New York City Department of Health and Mental Hygiene

THE STATE OF DOULA CARE IN NYC 2021

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PURPOSE

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

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

WHY DOULAS?

Despite having better overall life expectancy and lower infant death rates than the United States (US) as a whole, New York City mirrors the U.S. in its racial inequities in infant death, maternal death and life-threatening complications related to childbirth (severe maternal morbidity).[1-3] Racial inequities are also documented in other birth outcomes that affect the lives of mothers[a] and their babies, including breastfeeding initiation and duration, Cesarean birth, preterm birth (before 37 weeks of pregnancy) and low birthweight (less than 5 pounds, 8 ounces).[1] These differences are unfair, unacceptable, and avoidable.

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

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 care.[11-13] However, while doula support should be an integral part of the compendium of care that a person receives when giving birth, it is important to note that doulas alone cannot solve the inequities in birth outcomes that result from centuries of structural inequality, obstetric violence and medical racism.[14,15] Improving these outcomes will require a range of strategies that prioritize women's overall health and address the root causes of racial inequities in birth outcomes – structural inequalities and the chronic stress of racism and patriarchy on the lives of women, particularly women of African and Hispanic descent.

Photo courtesy By My Side Birth Support Program

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

- Policymakers should continue to support programs that serve pregnant people who experience disproportionately low access to doula care and that work towards addressing drivers of poor maternal and infant health outcomes. In addition, policymakers should support efforts to train residents of marginalized communities to be doulas and efforts to ensure doulas earn a living wage.

- Institutions such as hospitals, birthing centers and maternity care providers should require mandatory training for staff on racial, gender and implicit bias, as well as how to provide respectful care for all patients, as outlined in the NYC Standards for Respectful Care at Birth.

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

Trainings should be designed in consultation with the communities that these institutions serve. In addition, institutions should review structural factors, including policies and procedures that, often unintentionally, reinforce racial and gender bias and differential treatment, to assure that the human rights of all people receiving care are respected and enforced.

- Institutions such as hospitals, birthing centers, and maternity care providers should increase staff awareness of the evidence-based benefits of doula care (see Appendix F, "Literature review on the benefits of doula care"). The benefits of doula care should be promoted to expectant parents as well, 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, and ensure alignment with other aspects of evidence-based care during pregnancy, childbirth and postpartum (e.g. integrated midwifery care, baby-friendly practices, group prenatal care and perinatal home visiting).
- Insurers, including 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.

CHALLENGES FACING THE NYC DOULA COMMUNITY

As support for improving access to doula care increases, the doula workforce in New York City has faced challenges related to the COVID-19 pandemic and coverage expansion.

COVID-19

As New York City continued to fight the coronavirus outbreak, doulas continued to adjust their practices to protect their clients and themselves from infection. Most doulas offered virtual support to at least some clients, connecting via phone, text, or videoconference to guide their clients through labor and delivery. Doulas were in the first wave of those eligible for vaccination against COVID-19, because of their work providing face-to-face services in medical facilities, and many doulas took advantage of the opportunity to receive the vaccine. However, with continued concerns about COVID-19 infections, especially given the heightened risk to pregnant people, many clients chose to forego doula support. The economic ramifications are sobering for the profession, and it remains to be seen how the development of vaccines, the evolution of new variants, and the reopening process in New York City may affect the demand for in-person support.

Photo by Katherine Marivelle

NYS Medicaid Pilot

As of June 30, 2021, the New York State Medicaid pilot program to cover doula services in Kings County (Brooklyn) had been delayed for more than two years due to lack of doula participation, which in turn stemmed from what doulas called unacceptably low rates of reimbursement. The NYC Health Department has discussed concerns about various elements of the proposed pilot in previous versions of this report.

Legislation Relating to Doula Care

The New York State legislation outlined in the 2020 State of Doula Care in NYC report (A364B and S3344-B) addressing certification of doulas has not been reintroduced in the NYS legislature during the 2020-2021 legislative session. However, a similar bill (S2137) was introduced in the Health Committee, which reignited concerns within the doula community about state certification of doulas, which poses potential barriers to providing doula support.

In 2020, ten NYC Council Members supported a resolution (Res. No. 1239) calling on the New York State Legislature to pass, and the Governor to sign, legislation making doulas more accessible to individuals with Medicaid and those without health insurance. The resolution drew heavily on information reported in the inaugural State of Doula Care in NYC.

The National Health Law Program's Doula Medicaid Project continues to provide regular updates on the progress of doula-related legislation, which address a range of topics, including coverage of doula services under the Medicaid program and financial incentives for doula inclusion in the maternity care home model. In NYS, three bills were reintroduced in the 2020-2021 session related to expanding

Medicaid coverage to include doula care (S362/ A5247 and A5272). Additionally, the federal Momnibus Act, sponsored by members of the Black Maternal Health Caucus, if passed, will direct funds to doula organizations that support Black, Indigenous and other pregnant and postpartum people of color, including those residing in correctional facilities.

INEQUITIES IN BIRTH OUTCOMES

Despite record low rates of infant mortality in NYC, overall rates mask inequities by race and ethnicity. Racial and ethnic inequities in birth outcomes persist, with Black women eight times more likely than White women to die from pregnancy-related causes and 2.6 times more likely to experience a serious complication of their pregnancy.[2,3] Additionally, Latinx mothers are two times more likely to die from pregnancy-related causes and experience serious complications. Babies born to Black and Puerto Rican mothers are 3.4 and 2.3 times more likely to die in their first year of life than babies born to White mothers.[1] These inequities are perpetuated by structural racism and the intersectional effects of racism, sexism, and other spheres of oppression. Such effects may include a greater incidence of chronic medical conditions that contribute to poor birth outcomes, including hypertension, diabetes, obesity, and asthma.

Racial disparities are also documented in other birth outcomes that impact the lives of mothers and their babies, including Cesarean birth, preterm birth (before 37 weeks of pregnancy), and low birthweight (less than 5 pounds, 8 ounces). Cesarean delivery is associated with more severe maternal outcomes[16-18], both because Cesarean delivery can increase risk for complications such as hemorrhage and infection and because Cesarean delivery may be necessary to manage serious conditions. Babies delivered by Cesarean have a greater risk of developing chronic conditions such as asthma, diabetes, and obesity.[16,18-21] In 2018, 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 2018, they represented 28% of all low-birthweight babies and 26% of all preterm births that year.[1] This is noteworthy because low birthweight 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 immigrant Hispanic women, possibly attributed to anti-immigrant and anti-Hispanic rhetoric used during and after the campaign, as well as federal immigration raids.[22]

Place also matters. Though NYC is one of the wealthiest cities in the United States, its neighborhoods are some of the most racially and economically segregated in the country.[23] The cumulative impact of racially-based discriminatory practices directing where people live and what resources are available in their neighborhoods has contributed to deep and persistent health inequities, including inequities in birth outcomes. Neighborhoods with predominantly Black and Latinx populations, and where many residents live in poverty – 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.[1,3] 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, Brooklyn – a six-fold difference.[3]

PLAN FOR IMPROVING ACCESS TO DOULA CARE IN NYC

Several DOHMH initiatives to improve access to doula care in NYC are under way, with additional work planned. There are four key components to this work: increasing access for communities of color and low-income communities; building doula capacity and making hospital environments more welcoming to doulas; amplifying community voices to help expand access to doula services; and improving data collection. The following outlines the Health Department's plan for improving access to doula care and relevant updates for FY2021.

