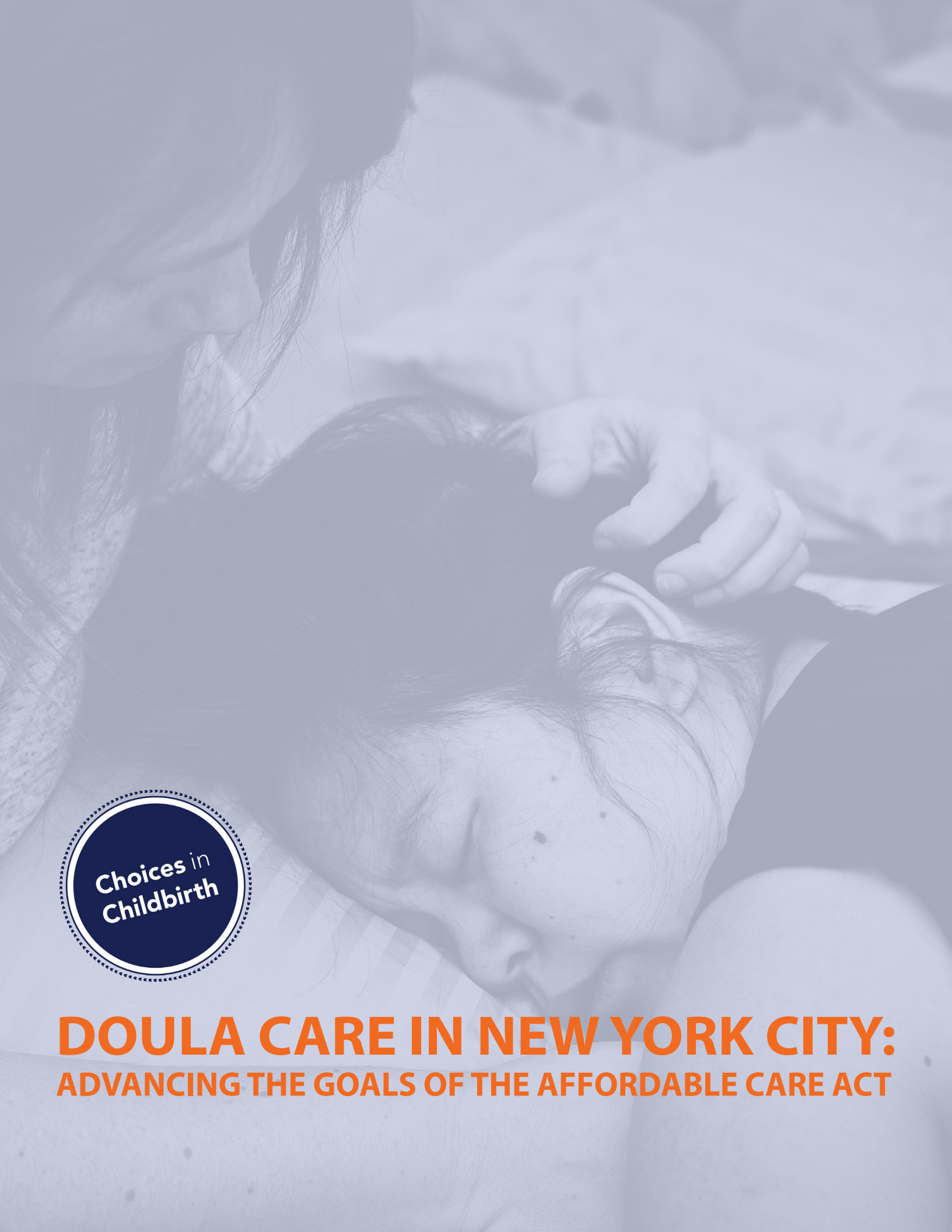

Choices in Childbirth

DOULA CARE IN NEW YORK CITY:
ADVANCING THE GOALS OF THE AFFORDABLE CARE ACT

CHOICES IN CHILDBIRTH

Choices in Childbirth (CiC) is a non-profit organization focused on ensuring that all women have access to maternity care that is safe, healthy, equitable, and empowering. Our mission is to promote evidence-based, mother-friendly childbirth options through public education, consumer advocacy, and pioneering policy reform. We seek to improve maternity care by providing the public, especially childbearing women and their families, with the information necessary to make fully informed decisions relating to how, where, and with whom they will give birth. Our advocacy and policy work is directed towards supporting implementation of evidence-based care practices that will result in better health outcomes for women and their babies, greater patient satisfaction, and increased engagement of women in their own care.

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Cover: Sweet Births

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ADVANCING THE GOALS OF THE AFFORDABLE CARE ACT

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METHODOLOGY

RESEARCH

This report is based on research carried out in 2013 and 2014 by Choices in Childbirth, including a review of medical and public health literature, public health data, and media reports on maternal health and doula care. In addition, Choices in Childbirth conducted interviews and consulted with experts and key informants including women who have had doula support for their births, doulas, nurses, midwives, physicians, childbirth educators, and coordinators of doula programs.

