Citywide Doula Initiative Concept Paper
Provider Conference Transcript

February 25, 2022

Mary-Powel Thomas: Greetings! Welcome, everyone. Thank you for attending today's virtual provider conference. This meeting will provide an overview of the Department of Health's recently released concept paper on the Citywide Doula Initiative. My name is Mary-Powel Thomas, and I am the director of the new Citywide Doula Initiative. I also oversee Healthy Start Brooklyn, which has provided doula services since 2010 through the By My Side Birth Support Program. This initiative is building on that work, and we're excited that it is also giving us the opportunity to bring in partners who have been working in this field over the course of many years. The goal is to integrate all of these services into a high-quality model that will improve birth outcomes for families citywide.

We'll be talking first about the objective of this initiative and the concept paper. This is an opportunity for you all to provide your initial thoughts and feedback on the concept paper that we've issued and to answer specific questions that we will pose. We have a number of questions that we'd like to ask your recommendations on, and we'll be talking about our public comment period, which begins today. All comments are invited by April 4, 2022. Please email RFP@health.nyc.gov and indicate "Citywide Doula Initiative Concept Paper."

Now I would like to welcome Dr. Zahirah McNatt, our Assistant Commissioner of the Bureau of Brooklyn Neighborhood Health, in the Center for Health Equity and Community Wellness.

Dr. Zahirah McNatt: Good afternoon, thank you so much, Mary-Powel. It is a pleasure to be with each of you today to see the wonderful presence in this particular conversation. As Mary-Powel mentioned, my name is Dr. Zahirah McNatt, and I'm the Assistant Commissioner for the Bureau of Brooklyn Neighborhood Health. We serve four neighborhoods: Bushwick, Brownsville, Bed-Stuy, and East New York. Our work is very diverse, but today we're centering efforts around birth equity. I am so excited for this team, led by Mary-Powel, to have this opportunity to connect with you all and get the kinds of consultative expertise that comes from your group. For more than 12 years, this team has been experiencing and focusing on black women's journeys, specifically centering the recognition of racism in health. It is important for us to celebrate that and to understand that in centering these conversations around racism, we've been able to highlight ways to deal with maternal morbidity and maternal mortality. It is important to tackle these challenges and really commit ourselves as a bureau, as a Center for Health Equity, and as a Department of Health and Mental Hygiene, to anti-racist work in all efforts around health. The Citywide Doula Initiative is one really great example of this approach.

As Mary-Powel mentioned, it's a program that began more than 12 years ago, and today it's expanding to 33 zip codes across 5 boroughs. It's an extraordinary time for us, and I thank you for joining us in this conversation today. I hope that you'll also join me in congratulating Mary-Powel and her team for advancing the work to this level. I think it takes a lot of early mornings, late nights, and weekends to be able to champion these kinds of efforts within the health structures that exist within New York City. And so I'm grateful to them and to you for tackling this kind of work together.

The only other thing I wanted to highlight from the Brooklyn Bureau of Neighborhood Health is our commitment to partnership. You're going to hear from our colleagues in Family and Child Health and get a sense of the partnership that develops within the Department of Health and Mental Hygiene. And in that same sentiment wanting to commit ourselves to partnerships with community-based organizations, faith-based organizations, doula-led organizations, and so on. And so today really speaks to that, and to that commitment to partnership, to receiving ideas and critique and feedback.

And so I thank you for taking the time to do that today. I know that you could be anywhere right now, with all of our schedules, and so I'm just grateful for your time, and delighted to be partnering with your organizations and discussing the way forward and how best to release this RFP in the coming weeks and months. I'm grateful to you for your time, your energy, your commitment to birth equity in Brooklyn and in the five boroughs, and I look forward to listening in today and hearing your consultative feedback as we move forward. Thank you so much for your time.

Mary-Powel Thomas: Thank you. I would now like to introduce Dr. Tara Stein, who is the Medical Director and Acting Assistant Commissioner for our partners in the Bureau of Maternal, Infant, and Reproductive Health, in the Division of Family and Child Health.

Dr. Tara Stein: My name is Dr. Tara Stein. I am the Acting Assistant Commissioner for the Bureau of Maternal, Infant, and Reproductive Health, Division of Family and Child Health. I am really excited to be here and celebrate this milestone, lend the support and enthusiasm for the exciting Citywide Doula Initiative. This is a key component of the New Family Home Visiting initiative that our agency announced last year. We really are working in partnership with our colleagues in CHECW. The vision of our agency is really that every child, and every parenting or pregnant person and family receive their power, and are given the opportunity to reach their full health and developmental potential. These important initiatives are ways for us to help further the mission. We are excited to strengthen the work of public health alongside the work of communities, health care systems and agencies, midwives, nurses, and doctors to achieve better health outcomes for pregnant and parenting people, and now to strengthen the role of doulas within that sphere of important work.

New Family Home Visits has received funding to be able to train health care workers, including doulas, to provide clients a range of evidence-based home visiting services such as breastfeeding support, creating a safe home, and mental health screening; with enhancement to connections to services. The New Family Home Visiting initiative with the Citywide Doula Initiative is going to be working on coordinated intake and referrals. This will allow us to streamline the efforts of all of our partners, communities, hospitals, and providers to be able to bring the best services to the clients that we are serving in New York City. We know how challenging and exciting the time is around pregnancy and birth; we want to be able to bring people services that make it easier for them to access all of the things they are eligible for. This is a great opportunity for us to be partners in that effort, and to really support clients.

The Citywide Doula Initiative really is going to dovetail with a lot of the work that within my own bureau, the Maternity Hospital Quality Improvement Network has been doing to support hospitals in implementing doula-friendly hospital policies and practices to establish formal referral pathways with community-based doula programs. We've been talking about the expansion of the Citywide Doula Initiative to help establish community advisory boards and

reconvene the New York Coalition for Doula Access to get back to establishing doula-friendly accreditation systems for hospitals and for sustainability of this important culture change within the hospital systems and the birthing practices.

I'm so pleased to be able to share in this moment and to be able to work with our partners at the Brooklyn Bureau of Neighborhood Health and the Center for Health Equity, and really, across the agency. Our shared mission and vision to improve the birthing lives of parents, particularly black and brown parents in the city. And so, I am looking forward to many more opportunities to collaborate with everyone. Again, I want to offer my congratulations to Mary-Powel and her entire team for this incredible accomplishment and look forward to the great outcomes that we will find as a result of these meetings and future meetings. Thank you everyone for inviting me to be here.

Mary-Powel Thomas: Thank you, Dr. Stein, and thank you to Dr. McNatt. We really appreciate the support from both of you. It's really helpful. So now we're going to talk about the purpose of this conference. This is an opportunity for you all to provide your initial thoughts and feedback on the concept paper that we've issued and answers specific questions that we will pose This is not an opportunity to ask questions about the concept paper or the forthcoming RFP. You're also welcome to submit written comments. The deadline, for that is Monday, April 4, and all verbal comments today, as well as written comments, will be taken into consideration as we develop the RFP from this concept paper.

