



2022–2027 Strategic Plan



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SisterWeb's Birth Journey

SisterWeb's Organizational History

The United States is facing a long-standing maternal and infant health crisis, disproportionately affecting women of color and their infants. National attention on the maternal mortality crisis has led to an increased focus on doula care as an evidence-based intervention to improve maternal and infant health and healthcare experiences.^{1,2,3} Doulas are trained birth workers that provide educational, informational, physical, and spiritual support before, during and after childbirth, including continuous support during labor and delivery. Community doulas provide this care in a culturally relevant manner at low or no cost. Because community doulas are members of the same communities they serve, they often share experience and knowledge with their clients that enables them to address the unique issues their clients face. Literature on the impacts of doula care suggests that women who received continuous labor and doula support had lower rates of preterm birth, cesarean sections, low birth weight, epidural use, and birth complications. Additionally, women receiving continuous birth support were less likely to report dissatisfaction with their birth experiences.

SisterWeb San Francisco Community Doula Network (SisterWeb) was created from a deep commitment and passion to address the dire pregnancy and birth-related healthcare inequities experienced by Black pregnant and birthing people.* Inequities among these populations include but are not limited to the following:

- In 2016, the infant mortality rate, or number of infants who died per 1,000 live births, for Black infants in California was 8.5, compared to 3.5 for white infants.
- In 2018, Black women in California had a preterm birth rate that was nearly double than the rate for white women (12.3% and 7.7%, respectively).
- Black women in the U.S. continue to be subject to forced sterilization.
- Discrimination persists because of actual and perceived language barriers and active and perceived citizenship status.

SisterWeb was founded as a community doula organization to address these inequities by offering community doula care⁴ at no cost to Black pregnant and birthing people in San Francisco through Kindred Birth Companions.

¹ Kozhimannil KB, Attanasio LB, Jou J, Joarnt LK, Johnson PJ, Gjerdingen DK. Potential benefits of increased access to doula support during childbirth. *The American Journal of Managed Care*. 2014;20:e340-e52.

² Kozhimannil KB, Attanasio LB, Hardeman RR, O'Brien M. Doula Care Supports Near-Universal Breastfeeding Initiation among Diverse, Low-Income Women. *Journal of Midwifery & Women's Health*. 2013;58:378-82.

³ Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*. 2017.

⁴ "Community-Based Doula Program." Chicago, IL: Health Connect One. https://www.healthconnectone.org/our-work/community_based_doula_program/



What are community-based doula services?

Founded in fall 2018, SisterWeb was born of the shared vision held by professional birth workers and educators from these same communities. SisterWeb's vision is to center and uplift Black families in San Francisco in their reproductive journey to welcome their children with respect, dignity, joy, and pride, leading to thriving families and communities and increased birth equity and justice. SisterWeb works to dismantle racist health care systems, strengthen community resilience, and advance economic justice for birthing families and doulas in San Francisco. SisterWeb is a network of culturally congruent community doulas and birth workers who work to ensure pregnant people from these communities have access to fair and equitable doula care and that their community doulas receive the tools, skills, and mentorship to succeed in careers as professional birth workers. SisterWeb doulas work in cohorts, with 2-3 doulas supporting each client. All doulas are supported by expert doula mentors to enhance their professional development and provide guidance.

SisterWeb community-based doulas use a unique, innovative program model that provides extended, intensive support to families throughout pregnancy, during labor and birth, and in the early months of parenting in communities that face high risks of negative birth and infant developmental outcomes. SisterWeb "Community Doulas" are of and from the Black communities we serve and hold a vested interest in the well being of our clients. Our doulas offer culturally concordant peer-to-peer support that focuses on the perinatal year and the early months of parenting, a sensitive period in which families have a unique openness to change, learning, and growth. This represents a new approach to perinatal support: one that makes use of the power of relationships and the power of birth. The presence and involvement of the community-based doula at birth, and the flexibility in the scope of the role, distinguishes "community doulas" from all other home visiting models and from fee-based and volunteer doula models. Community doulas not only impact the communities in which we live by providing birth support but also by growing the trust and involvement that encourages people to come together and collectively address their health, wellness, and family resiliency.

Below is a brief description of each of the programs offered by SisterWeb:

- **Kindred Birth Companions (KBC):** SisterWeb’s Kindred Birth Companion Program was created by and for Black doulas working as community birth workers in San Francisco to support the Black family structure by empowering families to have safe, memorable, and joyous birthing experiences.
- **Mentorship Program:** Skilled doulas and midwives serve as mentors for SisterWeb’s doulas. The doulas have access to the mentors to review options in working with their clients prenatally, during a labor and birth, as well as postpartum. In addition, the mentors are available to support the doulas with birth work career development and skill building in the SisterWeb birth work core competencies.
- **Champion Dyad Initiative:** Co-founded by SisterWeb and Expecting Justice, the Champion Dyad Initiative is being implemented at four San Francisco hospital labor and delivery units and the SF Birth Center in which the vast majority of Black pregnant people give birth. The Champion Dyad Initiative fosters the support of one or two “champions” at each hospital who partner with a SisterWeb staff member to advance quality improvement to ensure that pregnant and birthing people of color receive fair and equitable treatment during their births and pregnancies.

* While SisterWeb currently serves people in San Francisco who self-identify as Black, we believe that all Black and Brown bodies deserve respectful and equitable care before, during, and after birth. We understand and recognize that in addition to or instead of the term “Black,” people in the African Diaspora may choose to use “African American” and/or other terms to describe their experiences and identities.

