

B
empowered
birth
foundation

www.EmpoweredBirthFoundation.org

careteam@empoweredbirthfoundation.org

Who We Are

And How We Came Together



**Free • Culturally Competent
Childbirth Education &
Breastfeeding Support**

Evidence-Based Educational Content

- Childbirth Education
 - Self Advocacy
 - Postpartum support groups
 - Breast/baby feeding guidance

Stress Reduction Modalities

- Guided meditation
- Prenatal & postnatal yoga
 - Music & sound baths
 - Culinary workshops
- Massage & acupressure workshops
 - Arts activities

Our Team

Committed Leadership for Transformative Community Impact



**Gina
Hurt**

RN, BSN, Childbirth
Educator, Artist,
Mother



**Kelly
Williams**

BSN, RN, CLC, HNB-BC,
Holistic Nurse,
Yoga Instructor



**Katia
Reguero Lindor**

Social Entrepreneur,
Podcast Host of
The Unapparent,
Content Creator,
Mother



**Marina
Aldarondo**

Operations Manager &
Executive Producer of
The Unapparent,
Creative Entrepreneur



**Georgette
Paulycarpe**

RN, NP, CNM, IBCLC,
Midwife & Educator

Gina, Kelly & Georgette's story

Black Mothers Matter Committee

Personal
impetus for
change



Literature Review, Action Plan
and Charter Creation

Welcome to the Holistic
Black Birth Project!



Patient Self Selection of
Race/ethnicity at time of admission



Monica
McLemore, PhD,
MPH, RN

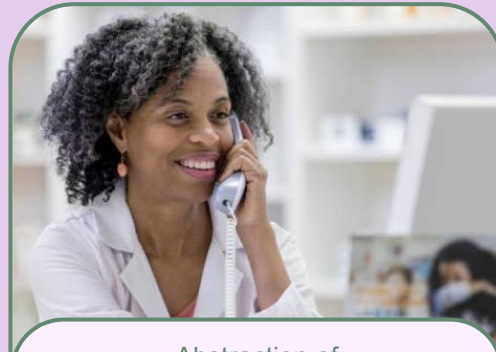
Lecture Series

Gina, Kelly & Georgette's story

Black Mothers Matter Committee



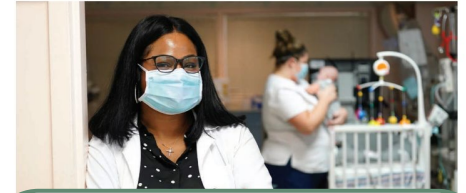
Mandatory Implicit
Bias Training



Abstraction of
Maternal Data

A WHOLE FAMILY Perspective

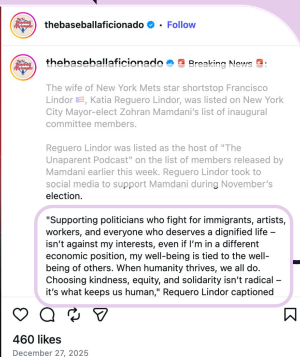
Nurses Lead the Way to Transform Care for Black Mothers



Small Group Committees to
Improve Outcomes and
Partnership with the SACRED
Birth Study

