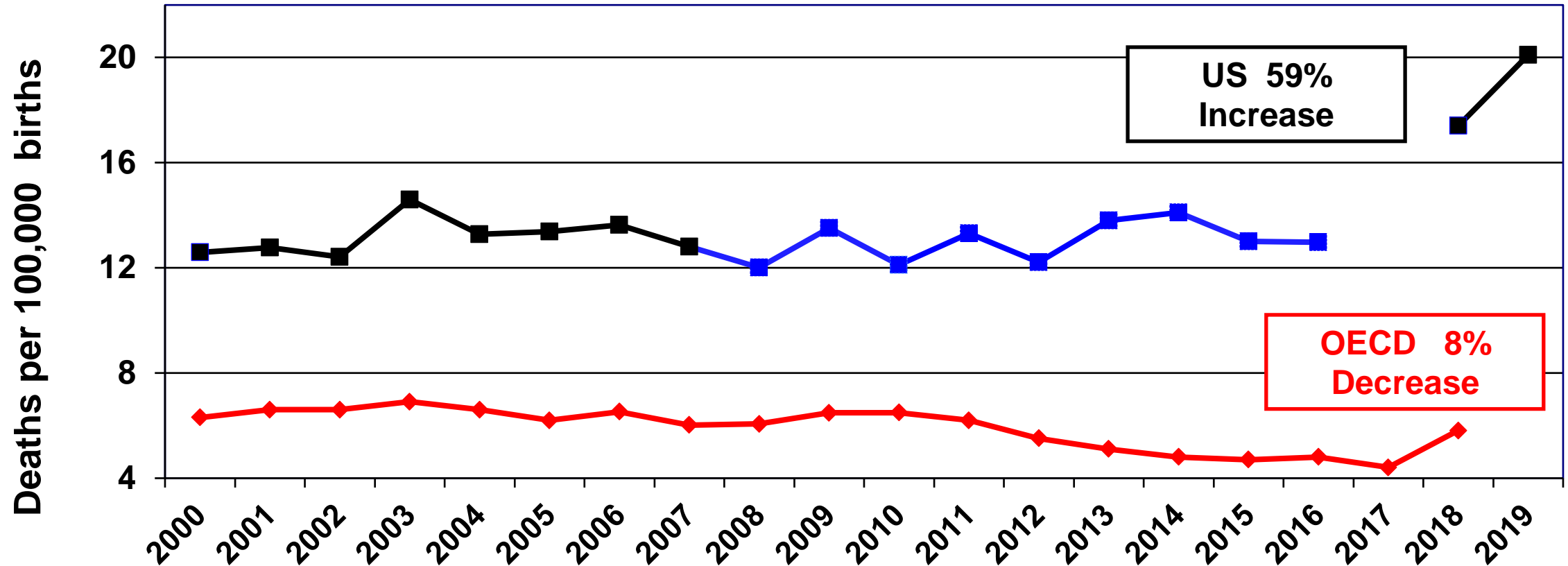
Source: OECD Health Data 2021 & U.S. Hoyert DL etal. National Vital Statistics Reports; vol 69 no 2. Hyattsville, MD: NCHS.
1/30/2020.

U.S. Maternal Mortality Ratio (per 100,000 births) Compared to Industrialized Countries with 300,000+ births, 2018-19



Source: OECD Health Data 2021 & U.S. Hoyert DL et al. National Vital Statistics Reports; vol 69 no 2. Hyattsville, MD: NCHS.
1/30/2020.

Maternal Mortality Ratio (per 100K births), 2000-2019, U.S. & Comparable Countries*



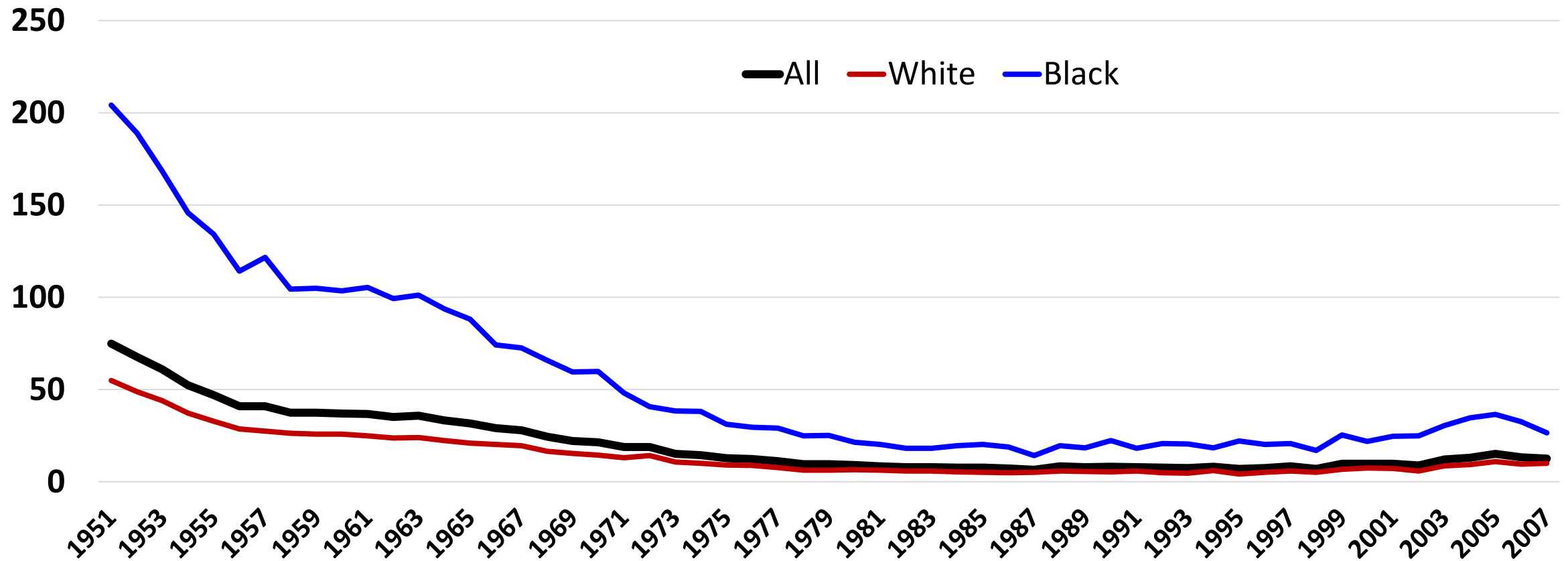
* Countries with **300,000+** births (2017): Australia, Canada, France, Germany, Italy, Japan, S. Korea, Spain, United Kingdom

Summary

- No matter how you structure a comparison, the U.S. fares poorly in cross-national comparisons.
- If you include all countries, the U.S. ranks in the 50s; if you limit it to large wealthy countries, the U.S. ranks 10th...out of 10 countries.
- In terms of comparative trends, the U.S. in 2000 had a maternal mortality rate double the average for the comparison countries and over the next 16 years fell further behind.

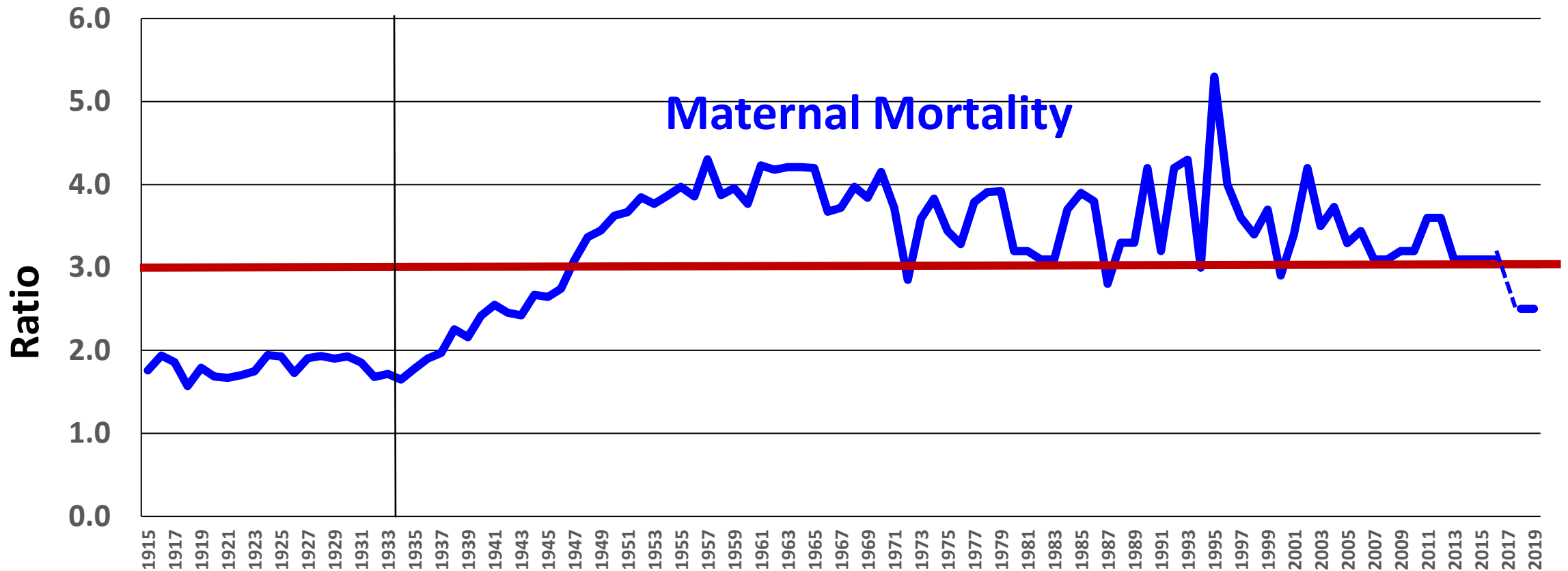
6. The Persistence of Racial Disparities