SURVEYS AND FOCUS GROUPS

In January through March of 2014, Choices in Childbirth conducted two online surveys. "The New York City Doula Survey" sought to obtain information about the doula workforce and experience. The "Moms' Survey about Doula Care" was aimed at capturing the experience women had with doulas.

Between January and March 2014, both surveys were posted three times on the list-serve of the Metropolitan Doula Group, a volunteer membership organization that operates a Google group, list-serve, and website where doulas and related birth-workers in the New York City area can exchange information. Both surveys were emailed to key individuals in the doula and doula training communities working in New York City including: all known private doula groups and collectives with more than 5 birth doulas, all known doula groups serving low-income women, doula trainers, doulas listed in the New York City Guide to a Healthy Birth, members of the New York Coalition for Doula Access (a New York doula advocacy initiative), and the local representative for DONA International (the certifying organization that trains the majority of doulas working in New York City).

In order to ensure the inclusion of diverse perspectives and voices, particularly those of women from communities that were likely to be underrepresented in the survey responses, the survey was developed in consultation with and distributed to the City's community-based doula groups.

Choices in Childbirth received 122 responses from doulas, of whom 111 met the inclusion criteria of providing doula services in New York City during the last 3 years. We received 190 responses from women, of whom 159 met the inclusion criteria of having given birth in New York City at least once in the last three years.

In addition, Choices in Childbirth conducted 4 focus groups. Two focus groups included a total of 15 doulas working in community-based programs. Two additional focus groups were held to hear from 23 women who had doula support through community-based doula programs. The focus groups were arranged through the programs that are currently serving clients in medically underserved areas.

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FOREWORD

Choices in Childbirth (CiC) was established in 2004 to ensure that New York City women and their families would have access to information about their rights and options around birth. The lack of available information about where, how, and with whom to birth, was shocking. Through the years Choices in Childbirth has worked to fill that gap with quality, evidence-based information and has advocated for increasing access to a full range of safe, healthy, and respectful birth options. We have created a platform to share the voices of women from a wide range of backgrounds and neighborhoods across the city, because women from all communities deserve the opportunity to ensure that their concerns are heard and their needs are met.

Choices in Childbirth is releasing this report, *Doula Care in New York City: Advancing the Goals of the Affordable Care Act*, to address the concerns that we hear from women across the city. As an advocacy organization, we receive information and questions from New York City women regularly, many expressing frustration with the lack of birth options that are available to them. We hear from NYC women who have felt pressured into accepting medical interventions that they did not believe were justified. Some have lost faith in the system of care. Recently, we have seen the home birth rate in New York increase by 71%, fueled largely by women who have been dissatisfied with the highly medicalized model of maternity care that is the standard in most of the city's hospitals.

The Affordable Care Act has created an unprecedented opportunity for us to work proactively to challenge the status quo. The Act's triple-aim of improving health outcomes, increasing satisfaction with the care experience, and eliminating unnecessary costs has created an unprecedented opportunity for maternity care stakeholders to work together and improve the quality of care available to NYC women. It's an exciting time, because change is within our reach.

We are beginning to see the reversal of staggering increases in cesarean rates and the increasing use of medication to induce or speed labor. The cesarean rate has dipped slightly lower than its peak, though it remains more than two times the upper limit recommended by the World Health Organization. We need to seize the opportunity to build on and expand these improvements. Doulas, whose role it is to inform and support birthing mothers, are an integral part of this new model.

With *Doula Care in New York City*, Choices in Childbirth brings together the medical research, health policy considerations, and the experiences and concerns of women to inform recommendations on how to increase access to and improve the effectiveness of doula care. Because the concerns of childbearing women ought to be at the center of maternity care, their experiences and voices are woven throughout this report.

This is a pivotal time for those of us who work to improve women's health, options, and rights around birth. Right now, policymakers seem ready to make changes that women and families both want and need. We urge you to join us in seizing this opportunity, amplifying the voices of women, and advocating for much needed reform. By working together, we can ensure that all the women and families of New York City have access to birth options that are safe, healthy, and respectful.

Elan McAllister
Founder and Executive Director,
Choices in Childbirth

EXECUTIVE SUMMARY

"[O]ne 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 issued by the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine, February 2014

Widespread access to doula care has the potential to significantly improve health outcomes and the experience of childbirth for women and infants in New York City. In 2012, there were 123,231 births in New York City, more than in 41 of the 50 U.S. states. The city's high rates of maternal deaths and complications, intractable racial disparities, and skyrocketing cost of childbirth care signal the immediate need for system-wide improvements in maternity care practices.

