

I am writing to provide testimony to the bill S.109 in support of Medicaid reimbursement for Doula Services to pregnant and birthing people.

I have been a Nurse-Midwife for over 34 years and Lead Midwife at the University of Vermont Medical Center for the past 15 years. I feel deeply about the need for perinatal support (physical and emotional) for birthing families. Doula care has always been a perfect complement to midwifery care. There is much evidence that the involvement and support of a doula before, during and after birth reduces medical interventions, *improves* health outcomes, the overall birth experience for an individual thus reducing the incidence of postpartum anxiety and depression. As the difference in maternal morbidity and mortality for birthing people of color became more apparent, one easy solution to reduce these numbers and provide better care to BIPOC families, is *access* to Midwifery and Doula care.

Considering this and the increasing use of private practice doula care, I established a Volunteer Doula Service for birthing families at UVMHC in 2019 to provide free access to this critical care for people who are not be able to afford it.

The intent of the Volunteer Doula Service was to reduce health care disparity by providing Doula Care to families who were socially (and economically) at risk. We have trained over 200 Volunteers in the past 5 years and have an active roster of ~ 100 volunteers. The requirement of the training is that volunteers provide doula care for 1-2 twelve-hour shifts/month for at least 1 year. The training is specifically aimed at teaching about birth, trauma informed care and social determinants of health that may impact pregnant people's lives specifically at UVMHC.

I quickly realized that the new American population and other people of color were not being served in the best way by this service. Inherent in being a Volunteer is that most come from a place of privilege. They are people who have extra time away from their paying jobs to be available 12 -24 hours (or more) per month for people in need.

The best care for families is care from people they identify with and trust. This has been shown in numerous studies and reviews. For a Somali person to become a doula for those in their community, we would need to offer this as a job at a livable wage. This would be true for the Swahili speakers from Kenya and the Congo, or the Spanish speaking migrant workers on the dairy farms, or the person who has a substance use disorder and trauma history. The training for these Community Doulas as they are known (doulas from the communities that they serve) would need to be easily accessible and affordable.

Doula care is largely mental health care. The focus and support given to birthing families in this vulnerable time, before, during and after birth, is crucial. The newest statistics around mental health needs of pregnant and post-partum women are alarming. This is especially concerning when we see that the number of mental health providers available does not meet the needs of this population. Doula care-provides support and helps identify when mental health concerns need attention and when they might be alleviated with extra care and support.

Doula care is intimate, compassionate, educational and advocacy work. This is why it makes a statistical difference in the birth and postpartum outcomes for families both at risk and not at risk. This work is worthy of payment and accessibility by everyone who desires it.

Respectfully submitted to the Health & Welfare Committee

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