Note that this RFP is different from the one that was recently issued by the Fund for Public Health in New York City. That was for short-term funding to get the initiative off the ground. This is for long-term funding. This RFP is being issued by the City instead of by the Fund, and it will build on the work that's being done through the Fund. The overall goal of the RFP is to improve access to doula support by providing no-cost doula care in underserved neighborhoods citywide, training community residents, and supporting hospitals in becoming more doula-friendly through the Citywide Doula Initiative.

The neighborhoods of interest are the ones that are highlighted in blue on this map [on slide 5]. These neighborhoods were identified by the City's Task Force on Racial Inclusion and Equity (TRIE) as having the greatest health and social needs and having suffered the most from disinvestment, redlining, and other forms of structural racism. The link at the bottom of the slide gives this map, as well as a list of all the different neighborhoods and the zip codes that are included in those neighborhoods. The overall goals of this project are to reduce inequities in birth outcomes in New York City by developing and providing doula services to residents of TRIE neighborhoods, thus improving infant outcomes and maternal outcomes. The outcomes that are listed on [slide 6] are the outcomes that we have seen in the literature. There are one or more studies supporting each one of these outcomes, and we are looking forward to adding to the evidence base with this initiative.

The objective of this concept paper from the Department of Health and Mental Hygiene is to issue an RFP to procure services from qualified organizations to provide doula support and related services, and to build doula capacity by recruiting residents of the TRIE neighborhoods, training them, providing apprenticeships, and helping newly trained and more experienced doulas achieve certification. The third component, as Dr. Stein mentioned, is to work for system level change.

So that is the overview, and we have eight questions that we would like to pose.

The first one is about those 33 neighborhoods. How should we decide which clients in which neighborhoods will be served by which vendor? Should each of the 33 neighborhoods be assigned? Should each vendor recruit in whatever areas it chooses? And if so, how can we ensure an equitable distribution of services across all neighborhoods? I will open the floor, and feel free to unmute yourself and express your opinion and advice:

Denise West: This is Denise West from BPN [Brooklyn Perinatal Network]. First, thank you for having this. I know a goal of the DOH is to get doulas throughout the city. So to answer that question, looking at who will get funded, I think it's important to look at the areas where organizations are already serving and building a system where it's contiguous so that we can stretch and reach more people. That's just my initial thoughts. Thank you.

Madeleine Dorval-Moller: Hi, this is Madeleine Dorval-Moller from NMPP [Northern Manhattan Perinatal Partnership]. I agree with Denise. But in addition, I would say that in terms of how to decide which clients will be served by which vendor, I think that would be where they have the greatest need. And so, where they have clients with greatest – with clients who's at risk of maternal deaths. I think that's where I would concentrate because, you know, it depends on the neighborhood. So, some --- some neighborhoods the residents are not at great risk, that would be also based on income level. And then, and, as I said, with greatest risk and then also vendors capacity to provide that service, because, if not every vendor has maternal health experience who have the capacity to offer this kind of service. and I think if we want to be successful, it has to be also a vendor who has experience providing doula services and maternal health services.

Mary-Powel Thomas: Thank you.

Veronica Zeno: Honestly, I think that it really depends on the demographics of the location being served, and we need to look at the analytics and the statistics of infant mortality rates and things of that nature to see what each neighborhood particularly needs. So then, that way we can assess to see which vendor provides those services for that neighborhood.

Mary-Powel Thomas: Thank you. And folks can feel free to put comments in the chat as well. Other comments, thoughts?

James Bishop: Hi, my name is James Bishop. I represent MMCC [Mosholu Montefiore Community Center] in the Bronx, North Bronx. So my question would be, in order to ensure that there's equal distribution and services across all the neighborhoods, would it be prudent to have some standardized actions, some actual standardization with the initiative, so that everyone is at least doing those minimum services? And then they can expand out with ancillary services and tertiary services, beyond what --- beyond what is standardized, for lack of a better term.

Mary-Powel Thomas: Yes, thank you. We are planning to create a standardized set of services. So, yes thank you. And someone else was going to say something, I believe?

Jada Shapiro: Hi, I'm Jada, founder of Boober. I just wanted to mention that we match --- we have doulas in every borough and matching to people in all locations, and the ability to screen and match based on need. And often --- anyway, I guess what I just wanted to put out there is

that some of, many of, the different agencies that I know of will have doulas who are on the platform, who are all across the city. So just recognizing that that is possible. And today a lot of the training is taking place virtually as well. And that we have outreach and classes that are online, right? And many of the other doula agencies and vendors do as well. So, it's just something to add to the factors of how we can help match and serve people all over.

CHAT
Gee Kay: Each woman should have access to this service because it has a great impact on family life as a whole.

CHAT
Suzette Jules-Jack: Vendors and agencies should be aware of how many are within each individual neighborhood.

Mary-Powel Thomas: Thank you. And there are a couple of comments in the chat that I will read in case folks don't have access to that. Gee Kay says, "Each woman should have access to this service because it has a great impact on family life as a whole." And Suzette Jules-Jack says, "Vendors and agencies should be aware of how many are within each individual neighborhood." (how many families, how many people giving birth) Other comments? Other things we should take into consideration when deciding how to…?

CHAT
Gee Kay: Put in enough flexibility for women to be able to choose a provider

Victoria St. Clair: I do have one comment. Here at CWHA, it's really important for the doulas to know the zip code of the clients. And so, if there's a way that you can implement so that they'll know exactly where --- because being in a borough, like, being at the top of Brooklyn and the bottom of Brooklyn is two different things. So, I feel like having that part in any forms, or also like an Excel spreadsheet, to be separate so that you can say who's where, that would be really beneficial.

Mary-Powel Thomas: Thank you! And, someone else?

Denise West: Yeah, I also see a lot of people saying, because we don't want to take away women's choice, and I see that coming up in the chat. That people may prefer to go one place versus the other, and that definitely should be allowed. And also looking at, even though you're using the TRIE zips. Some may be more fully concentrated and higher that there may need to be more than one vendor in the community. Maybe, maybe not, but I'm hoping overall that it will be a collaborative and that the overarching piece will have a collaborative view, you know, or collaborative energy about it. And not be collapsed in a battle, in the battle type of functioning.

CHAT
Fiona Clarke: Create a spreadsheet with zip codes to confirm that the zip codes are being served

CHAT
Sierra Flournoy: I have to step out but it was great meeting y'all. Have a great day.

Madeleine Dorval-Moller: Yeah, I definitely agree with that comment, because somebody might be in the Bronx, but they want to be in Manhattan. And then oh, vice versa. So, I think whoever's gonna be funded, definitely, collaboration with --- among the vendors is encouraged. For example, in one of our programs --- for example, Healthy Start, the way we work, if Mary-Powel [at Healthy Start Brooklyn] has a client in Brooklyn [who moves to Harlem], they refer that person to us in Manhattan, in Harlem. So vice versa, I think that that should be encouraged, vendors collaboration. And then also, I don't know if it's appropriate to mention, that definitely mentorship it's --- is important for doulas because this is not --- not that this is a new field. But it is something new, we don't have enough doulas to do the work. And then so, I think they should appropriate enough funding to encourage doulas to mentor doulas in training. I think we should take separate funding to give them an incentive to do that. So, to maintain your doulas.