Katia & Marina's story

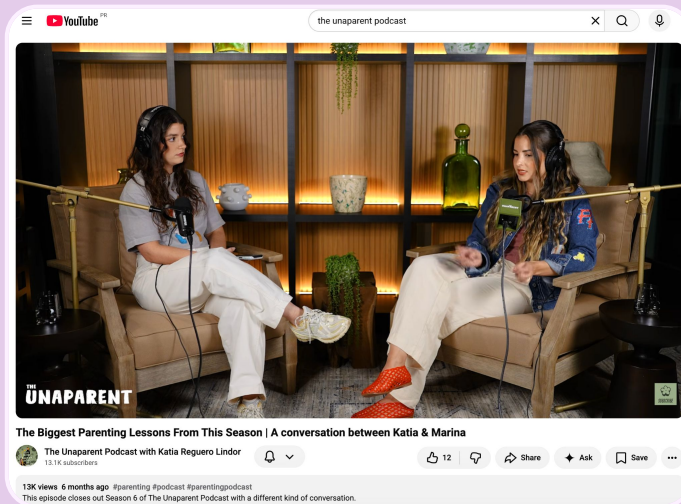
Mayor Mamdani & The Unaparent Podcast



"Supporting politicians who fight for immigrants, artists, workers, and everyone who deserves a dignified life – isn't against my interests, even if I'm in a different economic position, my well-being is tied to the well-being of others. When humanity thrives, we all do. Choosing kindness, equity, and solidarity isn't radical – it's what keeps us human," Reguero Lindor captioned



THE UNAPARENT PODCAST



Delivering Deeply Human Stories about the Unapparent Truths of Parenting

Hosted by Katia
Produced by Marina

Current Conditions

A look into Maternal Health in Queens, NY

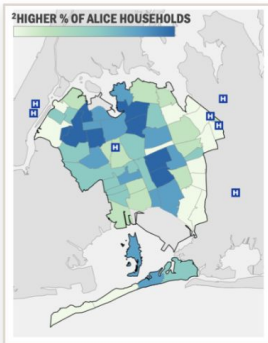
In Queens...

Our families face compounding challenges,
making accessible, community-based maternal support critical.

Higher

% of ALICE Households

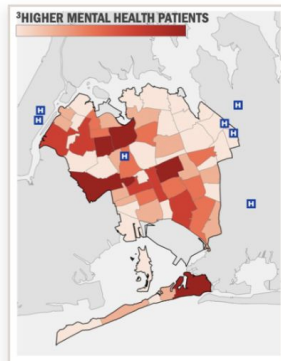
Asset Limited, Income
Constrained, Employed



Higher

of Mental Health Patients

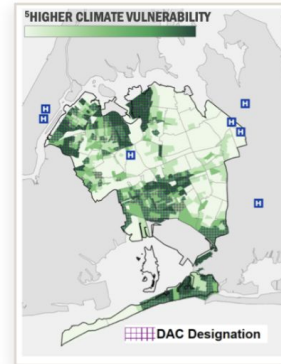
Rising behavioral &
mental health burden



Higher

Climate Vulnerability

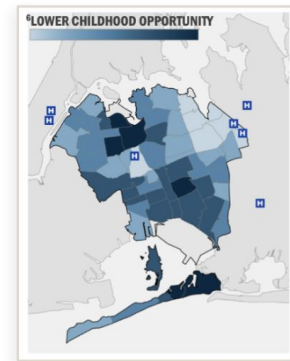
Disproportionate
environmental risk



Lower

Childhood Opportunity

Lower access to early
childhood resources

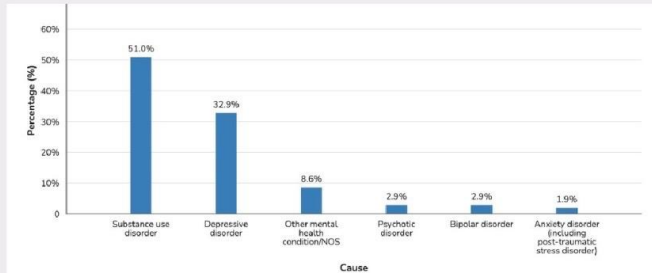


In the United States...

Our families face compounding mental health challenges, making accessible, community-based maternal support critical.