Status

1. Increase access to doulas in underserved communities

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

	PROGRAM/INITIATIVE[b]	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	By My Side Birth Support Program (part of DOHMH's Healthy Start Brooklyn program; funded by the federal Health Resources and Services Administration)	Provide birth doula care to women who live in parts of Central and East Brooklyn and meet income eligibility requirements for WIC or Medicaid. Provide case management with each client at prenatal and postpartum home visits.	On Track	Ongoing	• By My Side continued providing services to pregnant families during the pandemic, both in-person and virtually. • During the initial months of the COVID-19 public health emergency, when the City was largely on lockdown, the administrative team coordinated wellness check-in calls to past and current clients, as well as direct delivery of needed items such as diapers, breast pumps, and Pack 'n' Plays to families. • Healthy Start Brooklyn (HSB), which operates By My Side, provided mental health support to clients and doulas alike, and HSB's Community Action Network provided information on food distributions,

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

					economic relief, COVID-19 testing and vaccination sites, and other resources.
					• In Calendar 2020, By My Side doulas:
					  ○ Attended 104 births
					  ○ Served 205 pregnant clients. Of these, 86% were African American, and 11% were Latinx.
					  ○ Most clients served (84%) were on Medicaid.

A	Healthy Women Healthy Futures (HWHF)(a 5-borough program funded by the City Council, managed by DOHMH, and operated by
	three vendors that each have responsibility for particular boroughs)
		Provide birth and postpartum doula care to women living in NYC, with priority given to those with an elevated risk for negative maternal and infant health outcomes.
		
		Train community residents to become doulas and build capacity among doula workforce.
			●	Ongoing	• The HWHF evaluator completed a Data Systems Planning and Improvement Project report, recommending that the program transition from manual to automated data-collection forms and processes.
					• In FY20, 110 doulas were trained: 57 as labor doulas, 37 as postpartum doulas, and 16 as both.
					• In FY20, 473 individuals received doula support:
					  ○ 11% in the Bronx
					  ○ 53% in Brooklyn
					  ○ 7% in Manhattan
					  ○ 6% in Queens
					  ○ 22% in Staten Island
					• Of the total, 204 received birth-doula support, 69 received postpartum-doula support, and 200 received both.
					• Of the total:
					  ○ 70% were African American, and 20% were Latinx.
					  ○ Most (85%) were insured through Medicaid.

C.	New York Coalition for Doula Access (NYCDA)	Expand access to perinatal support for all, with a particular focus on communities that are at greatest risk for poor outcomes.	■	Complete	• The New York Coalition for Doula Access has accomplished its goals of increasing understanding of the benefits of doula support, especially for those at greatest risk of poor outcomes, and building momentum for third-party reimbursement for doulas. Its work to promote acceptance of doulas in medical institutions has been transitioned to the Maternity Hospital Quality Improvement Initiative (MHQIN), described below. • The “Principles of Doula Support in the Hospital” (Appendix B) developed by NYCDA to outline the roles and responsibilities of a doula, and ways a hospital can become “doula-friendly,” was used as the framework for developing the MHQIN Doula-Friendliness Assessment (Appendix C). The Doula-Friendliness assessment quantifies a hospital’s

					doula-friendliness and provides a roadmap for improving doula integration.
D.	Doula Care Landing Page	Increase awareness of the benefits of doula support and availability of no- and low-cost doula services.		Complete	• The Doula Care landing page went live on the NYC Health Department's website in spring 2019 with information about doula care, including the benefits of doula support and the annual "State of Doula Care in NYC" reports. • In winter 2020, the page was updated with information on accessing doula services, highlighting no- and low-cost doula programs, including the Health Department's doula programs (BMS and HWHF). The winter 2020 update also included a list of NYC organizations that train individuals to become a doula.

2. Build doula capacity and create doula-friendly hospitals

Effective doula support during labor and delivery relies heavily on a collaborative relationship between the doula and the hospital care team. Laying the groundwork for consistently positive relationships is a crucial aspect of improving access to doula support. As the demand for doula care increases, it is important to develop and foster a strong doula workforce, particularly among community-based doulas serving marginalized communities, through trainings, professional development, mentoring and equitable pay.

	PROGRAM/INITIATIVE	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	Maternity Hospital Quality Improvement Network (MHQIN) – Community Engagement	Improve hospital-staff collaboration with doulas. Strengthen healthcare-system linkages to community-based resources, including no- or low-cost doula programs.	●	July 2018 – June 2023	• Conducted doula-friendliness assessments at three hospitals between March 2021 and June 2021. • Completed action plans collaboratively with staff and leadership at H+H/Lincoln, H+H/Elmhurst, and Jamaica detailing action steps hospitals can take to improve doula-friendliness in four key capacity areas: staff knowledge of doula support, doulas as part of the birthing team, increasing awareness of doula support among patients, and doula policies and practices. • Three participating hospitals began or continued referring patients to community-based doula programs. • Montefiore Hospital developed and disseminated a formal hospital policy in December 2020, which educated staff on a doula's role in providing continuous labor support and postpartum care. The policy outlined the doula's responsibilities, the staff's responsibilities in supporting the doula's role, guidelines for care, and a formal reporting protocol. The policy also clarified that doulas are not required to be certified, which increases patient access to doula support. • DOHMH increased doula capacity in Queens by funding and coordinating doula trainings for Queens residents between February and April 2021. A total of 17 participants attended the Virtual Postpartum Doula Training; 16 participants attended the Virtual Breastfeeding Prerequisite Workshop; and 14 participants attended the Virtual Birth Doula Trainings. All participants agreed to provide doula support in Queens as part of the Healthy Women, Healthy Futures program.