Doula care has been identified in the medical literature as an underutilized, evidence-based strategy to improve health outcomes and reduce spending on unnecessary medical procedures. Currently, only about 5% of births in New York City are attended by doulas.

"There is a certain formality that has become a part of nursing care - charting, reading fetal monitor strips - because the regulations mandate it. It interferes with the basic bonding that should be the core part of these special moments of a person's life. A doula can help the nurses and doctors with this essential component of childbirth."

Howard Minkoff, MD, Chairman, Department of Obstetrics and Gynecology, Maimonides Medical Center

The Affordable Care Act opens the door to re-envisioning maternity care options.

The Affordable Care Act[1] has invited unprecedented innovation in health care, and its framework can be used to evaluate the potential benefits of particular practices or policies in maternity care. The Affordable Care Act's "triple aim" emphasizes the need to change the way that care is delivered in order to 1) improve health outcomes for all, 2) improve the patient's experience of care, and 3) reduce the cost of care. The ACA recognizes that for these goals to be achieved, special attention must be given to eliminating health disparities.

Research demonstrates that doula care has the potential to address each of these "triple aims," and, as such, it should be recognized as an essential strategy to enhance the way that maternity care is provided. Doulas are trained to provide non-medical, emotional, physical, and informational support to a woman before, during, and immediately following childbirth. In addition to sharing information about labor and comfort measures, doulas also facilitate communication between women and maternity care providers and hospital staff by helping women to articulate their questions, preferences, and values.

"I think doulas are a lifesaver. They're so knowledgeable, and they are patient, which is important."

Mother, New York City

Supportive care practices have the potential to improve the health of mothers and babies, reduce health disparities, and increase women's satisfaction with their experience, all while decreasing expenditures for unnecessary interventions. Proven, low-cost solutions have been identified, but changing practices will require challenging the status quo.

The Need for Change

The United States now ranks 60th in maternal mortality globally, even though we spend more than any other country on maternity care. Despite being the leading city for medical education, New York City's has a maternal mortality ratio that is among the highest in the nation. For every death in the U.S., there are an estimated 100 cases of severe, "near miss" complications. While maternal deaths are rare, they signify a maternity care system that is failing to meet the needs of women and families.

"A doula can interpret in [the hospital] environment. It can be difficult for women to have opinions and hold onto their voice in the middle of that intensity."

Labor and Delivery Nurse, NYC Hospital

Most women giving birth in the U.S. are in good health with low-risk pregnancies, and research shows that promoting and supporting normal, healthy physiologic birth is the optimal model of care for most women and babies.[2] Yet in practice, a highly medicalized approach to care has become the norm, resulting in an overuse of some medical procedures, even in circumstances where there is no evidence to demonstrate their benefits. For instance, one in three births is now by cesarean, more than a 50% increase from 1995, despite evidence suggesting this increase is contributing to complications without improving outcomes. Women have reported feeling unsatisfied with their childbirth experiences and unheard by maternity care providers and hospital staff.

"I care exclusively for women with Medicaid, so doula services generally aren't accessible to my clients. One of my clients had a doula – a friend of hers did it for free – and it was one of the most amazing births I've ever seen. I had 3 laboring patients that day, so I was going back and forth. I didn't have the luxury of staying with her for 8 hours. The doula was able to stay with her, encourage her, to offer different options. She was out of bed, she took many different positions, she squatted in the second stage (the pushing stage). That patient definitely had the experience she wanted."

Certified Nurse-Midwife with over 20 years of experience in NYC hospitals

The Evidence Behind Doula Support

The benefits of doula care are strongly supported in the medical literature.

- In 2013 a Cochrane Database systematic review of 23 individual studies concluded that "all women should have continuous support during labour," and that trained doulas are the most effective at providing continuous labor support.[3]
- A 2008 study in the *American Journal of Obstetrics and Gynecology* concluded that doula support was among the most effective of the 41 birth practices reviewed – one of only three to receive an "A" grade.[4]
- A joint statement of the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine released in February 2014 found that continuous labor support is among "the most effective tools to improve labor and delivery outcomes" and is likely underutilized.[5]

Benefits of Doula Care

Doula care has been found to improve birth outcomes and reduce health disparities. Substantial evidence demonstrates that doula support increases the likelihood of safer, healthier, and more satisfying birth experiences. Benefits include:

- Cesarean rates reduced by an average of 28%
- Shorter labors
- Fewer forceps and vacuum births
- Less need for anesthesia or analgesia such as epidurals
- Higher APGAR scores for babies
- More positive feelings about the birth
- Improved patient satisfaction
- Greater likelihood and longevity of breastfeeding

"Having a doula means having an experienced guide to the most potentially surprising moment of life."

First-time mother, Manhattan

Reducing unnecessary medical procedures can prevent complications. Cesareans have been associated with an increased risk of serious short- and long-term complications and hospital readmission. Nationally, between 1998 and 2009, severe and life-threatening maternal complications rose by 75% during delivery and by 114% for postpartum hospitalizations. For many of these complications, the increases have been associated with rising cesarean rates.

