

**Written Testimony for Public NYS Senate Hearing
Integrating Doulas into New York's Maternal Healthcare System**

**Carol Tegas, Executive Director
Finger Lakes Performing Provider System**

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Chair Brouk, Chair Rivera, and distinguished members of these Senate committees.

Thank you for the opportunity to testify today and thank you to my fellow leaders and community members from across the State for your commitment to a better healthcare system for EVERYONE in New York State.

Good afternoon, I am Carol Tegas, Executive Director of the Finger Lakes Performing Provider System, or FLPPS. FLPPS is a network of clinical and community-based provider organizations working together in a 13-county region of the Finger Lakes, with the mission to transform and improve the healthcare delivery system for the Medicaid population, by bridging the gap between community and healthcare. We were one of the legacy PPSs from DSRIP that has continue transformational work in our region.

As one of the wealthiest nations in the world, it is absolutely unacceptable that the United States has the highest maternal and infant morbidity and mortality rates. And alarmingly, this rate continues to grow year after year. Maternal and child health continues to be a public health crisis not only across the country, but in New York State.

According to the CDC, in the Rochester and Finger Lakes region, maternal mortality is a staggering 51% higher for Black mothers than for white mothers. And infant mortality is 300% higher for Black babies than for white babies. There is no question that societal and healthcare system factors contribute to these disproportionately high mortality rates.

Stop for a moment. Imagine a young Black woman in the city of Rochester, pregnant for the first time, and just a few months into pregnancy. She has a minimum wage paying job, does not own a vehicle, and cannot take time off from work to make prenatal appointments. On top of that, she is scared to go to a white doctor because she is intimidated to share her vision about how her pregnancy and birth plan should go, and that she will not be able to make decisions about her care and that of her baby. She has heard about the higher rates of c-sections for Black women, and even that Black women are more likely to die in the hospital. These fears are NOT unfounded. These are facts. She is isolated, not supported, and afraid to speak up.

Now imagine a young Brown farmworker in Ontario County. She works here with a group of migrant farmworkers, and she sends money back home. She does not speak English and she is not familiar with the area. She has had very limited experience with the healthcare system and the few experiences she has had have not been positive experiences. The language barrier and mistrust of "the system" makes here extremely hesitant to engage in care for her and her baby. These fears are NOT unfounded. These are facts. She is isolated, not supported, and afraid to speak up.

These scenarios happen all too often. I hear these stories from our provider partners in Rochester and in the rural counties between Syracuse and Buffalo and down to the Southern Tier.

The stories are different, but the themes are the same. There needs to be a change in how we approach maternal child healthcare in our State so that we ALL have the best access to care, best experience, and best outcomes.

We cannot keep doing the same thing. We have to change how we provide care AND how we pay for care. There are many things we SHOULD change and many things we CAN change.

One thing we CAN change is integrating community-based doulas into care teams and we will be able to dramatically improve Black and Brown maternal and infant outcomes in NYS.

But doula care will NOT be available for these families unless Medicaid reimburses for doula services at a rate that will allow doulas to be paid a LIVING wage.

Doulas not only provide referrals to needed community resources and continuous emotional and educational support to these women during pregnancy, childbirth, and postpartum, but they also play a crucial role in combating the discrimination, racism, and loss of autonomy that Black and Brown birthing individuals experience.

As trained and certified, non-clinical professionals and TRUSTED members of the community, doulas help improve prenatal care, increase breastfeeding rates, decrease unnecessary medical interventions, increase positive birth experiences, and improve parenting skills.

Doulas also advocate for pregnant individuals when they can't advocate for themselves and instruct birthing individuals on how to continue to advocate for themselves and for their baby.

Doula services, as a complement to clinical care, has been proven to improve maternal and child health outcomes.

How do I know this?

In October 2021, FLPPS partnered with Healthy Baby Network, a CBO located in Rochester, Finger Lakes Community Health, an federally qualified health center located in Finger Lakes region, and HealthConnect One, a national leader in doula training, on a two-year community-based doula program to improve the health and well-being of women, infants, and birthing families.

The program developed referral pathways with healthcare systems and federally qualified health centers to facilitate care to birthing individuals of color within these communities.

