The State of Doula Care in NYC, 2025

New York City Department of Health and Mental Hygiene

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Cover photograph: Doula Zaida Cespedes prepares to support a client during a cesarean birth at Wyckoff Heights Medical Center.

PURPOSE

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

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

Local Law 187 (Appendix A) requires the NYC Health Department to assess the supply of and demand for doulas in New York City, including identifying areas and populations that have disproportionately low access to doulas. This report also provides an overview of the landscape of doula care in NYC, including successes and challenges facing the doula workforce, and makes recommendations for key stakeholders.

The NYC Health Department recognizes its responsibility to work with fellow New Yorkers to eliminate inequities in maternal and infant health outcomes. For this reason, reducing Black maternal mortality by 10% by 2030 is a key component of the Adams administration's HealthyNYC initiative, a plan to improve and extend the average lifespan of all New Yorkers. More broadly, achieving birth equity — eliminating racial, ethnic, and economic differences in maternal and infant outcomes by advancing the human right of all pregnant and childbearing people to safe, respectful, and high-quality reproductive and maternal health care — is an agency priority.

HIGHLIGHTS: DOULA SUPPORT IN NYC (2024)

- Doula coverage among NYC residents increased 25% from 2022 to 2024, a statistically significant increase.
- City-supported doula programs provide a large share of NYC's doula care, accounting for more than 1 in 4 doula-supported births in 2024.
- NYC continues to face geographic and racial inequities in access to doula support
- Data suggests that the Citywide Doula Initiative is playing a major role in reducing these inequities. The program accounted for nearly half of all doula-attended births in disinvested NYC neighborhoods in 2024 and served a large proportion of birthing people of color, shelter residents, and non-English-speakers.
- The New York State Medicaid program began covering doula support for its members on March 1, 2024, a significant milestone for expanding access to doula care.

In partnership with the NYC Council, the Adams Administration is committed to expanding access to doula care in NYC, especially for those who need it most. The NYC Health Department is equally

committed to lifting the voices of members of communities most affected by inequities in birth outcomes and the voices of advocates who lead efforts to increase the number of people giving birth with doula support. These advocates partner with the department's report team each year to identify successes, challenges, and recommendations for improving the state of doula care in NYC.

Stories of Doula Care:

Leah, Brooklyn

Leah bonding with her newborn baby shortly after giving birth.

Leah learned about doula care when she was pregnant with her fifth child. At a diaper bank sponsored by the Hope and Healing Family Center, she met Ruth, who mentioned that she was a doula offering no-cost support. Leah thought, "Why not?"

Leah felt an instant connection with Ruth, who made her feel comfortable, supported, and less stressed through words of encouragement and mindful-breath coaching. Leah could tell that Ruth was passionate and truly loved her clients. Out of all her birth experiences, Leah felt most supported during the last. "Ruth was very knowledgeable," Leah said. "She knew what she was doing."
Leah is now inspired to become a doula herself, so she can provide the same support she received to others. "I've got a lot of kids and a lot of experience," she says.

Michelle, Bronx

Michelle and her baby reuniting with their doula, Aisha.

Michelle became aware of doula care through the news and decided to do her own research, which led her to the Mama Glow Foundation and her doula, Aisha. Michelle loved her experience with Aisha and found that they "clicked very well." Aisha was present during her labor and helped her remain calm during her unexpected C-section. When she returned home from the hospital, Michelle faced problems with high blood pressure, and she appreciated Aisha's regular check-ins and requests to "keep her posted."

Aisha also offered resources for diapers and other baby supplies, as well as information about breastfeeding and how to find a lactation consultant.

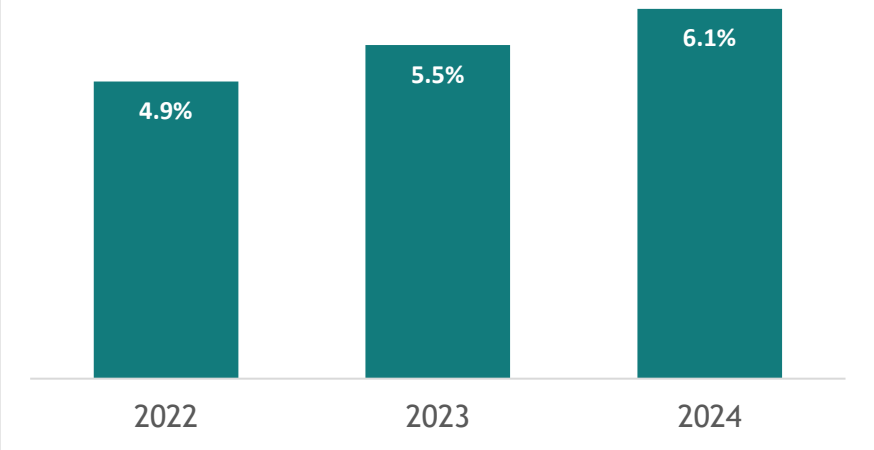
Notes: In this report:

- 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 used in the research.
- We use "doula support during pregnancy" and "doula coverage" to refer to anyone who reported working with a doula during their pregnancy, whether or not the doula attended the birth. "Doula support during childbirth" refers to the subset of people who had a doula present in person or virtually during labor and/or delivery.

PREVALENCE OF DOULA SUPPORT IN NYC

The NYC Health Department has released the third full year of provisional data on doula support during pregnancy and during childbirth, as collected on the NYC birth certificate. In 2024, data regarding doula support was available for 99% of births to NYC residents. This data showed that 6.1% of New Yorkers who gave birth had the support of a doula during their pregnancy, and 5.5% had doula support during childbirth. Doula coverage among NYC residents increased 25% from 2022 to 2024, a statistically significant increase ($p<.001$) (Figure 1).

Figure 1. Among NYC resident births, rates of doula coverage increased steadily from 2022 to 2024.



Among the 5,217 individuals who reported receiving doula support during pregnancy, 90% also had doula support either in person or virtually during childbirth. (Only 4% reported receiving only virtual support during birth.) City-supported doula programs provided a sizeable share of NYC's doula services, reflecting the city's commitment to expanding access. In 2024, city-supported doula programs reported attending 1,312 births, which represents 28% of all doula-supported births in the city. Each of these programs is described in detail on pages 35-44.

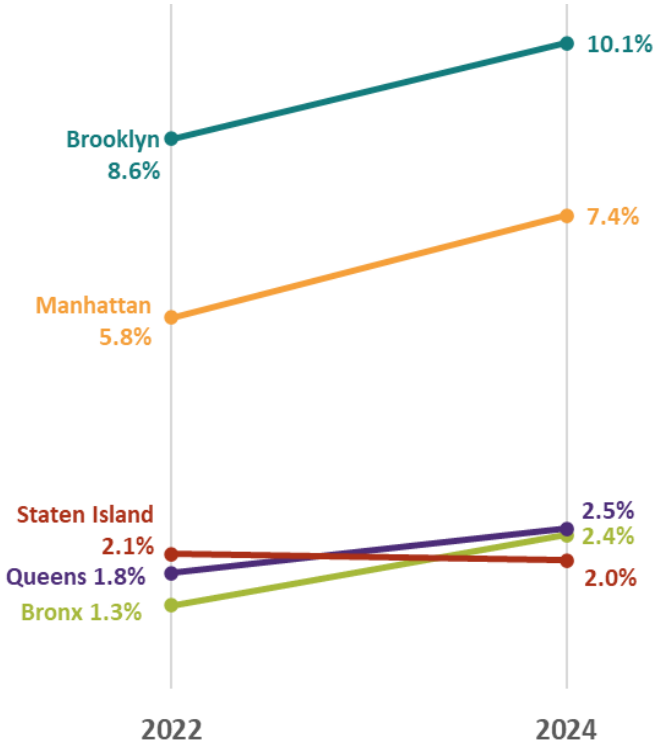
Rates of support during birth were similar across all boroughs except the Bronx, where only 83% of individuals with a doula reported receiving support during childbirth.

Doula Coverage: Demographic Characteristics

Stark differences in doula coverage and utilization across the five boroughs persisted in 2024. The proportion of Brooklyn births that received doula support during pregnancy was approximately four to five times higher than in Staten Island, Queens, and the Bronx. Since 2022, doula coverage has increased in all boroughs except for Staten Island, which has remained steady (Figure 2).

Doula coverage was also assessed by TRIE neighborhood status. These are communities identified by the city's Taskforce on Racial Inclusion and Equity (TRIE) that were particularly hard-hit by COVID-19 and other health and socioeconomic inequities. Since doula coverage was first measured in 2022, there has been a persistent disparity between TRIE and non-TRIE neighborhoods (Figure 3). In 2024, 7.1% of births in non-TRIE neighborhoods had doula support during pregnancy, compared to 5.0% of births in TRIE neighborhoods. Despite this difference, the gap appears to be decreasing slightly over time — in 2022, rates of doula access in non-TRIE neighborhoods were 1.7 times higher than in TRIE neighborhoods, compared to 1.4 times higher in 2024. This may in part reflect the impact of the NYC Health Department's Citywide Doula Initiative (CDI), which partners with community-based doula organizations to provide no-cost doula support to individuals living in TRIE neighborhoods, foster care, and shelters in NYC. In 2024, CDI doulas supported 884 births, which accounted for **almost half (48.7%) of all doula-attended births in TRIE neighborhoods** that year. For more information about the CDI, see page 58.

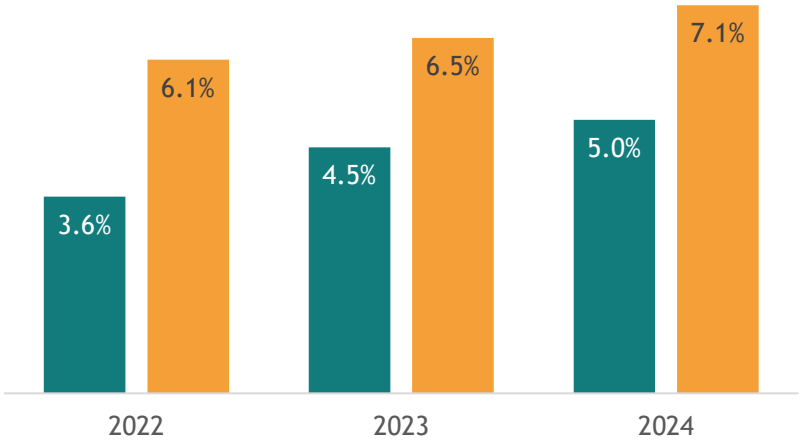
Figure 2. The share of births in each borough that received doula support during pregnancy in 2022, compared to 2024.



Data Source: NYC Office of Vital Statistics, 2022 and 2024. Data from 2024 is provisional.

Doula coverage in TRIE neighborhoods also varied by borough. While rates of doula coverage were higher in non-TRIE neighborhoods than TRIE neighborhoods in the Bronx and Brooklyn, the opposite was true in Staten Island, where 2.9% of births in TRIE neighborhoods had doula support during pregnancy, compared to 1.7% in non-TRIE neighborhoods. In the Bronx and Queens, TRIE and non-TRIE neighborhoods differed by only 0.1% to 0.2% with respect to doula coverage. For more details, see Appendix B.

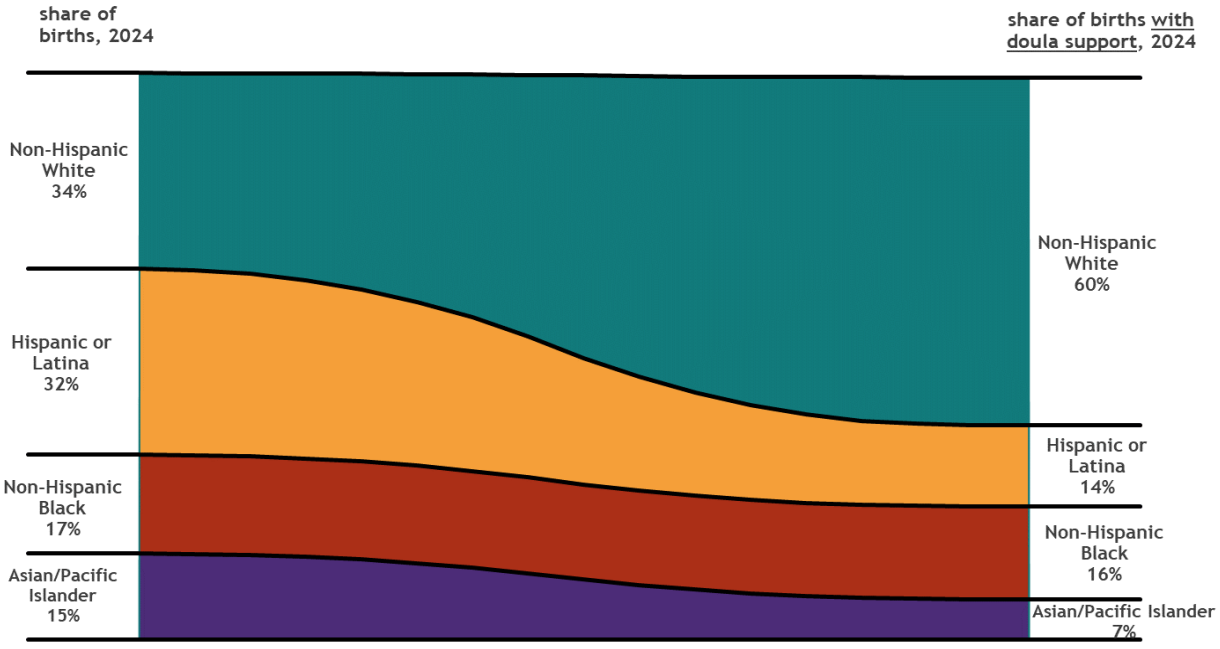
Figure 3. From 2022 to 2024, the share of births that received doula support during pregnancy in **TRIE neighborhoods** was consistently lower than in **non-TRIE neighborhoods.**



Data Source: NYC Office of Vital Statistics, 2022 -2024. Data from 2023 and 2024 is provisional.

