New York City Department of Health and Mental Hygiene

THE STATE OF DOULA CARE IN NYC 2023

Contents

Cover photo courtesy of the NYC Health Department

PURPOSE

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

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

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

WHY DOULAS?

Curtesy of the NYC Health Department

New York City (NYC), like the United States as a whole, suffers from pronounced racial inequities in infant death, maternal death and life-threatening complications related to childbirth (severe maternal morbidity).[1-3] Racial inequities are also documented in other birth outcomes that affect the lives of mothers[1] and their babies, including breastfeeding initiation and duration, Cesarean birth, preterm birth (before 37 weeks of pregnancy) and low birthweight (less than 5 pounds, 8 ounces).[1] These differences are inequitable, which means that they are unfair, unacceptable, and avoidable.

One promising strategy for improving birth outcomes is the support of a doula. Doulas are individuals trained to provide non-medical physical, emotional, and informational support to childbearing people and their families. Doula care has been associated with lower rates of Cesarean birth, preterm birth, low birthweight, and postpartum depression, as well as increased rates of breastfeeding and greater patient satisfaction with maternity care.[4-11] 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.[12-14]

Nationwide, increased recognition of these benefits has led to a surge of interest in creating doula programs.[15] According to the National Health Law Program's Doula Medicaid Project, 10 states and the District of Columbia are currently reimbursing for doula services through their Medicaid plans. Another six, including New York, are in the process of implementing such benefits.

In NYC, the Adams Administration expanded free doula services via the Citywide Doula Initiative (CDI), which launched in March 2022. The initiative, which is part of the New Family Home Visits program, targets individuals in 33 underserved neighborhoods, with an eye toward reducing maternal and infant health inequities and providing critical resources to new families.

As of May 31, 2023, the CDI has served 953 families, including providing in-person labor support during 545 births and virtual support during 47 births. The rate of Cesarean delivery among the

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

participants of the CDI initiative was 29.9% (177 births), which compares favorably with the citywide rate of 32.8% in 2020, the most recent data available. It is also better than the rates of three of the four major racial/ethnic categories in the city. The rate of preterm birth among CDC participants was 8% (53 babies), also an improvement over the citywide rate (9.3%) and the same three racial/ethnic rates. The rate of low birthweight was 10.4% (69 babies), higher than the citywide rate of 8.7% and the rates of three of the four major racial/ethnic categories:

	Total	Citywide Doula Initiative	Non-Hispanic Black	Non-Hispanic White	Hispanic/ Latino	Asian & Pacific Islander
Cesarean birth rate	32.8%	29.9%	38.3%	26.5%	36.0%	34.8%
Preterm birth rate	9.3%	8.0%	13.2%	6.7%	10.6%	8.3%
Low birthweight rate	8.7%	10.4%	13.1%	6.0%	9.0%	9.1%

For more information on the Citywide Doula Initiative, including details on the demographics of clients served during the most recent 12-month reporting period, see updates in the "Plan for Improving Access to Doula Care in NYC," beginning on page 12.

While these improvements are impressive, and doula support should be an integral part of the compendium of care that a person receives when giving birth, it is important to note that doulas alone cannot solve the inequities in birth outcomes that result from centuries of structural inequality, obstetric violence and medical racism.[16,17] Improving these outcomes will require a range of strategies that prioritize women's overall health and address the root causes of racial inequities in birth outcomes – structural inequalities and the chronic stress of racism and patriarchy on the lives of women, particularly women of African and Hispanic descent.

RECENT DEVELOPMENTS IN NYC

Systematic Data on Doula Support

Doula work has been extensively studied since 1980, when *The New England Journal of Medicine* published "The Effect of a Supportive Companion on Perinatal Problems, Length of Labor, and Mother-Infant Interaction." Despite this attention, the prevalence of doula support has remained unknown. The closest U.S. estimate came from the *Listening to Mothers III* survey, which estimated that 6% births nationwide were attended by a doula in 2011-2022.

In 2022, the Health Department began asking everyone who gives birth in NYC whether they had labor support from a doula during pregnancy and childbirth. The first full year of data shows that 4.67% of NYC residents who gave birth in 2022 (4,054 people) had the support of a doula during pregnancy, and 4.19% (3,632 people) had doula support during childbirth.

The data turned up considerable variation by borough:

Borough	total births	# with pregnancy support	% with pregnancy support	# with labor support	% with labor support
Bronx	15,606	192	1.23%	155	0.99%
TRIE* neighborhoods	12,721	162	1.27%	129	1.01%
Brooklyn	32,804	2,675	8.15%	2,433	7.42%
TRIE neighborhoods	13,703	800	5.84%	719	5.25%
Manhattan	13,089	737	5.63%	658	5.03%
TRIE neighborhoods	6,552	326	4.98%	291	4.44%
Queens	20,363	351	1.72%	300	1.47%
TRIE neighborhoods	7,839	108	1.38%	91	1.16%
Staten Island	4,886	99	2.03%	86	1.76%
TRIE neighborhoods	1,472	36	2.45%	33	2.24%
All NYC residents	86,748	4,054	4.67%	3,632	4.19%
TRIE neighborhoods	42,287	1,432	3.39%	1,263	2.99%

* Areas identified by the city's Taskforce on Racial Inclusion and Equity (TRIE) as hard-hit by COVID-19 and other health and socioeconomic disparities

A few takeaways:

- The percentage of those with doula support during labor and delivery is roughly 80-90% of those with doula support during pregnancy.
- Doula support during labor ranges from 1% in the Bronx to 7.4% in Brooklyn.
- Brooklyn residents represented 67% of all city residents with doula support, though only 38% of all city births.
- TRIE neighborhoods typically have lower rates of doula coverage than the borough in which they are located.
- However, in the Bronx and Staten Island, the rates of doula coverage were higher in TRIE neighborhoods.

When analyzing data by subgroup, several additional trends are apparent:

- Of Medicaid and WIC recipients, 1.5% had labor support from a doula. During pregnancy, 2.3% of WIC recipients and 1.8% of Medicaid recipients had doula support.
- Racial and ethnic disparities persist: White New Yorkers were almost 3 times more likely to have support during pregnancy and labor than Black New Yorkers, about 4 times more likely to have such support than Asian New Yorkers, and roughly 8 times more likely to have such support than Hispanic New Yorkers.
- U.S.-born residents were 3 times more likely to have doula support than foreign-born residents.

The CDI provided labor support for 375 births that year—almost 30% of the doula-attended births in TRIE neighborhoods, where the CDI focuses its work. Overall, this data supports the need for increased outreach to Medicaid and WIC recipients, foreign-born New Yorkers, and residents of the Bronx, Queens, and Staten Island.

Statewide Medicaid Coverage for Doula Care

The New York State budget for fiscal year 2024 includes funding for Medicaid coverage of doula services statewide. The State Department of Health will now prepare a State Plan Amendment, requesting approval from the federal Centers for Medicare & Medicaid Services to include doulas as Medicaid service providers. Doula services are expected to be covered through Medicaid as of January 1, 2024.

This change is the result of years of advocacy and collaboration by doulas, doula organizations, and allies across the state. The New York Coalition for Doula Access (NYCDA) first proposed Medicaid reimbursement for doula support on October 31, 2011, in a letter signed by 41 organizations statewide. In 2022, NYCDA led a project to identify a reimbursement amount that would provide an equitable wage for doulas. Using the SchellingPoint technology system, the group convened 195 stakeholders from the maternal-health field—including doulas, physicians, insurers, and government officials—and through dialogue and systematic analysis, reached consensus on a proposed rate of $1,930 for labor support and 8 home visits.

The state budget set a rate of $1,500 in New York City and $1,305 in the rest of the state. The NYC Health Department and NYCDA will now (1) continue to advocate for a rate of $1,930 statewide, (2) seek ways to support doulas who wish to enroll and submit claims as Medicaid providers. And (3) work to determine how community-based doula organizations could be compensated for their work supporting doulas and families, recruiting and enrolling clients, providing professional development, and identifying resources for families in need.

Other Successes and Challenges

As the city emerged from the emergency phase of the pandemic in 2022, doulas continued to reestablish in-person services as the standard of care, and many hospitals and birthing facilities relaxed the emergency measures that restricted doulas' access to their clients during birth and early postpartum.

Success: Building Capacity

Through the CDI and other initiatives, access to doula care has increased during the past year. Community doula programs have been able to expand their reach and serve more clients in historically marginalized communities. There is generally more awareness and visibility of doula

support, in part due to increased media coverage, diversity of referral sources, and greater outreach, which has also led to an increase in requests for doulas. Increased visibility of doula support can also be attributed to reproductive-justice advocacy and legislative efforts that promote doula support as an important factor in reducing birth inequities and improving outcomes. For people interested in becoming doulas, there are more pathways for doula training, and the past year has shown greater access to doula trainings for community members, with more newly trained doulas entering the field.

Courtesy of Brooklyn Perinatal Network

Another noted success is the greater recognition and integration of mentorship for new doulas, as evidenced by the CDI Apprenticeship Program and several other city-based mentorship programs. Structured mentorship programs help build skills and confidence for doulas entering the work and are key to a sustainable workforce.

Success: Building the Evidence Base

In March 2023, the Health Department's By My Side Birth Support Program published a matched-control study showing that participation in the program was associated with a significantly reduced risk of preterm birth and low birthweight. For "Birth Equity on the Front Lines: Impact of a Community-Based Doula Program in Brooklyn, NY," birth records of 603 By My Side participants were compared with those of 1,809 similar residents of the program's catchment area. Each participant was matched with three controls who shared the same age bracket, race/ethnicity, education level, and trimester of entry into prenatal care. The results showed that By My Side participants had less than half the odds of having a preterm birth than controls (5.6% vs. 11.9%) and about two-thirds the odds of having a low-birthweight baby (5.8% vs. 9.7%). The paper, published in the journal *Birth,* builds on and strengthens the findings of an earlier paper "Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population" (*Maternal and Child Health Journal,* 2017).