U.S. Maternal Mortality (per 100,000 live births), 1951-2007 by Race



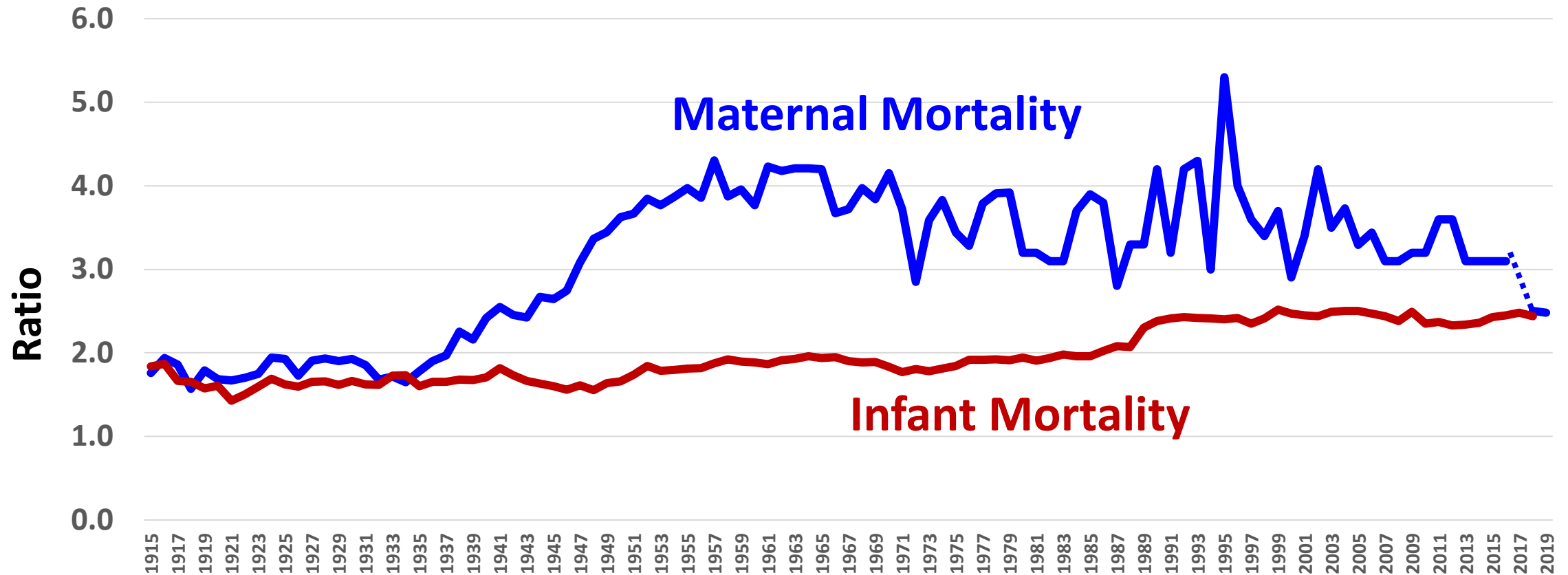
Source: NCHS. Maternal Mortality and Related Concepts. Vital & Health Statistics. Series 33; #3. & annual data reports. 1915-1960 data from NCHS. *Vital Statistics Rates In The United States 1940-1960*. NOTE: Shifts in measurement (e.g. not all states were part of registration system prior to 1933; infant race was based on race of the child until 1980 & then race of the mother post 1980) accounts for some of the variation over time. 2007-2016 based on 2 year estimates of the pregnancy related mortality rate: Petersen E. *MMWR*.9/6/19.

Black to White Ratios, U.S. Maternal Mortality, 1915-2019



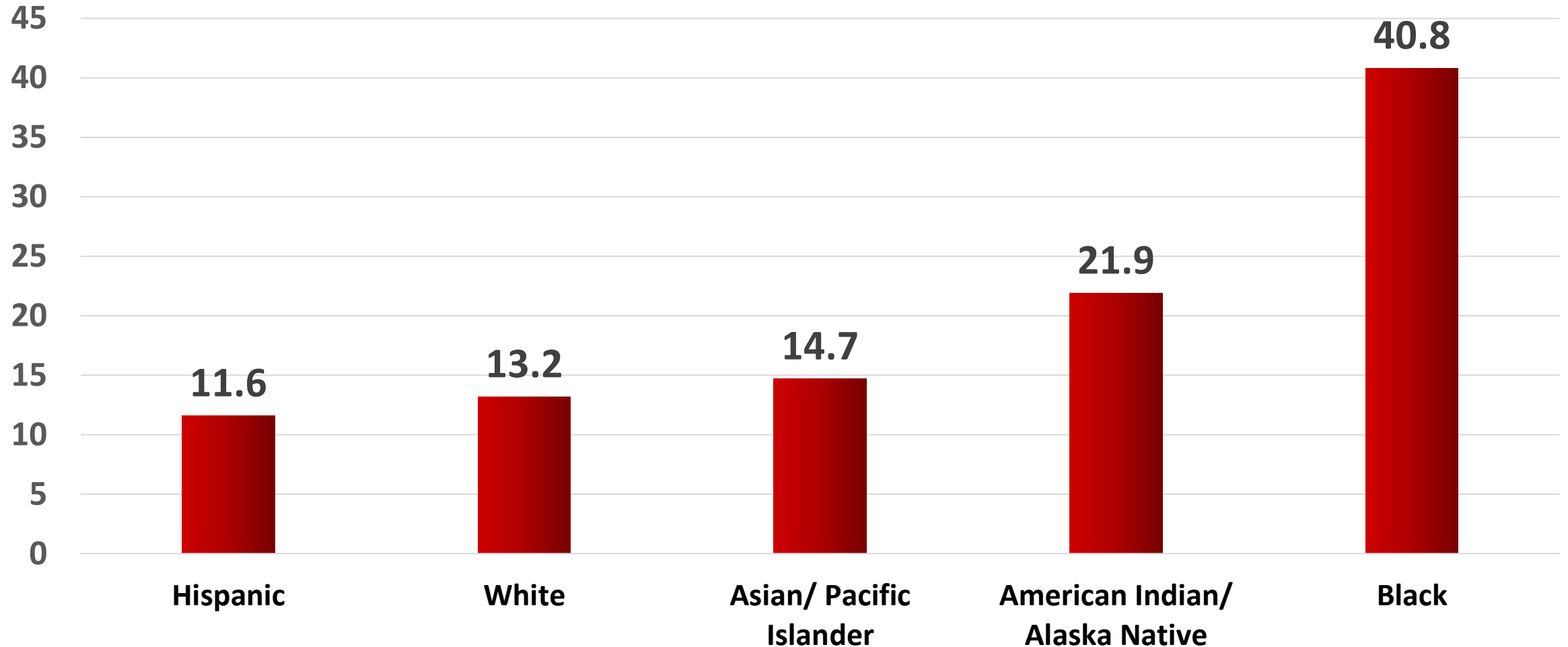
Source: NCHS. Maternal Mortality and Related Concepts. Vital & Health Statistics. Series 33; #3. & annual data reports. 1915-1960 data from NCHS. *Vital Statistics Rates In The United States 1940-1960*. NOTE: Shifts in measurement (e.g. not all states were part of registration system prior to 1933; infant race was based on race of the child until 1980 & then race of the mother post 1980) accounts for some of the variation over time. 2007-2016 based on 2 year estimates of the pregnancy related mortality rate: Petersen E. *MMWR*.9/6/19.

Black to White Ratios, U.S. Infant & Maternal Mortality, 1915-2019



Source: NCHS. Maternal Mortality and Related Concepts. Vital & Health Statistics. Series 33; #3. & annual data reports. 1915-1960 data from NCHS. *Vital Statistics Rates In The United States 1940-1960*. NOTE: Shifts in measurement (e.g. not all states were part of registration system prior to 1933; infant race was based on race of the child until 1980 & then race of the mother post 1980) accounts for some of the variation over time. 2007-2016 based on 2 year estimates of the pregnancy related mortality rate: Petersen E. *MMWR*.9/6/19.

