

Preventing Family Separation at Birth

Training Doulas to Support Parents
with Disabilities

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Image description: Four masked people of color discuss books in an art-filled bookstore. On the left, a Black non-binary woman has everyone's attention, pointing out a passage from the book they're holding while sitting in a rollator with their cane between their legs. Next to them, an Indigenous woman and Latinx non-binary person share a couch. On the right, a Black non-binary person sits in a folding chair while holding their own book and fidget stim. Credit: Disabled and Here

The Family Preservation Project is a Disability Justice initiative supported by Brooklyn Law School's Disability Rights Clinic.

Definition

Non-carceral:
approaches that do not
rely on incarceration as
the solution and, instead,
prioritize support and
repairing harm

We work with Disabled people, birthworkers, and legal advocates to interrupt medical and family regulation systems that criminalize Disabled pregnancy and parenting—and to build non-carceral, autonomy-centered birth and family support.

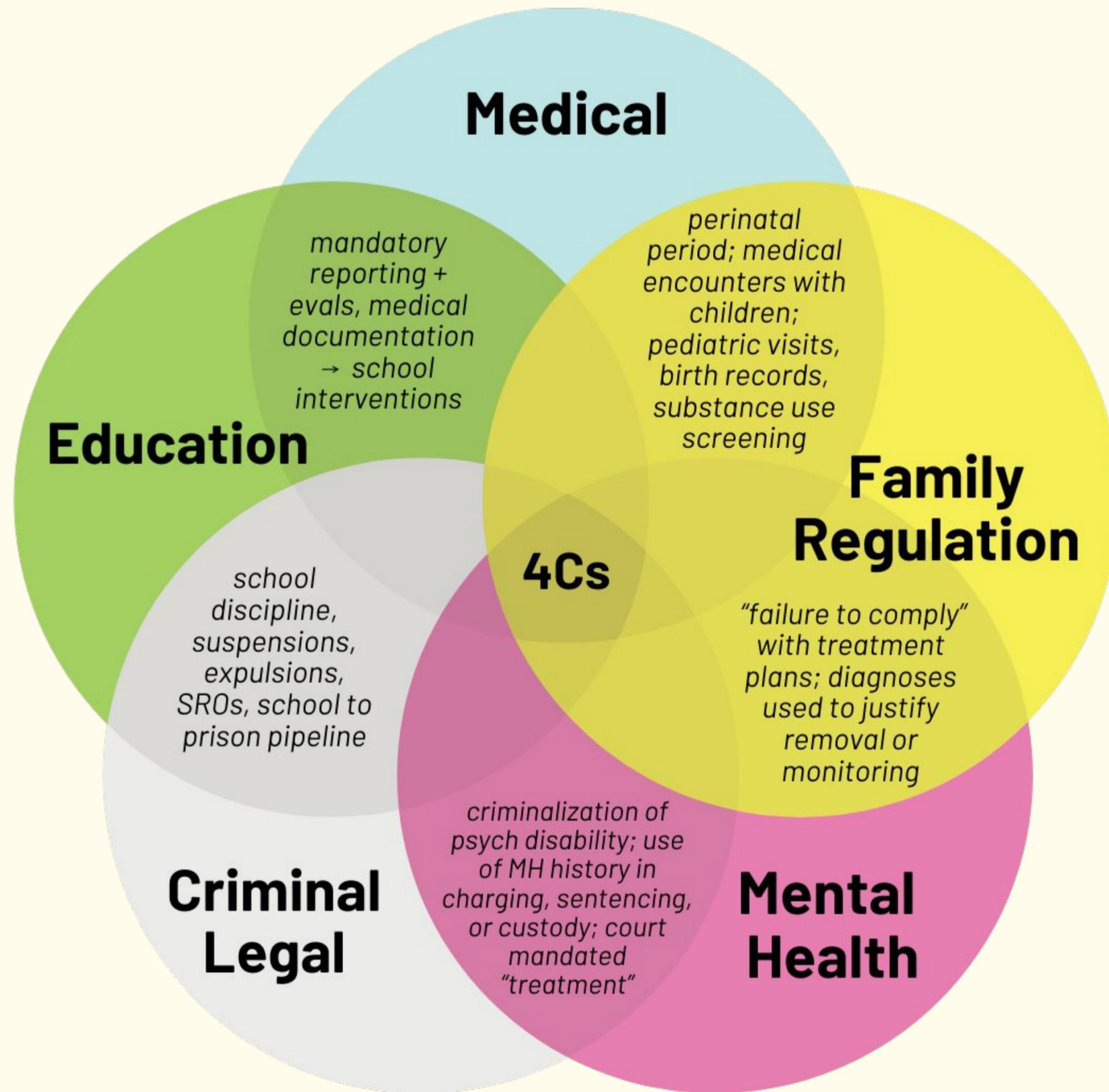
**What we
will
cover:**

**How our
program came
to be**

**What the
program looks
like**

**Challenges to
implementing
the program**

**Lived experience
and takeaways
from our focus
groups**



1. Coercion
2. Consequences
3. Confinement
4. Cops

The Family Preservation Project

Doulas & Birthworkers

Equips doulas with tools to support Disabled parents and pregnant people within systems that often conflate care with control.