Challenge: Hospital Navigation

As noted above, doula access to labor and delivery has improved in most hospitals over the past year. However, some doulas have experienced barriers or delays to entry, mainly due to requests by

hospital staff for proof of certification or training. Some staff members are not aware that this is not required to work as a doula, and requesting it creates obstacles to providing timely support to a client in labor. Furthermore, the requirement is inconsistently applied, and it often seems to stem from a specific staff person's assumption of hospital policy, rather than an actual policy.

Once in the hospital, doulas continue to face challenges in providing the full scope of their services, driven by perceptions and policies at some hospitals. The failure of hospitals to acknowledge and embrace the credibility of the profession limits the integration of doulas in hospital spaces, which in turn increases misunderstanding of the doula's role, limits the ways in which doulas can support their clients, and may increase instances of disrespect from hospital staff.

Challenge: Workforce Development

Structured mentoring programs are a big step in ensuring that new doulas are well-supported when they enter the field, particularly as they navigate being on call and supporting clients in difficult circumstances. However, many new doulas find it difficult to gain their footing, as the realities of balancing on-call work with other life obligations can offset one's initial enthusiasm about becoming a doula. With more doulas entering the profession, sustaining and supporting the workforce and ensuring quality services must be a priority.

Challenge: Sustainability

The main key to sustainability, particularly for community-based doulas, is equitable and timely payment for services. Community doulas provide their services primarily through community-based organizations that are funded through grants and/or tax dollars. Delays in contracting and payments are longstanding structural issues that have caused harm and distress for community doulas. Changes at the systems level are necessary to reduce these issues and the resulting uncertainty, and ultimately to make doula work a viable career path.

Legislation Relating to Doula Care

In September 2022, the New York City Council enacted Local Law 85, which requires the Health Department to train doulas and provide doula services to residents of marginalized neighborhoods in all five boroughs at no cost to the resident, and Local Law 86, which requires an education campaign on the benefits of doulas and midwives. Those laws were part of a package of seven maternal health bills, which also addressed maternal mortality and morbidity, Cesarean birth, respectful care at birth, sexual and reproductive health disparities, polycystic ovary syndrome, and endometriosis.

The City Council also passed Resolution 205, calling for state legislation making doula support more accessible to people with Medicaid or with no insurance, and Resolution 244, calling on the Centers for Disease Control and Prevention to expand funding for Healthy Start Brooklyn's By My Side Birth Support Program. Both resolutions cited findings from previous *State of Doula Care in NYC* reports.

The New York State Legislature introduced several bills relating to doula support in the 2022-2023 session:

- The Senate and Assembly both passed S1867/A5435, which would require the State Department of Health to establish and maintain a New York State doula directory to facilitate Medicaid reimbursement and promote doula services to Medicaid recipients.
- The Senate passed S5992, which would require hospitals and other birthing facilities to allow expectant and new mothers access to their doulas. The companion bill, A6168, did not pass before the end of session.
- The Senate passed S5991, which would allow a doula to be present in the operating room while a cesarean section was being performed, if the birthing person had no other support person. The companion bill, A7606, did not pass before the end of session.
- S1876/A5465 would establish a working group (composed of doulas and other experts) to set reimbursement rates for doulas in the state Medicaid program.
- S380 would require health insurance policies to cover doula services as part of maternity care.

In May 2023, the Momnibus Act (HR3305/S1606) was reintroduced, with 188 sponsors in the House of Representatives and 28 sponsors in the Senate. Made up of 13 bills, the Momnibus would direct funds to doula organizations that support Black, Indigenous, and other pregnant and postpartum people of color, including veterans and those residing in correctional facilities. It would also expand and diversify the perinatal workforce, “to ensure that every mom in America receives maternal health care and support from people they trust.”

RECOMMENDATIONS

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

- Policymakers:
    - Support efforts to ensure that doulas earn a fair wage for providing community-based services. All publicly funded programs should prioritize equitable, timely, and reliable payments to doulas.
    - Avoid actions that complicate access to doula support, such as mandated certification or licensing.
    - Invest in evidence-based doula programs that serve pregnant people who experience disproportionately low access to doula care and that work towards addressing drivers of poor maternal and infant health outcomes, to ensure the widest-possible reach and sustainability of these initiatives.
    - Support efforts to train residents of marginalized communities to be doulas.

  - Align with and build upon programming already under way and incorporate the feedback of doulas and service providers.
  - Increase awareness of the evidence-based benefits of doula care and improve access to doulas.

- Insurers, including Medicaid and managed care organizations:
  - Cover birth- and postpartum-doula services at competitive, market rates.
  - Prioritize equitable payment for midwifery care and other evidence-based services.
- Institutions such as hospitals, birthing centers, and maternity care providers:
  - Increase staff awareness of the evidence-based benefits of doula care (see Appendix F, “Benefits of Doula Support in the Scientific Literature”).
  - Promote the benefits of doula care to expectant parents, through provider conversations, written information, and events like “Meet the Doula” night.
  - Adopt a doula-friendly hospital policy, as outlined in the Principles of Doula Support in the Hospital (see Appendix D) from the New York Coalition for Doula Access and ensure alignment with other aspects of evidence-based care during pregnancy, childbirth and postpartum (e.g., integrated midwifery care, baby-friendly practices, group prenatal care, and perinatal home visiting).
  - Publish information on what doulas and families can expect when receiving their services.
  - Require mandatory training for staff on racial, gender, and implicit bias, as well as how to provide respectful care for all patients, as outlined in the NYC Standards for Respectful Care at Birth. Trainings should be designed in consultation with the communities that these institutions serve.
  - Review policies, procedures, and other structural factors that, often unintentionally, reinforce racial and gender bias and differential treatment, to assure that the human rights of all people receiving care are respected and enforced.
- Doula organizations and programs:
  - Provide ongoing mandatory trainings for their doulas on topics such as trauma-informed care, perinatal mood and anxiety disorders, respectfully navigating the hospital environment, gender-affirming birth work, and community support services that are available to low-income pregnant people and their families.
  - Explore additional models of doula care, focusing on an array of options for meeting the needs of the full spectrum of birthing families.

PLAN FOR IMPROVING ACCESS TO DOULA CARE IN NYC

The NYC Health Department's work to improve access to doula care comprises five key components: increasing access for communities of color and low-income communities; building doula capacity; making hospital environments more welcoming to doulas; amplifying community voices to help expand access to doula services; and improving data collection. The following outlines progress on the Health Department's plan for improving access to doula care during the 12 months from April 2022 through March 2023.

Status

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

1. Increase access to doulas in underserved communities

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

	PROGRAM/INITIATIVE[b]	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	Citywide Doula Initiative (a five-borough program funded and managed by DOHMH)	Provide no-cost birth doula care to: • Residents of New York City homeless shelters and foster homes • Residents of TRIE neighborhoods* who are income-eligible for Medicaid * 33 underserved neighborhoods identified for special attention by the city's Taskforce on Racial Inclusion and Equity	●	Ongoing	• The Citywide Doula Initiative (CDI) is made up of eight community-based doula programs: ○ Ancient Song Doula Services ○ By My Side Birth Support Program (the model for the CDI) ○ Caribbean Women's Health Association ○ Community Health Center of Richmond ○ Hope and Healing Family Center ○ Mama Glow Foundation ○ The Mothership ○ Northern Manhattan Perinatal Partnership • Between April 1, 2022, and March 31, 2023, the CDI provided doula support to 799 individuals: ○ 31% in the Bronx (250 clients) ○ 32% in Brooklyn (257 clients) ○ 21% in Manhattan (170 clients) ○ 10% in Queens (81 clients) ○ 5% in Staten Island (40 clients) • Of the 799 participants: ○ 61% were African American (488 clients) ○ 38% were Latinx (305 clients) ○ 10% were white (80 clients) ○ 3% were Asian (27 clients) ○ 2.5% were Native American or Native Hawaiian (20 clients) • Of the 799 participants: ○ 75% were insured through Medicaid (600 clients; the NYC rate in 2020* was 55.5%) ○ 12% had private insurance (94 clients)

[b] A detailed description of each DOHMH program or initiative referenced in this plan can be found in The State of Doula Care in NYC 2019 report.

					○ 1.5% had no insurance (12 clients) • CDI clients gave birth to 553 babies: ○ 94% were ever fed breastmilk (521 babies) ○ Of the 218 with data recorded, 52% were exclusively breastfeeding at hospital discharge (114 babies; the NYC rate in 2020* was 44.6%) • Of the 553 babies, 535 were singletons: ○ 6.9% were preterm (37 babies; the NYC rate in 2020* was 8.7%) ○ 9.5% were low-birthweight (51 babies; the NYC rate in 2020* was 9.3%) • CDI doulas attended 498 births. Of those: ○ 70% were vaginal (348 births; the NYC rate in 2020* was 67%) ▪ 10 of them were VBAC (vaginal birth after Cesarean) ○ 30% were Cesareans (150 births; the NYC rate in 2020* was 33%) ▪ 37 were planned Cesareans ** most recent data available*
B.	Healthy Start Brooklyn's By My Side Birth Support Program (a DOHMH program funded by the federal Health Resources and Services Administration)	Provide birth doula care to women who live in parts of Central and East Brooklyn and meet income eligibility requirements for WIC or Medicaid. Provide case management for each client at prenatal and postpartum home visits.		Ongoing	• The By My Side team worked hard over the year to implement the Citywide Doula Initiative, which is based on the By My Side model. • In Calendar 2022, By My Side doulas ○ Attended 104 births ○ Served 131 pregnant clients. ▪ Of these, 84% were African American, and 21% were Latinx. ○ Most clients served (99%) were on Medicaid.

