The State of Doula Care in NYC

2026

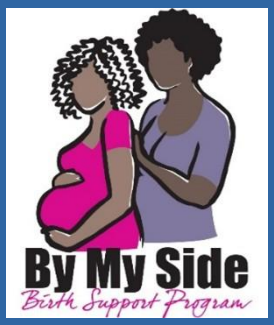
NYC Health Department

Contents

Purpose

This report is being published pursuant to Local Law 187 of 2018 and Local Law 170 of 2025, which direct the NYC Health Department to report each year on its work to increase access to doula support across the city. This report covers the year 2025.

Doulas are individuals trained to provide nonmedical physical, emotional, and informational support to childbearing people and their families. Doula care has been associated with lower rates of cesarean birth, preterm birth, low birthweight, and postpartum depression, as well as with increased rates of breastfeeding and greater patient satisfaction with maternity care.[1-8] Evidence suggests that doula support may also reduce inequities in these birth outcomes among Black and Hispanic women* and birthing people.[3-5,9-11] Community-based doulas are particularly well-suited to address inequities by providing culturally appropriate and congruent services, comprehensive prenatal and postpartum support, and referrals to health and social services at no or low cost to families.[12] In addition to improved physical and mental health for both mother and child, such outcomes translate into financial savings, due to lower rates of surgical birth and neonatal intensive care.[13-15]



The NYC Health Department has been providing doula services since 2010, when it launched the By My Side Birth Support Program (BMS). BMS originated from the agency's Healthy Start Brooklyn grant, which addresses inequities in infant and maternal health in underserved neighborhoods. Doula support was identified as a way to improve birth experiences and outcomes in Central and Eastern Brooklyn.

BMS celebrated its 15th anniversary in 2025, and this year's State of Doula Care report features stories about some of the more than 2,400 mothers the program has served and the team that has supported them.

Local Law 187 of 2018 (Appendix A) requires the NYC Health Department to assess the supply of and demand for doulas in NYC, including identifying areas and populations that have disproportionately low access to doulas. Local Law 170 of 2025 (Appendix B) requires the Health Department to establish and maintain a citywide doula program, which the agency has named the Citywide Doula Initiative, and to report on data such as the number of doulas trained to provide services through the program, the number of individuals who inquired about doula support through the program and were either served or turned away because of capacity limits, and the number of hospitals supported through the program.

*In this report, the terms "woman," "mother," and "pregnant woman" are considered to apply to any person who is pregnant or has delivered a child. When citing published research, we use the terms used in the research.

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 NYC Health Department recognizes its responsibility to work with fellow New Yorkers to eliminate inequities in maternal and infant health outcomes. Therefore, reducing Black maternal mortality by 10% by 2030 is a key component of the City's HealthyNYC initiative, a plan to improve and extend the average lifespan of all New Yorkers. More broadly, the agency prioritizes birth equity, which is the human right of all pregnant and childbearing people to safe, respectful, and high-quality care.

In partnership with the NYC Council, the Mamdani administration is committed to providing access to doula care in NYC for those who need it most. The NYC Health Department is equally committed to lifting the voices of members of communities most affected by inequities in birth outcomes and of advocates who lead efforts to increase the number of people giving birth with doula support. These advocates partner with the agency's report team each year to identify successes, challenges, and recommendations for improving the state of doula care in NYC.

Stories of Doula Care: Kimberly

Client in 2010 and 2013

Kimberly met her doula Regina well before she knew what a doula was — they were already good friends, and Kimberly was Regina's hair stylist. When Kimberly found out that she was pregnant, she knew exactly who to reach out to. Regina had just joined the By My Side Birth Support Program (BMS), and she was excited to share with Kimberly all the knowledge she had gained about pregnancy, family-support programs, and other services. Kimberly remembers Regina saying, "You can get your parenting classes, I can be your doula, and you can get lactation help!"

"From that moment," Kimberly said, "Regina grabbed my hand and walked me through everything 'baby.' I truly believe that even if I had just met her through By My Side, she would have extended the same grace toward me." Kimberly noticed that her friends who were first-time parents did not typically have realistic expectations about birth: "I [saw] the difference in what my pregnancies and births were like versus what theirs were like. I am so grateful I had that, and I have told so many people about By My Side in Brooklyn. It's powerful!" Kimberly says her mother and husband also benefited from Regina's support when she was dealing with postpartum depression after her second child was born: "[Because of] the knowledge that she had and the way she was able to educate the people around me, [my husband] was able to go to the exact person that I needed to get help from."

Today, Kimberly's two daughters are involved in theater, choir, ROTC, and community service, such as being pen pals with hospitalized children, senior citizens, and veterans. She says the girls are grateful for "being put in an amazing position, and they want to put forth the effort that's been put into [them]." Kimberly and her family thank Regina and BMS for helping them set a strong foundation for their health and their future.

Prevalence of Doula Support in NYC

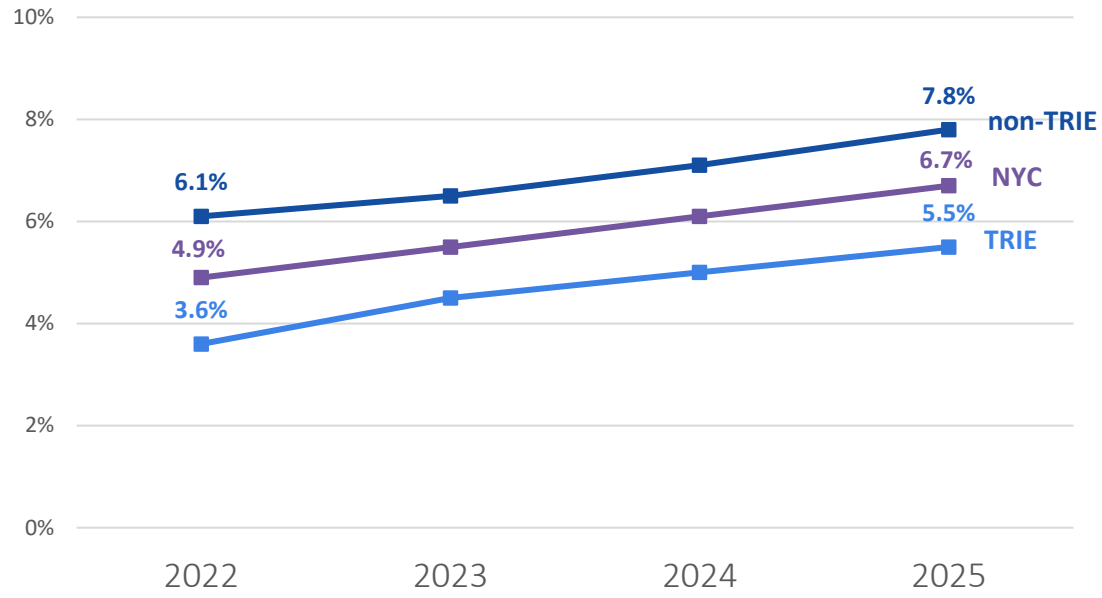
Overview

The NYC Health Department has released the fourth full year of provisional data on doula support during pregnancy and during childbirth,[†] as collected on the NYC birth certificate. In 2025, data regarding doula support was available for 99% of births to NYC residents. Of those, 6.7% (5,623) had the support of a doula during their pregnancy, and 6.1% had doula support during childbirth. This represents a steady, year-over-year increase in doula coverage since this data was first collected in 2022 (Figure 1). However, these figures likely understate interest, based on a 2018 study from California that found approximately 9% of respondents had doula support during birth but more than half (57%) were interested in such support for a future birth — "about four-fold greater interest than actual use."[16]

To assess inequities in access to doula support and efforts to address these inequities, we present data on TRIE neighborhoods throughout this report. These are communities identified by the City's Taskforce on Racial Inclusion and Equity (TRIE) as being particularly hard hit by COVID-19 and other health and socioeconomic inequities. From 2022 through 2025, doula coverage increased in both TRIE and non-TRIE neighborhoods, although inequities between the two types of neighborhoods persisted.

[†]We use "doula support during pregnancy" and "doula coverage" for 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.

Figure 1. Doula coverage increased in NYC and across neighborhood types from 2022 through 2025. Inequities between TRIE and non-TRIE neighborhoods persisted.



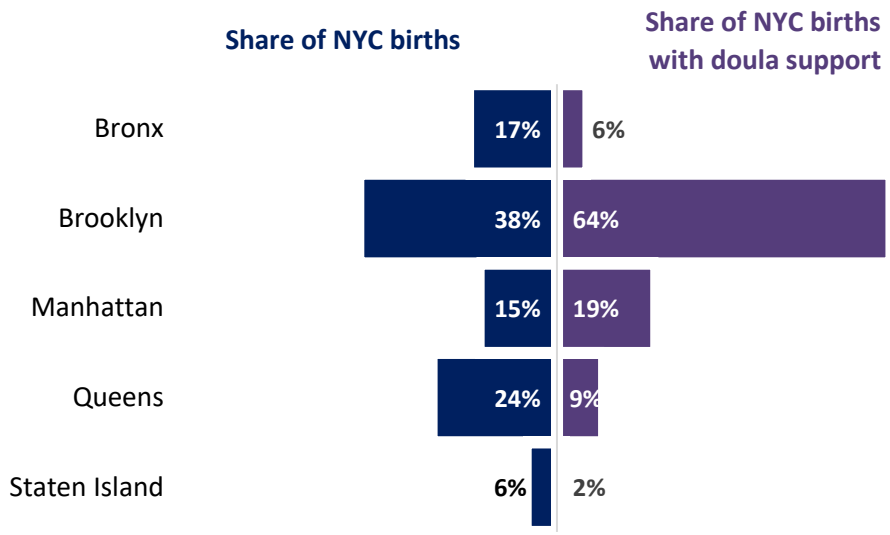
This figure shows the percentage of NYC residents who worked with a doula during pregnancy.

In 2025, doulas with city-funded programs — the Citywide Doula Initiative (CDI); Healthy Start Brooklyn (HSB); and Healthy Women, Healthy Futures (HWHF) — attended 1,320 births, which accounted for 26% of all doula-attended births in NYC. The CDI, which predominantly serves TRIE neighborhoods, accounted for 42% of doula-attended births in those neighborhoods, indicating a significant contribution to addressing inequitable access to doula support across NYC neighborhoods. For more information on the CDI, see page 22 and nyc.gov/health/cdi.

Access to Doula Support: Demographic Characteristics

Since 2022, doula coverage has increased in all five boroughs. However, as in prior years, the prevalence of doula support in 2025 varied substantially by borough (Figure 2). Births among Brooklyn residents comprised 38% of NYC births in 2025, yet the borough accounted for nearly two-thirds (64%) of births with doula support that year. Meanwhile, the Bronx, Queens, and Staten Island were underrepresented among doula-supported births.

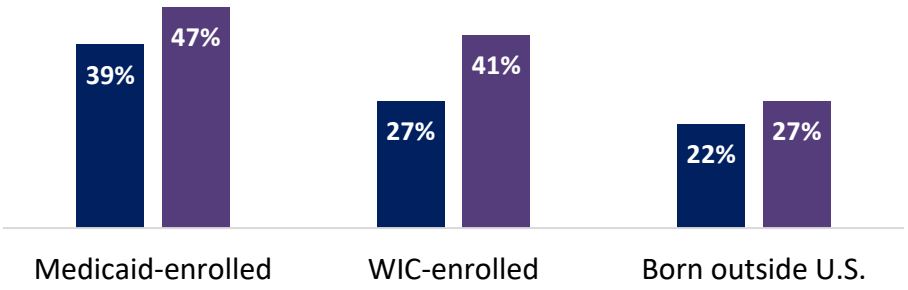
Figure 2. The distribution of all NYC births by borough compared with the distribution of NYC births that received doula support during pregnancy, 2025.



Data source: NYC Office of Vital Statistics, 2025. Data is provisional.

Since 2022, individuals enrolled in Medicaid, those enrolled in WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children), and those born outside the U.S. have made up a growing share of doula-supported births in NYC (Figure 3). Increases have been particularly large for those enrolled in Medicaid (20% increase from 2022 to 2025) and WIC (52% increase), which may be attributed to the launch of the CDI in March 2022 and the rollout of New York State's Medicaid doula benefit in March 2024.

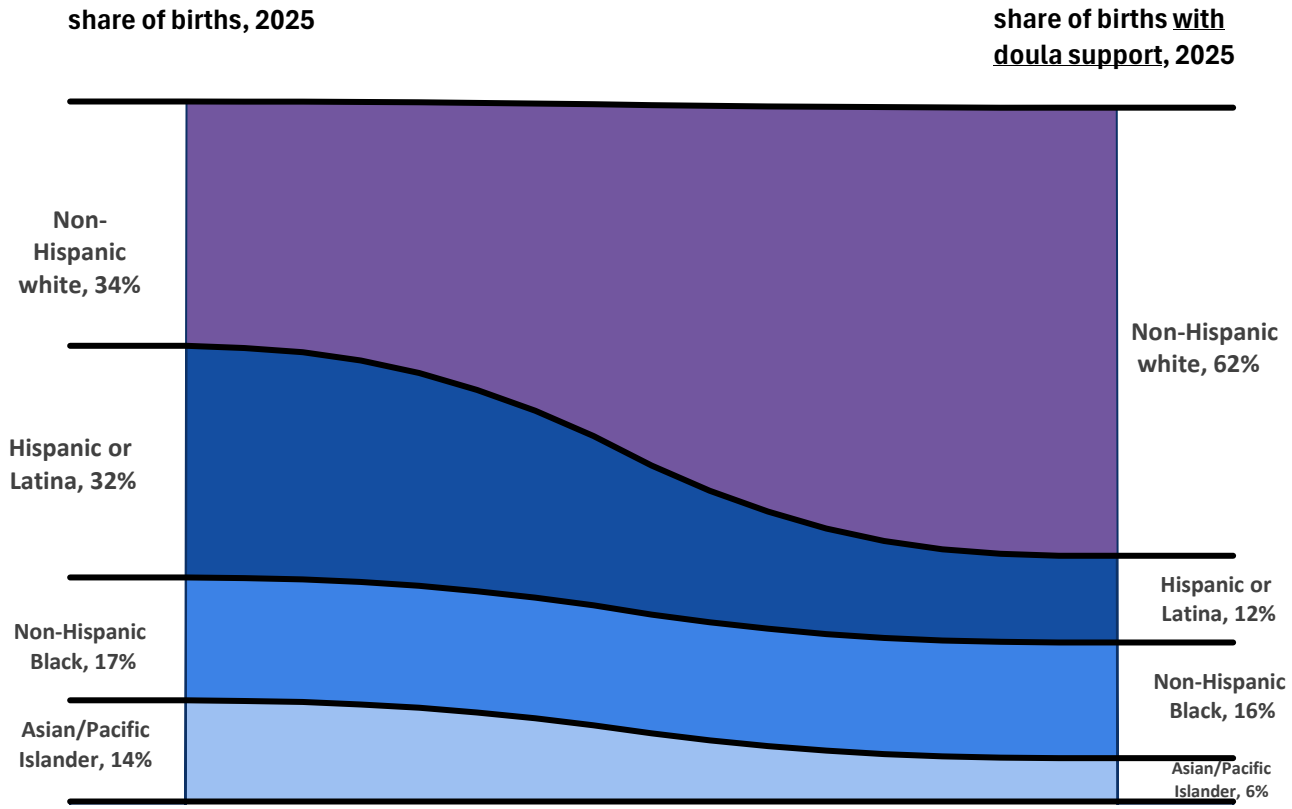
Figure 3. Share of births with doula support in 2022 and 2025, by select characteristics.