Healthcare Workers

Supports healthcare workers to recognize how medical systems function as entry points into family regulation, surveillance, and criminalization.

Disabled parents & pregnant people

A welcoming space to learn about what doulas do, how birthworkers can offer support, and how doula care can be adapted to Disabled people's needs and realities.

Understanding the Family Regulation System

Provides parents, doulas, and HCWs with information about how the family regulation system operates; offers accessible, empowering KYR information.

Implementation Challenges

Funding

- Grant funding is limited and short-term
- Limits on how funds can be used

Launching

- Takes a lot of time to get off the ground, on top of already full workloads
- Constant student turnover in the law school clinic, which means ongoing training and loss of continuity
- Hard to coordinate with nonprofit partners who are balancing many responsibilities and heavy workloads

Recruiting

- Outreach is time intensive, yet there is limited time to recruit training participants
- Difficulties recruiting healthcare workers and coordinating trainings around their schedules
- Building trust and sustaining relationships requires ongoing effort

Pilot Sessions

Doulas



Centers disability justice–informed advocacy, consent-based support, documentation awareness, and strategies for standing alongside families when systems become punitive.

Healthcare Workers



Centers practical strategies for reducing harm, supporting patient autonomy, and practicing non-carceral, disability-affirming care.

**Disabled parents
& pregnant
people**



Centers collective knowledge-sharing, community care, honoring lived experience, and practical tools for resisting surveillance and coercion.

Themes in Parent Group

- Barriers in getting connected to doulas
- Impacts of single parenting and being low/income
- Lack of support for NICU parents
- Anti-Blackness in the medical and mental health system
- Erosion of family and community relationships that support us without being paid
- Coercion during labor
- Postpartum doula as a lifeline
- Medication based mental health interventions
- Not understanding why things were being offered or decisions were being made
- Awareness of terms like *"anxiety"* and *"depression"* in a chart leading to micro-screenings and potentially harmful outcomes
- Trying hard to not look or seem "too unstable"

Several participants spoke about the fear in defending yourself and advocating for yourself. Some rooted this in a sense of hopelessness, as if nothing they attempted to do would change the outcome of the situation.

"I didn't need narcotics until they tried to take my babies."

"Our kinship was stolen from us... I know when they call me high need what that is really saying is I have high sociological needs."

"I know I can't say too much. Then I can be labeled high risk and denied services."

"It hurts that I can't get married to my partner without my benefits being taken away."

"I was so tired from saying no and self-advocating that I eventually just gave up and let it happen."

"I am confused how my children were taken away because I am a bad parent if I never had the chance to be a parent?"

"As a Black woman, I need to always be able to show I can regain composure."

"Postpartum... I would have panic attacks multiple times a day. It was hard to get out of the door. I just wanted to understand why I was so anxious and what was happening to me."

Plain Language Birth Support Cards

When You Need to Ask for Something



“I need the lights dimmed
for my sensory comfort.”



“Please explain that in
plain language.”



“I need to see the
interpreter before making a
decision.”

When You Want to Say No



“I do not consent to this
procedure.”

“Stop. I need more
information before
continuing.”

“I’m asking to pause right
now so I can understand
my options.”

When You Need Support



“I need my support person
in the room.”



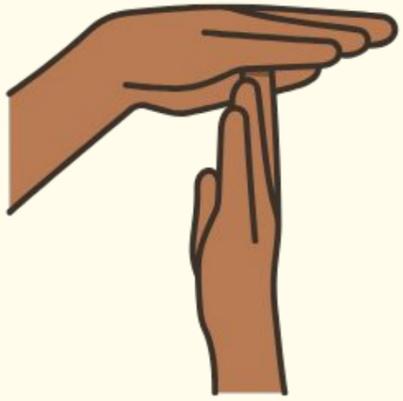
“I need extra time to
process before deciding.”



“Please speak directly to
me, not only to my support
person.”

PANDA

for doulas



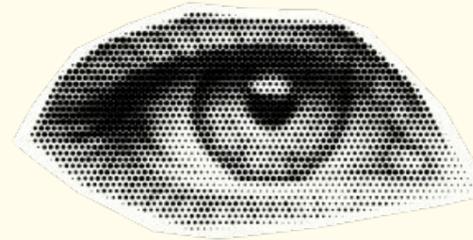
PAUSE

Slow things down. Create a moment of space. Check in privately if you can. Make sure no big decisions are rushed.



ASK

Ask how the birthing person is feeling about what's being said or suggested. Do they feel okay? Do they understand? Do they want more time or more information?



NOTICE

Pay attention to what's happening in the room. Notice the tone of the conversation, the birthing person's words and body language, the energy in the space, and anything that feels off or concerning.



DOCUMENT

Write down anything the birthing person wants recorded. Keep private notes about concerns, questions, or possible boundary violations so you can talk through them together later.



ALERT

Let the birthing person know if something feels urgent. Share important information and remind them of their rights so they can make informed choices.