Sister Web's Growth and Development

2018

- SisterWeb was established in June 2018.
 - SisterWeb put out a call for doulas in August 2018.
 - Began working with Social Good Fund as fiscal sponsor.
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2019

- SisterWeb's initial funding was awarded to provide care under a per-birth payment model.
 - SisterWeb employed 10 community doulas as independent contractors, paid approximately \$1,600 per client (approximately \$25/hr without benefits), and were not paid for additional time spent in trainings, meetings, or mentorship sessions.
 - SisterWeb establishes an Advisory Committee (SWAC) and hosts first meeting
 - Began creating organizational infrastructure and administrative positions to support SisterWeb's work.
 - Begins operating out of the Bayview Clinic.
 - Began attending births.
 - Began developing training and mentorship opportunities for doulas.
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2020

- Shared office space with Community Well and began renting SisterWeb Cottage (1912 Keith Street, San Francisco).
 - In early 2020, SisterWeb grew to include 16 staff.
 - SisterWeb began working with Heluna Health (as a fiscal sponsor) and was able to provide wages for full-time employees with benefit eligibility (rather than paying doulas as independent contractors).
 - SisterWeb began paying all 10 community doulas a wage of \$25/hour with benefit eligibility for doulas working 25-32 hours/week (and was also able to pay for time in meetings and trainings in addition to time spent providing doula services).
 - SisterWeb had 7 doula mentors who provided 67 individual mentorship sessions.
 - SisterWeb trained 23 new community doulas from within San Francisco's Black community.
 - SisterWeb doulas attended 63 births in-person and 38 births were attended virtually.
 - SisterWeb provided doulas with more than 80 hours of continuing education/birth-related professional development (over 17 sessions).
 - SisterWeb partnered with hospitals, clinics, and birth centers to provide community engagement services during COVID-19, virtual childbirth education classes and opportunities to address implicit bias and structural racism through bidirectional feedback.
 - SisterWeb delivered essential items to clients and staff, including grocery boxes, food vouchers, gift cards, and personal protective equipment (PPE).
 - SisterWeb furthered the organization's use of Results Based Accountability (RBA).
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2021

- In 2021, SisterWeb staff grew to 20.
- In the spring, SisterWeb began the strategic planning process.
- SisterWeb created new data collection forms and developed a way to automate the data analysis for some of our key metrics of success.
- SisterWeb launched a new website, internal and external newsletters, and social media pages.
- SisterWeb began holding monthly All Staff Meetings and Doula Sharing Circles.
- SisterWeb Doulas provided on-call support for 86 births.
- 212 individual mentorship sessions were held between doulas and their SisterWeb mentor.
- SisterWeb staff participated in 49 Monthly Champion Dyad meetings (between medical representatives and SisterWeb representatives).
- 82 clients identified at least 1 main goal for themselves in their pregnancy-birth journey.
- SisterWeb Doulas facilitated 539 Prenatal and Postpartum visits with their clients.
- 45 clients attended all 7 Prenatal and postpartum visits.
- SisterWeb launched virtual prenatal and postpartum groups in M.A.N.A. Pasifika.
- SisterWeb doulas spent an average of 16.7 hours providing on-call support during labor and delivery and an average of over 30 hours of direct client care with each birthing person throughout the perinatal period.
- Increased community engagement presence both virtually and in person with 1,480 of Community members attending a SisterWeb event/presentations.
- Created staff development opportunities including a six-part series called "Learning the SisterWeb Way".
- Held first Annual All Staff Retreat (ASR).

2022

- In the spring, SisterWeb completed its 5 year strategic plan.
- Hosted Second Annual All Staff Retreat (first ASR in person)
- Hosted Second New Doula Training (virtual)

The Strategic Planning Process

SisterWeb contracted with Raimi + Associates to lead this exciting strategic planning process to develop SisterWeb’s first ever 5-year strategic plan. While many strategic planning processes involve only executive leadership, SisterWeb prioritized designing a highly collaborative and participatory 15 month process. SisterWeb’s strategic planning process included gathering input from a range of stakeholders in ten meetings to develop all aspects of the strategic plan. These key stakeholders included: all SisterWeb staff– including SisterWeb’s Leadership Circle– as well as SisterWeb’s Advisory Committee (SWAC). The strategic planning process was guided by SisterWeb’s Strategic Planning Team (SPT) which included representatives from each of the three doula programs, the Leadership Circle, and the SWAC. The process was designed to gather input from each key stakeholder group and build on that input to develop each component of the strategic plan. Below is the process and timeline to develop SisterWeb’s 5-year strategic plan. For reference, SisterWeb’s Leadership Circle includes members of SisterWeb’s staff who have management roles in the organization. Sister Web’s Advisory Committee includes staff who have management roles in SisterWeb and other stakeholders who bring leadership skills and expert knowledge to support SisterWeb’s success.



Environmental Scan

As part of the strategic planning process, Raimi + Associates conducted a rapid environmental scan. The environmental scan included gathering data and information to help inform strategic planning conversations about the internal strengths and weaknesses, and external opportunities and threats/challenges related to SisterWeb and the services the organization offers.

The overall aim of the environmental scan included engaging SisterWeb's Strategic Planning Team, staff, and Leadership Circle in a process of reviewing and coming to a shared understanding of SisterWeb's programs, organizational structure, strategic partnerships, position in the landscape of other doula programs, funding environment, SisterWeb's internal strengths and weaknesses as well as external opportunities and threats, and areas of growth.

Highlights: Landscape Scan of Peer Programs + Organizations

To provide an understanding of the landscape of birthing and doula programs similar to SisterWeb, Raimi + Associates (R+A) conducted an internet search and a literature review. A number of programs and organizations exist throughout the Bay Area, California, and nationally that focus on reproductive justice. These programs and organizations offer a range of services including prenatal support, child development and education classes, hotline support, birthing services, healing services, movement building and structural health care interventions, research, advocacy, and doula trainings. In addition to reviewing each program's website, R+A reviewed recent literature to identify recent learnings and trends related to the services that SisterWeb provides.

Based on a review of similar organizations, SisterWeb stands out as a unique organization. SisterWeb is unique in a number of important aspects, including the following:

- Black community members both provide and benefit from the services at SisterWeb. Staff at SisterWeb are from the communities that SisterWeb serves, which ensures that SisterWeb services are culturally and linguistically responsive and meet the unique needs of those served.
- SisterWeb pays wages and provides benefits to doula employees, including providing mentorship sessions and training to support doulas and ensure high-quality doula services.
- SisterWeb doula services are provided to clients at no-cost to clients.
- SisterWeb both provides doula services and works to eliminate historic and institutional racism within the healthcare system through partnerships (e.g., the Champion Dyad Initiative) and by supporting policy and systems changes.