					• In FY22, the community engagement component of this program will be expanded to the second MHQIN cohort of hospitals, as staff capacity and in-person limitations allow. A toolkit for improving doula and hospital collaboration is being developed for dissemination to all MHQIN hospitals.
B.	Doula Support Assessment Tool	Identify patterns in hospital practices that may impede the effectiveness of doula support, which can then be addressed to make hospitals more doula friendly.	●	Ongoing	• The COVID-19 pandemic disrupted data collection related to in-person birth support. Utilization of the data collection tool resumed in 2021, with an effort to capture the data retroactively for hospital births attended in-person during the pandemic. • The data will be analyzed once 100 surveys have been completed; as of May 31, 2021, 93 had been submitted.
C.	By My Side Birth Support - Apprenticeship Program	Facilitate yearly 6-month apprenticeship program for newly trained doulas, to help them achieve certification, improve their professional skills, and increase their capacity to work as community-based doulas.	●	Ongoing	• In fall 2020, BMS hired its first Apprentice Program graduate, as per the hiring pathway for apprentices created at the beginning of the year. • The Apprenticeship Program is on hold until in-person meetings can be safely resumed.

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 is working to amplify the voices of these New Yorkers to advocate for themselves and their communities.

	PROGRAM/INITIATIVE	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES

A.	Maternity Hospital Quality Improvement Network - NYC Standards for Respectful Care at Birth	Provide technical assistance and training to MHQIN hospital staff to support successful implementation of the NYC Standards for Respectful Care at Birth ("NYC Standards").
		
		Employ Birth Justice Defenders (BJDs) to work within communities to disseminate the NYC Standards, ensuring that people giving birth know their human rights and are active decision-makers in their birthing experience.
			●	July 2018 – June 2022	• Since launching the NYC Standards for Respectful Care at Birth in December 2018, the New York City Department of Health and Mental Hygiene developed 200,000 copies of The NYC Standards posters and brochures in priority languages and distributed them to DOHMH partners via mass mailing kits, 311 call centers and direct orders fulfilled by the Health Department.
					• DOHMH supported activities by community advocates called Birth Justice Defenders (BJDs) at three birth justice hubs across NYC. These hubs provide a space for the groups to meet, assist with trainings, skills building, and outreach for the BJDs to promote awareness around maternal health issues. Since 2018, the Health Department has engaged community-based organizations and 150 BJDs on the NYC Standards for Respectful Care. The BJDs conducted 24 community events, where 2,281 people reached. In addition, 18 trainings were held, with total participation of 250. (This is not the unique number of BJDs, since each BJD very likely attended multiple trainings.)
					• In 2020, the Health Department:
					  ○ Certified ten BJDs as Community Health Workers who are now capable of providing Know Your Rights education using the six standards for the NYC Standards: education; informed consent; decision making; quality of care; support; and dignity and non-discrimination.
					  ○ Supported the MHQIN Hospitals' display of the NYC Standards brochures and posters in high-traffic maternity areas, development of implementation plans to address identified gaps in respectful care policies and practices, and enrollment of staff in the

					Health Department’s reproductive and gender justice trainings. ○ Hired two consultants who are subject matter experts on sexual and reproductive justice and the NYC Standards to develop and deliver the curriculum for the NYC Standards Foundational Learning sessions. The purpose of these sessions is to prepare OB-GYN staff within MHQIN hospitals to apply principles of health equity, sexual and reproductive justice, and racial justice towards efforts to implement the NYC Standards. Due to the COVID-19 pandemic, sessions were delayed and will start in 2021. ○ Continued to work with MHQIN participating hospitals on their implementation plans for the NYC Standards.
B.	Neighborhood Birth Equity Strategy	Disseminate neighborhood-specific information about severe maternal morbidity (SMM) and infant mortality (IM). Offer opportunities to increase the capacity of local organizations to address the root causes and contributing factors to birth inequities. Engage community boards and Community Based Organizations across the city promoting doula services, as part of efforts to improve maternal and infant outcomes. Through the Bureaus of Neighborhood Health (BNHs), formerly known as Neighborhood Health Action Centers, improve public awareness of doula support and its benefits to Action Center visitors.		Ongoing	• The Harlem and Tremont BNHs’ Family Wellness Suites (FWS) continued to support the established Meet the Doula series out of the Brooklyn BNH, and FWS staff at all locations connect families to doula services as requested. • In June 2020, the Harlem FWS hosted a doula capacity training titled “Doula Work During COVID-19,” which was hosted by a Labor & Delivery Registered Nurse working during the pandemic. The training covered current hospital recommendations and protocols related to doula support. • The Harlem FWS collaborated with The New York Commission on Human Rights to host a Know Your Rights workshop for prenatal families titled “Delivering During COVID-19” in November 2020, The NYC Standards and NYC HWHF doula program were featured in the workshop.

4. Improve data collection

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

	PROGRAM/INITIATIVE	OBJECTIVES	STATUS	TIMELINE	KEY MILESTONES/UPDATES
A.	Addition of doula support questions to the NYC Birth Certificate	Collect data on doula support to better assess the availability of doulas services in NYC		Complete	• As of spring 2021, DOHMH has added three questions to the NYC birth certificate's Mother/Parent worksheet that will document whether a person received labor support from a doula during pregnancy and labor, and the doula's name and affiliation. • Data from these questions will be included in the annual Summary of Vital Statistics beginning in 2021, which is expected to be publicly available in spring 2023.
B.	Biennial assessment of doula providers	Collect data to help understand the landscape of doula care in NYC.		Ongoing	• The winter 2020-21 assessment is delayed due to limited staff resources during the Health Department's COVID-19 emergency response. Results from the 2019 assessment are available in the inaugural State of Doula Care in NYC report.
C.	Directory: NYC doula providers	Collect demographic and service information from NYC doula programs and organizations. Host a directory of doula providers in NYC on the Health Department website.		Ongoing	• In spring 2021, DOHMH surveyed known doula organizations and programs for annual updates to the directory of doula providers in NYC. The directory currently has 15 doula organizations and programs, of which nine provide no-cost doula support and seven train people to become doulas.
D.	NowPow	Assess demand for doulas using NowPow resource directory and referral system.		Ongoing	• In FY21, six organizations made 23 referrals for "birth center services," which include referrals to doula support. More than 50 searches were made for known doula programs. • DOHMH will work with doula organizations and private doulas to have them registered in NowPow, to help better assess demand for doula support using the NowPow directory.
E.	Directory: Insurance coverage of doula support	Assess which NYC-based insurers cover doula care.		2021	• Information about insurance coverage for doula support is not currently centralized. The DOHMH plan to explore alternatives has been delayed due to the COVID-19 pandemic.

F.	Pregnancy Risk Assessment Monitoring System (PRAMS)	Explore the possibility of adding new questions pertinent to labor and postpartum support to PRAMS.	●	2021	• DOHMH plans to explore the possibility of adding new questions pertinent to labor and postpartum support to the next phase of PRAMS, which will be fielded in 2022.

PROGRAMMATIC HIGHLIGHT
COVID-19: Response by the Health Department and the Doula Community

During the COVID-19 pandemic, the Health Department and members of the doula community collaborated in various ways to address pressing challenges facing NYC doulas.

