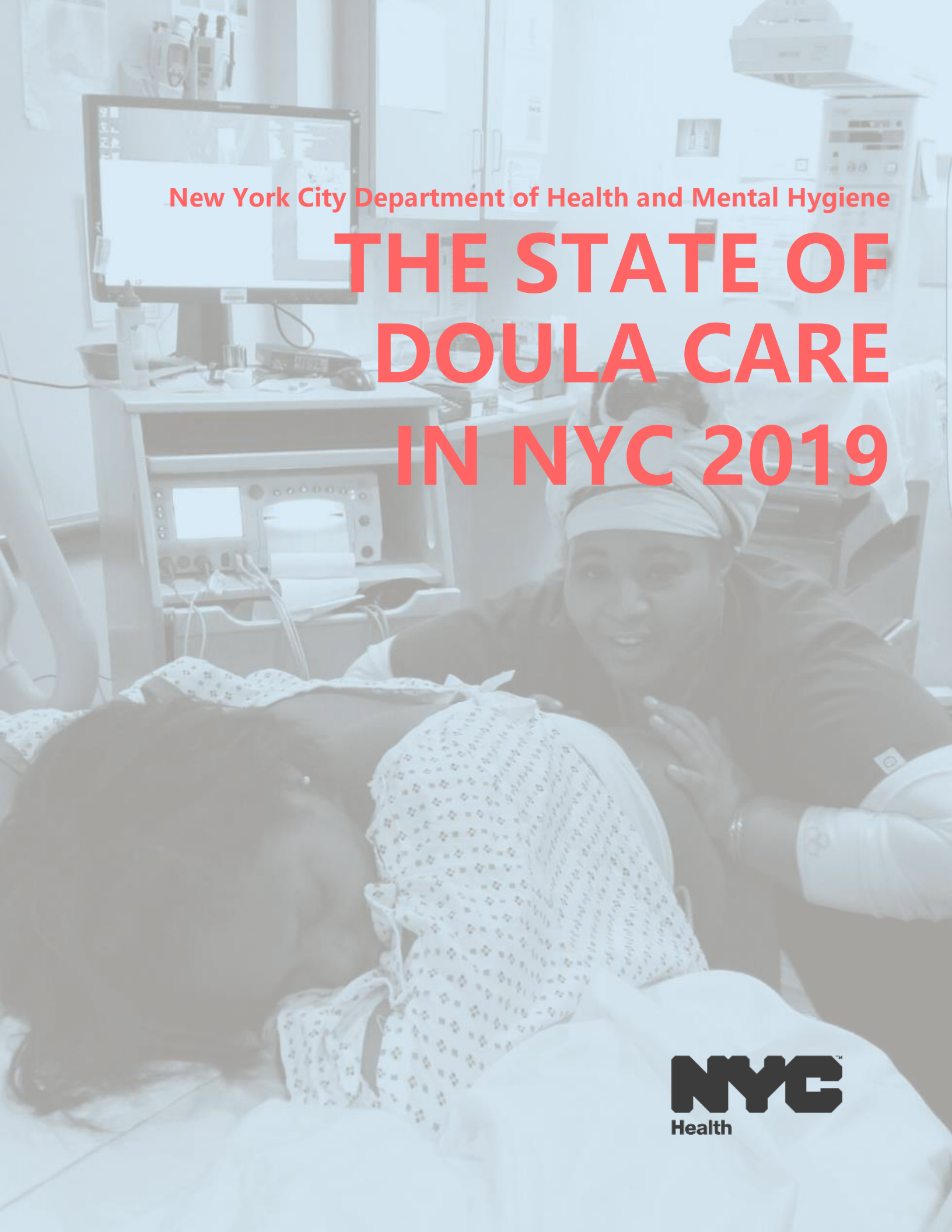

New York City Department of Health and Mental Hygiene

THE STATE OF DOULA CARE IN NYC 2019

NYC Health

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CONTENTS

PURPOSE

This report is being published pursuant to Local Law 187 of New York City (Appendix A). The report describes the landscape of doula care in New York City (NYC), including challenges to obtaining doula support, and ways to expand access to doula services in the city. Because expansion of doula services will require a system-wide approach, this report also makes recommendations for key stakeholders.

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

In partnership with the New York City Council, the Health Department is committed to expanding access to doula care in NYC, especially for those who need it most. The agency 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.

The Health Department collaborated with community partners to develop the report, including doulas, directors of doula programs, and policy experts, all of whom have been key voices in advocacy around doula care.

OVERVIEW

Despite having better overall life expectancy and lower infant death rates than the United States (US) as a whole, New York City mirrors the US in its inequitable rates of infant death, maternal death and life-threatening complications during delivery. Babies born to non-Hispanic Black (Black) mothers[a] are three times more likely to die in their first year of life than babies born to non-Hispanic White (White) mothers.[1] Black women are 8 times more likely than White women to die from pregnancy-related causes, and nearly three times as likely to have a life-threatening complication of delivery, also called severe maternal morbidity.[2,3]

Racial inequities are also documented in other birth outcomes that affect the lives of mothers and their babies, including breastfeeding initiation and duration, Cesarean birth, preterm birth (before 37 weeks of pregnancy) and low birthweight (less than 5 pounds, 8 ounces). This is noteworthy because preterm birth and low birthweight are key drivers of infant mortality (the death of a child before the age of one). These differences are unfair, avoidable and unacceptable.

One promising strategy for improving birth outcomes is the support of a doula. Doulas are individuals trained to provide non-medical physical, emotional, and informational support to childbearing people and their families. Doula care has been associated with lower rates of Cesarean birth, preterm birth, low birthweight, and postpartum depression, as well as with increased rates of breastfeeding, and greater patient satisfaction with maternity care.[4-9]

The support provided by doulas during labor can reduce inequities in maternal and infant health outcomes and improve the birth experience. By focusing on the needs of the childbearing parent, doulas enhance individuals' self-efficacy and reduce stress during labor. Many doulas also take a holistic approach to addressing their clients' needs before or shortly after childbirth, providing assistance with nutrition, breastfeeding support, and social needs like housing or food insecurity.

Some doulas are trained specifically to focus on the days and weeks just after birth. These postpartum doulas, who specialize in support for the family of a newborn, can also improve health outcomes, through education in breastfeeding and newborn care, as well as helping clients identify and follow up on any warning signs in the health of baby or mother.

Nationwide, increased recognition of these health benefits has led to a surge of interest in creating doula programs, including at the municipal and state levels.[10] Much of this interest is related to the promise of financial savings from lower rates of Cesarean sections and expensive neonatal intensive

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

care.[11-13] However, while doula support should be an integral part of the compendium of care that a person giving birth receives, it is important to note that doulas alone cannot solve the inequities in birth outcomes that result from centuries of structural inequality, obstetric violence and medical racism. Improving these outcomes will require a range of strategies that prioritize women's health and address the root causes of racial inequities in birth outcomes – structural inequalities and the chronic stress of racism and patriarchy on the lives of women, particularly women of African and Hispanic descent.

Key recommendations to stakeholders for improving access to doulas in the city:

- Continue to support programs that serve pregnant people who experience disproportionately low access to doula care and who work towards addressing drivers of poor maternal and infant health outcomes. As well as efforts to train residents of marginalized communities to be doulas.
- Institutions such as hospitals, birthing centers and maternity care providers should require mandatory training for staff on racial and implicit bias as well as how to provide respectful care for all patients, as outlined in the NYC Standards for Respectful Care at Birth. Trainings should be designed in consultation with the communities that these institutions serve.
- Institutions such as hospitals, birthing centers, and maternity care providers should increase staff awareness of the evidence-based benefits of doula care. The benefits of doula care should be promoted to expectant parents through written information as well as events like "Meet the Doula" night.
- Institutions such as hospitals, birthing centers and maternity care providers should adopt a doula-friendly hospital policy, as outlined in the Principles of Doula Support in the Hospital (see Appendix B) from the New York Coalition for Doula Access.
- Insurers and managed care organizations should cover doula services and offer reimbursement for birth- and postpartum-doula services at market rates.
- Doula organizations and programs should provide ongoing mandatory trainings on topics such as trauma-informed care, perinatal mood and anxiety disorders, respectfully navigating the hospital environment, and support services available to low-income pregnant people and their families.
- Community health advocates should continue to increase awareness of the evidence-based benefits of doula care among pregnant people and efforts to improve access to doulas.

"Doulas are not the sole answer to poorer birth outcomes for people of color. Systemic racism within the medical establishment needs to be addressed."

- From a current NYC Doula

WHAT IS DOULA CARE?

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

Birth doulas typically meet with clients for one or more visits prenatally to help prepare them for birth, as well as one or more times postpartum. Birth doulas are present during labor and birth to offer help and guidance on comfort measures such as breathing, relaxation, movement, positioning, and comforting touch. Immediately after birth, they support skin-to-skin contact and breastfeeding. Birth doulas connect clients with additional resources, assist them in navigating hospital protocols, and facilitate informed, collaborative decision-making by encouraging respectful and constructive communication between clients, their families, and the medical team.

Postpartum doulas work with families in the first few weeks and months after birth, providing non-medical support to assist with the transitions of the postpartum period and caring for a newborn. They nurture the new family unit by providing evidence-based educational information, supporting parent-infant bonding, and providing practical help with cooking and other household duties, to allow parents time to rest and focus on the baby. A postpartum doula helps new parents understand what to expect from their baby and teaches infant-soothing and coping skills.

Community-based doulas work in programs specifically established to provide free or low-cost doula support in communities that lack access to these services. Community-based doulas are often members of the community they serve, sharing the same racial/ethnic background, culture and/or language with their clients. Community-based doula programs generally encompass all the services that private doulas offer, while offering additional home visits and a wider array of services and referrals for individuals who need more comprehensive support. These doulas are trained to address the social and material needs of their clients in addition to their birth-related needs. For instance, a community-based doula might refer a client to a food pantry, a housing program, or a source for free diapers. Community-based doulas have training that supplements the traditional doula curriculum and receive support from their programs in navigating the social determinants of health that contribute to birth inequities.

"It was my first experience. I was scared. But with her, she made it okay. It seemed like I went through this before. I felt so comfortable. I wasn't scared anymore... I was happy. Even though I was overdue by two weeks! But it was perfect... it was fine... I had so much support."

- Doula Client

WHY SHOULD PREGNANT PEOPLE HAVE DOULA SUPPORT?

Consistent evidence shows that doula support is associated with improved birth outcomes and a better labor and birth experience. A Cochrane Systematic Review, widely considered to be the gold standard in determining the effectiveness of health-care practices, concluded that continuous support during labor is most effective in improving birth outcomes when provided by a trained doula.[4]

Benefits of birth doula support include:

- Less likely to have an instrumental vaginal birth (vaginal delivery accomplished with the aid of forceps or a vacuum device) or Cesarean delivery than those without a doula present.[4,7,8,14]
- Less likely to have their labor induced and to receive pain medications.[4,14-16]
- Associated with a shorter labor, earlier breastfeeding initiation, and better mother-baby bonding.[4,17-19]
- Infants are more likely to have a higher APGAR score – an assessment of a baby's health right after birth.[4,8,15,17]

Doula support after birth also offers benefits to mothers and babies. Studies indicate that postpartum doula services are correlated with greater breastfeeding initiation and duration, less postpartum depression, improved maternal responsiveness and competence, and increased continuity of care for the new family.[20-23]

Researchers are beginning to examine the impact of programs that provide community-based support, including three or more prenatal home visits. Early evidence (including from the Health Department) suggests that clients in such programs are less likely to have a preterm or low-birthweight baby.[7,9] It is possible that, in addressing the social and psychological needs of their clients, community-based doulas help address persistent inequities in birth outcomes.

