Honorable Members of the Health and Human Services Committee.

My name is Sarah Tewhey. I am a resident of Mount Desert Island and I am here today in support of **LD 1523**. I have attended over 150 births as a doula in Hancock County since 2013 and I am the Chair of the Maine Doula Coalition.

On March 27th, Mount Desert Island Hospital - a place where I have attended dozens of births over the last decade - announced the closure of its Labor and Deliver unit on July 1st. The many pregnant women planning to have their babies there this Summer and Fall were left feeling upended by this decision. This was followed a week later by an announcement from Houlton Regional Hospital that it will close its OB unit on May 1st. Houlton's announcement marks the 4th OB closure in 2025 alone, leaving Maine with only 17 birthing hospitals. 9 of those 17 are rural low volume Level 1 hospitals and I am afraid for the future of every single one of them.

What I have found out since the MDI Hospital L&D closure announcement is that doulas become critical to families as rural access to maternal health care declines. Over the last three weeks I've helped families who were expecting to deliver at MDI navigate a major disruption to their birth plan and I've been asked to provide doula care to those individuals seeking stability. In the words of one mother who is due in late June and has no idea whether her baby will be born at MDI or in Ellsworth, "I am scrambling to make choices about my care in a short amount of time and I think that having a consistent person like a doula, regardless of where we deliver will help reduce the stress of what happens next"

This is the essence of what we do as doulas. Whether in the uncertainty of pregnancy, the intensity of labor or the vulnerability of postpartum, doulas are the ones to provide continuity of care in our communities. For rural doulas, we are doing all of this amidst a backdrop of a healthcare system that is struggling to provide care to mothers and infants - a backdrop where emergency rooms and EMS services are becoming the places handling rapid births and obstetric emergencies. I have already been asked by one provider at MDI Hospital if I can be called on to come into the emergency department to be a doula for the women who will inevitably end up having their babies there. These women delivering emergency rooms will need the comfort and care of someone who is deeply familiar with labor and birth.

Doula coverage right now is an out of pocket expense. In rural Maine, which has the highest rates of MaineCare enrollment AND is disproportionately impacted by rural OB closures, MaineCare coverage of doula services is critical. Doulas are an evidence-based way to improve maternal health outcomes and access to doulas may help to prevent some of the problems created when a community loses its access to maternal and infant healthcare. We are not the answer to Maine's rural maternal health crisis, but we can absolutely be one part of the solution if given the chance to provide care to our rural MaineCare families.

Thank you for the opportunity to share my perspective on the importance of passing LD1523.

Sarah Tewhey - Chair, Maine Doula Coalition