C	Healthy Women Healthy Futures (HWHF) (a five-borough program funded by the City Council and managed by DOHMH)	Provide birth and postpartum doula care to women living in NYC, with priority given to those with an elevated risk for negative maternal and infant health outcomes. Train community residents to become doulas and build capacity among doula workforce.		Ongoing	• Healthy Women, Healthy Futures (HWHF) is operated by three vendors: ○ Brooklyn Perinatal Network (Brooklyn) ○ Caribbean Women's Health Association (Bronx, Manhattan, Queens) ○ Community Health Center of Richmond (Staten Island) • In FY22, 60 doulas were trained, 24 as birth doulas, 22 as postpartum doulas, and 14 as both. • In FY22, 452 individuals received doula support: ○ 11% in the Bronx ○ 47% in Brooklyn ○ 4% in Manhattan ○ 8% in Queens ○ 30% in Staten Island • Of the total, 223 received birth-doula support, 103 received postpartum-doula support, and 126 received both. • Of the total: ○ 72% were African American ○ 14% were Latinx ○ 4% each were Asian or white ○ 90% were insured through Medicaid.
D.	New York Coalition for Doula Access (a statewide coalition of doulas and allies, co-led by Health Leads and DOHMH)	Expand access to perinatal support for all, with a particular focus on communities that are at greatest risk for poor outcomes. Current priorities are: • To set standards for a living wage for doulas through Medicaid reimbursement; • To develop a plan for a doula-friendly-hospital designation.		Ongoing	• Between April 1, 2022, and March 31, 2023, NYCDA: ○ Convened 11 monthly meetings, with an average attendance of 40 members per meeting; ○ Convened monthly meetings of a subcommittee that is developing the guiding tenets and structure for a doula-friendly hospital designation; ○ Convened monthly meetings of a subcommittee that is leading the work regarding doula reimbursement through Medicaid,

					including developing tools to facilitate implementation. • In March 2023, several NYCDA members provided testimony in Albany regarding the need for doulas and an equitable reimbursement rate. • NYCDA membership: ○ 160 members, of which 128 identify as people of color; ○ 111 practicing doulas, including 106 community-based doulas; ○ 49 allies, including midwives, OB-GYNs, legislators, health-care administrators, and insurance providers; ○ 32 counties represented across the state of New York.

2. Build doula capacity

As the demand for doula care increases, it is important to develop and foster a strong doula workforce, particularly among community-based doulas serving marginalized communities, through trainings, professional development, mentoring, and equitable pay.

	PROGRAM/INITIATIVE	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	Citywide Doula Initiative (CDI)	Train residents of TRIE neighborhoods as doulas. Provide professional development to all doulas working in the Citywide Doula Initiative.		Ongoing	• Between April 2022 and March 2023, the Citywide Doula Initiative (CDI) hosted three full-spectrum doula trainings for community members. A total of 62 community members were trained, and 54 of them joined the CDI apprenticeship program. • During the same time period, the CDI provided the following types of professional development to strengthen its workforce: ○ 293 doulas trained in the CDI model ○ 146 doulas trained in Birth Equity ○ 146 doulas trained in Perinatal Mood and Anxiety Disorders ○ 154 doulas trained in Intimate Partner Violence ○ 57 doulas trained in HIPAA

					○ 14 doulas trained in NYC Standards for Respectful Care at Birth ○ 40 doulas trained in Family Regulatory System Advocacy
A.	CDI Apprenticeship Program	Support newly trained doulas in improving their professional skills, achieve certification, and increasing their capacity to work as community-based doulas.		Ongoing	• The CDI Apprenticeship Program lasts six months and includes 1:1 mentorship, monthly cohort meetings, and guidance on certification. • The program now has more than 100 apprentices across the eight programs.

3. Create doula-friendly hospitals

Effective doula support during labor and delivery relies heavily on a collaborative relationship between the doula and the hospital care team. Laying the groundwork for consistently positive relationships is a crucial aspect of improving access to doula support.

	PROGRAM/INITIATIVE	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	Maternity Hospital Quality Improvement Network (MHQIN) – Clinical and Community Partnerships	Improve hospital-staff collaboration with doulas. Strengthen healthcare-system linkages to community-based resources, including no- or low-cost doula programs.		July 2018 – June 2025	• Collaborated with community-based doula programs to provide technical assistance to seven hospitals, four that are part of H+H (Jacobi, Kings County, Lincoln, Metropolitan) and three others (Elmhurst, Jamaica, Montefiore). TA included: ○ Completing action plans on steps to improve doula-friendliness (see Appendix E); ○ Hosting hospital meet and greets, for staff to meet community-based doulas who support clients at that hospital; ○ Providing Grand Rounds presentations to increase knowledge of a doula's role and strategies to collaborate with doulas; 187 total attendees; ○ Developing centralized referral system to facilitate process for hospitals; all seven hospitals are now referring patients to doula programs; ○ Providing hospital presentations and technical assistance meetings; 240 total attendees. • Two hospitals completed endline capacity assessments, moving from an average score of moderate to an average score of robust. • Provided a five-part training on Navigating the Healthcare Environment to 12 doulas. • Supported Action Learning Collaborative with March of Dimes and Health Leads to foster doula friendliness in three pilot locations outside NYC. • Developed a doula-friendly hospital toolkit for dissemination to MHQIN and other NYS hospitals. • Updated and translated doula educational materials; distributed 13,999 brochures, 145 posters, and 7,902 palm cards to 7 prenatal clinics at the MHQIN hospitals and at outreach events.

B.	Doula Support Assessment Tool	Identify patterns in hospital practices that may impede the effectiveness of doula support, which can then be addressed to make hospitals more doula friendly.		Ongoing	• In 2022, utilization of the data-collection tool expanded to all 8 CDI programs. • As of June 30, 2023, 394 surveys had been completed.

4. Amplify community voices

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

	PROGRAM/INITIATIVE	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	Maternity Hospital Quality Improvement Network (MHQIN) – NYC Standards for Respectful Care at Birth	Provide technical assistance and training to MHQIN hospital staff to support successful implementation of the NYC Standards for Respectful Care at Birth ("NYC Standards"). Establish community-based organizations in each of the five boroughs to serve as Birth Justice Hubs and support Birth Justice Defenders (BJDs) to work within communities to disseminate the NYC Standards, ensuring that people giving birth know their human rights and are active decision-makers in their birthing experience.		July 2018 – June 2023	• Respectful Maternity Care Report Cards were finalized and will be distributed to the 14 hospitals in MHQIN's Cohort 1. • Distribution of the NYC Standards for Respectful Care at Birth increased as MHQIN expanded to all 38 NYC birthing hospitals. • More than 60,000 brochures and 7,300 posters were distributed in health-care settings and to community organizations. • A "Health-Care Provider Resource Guide" for the NYC Standards was finalized and distributed. • A sixth Birth Justice Hub was established, in Brooklyn, and more than 2,000 community members were trained in received birth justice and "know your rights" trainings. • More than 1,000 people were reached via outreach/tabling events.
B.	Neighborhood Birth Equity Strategy	Disseminate neighborhood-specific information about severe maternal morbidity (SMM) and infant mortality (IM). Offer opportunities to increase the capacity of local organizations to address the root causes and contributing factors to birth inequities. Engage community boards and community-based organizations,		Ongoing	• The three Family Wellness Suites (FWS)—in Bronx, Brooklyn, and East Harlem—connected families to doula services as requested. In addition: • The Bronx FWS hosted a listening session for doulas in October 2022, with BX (Re)Birth, the Womb Bus, and Ashe Doula Services. • The Brownsville FWS invited the By My Side Birth Support Program and Healthy Women, Healthy Futures to present the benefits of having a doula during Black Maternal Health Week, in April 2023.

		policymakers, and neighborhood coalitions in promoting doula services to improve maternal and infant outcomes. Improve public awareness of doula support and its benefits to visitors to DOHMH's Neighborhood Health Action Centers, and other Bureau of Neighborhood Health sites.			• The Harlem FWS invited the Mothership and Mama Glow to present during Black Maternal Health Week. • The Harlem FWS invited the Mothership to present at multiple car-seat-safety workshops. This proved to be very valuable for connecting doulas to pregnant people, as the participants who attend these workshops are usually in their third trimester. • The Family Wellness Suites maintain a partnership with the NYC Commission on Human Rights to conduct presentations on pregnancy accommodations and the rights of birthing persons. • Family Wellness Suites collaborate with Birth Justice Defenders to conduct presentations and provide one-on-one education on the NYC Standards for Respectful Care at Birth and the benefits of doula support. • Other maternal and child health programs under the purview of the Bureaus of Neighborhood Health promote, refer, and provide space for doula programs to present at meetings of the Baby Café (breastfeeding support group).

5. Improve data collection

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

	PROGRAM/INITIATIVE	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	Addition of doula support questions to the NYC Birth Certificate	Collect data on doula support to better assess the availability of doulas services in NYC		Complete	• In mid-2021, DOHMH added three questions about doula support to the NYC birth certificate's Mother/Parent worksheet. • The first full year's worth of data, for 2022, is now available. See details on pages 5-7.

B.	Biennial assessment of doula providers	Collect data to help understand the landscape of doula care in NYC.		2023	• The 2021 assessment was not conducted, due to limited staff resources. Results from the 2019 assessment are available in the inaugural State of Doula Care in NYC report. • In fall 2023, DOHMH will assess the landscape of doula care in NYC via a survey of doulas and community-based doula organizations. Results will be included in the 2024 iteration of this report.
C.	Directory: NYC doula providers	Collect demographic and service information from NYC doula programs and organizations. Host a directory of doula providers in NYC on the Health Department website.		Ongoing	• In spring 2023, DOHMH surveyed known doula organizations and programs for an annual update to the directory of doula providers in NYC. The directory currently lists 18 doula organizations and programs, of which 15 provide no-cost doula support and 9 train people to become doulas.
E.	Directory: Insurance coverage of doula support	Assess which NYC-based insurers cover doula care.		2024	• Information about insurance coverage for doula support is not currently centralized. This is expected to change with the implementation of the statewide Medicaid benefit, detailed on page 7. • The state is expected to maintain a directory of Medicaid providers. • With the Medicaid benefit in place, more private insurers may cover doula care. DOHMH will assess the need for a directory once that is clear.