Reflections and Lessons Learned from Volunteer Doula Programs in San Francisco

Many volunteer doula programs connected with specific hospitals and communities within San Francisco have been formed, ceased to exist, and at times been re-invigorated with new coordinators and volunteers. Some of these programs have been entirely volunteer-run, while others have had a paid coordinator (part-time or full-time) supporting the program.

SisterWeb staff identified the following persistent challenges based on their experiences with a range of volunteer doula programs over the past decade in San Francisco.

- **Scheduling Challenges**

Having the necessary doula support at births given the unpredictability of most births (as well as the length of labor) has been challenging to ensure given volunteers' own shifting availability and personal obligations. Volunteers have also been less willing to commit to covering shifts around the clock (especially over nights and weekend times).

- **Culturally Discordant**

Many volunteer doulas are young white women without connections to BIPOC communities.

- **Volunteer doula programs require high level of effort but only provide support for few births and often result in high turnover rates**

Many volunteer doulas in San Francisco are interested in being doulas as a way to gain experience in healthcare settings before attending nursing or midwifery school. Volunteer doulas who only participate in a volunteer program for 1-2 years require much more support and training than they provide (1 program found that on average each volunteer doula only attended 2 births).

Highlights: Research + Promising Practices from the Literature

R+A reviewed a number of articles related to SisterWeb's services and organizational structure. Below is a selection of highlighted findings.

Highlighted Findings from Sustainable Funding for Doula Programs⁵

HealthConnect One (HC One) commissioned TRP Health Policy (TRP), a nationally recognized bipartisan policy firm, to conduct a comprehensive research project from July 2016 to January 2017 to identify potential sustainable funding streams, policy opportunities and strategies for sustaining community-based doula services. The study included an in-depth analysis of federal funding and policy opportunities, interviews with field experts and a survey of existing doula programs to better understand existing funding streams, structures, and paths to sustainability. Key findings most relevant for SisterWeb are presented below.

⁵ Health Connect One (2020). "TRP Health Policy (TRP), Sustainable Funding for Doula Programs." https://www.healthconnectone.org/wp-content/uploads/2020/09/Sustainable_Funding_for_Doula_Programs_A_Study_single_51.pdf

- 98 doula organizations participated in survey – all participating organizations focus on decreasing health disparities and improving health outcomes for communities of color, low income communities, immigrant communities, and/or American Indian (AI/AN) communities
- 80% were non-profit organizations
- There are 1 to 21 doulas per organization (average = 10) who serve 10 to 300 families annually (most organizations serve 20 to 60 families annually).
- 89% compensate doulas with salaries, 17% with stipends, 6% exclusively use volunteers
- Doula programs would like their funding to fully cover costs so that they may be equipped to pay doulas a salary that represents a livable wage. Doula programs are interested in a sustainable public-private blended funding approach including Medicaid reimbursement, foundation support, and additional state and federal funding sources such as MIECHV and TANF funding for low income families.
- 70% of programs receive funding/grants from private foundations, 25% receive government grants, 25% receive patient contributions, and fewer than 5% receive funding through Medicaid Managed Care (i.e., reimbursements).
- All organizations identified adequate funding as their greatest challenge.
- Organizations also identified the following significant challenges: Capacity to meet the entirety of the need, staff morale, and staff retention, and shifting from “promising practices” to an “informed evidence base.”

Highlighted Findings from Building A Successful Program For Medi-Cal Coverage For Doula Care: Findings From A Survey of Doulas in California⁶

The National Health Law Program (NHLP) conducted an online survey (between 2018 and 2019) and virtual focus groups (2019 and 2020) to collect input from doulas currently practicing in California. Survey questions touched on a variety of topics including their scope of practice, training, certification, and reimbursement issues, in addition to demographic information about doulas and their clients.

- More than half of doulas who responded to the survey provide some services on a pro bono or volunteer basis.
- The vast majority of doulas practicing in California are paid for their services by their clients out of pocket.
- Doulas who responded to the survey stated that in order for Medi-Cal reimbursement for doula care to be sustainable, they would need a minimum reimbursement of \$1,151. Meanwhile, the answers from doulas participating in the focus groups ranged from \$725 for presence at the labor and delivery, to \$2,500 for prenatal care, presence at labor and delivery, and postpartum care.
- Doulas in the focus groups consistently raised concerns about whether Medi-Cal reimbursement would provide doulas with a living wage for the hours that they

⁶ Amy Chen and Alexis Robles-Fradet, National Health Law Program; Helen Arega, Black Women Birthing Justice Member. Building A Successful Program for Medi-Cal Coverage For Doula Care: Findings from A Survey of Doulas in California. National Health Law Program, 2020. <https://healthlaw.org/wp-content/uploads/2020/05/NHeLP-DoulaCare-Print-Spreads-F.pdf>

worked. Doulas emphasized that Medi-Cal reimbursement would need to be sustainable.

- The majority of doulas who responded to the survey, 79%, said that they would be interested in providing doula care to Medi-Cal enrollees if California implemented a mechanism for reimbursement.
- Doulas participating in the focus group expressed concern regarding the timeliness of payments. They stated that unlike hospitals or community health centers, doulas cannot wait extended periods of time for reimbursement. They also questioned whether the administrative time they spent working through billing challenges with Medi-Cal would be included in the reimbursement.
- The original model for Oregon’s Medicaid coverage for doula care program required doulas to partner with a licensed medical provider, typically an OB-GYN, who billed Medicaid on the doula’s behalf and then paid the doula for their services. If this were the model:
 - 28% of doulas who responded to the survey said they would be interested in Medi-Cal reimbursement
 - 24% would not be interested in Medi-Cal reimbursement
 - 48% said their interest would depend on the specific circumstances
 - Most doulas consider themselves to be the advocate for, and in service of, the pregnant person. In the context of many births, in particular hospital births, doulas can provide additional information and offer an important counterpoint to the priorities of a pregnant person’s medical care team. A doula’s presence, particularly in the context of labor and delivery, often gives the pregnant person greater voice and agency to advocate for themselves. It is for these reasons that doulas have concerns about having to partner with a licensed Medi-Cal provider, and/or be part of a medical care team, in order to receive Medi-Cal reimbursement.
- Alternate model: Have doulas reimbursed as part of a group or collective (not as individuals). If this were the model:
 - 35% of doulas who responded to the survey said they would be interested in Medi-Cal reimbursement
 - 20% would not be interested in Medi-Cal reimbursement
 - 44% said their interest would depend on the specific circumstances
 - Could help doulas retain their role as a patient advocate, and as a birth worker separate from a pregnant person’s medical care team.

