

Submitter: Rebecca Shlafer  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure: HB2535

Good afternoon, Chair Patterson, Vice-Chair, and Members of the Committee, my name is Rebecca Shlafer and I am an Associate Professor at the University of Minnesota Medical School. Thank you for the opportunity to testify on HB 2535.

In light of the time constraints, I will make my comments brief.

I am a developmental child psychologist, with additional training in maternal and child public health. My research focuses on the health and well-being of incarcerated parents and their children, and for the last 13 years, I have served as the Research Director for the Minnesota Prison Doula Project. The Minnesota Prison Doula Project is a project of the Ostara Initiative, a non-profit organization in Minnesota. The Ostara Initiative is also home to the Alabama Prison Birth Project. Both of these programs provide group-based education and support and doula support to pregnant and postpartum people in their respective states.

In my role as the Research Director, I have had the privilege of leading all research and evaluation activities for the Minnesota Prison Doula Project since the program supported the first birth in 2010. Since that time, my team and I have published more than 12 peer-reviewed scientific publications on the program, participants' outcomes, and the implications of the program for others - including caregivers, infants, and even corrections officers.

The results of this work paint a very clear picture – doula support for incarcerated mothers is feasible, it is associated with numerous positive health outcomes, and it doesn't compromise safety and security in the prison setting. Indeed, in one study with corrections officers, the vast majority of officers reported that the doula program was valuable for pregnant women and that they were comfortable with having doulas present at the hospital. As one officer said, "I think it's less stressful for staff when the doulas are there because it gives the woman somebody to have support so that she isn't trying to get that support from staff. I can't be emotionally involved, so it's good that the doulas are doing it."

Our research has found that incarcerated women who received doula support have low rates of adverse birth outcomes, they have high rates of breastfeeding initiation, and they report very high rates of satisfaction with the support they received from their doulas. Perhaps it's not surprising then that many other states' Department of Corrections - including Alabama, Michigan, Connecticut, and Virginia among others, have recognized the unique challenges facing incarcerated pregnant women and

have collaborated with community-based organizations to implement very similar programs and services in their states. Your state would certainly not be the first to implement this type of program for pregnant women in prison.

I will submit these comments in writing and include links to the research I referenced.

Thank you again for the opportunity to testify today. I'd be happy to take any questions you may have.