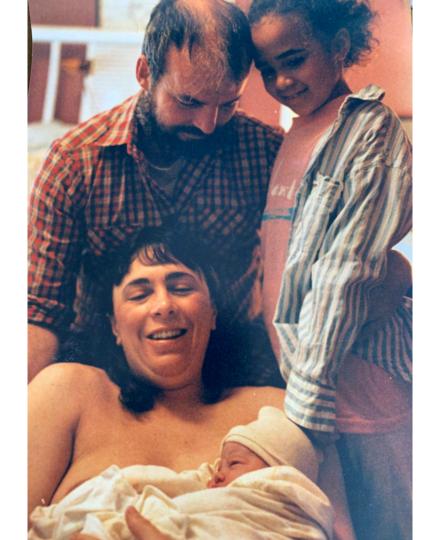


Nashira Baril Neighborhood Birth Center



Nashira Baril Neighborhood Birth Center



Katherine Rushfirth

Neighborhood Birth Center











Amie Shao MASS







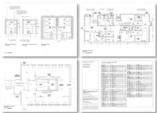






























Objectives

Share lessons from Neighborhood Birth Center

- Regulatory challenges and pathways to policy change
- A human-centered, trauma-informed, co-design process
- Principles for designing affirming, safe, and culturally reverent birth spaces

Operating assumptions

- Abundance there are enough resources.
- Birth is at the center of beloved economy.
- Current healthcare model is not working well for anyone.
- Racial equity means better outcomes for all.
- Design is never neutral.

