

Dear Senator Mary Daugherty Abrams, Representative Jonathan Steinberg, and Members of the Public Health Committee of the Connecticut General Assembly,

My name is Michele Dalton and I live in Pittsburgh, Pa. **I stand in support of S.B. No. 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.**

This policy proposal is crucial to doulas in Connecticut. Title protection is crucial and provides stronger identity and credibility, and prevents misrepresentation of the profession. A doula is a non-medical professional trained in childbirth who provides emotional, physical, and informational support to a person who is expecting, is experiencing labor, or has recently given birth. A doula's purpose is to help people have safe, memorable, and empowering birthing experiences.

As a doula, the necessity of this work is most often experienced in real time. Most women enlist a mother, sister, or friend, naturally to be their birthing partner almost instantly or throughout their pregnancy experience. Someone to call, question, and even to partner with during lamaze practices- in alignment but also when the provider is not available to do so. A doula is basically that trained "mother", "sister", friend and someone "on call" who's available to help ease mom during these times. In instances where that type of support is not available to you, a doula will provide mothers a soft place to land, through continuous support, while medical staff can separately ensure mom is least impacted by medical complications that may arise during childbirth, as needed. As someone who is black and queer, our communities are often undersupported by family in this way, so doula work being just as imperative as it has always been, it also intentionally focuses on making sure the birthing experience is preserved and supports the underserved.

Among high-income countries, the United States consistently faces the worst rate of pregnancy/childbirth-related deaths. Connecticut sees substantial and persistent disparities in maternal deaths by race and ethnicity. Black women are three to four times as likely to die during or related to pregnancy than white women, regardless of socioeconomic status. Increasing equitable access to doula care services, especially in under-resourced communities, has been shown to improve outcomes for both mothers and newborns. Doulas and the care they provide can improve these outcomes.

Imagine meeting someone and building a rapport around all the things they hold most valuable and creating a plan to support them for months. Keeping in contact, building trust, debriefing from doctor's appointments, keeping them connected and supported for as long as you are involved prior to the day of birth. The day of birth gets here, you are the 2nd person called but the first to show up. Equipped with a sound mind, a notebook, a stopwatch, a birth ball, and all of mom's desires and trust. You spend hours helping mom relax and breathe empowering her along the way. Labor is moving along, but now contractions seem to be getting closer and lasting longer. You contact the doctor and agree it is time to show up to the hospital. The provider on call asks to speak directly to the mother. They ask all the questions you have written down. You show up at the hospital and they undermine the experiences you have had for the last 5 hours at home side by side with mom, with medical decisions based on seeing mom for the first time today, in the last 5 mins. The doula's role here is defined but not resourced, due to leeway on rather or not to acknowledge that, which only adds to mom's anxiety, directly impacting her birthing outcome.

Doulas are a valuable resource to the medical team. Prioritizing mom's trust and comfort in ways that hospitals and hospital staff cannot. Addressing issues with mom she may not otherwise feel as safe or comfortable to address with the provider. Giving mom reasoning and understanding that providers may

not always be able to provide for mom. The more relaxed the better any outcome, but this more so as the physiology of labor requires relaxation, patience, and trust in the most fundamental way.

My mom refused to lay down in the hospital bed because her body told her to walk during the birth of my little sister. I remember how nobody was there to advocate for her, when they gave her pitocin, or when they broke her water right after asking her and she told them “no”. She wasn’t in the hospital that long, didn’t mind the pain, and wasn’t at risk for infection, yet she was violated. Even after putting trust in her doctors and understanding labor based on recommended reading materials. To have to picture black mothers being treated like that is a kind of torture, to other black mothers and children. I don’t like how that story affected my mother and when she told us about it I felt her helplessness. Our birth stories follow us, this one and others like it told by my own mom, who had 3 daughters, is the reason why I am a doula today. This decision not only helps prevent, but also helps repair the fractures that birthing and their outcomes have created historically especially for the already underserved.

I respectfully recommend the following: Lines 204-207 reflect a "doula" means a trained, nonmedical professional who provides physical, emotional, and informational support to a pregnant person before, during, and after birth, in person or virtually.

Lastly, **I commend the efforts of the study** to determine whether the Department of Public Health should establish a state certification process by which a person can be certified as a state doula to ensure no doula be barred from this process.

Thank you for the opportunity to submit this testimony regarding the doula profession. In closing, I urge you to support S.B. No 1 to define the doula profession.

Sincerely,
Michele Dalton, Doula