Care provided by trained, experienced doulas who offer visits in the postpartum period can also increase the likelihood and longevity of breastfeeding and help address postpartum depression. Breastfeeding reduces the risk of asthma, obesity, diabetes, and ear infections in babies, and the risk of heart disease, obesity, diabetes, and breast cancer in women. Increasing breastfeeding is critical in New York City, where breastfeeding longevity and exclusivity lags behind target rates, particularly in low-income neighborhoods.

Doulas improve patient satisfaction and women's experience of care by strengthening their engagement in care decisions. By offering resources to help women educate themselves in advance and by assisting women in establishing and maintaining positive communications with their medical care providers, doulas enhance women's capacity to make informed decisions about their own health care. Having a sense of control and engagement in health care decision-making is a key factor contributing to patient satisfaction.

"The work we do at the community-based program is different than the work I do in my private practice. In the community-based program, the clients often have to deal with a whole host of other stressors. We do extensive work prenatally, at least three visits. That can help us identify other needs clients might have; we can then work towards referring to services that we don't provide."

Gabriela Ammann, Doula, By My Side Birth Support Program

Eliminating Health Disparities

The Affordable Care Act's goal of improving outcomes for the entire population cannot be met without a concerted effort to eliminate health disparities based on race, ethnicity, and income. New York City's maternal mortality disparities are double those of the nation as a whole, with African American women facing 7 times the risk of maternal death as non-Hispanic white women (69.3 vs. 10.4 deaths per 100,000 live births, respectively).

Race has an independent affect on health outcomes, beyond those explained by socioeconomic differences. African American women at every income level – low-, middle-, and high-income – all experienced three times the risk of maternal mortality as similarly situated white women. Infant mortality rates for college-educated African American women have been documented to be higher than those of white women who did not graduate from high school.

Providing access to doula services for women most at risk of poor health outcomes can reduce disparities by improving the health and care of those with the greatest need. Community-based doula programs offer no-cost, culturally appropriate doula support to women in at-risk and underserved communities. Several community-based programs are operating in New York City, serving approximately 450 women each year. Such programs have achieved positive results in New York City and in communities across the U.S., improving care practices, elevating the voices of women in disenfranchised communities, and taking a comprehensive approach to maternal health by linking women with a variety of support services.

Reducing Spending on Unnecessary and Unwanted Medical Procedures

The cost of childbirth care is higher in the United States than in any other country. At $111 billion per year, childbirth-related hospital charges exceed charges for any other type of hospital care. Studies conducted in Oregon, Minnesota, and Wisconsin have found that expanding access to doula care has the potential to reduce costs.

"I went to one of those big clinics where everyone with Medicaid goes. … I feel like the waiting time is just so long at times. And then when I do get in, I always feel so rushed. 'What are your concerns?' Bam, bam, bam, bam, and before you know it, she's already off to her other patients. It just felt like in and out, in and out. All the stuff I feel like I'm supposed to get from a doctor, I asked other people for."

CiC Mothers' Focus Group

Eliminating spending on non-beneficial procedures, avoidable complications, and preventable chronic conditions would all contribute to covering the cost of doula care. Doula care would be expected to reduce spending by:

- *Lowering Cesarean Rates:* Cesareans cost 50% more than vaginal births when paid for by Medicaid and by private insurance, adding $6,898 and $8,199 respectively to the total cost per birth in New York. If all births in NYC were attended by doulas, and doula care reduced cesareans by 28%, an estimated 11,231 cesareans could be avoided each year (6,235 Medicaid and 4,996 private insurance). Spending on cesareans could be reduced by $43 million for Medicaid ($590 per Medicaid birth) and $41 million for private insurance ($824 per privately insured birth) each year.
- *Reducing Repeat Cesareans:* Because most births following a cesarean are repeat cesareans, avoiding a cesarean reduces costs in future pregnancies.
- *Reducing the Use of Epidurals:* The cost of an epidural includes fees for the medication, the anesthesiologist, and the increased likelihood of additional interventions, including the use of medication to speed labor, episiotomy, bladder catheterization, and evaluation and treatment of subsequent fevers.

- *Increasing rates of breastfeeding:* Breastfeeding improves the health of women and babies, and research suggests that $31 billion could be saved nationwide if breastfeeding targets were reached.
- *Reducing preventable complications and chronic conditions:* Cesareans, epidurals, and not breastfeeding increase the risk of long-term complications and chronic conditions. By reducing cesareans and epidurals and increasing breastfeeding, doulas can reduce spending on these long-term adverse effects and sequelae.