Data source: NYC Office of Vital Statistics, 2025. Data is provisional.

There has been little change from previous years in doula coverage by race and ethnicity. While white New Yorkers comprised approximately one-third (34%) of births in 2025, they accounted for 62% of individuals receiving doula support during pregnancy (Figure 4). Hispanic/Latina and Asian/Pacific Islander New Yorkers continued to be underrepresented among births receiving doula support. The share of non-Hispanic Black New Yorkers who received doula support during pregnancy was proportionate to the share of births they comprised, which may, in part, be due to City programs and community-based doula organizations working to expand access to doula support for Black birthing people, as a means of addressing racial inequities in maternal health outcomes.

Figure 4. In 2025, white New Yorkers had disproportionately high rates of doula support during pregnancy, while Hispanic/Latina and Asian New Yorkers were underrepresented among births receiving doula support.



Medicaid Coverage for Doula Care

On March 1, 2024, the New York State Medicaid program began covering doula support for its members. The benefit includes eight home visits, whether prenatal or postpartum, and support during the birth. Because Medicaid covers 57% of the births in NYC, this represents an essential step toward expanding access to doula care.[17]

For the first year of the benefit, the state paid all eligible claims for doula support. As of April 1, 2025, this "carve-out" period ended, and each managed-care organization (MCO) became responsible for paying the claims of its members. (Medicaid fee-for-service continued to reimburse for services provided to those with "straight Medicaid.") Since the transition, doulas must enroll with every managed-care plan that covers their clients; for some doulas, this means having to enroll separately in eight managed-care plans — a very long process and especially challenging for doulas, who tend to be solo practitioners without the ability to pay for a Medicaid billing service (see Table 1).

Many doulas have successfully enrolled with MCO plans to begin serving clients. However, they have had to learn how to navigate integrating into the Medicaid system, managing program requirements, and billing for services. In addition, some MCOs have capped doula enrollment, which limits the accessibility of doula services for their members.

Table 1. Eight MCOs serve NYC.

Medicaid MCO	Estimated number of births per year	Number of doula providers as of 5/31/26	Number contracted in the past six months
Healthfirst	21,000	114	46
Fidelis Care	9,500	65	11
MetroPlus Health Plan	9,000	80	45
Anthem Blue Cross Blue Shield	6,000	139	35
Affinity by Molina Health Care	3,400	66	28
UnitedHealthcare	3,000	64	27
HIP of Greater New York (EmblemHealth)	2,500	120	44
AmidaCare	*	5	1

* Unable to determine due to small sample size

As of May 31, 2026, 268 doulas working in NYC had enrolled with the state as Medicaid providers, which is a prerequisite to enrolling with MCOs. Many of them have now begun the process of enrolling with each MCO. A strong New York doula community has provided early adopters with much-needed direct assistance, training, and advocacy as they take on this new role and expand their services to Medicaid members. Several organizations are providing technical assistance to doulas as they navigate the enrollment process, including the New York Coalition for Doula Access (NYCDA), the NYC Health Department's CDI, NYC REACH, and an online network of individual doulas. NYCDA, a statewide coalition of doulas and allies, advocated for the Medicaid benefit and now tracks challenges that doulas encounter when enrolling as providers and raises the issues with MCOs.

Successes and Challenges in 2025

This section was developed in consultation with NYC doulas and doula organizations over the course of two meetings in January 2026.

Successes: What Went Well for the NYC Doula Community in 2025?

Expanded Access to Doula Care

> "The city is more aware and welcoming of doulas."
> — doula organization administrator

Since 2024, New York State's Medicaid doula benefit has driven increased access to doula care in NYC. Doulas continue to enroll as Medicaid providers with the state and with the eight MCOs that provide Medicaid coverage in NYC. In addition, other health insurance groups and certain employers have begun covering doula care for their members and employees.

Long-standing efforts with hospital partners — including formal relationships with the NYC Health Department's hospital doula-friendliness program, provider education on doula care, and increased doula presence in hospitals — have increased the number of providers recommending doula care to their patients, as well as referrals from hospital providers to doula organizations. Many doula organizations throughout the city continue to recruit and train doulas to meet the demand for services.

Legislatively, the enactment of Public Health Law Section 2500-M requires maternal health care facilities to inform pregnant people of their right to doula support during and after birth. This is an example of how policymakers can play a significant role in supporting access to doula care.

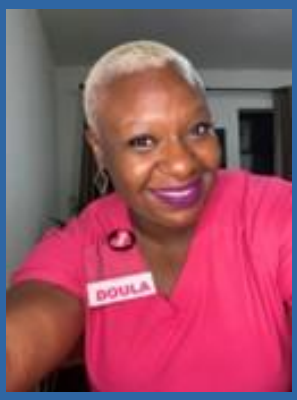
Strengthening the Doula Community

Community-doula organizations are key to increasing access to doula care and strengthening the workforce. In 2025, many organizations focused attention on supporting their doulas with the Medicaid provider-enrollment process to serve more birthing families. There have been many challenges with Medicaid and MCO enrollment, described in detail in the upcoming Challenges section, but, overall, the Medicaid benefit is seen by community-doula organizations as a key strategy to growing their programs.

Also notable is the commitment of doulas and doula organizations to come together in the community to address challenges and design solutions. Doulas consistently advocate for their profession to build a career path that is sustainable and sustaining for those who enter it. In 2025, participating doulas supported NYCDA's work on implementing doula-friendly policies in NYC hospitals and ensuring a sustainable reimbursement model for

Medicaid. One organization developed an “equity fund” to increase its capacity to provide no-cost services for families in need.

Stories of Doula Care: Simone



Client in 2014; class instructor from 2015 to 2018; Community Action Network member from 2015 to 2022; and doula from 2023 to the present

When Simone first suspected that she might be pregnant, she immediately started exploring resources for herself and her family. “I didn't have a doula for my first [pregnancy]; I didn't even know what a doula was,” she recalls. She discovered the By My Side Birth Support Program (BMS) by accident while visiting her local library. Her intuition was right: That fall she would welcome her second child, and this time she would have the support of a doula.

Simone says, “It was a new experience. Having a doula really opened my eyes to what support could look like for women. A doula is like a big sister to guide you along . . . like a tour guide for your pregnancy.” Years later, Simone still remembers the warm hugs that her doula Regina gave her during contractions and her gentle but firm advocacy for some of Simone’s personal requests while birthing. She considers Regina to be her “life doula.”

After the birth, Simone remained close with Healthy Start Brooklyn, which operated BMS, joining its Community Action Network and teaching classes: Infant Safety and CPR, a prenatal fitness class called Dancing Thru Pregnancy, and a postpartum class called Move It, Mama! In 2018, she trained as a birth doula with the Brooklyn Perinatal Network and eventually joined BMS’s Doula Village. “I'm a big believer in sisterhood,” she says, “and I just feel like that's a big part of being a doula. That's what keeps me tied to the work.”

As a doula, Simone focuses on building a relationship with parents-to-be before the birth and involving the partner in the experience. “I want to teach them the double hip squeeze, and how to properly tie and tug the rebozo, and other ways to comfort their person.” Simone says she hopes BMS will grow so that every parent has the “opportunity to have strong support . . . regardless of your economic status or race.”

Challenges: What Challenges Did Doulas and Their Clients Face in 2025?

Medicaid Enrollment

As noted previously, the Medicaid doula benefit is a key strategy for doula programs to increase capacity and serve more expectant families. However, doulas have experienced significant challenges navigating the complex enrollment processes, delaying expected gains in the utilization of this benefit. The impacts are wide-ranging: Doula organizations have reported budget gaps due to funders' assuming that the Medicaid benefit would cover the need for no-cost services; there are fewer doula Medicaid providers than anticipated due to the enrollment delays; doula organizations are reaching capacity sooner and are not able to meet the demand for services; and some doulas have become discouraged by the process and decided not to pursue provider enrollment at all.

The MCO enrollment process has been particularly difficult. For example, the MCOs have different and sometimes complex enrollment requirements, which present a significant administrative burden for individual doulas. Also, after an application is submitted, doulas often experience lengthy wait times (sometimes months) for approval, and once received, must navigate a contractual process that is designed for medical groups, not individual doula providers. Many MCOs do not have clear communication pathways and are unresponsive to inquiries about the application process and the status of a submitted application. Additionally, some MCOs stopped enrolling doulas in their network after reaching a "cap" — in effect decreasing access to doula care in NYC.

Hospital Policies

Many maternity hospitals in NYC are working to become more doula-friendly and fostering environments where doulas are welcomed and able to provide their full scope of service. Despite these strides and increased promotion of doula services, doulas continue to experience challenges in the hospital environment, varying in degree and by location. The main issues include restrictions on ambulation and other comfort measures for birthing people during labor, provider resistance to the doula's role, disrespectful behavior toward the doula, and policies that are inconsistently applied.

Another concern is the question of accountability when hospitals do not adhere to their own doula-friendly policies or to state laws regarding doula access. A key part of doula-friendliness is developing strong bidirectional communication between providers and doulas to co-create solutions and resolve conflict. Ongoing relationship building with hospital staff and continued education on doula care are essential, but this also brings additional time commitments and workload.

Doulas have also reported an increase in clients being induced for labor. For a doula, supporting a client who is having an induction can take several days — a length of time for which the standard community-doula rate of pay does not adequately compensate. Also, induced labors are often more painful and challenging for the birthing person, which contributes to a doula's overall stress in supporting these births. Doulas have suggested

steps that could alleviate the strain, including trainings on the specific skill of induction support, increased pay when labor support lasts several days, and backup support for doulas during very long inductions.

Sustainability

> "Sustainability is the conversation; how can we last, doing this?"
> — NYC doula

Doulas are passionate about their work and deeply committed to supporting birthing families and their communities. Long-standing issues such as low pay, nonsalaried employment, and the general emotional and physical toll of the work can make it difficult to sustain a career as a doula. More support for the profession is needed to provide a foundation from which doulas can build long-lasting careers and maximize their impact.

Community doulas receive lower pay than private doulas yet typically provide more services and work with higher-need clients. Along with the intensive support doulas provide and the long hours, the lower pay is a key contributor to burnout. At the organization level, community-doula programs continue to experience challenges with funding, including delays in receiving funds and reduced funding from sources other than Medicaid. The low pay makes it difficult for doulas to afford basics such as health care, mental health support, and sufficient child care to cover long hours spent supporting a client during a birth. Due to these realities, many doulas work other jobs — sometimes full-time jobs — decreasing their capacity to take on clients.

Federal Policies

Concerns raised in last year's report about the new federal administration have unfortunately proven valid over the course of 2025. Immigration policies have contributed to fear and uncertainty for expectant families across the city, which may discourage individuals from seeking services for which they are eligible. Also, organizations and other entities that support doula care must navigate an increasingly unstable funding environment due to the cancellation, or threat of cancellation, of federal grants.

Language Capacity

Community-doula training programs across the city actively recruit dual-language speakers for their trainings; for instance, the CDI increased dual-language recruitment by 55% between 2022 and 2024. However, gaps in doula care remain for non-English speakers, and organizations experience difficulty referring to other doula programs when they are at capacity for a particular language. Specific language needs that were noted are Spanish, Haitian Creole, French, Russian, Bengali, Arabic, and Ukrainian.

Recommendations

This section was developed in consultation with NYC doulas and doula organizations. The recommendations include suggestions on improving doula access in NYC, broken down by stakeholders who play key roles.

Policymakers:

- In line with Public Health Law Section 2500-M, mandate that clinicians ask all prenatal patients whether they have doula support for their pregnancy.
- Educate providers on effective collaboration with doulas during the birthing process.
- Name and formally recognize doula-friendly hospitals.
- Mitigate the issues with Medicaid enrollment described above.
- Increase the Medicaid reimbursement rate for doula care to at least $2,100 for birth support and eight home visits.
- Build support for the City's HealthyNYC plan, which aims to reduce pregnancy-associated mortality among Black women by 10%.
- Develop a strategy to make vaginal birth after cesarean (VBAC) more accessible to Black women, based on the NYC Health Department's Right to VBAC campaign.

Doula organizations:

- Pursue external grant funding to hire dedicated administrative staff and compensate doulas when MCO or Medicaid reimbursement is delayed or denied.
- Outline clear standards of practice for doulas to ensure clear workforce expectations and understanding of their scope of work when supporting clients in hospitals.
- Increase recruitment and training opportunities for bilingual doulas.
- Inform clients of a doula's scope of services at enrollment so they do not expect services that are out of scope.

Insurers, including Medicaid:

- Provide trainings to help doulas enroll as providers with the organization, which would also incentivize more doulas to enroll as providers.
- Create and implement a standardized doula-reimbursement workflow to ensure on-time payments to doulas.

Hospitals, birthing centers, clinics, and physicians' offices:

- In compliance with Public Health Law Section 2500-M, post doula educational materials in various languages around hospitals and clinics to help patients understand what to expect from doula services.
- Create a hospital-based doula-friendliness committee, including administrative staff, community leads, and other stakeholders.
- Identify a clinical leader who will champion the hospital-doula friendliness intervention and continue efforts post-intervention.

- Introduce regular doula fairs at hospitals to increase staff and patient awareness of doulas.
- Ensure hospitals have formal, clear, and consistent policies around doula presence.
- For participating doula-friendly hospitals, clearly highlight and advertise their doula-friendly status.

Researchers:

- Conduct additional research on effective strategies and program models for expanding and sustaining the doula workforce to provide high-quality services to disinvested communities.
- Pursue research on how to improve trust among clients, clinicians, and doulas as they work.

Legislation Related to Doula Care

Access to doula support services remains a critical issue at the forefront of women's health and maternal care, reflecting persistent gaps in equitable access, coverage, and costs. In October 2025, the New York City Council passed Local Law 170, which amended the administrative code of the City of New York to require the Health Commissioner to establish a citywide doula program. The program is required to train individuals as doulas, provide free doula services to people in marginalized neighborhoods, and help maternity hospitals foster doula-friendly environments. The bill also includes a number of reporting requirements, which are being addressed beginning in 2026.[‡]

At the state level, New York enacted Public Health Law Section 2500-M, which allows every birthing person to designate a doula to provide support during childbirth and post-delivery care and prohibits the hospital or birthing center from denying the patient's access to the doula. In addition, all maternal health care facilities must post information about this requirement on their website and in their lobby and patient waiting areas.

The New York State Commissioner of Health reissued a statewide standing order that all New Yorkers who are pregnant, birthing, or postpartum would benefit from receiving doula services before, during, and after childbirth or the end of pregnancy, through twelve months postpartum. This Non-Patient-Specific Standing Order fulfills the federal requirement for a physician or other licensed practitioner to provide a written order for preventive services such as doula care and means that Medicaid members do not need to consult with their obstetric provider before engaging a doula.