Utilizing HealthConnect One's proven "train the trainer" model, 16 community-based training sessions were offered to doulas employed by Healthy Baby Network and Finger Lakes Community Health.

What's innovative, and truly significant about their model, is that HealthConnect One's model of training focuses not only on the essential curriculum of doula training but it does so through a lens of cultural competency and trauma informed care.

HealthConnect One's community-based doula training model has proven successful because they

- Employ women who are trusted members of the target community,
- Extend and intensify the role of the community-based doula with families from early pregnancy through the first months postpartum,

- Collaborate with community stakeholders and institutions, and use a diverse team approach,
- Facilitate experiential learning using population education techniques and their own curriculum, and
- Value community-based doulas' work with salary and support.

The success of the program can be attributed to the doula team's tireless efforts to meet with local OB/GYN providers and front-line workers to educate them on the distinction of community-based doulas and their vital role in improving outcomes. These efforts increased referral rates into the program and ensured that the doulas were welcomed as part of the care team.

Healthy Baby Network, in Rochester, has 25 years of experience and is focused on providing a community-centered approach, including providing community-based doula services, to supporting Black and Brown families. Their Black Doula Collaborative provides support for community-based doulas throughout the region.

Finger Lakes Community Health, and FQHC, serving a large part of the Finger Lakes region provides comprehensive healthcare including medical, dental, behavioral, and reproductive health services. Bilingual Community Health Workers were trained and certified as community-based doulas and also acted as translators for the birthing individuals and their families.

These Partners took their best community assets to the next level to provide doula services.

Another best practice that was implemented during this program was how we standardized data collection to track and trend outcomes. Dashboards were created and shared with the health systems.

The final data analysis for the program is expected in fourth quarter of 2023, and preliminary findings look promising as there has been a stark increase in breastfeeding initiation rates, and C-Section rates have fallen below the New York State average.

After giving birth, birthing Individuals are surveyed and asked to rank their overall delivery experience on a scale of 1 – 10, with 10 being excellent. Thus far the majority have ranked their experience as >8, with 7 being the lowest score received.

I want to take a moment to read to you what participants in the program have said – both birthing mothers and doulas. (I will include all in my written testimony and read a few depending on time.)

First, experiences from birthing mothers.

- “Pam made the whole experience bearable. She advocated for me and asked all the questions that needed to be asked, she made sure I was comfortable with every decision that was made also made sure I understood. She talked me through every contraction and also suggested things to further along my labor that was not suggested by the doctors. I actually let my boyfriend sleep and didn't care because Pam was there.”
- “My doula was nothing short of amazing. I would recommend her to any and everyone. She's the best and really cares about you and your well-being as well as your baby's. She helped make me feel comfortable throughout the whole process and that's exactly what I needed.”

- “My doula was very helpful and an excellent worker and a wonderful person and she’s very supportive and made me very happy and she helps with everything and stuck with me throughout my whole journey. I appreciate her and everything she did for me. I loved working with her.”

Now from a midwife on their experience with a doula.

- “...it honestly made me teary to watch the birthing woman, her doula and her mother work together to bring this healthy little girl into the world. She rubbed the woman’s back tirelessly while coaching her mom on ways to support her daughter. No epidural. No lacerations. Apgars 9.9. Health baby and jubilant mom!”

And finally from two doulas from the program.