Birth Access Plan

Birth Access Plan

A Birth Access Plan is like a birth plan, but focused on accessibility needs, communication, and trauma-informed care.

My name is: _____

You can call me: _____

My pronouns are: _____

Section 1: Communication

- My primary language is: _____
- I need an interpreter (ASL / spoken language / tactile): Yes No
- Please use plain language. Avoid medical jargon.
- Preferred communication method: Speaking Writing Gestures Other: _____

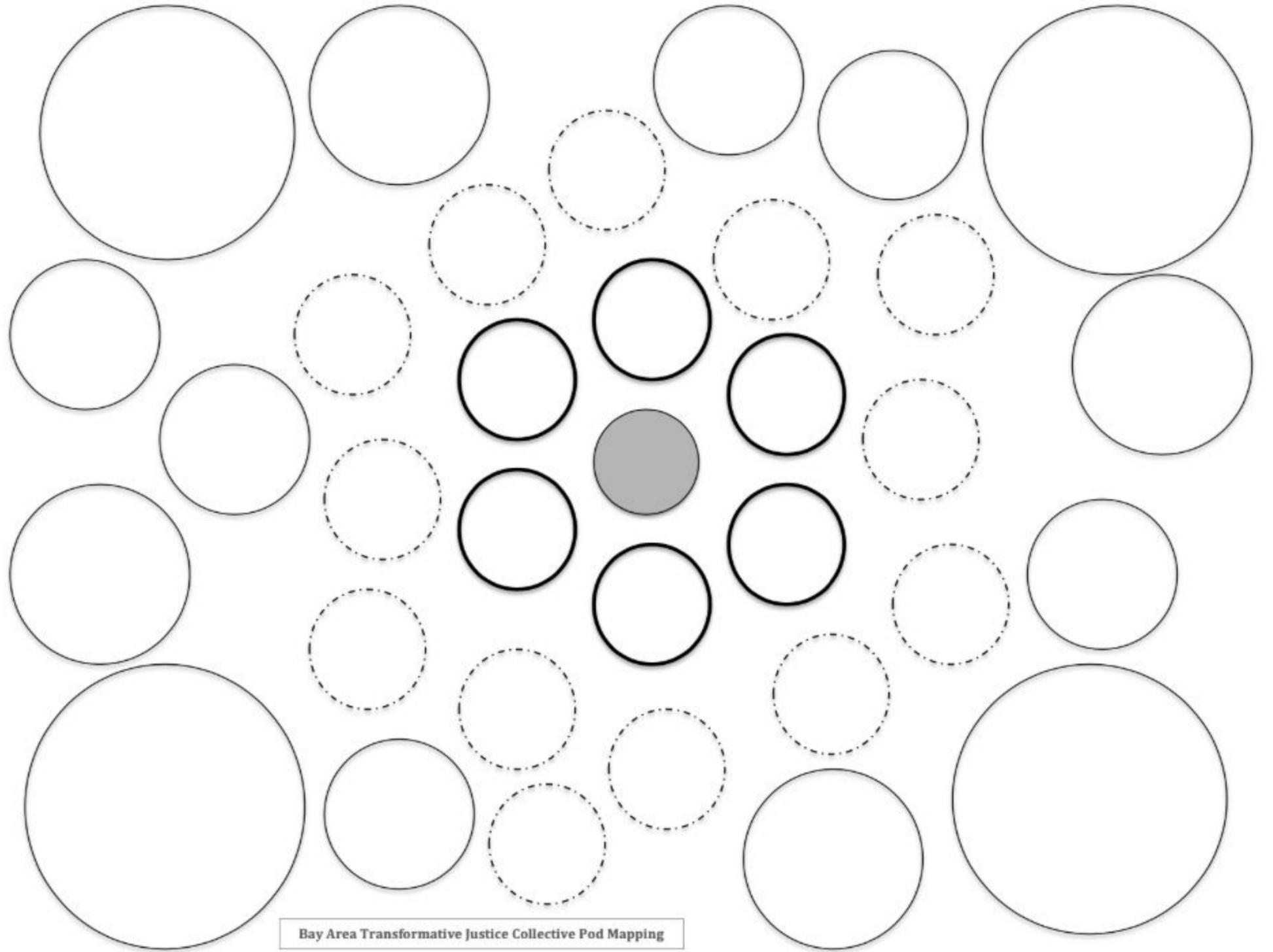
Section 2: Sensory Needs

- Light preferences: Dim Natural Avoid bright/fluorescent
- Noise preferences: Quiet White noise/music Interpreter close by
- Touch preferences: Always ask before touching Pressure helps me Gentle touch only

- Similar to a birth plan/preferences, but directly names access needs
- **Example sections:** communication, sensory needs, mobility, consent boundaries, mental health support, postpartum access

Postpartum Podmapping

Building a Care Web



needs map companion

Living Support

Emotional Support

Physical Care

Material Support

Postpartum Podmapping
Building a Care Web

podmapping worksheet companion

Next Steps

- Recruiting interested community members
- Training cohorts this Spring
- Building an online presence
- Self-paced trainings
- Plain language and access-centered resource development
- Train-the-trainer model



Repro Legal Helpline

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