Bills currently in the New York State legislature would address coverage for people with private insurance:

- S6494 would require health insurance policies to include doula services in their coverage for maternity care. It passed the Senate at the end of April 2026. A

[‡]The New York City Council. Int 1285-2025. Citywide doula program. Enacted on November 28, 2025.

companion bill, A5140, was referred to the Assembly Committee on Insurance in January 2026.

Several bills are currently before the legislature:

- A5709 would establish a work group to set reimbursement rates for doulas in the state Medicaid program and address other criteria related to their practice. It was updated and referred to the Assembly Health Committee in May 2026.
- A4073 would require the Department of Corrections and Community Supervision to provide doula services at all correctional institutions and local correctional facilities. This bill was referred to the Assembly Committee.
- A7332/S5665A would direct the New York State Department of Health to conduct an ongoing public awareness and education program on the benefits of doulas during pregnancy and childbirth. Both bills passed the Senate and Assembly.

At the national level, members of Congress introduced several bills to strengthen maternal health services, advance maternal health equity, and clarify language around the scope of support that doulas may provide during abortion care:

- The **Healthy Moms and Babies Act** (S.2289) supports maternal health services under Medicaid and the Children's Health Insurance Program (CHIP). The most recent bill, introduced in July 2025, would require a study on Medicaid coverage of doula services — including strategies for recruiting a diverse doula workforce, an assessment of doulas' impact on maternal health outcomes, and recommendations for legislative and administrative actions to increase access — and guidance to states on increasing access to doula services under Medicaid, including best practices for ensuring a living wage for doulas.
- The **Advancing Maternal Health Equity Under Medicaid Act** (H.R. 4150) would provide a 90% federal matching rate for Medicaid maternal health care expenditures that exceed 2019 levels, including all New York State doula services, since the state's Medicaid benefit for doula care was not created until 2024. Qualifying services must be provided by maternity care providers or perinatal health workers, including doulas, and may include prenatal and postpartum home visits and telehealth services.
- The **Abortion DOULAS Act** (H.R. 2469) would expand the scope of doula services to include abortion care, an area that remains limited. Expanding abortion doula care would ensure that individuals also receive the physical, social, and emotional support needed before, during, and after an abortion. It was introduced to the House on March 27, 2025.

NYC's Plan for Improving Access to Doula Care

In 2019, as directed by Local Law 187 of 2018, the NYC Health Department created a plan for increasing access to doula care in the city. The plan has five components:

Improve data collection.

Increase access to doulas in underserved communities.

Build doula capacity.

Make hospital environments more welcoming to doulas.

Amplify community voices to help expand access to doula services.

These activities are undertaken through a variety of NYC Health Department programs, often in partnership with community-based doula programs around the city.

- The Citywide Doula Initiative (CDI) consists of three interdependent activities: Providing direct doula services in disinvested neighborhoods across the five boroughs, building doula capacity to provide those services, and changing systems to better support doulas in their work.
- The By My Side Birth Support Program (BMS) provides no-cost professional doula services to eligible residents of Brooklyn. The program hires doulas from the community to provide emotional, physical, and informational support before, during, and after childbirth, including lactation support to help mothers with breastfeeding.
- Healthy Women, Healthy Futures (HWHF) provides direct services to clients in the form of birth, postpartum, or full-spectrum doula support. It also builds capacity by training community members as doulas and offering professional development workshops to its doula workforce.
- The Family Wellness Suites offer a welcoming space where families can receive perinatal services, health education, and connections to infant and maternal health resources. Offerings include workshops, referrals, and resources to support a healthy pregnancy and newborn.
- The New York Coalition for Doula Access (NYCDA) is a statewide group of community partners, doulas, and advocates working to advance equitable access through policy and systems change, with a focus on achieving a livable wage through Medicaid reimbursement and advancing a doula-friendly hospital model.

Improve Data Collection

In 2021, the NYC Health Department added several questions about doula support to the NYC birth certificate. These questions have now generated four years' worth of data on the prevalence of doula support across neighborhoods and populations, which is described above in the section titled "Prevalence of Doula Support in NYC." In addition, the agency compiles literature on doula support and collects data from its doulas on hospital support.

The Benefits of Doula Support

The body of evidence demonstrating the benefits of doula care for maternal and infant birth outcomes — cesarean deliveries, preterm births, breastfeeding, postpartum depression, and the like — continues to grow. The NYC Health Department maintains a publicly available list of literature on these benefits, both to advocate for the expansion of this evidence-based care and to lay a foundation for future research on the effects of doula support. The literature review is updated annually with the publication of this report and can be found here. These initiatives serve to better inform efforts to improve access to doula care in the city.

Doula Support Assessment Tool

The Doula Support Assessment Tool is completed by doulas from the CDI and HSB's BMS program to identify patterns in hospital practices that may impede the effectiveness of doula support, which can then be addressed to help hospitals become more doula-friendly. In 2025, doulas completed the survey for 520 hospital births. Starting in July 2025, the two programs undertook quality-improvement efforts to increase survey response rates to capture more reliable data on doulas' experiences at hospitals overall and at the individual hospital level. Response rates increased from 45% in 2024 to 56% in 2025, with a response rate of 62% in the second half of 2025.

Overall, for the vast majority of hospital births that they attended in 2025, doulas agreed that they were welcomed as a doula (87%), that most hospital staff communicated with them clearly (87%), and that they were treated as part of the care team (79%). On the other hand, doulas also reported that they were prevented from staying with their client in triage for 23% of births and in the operating room for nearly half of cesarean births (49%). For 27% of births, doulas said they were prevented from providing at least one form of labor support. The most commonly restricted techniques were promoting adequate food and fluid intake, supporting mobility out of bed, and promoting hydrotherapy.

Increase Access to Doulas in Underserved Communities

Citywide Doula Initiative (CDI)

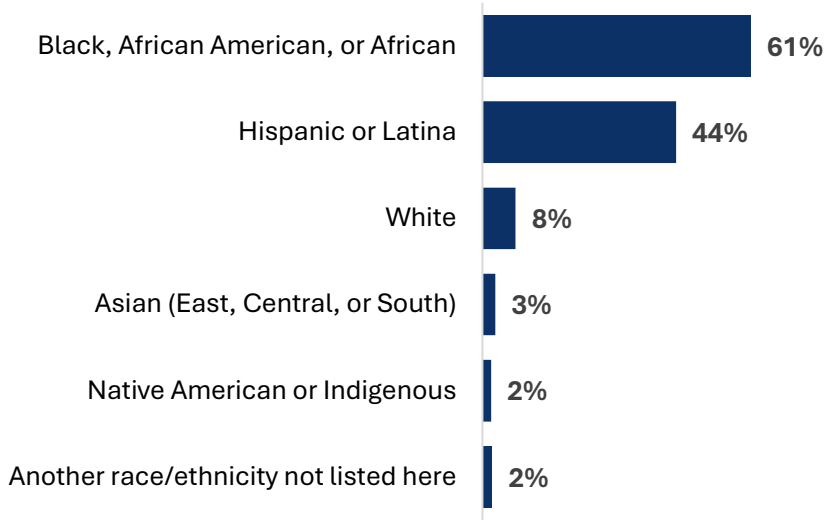
The NYC Health Department's CDI was established in March 2022 to provide no-cost doula services to individuals who are income eligible for Medicaid and either live in TRIE neighborhoods, foster care, or shelters in NYC or are younger than age 20. In May 2025, the initiative was lauded in an audit by the NYC Comptroller's Office. The auditors found that the CDI had increased access to doula services in underserved neighborhoods, with better birth outcomes for its Black and Hispanic clients than for the general population, and no maternal deaths.

> "Auditors found that among both Black and Hispanic women — who account for disproportionately higher rates of negative birth outcomes in the city — CDI clients fared better than those in the general population."
> — NYC Comptroller

In 2025, the CDI partnered with community-based organizations — Ancient Song, 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 — to **provide doula support to 1,044 new clients**, exceeding the goal of serving 1,000 birthing people and families per year.[§] The program continued its mission of serving residents of historically disinvested communities, with 95% of clients living in a TRIE neighborhood. Clients primarily identified as either Black or Hispanic/Latina, with 13% identifying as a combination of the two (Figure 5). Among the 884 clients for whom insurance information was available, 88% were enrolled in Medicaid or another form of government insurance (for example, the Essential Plan or Child Health Plus). The vast majority of clients were enrolled in the Supplemental Nutrition Assistance Program (SNAP) and/or WIC, and sizeable portions of the client population were non-English-speaking, housing insecure, or younger than age 20 (Figure 6).

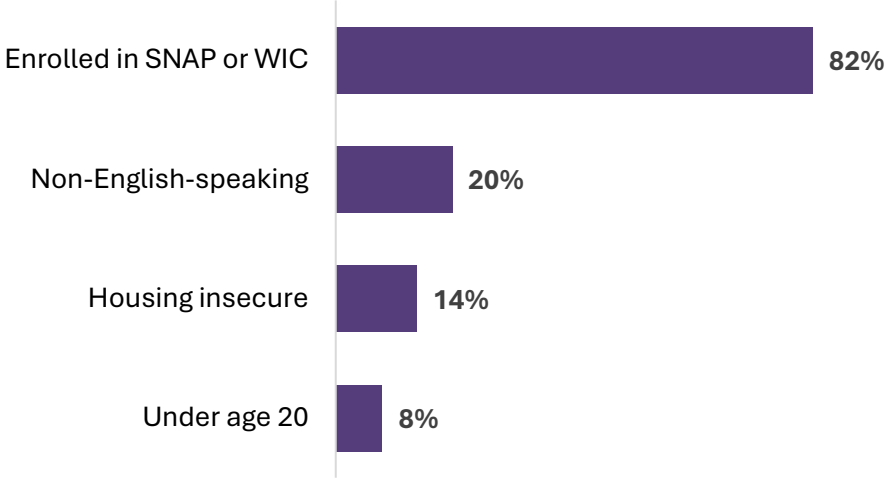
[§]Beginning in 2026, pursuant to Local Law 170 of 2025, the CDI will also collect data on the number of inquiries made to the program (either to the NYC Health Department or to CDI vendors directly) and the number of pregnant people who were eligible for services but were not enrolled due to lack of capacity, disaggregated by borough.

Figure 5. CDI clients enrolled in 2025, by race and ethnicity (n = 1,024).



Clients had the option to select all categories that applied, so one individual can be reported in multiple categories. Percentages will not sum to 100. Twenty clients declined to respond.

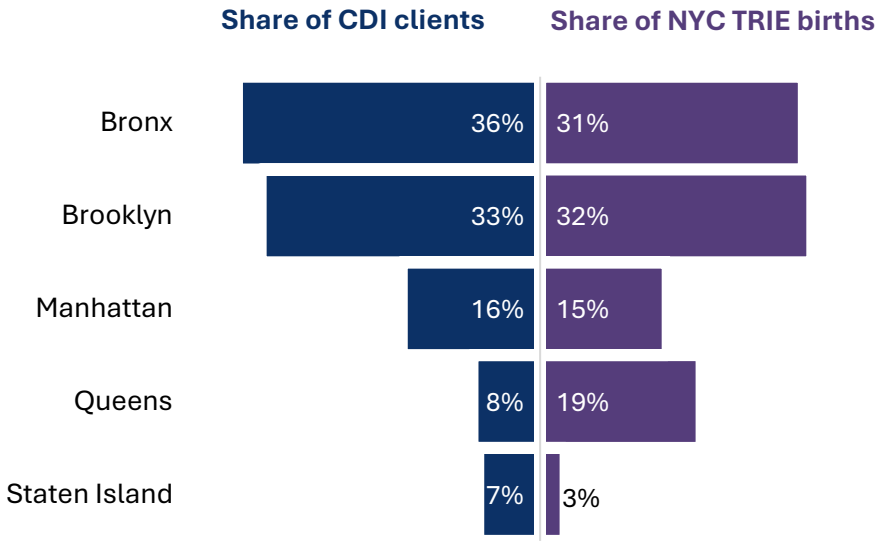
Figure 6. Key sociodemographic characteristics of CDI clients enrolled in 2025.



As in previous years, the geographic distribution of CDI clients largely matched the geographic spread of TRIE neighborhood births in 2025, indicating that the program continues to maintain good coverage of its intended service area (Figure 7). In particular, the CDI served a large number of clients in the Bronx, a borough with disproportionately low rates of doula coverage.

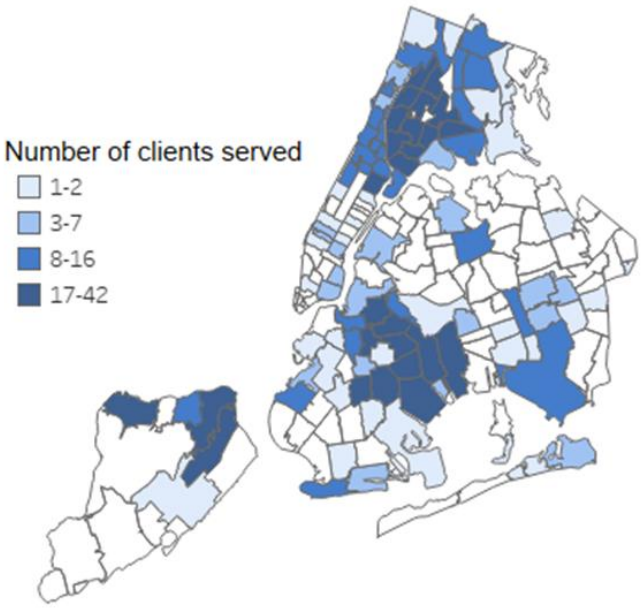
In 2025, CDI-attended births accounted for nearly 100% of births with doula support in Bronx TRIE neighborhoods, a testament to the program's success in expanding access to doulas in disinvested communities. CDI doulas also attended nearly all the births with doula support in Staten Island TRIE neighborhoods. While the program successfully reached birthing people in all five boroughs, Queens continued to make up a disproportionately small share of CDI clients (Figure 8).

Figure 7. The geographic spread of clients served by the CDI compared to the distribution of NYC births in TRIE neighborhoods, 2025.



Note: NYC data includes provisional data on TRIE neighborhood births, 2025, from the NYC Office of Vital Statistics. CDI data is based on 1,044 new clients enrolled in 2025.

Figure 8. Clients served by the CDI in 2025, by ZIP code.



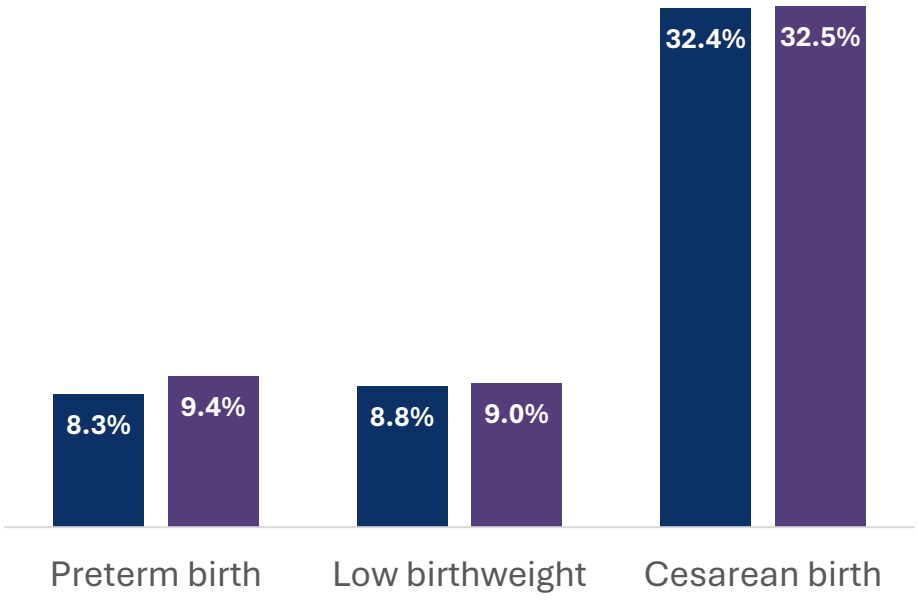
In 2025, 216 doulas provided services through the CDI. The program curriculum calls for three prenatal visits, labor and birth support, and four postpartum visits for each client. In 2025, CDI doulas provided 5,968 prenatal and postpartum visits and attended 862 births, with 93% of visits conducted in person. On average, clients whose cases were closed in 2025 received 6.3 out of a possible 8 visits (including births), indicating relatively high service utilization.