"Much of my work is to make sure that a woman knows her rights."

- Doula

"It was exceptional. She [my doula] was observant and positive to everything. She reassured me everything was going to be okay because I was worried a lot."

- Doula Client

INEQUITIES IN BIRTH OUTCOMES

Despite record low rates of infant mortality in NYC, racial inequities in birth outcomes persist. Black women are 8 times more likely than White women to die from pregnancy-related causes and 2.6 times more likely to experience a serious complication of giving birth.[2,3] Babies born to Black mothers are three times more likely to die in their first year of life than babies born to White mothers.[1]

Racial disparities are also documented in other birth outcomes that impact the lives of mothers and their babies, including Cesarean birth, preterm birth (before 37 weeks of pregnancy), and low birthweight (less than 5 pounds, 8 ounces). Women who have Cesarean deliveries have a greater risk of dying or developing severe complications of their pregnancy[24-26], and their babies have a greater risk of developing chronic conditions such as asthma, diabetes, and obesity.[24,26-29] In 2016, Black women in NYC had the highest proportion of Cesarean births of all racial and ethnic groups.[1] Additionally, even though babies born to Black mothers made up 19% of all births in 2016, they represented 28% of all low-birthweight babies and 26% of all preterm births that year.[1] This is noteworthy because low-birthweight infants and preterm birth are key drivers of infant mortality.

Immigration-related stressors may also influence birth outcomes. NYC researchers comparing rates of preterm birth before and after the 2016 presidential election found a statistically significant increase among foreign-born Hispanic women, which they attributed to anti-immigrant and anti-Hispanic rhetoric used during and after the campaign, as well as to federal immigration raids that may have increased stress among immigrant populations.[30]

Place also matters. NYC neighborhoods are some of the most racially and economically segregated in the country,[31] and these differences deeply affect birth outcomes. Neighborhoods with predominantly Black and Hispanic populations, and where many residents live in poverty – such as East Flatbush and Brownsville in Brooklyn, Williamsbridge and Mott Haven in the Bronx, and Jamaica in Queens – have some of the highest rates of infant mortality and severe maternal morbidity in the city.[1,2] For example, over a two-year period (2013 to 2014), the rate of severe maternal morbidity ranged from 92.4 for every 10,000 live births in Borough Park, Brooklyn, to 567.7 for every 10,000 live births in East Flatbush – a six-fold difference.[2]

METHODOLOGY

For this report, the Health Department conducted an online assessment of doula providers to capture information about the doula workforce, including service delivery, client characteristics and challenges to doula work. The survey was open for responses for two weeks in the Spring of 2019. It was distributed through local doula programs and was also posted to several online doula groups.

Of the 122 doulas who responded to the survey, 108 met the inclusion criteria of having provided services in NYC within the past three years. Although the doulas varied by race, ethnicity, age, borough of residence, length of time providing services, and practice structure, we cannot be certain that the doulas surveyed are representative of the current NYC doula workforce.

We also conducted an assessment of doula organizations, sending a survey to all 13 known organizations and programs providing doula services in the city. We sought information about their client population, services offered, payment structure, and training and client capacity. Six organizations responded: Ancient Song Doula Services, Baby Caravan, Bikur Cholim, By My Side Birth Support Program, Doula Care, and Healthy Women, Healthy Futures. These organizations are profiled in Appendix C, which also contains information about the other seven organizations.

See Appendix D for survey instruments.

DOULA WORKFORCE IN NYC

No exact count of doulas providing services in NYC currently exists. The Metropolitan Doula Group, the largest doula network in the city, estimates that 200 to 300 birth and/or postpartum doulas are active in NYC, though the organization also has members based elsewhere in the metropolitan area. DONA International, the nation's largest doula-certifying association, reports that 187 DONA-certified doulas are actively working in NYC. Ancient Song Doula Services (ASDS), a community-based doula program based in Brooklyn, estimates that 188 ASDS-certified doulas are actively working in NYC. Of the 108 doulas in our survey, 65% were DONA-certified and 20% were ASDS-certified. Based on this information, the number of doulas working in NYC could range from 300 to 900 individuals. However, there is no way of confirming accuracy since doulas can work independent of organizations, and there is no required certification, licensing, or registration process for doulas. Our survey found that one in every three doulas surveyed was not affiliated with a private group practice or a community-based program, and four percent had no certification or organizational affiliation.

Among the six NYC organizations surveyed as part of this report, the total workforce was 165 (ranging from 15 to 50 doulas at each organization). However, a single doula may be affiliated with multiple organizations, so this total likely does not represent unique doulas.

Training and Certification

Typically, doula trainings include two to three days of in-person instruction. Training curricula vary but usually cover essentials of doula care, comfort techniques, coaching, and business skills. Most trainings also offer hands-on practice. Doulas seeking certification usually have one to two years post-training to complete requirements for certification, which include additional self-study as well as a required number of births to attend. While certification is not required to practice as a doula, certified doulas are often paid at a higher rate than those who are not, which may incentivize some doulas to attain certification.

Numerous doula training and certifying organizations operate in NYC. DONA International trainers provide multi-day workshops at numerous locations throughout the year. Several community-based doula programs, including the NYC-based ASDS, also provide doula training and certification. These trainings generally include navigating the social determinants of health affecting birth disparities, understanding local resources and referral options, and applying a reproductive justice framework. They prepare doulas to engage with families experiencing institutional racism and discrimination in health care.

"...my interest in the doula training was that I had a desire, a deep desire to foster wellness in my community... And it was really really really important for me that it was in Brooklyn where I was born."

- Doula trainee

DOULA PROGRAMS IN NYC

Currently NYC has at least 13 organizations offering doula care services. Of these, five operate as community-based doula programs: ASDS, Bikur Cholim, By My Side Birth Support Program (BMS), Healthy Women, Healthy Futures (HWHF) and The Doula Project. The following eight operate as private, for-profit entities: Baby Caravan, Birth Focus, Birthday Presence, Doula Care, Carriage House Birth, Mama Glow, NYC Doula Collective, and Uptown Village Cooperative. Also, there are at least two medical facilities offer doula programs for their patients - Maimonides Medical Center, in Brooklyn, and a community health center of Montefiore Medical Center, in the South Bronx.

In addition to direct doula care services, many of the organizations offer training to become a doula including, ASDS, Bikur Cholim, Birthday Presence, Carriage House Birth, The Doula Project, HWHF, and Mama Glow. The training curricula vary by organization. For example, Bikur Cholim uses the DONA curriculum, whereas ASDS and The Doula Project have each developed their own curriculum. HWHF uses both ASDS and DONA International trainings.

BMS offers six-month apprenticeships to newly trained doulas living in central and eastern Brooklyn who are working towards certification. The Doula Apprenticeship Program aims to prepare new doulas to join existing community-based doula programs and/or to provide independent services in the community. Launched in 2018, the program provides mentoring, support, and professional development in areas such as traditional doula care, case management, and referral skills, thereby increasing the number of community-based doulas who are prepared to support clients experiencing multiple stressors and challenges. Apprentices receive a small stipend, as well as guidance and support toward certification.

PAYING FOR DOULA SERVICES

A 2014 report by the nonprofit organization Choices in Childbirth found that the average cost of birth-doula services in NYC in private practice was $1,200, with a range of $150 to $2,800+, depending on the doula's experience. Among doulas surveyed by the Health Department for this report, the average cost of birth-doula services was $1,550 per client, with a range of $225 to $5,000 this cost included a range of two to 12 home visits. The average hourly fee for postpartum services was $48, with a range of $19 to $300. Most birth doulas include one to two postpartum visits in their fee.

Doula support is typically not covered by private insurance, though some plans have reimbursed for services on a case-by-case basis. Of the doulas surveyed for this report, 45 percent had clients who requested insurance reimbursement, and 37 percent of those (18 doulas) reported that some clients had been successful. In addition, eight doulas reported that their clients had been reimbursed through a health savings plan. Information about insurance coverage for doula support is not currently centralized. For this report, we made calls to the following NYC-based insurers to ask if they cover doula care: Aetna, Cigna, EmblemHealth, Empire Blue Cross Blue Shield, Fidelis Care, Healthfirst, MetroPlus, Oscar, and UnitedHealthcare. Only Fidelis Care reported covering the services. However, some representatives we spoke to were unfamiliar with doula services. Thus, it is difficult to properly assess which insurers cover this care.

Medicaid also does not typically cover doula support, though Minnesota and Oregon now include birth-doula support in their Medicaid services. Implementation in both states has faced numerous challenges, and to date, utilization by doula providers has been low.[32,33] New York and other states are currently exploring how best to offer doula services to Medicaid patients. In April 2018, New York State (NYS) announced a comprehensive initiative to target maternal mortality and reduce racial disparities in health outcomes, including a Medicaid pilot program to cover doula services in Erie County (Buffalo) and Kings County (Brooklyn). However, to date, the Kings County pilot is on hold due to lack of doula participation. In Kings County, doulas expressed concern about the low rate of reimbursement ($30 for a home visit and $360 for labor and delivery) and the requirement that each doula bill Medicaid directly for services rendered. Given that doulas typically spend one to three

hours at a home visit (plus travel time) and that birth doulas are on call several weeks for each client and can spend several days at a birth, the state reimbursement rates is likely below minimum wage. Additionally, the pilot does not provide a mechanism for compensating community-based doula programs that provide professional development and support to doulas as they address the needs of clients facing complex social, economic and environmental issues despite the fact that these doulas may be best prepared and suited to serve Medicaid clients. This is supported by the survey data we collected where almost two-thirds (65%) of community-based doulas reported that most or all of their clients were Medicaid patients, compared to 11% of private doulas. Importantly, the Kings County pilot also omits three zip codes in Brownsville and East New York, where levels of need are among the highest in the city.

Free and low-cost doula services are available from various doula organizations throughout the city, including community-based programs that are grant-funded, city-funded, sliding scale, and volunteer. Additionally, some private group practice models have tiered systems for payment based on doula experience, with Level 1 doulas typically having attended up to 10 births; the fee increases as the doula gains experience. In addition, some individual doulas offer pro bono services in their private practices. The number of pro bono clients they see per year varies, and many doulas who offer volunteer services are newly trained and working toward certification.

In addition, local doulas have established several programs to meet the need for doula support in communities that have faced historical barriers to accessing doula care, such as limited availability and language barriers. These include ASDS, Bikur Cholim, and The Doula Project. Finally, at least two medical facilities offer free doula support to their patients. In Brooklyn, Maimonides Medical Center has more than 130 birth and postpartum doulas who volunteer their services in a program that began in 2000. In the South Bronx, one of Montefiore Medical Center's community health centers has coordinated with a doula trainer since November 2017 to connect pregnant patients to volunteer doulas.

"The current model for doula services is very difficult. Most doulas are underpaid so much so that they cannot do this work without support of someone else in the household. Many of us are working to change this model of care so that it is sustainable and beneficial for all parties involved."

- Current NYC Doula

"Most pregnant women that need the help of a doula do not know who a doula is, also not aware if she is entitled to one. More awareness is needed. If possible, hospitals should refer a new delivery mom or family that need doula help to doula services if she doesn't have one."

- Current NYC Doula

"I fear the reimbursement program won't work because it is not enough money to support people to do this crucial and taxing work."

- Current NYC Doula

ACCESSING DOULA SERVICES

There is currently no data source to enumerate births attended by doulas in NYC. However, it is likely that doulas provide labor support at only a small proportion of NYC births. A national survey found that only 6 percent of women who gave birth in 2011 and 2012 had a doula present. For women without doula support, overall 25 percent indicated they would have liked to have had doula support, including 39 percent of Black women.[34] Since this survey was published, media attention about doulas has increased substantially, which has likely increased the demand for doula services. Increasing the availability of free or low-cost doula services—including through NYS's Medicaid Doula Pilot Program—will also likely increase the demand for doula services.