In 2024, doula coverage continued to vary by race and ethnicity. While white New Yorkers comprised approximately one-third (34%) of births in 2024, they accounted for 60% of individuals receiving doula support during pregnancy. Both Hispanic/Latina and Asian/Pacific Islander New Yorkers were underrepresented among births receiving doula support (Figure 4). The data from 2024 largely mirrors disparities in utilization of doula support from 2023.

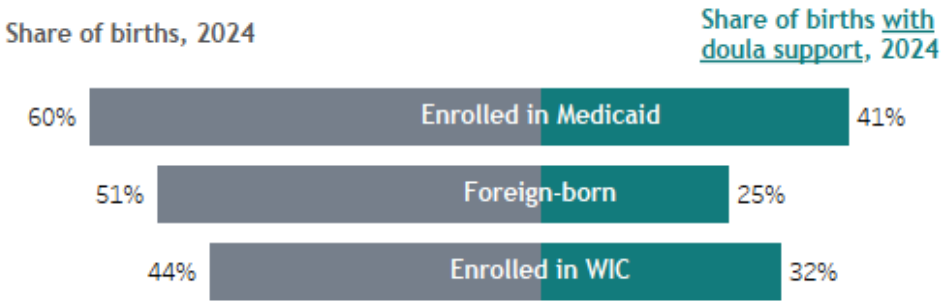
Figure 4. In 2024, **white** New Yorkers had disproportionately high rates of doula support during pregnancy, while **Hispanic/Latina** and **Asian** New Yorkers were underrepresented among births receiving doula support.



Data Source: NYC Office of Vital Statistics, 2024 (provisional data)

Medicaid recipients, individuals born outside the United States (U.S.), and individuals enrolled in WIC (the federal Special Supplemental Nutrition Program for Women, Infants, and Children) were all underrepresented among births that had doula support during pregnancy (Figure 5).

Figure 5. While individuals who were enrolled in Medicaid, born outside the U.S., and/or enrolled in WIC made up a large share of births in 2024, they were underrepresented among births with doula support.



Data Source: NYC Office of Vital Statistics, 2024. Data from 2024 is provisional.

However, the percentages would have been even lower without city-supported doula programs. CDI vendors worked hard in 2024 to serve asylum-seekers and other newcomers to the city. The number of non-English-speaking clients served by the CDI rose almost 50%, from 15% in 2023 to 22% in 2024.

For more detailed data on doula support during pregnancy and birth in 2024 — by borough, by TRIE neighborhood, and by sociodemographic factors — see Appendix B.

Medicaid Coverage for Doula Care

On March 1, 2024, the New York State Medicaid program began covering doula support for its members. The benefit includes eight home visits, whether prenatal or postpartum, and support during the birth. Because Medicaid covers 60% of the births in NYC, this represents an essential step toward expanding access to doula care.

For the first year of the benefit, the state paid all claims for doula support. As of April 1, 2025, this “carve-out” period ended, and each managed care organization (MCO) became responsible for paying the claims of its members. MCOs have, for the most part, been enthusiastic about the Medicaid benefit, and those that were involved in the state’s 2019-2023 Medicaid pilot, in Erie County (Buffalo), have reported improved outcomes among their members who used doula support.

New parents, Canon and Patrick, pose with their second son, Lenox, captured by their doula Denise Bolds.

Seven MCOs serve NYC:

Medicaid MCO	% of NYC Enrollment
Healthfirst	35%
Fidelis Care	23%
MetroPlus Health Plan	16%
Anthem Blue Cross Blue Shield	11%
United Health Care	5%
HIP of Greater New York (Emblem)	4%
Molina Health Care	4%

As of March 2025, 90 doulas working in NYC have enrolled with the state as Medicaid providers, and many are now beginning the process of enrolling with each MCO. Several organizations are providing support and technical assistance to doulas as they navigate the enrollment process, including the New York Coalition for Doula Access (NYCDA). This statewide group of doulas and allies advocated for the Medicaid benefit and now partners with the state to support doulas in enrolling as providers and to raise awareness of the benefit among expectant families.

Successes and Challenges in 2024

This section was developed in consultation with NYC doulas and doula organizations.

SUCCESSES: What went well for the NYC doula community in 2024?

Expanded access to doula care

Several factors contributed to increasing access to doula care in NYC during 2024. New York State's Medicaid doula benefit, described previously, is a major step toward substantially increasing access, and the state's Essential Plan (for those who don't qualify for Medicaid, including recipients of DACA [Deferred Action for Childhood Arrivals]) covers doula support as well. Private payors are also showing great interest in funding doula services, with coverage provided by the 1199SEIU union and others.

Also in 2024, New York State Health Commissioner, James McDonald issued a nonpatient-specific statewide standing order that removed the requirement for Medicaid members to get an individual recommendation for doula services. This was an important move to ensure that Medicaid members could approach doulas directly for support.

Other successes include the continued growth of the community-doula workforce and increased community awareness of programs offering doula care.

Harnessing collective power

Community-doula organizations are key to increasing access to doula care and strengthening the workforce overall. Organizations across the city have been forming strong supportive relationships, as they share internal struggles and triumphs, administrative tools, and a foundation of collective advocacy.

Another success was the proliferation of additional resources that are advancing the field. For example, the NYCDA, working closely with the New York State Department of Health, has developed tools and trainings to help doulas successfully enroll as Medicaid providers.

Systems improvement

The NYC Health Department published its groundbreaking *Hospital Doula-Friendliness Guidebook*, detailing the step-by-step processes needed to develop and implement doula-friendly policies. Doulas are seeing notable changes in some hospitals that have implemented doula-friendly protocols, which greatly increase doulas' ability to provide their full scope of services to clients and enhance collaborative care and informed decision-making for women and birthing people.

This work was bolstered by the 2024 passage of a New York State law requiring hospitals to give patients full access to their doula during their perinatal stay, except in emergency situations. This new state law will make it easier for birthing families to promptly receive the support they've arranged for from their doulas.

Also in 2024, the NYC Health Department Coalition to End Racism in Clinical Algorithms (CERCA)

launched the “Right to VBAC” campaign, which provides education on vaginal birth after cesarean (VBAC) to medical providers and patients. The campaign includes video testimonials featuring providers, doulas, and patients. The combined focus on VBAC efficacy and the impacts of race essentialism on Black women’s access to VBAC creates a powerful teaching and advocacy tool to transform hospital practices.

Stories of Doula Care: **Celine, Manhattan**

Celine was aware of doula care with her first child but did not proactively seek out the support until her second pregnancy. She says her doula, Terrina, was “amazing” during her last few weeks of pregnancy and first few hours of labor. Acts of care such as brushing and braiding her hair, reminding her to breathe, and playing music that distracted her from her pain made the experience feel “hypnotic.” However, because Celine was giving birth to twins, she was moved into an operating room and allowed only one support person, her partner. Her son was born vaginally and her daughter via C-section. “I wanted to have both vaginally,” Celine said. “But in the end, I had to get a C-section.”

Celine wishes Terrina could have been in the room with her that day to prevent the doctors from rushing her daughter to come out when she was not ready. “When you induce labor, it can cause fetal distress,” she said, adding that her contractions also felt much more painful. “Pregnancy and birth are not medical emergencies. It’s what our bodies are made to do. It’s our babies’ timing, and when they want to come, they’ll come.”

Celine urges others to seek out doula care, saying that doulas also help you feel well supported weeks after childbirth, “assisting more than people think, especially emotionally.”

CHALLENGES: What challenges did doulas and their clients face in 2024?

Gaps in care

Access to doula support services for pregnancy and birth continues to increase, but programs such as the CDI and Healthy Start base eligibility in part on ZIP code, so many pregnant New Yorkers who need no-cost doula care are not able to enroll in these programs. In addition, some families who have an income that is too high to qualify for Medicaid find private doula care cost prohibitive. They would benefit from no- or low-cost care.

In addition, comprehensive postpartum support for families remains under-resourced. Birth-doula services do include home visits in the first days and weeks postpartum, but many families could benefit from more extensive care during this critical time. Unfortunately, access to low- or no-cost postpartum support has not increased at the same rate as access to birth-doula services.

Access to mental health support is also a gap in care for pregnant and postpartum families. Screening clients for perinatal mood and anxiety disorders is a key component of community doula care, but NYC still lacks sufficient high-quality and affordable mental health services to meet the needs that are revealed through screening.

Community doulas often work with clients experiencing multiple stressors and high needs who

require more support than one doula can provide. This can place strain on the doula and involve skills that are out of their scope of practice, risking burnout over time and a resultant reduction in the workforce.

Lack of doula-friendliness in some hospitals

The contrast of hospitals implementing doula-friendliness with those that do not is stark, and the variability in experiences from hospital to hospital remains a challenge for doulas who provide services in NYC. For example, in hospitals without doula-friendly policies, doulas often face hurdles to joining their clients during labor, such as being asked for proof of certification or being counted in a client's two-support-person limit. These and other barriers risk keeping doulas from their clients at key points in the birth experience, such as triage (when the client is waiting to be admitted) or in the recovery area after a cesarean birth.

A related challenge is the difficulty in resolving these issues in the moment, especially at night or on weekends. When access is restricted, doulas are forced to spend valuable time advocating for their right to support their client and navigate any pushback or intransigence. An important benefit of a doula-friendly policy is that hospital staff are more knowledgeable about doula care and better prepared to work with the doula and other staff to sort out any emerging issues.

Funding

Although doula services are now funded through Medicaid in New York State, the rate ($1,500 for birth support and eight home visits) is low for NYC. This can result in less-experienced doulas serving Medicaid members, which risks creating a two-tier system of support. In addition, the Medicaid rate does not cover support provided by doula organizations to doulas, such as recruitment and enrollment of clients, support identifying resources, and support with Medicaid enrollment and billing.

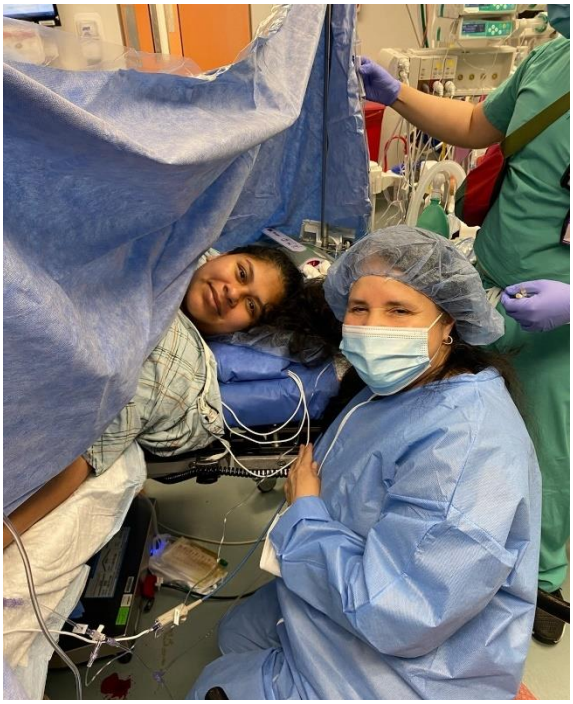
City programs such as the CDI and Healthy Women, Healthy Futures (HWHF) do fund administrative costs. However, for CDI the city contracting processes can be a challenge for smaller organizations. They often lack the administrative capacity to successfully navigate contractual deliverables, or the financial resources to pay up front for services and await reimbursement. The latter is a challenge for HWHF as well, resulting in a barrier to entry for both programs.

Organizations that contract with the CDI and HWHF express concern that current funding does not meet the demand. Both programs are on track to exceed enrollment goals for Fiscal Year 2025 (July 1, 2024, to June 30, 2025), but more families seek doula support than can be served. Additional funding would allow for expansion of services.

Insurance enrollment

Many doulas have found the process of enrolling as a Medicaid provider to be challenging, with complicated paperwork and time-consuming requirements. Once enrolled, doulas must create an account for submitting claims to the state, which is a multistep process involving multiple emails with codes, confirmations, and ID numbers. In addition, the state requires doulas to carry liability insurance, which increases costs for doulas.

For the first year of the Medicaid benefit, the state paid all claims directly. However, most Medicaid members receive services through an MCO, and as of April 1, 2025, doulas who want to serve them must enroll as a contractor with that MCO. In NYC, that means seven additional application and billing processes. Since doulas do not have office staff or Medicaid expertise, this poses additional challenges and creates additional work for which they are not compensated.



Doula Zaida Cespedes providing support to her client in the operating room.

Change in Federal Administration

Finally, many in the NYC doula community are concerned about the impact of recent actions at the federal level on the health and well-being of their clients. There are anecdotal reports of clients declining services — including medical care and public benefits to which they are entitled — or declining to provide important information for fear of how it might be tracked or reported. Other clients have requested virtual doula visits (which are often less effective than in-person visits), because of reluctance to admit anyone into their home. Finally, some noncitizen doulas worry about their own safety, despite being of legal status.

