

Good morning. My name is Dr. Morgan Greenwood. I am an Ob/Gyn resident physician and UVM Medical center. I am also a former birth doula. I'm grateful for the opportunity to my perspective as to why the Vermont State Legislature should approve SB 109 Medicaid Coverage for Doulas.

As an Obstetrician-Gynecologist (Ob/Gyn) my mission is to achieve the best possible outcomes for birthing persons and their infants when they are in my care. As such, I greatly value any tool that can improve maternal and infant outcomes during labor and birth, whether it is a device, medication, or surgical intervention. Doula care is one intervention which I don't have the power to prescribe, but I would if I could, because I know it has tremendous benefits for maternal and infant health. A Doula, for those unfamiliar, is a trained professional, who provides continuous physical, emotional and informational support during labor and birth, as well as similar support in the antepartum and postpartum periods. The benefits to doula are well established in the medical literature, including increased likelihood of vaginal birth (lower likelihood of operative vaginal or cesarean birth) shorter labors overall and lower use of epidural analgesia, and importantly, more positive feelings about their childbirth experience. My colleagues and I have seen these benefits firsthand for patients in our care who have been fortunate enough to have doulas with them during birth.

Unfortunately, there is a significant inequity in access to the benefits of doula care, as doula care is often prohibitively expensive as an out-of-pocket cost for many patients. Doulas, like obstetricians, midwives, and labor and delivery nurses, are birth *professionals* - who undergo their own specific training and certification to provide care to birthing persons – and they deserve to be fairly compensated for their important and challenging work. The problem is not that doulas are too expensive, but that in our current system, they are not recognized as valuable members of the care team.

Today we, the Ob/Gyn Residents at the UVM Medical Center, are urging that the Vermont State Legislature recognize that doula care is an evidence-based intervention to improve maternal and infant outcomes in birth, and a such should be covered under Vermont Medicaid. In doing so, Vermont would join a handful of other states who have realized what an incredible opportunity they have to reduce inequities in access to positive birth experiences and outcomes. Among the states who have already included coverage for doulas under state Medicaid, the outcomes are compelling. In a published 2022 an analysis of maternal outcomes among birthing people who utilized doula care covered under Medicaid in three states, there were a more than 50% reduction in the odds of cesarean delivery and 64% reduction the odds of postpartum depression and postpartum anxiety compared to those who did not utilize doula care. The implications of this data are clear – doula care can meaningfully reduce maternal morbidity and mortality in the peripartum period.

Thank you for your time and consideration, and I welcome any questions at this time.

Recommended Resources:

Falconi AM, Bromfield SG, Tang T, Malloy D, Blanco D, Disciglio RS, Chi RW. Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching. *EClinicalMedicine*. 2022 Jul 1;50:101531. doi: 10.1016/j.eclinm.2022.101531. PMID: 35812994; PMCID: PMC9257331. LINK: [Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching - PMC \(nih.gov\)](#)

[New York State Doula Pilot Program \(ny.gov\)](#)