SisterWeb's SWOT Analysis



What is a SWOT analysis?

As part of SisterWeb's SWOT analysis, strategic planning participants, including all SisterWeb staff members, had the opportunity to reflect on SW's internal strengths and weaknesses and external opportunities and threats after reviewing data and information, and engaging in small group conversations. A summary of key takeaways is included below.

A SWOT analysis is a common technique used in strategic planning processes to understand the strengths, weaknesses, opportunities, and threats or challenges related to an organization. The first part of a SWOT analysis is focused on understanding the internal strengths and weaknesses related to the organization. The second part of a SWOT analysis is focused on understanding the external opportunities and threats related to the organization.

Internal **strengths** identified through the SWOT analysis include:

- Paying doulas living wages and providing benefits (including vision and dental)
- Supporting doulas through a cohort model and providing mentors (including paying mentors)
- Providing professional development and training opportunities to staff
- Creating the Workforce Development Program and Champion Dyad Initiative
- Having a very good reputation related to staff and the organization
- Employing experienced birth workers (in non-doula roles at SisterWeb) with common knowledge of realities and challenges of providing doula care
- Employing all female, predominantly BIPOC staff from local communities who are deeply involved in community social justice work (individual and organizational values align)
- Feeling a sense of community among many staff
- Providing services at no-cost to clients
- Supporting clients with additional resources (e.g., diapers, food vouchers)
- Designing each program to meet specific community needs and ensuring that there are culturally concordant doulas
- Creating data collection systems and using data and evaluation approaches thoughtfully
- Creating strong working relationships with hospitals through the Champion Dyad Initiative (CDI) to break down institutional racism
- Creating a fiscal sponsorship to help make certain funding feasible for SisterWeb to get (e.g., Department of Public Health grants)

Internal **weaknesses** identified through the SWOT analysis include:

- Lack of clear definition of and expectations for postpartum doula care
- Lack of shared understanding of what “dismantling racist healthcare systems” means or looks like
- Limited capacity to meet all of the needs of clients because of limited number of doulas who are staff and within each program
- Limited capacity of the incredibly important workforce development program
- Staff stretched too thin and can’t do everything, doula burnout
- Lack of ability to hire some doulas because of federal restrictions related to immigration status and updated health protocols related to the ongoing COVID-19 pandemic
- Challenges with communication and managing conflict between SisterWeb staff
- Lack of shared understanding of SisterWeb’s organizational structure
- Some staff do not feel connected
- Unclear how SisterWeb supports clients/staff populations who lose or terminate pregnancy
- Challenges with fiscal sponsor bureaucracy
- Silo-ed doula programs within SisterWeb
- Referrals limited to clinic-based pregnant people
- Organization is learning as it goes (e.g., policies are often reactive instead of proactive)

External **opportunities** identified in SisterWeb’s SWOT analysis include:

- Many possible relationships and partnerships both locally and nationally
- Reproductive justice landscape (e.g., recently signed law protecting privacy of abortion providers and patients, increased awareness of social inequities and racism)
- Racial justice and social justice action, organizing (e.g., demonstrations, teach ins, conferences)
- Potential future funding (e.g., funders responding to increased attention on maternal health crisis in USA, CDI have relationships with institutions/hospitals)
- Community demand/interest in (no-cost) doula services higher than SisterWeb can address; need for resource/outreach doulas
- People are interested in becoming doulas
- Clients’ need for additional services (e.g., play groups) and support
- Roll out of Medicaid reimbursement for doula care and beta testing of how reimbursing organizations happens (note: identified both as an opportunity and as a threat)
- Pregnant and birthing people are often interested in services that are complementary to doula care (e.g., birth assistants, lactation educators, childbirth educators)
- Wide range of what doula care looks like internationally and in different cultures
- Increased interest in providing culturally congruent virtual services, classes for people throughout state

External **threats** and challenges identified in SisterWeb's SWOT analysis include:

- Many people don't know what doulas do or the benefits of doula care
- Scarcity mindset (and sometimes reality) that drives competition or tension with other organizations
- High cost of living, high housing costs in San Francisco do not match wages/income – and as a result many people are in survival mode
- Short-term and unreliable funding sources
- Funding requirements that shift the work
- Hospitals may not allow doulas (e.g., in response to a COVID mutation and spike in infections)
- Possibility that something will go seriously wrong with a birth supported by a doula and response/backlash
- Roll out of Medicaid reimbursement for doula care (note: identified both as an opportunity and as a threat)
- Increasing diversity of doulas is a challenge when community members do not have time or capacity to be trained
- Mutations of COVID-19 and resulting measures taken to reduce transmission
- Standardization of doula training requirements
- Structural and institutional racism embedded deeply throughout healthcare system and in hospitals
- Because structural racism reinforces white supremacy, changes that are able to be won are often “non-threatening” to white people in power, and changes rarely shift decision-making power to BIPOC communities

Grounding SisterWeb's Work

Through the strategic planning process, SisterWeb developed a bold mission that outlines the organization's work to achieve SisterWeb's longer-term vision.

Mission

SisterWeb, a network of culturally congruent community doulas and birth workers from and for Black communities, works to dismantle racist health care systems, strengthen community resilience, and advance economic justice for birthing families and doulas in San Francisco.