The NYC Health Department is monitoring these concerns.

Stories of Doula Care: **Adia, Manhattan**

Adia, a mother of three, said her doula did an “outstanding job” caring for her physical and mental health before, during, and after labor. Adia said, “I was stagnant in birth until she got there. She pulled out the peanut ball to reposition me and allow my son to descend more into my pelvis.” Within an hour, Adia progressed from 2 cm dilated to 10 cm, then pushed her baby out in 20-25 minutes. Without her doula, she says, she might have needed a C-section.

Adia first learned about doula care at a community baby shower. Her doula organization also offered weekly virtual classes, and Adia grew comfortable advocating for herself while in labor. She also appreciated the inclusion of partners during the education process, so they could learn how to assist their loved ones during labor. “The partner feels like he’s actually assisting and not just standing on the sidelines being helpless,” she said.

LEGISLATION RELATING TO DOULA CARE

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

At the state level, there was considerable interest in expanding access to doula care, with three bills passed in the 2024 legislative session and signed by the governor, and additional support provided through the state budget.

- S1867/A5435 requires the New York State Department of Health to establish and maintain a community doula directory to promote doula services to Medicaid members and facilitate Medicaid reimbursement. The directory is now online at https://www.health.ny.gov/health_care/medicaid/program/doula/directory/directory.htm.
- S5992/A6168 requires maternal health care facilities, such as birth centers and hospitals, to allow expectant and new mothers access to their doulas.
- S5991/A7606 requires maternal health care facilities to allow doulas in the operating room during a cesarean section.
- The New York State Fiscal Year 2025 budget provides $250,000 to establish a grant program to recruit, training, support, and mentor community-based doulas. These actions represent substantial progress in expanding access to doula support.

In January 2024, Governor Kathy Hochul announced a six-point plan to address maternal and infant mortality in New York. These initiatives were enacted as part of the FY2025 budget:

- Expand New York's Paid Family Leave policy to include 40 hours of paid leave to attend prenatal care appointments.
- Expand access to doula care through the standing recommendation and the grant program described above.
- Eliminate cost sharing for pregnancy-related benefits for anyone enrolled in the Essential Plan or Qualified Health Plans. The governor will also expand coverage for doulas in the Essential Plan.
- Reduce unnecessary cesarean sections by allowing the New York State Department of Health to hold providers accountable for overutilizing cesareans and by introducing a Medicaid financial incentive for hospitals to reduce unnecessary cesareans.
- Train counselors who answer the 988 suicide and crisis lifeline on issues related to maternal mental health, postpartum depression, and anxiety.
- Promote safe sleep practices by providing funding for the distribution of portable cribs at no cost for low-income New Yorkers.

The FY2025 budget also authorized New York State Health Commissioner James McDonald to issue a statewide recommendation for doula services, which he did in June 2024. The nonpatient-specific standing order states that "all New Yorkers who are pregnant, birthing, or postpartum would benefit from receiving doula services." This will allow more New Yorkers to access doula care, because a written order is required for such preventive services to be covered by Medicaid.

In the 2024-2025 session, the state legislature also took steps to clarify or amend two previously passed laws:

- S809/A1026, signed into law on February 14, 2025, allows doulas to be present in maternal health care facilities for delivery and/or inpatient care post-delivery. The bill also requires the facilities to post and translate this information to inform patients. It repeals S5991A — which passed in the previous session and limited the requirement to cesarean births — in order to cover doula access more broadly during delivery and/or inpatient care post-delivery.
- S758/A1019, signed into law on the same date, clarifies that, while maternal health care facilities cannot deny individuals access to a doula for delivery and/or inpatient care post-delivery (as required by S5992A, also passed in the previous session), they are not required to grant access during emergency situations or when this could compromise the safety of the patient or the health care team.

Several other bills relating to doula support were introduced during the 2024-2025 legislative session:

- A5140 would require health insurance policies to include coverage for doula services as part of maternity care.
- S5665 would establish a public awareness campaign and education program around doula support.
- A6140 would include doulas as medical services providers for Medicaid recipients.
- A5709 would establish a 14-member doula Medicaid reimbursement work group within the New York State Department of Health to set reimbursement rates and address other criteria related to doula care.
- A5309 would direct the Commissioner of Health to issue a statewide standing order for the provision of doula services. This would codify the existing standing order and eliminate its end date, which would remove the barrier of the Commissioner's having to submit a new standing order each year.
- A4073 would require the Department of Corrections and Community Supervision to make doula services available twice a week for four hours at all correctional institutions and local correctional facilities. All pregnant individuals in these facilities would also be permitted to use a doula during labor and delivery.

S7779 would add $50,000 to the previously allocated $250,000 for a total of $300,000 to the state budget to create a Community Doula Expansion Grant Program. This grant program would fund the recruitment, training, support, and mentorship of community-based doulas.

RECOMMENDATIONS

This section was developed in consultation with NYC doulas and doula organizations.

Key recommendations to stakeholders for improving access to doulas in NYC include:

- **Policymakers:**
    - Increase the Medicaid reimbursement rates for doula services, so that doulas with more experience can afford to serve Medicaid clients.
    - Allocate funding specifically for postpartum doula services, mental health support, and social work services.
    - Increase funding allocated to doula organizations for administrative tasks, including coordination, billing, and supporting doulas with Medicaid provider enrollment.
    - Streamline the payment structure for doula service reimbursement in publicly funded programs, to mitigate the varying payment timelines and structures.
    - Allocate funding to provide doula services to families whose income is too high to qualify for Medicaid.
    - Decrease administrative barriers and allocate funding to increase the number of birthing centers in NYC.
    - Create “maternity sanctuaries” where pregnant women and birthing people can safely seek care regardless of immigration status.

- **Insurers, including Medicaid:**
    - Create an online portal where doulas can enroll as Medicaid providers, to reduce paperwork and create a more structured and digestible enrollment process.
    - Create a common application and enrollment process that all Medicaid managed care organizations use, so that doulas need apply only once.

- **Institutions such as hospitals, birthing centers, and maternity care providers:**
    - Create innovative quality-improvement programs for doulas and clinical staff to engage in open dialogue and educational opportunities outside the labor room about the scope of doulas.
    - Talk with patients during prenatal sessions about the importance of including a doula in their support team.
    - Ensure hospitals have a written policy that reflects the New York State legislation that allows doulas in the operating room and permits continuous doula support for pregnant people.

- Count doulas separately from a client's other support people, so the client does not have to choose between her doula and a second support person.

- **Doula organizations and programs:**
  - Offer doula trainings that are more comprehensive, to increase the number of well-trained doulas in the city.
  - Recruit bilingual community members to be trained as doulas for residents with limited English proficiency.
  - Provide additional trainings and apprenticeship programs to support doula retention, longevity, and professional growth.
  - Prioritize early access to doulas for pregnant people, so they have time to get the full benefit of social support during pregnancy.
  - Inform clients of a doula's scope of service, so they don't expect services that are out of scope (such as doing laundry, picking up donated items, etc.).

Stories of Doula Care: **Lauren, Queens**

Lauren and her baby enjoying the weather in NYC.

Lauren learned about doula care from her doctor. She began meeting with her doula when she was 28 weeks pregnant, learning about breastfeeding, different methods of giving birth, what to expect on the day of delivery, and how to create a birth plan. Lauren was in labor for two days before going to the hospital. She fondly recalled her doula praying over her when she felt like giving up after another 13 hours of labor: "She gave me hope when I was about to lose it. She told me it was [going to] be okay."

Lauren encourages people who are pregnant, especially for the first time, to get a doula. "As a new mom, your body [is] getting used to a lot of changes and hormonal imbalance," Lauren said. "Your doula is there to help you regulate yourself." She says most of her birth experience was calm and positive because of her doula, and she is glad she took advantage of the opportunity.

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:

Increase access to doulas in underserved communities.

Build doula capacity.

Make hospital environments more welcoming to doulas.

Amplify community voices to help expand access to doula services.

Improve data collection.

The following pages outline the progress made in 2024 on the NYC Health Department's plan for improving access to doula care.

Increase access to doulas in underserved communities.

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

Key Programs and Initiatives

Programs/Initiatives	Funding source	Timeline	Objectives
Citywide Doula Initiative (CDI)	City (NYC Health Department)	**2022**	Provide no-cost birth-doula care to NYC residents who are (1) income eligible for Medicaid and (2) live in a TRIE* neighborhood, homeless shelter, or foster care, or are under the age of 20
Healthy Start Brooklyn's By My Side Birth Support Program	Federal (Health Resources and Services Administration)	**2010**	Provide birth doula care, including case management support, to women and birthing people who live in central and eastern Brooklyn and meet income eligibility requirements for WIC or Medicaid.

Healthy Women Healthy Futures (HWHF)	City (City Council)	**2014**	Provide birth and postpartum doula care to women and birthing people living in NYC, with priority given to those with an elevated risk for negative maternal and infant health outcomes.
New York Coalition for Doula Access (NYCDA)	External grants and foundation funding; City (Contract with NYC Health Department)	**2011**	Expand access to perinatal support for all, with a particular focus on communities that are at greatest risk for poor outcomes. Current priorities include: 1) setting standards for a living wage for doulas through Medicaid reimbursement; and 2) developing a plan for a doula-friendly hospital designation.

* Thirty-three underserved neighborhoods identified by the city's Taskforce on Racial Inclusion and Equity (TRIE) for special attention.

2024 Progress Update and Key Milestones

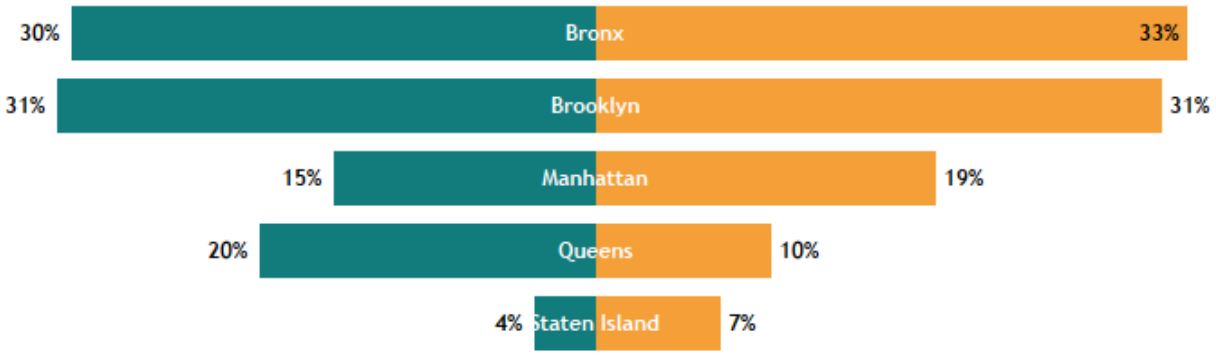
Citywide Doula Initiative (CDI)

The CDI aims to serve 1,000 women and birthing people and families per year. In 2024, the CDI provided no-cost doula services to **1,128** new clients, exceeding this goal.

Characteristics of CDI clients enrolled in 2024

The geographic spread of CDI clients largely matched the geographic distribution of TRIE neighborhood births in 2024, which suggests that the program is maintaining good coverage of TRIE neighborhoods across NYC. The CDI supported a disproportionately small share of clients living in Queens, indicating a need to strengthen the program's presence in that borough (Figure 6).

Figure 6. The geographic spread of **NYC TRIE neighborhood births** compared to **clients served by the CDI,** 2024



Note: NYC data includes provisional data on TRIE neighborhood births, 2024, from the NYC Office of Vital Statistics. CDI data is based on 1,128 new clients served in 2024.

In 2024, 22% of newly enrolled CDI clients were non-English-speaking, a substantial increase from 15% the previous year. The CDI also provided services to a large number of individuals living in shelters or other precarious housing (Figure 7). The vast majority of CDI clients (94%) were enrolled in Medicaid or other government insurance programs (for example, TriCare or

Child Health Plus). In NYC, Black women experience the highest rates of pregnancy-associated and pregnancy-related deaths, followed by Hispanic women.[14] Most of the CDI's clients in 2024 (61%) self-identified as Black, either alone or in combination with another race or ethnicity, indicating that the program is predominantly serving those most affected by inequities in maternal health outcomes. Slightly fewer than half of clients identify as Hispanic or Latina, either alone or in combination with another race or ethnicity (41%) (Figure 8).