CHAT
Denise West: Agreed Madeleine

CHAT
Fiona Clarke: Create a database for providers to document their births

CHAT
Jada Shapiro: It's very important that the pregnant person be able to have choice in who they work with as a doula, as it is such an important piece of feeling safe, heard, and cared for and have their needs most met.

CHAT
Victoria from CWHA: I agree that collaboration among vendors is needed to ensure an equitable distribution of services. I also think that vendors should report their capacity to the CDI (# of doulas, areas they can serve, zip codes, languages of doulas, etc.) I think they should operate enough funding to encourage dollars to mentor. Put in enough flexibility for women to be able to choose a provider.

Mary-Powel Thomas: Yes, thank you. And mentoring will definitely be a big piece of it. Because this is a big expansion. of doula services, so we'll need to expand capacity as well. And just a couple more things in the chat. Gee Kay --- I think this is the comment that Denise was responding to --- Gee Kay said, "Put in enough flexibility for women to be able to choose a provider." Fiona said, "Create a spreadsheet with zip codes to confirm that the zip codes are being served" and then "Create a database for providers to document their births." And Fajah has something to add.

Fajah Ferrer: Yeah, I just wanted to keep in mind that we should also consider having some flexibility for women that are placed in shelters that are outside [the TRIE] neighborhoods that have high risk, so that they can still access the resources and it won't be dependent on the zip code only.

Mary-Powel Thomas: Could you expand a little on that?

Fajah Ferrer: You oftentimes have shelters and hotels in different neighborhoods; women will be placed in neighborhoods that don't have high risk, as far as how we categorize a high-risk neighborhood. So if they're a placed in a shelter outside of a neighborhood that we usually work with or that falls into our catchment areas, we should be able to still serve them.

Mary-Powel Thomas: So basically, if someone lives in a shelter that is not in one of those 33 neighborhoods? [yes]

CHAT
Berenice Kernizan: good point @ Fajah

CHAT
Denise West: Agree with Fajah

CHAT
Chanel Porchia-Albert: Agreed

Mary-Powel Thomas: Thank you. And then Jada is agreeing, "It's very important that the pregnant person be able to have a choice, and who they work with is a doula. It's such an important piece of feeling safe and heard and cared for." Yes, "and having their needs met." Victoria agrees that collaboration "is needed to ensure equitable distribution of resources." "Vendors should report their capacity to the CDI. Number of doulas, areas they can serve" and so forth. Lots of agreement with Fajah. Other comments? Anything else we should keep in mind in designing this system?

Madeleine Dorval-Moller: Another thing I would like to mention, you probably already addressed that. But I just want to make sure that the City keeps that in mind because most of us are nonprofits, small CBOs, that they should be able to give us an advance. Whoever is selected to offer the service, because in order to keep the doulas, we need to pay them on time. And then that has not always been --- there has always been some issues in the past, because whether it's the City whether it's an --- we cannot operate, a nonprofit cannot operate without just having funds. And then, just to spend your money and then just like, you have to be reimbursed. It's putting nonprofits at risk. And then, we should be able to have an advance and then to pay the doulas. And then in order to function so we don't be at risk of cash flow. It's a problem for us. It's a problem, for I think most nonprofits. I just, I would like to share that.

CHAT
Denise West: Agreed Madeleine

CHAT
Chanel Porchia-Albert: Yes, Indeed

CHAT
Kimberly Mathurin: Agreed

CHAT

Jada Shapiro: Yes

Mary-Powel Thomas: Thank you. I'm seeing some agreement in the chat. Other points? Okay, I think we can move on to question number 2. And on any of these, if something occurs to you afterwards, you know, feel free to send it in to that comment email address before April 4th.

The CDI will have two tiers of doulas: apprentice doulas, who are newly trained and not yet certified, and experienced doulas, who are either certified or on a path to certification. In the Health Department's By My Side Birth Support Program, an experienced doula is one who is certified and has attended at least 10 births. For the Citywide Doula Initiative, what criteria should we use to define experience? For all uncertified doulas working in this initiative, whether or not they're experienced, what is a reasonable time frame to expect them to complete their certification?

And I should say that we did make the decision to require certification because we want to --- you know, one of our goals also is to work toward Medicaid reimbursement and reimbursement by other payors, and we want to open up the widest possible avenues for that. And certification is a big way to make payors comfortable with reimbursing for these services.

So how should we define experience, and how long should people have to complete their certification?

Denise West: Are you asking this for us to give an opinion, or is really going to be defined how By My Side defines it?

Mary-Powel Thomas: That's the question. Should we define it the same way, or some different way? I will say that this is important, because typically, when someone is new to the doula profession, she will often attend births for free, and that is a barrier to people who don't have the economic resources to work for free. One of the things that we are planning to do in this initiative is to compensate apprentice doulas for their work, their time attending births, but not to compensate them at the same level as experienced doulas. So, the question is, where to draw that line?

Madeleine Dorval-Moller: I think I agree with By My Side, the definition is quite clear. I think it makes sense to me. Ten births seems fine. For certification, with mentorship and support, six months, maybe a year, to get the certifications.

CHAT
Chanel Porchia-Albert: I think the definition of experience at 10 births is fine. When it comes to certification with guidance, mentorship, and support, six months if working independently, at minimum at year.

Chanel Porchia-Albert: In terms of certification, I would just say if someone's getting mentorship, guidance, assistance with getting the births, and support along the process, yes, I could say 6 months. However, they may have other things going on in their life at the same time. Taking those things into consideration, I would say at minimum a year to be able to complete certification requirements through the program.

Mary-Powel Thomas: What about maximum?

Chanel Porchia-Albert: Maximum would be two years.

Denise West: I agree with that.

CHAT
Rocky Perez: I agree with that too

CHAT
Jada Shapiro: I agree with that as well…

Mary-Powel Thomas: Anyone else?

Denise West: Now this is not stopping the apprentice doulas that are technically those under 10 births, if we're agreeing, to also go for certification?

Mary-Powel Thomas: Yes, they're expected to go for certification as well.

Mary-Powel Thomas: So, does anyone disagree with defining "experienced" as having attended at least 10 births?

CHAT
Cheryl Hall: no

Mary-Powel Thomas: And does anyone disagree with the maximum timeframe of two years for certification?

CHAT
Tom Rasmussen: Seems reasonable

CHAT
Miranda Padilla: Agree

Mary-Powel Thomas: Okay. So, going once, going twice, on question number 2, anything else to add?

Alright, let's go on to question number 3. We propose to provide training to all CDI doulas in the following four areas: birth equity; intimate partner violence; perinatal mood and anxiety disorders (PMADs); and trauma-informed care based on experience. Is this an appropriate list for the four core trainings. Are there any that are missing from this list? Is four the right number?

CHAT
Jada Shapiro: How are you determining which certifying bodies are able to count?

CHAT

Gee Kay: will there be funding for people to go for certification? if we are servicing low income people and want people from the community involved there entire c

Chanel Porchia-Albert: I would say that's appropriate. I think also depending on the doula certifying organization which I noticed Jada put in the chat. If the organization doesn't support cultural congruency, cultural humility, then that should also be incorporated as an additional requirement for the doulas to also participate in. I would also add --- this is something that we automatically offer in our training, which is how to work with individuals who have CPS cases. Working with ACS and Child Protective Services cases as a recommendation, because it comes up, especially when you oftentimes are working with folks who are in maternity group homes and/or in shelters. And so, being able to navigate --- what does that look like in lifting them up in that support, as it goes through those processes?

