

Lulu Churchill, Certified Doula and CLC  
Camden, Maine  
April 16th, 2025

To Senator Ingwersen, Representative Meyer, and Honorable Members of the Health and Human Services Committee:

Thank you for the opportunity to address the Committee. My name is Lulu Churchill I'm a resident of Camden. I am here on behalf of myself, a doula of three years, lactation counselor of four years, and member of Community Doulas. I am here today in support of LD 1523.

The work of the doula is nuanced. I am not a medical professional, though I act inside of the medical world. In the birth setting, I am a unique bridge between the necessarily sterile and technical hospital setting and the inevitably soft, unique human involved. I help parents navigate an often complex matrix of birth choices by helping translate medical terminology into digestible terms and reassuring them that they are capable, safe and empowered in their decision-making process around their birth. While a midwife and L&D nurses are beholden to tending the medical aspects of birth, the doula tends the human as a whole, including their emotional well-being and sense of self in an evolving role.

At home, the doula's work is expansive and inclusive. I am a certified lactation counselor, which is work that plays into my role as a doula considerably, though this is only just one aspect of the work I do for my clients. I am not a nanny, though I hold and tend babies occasionally. I am not a housecleaner, though I will tidy homes, do dishes, and process laundry. I am not a caterer, though I will make food for birth parents and their people. I am not a therapist, but I am a willing sympathetic ear. The truth is that doulas do all this and more. The needs of the postpartum parent change from day to day and the doula is there to support the transition to parenthood in whatever way is most helpful from moment to moment.

I've seen why doula care is a necessary part of the perinatal care landscape in Maine. As a doula, I remain linked to the medical world once I am helping a client in their home. I am certified in adult/infant CPR and first aid, but am also capable of recognizing non-emergency medical issues that require medical referral, such as mastitis or postpartum depression. Conversely, I am able to assist clients with non-medical issues that arise which might be attended to safely at home, such as normal "baby blues" and basic infant feeding strategies and technique. I find that physically vulnerable and sleep-deprived newly postpartum families with their tiny baby are generally grateful not to have to leave their homes during the immediate postpartum period.

With doulas filling in the gaps of perinatal support, it is no wonder that their employment is associated with better birth and postnatal outcomes. A study done by the Birth Companions Program at the Johns Hopkins University School of Nursing in 2012 demonstrated that 'for a middle-class woman with a male partner and doula support, the cesarean rate was 13.4% compared to the control group at 25%. Similarly, in those with induced labor, women with doula

support had a cesarean rate of 12.5% compared to the control at 58.8% [24].’ (<https://pmc.ncbi.nlm.nih.gov/articles/PMC10292163/>) The study concluded that ‘The use of well-defined doula support proves to be a reliable method to decrease the usage of cesarean deliveries and, thus, improve patient delivery outcomes by preventing the accompanying risks and complications of cesarean deliveries.’

Given statistics like these, it seems obvious that every birthing person should have a doula! It has been proven that the use of doulas leads to better for birth outcomes and might even lower the need for costly interventions. So why don’t all families work with doulas? It is true that some families are simply unaware of doulas or the benefits of working with doulas, but it is also true that many families simply can’t afford the cost of working with a doula.

Doulas provide valuable work that is priced accordingly. The work is, as described, nuanced and also emotionally and physically exhausting. The doula’s work requires a significant amount of flexibility in terms of scheduling that many day jobs can’t accommodate. And it is work that can last for days without a significant break! For doulas with pets and young children, there are additional financial and logistical challenges to consider. To make the work sustainable, doulas need to be paid sufficiently.

That said, many of the families who have been proven to need the kind of nuanced perinatal support offered by doulas the most are the least capable of being able to afford this sort of help. A 2022 study found that ‘Women of a lower socioeconomic status (SES) have decreased maternal and infant health outcomes compared to their higher SES peers. Doula interventions throughout labor can serve to close the gap between these outcomes and alleviate the burden of health disparities for lower SES women. A recent retrospective cohort study sampling 298 women receiving Medicaid with doula support across three states in the USA found an overall 52.9% decrease in the risk of cesarean surgery and a 57.5% decrease in rates of postpartum depression/postpartum anxiety (PPD/PPA) versus their counterparts without third-party supportive care [18]. Mothers who received doula care solely during delivery saw an even greater, 64.7%, decrease in PPD/PPA, highlighting the potential value of such care during a relatively short but critical period.’ (Doula care across the maternity care continuum and impact on maternal health: evaluation of doula programs across three states using propensity score matching. Falconi AM, Bromfield SG, Tang T, Malloy D, Blanco D, Disciglio RS, Chi RW. EClinicalMedicine. 2022). Doula support would benefit everyone, but particularly vulnerable populations. I have offered my services free on more than one occasion because I knew a family really needed me and, as a normal empathetic human, I couldn’t turn them down in spite of my own need to support myself and my family.

Birth hospitals in Maine are closing at an alarming rate right now. Just this month Waldo County (in my neck of the woods) closed its birth center, which will mean that families from the surrounding area will be forced to travel greater distances to have their babies in a hospital. In a rural setting, the doula can be a huge help towards managing resources. The doula can help the family labor at home and determine when the time is appropriate to head to the hospital (and avoid the risk of being turned away from arriving too early) and stay with the family once there,

providing a continuum of care that goes from home to birth center and back again. The doula can help families avoid costly and perhaps unnecessary postpartum trips to the hospital, as well; for instance, assisting with infant feeding techniques to increase transfer or providing emotional and logistical support.

In conclusion, everyone can benefit from doula support for birthing families. I really want every birthing family to receive the care they need and I feel from my own experience in my work that doulas can provide that service. Voting "Ought to Pass" on LD1523 would mean that I as a doula could say "yes" to all the Maine families who would like the best possible outcome for their birth and postpartum and know that my work can be sustainable.

Thank you for the opportunity to share my perspective with the Committee. I urge you to vote "Ought to Pass" on LD1523. Thank you!

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