Birthing a vision

Fundraising and advocacy







THE CASE FOR BIRTH CENTERS

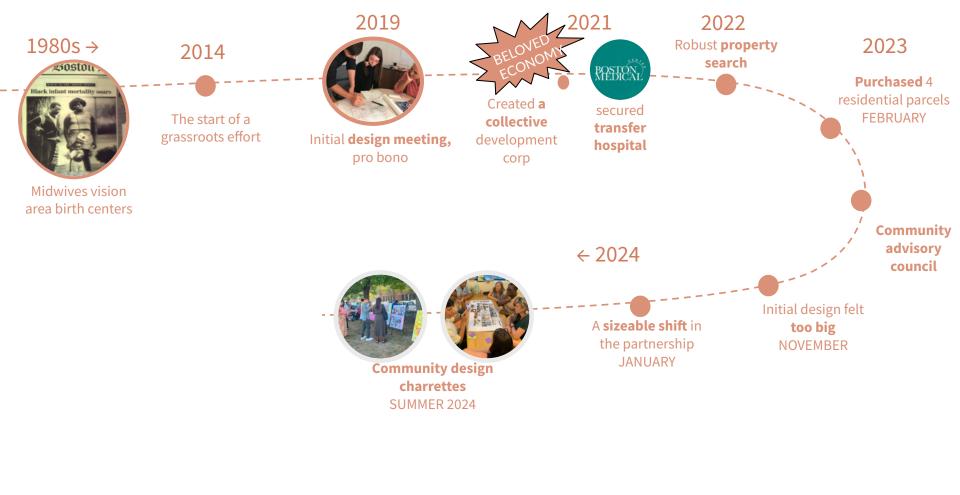


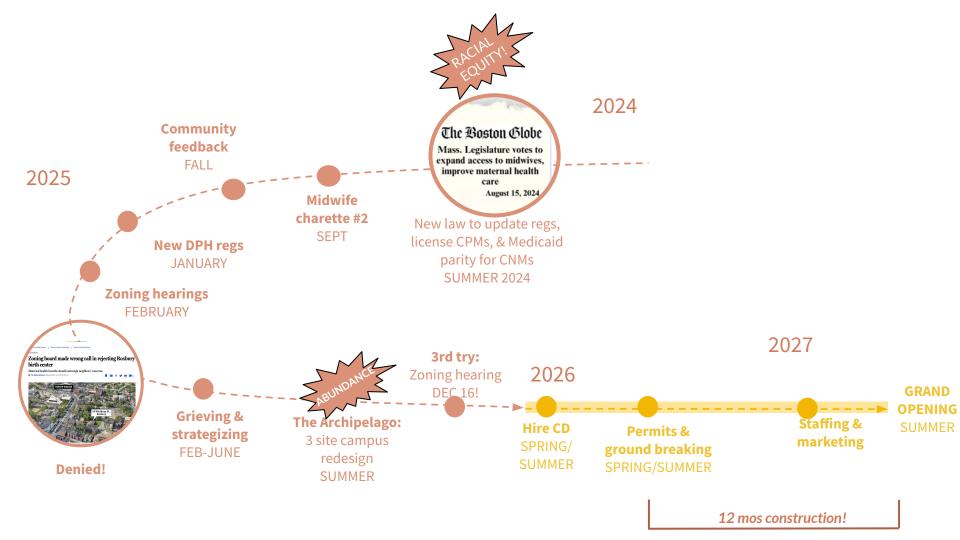








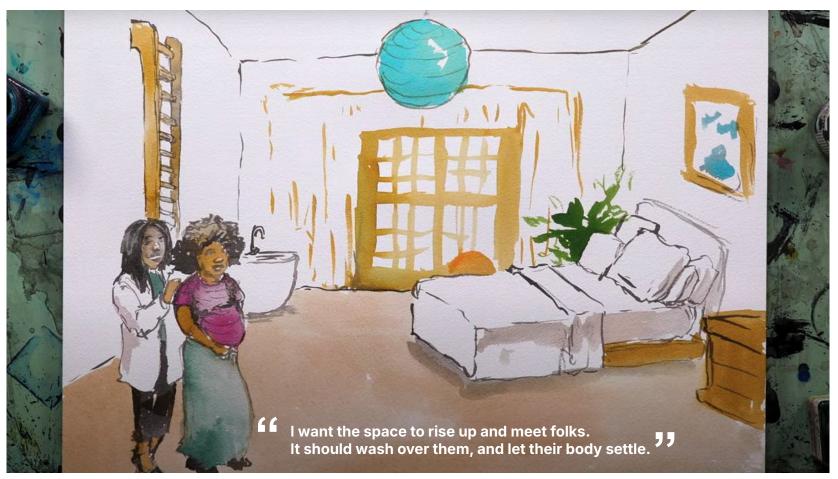




"Space is never neutral."

The way we design birth, and healthcare spaces generally, reflects what we value—how we center families' voices and choices, how we harmonize safety and dignity, and how we honor culture and identity.

Storytelling and momentum building



Solidarity and beloved economy









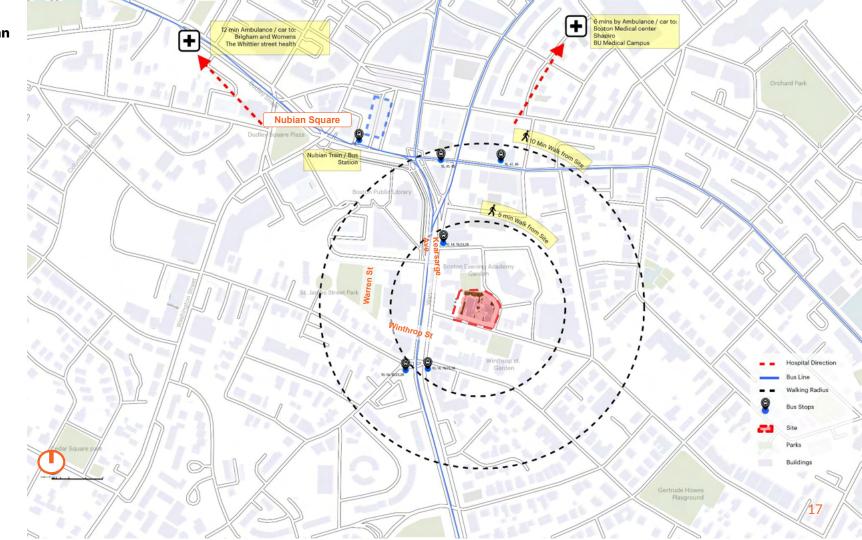






A collective of organizers, movement workers, community members, midwives, and healers.