CHAT
Regina Conceicao: Yesssss!!!!

Mary-Powel Thomas: Thank you. Other ideas, other suggestions?

Denise West: That's a great one to add.

Mary-Powel Thomas: Denise? Couldn't hear that.

CHAT
Regina Conceicao: thank you for that reminder Chanel

CHAT
Jada Shapiro: Agree!

CHAT
Fiona Clarke: How to Interact with Hospital Staff who don't understand the Doula Concepts

Denise West: I was saying that was definitely one to add

CHAT
James Bishop: I would add Seeking Safety training to partner with IPV training

Denise West: And also, we also do navigating the healthcare system as well as one of our doula trainings.

Madeleine Dorval-Moller: How about breastfeeding support?

Denise West: That's part of the general training.

Madeleine Dorval-Moller: I see.

CHAT

Chanel Porchia-Albert: Know Your Rights/ Human Rights Framework in Training

CHAT
Rochelle James: So training on that would be beneficial, doulas need that support on how to navigate ACS/CPS cases for sure.

CHAT
Chanel Porchia-Albert: Birth and Reproductive Justice

Denise West: You're saying these are the minimum that you're looking for?

Mary-Powel Thomas: Right, so…

Denise West: There's some training as well, I know that we find in our program, for the experienced doulas that are not the general ones. You know, there's different levels of training based on the experience of the doulas, and I'm not remembering specifically what they are. But I know, I think it's like, is it robonso?

Regina Conceicao: Rebozo?

Denise West: Rebozo, that's it, thank you.

Regina Conceicao: You're welcome. And finding the appropriate trainers from those particular cultural groups have provide those types of techniques, that training, belly binding and things like that. Thanks, Denise.

CHAT
Gee Kay: hospital staff needs training on doula support they sometimes see doula support as an extra and another person on the team to deal with

Mary-Powel Thomas: So, in addition to the core trainings, there will be additional optional trainings, and that's a good point to have you know, have some more advanced trainings for the more experienced doulas.

CHAT
Victoria St. Clair: Mental Health First Trainings have also been something doulas frequently request in my experience. It has been shown to help doulas recognize postpartum depression and make a referral

Chanel Porchia-Albert: I like Gee's, I hope I'm saying that right, Gee's comment, just in regards to hospital staff understanding the needs of doulas and how doula support actually functions. One of the things that we've started to implement with our Elmhurst program is just training all of the staff in understanding how doulas function and understanding the doula provider role within that. And so, I would say for the doula side, understanding the dynamics of hospital-based policies, and how that can impact care that is given within those circumstances from a doula's perspective. And then, you know, think about who would, you know, who's

giving training on the provider side and what would that look like. But I think that doulas in particular should be given some training on scenarios. On, like, what does this actually look like in real time, when you're going through the process of supporting someone, and the things that can come out.

CHAT
Jada Shapiro: Also with the current problem of keeping doulas out of the hospital who are not "certified" (as determined by hospitals)

CHAT
Denise West: Agree Victoria, we use to offer that, so yes

CHAT
Rochelle James: Agreed on the belly binding

Mary-Powel Thomas: Great, thank you. Other comments?

Rochelle James: I think postpartum should be added as something as well, too. Like we said, postpartum is forever, but I think we really need to focus more on postpartum too. And like, getting that in.

Mary-Powel Thomas: You mean postpartum depression?

Rochelle James: In general, postpartum. What postpartum after --- what it looks like with the baby. Postpartum newborn care. Those type of things. And yes, going deeper into postpartum depression and what things can happen after having a baby so that women are aware of that and doulas are aware of what to do with those instances and those cases.

CHAT
Chanel Porchia-Albert: Postpartum Mental Health

Denise West: Yeah, often a lot of trainings are focused on how do you care for a mom while she's birthing, but not necessary offer for postpartum, so that's a valid point.

CHAT
Fiona Clarke: Mothers losing their babies and how to cope

CHAT
Jada Shapiro: Loss

Mary-Powel Thomas: Lots of good suggestions in the chat as well with fetal and infant loss, postpartum mental health, agreement with belly binding, the issue of keeping doulas out of the hospital if they're not certified.

CHAT
Fajah Ferrer: Preparation for the 4th trimester

CHAT
Denise West: I agree with all that have been recommended

CHAT
AnnMarie Moore: post partum care should be added. mental health, as well as understanding what is expected when you have an infant at home.

Mary-Powel Thomas: Mental health first aid. Yeah, the fourth trimester. Lots of ideas on this one! Any other comments people want to voice?

CHAT
Fiona Clarke: Coping with a partner who is not in agreement with the pregnancy

Mary-Powel Thomas: And I see there's a question about which certifying bodies are able to count. If we have time at the end, we can take suggestions on that as well. Here's a good point about coping with a partner who is not in agreement with the pregnancy. All right. Anything else on question 3?

CHAT
Jada Shapiro: Lactation training to doulas as well.

Madeleine Dorval-Moller: How about pregnancy loss? I know someone mentioned that. And, one more thing, I think maybe you already address that. And so I know, I think doulas should be an advocate for the client, especially in the hospital, but I also feel that they should also understand the role because we want the hospital to collaborate with the doulas to open the doors. So I think that in the training they should really clearly understand their role, so they don't be too aggressive in advocating for the client. Just like, I don't know how to say that, be respectful so you don't turn the hospital providers away from you. They already don't want doulas and midwives there. So, if we become too aggressive, I feel like that they can turn the doors on them. So, I think mutual respect, understanding the whole role, that they are being an advocate for the client.

CHAT
Gee Kay: lactation training agree

Mary-Powel Thomas: Okay, I think we can move on to question Number 4:
So, the Citywide Doula Initiative is currently focusing on providing pregnant New Yorkers with birth doula support. Postpartum doulas also have a role to play in reducing inequities in maternal and infant outcomes. If funding allows, should we try to incorporate postpartum doula services into the Citywide Doula Initiative? Or would it be better to scale up birth doula support to reach as many birthing people as possible?

Cheryl Hall: I think we should do both.

Rochelle James: Yeah, I think we should do both.

Madeleine Dorval-Moller: I agree with you.

CHAT
Chanel Porchia-Albert: Yes, please incorporate postpartum doula services

CHAT
Jada Shapiro: Yes absolutely!

CHAT
Denise West: i support postpartum

Denise West: I do too.

Victoria St. Clair: Does the birth include some postpartum, or does it stop after the birth?

CHAT
Jada Shapiro: Critical to add in postpartum

Mary-Powel Thomas: It includes some postpartum. The current model is four postpartum visits, ending at 2 months.

Victoria St. Clair: Okay, I agree, though I think it should be both; we should also prioritize postpartum care.

Rochelle James: And incorporated up to at least a year.

