

Testimony of Kristen Kinchla on behalf of the Maine Children's Alliance In Support of LD 1523, "An Act to Improve Perinatal Care Through Expanded Access to Doula Services"

April 17, 2025

Senator Ingwersen, Representative Meyer, and honorable members of the Health and Human Services Committee, my name is Kinch, and I am testifying on behalf of the Maine Children's Alliance and as a doula in support of LD 1523.

My professional work with the Maine Children's Alliance allows me to provide you with all the data and policies that speak to the challenges of giving birth and raising a family in Maine. As a doula, I carry the stories of the people who are living it day to day.

The data and information are true, helpful, and powerful. But what I'd really like to spend my time talking about is Daphne, Keon, Keliyah, Robyn, Faye, Aaron, Pamela, Isabel, Andrea, and Dylan. These are just a few names from the families I have been lucky enough to care for as a doula, and I'll add some more this Friday morning when I attend a 5 AM C-Section.

As a doula, I've sat with a mother in labor for 36 hours, providing physical support during contractions while watching The Lord of the Rings extended edition as her husband slept upstairs after finishing a grueling overnight shift. I've been the primary translator for a mother in labor after the translator became frustrated that my client wouldn't answer his questions while she was having a painful contraction. I've helped a five-year-old deliver her baby sister and get to cut the cord because her parents couldn't find any child care. I've helped alleviate a young mother's fears through hours of childbirth education and helped her push her healthy baby boy out on all fours, leaving her feeling exhausted and empowered. I've gotten a new mother her much-craved and long-awaited Amato's Italian while she enjoyed that first hour with her newborn daughter. I've helped partners gain confidence in supporting their partners during labor and in caring for their babies, and comforted them when plans change and an emergency c-section is needed. I've held babies while their mothers took a shower for the first time in days, and I've fed mothers who had been home alone for hours, as their partners had to return to work just

two days after their child was born. I've served, and I've listened, and what I know to be true is that doulas are a vital part of Maine's future.

Now I ask the committee, how many of you are parents? How good would it have felt to have an extra person on your team? Now, imagine that person is a trusted friend and community member, with a plethora of information on all things pregnancy, birth, and postpartum. Who knows what you want your birth to look like, and does everything in their power to make it happen. Who works collaboratively with your hospital delivery team and can go to your home after your birth, and make sure you feel ready and supported to take the next steps in your parenting journey. Who cares for you and ensures you, your partner, and your baby are fed, bathed, and cared for. That is what we're talking about here. We're talking about giving all people in Maine access to a vital resource that will improve perinatal outcomes for all family members.

This resource used to be built into our intergenerational households but has been lost to all but those who can afford it. Now, most doulas provide their services for free. We must ask ourselves, with the known benefits to parents and babies, what is this worth to our society? I want to argue that it should be worth a lot as we, as a state, face birth unit closures, an aging population, a parental mental health crisis, and alarming rates of maternal mortality. With the support that this legislation provides, we can make doula care a reality for so many more Maine families at a critical time for their health and well-being. This is good for babies, for parents, and it provides the kind of support for families that makes our communities and our state stronger. That's a benefit to us all now, and an investment in the next generation of Mainers.

Thank you for the opportunity to share my perspective. I urge you to vote "Ought to Pass" on LD 1523. Thanks again!

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HEALTH, SAFETY AND WELL-BEING

Birth Equity

All birthing persons in Maine deserve a positive experience during pregnancy and birth, and postpartum.

What is Birth Equity?

Birth equity ensures all individuals, regardless of race, income, or background, have equal access to high-quality care and support during pregnancy and birth, and postpartum, leading to better health outcomes.

Systems that impact the health and wellness of birthing people and their partners, families, and infants include clinical care, physical environment, social and economic supports, and policies.¹

Clinical Care

- ♦ The closure of seven obstetrics units in the past 10 years, primarily in rural areas, due to low birth volumes and workforce retention challenges, has limited available care.
- ♦ Even when they access care, birthing persons report feeling under-informed, excluded from decision-making, lacking communication and informed consent, and fearing provider judgments or pressures.
- ♦ Translation services provided during care do not meet the needs of birthing persons in Maine, with reports of misunderstandings, issues with accuracy, dialect sensitivity, lack of medical terminology knowledge, confidentiality problems, and cultural insensitivity in translation.²

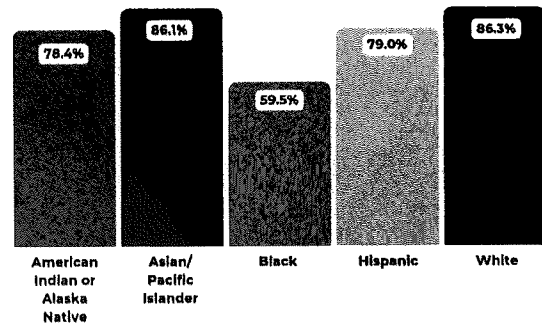
There were 11,621 births in Maine in 2023.