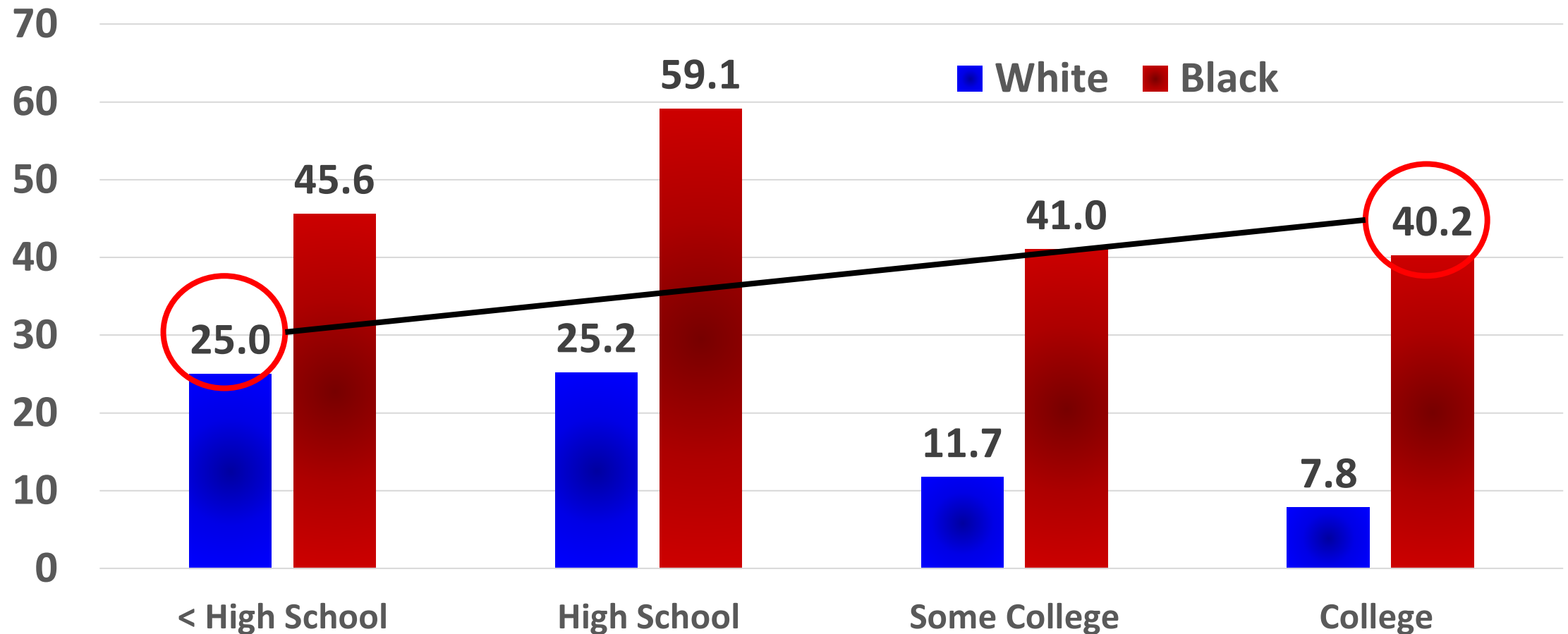
Pregnancy Related Mortality Ratios by Race, U.S., 2015-2016



Source: Petersen E. et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — U.S., 2007–2016 . *MMWR*. 9/6/19; 68(35):762-765.

www.birthingthenumbers.org

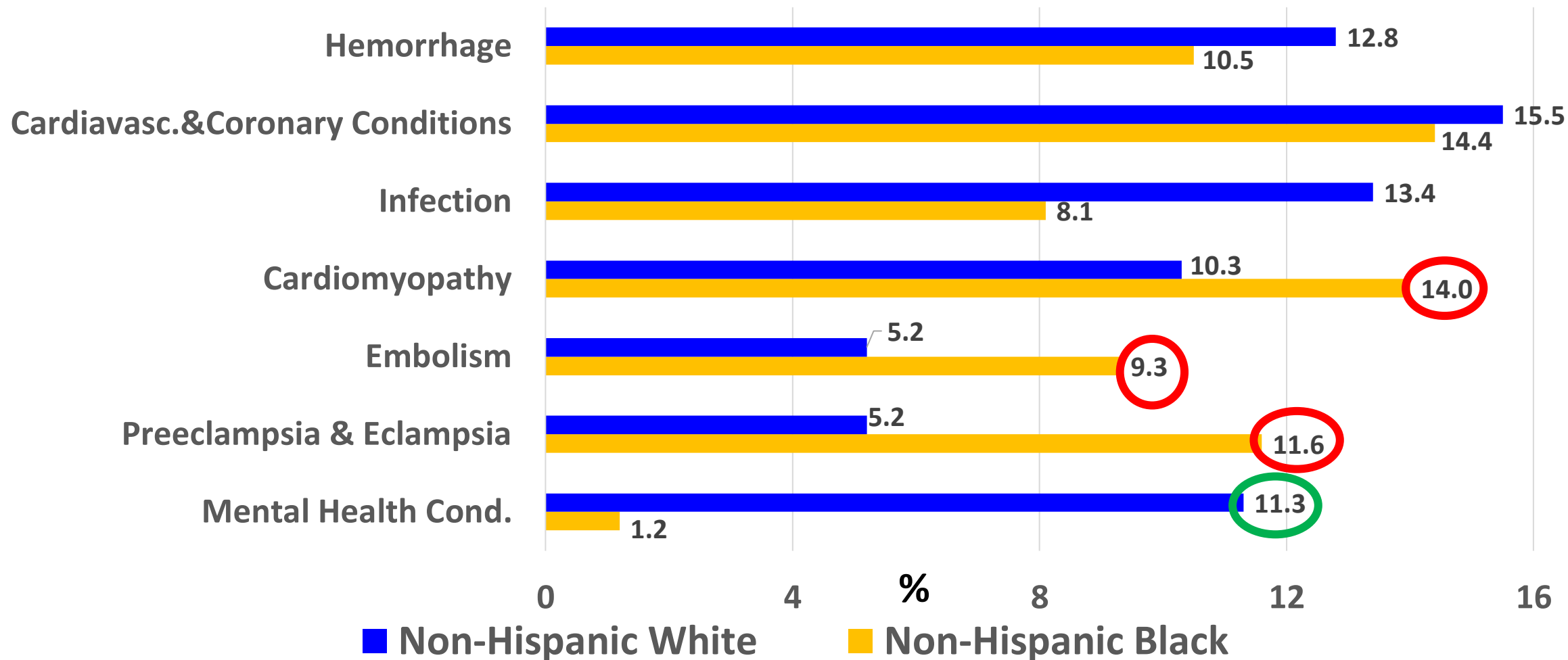
Pregnancy-related mortality ratios (per 100,000 live births) by race/ethnicity, U.S. 2007-2016



Source: Petersen E et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *MMWR* 2/7/19; 68 (35): 762-765.

Manifestation of Racial Disparities

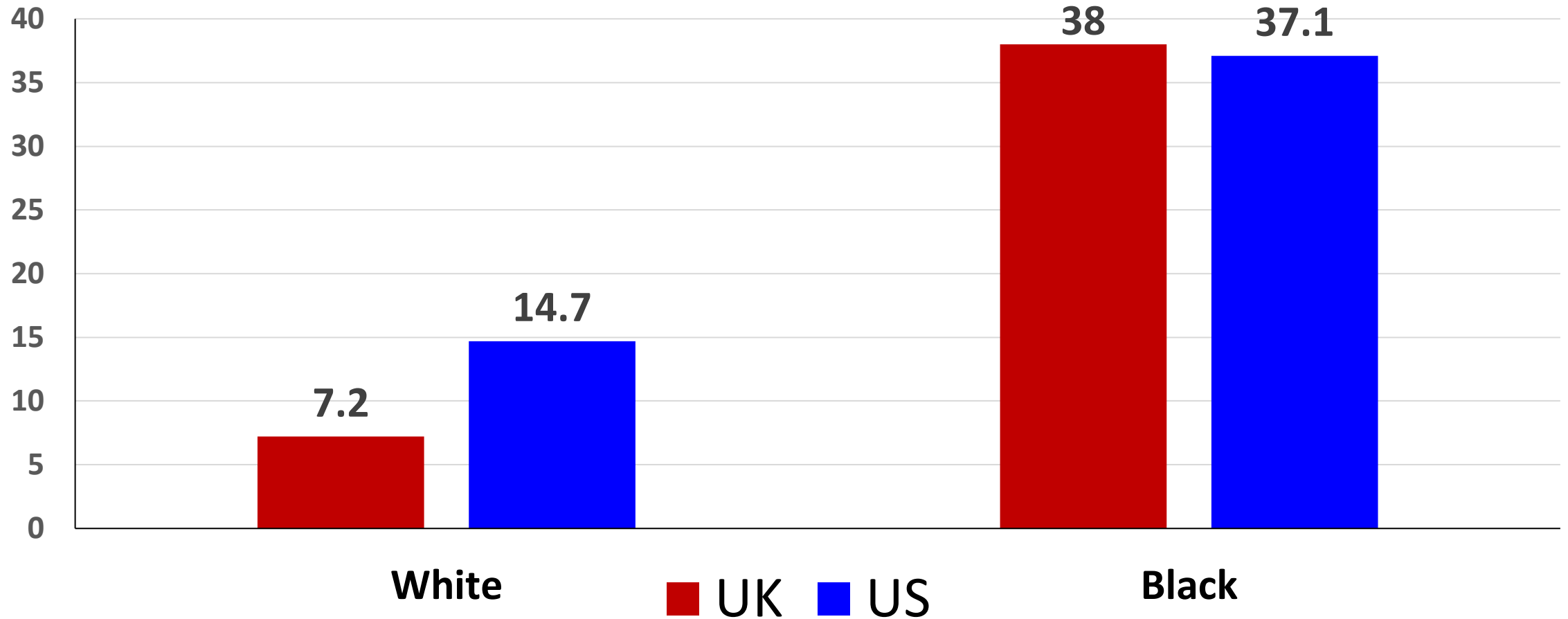
Leading Underlying Causes of *Pregnancy-Related Deaths, by Race-Ethnicity*



