Community-Based Doula Program

FINAL REPORTING
NOVEMBER 2023

HealthConnect One®

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PROGRAM OVERVIEW & OBJECTIVES

Starting in September 2021, Finger Lakes Performing Provider Systems (FLPPS) partnered with Healthy Baby Network (HBN), HealthConnect One (HC One), and Finger Lakes Community Health (FLCH) on a two-year initiative to innovate HBN's Black Doula Collaborative to develop referral pathways with healthcare systems and Federally Qualified Health Centers (FQHCs) to facilitate care and improve the health and well-being of women, infants, and birthing families in Rochester, NY, and the Finger Lakes Region.

The program aimed to identify and train trusted community members to provide doula services to 250 birthing families. The goals were to improve birth outcomes, such as improved prenatal care and breastfeeding initiation rates, and to decrease the use of unnecessary medical interventions.[1] Additionally, the program aimed to improve the overall birth experience of Black and Brown birthing individuals.

[1]Definitions for key performance indicators are available in Appendix A.

In communities that typically experience significant disparities in maternal and infant health outcomes, community-based doula programs are improving birth outcomes, reducing barriers to access, and prioritizing peer support. Community-based doulas are trained to help those pregnant or giving birth feel empowered to advocate for themselves.

Further, doulas play a crucial role in combating the discrimination, racism, and loss of autonomy that Black and Brown birthing people frequently report experiencing due to historical disinvestment. Increasingly adverse outcomes and racial health disparities for women covered by Medicaid, along with an increased emphasis on birth equity locally and nationally, have provided strong indications of demand for community-based, culturally reflective birth support for Black and Brown women in the Finger Lakes region.

COLLABORATING ORGANIZATIONS

flpps Finger Lakes Performing Provider System

FLPPS is a network of more than a hundred clinical and community-based organizations working together in the 13-county Finger Lakes region to transform the healthcare delivery system by bridging the gap between community and healthcare.

FLPPS successfully led the New York State Department of Health Delivery System Reform Incentive Payment (DSRIP) Program from 2015-2020. Utilizing remaining DSRIP funding, FLPPS invested in the Community-Based Doula Program and provided program management support to the collaboratiing partners.

HealthConnect One®

HealthConnect One is a nationally recognized leader in advancing equitable, community-based, peer- to-peer support for pregnancy, birth, breastfeeding, and early parenting. HealthConnect One employs community-based approaches to provide customized birth worker coaching, training, technical assistance, and program development services to its partners in maternal and child health to support historically under-resourced communities and families.

HealthConnect One provided technical assistance, training support (including the use of its curriculum and learning management system), and program development guidance to Healthy Baby Network and Finger Lakes Community Health.

Healthy Baby Network

Healthy Baby Network ensures that every parent in the Rochester community has the information and support needed to bring a healthy baby into a nurturing home. Healthy Baby Network has over 25 years of experience focused on a community-centered approach to supporting Black and Brown families during the perinatal period.

Healthy Baby Network trained, hired, and supervised community-based doulas to support birthing families delivering in Monroe County.

COLLABORATING ORGANIZATIONS

Finger Lakes COMMUNITY HEALTH

Finger Lakes Community Health strives to ensure high-quality, comprehensive health care for the people in its communities with an emphasis on historically underserved and special populations. FLCH has 9 FQHC locations providing medical, dental, behavioral, and reproductive health services.

Finger Lakes Community Health trained, hired, and supervised community-based doulas to support birth families delivering in counties outside of Monroe County. All of the doulas trained by FLCH were bilingual to provide culturally congruent support to their migrant populations[2]

[2] Sixty-four percent of FLCH patients have a native language other than English.

