New York City Department of Health and Mental Hygiene

THE STATE OF DOULA CARE IN NYC 2024

Contents

Report Team:
Gabriela Ammann
Monique Baumont
Regina Conceiçaõ
Sheila Sully
Mary-Powel Thomas
Alison Whitney

On the cover: Doula Denise Bolds performs hip squeezes for her client during active labor. As the baby begins to descend, the birthing person often feels the hips burning, and squeezing provides some relief. Hip squeezes are a classic technique that doulas learn in training.

PURPOSE

This report is being published pursuant to Local Law 187 of New York City for the year 2018 (Appendix A), which directs the New York City (NYC) Department of Health and Mental Hygiene (Health Department) to report each year on its work to increase access to doula support across the city.

Doula Theresa Lasbrey Peters and her client work to help the baby's head descend. The client had an epidural and so used a peanut ball (visible under the sheet) to open up her pelvis, while also pulling against Peters with each contraction.

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 increased rates of breastfeeding and greater patient satisfaction with maternity care.[1-8] Emerging evidence indicates that doula support also has the potential to reduce inequities in these birth outcomes among Black and Hispanic women and birthing people.[3-6,9] Community-based doulas are particularly well-suited to address inequities by providing culturally appropriate and congruent support, comprehensive prenatal and postpartum support, and referrals to health and social services at no or low cost to families.[10] In addition to improved physical and mental health for both mother[a] and child, such outcomes translate into financial savings, due to lower rates of surgical birth and neonatal intensive care.[11-13]

Local Law 187 (Appendix A) requires the Health Department to assess the supply of and demand for doulas in New York City, including identifying areas and populations that have disproportionately

[a] In this report, the terms "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.

low access to doulas. This report also provides an overview of the landscape of doula care in NYC, including successes and challenges facing the doula workforce, and makes recommendations for key stakeholders.

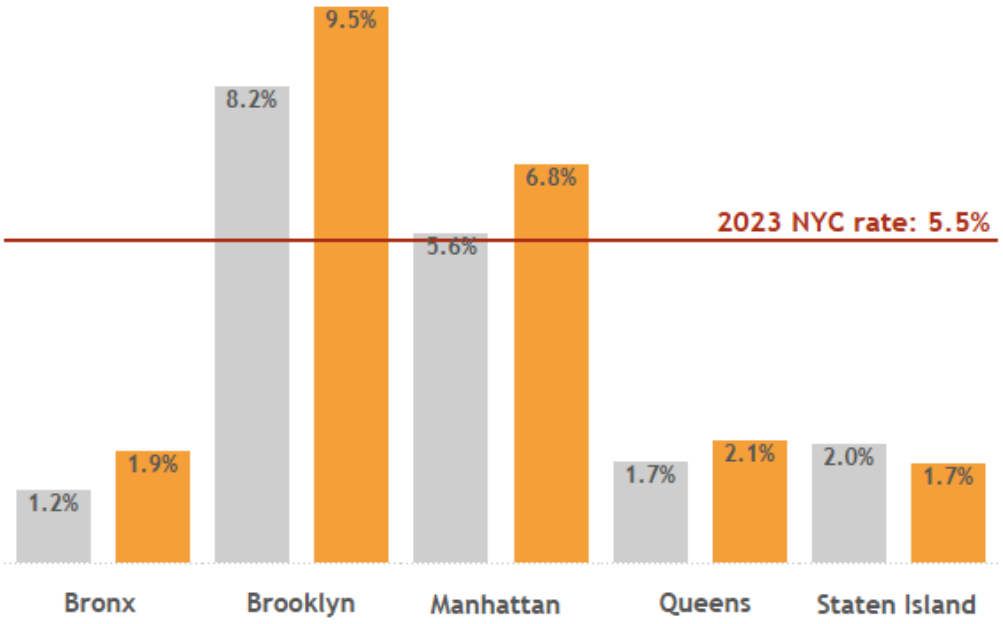
The Health Department recognizes its responsibility to work with fellow New Yorkers to eliminate inequities in maternal and infant health outcomes. For this reason, reducing Black maternal mortality by 10 percent by 2030 is a key component of the city's new HealthyNYC initiative, which is an ambitious plan to improve and extend the average lifespan of all New Yorkers. More broadly, achieving birth equity—eliminating 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 Adams Administration is committed to expanding access to doula care in NYC, especially for those who need it most. The Health Department 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. These advocates partner with the report team each year to identify successes, challenges, and recommendations for improving the state of doula care in NYC.

PREVALENCE OF DOULA SUPPORT IN NYC

For this report, the Health Department has released the second full year of provisional data on doula support during pregnancy and during childbirth.[b] In 2023, 5.5% of NYC residents who gave birth (4,649 people) had the support of a doula during their pregnancy, and 4.9% (4,105 people) had doula support during childbirth. Compared to 2022, the proportion of NYC residents with doula support during pregnancy increased across four boroughs and declined slightly in Staten Island. Despite overall increases, substantial variation in doula coverage persisted, with rates of doula support in Brooklyn and Manhattan far exceeding those in other boroughs (Figure 1).

Figure 1. Overall, rates of doula coverage in NYC have increased from 2022 to 2023 but substantial variation by borough persists.



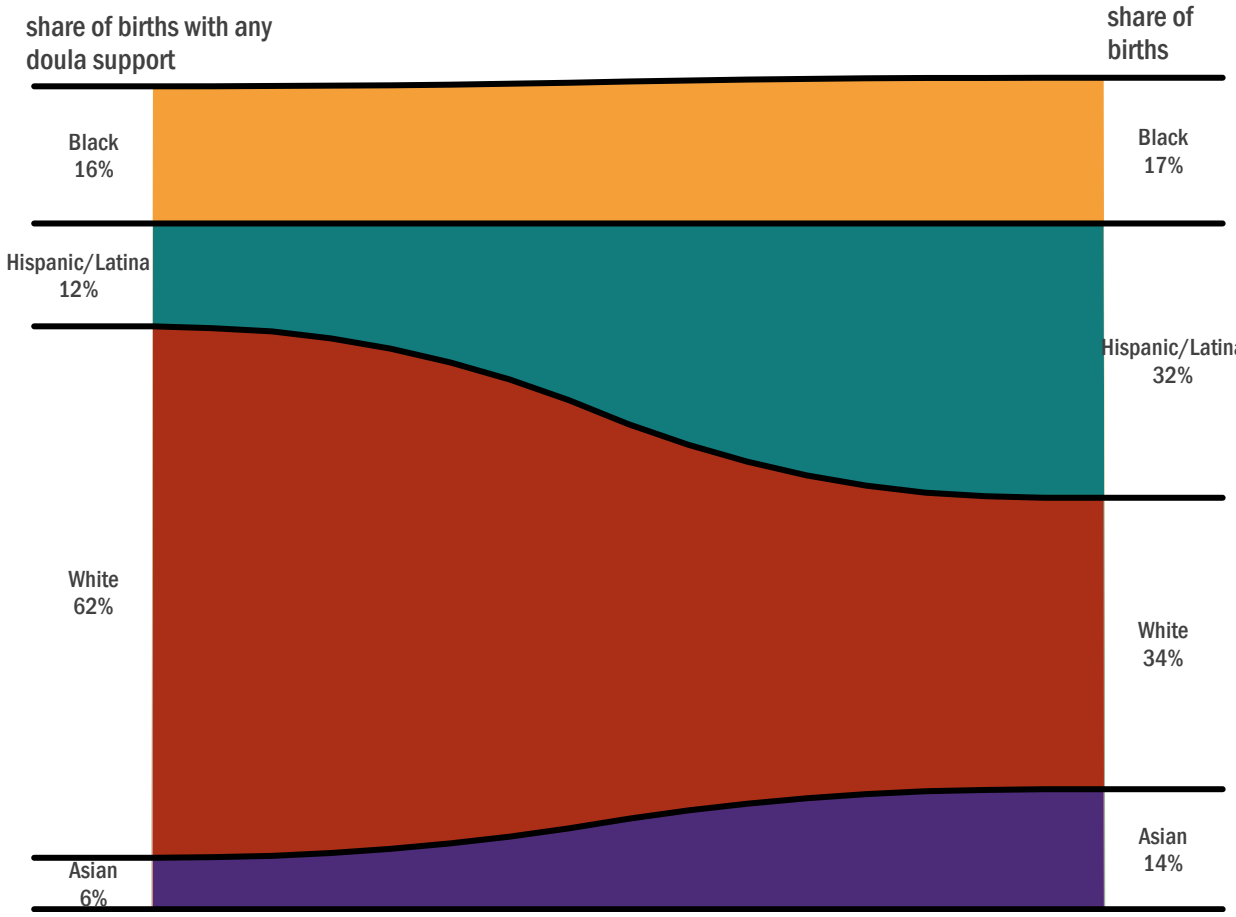
Data source: NYC Office of Vital Statistics, 2022-2023. Doula coverage is defined as receiving doula support during pregnancy and/or labor and delivery.

The data also revealed marked disparities in access to doula support by race/ethnicity and other characteristics. Although White New Yorkers comprise only 34% of births, they accounted for 62% of individuals receiving doula support during pregnancy in 2023 (Figure 2). On the other hand, Hispanic/Latina and Asian New Yorkers made up a disproportionately small share of pregnancies with doula support. Individuals who are foreign-born, are insured by Medicaid, and who receive WIC

[b] In this report, we use “doula support during pregnancy” and “doula coverage” to refer to anyone who reported working with a doula during their pregnancy, whether or not the doula attended the birth. “Doula support during childbirth” refers to the subset of people who had a doula present in-person or virtually during labor and/or delivery.

also had low rates of doula support—well below the NYC average of 5.5%—at 2.6%, 3.8%, and 4.1% respectively.

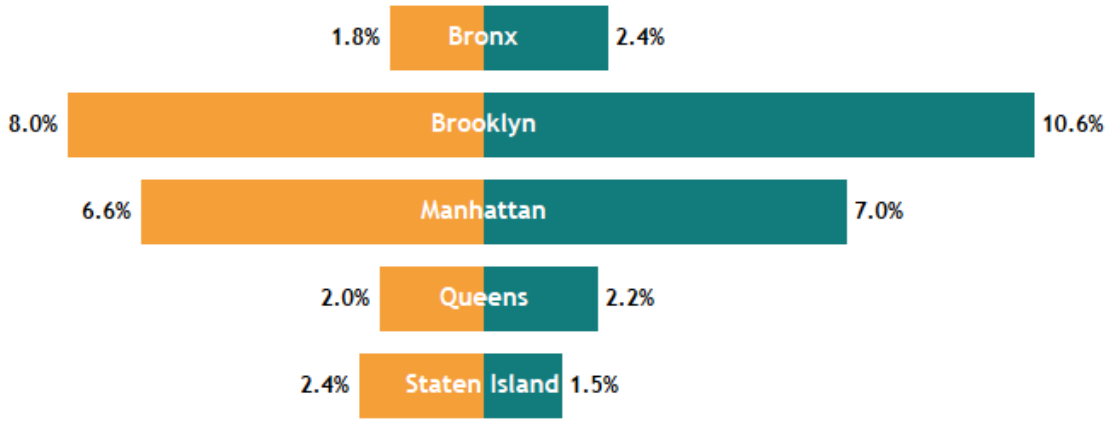
Figure 2. White New Yorkers have disproportionately high rates of doula support during pregnancy, while Hispanic/Latina and Asian New Yorkers are underrepresented.



Source: NYC Office of Vital Statistics, 2023. Data reflects those who had doula support during their pregnancy and/or birth.

Within each borough, residents of certain areas were less likely to have doula care. The TRIE neighborhoods, identified by the city's Taskforce on Racial Inclusion and Equity (TRIE) as communities that were hard-hit by COVID-19 and other health and socioeconomic disparities, typically had lower rates of doula support during pregnancy than non-TRIE neighborhoods. This disparity was most pronounced in Brooklyn and the Bronx (Figure 3). Staten Island was the only borough in which those living in TRIE neighborhoods had higher rates of doula support during pregnancy than those in non-TRIE neighborhoods. For more detailed data on doula support during pregnancy and birth in 2023, see Appendix B.