Source: CDC. 2018. *Report from 9 Maternal Mortality Review Committees.*

www.birthingthenumbers.org

Maternal Mortality by Race, U.S. (2018) and U.K. (2015-2017)

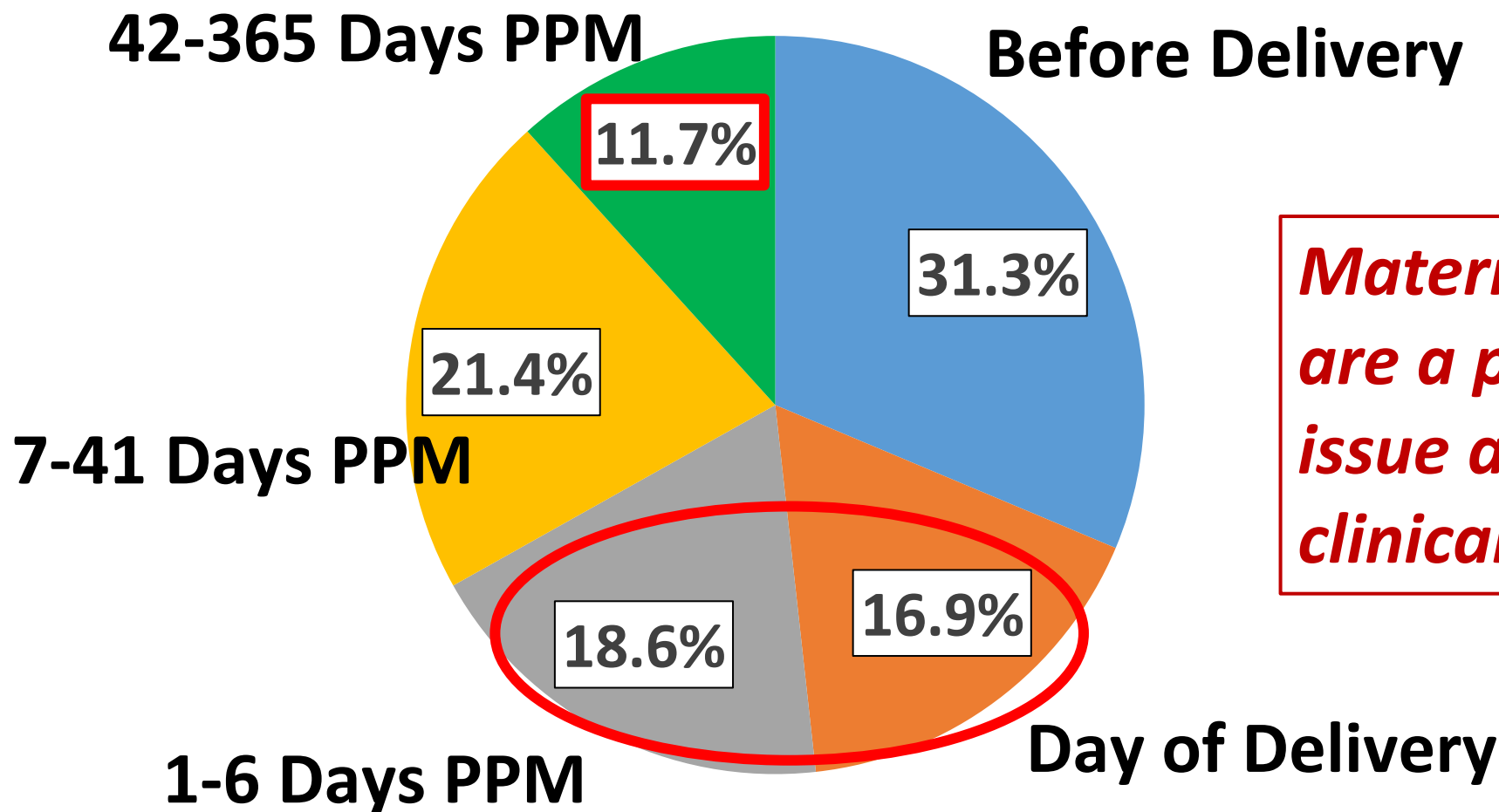


Sources: U.S., Hoyert DL, Miniño AM. Maternal mortality in the U.S., 2018. Nat'l Vital Stat Rep.; vol 69 no 2. NCHS. 2020; MBRRACE-UK. UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17. Oxford:NPEU, 2019

7. The Issue is Broader than Maternal Mortality

Remember this chart?

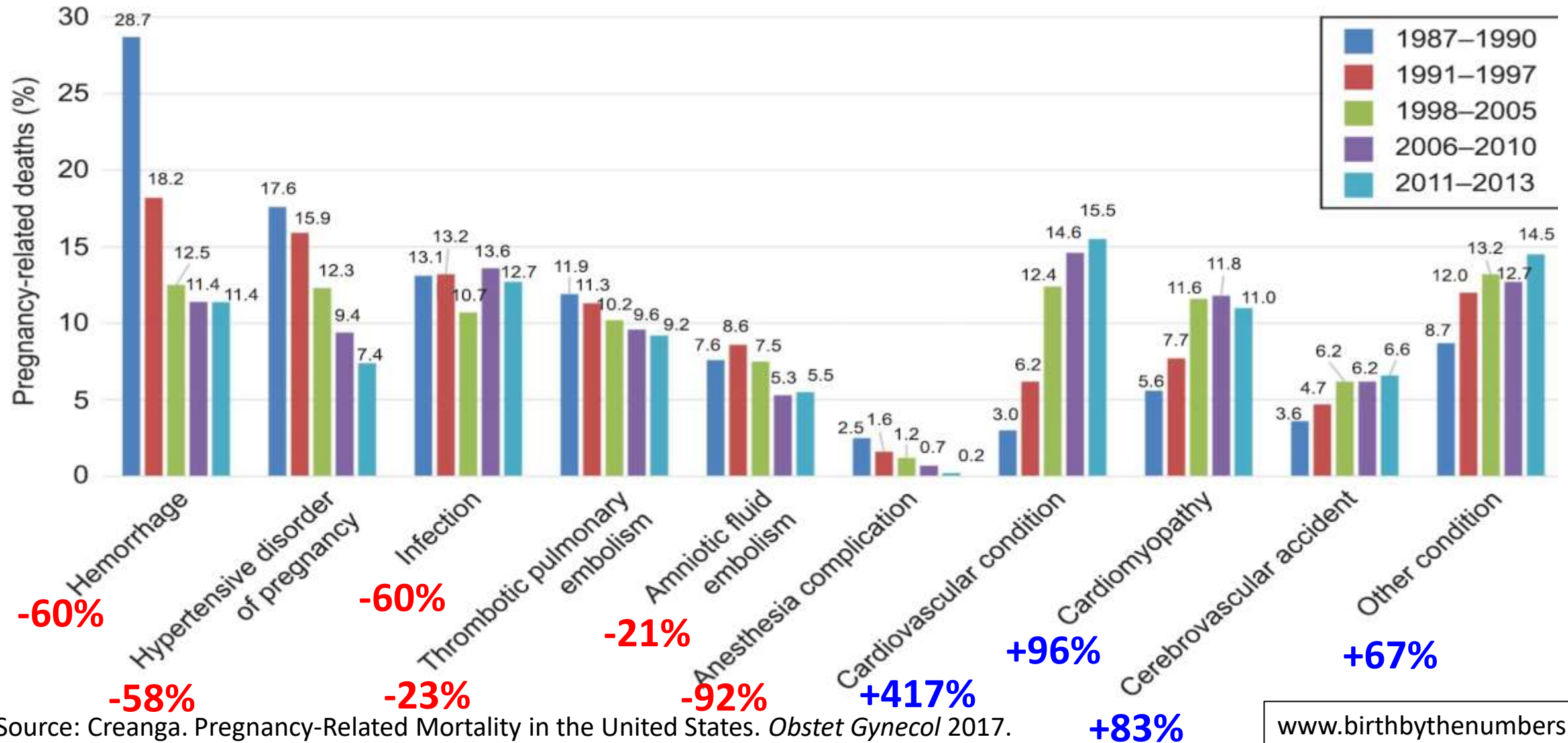
Timing of Pregnancy Related Deaths



Maternal deaths are a public health issue as much as a clinical care issue.

