

Advocacy Letter

Utilizing Doulas to Address Racial Disparities in Infant Death Rates

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The Honorable Johnny Isakson  
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Dear Senator Isakson:

The racial disparity in U.S. infant death rates demands our attention. The divide is particularly egregious in Georgia, where an African-American baby born today is more than twice as likely to die before her first birthday than her Caucasian nursery-mate (Centers for Disease Control and Prevention, 2018). The frustrating truth of the matter is that two of the leading causes of infant mortality, preterm birth and low birth weight, are highly preventable (Centers for Disease Control and Prevention, 2018).

One of the most effective yet cost-efficient ways to confront the challenge of lowering infant death rate is to pair expectant women with doulas, trained professionals who provide physical and emotional support during pregnancy, birth, and postpartum. A 2013 study published in the *Journal of Perinatal Education* found that women who employed doulas were “Four times less likely to have a low birth weight (LBW) baby, two times less likely to experience a birth complication involving themselves or their baby, and significantly more likely to initiate breastfeeding” (Gruber, Cupito, & Dobson, 2013, p. 1). Further, a Cochrane review of 22 trials and over 15,000 mother-baby pairs found “Women allocated to continuous support [...] their labours were shorter, they were less likely to have a caesarean or instrumental vaginal birth, regional analgesia, or a baby with a low five-minute Apgar score” (Hodnett, Gates, Hofmeyr, & Sakala, 2013, p. 1).

It’s clear that doula-supported mothers and their babies fair far better than those who are unsupported. However, cost remains a limiting factor for low-income women. According to the Henry J Kaiser Family Foundation, 54% of Georgia births in the year 2016 were funded by Medicaid (2016b), and nearly half of Medicaid recipients in that same time period were African-American (2016a). While the average charge for doula services in Georgia varies from \$500-\$1000 (Doulamatch.net, 2018), an opportunity for cost savings exists when complications are avoided. An average cesarean birth costs approximately \$4,000 more than a vaginal one (Kozhimannil, Hardeman, Attanasio, Blauer-Peterson, & O’Brien, 2013, p. e113). Neonatal Intensive Care stays, which are often necessary for preterm infants, are even more costly. For a baby born prior to 32 weeks, the hospital bill could easily top \$200,000 (Costs of Care, 2017).

Babies deserve better. Mothers deserve better. Incorporating doula support into the Medicaid program would yield predictable and measurable benefits to both parties, specifically in the reduction of preterm and low birthweight births. Racial disparities would ultimately be reduced while providing cost-savings benefits to Medicaid. I appreciate your attention and look forward to discussing this matter further.

Sincerely,

Emily Nolan

Enclosures: 1

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