Jada Shapiro: I think it's really critical to include postpartum care, because especially the way we deal with it in this country, which is just birth separated from postpartum. And they're really not separate, and I think we're leaving so many people behind. And so I'd love to expand the potential of more people getting that birth doula care that's also equally critical. I just think we're leaving people if we just drop them, because their doctors aren't gonna really see them after, and they need that ongoing care in the home.

CHAT
Tom Rasmussen: Postpartum care is critical

CHAT
Regina Conceicao: 6 months to 1yr

CHAT
Rocky Perez: Agreed

CHAT
Gee Kay: pre and post support depending on need; have some markers like mental health concerns partner violence etc.

CHAT
Miranda Padilla: Support postpartum to one year

CHAT
Kimberly Mathurin: Definitely incorporate postpartum up to a year

Mary-Powel Thomas: So, lots of support in the chat for postpartum services, critical 6 months to a year, depending on markers like mental health concerns, partner, violence, etc.

CHAT
Fiona Clarke: During COVID 19, Doulas were not allowed into hospitals. How do we determine that that is not the case with our clients …. Are we going to have a DOULA LIAISON

CHAT
Gee Kay: prenatal is as crucial as postpartum

Mary-Powel Thomas: I will say, extending postpartum services up to a year would be more expensive, and you know, I think it's that balance of providing services, extensive services to a smaller number of people, or fewer services to a larger number of people.

CHAT
Cheryl Hall: we are piloting a program for extend PP care for up to 2years

CHAT
Miranda Padilla: The postpartum can be optional. Not everyone will want the full year

Mary-Powel Thomas: Then Miranda says it can be optional; not everyone will want it. That's a good point.

Cheryl hall: Yep, right.

Mary-Powel Thomas: Anything else on question number 4?

CHAT
Tom Rasmussen: 6 months with referral if needed

Mary-Powel Thomas: Tom says 6 months with referral, if needed. Referral to what? Referral to the 6 months postpartum service, or referral outside?

Tom Rasmussen: To longer care if needed. You know, it was said earlier if there's a situation, in the living situation and so forth --- well, we find a lot of our clients, they really come to us for postpartum support. And you know, I think some of the comments about a year is fantastic, but having access for 6 months, I think, would be very helpful. And then referral for additional service, you know, as needed, or you know, as available.

Mary-Powel Thomas: Great. Thank you. And I'm sorry, your organization is what?

Tom Rasmussen: Mama Glow.

Mary-Powel Thomas: Oh, Mama Glow, okay, thank you. Right, any other comments on question. number 4? Okay, let's just go to Number 5:

In addition to doula care, the Citywide Doula Initiative also envisions providing related services for families, such as childbirth education, prenatal yoga, newborn care classes, support for fathers, mental health services, and couples programming. Based on your experience, is this an appropriate list? If not, what should we change or add? And then what which services should be prioritized? And are there any that would be important to provide in person as opposed to virtually?

CHAT
AnnMarie Moore: 6 months for sure. if longer they can be referred.

Denise West: This is Denise again. I like all of them. I definitely would like to see some services that are needed.

CHAT
Adrienne Mercer: If longer services are needed, there are many home visiting programs city-wide to refer to support the fathers and the males. That is one that I would like to sort of highlight input. You know, on the list that I don't think is widely offered and presented. And I'm looking through the other parts of your question.

CHAT
AnnMarie Moore: how to find appropriate childcare as well as subsidies

CHAT
Jada Shapiro: Would add in prenatal lactation class.

Kimberly Mathurin: Hi, we also agreed that prioritizing the father would definitely be good one, because I just feel like, in terms of like providing doula care, they tend to maybe think that they're forgotten about, or they're not, you know, included in the process. So, I think definitely prioritizing support for fathers would definitely be a good one.

CHAT
Rocky Perez: lactation support

CHAT
Victoria St. Clair: lactation support

Mary-Powel Thomas: Thank you. And I see some votes for location support in the chat, both in person and virtual.

CHAT

Miranda Padilla: lactation support for sure, in person and virtual

Mary-Powel Thomas: What else?

Rochelle James: I think they all should be an option as to being virtual. Especially the newborn care classes and the prenatal yoga class, I believe. Yeah, so, I think they all should be as an option for virtual for families.

Mary-Powel Thomas: Okay. Other thoughts?

Cheryl Hall: Zumba.

Mary-Powel Thomas: Zumba.

Cheryl Hall: Yes.

CHAT
Jada Shapiro: Support group if possible in circle virtual or in person

CHAT
Jada Shapiro: Prenatal and postpartum.

CHAT
AnnMarie Moore: basic first aid and cpr

CHAT
Gee Kay: telehealth options if mom wants

Mary-Powel Thomas: In the chat I'm seeing basic first aid and CPR. And let's see, support group, if possible, virtual or in person. Telehealth. Anything that doesn't need to be on the list?

Madeleine Dorval-Moller: They're all important, and I think we will be doing that parenting education, that's something.

Mary-Powel Thomas: Thank you. Okay, going once, going twice, on question Number 5.

CHAT
Miranda Padilla: nutrition

Mary-Powel Thomas: Alright, let's go on to number 6:
Currently the Citywide Doula Initiative supports contracts with 4 vendors who have been working with hospitals in the Health Department's Maternity Hospital Quality Improvement Network to improve doula friendliness by delivering Grand Rounds presentations and trainings to hospital staff on doulas support. Should these contracts be expanded to all CDI vendors providing direct doula services? Or, should the hospital services be provided by a subset of CDI vendors? And if a subset, how should those vendors be chosen?

CHAT
Gee Kay: basic baby care, signs and symptoms of concern for baby development

CHAT
AnnMarie Moore: signs of developmental delays

Mary-Powel Thomas: Alison, could you give a little more background on what the current work is?

Alison Whitney: Sure, no problem. So currently these contracts are kind of building off of the work that we've done over the past 3 years as part of the Maternity Hospital Quality Improvement Network. So as part of this work, we do assessments with the hospitals to determine their level of doula friendliness, and then, based on those scored assessments, we determine areas and opportunities for improvement within key capacity areas. So, one of those key capacity areas is around staff awareness of doula support.

So, the Grand Rounds and the trainings really focus on providing that education to hospitals, as Chanel mentioned a little bit earlier, in terms of educating staff on what a doula's role is. You know, like how to integrate doulas into the care team, how to collaborate together. So, these trainings, you know, can kind of be tailored, based on the hospital's needs and based on how many staff they have. We also work closely with their prenatal clinics to educate prenatal staff on the role of a doula and how best to refer, since those are the folks who are making the referrals. So, right now we have contracts with four vendors. But yeah, just wondering if we should expand to all vendors who are selected, or if we should do a subset.

Mary-Powel Thomas: Thank you. So, what thoughts do people have on those questions?

Victoria St. Clair: I think, if possible, the contracts should be expanded to all doulas, just because it increases the reach and the scope. So, I'm not sure how possible that is, but I think the MHQN work thus far has been helpful. So, if we can continue and expand, that would be great.

Mary-Powel Thomas: Thank you.

Madeleine Dorval-Moller: I would agree with that, too.

CHAT
Miranda Padilla: Agree

Mary-Powel Thomas: Thank you Madeleine, and Miranda agrees as well in the chat. Other thoughts? Okay, so I'm hearing --- hearing nothing else, I'm assuming everybody agrees? Or agrees that that all CDI vendors should provide these services? Last chance to express it.