Figure 3. TRIE neighborhoods generally have lower rates of doula coverage than non-TRIE neighborhoods. This difference is most pronounced in the Bronx and Brooklyn.



Data source: NYC Office of Vital Statistics, 2023. Doula coverage is defined as receiving doula support during pregnancy and/or labor and delivery.

NYC's Citywide Doula Initiative

The Health Department's Citywide Doula Initiative (CDI), which launched in March 2022 as part of the New Family Home Visits program, has begun addressing these inequities by providing professional, no-cost doula services for residents of the TRIE neighborhoods who are income-eligible for Medicaid, as well as for residents of shelters and foster homes anywhere in the city. This place-based approach is already yielding dividends, as the CDI provides doula support in precisely the locations where residents have historically had less access to such support.

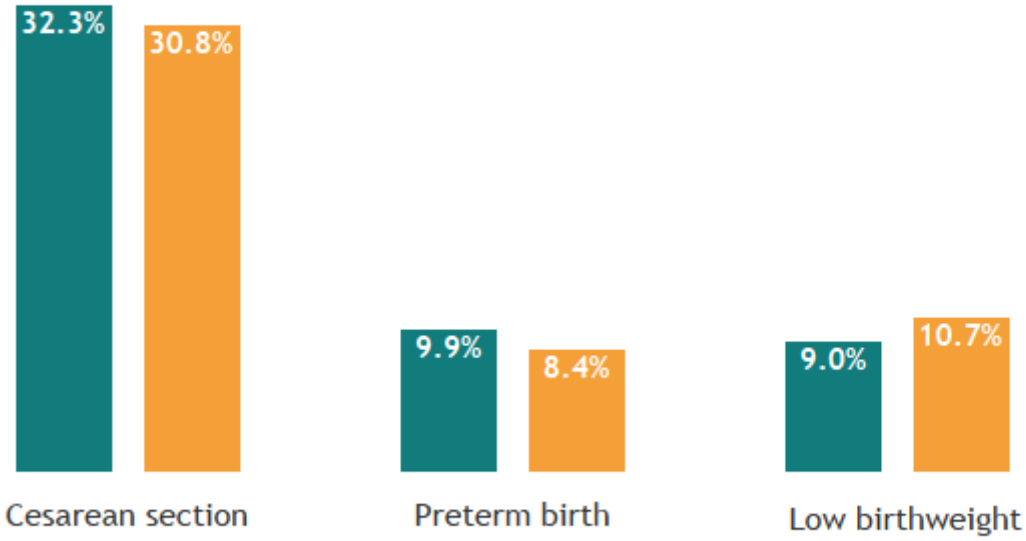
In 2023, the CDI provided labor support for 670 births—approximately 42% of the doula-attended births in TRIE neighborhoods. Without the Citywide Doula Initiative, the inequities shown in Figure 3 would have been much worse, indicating the CDI's important role in addressing disparities by neighborhood.

Overall, between program launch and December 31, 2023, the CDI served 1,569 families, including providing in-person labor support during 1,003 births and virtual support during 63 births. For more information on the Citywide Doula Initiative, including details on the demographics of clients served in 2023, see updates in the "Plan for Improving Access to Doula Care in NYC," beginning on page 17.

In addition to being place-based, the CDI is a race-conscious intervention, with 63% of its clients identifying as Black or multiracial Black. Although the program does not exclude anyone based on race or ethnicity, its focus on lower-income residents of TRIE neighborhoods makes it a good vehicle for prioritizing Black women and birthing people, who have the most inequitable birth outcomes in the city.

An examination of outcomes for CDI clients from the program's launch through the end of 2023 shows that the rate of Cesarean delivery among participants of the CDI was 30.8% (360 births)—better than the citywide rate of 32.3% in 2021, the most recent data available (Figure 4). The rate of preterm birth among CDI participants was 8.4% (98 babies), also an improvement over the citywide rate (9.9%). The rate of low birthweight was 10.7% (125 babies), higher than the citywide rate of 9.0% but lower than the rate for non-Hispanic Black residents (14%).

Figure 4. CDI's c-section and preterm birth rates are lower than the citywide average, while the rate of low birthweight is slightly higher.

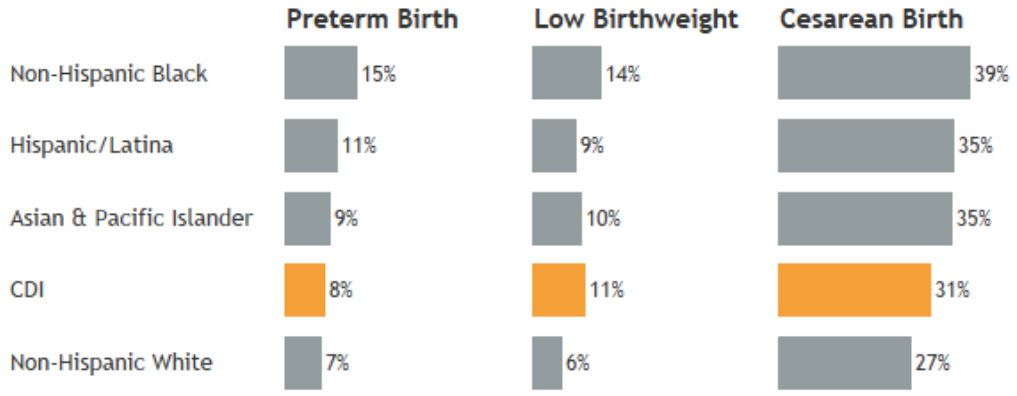


*NYC data includes all NYC resident births, 2021, from the NYC Office of Vital Statistics. CDI data includes outcomes for births between March 1, 2022, and December 31, 2023 (n=1,168 births).

Note that these comparisons should be interpreted with caution, for at least two reasons. First, while CDI data covers the years 2022-2023, the NYC data is for 2021.There may have been changes in the city's birthing environment since 2021 that affected birth outcomes. Second, 80% of CDI clients identify as Black and/or Latina, groups that represent less than half the NYC birthing population as a whole and that continue to experience considerably worse birth outcomes than their non-Hispanic White counterparts.

Since Black and Latina birthing people are overrepresented among CDI clients, we disaggregated NYC outcomes data by race/ethnicity to provide another point of comparison for assessing the CDI's progress in reducing racial disparities. Rates of low birthweight among CDI participants are better than for non-Hispanic Black residents, though slightly elevated compared to those of other racial/ethnic groups. And while fewer than five percent of CDI participants identify as non-Hispanic White, the initiative's overall rates of preterm birth and cesarean birth approach those of white New Yorkers, signaling the program's potential to address these longstanding racial disparities (Figure 5).

Figure 5. Even though fewer than 5% of CDI clients identify as white, program outcomes approach those of white New Yorkers.



Includes all NYC births (resident and non-resident births), 2021, as reported by the NYC Office of Vital Statistics and 1,168 CDI births from March 1, 2022, through December 31, 2023.

While these improvements are impressive, and doula support should be an integral part of the compendium of care that a person receives when giving birth, 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.[14,15] Improving these outcomes will require a range of strategies that prioritize women's overall 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.

Medicaid Coverage for Doula Care

New York State has taken an important step that will help expand access to doula care in New York City and across the state. On March 1, 2024, the New York State Medicaid program officially began covering doula support for its members. The benefit includes eight home visits, whether prenatal or postpartum, and support during the birth. Doulas have begun enrolling as Medicaid providers, using one of the two pathways laid out by the state:

- Training—having attended at least 3 births and undergone at least 24 hours of training in specific competencies, including anatomy of pregnancy and childbirth, labor- and lactation-support techniques, common medical interventions, cultural humility, health equity, and facilitating connection to resources; or
- Experience—having attended at least 30 births or provided at least 1,000 hours of birth and/or postpartum doula support within the past 10 years, with testimonials of doula skills.

All doulas wishing to provide Medicaid services must also be certified in adult and infant CPR, comply with the HIPAA law that protects patient/client confidentiality, and carry liability insurance.[16]

New York now joins the District of Columbia and 12 other states in reimbursing for doula services through their Medicaid plans, according to the National Health Law Program's Doula Medicaid Project.[17] Another six are in the process of implementing such benefits.

Other Successes and Challenges

Success: Increased Capacity

In addition to Medicaid, other insurers are also creating a doula benefit for their members. Enrolling doulas as providers in the insurance marketplace is expected to exponentially expand access for pregnant people in New York City, and consequently increase the need for an expanded doula workforce. Community doula programs have reported reaching more families and receiving more requests for doula services in 2023. The perception among doula organizations is that the role of the doula is more widely recognized and understood, and more people are aware that this service is available to them. However, even with the new Medicaid benefit, there are gaps in access to no-cost doula care for pregnant people who do not qualify for Medicaid but are still unable to afford doula care out of pocket.

The greater recognition of doulas coincides with the increase in events throughout the city that highlight doula care, from baby showers hosted by the New York Police Department, NYCHA, NY Public Libraries, and other city agencies, to events hosted by local community-based organizations celebrating maternal wellness, convening maternal health working groups, and beyond. Whether at a panel, community baby shower, Mother's Day event, play, webinar, working group, film screening, or health fair, doulas are increasingly visible and cited for the role they play in changing the inequities we see in birth outcomes around the city.

Doulas across the city are more informed about opportunities to provide their services in the community, and organizations report seeing an increase in inquiries from doulas who want to work with the Citywide Doula Initiative.

Success: Reproductive Justice Framework

Community doulas are on the front lines of the reproductive and birth justice movement, centering the safety, autonomy, and dignity of all birthing people, and they have long understood the impact of racism on Black maternal health outcomes. This understanding has become more widely accepted among providers, hospital administrators, and policymakers; the collective acknowledgement of racism and its impact is a notable change in the response to the Black maternal health crisis in NYC. The self-advocacy of birthing families is also central; doulas report that more birthing people realize they have options on where to give birth and have a right to choose the environment that best suits their needs. These are vital and welcome steps to achieving lasting, systemic change in maternal health care.

Success: Sustainability for the Workforce

Last year's report mentioned that systemic delays in contracts and payments for doulas and doula organizations were major challenges in building a sustainable workforce. In 2023, through ongoing advocacy, internal commitment, and changes in processes, great strides have been made to reduce these barriers and ensure timely payment.

Challenge: Doula-Friendliness in the Hospital Setting

As noted in last year's report, while there have been improvements since the COVID-19 pandemic, doulas continue to face barriers to providing services to clients in hospital settings. At some facilities, a two-support-person limit persists, which can keep a doula out of the room if the client has other support people present. Also, doulas are often kept from their clients at key points in the birth experience, such as when clients are in triage waiting to be admitted, or in the recovery area after a cesarean birth.

Doula Theresa Lasbrey Peters helps her client perform side lunges to help the baby's head descend. Because the client had no epidural, this also served as a comfort measure, distracting her from the contractions.

Additionally, there is a lack of accountability when a hospital restricts a doula's access to a laboring client or limits the type of care a doula can provide. Staff may cite "hospital policy," which lets them override mandates on access to doula care. However, hospital policies are often inconsistently applied, depending on which staff are present at the time, making it difficult for doulas and their clients to adequately prepare and leaving them without recourse at the time of labor.

The Health Department's doula-friendly-hospital work—a partnership among the CDI, the Maternity Hospital Quality Improvement Network, and community-based doula organizations—partners with several hospitals a year to improve collaboration between hospital staff and doulas. (See the "Create doula-friendly hospitals" section of the Plan for Increasing Doula Access to Doula Care in NYC, on page 17 of this report.)

In addition, the New York State legislature recently passed a law, described in the "Legislation" section below, that would require hospitals and other facilities to allow expectant and new mothers access to their doulas.

