

New York City Department of Health and Mental Hygiene

# THE STATE OF DOULA CARE IN NYC 2020

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## **PURPOSE**

This report is being published pursuant to Local Law 187 of New York City (Appendix A). The report outlines progress towards the plan of the NYC Department of Health and Mental Hygiene (DOHMH) for improving access to doula services in New York City (NYC) and provides an overview of the landscape of doula care in NYC, including challenges facing the doula workforce. Because expansion of doula services will require a system-wide approach, this report also makes recommendations for key stakeholders.

The Health Department recognizes its responsibility to work with fellow New Yorkers to eliminate inequities in maternal and infant health outcomes. For this reason, achieving birth equity – the elimination of racial, ethnic and economic differences in maternal and infant outcomes by advancing the human right of all pregnant and childbearing people to safe, respectful and high-quality reproductive and maternal health care – is an agency priority.

In partnership with the New York City Council, the de Blasio Administration is committed to expanding access to doula care in NYC, especially for those who need it most. The agency is equally committed to lifting the voices of members of communities most affected by inequities in birth outcomes and the voices of advocates who lead efforts to increase the number of people giving birth with doula support.

DOHMH collaborated with community partners to develop the recommendations presented in this report, including doulas, directors of doula programs, and policy experts, all of whom have been key voices in advocacy around doula care.

## WHY DOULAS?

Despite having better overall life expectancy and lower infant death rates than the United States (US) as a whole, New York City mirrors the U.S. in its racial inequities in infant death, maternal death and life-threatening complications related to childbirth (severe maternal morbidity).<sup>1-3</sup> Racial inequities are also documented in other birth outcomes that affect the lives of mothers<sup>a</sup> and their babies, including breastfeeding initiation and duration, Cesarean birth, preterm birth (before 37 weeks of pregnancy) and low birthweight (less than 5 pounds, 8 ounces).<sup>1</sup> These differences are unfair, avoidable and unacceptable.

One promising strategy for improving birth outcomes is the support of a doula. Doulas are individuals trained to provide non-medical physical, emotional, and informational support to childbearing people and their families. Doula care has been associated with lower rates of Cesarean birth, preterm birth, low birthweight, and postpartum depression, as well as with increased rates of breastfeeding, and greater patient satisfaction with maternity care.<sup>4-9</sup>

Nationwide, increased recognition of these health benefits has led to a surge of interest in creating doula programs, including at the municipal and state levels.<sup>10</sup> Much of this interest is related to the promise of financial savings from lower rates of Cesarean sections and expensive neonatal intensive care.<sup>11-13</sup> However, while doula support should be an integral part of the compendium of care that a person giving birth receives, it is important to note that doulas alone cannot solve the inequities in birth outcomes that result from centuries of structural inequality, obstetric violence and medical racism.<sup>14,15</sup> Improving these outcomes will require a range of strategies that prioritize overall women's health and address the root causes of racial inequities in birth outcomes – structural inequalities and the chronic stress of racism and patriarchy on the lives of women, particularly women of African and Hispanic descent.

Key recommendations to stakeholders for improving access to doulas in the city:

- Policymakers should continue to support programs that serve pregnant people who experience disproportionately low access to doula care and who work towards addressing drivers of poor maternal and infant health outcomes. In addition, policymakers should support efforts to train residents of marginalized communities to be doulas, and efforts to ensure doulas earn a living wage.
- Institutions such as hospitals, birthing centers and maternity care providers should require mandatory training for staff on racial, gender and implicit bias as well as how to provide respectful care for all patients, as outlined in the [NYC Standards for Respectful Care at Birth](#). Trainings should be designed in consultation with the communities that these institutions serve. In addition, institutions should review structural factors, including policies and procedures that, often unintentionally, reinforce racial and gender bias and differential

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<sup>a</sup> For the purposes of this report, the term “mother”, “pregnant woman”, and “woman” are considered to apply to any person who is pregnant or has delivered a child. When citing published research, we use the terms in the research.

treatment, to assure that the human rights of all people receiving care are respected and enforced.

- Institutions such as hospitals, birthing centers, and maternity care providers should increase staff awareness of the evidence-based benefits of doula care. The benefits of doula care should be promoted to expectant parents through written information as well as events like “Meet the Doula” night.
- Institutions such as hospitals, birthing centers and maternity care providers should adopt a doula-friendly hospital policy, as outlined in the Principles of Doula Support in the Hospital (see Appendix B) from the New York Coalition for Doula Access, and ensure alignment with other aspects of evidence-based care during pregnancy, childbirth and postpartum (e.g. integrated midwifery care, baby-friendly practices, group prenatal care and home visiting).
- Insurers including managed care organizations should cover doula services and offer reimbursement for birth- and postpartum-doula services at market rates.
- Doula organizations and programs should provide ongoing mandatory trainings on topics such as trauma-informed care, perinatal mood and anxiety disorders, respectfully navigating the hospital environment, and support services available to low-income pregnant people and their families.
- Community health advocates should continue to increase awareness of the evidence-based benefits of doula care among pregnant people and efforts to improve access to doulas.

## CHALLENGES FACING THE NYC DOULA COMMUNITY

As support for improving access to doula care increases, the doula workforce in New York City has faced challenges related to the novel coronavirus pandemic, coverage expansion, autonomy within hospitals, and professionalization.

### COVID-19

The coronavirus outbreak has fundamentally altered the structure of doula support in New York City. Early in 2020, most doulas ceased providing in-person support because of concerns about infection, as well as policy and protocol changes implemented by hospitals to maximize infection control. As hospitals restricted in-person support, most doulas transitioned to providing virtual support to their existing clients. Even when restrictions were loosened slightly, many doulas continued with virtual support in order to protect themselves, their clients, and hospital personnel. Doulas who continued to provide in-person support have had to procure their own personal protective equipment (PPE), which at times has been a barrier to service delivery, although the Health Department has been able to provide PPE to community-based doula programs. The Health Department also released several guidance documents to help doulas continue to support their clients during the pandemic:

[General Recommendations for Doulas](#) addresses questions and concerns related to uncertainty due to COVID-19.

[Guide to Virtual Doula Support](#) provides information to birth and postpartum doulas on supporting childbearing people remotely during COVID-19.

[Preparing Doula Clients for Unforeseen Circumstances](#) provides information on supporting childbearing people in unexpected circumstances that may arise during COVID-19.

With continued concerns about COVID-19 infections, especially as they may affect pregnant people and newborns, many doulas are finding that fewer clients are seeking their services. The economic ramifications are sobering for the profession, and it remains to be seen how the development of a vaccine may affect the demand for in-person support.

### NYS Medicaid Pilot

As of June 30, 2020, the New York State Medicaid pilot program to cover doula services in Kings County (Brooklyn) had been delayed for over a year due to lack of doula participation. The Health Department, doula organizations, and doula advocates have expressed concern about the low rate of reimbursement (\$30 for a home visit and \$360 for labor and delivery), and the requirement that each doula bill Medicaid directly for services rendered. The proposed amount of \$600 per client is lower than market rates, especially when compared to rates offered in other states or for other non-physician roles. The current market rate for doulas in NYC averages \$1,550 per client, and it can go up to \$5,000, depending on experience. This typically covers birth attendance and two to three visits. NYS's Medicaid pilot would pay only 39% of that average rate—for birth

attendance and eight home visits. It should also be noted that by setting the rate so low, the Medicaid pilot runs the risk of attracting mostly inexperienced doulas, defeating the purpose of maximizing doula effectiveness in health outcomes. The low rates also limit the pilot's capacity. Without an appropriate number of doulas registering to provide services, and a high volume of births attended by experienced doulas, it will be difficult to assess the benefits of doula services in Kings County—a region with some of the highest rates of infant mortality and maternal morbidity in NYS, and significant racial disparities for these outcomes.

Legislation to include doulas as medical service providers for Medicaid recipients (A4408 and S5656) was introduced in the State Assembly and Senate last legislative session. If these bills pass and are signed into law, access to doula support will be significantly expanded, as over half of NYC births are covered by Medicaid.

### **Importance of Doula Autonomy in Hospital Setting**

A 2017 Cochrane Systematic Review, widely considered to be the gold standard in determining the effectiveness of healthcare practices, found that continuous support during labor was most effective at reducing Cesarean birth when the support was provided by someone in a “doula role”—not a friend, family member or hospital employee—and when epidural anesthesia was not available to patients.<sup>4</sup> In fact, the authors suggested that the observed differences in effectiveness by provider type (doula, hospital staff, member of woman's social network) could be attributed to doulas having no obligation to anyone other than the laboring woman. The authors also posited that routine hospital practices and policies, as well as competing obligations, might limit staff's effectiveness in the doula role.

Doulas in New York City report that autonomy is often a challenge for them in hospital settings, which can limit their effectiveness. For instance, institutional policies may require that the doula leave the room for certain procedures (triage, epidural insertion, cesarean, etc.), impeding the doula's ability to provide continuous support to their client. Hospitals may require that the patient remain in bed regardless of risk factors, limiting the doula's ability to help the client walk, lunge or squat to encourage the baby's descent. Even in the absence of specific policies, staff preferences may affect the doula's ability to practice their full scope of services. Doulas report that their experience in a single hospital can vary depending on which individual staff members are on duty.

In an effort to quantify these anecdotes, the Health Department's Healthy Start Brooklyn program (HSB) developed a Doula Support Assessment Tool, whose purpose is to document the amount and types of doula support provided to pregnant people during childbirth in the hospital setting. The tool's twofold goal is to identify patterns demonstrating where full range of doula services occur as well as where they experience barriers, and secondly to assess how hospitals can become more “doula-friendly.” The tool was piloted in Brooklyn for four months in 2019 and, before the COVID-19 outbreak, was being used routinely by doulas in HSB's By My Side Birth Support Program and in Brooklyn Perinatal Network's Healthy Women, Healthy Futures program. Once in-person support resumes on a widespread basis, and a sufficient amount of data have been collected, the results will be analyzed for appropriate recommendations.