Context plan





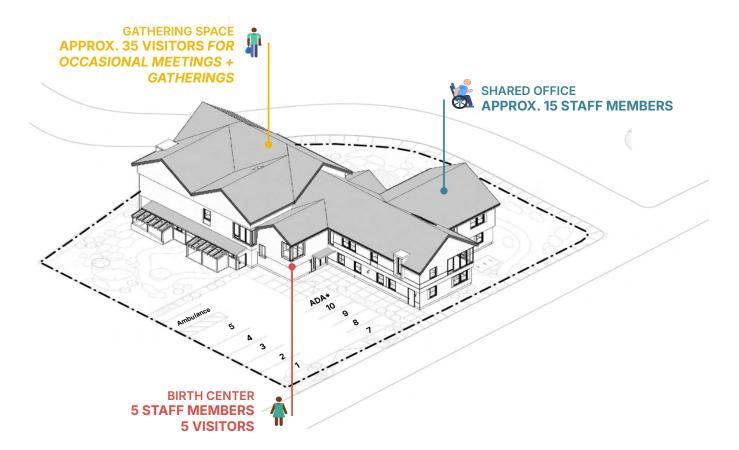
Existing Conditions

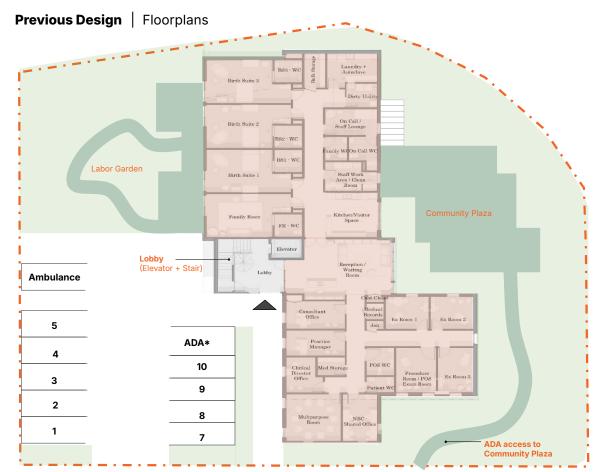




COB issued a notice to demolish 14 Winthrop Street in 2019.









*new proposed ADA parking location change as requested at first ZBA on 02/04

LEVEL 1 LEVEL 2

EDITORIAL

Zoning board made wrong call in rejecting Roxbury birth center

Maternal health benefits should outweigh neighbors' concerns.

By The Editorial Board Updated March 10, 2025, 4:00 a.m.

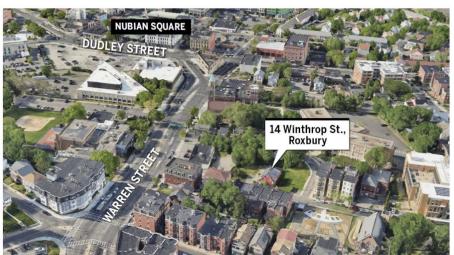












The proposed site, at 14 Winthrop St., is in the heart of one of Boston's predominantly Black neighborhoods, near public transportation, and less than 10 minutes by ambulance to Boston Medical Center if a patient needs an emergency transfer. GLOBE STAFF/GOOGLE EARTH

After nearly a decade of planning, Roxbury was poised to become home to the second operating birth center in Massachusetts and the first Black-run birth center in New England. But Boston's Zoning Board of Appeal narrowly rejected the plans Feb. 25, after neighbors objected to replacing housing with a clinic and office building.

"After years of hosting community events, door knocking, and going above and beyond what was required of us in the established process, this is a serious setback....We brought letters of support from 64 abutters, 40 local organizations and elected officials, and 918 people (including 290 Roxbury residents)....