Data is available for 946 infants born to CDI clients in 2025, of whom 903 were singletons. Overall, 7.6% of singleton live births were preterm, 8.1% were low birthweight, and 35.1% were born via cesarean section. Due to small sample sizes, annual program outcomes can vary substantially from year to year, making this an unstable indicator. To better assess the CDI's progress toward improving maternal health outcomes, we combined three years of data and compared CDI clients to TRIE neighborhood residents enrolled in Medicaid, which approximates the CDI's eligibility criteria. CDI clients may not be representative of the average Medicaid-enrolled TRIE resident, however, because of the program's focus on women of color and shelter residents. Thus, data should be interpreted with caution and only used to provide a rough indication of the CDI's performance.

From 2023 through 2025, CDI clients had comparable outcomes to those of TRIE neighborhood residents enrolled in Medicaid, with slightly lower rates of preterm birth and low birthweight (Figure 9). We conducted a second comparison among individuals who identified as non-Hispanic Black to provide early indications of the CDI's effectiveness at improving birth outcomes for this subgroup and reducing racial inequities in maternal health (Figure 10). CDI clients who identified as non-Hispanic Black had rates of preterm birth and low birthweight that were substantially lower than their counterparts in TRIE

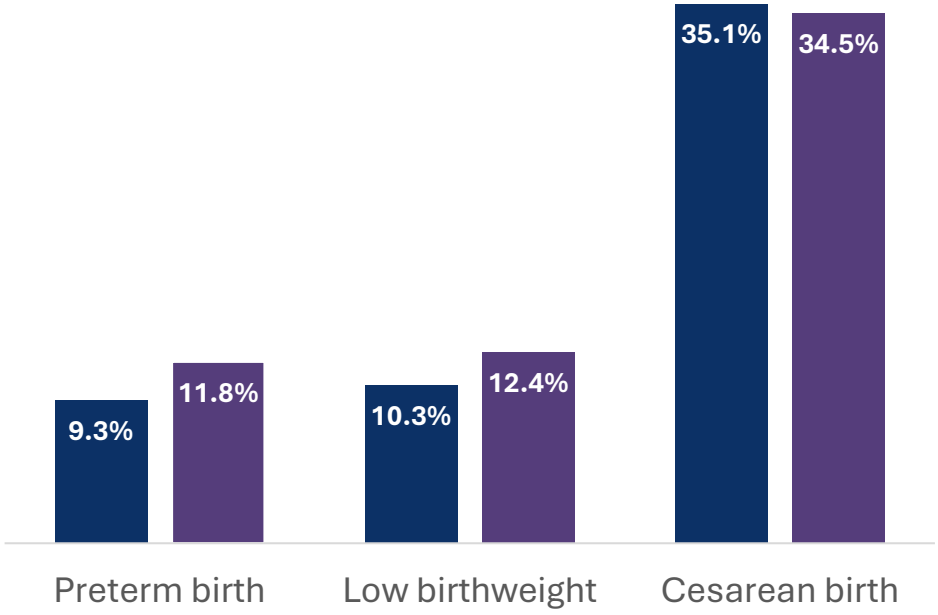
neighborhoods. Rates of cesarean birth appeared to be slightly elevated among CDI clients, which may point to hospital-level factors influencing care or differences in the CDI client population that could affect their underlying risk for certain maternal health outcomes.

Figure 9. Outcomes for CDI clients compared to TRIE residents enrolled in Medicaid, 2023-2025.



Note: NYC data includes singleton live births of TRIE neighborhood residents enrolled in Medicaid from 2023 through 2025, from the NYC Office of Vital Statistics. CDI data includes 2,515 singleton live births from 2023 through 2025.

Figure 10. Outcomes for non-Hispanic Black CDI clients compared to non-Hispanic Black TRIE residents enrolled in Medicaid, 2023-2025.



Note: NYC data includes singleton live births of non-Hispanic Black TRIE neighborhood residents enrolled in Medicaid from 2023 through 2025, from the NYC Office of Vital Statistics. CDI data includes 1,186 singleton live births from 2023 through 2025.

Stories of Doula Care: Masada

Client in 2023 and doula from 2023 to the present

Masada, a mother of four, was a By My Side (BMS) client before becoming a doula herself. In 2020, she worked with a doula named Shelly through the Caribbean Women's Health Association. By 2023, Shelly had joined BMS and supported Masada with her last birth. Based on her experiences, Masada says she learned that doula support isn't just for first-time parents. A few years after she had a cesarean birth, Masada recalls Shelly educating her on the possibility of a vaginal birth after cesarean (VBAC), an option when there's no medical reason for another C-section. "As much as I am vocal, while in labor, you really need that support, [and] you forget what it is to be able to advocate strongly."

Masada remembers the spiritual experience of meditating with Shelly while being guided through the birth and seeing her son crown. Despite being pushed into "panic mode" and told by her providers that she would need to have a C-section, she was able to safely deliver her son the way she wanted to. "That really took my fear away in the moment where I'm supposed to focus and be happy to be bringing a new blessing into the world."

Today, Masada still feels supported by BMS but now as a fellow doula. "You build that family, that community, that village," she says. "You know, we say the word [village], but it's actually there, and I feel every ounce of it." She recalled a particularly challenging labor experience when she spent three days by the mother's side, receiving on-call and in-person support from her BMS village. "I had the support of my community; [I] even had to get a backup doula," Masada said. "I [also] had my director on the phone with me, [texting] with me, checking in . . . making sure that I was fine, and that the client was doing OK."

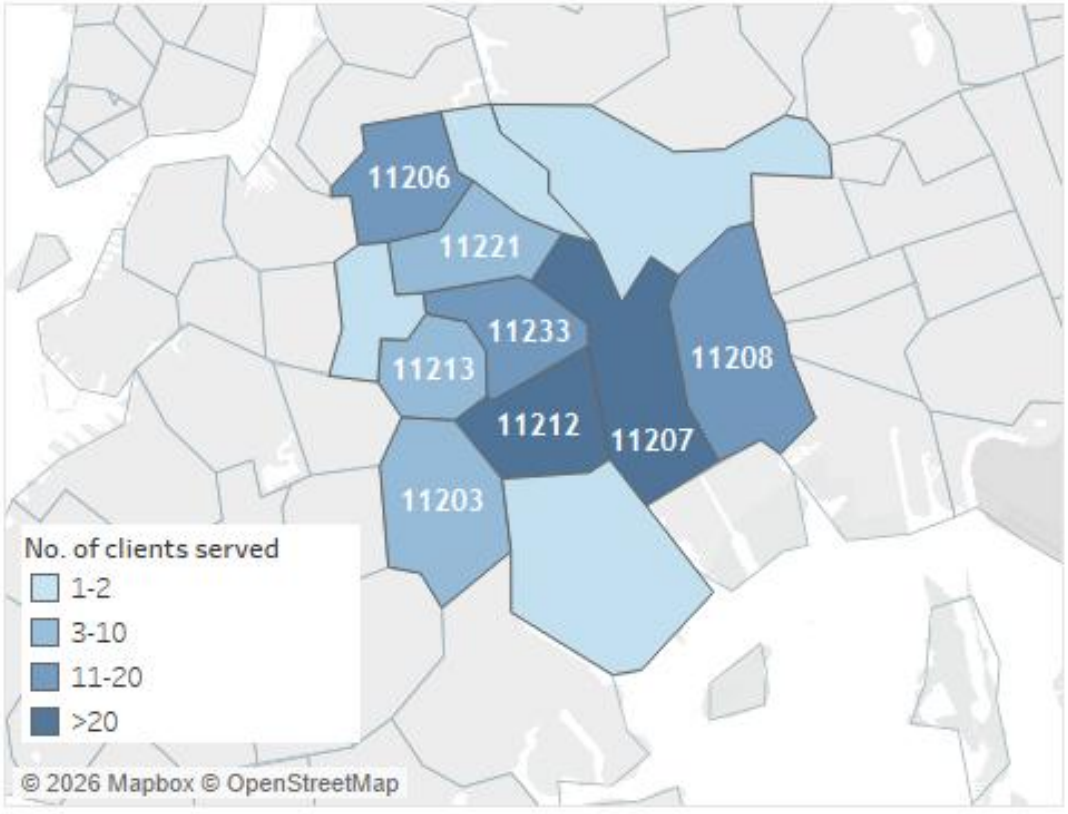
By My Side Birth Support Program (BMS)

BMS receives funding from both HSB and the CDI. BMS served 254 new clients in 2025, of whom 119 were served through HSB. Since CDI clients are reported in the previous section, this section focuses only on those 119.

In response to changes over time in infant mortality rates across Brooklyn's neighborhoods, in May 2024, HSB expanded its project area to include ZIP codes 11203, 11206, and 11213 and ceased services in 11216. Services continued in the remaining five ZIP codes (11207, 11208, 11212, 11221, and 11233). BMS served clients across all ZIP codes in the HSB catchment area in 2025, with the greatest share of clients living in ZIP codes 11207 and 11212 (Figure 11).

Among the 119 BMS clients funded through HSB, almost all (96%) were enrolled in Medicaid. The majority of clients (67%) identified as Black, African American, or African, alone or in combination with another race or ethnicity. In 2025, doulas attended 97 births to HSB clients.

Figure 11. Healthy Start Brooklyn's BMS clients enrolled in 2025, by ZIP code.

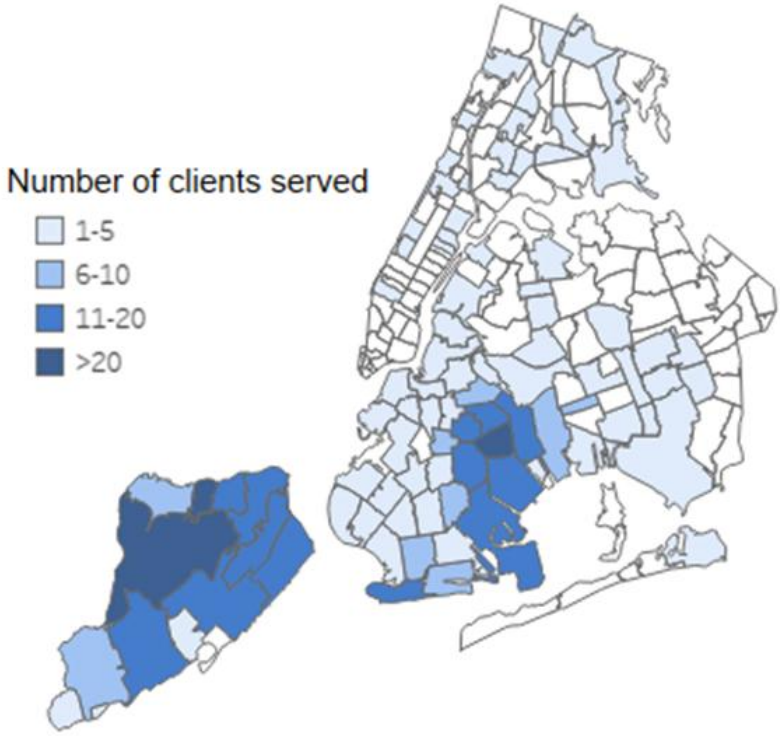


Healthy Women, Healthy Futures (HWHF)

HWHF is a City Council–funded program that provides 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. HWHF also trains community residents to become doulas and builds capacity in the doula workforce. The program is operated by three community-based organizations: Brooklyn Perinatal Network (primarily serving Brooklyn), Caribbean Women's Health Association (primarily serving the Bronx, Manhattan, and Queens), and Community Health Center of Richmond (primarily serving Staten Island).

In 2025, 486 individuals received doula support through the HWHF program. Clients were served across all five boroughs, with 6% residing in the Bronx, 52% in Brooklyn, 3% in Manhattan, 8% in Queens, and 31% in Staten Island (Figure 12).

Figure 12. Number of clients served by HWHF in 2025, by ZIP code.



The HWHF program offers birth doula support, postpartum doula support, and full-spectrum support (both birth and postpartum services) based on clients' needs and preferences. In 2025, 168 clients received birth doula support, 113 clients received postpartum doula support, and 205 clients received both. Among HWHF clients, 87% were insured through Medicaid.

The majority of HWHF clients identified as Black or African American (53%). Of the remaining clients, 26% identified as Hispanic or Latina, 5% as non-Hispanic white, 4% as Asian, 3% as multiracial, and 9% as "other" or unknown.

Build Doula Capacity

Citywide Doula Initiative (CDI)

In 2025, the CDI focused on supporting doulas in enrolling as Medicaid providers with New York State and with individual MCOs operating in the city. NYC REACH, an NYC Health Department program that provides technical assistance to primary care providers, developed trainings on how to enroll as a Medicaid provider with the state, how to enroll with MCOs, and how to bill MCOs. NYC REACH also offered group and one-on-one support to doulas through office hours and individual calls. Overall, in 2025, 154 doulas attended at least one training, and by December 2025, 114 CDI doulas were enrolled as Medicaid providers with the state (42% of all Medicaid-enrolled doulas in NYC) and 46 with at least one MCO.

The CDI provides its doulas with a carefully thought-out suite of programmatic trainings designed to improve their capacity to promote maternal and infant health in NYC. The initiative requires all its doulas to complete seven trainings: the CDI model, HIPAA (to safeguard client information), safety in the field, birth equity, gender-affirming birth work, intimate partner violence, and perinatal mood and anxiety disorders (PMADs). In 2025 the team worked with its trainers to develop advanced versions of the last four. These "201" trainings are designed to build on the foundations of the original versions, using case scenarios and learned experience to explore best practices related to health screenings, client communication, and respectful care. PMADs 201 launched in July 2025, and the other three in early 2026. All will be offered biannually.

In addition, the CDI provided trainings in client needs assessment and referrals, knowing one's rights with the family regulation system (for example, the Administration for Children's Services), reproductive life planning, and respiratory viruses and pregnancy. A total of 273 doulas attended required and optional CDI trainings in 2025. In June 2026, the CDI will offer its next multiday workshop for community members interested in becoming doulas. The number trained will be disaggregated by race, ethnicity, and borough, pursuant to Local Law 170.

