

**Oral Testimony of  
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**Before the U.S. House of Representatives  
House Appropriations Committee Subcommittee on Labor, Health and Human Services,  
Education, and Related Agencies  
“Addressing the Maternal Health Crisis”  
March 23, 2021**

Chair DeLauro, Ranking Member Cole, and members of the Subcommittee, I’m grateful to testify before so many stellar champions for women and families. I am Dr. Carol Sakala, director for maternal health at the National Partnership for Women & Families. The National Partnership has been advancing economic and health justice for 50 years. I’m honored to be here today *and* encourage continued listening to *those most impacted* as you develop policy.

Our nation fails to provide many birthing families with equitable, respectful, safe, effective, and affordable care. What can we do about the *urgent, dire* needs, especially of Black, Indigenous and other people of color?

Research shows that several models offer better care and outcomes *now*. I will briefly discuss three of those and one promising emerging model, as outlined in the National Partnership’s *Improving Our Maternity Care Now* report. These interrelated models contrast with much typical maternal care, for example, by providing personalized respectful effective care and achieving remarkable outcomes for such key indicators as preterm birth and breastfeeding.

First, *midwifery care* emphasizes building a trusting relationship, promoting health, and tailoring care to needs and preferences. The second model is *community birth settings*. Demand is rapidly growing for birth in both birth centers and at home as appreciation for the distinctive care in these settings grows. The third model is *doula support*. Doulas are trusted *non-clinical* companions who help birthing people through comfort measures, emotional support, and information. An extended model provides support from pregnancy through the postpartum period. Community-based forms of these models help meet needs of birthing families from historically marginalized groups, and a strong evidence base supports them.

The final model is community-led perinatal health worker groups, which generally offer a range of community-tailored support services, and may provide clinical care. They offer dignity and respect to clients who often experience discrimination in health care and everyday life. Although many of these multi-function groups offer *proven* midwifery, birth center and doula services, their impact has rarely been evaluated. This model *could play a major role* in mitigating our maternal health crisis, and evaluation is a priority.

We must also continue the *longer-term* work of transforming the maternity care system through payment reform, workforce development and other levers. And we must continue to expand access to paid family and medical leave and other essential social supports.

Here are some recommendations within the Subcommittee's jurisdiction. My written testimony has additional recommendations and details. Chronic underfunding hampers the potential of state perinatal quality collaboratives, which bring stakeholders together for quality improvement. We encourage the Subcommittee's continued support of these groups.

We also encourage the Subcommittee to continue to advance maternal health through two new initiatives at the CMS Center for Medicare and Medicaid Innovation: by evaluating the community-tailored perinatal health worker model and by carefully designing and encouraging uptake of a maternity care episode alternative payment model for accountable, higher-quality care.

Additional Agency for Healthcare Research and Quality funding could help fill *glaring* maternal health performance measure gaps. To foster needed improvements, we encourage a set-aside for person-reported measures of both the experience of receiving maternal-newborn care and maternal health outcomes.

Thank you to this Subcommittee's maternal health champions – Chair DeLauro for leading on paid leave and paid sick days; Representatives Roybal-Allard and Herrera Beutler for leading the Maternity Care Caucus, and the majority of members for leading or co-sponsoring *priority* maternal health bills, including the Black Maternal Health Momnibus, BABIES, Midwives for MOMS, MOMMA's, FAMILY, and Healthy Families Acts. Gratefully, the Subcommittee's investments in federal programs target inequities and fund essential work.

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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at [NationalPartnership.org](https://NationalPartnership.org).

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