Cause of Death

Source: U.S. Centers for Disease Control and Prevention, 2026

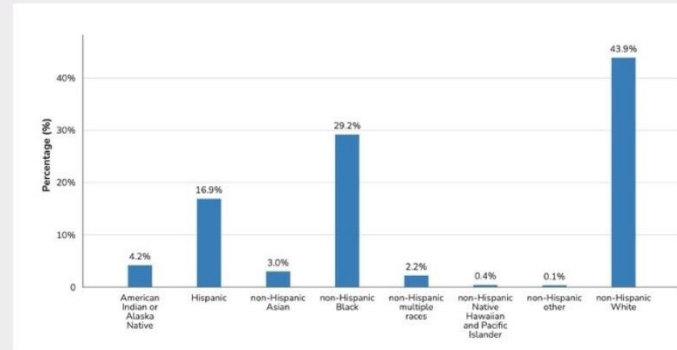


MMHLA

Maternal Mental Health Leadership Alliance | @mmhla2

Race and Ethnicity

Source: U.S. Centers for Disease Control and Prevention, 2026



MMHLA

Maternal Mental Health Leadership Alliance | @mmhla2

In March of 2026 the New York State Maternal Mortality Review Board. released a briefing on **perinatal care coordination** that recommends,

“a medical model that offers holistic support throughout the pregnancy and postpartum period that integrates a multidisciplinary team of healthcare professionals and community-based supports.”

Key features include
routine check-ups,
acute and chronic condition management,
mental health support,
pregnancy care navigation,
and assistance with non-medical needs like transportation, housing, food assistance,
and assistance with making appointments.”

What we've done so far

Locations & Community Partnerships

We partner with trusted local community spaces to bring needed services directly into the community.

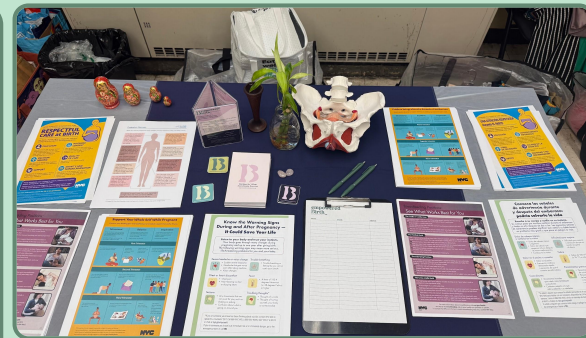
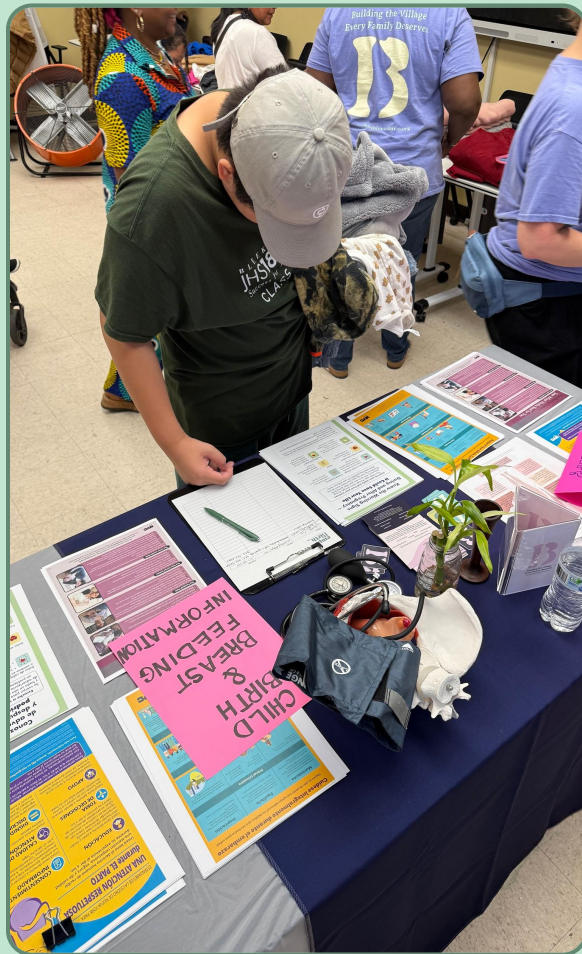
We elect to work outside of the traditional healthcare setting to build trust and attract those who may not feel comfortable in medical institutions.



The Episcopal Mission
in Sunnyside's
Greenhouse



Elmcour's
Louis Armstrong
Recreational Center



NEW YORK CITY STANDARDS FOR

RESPECTFUL CARE at BIRTH



You have a human right to respectful, safe and quality care during your birthing experience.