APPENDIX A: Local Law 187

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

No. 187

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

A LOCAL LAW

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

Be it enacted by the Council as follows:

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

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

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

1. The demand for doulas in the city;

2. The number of doulas in the city and any appropriate qualifications;

3. Existing city and community-based programs that provide doula services, including whether

such programs offer training for doulas;

4. The availability of doula services that are low-cost, affordable, or free to the mother or pregnant person;

5. Areas or populations within the city in which residents experience disproportionately low access to doulas;

6. Areas or populations within the city in which residents experience disproportionately high rates of maternal mortality, cesarean birth, infant mortality, and other poor birth outcomes;

7. The average cost of doula services, and whether such services may be covered by an existing health plan or benefit; and

8. Any other information on the use of doulas and benefits associated with the use of doulas. Such plan shall additionally list the factors considered in development of the plan.

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

1. Known city and community-based programs that provide doula services, including whether such programs offer training for doulas;

2. Areas or populations within the city in which residents experience disproportionately high rates of maternal mortality, infant mortality, and other poor birth outcomes; and

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

§ 2. This local law takes effect immediately.

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

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

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

CERTIFICATION OF CORPORATION COUNSEL

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

STEVEN LOUIS, Acting Corporation Counsel.

APPENDIX B: Doula Organizations in New York City

DOULA ORGANIZATIONS IN NEW YORK CITY (NYC)[3]

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

Ancient Song

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

Number of doulas: 24
Number of clients served in 2022: 126
Service areas: All five boroughs and northern New Jersey
Languages available: English, Arabic, Chinese (Mandarin), French, Haitian Creole, Hebrew, Spanish
Priority population(s): Black/Hispanic (majority); White, American Indian or Alaska Native, Middle Eastern or North African, Asian
Provides no- or low-cost services[4]: No-cost and sliding scale
Provides doula trainings: Yes
Number of doulas trained in 2022: 150
Contact: Anabel Rivera at info@ancientsongdoulaservices.com; www.ancientsongdoulaservices.com

Ashe Birthing Services

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

Number of doulas: 15
Number of clients served in 2022: 400
Service areas: Bronx, Manhattan, Brooklyn, Queens, Long Island, northern New Jersey, Westchester County, southern Connecticut
Languages available: English, French, Spanish
Priority population: Serving our Black and Brown community is our priority, though we serve all our city.

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

Provides no- or low-cost services: We do payment plans, sliding scale, bartering, and fund-raising to make doula support accessible.
Provides doula trainings: No
Contact: Emilie Rodriguez at ashebirthingservices@gmail.com; www.ashebirthingservices.com

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

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

Brooklyn Perinatal Network
The mission of the Brooklyn Perinatal Network is to improve the health and well-being of childbearing and child-rearing individuals and families by providing information, education, and advocacy, and by promoting access to quality services appropriate to their needs, in collaboration with other organizations.

Number of doulas: 25
Number of clients served in 2022: 181
Service areas: Most clients live in the Central Brooklyn and neighboring communities.
Languages available: English, Spanish, African dialects, Haitian Creole, French Creole
Priority Population: Afro/Caribbean Black, Latina
Provides no- or low-cost services: All services are provided at no cost. BPN accepts self-referrals, referrals from other providers, and walk-ins. Most individuals are eligible for community-based social services and free or low-cost health insurance, and most live in the communities that have the highest health disparities in Brooklyn. The program also assesses other factors, including isolation, previous infant demise, miscarriage, low or no income, and minimal support.
Provides doula trainings: Yes. All participants who are approved for training receive scholarships, so the training is at no cost to the participant. Doulas also receive other professional trainings.
Number of doulas trained in 2022: 34 birth doulas and 24 postpartum doulas
Contact: Denise West, deputy executive director, at 718-643-8258 x 21 or dwest@bpnetework.org; www.bpnetwork.org

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

leaders of past liberation movements, we are dedicated to honoring our community's history of self-determination.

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

By My Side Birth Support Program

The By My Side Birth Support Program (BMS) is an initiative of the NYC Department of Health and Mental Hygiene, funded through the Healthy Start Brooklyn grant and the Citywide Doula Initiative. Launched in 2010, BMS aims to reduce inequities in birth outcomes by providing no-cost, comprehensive doula support to pregnant people living in underserved neighborhoods of Brooklyn. BMS doulas provide three prenatal home visits, labor and birth support, and four postpartum visits. In addition to traditional doula care, clients receive case management services through screenings and referrals.

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

Caribbean Women's Health Association

Caribbean Women's Health Association, Inc. (CWHA), was founded in 1982. For more than 30 years CWHA has served as an advocacy group, service provider, and urban problem solver, creating innovative solutions to community issues with a focus on breaking the cycle of poverty by building diverse partnerships and grassroots leadership initiatives. CWHA's programs aim to improve the well-being of individuals, strengthen families, and empower communities. These programs provide comprehensive, integrated, culturally appropriate, and coordinated "one-stop" service. CWHA seeks to improve maternal and infant health and reduce health disparities through community-based activities in neighborhoods disproportionately affected by poor birth, infant, and health outcomes. CWHA provides services to at-risk pregnant, postpartum, and interconceptional women and their infants and families, as well as young adults, through outreach, care coordination and support, community-wide education, no-cost doula services, parenting skills workshops, baby-bonding workshops, lactation support, and distribution of incentives.

Number of doulas: 93
Number of clients served in 2022: 375

Service areas: All NYC boroughs and neighborhoods
Languages available: English, Spanish, French, Haitian Creole, Russian, Twi, Fante, Ga, Afrikaans, Ukrainian
Priority population: Caribbean, Black/African American, Hispanic/Latinx, White, Asian, with priority on underserved populations
Provides no- or low-cost services: Yes. To be eligible, clients must either receive or be eligible for public benefits (SNAP, WIC, Section 8, Medicaid, SSDI, etc.).
Provide doula trainings: Yes; no cost for all enrollees
Number of doulas trained in 2022: 27
Contact: CWHA Doula Team, CWHADoulas@cwha.org

Carriage House Birth
At Carriage House Birth (CHB) we believe that birthing the way you want to is a right. Our mission is to equip all birthing people with the knowledge, provide them the support, and surround them with a community that allows them to do just that. Birth is sacred, and as birth workers, we are both keenly aware and deeply honored to be able to bear witness to the journeys and milestone moments of both birthing people and their children. Every birth matters, and our driving purpose is to help make that sentiment a universal one. Sensitive, conscious, and informed care throughout the birthing process should be a universal standard. We arm birthing people with knowledge and confidence so they have a sense of agency and control throughout what can often be a daunting journey, further the education and practical expertise of birth workers, and identify and highlight voices in the community who are addressing the issues we care so passionately about. CHB's mission and vision is to help build a world where every birthing person feels seen and heard. Carriage House Birth offers birth and postpartum services, childbirth and childcare education for families, and an esteemed doula training program. We're immensely grateful for every family that comes over to our house and chooses CHB as the home for their journey.

Number of doulas: 50 affiliated doulas, in NYC and LA combined.
Number of clients served in 2022: More than 400 clients
Service areas: NYC tristate area, including all five boroughs, Hudson Valley, northern New Jersey, and southern Connecticut, as well as Los Angeles
Languages available: English, Spanish, Italian, French, basic Farsi
Priority population(s): All families. We serve a mixed population with various socioeconomic statuses.
Provides no or low-cost services: Yes. We make every effort to support all low-cost and sliding-scale requests as they come in.
Provide doula trainings: Yes. Our tuition is based on a sliding scale, to make our doula training as accessible as possible. We ask our students to self-assess what they can afford to pay. We also have a growing scholarship program that prioritizes Black, Indigenous, Asian, and Latinx people regardless of income; LGBTQIA2S+; and people who are experiencing financial hardship. This supports our larger goal of training doulas who will raise the standard of care for the most vulnerable birthing bodies.
Number of doulas trained in 2022: 82
Contact: Lindsey Bliss, CHB co-founder, at 646-234-8253 or Lindsey@carriagehousebirth.com; www.carriagehousebirth.com/

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

Community Health Center of Richmond
Our mission is to sustain a vibrant, healthy, and strong community through affordable, culturally competent, quality 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, wellness programs, parenting skills workshops, baby-bonding workshops, lactation support, and distribution of incentives.

Number of doulas: 28
Number of clients served in 2022: ~145
Service areas: Staten Island
Languages available: Spanish, English, Russian, several African dialects
Priority population(s): Women of color, underserved and underinsured
Provides no- or low-cost services: All services are no-cost. Priority given to low-income individuals.
Provide doula trainings: Yes, at no cost through Healthy Women, Healthy Futures funding and Healthy Start grant
Number of doulas trained in 2022: 11
Contact: Gracie-Ann Roberts-Harris at 917-830-1200 or Gharris@chcrichmond.org

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

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

Healthy Women, Healthy Futures (HWHF)
Healthy Women, Healthy Futures is a citywide doula initiative, with coordination provided by Brooklyn Perinatal Network, Caribbean Women's Health Association, and Community Health Center of Richmond. Please see details under each program's listing.