Challenge: Workforce Development

Numerous initiatives in NYC, public and private, are training new doulas each year. However, not all provide comprehensive training in core areas relevant to the needs of birthing people most affected by the maternal health crisis. Inconsistencies and gaps in training can mean that new doulas are unsure how to effectively support families with multiple stressors and high needs. Also, a dearth of trainings for multilingual doulas makes it harder to meet the needs of non-English-speaking families

This should begin to change as the new NYS Medicaid doula benefit takes effect. Doulas must meet certain competencies to enroll as Medicaid providers, which sets a minimum threshold of skills necessary to provide quality services and presents an opportunity to standardize baseline training and qualifications. Also, publicly-funded initiatives such as Healthy Women, Healthy Futures, and the Citywide Doula Initiative continue to provide ongoing trainings in areas such as maternal mental health, birth equity, and respectful care.

Community doula organizations have struggled to recruit and retain experienced doulas, due to issues such as lower pay rates compared with private practice and the increase in workload related to the needs-assessment aspects of community doula work. A robust community doula program includes a team composed of both new and experienced doulas, where mentoring, best practices, and skills building are prioritized and where the expertise of experienced doulas can benefit clients and newly trained doulas and inform program enhancements. Challenges in recruitment and retention of experienced doulas can impede this dynamic. Again, the Medicaid benefit may help, both by setting a minimum rate of pay and by providing funding at the population level.

LEGISLATION RELATING TO DOULA CARE

In October 2023 the New York City Council introduced Resolution 0814-2023, calling on the New York State legislature to pass and the governor to sign legislation to increase Medicaid reimbursement of doula services to cover eight pre- and post-natal visits as well as delivery support. The resolution cited NYCDA's recommended reimbursement rate of $1,930 and highlighted the importance of equitable reimbursement for doula services.

At the state level, there was considerable interest in expanding access to doula care. In 2023, two bills were signed into law by the governor, two others passed both houses of the legislature, and an additional two bills were enacted as part of the FY2025 budget:

- S1867/A5435 was signed into law, requiring the state Department of Health to establish and maintain a community doula directory to promote doula services to Medicaid members and facilitate Medicaid reimbursement. The directory is now on-line at https://www.health.ny.gov/health_care/medicaid/program/doula/directory/directory.htm.
- The New York State FY2025 budget was enacted, authorizing the Commissioner of Health to issue a statewide recommendation for doula services. The budget also invests $250,000 to establish a grant program to recruit, training, support, and mentor community-based doulas. These actions represent substantial progress in expanding access to doula support.

- S5992/A6168 passed in the Assembly and the Senate; it would require maternal healthcare facilities, such as birth centers and hospitals, to allow expectant and new mothers access to their doulas.
- S5991/A7606 passed in the Assembly and the Senate; it would require maternal healthcare facilities to allow doulas in the operating room during a cesarean section.

Several other bills relating to doula support were introduced during the 2023-2024 legislative session:

- A8097 would require the Department of Corrections and Community Supervision to make doula services available twice a week for four hours at all correctional institutions and local correctional facilities. All pregnant individuals in these facilities would also be permitted to use a doula during labor and delivery.
- S7780/A9035 would require a comprehensive report on the integration of doula services in healthcare facilities and labor and delivery teams. The report is expected to recommend metrics for formally designating doula-friendly spaces in those facilities.
- S1876/A5465 would establish a 14-member doula Medicaid reimbursement work group within the Department of Health to set reimbursement rates and address other criteria related to doula care.
- S380/A8329 would require health insurance policies to include coverage for doula services as part of maternity care.

RECOMMENDATIONS

Key recommendations to stakeholders for improving access to doulas in New York City include:

- Policymakers:
    - Create mechanisms of accountability for hospitals and medical providers who (1) unduly restrict doulas' ability to provide their full scope of service or (2) violate the rights of birthing people and do not adhere to standards of respectful care.
    - Publish hospital-level rates for episiotomy and induction (similar to the current publication of rates of cesarean, breastfeeding, etc.), and add the reduction of these interventions to the Governor's plan to address the maternal and infant mortality crisis.
    - Increase the development of free-standing birthing centers by reducing bureaucratic, financial, and logistical barriers.
    - Support efforts to increase capacity of and pay for midwives.
    - Support efforts to ensure that doulas earn a fair wage for providing community-based services. All publicly funded programs should prioritize equitable, timely, and reliable payments to doulas.
    - Invest in evidence-based doula programs that serve pregnant people who experience disproportionately low access to doula care and that work towards addressing drivers of poor maternal and infant health outcomes, to ensure the widest-possible reach and sustainability of these initiatives.
    - Align with and build upon programming already under way and incorporate the feedback of doulas and service providers.

Doula Denise Bolds supports her client with her baby's first feeding, during the "golden hour" after birth. Bolds feels a special mission to help Black women breastfeed successfully, given the racialized history of breastfeeding in the United States.

- Insurers, including Medicaid and managed care organizations:
    - Cover birth- and postpartum-doula services at competitive, market rates.
    - Prioritize equitable payment for midwifery care and other evidence-based services.

- Institutions such as hospitals, birthing centers, and maternity care providers:
    - Adopt a doula-friendly hospital policy, as outlined in the Principles of Doula Support in the Hospital (see Appendix E) 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 perinatal home visiting).
    - As proposed in Senate Bill S5992A, adopt doula-friendly policies that allow doulas to provide support wherever their client is, including in triage and postoperative care.
    - Count doulas separately from a client's other support people, so the client does not have to choose between her doula and a second support person.
    - Track interventions provided (cesarean, sutures versus staples, vaginal birth after cesarean, etc.) and analyze this data by race, ethnicity, language spoken, insurance status, and other characteristics, to prevent bias and differential treatment.
    - Support effective coordination for home-birth transfers that centers and respects the birthing person and the home-birth care team.
    - Increase staff awareness of the evidence-based benefits of doula care (see Appendix G, "Benefits of Doula Support in the Scientific Literature").
    - Promote the benefits of doula care to expectant parents, through provider conversations, written information, and events like "Meet the Doula" night.
    - Publish information on what families can expect when receiving doula services.
    - 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. Design these trainings in consultation with the communities that these institutions serve.
- Doula organizations and programs:
    - Build doula capacity by training new doulas and by developing the field as a viable career path through a strong support infrastructure and equitable compensation.
    - Ensure that doulas receive robust and comprehensive training that adequately prepares them to provide high-quality services. For example, doulas should be trained on topics such as birth equity, trauma-informed care, perinatal mood and anxiety disorders, and best practices for needs assessment and referrals.
    - Train doulas in the early warning signs of maternal morbidity and mortality, so they can educate their clients and provide tools on advocacy for timely and effective medical care—especially in the early postpartum days, when the risk is highest.
    - Participate in efforts such as the New York Coalition for Doula Access's doula-friendly-hospital subcommittee, to develop a comprehensive definition and shared understanding of the term "doula-friendly" that includes doulas' input.

- Explore additional models of doula care, focusing on an array of options for meeting the needs of the full spectrum of birthing families.

PLAN FOR IMPROVING ACCESS TO DOULA CARE IN NYC

The NYC Health Department's work to improve access to doula care comprises five key components: increasing access for communities of color and low-income communities; building doula capacity; making hospital environments more welcoming to doulas; amplifying community voices to help expand access to doula services; and improving data collection. The following outlines progress on the Health Department's plan for improving access to doula care in 2023.

Status

Complete | On Track | At Risk | Off Track | Not Started

1. Increase access to doulas in underserved communities

Doula care was typically available to those who know about it and can pay for it. In recent years, the Health Department has joined doulas and community doula organizations in working to increase availability for all birthing people.

	PROGRAM/INITIATIVE[c]	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	Citywide Doula Initiative (a five-borough program funded and managed by DOHMH)	Provide no-cost birth doula care to: • Residents of New York City homeless shelters and foster homes • Residents of TRIE neighborhoods* who are income-eligible for Medicaid * 33 underserved neighborhoods identified for special attention by the city's Taskforce on Racial Inclusion and Equity		Ongoing	• The Citywide Doula Initiative (CDI) is made up of eight community-based doula programs: ○ Ancient Song Doula Services ○ By My Side Birth Support Program (the model for the CDI) ○ Caribbean Women's Health Association ○ Community Health Center of Richmond ○ Hope and Healing Family Center ○ Mama Glow Foundation

[c] 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.

					○ The Mothership ○ Northern Manhattan Perinatal Partnership • In 2023, the CDI provided doula support to 1,120 individuals: ○ 29% in the Bronx (320 clients) ○ 36% in Brooklyn (405 clients) ○ 22% in Manhattan (243 clients) ○ 8% in Queens (86 clients) ○ 6% in Staten Island (65 clients) • Of the 1,091 participants who reported their race/ethnicity: ○ 41% were non-Hispanic Black (444 clients) ○ 39% were Hispanic or Latina (424 clients) ○ 2% were non-Hispanic white (20 clients) ○ 2% were Asian or Pacific Islander (25 clients) ○ 1% were Native American or Alaska Native (5 clients) ○ 16% were multiracial or identified with another race/ethnicity not listed here (173 clients) • Of the 1,014 participants for whom insurance data was available: ○ 90% were insured through Medicaid (909 clients; the NYC rate in 2021* was 55%) ○ 8% had private insurance (76 clients) ○ 2% had no insurance (17 clients) ○ 1% had other government insurance (12 clients) • CDI clients gave birth to 752 babies: ○ 92% were ever fed breastmilk (694 babies) ○ Of the 268 with data recorded, 54% were exclusively breastfeeding at hospital discharge (144 babies; the NYC rate in 2021 was 42.4%)

					• Of the 752 babies, 732 were singletons:
					  ○ 7.4% were preterm (54 singleton babies; the NYC rate for singletons in 2021* was 8.2%)
					  ○ 9.4% were low-birthweight (69 singleton babies; the NYC rate for singletons in 2021* was 7.4%)
					• CDI doulas attended 666 births. Of those:
					  ○ 71.9% were vaginal (479 births; the NYC rate in 2021* was 64.4%)
					  ▪ 15 of them were VBAC (vaginal birth after Cesarean)
					  ○ 28.1% were Cesareans (187 births; the NYC rate in 2021* was 32.8%)
					  ▪ 40 were planned Cesareans
					
					** most recent data available*

B.	Healthy Start Brooklyn's By My Side Birth Support Program
	(a DOHMH program funded by the federal Health Resources and Services Administration)
		Provide birth doula care to women who live in central and eastern Brooklyn and meet income eligibility requirements for WIC or Medicaid.
		
		Provide case management for each client at prenatal and postpartum home visits.
				Ongoing	• The By My Side program receives funding from both Healthy Start Brooklyn and from the Citywide Doula Initiative, which is based on the By My Side model.
					• In 2023, By My Side doulas
					  ○ Attended 127 births
					  ○ Served 233 pregnant clients.
					  ▪ Of these, 67% were non-Hispanic Black and 25% were Hispanic or Latina.
					  ○ Most clients served (92%) were enrolled in Medicaid.

C	Healthy Women Healthy Futures (HWHF)
	(a five-borough program funded by the City Council and managed by DOHMH)
		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	• Healthy Women, Healthy Futures (HWHF) is operated by three vendors:
					  ○ Brooklyn Perinatal Network (Brooklyn)
					  ○ Caribbean Women's Health Association (Bronx, Manhattan, Queens)

					○ Community Health Center of Richmond (Staten Island) • In 2023, 589 individuals received doula support: ○ 16% in the Bronx ○ 47% in Brooklyn ○ 5% in Manhattan ○ 9% in Queens ○ 22% in Staten Island • Of the total, 168 received birth-doula support, 134 received postpartum-doula support, and 287 received both. • Of the total: ○ 56% were Black or African American ○ 19% were Hispanic or Latina ○ 3% each were Asian ○ 2% were non-Hispanic white ○ 12% were multiracial ○ 90% were insured through Medicaid.
D.	New York Coalition for Doula Access (a statewide coalition of doulas and allies, co-led by Health Leads and DOHMH)	Expand access to perinatal support for all, with a particular focus on communities that are at greatest risk for poor outcomes. Current priorities are: • To set standards for a living wage for doulas through Medicaid reimbursement; • To develop a plan for a doula-friendly-hospital designation. • To launch a learning community for people with common interests, concerns, and challenges in advancing reproductive healthcare.		Ongoing	• Between April 1, 2023 and March 31, 2024, NYCDA: ○ Convened 11 monthly meetings, with an average attendance of 40 members per meeting; ○ Convened monthly meetings of a subcommittee that is developing the guiding tenets and structure for a doula-friendly hospital designation; ○ Convened monthly meetings of a subcommittee that is leading the work regarding doula reimbursement through Medicaid, including developing tools to facilitate implementation. • In March 2023, several NYCDA members provided testimony in Albany regarding the need for doulas and an equitable reimbursement rate. • NYCDA membership:

					○ 309 members, of which 128 identify as people of color; ○ 111 practicing doulas, including 106 community-based doulas; ○ 62 allies, including midwives, OB-GYNs, legislators, health-care administrators, and insurance providers; ○ 32 counties represented across the state of New York. • On April 3, 2024, NYCDA launched the Improving Doula Access and Integration Community of Practice. ○ The Community of Practice will bring together doulas, clinicians, advocates, and subject-matter experts to increase accessibility to doulas in the expanding New York workforce to birthing individuals.