However, the demand for doulas is not being met by the current workforce. Cost and the small number of practicing doulas are two major barriers to accessing doula care. Among doulas surveyed for this report, 9 of every 10 have turned clients away, for reasons including clients' living outside their coverage area (47%), being already booked with other families (43%), and clients' being unable to afford their fee (37%). These findings varied by the structure of the doula practice. A greater proportion of private doulas (91%) reported turning away clients compared to community-based doulas (78%). Approximately half of private doulas reported turning away a client because the person lived outside the doula's coverage area or could not afford the fee, compared to 17% and 4% of community-based doulas. Additionally, while 72% of private doulas turned away clients because they were already booked, only 26% of community-based doulas reported the same. However, it should be noted that one-third of community-based doulas worked in programs that handled enrollment for them, so it is possible that additional clients were turned away at the program level.

Due to limitations in data regarding the number and location of births attended by a doula in NYC, it is difficult to determine which geographic areas suffer disproportionately low access to doulas. In our survey, doulas reported providing services in all five NYC boroughs, with coverage being highest in Brooklyn (with 82% of respondents serving that borough), Manhattan (70%), and Queens (66%). Staten Island had the least coverage (13%), followed by the Bronx (42%).

Doula service provision also varied by community district, ranging from one doula who reported providing services in South Ozone Park-Howard Beach to 63 in Bedford-Stuyvesant. Of the 15 community districts with the highest proportion of births in 2016, nine were served by fewer than 25% of the doulas surveyed (Borough Park, East New York-Starrett City, and Sunset Park in Brooklyn; Elmhurst-Corona, Flushing-Whitestone, Jackson Heights, and Jamaica-Hollis in Queens; and Highbridge-Concourse and Parkchester-Soundview in the Bronx). Of those nine community districts, all but one (Jamaica-Hollis) were among the highest-poverty neighborhoods in NYC.

New Yorkers who primarily speak another language may experience challenges obtaining doula services in that language. Only one-third of doulas surveyed provided services in a language other than English. Among doulas who spoke a language in addition to English, more than half spoke Spanish (53%), followed by French (16%), Hebrew (9%), Haitian-Creole (7%), and Russian (2%). Additional languages spoken include Yoruba, Afrikaans, Italian, and German. Doula services were offered in two to six languages other than English at the organizations we surveyed.

"There are many women asking for doula care, but I cannot possible accommodate [all of them]. Other doulas I know charge and the women cannot afford [the fee]. "

- Current NYC Doula

MIDWIFERY CARE & DOULA CARE

Access to doula support relies on many factors, including awareness that the service exists and the ability to pay for the care (e.g. have it reimbursed, and/or find a source of free or low-cost care.) A more subtle factor for birth-doula support is the receptivity of hospital staff to the work of the doula. While this varies from provider to provider and hospital to hospital, midwives in general tend to be particularly supportive of doulas.

Midwives focus on the full spectrum of maternity needs, providing holistic care that centers both the physiologic and the psychologic needs of the patient.[35,36] Rooted in a relational model of care, midwifery care treats birth as a normal and natural process that should be atraumatic, empowering, satisfying, healing, and safe, even if a risk condition develops. According to the Midwives Alliance of North America[b], core principles of the midwifery model of care include: monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle; providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support; minimizing technological interventions; and identifying and referring women who require obstetrical attention.

The standard medical model, by contrast, focuses acutely on risk management,[37] and the resulting over-medicalization often leads to a negative cascade of interventions that disrupt the necessary hormonal pathways needed for physiologic birth.[38] Birth is essentially a healthy process for most birthing people. Just as most people do not have digestive issues, most will not have birth issues. Yet in the United States, alone among high-income countries, rates of maternal morbidity and mortality

[b] https://mana.org/about-midwives/midwifery-model

are rising. The US is also the only high-income country that has not embraced the midwifery model of care as the standard for all pregnant people,[39] despite its association with improved birth outcomes. US states with greater integration of midwives have higher rates of spontaneous birth (as opposed to cesarean, vacuum, or forceps birth), vaginal birth after cesarean, and breastfeeding. These states also have significantly lower rates of preterm birth, low birthweight, and neonatal death.[40] Women who receive midwifery care report understanding their prenatal progress better, feeling supported when they ask questions, and being offered reliable sources for further information. Benefits extend to the postpartum period, with increased skin-to-skin contact, breastfeeding support, and mental health support.[41,42]

The midwifery model of care actively supports the inclusion of doulas as a valuable part of the maternity care team. Many midwives encourage doula support for their patients, often referring pregnant people to doula care providers. Philosophically, midwifery care and doula care are aligned in maintaining autonomy and ensuring confidence, knowledge, and respect for birthing people through the powerful processes of labor, birth, and the postpartum period.[43] United, the midwifery model of care and doula care provide complete emotional, psychological, and physiological support

"The optimum way to provide the safest, kindest, and emotionally rewarding experience for birth is to have a doula in attendance. It is the most obvious and cost-effective answer for decreasing maternal morbidity and mortality."

- Barbara Bechtel, CNM, MS (midwife)

PLAN FOR IMPROVING ACCESS TO DOULA CARE IN NYC

There are four key components to increasing access to doula support in NYC: increasing access for underserved communities, making hospital environments more welcoming of doulas, amplifying community voices to help expand access to doula services, and improving data collection. Much of this work has already begun; additional work is planned.

1. Increase access to doulas in underserved communities

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

Existing Work:

By My Side Birth Support Program

The By My Side Birth Support Program (BMS) offers free doula services in Black and Hispanic neighborhoods that have been historically deprived of resources. Launched in 2010 as part of Healthy Start Brooklyn (a federally-funded program that seeks to improve maternal, infant and family health, and to reduce disparities), BMS makes birth-doula care available to women who live in its catchment area and meet income eligibility requirements for WIC or Medicaid. Since 2010, BMS doulas have attended more than 750 births and supported almost 1,000 families. BMS has also sponsored or co-sponsored four doula trainings for 60 community members, five of whom were subsequently contracted as BMS doulas. Currently, the program enrolls up to 300 pregnant people per year in Brownsville and East New York.

In 2017, BMS published the paper "Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population" in the *Maternal and Child Health Journal,* with data showing that between 2010 and 2015 program participants had lower rates of preterm birth and low birthweight than other residents of the catchment area. In addition, almost all clients surveyed said they would recommend the program or use it in a future pregnancy. Over the past five years BMS has provided consultation and technical assistance on its model to more than a dozen organizations, both in NYC and in other parts of the country and the world.

Healthy Women, Healthy Futures

Healthy Women, Healthy Futures (HWHF) is a citywide doula initiative funded by the New York City Council developed to improve health outcomes for birthing people and infants in NYC and to increase the diversity of the doula workforce in the city. Launched in 2014, the program is currently coordinated by two community-based organizations (Brooklyn Perinatal Network and the Caribbean Women's Health Association) and a federally qualified health center (Community Health Center of

Richmond). HWHF provides culturally-appropriate doula support to clients before and during birth and postpartum support. HWHF prioritizes pregnant and postpartum individuals with an elevated risk for negative maternal and infant health outcomes based on neighborhood, race, ethnicity, language, socio-economic status, health status, or other factors, but all pregnant people are eligible to receive services. To date, the program has served over 1,000 clients.

The HWHF program also provides two to four free birth and postpartum doula trainings a year. At least 12 trainings have been conducted since the program start, serving approximately 250 to 275 doulas. The program has also offered Certified Lactation Counselor (CLC) trainings.

Both BMS and HWHF provide structured mentoring and professional development to improve their doulas' skills, including workshops in hands-on doula care, intimate-partner violence, perinatal mood and anxiety disorders, cultural competence for doulas, race and equity, motivational interviewing, navigating the hospital system, and developing a doula business model. More than 130 doulas have received training in these areas. Doulas in both programs assist clients with breastfeeding and parenting, developing a reproductive life plan, and screening and referrals for postpartum depression and other beneficial social services. They work with clients to identify and address complex needs often related to social, economic and environmental challenges such as homelessness, mental illness, and intimate partner violence.

New York Coalition for Doula Access

The Health Department's doula programs provide backbone support for the New York Coalition for Doula Access (NYCDA), a statewide coalition that aims to expand access to perinatal support for all, with a particular focus on communities that are at greatest risk for poor outcomes. Created in 2011, NYCDA has advocated for statewide Medicaid policy changes. In October 2014, Choices in Childbirth, with the support of other NYCDA members, released *Doula Care in New York City: Advancing the Goals of the Affordable Care Act*, on which this report builds. Recognizing that provider support is an essential component of a doula's work as part of a birthing person's care team, in 2017 NYCDA created the "Principles of Doula Support in the Hospital," described below. Most recently, members of the group have provided information and feedback to the NYS Medicaid Office for its design of the Doula Pilot Program.

2. Create doula-friendly hospitals

Effective doula support during labor and delivery relies heavily on a collaborative relationship between the doula and the hospital care team. The quality of these relationships, however, may vary from hospital to hospital and provider to provider. Laying the groundwork for consistently positive relationships is a crucial aspect of improving access to doula support.

Existing Work:

Principles of Doula Support in the Hospital

In 2017, NYCDA created the "Principles of Doula Support in the Hospital," outlining the doula's role during the hospital stay and how hospital personnel can support the doula's work as part of a birthing person's care team. The document lay out the roles and responsibilities of a doula, and ways that a hospital can become "doula friendly." (See Appendix B.) NYCDA also works to foster partnerships among hospitals and medical providers, birth support workers, advocacy groups, and other stakeholders to increase understanding of the evidence showing benefits of doula support, in order to promote acceptance of doulas in medical institutions.

Maternal Care Connection & Maternity Hospital Quality Improvement Network Initiatives

The Health Department recently launched quality-improvement initiatives through the Maternity Hospital Quality Improvement Network (MHQIN) and the Maternal Care Connection (MCC). These initiatives address clinical and institutional drivers of racial inequities in Severe Maternal Morbidity (SMM) and Maternal Mortality (MM) and will serve a total of 24 NYC Maternity hospitals over a four-year period, including 14 hospitals in cohort one and 10 in cohort two. MHQIN and MCC address inequities in SMM and MM through a six-pronged approach: (1) supporting the development of individual hospital committees to review SMM cases, (2) conducting trainings in trauma- and resilience-informed care, implicit bias, and systems change to address racial inequities and transform organizational trauma in maternity hospital settings, (3) fostering best practices through ongoing medical simulation trainings, (4) supporting hospital-driven quality-improvement projects, (5) supporting implementation of the NYC Standards for Respectful Care at Birth (see description below), and (6) community engagement, including strengthening healthcare-system linkages to community-based resources, including free or low-cost doula programs.

Doula Support Assessment Tool

BMS and HWHF have developed a Doula Support Assessment Tool, currently being piloted in Brooklyn, to measure the amount and type of support that birth doulas are able to provide in a hospital setting, from triage to postpartum. The tool will be used to identify where doulas can provide their full range of services and where they experience barriers. Data from this tool is expected to identify patterns in hospital practices that may impede the effectiveness of doula support, which can then be addressed to make hospitals more doula friendly.

60% of doulas surveyed reported that at least some of their clients expressed a desire to be accompanied in labor and birth by more people than were allowed by hospital policy or staff restrictions.