### **New York State Doula Certification Legislation (A364B and S3344-B)**

Doula certification legislation passed the New York State legislature in June 2019 and was vetoed by Governor Cuomo in December 2019. It would have required certification of doulas in New York State. Several elements of the bill caused concern among doulas and doula organizations such as DONA International and Ancient Song Doula Services. These included defining “certified doulas” as those certified by the State (despite the fact that doula organizations have been certifying doulas for decades), a requirement that doulas be of “good moral character” (which the legislation did not define), and an examination requirement, with an associated fee. These features of the legislation posed potential barriers to providing doula support.

It has been reported that the bill sponsors have engaged in dialogue with the doula community to determine potential amendments to this legislation that could address the concerns raised by advocates and providers.

Several pieces of legislation have also been introduced in the United States Congress related to professionalizing doulas and improving access to doula support. The [National Health Law Program’s Doula Medicaid Project](#) provides regular updates on the progress of these legislation, which address a range of topics, including coverage of doula services under the Medicaid program and financial incentives for doula inclusion in the maternity care home model. One bill would establish a standard, federal definition for a doula as an individual certified by an established doula organization (which is the current standard within the field). This approach could eliminate the need for tailored federal or state-run certification schema.

## INEQUITIES IN BIRTH OUTCOMES

Despite record low rates of infant mortality in NYC, overall rates mask inequities by race/ethnicity. Racial/ethnic inequities in birth outcomes persist, with Black women eight times more likely than White women to die from pregnancy-related causes and 2.6 times more likely to experience a serious complication of their pregnancy.<sup>2,3</sup> Additionally, Latinx mothers are two times more likely to die from pregnancy-related causes and experience serious complications. Babies born to Black and Latinx mothers are 3.3 and 2.0 times more likely to die in their first year of life than babies born to White mothers.<sup>1</sup> These inequities are perpetuated by structural racism and the intersectional effects of racism, sexism, and other spheres of oppression.

Racial disparities are also documented in other birth outcomes that impact the lives of mothers and their babies, including Cesarean birth, preterm birth (before 37 weeks of pregnancy), and low birthweight (less than 5 pounds, 8 ounces). Cesarean delivery is associated with more severe maternal outcomes<sup>16-18</sup>, both because Cesarean delivery can increase risk for complications such as hemorrhage and infection and because Cesarean delivery may be necessary to manage serious conditions. Babies delivered by Cesarean have a greater risk of developing chronic conditions such as asthma, diabetes, and obesity.<sup>16,18-21</sup> In 2017, Black women in NYC had the highest proportion of Cesarean births of all racial and ethnic groups.<sup>1</sup> Additionally, even though babies born to Black mothers made up 19% of all births in 2017, they represented 28% of all low-birthweight babies and 27% of all preterm births that year.<sup>1</sup> This is noteworthy because low-birthweight infants and preterm birth are key drivers of infant mortality.

Immigration-related stressors may also influence birth outcomes. NYC researchers comparing rates of preterm birth before and after the 2016 presidential election found a statistically significant increase among immigrant Hispanic women, possibly attributed to anti-immigrant and anti-Hispanic rhetoric used during and after the campaign, as well as federal immigration raids.<sup>22</sup>

Place also matters. Though NYC is one of the wealthiest cities in the United States, its neighborhoods are some of the most racially and economically segregated in the country.<sup>23</sup> The cumulative impact of racially-based discriminatory practices directing where people live and resources available in their neighborhoods has contributed to deep and persistent health inequities, including inequities in birth outcomes. Neighborhoods with predominantly Black and Hispanic populations, and where many residents live in poverty – such as East Flatbush and Brownsville in Brooklyn, Williamsbridge and Mott Haven in the Bronx, and Jamaica in Queens – have some of the highest rates of infant mortality and severe maternal morbidity in the city.<sup>1,3</sup> For example, over a two-year period (2013 to 2014), the rate of severe maternal morbidity ranged from 92.4 for every 10,000 live births in Borough Park, Brooklyn, to 567.7 for every 10,000 live births in East Flatbush, Brooklyn – a six-fold difference.<sup>3</sup>

# PLAN FOR IMPROVING ACCESS TO DOULA CARE IN NYC

Several DOHMH initiatives to improve access to doula care in NYC are underway, with additional work planned. There are four key components to this work: increasing access for communities of color and low-income communities; building doula capacity and making hospital environments more welcoming to doulas; amplifying community voices to help expand access to doula services; and improving data collection. The following outlines the Health Department’s plan for improving access to doula care and relevant updates for FY2020.

## Status

■ Complete    
 ● On Track    
 ● At Risk    
 ● Off Track    
 ● Not Started

### 1. Increase access to doulas in underserved communities

Doula care has typically been available to those who know about it and can pay for it. In recent years, efforts have been made to increase availability for all birthing people.

	PROGRAM/INITIATIVE <sup>b</sup>	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	By My Side Birth Support Program	<p>Provide birth doula care to women who live in parts of Central and East Brooklyn and meet income eligibility requirements for WIC or Medicaid.</p> <p>Provide case management with each client at prenatal and postpartum home visits.</p>	●	Ongoing	<ul style="list-style-type: none"> <li>By My Side is celebrating its 10-year anniversary. Since 2010 the program has served over 1,000 families.</li> <li>The new 5-year grant cycle began 4/1/19 with a mandate to increase enrollment to 300 pregnant people per year.</li> <li>In 2020, By My Side expanded into three additional zip codes in Central Brooklyn, for a total of six.</li> </ul>
B.	Healthy Women Healthy Futures (HWHF)	Provide birth and postpartum doula care to women living in NYC, with priority given to those with an elevated risk for negative maternal and infant health outcomes.	●	Ongoing	<ul style="list-style-type: none"> <li>The FY19 HWHF evaluation plan was completed and submitted to the Health Department. Vendors continue to execute deliverables.</li> <li>In FY20, HWHF evaluation team will focus on refining tools, such as intake and referral</li> </ul>

<sup>b</sup> A detailed description of each DOHMH program or initiative referenced in this plan can be found in [The State of Doula Care in NYC 2019](#) report.

		Train community residents to become doulas and build capacity among doula workforce.			<p>documents, to make them efficient yet effective in collecting relevant information for service delivery and coordination.</p> <ul style="list-style-type: none"> <li>• During FY19: <ul style="list-style-type: none"> <li>○ 228 individuals received doula support throughout the five boroughs</li> <li>○ 55 women were trained as labor, postpartum and/or full spectrum doulas – not mutually exclusive</li> </ul> </li> </ul>
<u>C.</u>	New York Coalition for Doula Access (NYCDA)	Expand access to perinatal support for all, with a particular focus on communities that are at greatest risk for poor outcomes.		Complete	<ul style="list-style-type: none"> <li>• The New York Coalition for Doula Access has accomplished its goals of increasing understanding of the benefits of doula support, especially for those at greatest risk of poor outcomes, and building momentum for third-party reimbursement for doulas. Its work to promote acceptance of doulas in medical institutions has been transitioned to the Maternity Hospital Quality Improvement Initiative (MHQIN), described below.</li> <li>• The “Principles of Doula Support in the Hospital” (Appendix B) developed by NYCDA to outline the roles and responsibilities of a doula, and ways a hospital can become “doula-friendly”<sup>c</sup>, was used as the framework for developing the MHQIN Doula-Friendliness Assessment (Appendix C). The Doula-Friendliness assessment quantifies a hospital’s doula-friendliness and provides a roadmap for improving doula integration.</li> </ul>
<u>D.</u>	Doula Care Landing Page	Increase awareness of the benefits of doula support and availability of no and low-cost doula services.		Ongoing	<ul style="list-style-type: none"> <li>• The Doula Care landing page went live on the NYC Health Department’s website in Spring 2019 with information about doula care, including the benefits of doula support.</li> <li>• In Winter 2020, the page was updated with information on accessing doula services, highlighting no- and low-cost doula programs, including the Health Department’s doula programs (HWHF and BMS). The Winter 2020 update also included a list of NYC organizations that train individuals to become a doula.</li> </ul>

<sup>c</sup> A doula-friendly hospital has an established culture of respect grounded in policies and practices that reflect an understanding of the benefits of doula care, facilitate the integration of doulas into the birthing team and allow doulas to provide their full scope of practice.

## 2. Build doula capacity and create doula-friendly hospitals

Effective doula support during labor and delivery relies heavily on a collaborative relationship between the doula and the hospital care team. Laying the groundwork for consistently positive relationships is a crucial aspect of improving access to doula support. As the demand for doula care increases, it is important to develop and foster a strong doula workforce, particularly among community-based doulas serving marginalized communities, through trainings, professional development, mentoring and equitable pay.