2. Build doula capacity

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.	Citywide Doula Initiative (CDI)	Train residents of TRIE neighborhoods as doulas. Provide professional development to all doulas working in the Citywide Doula Initiative.		Ongoing	• In 2023, the Citywide Doula Initiative (CDI) hosted two full-spectrum doula trainings for community members. A total of 47 community members were trained, and 42 of them joined the CDI apprenticeship program. • During the same time period, the CDI provided the following types of professional development to strengthen its workforce: ○ 95 doulas trained in the CDI model ○ 88 doulas trained in Birth Equity ○ 90 doulas trained in Perinatal Mood and Anxiety Disorders

					○ 93 doulas trained in Intimate Partner Violence ○ 122 doulas trained in Gender Affirming Birth Work ○ 72 doulas trained in HIPAA ○ 43 doulas trained in NYC Standards for Respectful Care at Birth ○ 21 doulas trained in Family Regulatory System Advocacy ○ 21 doulas trained in Supporting Clients Considering Adoption ○ 39 doulas trained in Pregnancy and Infant Loss
B.	CDI Apprenticeship Program	Support newly trained doulas in improving their professional skills, achieve certification, and increasing their capacity to work as community-based doulas.		Ongoing	• The CDI Apprenticeship Program lasts six months and includes 1:1 mentorship, monthly cohort meetings, and guidance on certification. • As of March 2024, the program has 108 apprentices across the eight programs.
C.	Healthy Women, Healthy Futures (HWHF)	Train community residents to become doulas and build capacity among doula workforce.		Ongoing	• In 2023, 34 doulas were trained: ○ 10 as birth doulas ○ 10 as postpartum doulas ○ 14 as full-spectrum doulas (able to provide both birth and postpartum services).

3. 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.

	PROGRAM/INITIATIVE	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	Maternity Hospital Quality Improvement Network (MHQIN) – Clinical and Community Partnerships	Improve hospital-staff collaboration with doulas. Strengthen healthcare-system linkages to community-based resources, including no- or low-cost doula programs.		July 2018 – June 2025	• Collaborated with community-based doula programs to provide technical assistance to seven hospitals, four that are part of H+H (Jacobi, Kings County, Lincoln, Metropolitan) and three others (Elmhurst, Jamaica, Montefiore). TA included: ○ Completing action plans on steps to improve doula-friendliness (see Appendix E); ○ Hosting hospital meet and greets, for staff to meet community-based doulas who support clients at that hospital; ○ Providing Grand Rounds presentations to increase knowledge of a doula's role and strategies to collaborate with doulas; 187 total attendees; ○ Developing centralized referral system to facilitate process for hospitals; all seven hospitals are now referring patients to doula programs; ○ Providing hospital presentations and technical assistance meetings; 501 total attendees. • Two hospitals completed endline capacity assessments, moving from an average score of moderate to an average score of robust. • Provided a five-part training on Navigating the Healthcare Environment to 12 doulas. • Supported Action Learning Collaborative with March of Dimes and Health Leads to foster doula friendliness in three pilot locations outside NYC. • Developed a doula-friendly hospital toolkit for dissemination to MHQIN and other NYS hospitals. • Updated and translated doula educational materials; distributed 13,999 brochures, 145 posters, and 7,902 palm cards to 7 prenatal clinics at the MHQIN hospitals and at outreach events.
B.	Doula Support Assessment Tool	Identify patterns in hospital practices that may impede the effectiveness of		Ongoing	• Doulas completed 345 surveys in 2023, for a total of 429 responses since the launch of the CDI.

		doula support, which can then be addressed to make hospitals more doula friendly.			

4. Amplify community voices

The Health Department values the lived experience of people giving birth who are most affected by poor birth outcomes and is working to 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 (MHQIN) – NYC Standards for Respectful Care at Birth	Provide technical assistance and training to MHQIN hospital staff to support successful implementation of the NYC Standards for Respectful Care at Birth ("NYC Standards"). Establish community-based organizations in each of the five boroughs to serve as Birth Justice Hubs and support Birth Justice Defenders (BJDs) to work within communities to disseminate the NYC Standards, ensuring that people giving birth know their human rights and are active decision-makers in their birthing experience.		July 2018 – June 2023	• Respectful Maternity Care Report Cards were finalized and will be distributed to the 14 hospitals in MHQIN's Cohort 1. • Distribution of the NYC Standards for Respectful Care at Birth increased as MHQIN expanded to all 38 NYC birthing hospitals. • More than 60,000 brochures and 7,300 posters were distributed in health-care settings and to community organizations. • A "Health-Care Provider Resource Guide" for the NYC Standards was finalized and distributed. • A sixth Birth Justice Hub was established, in Brooklyn, and more than 2,000 community members were trained in received birth justice and "know your rights" trainings. • More than 1,000 people were reached via outreach/tabling events.
B.	Neighborhood Birth Equity Strategy	Disseminate neighborhood-specific information about severe maternal morbidity (SMM) and infant mortality (IM). Offer opportunities to increase the capacity of local organizations to address the root causes and contributing factors to birth inequities. Engage community boards and community-based organizations, policymakers, and neighborhood coalitions in promoting doula services		Ongoing	• The three Family Wellness Suites (FWS)—in Bronx, Brooklyn, and East Harlem—connected families to doula services as requested. In addition: • The Bronx FWS hosted a Doula Listening and Visioning Recap Meeting on July 31, 2023. During the meeting, Bronx-based doula groups were updated on current strides in areas of doula reimbursement schedules, current status of the CDI, and potential areas for collaboration. • The Brownsville FWS invited the By My Side Birth Support Program and Healthy Women, Healthy Futures to present the benefits of having a doula during Black Maternal Health Week, in April 2023,

		to improve maternal and infant outcomes. Improve public awareness of doula support and its benefits to visitors to DOHMH's Neighborhood Health Action Centers, and other Bureau of Neighborhood Health sites.			and at a baby shower during Black Breastfeeding Week, in August 2023. • The Harlem FWS invited the Mothership and Mama Glow to present during Black Maternal Health Week. The Mothership and the Newborn Home Visiting Program also presented at multiple car-seat-safety workshops. This proved very valuable for connecting pregnant people to doulas, as the participants who attend these workshops are usually in their third trimester. • The Family Wellness Suites maintain a partnership with the NYC Commission on Human Rights to conduct presentations on pregnancy accommodations and the rights of birthing persons. • The Family Wellness Suites collaborate with Birth Justice Defenders to conduct presentations and provide one-on-one education on the NYC Standards for Respectful Care at Birth and the benefits of doula support.

5. Improve data collection

The Health Department now collects data about doula-supported births in NYC, but some gaps remain. The agency is taking 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
A.	Addition of doula support questions to the NYC Birth Certificate	Collect data on doula support to better assess the availability of doulas services in NYC	■	Complete	• In mid-2021, DOHMH added three questions about doula support to the NYC birth certificate's Mother/Parent worksheet. • The second full year's worth of data, for 2023, is now available. See details on pages 5-7 and 28.
B.	Directory: NYC doula providers	Collect demographic and service information from NYC doula programs and organizations. Host a directory of doula providers in NYC on the Health Department website.	●	Ongoing	• In spring 2024, DOHMH surveyed known doula organizations and programs for an annual update to the directory of doula providers in NYC. The directory currently lists 20 doula organizations and programs, of which 14 provide no-cost doula support and 6 train people to become doulas.

C.	Directory: Insurance coverage of doula support	Assess which NYC-based insurers cover doula care.		2024	• With the implementation of the statewide Medicaid benefit, the state Department of Health has created a directory of doulas who provide services through Medicaid. • More private insurers are beginning to cover doula care as well. DOHMH will assess the need for a directory as the landscape becomes more clear.

APPENDIX A: Local Law 187

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

No. 187

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.

APPENDIX B: Provisional data on doula support during pregnancy and during childbirth, 2023

NYC births with doula support by demographic characteristics, 2023 (provisional data)

Characteristic	Births with doula support during pregnancy		Births with doula present for delivery*	
Borough	**n**	**% of total births**	**n**	**% of total births**
Bronx	285	1.9%	235	1.6%
TRIE	231	1.8%	188	1.5%
non-TRIE	54	2.4%	47	2.1%
Brooklyn	2,968	9.5%	2,630	8.4%
TRIE	1,025	8.0%	885	6.9%
non-TRIE	1,943	10.6%	1,745	9.5%
Manhattan	884	6.8%	789	6.0%
TRIE	412	6.6%	367	5.8%
non-TRIE	472	7.0%	422	6.2%
Queens	429	2.1%	375	1.9%
TRIE	159	2.0%	136	1.7%
non-TRIE	270	2.2%	239	2.0%
Staten Island	83	1.7%	76	1.6%
TRIE	34	2.4%	32	2.3%
non-TRIE	49	1.5%	44	1.3%
All NYC residents	4,649	5.5%	4,105	4.9%
TRIE	1,861	4.5%	1,608	3.9%
non-TRIE	2,788	6.5%	2,497	5.8%
Sociodemographic factors				
Asian/Pacific Islander	292	2.4%	260	2.1%
Hispanic/Latina	562	2.1%	490	1.9%
Non-Hispanic Black	765	5.2%	633	4.3%
Non-Hispanic White	2,872	10.0%	2,582	9.0%
Born in U.S.	3,544	8.6%	3,171	7.7%
Foreign-born	1,105	2.6%	934	2.2%
Medicaid	1,967	3.8%	1,724	3.4%
WIC	1,456	4.1%	1,268	3.6%

Provisional data, provided by DOHMH Bureau of Vital Statistics.

* Includes doulas providing birth support virtually or in-person

Appendix C: Doula Organizations in New York City

DOULA ORGANIZATIONS IN NEW YORK CITY (NYC)[d]

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. The information about each organization was provided by that organization.

Ancient Song
Our mission is to ensure that all pregnant, postpartum, and parenting people of color have access to high-quality, holistic doula care and services regardless of their ability to pay.

Ancient Song is a national birth justice organization working to eliminate maternal and infant mortality and morbidity among Black and Latinx people. We provide doula training and services, offer community education, and advocate for policy change to support reproductive and birth justice.

We provide full spectrum direct doula services, educational workshops, doula training, and advocacy through uplifting reproductive health policy.

Number of doulas: 200
Number of clients served in 2023: 275
Service areas: All five boroughs, NY State and New Jersey
Languages available: English, Spanish, Arabic
Priority population(s): African American, Black, Latinx, Indigenous, migrants, undocumented, incarcerated pregnant people, low income
Provides no- or low-cost services[e]: No-cost and sliding scale
Provides doula trainings: Yes
Number of doulas trained in 2023:200
Contact: Anabel Rivera at info@ancientsongdoulaservices.com; www.ancientsongdoulaservices.com

Ashe Birthing Services
Ashe Birthing Services is a small group of birth and postpartum doulas (based in the Bronx) who create a balance between evidence-based research and ancestral practices. This allows them to offer families a unique individual experience that is often missing in mainstream maternal care. Each of their packages are curated to fit the specific needs of each client. One may be interested in support during birth or decide to extend the care to their postpartum period of healing – whichever the choice, they are committed to offering a holistic level of care from their hearts.

