

**Q&A from Doulas Know Best: Lessons Learned from California's Doula Pilot Programs**  
**January 26, 2022**

Questions submitted during panel discussion:

- 1) There has not been discussions regarding reimbursements with Federally Qualified Health Centers (FQHCs). Can we make sure that we include FQHC's in future discussions?
  - a) Thank you for bringing up FQHCs. We will keep this in mind for future discussions.
- 2) Can you share more about the model for salaried doula work?
  - a) Please see Marna's response to this question during the panel discussion
- 3) How do we communicate that paying doulas a living wage more than pays for itself with the money they save on interventions? Who is tracking the savings?
  - a) Please see Linda's response to this question during the panel discussion
- 4) Khefri you said doulas can and do bill for their services. Is this private insurance, or Medi-cal, or both? Or did you mean just billing patients directly? Is there data on how much doulas are reimbursed in other states, particularly those states that cover doula services within their Medicaid systems?
  - a) The National Health Law Program's Doula Medicaid Project has been tracking state implementation of Medicaid coverage for doula care, including reimbursement rates. You can find our chart of "Current State Doula Medicaid Efforts" at: <https://healthlaw.org/doulamedicaidproject/>
- 5) Should community doulas be paid in comparison to private doulas, or to other birthing professionals?
  - a) We believe that all doulas and birthing professionals should be paid a thriving wage.
  - b) In addition, community based doulas often have more and diverse experience working with communities of color (Black and Brown). These communities often have needs and risks that aren't adequately served through the traditional medical system. Doulas build a bridge and support in clients accessing resources, tools and often have training around the specific needs of their community and should be compensated comparably, if not more for their expertise.
- 6) One of the systemic barriers is the fallacy of merit associated with higher education- we need to help people who are making decisions about compensation recognize that the power of lived experiences are just as amazing, or honestly, even better.
  - a) Yes, this is a big challenge for community health workers and community-based doulas.

- b) Yes, we agree. We align with lived and professional experience, cultural inheritance, and traditional wisdoms as well as standard educational pathways. We also believe that family members are a key part of birth support teams and may be the best people to give doula care safely and competently.
- 7) How do doulas usually access health care especially as contractors?
- a) This is definitely a barrier and came up as a challenge for some of the pilot programs.
- 8) Would it be possible to have a doula job description that we can all take a look at? We are the Venice Family Clinic (FQHC) and piloted a Doula project at the end of 2021. 2022 we will be hiring doulas as staff, would like a JD that maybe we can all have some same language or verbiage.
- a) If you go to our website [www.sisterweb.org](http://www.sisterweb.org) and look for the careers, you can see our doula job descriptions
- 9) How do you envision doulas as part of 6 and 12 month postpartum extensions?
- a) There are a number of states that are rolling out doula Medicaid coverage in 2022, parallel to rolling out Medicaid postpartum expansions. Here in California we are currently doing both (doula Medicaid as well as 12 month postpartum extension), and many of us are advocating w/ our State Medicaid Agency to have expanded postpartum doula care coverage through that 12 month period as well for our Medicaid enrollees. Many of the doula pilots had multiple postpartum visits with the clients (see summaries doc for more details). Also FYI chart tracking state doula Medicaid implementation efforts here: <https://healthlaw.org/doulamedicaidproject/>; and tracker for state postpartum Medicaid expansions here: <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>
- 10) Wondering how many clients a full-time employed doula can take?
- a) Our doulas can take up to 2 primary clients, but in theory in cohorts they may act as backup for 2-3 more when needed. Having cohorts helps to manage burnout (SisterWeb)
  - b) To clarify- 2 clients over what time?
    - i) Each of our clients' BASIC course of care lasts about 3-4 months (or longer) usually from about 28 weeks gestation to 6 weeks or more postpartum. Each client's course of care is determined by what they need. (SisterWeb)
    - ii) Each doula has 1-2 primary EDDs per month (Sisterweb)