> "I have always been interested in this type of work, but I didn't have the information, nor did I have the finances to get the information."
> — CDI apprentice doula

Another part of the CDI's capacity-building work focuses on skill building through a six-month apprenticeship for all doulas trained by the initiative. The team conducted an evaluation of its Doula Apprenticeship Program (January-June 2025 cohort) to assess its effectiveness at building doula skills. Results showed that the CDI provided a strong foundation in doula care and reduced barriers to entry to doula work such as training costs and access to clients. The in-person doula and CDI-model trainings facilitated community building and cohesion within the group, which helped doulas feel connected to a support

system as they embarked on the work. Doulas reported high levels of confidence and preparedness by the end of their apprenticeship and attributed much of their growth to the program's combination of one-on-one peer mentorship, group apprentice meetings, and real-world experience serving clients.

As part of its capacity-building mission, the CDI pays its doulas a professional rate for the various services provided, with the rate depending on the doula's experience. Apprentice doulas earn $1,230 for seven home visits, birth attendance, and data entry. Experienced doulas (those who have attended 10 births or more) earn $1,600 for the same services. The CDI also pays all doulas for their time in attending meetings and trainings. Rates were last increased in fiscal year 2024; future increases are contingent upon additional funding.

Healthy Women, Healthy Futures (HWHF)

With a commitment to expand, diversify, and strengthen the doula workforce, HWHF offers free doula trainings to community members. In 2025, HWHF trained 27 community members as birth doulas, 17 as postpartum doulas, and 12 as full-spectrum doulas (able to provide both birth and postpartum services). In addition, HWHF offers professional development opportunities to its doula workforce. In 2025, these opportunities included an HIV and Perinatal Health workshop — which provided education around prevention, testing, and treatment — and trainings on safety planning for clients experiencing intimate partner violence, working with families engaged in the family regulation system, and the basics of lactation support for parents of newborns. HWHF doulas also have access to the CDI's professional development trainings, and they participated in the following trainings: birth equity, gender-affirming birth work, intimate partner violence, pregnancy and infant loss, and perinatal mood and anxiety disorders (PMADs).

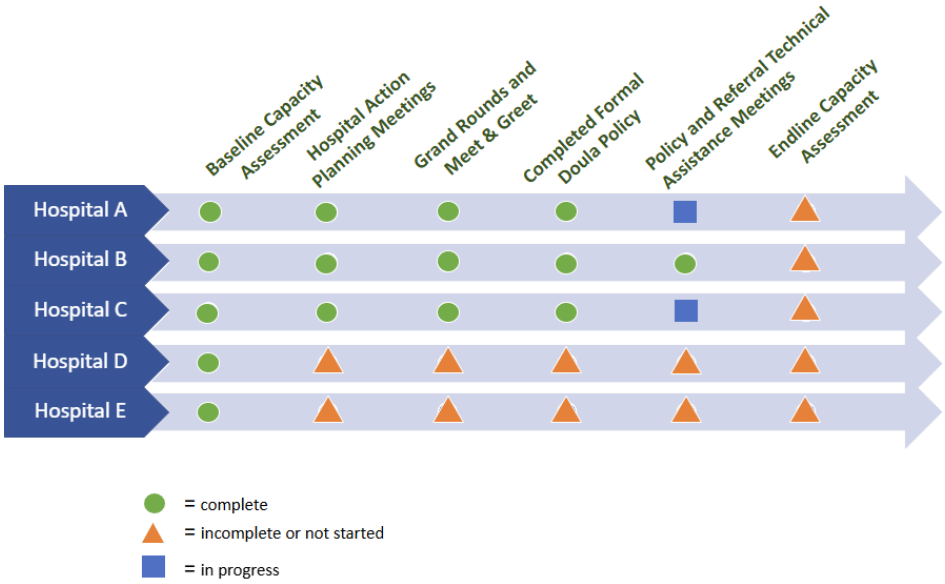
Make Hospital Environments More Welcoming to Doulas

Clinical-Community Partnerships

The CDI's hospital doula-friendliness program is a partnership among the NYC Health Department, community-based doula programs, and maternity hospitals. The goals are to build collaborative relationships between clinical providers and doulas, support hospitals in creating doula-friendly policies and practices, and foster organizational culture change that leads to anti-racist health care systems and, ultimately, reduces maternal health inequities. One key feature of the intervention, the Grand Rounds series, is an opportunity to increase hospital staff's understanding of the doula role and scope of practice and to interact with community-based doulas whom they might see supporting patients on the labor and delivery floor. This understanding is critical to integrating doulas into the care team, becoming a doula-friendly institution, and improving patients' birth experiences and outcomes.

In 2025, as part of its second cohort, the CDI engaged with three maternity hospitals in Brooklyn, one in the Bronx, and one in Queens. Hospitals enrolled in the program on a rolling basis, so progress was staggered (see Figure 13). Hospitals C, D, and E all completed baseline capacity assessments in 2025. Hospitals A, B, and C completed the three-part Grand Rounds series, held doula meet and greets, and implemented formal doula policies. Hospital B also completed all policy and referral technical assistance meetings and will complete the endline assessment in 2026.

Figure 13. Cohort 2 hospital progress in 2025.



The team also worked with four hospitals from its first cohort to implement a sustainability model that includes quarterly technical-assistance meetings, refresher courses on integrating doulas into the care team, and doula meet and greets. Table 2 shows all technical-assistance and staff-education meetings (including Grand Rounds) for 2025.

Table 2. 2025 Doula-friendly hospital technical assistance (TA) and staff education (SE) meetings.

Cohort	Number of TA meetings	Number of TA meeting attendees	Number of SE meetings	Number of SE meeting attendees
Cohort 1	13	128	1	20
Cohort 2	24	268	11	277

Disseminating the Model

The NYC Health Department published a *Hospital Doula-Friendliness Guidebook* in June 2024. The guidebook is a compilation of lessons learned from the seven Cohort 1 hospitals. It provides guidance on implementing policies and practices that improve collaboration between hospital staff and doulas. It also details the ways in which doulas' expertise complements that of health care providers, explains the concept of doula-friendliness, and discusses what doula-friendly policies might look like. The NYC Health Department continues to focus efforts on disseminating the hospital doula-friendliness model, including the guidebook.

In 2025, the team presented information on the hospital doula-friendliness model, including the guidebook, at seven events. See Table 3 for highlights.

Table 3. Event highlights, 2025.

Event	Reach	Details
Redesigning Maternal Health: Integrating Doulas Into Care Teams webinar	75 attendees across the U.S.: 24% health care providers, 24% public health, 17% nonprofits, 14% government	Presented alongside partners from two other states implementing similar interventions focused on integrating doulas into the care team.
New York State Perinatal Association (NYSPA) conference	240 attendees received guidebooks; 50 participants attended the workshop.	Facilitated an interactive case-scenario workshop in collaboration with an OB-GYN and doula focused on implementing doula-friendly policies into practice.
American College of Obstetricians and Gynecologists (ACOG) District II meeting	106 guidebooks distributed. Engaged with 95 attendees, and 32 signed up for the mailing list.	Tabled, networked, distributed guidebooks, and answered questions. Participants (residents, physicians, midwives, nurses) signed up for the mailing list.
American Public Health Association (APHA) annual meeting	National audience, with 50 attendees; 20 guidebooks distributed.	Presented as part of a panel on the hospital doula-friendliness model, Cohort 1 intervention results and programmatic milestones, and adoptable best practices.

The team also met with 13 partners from two different states who are piloting a doula-integration toolkit that adapted the Health Department's *Hospital Doula-Friendliness Guidebook* and model.

Doula-Friendly Hospital Open Office Hours

Doula-friendly-hospital open office hours were facilitated by a consultant in 2025. They were designed to provide technical assistance and support for hospitals seeking to create a more doula-friendly environment through use of the *Hospital Doula-Friendliness Guidebook*.

The following topics were covered during the six sessions in 2025: Hospital Doula Policies, Doula-Friendly Labor and Delivery Policies, and Best Practices for Implementing Doula-Friendliness. Sessions provided a safe and welcoming space for providers to voice concerns and share experiences.

Common themes in the sessions were: a strong interest in clear, standardized hospital policies supporting doula access; recognition of the need for hospital-community collaboration; and consistent questions about practical steps to make labor and delivery units more welcoming to doulas. See Table 4 for session highlights.

Table 4. Session highlights, 2025.

Cohort	Number of TA meetings
Engagement	17 attendees representing six hospitals
Hospital Interest	Reenrollment of hospital in the NYC Health Department's doula-friendly hospital program Increased interest from Brooklyn maternity hospitals Increased interest from New York maternity hospitals outside of NYC
Feedback	Established importance of continuing these sessions exclusively for medical providers and hospital staff

Amplify Community Voices to Help Expand Access to Doula Services

Family Wellness Suites

The NYC Health Department operates three Family Wellness Suites (FWS) — in the Bronx, Brooklyn, and East Harlem — that offer families safe, welcoming, and supportive spaces to receive services, health education, and connection to maternal health community resources. The suites focus on education and partnerships with parents, their families, and

their clinical and social care providers to address system failures that contribute to maternal and infant health inequities.

In the fall of 2025, the FWS launched a new educational series for clients that includes classes on a variety of topics related to maternal and infant health. One of these is the session titled “What Is a Doula?” It includes an overview of the role of doulas, how doulas support birth plans, the ways doulas can help with pain management during childbirth, and a general overview of the impact of doulas. Participants also learn about the ways they can find a doula, including through the NYC Health Department's CDI. To date, 14 sessions have been hosted across the three suites.

In the summer of 2025, the FWS launched an expanded Birth Equity Advisory Board (BEAB). The BEAB is a space for birth equity stakeholders to network, leverage each other’s resources, learn about various topics in maternal and infant health, and inform the birth equity work of the NYC Health Department. A range of birth equity stakeholders have been invited to join the BEAB meetings, including doulas, lactation consultants, clinical and hospital providers, and social workers. Monthly meetings alternate between in-person and virtual formats. In 2025, a total of four BEAB meetings were held, with an average attendance of 43 individuals.

By winter, the FWS had both expanded programming and services offered by the suites and launched new program evaluation and tracking tools. This included a tool to track the number of referrals made by the FWS to other programs. By December 2025, the three suites had referred a total of 70 clients to the CDI.

New York Coalition for Doula Access (NYCDA)

NYCDA is a statewide coalition of doulas and allies, co-led by the nonprofit organization Health Leads and the NYC Health Department through the CDI. The purpose is to expand access to perinatal support for all, with a particular focus on communities that are at greatest risk for poor outcomes.

The group’s current priorities are:

- To set standards for and support implementation of a living wage for doulas through Medicaid reimbursement;
- To develop a plan for a doula-friendly hospital designation.

Of the 90% of members who provided information on their role, 65% are doulas and 37% are other providers or allies. Some doulas also hold roles as health care providers or administrators.

The group had more than 370 members in 2025. Of those who provided information on race, 76% identified as Black, Indigenous, and people of color (together sometimes referred to as BIPOC). Of the 62 counties in New York State, 43 are represented in the coalition.

In 2025, NYCDA facilitated:

- 10 monthly meetings, with an average of 44 attendees
- 10 Doula-Friendly Hospital Subcommittee meetings, with an average of 13 attendees
- 11 Medicaid Reimbursement Subcommittee meetings, with an average of 17 attendees

Doula-Friendly Hospital Designation and Community of Practice

In 2025, Health Leads hosted five learning sessions for its Community of Practice (CoP) on improving doula access and integration into hospital teams. The CoP is a learning and collaboration space for more than 100 doulas, clinicians, and subject matter experts who explore topics such as partnerships between hospitals and community-based doulas, hospital action planning for doula-friendly care, technology-enabled integration, and tools to strengthen doula-provider collaboration. The sessions emphasized practical application and adaptation across diverse hospital and community contexts.

Health Leads also convened a Design Workgroup, composed of five doula organizations and five clinical partners. Using insights identified in the CoP, the group designed a pilot project to support partner sites in strengthening collaboration between clinical staff and community-based doulas while also expanding access to culturally congruent care.

As part of this effort, the Design Workgroup created a toolkit and evaluation framework to complement the NYC Health Department's *Hospital Doula-Friendliness Guidebook*. These tools will be used in the pilot project to support hospitals in implementing the hallmarks of a doula-friendly hospital and creating more supportive environments for doula integration.

Participants in the Design Workgroup were recruited from NYCDA and the CoP, and findings were shared with both the Doula-Friendliness Subcommittee and the CoP for feedback. Health Leads also worked closely with the NYC Health Department throughout the process to ensure the work was aligned with existing efforts, advancing the shared goal of creating more doula-friendly health systems. See Table 5 for NYCDA highlights.

Table 5. NYCDA highlights in 2025.

Activity	Details

Monthly NYCDA Meetings	• Published Medicaid benefit guides for doulas and providers. Circulated a letter to New York State doulas with information to support Medicaid enrollment.
	• Hosted presentations on:
	  ○ DoulaNotes technology platform
	  ○ Reflective supervision for sustainable doula care
	  ○ Impact of doulas on reducing cesarean rates and racial disparities in maternal care
	  ○ Ancient Song's study on the implementation of New York State's Medicaid doula benefit
	• Facilitated panel of MCOs to support technical assistance around Medicaid contracting and enrollment process.

Medicaid Reimbursement Subcommittee	• Tracked doula challenges with MCO enrollment and reimbursement, and developed plans to advocate for systemic changes to address them. • Joined NYC REACH in a meeting with multiple MCOs to discuss needed resources and advocate for network adequacy, easier enrollment, and timely payments.

Doula-Friendliness Subcommittee	• Produced resources for NYCDA members to use in supporting staff education at local maternity hospitals:
	  ○ Grand Rounds Part 1: Doula 101 slide deck and facilitator guide
	  ○ Doulas' Comfort Measures for Labor slide deck (in progress)

Community of Practice (CoP)	• Convened 100-plus New York State doulas and clinicians for presentations on doula-friendly practices and action planning for improved doula-friendliness in hospitals.
Design Workgroup	• Consulted with and incorporated input from the Doula-Friendliness Subcommittee on emerging priorities in the toolkit, evaluation framework, and pilot project. Each of these components are pieces of a plan for a doula-friendly hospital designation.

Stories of Doula Care: Makeda

Client in 2011; doula from 2016 to 2025; class instructor from 2017 to the present; and staff member from 2025 to the present

Before Makeda was a doula, she was a client with the By My Side Birth Support Program (BMS). Makeda learned about BMS from her prenatal clinic. During her first pregnancy, she had participated in the NYC Nurse-Family Partnership, and as she said, "It's the same group of programming . . . and the doula services came with no financial cost, so I trusted it and said, 'OK, let's go!'" Makeda had a safe birth with the support of her doula Ellen, but afterward, she had challenges with breastfeeding. She said, "I greatly appreciate and credit Ellen for helping me breastfeed and have that experience."

Makeda became a doula herself after receiving a special request from a close friend who announced that she was pregnant. "I was like, 'Girl, we're having a baby! Yay!'" Makeda fondly remembered. Her friend asked Makeda to be her doula. "She was the catalyst for me doing that first doula training," Makeda said.

Makeda was a doula with BMS for nine years, and she began teaching a newborn-care class in 2017. A staff position opened in 2025, and she now offers postpartum services through the "What Now? Postpartum Services 2-18 Months" program for BMS graduates. "It's not birth [support], but it is a way to continue to interact one-on-one with doula clients," she said. Makeda values working in her community with people she relates to and learns from, while supporting new families. "I always said the best part of being a doula for me is watching somebody take their first breath. What could be better in life? [There's] so much possibility in that moment."