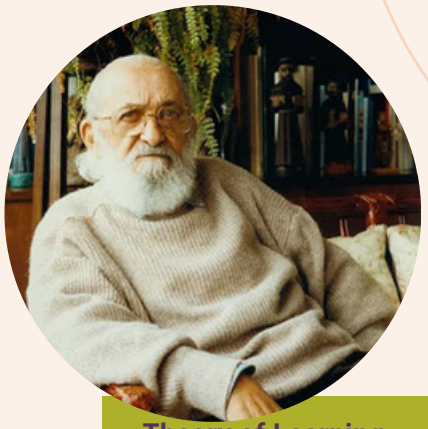
2023 CBD Training Graduates

PROGRAM DELIVERY

HC One's community-based doula (CBD) curriculum includes topics that are essential for preparing CBDs to work with birthing families in a community health setting, including, but not limited to, the following: communication techniques; attitudes, beliefs, and values; prenatal and postpartum support; infant capacities; breast/ chestfeeding; and loss.

HC One uses a **train-the-trainer model** to teach local teams of facilitators how to provide direct training to breastfeeding peer counselors and community-based doulas that utilize the curriculum. Training teams can be led by non-clinical community-based facilitators whose knowledge and experience lie in working with the community in partnership with clinically based providers.

Utilizing HC One's evidence-based train-the-trainer model [3], Healthy Baby Network and Finger Lakes Community Health trained, hired, and onboarded doulas to serve their client populations. Training included 20 sessions, which began in January 2022. Both organizations completed the community-based doula training in February 2022 and began accepting clients as of March 1, 2022.
Table 1 shows the number of individuals each organization trained.



Theory of Learning
Pioneered by Brazilian educator Paulo Freire
Paulo Freire, popular education is a people-oriented and people-guided approach to education. By centering on participants' life experiences, this approach **affirms the dignity of all participants and recognizes that everyone in the room is both a teacher and a learner.**

TABLE 1: DOULA TRAINING AND STAFF COMPOSITION[4]

FLCH trained Community Health Workers (CHWs) from their organization to serve as community-based doulas for this program.

	Healthy Baby Network (HBN)	Finger Lakes Community Health (FLCH)
Number of Doulas Trained	(4) FTE (2) PTE	(4) PTE

[3] "The Perinatal Revolution. - HealthConnect One." Accessed January 4, 2024. https://www.healthconnectone.org/wp-content/uploads/2020/03/The-Perinatal-Revolution-CBD-Study.pdf
[4] FLPPS provided funding to hire (6) full-time equivalent (FTE) doulas [FLCH: (1) FTE; HBN: (5) FTE]. FLCH divided the (1) FTE position among (4) part-time doulas; and Health Baby Network (HBN) employed (4) FT doulas and (2) part-time doulas to accommodate the needs of the project and the client population served.

TRAINING SCHEDULE

Session 1: Getting Acquainted

Session 2: Communication

Session 3: Attitudes, Beliefs, and Values

Session 4: Adolescent Development

Session 5: Pregnancy

Session 6: Birth as a Life Event

Session 7: Prenatal Doula Work

Session 8: Labor and Delivery-Part I

Session 9: Labor & Delivery-Part II

Session 10: Doula Support during Labor and Delivery – Part I

Session 11: Doula Support during Labor and Delivery-Part II

Session 12: Obstetrical Routines Interventions, and Alternatives

Session 13: Unexpected Events

Session 14: Loss

Session 15: The Postpartum Period: The Baby

Session 16: Postpartum Period: The Mother

Session 17: Infant Capacities

Session 18: Breastfeeding

Session 19: The Context of Doula Work

Session 20: Looking Backward To Move Forward

PROGRAM DELIVERY

LIST OF RECRUITMENT ACTIVITIES
• RACK CARD DISTRIBUTION • PRACTICE AND PROVIDER MEETING • SYSTEM LEADERSHIP ENGAGEMENT • INTERNAL PROGRAM RECRUITMENT

REFERRAL SOURCES
• CLIENT SELF-REFERRALS • PROVIDER REFERRALS (PRIMARILY SOCIAL WORK AND CASE MANAGEMENT) • COMMUNITY-BASED ORGANIZATION REFERRALS • REFERRALS FROM HBN OR FLCH PROGRAMS

Program Priority Population & Client Recruitment

The program sought to enroll Medicaid, Medicaid-eligible, or uninsured birthing people of color, with a special focus on birthing people with high-risk pregnancies, previous complications, or underlying conditions, and birthing people with barriers to prenatal care. Individuals in Livingston, Genesee, Monroe, Wayne, Ontario, Yates, Seneca, Steuben, and Cayuga counties were eligible for enrollment.