Number of doulas: 15
Number of clients served in 2022: 400
Service areas: Bronx, Manhattan, Brooklyn, Queens, Long Island, northern New Jersey, Westchester County, southern Connecticut

[3] The organizations listed responded to the Health Department's request for program information and are not representative of all doula organizations in NYC.
[4] Organizations provide no- or low-cost services based on specific eligibility criteria, often related to the client's socioeconomic status.

Languages available: English, French, Spanish
Priority population: Serving our Black and Brown community is our priority, though we serve all our city.
Provides no- or low-cost services: We do payment plans, sliding scale, bartering, and fund-raising to make doula support accessible.
Provides doula trainings: No
Contact: Emilie Rodriguez at ashebirthingservices@gmail.com; www.ashebirthingservices.com

Baby Caravan

Baby Caravan is an NYC doula collective striving to help make the process of finding a doula as seamless as possible. Each family's inquiry is attended to by an experienced administrator. Based on your due date, location, preferences, and desired services, we connect you with available doulas and lactation professionals, to find the perfect fit for your family. Additionally, Baby Caravan provides community and continuing education for doulas, to support them in their practice.

Number of doulas: 60
Number of clients served in 2022: 405
Service areas: Brooklyn, Manhattan, Queens, Bronx, Staten Island
Languages available: English, Spanish, French, Italian, Portuguese
Priority population: General population
Provides no- or low-cost services: Both pro-bono and low-cost services available
Provide doula trainings: No
Number of doulas trained in 2022: N/A
Contact: Jen Mayer, founder, at info@babycaravan.com; www.babycaravan.com

Brooklyn Perinatal Network

Brooklyn Perinatal Network, is committed to improving the health and well-being of individuals, families and communities through outreach, referral and education partnering with other health and social services organizations. The agency provides community health worker services, both birth and postpartum doula services, public health insurance enrollment, family and youth peer support and health and nutrition education and distribution of baby supplies.

Number of doulas: 25
Number of clients served in 2023: 200
Service areas: Most clients live in the Central Brooklyn and neighboring communities.
Languages available: English, Spanish, African dialects, Haitian Creole, French Creole
Priority Population: Afro/Caribbean Black, Latina
Provides no- or low-cost services: All services are provided at no cost. BPN accepts self-referrals, referrals from other providers, and walk-ins. Most individuals are eligible for community-based social services and free or low-cost health insurance, and most live in the communities that have the highest health disparities in Brooklyn. The program also assesses other factors, including isolation, previous infant demise, miscarriage, low or no income, and minimal support.
Provides doula trainings: Yes. All participants who are approved for training receive scholarships, so the training is at no cost to the participant. Doulas also receive other professional trainings.
Number of doulas trained in 2023: 37
Contact: Denise West, deputy executive director, at 718-643-8258 x 21 or dwest@bpnetework.org; www.bpnetwork.org

Bx (Re)Birth and Progress Collective

Bx (Re)Birth and Progress is on a mission to create groundbreaking solutions that exist beyond the confines of the traditional system, aimed at safeguarding and supporting birthing individuals and their loved ones in the Bronx and beyond. At the heart of our vision is a deep commitment to centering Black individuals, as we strive towards a world where we can all live free from the grasp of systemic injustices. Drawing inspiration from the trail-blazing leaders of past liberation movements, we are dedicated to honoring our community's history of self-determination.

Number of doulas: 15
Number of clients served in 2022: 72
Service areas: All of NYC, with a strong focus on the Bronx
Languages available: English, Spanish
Priority population(s): Black people; people in transitional housing; Latin American, Caribbean, and African immigrants; youth
Provides no- or low-cost services: Yes, with priority given to Bronx residents
Provides doula trainings: No
Contact: Nicole JeanBaptiste at info@bxrebirth.org; www.bxrebirth.org

By My Side Birth Support Program

The By My Side Birth Support Program (BMS) is an initiative of the NYC Department of Health and Mental Hygiene, funded through the Healthy Start Brooklyn grant and the Citywide Doula Initiative. Launched in 2010, BMS aims to reduce inequities in birth outcomes by providing no-cost, comprehensive doula support to pregnant people living in underserved neighborhoods of 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.

Number of doulas: 16
Number of clients served in 2022: 186
Service areas: Underserved areas of Brooklyn, especially Bedford-Stuyvesant, Brownsville/Ocean Hill, Bushwick, and East New York
Languages available: English, Haitian Creole, Spanish (services may be available in other languages when requested)
Priority population(s): Black (majority); Latin American, African, and Caribbean immigrants
Provides no- or low-cost services: No-cost services available for residents of Brooklyn shelters and foster homes, as well as people in zip codes 11203, 11205, 11206, 11207, 11208, 11212, 11216, 11221, 11220, 11226, 11232, 11233, 11236, 11237, 11238, or 11239 who are income-eligible for Medicaid
Provides doula trainings: No, but offers a 6-month apprenticeship program for newly trained doulas
Contact: Regina Conceiçaõ at healthystartbrooklyn@health.nyc.gov; www.nyc.gov/health/hsb

Caribbean Women's Health Association

Caribbean Women's Health Association, Inc. (CWHA) is a community-based, non-profit organization located in the heart of the Caribbean community in Brooklyn for 40 years. Our mission is to provide high-quality, comprehensive, culturally appropriate health, immigration, and social support services to our diverse community. Our programs aim to improve the well-being of individuals, strengthen families, and empower communities. They are uniquely designed to provide comprehensive, integrated, culturally appropriate, and coordinated "one-stop" service.

CHWA is transforming lives, strengthening families, and building bridges across culturally diverse communities.

Number of doulas: 61
Number of clients served in 2023: 540
Service areas: All NYC boroughs and neighborhoods
Languages available: English, Spanish, Brazilian Portuguese, Bambara, Zarma, French, Urdu, Afrikaans, Haitian Creole, Dutch, ASL, Arabic, Cantonese
Priority population: Immigrant communities, the uninsured, Medicaid recipients, recipients of public benefits, housing insecure, people of color, and other communities/individuals experience lack of access to doula support as a result of the social determinants of health.
Provides no- or low-cost services: Yes. To be eligible, clients must either receive or be eligible for public benefits (SNAP, WIC, Section 8, Medicaid, SSDI, etc.).
Provide doula trainings: Yes; no cost for all enrollees
Number of doulas trained in 2023: 27
Contact: CWHA Doula Team, CWHADoulas@cwha.org

Carriage House Birth
CHB's mission and vision is to help build a world where every stage of the birthing process matters, and every birthing person feels seen and heard.
Birth & postpartum doula agency, childbirth education and newborn care classes, doula training, doula mentorships, and support groups.

Number of doulas: 45
Number of clients served in 2023: 355
Service areas: All of the Tri-State area and California.
Languages available: English and Spanish
Priority population(s): All families. We serve a mixed population with various socioeconomic statuses.
Provides no or low-cost services: Yes. We make every effort to support all low-cost and sliding-scale requests as they come in.
Provide doula trainings: Yes. Our tuition is based on a sliding scale, to make our doula training as accessible as possible. We ask our students to self-assess what they can afford to pay. We also have a growing scholarship program that prioritizes Black, Indigenous, Asian, and Latinx people regardless of income; LGBTQIA2S+; and people who are experiencing financial hardship. This supports our larger goal of training doulas who will raise the standard of care for the most vulnerable birthing bodies.
Number of doulas trained in 2023: 100
Contact: info@carriagehousebirth.comwww.carriagehousebirth.com/

Citywide Doula Initiative
The Citywide Doula Initiative provides no-cost birth doula care in underserved neighborhoods of New York City, as well as to residents of homeless shelters and foster homes. It is made up of eight community-based doula programs: Ancient Song Doula Services, By My Side Birth Support Program, Caribbean Women's Health Association, Community Health Center of Richmond, Hope and Healing Family Center, Mama Glow Foundation, The Mothership, and Northern Manhattan Perinatal Partnership. Please see details under each program's listing.

Community Health Center of Richmond
Our mission is to sustain a vibrant, healthy and strong community through affordable, culturally competent, quality primary health care. We aim to eliminate health disparities for underserved populations through accessibility. We empower people to take control of their physical and mental wellbeing through health education, prevention services and wellness programs.

Number of doulas: 30
Number of clients served in 2023: 185
Service areas: Staten Island
Languages available: Spanish, French, Creole, Russian, Polish, Twi, Ewe, Yoruba, Fante, Ga
Priority population(s): Women of color, underserved and underinsured
Provides no- or low-cost services: All services are no-cost. Priority given to low-income individuals.
Provide doula trainings: No
Number of doulas trained in 2023: 7
Contact: Gracie-Ann Roberts-Harris at 917-830-1200 or Gharris@chcrichmond.org

Doulas en Español

Doulas en Español is a collective of Spanish-speaking doulas serving Spanish-speaking communities in and around New York City. Our mission is to expand the availability of birth support services in Spanish and offer care with cultural affinity to improve birth outcomes among Hispanic pregnant people and their families.

Number of doulas: 11
Number of clients served in 2021: 25
Service areas: Manhattan, Queens, Brooklyn, Bronx, Westchester County
Languages available: English and Spanish
Priority population: Hispanic people
Provides no- or low-cost services: Sliding scale available; limited grants for no-cost support
Provide doula trainings: Yes; new doula mentorship program at no cost for Spanish-speaking doulas in training
Number of doulas trained in 2021: 6
Contact: Maya Hernandez at doulasenespanol@gmail.com; www.doulasenespanol.com

Healthy Women, Healthy Futures (HWHF)

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. Please see details under each program's listing.

HoPE Community Doula Program

HoPE is a community-based doula model that strives to engage patients of diverse language, race/ethnicity to enhance patient experience and build trust; provide social support and expansive local resources; and contribute to addressing the maternal mortality and morbidity crisis within traditionally underserved populations. HoPE integrates community-based doula services into the public hospital system in Queens, NYC. HoPE is a community-academic partnership with Mount Sinai School of Medicine, Health + Hospitals/Elmhurst and Queens, Ancient Song Doula Services and Caribbean Women's Health Association.

Number of doulas: 30
Number of clients served in 2023: 103
Languages available: English, Spanish, Bangla, Nepali, Haitian Creole, Hindi, Urdu, Punjabi, and Twi
Priority population(s): People receiving care at H+H/Elmhurst and Queens Hospitals
Provides no- or low-cost services: Yes, HoPE Doula services are free of charge.
Provide doula trainings: No
Number of doulas trained in 2023: N/A
Contact: qfc-referrals@healthsolutions.org (for referrals); kanwal.haq@mssm.edu (for other inquiries)

Hope and Healing Family Center
To improve the quality of life by strengthening, empowering, and educating underserved families throughout Brooklyn communities by providing services to address maternal and early-childhood health disparities.

Number of doulas: 9
Number of clients served in 2023: 20
Service areas: Brownsville, Bedford-Stuyvesant, Bushwick, East New York
Languages available: French, English, and Spanish
Priority population(s): We provide services to minors with adult consent. Adult clients are provided services based on zip codes and communities.
Provides no- or low-cost services: Yes
Provide doula trainings: Yes
Number of doulas trained in 2023: N/A
Contact: Suzette Jules-Jack at 347-384-1494 or sjulesjack@hhfamilycenter.org; www.hhfamilycenter.org

MAAM Doulas LLC
MAAM Doulas LLC stands for Mothers Are Amazing Mentors. We are a group of moms who are advanced birth doulas, postpartum doulas, CLC's, and childbirth educators providing private as well as free or low-cost services to orenatal, birthing, postpartum, and parenting people. We also provide doula mentoring and perinatal health-education classes and workshops.

