

*I Mina'trentai Siette Na Liheslaturan Guåhan*  
**BILL STATUS**

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	FISCAL NOTES	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	NOTES
318-37 (LS)	Thomas J. Fisher Joe S. San Agustin Roy A. B. Quinata William A. Parkinson Dwayne T.D. San Nicolas Christopher M. Dueñas Tina Rose Muña Barnes Jesse A. Lujan Amanda L. Shelton	AN ACT TO APPROPRIATE FOUR HUNDRED THOUSAND DOLLARS (\$400,000.00) FROM FISCAL YEAR 2024 GENERAL FUND REVENUES COLLECTED IN EXCESS OF THE ADOPTED LEVELS ENUMERATED IN PUBLIC LAW 37-42, AS AMENDED, TO THE GUAM BUREAU OF WOMEN'S AFFAIRS RELATIVE TO FUNDING THE GUÅHAN DOULA PROJECT	6/26/24 1:23 p.m.						

***I MINA'TRENTAI SIETTE NA LIHESLATURAN GUÅHAN***  
**2024 (SECOND) Regular Session**

**Bill No. 318-37 (LS)**

Introduced by:

Thomas J. Fisher *[Signature]*  
Joe S. San Agustin *[Signature]*  
Roy A.B. Quinata *[Signature]*  
William A. Parkinson *[Signature]*  
Dwayne San Nicolas *[Signature]*  
Christopher M. Duenas *[Signature]*  
Tina Muna Barnes *[Signature]*  
Jesse A. Lujan  
Amanda L. Shelton *[Signature]*

**AN ACT TO APPROPRIATE FOUR HUNDRED THOUSAND DOLLARS (\$400,000.00) FROM FISCAL YEAR 2024 GENERAL FUND REVENUES COLLECTED IN EXCESS OF THE ADOPTED LEVELS ENUMERATED IN PUBLIC LAW 37-42, AS AMENDED, TO THE GUAM BUREAU OF WOMEN'S AFFAIRS RELATIVE TO FUNDING THE GUÅHAN DOULA PROJECT**

1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds  
3 that Guam has some of the highest maternal mortality and infant mortality rates in  
4 the United States and its five territories, with most pregnancy-related deaths being  
5 preventable. CHamoru infants are five times as likely as the national average to die  
6 before the age of one year. According to a 2023 Needs Assessment Update for  
7 Guam by the federal Health Resources and Services Administration, the island's  
8 maternal mortality rate (MMR) ten-year average from the most recent ten-year  
9 period, 2008-2017, at 29.4, is still higher than the U.S. MMR of 23.8 in 2020

1 (CDC NCHS, 2022). The MMR has been increasing in the past ten years, following  
2 the national trend, according to this report.

3 Additionally, the Guam Department of Public Health and Social Services  
4 reported during its Maternal Health Summit in September 2023 that annual fetal  
5 death rates for Guam ranged from a low of 7.16 per 1,000 births in 2012 to a high of  
6 21.87 per 1,000 in 2018. In 2022, the fetal death rate was 13.32. The U.S. fetal death  
7 rate has never reached above 6.11 per 1,000 births since 2011. The DPHSS summit  
8 report shows that fetal deaths decline markedly with increased prenatal care (PNC)  
9 visits. For females with no PNC visits, the fetal death percentage is 27.65%. For  
10 females with 1-5 PNC visits, the fetal death percentage is 43.66%. For those with  
11 11-15 PNC visits, the percentage drops to 6.45%, and for those with over 16 visits,  
12 the rate drops to between 2.07% to 1.15%.

13 In order to address these high rates and as a means to reduce them and to help  
14 women and persons who are or who become pregnant to have healthy pregnancies  
15 and deliver healthy babies, *I Liheslaturan Guåhan* applauds the Bureau of Women's  
16 Affairs for working with Birthworkers of Color Collective (a 501(c)(3) national  
17 nonprofit organization) and its Executive Director and co-founder Stevie Mesa  
18 Merino, a CHamoru birthworker, lactation consultant, and anthropologist, to address  
19 these numbers and the overwhelming health inequities Guam is experiencing,  
20 especially with regard to pre- and postnatal care.

21 Birthworkers of Color Collective (BWOCC) was created to increase  
22 representation, accessibility, and to help decrease the overwhelming health  
23 disparities that Black, Indigenous, and communities of Color face during pregnancy,  
24 birth, and postpartum by providing full spectrum doula services that are accessible  
25 and culturally relevant. BWOCC provides doula trainings, workshops, classes,  
26 visibility, resources, and advocacy efforts. BWOCC has trained almost 500 people  
27 across the United States, its territories, and internationally to provide culturally

1 relevant doula services/support.