Doula survey

"Doula work is so important, but are we also seeing a focus/working on changing hospital policies? …My hope is that we can figure out a way to make sure that there is accountability on the medical side… think about how much we could do if so much of our work wasn't fighting for things that should be GIVEN to every birthing person!"

- Current NYC Doula

3. Amplify community voices

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

Existing Work:

NYC Standards for Respectful Care at Birth

The Health Department partnered with community leaders, activists, and nonprofit organizations in the Sexual and Reproductive Justice Community Engagement Group to develop the New York City Standards for Respectful Care at Birth. The Standards inform, educate and support people giving birth, with a focus on six areas of respectful care: education, informed consent, decision making, quality of care, support and dignity, and non-discrimination. The Standards outline the right of people giving birth to receive information about doula support and to have their doula present during delivery and other procedures. The Health Department employs Birth Justice Champions who work within communities to disseminate the Standards, ensuring that people giving birth know their human rights and are active decision-makers in their birthing experience.

Neighborhood Birth Equity Strategy

The Health Department's Birth Equity Strategy is a comprehensive initiative to address the root causes of persistent, intolerable, and preventable racial/ethnic disparities in infant mortality and SMM. As part of this effort, the Department develops partnerships with community-based and faith-based organizations, as well as other stakeholders seen as trusted messengers in their respective neighborhoods. Through its Community Engagement framework, the Department disseminates neighborhood-specific information about severe maternal morbidity and infant mortality and offers opportunities to increase the capacity of local organizations to address the root causes and contributing factors to birth inequities. The Department has engaged community boards and CBO's across the city promoting doula services, as part of efforts to improve maternal and infant outcomes.

Neighborhood Health Action Centers

The Health Department has established Neighborhood Health Action Centers (Action Centers) in neighborhoods that bear a disproportionate burden of health challenges, including high rates of infant mortality and severe maternal morbidity. The Action Centers, located in East Harlem (Manhattan), Tremont (the Bronx) and Brownsville (Brooklyn), have a strong history of building trusting relationships, providing programming, and linking residents to services at the neighborhood level. The Action Centers will improve public awareness of doula support and its benefits through strategies such as "Meet the Doula" events with free and low-cost doula programs, and presentations on the evidence-based benefits of doula support and how to find a doula.

4. Improve data collection

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

Existing Work:

Annual assessment of doula providers

In creating this report, the Health Department conducted an assessment of doula providers, both individual and organizational, to better understand the landscape of doula care in NYC and to increase awareness of available programs within communities. These surveys will be repeated on an annual basis and refined based on feedback.

Planned Work:

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS is an ongoing population-based survey of new mothers in NYC, funded by the Center for Disease Control and Prevention. Prior to the 2022 roll-out of the next PRAMS phase, there will be an opportunity to propose new questions to the survey. Because no reliable data exist on the number of doulas working in NYC, nor on the number of births and/or new parents supported by doulas, the Health Department will explore whether adding new questions pertinent to labor and postpartum support will inform future planning around infant and maternal mortality.

Assessment of demand for doulas through NowPow

NowPow is a resource directory and referral system that allows community members to find health care, social services, and public health programs, while connecting the provider network to facilitate referrals. The Health Department and NYC Health + Hospitals (H+H) have joined six of the major health systems and the Greater New York Hospital Association in contracting with NowPow. NowPow provides 1) social needs screening, 2) a comprehensive resource directory, 3) bi-directional referral management, and 4) a client-centered action plan with reminder tools. The Health Department plans to employ a number of strategies to estimate the number and characteristics of referrals to doula support using the NowPow technology.

Directory: NYC doula providers

The Health Department will host a directory of doula providers in NYC on our website. The directory will capture information on types of services offered, coverage area, and cost of services. The directory will be updated annually, and doulas may register with the Health Department to be added to the directory. This resource will assist pregnant people and their families looking for doula support and will also help us assess the number of doulas providing services in the city.

Directory: Insurance coverage of doula support

The Health Department will assess which NYC-based insurers cover doula care. This information will be captured in a directory, accessible on our website, so New Yorkers may utilize it as a resource for determining which insurers cover doula care. The directory will be updated periodically.

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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 - PRINCIPLES OF DOULA SUPPORT IN THE HOSPITAL

NYCDA

New York Coalition for Doula Access

PRINCIPLES OF DOULA SUPPORT IN THE HOSPITAL

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

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

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

What a doula does:

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

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

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

CREATING A DOULA-FRIENDLY HOSPITAL

A doula-friendly hospital is one that:

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

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

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

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

DOULA ORGANIZATIONS IN NEW YORK CITY[1]

Ancient Song Doula Services

Ancient Song Doula Services (ASDS) is a Full Spectrum Doula Services organization offering comprehensive evidence-based care. ASDS provides direct doulas services for abortions, adoption, birth, postpartum support focused on women of color, low income, and undocumented persons to address inequalities within healthcare access. ASDS also trains and certifies doulas and provides educational workshops and advocacy in reproductive justice and birth justice.

Number of doulas: 40
Number of doulas trained in 2018: 250
Number of clients served in 2018: 275
Service areas: All five boroughs and Northern New Jersey
Languages available: Arabic, Chinese (Mandarin), French, Haitian Creole, Hebrew, Spanish
Client demographics: Black/Hispanic (majority); White, American Indian or Alaska Native, Middle Eastern or North African, and Asian
Provides free or low-cost services[2]: Free and sliding scale
Contact: Chanel Porchia-Albert at 347-480-9504 or chanel@ancientsongdoulaservices.com

Baby Caravan

Baby Caravan is a doula matching business, which connects parents with a team of vetted doulas. Baby Caravan offers birth and postpartum doula services.

Number of doulas: 42
Number of clients served in 2018: 205
Service areas: All five boroughs
Languages available: Italian, Portuguese, Spanish
Provides free or low-cost services: No
Contact: Jennifer Mayer at 646-617-9927 or jen@babycaravan.com

Bikur Cholim

Bikur Cholim is a general social service agency in the Willowbrook community of Staten Island. They support a food pantry, furniture recycling service, hospital and nursing home visitation program, and several other ongoing programs.

Number of doulas: 6
Number of doulas trained in 2018: 6
Number of clients served in 2018: 15
Service areas: Willowbrook, Eltingville, Pleasant Plains

[1] The organizations listed responded to the Health Department's request for program information and are not representative of all doula organizations in NYC.
[2] Organizations provide free or low-cost services based on specific eligibility criteria, often related to the client's socioeconomic status.

Languages available: Hebrew, Yiddish
Client demographics: White (100%)
Provides free or low-cost services: Free and sliding scale
Contact: Mindy Fried at 718-494-4343 or bikurcholimsi@gmail.com

Birth Day Presence

Birth Day Presence is the premier provider of smart, non-judgmental childbirth education, doula services and on-demand lactation support in NYC, serving savvy New Yorkers since 2002. Over 20,000 expectant and new parents served. Whatever your schedule, whatever your birth plan, we've got classes and support for you.

Number of doulas: 40
Number of doulas trained in 2018: 250
Number of clients served in 2018: 478
Service areas: Park Slope, Greenpoint, Union Square, Midtown
Languages available: English
Provides free or low-cost services: Tiered rates – services start at $400
Contact: 917-751-6579

By My Side Birth Support Program

The By My Side Birth Support Program (BMS) is part of Healthy Start Brooklyn and is an initiative of the NYC Health Department. Launched in 2010, BMS aims to reduce inequities in birth outcomes by providing free, comprehensive doula support to pregnant people living in Brownsville and East New York. 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. The program currently has 15 doulas, including two who are former clients.

Number of doulas: 15
Number of clients served in 2018: 167
Service areas: Brownsville and East New York
Languages available: French, Haitian Creole, Spanish
Client demographics: Black (majority), Hispanic, Middle Eastern or North African, and White
Provides free or low-cost services: All services are free
Contact: Gabriela Ammann at 718-637-5231 or gammann@health.nyc.gov

Doula Care

Doula Care is a private, for-profit LLC Doula agency since 1994 that matches postpartum doulas with clients, and when continuity of care is requested, also matches certified labor support doulas.

Number of doulas: 15
Number of clients served in 2018: 260
Service areas: Bronx, Brooklyn, Manhattan, Queens
Languages available: French, Italian
Client demographics: White (majority), Black, Middle Eastern or North African, and Hispanic

Provides free or low-cost services: Please inquire
Contact: Ruth Callahan at 212-749-6613 or ruth@doulacare.com

Healthy Women, Healthy Futures

Healthy Women, Healthy Futures is a citywide doula initiative, with coordination provided by Brooklyn Perinatal Network, Caribbean Women's Health Association, and Community Health Center of Richmond. In addition to birth and postpartum doula care, the collective services provided by these three organizations include support services for the maternal child health population, legal and immigration services, HIV/AIDS education, prevention and testing, health insurance enrollment, parenting workshops, community and school health education workshops, mentorship programs, doula programs and clinical care including reproductive health care and birth and postpartum doula care.

Number of doulas: 50
Number of doulas trained in 2018: 46
Number of clients served in 2018: Over 200
Service areas: All five boroughs
Languages available: French, Haitian Creole, Russian, Spanish, Russian and African dialects
Client demographics: Black (majority), Hispanic, Middle Eastern or North African, and White
Provides free or low-cost services: All services are free
Contact: Denise West (Brooklyn) at 718-643-8258 x21 or dwest@bpnetwork.org
Debra Lesane (Queens, Bronx and Manhattan) at 718-826-2942 x203 or dlesane@cwha.org
Gracie-Ann Roberts-Harris (Staten Island) at 917-830-1200 x7627 or gharris@chcrichmond.org

NYC Doula Collective

The NYC Doula Collective is a community of birth workers serving New York City and the surrounding areas with prenatal, labor and postpartum services. We offer both quality care for expectant parents and a space for doulas to build a strong sense of doula community. Through ongoing professional development, regular meetings for members, active mentoring, and a commitment to giving back to the community through educational workshops, our collective strives to create a close-knit community of doulas offering NYC families professional birth doula services in a range of fee levels.

Number of doulas: 20
Number of clients served in 2018: 250
Service areas: All five boroughs and Westchester
Languages available: English, Spanish
Provides free or low-cost services: Tiered rates – services start at $500
Contact: nycdoulacollective@gmail.com

ASSESSMENT OF DOULA CARE PROVIDERS IN NYC

Introduction

In November 2018, the New York City Council enacted legislation mandating that the NYC Department of Health and Mental Hygiene conduct an annual assessment of doula providers, and develop a plan to increase access to doula care in NYC.

We are seeking to present an accurate and personal representation of the current landscape of doula care and the challenges you face in your work. We know the powerful, transformative impact that doula care can have, and you provide the information and details to convey this message most effectively.

Please fill out our survey and tell us about your experiences as a doula and the clients you work with in your practice.

Thank you in advance for your time and effort.

Survey Eligibility

1. Have you been actively providing doula services during the last three years in the five boroughs of New York City?

   ☐ Yes

   ☐ No

   ↳ If you are a trained doula, but are not currently providing services, please describe what factors have led to your not actively participating:

Doula Demographic Information

We are asking questions about your personal information (age, background, race and ethnicity, income) because we want to be sure that a wide variety of perspectives are included in this survey.