- 11) How are folks thinking about recruitment and expanding the doula workforce in California?
- a) Many of the doula pilots included a phase 1 of the pilot where they trained up doulas to provide the services. This is a great and important broader question though for CA and indeed all the states that are rolling out doula Medicaid programs in 2022 and beyond.
  - b) NHeLP's CA doula report includes specific recommendations about the doula workforce, read more here: <https://healthlaw.org/resource/doulareport/>
  - c) From SisterWeb: <https://www.sisterweb.org/our-impact>
    - i) When SisterWeb consider success we measure it by our six goals:
    - ii) Goal #1: Nurture a skilled workforce of Community Doulas who see birth work as a viable profession.
    - iii) Goal #2: SisterWeb clients feel informed and empowered during their birth journey.
    - iv) Goal #3: Birthing clients of SisterWeb receive high quality culturally congruent doula care which helps them achieve their own birth goals.
    - v) Goal #4: Healthcare systems in San Francisco are coordinating care with SisterWeb and working to address racial inequities in birth.
    - vi) Goal #5: San Francisco's Black/Latinx/Pacific Islander communities are aware of community doulas and their benefit to family success
    - vii) Goal #6: Expand and deepen SW's organizational sustainability and operational effectiveness
    - viii) We plan to host 2 info session per month throughour 2022 so community memebers have a chance to learn
      - (1) What it's like to be a doula
      - (2) What it's like to be a SisterWeb doula
      - (3) Who is the idea candidate to become a SisterWeb doula
    - ix) We will also host 1-2 New Doula Trainings per year and hiring until we reach a max capacity of XX doulas.
    - x) Maintain XX number of full time doulas.
- 12) Thank you panelists, I began my career as a doula in the early 90s, I appreciate your work so much. ❤️All women deserve to have a doula. I would like to know how you see how an increase of midwives in our system, including Medi-Cal reimbursement for home or birth center births and not only in hospital, would also improve outcomes to address Black birth disparities?
- a) Another way that I think Medi-Cal can support doula care is by building a network of care providers/facilities that are supportive of doula care. Making it

easier and more financially sustainable for birth centers and CNMs to work with Medi-Cal plans is definitely a critical part of this.

13) What are the necessary benefits and support systems community doulas need, having in mind community doulas face many of the difficulties some of their patients also deal with and face?

- a) For SisterWeb in San Francisco we have full time benefited employees (full suite benefits)
  - i) We provide phones, laptops/tablets and hotspots
  - ii) We provide doula bags and replenish the inventory at no cost
  - iii) We provide short term barrier removal support on an as needed basis (\$25 gift cards to cover special circumstances)
  - iv) \$100 per staff/per year for healing/self care sessions they choose
  - v) In addition to other incentives

14) I joined late, so I'm really sorry if this has already been addressed or shared, but in Maryland they are implementing Medicaid reimbursement for doulas right now (the comment period for regulations just recently closed). Advocates have given them pushback about the reimbursement rate being low, so any examples where it is high enough for community based doulas to actually pursue Medicaid reimbursement would be really valuable! Thanks so much!

- a) I've been following efforts in Maryland! You can see the reimbursement rates for the CA doula pilots in the summaries doc that was emailed earlier this week. Also for other state examples, the National Health Law Program's Doula Medicaid Project has been tracking state implementation of Medicaid coverage for doula care, including reimbursement rates. You can find our chart of "Current State Doula Medicaid Efforts" at:

<https://healthlaw.org/doulamedicaidproject/>

15) Are services/billing for Tricare being covered in the discussions? The military is a huge industry throughout California and being able to services our military service members and families is essential. Looking for guidance in this area, as Tricare has recently approved doulas for insurance purposes. Gratitude.

- a) I saw that Tricare is rolling out a pilot doula program this year. We still need to include it on our tracking chart on the National Health Law Program's Doula Medicaid Project page: <https://healthlaw.org/doulamedicaidproject/>
- b) Please reach out if you have more info or if there's support NHELP can provide: [chen@healthlaw.org](mailto:chen@healthlaw.org)