2       *I Liheslaturan Guåhan* finds that doulas are one answer to this health inequity.  
3 Doula training and services represent a collaborative effort that can work with  
4 Guam’s medical community in order to address pre- and postnatal care challenges  
5 as culturally relevant, safe, non-medical tools that are an additional resource for  
6 women and their babies. Doulas are an evidence-based non-medical intervention to  
7 decrease perinatal health disparities and are being recognized throughout the United  
8 States as an essential tool to address the maternal and infant mortality and morbidity  
9 crisis. A doula can provide expecting and new parents with educational, emotional,  
10 and physical support before, during, and after a baby is born (Dale 2021). This  
11 support may include advocacy, emotional, physical, and educational support/care  
12 prior to, during, and after pregnancy and postpartum outcomes. Research shows that  
13 doulas can have positive impacts on birthing outcomes and decrease unnecessary  
14 interventions. Women who have doula support reported shorter labors, positive birth  
15 experiences, and were less likely to have a cesarean birth or other interventions  
16 (Bohren 2017).

17       *I Liheslaturan Guåhan* agrees with the Bureau of Women’s Affairs that it is  
18 necessary and culturally appropriate to shift the narrative to how persons who are or  
19 who plan to become pregnant can be guided by a doula regarding culturally relevant,  
20 sustainable ways to receive pre- and postnatal education, advocacy, and stay healthy  
21 throughout their pregnancy and after delivery of their baby (or babies). Despite the  
22 valiant efforts of many in Guam’s medical community and given Guam’s  
23 devastating maternal and infant mortality rates, the need for thorough, culturally  
24 relevant birth and reproductive health education is urgent. While doulas are newer  
25 to Guam, supporting and caring for pregnant and postpartum women is a cultural  
26 tradition through CHamoru Suruhana and Pattera, who have been known to assist  
27 pregnant women for generations. This Guåhan Doula Project is a cultural birthright

1 and reclamation – cultural competency in action.

2 A partnership between the government of Guam, medical providers, and the  
3 Birthworkers of Color Collective for support of this Guåhan Doula Project is  
4 important to promote quality and cost-effective outcomes, and encourage the  
5 visibility, training, and services of culturally congruent doulas for pregnant, birthing,  
6 and postpartum women.

7 In alignment with Guam's Green Growth Initiative, which supports the United  
8 Nations 2030 Agenda for Sustainable Development and its 17 world Sustainable  
9 Development Goals, two of which are Good health and well-being (SDG 3) and  
10 Gender equality (SDG 5). *I Liheslaturan Guåhan* supports a Guåhan Doula Project  
11 and the training of local doulas to be an additional tool to:

- 12 1. Reduce Guam’s maternal and infant mortality rates by at least one-third;
- 13 2. Educate women on the cultural importance of prenatal and postnatal care;
- 14 3. Encourage mothers to breastfeed through education, referrals, and links to  
15 community resources;
- 16 4. Partner and collaborate with medical providers to educate on the benefits  
17 of doulas and breastfeeding; and
- 18 5. Engage high-risk pregnant women and families in evidence-based home  
19 visits by doulas.

20 **Section 2. Establishment of the Guåhan Doula Project.** The Guåhan Doula  
21 Project is hereby established within the Bureau of Women’s Affairs to provide for  
22 the training of local women as doulas, an education and outreach program to create  
23 a partnership with Guam’s medical community, and the funding of pre- and  
24 postpartum doula services for both individuals and groups of women.

25 **Section 3. Training Requirements.** All doulas participating in this program  
26 will be vetted through an approval process that shall consist of:

- 27 A. Doula training completion certificates from credible doula training

1 organizations (like Birthworkers of Color Collective) that have existed for at  
2 least 5 years.

3 B. Cultural competency course relevant to working with Chamorro/Pacific  
4 Islander communities.

5 C. Infant and adult CPR certification.

6 D. HIPAA training.

7 **Section 4. Appropriation.** The sum of Four Hundred Thousand Dollars  
8 (**\$400,000**) is hereby appropriated from fiscal year 2024 general fund revenues  
9 collected in excess of the adopted levels enumerated in public law 37-42, as  
10 amended, to the Guam Bureau of Women’s Affairs for the purposes of establishing  
11 the Guåhan Doula Project.

12 **Section 5. Effective Date.** This Act shall become effective upon enactment.

13 **Section 6. Severability.** If any provision of this Act or the application thereof  
14 to any person or circumstance, is held invalid, the invalidity does not affect other  
15 provisions or applications of the Act that can be given effect without the invalid  
16 provision or application, and to this end the provisions of this Act are severable.