For that reason, we remain committed to being honest, visionary, creative, and strategic in bringing Community Movement Commons—and especially a Black-led birth center—to life in our city.

We're grieving, we're strategizing, and we're organizing to birth new worlds together."

Public statement from Neighborhood Birth Center, Sisters Unchained, Matahari Women Workers' Center, Center for Economic Democracy, Movement Sustainability Commons, and Resist (the partners of Community Movement Commons) | March 2025

Changes over time

- Much smaller building
- Only the birth center remains. No gathering space or additional nonprofit offices
- Less foot and car traffic
- One existing home preserved
- Increased parking from 11 to 14 spaces.
- Fully residential in scale and design
- 1/3 of the property will be open space.

PREVIOUS DESIGN (2023)

BUILT AREA = 19,900 gsf NON-BUILT AREA* = 8,750 sf

TOTAL STORIES** = 4



PREVIOUS DESIGN (2024)

BUILT AREA = 10,550 gsf NON-BUILT AREA* = 14,350 sf

TOTAL STORIES** = 2
PARKING SPACES = 11



CURRENT DESIGN (2025)

BUILT AREA = 6,813 gsf NON-BUILT AREA*= 14,486 sf***

TOTAL STORIES** = 2

PARKING SPACES = 14



- * Includes parking and birth garden (not publicly accessible)
- ** Stories above grade
- *** Excludes 23 Kearsarge Ave property

How the community process has informed our project

Listening

After our last ZBA hearing, we reached out directly and met with:

- Abutters
- Neighborhood leaders
- Roxbury Path Forward
- Roxbury Neighborhood Council
- City officials
- State officials

Feedback

What we heard:

- We are not opposed to the birth center.
- We just don't want commercial allowed here in the future/if NBC closes.
- We dont want non-profit offices or large events.

Commitments

The direct result of that feedback:

- Smaller birth center only design at 14 Winthrop
- Preservation of the home at 23 Kearsarge
- Removal of nonprofit offices and gathering space
- Commitment to ongoing community input

The Archipelago



We still believe in **interdependence** - that we can go further together, that the future we want to build relies on all of our orgs thriving. So, while we won't live together as we hoped, we are supporting each other.

- Stewardship
- Administration
- Fundraising
- Engagement

3 site campus

Community Movement Commons (CMC) opened this site to NBC; the market alone would have kept the birth center out.

Developing across three properties, the collective will support:

Changing state policy | Expanding midwifery access



Maternal Health Omnibus bill August 26, 2024

- Licensure of Certified Professional Midwives, experts in out-of-hospital birth (homebirth and birth centers)
- Fair reimbursement for Certified Nurse Midwives (who work in hospitals, clinics, birth centers and home birth) through MassHealth
- Updated birth center regulations through the Department of Public Health that remove unnecessary barriers to opening and thriving
- Additional provisions around perinatal mental health, doulas, postpartum home visiting and more.

Changing state policy | Health facility regs

MASS Design Group 1 Chandler Street Boston, MA 02116 hello@massdesigngroup org +1 857 233 5788 massdesigngroup org

October 28, 2024

Commissioner Robbie Goldstein Department of Public Health 250 Washington Street Boston, MA 02106

RE: Birth Center Regulations 105 CMR 140,000

Dear Commissioner Goldstein,

We are submitting this testimony on behalf of MASS Design Group, the architecture firm currently working with Neighborhood Birth Center on Boston's first freestanding birth center. Additionally, we have deep experience in healthcare designing hospital and clinical space nationally and internationally.

We know firsthand the design and budget challenges of the current birth center and facilities regulations. We have visited Seven Sisters Midwifery & Birth Center several times in addition to poring over Birth Center Regulations 156 CMR 140 000 and FCI regulations. And it is clear that there are bacility requirements that are not necessary or suitable for a health setting designed for low risk pregnancy and shystological birth. We make the below recommendations:

1) DPH Outpatient Checklists

- It would be helpful to have an <u>OP checkint</u> dedicated specifically to birth centers for Massachusetts (similar to New York State) as referencing OP1 does not quite match up with the needs specific to birth center.
 - For example, general outpatient facilities must adhere to the patient of size requirement and provide larger bathrooms that accommodate patients of size.
 However, because birth centers serve low risk patients, they should not have to meet the patient of size requirements.
- We recommend having a checklist that is specific to birth centers. This would reduce a lot of the confusion of having to reference and interpret how the general OP1 checklist should apply to this unique type of facility.