Denise West: I guess, I agree. But then I know we're going to the hospital. So, it's just, you know we have limited number of hospitals. Is this a grouping, or…? I don't know how wide you want to expand it. Because are we saying several people are going to the hospitals to make them

hospital friendly? And if so, is that by individual vendor? Or is that a group of vendors working together? So, I think you have that option that I'm thinking about.

CHAT
Tom Rasmussen: Agree…

Mary-Powel Thomas: Thank you.

Denise West: Four right now are probably spread out to different hospitals, I would assume. But I'm just looking at the overall. Because sometimes that's when hospitals pull back.

Mary-Powel Thomas: When they pull back?

Denise West: Push back.

Mary-Powel Thomas: Push back, when there's too many people coming?

Denise West: Yeah, I am not suggesting expanding it for the sake of expanding. I'm suggesting strategically, how do we address this? And so, I'm not sure if those are the right questions, or if they're giving you the right answer.

Mary-Powel Thomas: Any --- any other?

Jada Shapiro: I guess it's hard to weigh in, not understanding like if your contractors are already able to serve the needs. You know, wouldn't, then --- then it seems that it would make sense. But if you feel that we're not able to serve all of the hospitals in capacity yet, then it might make sense to expand that out. So, I guess that would be a question.

CHAT
Rochelle James: Agreed

Mary-Powel Thomas: Would it make sense to base it by hospital? Have one doula group working with one particular hospital?

Rochelle James: Repeat the question, have one doula organization work with one hospital, you said?

CHAT
Jada Shapiro: that

Mary-Powel Thomas: I'd say if --- if we want to, you know, have Grand Rounds and trainings at Hospital X. And then choose one doula organization to do that. And then another doula organization for hospital Y.

CHAT
Jada Shapiro: Sorry! Hit that. Pls ignore

Denise West: I mean…

Rochelle James: That makes sense, yeah. Just like Denise said, it's not trying to overwhelm them in a sense. So that they don't feel, like you said, that we're just coming in and bombarding them with things. So, I agree with that. Like expanding it, but to an extent of where --- where it's, like you said, one doula organization in one hospital, so that just like Victoria said, we have more feedback.

CHAT
Rocky Perez: That could build trust within the hospital staff and the doula.

Patrizia Bernard: Quick, quick question. Would the material for that training be standard for everyone? Or would each doula develop their own presentation?

Alison Whitney: The way that we've been doing it now is to kind of all meet before the presentation, and you know, some of it is kind of tailored to the hospital, and their needs. So, we have kind of a standard slide deck that we have been adapting. But, certainly room for flexibility in terms of whether we, you know, adapt it and just kind of build off of the standard slide deck.

Patrizia Bernard: Thank you.

CHAT
Berenice Kernizan: maybe we can have one doula group work with one hospital for a short period of time, for example, 6 months, and then another group?

Mary-Powel Thomas: Berenice do you want to expand on that? On what the benefit of that would be?

Berenice Kernizan: Yes, I would say, just to kind of be more familiar with other organizations, you know, like one agency, or one CBO may have one way of doing things, or they may have \ like a vision in mind as to what they want to do at the Grand Rounds. Or how they want to, you know, maybe train some of the providers on how to work with doulas, and then maybe another CBO has another perspective. But then I did see someone say something about establishing relationships. Having a longer period to work with hospitals. So, now I'm thinking hmm, maybe that's not such a good idea. But I would just think, just for these hospitals to be more familiar with groups, CBO's, not just working with one particular group. I mean, maybe it can be a collaboration.

Alison Whitney: Yeah, thank you for that. And I also wanted to add that, you know the Grand Rounds and the presentations are also an opportunity for the meet-and-greet concepts, so that the hospital's staff can really meet with the doulas that they're going to be seeing on the unit. Familiarize themselves with them, build those relationships. So, I think that's a great point.

Denise West: I think that's what I was saying. And so, it goes to your other question, how you select the vendors and… One of the earlier questions. Are we assigned, what area, what hospital? You know, I think, that rolls into this component here.

Alison Whitney: Yeah, yeah.

Denise West: I would not --- I'm not stepping into the Bronx. So, it would not make sense to me to try to do the quality improvement in the Bronx. If the Bronx entity needs support, I would be a support. But that would not be somewhere I would go, right? So, I think if we --- if it's designed where the vendor is working geographically as well, then hospitals are geographically bound as well. Then whoever those vendors are should get, you know, get it. But does that mean, however many you all are funding, everybody gets it? I don't know. I just think it takes more thought and can be connected to your earlier question that you had.

Alison Whitney: Thanks.

Mary-Powel Thomas: Anything else on this question?

Madeleine Dorval-Moller: This is Madeleine again. I think I agree with Denise, and, for example, some CBOs have already a relationship with a particular hospital. I think that the hospital might be more amiable to just like work with you. And then also, somebody mentioned, that I think the presentation should be standardized. So, we all know everybody's doing the similar presentation. It'd be professional. Of course, there's some room for creativity, but the bulk of the presentation, how we work, it should be --- everybody should follow the same model.

Mary-Powel Thomas: Thank you. Other thoughts?

Victoria St. Clair: I want to agree with everyone. I think that it should be strategic. So that the doula providers, or doulas themselves, who work in those areas would be able to communicate with hospitals in those areas. But I want to also mention that the clients are giving birth in those hospitals, whether we have this expansion or not, so I think it would benefit us to make sure that we do try to include our work with MHQIN to those hospitals.

Mary-Powel Thomas: I'm sorry, Victoria, that last part I didn't quite follow.

Victoria St. Clair: I think expansion would be great to make sure that we create doula friendliness across the board, because it would be helpful overall to the clients. Because clients are giving birth in these hospitals that may not have this --- this network or this effort. So overall it can benefit.

Mary-Powel Thomas: So, expansion to --- to more hospitals?

Victoria St. Clair: Yes.

Mary-Powel Thomas: Okay, great. Thank you.

Madeleine Dorval-Moller: I have one more question. So, this hospital, are we talking about just city-run hospitals? Or also private hospitals?

Alison Whitney: Both. Yeah. For the second, we're currently working with city and private hospitals. And then for the second cohort, we anticipate H + H hospitals as well as private.

Madeleine Dorval-Moller: Thank you.

Mary-Powel Thomas: Anything else on this questions, Question 6? Let's go on to Number 7:
We will be establishing a Community Advisory Board, or CAB, to ensure community input on the CDI model, materials, name, strategies, evaluation, etc. Members will be compensated for their time in attending meetings. Who should be invited to serve on the CAB? How often should it meet? And are there any other topics that should cover?

CHAT
Gee Kay: will this service be provided for home-birthing community?

Madeleine Dorval-Moller: In terms of who should be invited to serve on the CAB, I think definitely doulas should be part of the team. And also agency representatives.

Mary-Powel Thomas: Thank you.

Denise West: I would like to add that it would be good if we can have recipients of care to also be represented. It would be helpful.

Mary-Powel Thomas: So, doulas, agency representatives, recipients of care. Anyone else?