- 16) California Black Women's Health Project partners with Sankofa Birthworkers Collective to support and uplift Black families. Please see our maternal health page on our website: [cabwhp.org](http://cabwhp.org). Also, here is a link to a beautiful business toolkit for Black birth workers that outlines ways to create a business from birthwork!  
<https://www.flipsnack.com/cabwhp/a-black-birthworkers-biz-toolkit-cabwhp-2021.html>
- a) Thank you for sharing this beautiful toolkit, Frances! And thank you for the CA Black Women's Health Project partnership with the Sankofa Birthworkers Collective!
- 17) Curious if any of the panelists have encouraged their teams of doulas to use the Irth App to provide transparency and community accountability to protect the folks from harmful providers?
- a) Not a panelist— but our community-academic partnership (for a large PCORI-funded research project to support optimal Black maternal heart health) between Maternal Wellness Village and Temple University in Philadelphia is incorporating patient expert feedback through the Irth app as a key component of our work. We are still working through what accountability looks like however and would welcome ideas!
- b) Interesting, I am not familiar w/ the Irth app but will share w/ the panelists!
- 18) Do any of the panelists have a template/sides they are willing to share for a grand rounds/staff orientation training they have used and had success with to educate OB providers and staff around the role of the community doula (including as an advocate) and how to honor their role/welcome the doula, build healthy communication etc.? And/or a model for ongoing communication around collaboration between the doula program and a hospital/health system and the client.
- a) <https://www.sisterweb.org/doula-tv> this may help you
- 19) Are there any pre/post surveys or evaluations that we can all use as well? RE: patient satisfaction
- a) The Birth Place Lab has some great tools to measure patient experience.  
<https://www.birthplacelab.org/tools/>
- b) I know SisterWeb has an initial process evaluation available at <https://www.share.berkeley.edu/sisterweb-process-evaluation-report>. Many of the doula pilots are doing evaluations as well incorporating patient satisfaction which are in process, many of which will be made public.
- 20) Are any of your programs close to military bases in CA?
- a) Within our region we are close to March Airforce Base and another military base in Twentynine Palms, CA

- 21) Please share salary ranges for employed doulas.
- a) You can see the reimbursement rates for the CA doula pilots in the summaries doc that was emailed earlier this week.
  - b) For other state examples, the National Health Law Program's Doula Medicaid Project has been tracking state implementation of Medicaid coverage for doula care, including reimbursement rates. You can find our chart of Current State Doula Medicaid Efforts at: <https://healthlaw.org/doulamedicaidproject/>
  - c) Can we get a range of salaries for doulas in the state, or maybe in different regions? Not just those in this pilot or those being reimbursed through Medicaid? It would be helpful to have a range if that information is available. Also, for those employing doulas as employees, what's an salary or hourly wage?
    - i) The range in the SF Bay Area for private client Doulas is probably in the \$1000-\$3100 range on average.
- 22) What, if any, are the benefits of having doulas in these programs as independent contractors vs. employees?
- a) Having independent contractors allows for organizations not to have to do as much administrative work and allows the Doulas to have their autonomy.
  - b) Marna Armstead answered this question earlier in the discussion. You can review her answer when we share the recording later!
- 23) The discussion around what success looks like reminds me of the load of studies that relate the concept of “agency” as a measuring tool of women’s feelings around their birth experience. I think this can be applied to doulas as well.
- a) Thank you for your comment
- 24) Peer work is relational work. Exposing all maternal infant service providers to the principles of this work - one being active listening!
- a) Thank you!
- 25) How can doulas working with Medicaid have better access to billing. In states like Oregon and Minnesota, many doulas have not been reimbursed due to the administrative burden of Medicaid?
- a) Doulas and advocates need to advocate for sustainable billing practices that make sense for community-based doula work. In case you haven't already read it, The Lily had a great series on Medicaid coverage for doula care and covered specifically challenges in Oregon and Minnesota:  
<https://www.washingtonpost.com/graphics/2021/the-lily/state-of-doula-care/>