EDUCATION

You deserve to ask for and receive simple information that you can easily understand about your health care, health care provider and birthing experience options.



DECISION-MAKING

You deserve to decide what happens with your body and to make decisions for your baby.



SUPPORT

You deserve to receive support during pregnancy, labor and childbirth, as well as after childbirth.



INFORMED CONSENT

You deserve to know and make your own decisions about all of your medical procedures. This is called "informed consent" and is a legal right.



QUALITY OF CARE

You deserve the highest-quality health care.



DIGNITY AND NONDISCRIMINATION

You deserve to be treated with dignity and respect during pregnancy, labor and childbirth, as well as after childbirth – no matter what.

These standards were created to inform, educate and support people giving birth – people like you.

These standards encourage you to know your human rights and be active decision-makers in your birthing experience.



For more information, search for **SRJ** at nyc.gov/health.

If you believe you have been mistreated or denied care or services because of your gender, your pregnancy or any other protected category under the New York City Human Rights Law, call 311 or 718-722-3131 to file a complaint with the New York City Commission on Human Rights.

This document was informed by community gatherings and created by the New York City Health Department's Sexual and Reproductive Justice Community Engagement Group (SRJ CEG).

As part of a commitment to sexual and reproductive justice, SRJ CEG works to promote birth justice. **Birth Justice** exists when everyone has the freedom and support to make decisions about pregnancy, childbirth and postpartum with dignity. This includes access to high-quality, culturally responsive care, freedom to choose where and with whom to give birth, and the ability to accept or decline medical interventions.

Support Your Whole Self While Pregnant

Enhance your birthing plan with additional, nonmedical support that works for you.

Movement

Thirty minutes of moderate activity five to seven days per week will help your mental and physical well-being as well as stress levels.

Consider adding an activity such as stretching or yoga to your day:

Balance

Physical items you hold or touch may help balance your mind and ground you, which may improve mental well-being.

Helpful items may include:

Inspiration

Lived, sensory experiences may inspire you and stimulate your senses to bring about a more positive outlook.

Experiences may include:

First Trimester

Try a lotus pose to center and focus your attention inward.



Incorporate healthy food recipes to inspire your meals.



Hold symbolic items, such as soft toys (plushies) or gemstones.



Incorporate lifestyle and environmental changes, such as taking nature walks or practicing meditation.



Second Trimester

Try a cat-cow pose to relieve back pain, build flexibility and increase comfort.



Read positive affirmations on written letters or notes from loved ones.



Connect with family and friends and use additional support systems to see yourself as healthy and strong.



Third Trimester

Try a goddess pose to strengthen your pelvic and leg muscles.



Browse books and photographs that connect you to your culture or ancestry.



Listen to your favorite music or sounds.



Use scents (aromatherapy), color (chromotherapy) or water (hydrotherapy) to affect your senses.



This content is not meant to provide or take the place of clinical recommendations – you should speak with your health care provider to see which types of additional support are right for you. For more information on nonmedical support during pregnancy, visit nyc.gov/health/doula.

This content was created in collaboration with the NYC Health Department Brooklyn Birth Justice Defenders.



What we want to do

The future

Building Community

**We hope to create spaces
where parents can build
lasting peer networks
and physical wellness
together.**



empowered Birth

FOUNDATION

Free · Culturally Competent
Childbirth Education &
Breastfeeding Support

Weekly drop-in sessions

Focused on tailored,
evidence-based
educational content.

Guided Meditation

Offering stress reduction
modalities for emotional
well-being.

Prenatal & postnatal yoga

And movement based
activities for health
promotion

Music & sound baths

For mental relaxation
and rest

Culinary Workshops

To support healthy
pregnancy and
postpartum nutrition

Arts & Wellness Activities

To provide a creative
outlet for self expression

Stress Reduction Modalities

"Non-pharmacological approaches to stress and anxiety reduction are critical due to the hesitancy pregnant individuals have to taking medications during pregnancy and breastfeeding."