"The breastfeeding felt as hard as the labor. I'm crying. He's crying. We're both crying.... Because of the care and support of the doula, I just got to see past the day, and then, it got better. I don't know if I would have been able to do it without support."
Mother, CiC Focus Group

KEY FINDINGS

By reviewing the results of surveys, focus groups, and interviews, along with existing research, Choices in Childbirth has identified areas of improvement that would increase access to and improve the effectiveness of doula care.

Cost is the most significant barrier to obtaining doula services

- Among women who faced difficulties obtaining doula care, 88% cited cost as a barrier.
- The average fee for a doula in New York City in private practice is $1,200, and it ranges from $150 to $2,800 and upwards per birth, depending on experience.
- 4 of every 10 doulas in private practice report sometimes turning clients away because they cannot afford the fee.

The doula workforce is small and less diverse than the population of New York City

- Choices in Childbirth estimates that approximately 275 to 400 doulas are currently working or volunteering on a regular basis in New York City.
- The doula workforce is less diverse than the population of New York City overall, with women of color under-represented.
- Very few doulas offer services in languages other than English, Spanish, or French.

"[Doulas] are the angels that navigate for you and baby!!! A huge tool for empowerment, knowledge and advocacy. Regardless of unforeseen complications or curveballs one may experience, hands-down having my doula present for my birth was paramount."
First-time mother, Manhattan

Access to doula care in underserved communities is extremely limited

- Limited funding for community-based doula programs means that only about 450 women in underserved communities obtain doula care at no cost each year.
- A lack of resources for comprehensive services in underserved communities sometimes undermines doulas' ability to provide effective support to clients.

Fostering collaborative relationships between doulas, maternity care providers, and nurses would improve the impact of doula care

- Doulas and clinicians reported a need and desire to improve communication and relationships between doulas, nurses, physicians, and midwives, to increase trust and facilitate better working relationships among the groups.

Establishing positive hospital policies would improve the impact of doula care

- 2 of 3 doulas reported that being separated from their client sometimes hampers their ability to do their job.
- 9 of 10 doulas indicated that the lack of non-medical comfort measures at hospitals sometimes hampered their ability to provide care. Doulas and women reported the need for a greater availability of non-medical pain management techniques, including the freedom to move and change positions and access to showers or tubs.

Challenges of doula work

- Doulas identified the stress of an on-call lifestyle and difficulty generating sufficient income as significant challenges to their work.
- 4 of every 10 doulas surveyed identified the need for more peer support, mentorship, and opportunities for professional development.

"[My doula] was a great communicator, knew when to help, when to stand by."
Second-time mother, Brooklyn

CONCLUSION

This report demonstrates that, despite being well-documented, the benefits of doula care are available to only a small percentage of women in New York City. Doulas remain an underutilized resource, notwithstanding the dire need to improve maternal and infant health outcomes and health disparities in the city. The Affordable Care Act has created a unique opportunity to realign the priorities and practices of the maternity care system to better meet the needs of women and families. Doula care is an essential component of that endeavor.

Childbirth facilities, care providers, and government maternal-child health agencies should allocate sufficient resources to expand access to doula care in order to improve health outcomes and patient satisfaction, while addressing disparities and reducing spending on unnecessary or unwanted medical procedures. New York City's women and families deserve no less.

"The emotional support and knowledge of the birth process made a huge difference for me."
First-time mother, Brooklyn

KEY RECOMMENDATIONS

1. *Private insurance, Medicaid, and Medicaid managed care organizations should reimburse doula care as a cost-effective, evidence-based service.*

2. *The New York State Department of Health should seek approval from the Centers for Medicare and Medicaid Services to reimburse for doula support as a preventive service provided by non-licensed practitioners.*

3. *Public funding at the city, state, and federal levels should be dedicated to expand existing community-based doula programs and develop new programs in order to increase access to doula care for women in at-risk communities.*

4. *Every effort should be made to train and hire doulas who are trusted members of the communities most at-risk for poor health outcomes, with attention to racial, ethnic, geographic, socioeconomic, cultural, and linguistic factors.*

5. *All doula training should include education in cultural competency, trauma-based care, and support services that are available for low-income pregnant and postpartum women.*

6. *Childbirth facilities and providers (including the New York City Health and Hospitals Corporation) should seek to increase awareness about the evidence-based benefits of doula care through childbirth education programs, facility tours and "Meet the Doula" events, as well as by distributing information about doula care.*

7. *Hospitals and birth centers should foster collaborative relationships among providers, nurses, and doulas by hosting grand rounds and continuing education programs where nurses, physicians, and doulas can work together to cultivate effective cooperation, communication, and trust.*

"Things got better at [one hospital] after we made a partnership with the staff. We went, we introduced ourselves, we put pictures [of the doulas in our group] up on the board. Then they started treating clients better. Just because they knew we were there, and who we were. It was pretty magical."
Doula Focus Group

