Testimony Supporting S.B. No 395 An Act Concerning the Establishment of the Doula Advisory Council and Doula Certification
Tekisha Dwan Everette, PhD
Human Services Committee
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Dear Senator Moore, Representative Abercrombie, and members of the Human Services Committee of the Connecticut General Assembly,

My name is Tekisha Dwan Everette, and I am the one and only child born to my mother, who suffered countless miscarriages and problems becoming pregnant throughout her life. As a Black woman, with lower socio-economic means in America, my mother was one of many women who suffered poor outcomes in her quest to become pregnant and give birth. Today, I provide the following testimony in the hope that we can advance one solution so that all people attempting to be pregnant, who are pregnant, or who are giving birth are able to receive the care and attention needed to promote better maternal and infant mortality outcomes in Connecticut.

In my capacity as the Executive Director of Health Equity Solutions (HES), I offer our strong support for the full recognition and integration, as well as sustainable funding, for doulas. HES is a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status. As such, HES supports S.B. 395, which would establish an advisory council to make recommendations concerning the certification of doulas and set a deadline for the Commissioner of Public Health to establish a certification process for doulas.

A doula is a community health worker with expertise in birthing. Doulas provide physical and emotional support to an individual who is pregnant, in labor, or who has recently given birth. Doulas empower pregnant people to have a safe and informed birthing experience by providing comfort, care, and safety before, during, and after birth. Doulas can specialize in areas such as postpartum, fertility, adoption, end-of-life, and bereavement, and have a variety of evidence-based skillsets to support the birthing person, newborn, and family. Increasing equitable access to doula care services, especially in under-resourced communities, has been shown to improve outcomes for both mothers and newborns.¹,²,³

Safety is critically important, especially for Black and Latino women and infants of color who experience dramatically worse health and mortality outcomes related to birth than white women and infants. Among high-income countries, the United States consistently faces the worst rate of pregnancy/child birth-related deaths. Black women are more than three times as likely to die during or related to pregnancy than white women, regardless of socioeconomic status. In Connecticut, the maternal mortality rate is rising at an alarming pace among Black or African American women. For Black women in Connecticut, the maternal mortality rate is 48.0, compared to 14.8 for white women. Doulas and the care they provide can improve these outcomes.

Studies have shown that doula care improves health outcomes for both mothers and babies, and is associated with lower rates of postpartum depression and of costly interventions like cesarean births, while increasing the likelihood of a shorter labor, a spontaneous vaginal birth, higher Apgar scores for babies, and positive childbirth experiences. Patients who have had a doula have reported feeling valued and having had a voice in consequential childbirth decisions.

Health equity is a principle, a practice, and a way of being that allows everyone to attain their optimal health regardless of race, ethnicity, or socioeconomic status. This extends to and includes reproductive health. Reproductive justice demands that we remove barriers tied to social demographic groups (women of color and low-income women) who have been disenfranchised, unprivileged, and oppressed people in our society. S.B. 395 furthers health equity and reproductive justice by empowering women with the choice to access doula services and allowing for the social, emotional, and physical support and advocacy necessary to improve health including by reducing maternal mortality.

Health Equity Solutions commends the efforts of this bill to take the most comprehensive and inclusive approach possible, making sure the certification process does not lock out any doula who would like to be state certified. This bill is well-positioned for success because of Connecticut’s strong and organized doula community, representatives of which participated in the CT Doula Care Coverage Task Force convened by the Commission on Women, Children, Seniors, Equity, and Opportunity. The workgroup’s recommendations and the active involvement of doulas in this task force mean that Connecticut already has solid foundations on which to build a certification process.

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4 UNICEF Data. Monitoring the situation of women and Children. Available at: https://data.unicef.org/topic/maternal-health/maternal-mortality/
6 America’s Health Rankings. Available at: https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/population/maternal_mortality_a_black/state/CT
7 Apgar stands for “Appearance, Pulse, Grimace, Activity, and Respiration,” and is used to evaluate a newborn’s health. See: https://kidshealth.org/en/parents/apgar.html
Health Equity Solutions believes it is critical to move forward with a doula certification program in Connecticut and strongly supports a process that is operated by the Department of Public Health and informed by the great work of the Doula Advisory Council. We strongly urge the Human Services Committee to support SB 395.

Thank you for the opportunity to testify in support of S.B. 395. I can be reached with any questions at teverette@hesct.org or 860.937.6610