CHAT
Mary-Powel Thomas: @Gee, the doula services will be available to eligible families no matter where they birth.

Victoria St. Clair: Providers of resources within those communities.

Denise West: That's a good one.

Mary-Powel Thomas: Thank you.

Denise West: And --- and certain types, that --- because that provider could be broad. I would think we maybe want certain types of providers. In what? Quarterly or every two months is what I would probably recommend for the CAB. I don't know.

Mary-Powel Thomas: You said quarterly, or --- or what?

Denise West: Every other month.

Mary-Powel Thomas: Okay.

CHAT
Regina Conceicao: Would elected officials in the communities be good for the CAB?

Patrizia Bernard: I'm sorry, going back to who should attend. Do we think that it would be a good idea to also have hospital representation?

Mary-Powel Thomas: So, this is a time for attendees to give feedback. Do you think that would be a good idea?

CHAT
Tom Rasmussen: This will be virtual?

Denise West: Not necessarily.

Mary-Powel Thomas: I didn't hear. Someone just said something.

Madeleine Dorval-Moller: I mean, you can invite them. I think possibly the social work team at the hospital, but I doubt it, they're so busy. But you can open that invitation to them.

Denise West: [Unclear] has special meetings where you have them, the same with elected officials. As a regular member? I don't know if it's community. But having them invited for special sessions.

Mary-Powel Thomas: Thank you.

Rochelle James: Yeah, I think I agree with what Denise said. Like inviting them for a special sessions and stuff. But also. if we're trying to, you know, incorporate them into the meetings and stuff, we also just need to be able to shine the light on different things. So like, she said, definitely inviting them. Just, opening the floor so that they know that they're invited to it.

CHAT
Gee Kay: more diversity more creativity. invite anyone that has a interest

Berenice Kernizan: Mary-Powel, Tom had a good question. He says, "This will be virtual?" I'm guessing in regards to question 7.

Mary-Powel Thomas: That is a good question. What do people think about that?

Madeleine Dorval-Moller: Maybe virtual? I mean, I think, that eventually I think it should be in person, because we're not gonna stay in a virtual world forever. But when it's safe to do so, then it could be in person.

Kimberly Mathurin: I would agree with that as well. Probably virtual to start, and at some point have in-person meetings. I just feel like sometimes in-person can, you know, give people more of an opportunity to speak and just network with one another. And just, you know. get the ideas out.

Denise West: And it can alternate as well. Since this is citywide, I know before, sometimes with citywide people have issues based on where they are, getting to in-person locations. Like, we generally don't want to visit Staten Island.

Mary-Powel Thomas: Staten Island may not want to visit you either!

Denise West: Exactly. They're the ones that usually don't. So, you know maybe have an alternate when we move to that space.

Mary-Powel Thomas: Any other thoughts on that? I see that Gee Kay said...

Tom Rasmussen: I'm sorry to interrupt…

Mary-Powel Thomas: Okay, "Invite anyone that has an interest." And yes?

Tom Rasmussen: It's just such a large geographic area that virtual just seems, you know, to broaden the participation, at least initially. And I do like the idea of, yeah, maybe that would help to get more of --- like, the hospitals, and some of the other broader health care providers involved. It's just, I think everyone's under such time constraints in general, that the easier we make it the more likely we'll have broad participation. But, maybe it's a quarterly in-person? Around, you know, different boroughs or something? And you know, monthly virtual at least, to start. I would think that there'll be a lot of feedback, at least in the initial stages.

Mary-Powel Thomas: Thank you. Thank you. What about having smaller geographically based groups?

Tom Rasmussen: Like a borough model perhaps? That's nice. Some of them the bigger stakeholders in those areas.

Victoria St. Clair: I think and then reporting to the greater team, maybe quarterly, I think that could work after each borough has met, they can report to the collective.

Tom Rasmussen: Yeah, it seems like from a collaboration point of view, as well, right? That could help those folks that are maybe more, have more exposure, or more activity in specific regions. It's a nice idea.

CHAT
Fajah Ferrer: How many members would be in the CAB?

Mary-Powel Thomas: What do folks think about that? How many should it be? Fajah? Do you have thoughts on a good number?

Fajah Ferrer: No, I'm just thinking about the compensation piece. And how far those dollars would go. And to make it a reasonable rate for people to come out. You may not want to have so

many members so, I didn't know what the budget line would be for that particular aspect of the grant.

Mary-Powel Thomas: It's a very good point.

Denise West: And to that point, I know people are recommending diversity, and having everybody. Then you oftentimes don't get the programmatic piece really sort of working. Like evaluation is important. You can have the CAB, and you may want to have a coalition that brings in some of the other folks for reporting or feedback type of piece. But if work needs to happen, if procedures, general citywide procedures are occurring, if you're talking about evaluation, the broader it is, I don't you know if you can get a lot of that done through that. Unless you're setting up particular subcommittees and you've built in that whole structure in place.

Mary-Powel Thomas: Any other thoughts on this question? Any thoughts on the most important role for the Community Advisory Board?

Denise West: Are we advising the City on this project? I'm on quite a few advisory boards, and then --- and then it's being asked to advise and it's really not. So, what did you all envision? Who will be advising?

Mary-Powel Thomas: I'm sorry, Denise, you said you're on some other community advisory boards?

Denise West: Yeah. A lot of community advisory boards think they have a certain role, and they don't necessarily. So, is this advisory board --- is the thought that this serves as an advisory to DOH?

Mary-Powel Thomas: Yes, and to the project as a whole. So, DOH and the vendors in the project. Any other thoughts on these questions? All right let's go on to Number 8:

So, the Citywide Doula Initiative envisions a unified system of doula care that will provide a consistent level of service across New York City, including standardized services, standardized pay rates, and standardized data collection. What do you see as the benefits of such a system? What challenges do you foresee? And, what could be incorporated into the RFP to minimize these challenges?

Fajah Ferrer: So, with the standardized services and all of these standardized things that we're talking about before, would it be evaluated or reviewed annually to see if things need to be adjusted? Or is it like for 5 years, and you have to stay in those rates until you have the conversation again 5 years later?

Mary-Powel Thomas: What do you think should be the case?

Fajah Ferrer: I mean, I think, annually. It needs to at least be reviewed, even if you're not making major changes. But to have the conversation and see if what we put in place is actually working. If the pay rates are actually, you know, good rates. So that we know if we need to make

any adjustments. And as well as just the data collection, things change really fast, and I think we need to have the flexibility to have those conversations and make adjustments.

Mary-Powel Thomas: Thank you. Other thoughts?

CHAT
Denise West: Agreed, and that's part of the CAB also, probably.

Denise West: I agree with Fajah. And I think that's one of the things that will come up also in the CAB.

CHAT
Jada Shapiro: Challenges are that individual doulas practice in their own way; what can be standardized is amount of prenatal meetings, on-call period, amount of postpartum meetings etc.

Mary-Powel Thomas: Other challenges? Or other benefits?

Cheryl Hall: I think the opportunity to review pay rates on probably an annual basis.

Mary-Powel Thomas: Okay, thank you.

Denise West: One of the benefits of standardized services is that you're, across the board, developing a system of care. An equitable system of care agreed upon and a "best practice," you know, the platform for best-practice care.