2) Handwashing and Toilet Facilities

- From 105 CMR 140 205: "Surgical scrub sink faucets shall be provided with blade type operating handles, knee or foot controls."
- This is unnecessary per the Commission for Accreditation of Birth Centers and adds unnecessary cost. It should be removed as a requirement for freestanding birth centers.

) Lighting

 FGI 2.4-8.3 Electrical Systems: "Birthing rooms to have a minimum lighting capacity of <u>70</u>, foot candles in the delivery and newborn care area"

- The intensive level of lighting required for birth centers in the FGI guidelines is not aligned with need or use. The guidelines stipulate bright overhead ceiling lights.
- However birthing people want the ability to control lighting in their room, and often prefer
- dimmer, more intimate environments.
- The current lighting requirements are extremely costly for birth centers to have to build in to meet code requirements, but these lights are seldom used.
 - o One MA birth center stated that across the span of a year, they only turned the birth room ceiling lights on one time, during an inspection. But for patient care and everyday use, other lower level lights are preferred and more appropriate (other ceiling lights, as well as floor and table larnes).
- · We recommend relaxing the level of lighting required in birth rooms.

Medical records

- The current FGI guidelines refers to a medical records room for storage of physical
- patient records. However, some newer or smaller facilities use digital records.

 We recommend adding a claribing addedour to the requirement, so that facilities up
- We recommend adding a clarifying addendum to the requirement, so that facilities using exclusively digital records are exempt from needing to have a physical medical records space.

5) Elevator

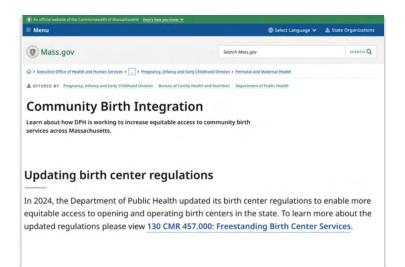
- FQI 2.4-8.7 Elevators: "Minimum elevator car dimensions to be 5'-8" widex 7'-6" deep".
 The FGI guidelines currently requires gurney sized elevators. In the case that the elevator is being used to accommodate emergency stretcher access to birth rooms on an
- However, if the birth rooms are on a ground level floor; and a facility has an elevator to access non-birth spaces on an upper floor (such as multipurpose or staff spaces), the minimum elevator size should be allowed to be smaller.
- · We recommend adding clarifying language to the point above.

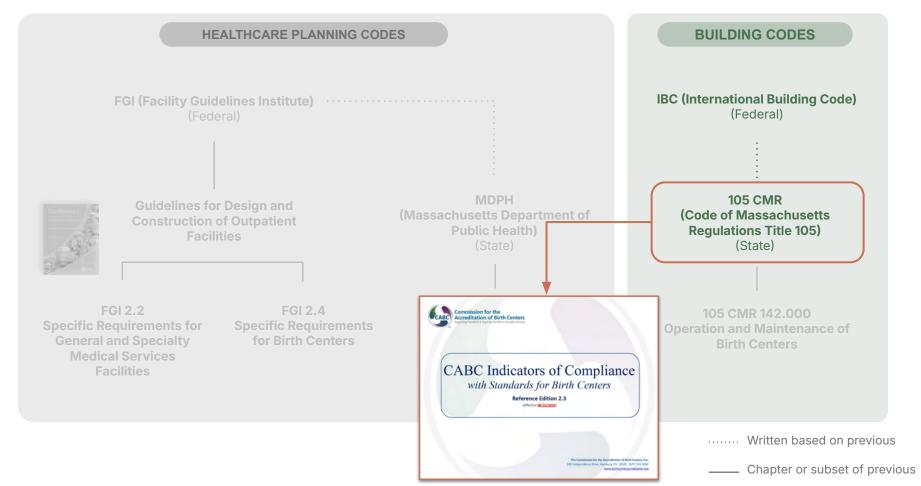
- FGI 2.4-2.8.2 Staff Work Area: Provide facilities for cleaning bedpans in the mother's
- The FGI guidelines currently require facilities for cleaning bedpans in the soiled workroom. However, birth centers do not use bedpans for patients, as mothers are
- ambulatory before, during, and after birth.
- We recommend relaxing or adding clarifying language on the above.