	PROGRAM/INITIATIVE	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	Maternity Hospital Quality Improvement Network (MHQIN) – Community Engagement	<p>Improve hospital staff collaboration with doulas.</p> <p>Strengthen healthcare-system linkages to community-based resources, including free or low-cost doula programs.</p>	●	July 2018 – June 2022	<ul style="list-style-type: none"> <li>Conducted doula-friendliness assessments at four hospitals between July 2019 and March 2020.</li> <li>Completed action plans collaboratively with staff and leadership at Montefiore, H+H/Metropolitan, and H+H/Kings County hospitals between Oct 2019 and Jan 2020 detailing action steps hospitals can take to improve doula-friendliness in four key capacity areas: staff knowledge of doula support, doulas as part of the birthing team, increasing awareness of doula support among patients, and doula policies and practices.</li> <li>All three participating hospitals began or continued referring patients to community-based doula programs.</li> <li>Metropolitan Hospital developed and disseminated a formal hospital policy in Feb 2020, which educated staff on a doula’s role in providing continuous labor support and postpartum care. The policy outlined the doula’s responsibilities, the staff’s responsibilities in supporting the doula’s role, guidelines for care, as well as a formal reporting protocol. After the policy was implemented, staff reported enhanced satisfaction with doula support as they were able to redirect their focus on other patients who needed support.</li> <li>The policy clarified that doulas are not required to be certified, which increased patient access to doula support.</li> <li>DOHMH increased doula capacity in the Bronx by funding and coordinating doula trainings for Bronx residents in June 2020. 22 participants attended the Virtual Birth Doula Training, 21 participants attended the Virtual Breastfeeding Prerequisite Workshop, and 25 participants attended the Virtual</li> </ul>

					<p>Postpartum Doula Trainings. All participants attended the trainings with the agreement to provide doula support in the Bronx as part of the Healthy Women, Health Futures program.</p> <ul style="list-style-type: none"> <li>In FY21, the community engagement component of this program will be expanded to other MHQIN hospitals as staff capacity and in-person limitations allow. A toolkit for improving doula and hospital collaboration is being developed for dissemination to all MHQIN hospitals.</li> </ul>
<u>B.</u>	Doula Support Assessment Tool	Identify patterns in hospital practices that may impede the effectiveness of doula support, which can then be addressed to make hospitals more doula friendly.	●	Ongoing	<ul style="list-style-type: none"> <li>From June through September 2019, the tool was piloted with doulas from By My Side Birth Support Program and the Brooklyn Healthy Women, Healthy Futures doulas. The pilot period was a success: There was an 89% response rate, and doula feedback on the tool itself was positive.</li> <li>Doulas continued to complete the survey after the pilot end and incorporated it into their regular workflow. However, the COVID-19 pandemic has disrupted data collection related to in-person birth support.</li> <li>The data will be analyzed once 100 surveys are completed; 58 have been submitted to date.</li> </ul>
<u>C.</u>	By My Side Birth Support - Apprenticeship Program	Facilitate yearly 6-month apprenticeship program for newly-trained doulas, to help them achieve certification, increase their professional skills, and increase their capacity to work as community-based doulas.	●	Ongoing	<ul style="list-style-type: none"> <li>Since 2018, BMS has facilitated 3 cohorts and graduated 10 apprentice doulas, two of whom have since completed doula certification.</li> <li>In 2020 BMS will focus on creating a pathway for graduated apprentice doulas to be hired by the program.</li> </ul>

### 3. Amplify community voices

The Health Department values the lived experience of people giving birth who are most affected by poor birth outcomes. The Health Department will amplify the voices of these New Yorkers to advocate for themselves and their communities.

	PROGRAM/INITIATIVE	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	Maternity Hospital Quality Improvement Network - NYC Standards for Respectful Care at Birth	<p>Provide technical assistance and training to MHQIN hospital staff to support successful implementation of the NYC Standards for Respectful Care at Birth (“NYC Standards”).</p> <p>Employ Birth Justice Defenders (BJDs) who work within communities to disseminate the Standards, ensuring that people giving birth know their human rights and are active decision-makers in their birthing experience.</p>	●	July 2018 – June 2022	<ul style="list-style-type: none"> <li>On 10/17/19, DOHMH co-hosted <i>Implementing Best Practices for Respectful Maternity Care: A Provider Stakeholder Discussion</i> in collaboration with ACOG District II. This meeting convened 60 participants from 13 maternity hospitals throughout NYC, as well as 11 organizations supporting safe and respectful maternity care (including NYSALM, GNYHA, HANYS, AWHONN and ACNM), to discuss best practices around implementing the NYC Standards.</li> <li>DOHMH developed the NYC Standards Baseline Assessment Tool, administered through telephone interviews with the 14 MHQIN hospitals from August through Nov 2019. Results are currently being analyzed.</li> <li>DOHMH drafted the Healthcare Implementation Guide (HIG) to the NYC Standards in collaboration with healthcare professionals throughout NYC. The HIG provides practical tools and guidance for upholding the NYC Standards within clinical settings. We plan to print and disseminate the HIG in FY21.</li> <li>The Queens/Manhattan/Staten Island (QMS), Brooklyn and Bronx BJD groups launched in Jun 2017, Oct 2018 and Oct 2019, respectively. Approximately 35 community members are actively participating in the Queens/Manhattan/Staten Island (QMS) BJD group, approximately 15-20 in the Brooklyn group, and approximately 40 in the Bronx group.</li> <li>Between July and December of 2019, the QMS group reached 306 pregnant or parenting individuals through participation in community events and the Brooklyn group reached 215. All three BJD groups are planning several community events for Spring 2020.</li> </ul>

					<ul style="list-style-type: none"> <li>In November 2019, DOHMH received private funds to train 15 Birth Justice Defenders as community health workers. Over a 2-year period, these Defenders will provide patient education around respectful care at birth at 2 participating MHQIN hospitals, with the goal of reaching 1,000 patients over 2 years.</li> <li>In partnership with the BJDs, DOHMH has developed a companion guide to the NYC Standards for community residents. This guide can be used as a tool to educate other community residents on respectful care at birth, and to help pregnant and birthing persons exercise their rights. Printed copies of the guide will be available late 2020.</li> </ul>
<u>B.</u>	Neighborhood Birth Equity Strategy	<p>Disseminate neighborhood-specific information about severe maternal morbidity (SMM) and infant mortality (IM).</p> <p>Offer opportunities to increase the capacity of local organizations to address the root causes and contributing factors to birth inequities.</p> <p>Engage community boards and Community Based Organizations across the city promoting doula services, as part of efforts to improve maternal and infant outcomes.</p>	●	Ongoing	<ul style="list-style-type: none"> <li>Between March and June of 2019, DOHMH conducted focus groups in neighborhoods and with ethnic groups that are particularly affected by SMM/IM, including Haitian-Creole-speaking individuals. The focus groups created an environment where the agency could learn about opportunities and barriers to optimal birth outcomes faced by specific groups. The sessions also highlighted the role of doulas and doula-training opportunities.</li> <li>In Winter 2020, Health Department staff presented to the East Flatbush community board (CB17) on SMM and IM data, MHQIN, and the Health Department's efforts to improve access to doula support. Board members were made aware of the Health Department doula programs (HWHF and BMS).</li> </ul>
<u>C.</u>	Neighborhood Health Action Centers	Improve public awareness of doula support and its benefits to Action Center visitors.	●	Ongoing	<ul style="list-style-type: none"> <li>Neighborhood Action Centers hosted <i>Meet the Doula</i> and <i>Doula Meet and Greet</i> events. Target audiences are community members, as well as clinical providers.</li> </ul>

#### 4. Improve data collection

Though the Health Department has begun collecting data about doula providers in NYC, many gaps remain. The agency will take the following steps to improve the data it collects about doulas and about people giving birth in NYC, to better inform efforts to improve access to doula care in the city.

	PROGRAM/INITIATIVE	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
<u>A.</u>	Biennial assessment of doula providers	Collect data to help understand the landscape of doula care in NYC.		Ongoing	<ul style="list-style-type: none"> <li>Considering staff resources required for survey planning, implementation and analysis, and the limited year to year changes in the NYC doula landscape, DOHMH determined that this survey should be conducted on a biennial basis. The next survey will be fielded in Winter 2021.</li> </ul>
<u>B.</u>	Directory: NYC doula providers	<p>Collect demographic and service information from NYC doula programs and organizations.</p> <p>Host a directory of doula providers in NYC on the Health Department website.</p>		Ongoing	<ul style="list-style-type: none"> <li>In Spring 2020, DOHMH surveyed known doula organizations and programs for annual updates to the directory of doula providers in NYC. The directory currently has eight doula organizations and programs, of which four provide free doula support and seven train people to become doulas.</li> </ul>
<u>C.</u>	NowPow	Assess demand for doulas using NowPow resource directory and referral system.		Ongoing	<ul style="list-style-type: none"> <li>In FY20, six organizations made 109 referrals for “birth center services,” which include referrals to doula support. Searches for known doula programs were made over 100 times.</li> <li>The exact number of referrals to doula support cannot be reported, as doula organizations do not list doula service uniformly in NowPow. DOHMH will work with doula organizations to consistently categorize this service in the NowPow directory.</li> <li>Additionally, DOHMH will work with doula organizations and private doulas to have them register in NowPow.</li> <li>These changes will help DOHMH better assess demand for doula support using the NowPow directory.</li> </ul>
<u>D.</u>	Directory: Insurance coverage of doula support	Assess which NYC-based insurers cover doula care.		2021	<ul style="list-style-type: none"> <li>Information about insurance coverage for doula support is not currently centralized. DOHMH is exploring alternatives.</li> </ul>
<u>E.</u>	Pregnancy Risk Assessment Monitoring System (PRAMS)	Explore the possibility of adding new questions pertinent to labor and postpartum support to PRAMS.		2021	<ul style="list-style-type: none"> <li>DOHMH plans to explore the possibility of adding new questions pertinent to labor and postpartum support to the next phase of PRAMS which will be fielded in 2022.</li> </ul>



## **PROGRAM HIGHLIGHT:**

### **The By My Side Birth Support Apprenticeship Program**

#### **Background**

The By My Side Birth Support Program (BMS) has been providing no cost doula support services in Central Brooklyn neighborhoods since 2010. The program has grown steadily and in 2019 was mandated to double the amount of people receiving doula services to 300 per year. To meet this challenge, BMS created the Apprenticeship Program to help new community-based doulas develop their skills in traditional doula care, case management, and cultural sensitivity, so they are better prepared to support clients experiencing multiple stressors and challenges. BMS hires doulas only after they have been certified by a certifying organization, so another goal of the Apprenticeship Program is to help newly trained doulas achieve certification.