8. *Hospitals and birth centers should develop and implement strategies to increase access to doula care during birth, including by establishing facility-based doula programs to make doulas available to women upon admission to the hospital during labor, or before when possible.*

"The help and emotional support is vital to having a joyful experience."
Second-time mother, Brooklyn

9. *Childbirth facilities should develop and implement policies to enhance and support the evidence-based doula care practices that improve maternal and infant outcomes, including by:*
   - *allowing doulas to remain with clients at all times;*
   - *ensuring that women have the option to get out of bed, walk, and change positions as they wish;*
   - *ensuring that continuous electronic fetal monitoring is used only in circumstances where it is supported by the medical evidence and not as a practice that is required or routine for all women regardless of risk factors;*
   - *maintaining equipment such as birth balls and squatting bars that help doulas provide effective comfort techniques;*
   - *providing access to tubs and showers during labor whenever possible; and*
   - *allowing women to establish a comfortable environment in their room whenever possible (i.e. low lights, music of their choice, etc).*

10. *Programs that fund or employ doulas should respect and support the value of doulas' work by:*
    - *paying doulas a reasonable fee or salary that reflects the amount of time spent on call and with clients in labor and that supports doula care as a sustainable livelihood;*
    - *establishing a system for mutual "backup" arrangements to ease the demands of an on-call schedule; and*
    - *providing doulas with adequate supervision, mentorship, peer support, and professional development opportunities.*

For complete citations, please consult the full report.

SERVICES DOULAS PROVIDE

Prenatal Services

Labor, or birth, doulas usually meet with their clients 1 to 3 times before birth, often in the client's home. During prenatal visits the doula and client get to know one another and discuss any concerns or needs the expectant mother may have. Prenatal visits address the doula's role, the mother's birth preferences, and comfort measures. Doulas may also discuss common medical interventions and provide resources explaining their risks and benefits. This helps their clients know what to expect and be prepared to make informed decisions during labor and birth. Prenatal visits are an ideal time to identify additional client needs and to provide referrals to a wide range of services where appropriate. Doulas may establish a relationship with the woman's husband, partner, or others planning to attend the birth. Typically, doulas provide unlimited phone, text, and email support to answer questions and direct the family to resources.

Labor and Delivery

In the 4 to 5 weeks around the due date, most doulas are on call 24 hours a day. Doulas generally plan to join their clients at home after labor has begun, accompany them to the hospital or birth center, and remain a continuous presence through the birth. During labor and birth, doulas provide hands-on comfort measures (such as massage), offer continuous emotional support and encouragement, and help women to ask questions or advocate on their own behalf.

Postpartum Follow-up

Postpartum follow-up services often consist of 1 or 2 visits with the mother within the first week following birth. During postpartum visits, doulas generally provide breastfeeding support, information on newborn care, maternal health, and the postpartum transition, as well as helping the mother process the birth experience. Postpartum follow-up offers an additional opportunity to assess the client's needs and link her with critical services or resources to support her healing and well-being. "Postpartum doulas" do not attend the birth, but offer support primarily during the days and weeks following the birth.

Community-Based Doula Programs

A small number of community-based doula programs in New York City provide doula care in underserved communities. Community-based doula programs are situated in the communities they serve and tailor their programs to meet the needs identified by community members. These programs generally provide all of the services that private doulas offer, as well as additional home visits and a wider array of services and referrals for those women who need more comprehensive support. Some, but not all, community-based doulas in New York City are members of the community they serve, sharing the same background, culture, and/or language with their clients. Often community-based doulas have additional training that supplements the traditional doula education curriculum.

Volunteer Doula Programs

Volunteer services may be provided by individual doulas or those participating in organized volunteer programs, including hospital-based programs. In hospital-based programs, doulas sign up for specific shifts and are assigned clients as they are admitted to the hospital.

WHAT IS THE DIFFERENCE BETWEEN A MIDWIFE AND A DOULA?

The midwifery model of care, like doula care, is based on an understanding of birth as a normal, physiologic process that most often results in healthy outcomes for mothers and babies. Both recognize the importance of placing women at the center of care and decision-making, but the responsibilities of doulas and midwives are separate and distinct.

Midwives are medically trained professionals who are experts in low-risk, physiologic birth. In most other countries, midwives are considered the primary maternity care providers for the majority of women and are an integrated part of the maternity care system.

Doulas have no medical training and do not provide medical care or advice. They do, however, offer a humanizing influence, an interpersonal connection, and a continuous, compassionate presence during labor and birth. Some doulas later go on to become midwives.

In a healthcare system where a medical model of care predominates, a doula's reassuring, human connection with the mother can counter-balance the hospital's alien, clinical environment. Because there is a lack of access to midwifery care in the U.S., women who prefer their experience of birth to be low-intervention, unhurried, and family-centered are increasingly seeking doula support.

