



Shannon Johns CD(DONA), CLC

Written Statement on Doulas.

Senate Standing Committee on Health Chair Senator Gustavo Rivera and the Senate Standing Committee on

Mental Health Chair Senator Samra G. Brouk.

As a doula I have been present for many different types of birth. I've attended home, birthing center and hospital births. I've supported families having unmedicated and medicated births. I've attended vaginal and cesarean births. I've witnessed successful vaginal birth after cesarean (VBAC) and some that resulted in repeat surgical births. Being present during so many births there has always been two consistent questions of the mother giving birth. The first is, "Will YOU be here with me?" And the second is from Black mothers who ask, "Can you make sure they don't let me die?"

Our work as doulas extends beyond comfort measures and labor positions. Although those are two very important aspects of our work, that isn't the totality of our work. We work and build relationships with families during their pregnancy, (sometimes before, to create rapport. Also, we gain an understanding of who those individuals are and what is important to them, their family, and their culture. We learn what values they hold around birth and what their families experience has been like with birth. We want all birthing people to understand how their labor experience affects their babies' birth experience. Through education we help families understand the importance of being an active participant in their own health and also their babies health.

During our prenatal appointments clients are provided with a template for a birth plan. When creating this plan, they're encouraged to create it based upon how they want to share their birth story with their child. *What key components of that day do they think will be important for this child to hear?* We encourage them to add tools that motivate them through the birth experience. These tools help them with emotional, mental and inspirational strength.

We ask them to envision sharing with their child about the day they were born. What story do they want to tell? What version of them, as a new parent, do they want this baby to meet on their birth day.

1. Do they want to tell them about a traumatic experience? How they felt like they were being tortured, disregarded and feeling like they were going to die? That their sweet infant being born is now punishment because of how much pain they've caused for trying to kill them. That moment of becoming a mother equated to the worst day of their life.

OR

2. Do they want to tell a story of a day where they found their maternal strength? A story where they, through education and planning, prepared mentally, emotionally and physically, they felt connected for birth. A story of security and trust for the people supporting and going through the journey of birth with them. A story that had some challenges but were conquered. A story that says the day you were born helped create a strong, confident, patient, mentally and emotionally stable mother for you.

Consider the impact both of these versions of birth can make on a child. Doulas encourage families to be the best parents they can be for not only their child, but also help prepare and educate future generations. There are a number of studies and statistics that show better birth outcomes for mothers and babies when a doula is present. Also, documented benefits of being more likely to rate their birth as satisfactory, more likely to have a spontaneous vaginal birth and more likely to breastfeed for an extended period of time, to name a few. The state can help improve access to these benefits by recognizing doulas as professionals.

With professional recognition, medical providers will be more aware of the role and value of the support provided by doulas. In conversation with a Managed Care Organization representative, it was stated that there has been a significant financial benefit to insurance companies as a result of the positive outcomes for their consumers. However, the doulas serving these covered families are typically not adequately compensated for the scope of work. The current NY state Medicaid reimbursement rates need to be increased and access should be available throughout the entire state instead of a pilot program for one county in the state. When this payment increase and accessibility options happen there will likely be more doulas available to attend to more families to help improve birth outcomes.

The state can and should use the recommendations that have been submitted by the NY Coalition for Doula, Access, NYCDA, committee or create a committee of their own to make recommendations for training requirements, certification, reimbursement rates and designations. If the state chooses to create its own committee, it would be beneficial to have several working doulas on that committee.

With respect to the Erie County Doula Pilot program. When the pilot first rolled out we as doulas were not provided with guidance or training on the billing process of Managed Care Organizations. We were not medical billers and had no experience with submitting claims. It became a challenge to understand what information was required from each. In order to keep doulas from becoming discouraged, overwhelmed and quitting, I created a cheat sheet for each biller to help doulas understand how to fill out the claims forms and submit the claim for payment. I also held training sessions for the doula community, walking them through the process of completing paper and electronic claim forms.

Thank you to Senator Samra G. Brouk,  
Senator Gustavo Rivera and Senator Lea Webb for bringing attention to such an important  
issue.

Shannon Johns CD(DONA), CLC  
223 Grant St Buffalo, NY 14213  
Shannon@calmingnaturedoula.com