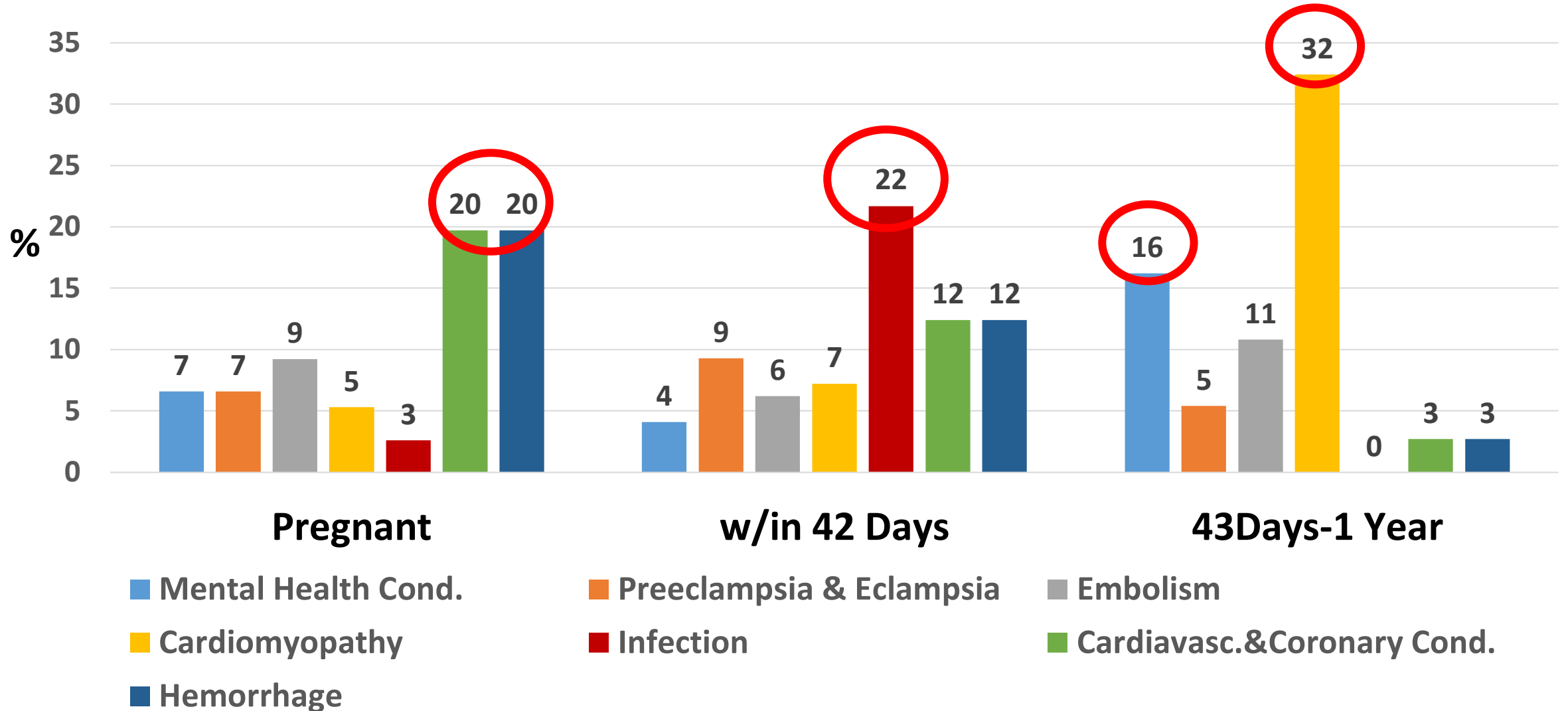
Maternal Mortality as a Public Health Approach

Cause-specific proportionate **Pregnancy-Related** mortality: United States, 1987–2013.



Moving to a Public Health Approach

*Underlying Causes of Pregnancy-Related Deaths, by **Timing of Death***

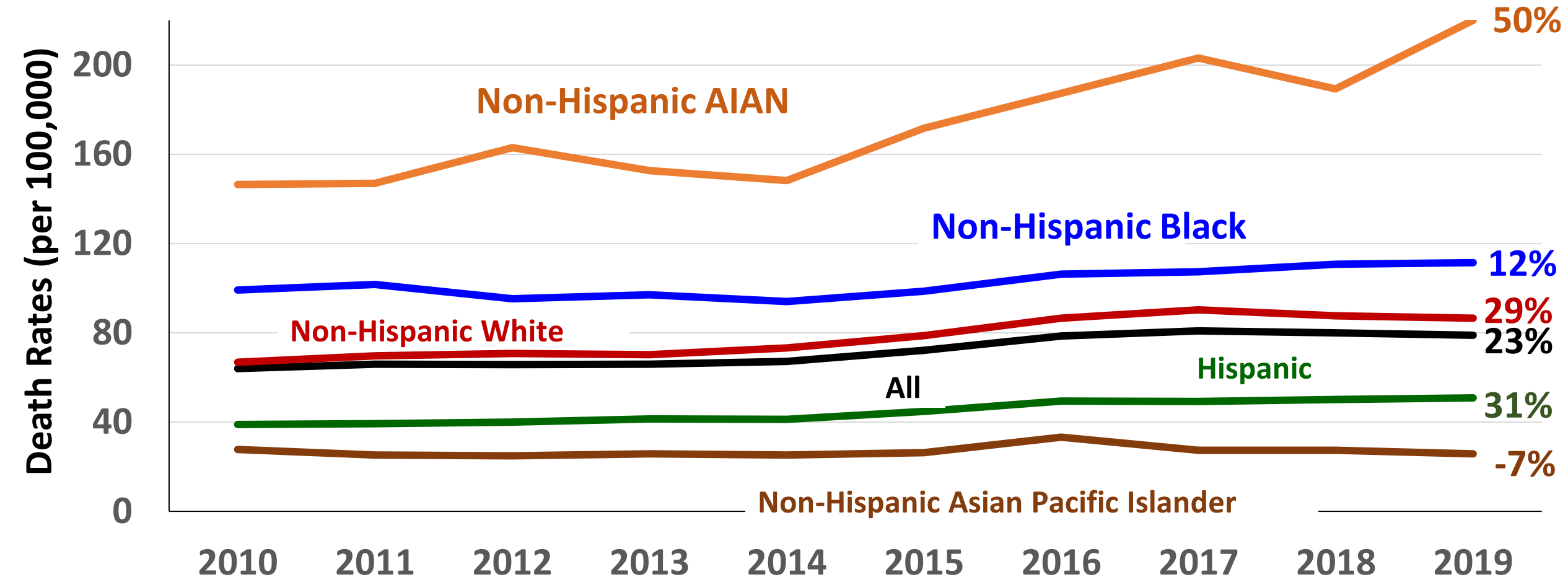


Source: CDC. 2018. *Report from 9 Maternal Mortality Review Committees.*

The Problem is Bigger than Maternal Mortality

Deaths rates (per 100K), Females **25-34**, by Race/Ethnicity, 2010-19

**% Increase
2010-2019**



NOTE: Pregnancy related mortality rate increased by <1% 2010-2017

All Female Deaths 25-34
2010 -- 13,067; 2019 -- 17,827

Source: NCHS.CDC Wonder
Online Database

www.birthbythenumbers.org

Problem is Bigger than Maternal Mortality

Top 10 Causes of Death for Women 25-34 in 2019

	2019 Total Deaths	% of total	Rate per 100 K	% Change in rate 2010-2019	Proportion of 2010-19 Increase
All causes	17,827	100.0	78.9	18.1%	---
Accidents (unintentional inj.)	6,598	37.0	29.2	57.8%	59.4%
Malignant neoplasms	1,833	10.3	8.1	-10.0%	0.0%
Intentional self-harm (suicide)	1,526	8.6	6.8	28.3%	9.1%
Diseases of heart	1,167	6.5	5.2	6.1%	3.3%
Assault (homicide)	807	4.5	3.6	9.1%	2.6%
Pregnancy, childbirth & puerperium	532	3.0	2.4	33.3%	3.5%
Chronic liver disease and cirrhosis	418	2.3	1.9	111.1%	5.0%
Diabetes mellitus	325	1.8	1.4	7.7%	1.3%
Cerebrovascular diseases	276	1.5	1.2	0.0%	0.5%
Influenza and pneumonia,	210	1.22	0.9	12.5%	0.9%
All other causes (residual)	4,135	23.2	18.3	17.3%	14.4%