Mary-Powel Thomas: Anything else on this one?

Victoria St. Clair: I do think that this should be collaborative, though, where stakeholders should be defined as those already providing services. And maybe their insight can be useful to determine what works and what does not work. So, I really do believe that New York City should be involved. But, the driving force or the committee behind these definitions should be doula providers and doulas.

Mary-Powel Thomas: Thank you.

Denise West: The challenges would be doulas are not satisfied with the pay rates.

Cheryl Hall: Denise, I think that's why it has to be probably on an annual --- annually be reviewed, the pay rates.

Denise Hall: Right.

Cheryl Hall: And again, data collection is so important. And I think it has to be a uniform system in which it makes it easy for input by the doulas. And you know, they're out in the streets, they're out at homes, they're all over. And it has to be simple and easy for every single doula to be able to input data. You have some doulas who are fantastic with systems, and you

have some adjustment. They don't know how to use the keyboard. So, I think we --- we have to look at that also.

CHAT
Jada Shapiro: Pay rate is def a challenge of course and other attempts as we know have been too low to be sustainable

CHAT
Suzette Jules-Jack: If clients aren't satisfied with the doulas at their initial agency, are agencies allowed to refer to others within the network?

Mary-Powel Thomas: Yeah, thank you.

CHAT
Denise West: i would say, yes Suzette

Mary-Powel Thomas: So, Denise says, “Yes Suzette.” What do other people think about that question?

CHAT
Rocky Perez: yes i think so too

Mary-Powel Thomas: Some agreement there in the chat.

CHAT
Victoria St. Clair: I think that's fine. I suggest that before that happens, the agency tries to match the client with another doula within the agency

CHAT
Jada Shapiro: I would say yes again people need doula choice and the right person to have maximal impact.

CHAT
Tom Rasmussen: Yes. open as much as possible.

Mary-Powel Thomas: So, in answer to Suzette's question, Victoria says “Yes, but before that happens, the agency should try to match the client with another doula within the agency.”

Denise West: And that's what happens now, you know. So, I agree with Victoria on that. Because some things can be worked out. It's not the agency as much as it may be a particular doula that may not be a good fit.

Mary-Powel Thomas: Jada and Tom agree as well.

CHAT

Jada Shapiro: I am sorry everyone, but have a previously scheduled meeting now I have to attend. But thank you for holding this, and thank you for this opportunity to be present and to be a part. I will watch the rest of the meeting if it is sent out.

Mary-Powel Thomas: Goodbye, Jada. Nice to have you.

Denise West: Just with the standardized services, I do want to go there. Let's say we say four. I think you mentioned four postpartum visits. Some birthing people may not want or need the four, but they accept three. That is like up to this, up to that. Not that it is required. That if you didn't do four, you didn't do the service.

Mary-Powel Thomas: Hmm, okay.

CHAT
Gee Kay: can mom get a voucher or reimbursement for a private doula if doulas prefers not to work within an agency

Mary-Powel Thomas: Anything else? Oh, let's see, Gee Kay says "Can mom get a voucher or reimbursement for a private doula"? No, we can't do that. These are just services we're --- we're going to be providing directly.

Alright. So, there was another question, and too bad that Jada had to leave, because I think it was her question. About how are you determining --- which certifying bodies would count for certification? So we had said that doulas in the program will need to become certified. So, do people have thoughts or suggestions on how to decide which certifying bodies would qualify?

Denise West: How to decide or which ones?

Mary-Powel Thomas: I'm sorry?

Denise West: You're saying how to decide or which ones?

Mary-Powel Thomas: Either.

Denise West: Yeah, I --- I think it should be open. We know we have DONA. We know we have communities such as Ancient Song, we have Carriage House. We have a variety. So, I would --- and all of them are good. And all of them should be able to be accessible and are credentialed and considered credible to utilize, in my humble opinion.

Mary-Powel Thomas: Thank you. Any other thoughts?

Regina Conceicao: I agree with Denise. I just think that we just need to look at the curriculums for the doula organizations. Just to make sure that, you know, that the training is suitable for the, you know, for the work that we do. So, just I think being able to --- like, you know, some, a lot of the doula organizations, we are familiar with their curriculum. But some we are not. And so it makes a little bit challenging sometimes to see to... If that makes sense. If I'm making sense.

CHAT
Miranda Padilla: Agree

Mary-Powel Thomas: Yeah, I think it would be helpful to have standards that could apply to any doula organizations that presents itself. Or is created…

Regina Conceicao: Yeah.

Mary-Powel Thomas: After this.

Regina Conceicao: Yeah.

Mary-Powel Thomas: So, what would those standards include?

Regina Conceicao: Standards, not curriculum? Thanks, yes.

Mary-Powel Thomas: How would we decide? What we're going to --- you know, what things would we look for in deciding whether or not a doula organization --- a doula-certifying body would qualify?

Denise West: Well, the three that I just named, I would say qualify. So, maybe look at what they offer and use that. I don't know what --- for anyone else. Yeah.

Tom Rasmussen: Yeah, certainly. Mama Glow has trained over 2,000 doulas in the last 3 years. And you know, I think we think of our curriculum as quite innovative, and certainly responsive to the communities that we serve. I was thinking that when you had the certification question that was the City basically putting up a new certification over the top of the existing programs that are in the community currently. But when you think of certification, you're thinking of it as a Mama Glow-certified doula or a Carriage House-certified doula?

Mary-Powel Thomas: We are not thinking that the City would provide certification. But just say yes, this type of certification qualifies.

Denise West: And money is in the budget to assist doulas to get certification, correct?

Mary-Powel Thomas: Yes. So, this is something that people can think about and submit suggestions in writing as well. And the same with all the questions. So this is the last question that we had prepared. Does anyone have any final comments before we wrap up?

Denise West: No, thank you.

Mary-Powel Thomas: Alright. So, Alison, can we go to the next slide? This is the anticipated timeline. The key word is "anticipated." Everything could change. And also, for those who have not worked with the City in the past, this is always contingent on funding. But the thought is to release the RFP this summer, have proposals due this fall, make decisions by winter, and then

there's a lot of contracting and paperwork to make the actual awards, so that the work would begin next summer. So, summer of 2023.

So, next steps are that, as I said, you're welcome to submit written comments. The deadline is Monday, April 4. The email address is RFP@health.nyc.gov. And this is what to put in the subject line: "Citywide Doula Initiative Concept Paper."

And that's all we have so, thank you so much for joining us today! Really appreciate your time and your ideas. It's been great to see folks.

CHAT
Fajah Ferrer: Thank you!

Denise West: Thank you, Mary-Powel and Alison. Good to see some of you that I haven't seen in a while.

CHAT
Victoria St. Clair: Thank you!

Mary-Powel Thomas: Definitely.

Denise West: Have a good weekend everybody.

Madeleine Dorval-Moller: Thank you.

Rochelle James: Thank you.

Tom Rasmussen: Thank you.

Alison Whitney: Bye everyone.

Berenice Kernizan: Bye.

CHAT
Kimberly Mathurin: Thank you!

CHAT
Rocky Perez: thank you!

CHAT
Gabriela Ammann: bye everyone!