Figure 7. Key characteristics of CDI clients enrolled in 2024

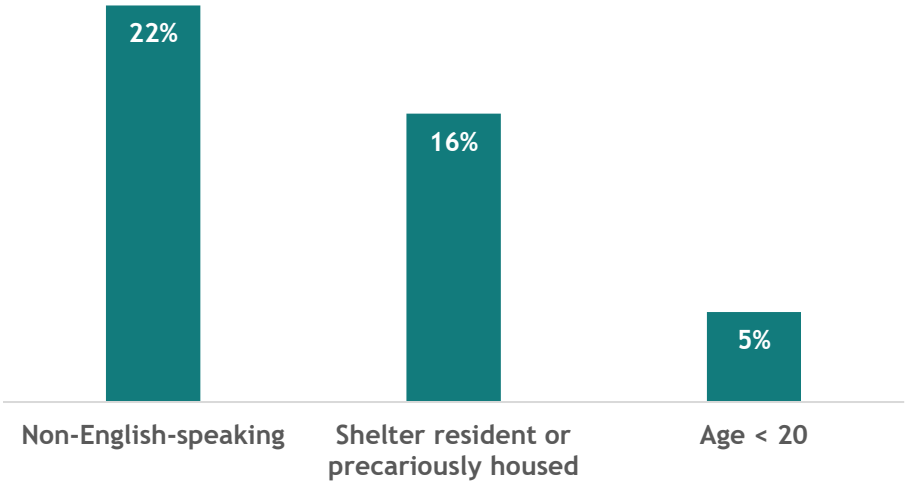
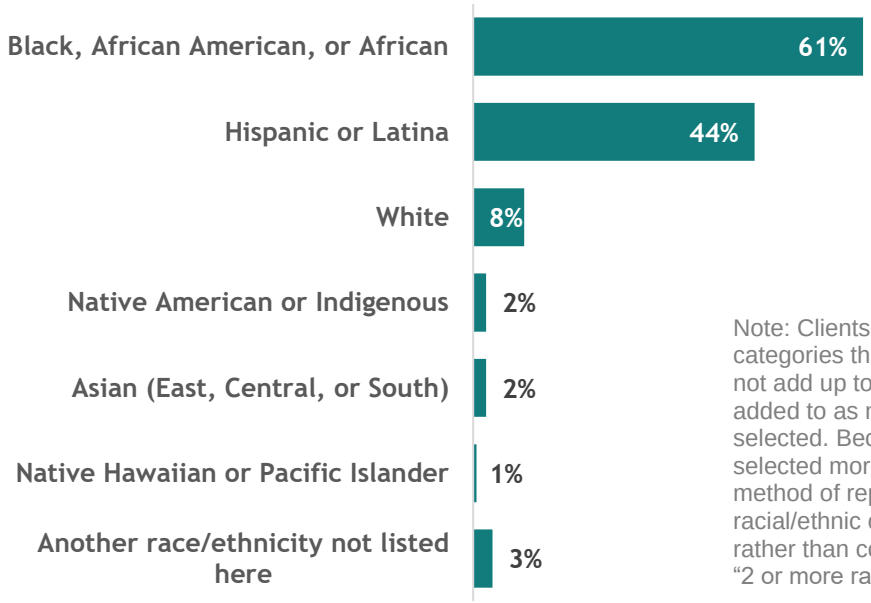


Figure 8. CDI clients enrolled in 2024, by race and ethnicity (n=1,112)
Each race/ethnicity category includes individuals who identified with that category alone or in combination with other categories.



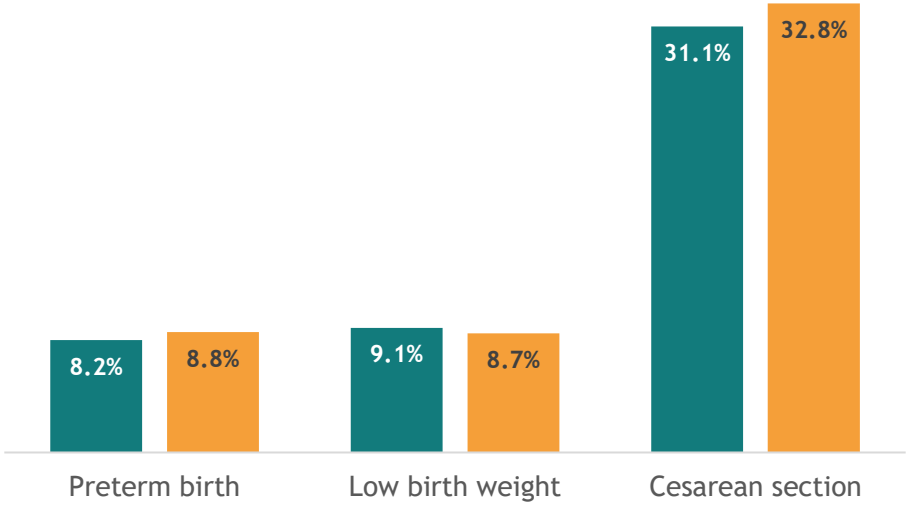
Note: Clients had the option to select all categories that applied. Percentages do not add up to 100 because individual were added to as many categories as they selected. Because many CDI clients selected more than one category, this method of reporting better reflects the racial/ethnic composition of those clients, rather than combining them into a large "2 or more races" category.

CDI Birth Outcomes

In 2024, CDI doulas attended 884 births — almost half (48.7%) of all doula-attended births in NYC TRIE neighborhoods that year. Data on birth outcomes was available for 983 infants born to CDI clients, of whom 941 were singletons. Overall, 8.8% of singleton infants were preterm, 8.7% were low birth weight, and 32.8% were born via cesarean.

Singleton birth outcomes from the CDI's launch in March 2022 through the end of December 2024 were compared to singleton birth outcomes for NYC residents of TRIE neighborhoods from 2022, the most recent year of available data. Since outcomes are from slightly different years, and CDI clients may not be representative of the average birthing population for TRIE neighborhoods, this data should be interpreted with caution and used only to provide a rough indication of the CDI's performance. Overall, the CDI had a slightly lower rate of preterm birth and cesarean section than TRIE neighborhoods, and a slightly higher rate of low birth weight (Figure 9).

Figure 9. Singleton birth outcomes for **CDI clients** (March 2022-Dec 2024) compared to **TRIE neighborhood residents** (2022)



Note: NYC data includes singleton resident births, 2022, from the NYC Office of Vital Statistics. CDI data includes 2,076 singleton births between March 1, 2022, and December 31, 2023.

Healthy Start Brooklyn's By My Side Birth Support Program

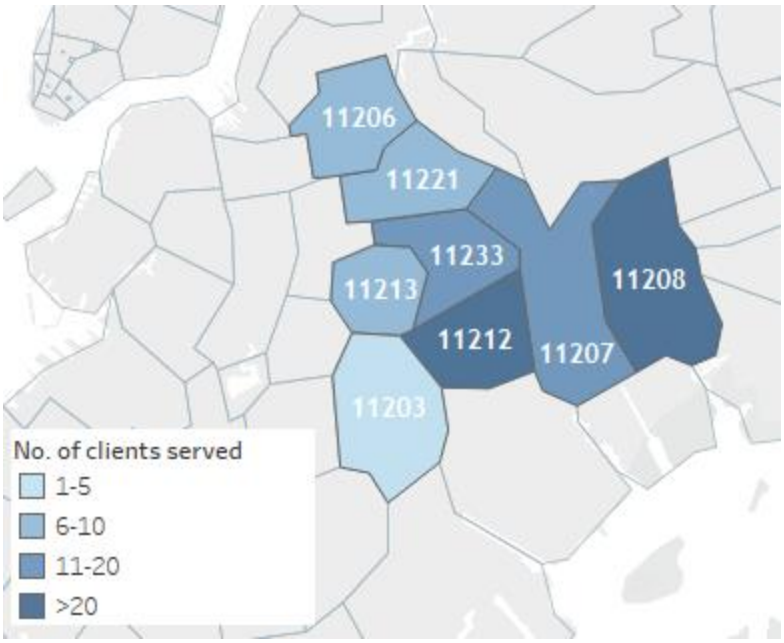
The By My Side Birth Support Program receives funding from both Healthy Start Brooklyn and the CDI. By My Side served 262 new clients in 2024, of whom 127 were served through Healthy Start Brooklyn funding. Since CDI clients are reported in the previous section, this section focuses only on the By My Side clients funded through Healthy Start Brooklyn.

In response to changes over time in infant mortality rates across Brooklyn's neighborhoods, in May 2024, By My Side expanded its project area to include ZIP codes 11203, 11206, and 11213 and ceased services in 11216. Services continued in the remaining five ZIP codes (11207, 11208, 11212, 11221, and 11233). By My Side served clients across all ZIP codes in its catchment area in 2024, with the greatest share of clients living in ZIP codes 11208 and 11212 (Figure 10).

Among By My Side clients funded through Healthy Start Brooklyn, 92% were enrolled in Medicaid. The vast majority of clients (84%) identified as Black, African American, or African, alone or in combination with another race or ethnicity. Approximately one in five clients (21%) identified as Hispanic or Latina, alone or in combination with another race or ethnicity.

In 2024, doulas attended 93 births to Healthy Start Brooklyn clients.

Figure 10. Healthy Start Brooklyn's By My Side clients enrolled in 2024, by ZIP code



Healthy Women, Healthy Futures (HWHF)

HWHF is operated by three community-based organizations: Brooklyn Perinatal Network (predominantly serving Brooklyn), Caribbean Women's Health Association (predominantly serving the Bronx, Manhattan, and Queens), and Community Health Center of Richmond (predominantly serving Staten Island).

In 2024, 469 individuals received doula support through the HWHF program. Clients were served across all five boroughs, with 13% residing in the Bronx, 39% in Brooklyn, 4% in Manhattan, 7% in Queens, 33% in Staten Island, and 3% noted as other/unknown.

The HWHF program offers birth-doula support, postpartum-doula support, and full-spectrum support (both birth and postpartum services) based on the clients' need and preference. In 2024, 222 clients received birth-doula support, 134 clients received postpartum-doula support, and 113 clients received both. Among HWHF clients, 88% were insured through Medicaid.

The majority of HWHF clients identified as Black or African American (46%). Of the remaining clients, 19% identified as Hispanic or Latina, 7% as non-Hispanic white, 3% as Asian, and 4% as multiracial or "other." Another 21% did not have their race or ethnicity recorded.

Build doula capacity.

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

Key Programs and Initiatives

Initiatives	Timeline	Objectives
Citywide Doula Initiative (CDI)	**2022**	Train residents of TRIE neighborhoods as doulas. Support newly trained doulas in improving their professional skills and achieving certification. Provide professional development to all doulas working in the CDI.
Healthy Women, Healthy Futures (HWHF)	**2014**	Train community residents to become doulas and build capacity in the doula workforce.

2024 Progress Update and Key Milestones

Citywide Doula Initiative (CDI)

In 2024 the CDI provided two full-spectrum doula trainings and trained a total of 65 community members. Of these, 64 subsequently joined the CDI Apprenticeship Program and over a six-month period were provided one-on-one mentorship as well as training in core areas such as birth equity, gender-affirming birth work, HIPAA (for safeguarding client information), intimate partner violence, perinatal mood and anxiety disorders, and safety in the field.

Through grant funding and external partnerships, the CDI offered doulas additional professional development in the following areas: lactation counseling, pregnancy and infant loss, comfort measures, needs assessment, reproductive life planning, Spanish for doulas, advocacy in the medical setting, and Know Your Rights trainings to support families with cases with the Administration for Children's Services. A total of 128 doulas attended required and optional CDI trainings in 2024. All programmatic training is provided to improve doulas' capacity to promote maternal and infant health in NYC.

In August 2024, the CDI conducted a survey of participating doulas, which in part evaluated the training program. Survey results demonstrated high levels of satisfaction with the trainings: 88% of the 120 survey respondents said they would recommend the trainings to other doulas, and the vast majority reported that the required trainings provided them with foundational knowledge to better support clients (86%), improved their skills as a doula (85%), and increased their confidence in providing high-quality doula support to clients (78%). Doulas

shared specific examples of how they applied what they learned in the required and optional trainings, including supporting clients experiencing intimate partner violence, using gender-inclusive language, engaging in conversations around mental health, employing comfort measures during labor, helping clients make informed decisions, and empowering clients to advocate for themselves in hospitals. Approximately three-quarters of doula respondents reported that they were quite confident or very confident in providing continuous birth support, supporting communication between clients and hospital staff, administering screenings, and providing referrals.

Healthy Women, Healthy Futures (HWHF)

With a commitment to expand, diversify, and strengthen the doula workforce, HWHF offers free doula trainings to community members. In 2024, HWHF trained 13 individuals as birth doulas, 10 individuals as postpartum doulas, and 12 community members as full-spectrum doulas (able to provide both birth and postpartum services). HWHF doulas also had access to the CDI's professional development trainings and participated in the following trainings: birth equity, gender-affirming birth work, intimate partner violence, pregnancy and infant loss, and perinatal mood and anxiety disorders.

Make hospital environments more welcoming to doulas.

Key Initiative

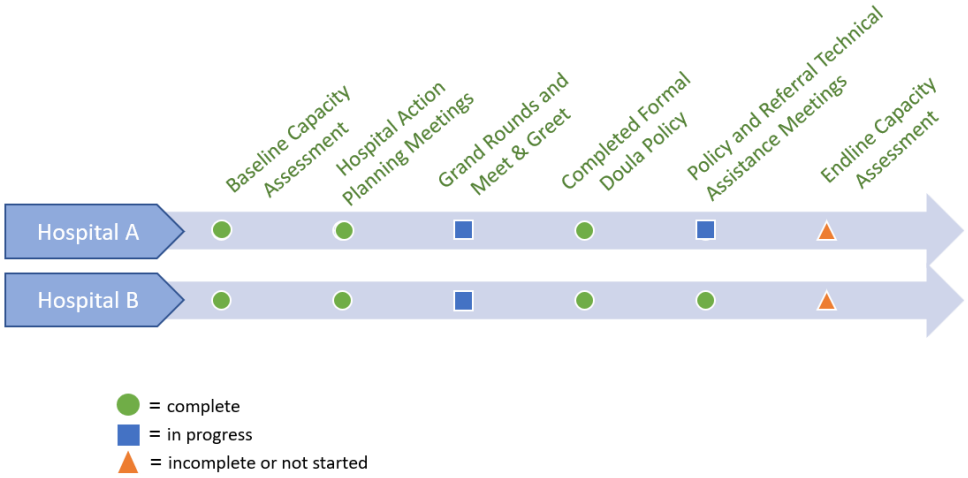
Initiatives	Timeline	Objectives
Hospital Doula-Friendliness Initiative	**2019**	Implement the hospital doula-friendliness model in NYC maternity hospitals. Support hospitals as they create action plans to build doula-friendly policies and practices.