Source: Births - KIDS COUNT

11,621

Black birthing persons were less likely than their peers to have access to adequate prenatal care.

Adequate prenatal care as a percent of total live births (2023)

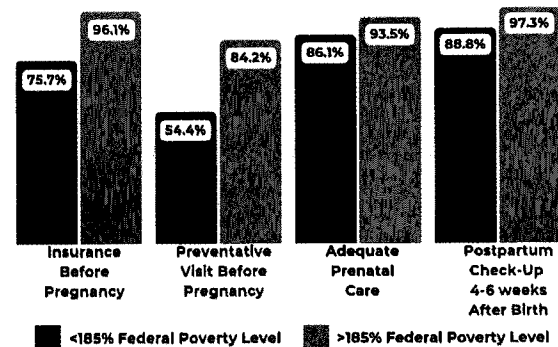


Note: Adequate prenatal care is defined as having initiated prenatal care in the first trimester.

Source: Adequate prenatal care by race/ethnicity - KIDS COUNT

Birthing persons with lower incomes were less likely to have health care coverage and access than their peers with higher incomes.

Health care coverage and access in the perinatal period by income (2023)



Source: Using Pregnancy Risk Assessment Monitoring System (PRAMS) to Measure Social Determinants of Health of Perinatal and Infant Health in Maine (2024)

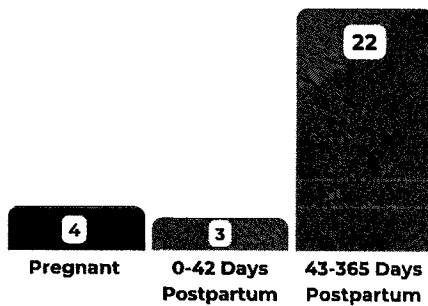


Birth Equity (continued)

To improve health outcomes, birthing persons need increased social and economic supports.

The majority of pregnancy-related deaths occur postpartum, highlighting the critical need for improved access to postpartum care.

Timing of pregnancy-associated deaths (2018-2021)



Note: The top 5 causes of pregnancy-associated deaths according to the death certificate were direct or indirect obstetric causes (8), motor vehicle accidents (7), accidental poisoning (overdose) (5), suicide (3), and cardiovascular disease (2).

Source: [Maine Center for Disease Control and Prevention: Maternal, Fetal, and Infant Mortality Review Annual Report \(2023\)](#)

Physical Environment

Factors outside medical care, known as Social Determinants of Health, account for 80% of health outcomes.³

Of recently postpartum people who gave birth in Maine in 2022:

- ♦ 7% did not currently have a steady place to live or might lose their housing in the future
- ♦ 18% were unable to pay their mortgage, rent, or utility bills in the past year
- ♦ 20% did not have enough money to buy food
- ♦ 24% could not afford to eat balanced meals
- ♦ 10% did not have reliable transportation⁴

Additional identified barriers include long travel distances, child care, and difficulties accessing insurance coverage.²

Social & Economic Supports

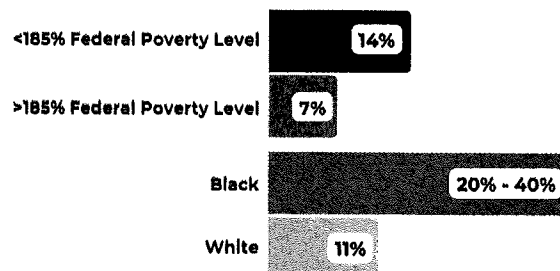
Focus group participants in the Maine Perinatal Health Disparities Needs Assessment stated the need for a patient advocate. They envision an advocate such as a friend, family member, doula, or community health worker who shares their cultural background and lived experiences, has navigated Maine's perinatal system, and can assist with medical interpretation, isolation, and other needs.

Doula services provide positive birth outcomes for Black and underserved populations and can help address the effects of structural racism. Community health workers also provide essential wraparound services for many pregnant and newly postpartum Mainers.²

Many participants shared that they felt support was lacking during the postpartum period when 1 in 3 (33%) birthing persons reported needing mental health services and almost 1 in 5 (18%) reported experiencing anxiety symptoms.⁴

Reports of experiencing postpartum depression are higher among Black birthing persons and birthing persons with lower incomes than among other groups.

Percent of respondents reporting postpartum depression symptoms (2023)



Source: [Maine PRAMS Data Brief \(2023\)](#)