- “The training model used is very thorough. I was blown away by this program and how much goes into making sure these doulas are truly prepared to go into the community. I’ve been a doula in this area for 12 years in this area and I have seen opportunities for work like this where we didn’t have it. And this saddened me. For the longest time I was working alone as a Black doula and I was not able to financially support clients who were not able to pay and it broke my heart to know that. I kept asking if there’s a way to support these individuals, these women of color, who desperately need doulas. When the evidence shows Black women are four times more likely to die during child birth—they NEED doulas. This program has made such an impact in the hospital systems. We are being invited in for staff meetings, for tours of the hospitals. I just attended a meeting at a hospital where they made cookies for us because they were just so excited about us being in the hospital. They are making plans for the future—asking what they can do to make the environment better for us. I have not seen that type of excitement or eagerness for doulas...probably ever. Just the impact this program has had has been crucial and I see more doors opening up for doulas because of this program.
- “I currently work as an independent contractor and as salaried, and there are pros and cons to both. With working as an independent contractor, I have the freedom to take or not take births. But the con to that is that I don’t have a steady stream of income coming in. With salaried, I lose the freedom of [choosing to or not to] take on clients, but I gain the financial stability which is so important. When I know I can support these individuals, and I know I have income coming in and I don’t have to worry about if I will get paid, or I can’t help this client because I don’t have the means to do it without being paid, it really opens the doors to truly work in the community. I do think salaried, for a lot of the doulas in the program it is what keeps them going because they know they have that assurance they have that income coming in.
- “I am able to help people who need it the most which is what I wasn’t able to do before or what other doulas weren’t able to do before. We see these women of color going to these births, not having advocacy, not having support. And now they have that. And that’s huge because so many women of color have wanted doulas but not been able to afford doulas. And just the knowledge that now they have the opportunity to work with a doula, it’s not a financial stress on them, they get all the benefits and they’re able to go into the birth a little bit more confident and I think that is so important. Evidence shows that doulas...matter. Evidence shows that doulas can impact births for a positive outcome. I think that everyone should have a doula if they choose to have one. And financial constraints should not be an issue. The fact that we are able to help SO many women of color in this community who now have a doula, I can’t even explain how beautiful that is.”

- From a doula. “Giving birth to a child is so very personal. It can also be scary, whether its the first or the third time. Every birth is different. The barriers can range from being a single parent, to not speaking English, and/or both. For me as a doula, having the privilege of providing services such as support, education and interpreting is personal. This is what I do as a Doula.
- “I attend appointments. By going to these appointments, I build a relationship with the women. This relationship of trust and acceptance to allow me to be there during delivery means so much for both parents. Especially when you do not speak English.
- “Both parents are grateful for every step...the appointments, the education the support.
- “The time of delivery and the different stages of labor. Sharing techniques for getting through the contractions without hyperventilating, trying different positions for comfort, using a roll ball to bounce or sway side to side, rubbing her back, cleaning up throw up. But more importantly assuring them they are doing so good and in no time the baby will be here.
- “The Operating Room is a much different experience for parents it can be very intense. So it’s not just interpretation, it’s reassuring them even before going into the operating room what will happen, what to expect and why are there so many people in the OR and what is their role in the OR.
- “If I was not there with them, there would be an interpreter who they do not know. There is no relationship, it’s hard to confide in a stranger just interpreting or translating educational pamphlets even those in your own language. As for interpreting via an iPad or Cyrocom phones, at times the iPad fades in and out or the phone is hard to listen to when you’re in labor at any stage. Giving birth to a child is personal. I feel the women have a more positive birthing experience with a personal Doula.”

Studies have shown the use of doulas to be an effective strategy for improving maternal health outcomes among vulnerable populations. And according to the American College of Obstetrics and Gynecologists, and the Society for Maternal-Fetal Medicine, one of the most effective tools to improve labor and delivery outcomes is the continuous presence of a doula during pregnancy.

Let’s go back to the young women I mentioned earlier—let’s continue their stories.

The young Black woman in Rochester, pregnant for the first time. Her doctor introduces her to a community-based doula. The doula is someone who looks like her, has experienced similar healthcare-related discrimination and lives in her neighborhood, just a few streets away, in fact. After speaking with the doula for a bit, this is the first time the young mother-to-be feels safe in a medical setting, because she finally has an ally walking with her on this journey.

And the migrant mother, pregnant with her second child? During her most recent OB/GYN appointment, she’s introduced to Maria who says, “Hello, it’s so very nice to meet you” in their native language. Taken aback, the young mother smiles and immediately feels a sense of comfort. Maria explains the role of a community-based doula and offers her services. The young mother, while very far from home and unable to speak the language, now has a trusted advocate to guide her.

THIS is how healthcare should be.

And with your help, we can truly transform how healthcare is delivered. We ALL deserve no less.

Thank you, again, for your time today, and allowing me to testify and be a voice for the mothers and babies that truly need the support and guidance that can be provided by community-based doulas.