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: Local Law 170

LOCAL LAWS
OF
THE CITY OF NEW YORK
FOR THE YEAR 2025

No. 170

Introduced by Council Members Gutiérrez, Menin, the Public Advocate (Mr. Williams), Lee, Louis, Restler, Banks, Hanif, Riley, Farías and Hudson.

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to a citywide doula program

Be it enacted by the Council as follows:

Section 1. Section 17-199.10 of the administrative code of the city of New York, as added by local law number 187 for the year 2018, is amended to read as follows:

§ 17-199.10 Doulas. a. Definitions. For the purposes of this section, *the following terms have the following meanings:*

Birth equity. The term "birth equity" means the concept that conditions to support optimal births should be available for all individuals regardless of social inequities.

Citywide doula program. The term "citywide doula program" means a program to provide doula services at no cost to certain city residents, to train individuals to become doulas, and to foster doula-friendly hospital environments.

Doula. The term "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*, or months* 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.

Priority neighborhood. The term "priority neighborhood" means a neighborhood determined by the department to experience significant health and socioeconomic disparities.

Trauma-informed care. The term "trauma-informed care" has the same meaning as set forth in section 17-180.2.

b. *Plan*. 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] *Program. The commissioner shall establish a citywide doula program.*

1. Doula training. The citywide doula program shall offer training to individuals to become doulas and offer professional development to all doulas in such program. Such training shall include the following subjects: birth equity, trauma-informed care, perinatal mood and anxiety disorders, navigating the hospital environment, and support services available to low-income birthing people and their families.

2. Doula services. The citywide doula program shall offer doula care to residents in priority neighborhoods at no cost to recipients of doula services. Doulas providing services through such program shall have experience in the following subjects: birth equity, trauma-informed care, perinatal mood and anxiety disorders, navigating the hospital environment and support services available to low-income birthing people and their families. Such program shall allow doulas and recipients of doula services to provide feedback on their experience in the program.

3. Doula-friendly hospitals. The citywide doula program shall offer certain maternity hospitals in the city, as identified by the department to promote birth equity, technical assistance to foster healthcare environments that are friendly and welcoming to doulas and the families they support. Technical assistance may include assessments, action planning sessions, staff education, developing and implementing doula-friendly policies and practices, and establishing and sustaining referral pathways to the citywide doula program.

d. Report. 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*; and*

4. To the extent such information is available to the department, anonymized information regarding the citywide doula program required by subdivision c of this section including, but not limited to:

*(a) The number of doulas trained through the citywide doula program**,** disaggregated by race and ethnicity and disaggregated by borough;*

(b) The number of doulas who have provided or are providing services through the program, disaggregated by race and ethnicity and disaggregated by borough;

(c) The number of inquiries from pregnant people about the citywide doula program made to the department;

(d) The number of inquiries from pregnant people about the citywide doula program made to local organizations providing doula services, as reported to the department by such organizations;

(e) The number of pregnant people who were eligible for services provided through the citywide doula program but were not served due to inadequate resources, disaggregated by borough;

(f) The number of pregnant people who obtained doula services through the citywide doula program, disaggregated by race and ethnicity and disaggregated by borough;

(g) The number of maternity hospitals the citywide doula program supported with technical assistance pursuant to paragraph 3 of subdivision c of this section;

(h) An overview of subjects covered in the citywide doula program training;

(i) The number of doulas serving in the citywide doula program who are enrolled as providers in the plan for medical assistance established by section 363-A of the social services law;

(j) The rate of pay for doulas in the citywide doula program and efforts made to match the rate to average rates of pay for doulas in the city; and

(k) An analysis of the use and outcomes of the citywide doula program.

§ 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 29, 2025 and returned unsigned by the Mayor on December 1, 2025.

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. 170 of 2025, Council Int. No. 1285-A of 2025) 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.

SPENCER FISHER, Acting Corporation Counsel.

Appendix C: Provisional Data on Doula Support During Pregnancy and Childbirth, 2025

Characteristic	Births with doula support during pregnancy		Births with doula present for delivery	
Borough	**n**	**Percentage of total births**	**n**	**Percentage of total births**
Bronx	366	2.5%	305	2.1%
TRIE	317	2.6%	263	2.1%
non-TRIE	49	2.3%	42	2.0%
Brooklyn	3,595	11.3%	3,307	10.4%
TRIE	1,284	10.2%	1,161	9.2%
non-TRIE	2,311	12.1%	2,146	11.2%
Manhattan	928	7.0%	831	6.2%
TRIE	366	6.1%	321	5.4%
non-TRIE	562	7.6%	510	6.9%
Queens	626	3.2%	577	2.9%
TRIE	220	2.8%	194	2.5%
non-TRIE	406	3.4%	383	3.3%
Staten Island	108	2.3%	91	1.9%
TRIE	40	2.9%	33	2.4%
non-TRIE	68	2.0%	58	1.7%
All NYC residents	5,623	6.7%	5,111	6.1%
TRIE	2,227	5.5%	1,972	4.9%
non-TRIE	3,396	7.8%	3,139	7.2%
Sociodemographic Factors				
Asian/Pacific Islander	384	3.2%	353	2.9%
Hispanic/Latina	878	3.4%	753	2.9%
Non-Hispanic Black	912	7.0%	795	6.1%
Non-Hispanic white	3,288	10.9%	3,066	10.1%
Born in the U.S.	4,103	9.6%	3,771	8.8%
Born outside the U.S.	1,516	3.7%	1,336	3.2%
Medicaid	2,649	5.6%	2,393	6.4%
WIC	2,315	6.2%	2,096	5.6%

Appendix D: Doula Organizations in NYC

Doulas provide nonmedical 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 would like to check eligibility, schedule an appointment, or request more information, contact an organization below that provides doula services.

The following organizations also provide doula training. Details are in their individual listings.

- Ancient Song
- Ashe Birthing Services
- Black Women Do VBAC
- Brooklyn Perinatal Network
- Carriage House Birth
- Hope and Growing HOPE
- Hope and Healing Family Center
- Mama Glow
- Northern Manhattan Perinatal Partnership
- Queer Doula Network
- The New York Baby

Please note that this is not a complete list of organizations that provide doula services in NYC. These organizations responded to the NYC Health Department's request for program information, and the information about each organization was provided by that organization. **Any organization that would like to be added for next year's report should send an email to cdi@health.nyc.gov.** Also, please note that organizations provide no- or low-cost services based on specific eligibility criteria, often related to the client's socioeconomic status.

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 Latino 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 doula services, educational workshops, doula training, and advocacy through uplifting reproductive health policy.

Number of doulas: 170
Number of clients served in 2025: 370
Service areas: All five boroughs, New York State, and New Jersey
Languages available: English, Spanish
Priority population(s): African American, Black, Latino, Indigenous, migrants, undocumented, incarcerated pregnant people, individuals with lower incomes
Provides no- or low-cost services: No-cost and sliding scale
Insurance coverage: Medicaid
Provides doula trainings: Yes.
Number of doulas trained in 2025: 79

Contact: Anabel Rivera at anabel@ancientsongdoulaservices.com; info@ancientsongdoulaservices.com; www.ancientsongdoulaservices.com

Ashe Birthing Services

Ashe Birthing Services is a small group of Bronx-based birth and postpartum doulas 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 is 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, the doulas of Ashe are committed to offering a holistic level of care from their hearts.

Number of doulas: 15
Number of clients served in 2025: 400
Service areas: Bronx, Manhattan, Brooklyn, Queens, Long Island, northern New Jersey, Westchester County, southern Connecticut
Languages available: English, French, Spanish
Priority population: Serving our Black and Brown community is our priority, though we serve all communities.
Provides no- or low-cost services: Sliding scale, bartering, payment plans, and scholarships are available on honor-based basis for BIPOC families.
Insurance coverage: Win Fertility, Carrot Fertility, HSA, FHA, and insurance reimbursement options
Provides doula trainings: Yes. Childbirth education and postpartum meals offered as well.
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 birth and postpartum doulas 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: 90
Number of clients served in 2025: 140
Service areas: Brooklyn, Manhattan, Queens, Bronx, Staten Island, Westchester County, eastern New Jersey, western Long Island
Languages available: English, Spanish, French, Italian, Portuguese, German, Russian, Ukrainian, Hebrew, Polish, Haitian Creole, Mandarin
Priority population: General population
Provides no- or low-cost services: Both pro-bono and low-cost services are available.

Insurance coverage: Carrot Fertility, Progyny, Maven, HSA, FSA
Provides doula trainings: No.
Contact: Jen Mayer, founder; info@babycaravan.com; www.babycaravan.com

Black Women Do VBAC

The mission of Black Women Do VBAC is to empower and support Black women and birthing people by providing advanced, culturally competent doula training for support vaginal birth after cesarean (VBAC). We aim to reduce disparities in maternal health outcomes, lower the high cesarean rates among Black women, and equip BIPOC birth workers with the knowledge and advocacy skills needed to support safe, empowered birthing experiences. Black Women Do VBAC envisions a future where Black women and birthing people have equitable access to birth support, free from systemic barriers and discrimination. Through training, advocacy, and education, we are committed to building a nationwide network of skilled, culturally competent doulas who can improve birth outcomes and uplift Black maternal health.

Number of doulas: Can refer to 110-plus VBAC-trained doulas
Service areas: National
Languages available: English, Spanish, Creole
Priority population: BIPOC
Provides no- or low-cost services: No.
Insurance coverage: Some of the VBAC-trained doulas accept Medicaid.
Provides doula trainings: Yes; all participants pay to enroll.
Number of doulas trained in 2025: 29
Contact: blackwomendovbac@gmail.com; www.blackwomendovbac.com

Brooklyn Perinatal Network

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

Number of doulas: 56
Number of clients served in 2025: Matched 355 clients with doulas
Service areas: Most clients live in Central Brooklyn and neighboring communities, including TRIE areas.
Languages available: English, Spanish, African dialects, Haitian Creole, French Creole
Priority population(s): Afro/Caribbean Black, Latino
Provides no- or low-cost services: All services are provided at no cost. Eligibility includes having free or low- cost health insurance, living in a Brooklyn community with high health

disparities, and factors such as isolation, previous infant demise, miscarriage, low or no income, and minimal support.
Insurance coverage: Medicaid, but individuals still are seen without their insurance card.
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 training.
Number of doulas trained in 2025: A total of 43 individuals (birth, postpartum, full spectrum)
Contact: Denise West at 718-643-8258, ext. 21, or dwest@bpnetwork.org; Ruqayyah Collins at rcollins@bpnetwork.org; www.bpnetwork.org

By My Side Birth Support Program (BMS)

BMS is an initiative of the NYC Health Department funded through the HSB grant and the CDI. 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: 23
Number of clients served in 2025: 264
Service areas: Brooklyn
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: Yes, for those who are income-eligible for Medicaid.
Insurance coverage: Medicaid
Provides doula trainings: No, but offers a six-month apprenticeship program for newly trained doulas.
Contact: Regina Conceiçaõ at healthystartbrooklyn@health.nyc.gov; nyc.gov/health/hsb

Carriage House Birth (CHB)

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. It is a birth and postpartum doula agency that offers childbirth education and newborn care classes, doula training, doula mentorships, and support groups.

Number of doulas: 41
Number of clients served in 2025: 416
Service areas: All the tristate 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.
Insurance coverage: Some of our affiliated doulas accept Medicaid; also, HSA, FSA, and private companies such as Carrot.
Provides doula trainings: Yes. Our tuition is based on a sliding scale; we ask students to self-assess what they can afford to pay. We also have a growing scholarship program that prioritizes Black, Indigenous, Asian, and Latino people regardless of income; LGBTQ+; 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 2025: 178
Contact: info@carriagehousebirth.com; www.carriagehousebirth.com

Citywide Doula Initiative (CDI)

The CDI provides no-cost birth doula care in underserved neighborhoods of NYC and to residents of homeless shelters and foster homes and teen parents. It is made up of eight community-based doula programs: Ancient Song, 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 in this appendix.

Provide doula trainings: Yes; trainings are offered in partnership with Ancient Song. Interested participants should contact the CDI team directly at the contact information below. Please note that priority is given to those who are bilingual and/or live in a TRIE neighborhood.
Contact: 844-653-6852 or cdi@health.nyc.gov; www.nyc.gov/health/cdi

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 well-being through health education, prevention services, and wellness programs.

Number of doulas: 24
Number of clients served in 2025: 161
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: Yes; low income, TRIE ZIP code, shelter.

Insurance coverage: Medicaid
Provide doula trainings: No.
Contact: Gracie-Ann Roberts at 917-830-1200 or Gharris@chcrichmond.org; Nataly Jasso Morales at 917-830-1200, ext. 7611, or Njasso@chcrichmond.org; chcrichmond.org

Conscious Birth Collective

The Conscious Birth Collective empowers BIPOC doulas, fostering a more inclusive and supportive birth community. Doula-collective leaders come together to combine dynamic workshops, personalized mentorship, and community connection to grow valuable experience, expand professional networks, and join a movement to transform the birth landscape. The collective is managed by the Birthing Place Foundation.

Number of doulas: 30 active doulas; 66 alumni in our broader network
Number of clients served in 2025: Eight
Service areas: Bronx, Manhattan, Queens, Brooklyn, Long Island, northern New Jersey, southern Connecticut
Languages available: English, Spanish, French
Priority population(s): Black, Latino, African immigrants, Asian immigrants
Provides no- or low-cost services: Yes; we work together to determine how best to meet the needs of both doulas and clients. We partner with community-based organizations to create access and funders to help supplement costs, when possible.
Insurance coverage: Six of our doulas take Medicaid.
Provides doula trainings: Yes; scholarships are available for doula training and doula mentorship.
Number of doulas trained in 2025: 14 doula participants in TOGETHER Training and Mentorship Program
Contact: consciousbirthcollective@gmail.com; www.consciousbirthcollective.org

Doula Care Postpartum Service

Doula Care provides postpartum doula services and support for families in NYC. Your doula is there to nurture and teach, easing the transition to parenthood as you learn about lactation and feeding your baby, ensuring you have a good start and providing practical support to help care for your newborn.

Number of doulas: 10
Number of clients served in 2025: 100
Service areas: NYC
Languages available: English, Italian
Priority population: Inclusive
Provides no- or low-cost services: No.
Insurance coverage: Carrot, Maven, and all private fertility-benefit programs
Provides doula trainings: No.
Contact: ruth@doulacare.com; www.DoulaCare.com

The Doula Project

The Doula Project is a volunteer-run, collectively led organization. Our flagship initiative at the moment is our National Medication Abortion Hotline, which is funded by the New York State Abortion Access Program. By texting us anytime at 844-518-1672, clients can reach our trained abortion doulas and receive compassionate, nonmedical, emotional, and informational support before, during, or after a medication abortion. All conversations are confidential and mutually anonymous text-based chats. The service is available to anyone in the U.S. (including territories) who is having a medication abortion or to those supporting someone having a medication abortion. Birth doula services are provided to clients who are covered by New York State Medicaid via referral to Doula Project doulas who participate individually.