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

Number of doulas: 7
Number of clients served in 2022: 31
Service areas: Brownsville, Bedford-Stuyvesant, Bushwick, East New York
Languages available: English, Spanish
Priority population(s): We provide services to minors with adult consent. Adult clients are provided services based on zip codes and communities.
Provides no- or low-cost services: Yes

Provide doula trainings: Yes
Number of doulas trained in 2022: N/A
Contact: Suzette Jules-Jack at 347-384-1494 or sjulesjack@hhfamilycenter.org; www.hhfamilycenter.org

Mama Glow

Mama Glow is a global maternal-health and training platform that educates and supports more than 2,500+ doulas across the USA and 6 continents. Our mission is to transform the landscape of reproductive health for the BIPOC community. We educate and serve the needs of people along the pregnancy, birth, and postpartum continuum, including during the fertility period and in case of loss, offering hand-holding through bespoke doula services. We also offer professional training and certification programs for birth workers and institutions. The Mama Glow Professional Doula Training Program is the first of its kind to be embedded in an Ivy League university; it is a course in gender studies at Brown University, where our founder, Latham Thomas, is a professor.

The Mama Glow Foundation is a Brooklyn-based, Black, female-founded nonprofit, committed to advancing reproductive justice and birth equity through education, advocacy, and the arts. The foundation strives to improve maternal health outcomes in three primary ways: 1) providing scholarships to aspiring doulas and midwives, 2) creating robust workforce and professional-development pathways for our doulas, and 3) working with educational partners and engaging in research and advocacy. The foundation provides pro-bono doula services in 6 major U.S cities through grant-funded partnerships.

Number of doulas: 2,500+ across the USA and 6 continents
Number of clients served in 2022: 450+
Service areas: New York metro area; we also have doulas in all corners of the USA.
Languages available: English, Spanish, French, Haitian Creole, Portuguese, Arabic
Priority population(s): We serve all populations, including BIPOC, LGBTQ+, high-risk, unhoused, teens, migrants, immigrants, justice-impacted individuals, families impacted by domestic violence, and folks in shelters
Provides no- or low-cost services: Yes, through various grant-funded programs, including the Citywide Doula Initiative (for families in need across 33 zip codes in New York City) and the Love Delivered program (for BIPOC families in the New York metro area; Washington, DC; Atlanta; Miami; Los Angeles; New Orleans + Baton Rouge).
Provide doula trainings: Yes, a 6-week on-line training with a year of extended support. Scholarship funding is available through the Mama Glow Foundation.
Number of doulas trained in 2022: 367
Contact: Mama Glow Foundation: info@mamaglowfoundation.org; www.mamaglowfoundation.org
Mama Glow (general inquiry): info@mamaglow.com; www.mamaglow.com

Northern Manhattan Perinatal Partnership

As a nationally recognized organization in the areas of maternal and child health (MCH), our mission is to save babies and help women take charge of their reproductive, social, and economic lives. In addition to doula support, we deliver various MCH services, including the Head Start and Universal Pre-K (UPK) programs for young children.

Number of doulas: 20
Number of clients served in 2022: 175
Service areas: Zip codes 10025, 10026, 10027, 10029, 10030, 10031, 10032, 10033, 10034, 10035, 10037, 10039, 10040, 10451, 10452, 10453, 10454, 10455, 10456, 10458, 10463, 10466, 10467, 10468, 10472, and 10473
Languages available: English, Spanish, French

Priority population(s): Latina immigrants, French-African immigrants, African Americans
Provides no- or low-cost services: All services are free of charge.
Provides doula trainings: Interested community members are referred to Ancient Song and trained free of charge.
Number of doulas trained in 2022: 36
Contact: Fajah Ferrer at fajah.ferrer@nmppcares.org; www.nmppcares.org

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

Number of doulas: 35
Number of clients served in 2022: 300
Service areas: Manhattan, Brooklyn, Bronx, Queens, Westchester County, eastern New Jersey
Languages available: English, Spanish, Hebrew, Dutch
Priority population(s): We work with a diverse population.
Provides no- or low-cost services: Our beginner-level doulas start at $750, and occasionally they may be able to provide services at a lower cost.
Provide doula trainings: We don't provide a structured doula-training program for now, but rather, guidance and support for all doulas who join our agency, including community-building events and workshops. We also have a great (paid) one-on-one mentorship program for newer doulas.
Number of doulas trained in 2022: N/A
Contact: Narchi Jovic and Karla Pippa at nycbirthvillage@gmail.com; www.nycbirthvillage.com

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

Number of doulas: 7
Number of clients served in 2022: 51
Service areas: Manhattan, Brooklyn, Queens, Bronx, Jersey City
Languages available: English, Spanish
Priority population(s): N/A
Provides no- or low-cost services: Our doulas set their own fees, with some sliding as low as $500 when they choose to do so.
Provides doula trainings: No
Contact: Raychel Franzen at nycdcdirector@gmail.com; nycdoulacollective.com

The Doula Project
The NYC Doula Collective is a NYC-based non-profit organization that provides compassionate care and emotional, physical, and informational support to people across the spectrum of pregnancy, including for abortions and miscarriages. We are a volunteer-run, collectively-led organization of more than 50 full-spectrum doulas. Our doulas have backgrounds as social-justice activists, teachers, childbirth educators, birth doulas, social workers, and reproductive-health professionals. We partner with Planned Parenthood Brooklyn, Planned Parenthood

Bronx, several public hospitals, and other service providers to provide full-spectrum doula support to a diverse body of clients.

Service areas: All five boroughs and southern Westchester County
Languages available: English, Spanish, French, Haitian Creole
Provides no- or low-cost services: No-cost and sliding scale
Contact: Vicki Bloom at birth@doulaproject.org; www.doulaproject.net

The Mothership

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

Number of doulas: 28
Number of clients served in 2022: 90
Service areas: Harlem, Washington Heights, Inwood
Languages available: English, Spanish
Priority population(s): Black people; people in transitional housing; Latin American, Caribbean, and African immigrants; youth
Provides no- or low-cost services: Yes, all services are at no-cost.
Provide doula trainings: No
Number of doulas trained in 2022: N/A
Contact: Miranda Padilla at 646-683-6463 or mom@themothershipnyc.com; www.themothershipnyc.com

The New York Baby

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

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

APPENDIX C: Birth Inequities in New York City

Racial and ethnic inequities in birth outcomes are prominent in New York City. Non-Hispanic Black women are eight times more likely than Non-Hispanic White women to die from pregnancy-related causes and 2.6 times more likely to experience a serious complication of their pregnancy.[2,3] Latinx mothers are two times more likely to die from pregnancy-related causes and experience serious complications relative to White women.[1,2] Despite low rates of infant mortality in NYC relative to the national average, babies born to Black and Puerto Rican mothers are 3.3 and 2 times more likely to die in their first year of life than babies born to White mothers.[1]

Racial disparities are also documented in other birth outcomes that impact the lives of mothers and their babies, including Cesarean birth, preterm birth (before 37 weeks of pregnancy), and low birthweight (less than 5 pounds, 8 ounces). Cesarean delivery is associated with more severe maternal health consequences than vaginal delivery, both because Cesarean delivery can increase risk for complications such as hemorrhage and infection and because Cesarean delivery may be necessary to manage serious conditions.[18-20] Babies delivered by Cesarean have a greater risk of developing chronic conditions such as asthma, diabetes, and obesity.[18,20-23] In 2019, Black women in NYC had the highest proportion of Cesarean births of all racial and ethnic groups (22.3% of live births among non-Hispanic Black women were delivered via Cesarean section, compared to 16.8% among non-Hispanic White women, and 17.6% among Hispanic women not of Puerto Rican ancestry).[3] Additionally, even though babies born to Black mothers made up 18% of live births in 2019, they represented 27% of all low-birthweight babies and 26% of all preterm births that year.[3] This is noteworthy because low birthweight and preterm birth are key drivers of infant mortality.

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

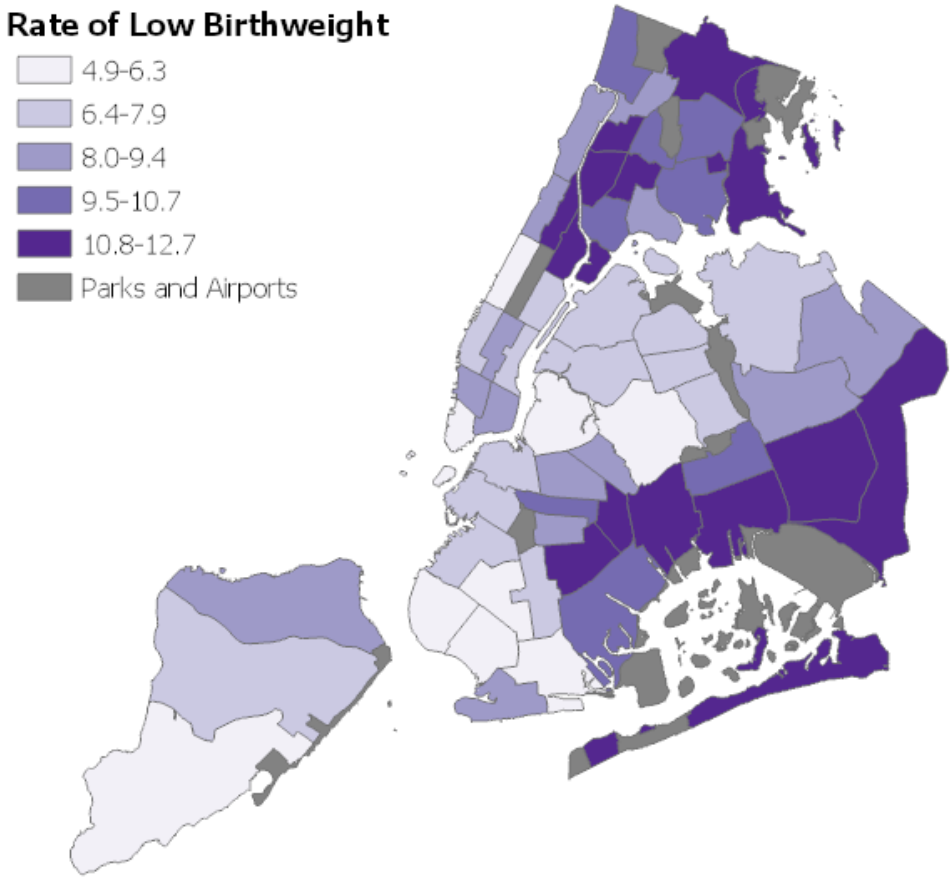
Place also matters. Though New York is one of the wealthiest cities in the United States, its neighborhoods are some of the most racially and economically segregated in the country.[24] The cumulative impact of racially-based discriminatory practices directing where people live and what resources are available in their neighborhoods has contributed to deep and persistent health inequities, including inequities in birth outcomes. Neighborhoods with predominantly Black and Latinx populations, and where many residents live in poverty bear some of the highest rates of infant mortality and severe maternal morbidity in the city.[2,3] For example, over a two-year period (2013 to 2014), the rate of severe maternal morbidity ranged from 92.4 per 10,000 live births in Borough Park, Brooklyn, to 567.7 per 10,000 in East Flatbush, Brooklyn – a six-fold difference.[2]