Photo courtesy NYC Birth Village

PPE Distribution. One major concern for providing support to families was access to personal protective equipment (PPE) for doulas who continued to provide labor and birth support in-person, particularly at the height of the pandemic, when PPE was scarce and expensive. Various efforts were launched to address this problem. Members of the Metro Doula Group convened the COVID-19 Response Team, which organized the delivery of PPE, personal hygiene kits, and educational materials to community doula organizations for distribution to their doulas and to the pregnant families they served; they also provided PPE to obstetric providers at NYC hospitals. In addition, the By My Side Birth Support Program (BMS) coordinated an effort to obtain PPE from the Health Department and distribute it to doulas who worked with BMS, HWHF, and Ancient Song Doula Services. In total, 1,000 pairs of gloves, 1,000 surgical masks, 100 face shields, and 100 washable gowns were distributed across the three programs. The Brooklyn Perinatal Network (BPN), a HWHF vendor, also distributed cloth masks to several doula agencies. The masks were obtained from the Centers for Disease Control, private citizens, and a community organization that made colorful masks and donated them to BPN.

COVID-19 Perinatal Taskforce. The Health Department convened a COVID-19 Perinatal Taskforce in March 2020 to identify and address the impact of the pandemic on pregnant and postpartum people, newborns, and families. Members include Health Department staff; providers from NYC Health + Hospitals, private, and state hospitals; and a community doula consultant. Since March 2020, the taskforce has created a webpage on COVID-19 and Pregnancy; developed and posted six guidance documents for the public, doulas, and providers; developed an emergency preparedness proposal to plan for auxiliary maternity units; piloted the use of syndromic surveillance to estimate the number of pregnant people presenting to NYC Emergency Departments with COVID-19-like illness; and hosted several forums on pregnancy and the COVID-19 vaccine for doulas, community based organization staff, and community members.

Protecting Pregnant People's Right to Labor Support. Policy and protocol changes at the state and hospital levels during the COVID-19 public health emergency continued to affect the ability of doulas to provide in-person support to their clients. A series of executive orders (lobbied for by NYC doulas, among others) protected the right of pregnant people first to have a support person with

them during birth, and then to have a doula as well. Reports that these policies were being unevenly applied led the Health Department in August 2020 to partner with the nonprofit Health Leads and community-based doulas to survey NYC doulas about barriers they might be facing in providing support, whether in person or virtual, and potential solutions.

A total of 47 doulas responded to this survey. Most (72%) said they supported people in low-income or medically underserved communities, and two in every three doulas had provided virtual labor support since the pandemic began. Fewer than half (40%) had provided in-person support at a hospital and/or birthing center. Another 10.6% had stopped providing services because of COVID-19, and 8.5% had no one requesting their services.

The respondents identified a number of challenges to both in-person and virtual support. When attending births at hospitals, they encountered requests to prove that they were trained and/or certified (neither of which is required in New York State), insufficient PPE, inability to socially distance during labor and delivery, and inability to see their clients postpartum. In the virtual space, barriers included a lack of Wi-Fi and/or cell-phone service at the hospital, unsupportive hospital staff, and clients who did not want support if it had to be virtual. Potential solutions included consistent policies across hospitals, ensuring that everyone on the birth team had tested negative for COVID-19 at the time of delivery, and more training on virtual support for doulas, clients, and hospital staff.

The Health Department presented these findings to the New York State Department of Health, which led to the issuance of a letter in December 2020 specifying that all pregnant patients had the right to both a support person and a doula. The letter also discouraged hospitals from requiring proof of certification or training from doulas and encouraged hospitals to provide appropriate accommodations for virtual doula support.

The Health Department also presented the survey findings to the Greater New York Hospital Association, a professional group for hospitals in the state. The two organizations collaborated on efforts to inform hospital leaders about the state requirements and promote positive birthing experiences, including a webinar for representatives of ten private and public NYC hospitals in February 2021.

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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.:

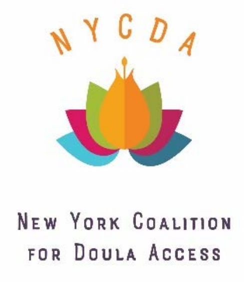
I hereby certify that the foregoing is a true copy of a local law of The City of New York, passed by the Council on October 17, 2018 and returned unsigned by the Mayor on November 19, 2018.

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.



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-FRIENDLINESS CAPACITY ASSESSMENT

Purpose: To assess the progress of the hospital in becoming doula-friendly[1]

Key Capacity Area	Basic	Moderate	Robust
KNOWLEDGE OF DOULA SUPPORT	*Most or all staff have limited or no understanding of a doula's scope of services or the benefits of doula support.*	*Variability in staff understanding of a doula's scope of services and the benefits of doula support.*	*Most or all staff have clear understanding of a doula's scope of services and the benefits of doula support.*
What is your current understanding of a doula's role? How would you describe their work?			
Are you aware of the evidence-based benefits of doula care? If so, what evidence are you familiar with?			
What proportion of your staff are familiar with the role of doulas, as well as the benefits of doula support?			
DOULAS AS PART OF THE BIRTHING TEAM	*Cannot identify tangible benefits of doulas to care team and does not prioritize doula integration.*	*Some staff recognize the added value of doulas to the care team, but there is not consistency among staff on doula integration.*	*Clearly identifies tangible benefits of doula to care team and describes reciprocal support between doulas and care team. Agreement among staff at all levels (including administration and leadership) on doula integration.*
How do doulas support the care team? What is their added value to the team? How does the care team support doulas?			
What does respect for a doula look like to you?			
Is there consensus among your staff on the way doulas should be integrated into the team?			
INCREASING AWARENESS OF DOULA SUPPORT AMONG PATIENTS	*Information about doulas is not routinely shared with patients. No activities to increase awareness.*	*Shares information about doulas with patients but not routinely. Few or no activities to increase awareness. Referrals to doula resources occur infrequently.*	*Shares information about doulas with patients as part of routine care and creates opportunities for patients to learn about doula care. Staff has established referral pathways to doula resources.*
Do you routinely share information about doulas with your patients? If so, how?			

[1] An established culture of respect grounded in policies and practices that reflect an understanding of the benefits of doula care, facilitate the integration of doulas into the birthing team and allow doulas to provide their full scope of practice.