Both organizations began accepting patients in March of 2022 after training was completed. Rack cards [5] displaying program contact information and eligibility were distributed to local obstetric, gynecology, and midwifery providers, as well as community-based organizations supporting birthing people throughout the perinatal period.

In addition to distributing marketing materials, HC One, FLCH, and HBN participated in several presentations to share information about the program, including Clinical Grand Rounds presentations at the University of Rochester Medical Center (URMC), the Community Health Improvement Workgroup managed by the Center for Community Health & Prevention. Last, presentations to Rochester Regional Health (RRH) and URMC Maternal-child health leadership occurred.

Service Provision

After referral, doulas were assigned to birthing families based on preferences and doula availability. A backup doula for continuous care from pre- to postnatal timeframe was also assigned.[6] Eight visits spread across the prenatal and postnatal period, plus birth attendance, were included in doula services. Any combination of prenatal and postnatal visits[7] agreed upon between the doula and birthing person was acceptable. Removing mandates on how many visits had to be performed before or after birth allowed the doulas to better serve birthing parents based on their needs, especially if they were not delivering for the first time or were connected with doula services later in their pregnancy.

[5]Rack cards were translated into Spanish to meet the needs of FLCH's client population.
[6]FLCH and HBN collaborated to provide birth coverage for clients giving birth outside of their service area. E.g. if a FLCH client needed to give birth in a Monroe County hospital, an HBN doula could provide services while the FLCH doula commuted to meet the patient and vice-versa.
[7]Providers were encouraged to refer clients as early in the pregnancy as possible. Services were provided from the first trimester through twelve weeks postpartum.

PROGRAM OUTCOMES

As of September 30th, 2023, the program exceeded the goal of serving 250 birthing families with a total program enrollment of 282 families between FLCH and HBN. Data from 189 births is presented in this report. Clients served by the program will continue to give birth through April 2024.

Table 2 presents the findings of referrals, engagement, and referral sources. HBN received 79.1% of the 508 program referrals. However, FLCH had a higher conversion rate (81.1%) of referrals to successful client engagements than HBN (48.9%). HBN received more referrals from external agencies and community partners than FLCH. In total, 55.6% (282) of all referred clients were successfully engaged in the program[9]. The primary reason referrals did not convert to enrollments were the lack of education from the referring partner to the client around what doula care encompassed prior to referral.

Referrals were primarily received from provider offices, especially those utilizing social work and care management services.[8] Most referrals (58.6%) were received by email. Fax (10.2%) and phone referrals were the least frequently utilized methods (12.6%). Also, external referrals (70.0%) were more common than internal referrals (26.2%).[9]

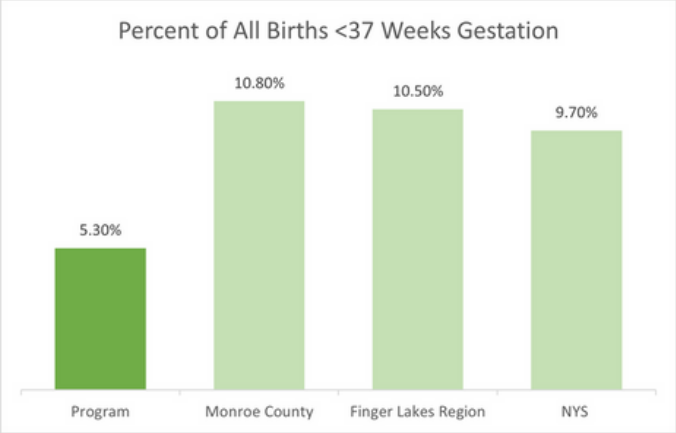
		HBN		FLCH	
Referrals Received		402		106	
Successful Engagements		196		86	
Conversion Rate		48.9%		81.1%	
Internal Referrals	External Referrals	20%	78.4%	50%	36.8%

[8]Most of FLCH's external referrals were received from a single Ob/Gyn provider who cares for much of the area's migrant population.
[9]508 total referrals were received by HBN and FLCH combined. Percentages for referral pathway and referral source do not total 100% due to missing data. Referral pathway is only available for 412 (81.1%) of all referrals and referral source is available for 487 (95.9%) of all referrals.