Number of doulas: 6
Number of clients served in 2023: 60
Service areas: Bronx, Queens, Long Island, Westchester, Brooklyn, Manhattan, Connecticut and New Jersey
Languages available: English, and Spanish
Priority population(s): We have been fortunate to be able to support and provide services to many populations.
Provides no- or low-cost services: Yes, Medicaid Eligible, Low Income
Provide doula trainings:No
Number of doulas trained in 2023: N/A
Contact:Earlyn Williams at 917-937-6790 or earlyn.maamdoula@gmail.com

Mama Glow
Mama Glow is a leading global maternal-health and training platform that educates and supports more than 2,500 doulas across the USA and 6 continents. Our mission is to transform the landscape of reproductive health for the BIPOC community. We educate and serve the needs of people along the pregnancy, birth, and postpartum continuum, including during the fertility period and in case of loss, offering hand-holding through bespoke doula services. We also offer professional training and certification programs for birth workers and institutions. The Mama Glow Professional Doula Training Program is the first of its kind to be embedded in an Ivy League University; it is a course in gender studies at Brown University, where our founder, Latham Thomas, is a professor.
The Mama Glow Foundation is a Brooklyn-based, Black, female-founded nonprofit, committed to advancing reproductive justice and birth equity through education, advocacy, and the arts. The foundation strives to improve maternal health outcomes in three primary ways: 1) providing educational scholarships to aspiring doulas and midwives, 2) creating robust workforce and professional development pathways for our doulas,

and 3) working with educational partners and engaging in research and advocacy. The foundation provides pro-bono doula services in 6 major U.S. cities through grant-funded partnerships.

Number of doulas: 2,500+ across the USA and 6 continents
Number of clients served in 2023: 550+
Service areas: New York metro area; we also have doulas in all corners of the USA.
Languages available: English, Spanish, French, Haitian Creole, Portuguese, Arabic
Priority population(s): We serve all populations, including BIPOC, LGBTQ+, high-risk, unhoused, teens, migrants, immigrants, justice-impacted individuals, families impacted by domestic violence, and folks in shelters
Provides no- or low-cost services: Yes, through various grant-funded programs, including the Citywide Doula Initiative (for families in need across 33 zip codes in New York City) and the Love Delivered program (for BIPOC families in the New York metro area; Washington, DC; Atlanta; Miami; Los Angeles; New Orleans + Baton Rouge).
Provide doula trainings: Yes, a 6-week on-line training with a year of extended support. Scholarship funding is available through the Mama Glow Foundation.
Number of doulas trained in 2023: 467
Contact: Mama Glow Foundation: info@mamaglowfoundation.org; www.mamaglowfoundation.org
Mama Glow (general inquiry): info@mamaglow.com; www.mamaglow.com

Northern Manhattan Perinatal Partnership

The Northern Manhattan Perinatal Partnership (NMPP) is a maternal and child health (MCH) organization committed to delivering crucial health and social services to communities throughout the Northern Manhattan area. Our mission is to save babies and help women take charge of their reproductive, social, and economic lives.
Number of doulas: 24
Number of clients served in 2023: 150+
Service areas: Harlem, East-Harlem, Washington Heights and the Bronx
Languages available: English, Spanish, French
Priority population(s): Latina immigrants, French-African immigrants, African Americans
Provides no- or low-cost services: All services are free of charge.
Provides doula trainings: Interested community members are referred to Ancient Song and trained free of charge.
Number of doulas trained in 2023: 21
Contact: Fajah Ferrer at fajah.ferrer@nmppcares.org; www.nmppcares.org

NYC Birth Village

NYC Birth Village is a doula agency that matches doulas with clients based on expertise, budget, and coverage area. Our goal is to have families guided by knowledgeable doulas who share our philosophy of offering individualized, evidence-based, hands-on care given with great warmth and compassion. At NYC Birth Village we are also providing access to a great doula community, as well as mentorship, guidance, resources, and support to all of our doulas.

Number of doulas: 35
Number of clients served in 2022: 300
Service areas: Manhattan, Brooklyn, Bronx, Queens, Westchester County, eastern New Jersey
Languages available: English, Spanish, Hebrew, Dutch
Priority population(s): We work with a diverse population.
Provides no- or low-cost services: Our beginner-level doulas start at $750, and occasionally they may be able to provide services at a lower cost.

Provide doula trainings: We don't provide a structured doula-training program for now, but rather, guidance and support for all doulas who join our agency, including community-building events and workshops. We also have a great (paid) one-on-one mentorship program for newer doulas.
Number of doulas trained in 2022: N/A
Contact: Narchi Jovic and Karla Pippa at nycbirthvillage@gmail.com; www.nycbirthvillage.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 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: 7
Number of clients served in 2022: 51
Service areas: Manhattan, Brooklyn, Queens, Bronx, Jersey City
Languages available: English, Spanish
Priority population(s): N/A
Provides no- or low-cost services: Our doulas set their own fees, with some sliding as low as $500 when they choose to do so.
Provides doula trainings: No
Contact: Raychel Franzen at nycdcdirector@gmail.com; nycdoulacollective.com

The Doula Project
The Doula Project is a volunteer-run, collectively led organization that provides free compassionate care and emotional, physical, and informational support to people across the spectrum of pregnancy. Our current keynote service is our Medication Abortion Hotline, which provides 24/7 compassionate non-medical emotional & informational support from trained doulas during a medication abortion in New York and nationally. All conversations are confidential and anonymous text-based chats. The hotline can be reached at (844) 518-1672. We will be training doulas who already have some birth, abortion, and/or full-spectrum training to work on the hotline in summer/fall 2024.
We are not currently providing birth doula services via our program, but hope to restart this in late 2024/early 2025.

Number of doulas: 10
Number of clients served in 2023: 50
Service areas: All five boroughs and southern Westchester County
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; www.doulaproject.net

The Mothership
The Mothership was built as a means of creating a community of parents via events, chats, email threads, and the provision of information and resources for the cosmic mother. The Mothership aims to highlight the mother as the source of all creation, the vessel between the spiritual and physical realms. It's time that childbirth be recognized and treated as a sacred, transformative, healing, physiological process that requires additional support. The Mothership offers birth and postpartum doula services, lactation counseling, childbirth education, placenta services, and belly binding.

Number of doulas: 15
Number of clients served in 2023: 139
Service areas: Manhattan and Bronx
Languages available: English, Spanish
Priority population(s): Black people; people in transitional housing; Latin American, Caribbean, and African immigrants; youth
Provides no- or low-cost services: Yes, all services are at no-cost.
Provide doula trainings: No
Number of doulas trained in 2023: N/A
Contact: Miranda Padilla at 646-683-6463 or mom@themothershipnyc.com; www.themothershipnyc.com

The New York Baby

The New York Baby is a growing doula-matching business that connects parents with a team of doulas, lactation consultants, and baby specialists in the NYC area. Doulas and baby specialists are independent contractors who are certified through DONA, DTI, Lullaby, or other organizations. We offer 1) birth and postpartum doula services, both virtual and in-person, 2) baby-specialist services for overnight or 24/7 support, and 3) lactation consultation, virtual and in-person.

Number of doulas: 26, and 10 baby specialists
Number of clients served in 2022: 153
Service areas: New York City, Jersey City, Hoboken, sometimes Long Island or Connecticut
Languages available: English, German, French, Dutch, Spanish
Priority population(s): White (majority), Black, Middle Eastern, Latin American
Provides no- or low-cost services: We have student-doulas who offer low-cost services, starting at $200 for birth support or $20/hour for postpartum. The student-doulas are being mentored during their services.
Number of doulas trained in 2022: Once a quarter we host a doula meeting at no cost. Twice a year we hold a 6-week doula-mentoring group for new doulas, where we meet virtually once a week and go through various topics related to doula work.
Contact: Stephanie Heintzeler at 347-257-5157 or stephanie@thenewyorkbaby.com; www.thenewyorkbaby.com

APPENDIX D: Birth Inequities in New York City

Racial and ethnic inequities in birth outcomes are prominent in New York City. Non-Hispanic Black women are more than nine times more likely than Non-Hispanic White women to die from pregnancy-related causes and 2.6 times more likely to experience a serious complication of their pregnancy.[18-19] Latina mothers are approximately two times more likely to die from pregnancy-related causes and experience serious complications relative to White women.[18] Despite low rates of infant mortality in NYC relative to the national average, babies born to Black mothers are 5.1 times more likely to die in their first year of life than babies born to White mothers.[20] This racial disparity in infant mortality represents a dramatic increase from 3.1 in 2020, signaling the potential effects of COVID-19 on pre-existing inequities.

Racial disparities persist across several other birth outcomes that impact the lives of birthing people 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 health consequences than vaginal delivery, 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.[21-23] Babies delivered by Cesarean have a greater risk of developing chronic conditions such as asthma, diabetes, and obesity.[21,24-26] In 2021, Black women in NYC had the highest proportion of Cesarean births of all racial and ethnic groups (39% of live births among non-Hispanic Black women were delivered via Cesarean section, compared to 27% among non-Hispanic White women, and 35% among Hispanic women.[20] Additionally, even though babies born to Black mothers made up 18% of live births in 2021, they represented 28% of all low-birthweight babies and 26% of all preterm births that year.[20] This is particularly concerning because low birthweight and preterm birth are key drivers of infant mortality.

These inequities are perpetuated by structural racism and the intersectional effects of racism, sexism, and other spheres of oppression. Such effects may include a greater incidence of chronic conditions that contribute to poor birth outcomes, including hypertension, diabetes, and asthma.

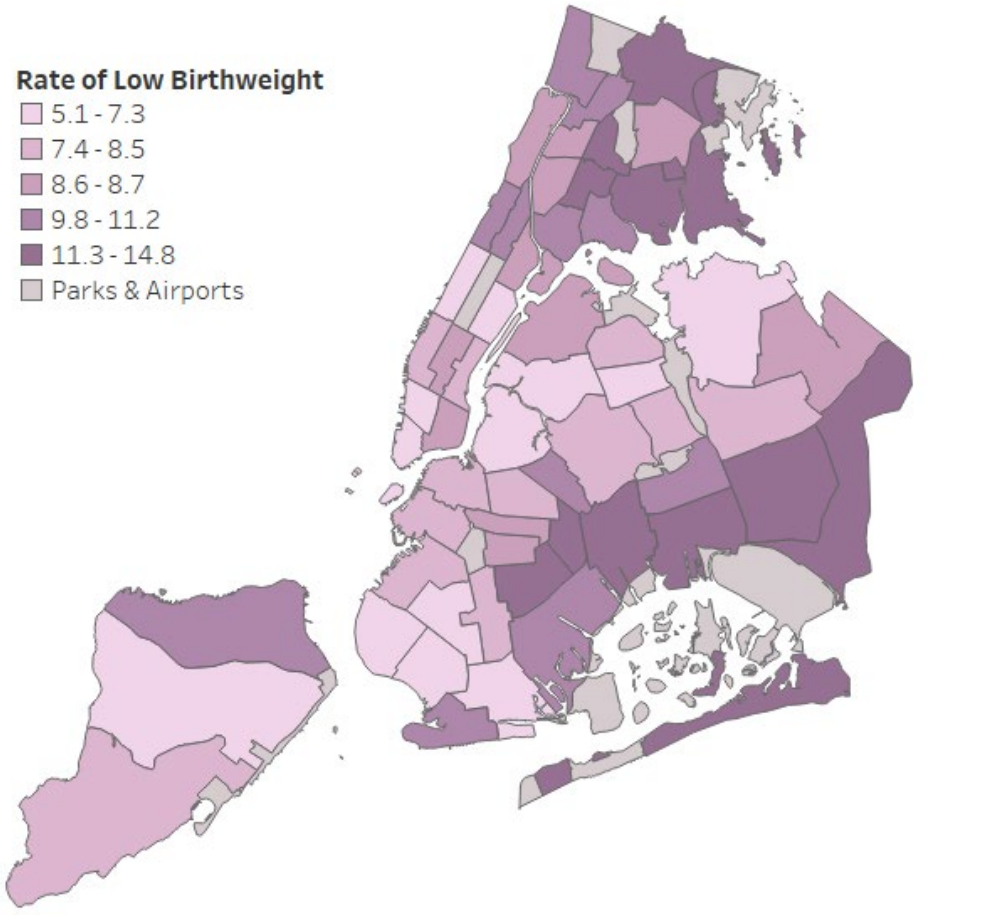
Place also matters. Though New York is one of the wealthiest cities in the United States, its neighborhoods are some of the most racially and economically segregated in the country.[27] The cumulative impact of racially-based discriminatory practices directing where people live and what resources are available in their neighborhoods has contributed to deep and persistent health inequities, including inequities in birth outcomes. Neighborhoods with predominantly Black and Latina/x populations, and where many residents live in poverty bear some of the highest rates of infant mortality and severe maternal morbidity in the city.[18,19] For example, over a two-year period (2013 to 2014), the rate of severe maternal morbidity ranged from 92.4 per 10,000 live births in Borough Park, Brooklyn, to 567.7 per 10,000 in East Flatbush, Brooklyn – a six-fold difference.[19]

Importantly, these data do not yet reflect the impact of COVID-19 – which disproportionately affected underserved communities – on maternal and infant deaths in NYC.