2024 Progress Update and Key Milestones

Hospital Doula-Friendliness Initiative

NYC's hospital doula-friendliness initiative is a three-way partnership among the NYC Health Department, community-based doula programs, and maternity hospitals. The goals are to build collaborative relationships between clinical providers and doulas, support hospitals in creating doula-friendly policies and practices, and foster organizational culture change that leads to anti-racist health care systems and, ultimately, reduces maternal health inequities.

Figure 11. Cohort 2 hospital progress in 2024



In 2024, the CDI engaged with one maternity hospital each in the Bronx and Brooklyn. During this time, the hospitals developed and implemented doula-friendly action plans, which included steps to improve doula-friendliness, and began creating (or had already developed) a doula-friendly policy. This was the second cohort of hospitals for the doula-friendly initiative (see Figure 11); the team also reengaged with two hospitals from its Cohort 1, to support sustainability and streamline referral pathways. As part of its engagement with these four hospitals, the CDI facilitated 10 technical assistance meetings, with a total of 72 attendees. One Cohort 2 hospital also completed part one of the three-part Grand Rounds series; the 26 attendees included clinicians and doulas. The Grand Rounds are an opportunity to increase hospital staff's understanding of the doula role and scope of practice and to interact with community-based doulas whom they might see supporting patients on the labor and delivery floor. This understanding is critical to integrating doulas into the care team, becoming a doula-friendly institution, and improving patients' birth experiences and outcomes.

The NYC Health Department also published a *Hospital Doula-Friendliness Guidebook* in June 2024. The *Guidebook* is a compilation of lessons learned from the nine Cohort 1 hospitals. It provides hospitals with guidance on implementing policies and practices that improve collaboration between hospital staff and doulas. It also details the ways doulas' expertise complements health care providers' expertise, explains the concept of doula-friendliness, and discusses what doula-friendly policies might look like. The *Guidebook* was formally launched in December 2024 at the event "CERCA presents: Expecting, Educating, and Empowering." The NYC Health Department's Coalition to End Racism in Clinical Algorithms (CERCA) also launched its Right to Vaginal Birth After Cesarean (VBAC) campaign at this event. Including the launch event, the CDI presented on the *Guidebook* at nine events in 2024, with an estimated total of 360 clinical, doula, and maternal health partner attendees, and has distributed more than 500 copies.

Amplify community voices to help expand access to doula services.

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

Key Programs and Initiatives

Initiatives	Timeline	Objectives
Maternity Hospital Quality Improvement Network (MHQIN) — NYC Standards for Respectful Care at Birth *The MHQIN initiative will be coming to an end on July 31, 2025.*	 **2018** **2025**	Collaborate with NYC birthing facilities and community members about the maternal morbidity and mortality crisis. 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 for Respectful Care at Birth, ensuring that people giving birth know their human rights and are active decision-makers in their birthing experience.
Neighborhood Birth Equity Strategy	 **2016**	Disseminate neighborhood-specific information about severe maternal morbidity (SMM) and infant mortality (IM). Engage community boards and community-based organizations, 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 the NYC Health Department's Neighborhood Health Action Centers, and other Neighborhood Health Services sites.
The New York Coalition for Doula Access (NYCDA)	 **2011**	Expand access to perinatal support for all, with a particular focus on communities that are at greatest risk for poor outcomes. Current priorities are: • To set standards for a living wage for doulas through Medicaid reimbursement. • To develop a plan for a doula-friendly hospital designation. • To host a learning community for people with common interests, concerns, and challenges in advancing reproductive health care.

2024 Progress Update and Key Milestones

MHQIN — NYC Standards for Respectful Care at Birth

The New York City Standards for Respectful Care at Birth were created to inform, educate, and support people giving birth regarding their human rights and being active decision-makers during pregnancy, during labor and childbirth, and after birth.

Since publication of the Standards in 2018, more than 63,216 brochures and 7,300 posters have been distributed in health care settings and to community-based organizations.

The Birth Justice Defenders (BJDs) are community advocates who engage with communities by providing sexual and reproductive education and resources to expectant and new families. These include information about pregnancy, high-quality and dignified care, and informed consent throughout pregnancy. Other types of engagement include conducting workshops and outreach at baby showers and community health fairs. According to community surveys:

- 95% of the population reached identified as a woman/girl, 52% were Hispanic, 40% were of reproductive age, 51% reported English as their primary language, and 36% were neither pregnant, newly postpartum, or planning to get pregnant.
- 99% of those surveyed after learning about the NYC Standards for Respectful Care at Birth would recommend this tool to pregnant women and birthing people in their community.

MHQIN also developed a “Health Care Provider Resource Guide” to complement the NYC Standards and has distributed 350 copies to maternity hospital partners.

Neighborhood Birth Equity Strategy

The NYC Health Department operates three Family Wellness Suites (FWS) — in the Bronx, Brooklyn, and East Harlem — that refer families to doula programs. In 2024, they also hosted numerous events that promoted community education, connected families directly to doula services, and facilitated conversations between community members and doulas. For example:

- The Bronx FWS hosted a ”Caring for You” event in November 2024 in partnership with doulas from the Mothership and nurses from New Family Home Visits, which included cardiovascular education and an opportunity to learn about doula services and communicate with doulas themselves.
- The Brownsville FWS hosted two Meet the Doula sessions, where families learned about doulas and the services they provide. Community members were invited to ask questions and communicate directly with doulas. HWHF doulas were partners in this programming.
- The Harlem FWS hosted three open houses where doula services were promoted, community members were invited to ask questions of doulas, and linkages were created.

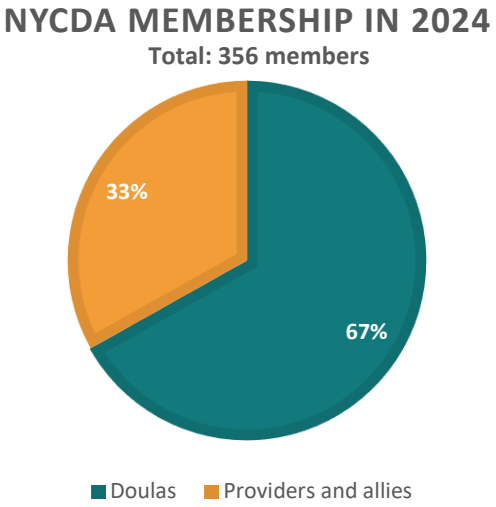
The New York Coalition for Doula Access (NYCDA)

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

The group's current priorities are:

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

Figure 12. NYCDA Membership in 2024



The group had more than 350 members in 2024 (Figure 12). Of those who provided information on race, 100 members identified as BIPOC (Black, Indigenous, and people of color), and 47 members identified as white. Of the 62 counties in New York State, 59 are represented in the coalition. In 2024, NYCDA facilitated:

- 11 monthly meetings, with an average of 35 attendees
- 11 doula-friendly hospital subcommittee meetings, with an average of 20 attendees
- 11 Medicaid reimbursement subcommittee meetings, with an average of 20 attendees

In April 2024, NYCDA launched the Improving Doula Access and Integration Community of Practice (CoP). The CoP brought together 100 members — doulas, clinicians, advocates, and subject matter experts — to increase access to doulas who are part of the expanding New York workforce. Since then, there have been nine CoP learning sessions, with approximately 20 attendees per meeting.

NYCDA highlights from 2024:

Medicaid Reimbursement Subcommittee	Created and finalized a Medicaid reimbursement guide for doulas and provider-facing materials informing providers about the Medicaid benefit.
Doula-Friendliness Subcommittee	Updated and finalized the “Principles of Doula Support in the Hospital.”
Monthly NYCDA Meeting	Revised coalition goals for 2025, hosted a panel of MCOs leading up to the carve-in date to provide insight into the contracting and enrollment process, and played a liaison role between the New York State doula community and the Department of Health during the roll out and implementation of the Medicaid benefit.
Community of Practice	Hosted six learning sessions with subject matter experts from across the state and country who presented on doula-friendly practices and policies and convened New York State doulas and clinicians to share best and promising practices to increase doula access and integration in hospital settings.

Improve data collection.

The NYC Health Department now collects data about doula-supported births in NYC through its birth certificate — the first in the nation to do so. The agency also continues to publish its directory of doula organizations in NYC (see Appendix C) and to gather data about the amount and type of support that doulas are able to provide in the hospital setting. All these initiatives serve to better inform efforts to improve access to doula care in the city.

Key Initiatives

Initiatives	Timeline	Objectives
Addition of doula support questions to the NYC birth certificate	**2021**	Collect data on doula support to better assess the availability of doula services in NYC.
Doula Support Assessment Tool	**2019**	Identify patterns in hospital practices that may impede the effectiveness of doula support, which can then be addressed to make hospitals more doula-friendly.
Directory of NYC doula providers	**2019**	Collect demographic and service information from NYC doula programs and organizations, which is then made available to the public (see Appendix C).

NYC Birth Certificate Doula Questions

In mid-2021, the NYC Health Department added three questions about doula support to the birth certificate worksheet that is filled out by each mother/parent who gives birth in NYC:

- Did you work with a doula (a trained birth assistant) during this pregnancy?
- What was the doula's name and organization (if applicable)?
- Was the doula present during your labor and/or delivery (in person and/or virtually)?

From 2022 (the first full year of data collection) to 2024, the completion rate has risen from 95.6% to 98.8%. The third full year's worth of data, for 2024, is now available. For details, see Prevalence of Doula Support in NYC on page 5.

Doula Support Assessment Tool

The Doula Support Assessment Tool is completed by doulas from the CDI, Healthy Start Brooklyn's By My Side Support Program, and HWHF, after supporting a hospital birth. In 2024, doulas completed the survey for 430 hospital births. For one in every five births reported in the survey, a doula was prevented by hospital staff from staying with their client at some point during the client's hospital stay. Doulas most frequently reported being barred from the operating room during a C-section or complication, in the post-operative room, and in triage. When present with their clients, doulas were able to provide a comprehensive range of birth support, including emotional support, informational support, modifying room conditions to support relaxation, and supporting mobility in bed. Doulas most frequently reported facing hospital barriers to promoting adequate food and fluid intake, being permitted to stay with their client for an epidural and supporting mobility out of bed (when relevant and requested by the client).

The Doula Support Assessment Tool was modified in November 2024 based on doula feedback. The updated survey includes additional questions, including open-ended responses, to more comprehensively assess different aspects of hospital doula-friendliness, including whether the doula was treated as part of the care team, whether and how visitor policies were applied to the doula, aspects of the hospital experience that the doula found supportive, and communication between the doula and the care team.

Appendix A: Local Law 187

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

No. 187

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

A LOCAL LAW

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

Be it enacted by the Council as follows:

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

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

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

1. The demand for doulas in the city;

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

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

such programs offer training for doulas;

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

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

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

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

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

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

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

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

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

§ 2. This local law takes effect immediately.

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

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

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

CERTIFICATION OF CORPORATION COUNSEL

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

STEVEN LOUIS, Acting Corporation Counsel.

Appendix B: Provisional Data on Doula Support During Pregnancy and During Childbirth, 2024

NYC births with doula support by demographic characteristics, 2024 (provisional data)

Characteristic	Births with doula support during pregnancy		Births with doula present for delivery*	
Borough	**n**	**% of total births**	**n**	**% of total births**
Bronx	364	2.4%	302	2.0%
TRIE	308	2.4%	259	2.0%
non-TRIE	56	2.5%	43	1.9%
Brooklyn	3,197	10.1%	2,923	9.2%
TRIE	1,081	8.6%	958	7.6%
non-TRIE	2,116	11.1%	1,965	10.3%
Manhattan	1,044	7.4%	934	6.6%
TRIE	441	6.9%	392	6.2%
non-TRIE	603	7.8%	542	7.0%
Queens	512	2.5%	452	2.2%
TRIE	191	2.4%	167	2.1%
non-TRIE	321	2.6%	285	2.3%
Staten Island	100	2.0%	96	2.0%
TRIE	43	2.9%	41	2.8%
non-TRIE	57	1.7%	55	1.6%
All NYC residents	5,217	6.1%	4,707	5.5%
TRIE	2,064	5.0%	1,817	4.4%
non-TRIE	3,153	7.1%	2,890	6.5%
Sociodemographic factors				
Asian/Pacific Islander	353	2.8%	317	2.5%
Hispanic/Latina	734	2.7%	617	2.3%
Non-Hispanic Black	837	5.8%	740	5.1%
Non-Hispanic white	3,125	10.6%	2,887	9.8%
Born in U.S.	3,887	9.2%	3,533	8.4%
Foreign-born	1,328	3.0%	1,172	2.7%
Medicaid	2,117	4.1%	1,883	3.6%
WIC	1,684	4.5%	1,488	4.0%
All NYC residents	5,217	6.1%	4,707	5.5%

Provisional data, provided by the NYC Health Department Bureau of Vital Statistics.

* Includes doulas providing birth support virtually or in person.

Appendix C: Doula Organizations in New York City

Doulas provide nonmedical support to pregnant people and their families before, during, and after childbirth. Their support can help families handle the physical, emotional, and practical issues that surround childbirth. If you'd like to check eligibility, schedule an appointment, or request more information, contact an organization below that provides doula services.