2. In which NYC borough do you live?

   ☐ Bronx

   ☐ Brooklyn

   ☐ Manhattan

   ☐ Queens

   ☐ Staten Island

3. What is your age? _____

4. Do you identify as Latino/Latina/Latinx or Hispanic?

   ☐ Yes

   ☐ No

5. Which one or more of the following would you say is your race? (Check all that apply)

   ☐ American Indian or Alaska Native

   ☐ Asian

   ☐ Black or African American

   ☐ Middle Eastern or North African

   ☐ Native Hawaiian or Pacific Islander

   ☐ White

- ☐ Prefer not to answer
- ☐ Something else
  - ↳ Please describe: _____

6. Were you born in the US?
   - ☐ Yes
   - ☐ No
     - ↳ What country were you born in? _____

7. Which languages other than English can you use with your clients?
   - ☐ Arabic
   - ☐ Chinese (Cantonese)
   - ☐ Chinese (Mandarin)
   - ☐ French
   - ☐ Haitian Creole
   - ☐ Hebrew
   - ☐ Russian
   - ☐ Spanish
   - ☐ Yiddish
   - ☐ I only speak English
   - ☐ Other
     - ↳ Please specify languages:

8. Have you used any of these languages with your clients?
   - ☐ Yes
   - ☐ No

Background

9. For how long have you been providing services as a doula?
   - ☐ Less than one year
   - ☐ 1-3 years
   - ☐ 4-6 years
   - ☐ 7-9 years

☐ 10 or more years

10. What type of doula services do you provide?

☐ Birth

☐ Post-partum

11. How many clients have you served as a doula? (your best estimate is fine)

Total number of clients ever _____

Clients in the last 12 months _____

12. What best describes the structure of your doula practice: (check all that apply)

☐ Private individual doula practice

☐ Private group doula practice

☐ Hospital based doula group or program

☐ Doula group or program serving people in low-income or medically underserved communities

☐ Other

↳ Please specify the type of program: _____

13. For how much longer do you anticipate continuing to provide doula services?

☐ 0-1 years

☐ 2-5 years

☐ 5 or more years

☐ Not sure

Certification and Training

14. How would you describe your doula certification status?

☐ Currently certified

☐ Actively pursuing certification

☐ Lapsed certification

☐ Trained but not certified

☐ Other

↳ Please specify: _____

15. With what certifying entity(ies) have you obtained or pursued certification (check all that apply)

- ☐ ALACE (Association of Labor Assistance and Childbirth Educators)/ToLabor
- ☐ Ancient Song Doula Services
- ☐ Birth Arts International
- ☐ CAPPA (Childbirth and Postpartum Professional Association)
- ☐ Childbirth International
- ☐ DONA
- ☐ Village Birth International
- ☐ The National Association to Advance Black Birth (formerly International Center for Traditional Childbearing)
- ☐ Other
  - ↳ Please specify: _____

Availability of Services

16. I sometimes have to turn clients away because: (check all that apply)

- ☐ I am already booked
- ☐ Other responsibilities make it impossible to take on more clients
- ☐ Client is too far away or not in my coverage area
- ☐ Not a good fit with client's needs/preferences
- ☐ Client cannot afford the fee
- ☐ I never have to turn away clients
- ☐ Other
  - ↳ Please specify: _____

17. In which NYC boroughs have your clients lived?

- ☐ Bronx
- ☐ Brooklyn
- ☐ Manhattan
- ☐ Queens
- ☐ Staten Island

Income and Fees

18. If you provide birth doula services, what is the standard full fee you are paid per client for attending a birth? $_____

19. What does this fee for birth doula services include? _____

20. If you provide post-partum doula services, what is the standard hourly fee you are paid for providing these services? $_____

21. In an average month, how much income do you generate from all doula related work? (your best estimate is fine) $_____

22. Do you provide services pro bono or on a sliding scale?
    - ☐ Pro bono
    - ☐ Sliding scale

23. Is doula related work your primary source of income?
    - ☐ Yes
    - ☐ No **[SKIP TO Q25]**

24. Is doula related work the primary source of income for your household?
    - ☐ Yes
    - ☐ No

25. Approximately how many of your clients pay for their medical care with Medicaid?
    - ☐ None
    - ☐ A Few
    - ☐ Some
    - ☐ Most
    - ☐ All

Insurance Reimbursement

26. To your knowledge, have any of your clients tried to get insurance reimbursement for doula services?
    - ☐ Yes

☐ No **[SKIP TO Q30]**

27. To your knowledge, have any of your clients succeeded in obtaining insurance reimbursement for doula services?

☐ Yes

☐ No

28. If you know, please indicate which insurance companies have actually reimbursed your clients for their doula services:

29. If you know, please indicate the average amount that your clients were reimbursed for doula services:

$_____

Client Characteristics

The following questions ask you to identify characteristics of your clientele. You can base your answer on how you believe your clients would answer for themselves. Your best guess is fine.

30. How many of your clients are Latino/Latina/Latinx or Hispanic?

☐ None

☐ A Few

☐ Some

☐ Most

☐ All

31. How many of your clients are:

	None	A Few	Some	Most	All
American Indian or Alaska Native	○	○	○	○	○
Asian	○	○	○	○	○
Black or African American	○	○	○	○	○
Native Hawaiian or Pacific Islander	○	○	○	○	○
Middle Eastern or North African	○	○	○	○	○
White	○	○	○	○	○

Something else	○	○	○	○	○

If something else, please specify:

32. Approximately how many of your clients are members of the LGBTQ community?

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All

33. How many of your clients were born in a country other than the US?

- ☐ None
- ☐ A Few
- ☐ Some
- ☐ Most
- ☐ All

34. If you regularly serve foreign-born clients, please list the three most common countries of origin for this client population:

35. How many of your clients have a preferred language other than English?

- ☐ None
- ☐ A Few
- ☐ Some
- ☐ Most
- ☐ All

36. Of your clients who have a preferred language other than English, how many prefer to speak:

	None	A Few	Some	Most	All
Arabic	○	○	○	○	○

Chinese (Cantonese)	○	○	○	○	○
Chinese (Mandarin)	○	○	○	○	○
French	○	○	○	○	○
Haitian Creole	○	○	○	○	○
Hebrew	○	○	○	○	○
Russian	○	○	○	○	○
Spanish	○	○	○	○	○
Yiddish	○	○	○	○	○
Other	○	○	○	○	○

If other, please specify language and number of clients (i.e. none, few, etc.):

37. Approximately how many of your clients in the last 3 years:

	None	A Few	Some	Most	All
Were giving birth for the first time?	○	○	○	○	○
Were under age 20?	○	○	○	○	○
Entered pregnancy with a pre-existing, chronic health condition, including obesity, diabetes, or chronic hypertension?	○	○	○	○	○
Had a mental health condition?	○	○	○	○	○
Had a substance use disorder?					
Were the survivor of a sexual trauma or domestic violence?	○	○	○	○	○
Had other risk factors that could affect their pregnancy (e.g. housing insecurity, immigration concerns)?	○	○	○	○	○

If other, please specify:

38. During labor and birth, approximately how many of your clients are accompanied by just you, their doula?

- ☐ None
- ☐ A Few
- ☐ Some
- ☐ Most
- ☐ All
- ☐ I only provide post-partum services

39. How many of your clients have expressed a desire to be accompanied in labor and birth by more people than were allowed by hospital policy or staff restrictions?

- ☐ None
- ☐ A Few
- ☐ Some
- ☐ Most
- ☐ All

40. Is there anything else you would like to tell us?

We appreciate that your time is valuable and thank you for filling out this questionnaire. We are looking forward to sharing the results of this survey and our upcoming plan to increase access to doula care in NYC.

If you have any questions, please contact Gabriela Ammann at gammann@health.nyc.gov.

Thank you!

ASSESSMENT OF DOULA CARE ORGANIZATIONS IN NYC

In November 2018, the New York City Council enacted legislation mandating that the NYC Department of Health and Mental Hygiene conduct an assessment of doula providers, and develop a plan to increase access to doula care in NYC. We are seeking to present an accurate representation of the current landscape of doula services available in New York City. Please fill out our survey and tell us about your doula program/ organization and the clients it serves.

Thank you in advance for your time and effort.

General Information

1. Please provide a brief overview of your organization, including the services you provide:

2. What is your organization's contact information?

   Primary contact full name:

   Phone number:

   Email address:

   Organization website:

3. What type of doula services does your organization provide? (check all that apply)

   ☐ Birth

   ☐ Post-partum

4. What best describes the structure of your doula organization: (check all that apply)

   ☐ Private group doula practice

   ☐ Hospital based doula group or program

   ☐ Doula group or program serving people in low-income or medically

   ☐ erserved communities

   ☐ Other

   ↳ Please specify the type of program:

5. Which neighborhoods does your organization serve?

Doula Training and Certification

6. What requirements are there for doulas to work with your organization?

7. Does your organization train individuals to become doulas?

☐ Yes

↳ In 2018, how many individuals were trained as doulas?

☐ No

8. Does your organization assist trained doulas in becoming certified?

☐ Yes

↳ In 2018, how many doulas were certified?

☐ No

9. Other than certification, does your organization offer professional development training for doulas?

☐ Yes

☐ No

Doula Characteristics

10. In 2018, how many doulas worked with your organization?

11. In 2018, how many of your doulas were:

	None 0%	A Few 1-30%	Some 31-50%	Most 51-90%	All 10%
American Indian or Alaska Native	☐	☐	☐	☐	☐
Asian	☐	☐	☐	☐	☐
Black or African American	☐	☐	☐	☐	☐
Native Hawaiian or Pacific Islander	☐	☐	☐	☐	☐
Middle Eastern or North African	☐	☐	☐	☐	☐
White	☐	☐	☐	☐	☐
Something else	☐	☐	☐	☐	☐

If something else, please specify:

12. Which languages other than English does your organization offer doula services in?

(check all that apply)

- ☐ Arabic
- ☐ Chinese (Cantonese)
- ☐ Chinese (Mandarin)
- ☐ French
- ☐ Haitian Creole
- ☐ Hebrew
- ☐ Russian
- ☐ Spanish
- ☐ Yiddish
- ☐ Only English
- ☐ Other
  - ↳ Please specify languages:

Client Characteristics

13. In 2018, how many clients did your organization serve?

14. In 2018, did you ever have to turn clients away because all of your doulas were booked with other clients?

- ☐ Yes
- ☐ No

15. In 2018, how many of your organization's clients were:

	None 0%	A Few 1-30%	Some 31-60%	Most 61-90%	All 10%
American Indian or Alaska Native	☐	☐	☐	☐	☐
Asian	☐	☐	☐	☐	☐
Black or African American	☐	☐	☐	☐	☐
Native Hawaiian or Pacific Islander	☐	☐	☐	☐	☐
Middle Eastern or North African	☐	☐	☐	☐	☐
White	☐	☐	☐	☐	☐
Something else	☐	☐	☐	☐	☐

If something else, please specify:

16. In 2018, what was the age range of clients your organization served?

to years old

17. In 2018, what proportion of your clients lived below the Federal Poverty Limit?

- ☐ Less than 25%
- ☐ 25-50%
- ☐ 51-75%
- ☐ More than 75%

18. What requirements are there for clients to receive doula services from your organization?

Cost of Services

19. Does your organization provide free doula services?

- ☐ Yes
  - ↳ What is the eligibility criteria for clients to receive free doula services?
- ☐ No

20. If your organization provides doula services on a sliding scale, what is the range of fees on that scale? Please also indicate how many clients received services at each tier in 2018.

21. What is the standard cost of birth doula services offered by your organization? $ to $

22. What is the standard cost of post-partum doula services offered by your organization? $ to $

Insurance Reimbursement

23. To your knowledge, have any of your organization's clients tried to get insurance reimbursement for doula services?

- ☐ Yes
- ☐ No

24. To your knowledge, have any of your organization's clients succeeded in obtaining insurance reimbursement for doula services?