Have you engaged in any activities to increase doula awareness for patients?			
POLICIES AND PRACTICES – GENERAL	*No policies or practices are in place regarding doulas.*	*Current policies exist but are not written and/or followed routinely by staff.*	*Clear written policies developed with input from doula community, that are shared with staff and doulas. Policies are updated routinely or as necessary and are followed consistently.*
Do you currently have any policies/practices in place regarding doulas? If so, what are they?			
If policies exist, how often are they updated and/or reviewed?			
How are doula policies shared with staff? With doulas?			
POLICIES AND PRACTICES – LABORING	*Allows none.*	*Allows one or two laboring techniques.*	*Allows most or all laboring techniques*
Do you allow varied labor positions? Do you allow patients to get out of their beds, to walk around, squat, etc.?			
Do you allow wireless and/or intermittent monitoring for low-risk patients?			
Do you allow patients to change conditions in their rooms, e.g. dim lighting, amplified sound, music of their choice?			
Do you allow use of labor/birthing assistive equipment such as birthing balls, squatting bars? Do you provide any of these?			
Do you provide access to tubs and showers during labor?			
POLICIES AND PRACTICES – DOULA PRESENCE	*Counts doulas towards allotted number of support people. Strict policies prohibiting doulas from being with their client at all times or providing post-partum support.*	*Allows one or two of the policies and practices related to doula's presence with their clients*	*Allows doulas to accompany their client at all times (absent a compelling reason to the contrary) and facilitates provision of continuous support post-partum. Doulas are not counted toward allotted number of support people.*
Except for the limited time necessary to maintain privacy and/or medical reasons, are doulas permitted to accompany their client at all times during labor and delivery? Does this include during triage, Cesarean births, and/or other procedures?			

Are doulas counted among the patient’s allotted number of support people in the labor and delivery room?			
While at the hospital, are doulas allowed to support the patient for post-partum breastfeeding support and additional comfort measures?			

DOULA ORGANIZATIONS IN NEW YORK CITY (NYC)[1]

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

Ancient Song Doula Services

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

Service areas: All five boroughs and northern New Jersey
Languages available: English, Arabic, Chinese (Mandarin), French, Haitian Creole, Hebrew, Spanish
Priority population(s): Black/Hispanic (majority); White, American Indian or Alaska Native, Middle Eastern or North African and Asian
Provides no- or low-cost services[2]: No-cost and sliding scale
Contact: Chanel Porchia-Albert at 347-480-9504 or chanel@ancientsongdoulaservices.com

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

Ashe Birthing Services

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

Service areas: All five boroughs, Northern NJ, Westchester, and Southern Connecticut
Languages available: English, French, Spanish
Priority population: Black (majority), Latinx, African and Caribbean Immigrants, Asian, White
Provides no- or low-cost services: No-cost, sliding scale, and bartering available
Contact: Emilie Rodriguez at ashebirthingservices@gmail.com

Baby Caravan

Baby Caravan is a doula matching business, which connects parents with a team of doulas that meet our high standards of care. Baby Caravan offers birth and postpartum doula services.

Service areas: All five boroughs
Languages available: English, Italian, Portuguese and Spanish
Provides no- 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.

Service areas: Staten Island
Languages available: English, Hebrew and Yiddish
Priority population: Orthodox Jewish Medicaid
Provides no- or low-cost services: No cost and sliding scale up to $450 per birth
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. We've served over 20,000 expectant and new parents. Whatever your schedule, whatever your birth plan, we've got classes and support for you.

Service areas: All five boroughs
Languages available: English
Provides no- 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 Department of Health and Mental Hygiene. Launched in 2010, BMS aims to reduce inequities in birth outcomes by providing no-cost, comprehensive doula support to pregnant people living in central and eastern Brooklyn. BMS doulas provide three prenatal home visits, labor and birth support and four postpartum visits. In addition to traditional doula care, clients receive case management services through screenings and referrals. The program currently has 15 doulas, including two who are former clients.

Number of doulas: 16
Number of clients served in 2020: 205
Service areas: Central and eastern Brooklyn (Bedford-Stuyvesant, Brownsville/Ocean Hill, Bushwick, East New York)
Languages available*: English, French, Haitian Creole and Spanish
Priority population(s): Black (majority), Latinx, African and Caribbean immigrants
Provides no- or low-cost services: No-cost services available for Medicaid-eligible residents in 11207, 11208, 11212, 11216, 11221, 11233
Provides doula trainings: No; but offers a 6-month apprenticeship program for newly trained doulas
Number of doulas trained in 2020: N/A
Contact: Regina Conceiçaõ at healthystartbrooklyn@health.nyc.gov
*Service is available in other languages requested by a client.

Bx (re)Birth and Progress Collective

Bx (Re)Birth and Progress seeks to build alternate solutions outside of the system that protect and honor birthing people in the Bronx and their families. We center Black people in our vision to see ourselves free of systemic inequities by invoking the self-determination of past and current liberation movement leaders. We collaborate with people and programs that are committed to revolutionizing the way we birth in our communities. We strive to return universal dignity and care to the sacred ceremony that is birth through the development of anti-racist, inclusive, and trauma-informed initiatives.

Service areas: Bronx
Languages available: English and Spanish
Priority population: Bronx residents
Provides no- or low-cost services: No-cost and sliding scale available; package rates
Contact: bronxrebirth@gmail.com

Doula Care

Doula Care, LLC 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 Birth doulas. The Doulas are independent contractors that acquire their professional training from DONA, CAPPA, ICEA and other non-profit professional doula certifying organizations.

Number of doulas: 15
Number of clients served in 2020: 50
Service areas: Bronx, Brooklyn, Manhattan, Queens
Languages available: English, Italian
Priority population(s): None
Provides no- or low-cost services: No
Provides doula trainings: No
Contact: Ruth Callahan at 212-749-6613 or ruth@doulacare.com

Doulas En Espanol

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

Number of doulas: 11
Number of clients served in 2020: 10
Service areas: Manhattan, Queens, Brooklyn, Bronx, Connecticut, Hudson Valley
Languages available: Spanish primarily
Priority population: Spanish-speaking communities
Provides no- or low-cost services: Yes; Scholarships for birth support for pregnant people with financial constraints who are: Afro-Latinx or Indigenous, single parents or teen parents, undocumented, unemployed or Medicaid recipients.
Contact: Maya Hernandez at doulasenespanol@gmail.com

For Your Birth

For Your Birth is a childbirth consultancy in NYC. We help parents-to-be navigate labor, lactation, and newborn care through high quality education and hands-on support. In addition, we provide pregnancy loss and infant death support to grieving families. We are organized as an LLC with a non-profit arm that is maintained through the support of a fiscal sponsor. In 2020 we raised money to provide doula support and education services to families hit hard by the pandemic at no cost.