Photo: Sweet Births

INTRODUCTION

Four out of five women in the United States will give birth in their lifetime,[6] making childbirth the most common reason for hospitalization nationwide.[7] In New York City alone in 2012, there were 123,231 births,[8] more than in 41 of the 50 U.S. states[9] and more than many countries, including the Czech Republic, Greece, and Sweden.[10] Yet the highly technical, medical model of maternity care that is currently the norm is inefficient, costly, and flawed. This report will explore the value of doula support in achieving critical improvements in maternity care, in line with the priorities identified in the Affordable Care Act.

The Backdrop

Many people are surprised to learn that maternal and infant health outcomes fall far short of what we would expect. *In the United States, we spend more than any other country on childbirth-related care,*[11] *yet maternal and neonatal mortality rates are higher than in 59 and 36 other countries respectively.*[12] According to the most recent global data, *the US is one of just 8 countries around the globe where maternal mortality is increasing.*[13] Some of the reported increase is likely due to improved data collection, but the fact remains that these high rates indicate serious systemic problems.

New York City's maternal mortality ratio is among the worst in the nation.[14] Maternal mortality and morbidity is considered to be a bellwether indicator of the health and strength of the maternity care system. These poor outcomes highlight the pressing need to identify and put in place effective strategies to improve care.

Doula support has been identified in the medical literature and recommendations of leading professional associations as an evidence-based strategy to support optimal maternity care practices. Doulas are trained to provide non-medical, emotional, physical, and informational support to a woman before, during, and after labor and childbirth. As this report will demonstrate, doulas work with women during pregnancy and birth to help them experience care that is safe, healthy, equitable, and woman-centered. Doulas can be particularly beneficial for women from low-income and underserved communities and can help reduce health disparities by ensuring that women who face the greatest risks have the added support they need.

Despite its benefits, few women have the support of a doula at birth. Nationwide data, from Childbirth Connection's *Listening to Mothers III* survey, indicate that only 6% of women in the U.S. received labor support from a doula in 2011 and 2012.[16] When women who did not use a doula were asked if they would have liked to have had doula care, one in four (27%) indicated she would have liked to have had a doula.[17] The percentage of women who would have preferred to have had doula care was highest among African American women (39%).[18] The substantial unmet need for doula services clearly indicates the need to identify and remove the obstacles that are standing in the way of women's utilization of doula support.

The Changing Health Care System

Health care reform has opened the door to re-envisioning how maternity care is delivered. The Affordable Care Act (ACA) has brought health insurance coverage to more women than ever before, but it is the law's emphasis on the quality of care, patient engagement and satisfaction, and equity that have the real potential to change the way that women experience maternity care.[19] The ACA's "triple aim" focuses on three goals 1) improving health outcomes for the entire population, 2) improving the patient's experience of care, and 3) reducing the cost of care.[20]

"You can take advantage of a doula's experience and knowledge in many different ways: physical support, emotional, help communicating and understanding the hospital procedures. A doula makes it much easier for you to process hard decisions in emotional moments and can empower you to own your birth."

Mother, Choices in Childbirth's "Moms' Survey about Doula Care" ("CiC Mothers' Survey")[15]

In addition to overhauling the way that care is delivered, the ACA calls for increased attention to eliminating health disparities and heightening patient engagement in their own care. These goals and strategies are directly relevant to maternity care, a field where the increasing use of interventions, such as cesarean deliveries, has contributed to a surge in healthcare expenditures without improving health outcomes.

Supportive care practices that optimize care and outcomes have the potential to decrease expenditures for unnecessary interventions, while improving the health of mothers and babies, reducing health disparities, and increasing women's satisfaction with their experience. Proven, low-cost solutions are available, but they require providers, institutions, and mothers to use evidence-based solutions and challenge the *status quo*.

"Before birth [our doula] met with us and really went over all the options for labor and discussed the rationale as to why or why not they might be necessary, etc. It really helped me solidify my birth plan, especially for my first pregnancy. Then during labor she really helped me focus on relaxing and getting through contractions. [She] kept me hydrated and really helped focus my wife and myself on labor. She also helped communicate with the nurse the few times the midwife was not in the room. She worked with the midwife and made sure I was laboring the way my body wanted me to."
CiC Mothers' Survey

What is Doula Care?

Doulas are trained to provide non-medical emotional, physical, and informational support for women during labor and birth. This type of continuous labor support has been demonstrated to improve maternal health outcomes and satisfaction.[21] Doulas provide hands-on comfort measures, share resources and information about labor and birth, and facilitate positive communication between women and their maternity care providers by helping women articulate their questions, preferences and values. The benefits of doula care documented in the medical literature include decreasing the use of medical procedures, enhancing a laboring woman's capacity to advocate on her own behalf, and improving satisfaction with the childbirth experience.