☐ Yes
☐ No

25. If you know, please indicate which insurance companies have actually reimbursed your clients for doula services:

26. What suggestions do you have for increasing doula access in NYC?

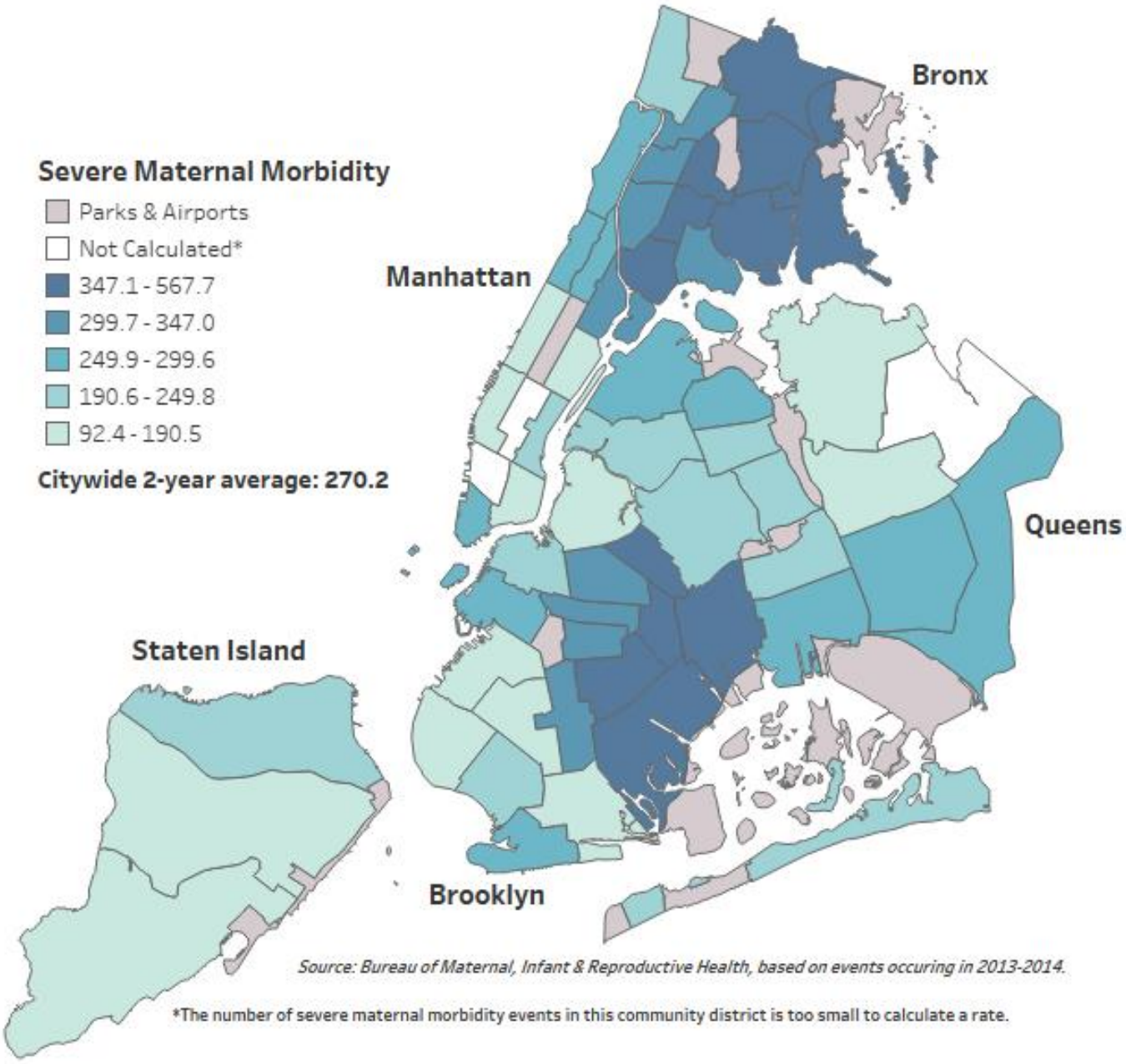
We appreciate that your time is valuable and thank you for filling out this questionnaire. We are looking forward to sharing the results of this survey and our upcoming plan to increase access to doula care in NYC.

If you have any questions, please contact Gabriela Ammann at gammann@health.nyc.gov.

Thank you!

SEVERE MATERNAL MORBIDITY

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

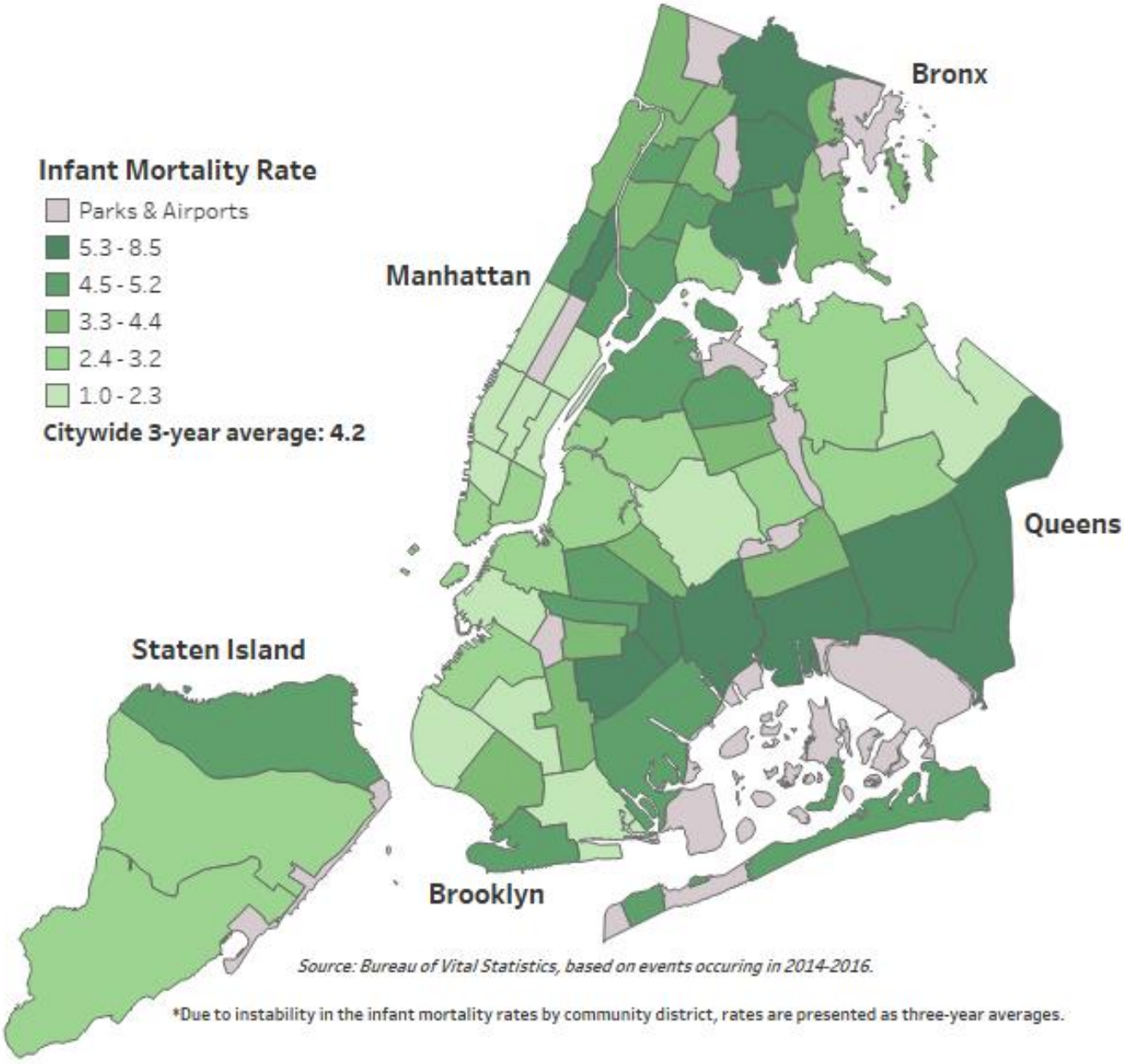


Source: Bureau of Maternal, Infant & Reproductive Health, based on events occuring in 2013-2014.

*The number of severe maternal morbidity events in this community district is too small to calculate a rate.

INFANT MORTALITY

Average Infant Mortality Rate per 1,000 Live Births by Community District of Residence, New York City, 2014-2016*

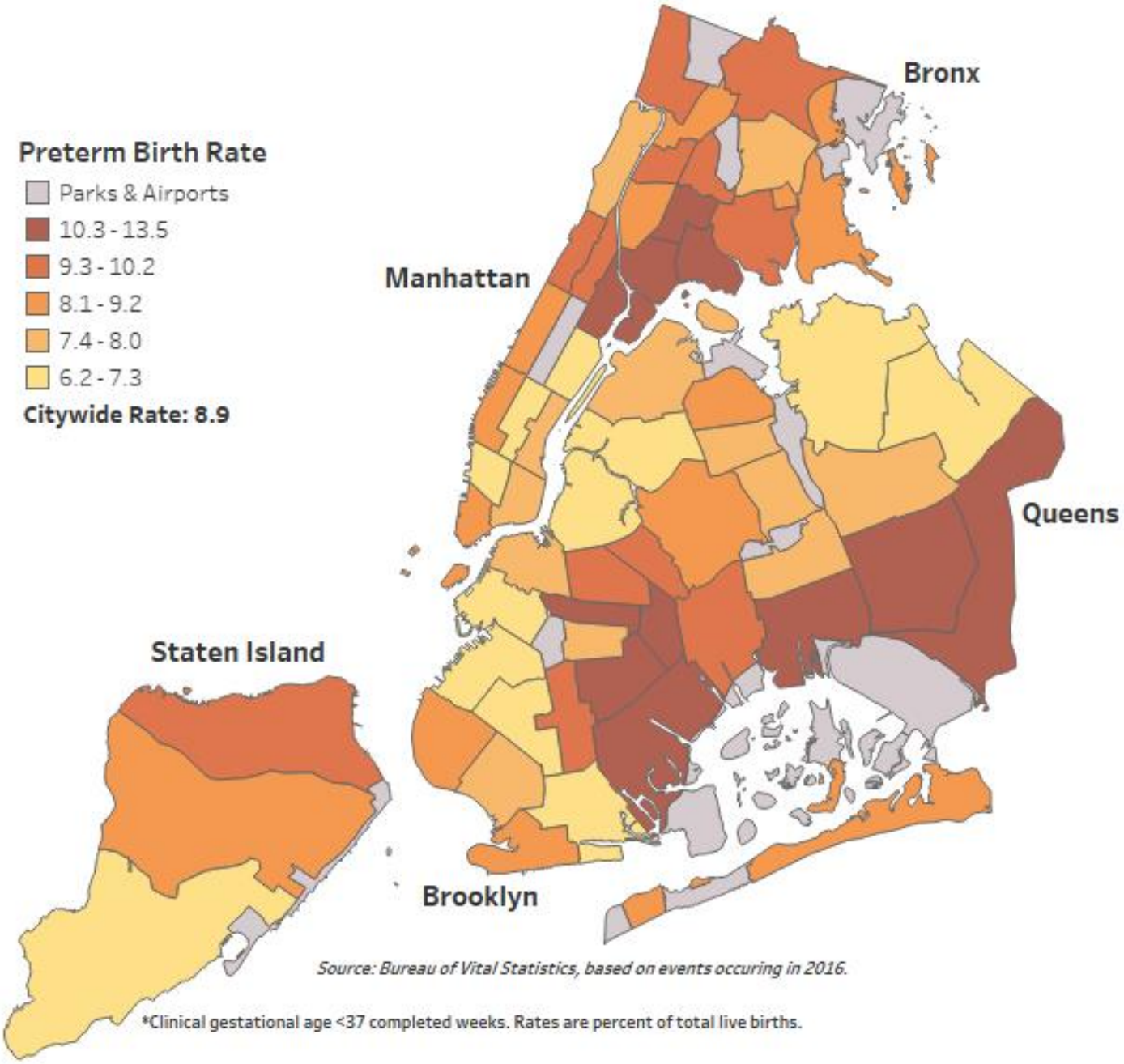


Source: Bureau of Vital Statistics, based on events occuring in 2014-2016.