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

Low Birthweight

Rate of Low Birthweight* by Community District of Residence, New York City, 2020

Citywide Rate: 8.7



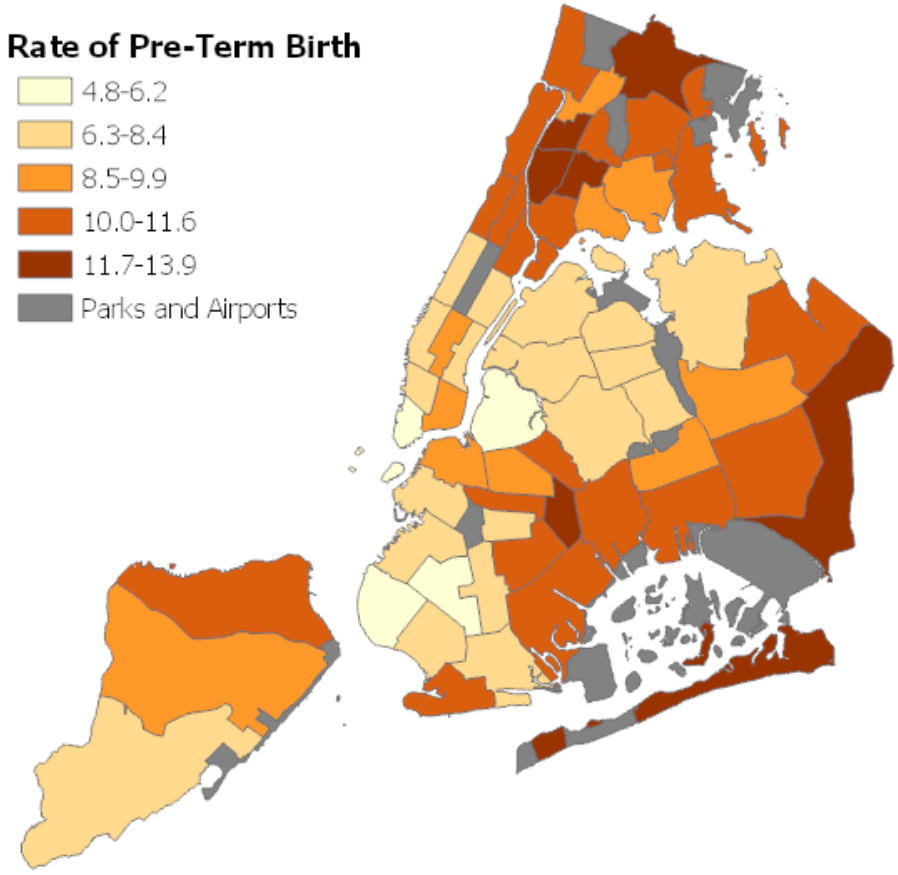
Source: Bureau of Vital Statistics

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

Preterm Birth

Rate of Preterm Birth* by Community District of Residence, New York City, 2020

Citywide Rate: 9.3



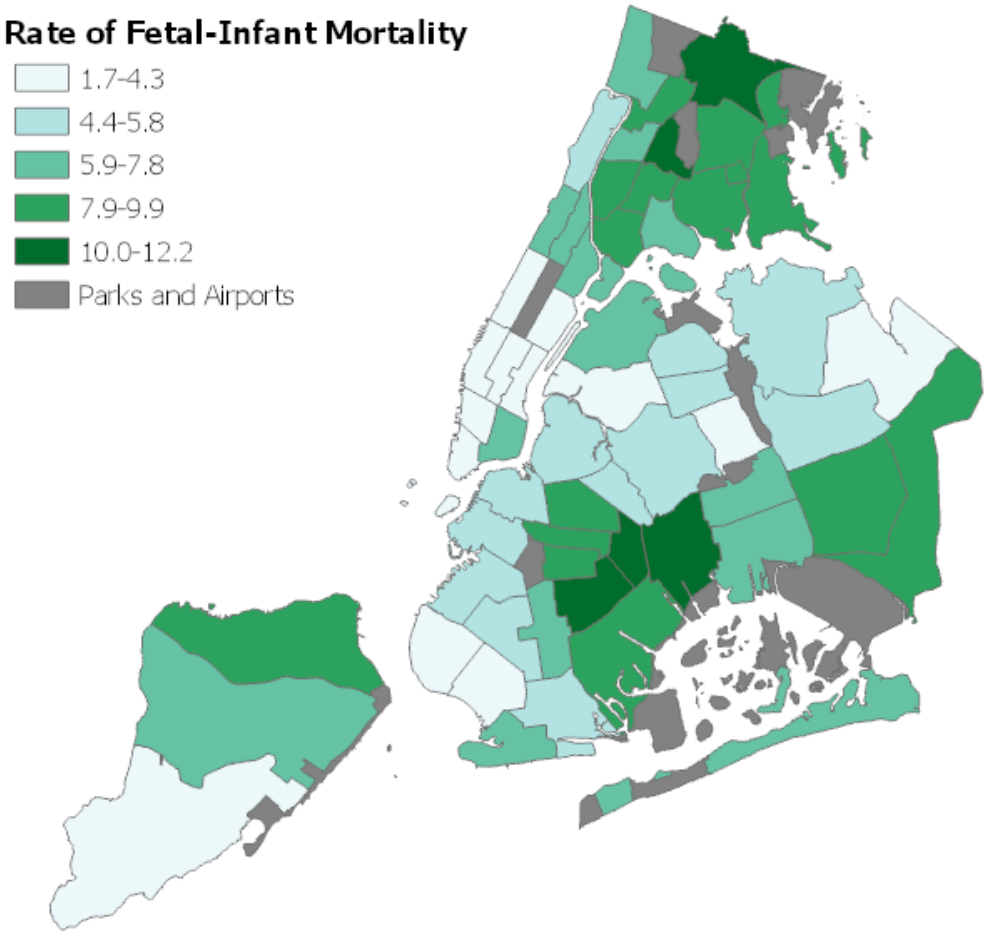
Source: Bureau of Vital Statistics

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

Fetal-Infant Mortality

Rate of Fetal-Infant Mortality* by Community District of Residence, New York City, 2016-2020

Citywide Rate: 6.7



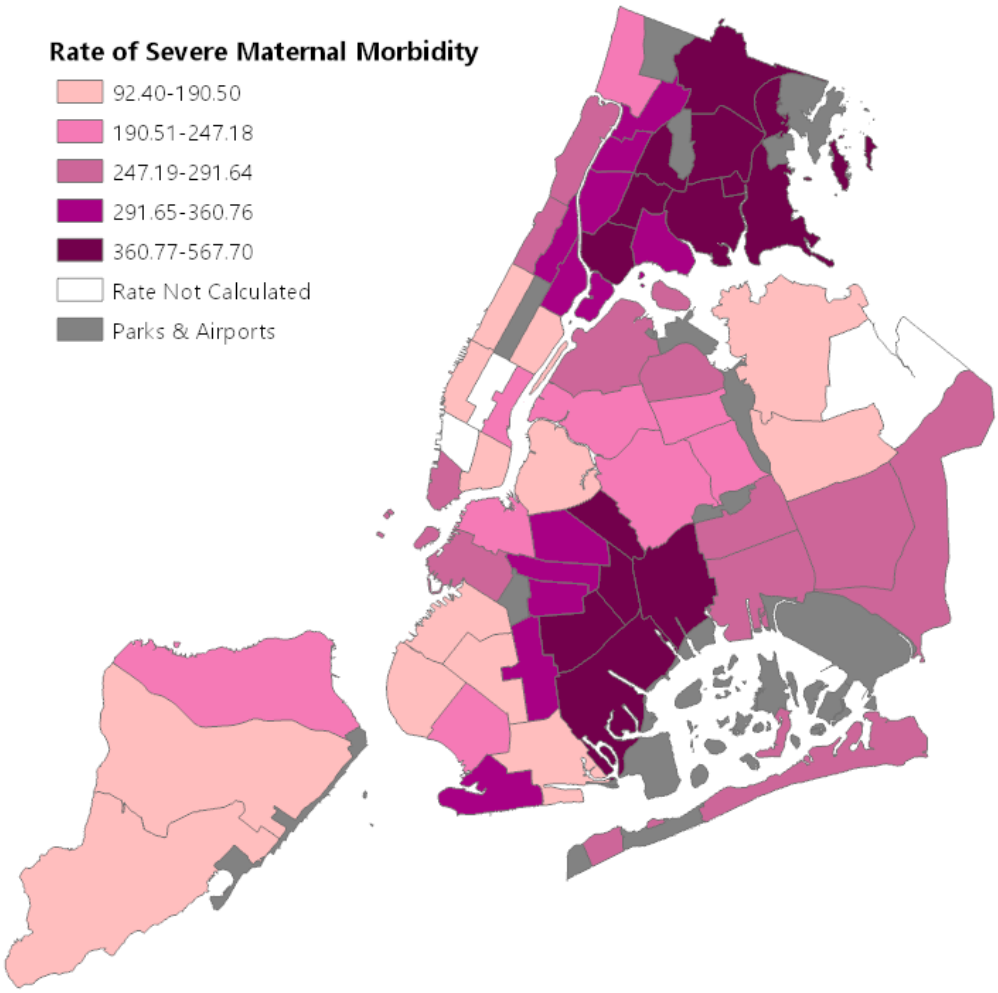
Source: Bureau of Vital Statistics

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

Severe Maternal Morbidity

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

Citywide Rate: 270.2



Source: Bureau of Maternal, Infant, and Reproductive Health

APPENDIX D: Principles of Doula Support in the Hospital

NYCDA

New York Coalition for Doula Access

PRINCIPLES OF DOULA SUPPORT IN THE HOSPITAL

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

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

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

What a doula does:

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

What a doula does <u>not</u> do:

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

CREATING A DOULA-FRIENDLY HOSPITAL

A doula-friendly hospital is one that:

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

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

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

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

APPENDIX E: Doula-Friendliness Capacity Assessment

Purpose: To assess hospital doula-friendliness[5]

Key Capacity Area	Basic	Moderate	Robust
KNOWLEDGE OF DOULA SUPPORT	*Most or all staff have limited or no understanding of a doula's scope of services or the benefits of doula support.*	*Variability in staff understanding of a doula's scope of services and the benefits of doula support.*	*Most or all staff have clear understanding of a doula's scope of services and the benefits of doula support.*
What is your current understanding of a doula's role? How would you describe their work?			
Are you aware of the evidence-based benefits of doula care? If so, what evidence are you familiar with?			
What proportion of your staff are familiar with the role of doulas, as well as the benefits of doula support?			
DOULAS AS PART OF THE BIRTHING TEAM	*Cannot identify tangible benefits of doulas to care team and does not prioritize doula integration.*	*Recognizes the added value of doulas to the care team but there is not consistency among staff on doula integration.*	*Clearly identifies tangible benefits of doula to care team and describes reciprocal support between doulas and care team. Agreement among staff on doula integration.*
How do doulas support the care team? What is their added value to the team? How does the care team support doulas?			
What does respect for a doula look like to you?			
Is there consensus among your staff on the way doulas should be integrated into the team?			

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

low doulas to provide their full scope of practice.

INCREASING AWARENESS OF DOULA SUPPORT AMONG PATIENTS	*Information about doulas is not routinely shared with patients. No activities to increase awareness.*	*Shares information about doulas with patients but not routinely. Few or no activities to increase awareness. Referrals to doula resources occur infrequently.*	*Shares information about doulas with patients as part of routine care and creates opportunities for patients to learn about doula care. Staff has established referral pathways to doula resources.*
Do you routinely share information about doulas with your patients? If so, how?			
Have you engaged in any activities to increase doula awareness for patients?			
POLICIES AND PRACTICES – GENERAL	*No policies or practices are in place regarding doulas.*	*Current policies exist but are not written and/or shared routinely with staff*	*Clear written policies developed with input from doula community, that are shared with staff and doulas. Policies are updated routinely or as necessary and are followed consistently.*
Do you currently have any policies/practices in place regarding doulas? If so, what are they?			
If policies exist, how often are they updated and/or reviewed?			
How are doula policies shared with staff? With doulas?			
POLICIES AND PRACTICES – LABORING	*Allows none.*	*Allows one or two laboring techniques.*	*Allows most or all laboring techniques*
Do you allow varied labor positions? Do you allow patients to get out of their beds, to walk around, squat, etc.?			
Do you allow wireless and/or intermittent monitoring for low-risk patients?			
Do you allow patients to change conditions in their rooms, e.g. dim lighting, amplified sound, music of their choice?			

Do you allow use of birthing assistive equipment such as birthing balls, squatting bars? Do you provide any of these?			
Do you provide access to tubs and showers during labor whenever possible?			
POLICIES AND PRACTICES – DOULA PRESENCE	*Counts doulas towards allotted number of support people. Strict policies prohibiting doulas from being with their client at all times or providing post-partum support.*	*Allows one or two of the policies and practices related to doula's presence with their clients*	*Allows doulas to accompany their client at all times (absent a compelling reason to the contrary) and facilitates provision of continuous support post-partum. Doulas are not counted towards allotted number of support people.*
Except for the limited time necessary to maintain privacy and/or medical reasons, are doulas permitted to accompany their client at all time during labor and delivery? Does this include during triage, Cesarean births, and/or other procedures?			
Are doulas counted amongst the patient's allotted number of support people in the labor and delivery room?			
While at the hospital, are doulas allowed to support the patient for post-partum breastfeeding support and additional comfort measures?			

APPENDIX F: Benefits of Doula Support in the Scientific Literature

Benefits of Doula Support in the Scientific Literature

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

Consistent evidence shows that **doula support is associated with improved birth outcomes and a better labor and birth experience**, including fewer cesarean deliveries, greater likelihood and duration of breastfeeding, improved mother-baby bonding, and reduced rates of postpartum depression. Additionally, studies of community-based doula programs that include prenatal home visits have found positive impacts on preterm and low birthweight.

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

Fewer Cesarean deliveries[11,25-35]

- A meta-analysis of 24 trials showed that women with continuous, one-to-one support were 25% less likely to have a C-section (RR 0.75, 95% CI 0.64 to 0.88).[25]
- A randomized study of 412 nulliparous, laboring women found that 8% of those supported by a doula delivered by C-section, compared to 13% of those observed and 18% of those who received routine care (p=0.06).[26]
- A randomized controlled trial of 420 nulliparous women laboring with the support of their male partner found that 13.4% of those who also had a doula were delivered by C-section, versus 25.0% of those without a doula (p=0.002). Among those whose labor was induced, 12.5% who also had a doula were delivered by C-section, versus 58.8% of those without a doula (p=0.007).[27]
- A randomized controlled trial of 531 primigravid women found that 3.1% of those with doula support had a C-section, versus 16.8% of those in an epidural group, 11.6% of those in a narcotic pain relief group, and 26.1% of those in a chart review group, who received routine hospital care (p<0.001).[28]
- A randomized study in Mexico of 100 nulliparous women in active labor who had received no childbirth preparation found that, of those assigned to a childbirth educator trained as a doula, 2% delivered by C-section, compared with 24% of those receiving standard care (p=0.003).[5]
- An analysis of 1,079 Medicaid recipients in a Minnesota doula program that included pre- and postpartum home visits found that participants had 41% lower odds of C-section relative to all Medicaid-funded births nationally (OR 0.59, p<.001).[30]
- A randomized controlled trial of 555 nulliparous women found that among those who required labor induction, 20% who had the support of a doula delivered by C-section, compared to 63.6% of those without (p=0.04).[31]
- A randomized controlled trial of 127 first-time mothers found that women with the continuous support of an untrained woman were less likely to deliver by C-section (19% versus 27%, p<0.001).[32]
- A randomized controlled trial of 150 women in Iran found that 6% of those with doula support delivered by C-section, versus 8% of those in an acupressure group, and 40% of those who received routine hospital care (p<0.001).[33]
- A retrospective cohort study of 1238 women in a Community Birth Program in Canada, which included doula support before and during labor, found that program participants were 24% less likely to deliver by Cesarean than those who received routine care (RR 0.76, 95% CI 0.68 to 0.84).[34]
- A retrospective analysis of 2,400 women who gave birth in the US between 2011 and 2012 found that those with doula support had a 59% reduction in odds of C-section overall (AOR 0.41, 95% CI 0.18 to 0.96), and an 83%

reduction in odds of non-indicated C-section (AOR 0.17, 95% CI 0.07 to 0.36), compared to women without doula support.[35]

- A quasi-experimental study of 220 participants (125 in experimental group with doula services and 95 in no-doula comparison group) in Northern Taiwan found decreased rates C-section (13.0% vs. 43.2%) and increased rates of normal spontaneous delivery (87.0% vs. 56.8%) in the doula group relative to the control group.[12]
- A retrospective cohort study of 298 pairs of women matched on age, race/ethnicity, state, socioeconomic status, and hospital type (teaching or non-teaching) using Medicaid medical claims from California, Florida, and a northeastern state (USA) from January 1, 2014, and December 31, 2020, found that women who received doula care had 52.9% lower odds of cesarean delivery (OR: 0.471 95%, CI: 0.29–0.79).[11]

Fewer preterm births or low birthweight infants in programs involving prenatal home visits[30,36-38]

- A retrospective analysis of 1,935 Medicaid recipients in a Minnesota community-based doula program found participants had 22% lower odds of preterm birth compared to all Medicaid-funded births in the West North Central and East North Central US (AOR 0.77, 95% CI 0.61 to 0.96).[36]
- A retrospective analysis of 489 women in a Healthy Start doula program found a preterm-birth rate of 6.3%, as compared with a rate of 12.4% in the project area (p<0.001), and a low-birthweight rate of 6.5%, as compared with a rate of 11.1% in the project area (p=0.001).[37]
- An analysis of 1,079 Medicaid recipients in a Minnesota doula program found a preterm-birth rate of 6.1%, as compared with the national rate for Medicaid-funded births of 7.3% (p<0.001).[30]
- A matched-control study of 603 women in a Brooklyn, New York, doula program compared participants to three controls each and found that participants had lower odds of having a preterm birth (5.6% vs 11.9%, p<0.0001) or a low-birthweight baby (5.8% vs 9.7%, p=0.0031).[38]

Greater likelihood, earlier initiation, and increased duration of breastfeeding[10,34,39-44]