Vision

Black families in San Francisco are centered and uplifted in their reproductive journey to welcome their children with respect, dignity, joy and pride, leading to thriving families and communities and increased birth equity and justice.

Values

SisterWeb's values guide all of our work, and we are committed to making sure that we are bringing our values alive in everything we do.

+ Culturally Congruent and Community-Centered Care

Culturally congruent care and culturally concordant care are both important to support positive experiences in pregnancy and birth. At SisterWeb, we amplify the voices of Black birth workers and pregnant/birthing people through culturally congruent doula care and collaboration with our allies in health care. We lift up the values, priorities, and cultural traditions of our staff and the families we serve because we believe this centers the community and will help restore our city one birth at a time.



What is culturally congruent doula care?

Doulas share the same racial and/or ethnic identities, cultural heritage, and some of the life experiences as their patients/clients. Because of these commonalities, culturally congruent birth workers are often better attuned to their clients' strengths and needs (including navigating bias and structural racism in healthcare settings).

+ Economic Justice and Community-Led Power

Created by community birthworkers, SisterWeb is both Black-led and women-led. SisterWeb centers the leadership, expertise, and wisdom of Black community members in identifying solutions to health inequities, establishing programming, and shaping organizational culture. Paying doulas -- and especially Black doulas -- sustainable wages and supporting their professional development supports economic justice by compensating people fairly for their work and valuing care work. By employing community members, these wages also contribute to the economic sustainability of the neighborhood. Paying sustainable wages and supporting career development also supports the broader community by enabling culturally congruent doulas to continue living in San Francisco.

+ Respect and Autonomy

SisterWeb doulas and staff support birthing people's choices regarding their own pregnancy outcomes and bodily autonomy. SisterWeb works to transform healthcare institutions by explicitly demanding that healthcare systems focus on respecting and centering the cultural wisdom and the unique needs of Black pregnant and birthing people and their families. We believe that a community-wide advocacy approach will begin to repair generations of harm, create safety, and support personal and community autonomy. SisterWeb believes that maintaining the human right to personal and community autonomy is central to reproductive justice.

+ Community Wisdom and Lifelong Learning

We believe that our communities have the ancestral wisdom and knowledge rooted in lived experience to create safe and respectful birth experiences. We work in collaboration with medical health care systems and evidence based research to center community wisdom. SisterWeb doulas use both holistic wellness and data driven public health best practices to support their clients' physical, emotional, and spiritual wellness goals. We approach our work as an opportunity for lifelong learning by reflecting on our personal experiences, professional expertise, and data to inform our work with doulas, with pregnant and birthing people, and with healthcare systems.



What is reproductive justice?⁷

Reproductive justice is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. The reproductive justice framework incorporates an intersectional, social justice lens to dismantle inequalities at the root of reproductive oppression, and complements the reproductive health framework—which focuses on health care service delivery—and reproductive rights framework—which defends the legal right to personal decision-making.



⁷SisterSong Women of Color Reproductive Justice Collective. "What is Reproductive Justice?" Atlanta, Georgia. <https://www.sistersong.net/reproductive-justice/>

SisterWeb's Core Services + Programming

SisterWeb offers the following core services and programs for pregnant and birthing people, doulas, and for the healthcare sector.

Core Services for Pregnant + Birthing People

Core Client Population

SisterWeb's core services are provided to a core set of clients, as described below.

- Pregnant Black people are referred to SisterWeb (or self-referred) as early as 10 weeks gestation and are then matched to doula cohort; standard doula care starts at 27 weeks gestation; some clients are referred later in pregnancy
- Some clients who experience more barriers to care, have fewer resources, and have a higher risk of preterm birth (SisterWeb refers to clients needing more support as "code purple/royal treatment" clients) may have initial interactions and/or prenatal session prior to 27 weeks gestation

Client Care + Support Services

SisterWeb's core services include the following types of client care and support.

- Three to four **prenatal care/support sessions (focused on specific topics as part of SisterWeb's model of care)** are addressed through client interactions. This includes a minimum of 1 in-person visit, and other interactions may be virtual or in-person conversations/sessions/meetings.
- **Labor and birth support** and on-call support (calls, texts, video) starting at 37 weeks gestation
- Four **postpartum care/support sessions (focused on specific topics as part of SisterWeb's model of care)** addressed through client interactions. This includes a minimum of 1 in-person visit, and other interactions may be virtual or in-person conversations/sessions/meetings.
- **As-needed** additional interactions/encounters (e.g., call, text conversation, grocery drop off, in-person visit)

Connections for Clients to Supportive Services (Pre + Post Birth)

SisterWeb also provides referrals and resources to clients.

- Referrals to community resources, partners (e.g., rental assistance)
- Provision + distribution of other resources/items (groceries, diapers)

Core Services For Doulas

SisterWeb Doula Employees

SisterWeb offers a number of core services for doulas who are employees.

- Mentoring through cohort model (both on-call and proactive/structured mentoring with both mentor and mentees SisterWeb employees, may involve goal setting, problem solving, birth debriefing, and core competency training)
- Wages and holistic employee benefits

Doulas, especially Black, Indigenous, and People of Color (BIPOC) Doulas

SisterWeb provides a range of services to SisterWeb doulas, including:

- Professional development opportunities for community members interested in exploring becoming a doula (note: currently limited to new doula training)
- Tools and support around communicating and interacting effectively with healthcare professionals and navigating institutional/hospital settings
- Professional Core Competency trainings
- Birth Core Competency trainings
- Peer-professional community/networking and support

Core Services For Healthcare Sector

SisterWeb provides core services for the healthcare sector including:

- Providing quality improvement consulting services (e.g., advising/coaching services) to healthcare professionals (non-doulas) (e.g., doula guest speakers at Grand Rounds; coordination with hospitals; supporting respectful bidirectional interactions between different types of healthcare professionals and community members)
- Participating in the Champion Dyad Initiative
- Supporting policies related to doulas and fair compensation
- Providing education/raising awareness about doula work and its impact on birth outcomes
- Participating in community collaborations

SisterWeb Goals + Strategies

← Goal 1: SisterWeb nurtures a skilled workforce of Community Doulas who see birth work as a viable profession.