*Due to instability in the infant mortality rates by community district, rates are presented as three-year averages.

PRETERM BIRTH

Preterm Birth Rate by Community District of Residence, New York City, 2016*

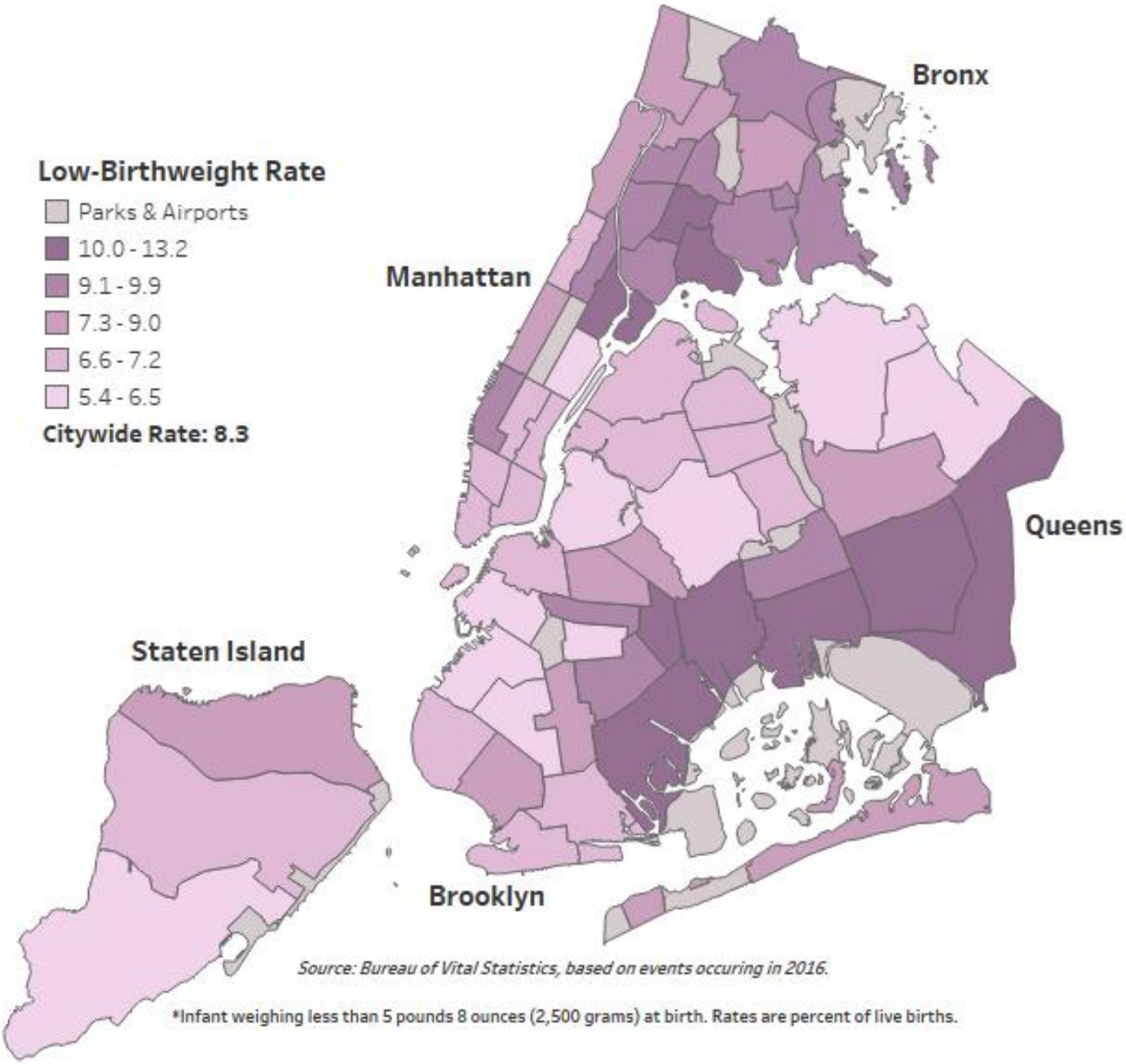


Source: Bureau of Vital Statistics, based on events occuring in 2016.

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

LOW-BIRTHWEIGHT

Low-Birthweight Rate by Community District of Residence, New York City, 2016*



Source: Bureau of Vital Statistics, based on events occuring in 2016.

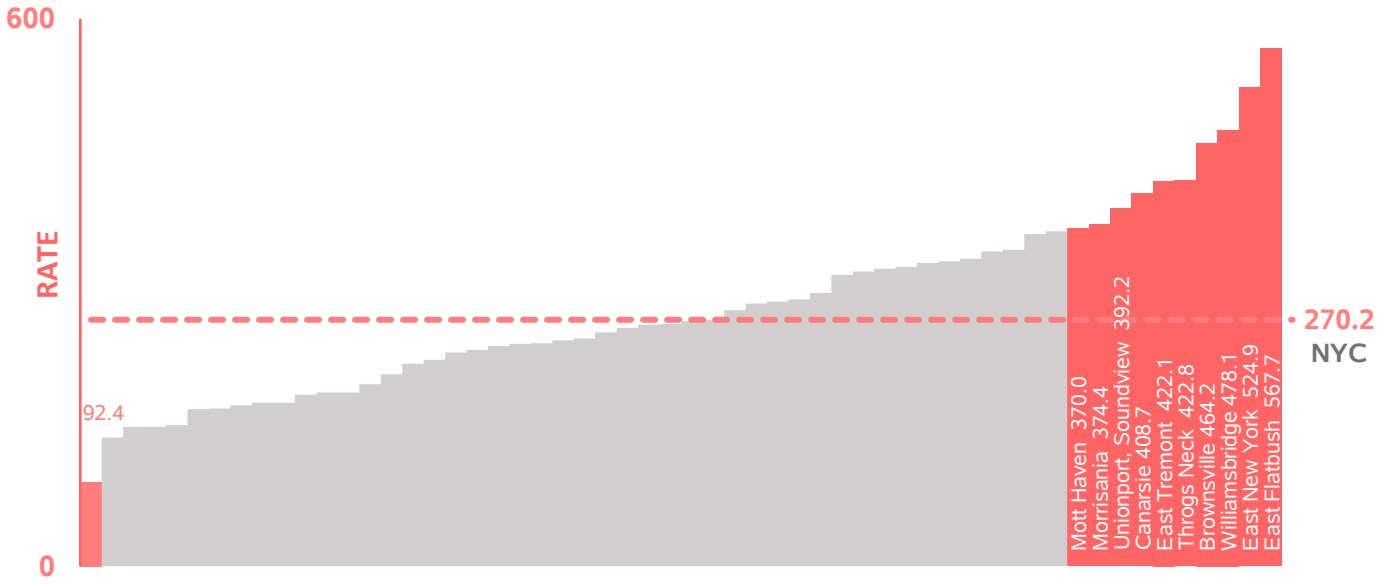
*Infant weighing less than 5 pounds 8 ounces (2,500 grams) at birth. Rates are percent of live births.

APPENDIX F - BIRTH OUTCOMES BY COMMUNITY DISTRICTS

The following charts show community district rankings for severe maternal morbidity, infant mortality, preterm birth, and low birthweight, highlighting the 10 neighborhoods with the highest rates for each outcome.[1,2] (Rates of maternal mortality cannot be reliably reported by community district because the number of incidents is too small.) As these birth outcomes have overlapping drivers, some of the same neighborhoods share the greatest burden. For instance, East Flatbush and Brownsville in Brooklyn were consistently ranked in the 10 neighborhoods with the highest rates of each outcome. Queens Village and Jamaica in Queens, and East New York and Canarsie in Brooklyn, were ranked in the top ten for three of the four outcomes shown.

We expect that strategically scaling up doula care in key neighborhoods should improve rates of preterm birth and low birthweight and, over time, may affect infant mortality and severe maternal morbidity as well.

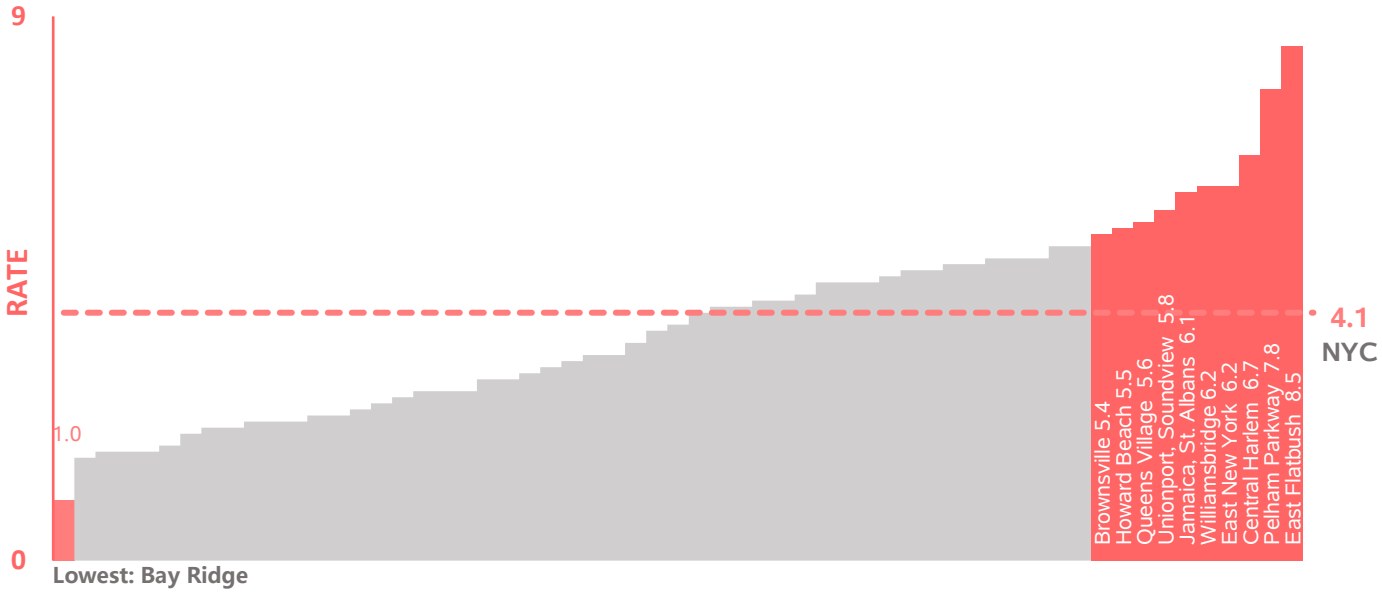
SEVERE MATERNAL MORBIDITY (per 10,000 deliveries)



Lowest: Borough Park

Source: NYC Department of Health and Mental Hygiene, Bureau of Maternal, Infant & Reproductive Health, 2013-2014