- Dr Karen Sheffield Abdullah



Evidence Based Educational Content

The Educated Birth© provides evidence based, intersectional reproductive health education teaching materials.

Unpacking “high-risk” pregnancy



All pregnancies carry some level of risk for baby-to-be, or both. A pregnancy is considered high-risk if one or more of a wide variety of factors contribute to the risk.

high blood pressure	gestational diabetes
age (under 17 or over 35)	pre-eclampsia
multiples	history of preterm birth
genetic conditions	fetal/placental issues
lifestyle choices (ex. smoking)	pre-existing conditions

No high-risk pregnancy is the same. One pregnancy may carry a completely different degree of precaution than another one. The best way to determine if a pregnancy is high-risk exists in a pregnancy and options for how to manage it through quality care and consult with a healthcare provider.

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Possible signs of labor

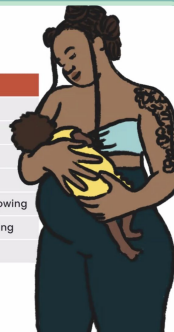


- ✓ **Loose stools or diarrhea.** This is the release of hormones called prostaglandins, which is the body's way of flushing the bowels to contract effectively.
- ✓ **Losing the mucus plug.** As the cervix dilates, the mucus that's sealed it off comes out. When tinged with blood it's called a "show" and is a stronger sign that labor is starting.
- ✓ **The baby “dropping.”** As labor begins, the baby moves down into the pelvis.
- ✓ **Backache.** Some back pain is common, but a noticeable increase in back pain periodically can be a sign of labor.

Sources include: March of Dimes; American Pregnancy Association; The Birth Partner

A closer look at latching

signs of a good latch	signs of a poor latch
✓ lips turned outward	✗ lips turned inward
✓ mouth wide open	✗ mouth not very open
✓ nipple reaches far back	✗ sucking on the nipple
✓ chin touches body	✗ chin doesn't touch body
✓ you can hear or see swallowing	✗ you don't hear or see swallowing
✓ feedings are not painful	✗ you hear clicking or smacking
	✗ feedings are painful



Sources include: La Leche League; Feed the Baby; Cover Nursing; The Birth Partner; LDCN; Office on Women's Health
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Self-advocacy in action



Inspired by real-life stories from the **Giving Voice to Mothers Study** — a national survey conducted by The Birth Place Lab from 2016–2017 of over two thousand U.S. birthing people that lifted up patient-defined indicators of mistreatment in childbirth care — the following scenarios reflect common challenges experienced by those giving birth in clinical settings (especially people of color).

Let's use these scenarios as concrete examples of advocacy, decision-making, and effective communication opportunities in moments that many birthing people experience — empowering ourselves to find our own voice in tough situations.

Self-advocacy in action



Scenario 1: Maribel is laboring steadily, but during the latest check-in, the provider enters, notes the length of labor, and suggests, “It’s time to start considering a c-section.”

How can we self-advocate?

Self-advocacy in action



Scenario 1: Maribel is laboring steadily, but during the latest check-in, the provider enters, notes the length of labor, and suggests, “It’s time to start considering a c-section.”

How can we self-advocate?

“What specific concerns or risks are you considering right now?” This invites the provider to clarify if their recommendation is based on a true medical concern, personal preference, or institutional protocol. It also shifts from vague language to concrete details.

“What are some other options we can try first?” This opens the door to alternatives — such as position changes, mobility, hydration, or additional monitoring — that might address the provider’s concern without moving directly to surgery.

“I’d like to consult with my partner and/or doula for a moment. Can we rediscuss in 15 minutes?” Asking for time reduces pressure and allows space for processing the recommendation without making a rushed decision and with input from your support team.



New & Expecting Parents Meetup & Listening Sessions

Wednesdays this Fall

STARTING
September 30th

11:30am-1:30pm

Episcopal Mission in Sunnyside
43-12 46th Street
Sunnyside, New York 11104

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“”

“Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.”

– Mahmoud F.
Fathalla

OB-GYN & Maternal Health and
Reproductive Rights Advocate

THANK YOU