PROGRAM OUTCOMES

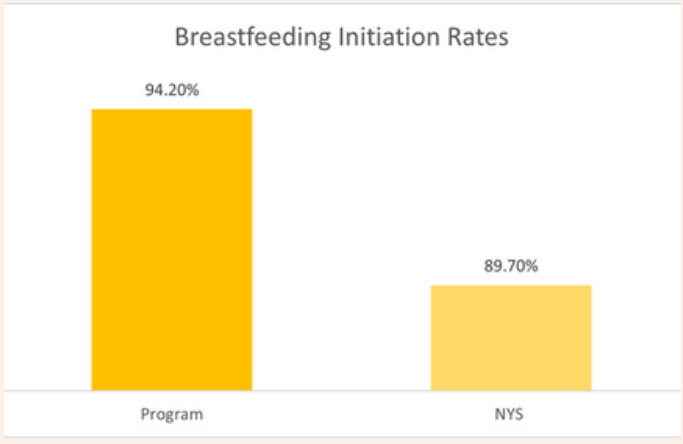
Birthing Outcomes

FIGURE 1: PRETERM BIRTH RATES- PROGRAM



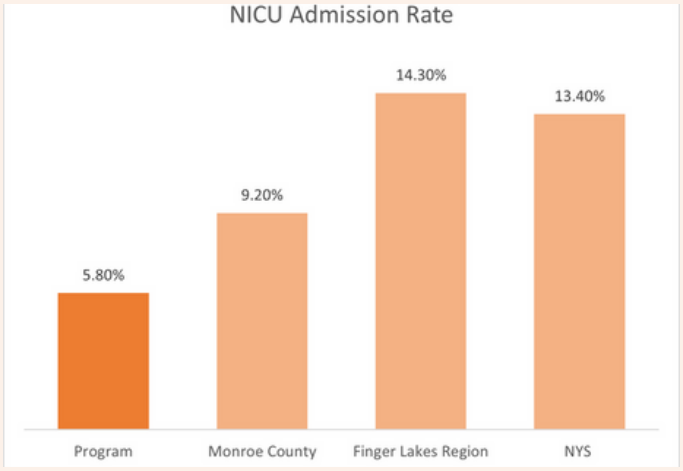
Birthing individuals in the program had lower preterm birth rates (5.3%) than typical in Monroe County, the Finger Lakes Region[10], and New York State. County rates are more than double that of program participants (Figure 1).[11],[12] Clients served by HBN and FLCH had preterm birth rates of 5.9% and 3.7%, respectively.

FIGURE 2: BREASTFEEDING INITIATION RATES



Clients served by HBN and FLCH had breastfeeding initiation rates that exceeded the New York State rate of 89.7%.[13] 100% of the birthing dyads at FLCH and 91.2% of birthing dyads at HBN initiated breastfeeding for an average program rate of 94.20%.

FIGURE 3: NICU ADMISSION RATES



Only 5.8% of births resulted in neonatal intensive care unit (NICU) admissions- less than county (9.20%), regional (14.30%), and state (13.40%) rates of admission (Figure 3).

[10] The "Finger Lakes Region" includes data for births at hospitals in Monroe, Wayne, Ontario, Livingston, Steuben, and Chemung counties. There are no birthing hospitals in Yates, Schuyler, or Seneca counties, although they are included in the catchment area. https://www.urmc.rochester.edu/finger-lakes-regional-perinatal-program/service-region.aspx