Number of doulas: 6-10
Number of clients served in 2020: 86
Service areas: Harlem, UWS, Bronx, Manhattan, Brooklyn, Queens
Languages available*: English, Spanish
Priority population(s): Latina, Black, LGBTQ+ and Single Parents
Provides no- or low-cost services: Yes, through our Birth Equity Fund, clients who express need receive any of our services, at no cost. We can occasionally cover the cost for services (e.g. infant CPR) from other entities that our clients request.
Provides doula trainings: Advanced doula trainings provided at reduced cost.
Number of doulas trained in 2020: 6
Contact: Naima Beckles at 323-547-2792 or naima@foryourbirth.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: 131

Number of clients served in 2020: 387

Service areas: All five boroughs

Languages available: English, Spanish, French, Haitian Creole, German, Portuguese, various African dialects, Russian

Priority population(s): African/Caribbean American, Latina, teens, low income women of color, immigrant teens/women and those that are socially isolated with no other support.

Provides no- or low-cost services: All services are no-cost.

Provides doula trainings: Yes

Number of doulas trained in 2020: In 2020 there were 108 individuals trained citywide (including 28 trained specifically to serve Bronx residents). In addition, 40 persons (Citywide Doulas and MCH professionals) participated in a Certified Lactation Consultant (CLC) training.

Contact:

Brooklyn: Denise West at 718-643-8258 x21; Ruqayyah Collins at 718-643-8258 x 32

Bronx, Manhattan, Queens: Victoria St. Clair at 718-826-2942 x211 or cwhadoulas@cwha.org

Staten Island: Gracie-Ann Roberts-Harris at 917-830-1200 or gharris@chcrichmond.org

NYC Doula Collective

Founded in 2008, The NYC Doula Collective is a community of birth workers serving New York City and the surrounding areas. We offer quality care for expectant parents and a strong community of support for our doulas. Through ongoing professional development, regular meetings for members, active mentorship and a commitment to giving back to the community, we strive to offer NYC families professional birth doula services within a wide range of experience and fee levels.

Number of doulas: 10
Number of clients served in 2020: 80
Service areas: All boroughs of NYC; Jersey City.
Languages available: English, Spanish, French
Priority population(s): n/a
Provides no- or low-cost services: When clients reach-out they can choose a fee bracket that fits in their budget - our lowest bracket is $500-$1000. Doulas set their own fees and slide their fees to meet a client's budget when they choose.
Provides doula trainings: No
Contact: Raychel Franzen at nycdcinfo@gmail.com

NYC Birth Village

NYC Birth Village is a doula agency offering birth and postpartum support, childbirth education and breastfeeding classes, as well as sibling and overnight support. Our doulas are warm, evidence-based and hands on, and work in partnerships to elevate the level of care. As an agency, we offer training, guidance and community support to our doulas and currently offer a mentorship program.

Number of doulas: 14
Number of clients served in 2020: 114
Service areas: All five boroughs
Languages available: English, Spanish, Romanian
Provides no- or low-cost services: Some of our teams provide services on a sliding scale for single parents, teen parents, people who are unemployed or underemployed, and members of the BIPOC and/or LGBTQ+ community.
Provides doula trainings:
We provide a doula mentorship program, as well as mentorship and training of doulas who join our agency
Number of doulas trained in 2020: 10
Contact: Karla Pippa at 214-597-9210
Birth & Postpartum Doula, Breastfeeding Counselor
Narchi Jovic at 646-641-6787
Birth & Postpartum Doula, Breastfeeding Counselor, Childbirth Educator

The Doula Project

The NYC Doula Collective is a NYC-based 501(c)(3) (or non-profit) organization that provides compassionate care and emotional, physical and informational support to people across the spectrum of pregnancy, including for abortions and miscarriages. We are a volunteer-run, collectively-led organization of over fifty full-spectrum doulas. Our doulas have backgrounds as social justice activists, teachers, childbirth educators, birth doulas, social workers and reproductive health professionals. We partner with Planned Parenthood Brooklyn, Planned Parenthood Bronx, several public hospitals and other service providers to provide full-spectrum doula support to a diverse body of clients.