#### **Process**

The program provides 6 months of mentoring, support, and professional development. The apprentice doulas are supervised by the BMS director and doula coordinator and are mentored by experienced BMS doulas in areas such as traditional doula care, case management, and referral skills. The apprentices receive a stipend to attend monthly workgroup meetings with the BMS director and doula coordinator to assist in certification, as well as to attend the monthly BMS meetings where they gain a deeper understanding of this work in the context of a community-based program. Apprentices are made aware of other training opportunities when available such as Mental Health First Aid, Intimate Partner Violence, and Trauma Informed Care. The BMS doula coordinator matches apprentices with pregnant people not eligible for BMS, to assist in meeting required attended births for certification.

#### **Challenges and Opportunities**

Initially retention was a challenge. However, this improved with the second and third cohorts, in part, due to changes in the application process. Another challenge is that with a limited budget, we are only able to offer doulas a small stipend for participation; a larger budget would enable apprentices to prioritize additional professional development workshops. Finally, doulas often provide services pro bono while earning their certification, which can be a barrier for residents of under-resourced neighborhoods who want to become doulas. A larger budget would allow us to provide stipends to the apprentices for attending births.

#### **Progress**

Since 2018, BMS has facilitated three apprenticeship program cohorts. In the most recent cohort, all six doulas remained in the program for its duration. In the next fiscal year, our goal is to increase the cohort to 12 apprentice doulas. However, due to the COVID-19 pandemic the program is on hold until all doulas can safely attend hospital births.

#### **Future Plans**

Include opportunities during cohort for one-on-one meetings with By My Side administration to:

- Discuss process/experience in program
- Share what is working and what is not working

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**LOCAL LAWS  
OF  
THE CITY OF NEW YORK  
FOR THE YEAR 2018**

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**No. 187**

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Introduced by Council Members Rosenthal, Ampry-Samuel, Cumbo, Rivera, Chin, Levin, Levine, Ayala, Lander, Cohen, Rose, Kallos, Richards, Brannan, Reynoso, Menchaca, Williams, Powers, Perkins, Adams, Constantinides, Barron and Miller.

**A LOCAL LAW**

**To amend the administrative code of the city of New York, in relation to access to doulas**

*Be it enacted by the Council as follows:*

Section 1. Chapter 1 of title 17 of the administrative code of the city of New York is amended by adding a new section 17-199.10 to read as follows:

*§ 17-199.10 Doulas. a. Definitions. For the purposes of this section, “doula” means a trained person who provides continuous physical, emotional, and informational support to a pregnant person and the family before, during or shortly after childbirth, for the purpose of assisting a pregnant person through the birth experience; or a trained person who supports the family of a newborn during the first days and weeks after childbirth, providing evidence-based information, practical help, and advice to the family on newborn care, self-care, and nurturing of the new family unit.*

*b. No later than June 30, 2019, the department shall submit to the speaker of the council and post on its website a plan to increase access to doulas for pregnant people in the city, including relevant timelines and strategies. In developing such plan, the department shall assess data regarding the needs of pregnant people and may consider the following factors:*

- 1. The demand for doulas in the city;*
  - 2. The number of doulas in the city and any appropriate qualifications;*
  - 3. Existing city and community-based programs that provide doula services, including whether such programs offer training for doulas;*
  - 4. The availability of doula services that are low-cost, affordable, or free to the mother or pregnant person;*
  - 5. Areas or populations within the city in which residents experience disproportionately low access to doulas;*
  - 6. Areas or populations within the city in which residents experience disproportionately high rates of maternal mortality, cesarean birth, infant mortality, and other poor birth outcomes;*
  - 7. The average cost of doula services, and whether such services may be covered by an existing health plan or benefit; and*
  - 8. Any other information on the use of doulas and benefits associated with the use of doulas.*
- Such plan shall additionally list the factors considered in development of the plan.*

*c. No later than June 30, 2019, and on or before June 30 every year thereafter, the department shall submit to the speaker of the council and post on its website a report on the following information:*

- 1. Known city and community-based programs that provide doula services, including whether such programs offer training for doulas;*
- 2. Areas or populations within the city in which residents experience disproportionately high rates of maternal mortality, infant mortality, and other poor birth outcomes; and*

*3. Any updated information regarding implementation of the plan required by subdivision b of this section since the prior annual report.*

§ 2. This local law takes effect immediately.

THE CITY OF NEW YORK, OFFICE OF THE CITY CLERK, s.s.:

I hereby certify that the foregoing is a true copy of a local law of The City of New York, passed by the Council on October 17, 2018 and returned unsigned by the Mayor on November 19, 2018.

MICHAEL M. McSWEENEY, City Clerk, Clerk of the Council.

CERTIFICATION OF CORPORATION COUNSEL

I hereby certify that the form of the enclosed local law (Local Law No. 187 of 2018, Council Int. No. 913-A of 2018) to be filed with the Secretary of State contains the correct text of the local law passed by the New York City Council, presented to the Mayor and neither approved nor disapproved within thirty days thereafter.

STEVEN LOUIS, Acting Corporation Counsel.



NEW YORK COALITION  
FOR DOULA ACCESS

## PRINCIPLES OF DOULA SUPPORT IN THE HOSPITAL

“One of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula.”

—*Safe Prevention of the Primary Cesarean Delivery*, Consensus Statement, American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine, March 2014

**A doula** is a trained childbirth professional who provides non-medical physical, emotional, and informational support to clients and their families before, during, and after birth. This document outlines the doula’s role during the hospital stay.

### What a doula does:

- Offers culturally sensitive emotional and informational support to the client and her support person(s).
- Supports the client’s choices surrounding the birth, regardless of the doula’s personal views.
- Facilitates positive, respectful, and constructive communication between the client, the support person(s), and the medical team.
- Recognizes that the doula operates within an integrated support system, including the client’s family and medical care providers, and facilitates informed, collaborative decision-making.
- Encourages the client to consult medical caregivers on any areas of medical concern. A doula does not speak for the client but may prompt the client to ask questions regarding her care/treatment.
- Offers help and guidance on comfort measures such as breathing, relaxation, movement, positioning, comforting touch, visualization, and if available, hydrotherapy and use of a birth ball or peanut ball.
- Supports and assists with initial breastfeeding during the first few hours after birth, and provides postpartum support during the hospital stay.
- Adheres to patient confidentiality in accordance to Health Insurance Portability and Accountability Act (HIPAA) regulations.

### What a doula does not do:

- Diagnose medical conditions or give medical advice.
- Make decisions for the client or project the doula’s own values/goals onto the client.
- While in the doula role, perform clinical tasks such as vaginal exams or assessing fetal heart tones.
- Administer medications.
- Interfere with medical treatment in the event of an emergency situation.

## CREATING A DOULA-FRIENDLY HOSPITAL



NEW YORK COALITION  
FOR DOULA ACCESS

### A doula-friendly hospital is one that:

- Recognizes that the doula has been chosen by the client to be a part of the labor support team, and includes the doula as part of the integrated team for the birth.
- Allows the doula in the labor and delivery room, whether or not the allotted number of support people has been reached.
- Ensures that the doula is treated with respect.
- Understands that the doula supports the client and her desires.
- Allows and supports non-medical comfort techniques for labor, including but not limited to varied labor positions, movement, breathing techniques, aromatherapy, comforting touch, visualization, hydrotherapy, and the use of a birth ball and/or peanut ball.
- Facilitates the provision of continuous, calming support by allowing the doula to be present in triage and, absent a compelling reason to the contrary, for procedures such as epidural insertion and cesarean section.
- Ensures that the doula is able to support the client post-partum, while at the hospital, for breastfeeding and additional comfort measures.

### High-quality scientific research strongly and consistently supports the benefits of doula care:

- A 2017 Cochrane systematic review analyzed data from 26 studies involving more than 15,000 women and concluded that based on the documented benefits, all women should have access to doula support.
- A review of 41 birth practices in the *American Journal of Obstetrics and Gynecology* in 2008 using the methodology of the US Preventive Task Force concluded that doula support was among the most effective of all those reviewed, one of only three U.S. practices to receive an “A” grade.
- In “Safe Prevention of the Primary Cesarean Delivery,” the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) reported that continuous labor support is an underutilized strategy for reducing unnecessary C-sections, suggesting the need for policy changes to increase access to doula care, particularly for those at greatest risk of poor outcomes.

References: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003766.pub6/full>;  
[https://www.ajog.org/article/S0002-9378\(08\)00775-8/fulltext](https://www.ajog.org/article/S0002-9378(08)00775-8/fulltext); <https://www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery>

# DOULA-FRIENDLINESS CAPACITY ASSESSMENT

**Purpose:** To assess the progress of the hospital in becoming doula-friendly<sup>1</sup>

Key Capacity Area	Basic	Moderate	Robust
<b>KNOWLEDGE OF DOULA SUPPORT</b>	<i>Most or all staff have limited or no understanding of a doula's scope of services or the benefits of doula support.</i>	<i>Variability in staff understanding of a doula's scope of services and the benefits of doula support.</i>	<i>Most or all staff have clear understanding of a doula's scope of services and the benefits of doula support.</i>
What is your current understanding of a doula's role? How would you describe their work?			
Are you aware of the evidence-based benefits of doula care? If so, what evidence are you familiar with?			
What proportion of your staff are familiar with the role of doulas, as well as the benefits of doula support?			
<b>DOULAS AS PART OF THE BIRTHING TEAM</b>	<i>Cannot identify tangible benefits of doulas to care team and does not prioritize doula integration.</i>	<i>Some staff recognize the added value of doulas to the care team, but there is not consistency among staff on doula integration.</i>	<i>Clearly identifies tangible benefits of doula to care team and describes reciprocal support between doulas and care team. Agreement among staff at all levels (including administration and leadership) on doula integration.</i>
How do doulas support the care team? What is their added value to the team? How does the care team support doulas?			
What does respect for a doula look like to you?			
Is there consensus among your staff on the way doulas should be integrated into the team?			
<b>INCREASING AWARENESS OF DOULA SUPPORT AMONG PATIENTS</b>	<i>Information about doulas is not routinely shared with patients. No activities to increase awareness.</i>	<i>Shares information about doulas with patients but not routinely. Few or no activities to increase awareness. Referrals to doula resources occur infrequently.</i>	<i>Shares information about doulas with patients as part of routine care and creates opportunities for patients to learn about doula care. Staff has established referral pathways to doula resources.</i>
Do you routinely share information about doulas with your patients? If so, how?			

