



Doulas: Impact, Training and Resources

COMMUNITY-CENTERED • EQUITY-FOCUSED • COLLABORATIVE • ACTION-ORIENTED • RESPONSIVE

Our Team



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HealthConnect One trains, mobilizes, and connects communities in service of birth equity.

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What is a DOULA?

- A doula is a person that provides emotional support to pregnant families before, during and after labor & child birth.
- A doula provides *physical* support for a pregnant person during labor, including comfort measures and relaxation techniques.
- A doula provides *informational* support to birthing families so they can make their own informed decisions and advocate for themselves.
- A doula can provide **educational** support including childbirth education, breastfeeding education and reproductive health education.

- A doula is **not** a medical health professional and does not give medical advice, perform any clinical tasks or diagnose or treat any medical conditions.
- Doulas do **not** judge or speak for their families.

 They serve as a support to each individual family dynamic.



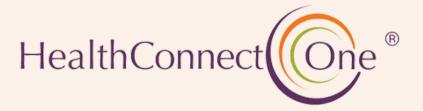


Our Reach and Program Related Expansion





We're Growing!

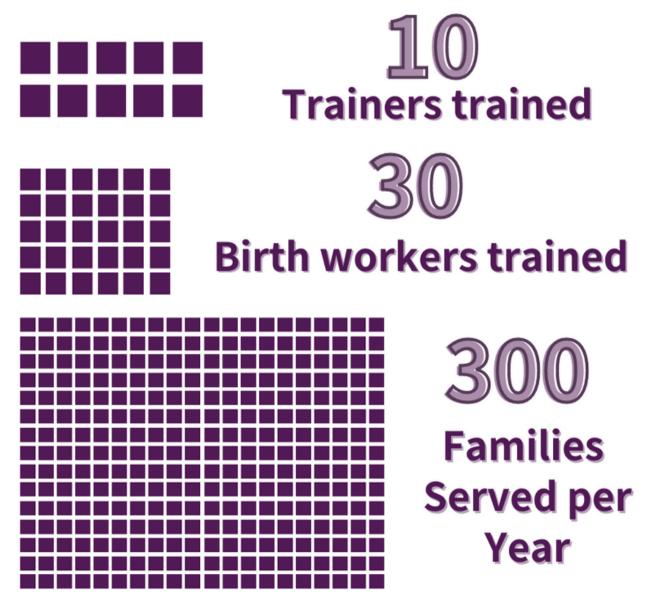


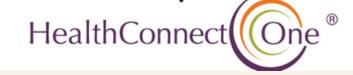
Our Model

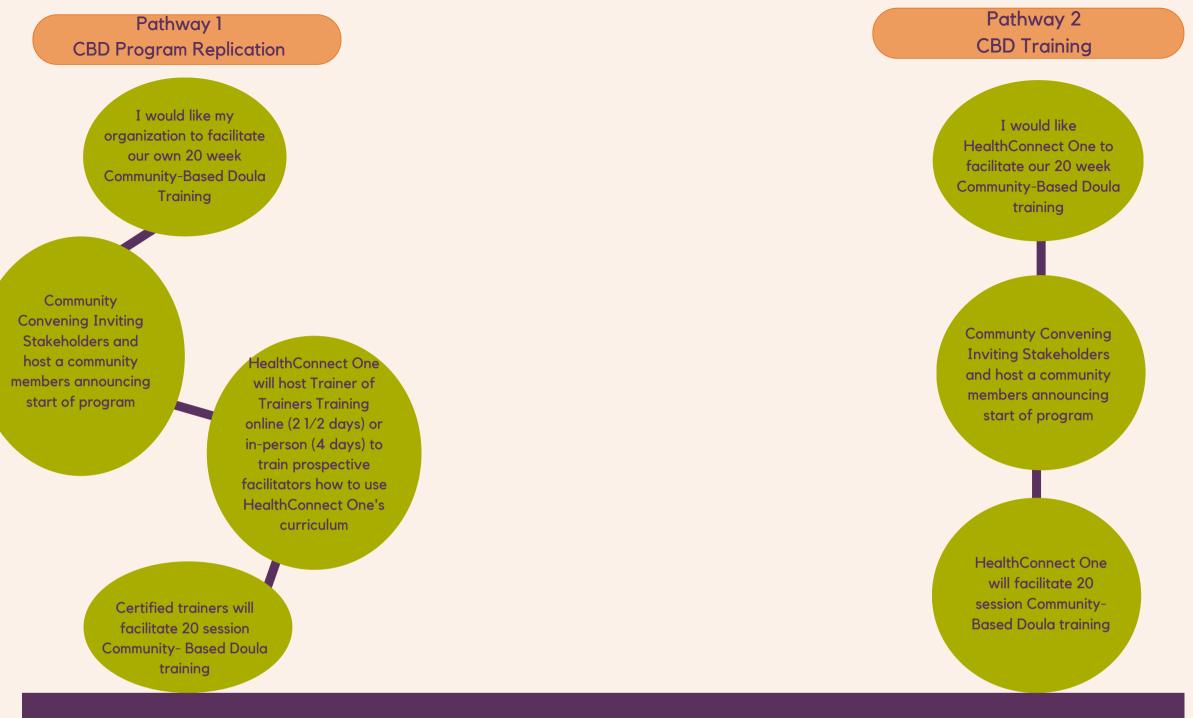
Five Essential Components C

Our Train the Trainer Model

- 1. Employ people from the community
- 2. Extend and intensify the role of a doula
- 3. Collaborate with community stakeholders
- 4. Facilitate experiential learning
- 5. Value the doula's work with salary