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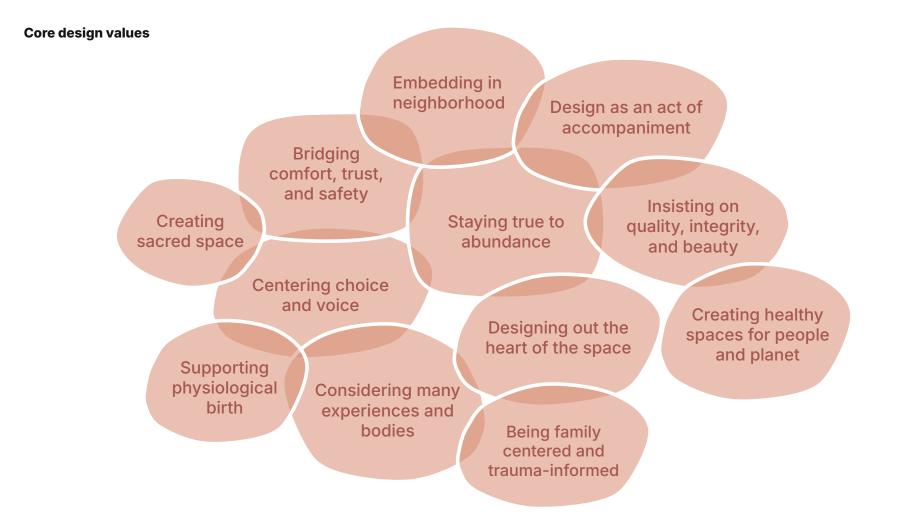
MASS Design Group Team

Amie Shao, Principal, MASS Design Group (amie@mass-group.org)
David Saladik, Senior Principal, MASS Design Group (david@mass-group.org)
1 Chandler St, Boston, MA 02116





Grounding the design



Engaging midwives

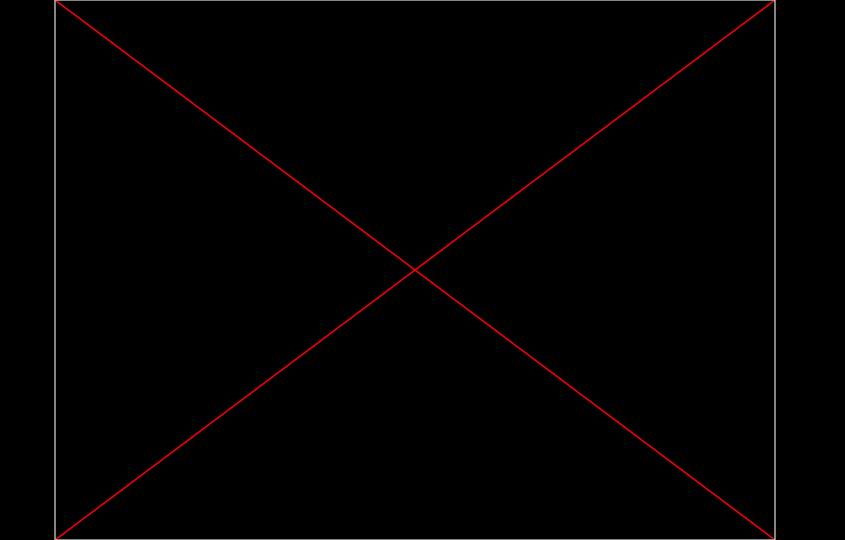












Engaging birthing families

How would you like to see your identity/culture reflected and celebrated in the space?