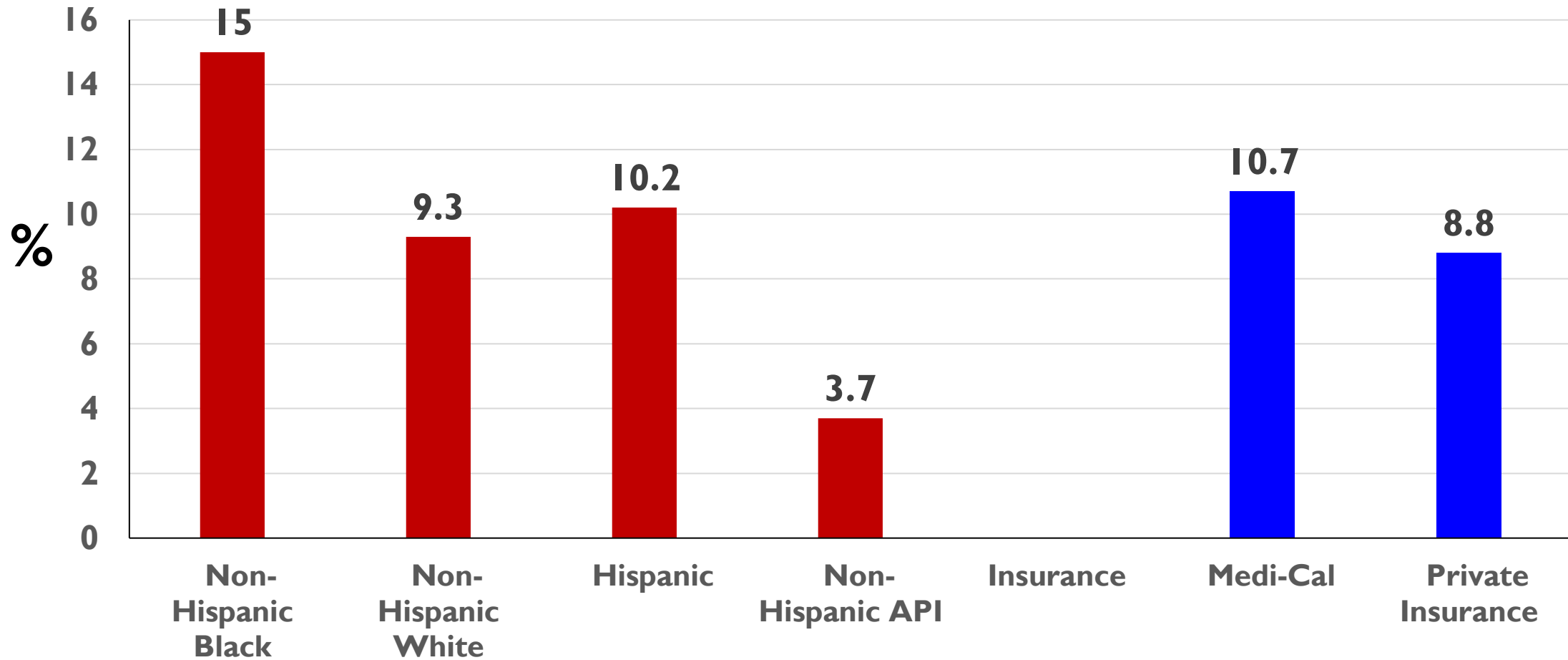
Sources: CDC, NCHS. Underlying Cause of Death 1999-2018 on CDC WONDER Detailed Mortality Database, released in 2021. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Jan. 14, 2021

www.birthbythenumbers.org

8. The Role of Doulas (at last)

Who utilizes a doula* (in California)?

(Among English speakers with planned vaginal birth; n=1207)



*Among English speakers in CA in 2016 with planned vaginal birth; n=1207

Source: *Listening to Mothers-California (1918)*

Who utilizes a doula? (Among English speakers with planned vaginal birth; n=1207)

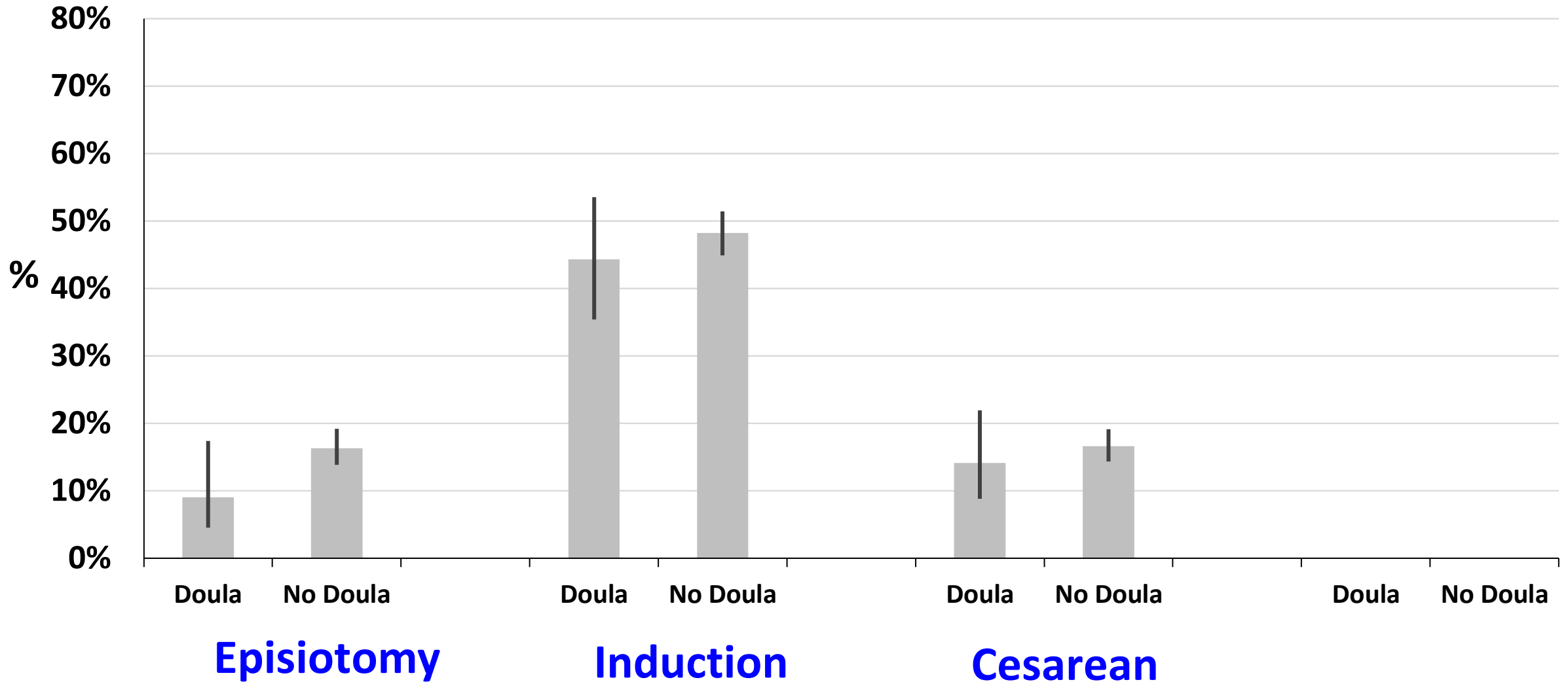
Category	% (95% C.I.)
All	9.5 (8.0-11.3)
Age	
<25	8.9 (5.0-11.3)
25-29	10.6 (7.6-14.5)
30-34	6.5 (4.5-9.3)
35+	12.5 (8.8-17.4)
Parity	
1	10.5 (8.3-13.1)
2	8.7 (6.1-12.3)
3+	8.3 (5.3-12.8)
Education	
HS or less	11.6 (8.0-16.4)
Some College	7.4 (5.2-10.3)
College Grad +	10.2 (7.9-11.3)

Income	% (95% C.I.)
<101% Poverty Level	12.0 (8.9-16.0)
101-200% PL	8.8 (5.6-13.5)
201-300% PL	7.2 (3.5-14.2)
301-400% PL	7.1 (3.1-15.6)
> 400% PL	10.6 (7.8-14.3)
Birth Attendant	
Obstetrician	7.3 (5.7-9.3)
Midwife	16.8 (12.1-22.8)
No Med Interference	
Agree	11.4 (9.4-13.7)
Disagree	4.4 (2.5-7.8)