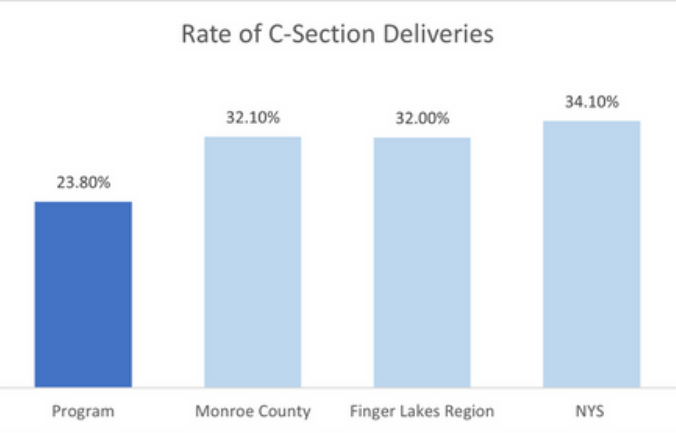
[11] "Perinatal/Obstetrics Data System - Finger Lakes Regional Perinatal Program - University of Rochester Medical Center." Accessed November 22, 2023. https://www.urmc.rochester.edu/finger-lakes-regional-perinatal-program/perinatal- data-system-pds.aspx.

[12]"Preterm Birth Rate: Monroe and New York, 2014-2021 | PeriStats | March of Dimes." Accessed November 22, 2023. https://www.marchofdimes.org/peristats/data?reg=99&top=3&stop=60&lev=1&slev=6&obj=1&cmp=36&sreg=36&creg=36055.

[13]"Pregnancy Risk Assessment Monitoring System." Accessed November 22, 2023. https://apps.health.ny.gov/public/tabvis/PHIG_Public/prams/reports/#annual.

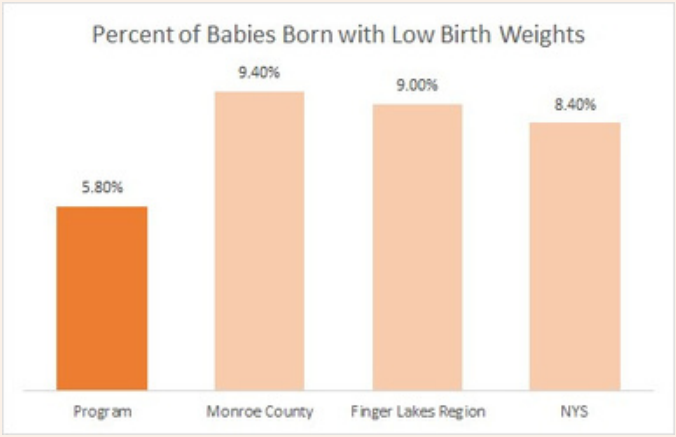
PROGRAM OUTCOMES

FIGURE 4: PERCENT OF DELIVERIES UTILIZING C-SECTION:



Forty-five births, or 23.8%, occurred by c- section, nearly ten percent lower than local, regional, and state data (Figure 4). Of the forty- five births, 51.1% or 23 were planned c-sections, and 53.3% were unplanned c-sections.

FIGURE 5: PERCENT OF BABIES BORN WITH LOW BIRTH WEIGHTS



The rate of babies born with low birth weight was lower for program participants than local and state rates[11],[14].

TABLE 3: BIRTH INTERVENTION UTILIZATION

Medical Intervention	Program Rates[15]	Regional Rates
Pitocin	22.8%	32.0%
Episiotomy	.04%	2.0%
Epidural	25.4%	69.5%

Table 3 illustrates program versus regional use of medical intervention. 2022 regional data [11] has shown decreased episiotomy usage from 21.6% of births in 2000 to 2% in 2022. Only .04% of program births used episiotomy as a medical intervention. Pitocin usage for labor induction and epidural usage has increased by fifty-seven and ninety- three percent, respectively, since 2000. However, Pitocin and epidural use were lower in the program population than in the regional population. Average labor time for program participants was 13 hours and 14 minutes. Although outliers with extended labor times skewed this figure, it is still on the lower end of the expected 12-24-hour labor time for first time births.[16][17]

[14] March of Dimes | PeriStats. "Low Birthweight: Monroe, 2011-2021." Accessed November 22, 2023. https://www.marchofdimes.org/peristats/data?top=4&lev=1&stop=43&reg=99&sreg=36&creg=36055&obj=1&slev=6.
[15] Based on 43 births utilizing Pitocin, 7 births utilizing episiotomies, and 48 births utilizing epidurals.
[16]Several program participants had labor times as high as 72 hours.
[17] Cleveland Clinic. "Labor & Delivery: Signs, Progression & What To Expect." Accessed November 30, 2023. https://my.clevelandclinic.org/health/articles/9676-labor-delivery.

