



William W. Ginsberg
President & CEO

March 17, 2021

Board of Directors

Khalilah L. Brown-Dean
Chair
Flemming L. Norcott Jr.
Vice Chair
Maysa Akbar
Roxanne J. Coady
Kellyann V. Day
Joseph W. Gordon
Carlton L. Highsmith
Terry H. Jones
Fernando Muñiz
Marcella Nuñez-Smith
Gregory J. Pepe

Our Community

Ansonia
Bethany
Branford
Cheshire
Derby
East Haven
Guilford
Hamden
Madison
Milford
New Haven
North Branford
North Haven
Orange
Oxford
Seymour
Shelton
Wallingford
West Haven
Woodbridge

70 Audubon Street
New Haven, CT 06510

203-777-2386
203-787-6584 fax
cfgnh.org

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

My name is Natasha Ray, and I live in East Haven, Connecticut. **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.** I serve as the Director, of the New Haven Healthy Start Program, at the Community Foundation for Greater New Haven. The mission of the **Healthy Start (HS)** program is to improve **health** outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. We are 1 of 100 programs nationwide.

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. We know that medical care is estimated to account for only 10-20 percent of the modifiable contributors to healthy outcomes for a population. The other 80 to 90 percent are sometimes broadly called the social determinants of health: health-related behaviors, socioeconomic factors, and environmental factors. Doula services are inclusive of providing health education, as well as, connecting families to resources.

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.

Furthermore, significant savings can accrue from enabling mothers to add a few ounces to a baby's weight before birth. An increase of 250 grams (about 1/2 pound) in birth weight saves an average of \$12,000 to \$16,000 in first year medical expenses. Prenatal interventions that result in a normal birth (over 2500 grams or 5.5 pounds) saves \$59,700 in medical expenses in the infant's first year. The long-term cost of low birthweight infants includes re-hospitalization costs, many other medical and social service costs and, when the child enters school, often large special education expenses. These public expenses can go on for a lifetime.

In 1991, the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) funded 15 urban and rural sites in communities with infant mortality rates that were 1.5 - 2.5 times the national average to begin the Healthy Start Initiative. The program began with a five-year demonstration phase to identify and develop community-based systems approaches to reducing infant mortality by 50% over the five-year period and to improve the health and well-being of women, infants, children and their families. Healthy Start has been addressing maternal and child health disparities for 30 years (24 years in CT), we have expanded from 15 to 100 Healthy Start sites nationwide, and while we have made significant improvements in infant and maternal health outcomes nationwide; we have such a long way to go.

In CT babies born to Black mothers are more than three times more likely to die in their first year of life, and babies born to Latina mothers are more than twice as likely to die in their first year as those born to white mothers. Black women are three to four times as likely to die from pregnancy-related causes as their white counterparts, according to the C.D.C. This is a racial justice issue. Evidence strongly suggests that providing doula support through Medicaid is likely to reduce these significant racial health disparities, which are tied to social as well as medical factors. We need to reimagine maternity care in a way that aligns with the science, and science tells us that including doulas make a difference.

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.

Respectfully Submitted,

Natasha Ray, MS,

A handwritten signature in cursive script that reads "Natasha Ray".

Director, New Haven Healthy Start