How does the space hold you?

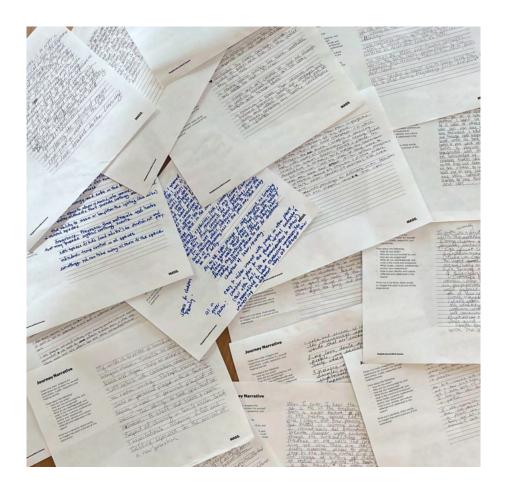
How can we ensure safe, respectful, and healing experiences for people across their birth/ reproductive journeys?

How can we honor those who have come before us?

How can we support families experiencing loss?

How is the space intergenerationally welcoming?





"When I enter, I hear the gentle hum of a fire in the fireplace, trickling water from a water feature, [and] people quietly gathering in the meeting space, etc. The air smells nice (clean, not overpowering, but noticeable). The mood is calming and transportive -I immediately feel grounded and can breathe deeper upon entering. The light through the windows/doors casts beautiful shadows on the walls. The space feels airy yet cozy. There are teas and snacks easily accessible, places to put your shoes (esp. In the birthing suites) and jackets. The images of birthing people show a variety of bodies and abilities. The rooms are soundproofed to provide a quiet and serene environment for labor."