<sup>1</sup> An established culture of respect grounded in policies and practices that reflect an understanding of the benefits of doula care, facilitate the integration of doulas into the birthing team and allow doulas to provide their full scope of practice.

Have you engaged in any activities to increase doula awareness for patients?			
<b>POLICIES AND PRACTICES – GENERAL</b>	<i>No policies or practices are in place regarding doulas.</i>	<i>Current policies exist but are not written and/or followed routinely by staff.</i>	<i>Clear written policies developed with input from doula community, that are shared with staff and doulas. Policies are updated routinely or as necessary and are followed consistently.</i>
Do you currently have any policies/practices in place regarding doulas? If so, what are they?			
If policies exist, how often are they updated and/or reviewed?			
How are doula policies shared with staff? With doulas?			
<b>POLICIES AND PRACTICES – LABORING</b>	<i>Allows none.</i>	<i>Allows one or two laboring techniques.</i>	<i>Allows most or all laboring techniques</i>
Do you allow varied labor positions? Do you allow patients to get out of their beds, to walk around, squat, etc.?			
Do you allow wireless and/or intermittent monitoring for low-risk patients?			
Do you allow patients to change conditions in their rooms, e.g. dim lighting, amplified sound, music of their choice?			
Do you allow use of labor/birthing assistive equipment such as birthing balls, squatting bars? Do you provide any of these?			
Do you provide access to tubs and showers during labor?			
<b>POLICIES AND PRACTICES – DOULA PRESENCE</b>	<i>Counts doulas towards allotted number of support people. Strict policies prohibiting doulas from being with their client at all times or providing post-partum support.</i>	<i>Allows one or two of the policies and practices related to doula's presence with their clients</i>	<i>Allows doulas to accompany their client at all times (absent a compelling reason to the contrary) and facilitates provision of continuous support post-partum. Doulas are not counted toward allotted number of support people.</i>
Except for the limited time necessary to maintain privacy and/or medical reasons, are doulas permitted to accompany their client at all times during labor and delivery? Does this include during triage, Cesarean births, and/or other procedures?			

Are doulas counted among the patient's allotted number of support people in the labor and delivery room?			
While at the hospital, are doulas allowed to support the patient for post-partum breastfeeding support and additional comfort measures?			

## **DOULA ORGANIZATIONS IN NEW YORK CITY (NYC)<sup>1</sup>**

Doulas provide non-medical support to pregnant people and their families before, during and after childbirth. Their support can help families handle the physical, emotional and practical issues that surround childbirth. If you'd like to check eligibility, schedule an appointment, or request more information contact an organization that provides doula services below. Please note this is not a complete list of organizations that provide doula services in NYC.

### **Ancient Song Doula Services**

Ancient Song Doula Services (ASDS) is a full spectrum doula services organization offering comprehensive evidence-based care. ASDS provides direct doula services for abortions, adoption, birth, postpartum support focused on women of color, low income, and undocumented persons to address inequalities within health care access. ASDS also trains and certifies doulas and provides educational workshops and advocacy in reproductive justice and birth justice.

**Service areas:** All five boroughs and northern New Jersey

**Languages available:** English, Arabic, Chinese (Mandarin), French, Haitian Creole, Hebrew, Spanish

**Priority population(s):** Black/Hispanic (majority); White, American Indian or Alaska Native, Middle Eastern or North African and Asian

**Provides no- or low-cost services<sup>2</sup>:** No-cost and sliding scale

**Contact:** Chanel Porchia-Albert at 347-480-9504 or [chanel@ancientsongdoulaservices.com](mailto:chanel@ancientsongdoulaservices.com)

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<sup>1</sup> The organizations listed responded to the Health Department's request for program information and are not representative of all doula organizations in NYC.

<sup>2</sup> Organizations provide no- or low-cost services based on specific eligibility criteria, often related to the client's socioeconomic status.

## **Baby Caravan**

Baby Caravan is a doula matching business, which connects parents with a team of doulas that meet our high standards of care. Baby Caravan offers birth and postpartum doula services.

**Service areas:** All five boroughs

**Languages available:** English, Italian, Portuguese and Spanish

**Provides no- or low-cost services:** No

**Contact:** Jennifer Mayer at 646-617-9927 or [jen@babycaravan.com](mailto:jen@babycaravan.com)

## **Bikur Cholim**

Bikur Cholim is a general social service agency in the Willowbrook community of Staten Island. They support a food pantry, furniture recycling service, hospital and nursing home visitation program and several other ongoing programs.

**Number of doulas:** 7

**Number of clients served in 2019:** 10-15

**Service areas:** Willowbrook, Eltingville, Pleasant Plains

**Languages available:** English, Hebrew and Yiddish

**Priority population:** White

**Provides no- or low-cost services:** No-cost and sliding scale up to \$450 per birth

**Contact:** Mindy Fried at 718-494-4343 or [bikurcholimsi@gmail.com](mailto:bikurcholimsi@gmail.com)

## **Birth Day Presence**

Birth Day Presence is the premier provider of smart, non-judgmental childbirth education, doula services and on-demand lactation support in NYC, serving savvy New Yorkers since 2002. We've served over 20,000 expectant and new parents. Whatever your schedule, whatever your birth plan, we've got classes and support for you.

**Service areas:** All five boroughs

**Languages available:** English

**Provides no- or low-cost services:** Tiered rates – services start at \$400

**Contact:** 917-751-6579

## **By My Side Birth Support Program**

The By My Side Birth Support Program (BMS) is part of Healthy Start Brooklyn and is an initiative of the NYC Department of Health and Mental Hygiene. Launched in 2010, BMS aims to reduce inequities in birth outcomes by providing no-cost, comprehensive doula support to pregnant people living in central and eastern Brooklyn. BMS doulas provide three prenatal home visits, labor and birth support and four postpartum visits. In addition to traditional doula care, clients receive case management services through screenings and referrals. The program currently has 15 doulas, including two who are former clients.

**Number of doulas:** 15

**Number of clients served in 2019:** 136

**Service areas:** Central and eastern Brooklyn (Bedford-Stuyvesant, Brownsville/Ocean Hill, Bushwick, East New York)

**Languages available\*:** English, French, Haitian Creole and Spanish

**Priority population(s):** Black (majority), Latinx, African and Caribbean immigrants

**Provides no- or low-cost services:** Yes; free services available for Medicaid-eligible residents in 11207, 11208, 11212, 11216, 11221, 11233

**Provides doula trainings:** No; but offers a 6-month apprenticeship program for newly trained doulas

**Number of doulas trained in 2019:** 0 trained; 6 completed apprenticeship program

**Contact:** Regina Conceição at [healthystartbrooklyn@health.nyc.gov](mailto:healthystartbrooklyn@health.nyc.gov)

\*Service is available in other languages requested by a client.

## **Doula Care**

Doula Care, LLC is a private, for-profit LLC Doula agency since 1994 that matches postpartum doulas with clients, and when continuity of care is requested, also matches certified Birth doulas. The Doulas are independent contractors that acquire their professional training from DONA, CAPPA, ICEA and other non-profit professional doula certifying organizations.

**Number of doulas:** 15

**Number of clients served in 2019:** 300

**Service areas:** Bronx, Brooklyn, Manhattan, Queens

**Languages available:** English, French, Italian

**Priority population(s):** White (majority), Black, Middle Eastern or North African and Latina

**Provides no- or low-cost services:** No

**Provides doula trainings:** No

**Contact:** Ruth Callahan at 212-749-6613 or [ruth@doulacare.com](mailto:ruth@doulacare.com)

## **For Your Birth**

**Number of doulas:** 6-10

**Number of clients served in 2019:** 52 (Birth + Postpartum) 300+ (Childbirth Prep, Breastfeeding, Infant CPR classes)

**Service areas:** Harlem, UWS, Bronx, Manhattan, Brooklyn, Queens

**Languages available\*:** English, Spanish, French

**Priority population(s):** Black, LGBTQIA+, single parents

**Provides no- or low-cost services:** Yes but limited

**Provides doula trainings:** Yes; 4 annual advanced doula training and competencies provided to all doulas in group for a fee covered by the agency or no fee

**Contact:** Naima Beckles at 323-547-2792 or [naima@foryourbirth.com](mailto:naima@foryourbirth.com)

## Healthy Women, Healthy Futures

Healthy Women, Healthy Futures is a citywide doula initiative, with coordination provided by Brooklyn Perinatal Network, Caribbean Women's Health Association, and Community Health Center of Richmond. In addition to birth and postpartum doula care, the collective services provided by these three organizations include support services for the maternal child health population, legal and immigration services, HIV/AIDS education, prevention and testing, health insurance enrollment, parenting workshops, community and school health education workshops, mentorship programs, doula programs and clinical care including reproductive health care and birth and postpartum doula care.