*Among English speakers in CA in 2016 with planned vaginal birth; n=1207

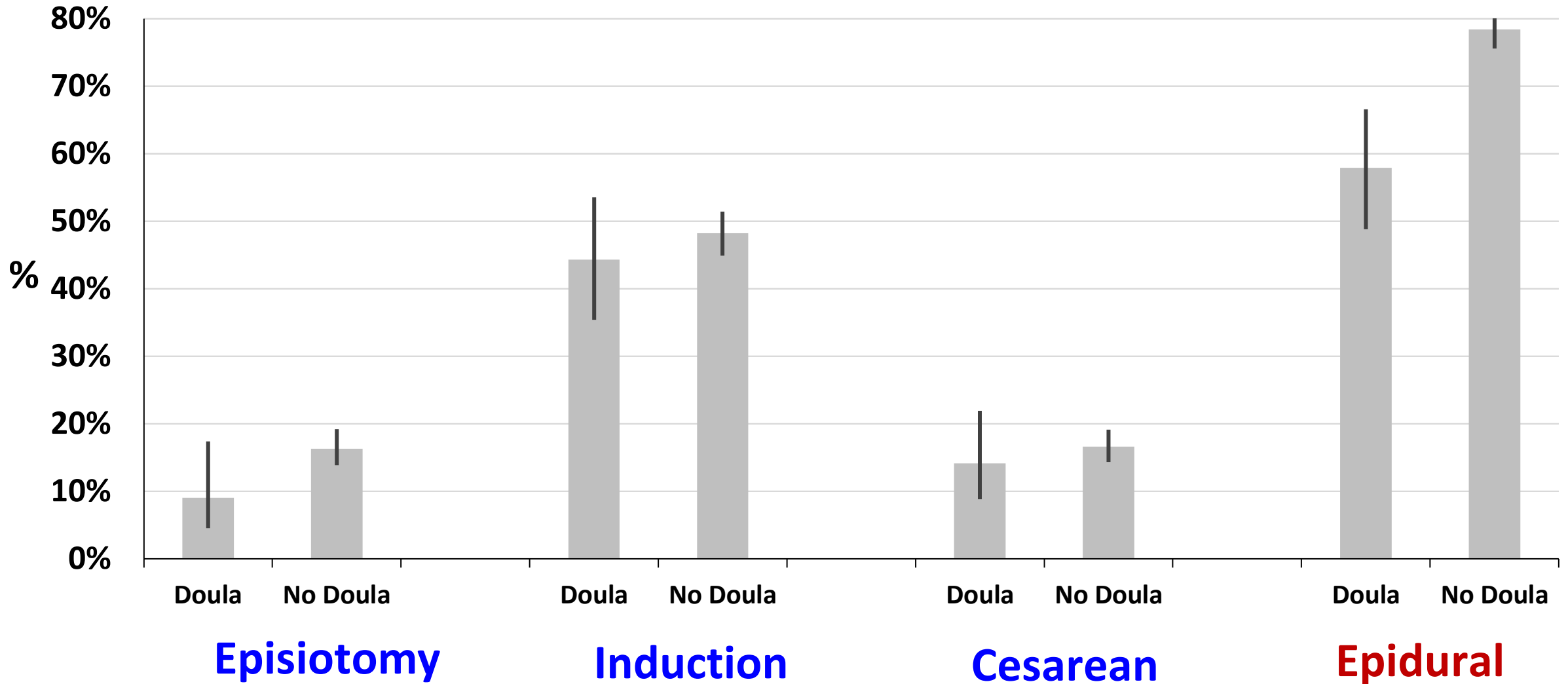
Source: *Listening to Mothers-California (2018)*

Are doula supported births different*?



*Among English speakers in CA in 2016 with planned vaginal birth; n=1207

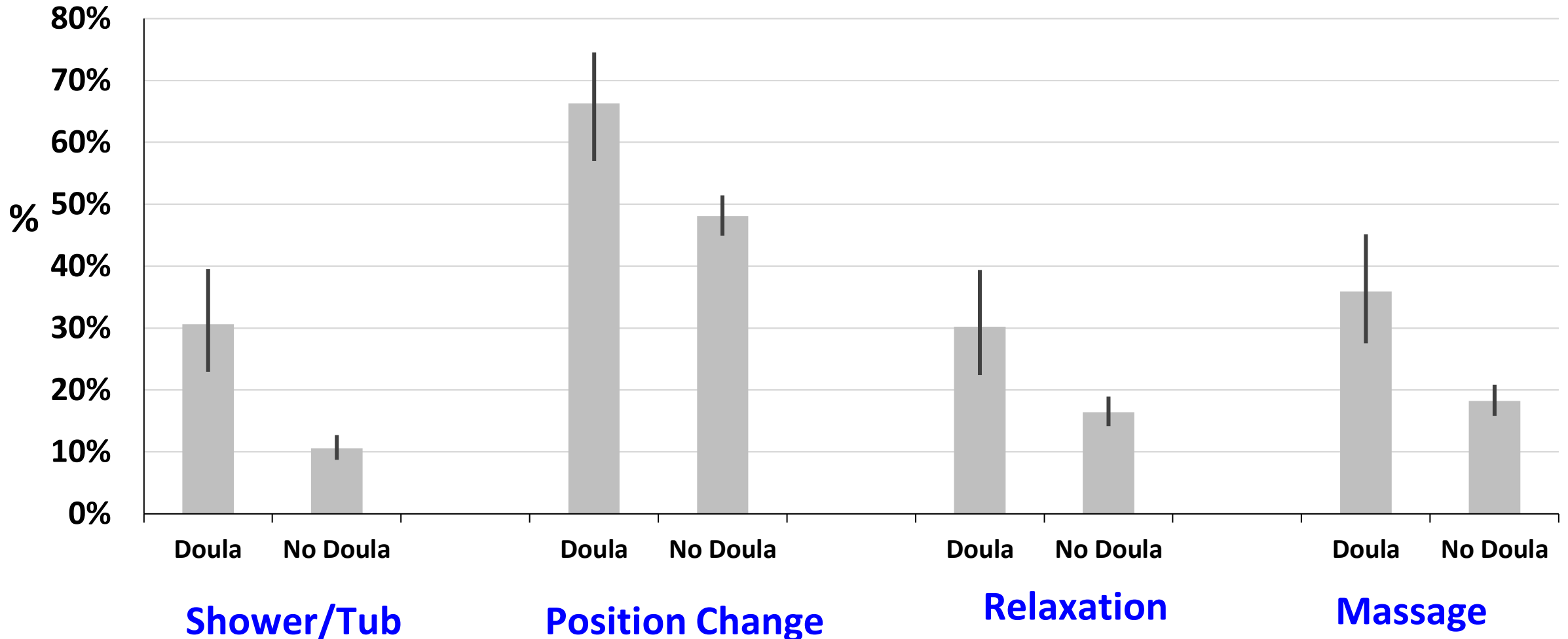
Are doula supported births different*?



*Among English speakers in CA in 2016 with planned vaginal birth; n=1207

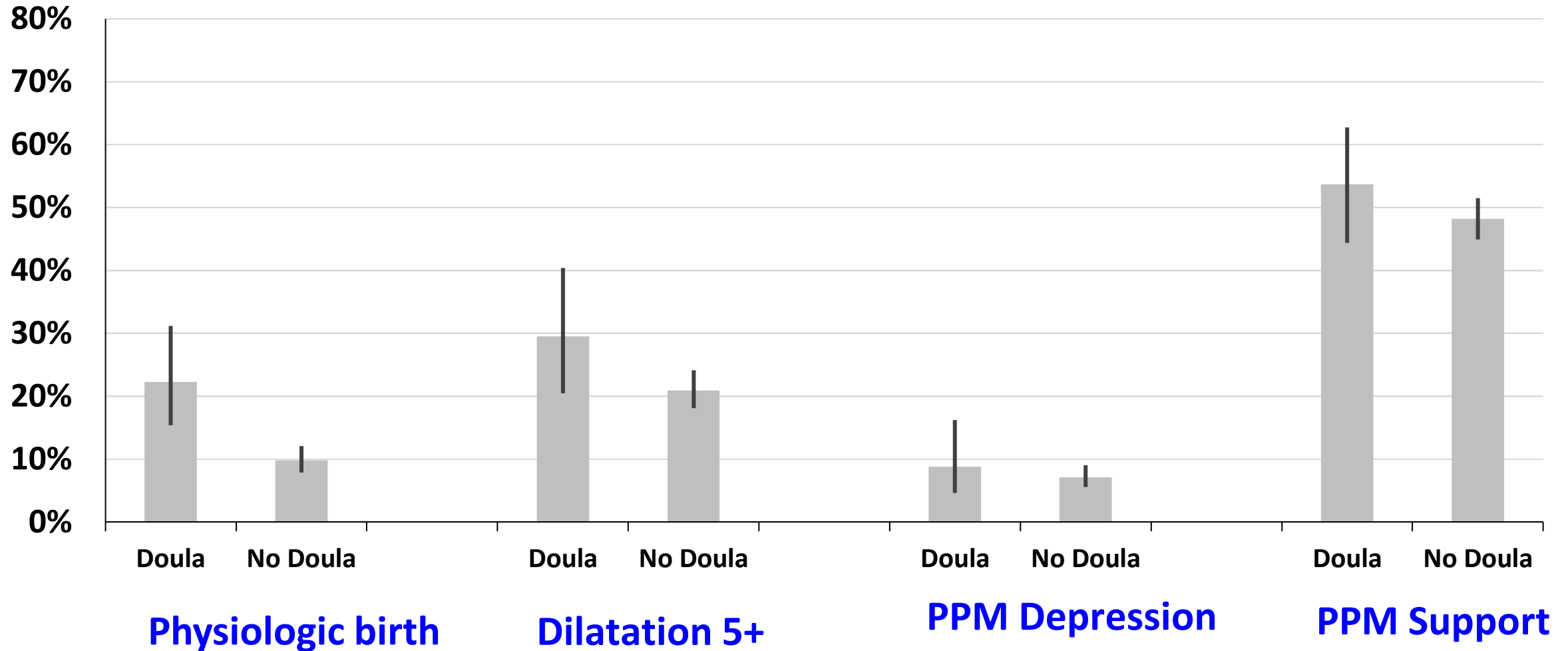
Are doula supported births different*?