PROGRAM OUTCOMES

Birthing Experience Outcomes

To better understand the overall birthing experience, surveys were provided in English and Spanish to program participants via email. The specific survey questions can be found in Appendix B.

Of the 189 births, surveys on the overall birthing experience are available for 12% of participants. Twenty-four birthing individuals completed surveys on their birthing and doula experience. On average, clients' overall satisfaction with their doula and their overall birth experience were a 9.8 and 9.4, respectively. Clients shared that negative interactions with nursing staff impacted their ability to have a positive birthing experience. Summary data from the surveys collected is available in Appendix C.

Parent interviews were also conducted following births to collect feedback from the birthing parent and partners or support persons. One birthing parent described the important role their doula played in supporting them through unexpected challenges during labor.

"I wanted to try nitrous oxide, but when I arrived, they didn't have that. I really didn't want an epidural. My doula was really reassuring during that time." – Client A

"I told [my doula] right from the beginning, I didn't want to go through what I went through with my first. I was attached to the pump because I had an oversupply that I didn't know I was making worse. That was a big, big anxiety for me. That was one of the reasons I quit my job with my first baby, because they were getting mad that I was pumping so much. This was before all of the laws. But it was good being able to plan for that. When the nurses offered me a pump after my birth, I could say, 'I don't want it.' They were confused, but I was able to go down the road I wanted to from the start." – Client B

For some clients, their doula's presence felt like an added layer of protection.

"[My doula] made sure I understood what was happening around me. She also kept me mindful and encouraged. She wasn't pushy or overbearing. She felt like an added layer of protection and trust for me." – Client C

"[My doula] made sure I was comfortable with every decision that was made. [She] also made sure I understood." – Client D.

The doula's role as an essential support partner during the prenatal and postpartum stages were confirmed by client testimony

KEY TAKEAWAYS

Barriers to Care Team Integration

The program successfully engaged **282 birthing families**. Although the program exceeded its goals, there were some barriers to overcome, primarily in healthcare system engagement.

At the program's outset, some doulas encountered barriers with hospital staff that limited or prevented their ability to be present to support birthing families. Through quarterly leadership meetings, with representation from the RRH and URMC systems and program leadership, FLPPS and HC One facilitated conversations between the doulas and providers to develop pathways for escalation and resolution of identified issues.

The relationships built during these discussions contributed to the creation of a national accreditation for hospital systems looking to integrate doulas into care teams and the development of a Doula Competency Training for providers to assist with this process.

Program Capacity

Additionally, the capacity to serve clients remained a program limitation for both HBN and FLCH. Both organizations had increased demand above and beyond the doulas hired to support their clients.

TABLE 4: COST AVOIDANCE - C-SECTION, PRETERM BIRTH, NICU, LOW BIRTH WEIGHT

	NYS Rates	Program Rates	Reduction	Average Cost (U.S.)	Estimated Cost Avoidance (Reduction x Program Population)
C-Section [20]	34.10%	23.80%	10.3%	$26,280	$511,592
Preterm [18]	9.70%	5.30%	4.7%	$76,153	$676,467
NICU[21]	13.40%	5.8%	7.6%	$71,158	$1,022,113
Low Birth weight [18]	8.40%	5.80%	2.6%	$114,437	$562,343
Total				$288,028.00	$2,772,515.00

Benefits of Doulas

1 Improved Birth Outcomes

Improvement of key maternal-child health indicators demonstrate the importance of community-based doulas. Clients served by program CBDs had lower rates of preterm births, NICU admissions and medical intervention utilization, and higher breastfeeding initiation rates.

2 Reduced Childbirth Costs

Lower preterm and low birth weight births have significant cost-avoidance when scaled to the program population as illustrated in Table 4. The average 6-month expenditure for preterm babies in the U.S. is $76,153 [18]. Similarly, the average 6-month expenditure for infants with low birth weight is 114,437 [18] . Based on average U.S. costs, the CBD program generated a cost avoidance of over 2.75 million dollars.