**Number of doulas:** 100-110

**Number of clients served in 2019:** 400

**Service areas:** All five boroughs

**Languages available:** English, Spanish, French, Haitian Creole, German, Portuguese, various African dialects, Russian

**Priority population(s):** African/Caribbean American, Latinx, teens, low income women, immigrant teens/women and those that are socially isolated with no other support

**Provides no- or low-cost services:** All services are no cost.

**Provides doula trainings:** Yes

**Number of doulas trained in 2019:** 55

**Contact:** Denise West (Brooklyn) at 718-643-8258 x21

Ruqayyah Collins (Brooklyn) at 718-643-8258 x 32

Abena Amory (Bronx, Manhattan, Queens) at 718-826-2942 x221 or

[Abenathedoula@gmail.com](mailto:Abenathedoula@gmail.com)

Gracie-Ann Roberts-Harris (Staten Island) at 917-830-1200 x7627 or

gharris@chcrichmond.org

## **The Doula Project**

The NYC Doula Collective is a NYC-based 501(c)(3) (or non-profit) organization that provides compassionate care and emotional, physical and informational support to people across the spectrum of pregnancy, including for abortions and miscarriages. We are a volunteer-run, collectively-led organization of over fifty full-spectrum doulas. Our doulas have backgrounds as social justice activists, teachers, childbirth educators, birth doulas, social workers and reproductive health professionals. We partner with Planned Parenthood Brooklyn, Planned Parenthood Bronx, several public hospitals and other service providers to provide full-spectrum doula support to a diverse body of clients.

**Service areas:** All five boroughs and Southern Westchester

**Languages available:** English, Spanish, French, Haitian Creole

**Provides no- or low-cost services:** No-cost and sliding scale

**Contact:** Vicki Bloom at [birth@doulaproject.org](mailto:birth@doulaproject.org)

## **The New York Baby**

**Number of doulas:** 30

**Number of clients served in 2019:** 260

**Service areas:** Manhattan, Brooklyn, Queens

**Languages available:** German, Spanish, English, Jewish, Russian

**Priority population(s):** None, however the organization works with many European expats

**Provides no- or low-cost services:** Student doulas available for low income families

**Contact:** Stephanie Heintzeler at 347-257-5157 or [stephanie@thenewyorkbaby.com](mailto:stephanie@thenewyorkbaby.com)

## **NYC Doula Collective**

The NYC Doula Collective is a community of birth workers serving New York City and the surrounding areas. We offer quality care for expectant parents and a strong community of support for our doulas. Through ongoing professional development, regular meetings for members, active mentorship and a commitment to giving back to the community, we strive to offer NYC families professional birth doula services within a wide range of experience and fee levels. Every birthing person deserves a doula. We are here and happy to help.

**Number of doulas:** 16

**Number of clients served in 2019:** 155

**Service areas:** All five boroughs

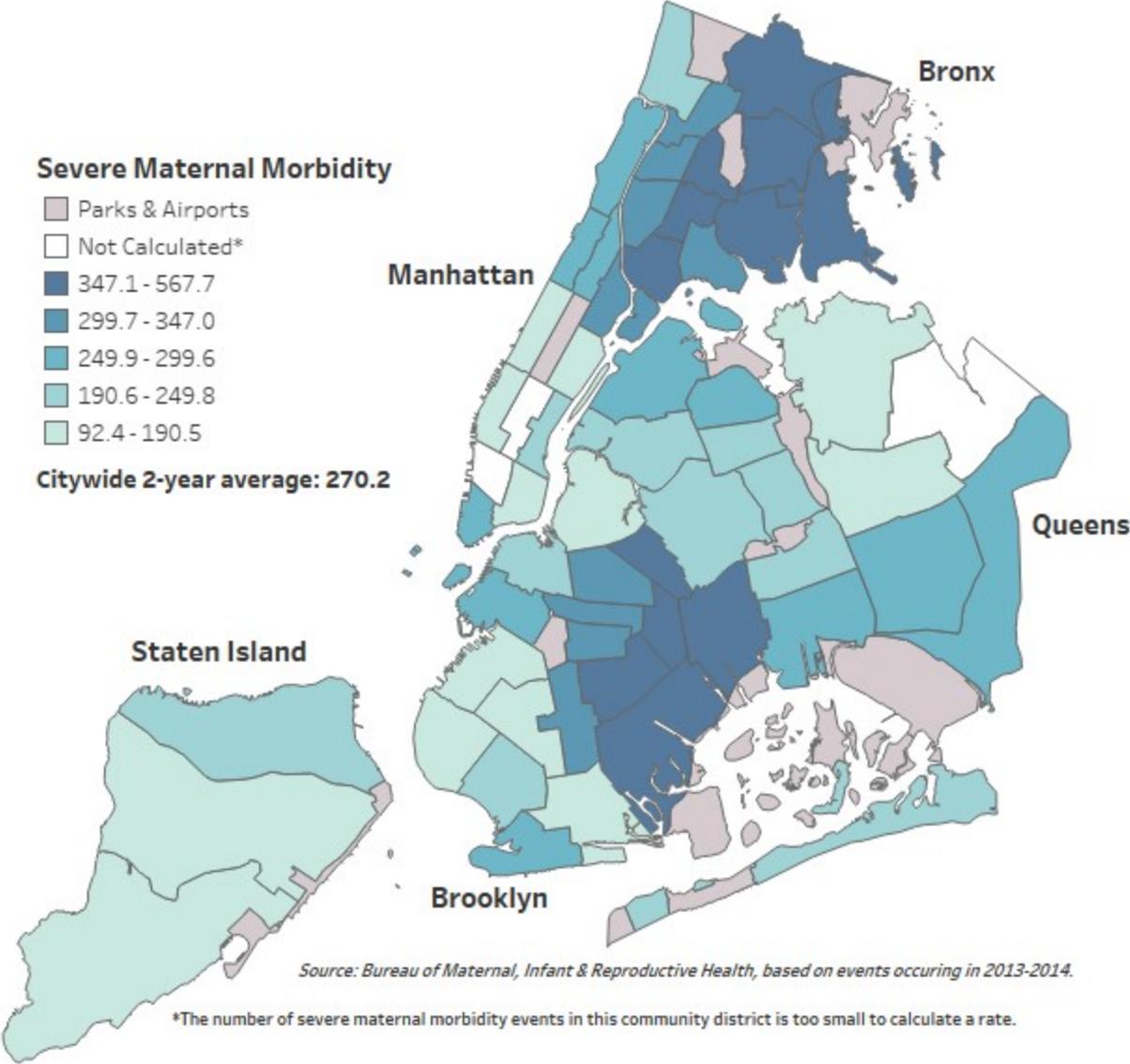
**Languages available:** Manhattan, Brooklyn, Queens, Bronx, Jersey City

**Provides no- or low-cost services:** No

**Contact:** Raychel Franzen or [nycdcdirector@gmail.com](mailto:nycdcdirector@gmail.com)

# SEVERE MATERNAL MORBIDITY

Average Severe Maternal Morbidity Rate per 10,000 Deliveries by Community District of Residence, New York City, 2013-2014



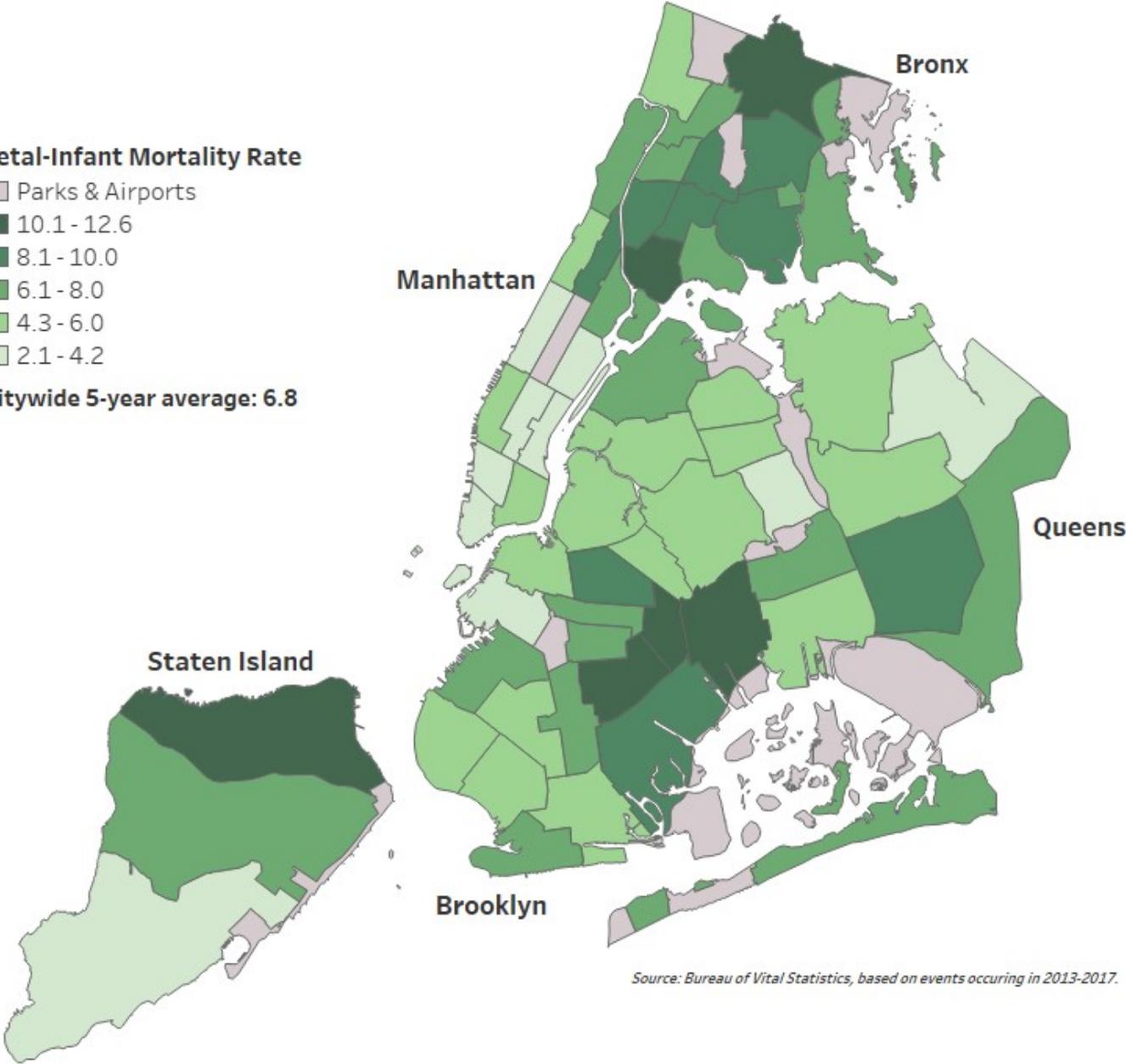
# FETAL-INFANT MORTALITY

Fetal-Infant Mortality Rate per 1,000 Births and Fetal Deaths by Community District of Residence, New York City, 2013-2017