- 26) Thinking about the Kaiser model of care. When they are asked to incorporate doula services for their Medicaid moms, what will that model look like? Will Kaiser need to contract with a group? Will they hire doulas and pay them a living wage?
- a) We hope Kaiser can learn from the experience of the CA doula pilots that were run by Medicaid managed care plans! For our project we interviewed doula pilots run by Inland Empire Health Plan, HealthNet, Anthem.
- 27) Also, how can advocates, think tanks, and policy institutions help move the needle forward. What are the topics should these partner institutions be highlighting?
- a) The National Health Law Program's Doula Medicaid Project has a bunch of resources on our page including recommendations, best practices, etc. See for example, our CA doula report (<https://healthlaw.org/resource/doulareport/>) which includes specific recommendations on how to create equitable, inclusive, and sustainable programs for Medicaid coverage for doula care (recommendations one pager at <https://healthlaw.org/wp-content/uploads/2020/05/NHeLP-Doula-Recommendations-final.pdf>). Another really terrific read I would recommend is the Advancing Birth Justice report: <https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>. More resources on bottom of the page at <https://healthlaw.org/doulamedicaidproject/>
- 28) I am in agreement. How will we ensure that we, Black women are properly compensated for these Doula programs that will not overtax, and bring about the same stress and poor health outcomes as those we are working to mitigate for Black/AA mothers and infants?
- a) Agree, we hope that CA and other states can learn from these CA doula pilots, ALL of which prioritized sustainable and equitable reimbursement rates for the doulas providing services.
- 29) There have been Doctors that have sent their staff to participate in the Doula and Lactation training. There have been some that have been very supportive of the work and the partnering between Doulas, Nurses, Doctors, etc.
- a) Thank you for your comment
- 30) What role should non birthing people take in pushing the needle forward?
- a) Getting involved in policy implementation like SB 65 CA Momnibus Act and checking with the coalitions/initiatives and Doula organizations to inquire of their specific needs
  - b) I think non-birthing people can definitely push the needle by continuously supporting the autonomy and needs of pregnant women and people and to bring this up to other non-birthing people that we can all be supportive of

birthworkers and women and birthing people. Community work is so important even when it doesn't directly impact the non-pregnant/birthing person.

31) Yes, Khefri---thank you for this transparency....sadly the lived experience of those of us in our communities are critical to helping our families move through the day to day trauma experienced in our communities...racism, violence, housing/food insecurity, mental health needs, etc.

a) Thank you for your comment

32) Wondering if the vaccine mandate for healthcare workers is affecting doulas being able to provide the needed care to clients?

a) Yes, in some cases. The hospitals in this area do require either vaccinations or a negative test within three days of entering hospital. This causes hardship for those doulas that have chosen not to vaccinate and/or continuous testing because, of course, no one knows when someone will go into labor.

33) Is there funding/resources for birthworker's mental wellness--specialized behaviorists that understand doula trauma. The vicarious trauma is real and having a behaviorist that "gets it" and understands the stress and challenges when working with birthing families is needed. A safe reflective practice space. Gratitude for this forum...I'm absorbing so much.

a) We've decided to partner with some mental health consultants to support our doulas in their work. The intention is to help them process the work, stress and possible trauma experienced in their birth work. We tried to mimic the mental health support provided to medical providers. As of right now I do not know of any funding or provisions we here this is automatically included (SisterWeb)

34) Venice Family Clinic does provide CenteringPregnancy sessions and we will be using our Doulas to be part of this as this program definitely does support POC patients.

a) Thank you for your comment

35) How do you envision doulas supporting birthing people with postpartum depression, especially as part of postpartum expansion?

a) Programs that pay doulas for continued postpartum service may be able to prevent a person from progressing to postpartum depression.

36) There are male nurses, are there any male doulas? What would you say to a young boy who witness firsthand how a doula helped his mother thru the pregnancy and a difficult birth and now he wants to be a doula?

a) SisterWeb has trained 3 male identified doulas, but haven't had any male applicants. I would suggest they attend a doula training and come with humility into what has been traditionally a women/feminine-centered experience and occupation. AND GO FOR IT!!!!"

Questions submitted by attendees during registration:

- 1) Have you implemented/housed a doula service pilot project/program through WIC?
  - a) I don't believe this has been done, please review "Summaries of California Doula Pilot Programs" for more information about the CA doula pilot programs
- 2) What recommendations would you share for implementing a doula access program at the local hospital?
  - a) Please review "Summaries of California Doula Pilot Programs," "Challenges Reported by California Doula Pilot Programs," and panel discussion recording
- 3) I would love to know about capacity building to increase the workforce of doulas who advocate for PSE changes.
  - a) Many of the doula pilots included a phase 1 of the pilot where they trained up doulas to provide the services. See "Summaries of California Doula Pilot Programs" for more information
  - b) NHeLP's CA doula report includes specific recommendations about the doula workforce, read more here: <https://healthlaw.org/resource/doulareport/>
- 4) Are Doula funded from provider payments or additional funds? How much per delivery?
  - a) Please review "Summaries of California Doula Pilot Programs"
- 5) In what ways was supervision helpful and in other ways harmful? Did it create a power structure that became problematic?
  - a) Many of the doula pilots had mentorship models but the doulas were not supervised in the medical sense, as they do not provide medical services. For more information, please review "Summaries of California Doula Pilot Programs." Please also see NHeLP's CA doula report at <https://healthlaw.org/resource/doulareport/>
- 6) Please provide information on how policies were modified or developed to create the doula pilot program.
  - a) Please see "Challenges Reported by California Doula Pilot Programs"
- 7) What are some suggestions/ best practices for recruiting doulas in rural locations
  - a) Please see response to this question in the second part of the panel discussion
- 8) What push back have you seen from State Medicaid departments on doula medicaid reimbursement and how did/are you addressing it?
  - a) Please see Linda's response to this question during the panel discussion
  - b) Please see also the State of Doula Care series published in 2021 in The Lily, a Washington Post publication, which included articles specifically on challenges with doula Medicaid programs in Oregon and Minnesota, in part due to low reimbursement rates in both states: <https://www.washingtonpost.com/graphics/2021/the-lily/state-of-doula-care/>. Please also see the Advancing Birth Justice report by Village Birth International,

Ancient Song Doula Services, and Every Mother Counts at  
<https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>

- 9) How do you plan to incorporate doulas from marginalized communities for representation purposes?
  - a) Please see response to this question in the second part of the panel discussion
- 10) What do doctors and people looking at maternal outcomes need to know about the work Doulas do? How can we refer our patients?
  - a) Please see Dr. Batra's response to this question during the panel discussion
- 11) What is the criteria of a training organization's acceptance? – answer in summaries doc
  - a) Please review "Summaries of California Doula Pilot Programs"
- 12) What are some of the "key ingredients" in your recipe of success? How could others reproduce these?
  - a) Please review "Summaries of California Doula Pilot Programs," "Challenges Reported by California Doula Pilot Programs," and panel discussion recording
- 13) How can we develop partnerships to train more doulas?
  - a) Many of the doula pilots included a phase 1 of the pilot where they trained up doulas to provide the services. See "Summaries of California Doula Pilot Programs" for more information
  - b) NHeLP's CA doula report includes specific recommendations about the doula workforce, read more here: <https://healthlaw.org/resource/doulareport/>
- 14) What do you want researchers and policy-makers to understand about the work you do?
  - a) Fundamentally, that program implementation must be led by doulas in order to be successful. Also, reimbursement must be equitable and provide a thriving wage; billing/payment must be streamlined and timely; and any state-imposed training, certification, and/or credentialing requirements must be inclusive and not create barriers to entry to the doula Medicaid workforce.
  - b) Also, that the statewide rollout of Medicaid coverage for doula care can draw from the experience, expertise, and wisdom of these doula pilot programs that have been up and running and doing terrific work in the state, some since 2019!
- 15) What types of data are being collected in these pilot programs and is the data publicly available or available by request?
  - a) Please review "Summaries of California Doula Pilot Programs"
- 16) What are your recommendations for engaging clients post delivery?
  - a) Please see response to this question in the second part of the panel discussion

