



**BROOKLYN PERINATAL NETWORK, INC.**

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*Senate Standing Committee on Health Chair Senator Gustavo Rivera and the Senate Standing Committee on Mental Health Chair Senator Samra G. Brouk.*

Public Hearing: To receive testimony on how to identify and examine best practices for integrating doulas into New York's maternal healthcare system.

*March 7, 2023*

Good afternoon: I am Denise West, Deputy Executive Director of Brooklyn Perinatal Network, Inc. where Ngozi Moses, is the founding Executive Director. I want to thank both Senator Brouk, Chair of the Senator Standing Committee on Mental Health, and Senator Gustavo Rivera Chair of the Standing Committee on Health for hosting this hearing. I appreciate the fact that you considered this an important issue to discuss today.

Brooklyn Perinatal Network provides programs and services to pregnant, birthing, and parenting people who primarily reside in Central and East Brooklyn communities (Bedford Stuyvesant, Brownsville, Canarsie, Crown Heights, East New York, East Flatbush, and Flatbush). These communities have most of the worst birth outcomes in Brooklyn and will benefit from having Medicaid pay equitably for doula services.

I will provide you some background information on birth outcomes in Brooklyn -- preterm birth, late or no prenatal care, maternal mortality and morbidity, and chronic diseases. Then I will provide information on doulas and doula care.

**Birth Outcomes**

In 2019, in Brooklyn, 8.5% of births were preterm, 7.7% of babies born were low birth weight, and 5.3% of women had little or no prenatal care. While these rates are similar to New York City rates, the averages mask significant geographic and racial differences (Li et.al., 2021).

- For example, Brownsville, Canarsie, and East New York have 1.5X the preterm birth rate as the average rate in Brooklyn (12.7%, 11.7%, and 12.2%, respectively).
- Mothers born outside the U.S. from the Afro-Caribbean diaspora are more likely to experience preterm birth, low birth weight infants, and late or no prenatal care than American-born women.
  - For example, Jamaican women with late or no prenatal care is nearly 10 times higher than American-born women (19% versus 1.7%).

**Maternal Mortality and Morbidity**

African American and Latina women disproportionately faces maternal mortality and morbidity compared to White women. In 2019, there were 106,097 live births and 57 pregnancy-associated deaths (53.7 deaths per 100,000 live births) in New York City.

- Of the 20 women who died in Brooklyn, African American and Latina women disproportionately comprised 80.7% (NYC DOHMH, 2023).

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- Similarly, in a 2017 study of severe maternal morbidity in Brooklyn, rates for Black and Latina women were 2.5X and 2X that of White women (457.2 per 10,000 live births for Black, 313.7 for Latina, and 187.9 for White women).
- The severe maternal morbidity rates in Brooklyn were also extremely high for women with pre-pregnancy diabetes (618.3), pregnancy hypertension (763.9), and heart disease (1,027.7) (NYC DOHMH, 2020).

#### Chronic Diseases

Chronic diseases, when undiagnosed and untreated, significantly exacerbate poor maternal health outcomes in East Brooklyn.

- For example, pre-pregnancy obesity rates in Brooklyn were only 17.4%, but it was much higher in the target communities, nearly double in some – Bedford Stuyvesant (20.3%), Brownsville (37.8%), Canarsie (27.9%), East Flatbush (31.7%), and East New York (29.8%).
- Further, overall rates of obesity, diabetes, and hypertension in Central and East Brooklyn – all factors affecting maternal health – are higher than NYC-wide rates across the board (Hinterland, et al, 2018 and Li et al., 2021).
  - Obesity in Brownsville, for example, is 41%--nearly double the citywide average of 24%. Rates of hypertension are 37% in Canarsie, while 28% citywide.
  - Diabetes rates are also higher than the citywide average in each neighborhood.

Now, I would like to share a little bit about the program that I direct, benefits of doula care, the role of community-based organizations and components that all doula programs should possess.

I am currently the coordinator for the Citywide Healthy Women/Healthy Future Doula project funded by the NYC City Council. This project has three partners, BPN is responsible for coordination and citywide training and one of our other partner's is responsible for the evaluation of the project. BPN averages providing doula support to 160-200 birthing/postpartum people a year. This project was started with some advocates reaching City Council because we knew there were many women that wanted doula services but could not afford it. Additionally, we wanted to build community capacity, by training residents from the community to provide birth and postpartum services and pay them for the support they provide. Our model includes up to 5 prenatal visits, full labor and delivery and three postpartum visits as part of the birthing component, and up to 21 hours for the postpartum client and lactation support by Certified Lactation Counselors. Doulas are also provided a mentor supporting them via technical support, shadowing and ongoing training. We also offer continuous professional development, support towards certification, reimbursement when needed for transportation and additional educational tools and classes that enhances the doulas knowledge base. We average training 75 individuals a year.

Our project as well as the other community-based doula projects serve birthing people that often are going through the birthing process alone or with little support. The support of a birth doula has been shown to improve birth outcomes and reduce health disparities. Substantial evidence demonstrates that doula support increases the likelihood of safer, healthier, and more satisfying birth experiences. They offer culturally sensitive and cultural humility care, they support the client's choices surrounding the birth, help facilitate positive, respectful, and constructive communication between client and provider, she/he encourages the client to consult medical caregivers in areas of medical concern. Other advantages include a reduction in c-section births and higher rate of vaginal births while having lower rates of instrument-assisted delivery, higher breastfeeding rates and higher newborn Apgar scores.

We see the importance of doulas and the need to be a part of the healthcare system, as they offer relief to nurses who are over burden often with patients, the doula provides the one-on-one support. However, doulas are often away from their families, spend funds to get back and forth to medical visits hospital stay overs, and must be paid a living wage. It is inequitable to have doulas struggle and not receive equitable wages especially knowing the role they play in the healthcare system. The amount that has been floating around is \$1,940, this is minimum level and does not include other pertinent costs, for example administrative costs. Many doulas like the support and administrative oversight that the CBO provides. CBOs also organize the professional trainings

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that doulas request and need. CBOs provide a stabilized environment and serves as a great coordinating body for many doulas, particularly when serving community members. In addition, many CBO's offer other services that address social determinates of health making it easier for clients to access care and have a one stop shopping experience.

As you look at reimbursing doula care through Medicaid, there are some standards that would be put into place, access to certain trainings, such as intimate partner violence, implicit bias, cultural competence, breastfeeding, etc. Programs train but should not only be eligible if they are certified, while certification is strongly encouraged, look at different models that are successful, one size fits all, is not the best fit. An evaluation component should be considered. Also, as you look to other states as a comparison, look through the lens that they may have some success, but New York is a state like non other with a diverse population like none other and funding rates should be based on New York realities not that of other states.

Again, I urge you to make decisions and pass legislation knowing that doula care should be available for any birthing person in New York and that those providing care, namely doulas should not have to provide care at a sacrifice, so give them a living wage. Continue to engage those of us that are doing the work directly or administratively, fund this bill considering strengthening an infrastructure and sustainable model. Our families deserve it. Thank you for listening.

Submitted:  
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