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

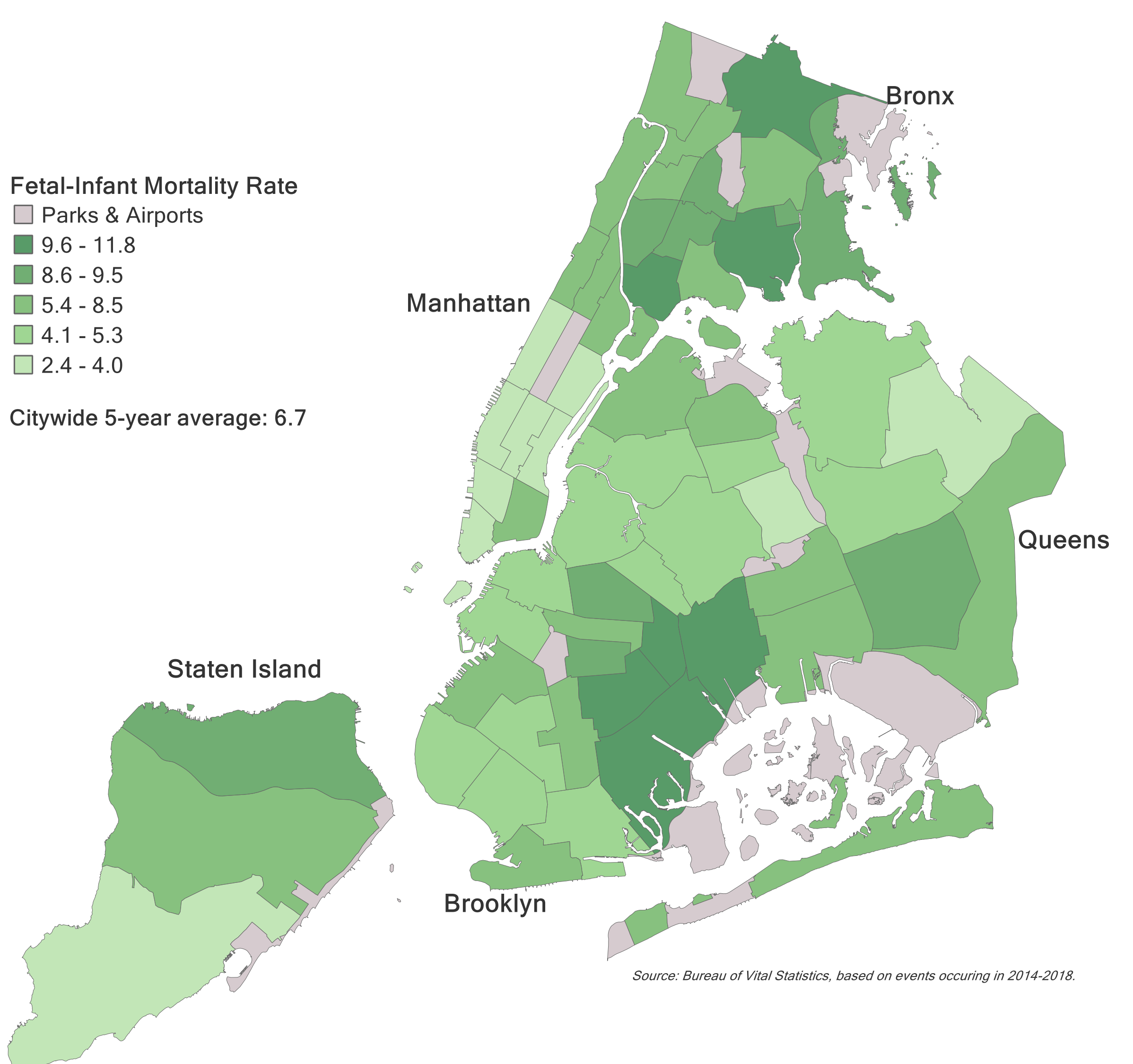
The New York Baby

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

Number of doulas: 30 and 4 baby specialists
Number of clients served in 2020: 150
Service areas: NYC, Jersey City, Hoboken
Languages available: English, German, French, Dutch, Spanish, Portuguese, Hebrew, Yiddish, Russian
Priority population(s): White (majority), Black, Middle Eastern, Latina
Provides no- or low-cost services: We have student-doulas who offer low-cost services, starting at $200 for birth support or $20/hour for postpartum.
Contact: Stephanie Heintzeler at stephanie@thenewyorkbaby.com or 347-257-5157

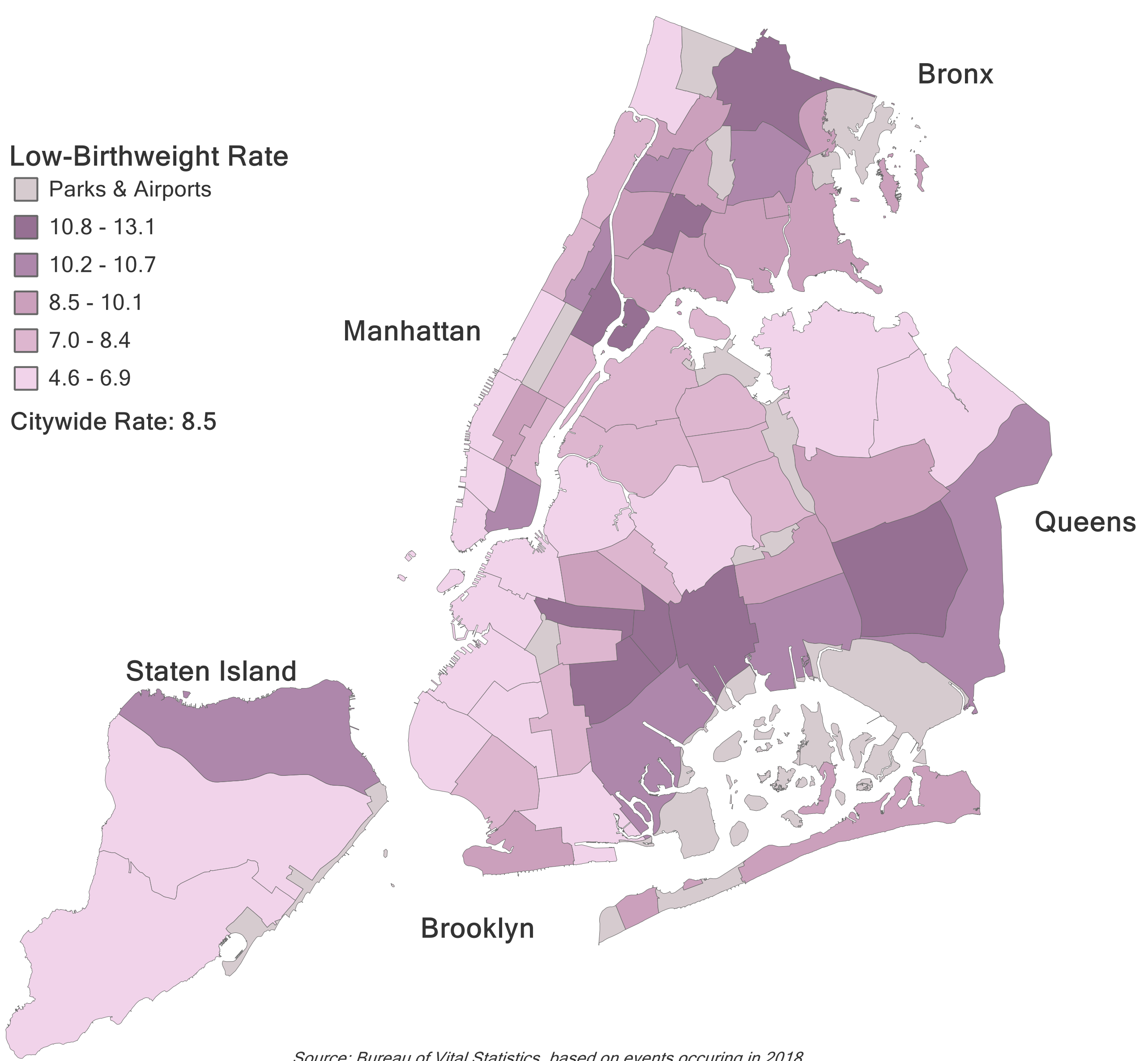
FETAL-INFANT MORTALITY

Fetal-Infant Mortality Rate per 1,000 Births and Fetal Deaths by Community District of Residence, New York City, 2014-2018