### Fetal-Infant Mortality Rate

- Parks & Airports
- 10.1 - 12.6
- 8.1 - 10.0
- 6.1 - 8.0
- 4.3 - 6.0
- 2.1 - 4.2

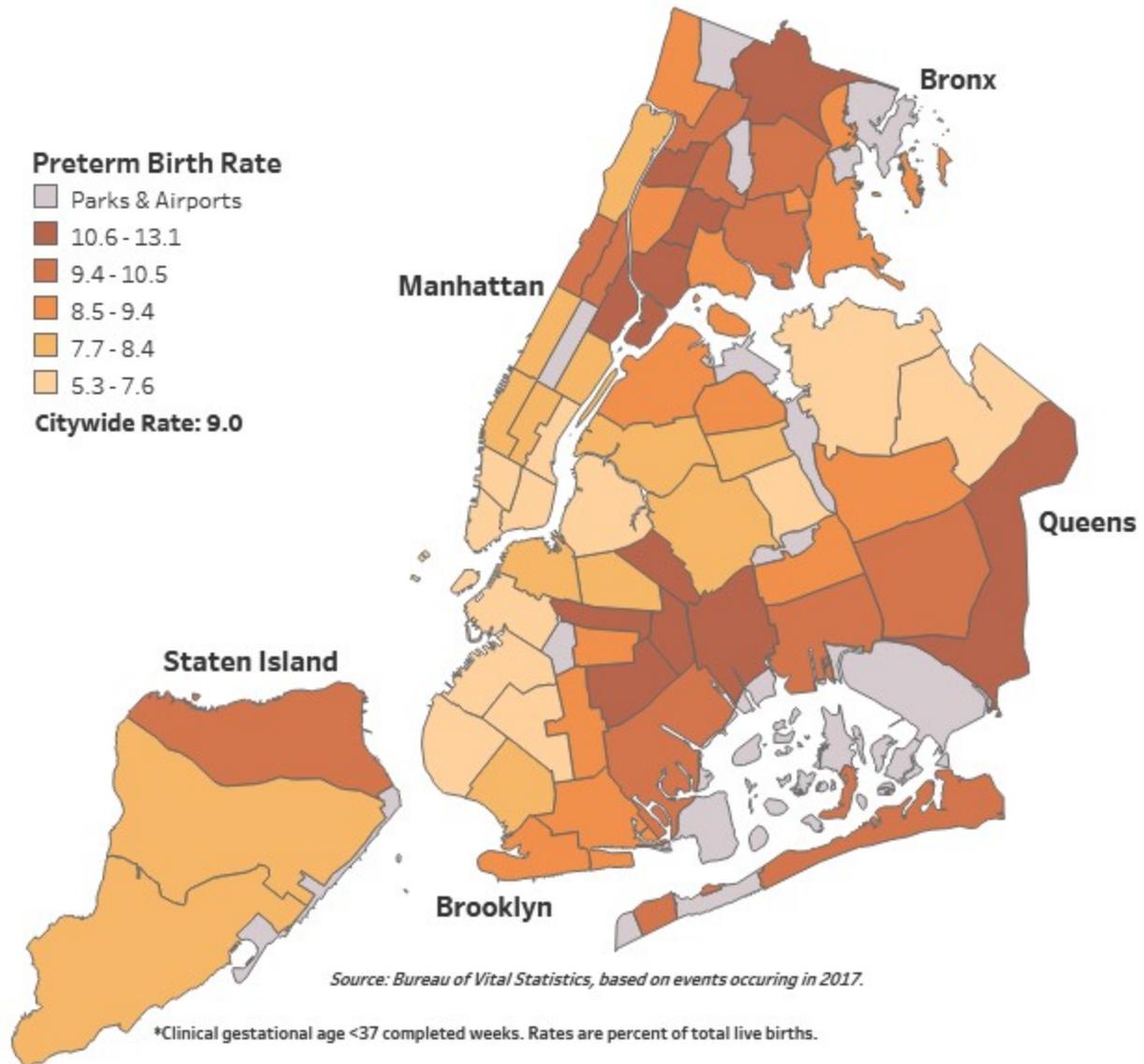
Citywide 5-year average: 6.8



Source: Bureau of Vital Statistics, based on events occurring in 2013-2017.

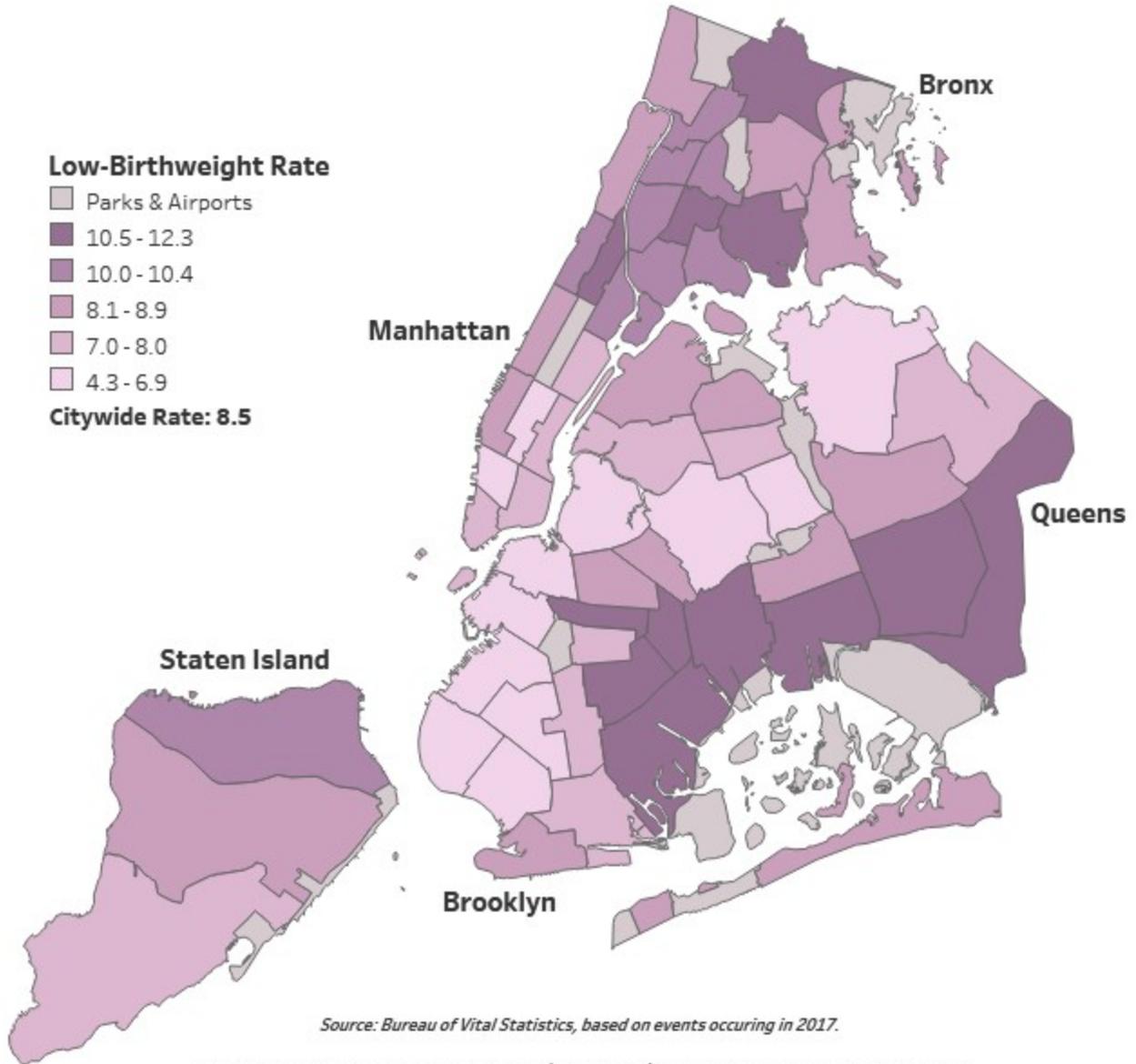
# PRETERM BIRTH

Preterm Birth Rate by Community District of Residence, New York City, 2017\*



# LOW-BIRTHWEIGHT

Low-Birthweight Rate by Community District of Residence, New York City, 2017\*



# Benefits of Doula Support in the Scientific Literature

**Doulas** are trained childbirth professionals who provide non-medical physical, emotional, and informational support to pregnant people and their families before, during, and after childbirth.

Consistent evidence shows that **doula support is associated with improved birth outcomes and a better labor and birth experience**, including fewer cesarean deliveries, greater likelihood and duration of breastfeeding, better mother-baby bonding, and less postpartum depression. Additionally, community-based doula programs that include prenatal home visits have found that their clients are less likely to have a preterm or low-birthweight baby.