Number of doulas: 20
Number of clients served in 2025: Six birth clients, 612 abortion clients (telehealth)
Service areas: In-person services in all five NYC boroughs and Westchester County; abortion hotline services are national.
Languages available: English, Spanish, French
Provides no- or low-cost services: Birth support provided by Medicaid doula providers without copay. Abortion services at no cost.
Insurance coverage: We make referrals to doulas covering all approved MCOs.
Provides doula trainings: Internal trainings only. Fee is waivable at need.
Number of doulas trained in 2025: 12, for virtual abortion support
Contact: Vicki Bloom at birth@doulaproject.org; www.doulaproject.net

Doulas en Español

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

Service areas: Manhattan, Queens, Brooklyn, Bronx, Westchester County
Languages available: English, Spanish
Priority population: Hispanic people
Provides no- or low-cost services: Sliding scale available; limited grants for no-cost support.
Insurance coverage: Carrot, Maven, and all private fertility-benefit programs
Contact: Maya Hernandez at doulasenespanol@gmail.com; www.doulasenespanol.com

Golden Bloom

Golden Bloom is a full-spectrum maternal wellness collective.

Number of doulas: Three
Number of clients served in 2025: 25
Service areas: NYC, northern New Jersey, Westchester County
Languages available: English and Spanish
Provides no- or low-cost services: No.
Insurance coverage: Carrot (employer benefit)
Provides doula trainings: No.
Contact: goldenbloomdoula.com, 929-239-0379

Healthy Women, Healthy Futures (HWHF)

HWHF is a citywide doula program, 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 in this appendix.

Provides doula trainings: Yes; trainings are offered by Brooklyn Perinatal Network — please see their listing in this appendix for more information.

HOPE and Growing HOPE Community Doula Programs

The HOPE Community Doula Program is designed to improve the pregnancy and childbirth experience in NYC's public hospital system in Queens. The program aims to enhance patient experience, build trust in health systems, expand access to culturally responsive social support, and connect families to community resources. HOPE prioritizes those from groups that are disproportionately affected by maternal morbidity and mortality. Participants are matched with doulas based on language, neighborhood, and cultural preferences to help ensure meaningful connection and facilitate access to relevant community resources. Program support spans the entire perinatal period, from pregnancy through the first year postpartum.

In 2024 the program expanded with Growing HOPE, which provides specialized doula services for individuals who are justice-involved and/or experiencing housing insecurity. This expansion recognizes the significant barriers posed by fragmented health care access, structural racism, and other social determinants of health. Growing HOPE doulas are trained to support clients navigating these complex systems and to bridge gaps between hospitals, community organizations, and social services. The two programs are implemented through a community-academic partnership among Mount Sinai School of Medicine, NYC H + H/Elmhurst and Queens, Ancient Song, and Caribbean Women's Health Association.

Number of doulas: 30
Number of clients served in 2025: 200-plus for HOPE and Growing HOPE
Service areas: Queens
Languages available: English, Spanish, Bangla, Haitian Creole, Hindi, Urdu
Priority population(s): HOPE: People receiving care at H + H/Elmhurst and Queens hospitals; Growing HOPE: People who are justice-involved and/or facing housing insecurity in NYC.
Provides no- or low-cost services: Yes, HOPE and Growing HOPE doula services are free of cost.
Insurance coverage: None.
Provides doula trainings: Yes; some participants receive low- or no-cost enrollment, if they meet these criteria: Queens-based, bilingual.
Number of doulas trained in 2025: Six
Contact: qfc-referrals@healthsolutions.org (for referrals); kanwal.haq@mssm.edu (for other inquiries); www.hopedoulaprogram.org

Hope and Healing Family Center

Hope and Healing Family Center's mission is to improve the quality of life by strengthening, empowering, and educating underserved families in Brooklyn communities by providing services to address maternal and early childhood health disparities.

Number of doulas: Eight
Number of clients served in 2025: 34
Service areas: Bedford-Stuyvesant, Brownsville, Bushwick, Canarsie, Coney Island, Crown Heights, East Flatbush, East New York, and Sunset Park
Languages available: English, Spanish, Haitian Creole
Priority population(s): We provide services to minors with adult consent. We provide services to adults based on their ZIP codes.
Provides no- or low-cost services: Yes.
Insurance coverage: Medicaid
Provides doula trainings: Yes.
Number of doulas trained in 2025: Zero (training not held)
Contact: Suzette Jules-Jack at 347-384-1494 or sjulesjack@hhfamilycenter.org; www.hhfamilycenter.org

MAAM Doulas LLC

MAAM stands for "Mothers Are Amazing Mentors." We are a group of moms who are advanced birth doulas, postpartum doulas, certified lactation consultants (CLCs), and childbirth educators, providing private and free or low-cost services to prenatal, birthing, postpartum, and parenting people. We also provide doula mentoring and perinatal health education classes and workshops.

Number of doulas: 12
Number of clients served in 2025: 58
Service areas: Bronx, Queens, Long Island, Westchester County, Brooklyn, Manhattan, Connecticut, New Jersey
Languages available: English, 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, to Medicaid-eligible individuals.
Insurance coverage: Medicaid
Provides doula trainings: No.
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 3,000 doulas across the U.S. and six continents. Our mission is to transform the landscape of reproductive health for BIPOC communities. We educate and support individuals across the full pregnancy, birth, and postpartum continuum, including fertility and pregnancy loss. Mama Glow also offers 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 within an Ivy League university (Brown University) where our founder, Latham Thomas, serves as a professor.

The Mama Glow Foundation is a Brooklyn-based, Black- and female-founded nonprofit committed to advancing reproductive justice and birth equity through education, advocacy, and the arts. The foundation works to improve maternal outcomes in three ways:

1. By providing educational scholarships to aspiring doulas and midwives;
2. By creating robust workforce and professional development pathways for doulas;
3. By partnering with educational institutions to support research and advocacy.

Through grant-funded partnerships, the foundation also provides pro-bono doula services in six major U.S. cities, including NYC.

Number of doulas: 3,000-plus across the U.S. and six continents
Number of clients served in 2025: 1,000-plus
Service areas: New York metropolitan area; we also have doulas in all corners of the U.S.
Languages available: English, Spanish, French, Haitian Creole, Portuguese, Arabic
Priority population(s): We serve a broad range of communities, with a focus on BIPOC, LGBTQ+, high-risk, unhoused, teen, and migrant/immigrant families; justice-impacted individuals; families impacted by domestic violence; and those living in shelters.
Provides no- or low-cost services: Yes — through grant-funded programs including the CDI (supporting families in need across 33 NYC ZIP codes) and Love Delivered (serving BIPOC families in the New York metropolitan area, Atlanta, Miami, Los Angeles, New Orleans, Baton Rouge, and Washington, D.C.
Insurance coverage: Medicaid, 1199, HSA, Carrot, UnitedHealthcare Doula Benefit

Provides doula trainings: Yes, we offer a six-week online training with a year of extended support, as well as a follow-up course on postpartum care. Scholarship funding is available through the Mama Glow Foundation.
Number of doulas trained in 2025: 500-plus
Contact: Mama Glow Foundation: info@mamaglowfoundation.org; www.mamaglowfoundation.org; general inquiries: cdi@mamaglow.com; www.mamaglow.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, virtual and in person;
2. Baby-specialist services for overnight or 24/7 support;
3. Lactation consultation, virtual and in person.

Number of doulas: 35
Number of clients served in 2025: 200
Service areas: NYC, Jersey City, Hoboken, sometimes Long Island and Connecticut
Languages available: English, German, French, Dutch, Spanish
Priority population(s): White (majority), Black, Middle Eastern, Latino
Provides no- or low-cost services: No.
Insurance coverage: Some clients get insurance or Carrot and Maven reimbursement for doula services and we help them with the receipts. Expatriate health insurances; in-network for IBCLC consultations.
Provides doula trainings: Yes, mentoring webinars (both paid and unpaid).
Number of doulas trained in 2025: 10 (mentoring course)
Contact: Stephanie Heintzeler at 347-257-5157 or stephanie@thenewyorkbaby.com; www.thenewyorkbaby.com

NYC Doula Collective

The NYC Doula Collective is a community of birth workers serving NYC 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: 21
Number of clients served in 2025: 66
Service areas: Manhattan, Brooklyn, Queens, Bronx, Nassau County, and northern New Jersey

Languages available: English, Spanish, Mandarin
Priority population(s): With deep respect for all identities and traditions, we support the full spectrum of NYC families.
Provides no- or low-cost services: Our doulas provide sliding-scale options.
Insurance coverage: NYC Medicaid managed care and fee-for-service Medicaid plans that cover doula services; Carrot, Maven, and Progyny
Provides doula training: We provide mentorship and no-cost onboarding doula training for new Collective doulas.
Number of doulas trained in 2025: Eight
Contact: Kiara Gonzalez or Anna Cheechov at nycdcdirector@gmail.com; nycdoulacollective.com

Northern Manhattan Perinatal Partnership (NMPP)

The NMPP is a maternal and child health 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: 50
Number of clients served in 2025: 415
Service areas: Harlem, East Harlem, Washington Heights, and the Bronx
Languages available: English, Spanish, French, Garifuna, Fulani, Bambara, Wolof, Arabic
Priority population(s): Low income, recent migrants, single parents, teenagers, individuals in supportive housing
Provides no- or low-cost services: All services are free of charge for those who are Medicaid-eligible.
Insurance coverage: Medicaid
Provides doula trainings: Yes; we have an application process for a scholarship.
Number of doulas trained in 2025: 63
Contact: info@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 also provide access to a great community, as well as mentorship, guidance, resources, and support to all our doulas.

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 may be able to provide services at a lower cost.
Provide doula trainings: We don't provide a structured doula-training program for now; rather, we offer guidance and support for all doulas who join our agency, including community-building events and workshops. We also have a paid one-on-one mentorship program for newer doulas.
Contact: Narchi Jovic and Karla Pippa at nycbirthvillage@gmail.com; www.nycbirthvillage.com

Queens Healthy Start (QHS)/Public Health Solutions (PHS)

Health disparities among New Yorkers are large, persistent, and increasing. PHS exists to change that trajectory and support New Yorkers and their families in achieving optimal health and building pathways to reach their potential. As the largest public health nonprofit serving NYC, we improve health outcomes and help communities thrive by providing services directly to families with lower incomes, supporting community-based organizations through our long-standing public-private partnerships, and bridging the gap between health care and community services.

QHS is a federally funded program that works to reduce infant mortality and maternal mortality and morbidity in neighborhoods with the poorest birth outcomes. QHS works to improve health and wellness throughout the reproductive life course, with a focus on Black/African American pregnant women and their families, and to reduce inequities in maternal and infant health. QHS is focused on southern Queens neighborhoods, including Far Rockaway, where disparities in birth outcomes are greatest. QHS doulas collaborate with PHS staff to ensure that families are connected to other resources and support services for needs such as food, child care, mental health, and more.

Number of doulas: Three
Number of clients served in 2025: 50
Service areas: southern Queens (ZIP codes 11004, 11005, 11411, 11412, 11413, 11414, 11415, 11416, 11417, 11418, 11419, 11420, 11421, 11422, 11423, 11426, 11427, 11428, 11429, 11432, 11433, 11434, 11435, 11436, and 11691)
Languages available: English, Spanish, Haitian Creole, French
Priority population(s): Low income, Black/African American
Provides no- or low-cost services: Yes; free for those who live in the catchment area.
Provides doula trainings: No.
Contact: healthystart@healthsolutions.org; www.healthsolutions.org/community-work/family-support/home-visiting-programs/healthy-start

Queer Doula Network

Doulas at the Queer Doula Network believe that every person capable of gestational experiences should feel respected and heard. Finding LGBTQ+-affirming care and fellow care providers can often be a struggle, and we seek to make it less cumbersome. Our mission is to provide a directory of queer full-spectrum providers for queer individuals seeking support during reproductive journeys.

Number of doulas: 1,000
Service areas: International
Languages available: Multilingual
Priority population(s): LGBTQ+
Provides no- or low-cost services: Depends on the independent doula in the network.
Insurance coverage: Depends on the independent doula in the network.
Provides doula trainings: Yes, but not for certification.
Contact: queerdoulanetwork.com/northeast

YourCherish Photography & Doula

YourCherish is a New York-based collective of doulas and birth photographers supporting families across the tristate area. Our work focuses on continuous emotional and physical support during pregnancy, labor, and the early postpartum period. In addition to doula care, we provide birth photography and videography, Fresh48 hospital sessions, newborn photography, and postpartum guidance. Our goal is to provide compassionate, culturally sensitive care while helping families preserve meaningful memories of their birth experiences.

Number of doulas: 14 doulas
Number of clients served in 2025: Approximately 160 families
Service areas: NYC and the tristate area (Manhattan, Brooklyn, Queens, Bronx, Long Island, New Jersey)
Languages available: English, Russian, Spanish, Ukrainian
Priority population(s): Immigrant families, first-time parents, multilingual households, and families seeking culturally sensitive birth support
Provides no- or low-cost services: Occasionally sliding-scale support, depending on availability.
Insurance coverage: Private pay, Carrot, Medicaid plans
Provides doula trainings: No; doulas in our collective are certified through organizations such as DONA and CAPPA.
Contact: Olga Zinner, founder; love@yourcherish.com and 347-263-4267; www.yourcherish.com

Appendix E: Birth Inequities in NYC

Racial and ethnic inequities in birth outcomes are prominent in NYC. Non-Hispanic Black women are more than six times more likely than non-Hispanic white women to die from pregnancy-related causes and approximately 2.6 times more likely to experience a life-threatening complication of their pregnancy.[18,19] Latina mothers are approximately two times more likely to die from pregnancy-related causes and to experience serious complications relative to white women.[18] In 2022, babies born to Black mothers were 2.8 times more likely to die in their first year of life than babies born to white mothers — this increased to 3.8 times in 2023.[17]

Racial disparities persist across several other outcomes that affect the lives of women and 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 it can increase the risk of complications such as hemorrhage and infection and because it is sometimes necessary to manage serious conditions such as severe preeclampsia.[20-22] Babies delivered by cesarean have a greater risk of developing chronic conditions such as asthma, diabetes, and obesity.[20,23-25] In 2023, 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, compared to 26% among non-Hispanic white women and 35% among Hispanic women).[17] Additionally, even though babies born to Black mothers made up only 17% of live births in 2023, they represented 26% of all low birthweight babies and 24% of all preterm births that year.[17] 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 intersecting 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.

