Backbone Support Provided By:

LIVE UNITED United Way
United Way of Coastal Fairfield County

Executive Director: Allison Logan
Tri-Chair Members: Carmen Colon, Reverend Cass Shaw, and Terry Walden

TESTIMONY OF Allison Logan, BS-ED, MS

Human Services Committee

S.B. No. 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.

March 17, 2021

Good morning Senator Mary Daugherty Abrams, Representative Jonathan Steinberg, and Members of the Public Health Committee of the Connecticut General Assembly. My name is Allison Logan and I am the Executive Director of Bridgeport Prospers, a cradle to career, collective impact movement in Bridgeport, CT. I appreciate the opportunity to submit my written testimony for today's hearing.

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.

Over the last few years, my work in Bridgeport has focused in the prenatal to three space, with our outcome goal that all babies in Bridgeport will be healthy and reach developmental milestones by age three. Recognizing that there is scant evidence that any one single action, support or intervention will result in the level of family and systems change imagined for Bridgeport's babies, our birth to three community action team proposed an innovative, values-anchored, science-informed baby "bundle." The framework is anchored in the neuroscience of trauma to resilience, along with a bundle of comprehensive, whole-family supports and practices- all aimed to reduce maternal and family stress and increase bonding and attachment with their children.

Currently, there is a lack of good data to understand why women are dying in childbirth or experiencing adverse postpartum outcomes as a key contributor to maternal mortality. This is certainly the case for Bridgeport, CT, where clear data on maternal mortality and morbidity rates are difficult to obtain, as documented in the 2018 CT Health Investigative Team article entitled "Maternal Deaths Rising At Alarming Rate, But Who's Counting?" Although recent state legislation signed by Governor Malloy in June 2018 established the Maternal Mortality Review Program, the legislation lacks allocated funding. The Fairfield County maternal mortality rate averaged 8.1 for every 100,000 live births from 2003-2007—better than the U.S. rate of 13.3. However, the 2016 Fairfield County Community Wellbeing Index shows that "the high health status of the county's population as a whole hides vast differences across all measures of wellbeing for populations in certain towns and neighborhoods," a fact clearly visible when data is disaggregated across income and race. This suggests that maternal mortality in Bridgeport—a city that is 35.5% African-American and 39% Hispanic or Latino, with a poverty rate of 22% and median household income of $43,137—is likely worse than county and state-wide data reflect.

This understated tragedy is further demonstrated by Bridgeport fetal and infant death rates, which are more than 150% of state and national averages (17.1 deaths per 1,000 live births in Bridgeport, compared to 10.5 for the state and 10.9 nationally.) Low birthweights occur 15% of the time in Bridgeport, compared to a rate of 9.4% across the state. Further, statewide data from the March of Dimes' Premature Birth Report Card show a racial disparity in premature/low-weight births–8.4% of infants born to white women and 12.4% of infants born to African-American women. CT Department of Public Health data also reveals that, statewide, African-American women are twice as likely as white women to be readmitted to a hospital within 30 days of giving birth. In 2015-16, more than 20% of Bridgeport mothers had no prenatal care in the first trimester, a trend that had worsened since the previous period.

Studies have shown that Doula Care improves health outcomes for both mothers and babies, reduces spending on non-beneficial medical procedures, avoidable complications and preventable chronic conditions, decreases Postpartum depression, reduces the likelihood of costly interventions like cesarean births and epidural pain relief, increases the likelihood of a shorter labor, a spontaneous vaginal birth, higher Apgar scores for babies and a positive childbirth experience, increases use of breast feeding, and patients have reported feeling valued and having had a voice in consequential childbirth decisions.

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.

Allison Logan, BS-ED, MS

Executive Director- Bridgeport Prospers
855 Main Street, 10th Floor
Bridgeport, CT 06604
alogan@unitedwaycfc.org
860-681-6195 (cell)
203-339-6318 (office)