- A retrospective cohort study of 1238 women in a Community Birth Program in Canada, which included doula support before and during labor, found that program participants were 2 times more likely to exclusively breastfeed at discharge than those who received routine care (RR 2.10, 95% CI 1.85 to 2.39).[34]
- A randomized controlled trial of 189 nulliparous women found that those who received doula support were more likely to breastfeed exclusively at 6 weeks postpartum relative to the control group (51 vs 29%, p=0.01).[15]
- A randomized controlled trial of 724 nulliparous women in Mexico found that women with doula support were 64% more likely to breastfeed exclusively than women without support (RR 1.64, 95% CI 1.01-2.64)[40]
- A prospective cohort study of 141 low-income primipara women found that 58.3% of those with doula support (including birth and postpartum support) initiated breastfeeding within 72 hours, versus 45.2% of those without (AOR 2.69, 95% CI 1.07 to 6.78). At 6 weeks postpartum, 67.6% of those in the doula group were still breastfeeding, versus 53.8% of those in the control group. Among women with a prenatal stressor such as high blood pressure or clinical depression, 88.9% of the doula group were still breastfeeding at 6 weeks, versus 40.0% of the control group (AOR 23.76, 95% CI 3.49 to 161.73).[41]
- A retrospective evaluation of 11,471 urban women of diverse cultures found that 46% of those with doula support (via a hospital-based doula program) initiated breastfeeding within one hour of delivery, versus 23% of those without doula support (ARR 1.12, 95% CI 1.08 to 1.16). Over the seven years studied, as the program became established at the hospital, rates rose from 11% to 40% for women with a doula and from 5% to 19% for those without a doula.[42]
- A retrospective analysis of 1,069 Medicaid recipients in a Minnesota doula program that included pre- and postpartum visits found that 97.9% initiated breastfeeding, compared to 80.8% of Medicaid recipients in that state.[43]

- A randomized controlled trial of 586 nulliparous women found that 51% of those supported by a doula initiated breastfeeding within the first hour after delivery, compared to 35% of those without doula support (p<0.05).[44]
- A retrospective analysis of 120 doula-supported births in Jefferson County, Alabama, found that doulas were associated with a ten-fold increase in breastfeeding initiation (OR 10.5, 95% CI 5.4–23.2).[10]

Reduced rates of postpartum depression[11,45,46]

- A randomized controlled trial of 189 women found that six weeks after delivery, those with continuous support had a mean score on the Pitt Depression Inventory that was less than half that of women without support (10.4 versus 23.27, p=0.0001).[45]
- A randomized controlled trial of 63 nulliparous women found that at 3 months postpartum, those with doula support had significantly less depression on the Pitt Depression Inventory than those in the control group (13.63 versus 18.29).[46]
- A retrospective cohort study of 298 pairs of women matched on age, race/ethnicity, state, socioeconomic status, and hospital type (teaching or non-teaching) using Medicaid medical claims from California, Florida, and a northeastern state (USA) from January 1, 2014, and December 31, 2020, found that women who received doula care had 57.5% lower odds of postpartum depression/postpartum anxiety (OR: 0.425 95%, CI: 0.22–0.82).[11]

Better mother-baby bonding and improved infant care[32,47-50]

- A randomized controlled trial of 40 first-time, intervention-free, vaginal births found that women with the continuous support of an untrained woman stroked (p< 0.001), talked to (p< 0.002), and smiled at (p< 0.009) their babies more frequently than those who gave birth alone.[32]
- A randomized controlled trial of 104 first-time mothers with uncomplicated deliveries found that those with doula support scored significantly higher in mother-infant interaction two months postpartum than those without (P<0.05).[47]
- A comparison study of 33 first-time mothers found that those with doula support during childbirth became less rejecting (t=3.52, P<0.001) and helpless (t=2.12, P<0.042) in their working models of caregiving after birth, while mothers who had used Lamaze birth preparation became more rejecting and helpless. Those in the doula group also rated their infants as less fussy than did those in the Lamaze group (t=2.35, P<0.025).[48]
- A randomized controlled trial of 248 women who received doula support through a community doula program found that program participants showed more encouragement and guidance of their infants at 4 months than those who received routine care (p<0.01). Women with doula support were also more likely to promptly respond to their infants' distress (p<0.05).[49]
- A randomized controlled trial of 312 individuals demonstrated that women who received home visits from a doula had nearly 10 times greater odds of attending childbirth classes (p<0.01), 1.6 times greater odds of putting infants on their backs to sleep (p<0.05), and 3 times greater odds of using car seats at three weeks (p<0.05).[50]

Reduced need for anesthesia or analgesia[25-28,41,51]

- A meta-analysis of 15 trials showed that women with continuous, one-to-one support were 10% less likely to receive intrapartum analgesia (RR 0.90, 95% CI 0.84 to 0.96).[1]
- A randomized study of 412 nulliparous, laboring women found that 7.8% of those supported by a doula required anesthesia, compared to 22.6% of those observed and 55.3% of those who received routine care (p<0.001).[26]
- A randomized controlled trial of 420 nulliparous women laboring with the support of their male partner found that 64.7% of those who also had a doula required epidural analgesia, versus 76.0% of those without a doula (p=0.008).[27]

- A randomized controlled trial of 531 primigravid women found that 6.3% of those with doula support required an epidural, versus 87.7% of those in an epidural group, 26.8% of those in a narcotic pain relief group, and 64.0% of those in a chart review group, who received routine hospital care (p<0.001).[28]
- A prospective cohort study of 141 low-income primiparae found that 67.7% of those with doula support were below the median exposure to labor analgesia of 5.7 hours, versus 42.3% of those without (AOR 2.96, 95% CI 1.16 to 7.53).[41]
- A randomized study of 314 nulliparous women in three hospitals found that 54.4% of those with doula support had an epidural, versus 66.1% of those without (p<0.05).[51]

Shorter labors[25,26,32,41,52,53]

- A meta-analysis of 13 trials showed that women with continuous, one-on-one support had shorter labors by an average of 41 minutes (MD -0.69 hours, 95% CI -1.04 to -0.34).[25]
- A randomized study of 412 nulliparous, laboring women found that those with doula support had an average labor of 7.4 hours, compared to 8.4 hours among those observed and 9.4 among those receiving routine care (p=0.001).[26]
- A randomized controlled trial of 40 first-time, intervention-free, vaginal births found that women with the continuous support of an untrained woman had an average labor length of 8.7 hours compared to 19.3 hours among those who received routine care (p<0.001).[32]
- A prospective cohort study of 141 low-income primiparae found that 66.7% of those with doula support had a Stage 2 labor (pushing) of less than an hour, versus 46.7% of those without (AOR 3.07, 95% CI 1.19 to 7.0).[41]
- A randomized controlled trial of 598 nulliparous women found that those supported by a friend trained as a doula had a mean labor length of 10.4 hours, versus 11.7 hours among those without doula support.[52]
- A randomized controlled trial in Iran of 150 women found that those with doula support had shorter labors by an average of 124 minutes during the first stage of labor, and an average 69.5 minutes during the second stage of labor, compared to those who received routine care (p<0.001).[53]

Fewer vacuum or forceps births (more spontaneous vaginal births)[25,26,28,41]

- A meta-analysis of 19 trials showed that women with continuous, one-on-one support were 10% less likely to have an instrumental vaginal birth than those without (RR 0.90, 95% CI 0.85 to 0.96).[25]
- A randomized study of 412 nulliparous, laboring women found that those with doula support were 23% more likely to have a spontaneous vaginal birth compared to those who received routine care (RR 1.23, 95% CI 1.10 to 1.38).[2]
- A randomized controlled trial of 531 primigravid women found that 12.2% of those with doula support had an instrumental birth, versus 24.8% of those in an epidural group, 17.2% of those in a narcotic pain relief group, and 29.3% of those in a chart review group.[28]
- A prospective cohort study of 141 low-income primiparae found that, among women who delivered vaginally, those with doula support had an almost 5-fold increased odds of a spontaneous vaginal delivery compared to those without (AOR 4.68, 95% CI 1.14 to19.28).[41]

Less need for Pitocin[28,29]

- A randomized control trial of 531 primigravid women found that 25.2% of those with doula support required Pitocin, versus 45.8% of those in an epidural group, 42.8% of those in a narcotic pain relief group, and 65.8% of those in a chart review group, who received routine hospital care (p<0.001).[28]
- A randomized study in Mexico of 100 nulliparous women in active labor who had received no childbirth preparation found that of those assigned to a childbirth educator trained as a doula, 42% received Pitocin,

compared with 96% of those receiving standard care (p<0.001).[5]

Higher APGAR scores[25,41,52,53]

- A meta-analysis of 14 trials showed that women with continuous, one-on-one support were 38% less likely to have a baby with a low five-minute APGAR score than those without (RR 0.62, 95% CI 0.46 to 0.85).[25]
- A prospective cohort study of 141 low-income primiparae found that 56.8% of those with doula support had a baby with a one-minute APGAR score of 9 or greater, versus 35.0% of those without doula support.[41]
- A randomized controlled trial of 586 nulliparous women found that 99.7% of those supported by a doula had a baby with a five-minute APGAR score higher than 6, compared to 97% of those without doula support (p<0.006).[52]
- A randomized controlled trial in Iran of 150 women found that 86% and 98% of those with doula support had a baby with a one-minute and five-minute APGAR score of 8 or higher, compared to 40% and 78% of those who received routine care (p<0.001).[29]

More positive feelings about the birth[25,39,44,51]

- A meta-analysis of 11 trials showed that women with continuous, one-on-one support were 31% less likely to report negative feeling about their birth experience than those without (RR 0.69, 95% CI 0.59 to 0.79).[25]
- A randomized controlled trial of 189 nulliparous women found that those with doula support were more likely to report that they coped well during labor than those without (59 vs 24%, p=0.0001).[39]
- A randomized controlled trial of 600 nulliparous women found that those with doula support were more likely to report a better overall rating of their birth experience than those without (very good: 59% v 26%, good: 33% 56%, average/poor/very poor: 8% v 18%, p<0.001)[20]
- A randomized study of 314 nulliparous women in three hospitals found that 82.5% of those with doula support reported a good birth experience, versus 67.4% of those without.[51]

APPENDIX G: References

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