- 17) Please tell me the one thing about working with a hospital that you would like to see change?
- a) Please see Dr. Batra's response to this question during the panel discussion
- 18) How did you make certain that doulas of color were not excluded from this initiative.
- a) Many of the doula pilots interviewed worked specifically with Black doulas to serve Black clients. Additionally, many of the doula pilots had a phase 1 where they specifically trained up people from the community to be doulas
- 19) How would you advise other states setting up a doula pilot and engaging with Medicaid?
- a) Please review "Challenges Reported by California Doula Pilot Programs" and panel discussion recording
- 20) How receptive were the medical professionals when you began?
- a) Please review "Challenges Reported by California Doula Pilot Programs" and panel discussion recording
- 21) What do you think is needed to encourage more engagement of doula services among Medi-Cal beneficiaries?
- a) Please see response to this question in the second part of the panel discussion
- 22) So hospitals are now offering "Volunteer" doulas. These doulas are not paid. Do you think such unpaid programs undervalue doulas
- a) Please see Linda's thoughts on reimbursement during the panel discussion
- 23) What is a ballpark range or a floor for doula reimbursement?
- a) Please review "Summaries of California Doula Pilot Programs"
- 24) How were community-based and other home-grown doula training programs taken into consideration as acceptable forms of training?
- a) Many of the doula pilots created their own training programs. For more details, please review "Summaries of California Doula Pilot Programs"
- 25) Are doulas enrolled providers? Or does the Medicaid agency intend to enroll them?
- a) California is still in the process of implementation and figuring out this piece, among others, please see <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>
  - b) To see how other states are handling this, please see the National Health Law Program's Doula Medicaid Project, where we've been tracking state implementation of Medicaid coverage for doula care. You can find our chart of "Current State Doula Medicaid Efforts" at: <https://healthlaw.org/doulamedicaidproject/>
- 26) What advice would you offer to those who work in healthcare settings who are interested in training to become a doula?
- a) Do it!

- b) Also, please see Dr. Batra’s thoughts on how the medical system can build trust and be better partners with doulas working in health care settings during the panel discussion
- 27) How does CA define doulas eligible for the program (e.g. their education, certification) to be inclusive and appropriate?
- a) California is still in the process of implementation and figuring out this piece, among others, please see <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>
- b) For information on how the CA doula pilots addressed these questions, please review “Summaries of California Doula Pilot Programs”
- 28) In Oklahoma, groups supporting moving Medicaid to commercial managed care say that is the way to add access to doulas...true?
- a) False. States can also implement Medicaid coverage for doula care in fee for service models as well. See Oregon: <http://www.oregondoulas.org/ohp>
- 29) Is certification going to become mandatory for doulas in CA and how are ensuring this practice won’t create barriers?
- a) Our hope is that any state-imposed requirements for doulas to be able to be reimbursed for providing doula care to Medi-Cal enrollees in California, are equitable and inclusive, and are not barriers for entry to the doula Medi-Cal workforce, particularly for those from communities of color, rural communities, and who are low-income. However, California is still in the process of implementation and figuring out this piece. If you have comments along this line, I encourage you to share them with the CA Department of Health Care Services. For more info, please see <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>
- b) For information on how the CA doula pilots addressed these questions, please review “Summaries of California Doula Pilot Programs”
- c) Lastly, NHeLP's CA doula report includes specific recommendations about certification and training, read more here: <https://healthlaw.org/resource/doulareport/>
- 30) Will there be an alternative requirement that will allow doulas not trained and certified by Dona to be able to be paid doulas?
- a) The training/certification requirements for doulas eligible for Medi-Cal reimbursement have not yet been decided upon in California. If you have comments along this line, I encourage you to share them with the CA Department of Health Care Services. For more info, please see <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>

31) I would love to hear how lactation support fits into the pilot programs and decreased inequities in breastfeeding outcomes.

- a) Budgeting for lactation support resulted in accessible, comprehensive lactation support for our participants, and an increase in trained lactation professionals. The AAIMM pilot provided free Lactation Educator training through BreastfeedLA to both the doula workforce and approximately 60 community members. It was important that all of the AAIMM doulas had lactation training to ensure that all of our participants received the same standard care. We provided continuity of care by having the doulas as the first point of contact for lactation support to the clients they were already working with, and providing access to various Lactation Consultants for participants that needed a higher level of support.

32) How can I best prepare our Medi-cal managed care plan to implement doula benefits.

- a) Please review “Summaries of California Doula Pilot Programs,” “Challenges Reported by California Doula Pilot Programs,” and panel discussion recording
- b) We hope the Medi-Cal managed care plans can learn from the experience of the CA doula pilots that were run by other Medi-Cal managed care plans! For our project we interviewed doula pilots run by Inland Empire Health Plan, HealthNet, Anthem.

33) How were you able to include the breadth of knowledge held by private doulas that were around before the pilot programs began?

- a) Most, if not all, of the doulas who participated in the pilot programs as program administrators, mentors, and leaders, were themselves private doulas doing community-based doula work before they started their work in the doula pilot programs