Use of nonpharmacological pain relief methods



*Among English speakers in CA in 2016 with planned vaginal birth; n=1207

Are doula supported births different*?



Physiologic birth -- labor that starts on its own at term, proceeds without pain medications or medicine to stimulate labor, and ends with vaginal birth not assisted with vacuum extraction or forceps.

Are doula supported births different*?

- Yes – both in terms of who chooses doulas (favor less intervention) and some of the key outcomes (less epidurals; more physiologic birth).
- **Impact on maternal mortality?** Policymakers are not primarily focusing on intrapartum doulas

Momnibus Legislation

117TH CONGRESS
1ST SESSION

H. R. 959

To end preventable maternal mortality and severe maternal morbidity in the United States and close disparities in maternal health outcomes, and for other purposes.

Momnibus Legislation

- TITLE I—SOCIAL DETERMINANTS FOR MOMS
- TITLE II—HONORING KIRA JOHNSON
- TITLE III—PROTECTING MOMS WHO SERVED
- TITLE IV—**PERINATAL WORKFORCE**
- TITLE V—DATA TO SAVE MOMS
- TITLE VI—MOMS MATTER
- TITLE VII—JUSTICE FOR INCARCERATED MOMS
- TITLE VIII—TECH TO SAVE MOMS
- TITLE IX—IMPACT TO SAVE MOMS
- TITLE X—MATERNAL HEALTH PANDEMIC RESPONSE
- TITLE XI—**PROTECTING MOMS AND BABIES AGAINST CLIMATE CHANGE**
- TITLE XII—MATERNAL VACCINATIONS

Doulas in “Momnibus”

- **SEC. 3. DEFINITIONS**

- **PERINATAL HEALTH WORKER.**—The term “perinatal health worker” means a **doula**, community health worker, peer supporter, breastfeeding and lactation educator or counselor, nutritionist or dietitian, childbirth educator, social worker, home visitor, language interpreter, or navigator.

- **SEC. 1102. GRANT PROGRAM TO PROTECT VULNERABLE MOTHERS AND BABIES FROM CLIMATE CHANGE RISKS**

- (A) training for health care providers, **doulas**, and other employees in hospitals, birth centers, midwifery practices, and other health care practices that provide prenatal or labor and delivery services to vulnerable individuals on the identification of, and patient counseling relating to, risks associated with climate change for vulnerable individuals;
- ...sharing such data with local health care providers, **doulas**, and other employees in hospitals, birth centers, midwifery practices

Examples of current legislative proposals related to doulas – 117th Congress

- **H.R.2521 - DOULA for VA Act of 2021**

- This bill requires the Department of Veterans Affairs (VA) to establish a five-year pilot program to furnish **doula services** to pregnant veterans who are enrolled in the VA health care system.

- **H.R.2701 - Opportunities to Support Mothers and Deliver Children Act**

- This bill provides funding for, and requires the Department of Health and Human Services to award, grants for demonstration projects to train low-income individuals to work in the field of pregnancy or childbirth. Grantees must be located in a state that recognizes **doulas** or midwives as health care providers and that a

- **S.1977 - Improving Coverage and Care for Mothers Act**

- To amend title XIX of the Social Security Act to provide Medicaid coverage for all pregnant and postpartum women, to provide coverage under the **Medicaid program for services provided by doulas**, midwives, and lactation consultants, and for other purposes. It allows payment for their services in the Medicaid program.

- **S.411 - MOMMA's Act**

- Centers for Medicare & Medicaid Services must provide guidance on **Medicaid coverage for doula services**.

Build Back Better Act

- **SEC. 31043. FUNDING TO GROW AND DIVERSIFY THE DOULA WORKFORCE.**

(a) In General.--In addition to amounts otherwise available, there is appropriated to the Secretary for fiscal year 2022, out of any money in the Treasury not otherwise appropriated, **\$50,000,000, to remain available until expended**, for grants to health professions schools, academic health centers, State or local governments, territories, Indian Tribes and Tribal organizations, Urban Indian organizations, Native Hawaiian organizations, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches), **to establish or expand programs to grow and diversify the doula workforce.**

- (b) Use of Funds.--Amounts made available by subsection (a) shall be used for the following activities: (1) **Establishing programs** that provide education and training to individuals seeking appropriate training or **certification as doulas**; (3) Developing and implementing strategies to **recruit and retain students from underserved communities**, particularly from demographic groups experiencing high rates of maternal mortality and severe maternal morbidity, including racial and ethnic minority groups

Two key elements in many of these legislative efforts at the national and state levels

1. Standardization of doula certification (Medicaid payment)

Doula.--The term 'doula' means an individual who—


(A) is certified by an organization that has been established for not less than 5 years and that requires the completion of continuing education to maintain the certification, to provide non-medical advice, information, emotional support, and physical comfort to an individual during the individual's pregnancy, childbirth, and post-partum period; and

(B) maintains the certification by completing the required continuing education.

Source: *Build Back Better Bill*

Two key elements in many of these legislative efforts at the national and state levels

2. Focus on doula's role as specialized community health workers



INSTITUTE FOR
MEDICAID INNOVATION

May 2020

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Karen Shea, MSN, RN

Community-Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicaid

Examples of Community Doula Programs

Mountain Area Health Education Center: Mothering Asheville

Buncombe County, North Carolina

Boston Medical Center: Birth Sisters Program

Boston, Massachusetts

San Francisco Support Sisters

San Francisco, California

HealthNet Community Doula Program

Los Angeles, California

Commentary: It's time to recognize that doulas are vital community health workers

ELENA FERGUSON

FEBRUARY 22, 2021 4:00 AM



Many Major Research Projects Studying Doulas Now.

Reducing Racial Disparities in SMM post COVID19: Assessing the integration of maternal safety bundles and community-based doulas to improve outcomes for Black women

- Aim 1 Identify predictors of severe maternal morbidity
- Aim 2 Do implementation studies of AIMs Bundles in hospitals
- Aim 3 **Expand existing community doula services for Black birthing people** drawing on the lessons learned in Aims 1 & 2.

So are doulas the solution to the maternal health crisis?

- **Sort of –maybe, a central part of the solution .**
 - *Political fortunes are uncertain, but there is greater interest and opportunities. Question of **how well doulas can advocate for themselves** in the policy context.*
 - *Multiple funded programs examining expanded roles for doulas, particularly in the community*
 - *May be an identity challenge facing doulas, balancing traditional intrapartum role with community focus of policy and program funding.*

Black Maternal Health Week

April 11 - 17, 2021

BLACK MAMAS MATTER:
CLAIMING OUR POWER, RESILIENCE & LIBERATION



Join us April 11-17 for a week of activism and community building for Black Mamas! In solidarity with National Minority Health Month and the International Day for Maternal Health and Rights, **Black Mamas Matter Alliance** founded BMHW to raise awareness, inspire activism, and strengthen organizing for Black maternal health. Join the conversation: **#BMHW21** and **#BlackMaternalHealthWeek**

www.blackmammamatter.org/bmhw




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QMNC

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AMCHP

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS




AIM

ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH



AMERICAN COLLEGE of NURSE-MIDWIVES

NATIONAL MATERNAL HEALTH WEEK

MAY 5th-12th, 2019



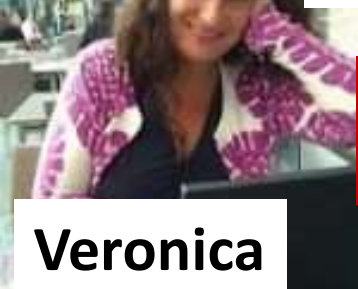
#MarchforMoms

#BeyondMothersDay

- Promote State & Federal Legislative Efforts to Improve Maternal Health
- Drive Media Attention on State of Maternal Health
- Seek City, State and National Proclamations
- Organize Visits in DC on Capitol Hill May 10th
- Rally on National DC Mall on May 11th
- Livestream the Rally on Facebook Live
- Curate and Promote Daily Themes Related to Maternal Health

www.marchformoms.org

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Veronica