

Leah Deragon  
Portland  
LD 1523

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Senator Ingwersen, Representative Meyer, and Honorable Members of the Health and Human Services Committee, my name is Leah Deragon, I am a resident of Portland, and I am writing today in support of LD 1523 An Act to Improve Perinatal Care Through Expanded Access to Doula Services.

As a seasoned childbirth educator, doula, and nonprofit founder spanning more than two decades, I am uniquely positioned to testify from the perspective of a veteran advocate for our local perinatal systems of care. I bring extensive subject matter expertise to the impacts and outcomes of non-clinical support in general, and specifically to the range of individualized services a doula is prepared to provide to expectant and brand new parents.

I myself became a DONA-certified doula (Doulas of North America) in 1999 and from 2000 to 2010 was an active labor and birth doula, serving nearly 200 families in Southern Maine and beyond. After devoting a decade of direct service in the delivery room, I continue to this day to support perinatal families in my role as a childbirth and postnatal educator and as co-founder/ Director of Mission and Impact for Birth Roots, with more than 7,000 program alumni families locally.

I am speaking up about LD 1523 today because we can no longer claim ignorance. Inaction at this point is to say, we knew but did not act.

Despite having more information at their fingertips than any previous generation in history, first time parents remain overwhelmingly anxious, arriving at pregnancy, birth and new parenthood no less stressed. Of note, even when clinical care is appropriate, peripartum parents frequently disclose feeling invisible and alone. This is because clinical care alone does not and cannot sufficiently recognize the particular needs nor address the identity-specific concerns of the perinatal period. Distinct from first time parents, multiparous patients are likely to bring unprocessed birth traumas from previous pregnancies to their care needs in subsequent deliveries. Even a basic understanding of the sympathetic nervous system affords us the key insight that feeling tense, anxious, invisible and unsafe is contraindicated in labor and birth physiology.

We now have three decades of robust, peer-reviewed research (below) supporting the analysis that doulas improve perinatal outcomes—especially when integrated into systems of care in culturally responsive and accessible ways. And yet the validity of doula-level care remains to be legitimized as an intervention worthy of equal access. This situation is outdated and leaves specific groups at increased risk by perpetuating a known health outcome divide between those who can self pay for comprehensive care and those who are left out. Given the extreme and worsening disparities in maternal health outcomes, it calls ethics into question to allow this intervention to remain privatized. Maine's policies reflect our values and priorities and to what we hold ourselves accountable. I am speaking up about LD 1523 today because we can no longer claim ignorance. Inaction at this point is to say, we knew but did not act.

30 years of data on the positive impact of doulas on perinatal outcomes:

- Foundational research by Klaus, Kennell, and Klaus (1993) showed that continuous support during labor led to shorter labor, reduced need for pain relief, lower cesarean rates, and more positive birth experiences.
- 2000s: Further studies and meta-analyses confirmed and expanded on earlier findings, emphasizing the unique role of non-clinical, trained support (i.e., doulas) compared to hospital staff or partners.
- 2017 (Cochrane Review): A comprehensive review of 26 randomized controlled trials (involving over 15,000 people) found that continuous labor support—especially

from someone not part of the hospital staff or the person's social network (like a doula)—was associated with:

- 39% decrease in the risk of cesarean birth
- 15% increase in the likelihood of a spontaneous vaginal birth
- Decreased use of pain medications
- Increased satisfaction with the birth experience

Recent years (2020–2024): There's been more emphasis on the equity impact of doulas, particularly in reducing racial disparities in birth outcomes, with newer data suggesting that doula support can improve maternal and infant health outcomes for those most at risk for inferior outcomes.