- A. Increase the overall number of BIPOC doulas qualified to work for SisterWeb
- B. Expand professional + workforce development opportunities for BIPOC doulas
- C. Clarify and support pathways for doulas to advance within SisterWeb
- D. Participate in professional networking and community-building for BIPOC birthworkers
- E. Establish opportunities for former SisterWeb clients to be paid mentors to provide support to others in the community

● ● ● Goal 2: SisterWeb's culturally congruent, holistic doula care supports Black pregnant and birthing people in achieving their own birth goals.

- A. Provide high-quality, culturally congruent doula care to Black pregnant people
- B. Ensure that pregnant people have the information they need to navigate their pregnancy and birth journey, understand and make informed healthcare choices/options, and advocate for themselves during the pregnancy and birth
- C. Identify and share resources and information with clients that support their holistic wellbeing
- D. Increase education and outreach to community about SisterWeb offerings
- E. Develop virtual care delivery model (e.g., telehealth sessions) for culturally congruent doula services
- F. Explore best, promising, and innovative doula care



Goal 3: SisterWeb engages in the national movement to eliminate structural racism in healthcare systems as a driver of birth inequities

- A. Support policies aligned with SisterWeb's goals
- B. Develop and document a standard of care for pregnant people that will reduce racial inequities in birth outcomes
- C. Deepen relationships with hospitals to advocate for specific changes that support racial justice and which align with the SisterWeb standard of care
- D. Develop relationships with the client care teams supporting SisterWeb clients to coordinate services for those SisterWeb clients
- E. Develop relationships with other Community Doula organizations and participate in state and national movement building



Goal 4: SisterWeb expands and strengthens its operational effectiveness and organizational sustainability.

- A. **Capacity:** Increase SisterWeb's capacity/ability to support more Black pregnant people
- B. **Organizational Systems + Information:** Develop and improve organizational systems, developing and documenting practices and policies, sharing SisterWeb's organizational structure and decision making process, supporting ongoing and multidirectional communication within SisterWeb staff
- C. **Participation in Partnerships/Collaborations:** Identify SisterWeb staff who take the lead on strengthening strategic partnerships with specific community organizations and who are responsible for representing SisterWeb in prioritized coalitions/collaboratives
- D. **People Power:** Strengthen SisterWeb staff connections and sense of belonging, addressing how structural and internalized racism and biases impact SisterWeb employees and the organization, and supporting a shared understanding of organizational goals and strategies
- E. **Staff Retention:** Increase staff satisfaction with focus on increasing staff retention
- F. **Improvement + Impact:** Use evaluation data and findings to make ongoing programming improvements and to demonstrate the results SisterWeb's services have on clients, doulas, and the healthcare system
- G. **Financial Sustainability:** Diversify SisterWeb funding sources while ensuring services do not cost anything for low-income community members

Indicators for Strategy Implementation

Goal 1: SisterWeb nurtures a skilled workforce of Community Doulas who see birth work as a viable profession.

A. Increase the overall number of BIPOC doulas qualified to work for SisterWeb

Indicators for How much did we do?

- Number of community members trained as new doulas
- Number of community members that enroll in our SisterWeb information sessions
- Number of new doula trainings per year
- Number of new doulas hired by SisterWeb

B. Expand professional + workforce development opportunities for BIPOC doulas

Indicators for How much did we do?

- Number of Professional Core Competency (PCC) trainings
- Number of Birth Core Competency (BCC) Trainings
- Number of participants in BCC trainings
- Number of participants in PCC trainings
- Number of SisterWeb mentors
- Number of one-on-one mentorship sessions held
- Number of group mentorship sessions held

Indicators for How well did we do?

- Average amount that SisterWeb doulas feel like SisterWeb is helping them achieve their professional goals
- Percentage of doulas who report that they feel that their mentors are there to help them identify their own goals, assess their resources, find solutions
- Average level reported by SisterWeb doulas of feeling supported and encouraged by their mentors
- Percentage of doulas who reach out to their mentors outside of scheduled meetings
- Average level reported by mentors who feel well utilized by their doula mentees

Indicators for Who is better off?

- Average level reported by SisterWeb doulas who feel that their skills in birthwork are improving due to trainings provided by SisterWeb
- Average level reported by SisterWeb doulas who feel that their skills in birthwork are improving due to support from SisterWeb mentors

C. Clarify and support pathways for doulas to advance within SisterWeb

Indicators for How much did we do?

- Number of doulas that have successfully completed the SisterWeb Birth Core Competencies (BCC) assessments
- Number of mentors/coordinators that have successfully completed the SisterWeb BCC assessments
- Number of doulas that have successfully completed the SisterWeb Professional Core Competencies (PCC) assessments
- Number of non-doula staff that have successfully completed the SisterWeb PCC assessments

Indicators for Who is better off?

- Number of SisterWeb doulas who are hired as mentors by SisterWeb
- Number of SisterWeb doulas who are promoted or transition into other roles at SisterWeb

D. Participate in professional networking and community-building for BIPOC birthworkers

Indicators for How much did we do?

- Number of BIPOC birth workers who are in SisterWeb database/contacts
- Number of professional networking and community-building opportunities (e.g., in-person conference, webinar, listserv) for BIPOC birthworkers in which SisterWeb employees participate annually

E. Establish opportunities for former SisterWeb clients to be paid mentors or promotoras/es to provide support to others in the community

Indicators for How much did we do?

- Percentage of clients that would someday like to help members of my community by becoming a community doula

● ● ● Goal 2: SisterWeb’s culturally congruent, holistic doula care supports Black pregnant and birthing people in achieving their own birth goals.

A. Provide high-quality, culturally congruent doula care to Black pregnant people

Indicators for How much did we do?