**Here are the benefits identified in the literature:**

## Fewer Cesarean deliveries<sup>1-11</sup>

- A meta-analysis of 24 trials showed that women with continuous, one-to-one support were 25% less likely to have a C-Section (RR 0.75, 95% CI 0.64 to 0.88).<sup>1</sup>
- A randomized control trial of 420 nulliparous women who were laboring with the support of their male partner found that 13.4% of those who also had a doula were delivered by C-section, versus 25.0% of those without a doula (p=0.002). Among those whose labor was induced, 12.5% who also had a doula were delivered by C-section, versus 58.8% of those without a doula (p=0.007).<sup>3</sup>
- A randomized control trial of 531 primigravid women found that 3.1% of those with doula support had a C-section, versus 16.8% of those in an epidural group, 11.6% of those in a narcotic pain relief group, and 26.1% of those in a chart review group, who received routine hospital care.<sup>4</sup>
- A randomized study in Mexico of 100 nulliparous women in active labor who had received no childbirth preparation found that of those assigned to a childbirth educator trained as a doula, 2% had a C-section, compared with 24% of those receiving standard care.<sup>5</sup>
- A data analysis of 1,079 Medicaid recipients in a Minnesota doula program that included pre- and postpartum home visits found that they had 41% lower odds of cesarean delivery as compared with all Medicaid-funded births nationally (OR 0.59, p<.001).<sup>6</sup>
- A retrospective analysis of 2,400 women who gave birth in the US between 2011 and 2012 found that those with doula support had a 59% reduction in odds of cesarean delivery overall (AOR 0.41, 95% CI 0.18 to 0.96), and 83% reduction in odds of non-indicated cesarean delivery (AOR 0.17, 95% CI 0.07 to 0.36), compared to women without doula support.<sup>11</sup>

## Fewer preterm births or low birth weight infants in programs that include prenatal home visits<sup>6,12,13</sup>

- A retrospective analysis of 1,935 Medicaid recipients in a Minnesota community-based doula program found that those women had 22% lower odds of preterm birth compared to women who all Medicaid-funded births in the West North Central and East North Central US.<sup>12</sup>
- A retrospective analysis of 489 women in a Healthy Start doula program found a preterm-birth rate of 6.5%, as compared with the rate for births in the project area of 11.1% (p=0.001).<sup>13</sup>
- A data analysis of 1,079 Medicaid recipients in a Minnesota doula program found a preterm-birth rate of 6.1%, as compared with the national rate for Medicaid-funded births of 7.3% (p<0.001).<sup>6</sup>

## Greater likelihood, earlier initiation and increased duration of breastfeeding<sup>10,14-19</sup>

- A randomized control trial of 189 nulliparous women found that those who received doula support were more likely to be breastfeeding exclusively 6 weeks postpartum (51 vs 29%).<sup>14</sup>
- A prospective cohort study of 141 low-income primiparae found that 58.3% of those with doula support initiated breastfeeding within 72 hours, versus 45.2% of those without. The doulas also

provided two postpartum home visits, and at 6 weeks postpartum, 67.6% of those in the doula group were still breastfeeding, versus 53.8% of those in the control group. Among women with a prenatal stressor such as high blood pressure or clinical depression, 88.9% of the doula group were still breastfeeding at 6 weeks, versus 40.0% of the control group.<sup>16</sup>

- A retrospective analysis of 1,069 Medicaid recipients in a Minnesota doula program that included pre- and postpartum home visits found that 97.9% initiated breastfeeding, compared to 80.8% of Medicaid recipients in that state.<sup>18</sup>
- A randomized control trial of 586 nulliparous women found that 51% of those supported by a doula initiated breastfeeding within the first hour after delivery, compared to 35% of those without doula support ( $p < 0.05$ ).<sup>19</sup>

### **Less postpartum depression<sup>20,21</sup>**

- A randomized control trial of 189 women found that six weeks after delivery, those with continuous support had a mean score on the Pitt Depression Inventory that was less than half that of women without support (10.4 versus 23.27).<sup>20</sup>
- A prospective, randomized, control intervention trial of 63 nulliparous women found that at 3 months postpartum, those who had been attended by a doula had significantly less depression on the Pitt inventory than those in the control group (13.63 versus 18.29).<sup>21</sup>

### **Better mother-baby bonding<sup>8,22-24</sup>**

- A randomized control study of 104 first-time mothers with uncomplicated deliveries found that those who had had doula support scored significantly higher in mother-infant interaction two months postpartum than those without doula support ( $P < 0.05$ ).<sup>22</sup>
- A comparison study of 33 first-time mothers found that those who had doula support during childbirth became less rejecting ( $t=3.52$ ,  $P < 0.001$ ) and helpless ( $t=2.12$ ,  $P < 0.042$ ) in their working models of caregiving after birth, while mothers who had used Lamaze birth preparation became more rejecting and helpless. Those in the doula group also rated their infants as less fussy than did those in the Lamaze group ( $t=2.35$ ,  $P < 0.025$ ).<sup>23</sup>
- A randomized control study of 248 women who receive doula support through a community doula program found that showed more encouragement and guidance of their infants at 4 months than those who received routine care ( $p < 0.01$ ). Women with doula support were also more likely to promptly respond to their infant's distress ( $p < 0.05$ ).<sup>24</sup>

### **Less need for anesthesia or analgesia<sup>1-5,7,14,16,25</sup>**

- A meta-analysis of 15 trials showed that women with continuous, one-to-one support were 10% less likely to have an intrapartum analgesia (RR 0.90, 95% CI 0.84 to 0.96).<sup>1</sup>
- A randomized control trial of 420 nulliparous women who were laboring with the support of their male partner found that 64.7% of those who also had a doula were required epidural analgesia, versus 76.0% of those without a doula ( $p=0.008$ ).<sup>3</sup>
- A randomized study in Mexico of 100 nulliparous women in active labor who had received no childbirth preparation found that of those assigned to a childbirth educator/doula, 8% had an epidural, compared with 32% of those receiving standard care.<sup>5</sup>
- A randomized study of 314 nulliparous women in three hospitals found that 54.4% of those with doula support had an epidural, versus 66.1% of those without ( $p < 0.05$ ).<sup>25</sup>

### **Shorter labors<sup>1,7,8,16,26,27</sup>**

- A meta-analysis of 13 trials showed that women with continuous, one-to-one support had shorter labors by an average of 41 minutes (MD -0.69 hours, 95% CI -1.04 to -0.34).<sup>1</sup>

- A randomized control trial of 598 nulliparous women found that those supported by a friend trained as a doula had a mean labor length of 10.4 hours, versus 11.7 hours for those without doula support.<sup>26</sup>
- A randomized control trial in Iran of 150 women found that those with doula support had shorter labors by an average of 124 minutes during the first stage of labor compared to those who received routine care, and by an average of 69.5 minutes during the second stage of labor ( $p < 0.001$ ).<sup>27</sup>

### **Fewer vacuum or forceps births (more spontaneous vaginal births)<sup>1,2,4,16</sup>**

- A meta-analysis of 19 trials showed that women with continuous, one-to-one support were 10% less likely to have an instrumental vaginal birth (RR 0.90, 95% CI 0.85 to 0.96).<sup>1</sup>
- A randomized study of 412 nulliparous women who were laboring found that those with doula support were 23% more likely to have a spontaneous vaginal birth, compared to those who received routine care (RR 1.23, 95% CI 1.10 to 1.38).<sup>2</sup>
- A randomized control trial of 531 primigravid women found that 12.2% of those with doula support had an instrumental birth, versus 24.8% of those in an epidural group, 17.2% of those in a narcotic pain relief group, and 29.3% of those in a chart review group.<sup>4</sup>
- A prospective cohort study of 141 low-income primiparae found that, among women who had a vaginal delivery, those with doula support had an almost 5-fold increased odds of a spontaneous vaginal delivery, compared to those without (AOR 4.68, 95% CI 1.14 to 19.28).<sup>16</sup>

### **Higher APGAR scores<sup>1,16,26,27</sup>**

- A meta-analysis of 14 trials showed that women with continuous, one-to-one support were 38% less likely to have a baby with a low five-minute APGAR score (RR 0.62, 95% CI 0.46 to 0.85).<sup>1</sup>
- A prospective cohort study of 141 low-income primiparae found that 56.8% of those with doula support had a baby with a one-minute APGAR score of 9 or greater, versus 35.0% of those without doula support.<sup>16</sup>
- A randomized control trial of 586 nulliparous women found that 99.7% of those supported by a doula had a five-minute APGAR score higher than 6, compared to 97% of those without doula support ( $p < 0.006$ ).<sup>26</sup>
- A randomized control trial in Iran of 150 women found that 86% and 98% of those with doula support had a baby with a one-minute and five-minute APGAR score of 8 or higher, compared to 40% and 78% of those who received routine care ( $p < 0.001$ ).<sup>27</sup>

### **More positive feelings about the birth<sup>1,14,19,25</sup>**

- A meta-analysis of 11 trials showed that women with continuous, one-to-one support were 31% less likely to report negative feeling about their birth experience (RR 0.69, 95% CI 0.59 to 0.79).<sup>1</sup>
- A randomized control trial of 189 nulliparous women found that those with doula were more likely to report that they coped well during labor (60 vs 29%).<sup>14</sup>
- A randomized control trial of 600 nulliparous women found that those with doula support were more likely to report a better overall rating of their birth experience than those without (very good: 59% v 26%, good: 33% v 56%, average/poor/very poor: 8% v 18%,  $p < 0.001$ )<sup>19</sup>
- A randomized study of 314 nulliparous women in three hospitals found that 82.5% of those with doula support reported that they had had a good birth experience, versus 67.4% of those without.<sup>25</sup>

### **Less need for Pitocin<sup>5</sup>**

- A randomized study in Mexico of 100 nulliparous women in active labor who had received no childbirth preparation found that of those assigned to a childbirth educator trained as a doula, 42% received Pitocin, compared with 96% of those receiving standard care ( $p < 0.001$ ).<sup>5</sup>

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