3 Improved Birthing Experience

Clients expressed deep appreciation for the support, care, and advocacy provided by CBDs throughout the birthing process. Clients shared that doulas improved their understanding of the information shared by their clinical team. Additionally, birthing parents described doulas as essential in supporting them and their partners and easing the transition to parenthood.

4 Maternal Mental Health

In addition to birth outcome improvements, doulas positively impacted maternal mental health. Women from low-income households are less likely to access services for postpartum depression, while women from ethnic and racial minority backgrounds were less likely to be screened for postpartum depression[19]. Program doulas connected parents with mental health services at various stages during the perinatal period. These parents, by definition of the program's priority population, are in the group of individuals less likely to be screened or connected with mental health services.

[18]Beam, A. L., Fried, I., Palmer, N., Agniel, D., Brat, G., ..., & Armstrong, J. "Estimates of Healthcare Spending for Preterm and Low-Birthweight Infants in a Commercially Insured Population: 2008–2016." Journal of Perinatology 40, no. 7 (July 1, 2020): 1091–99.
[19] Dagher R.K., Pérez-Stable, E.J., James, R.S. "Socioeconomic and racial/ethnic disparities in postpartum consultation for mental health concerns among US mothers." Archives of Women's Mental Health. 2021 Oct; 24(5): 781-791.
[20]Peterson-KFF Health System Tracker. "Health Costs Associated with Pregnancy, Childbirth, and Postpartum Care." Accessed November 21, 2023. https://www.healthsystemtracker.org/brief/health-costs-associated-with-pregnancy- childbirth-and-postpartum-care/.
[21]Health Care Cost Institute. "NICU Admissions and Spending Increased Slightly from 2017-2021." Accessed November 21, 2023. https://healthcostinstitute.org/hcci-originals-dropdown/all-hcci-reports/nicu-use-and-spending-1.

KEY TAKEAWAYS

Opportunities

Some data points, if collected would provide additional insight into program success. For c-section births, analysis of primary versus secondary c-section would be useful. Also, collecting data on vaginal birth after cesarean (VBAC) would provide additional data into the efficacy of doulas in that space.

A key takeaway was the need for having standardized definitions of key performance indicators. For instance, labor time, NICU admissions, and low birth weight were originally inflated due to doula misinterpretation of the definitions. This required additional time with doulas and program staff to correct. Standardized definitions are essential for program replication.

Last, more details on patient demographic (age, ethnicity, primiparous or multiparous) would allow for more robust program analytics to take place.

The Program Team was honored with the prestigious Silver Award for the Community-Based Doula Program by The Greater Rochester Quality Council

SUSTAINABILITY

There are several opportunities that will support the continuation of community-based doula services in the Finger Lakes Region

PROGRAM CONTINUATION AND FUNDING OPPORTUNITIES

1. **Healthy Baby Network**
HBN was 1 of 40 organizations/projects selected to receive an American Rescue Plan Act (ARPA) grant. The $2.2 million grant runs through 2027 and will, in part, be used to "create a doula program to reduce Black maternal and infant mortality" Healthy Baby Network will allocate some of these funds to support the sustainability of program service delivery. HBN also received funding from the Greater Rochester Health Foundation to continue doula services through 2025. ARPA and GRHF funding allows HBN to keep five doulas (4 FTE and 1 PTE) on staff.

2. **Finger Lakes Community Health**
Three CHWs at Finger Lakes Community Health who received community-based doula training through this program will continue to provide doula services through FLCH's Migrant Worker Health Program.

3. **Monroe County Community Health Improvement Plan:**
The continuation and expansion of doula services has been included in the Monroe County Community Health Improvement Plan. Monroe County Health Department in Collaboration with the Maternal Health Advisory Group are dedicated to assisting both organizations to seek additional funding opportunities for the continuation and expansion of their programs.

SUSTAINABILITY

Legislation

Active Legislation: Senate Bill S1867:
On March 1st, 2023, Bill S1867 passed at the Senate level. This bill requires the New York State Department of Health to establish and maintain a NY State community doula directory for the purposes of Medicaid reimbursement and established criteria for admittance into the NY State community doula directory. HC One's CEO, Dr. Twylla Dillion and FLPPS' CEO, Carol Tegas, gave testimony in the State Senate with preliminary data from this initiative that contributed to the passing of this legislation. The NYS Office of Health Insurance Programs is currently engaging doula stakeholders to develop and implement the Medicaid doula services benefit.