Low Birthweight

Rate of Low Birthweight* by Community District of Residence, New York City, 2021

Citywide Rate: 9.1



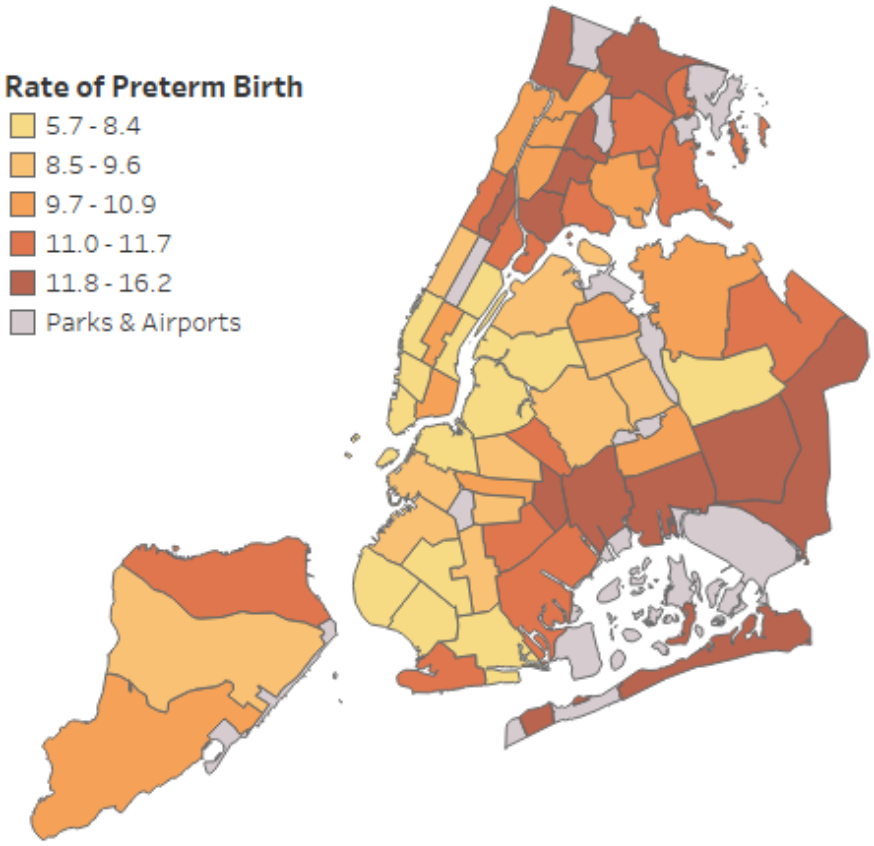
Source: Bureau of Vital Statistics

*Infant weighing less than 5 pounds, 8 ounces (2,500 grams) at birth. Rates depict the percent of total live births.

Preterm Birth

Rate of Preterm Birth* by Community District of Residence, New York City, 2021

Citywide Rate: 10.0



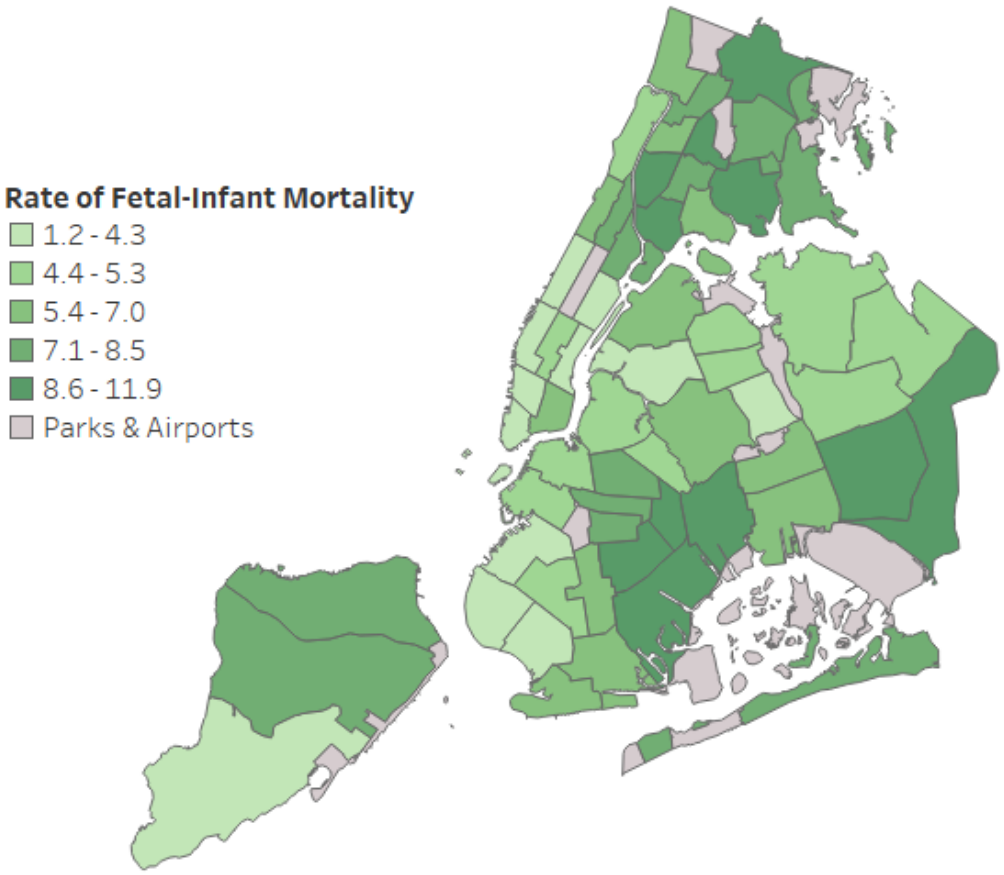
Source: Bureau of Vital Statistics

*Clinical gestational age <37 completed weeks. Rates depict the percent of total live births.

Fetal-Infant Mortality

Rate of Fetal-Infant Mortality* by Community District of Residence, New York City, 2017-2021

Citywide Rate: 6.6



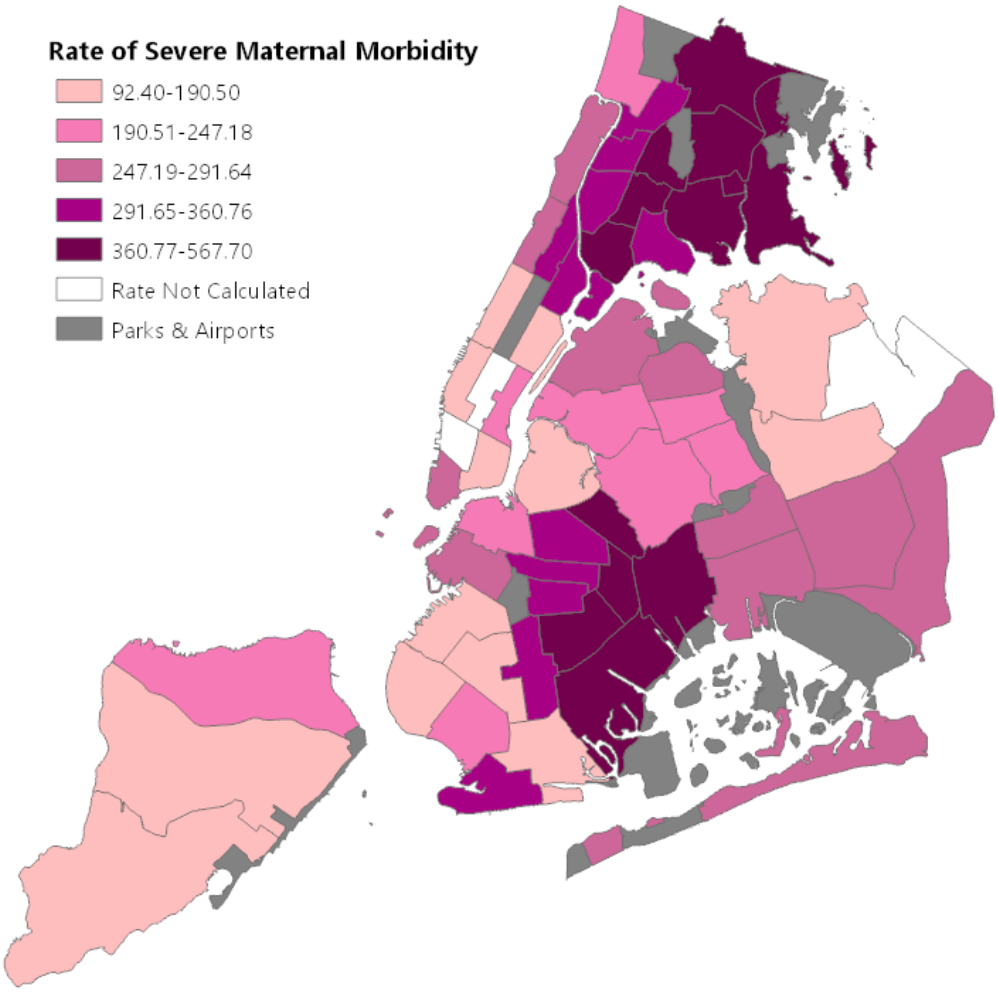
Source: Bureau of Vital Statistics

*Fetal-infant mortality rate per 1,000 births and fetal deaths.

Severe Maternal Morbidity

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

Citywide Rate: 270.2



Source: Bureau of Maternal, Infant, and Reproductive Health

*Most recent year for which data is available

APPENDIX E: Principles of Doula Support in the Hospital

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 <u>not</u> 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

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.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery

APPENDIX F: Doula-Friendliness Capacity Assessment

Purpose: To assess hospital doula-friendliness[f]

Key Capacity Area	Basic	Moderate	Robust
KNOWLEDGE OF DOULA SUPPORT	*Most or all staff have limited or no understanding of a doula's scope of services or the benefits of doula support.*	*Variability in staff understanding of a doula's scope of services and the benefits of doula support.*	*Most or all staff have clear understanding of a doula's scope of services and the benefits of doula support.*
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?			
DOULAS AS PART OF THE BIRTHING TEAM	*Cannot identify tangible benefits of doulas to care team and does not prioritize doula integration.*	*Recognizes the added value of doulas to the care team but there is not consistency among staff on doula integration.*	*Clearly identifies tangible benefits of doula to care team and describes reciprocal support between doulas and care team. Agreement among staff on doula integration.*
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?			

[g] Organizations provide no- or low-cost services based on specific eligibility criteria, often related to the client's socioeconomic status.

INCREASING AWARENESS OF DOULA SUPPORT AMONG PATIENTS	*Information about doulas is not routinely shared with patients. No activities to increase awareness.*	*Shares information about doulas with patients but not routinely. Few or no activities to increase awareness. Referrals to doula resources occur infrequently.*	*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.*
Do you routinely share information about doulas with your patients? If so, how?			
Have you engaged in any activities to increase doula awareness for patients?			
POLICIES AND PRACTICES – GENERAL	*No policies or practices are in place regarding doulas.*	*Current policies exist but are not written and/or shared routinely with staff*	*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.*
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?			
POLICIES AND PRACTICES – LABORING	*Allows none.*	*Allows one or two laboring techniques.*	*Allows most or all laboring techniques*
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 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 whenever possible?			
POLICIES AND PRACTICES – DOULA PRESENCE	*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.*	*Allows one or two of the policies and practices related to doula's presence with their clients*	*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 towards allotted number of support people.*
Except for the limited time necessary to maintain privacy and/or medical reasons, are doulas permitted to accompany their client at all time during labor and delivery? Does this include during triage, Cesarean births, and/or other procedures?			
Are doulas counted amongst 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?			