Please note that this is not a complete list of organizations that provide doula services in NYC. These organizations responded to the NYC Health Department's request for program information, and the information about each organization was provided by that organization. Also, please note that organizations provide no- or low-cost services based on specific eligibility criteria, often related to the client's socioeconomic status.

Ancient Song

Our mission is to ensure that all pregnant, postpartum, and parenting people of color have access to high-quality, holistic doula care and services regardless of their ability to pay. Ancient Song is a national birth justice organization working to eliminate maternal and infant mortality and morbidity among Black and Latinx people. We provide doula training and services, offer community education, and advocate for policy change to support reproductive and birth justice. We provide full-spectrum doula services, educational workshops, doula training, and advocacy through uplifting reproductive health policy.

Number of doulas: 159
Number of clients served in 2024: 306
Service areas: All five boroughs, New York State, and New Jersey
Languages available: English, Spanish, Haitian Creole
Priority population(s): African American, Black, Latinx, Indigenous, migrants, undocumented, incarcerated pregnant people, low-income people
Provides no- or low-cost services: No-cost and sliding scale
Insurance coverage: Medicaid
Provides doula trainings: Yes
Number of doulas trained in 2024: 200
Contact: Anabel Rivera at anabel@ancientsongdoulaservices.com; info@ancientsongdoulaservices.com; www.ancientsongdoulaservices.com

Ashe Birthing Services

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

Number of doulas: 15
Number of clients served in 2024: 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.
Provides no- or low-cost services: Sliding scale, bartering, honor-based for BIPOC families
Insurance coverage: Win Fertility, Carrot Fertility
Provides doula trainings: No

Contact: Emilie Rodriguez at ashebirthingservices@gmail.com; www.ashebirthingservices.com

Baby Caravan

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

Number of doulas: 70
Number of clients served in 2024: 125
Service areas: Brooklyn, Manhattan, Queens, Bronx, Staten Island, Westchester County, eastern New Jersey, western Long Island
Languages available: English, Spanish, French, Italian, Portuguese, German, Russian, Ukrainian, Hebrew
Priority population: General population
Provides no- or low-cost services: Both pro-bono and low-cost services available
Insurance coverage: Carrot Fertility, Progyny
Provides doula trainings: No
Contact: Jen Mayer, founder, at info@babycaravan.com; www.babycaravan.com

Black Women Do VBAC

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

Number of doulas: Can refer to 110+ VBAC-trained doulas
Service areas: National
Languages available: English, Spanish, Creole
Priority population: BIPOC
Provides no- or low-cost services: No
Insurance coverage: Some of the VBAC-trained doulas accept Medicaid.
Provide doula trainings: Yes; all participants pay to enroll
Number of doulas trained in 2024: 89
Contact: blackwomendovbac@gmail.com; www.blackwomendovbac.com

Brooklyn Perinatal Network

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

Number of doulas: 25
Number of clients served in 2024: 155
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.
Insurance coverage: Medicaid
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 2024: 35
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 toward a world where we can all live free from the grasp of systemic injustices. Drawing inspiration from the trailblazing leaders of past liberation movements, we are dedicated to honoring our community's history of self- determination.

Number of doulas: 18
Number of clients served in 2024: 150
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
Insurance coverage: Medicaid; Carrot
Provides doula trainings: No; however, this is in progress.
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: 22
Number of clients served in 2024: 254
Service areas: Brooklyn
Languages available: English, Haitian Creole, Spanish (services may be available in other languages when requested)
Priority population(s): Black (majority); Latin American, African, and Caribbean immigrants
Provides no- or low-cost services: Yes, for those who are income-eligible for Medicaid
Insurance coverage: Medicaid
Provides doula trainings: No, but offers a six-month apprenticeship program for newly trained doulas
Contact: Regina Conceiçaõ at healthystartbrooklyn@health.nyc.gov; www.nyc.gov/health/hsb

Caribbean Women's Health Association

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

Number of doulas: 61
Number of clients served in 2024: 576
Service areas: All NYC boroughs and neighborhoods
Languages available: English, Spanish, Brazilian Portuguese, Bambara, Zarma, French, Urdu, Afrikaans, Haitian Creole, Dutch, American Sign Language, Arabic, Cantonese, Bengali
Priority population: Immigrant communities, the uninsured, Medicaid recipients, recipients of public benefits, people who are housing insecure, people of color, and other communities/individuals who experience lack of access to doula support as a result of the social determinants of health
Provides no- or low-cost services: Yes. To be eligible, clients must either receive or be eligible for public benefits (SNAP, WIC, Section 8, Medicaid, SSDI, etc.).
Insurance coverage: Medicaid
Provide doula trainings: Yes; no cost for all enrollees
Number of doulas trained in 2024: 13
Contact: CWHA Doula Team, CWHADoulas@cwha.org

Carriage House Birth

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

Number of doulas: 48
Number of clients served in 2024: 580
Service areas: All of the tri-state area and California
Languages available: English and Spanish
Priority population(s): All families. We serve a mixed population with various socioeconomic statuses.
Provides no or low-cost services: Yes; we make every effort to support all low-cost and sliding-scale requests as they come in.
Insurance coverage: Some of our affiliated doulas accept Medicaid; also HSA, FSA, and private companies like Carrot.
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 2024: 185
Contact: info@carriagehousebirth.com; www.carriagehousebirth.com

Citywide Doula Initiative

The Citywide Doula Initiative (CDI) provides no-cost birth doula care in underserved neighborhoods of NYC, as well as to residents of homeless shelters and foster homes. It is made up of eight community-based doula programs:

Ancient Song, By My Side Birth Support Program, Caribbean Women's Health Association, Community Health Center of Richmond, Hope and Healing Family Center, Mama Glow Foundation, The Mothership, and Northern Manhattan Perinatal Partnership. Please see details under each program's listing.

Provide doula trainings: Yes; preference to those who are bilingual and/or live in a TRIE neighborhood
Number of doulas trained in 2024: 64
Contact: 844-653-6852, cdi@health.nyc.gov, or nyc.gov/health/cdi

Community Health Center of Richmond

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

Number of doulas: 20
Number of clients served in 2024: 150
Service areas: Staten Island
Languages available: Spanish, French, Creole, Russian, Polish, Twi, Ewe, Yoruba, Fante, Ga
Priority population(s): Women of color, underserved and underinsured
Provides no- or low-cost services: Yes; low income, TRIE ZIP code, shelter
Insurance coverage: Medicaid
Provide doula trainings: No
Contact: Gracie-Ann Roberts-Harris at 917-830-1200 or Gharris@chcrichmond.org; https://chcrichmond.org/

Conscious Birth Collective

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

Number of doulas: 15 active doulas; 52 alumni in our broader network
Number of clients served in 2024: 28
Service areas: Bronx, Manhattan, Queens, Brooklyn, Long Island, northern New Jersey, southern Connecticut
Languages available: English, Spanish, French
Priority population: Black, Latino, African immigrants, Asian immigrants
Provides no- or low-cost services: Yes; we work together to determine how best to meet the needs of both doulas and clients. We partner with community-based organizations to create access and funders to help supplement costs, when possible.
Insurance coverage: At least five of our doulas take Medicaid.
Provide doula trainings: Yes; scholarships are available for doula training and doula mentorship.
Number of doulas trained in 2024: 10 doula participants in TOGETHER Mentorship Program
Contact: consciousbirthcollective@gmail.com; www.consciousbirthcollective.org

Doula Care Postpartum Service

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

good start, and providing practical support to help care for your newborn.

Number of doulas: 10
Number of clients served in 2024: 100
Service areas: NYC
Languages available: English, Italian
Priority population: Inclusive
Provides no- or low-cost services: No
Insurance coverage: Carrot, Maven, and all private fertility-benefit programs
Provide doula trainings: No
Contact: ruth@doulacare.com; www.DoulaCare.com

The Doula Project

The Doula Project is a volunteer-run, collectively led organization. Our only official active initiative at the moment is our National Medication Abortion Hotline. By texting us anytime at 844-518-1672, clients can reach our trained abortion doulas and receive compassionate, non-medical, emotional and informational support before, during, or after a medication abortion. All conversations are confidential and mutually anonymous text-based chats. The service is available to anyone in the United States (including territories) who is having a medication abortion, or to those supporting someone having a medication abortion. We are not currently providing birth doula services via our program, but we can refer to Doula Project doulas who do support births.

Number of doulas: 20
Number of clients served in 2024: 5 birth clients, 40 abortion clients (telehealth)
Service areas: All five boroughs and southern Westchester County; abortion-hotline services are national.
Languages available: English, Spanish, French, Haitian Creole
Provides no- or low-cost services: Birth support provided by Medicaid doula providers. Abortion services at no cost.
Insurance coverage: We make referrals to doulas covering all approved MCO's.
Provides doula trainings: Internal trainings only. Fee is waivable at need.
Number of doulas trained in 2024: 10, for virtual abortion support
Contact: Vicki Bloom at birth@doulaproject.org; www.doulaproject.net

Doulas en Español

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

Service areas: Manhattan, Queens, Brooklyn, Bronx, Westchester County
Languages available: English 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
Contact: Maya Hernandez at doulasenespanol@gmail.com; www.doulasenespanol.com

Healthy Women, Healthy Futures (HWHF)

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

HOPE and Growing HOPE Community Doula Programs

HOPE is a community-based doula model that strives to engage patients of diverse language, race, and ethnicity to

enhance patient experience and build trust; provide social support and expansive local resources; and contribute to addressing the maternal mortality and morbidity crisis within traditionally underserved populations. HOPE integrates community-based doula services into the public hospital system in Queens. Growing HOPE expands the program to provide tailored community-based doula services for individuals who are justice-involved and/or facing housing insecurity. HOPE is a community-academic partnership with Mount Sinai School of Medicine, Health + Hospitals/Elmhurst and Queens, Ancient Song Doula Services, and Caribbean Women's Health Association.

Number of doulas: 30
Number of clients served in 2024: 100+
Service areas: Queens
Languages available: English, Spanish, Bangla, Haitian Creole, Hindi, Urdu, Korean, Nepali, and French
Priority population(s): HOPE: People receiving care at H+H/Elmhurst and Queens Hospitals; Growing HOPE: People who are justice-involved and/or facing housing insecurity in NYC
Provides no- or low-cost services: Yes, HOPE and Growing HOPE doula services are free of cost.
Insurance coverage: None
Provide doula trainings: Yes; some participants receive low- or no-cost enrollment, if they meet these criteria: Queens-based, bilingual.
Number of doulas trained in 2024: 6
Contact: email qfc-referrals@healthsolutions.org (for referrals); kanwal.haq@mssm.edu (for other inquiries); www.hopedoulaprogram.org

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

Number of doulas: 12
Number of clients served in 2024: 50
Service areas: Bedford-Stuyvesant, Brownsville, Bushwick, Canarsie, Coney Island, Crown Heights, East Flatbush, East New York
Languages available: English, Spanish, Haitian Creole
Priority population(s): We provide services to minors with adult consent. We provide services to adults based on ZIP codes and communities.
Provides no- or low-cost services: Yes
Insurance coverage: Medicaid
Provide doula trainings: Yes
Number of doulas trained in 2024: 4
Contact: Suzette Jules-Jack at 347-384-1494 or sjulesjack@hhfamilycenter.org; www.hhfamilycenter.org

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

Number of doulas: 4
Number of clients served in 2024: 58
Service areas: Bronx, Queens, Long Island, Westchester County, Brooklyn, Manhattan, Connecticut, New Jersey
Languages available: English, Spanish
Priority population(s): We have been fortunate to be able to support and provide services to many populations.
Provides no- or low-cost services: Yes, to Medicaid-eligible, low-income individuals

Insurance coverage: Medicaid
Provide doula trainings: Planning to add training in late 2025
Contact: Earlyn Williams at 917-937-6790 or earlyn.maamdoula@gmail.com

Mama Glow

Mama Glow is a leading global maternal-health and training platform that educates and supports more than 2,500 doulas across the U.S. and six 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. 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, Brown University, where our founder, Latham Thomas, is a professor.

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

Number of doulas: 2,500+ across the U.S. and 6 continents
Number of clients served in 2024: 750+
Service areas: New York metro area; we also have doulas in all corners of the U.S.
Languages available: English, Spanish, French, Haitian Creole, Portuguese, Arabic
Priority population(s): We serve all populations, including BIPOC, LGBTQ+, high-risk, unhoused, teens, migrants, immigrants, justice-impacted individuals, families affected 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 NYC) and the Love Delivered program (for BIPOC families in the New York metro area; Washington, DC; Atlanta; Miami; Los Angeles; New Orleans and Baton Rouge).
Insurance coverage: Medicaid
Provide doula trainings: Yes, a six-week on-line training with a year of extended support. Scholarship funding is available through the Mama Glow Foundation.
Number of doulas trained in 2024: 500+
Contact: Mama Glow Foundation: info@mamaglowfoundation.org; www.mamaglowfoundation.org
Mama Glow (general inquiries): cdi@mamaglow.com; www.mamaglow.com

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: 25
Number of clients served in 2024: 200
Service areas: Manhattan and 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: Both pro bono and low-cost services available.