LOW-BIRTHWEIGHT

Low-Birthweight Rate by Community District of Residence, New York City, 2018*

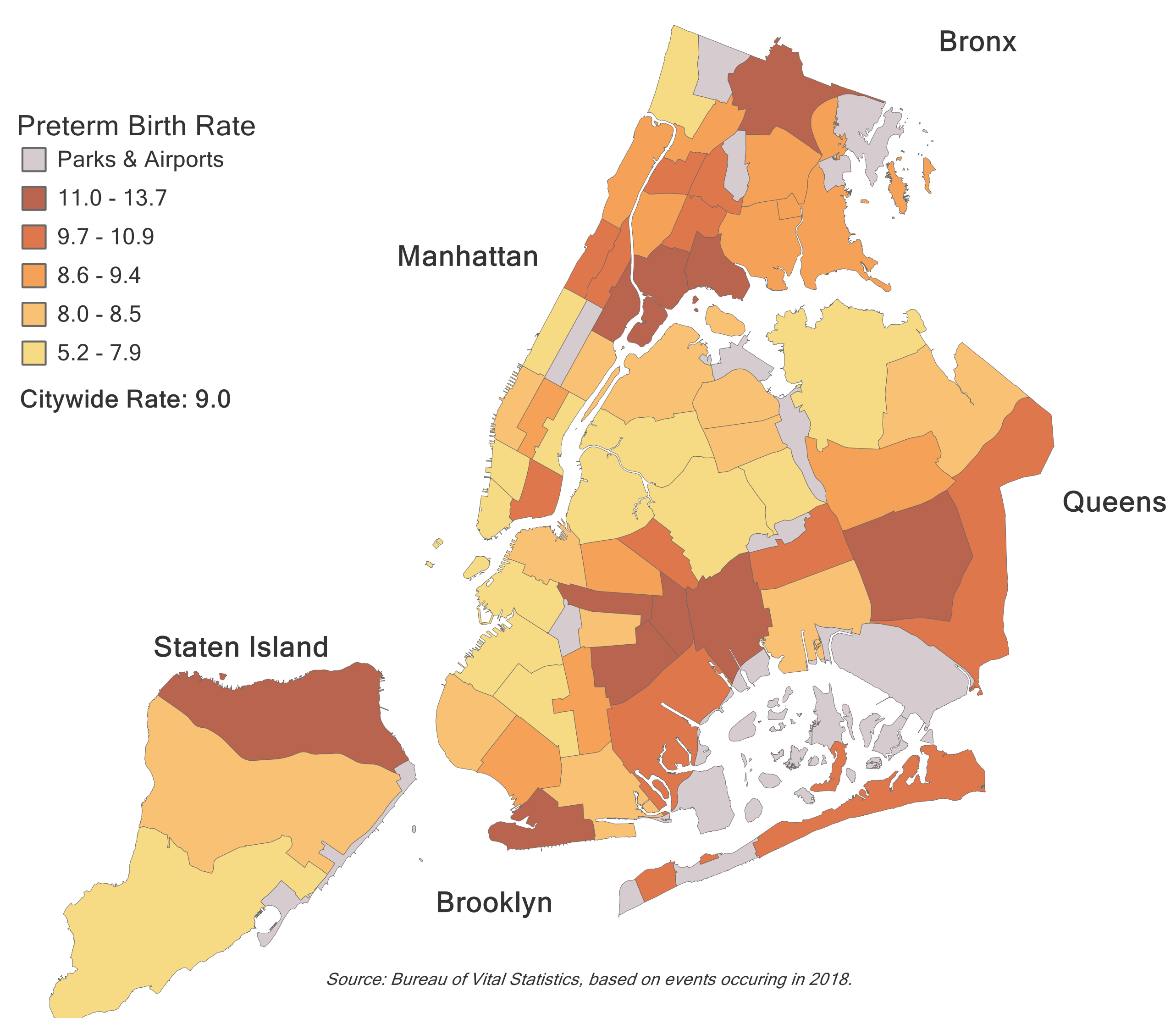


Source: Bureau of Vital Statistics, based on events occuring in 2018.

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

PRETERM BIRTH

Preterm Birth Rate by Community District of Residence, New York City, 2018*

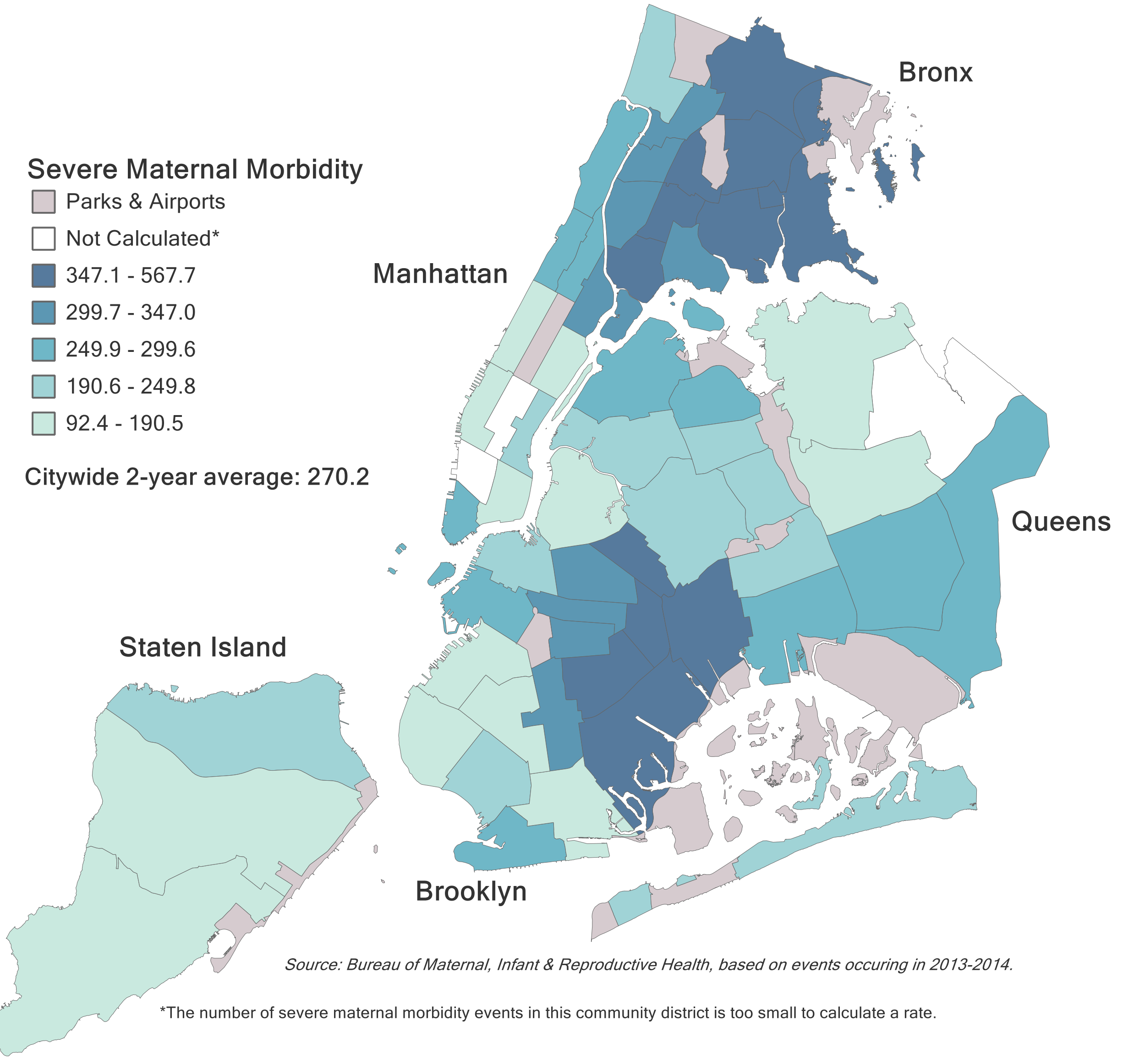


Source: Bureau of Vital Statistics, based on events occuring in 2018.

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

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.

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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