APPENDIX G: Benefits of Doula Support in the Scientific Literature

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, improved mother-baby bonding, and reduced rates of postpartum depression. Additionally, studies of community-based doula programs indicate that such support may be a good strategy for addressing disparities in birth outcomes, and for those that include prenatal home visits, have found positive impacts on preterm and low birthweight.

Here are the benefits of doula support identified in the literature:

Fewer Cesarean deliveries[1,8,28-39]

- 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).[1]
- A randomized study of 412 nulliparous, laboring women found that 8% of those supported by a doula delivered by C-section, compared to 13% of those observed and 18% of those who received routine care (p=0.06).[28]
- A randomized controlled trial of 420 nulliparous women 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).[29]
- A randomized controlled 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 (p<0.001).[30]
- 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% delivered by C-section, compared with 24% of those receiving standard care (p=0.003).[31]
- An analysis of 1,079 Medicaid recipients in a Minnesota doula program that included pre- and postpartum home visits found that participants had 41% lower odds of C-section relative to all Medicaid-funded births nationally (OR 0.59, p<.001).[32]
- A randomized controlled trial of 555 nulliparous women found that among those who required labor induction, 20% who had the support of a doula delivered by C-section, compared to 63.6% of those without (p=0.04).[33]
- A randomized controlled trial of 127 first-time mothers found that women with the continuous support of an untrained woman were less likely to deliver by C-section (19% versus 27%, p<0.001).[34]
- A randomized controlled trial of 150 women in Iran found that 6% of those with doula support delivered by C-section, versus 8% of those in an acupressure group, and 40% of those who received routine hospital care (p<0.001).[35]
- A retrospective cohort study of 1238 women in a Community Birth Program in Canada, which included doula support before and during labor, found that program participants were 24% less likely to deliver by Cesarean than those who received routine care (RR 0.76, 95% CI 0.68 to 0.84).[36]
- 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 C-section overall (AOR 0.41, 95% CI 0.18 to 0.96), and an 83%

reduction in odds of non-indicated C-section (AOR 0.17, 95% CI 0.07 to 0.36), compared to women without doula support.[37]

- A quasi-experimental study of 220 participants (125 in experimental group with doula services and 95 in no-doula comparison group) in Northern Taiwan found decreased rates C-section (13.0% vs. 43.2%) and increased rates of normal spontaneous delivery (87.0% vs. 56.8%) in the doula group relative to the control group.[38]
- A retrospective cohort study of 298 pairs of women matched on age, race/ethnicity, state, socioeconomic status, and hospital type (teaching or non-teaching) using Medicaid medical claims from California, Florida, and a northeastern state (USA) from January 1, 2014, and December 31, 2020, found that women who received doula care had 52.9% lower odds of cesarean delivery (OR: 0.471 95%, CI: 0.29–0.79).[8]
- A retrospective cohort study of 8,989 individuals who enrolled in a comprehensive digital health platform found that the completion of at least two virtual appointments with a doula was associated with a 20% reduction in odds of cesarean birth among all users (AOR 0.80, 95% CI, 0.65-0.99) and a 65% reduction among Black users (AOR 0.32, 95% CI, 0.17-0.72), compared to individuals who did not meet with a doula.[39]

Fewer preterm births or low birthweight infants in programs involving prenatal home visits[6,9,32,]

- A retrospective analysis of 1,935 Medicaid recipients in a Minnesota community-based doula program found participants had 22% lower odds of preterm birth compared to all Medicaid-funded births in the West North Central and East North Central US (AOR 0.77, 95% CI 0.61 to 0.96).[40]
- A retrospective analysis of 489 women in a Healthy Start doula program found a preterm-birth rate of 6.3%, as compared with a rate of 12.4% in the project area ($p<0.001$), and a low-birthweight rate of 6.5%, as compared with a rate of 11.1% in the project area ($p=0.001$).[6]
- An 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% ($p<0.001$).[32]
- A matched-control study of 603 women in a Brooklyn, New York, doula program compared participants to three controls each and found that participants had lower odds of having a preterm birth (5.6% vs 11.9%, $p<0.0001$) or a low-birthweight baby (5.8% vs 9.7%, $p=0.0031$).[9]

Greater likelihood, earlier initiation, and increased duration of breastfeeding[7,36,41-46]

- A retrospective cohort study of 1238 women in a Community Birth Program in Canada, which included doula support before and during labor, found that program participants were 2 times more likely to exclusively breastfeed at discharge than those who received routine care (RR 2.10, 95% CI 1.85 to 2.39).[36]
- A randomized controlled trial of 189 nulliparous women found that those who received doula support were more likely to breastfeed exclusively at 6 weeks postpartum relative to the control group (51 vs 29%, $p=0.01$).[41]
- A randomized controlled trial of 724 nulliparous women in Mexico found that women with doula support were 64% more likely to breastfeed exclusively than women without support (RR 1.64, 95% CI 1.01-2.64).[42]
- A prospective cohort study of 141 low-income primipara women found that 58.3% of those with doula support (including birth and postpartum support) initiated breastfeeding within 72 hours, versus 45.2% of those without (AOR 2.69, 95% CI 1.07 to 6.78). 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 (AOR 23.76, 95% CI 3.49 to 161.73).[43]
- A retrospective evaluation of 11,471 urban women of diverse cultures found that 46% of those with doula support (via a hospital-based doula program) initiated breastfeeding within one hour of delivery, versus 23% of those without doula support (ARR 1.12, 95% CI 1.08 to 1.16). Over the seven years studied, as the program became established at the hospital, rates rose from 11% to 40% for women with a doula and from 5% to 19% for those without a doula.[44]

- A retrospective analysis of 1,069 Medicaid recipients in a Minnesota doula program that included pre- and postpartum visits found that 97.9% initiated breastfeeding, compared to 80.8% of Medicaid recipients in that state.[45]
- A randomized controlled 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 ($p<0.05$).[46]
- A retrospective analysis of 120 doula-supported births in Jefferson County, Alabama, found that doulas were associated with a ten-fold increase in breastfeeding initiation (OR 10.5, 95% CI 5.4–23.2).[7]

Reduced rates of postpartum depression[8,47,48]

- A randomized controlled 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, $p=0.0001$).[47]
- A randomized controlled trial of 63 nulliparous women found that at 3 months postpartum, those with doula support had significantly less depression on the Pitt Depression Inventory than those in the control group (13.63 versus 18.29).[48]
- A retrospective cohort study of 298 pairs of women matched on age, race/ethnicity, state, socioeconomic status, and hospital type (teaching or non-teaching) using Medicaid medical claims from California, Florida, and a northeastern state (USA) from January 1, 2014, and December 31, 2020, found that women who received doula care had 57.5% lower odds of postpartum depression/postpartum anxiety (OR: 0.425 95%, CI: 0.22–0.82).[8]

Better mother-baby bonding and improved infant care[34,49-52]

- A randomized controlled trial of 40 first-time, intervention-free, vaginal births found that women with the continuous support of an untrained woman stroked ($p< 0.001$), talked to ($p< 0.002$), and smiled at ($p< 0.009$) their babies more frequently than those who gave birth alone.[34]
- A randomized controlled trial of 104 first-time mothers with uncomplicated deliveries found that those with doula support scored significantly higher in mother-infant interaction two months postpartum than those without ($P<0.05$).[49]
- A comparison study of 33 first-time mothers found that those with 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 ($t=2.35$, $P<0.025$).[50]
- A randomized controlled trial of 248 women who received doula support through a community doula program found that program participants 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 infants' distress ($p<0.05$).[51]
- A randomized controlled trial of 312 individuals demonstrated that women who received home visits from a doula had nearly 10 times greater odds of attending childbirth classes ($p<0.01$), 1.6 times greater odds of putting infants on their backs to sleep ($p<0.05$), and 3 times greater odds of using car seats at three weeks ($p<0.05$).[52]

Reduced need for anesthesia or analgesia[1,27,28,30,43,53]

- A meta-analysis of 15 trials showed that women with continuous, one-to-one support were 10% less likely to receive intrapartum analgesia (RR 0.90, 95% CI 0.84 to 0.96).[1]
- A randomized study of 412 nulliparous, laboring women found that 7.8% of those supported by a doula required anesthesia, compared to 22.6% of those observed and 55.3% of those who received routine care ($p<0.001$).[28]

- A randomized controlled trial of 420 nulliparous women laboring with the support of their male partner found that 64.7% of those who also had a doula required epidural analgesia, versus 76.0% of those without a doula (p=0.008).[27]
- A randomized controlled trial of 531 primigravid women found that 6.3% of those with doula support required an epidural, versus 87.7% of those in an epidural group, 26.8% of those in a narcotic pain relief group, and 64.0% of those in a chart review group, who received routine hospital care (p<0.001).[30]
- A prospective cohort study of 141 low-income primiparae found that 67.7% of those with doula support were below the median exposure to labor analgesia of 5.7 hours, versus 42.3% of those without (AOR 2.96, 95% CI 1.16 to 7.53).[43]
- 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).[53]

Shorter labors[1,28,34,43,54,55]

- A meta-analysis of 13 trials showed that women with continuous, one-on-one support had shorter labors by an average of 41 minutes (MD -0.69 hours, 95% CI -1.04 to -0.34).[1]
- A randomized study of 412 nulliparous, laboring women found that those with doula support had an average labor of 7.4 hours, compared to 8.4 hours among those observed and 9.4 among those receiving routine care (p=0.001).[28]
- A randomized controlled trial of 40 first-time, intervention-free, vaginal births found that women with the continuous support of an untrained woman had an average labor length of 8.7 hours compared to 19.3 hours among those who received routine care (p<0.001).[34]
- A prospective cohort study of 141 low-income primiparae found that 66.7% of those with doula support had a Stage 2 labor (pushing) of less than an hour, versus 46.7% of those without (AOR 3.07, 95% CI 1.19 to 7.0).[43]
- A randomized controlled 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 among those without doula support.[54]
- A randomized controlled 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, and an average 69.5 minutes during the second stage of labor, compared to those who received routine care (p<0.001).[55]

Fewer vacuum or forceps births (more spontaneous vaginal births)[1,28,30,43]

- A meta-analysis of 19 trials showed that women with continuous, one-on-one support were 10% less likely to have an instrumental vaginal birth than those without (RR 0.90, 95% CI 0.85 to 0.96).[1]
- A randomized study of 412 nulliparous, laboring women 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).[28]
- A randomized controlled 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.[30]
- A prospective cohort study of 141 low-income primiparae found that, among women who delivered vaginally, 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 to19.28).[43]

Less need for Pitocin[30,31]

- A randomized control trial of 531 primigravid women found that 25.2% of those with doula support required Pitocin, versus 45.8% of those in an epidural group, 42.8% of those in a narcotic pain relief group, and 65.8% of those in a chart review group, who received routine hospital care (p<0.001).[30]

- 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).[31]

Higher APGAR scores[1,35,43]

- A meta-analysis of 14 trials showed that women with continuous, one-on-one support were 38% less likely to have a baby with a low five-minute APGAR score than those without (RR 0.62, 95% CI 0.46 to 0.85).[1]
- 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.[43]
- A randomized controlled trial of 586 nulliparous women found that 99.7% of those supported by a doula had a baby with a five-minute APGAR score higher than 6, compared to 97% of those without doula support (p<0.006).[54]
- A randomized controlled 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).[35]

More positive feelings about the birth[1,41,46,53]

- A meta-analysis of 11 trials showed that women with continuous, one-on-one support were 31% less likely to report negative feeling about their birth experience than those without (RR 0.69, 95% CI 0.59 to 0.79).[1]
- A randomized controlled trial of 189 nulliparous women found that those with doula support were more likely to report that they coped well during labor than those without (59 vs 24%, p=0.0001).[41]
- A randomized controlled 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% 56%, average/poor/very poor: 8% v 18%, p<0.001).[46]
- A randomized study of 314 nulliparous women in three hospitals found that 82.5% of those with doula support reported a good birth experience, versus 67.4% of those without.[53]

APPENDIX H: References

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