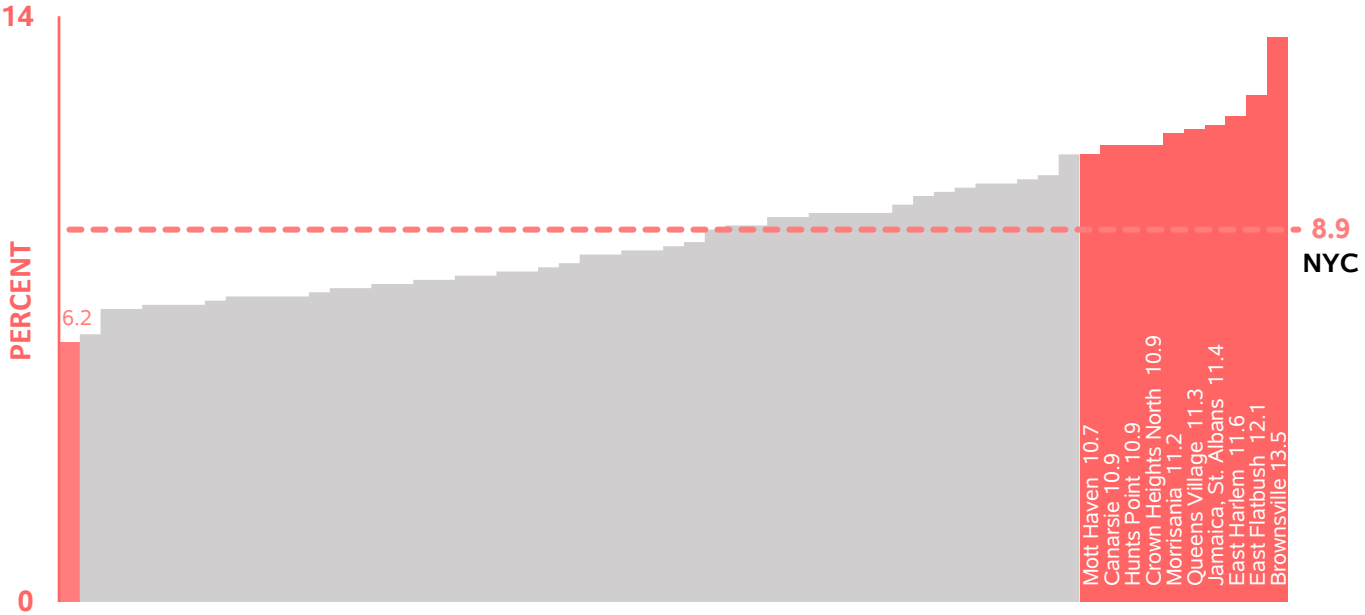
INFANT MORTALITY (per 1,000 residents)



Lowest: Bay Ridge

Source: NYC Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2014-2016

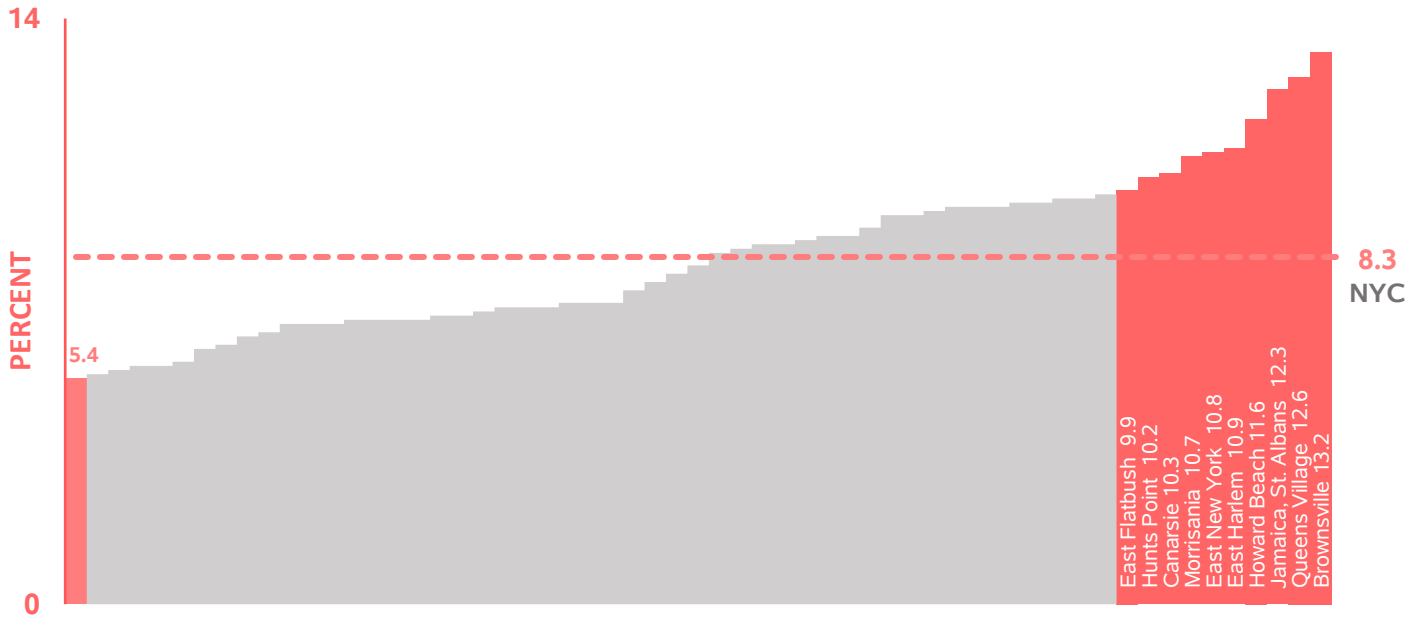
PRETERM BIRTH



Lowest: Borough Park

Source: NYC Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2016

LOW-BIRTHWEIGHT



Lowest: Park Slope

Source: NYC Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2016

Benefits of Doula Support in the Scientific Literature

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

Consistent evidence shows that **doula support is associated with improved birth outcomes and a better labor and birth experience**, including fewer cesarean deliveries, greater likelihood and duration of breastfeeding, better mother-baby bonding, and less postpartum depression. Additionally, community-based doula programs that include prenatal home visits have found that their clients are less likely to have a preterm or low-birthweight baby.

Here are the benefits identified in the literature:

Fewer Cesarean deliveries[1-11]

- A meta-analysis of 24 trials showed that women with continuous, one-to-one support were 25% less likely to have a C-Section (RR 0.75, 95% CI 0.64 to 0.88).[1]
- A randomized control trial of 420 nulliparous women who were 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).[3]
- A randomized control 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.[4]
- 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% had a C-section, compared with 24% of those receiving standard care.[5]
- A data analysis of 1,079 Medicaid recipients in a Minnesota doula program that included pre- and postpartum home visits found that they had 41% lower odds of cesarean delivery as compared with all Medicaid-funded births nationally (OR 0.59, p<.001).[6]
- 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 cesarean delivery overall (AOR 0.41, 95% CI 0.18 to 0.96), and 83% reduction in odds of non-indicated cesarean delivery (AOR 0.17, 95% CI 0.07 to 0.36), compared to women without doula support.[11]

Fewer preterm births or low birth weight infants in programs that include prenatal home visits[6,12,13]

- A retrospective analysis of 1,935 Medicaid recipients in a Minnesota community-based doula program found that those women had 22% lower odds of preterm birth compared to women who all Medicaid-funded births in the West North Central and East North Central US.[12]
- A retrospective analysis of 489 women in a Healthy Start doula program found a preterm-birth rate of 6.5%, as compared with the rate for births in the project area of 11.1% (p=0.001).[13]
- A data 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).[6]

Greater likelihood, earlier initiation and increased duration of breastfeeding[10,14-19]

- A randomized control trial of 189 nulliparous women found that those who received doula support were more likely to be breastfeeding exclusively 6 weeks postpartum (51 vs 29%).[14]
- A prospective cohort study of 141 low-income primiparae found that 58.3% of those with doula support initiated breastfeeding within 72 hours, versus 45.2% of those without. The doulas also

provided two postpartum home visits, and 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.[16]

- A retrospective analysis of 1,069 Medicaid recipients in a Minnesota doula program that included pre- and postpartum home visits found that 97.9% initiated breastfeeding, compared to 80.8% of Medicaid recipients in that state.[18]
- A randomized control 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 ($p<0.05$).[19]

Less postpartum depression[20,21]

- A randomized control 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).[20]
- A prospective, randomized, control intervention trial of 63 nulliparous women found that at 3 months postpartum, those who had been attended by a doula had significantly less depression on the Pitt inventory than those in the control group (13.63 versus 18.29).[21]

Better mother-baby bonding[8,22-24]

- A randomized control study of 104 first-time mothers with uncomplicated deliveries found that those who had had doula support scored significantly higher in mother-infant interaction two months postpartum than those without doula support ($P < 0.05$).[22]
- A comparison study of 33 first-time mothers found that those who had 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 ($t=2.35$, $P<0.025$).[23]
- A randomized control study of 248 women who receive doula support through a community doula program found that 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 infant's distress ($p<0.05$).[24]

Less need for anesthesia or analgesia[1-5,7,14,16,25]

- A meta-analysis of 15 trials showed that women with continuous, one-to-one support were 10% less likely to have an intrapartum analgesia (RR 0.90, 95% CI 0.84 to 0.96).[1]
- A randomized control trial of 420 nulliparous women who were laboring with the support of their male partner found that 64.7% of those who also had a doula were required epidural analgesia, versus 76.0% of those without a doula ($p=0.008$).[3]
- 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/doula, 8% had an epidural, compared with 32% of those receiving standard care.[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 ($p<0.05$).[25]

Shorter labors[1,7,8,16,26,27]

- A meta-analysis of 13 trials showed that women with continuous, one-to-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 control 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 for those without doula support.[26]
- A randomized control 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 compared to those who received routine care, and by an average of 69.5 minutes during the second stage of labor ($p<0.001$).[27]

Fewer vacuum or forceps births (more spontaneous vaginal births)[1,2,4,16]

- A meta-analysis of 19 trials showed that women with continuous, one-to-one support were 10% less likely to have an instrumental vaginal birth (RR 0.90, 95% CI 0.85 to 0.96).[1]
- A randomized study of 412 nulliparous women who were laboring found that those with doula support were 23% more likely to have a spontaneous vaginal birth, compared to those who received routine care (RR 1.23, 95% CI 1.10 to 1.38).[2]
- A randomized control 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.[4]
- A prospective cohort study of 141 low-income primiparae found that, among women who had a vaginal delivery, 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).[16]

Higher APGAR scores[1,16,26,27]

- A meta-analysis of 14 trials showed that women with continuous, one-to-one support were 38% less likely to have a baby with a low five-minute APGAR score (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.[16]
- A randomized control trial of 586 nulliparous women found that 99.7% of those supported by a doula had a five-minute APGAR score higher than 6, compared to 97% of those without doula support ($p<0.006$).[26]
- A randomized control 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 ($p<0.001$).[27]

More positive feelings about the birth[1,14,19,25]

- A meta-analysis of 11 trials showed that women with continuous, one-to-one support were 31% less likely to report negative feeling about their birth experience (RR 0.69, 95% CI 0.59 to 0.79).[1]
- A randomized control trial of 189 nulliparous women found that those with doula were more likely to report that they coped well during labor (60 vs 29%).[14]
- A randomized control 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% v 56%, average/poor/very poor: 8% v 18%, $p<0.001$)[19]
- A randomized study of 314 nulliparous women in three hospitals found that 82.5% of those with doula support reported that they had had a good birth experience, versus 67.4% of those without.[25]

Less need for Pitocin[5]

- A randomized study in Mexico of 100 nulliparous women in active labor who had received no childbirth preparation found that of those assigned to a childbirth educator trained as a doula, 42% received Pitocin, compared with 96% of those receiving standard care ($p<0.001$).[5]

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