New York State will submit a State Plan Amendment to Centers for Medicaid Services (CMS) for review in December 2023. Currently town halls concerning the standards for doulas enrolling as Medicaid providers are taking place. HC One, HBN, and FLCH have provided feedback on the creation of the current benefit and standards for providers. The benefit is expected to be enacted in New York State beginning on January 1, 2024. The implementation of this benefit this will serve as the primary resource of program funding in the 2025 fiscal year.

Accreditation

HBN and FLCH have submitted letters of intent to apply for accreditation as a community-based doula training organization through HC One. Both organizations are eligible for accreditation in March of 2024 after two years of service provision. Accreditation will allow both organizations to continue to train doulas in culturally competent doula care. With the advent of the new doula benefit for Medicaid recipients in 2024, both organizations will be well equipped to aid with workforce development efforts to meet the needs of populations in their respective regions

CONCLUSION

In conclusion, the partnership between FLPPS, HBN, HC One, and FLCH was successful in meeting the program goals of establishing referral pathways with healthcare systems and FQHCs, training community members as doulas, providing doula care, and improving outcomes for birthing individuals, infants, and families in Rochester, NY, and the Finger Lakes Region, by serving a total of 282 families as of September 30th, 2023.

Analysis of data from 189 births unveils substantial positive impacts across key indicators. Notably, the program achieved a noteworthy reduction in preterm birth rates, with only 5.3% of births resulting in preterm deliveries—approximately 50% lower than county and regional rates. Furthermore, the initiative has excelled in promoting breastfeeding initiation rates, boasting an impressive program rate of 94.20%, with 100%of birthing dyads at FLCH and 91.2% at HBN initiating breastfeeding. Additionally, the program showcased a lower rate of neonatal intensive care unit (NICU) admissions (5.8%) compared to county, regional, and state rates

The partnership significantly contributed to advancing birth outcomes, reducing disparities, and enriching the birthing experience for Black and Brown birthing individuals in the Finger Lakes region. This success underscores the pivotal role of community-based doula programs in addressing health inequities and fostering positive maternal and infant health outcomes. The commitment to supporting birthing families beyond program conclusion emphasizes the sustainability and potential long-term impact of these collaborative efforts

However, despite the program's success, both HBN and FLCH grappled with capacity limitations, with demand for doula services surpassing available resources and underscoring the need for expanded capacity and support to meet the growing community need driven by state legislation. Looking ahead, the landscape is promising for the continuation and expansion of community- based doula services in the Finger Lakes Region. These opportunities span funding, legislative support, and the addition of accredited training sites in the region, ensuring the sustainability of service delivery and workforce development.

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APPENDIX A

Key Performance Indicator Definitions

Low Birth Weight (LBW): Number of births with newborn weighing less than 5 lbs. 8oz.(2500 grams).

Preterm Birth: Number of deliveries occurring before 37 weeks and 0 days of gestation

NICU Admission: Newborn was admitted to NICU for more than observational or transitional care (stay longer than 4 hours)

Breastfeeding Initiation: Number of dyads initiating breastfeeding within first hour of delivery

Planned c-section: Number of births via c-section that were decided upon before spontaneous labor began.

Unplanned c-section: Number of births via c-section that were required to preserve the health and wellness of the birthing individual and/or the baby during labor.

APPENDIX B

Client Experience Survey Questions

1.Delivery Date
2.Delivery Location
3.Please rate your overall satisfaction with the clinical delivery team present during your birth (scale from 1-10)
4.Please tell us why you were satisfied or dissatisfied with your clinical care team (include specific examples if possible)
5.Please provide the name of your doula
6.Please rate your overall satisfaction with the care provided by your doula throughout the relationship (scale from 1-10)
7.Please tell us why you were satisfied or dissatisfied with your doula (include specific examples if possible)
8.Please rate your overall satisfaction with your birth experience (scale 1-10)