Insurance coverage: Medicaid (Anthem)
Provide doula trainings: Yes; all participants pay to enroll
Number of doulas trained in 2024: 3
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: 35
Number of clients served in 2024: 200
Service areas: NYC, 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: No
Insurance coverage: Expatriate health insurances; in-network for IBCLC consultations
Provide doula trainings: Yes, mentoring webinars (both paid and unpaid)
Number of doulas trained in 2024: 10 who participated in the mentoring course
Contact: Stephanie Heintzeler at 347-257-5157 or stephanie@thenewyorkbaby.com; www.thenewyorkbaby.com

Northern Manhattan Perinatal Partnership

The Northern Manhattan Perinatal Partnership (NMPP) is a maternal and child health organization committed to delivering crucial health and social services to communities throughout the Northern Manhattan area. Our mission is to save babies and help women take charge of their reproductive, social, and economic lives.

Number of doulas: 48
Number of clients served in 2024: 209
Service areas: Harlem, East Harlem, Washington Heights, and the Bronx
Languages available: English, Spanish, French, Garifuna, Fulani, Bambara, Wolof, Arabic
Priority population(s): Low income, recent migrants, single parents, teenagers, individuals in supportive housing
Provides no- or low-cost services: All services are free of charge for those who are Medicaid-eligible.
Insurance coverage: Medicaid
Provides doula trainings: Yes; we have an application process for a scholarship.
Number of doulas trained in 2024: 65
Contact: info@nmppcares.org; www.nmppcares.org

NYC Birth Village

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

Service areas: Manhattan, Brooklyn, Bronx, Queens, Westchester County, eastern New Jersey
Languages available: English, Spanish, Hebrew, Dutch
Priority population(s): We work with a diverse population.
Provides no- or low-cost services: Our beginner-level doulas may be able to provide services at a lower cost.

Provide doula trainings: We don't provide a structured doula-training program for now, 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.
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 NYC and the surrounding areas. We offer quality care for expectant parents and a strong community of support for our doulas. Through ongoing professional development, regular meetings for members, active mentorship, and a commitment to giving back to the community, we strive to offer professional birth doula services within a wide range of experience and fee levels. Every birthing person deserves a doula. We are here and happy to help.

Number of doulas: 13
Number of clients served in 2024: 46
Service areas: Manhattan, Brooklyn, Queens, Bronx, Nassau County, and northern New Jersey
Languages available: English, Spanish
Priority population(s): With deep respect for all identities and traditions, we support the full spectrum of NYC families.
Provides no- or low-cost services: Our doulas provide sliding-scale options.
Insurance coverage: NYC Medicaid managed care and fee-for-service Medicaid plans that cover doula services; Carrot, Maven, and Progyny
Provides doula trainings: We provide mentorship and no-cost onboarding doula training for new Collective doulas.
Number of doulas trained in 2024: 7
Contact: Kiara Gonzalez at nycdcdirector@gmail.com; nycdoulacollective.com

Queens Healthy Start/Public Health Solutions

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

Queens Healthy Start (QHS) is a federally funded program that works to reduce infant mortality and maternal mortality and morbidity in neighborhoods with the poorest birth outcomes. QHS works to improve health and wellness throughout the reproductive life course, with a focus on Black/African American pregnant women and their families, and to reduce inequities in maternal and infant health. Queens Healthy Start is focused on South Queens neighborhoods, including Far Rockaway, where disparities in birth outcomes are greatest.

Number of doulas: 4
Number of clients served in 2024: 32
Service areas: South Queens (ZIP codes 11004, 11005, 11411, 11412, 11413, 11414, 11415, 11416, 11417, 11418, 11419, 11420, 11421, 11422, 11423, 11426, 11427, 11428, 11429, 11432, 11433, 11434, 11435, 11436, 11691)
Languages available: English, Spanish, Haitian Creole, French
Priority population(s): Low income, Black/African American
Provides no- or low-cost services: Yes; free services for those who live in catchment area.
Provide doula trainings: No
Contact: healthystart@healthsolutions.org; https://www.healthsolutions.org/community-work/family-support/home-visiting-programs/healthy-start/

Appendix D: Birth Inequities in New York City

Racial and ethnic inequities in birth outcomes are prominent in NYC. Non-Hispanic Black women are more than six times more likely than non-Hispanic white women to die from pregnancy-related causes and approximately 2.6 times more likely to experience a life-threatening complication of their pregnancy.[14,15] Latina mothers are approximately two times more likely to die from pregnancy-related causes and to experience serious complications relative to white women.[14] Babies born to Black mothers were 2.8 times more likely to die in their first year of life than babies born to white mothers.[16]

Racial disparities persist across several other outcomes that affect the lives of women and birthing people and their babies, including cesarean birth, preterm birth (before 37 weeks of pregnancy), and low birth weight (less than 5 pounds, 8 ounces). Cesarean delivery is associated with more severe maternal health consequences than vaginal delivery, both because it can increase the risk of complications such as hemorrhage and infection, and because it is sometimes necessary to manage serious conditions such as severe preeclampsia.[17–19] Babies delivered by cesarean have a greater risk of developing chronic conditions such as asthma, diabetes, and obesity.[17,20–22] In 2022, Black women in NYC had the highest proportion of cesarean births of all racial and ethnic groups (39% of live births among non-Hispanic Black women, compared to 27% among non-Hispanic white women and 35% among Hispanic women).[14] Additionally, even though babies born to Black mothers made up only 18% of live births in 2022, they represented 26% of all low birth weight babies and 24% of all preterm births that year.[14] This is particularly concerning because low birth weight and preterm birth are key drivers of infant mortality.

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

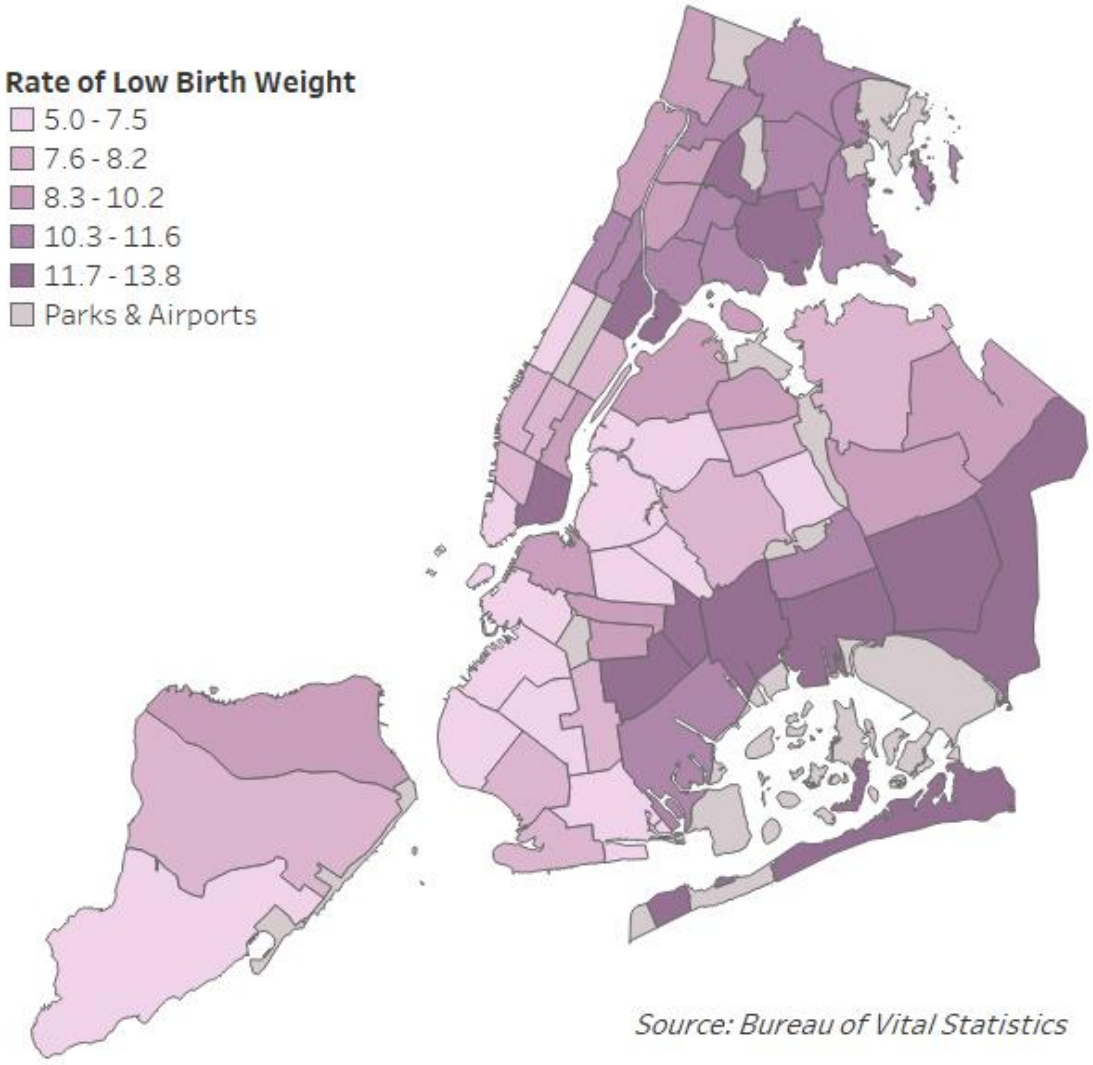
Place also matters. Though New York is one of the wealthiest cities in the U.S., its neighborhoods are some of the most racially and economically segregated in the country.[23] The cumulative impact of discriminatory practices directing where people live and what resources are available in their neighborhoods has contributed to deep and persistent health inequities, including inequities in birth outcomes. Neighborhoods with predominantly Black and Latina/x populations, and where many residents live in poverty, bear some of the highest rates of infant mortality and severe maternal morbidity (life-threatening complications during pregnancy and childbirth) in the city.[14,15] For example, over a two-year period (2013 to 2014, the most recent data available), 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.[15]

The NYC Health Department is actively working with fellow New Yorkers to eliminate these inequities. As noted in the first section of this report, reducing Black maternal mortality by 10% by 2030 is a key component of the city's signature HealthyNYC initiative. More broadly, the agency is working to achieve birth equity by advancing the human right of all pregnant and childbearing people to safe, respectful, and high-quality reproductive and maternal health care.

Low Birth Weight

Rate of Low Birth Weight* by Community District of Residence, New York City, 2022

Citywide Rate: 9.1



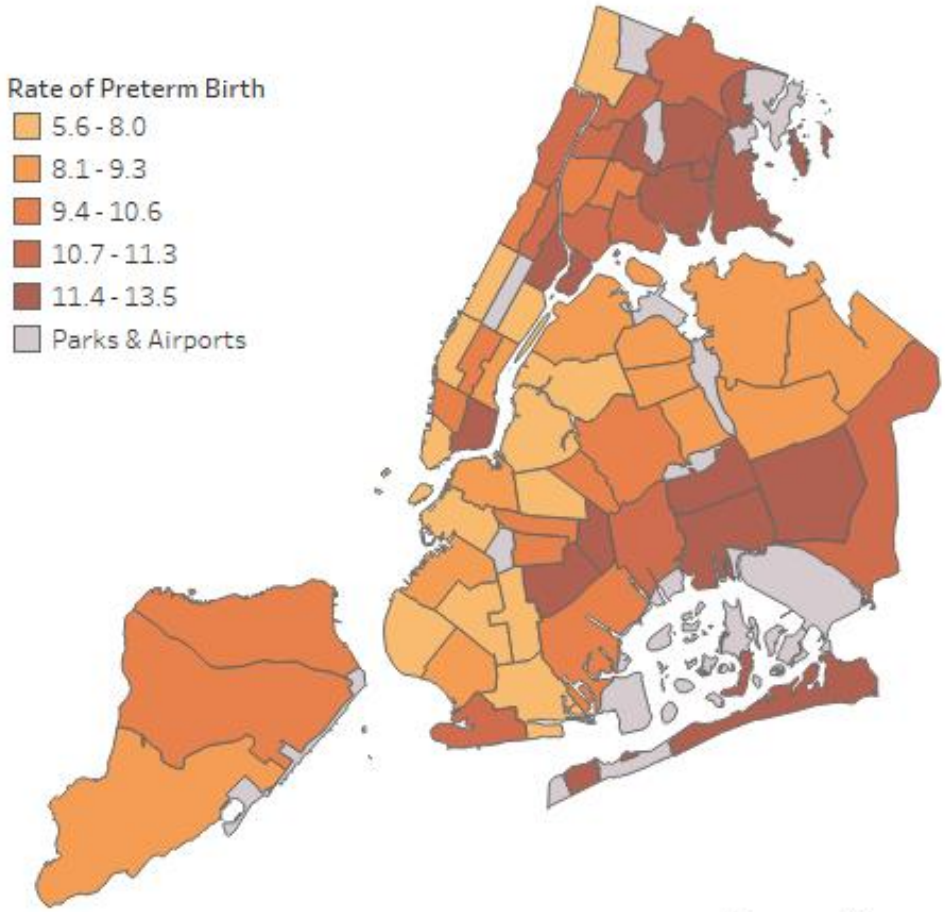
Source: Bureau of Vital Statistics

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

Preterm Birth

Rate of Preterm Birth* by Community District of Residence, New York City, 2022

Citywide Rate: 9.4



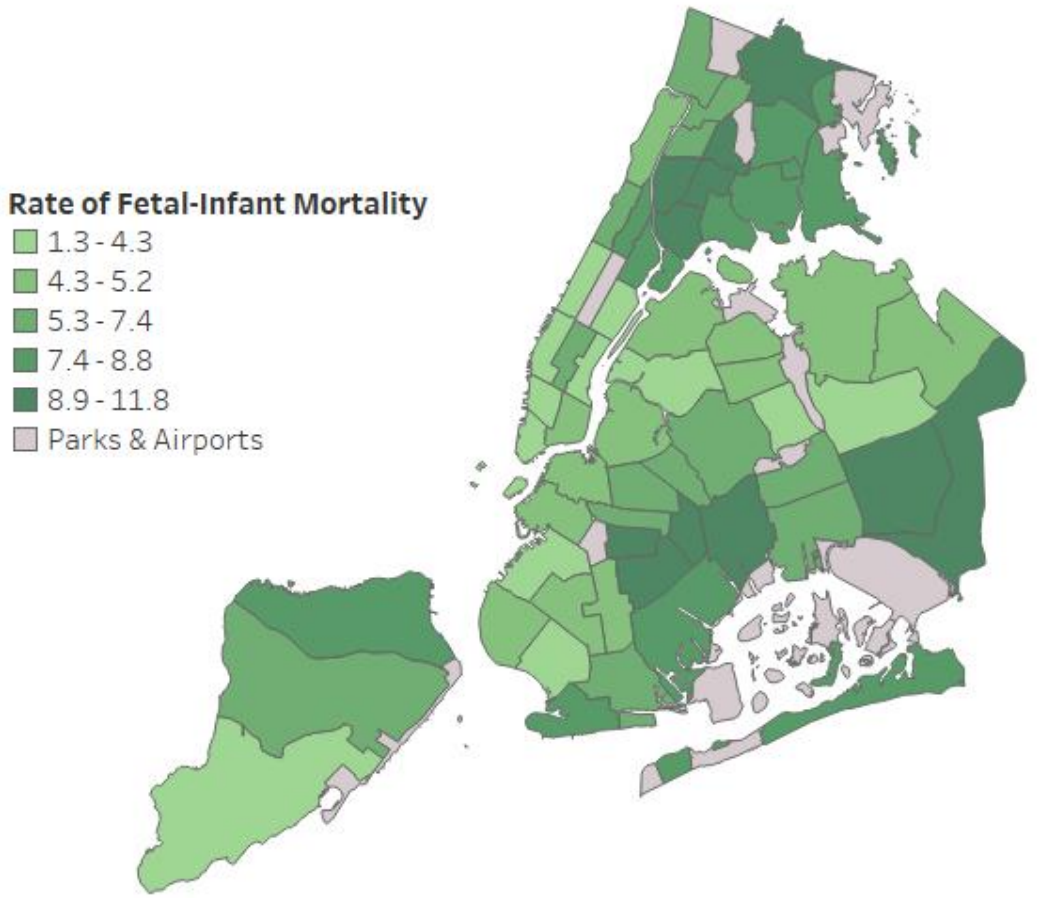
Source: Bureau of Vital Statistics

*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, 2018-2022

Citywide Rate: 6.4



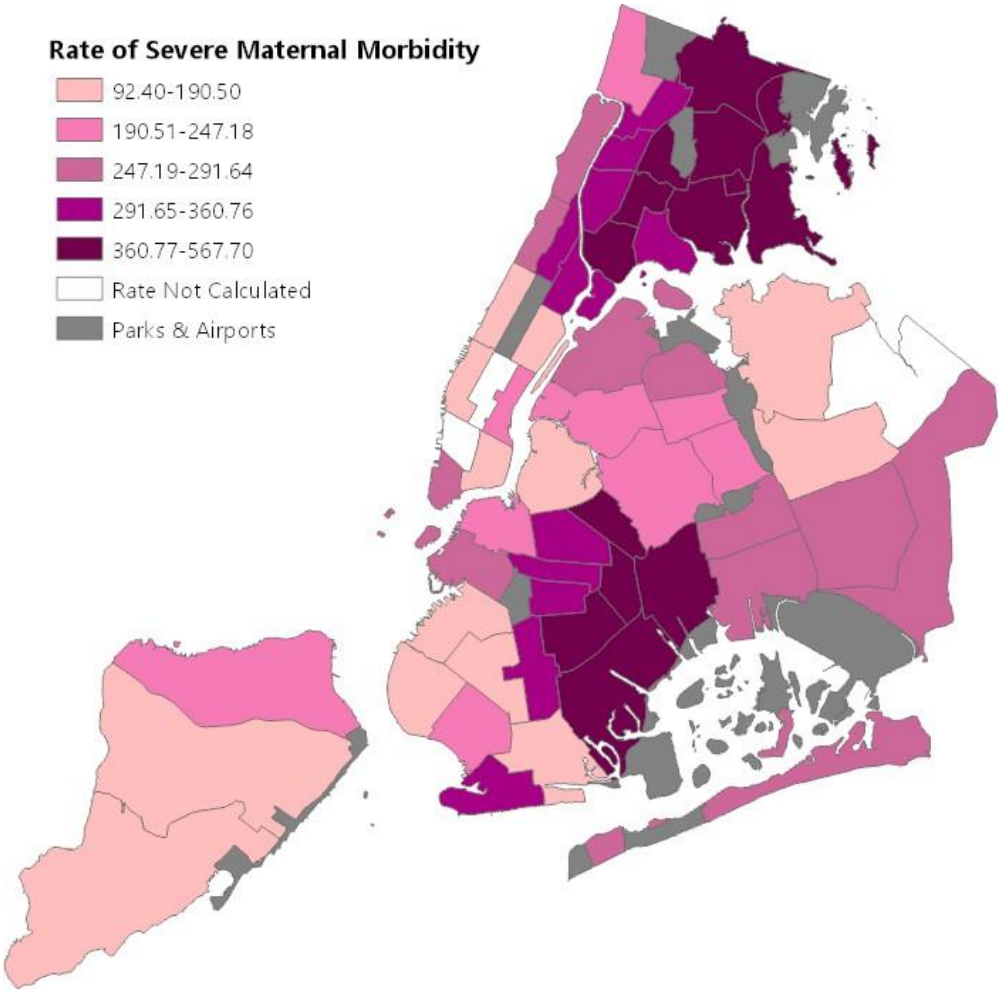
Source: Bureau of Vital Statistics

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

Severe Maternal Morbidity

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

Citywide Rate: 270.2



Source: Bureau of Maternal, Infant, and Reproductive Health

* Most recent years for which data is available

Appendix E: Principles of Doula Support in the Hospital

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 nonmedical 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 with 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

NEW YORK COALITION FOR DOULA ACCESS

A doula-friendly hospital is one that:

- Recognizes that the doula has been chosen by the client to be a part of the labor support team and includes the doula as part of the integrated team for the birth.

- Allows the doula in the labor and delivery room, whether or not the allotted number of support people has been reached.
- Ensures that the doula is treated with respect.
- Understands that the doula supports the client and her desires.
- Allows and supports nonmedical 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 postpartum, 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 U.S. Preventive Services 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:
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https://www.ajog.org/article/50002-9378{08)00775-8/fulltext
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Appendix F: Doula-Friendliness Capacity Assessment

Purpose: For hospitals to assess their doula-friendliness and complete the chart

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?			

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 (for example, 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 toward allotted number of support people. Strict policies prohibiting doulas from being with their client at all times or providing postpartum 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 postpartum. Doulas are not counted toward 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 times 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 postpartum breastfeeding support and additional comfort measures?			

Source: Maternity Hospital Quality Improvement Network (MHQIN)

Appendix G: Benefits of Doula Support in the Scientific Literature

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

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

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

Fewer cesarean deliveries[1,4,8,24–35]

- A meta-analysis of 24 trials showed that women with continuous, one-on-one support were 25% less likely to have a C-section (RR 0.75, 95% CI 0.64 to 0.88).[1]
- A randomized study of 412 nulliparous, laboring women found that 8% of those supported by a doula delivered by C-section, compared to 13% of those observed and 18% of those who received routine care (p=0.06).[24]
- 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).[26]
- 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).[25]
- 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).[27]
- 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).[4]
- 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).[28]
- 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).[29]
- 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).[30]
- 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).[31]
- 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.[32]

- 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.[33]
- 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 (U.S.) from January 1, 2014, and December 31, 2020, found that women who received doula care had 52.9% lower odds of cesarean delivery (OR: 0.471 95%, CI: 0.29–0.79).[8]
- A retrospective cohort study of 8,989 individuals who enrolled in a comprehensive digital health platform found that the completion of at least two virtual appointments with a doula was associated with a 20% reduction in odds of cesarean birth among all users (AOR 0.80, 95% CI, 0.65-0.99) and a 65% reduction among Black users (AOR 0.32, 95% CI, 0.17-0.72), compared to individuals who did not meet with a doula.[34]
- A retrospective cohort study using Medicaid claims data from a national health insurer in the U.S. (722 matched pairs) found that women who received doula support had a 47% lower risk of cesarean delivery compared to those who did not have a doula (aRR=0.53, 95%CI, 0.43-0.66).[35]

Fewer preterm births or low birth weight infants in programs involving prenatal home visits[4,6,9,35–37]

- 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 birth weight rate of 6.5%, as compared with a rate of 11.1% in the project area ($p=0.001$).[6]
- An analysis of 1,079 Medicaid recipients in a Minnesota doula program found a preterm-birth rate of 6.1%, as compared with the national rate for Medicaid-funded births of 7.3% ($p<0.001$).[4]
- 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 birth weight baby (5.8% vs 9.7%, $p=0.0031$).[9]
- A retrospective cohort study conducted at the University of Pittsburgh Medical Center found that for every 100 patients who received doula care, there were 3 to 4 fewer preterm births, compared to those who did not receive doula services (aRD -4.0, 95%CI -6.2 to -1.8).[37]
- A retrospective cohort study using Medicaid claims data from a national health insurer in the U.S. (722 matched pairs) found that women who received doula support had a 29% lower risk of preterm birth compared to those who did not have a doula (aRR=0.71, 95%CI, 0.51-0.98).[35]

Greater likelihood, earlier initiation, and increased duration of breastfeeding[5,7,31,37–42]

- 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).[31]
- 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%, $p=0.01$).[38]

- 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).[39]
- 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).[5]
- 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.[40]
- 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.[41]
- 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 ($p<0.05$).[42]
- A retrospective analysis of 120 doula-supported births in Jefferson County, Alabama, found that doulas were associated with a ten-fold increase in breastfeeding initiation (OR 10.5, 95% CI 5.4–23.2).[7]
- A retrospective cohort study conducted at the University of Pittsburgh Medical Center found that patients who received doula support were 20% more likely to be exclusively breastfeeding at discharge compared to those without doula care (aRR 1.22, CI 1.07-1.38).[37]

Reduced rates of postpartum depression[8,43,44]

- 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, $p=0.0001$).[43]
- 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).[44]
- 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 (U.S.) from January 1, 2014, and December 31, 2020, found that women who received doula care had 57.5% lower odds of postpartum depression/postpartum anxiety (OR: 0.425 95%, CI: 0.22–0.82).[8]

Better mother-baby bonding and improved infant care[29,45–48]

- 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.[29]
- 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 ($P<0.05$).[45]

- 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).[46]
- 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).[47]
- 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).[48]

Reduced need for anesthesia or analgesia[1,5,24–26,49]

- A meta-analysis of 15 trials showed that women with continuous, one-on-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).[24]
- 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).[26]
- 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).[25]
- 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).[5]
- 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).[49]

Shorter labors[1,5,24,29,30,50]

- A meta-analysis of 13 trials showed that women with continuous, one-on-one support had shorter labors by an average of 41 minutes (MD -0.69 hours, 95% CI -1.04 to -0.34).[1]
- A randomized study of 412 nulliparous, laboring women found that those with doula support had an average labor of 7.4 hours, compared to 8.4 hours among those observed and 9.4 among those receiving routine care (p=0.001).[24]
- 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).[29]
- 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).[5]
- 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.[50]

- 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).[30]

Fewer vacuum or forceps births (more spontaneous vaginal births)[1,5,24,25]

- A meta-analysis of 19 trials showed that women with continuous, one-on-one support were 10% less likely to have an instrumental vaginal birth than those without (RR 0.90, 95% CI 0.85 to 0.96).[1]
- A randomized study of 412 nulliparous, laboring women found that those with doula support were 23% more likely to have a spontaneous vaginal birth compared to those who received routine care (RR 1.23, 95% CI 1.10 to 1.38).[24]
- 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.[25]
- 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).[5]

Less need for Pitocin[25,27]

- 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).[25]
- 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).[27]

Higher APGAR scores[1,5,30,50]

- A meta-analysis of 14 trials showed that women with continuous, one-on-one support were 38% less likely to have a baby with a low five-minute APGAR score than those without (RR 0.62, 95% CI 0.46 to 0.85).[1]
- A prospective cohort study of 141 low-income primiparae found that 56.8% of those with doula support had a baby with a one-minute APGAR score of 9 or greater, versus 35.0% of those without doula support.[5]
- 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).[50]
- 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).[30]

More positive feelings about the birth[1,38,42,49]

- A meta-analysis of 11 trials showed that women with continuous, one-on-one support were 31% less likely to report negative feeling about their birth experience than those without (RR 0.69, 95% CI 0.59 to 0.79).[1]
- A randomized controlled trial of 189 nulliparous women found that those with doula support were more likely to report that they coped well during labor than those without (59 vs 24%, p=0.0001).[38]

- 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%, $p<0.001$).[42]
- 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.[49]

Appendix H: References

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