Clients

- Number of clients who attended all 3 prenatal appointments with doulas
- Number of clients who attended all 4 postpartum appointments with doulas
- Number of clients who attended all 7 SisterWeb visits
- Number of clients whose births were attended by their doulas
 - Percentage of clients whose births were attended by their doulas

Appointments and Interactions between Clients and SisterWeb Doulas

- Total number of prenatal appointments attended (all clients)

- Number of 1st prenatal appointments
- Number of 2nd prenatal appointments
- Number of 3rd prenatal appointments
- Total number of postpartum appointments
 - Number of 1st postpartum appointments
 - Number of 2nd postpartum appointments
 - Number of 3rd postpartum appointments
 - Number of 4th postpartum appointments
- Average number of prenatal appointments attended per client
 - Average Number of postpartum appointments attended per client
 - Average Number of appointments attended per client, overall
- Average number of non-appointment client interactions per client
- Average number of hours of doula time per client during the entire course of care
 - Average number of hours spent by doulas supporting clients during labor and birth

Indicators for *How well did we do?*

- Average level of meaningful connection and trust with clients in the last month reported by SisterWeb doulas
- Average level reported by clients of being supported, heard, and respected by their doula(s) during the pregnancy/birth/postpartum period (scale of 1-10)
- Percentage of clients who report that they felt understood by their doula regarding specific challenges, strengths, and cultural considerations of their community
- Percentage of clients that would like to have a doula should they get pregnant again
- Percentage of clients that said it was important to them that their doula be of a similar cultural background to them and their family

Indicators for *Who is better off?*

- Percentage of SisterWeb clients who have vaginal births
- Percentage of SisterWeb clients who have cesarean births
- Average gestational age at delivery
- Percentage of clients who initiated breastfeeding* at birth
- Percentage of clients who are still breastfeeding at 6 weeks postpartum
- Percentage of clients that said that SisterWeb doulas helped them feel connected to their baby
- Percentage of clients that said that SisterWeb doulas helped them feel connected to their body in Pregnancy / Birth / Postpartum

* We understand that in addition to or instead of “breastfeeding” some people choose to use “chestfeeding” or “bodyfeeding” to describe their experiences when feeding their baby. When using these terms, our intention is to represent the full diversity of lived experiences that includes those who feed their babies milk from their bodies and birthing persons (cis women, trans folks, and gender expansive individuals).

B. Ensure that pregnant people have the information they need to navigate their pregnancy and birth journey, understand and make informed

healthcare choices/options, and advocate for themselves during the pregnancy and birth

Indicators for How much did we do?

- Number of Clients who identified at least 1 main goal for themselves in their journey through pregnancy, birth and postpartum
 - Percentage of Clients who identified at least 1 main goal for themselves in their journey through pregnancy, birth and postpartum
 - Percentage of clients who prepared a Birth Preferences document prenatally with a SisterWeb doula

Indicators for How well did we do?

- Percentage of clients who report that their SisterWeb doulas helped them feel more confident navigating healthcare systems and understanding their rights and options
- Percentage of clients who report that they felt supported by SisterWeb doulas in achieving their goals

Indicators for Who is better off?

- Percentage of SisterWeb clients who report that they walked away from their birth experience feeling proud and dignified
- Percentage of clients who report that their SisterWeb doula helped them use their voice, assert their own wishes, and ask for a moment when they needed time to think over a decision

C. Identify and share resources and information with clients that support their holistic wellbeing

Indicators for How much did we do?

- Number of referrals made by SisterWeb staff to other programs/services

Indicators for How well did we do?

- Percentage of clients who felt encouraged by their SisterWeb doulas to use all of the resources available to them during pregnancy and early parenting

D. Increase education and outreach to community about SisterWeb offerings

Indicators for How much did we do?

- Number of community outreach events
- Number of community members who attend SisterWeb events
- Number of community classes and groups SisterWeb leads
- Number of referrals to SisterWeb (total)
 - Number of referrals from each CDI site to SisterWeb
 - Number of self-referrals to SisterWeb
 - Number of referrals by friends/family
- Number of sites that sent referrals to SisterWeb

E. Develop virtual care delivery model (e.g., telehealth sessions) for culturally congruent doula services

This strategy does not have any indicators. Indicators related to the virtual care delivery model will be identified once the model is developed.

F. Explore best, promising, and innovative doula care

This strategy has corresponding tasks related to reviewing and considering best and promising practices of doula care (to be done annually) but does not have any indicators.



Goal 3: SisterWeb engages in the national movement to eliminate structural racism in healthcare systems as a driver of birth inequities

A. Support policies aligned with SisterWeb's goals

Indicators for How much did we do?

- Number of policies aligned with SisterWeb goals that SisterWeb supports
 - Number of organizational and institutional policies supported
 - Number of government policies supported (ideally by type: regulations vs bills, and level: county vs state vs federal)

Indicators for How well did we do?

- Number of policies aligned with SisterWeb goals that SisterWeb supports that are adopted and/or implemented
 - Number of organizational and institutional policies adopted/implemented
 - Number of government policies (ideally by type: regulations vs bills, and level: county vs state vs federal) adopted/implemented

B. Develop and document a standard of care for pregnant people that will reduce racial inequities in birth outcomes

Although this strategy does not have any indicators, the number stakeholders who participate in drafting and revising the SisterWeb standard of care for pregnant people who are not SisterWeb staff should be tracked. Additional indicators related to adoption of the SisterWeb standard of care for pregnant people will be identified after the standard of care has been finalized.

C. Deepen relationships with hospitals to advocate for specific changes that support racial justice and which align with the SisterWeb standard of care

Indicators for How much did we do?

- Number of presentations given about the SisterWeb doula programs to medical providers
- Number of Monthly Champion Dyad meetings (between hospital and SisterWeb representatives)

- Number of Sites participating in the Champion Dyad Initiative

Indicators for How well did we do?

- Number of doulas who Gave Feedback Directly To Medical Staff In The Hospital When they Did Not Feel Respected Or Felt That their Client Was Not Receiving Respectful Care

Indicators for Who is better off?