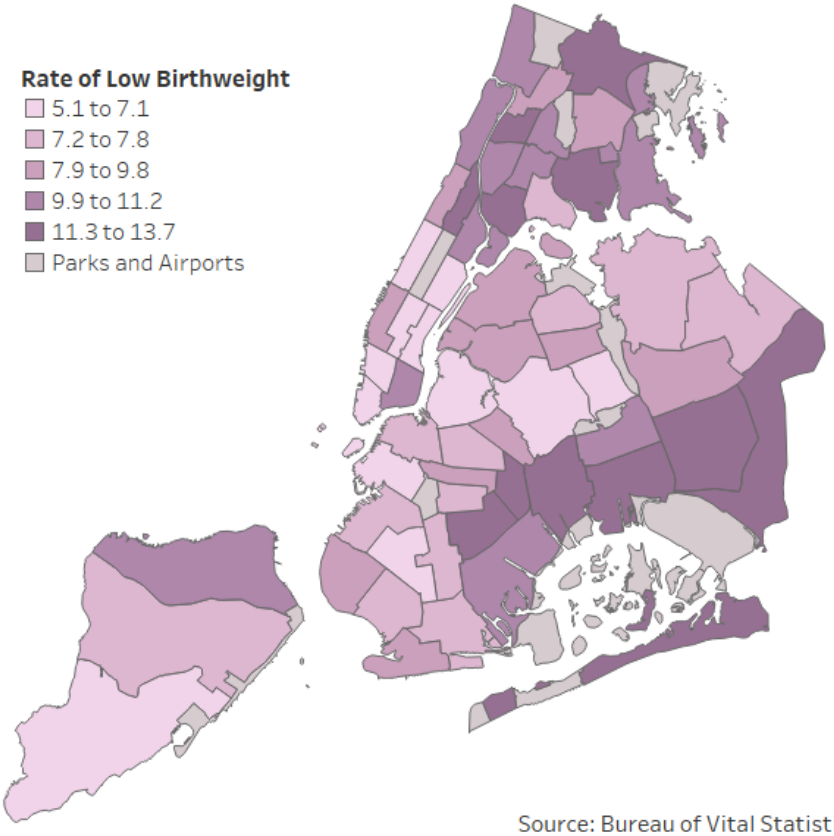
Place also matters. Though NYC is one of the wealthiest cities in the U.S., its neighborhoods are some of the most racially and economically segregated in the country.[26] The cumulative impact of discriminatory practices directing where people live and what resources are available in their neighborhoods has contributed to deep and persistent health inequities, including inequities in birth outcomes. Neighborhoods with predominantly Black and Latino populations, and where many residents live in poverty, bear some of the highest rates of infant mortality and severe maternal morbidity (life-threatening complications during pregnancy and childbirth) in the city.[18,19]

The NYC Health Department is actively working with fellow New Yorkers to eliminate these inequities. Reducing Black maternal mortality by 10% by 2030 is a key component of the City's HealthyNYC initiative. More broadly, we are working to achieve birth equity by advancing the human right of all pregnant and childbearing people to safe, respectful, and high-quality reproductive and maternal health care.

Low Birthweight

Rate of Low Birthweight* by Community District of Residence, NYC, 2023

Citywide Rate: 9.0



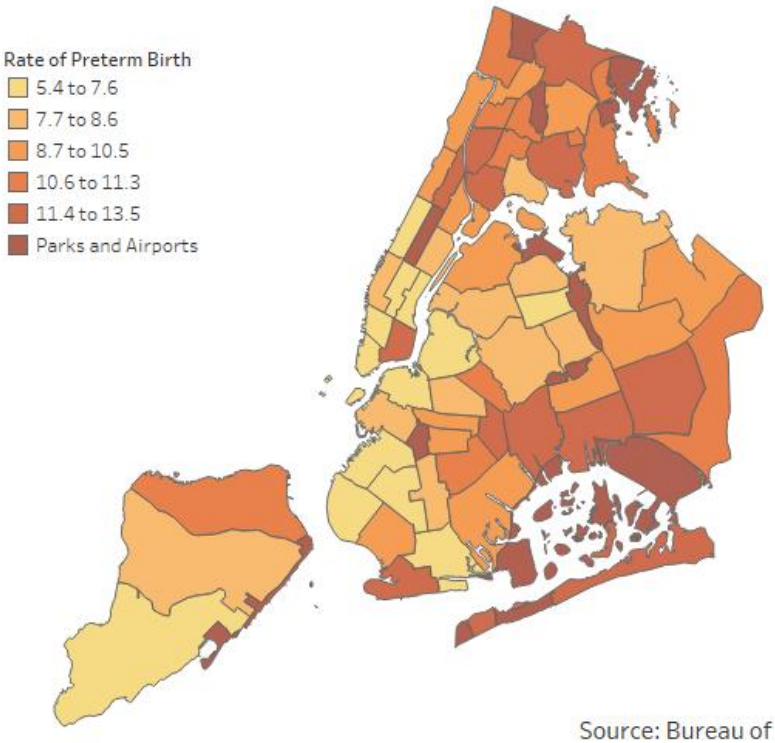
Source: Bureau of Vital Statistics

*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, NYC, 2023

Citywide Rate: 9.4



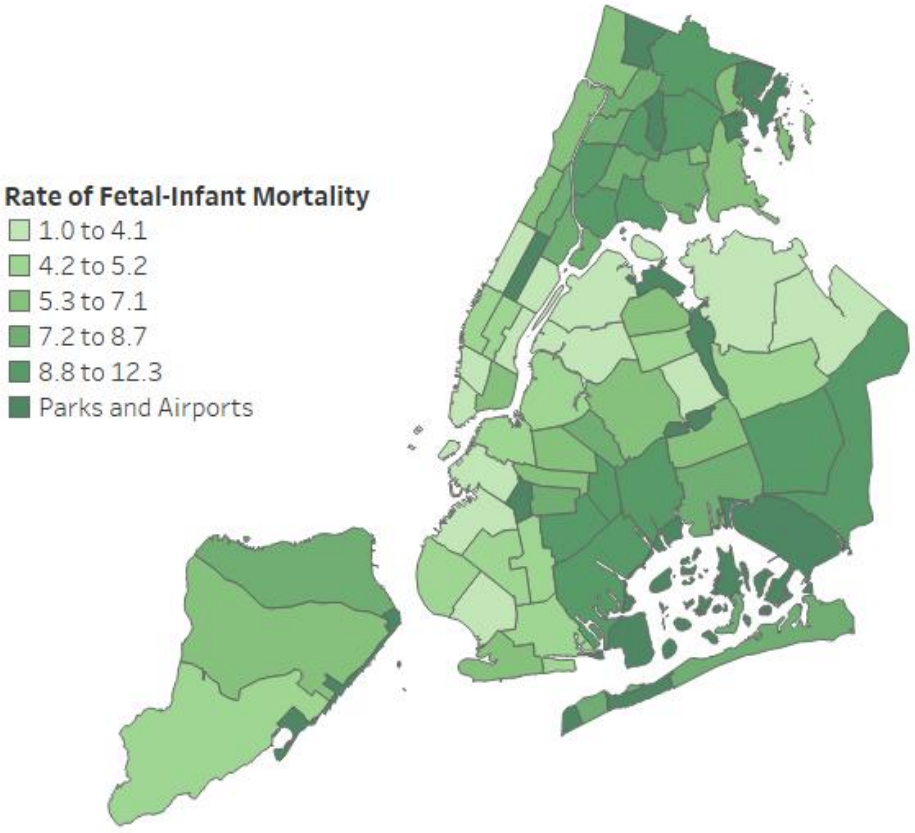
Source: Bureau of Vital Statistics

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

Fetal-Infant Mortality

Rate of Fetal-Infant Mortality* by Community District of Residence, NYC, 2019-2023

Citywide rate: 6.3



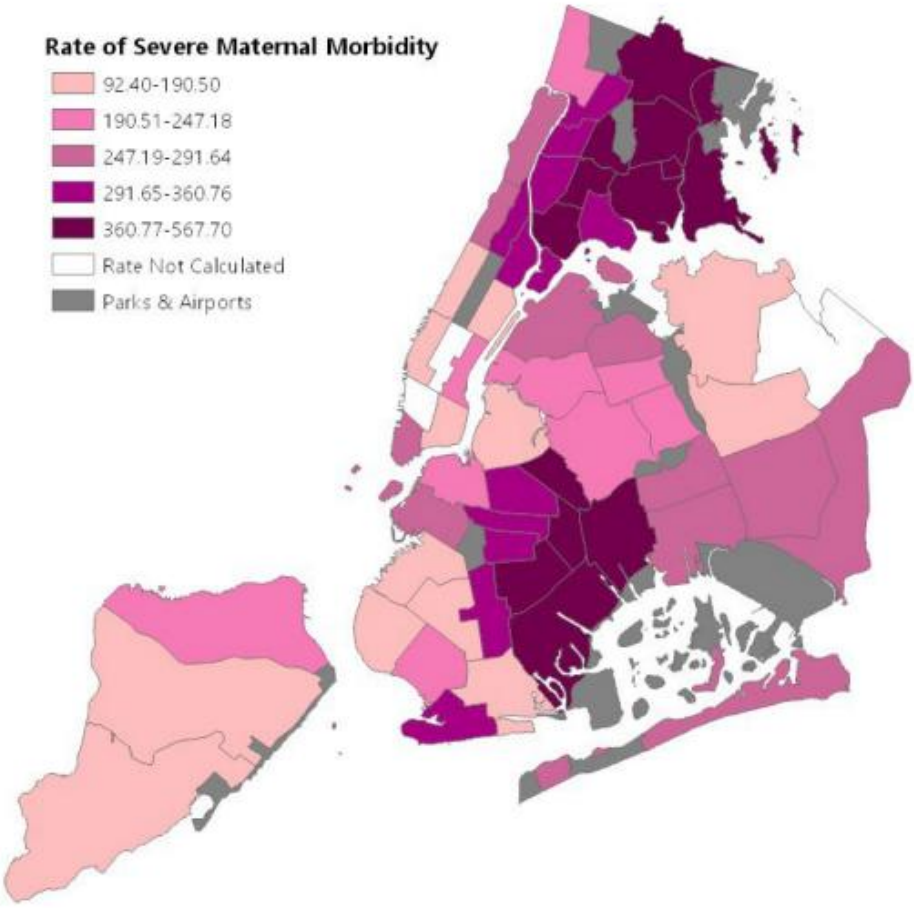
Source: Bureau of Vital Statistics

*Fetal-infant mortality 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 years for which data is available

References

1. Bohren MA, Hofmeyr GJ, Sakala C, et al. Continuous support for women during childbirth. Cochrane Database Syst Rev 2017;(7):CD003766; doi:10.1002/14651858.CD003766.pub6
2. Edwards RC, Thullen MJ, Korfmacher J, et al. Breastfeeding and complementary food: randomized trial of community doula home visiting. *Pediatrics* 2013;132 Suppl 2:S160-166; doi:10.1542/peds.2013-1021P
3. Kozhimannil KB, Attanasio LB, Hardeman RR, et al. Doula care supports near-universal breastfeeding initiation among diverse, low-income women. *J Midwifery Women's Health* 2013;58(4):378-382; doi:10.1111/jmwh.12065
4. Kozhimannil KB, Hardeman RR, Attanasio LB, et al. Doula care, birth outcomes, and costs among Medicaid beneficiaries. *Am J Public Health* 2013;103(4):e113-121; doi:10.2105/AJPH.2012.301201
5. Nommsen-Rivers LA, Mastergeorge AM, Hansen RL, et al. Doula Care, Early Breastfeeding Outcomes, and Breastfeeding Status at 6 Weeks Postpartum Among Low-Income Primiparae. *J Obstet Gynecol Neonatal Nurs* 2009;38(2):157-173; doi:10.1111/j.1552-6909.2009.01005.x
6. Thomas M-P, Ammann G, Brazier E, et al. Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population. *Matern Child Health J* 2017;21(1):59-64; doi:10.1007/s10995-017-2402-0
7. Thurston LAF, Abrams D, Dreher A, et al. Improving birth and breastfeeding outcomes among low resource women in Alabama by including doulas in the interprofessional birth care team. *J Interprofessional Educ Pract* 2019;17:100278; doi:10.1016/j.xjep.2019.100278
8. Falconi AM, Bromfield SG, Tang T, et al. Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching. eClinicalMedicine 2022;50:101531; doi:10.1016/j.eclinm.2022.101531
9. Thomas M-P, Ammann G, Onyebeke C, et al. Birth equity on the front lines: Impact of a community-based doula program in Brooklyn, NY. *Birth* 2023;50(1):138-150; doi:10.1111/birt.12701
10. Falconi AM, Ramirez L, Cobb R, et al. Role of Doulas in Improving Maternal Health and Health Equity Among Medicaid Enrollees, 2014–2023. *Am J Public Health* 2024;114(11):1275-1285; doi:10.2105/AJPH.2024.307805
11. Lemon LS, Quinn B, Young M, et al. Quantifying the association between doula care and maternal and neonatal outcomes. *Am J Obstet Gynecol* 2024; doi:10.1016/j.ajog.2024.08.029
12. Bey A, Brill A, Porchia-Albert C, et al. Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities. Ancient Song Doula Services, Village Birth International, and Every Mother Counts; 2019.

13. Chapple W, Gilliland A, Li D, et al. An economic model of the benefits of professional doula labor support in Wisconsin births. WMJ Off Publ State Med Soc Wis 2013;112(2):58-64.

14. Strauss N, Giessler K, McAllister E. How Doula Care Can Advance the Goals of the Affordable Care Act: A Snapshot From New York City. *J Perinat Educ* 2015;24(1):8-15; doi:10.1891/1058-1243.24.1.8

15. Strauss N, Sakala C, Corry MP. Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health. *J Perinat Educ* 2016;25(3):145-149; doi:10.1891/1058-1243.25.3.145

16. Sakala C, Declercq ER, Turon JM, et al. Listening to Mothers in California: A Population-Based Survey of Women's Childbearing Experiences, Full Survey Report. National Partnership for Women & Families: Washington, DC; 2018.

17. Li W, Seil K, Paudel P, et al. Summary of Vital Statistics, 2023. Bureau of Vital Statistics, NYC Dept of Health and Mental Hygiene: New York, NY; 2025.

18. Anonymous. Pregnancy-Associated Mortality in New York City, 2016-2020. Maternal Mortality Review Committee, NYC Dept of Health and Mental Hygiene: New York City; 2024.

19. Anonymous. Severe Maternal Morbidity in New York City, 2008-2014. NYC Dept of Health and Mental Hygiene: New York, NY; 2018.

20. Keag OE, Norman JE, Stock SJ. Long-term risks and benefits associated with cesarean delivery for mother, baby, and subsequent pregnancies: Systematic review and meta-analysis. *PLOS Med* 2018;15(1):e1002494; doi:10.1371/journal.pmed.1002494

21. Gregory KD, Jackson S, Korst L, et al. Cesarean versus vaginal delivery: Whose risks? Whose benefits? *Am J Perinatol* 2012;29(1):7-18; doi:10.1055/s-0031-1285829

22. Anonymous. Vaginal or Cesarean Birth: What Is at Stake for Women and Babies? Childbirth Connection: New York; 2012.

23. Cardwell CR, Stene LC, Joner G, et al. Caesarean section is associated with an increased risk of childhood-onset type 1 diabetes mellitus: A meta-analysis of observational studies. *Diabetologia* 2008;51(5):726-735; doi:10.1007/s00125-008-0941-z

24. Mueller NT, Whyatt R, Hoepner L, et al. Prenatal exposure to antibiotics, cesarean section and risk of childhood obesity. *Int J Obes* 2005 2015;39(4):665-670; doi:10.1038/ijo.2014.180

25. Thavagnanam S, Fleming J, Bromley A, et al. A meta-analysis of the association between Caesarean section and childhood asthma. *Clin Exp Allergy J Br Soc Allergy Clin Immunol* 2008;38(4):629-633; doi:10.1111/j.1365-2222.2007.02780.x

26. Frey W. Analysis of 1990, 2000, and 2010 Census Decennial Census Tract Data. n.d.

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