Throughout program implementation HealthConnect One will Doula you and your team to achieve successful implementation of one of our community-based doula training program pathways. Our support and resources throughout implementation will include but are not limited to HealthConnect One's customized popular education training, models of learnings, our CBD Management Guide, technical assistance for program staff, access to Brightspace to submit and share all learning materials, and an opportunity to achieve accreditation after successful implementation for 3 years, achieving the gold standard of community-based doula programming.

Collaborative Recruitment Popular
Learning
Training

Technical
Assistance for
Trainees

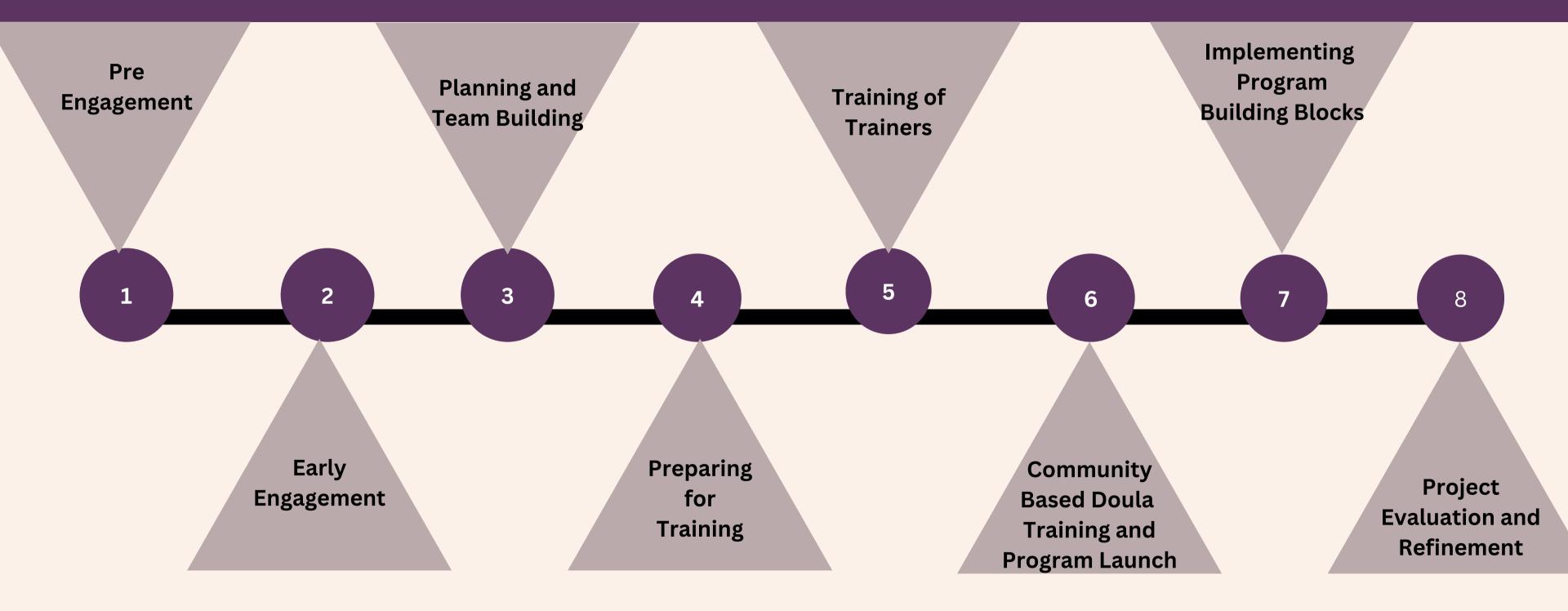
Access to LMS

Accreditation
Process
(optional)

Inclusion
CommunityCentered
Evaluation
Strategy



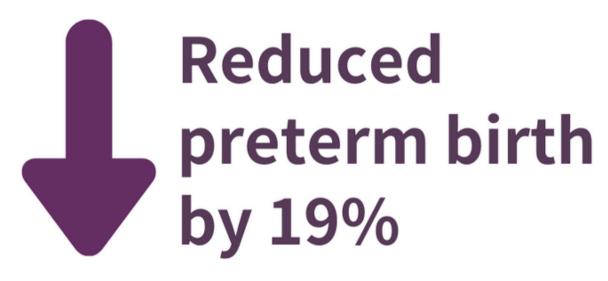
Community Based Doula Program Implementation Phases

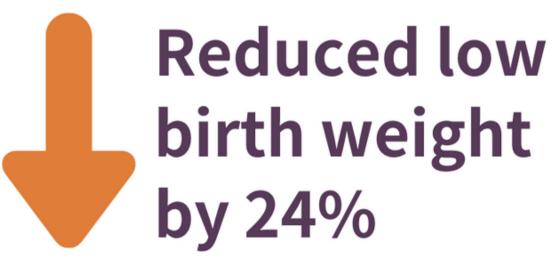




Our Outcomes

Impact for Black birthing families







Reduced **C-sections** by 23%



Increased breastfeeding at 6 weeks by 22%

Source: Brown CC, Moore JE, Felix Hc, et al. Association of State Medicaid Expansion Status with low Birth Weight and Prertm Birth. JAMA. 2019; 321(16):1598-1609. doi: 10.1001/jama.2019.3678

Source: Centers for Disease Control and Prevention. (2017). Pregnancy Risk Assessment Monitoring System (PRAMS) (Phase 8). [Dataset]. http://www.cdc.gov/prams













- 2-year project funded by FLPPS
- HCOne provided training and providing project management support for new and growing doula programs for Black (urban) and Latinx (rural) birthing people
- FLCH and HBN employed FT staff to work as doulas to support clients





Rochester program works to reduce racial disparities in maternal care

Jacqueline Lindsey oversees the Black Doula Collaborative.

Spectrum News 1 Rochester/Ian 25, 2022









Program Evaluation Highlights



282 Families Enrolled



5.8 % Low birth weight (Monroe County 9.3%)



5.3 % Preterm Birth Rate (Monroe County 10.3%)



23.8% C Section Rate (33.6% NY State Average)



94.2 % successful breastfeeding initiation



Patient Satisfaction rate (9.5/10 average rating)

NYCDA Medicaid Reimbursement for Doula **Services Benefit Resource**

Medicaid Reimbursement for Doula Services Benefit



NEW YORK COALITION FOR DOULA ACCESS

WHAT DOULAS CAN DO TO PREPARE CONT'D

Training and Work Experience Pathways: In addition to core requirements, NYS DOH proposed two pathways* to enrollment in the services benefit: one for doulas with a certain amount of work experience, and one for those that have received a certain level of training.

Doulas are encouraged to consider what pathway they'd like to pursue and to gather documentation to satisfy their pathway's criteria, e.g., skills and training certifications, testimonials, insurance.

Proposed 1 Criteria

CORE REQUIREMENTS FOR ALL DOULAS

- Basic HIPAA training
- Adult & Infant CPR
- Age 18 or older Liability Insurance

TRAINING PATHWAY

- 24 hrs minimum training in all required competencies
- Provide doula support at 3 births minimum

WORK EXPERIENCE PATHWAY

- 30 births or 1000 hrs of doula experience within the last 10 years
- Testimonials of doula skills in prenatal, labor, and postpartum care

TRAINING PATHWAY COMPETENCIES:

Core Competencies (20 hrs training):

- Foundations on anatomy of pregnancy and childbirth
- Labor support techniques and nonmedical comfort measures
- Common medical interventions: risks, benefits, and decision-making
- and support
- infant feeding

Broader Competencies (4 hrs training):

- Cultural awareness / humility and cross-cultural communication
- Health equity in medical field, especially reproductive health
- Person-centered and trauma-

informed care

- Prenatal and postpartum education
 Community-based knowledge and facilitating connection to resources
- Lactation support, education and
- Scope of practice

*After satisfying the core requirements for all doulas, only one pathway (training or work experience) is required for enrollment in the services benefit.

Medicaid Reimbursement for Doula Services Benefit



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AFTER THE BENEFIT GOES LIVE

Fee for Service: In the first six months, billing will take place as Fee for Service (FFS). This will help Medicaid Managed Care (MMC) organizations build the systems to reimburse doulas in a timely, efficient manner. Billing FFS also means that any family on Medicaid can receive doula services during this period. MMCs are encouraged to match or exceed the FFS rate but can negotiate a lower or higher rate with individual providers.

NYS Community Doula Directory: NY Legislators passed Assembly Bill A5435A, directing the state to establish a community doula directory for those serving Medicaid patients. All doulas seeking Medicaid reimbursement must register in the directory, which will be publicly available. Registration is free. DOH will release additional guidance on how to register when the benefit goes live.

• For reference, view the current Erie County Pilot doula directory: https://www.health.ny.gov/health_care/medicaid/redesign/doulapilot/index.htm

Proposed Criteria

REIMBURSEMENT RATES New York City (NYC): Up to \$1500

Rest of State (ROS): Up to \$1350

Service	Visit	Per Visit	Percent of Total	Amount of Total
	Allowance	Reimbursement	Reimbursement	Reimbursement
Perinatal Service*	8 visits (30 minute minimum)	NYC: \$93.75 ROS: \$83.37	50%	NYC: Up to \$750 ROS: Up to 675
Labor &	1	NYC: \$750	50%	NYC: \$750
Delivery**	encounter	ROS: \$675		ROS: \$675

* Prenatal or postpartum doula support

** In-person doula support during labor and birth



Visit our website to subscribe to NYCDA emails or become a coalition member



Q&A Session

Thank you for listening!







Visit our website **healthconnectone.org** for more information on our work!





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