- Percentage of SisterWeb clients who report they felt supported, heard, and respected by their medical providers during the pregnancy/birth/postpartum time

D. Develop relationships with the client care teams supporting SisterWeb clients to coordinate services for those SisterWeb clients

Indicators for How much did we do?

- Number of instances of coordination of care between SisterWeb doulas and medical staff

Indicators for Who is better off?

- Average level of respect from nursing staff reported by SisterWeb doulas
- Average level of respect from other medical providers reported by SisterWeb doulas

E. Develop relationships with other Community Doula organizations and participate in state and national movement building

Indicators for How much did we do?

- Number of professional networking and community-building opportunities (e.g., in-person conference, webinar, listserv) for BIPOC birthworkers in which SisterWeb employees participate annually

Indicators for How well did we do?

- Percentage of Doulas who report that they feel included and seen in their work as part of a broader movement of change in their city



Goal 4: SisterWeb expands and strengthens its operational effectiveness and organizational sustainability.

A. Capacity: Increase SisterWeb's capacity/ability to support more Black pregnant people

Indicators for How much did we do?

- Number of SisterWeb doulas
 - Number of doulas who work full time (40 hours per week)
 - Percentage of doulas who work full time (40 hours per week)
- Number of people who were matched with doulas
- Number of clients served (had at least 1 appointment with a doula)

Indicators for *How well did we do?*

- Number of months that each SisterWeb program is filled to capacity

B. Organizational Systems + Information: Develop and improve organizational systems, developing and documenting practices and policies, sharing SisterWeb’s organizational structure and decision making process, supporting ongoing and multidirectional communication within SisterWeb staff

Indicators for *How much did we do?*

- Percentage of eligible referrals who completed the intake appointment
- Number of clients who drop out after intake
- Average time spent during intake appointments

Indicators for *How well did we do?*

- Average understanding of the organizational structure of SisterWeb reported by SisterWeb doulas
- Percentage of SisterWeb staff reporting they understand how strategic plan is being implemented/progress

C. Participation in Partnerships/Collaborations: Identify SisterWeb staff who take the lead on strengthening strategic partnerships with specific community organizations and who are responsible for representing SisterWeb in prioritized coalitions/collaboratives

Indicators for *How much did we do?*

- Number of organizations with which SisterWeb has relationships
- Number of partnerships/collaborations in which SisterWeb participates
- Number of partnerships/collaborations by reasons for partnering (e.g., supports financial sustainability, supports referrals, supports policy change)
- Number of partnerships/collaborations by approximate time investment (e.g., Less than 2 hours/month, 2-8 hours/month, 9 or more hours/month)

Indicators for *How well did we do?*

- Maximum Number and average Number of partnerships/collaborations assigned to SisterWeb staff leads
- Percentage of partnerships/collaborations in which SisterWeb participates that SisterWeb staff leads feel is a good use of the resources dedicated (i.e., SisterWeb staff time and effort they invest in the partnership) given relationship to SisterWeb’s mission, vision, and goals

D. People Power: Strengthen SisterWeb staff connections and sense of belonging, addressing how structural and internalized racism and biases impact SisterWeb employees and the organization, and supporting a shared understanding of organizational goals and strategies

Indicators for *How much did we do?*

- Number of SisterWeb staff who attend monthly All Staff Meetings

- Number of total hours annually that SisterWeb staff spend in All Staff Meetings, retreats, gatherings

Indicators for How well did we do?

- Percentage of doulas who utilized at least 1 of SisterWeb-provided options for processing emotional load of birth work (mental health consultant, supervisor, mentor, cohort)
- Average amount that SisterWeb doulas felt trust in and could depend on their doula partners to fill in for them with clients and to offer support when they needed it.

E. Staff Retention: Increase staff satisfaction with focus on increasing staff retention

Indicators for How much did we do?

- Number of currently employed doulas who have maintained employment with SisterWeb for 12 months

Indicators for How well did we do?

- Average amount that SisterWeb doulas report that they feel that the organization attends to their emotional and physical wellbeing
- Percentage of doulas who report that they feel satisfied with their SisterWeb compensation/wages

Indicators for Who is better off?

- Average manageability of workload (including tools to manage it) reported by SisterWeb doulas

F. Improvement + Impact: Use evaluation data and findings to make ongoing programming improvements and to demonstrate the results SisterWeb's services have on clients, doulas, and the healthcare system

Indicators for How much did we do?

- Number of times/year SisterWeb staff engage with evaluation data to celebrate impacts and successes and to identify areas/ways to improve

G. Financial Sustainability: Diversify SisterWeb funding sources while ensuring services do not cost anything for low-income community members

Indicators for How much did we do?

- Number of unique funding sources
- Annual revenue
- Annual expenditures as a percentage of annual revenue

Indicators for How well did we do?

- Amount of annual funding by type (e.g., individual donors, grants, contracted services for trainings/TA, reimbursements/fees for doula services, sponsorships)

- Percentage of annual funding identified at beginning of fiscal year (e.g., awarded grants, contracted and scheduled trainings, minimum reimbursements/fees for doula services to-be-provided)

Additional Indicators Related to SisterWeb's Clients and Staff

- Percentage of clients designated Code Purple, overall and by program
- ZIP codes where clients and staff live
- Percentage of clients without adequate housing
- Percentage of clients receiving public benefits
- Percentage of clients below 80% of the San Francisco Area Median Income (AMI)
- Percentage of client with public insurance
- Percentage of clients with current mental health concerns



SisterWeb

San Francisco Community Doula Network

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Design Inspiration

This original design references textiles that are woven together to create a nurturing blanket or quilt. The zig-zagged geometric elements are inspired by patterns from Asante Kente inspired by the Kindred Birth Companion Doulas; the diagonal and vertical repeating lines reference patterns used by the M.A.N.A. Pasefika Doulas' materials and patterns from Tapa cloths; followed by the triangles and dots reference Mola textiles, with the triangle elements found within our Semilla Sagrada Doula materials. The overall design represents how we are stronger together while recognizing our specific differences.

Prepared By:

