

Terms and Conditions Report

Terms and Condition Report: As a condition of the funds in unit of appropriation number 001 in the H+H budget and unit of appropriation numbers 103/113 and 107/117 in the DOHMH budget, H+H and DOHMH shall submit to the Council, no later than June 30, 2025, a report on City Health Department programs providing resources related to:

- doulas and midwives
- disaggregated by borough and aggregated citywide.

City Health Department programs providing resources to doulas and midwives

Program/Initiative	Boroughs vs Citywide	Description
Midwifery Initiative U/A 103/113	Citywide	Landscape Assessment of NYC Midwifery Care – The Department has allocated funds to conduct this assessment in FY26 using university-based NYC midwifery care researchers. Funds have been allocated for this work in FY26. In FY26, the Department will convene a midwifery steering committee of stakeholders, including City and State professional leaders in midwifery, midwifery directors of hospital services, senior clinicians, new midwives, and student midwives to make recommendations and facilitate a landscape assessment to better understand quantitative and qualitative data about the impact of midwifery care and birth outcomes in both hospital and out-of-hospital settings, with an emphasis on practice paradigms, autonomy, scope, and integration.
		Evaluate Integration of Midwifery Care Models – In FY26, the initiative will partner with University-based NYC midwifery care researchers to conduct evidence-based research in collaboration with DOHMH to develop an assessment tool to measure the successful integration of midwifery care models into maternal health care settings. Capacity Building – The initiative will use the results of the landscape assessment to partner with multi-sector stakeholders to identify, support, and advocate for the enhancement and expansion of midwifery educational, clinical training opportunities, and practice paradigms that emphasize its independence as an art and science, explicitly focusing on the intersections of US midwifery

		history as it relates to the socio-cultural context of obstetrical care, reproductive justice, birth equity, respectful care, and integrative care models that uplift human rights, honor the value of cultural concordance, and resist the medico-technocratic-patriarchal model of medicine.
Citywide Doula Initiative U/A 107 and 117	Citywide (TRIE neighborhoods, shelters, and foster homes in all 5 boroughs, and pregnant people under the age of 20)	The Citywide Doula Initiative (CDI) is a mayoral initiative, now codified in 2022's Local Law 85, that works to improve birth outcomes and address NYC's inequities in maternal and infant morbidity and mortality in three ways: Direct services – Providing professional, no-cost birth doula services to eligible residents of TRIE (Taskforce on Racial Inclusion and Equity) neighborhoods, as well as those living in a homeless shelter or in foster care or are under the age of 20. Capacity building – Building and strengthening the doula workforce, including by training and mentoring community members as doulas.
		Doula-friendly hospitals – Supporting hospitals in creating doula-friendly environments and referring patients for doula support. CDI staff and partners also collaborate with community-based, government, and health-care partners to work toward systems-level change, such as Medicaid reimbursement for doulas and a doula-friendly hospital designation.
		CDI Partner Organizations: o Ancient Song Doula Services o By My Side Birth Support Program o Community Health Center of Richmond o Caribbean Women's Health Association o Hope and Healing Family Center o Mama Glow Foundation o Northern Manhattan Perinatal Partnership o The Mothership
		The CDI aims to serve 1,000 birthing people and families per year. In 2024, the CDI provided no-cost doula services to 1,128 new clients, exceeding this goal.

By My Side Birth Support Program U/A 103	Brooklyn	By My Side is DOHMH's original doula program, founded in 2010 and operated by Healthy Start Brooklyn. It is the model for and one of the partners in the Citywide Doula Initiative. After more than a decade of serving lowincome, predominantly Black and Latina residents of central and eastern Brooklyn, the program has now expanded to support residents of TRIE neighborhoods throughout the borough, as part of the CDI. In 2024, doulas attended 93 births to Healthy Start Brooklyn clients.
Healthy Women, Healthy Futures U/A 117	Citywide	Healthy Women, Healthy Futures (HWHF) was created by the New York City Council in 2014 to provide birth and postpartum doula care to women living in NYC, with priority given to those with an elevated risk for negative maternal and infant health outcomes. The program also trains community members as doulas, thus increasing the diversity of the doula workforce in the city and the capacity to provide culturally relevant services. HWHF services are provided by three contractors, with fiscal administration by DOHMH. HWHF Partner Organizations: o Brooklyn Perinatal Network (predominantly serving Brooklyn) o Community Health Center of Richmond (predominantly serving Staten Island) o Caribbean Women's Health Association (predominantly serving the Bronx, Manhattan, and Queens) In 2024, 469 individuals received doula support through the HWHF program.
"State of Doula Care in NYC" reports U/A107/117	Citywide	Each year, the Health Department publishes a report on the "State of Doula Care in NYC." Mandated in 2018 by Local Law 187, the report includes a plan for increasing access to doulas for pregnant people in the city, areas and populations in which residents have especially poor birth outcomes, known doula programs, and updates on major developments in the doula community during the past year. The six reports published to date serve as a resource for many in the doula community, as well as elected officials and academics. Reports may be found at http://nyc.gov/health/doula .

TRIE (Taskforce on Racial Inclusion & Equity) Neighborhoods: Underserved communities identified by the Taskforce on Racial Inclusion & Equity and most adversely impacted by COVID-19. In addition, these are communities that have high rates of other health and socioeconomic disparities.