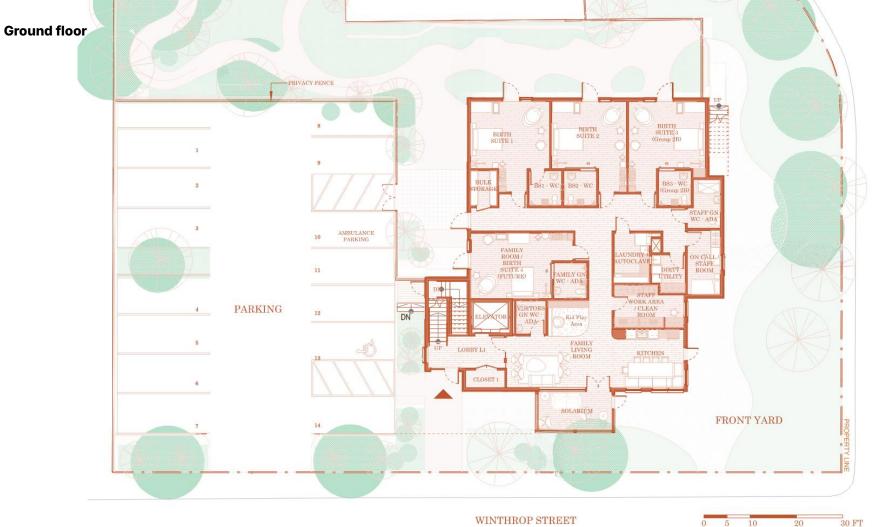
Engaging community





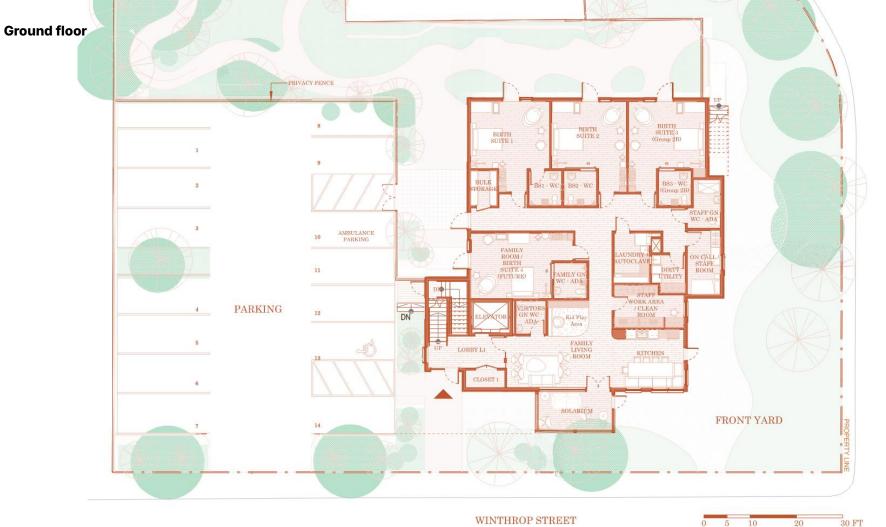
















Landscape inspiration



CHOICES Center for Reproductive Health Memphis, TN Warren Architecture



Matungu Hospital Kakamega, Kenya MASS



Butaro District Hospital Butaro, Rwanda MASS



Labor patio accessed from each birth suite



Direct access into the Terrace from each room offering nature views and light.



2 Bench for stretching & leaning to help with pain coping.



3 Integrated seating for leaning, resting, and bonding with babies.



4 Lager flat paved area for movable furniture and activities to accommodate family gathering

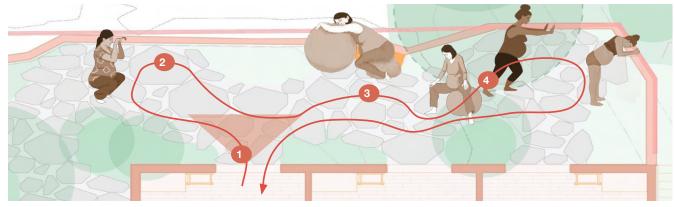
Labor progression: Swaying, Pacing

Comfort & Pain Coping Varied seating, leaning options, shaded & sunny areas

Bonding time: Lounge chairs, I

Lounge chairs, natural materials

Postpartum recovery: Quiet alcove for retreat







Labor garden loop





1 Walking path with steps



2 Sculptural objects for stretching and movement

Labor progression: Stepping, upright walking

Comfort & Pain Coping
Natural distractions, walking
meditation opportunity,
shaded & sunny areas

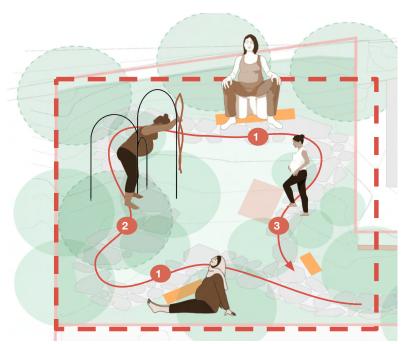
Bonding time:

Deck for lounging, natural environment

Postpartum recovery: Space for family gathering

3 Seating for resting and leaning





Native plants & birth aromatherapy

The garden will feature native Massachusetts plants and aromatic herbs chosen to support people in labor through sensory stimulation. Layered planting enhances the site's sheltered character, with ferns and diverse flowering species creating a soothing and immersive ground-level experience































Where we'll go from here

Refining design details



Furniture and interiors

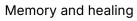




Lantern







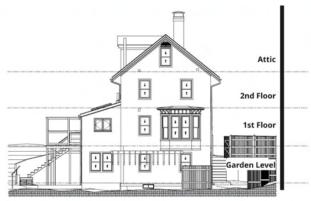






Community house vision

An existing 3.5 story, 6 bedroom, 2.5 bath house that sits behind the birth center will be renovated by Summer 2026, offering low to no cost housing for student midwives precepting at NBC or area hospitals.











MASS.

neighborhoodbirthcenter.org

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