

BIRTH RESPONDERS

Maternal and Infant Emergency Response, Transport, Training, and Community Care

Birth Responders is a Georgia-grown model designed to close dangerous gaps in maternal and infant emergencies by combining transport, field response, education, and workforce development rooted in dignity, skill, and reproductive justice.

THE NEED

Too many mothers and babies face delayed care, poor transport options, fragmented support, and preventable emergencies - especially in underserved, rural, and historically overlooked communities.

OUR MODEL

Birth Responders builds a specialized response pathway focused on mother and infant emergencies. Our vision connects birth workers and EMS providers through maternal and neonatal readiness, transport support, infant CPR and neonatal resuscitation awareness, and coordinated community-based care.

WHY IT MATTERS

This is more than a service. It is a workforce and public health strategy that creates opportunity for doulas, midwives, EMTs, paramedics, fathers, and community responders while strengthening outcomes for families.

OUR LONG-TERM GOAL

To establish Birth Responders as a scalable Georgia model that develops a maternal-focused emergency workforce - from EMTs to paramedics - with added competency in pregnancy, postpartum, newborn, and community birth response.

WHAT BIRTH RESPONDERS DOES

- Maternal and infant transport support
- Birth worker to EMS workforce pathway
- Community education and prevention
- Mother and infant emergency readiness
- Collaborative care with public health and birth justice partners

HOW LEGISLATORS CAN HELP

- Recognize Birth Responders as an innovative maternal health model
- Connect us to pilot, training, and public health opportunities
- Support partnership discussions with agencies, hospitals, and community organizations
- Help champion safer pathways for mothers and infants across Georgia

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Traditional midwife, doula, massage therapist, EMT, mother of 4, grandmother of 5, and founder of Birth Responders and Birth Responders Cares.

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