According to doulas and mothers surveyed by Choices in Childbirth, topics commonly covered during prenatal visits included identifying birth preferences, comfort measures, the role of a doula, the emotions of labor and their role in labor progress, informed decision-making, and identifying questions for healthcare providers.

The Evidence Behind Doula Support

The benefits of doula care are strongly supported in the medical literature. It increases the likelihood of safer, healthier, and more satisfying birth experiences. A 2008 study in the *American Journal of Obstetrics and Gynecology* evaluated 41 birth practices and concluded that doula support was one of the most effective interventions of any reviewed – one of only three interventions that received an "A" grade recommendation, based on good quality evidence.[22]

A 2013 Cochrane Database Systematic Review of the existing research, including 23 studies involving over 15,000 women, found numerous benefits from continuous labor support. Cochrane Database systematic reviews analyze the results and data from all the existing research on a topic, to establish whether conclusive evidence exists on a specific treatment.[23] They are widely considered to be highly reliable, the "gold standard" for informing evidence-based practices.[24]

"Continuous support during labour has clinically meaningful benefits for women and infants and no known harm. All women should have support throughout labour and birth."[25]
"Continuous support for women during childbirth," Cochrane Database of Systematic Reviews, 2013.

The Cochrane Review determined that continuous labor support is most beneficial when provided by a trained, experienced doula (as opposed to a family member, friend, or hospital staff). The benefits documented in that review include:[26]

- Cesarean rates reduced by an average of 28%
- Shorter labors
- Fewer forceps and vacuum births
- Less need for anesthesia or analgesia such as epidurals
- Higher APGAR scores for babies
- More positive feelings about the birth
- Improved patient satisfaction

Smaller, individual studies[27] have found that continuous labor support by professional doulas increased breastfeeding[28] and reduced the likelihood of developing postpartum depression.[29] The Centers for Disease Control and Prevention (CDC) has recommended doula care as a strategy to increase breastfeeding.[30]

"The doula is essential to helping the woman come to the hospital when labor is active. The doula can help the patient stay mobile – to stay out of bed and labor in the position they want to labor in, and stay on the fetal monitor. That's the magic ingredient, and you can't have that without a doula."

Dr. Jaqueline Worth, Obstetrician

Potential for Lasting Impact

Pregnancy and birth present a critical opportunity to help women establish themselves as empowered participants in the health care system. For many women, childbirth is their first meaningful interaction with the health care system as an adult. Because pregnant women are highly motivated to stay healthy and have healthy babies, pregnancy and birth represent a unique opportunity for doulas to educate and encourage women to become more proficient in navigating and utilizing our often complicated health care system. This can benefit women during the current pregnancy, but also in the future, helping build confidence and skills for the management of health care decisions for themselves, their children, and their families.

This Report

Doula Care in New York City: Advancing the Goals of Health Care Reform explores the documented benefits of doula care, the ways doula care advances the goals of the ACA, and the challenges to attaining these benefits. The report concludes with recommendations for increasing access to, and strengthening the impact of, doula care for all women and families in New York City. In addition to reviewing the research on the impact of doula care, this report includes information obtained from interviews, focus groups, and surveys conducted by Choices in Childbirth. (*See Methodology p. iii.*) Choices in Childbirth has brought together the voices of mothers, doulas, providers, clinicians, and experts to provide their distinct perspectives on the value of best practices already in place, the existing gaps, and the strategies that can support much needed changes in the system.

"My husband and I don't … know about birth and how it can/should go… and the doctors go in and out – having someone dedicated to care for me was invaluable."

CiC Mothers' Survey

This report presents existing research demonstrating doulas' impact on evidence-based care practices, women's satisfaction with maternity care, women's capacity to be engaged decision-makers, and health care disparities for women in communities facing the worst health outcomes. The report also explores the possibility of improving the value of maternity care by reducing spending on unwanted medical procedures that do not benefit women or their babies. In order to identify strategies to expand the availability of doula care, we present the hurdles making it difficult for women to obtain doula care, as well as policies and practices that sometimes limit doulas' ability to provide the full complement of support options. Finally, we translate the priorities and needs identified by various stakeholders into specific recommendations that have the potential to improve outcomes by integrating doulas into maternity care on a wider scale.

"My doula was there for me when I had no one. She made it to my side in minutes. I was so afraid and alone until I saw her. I will always have her for my support team."

CiC Mothers' Survey

The ACA is already overhauling the way that healthcare is delivered. We must take advantage of this time of transition to expand access to successful evidence-based practices and make the promise of reform a reality. We must work to close the existing gaps between knowledge and practice, making existing examples of best-practice care widely available. Lasting change will require a rigorous, coordinated effort from leaders from across various sectors – health administrators, policymakers, care and service providers, medical care payors (insurance and Medicaid), and women themselves – to ensure that every woman enjoys her right to a healthy pregnancy and birth. New York City cannot wait for the nation to move forward. The city must take the lead as it has done in the past, and establish a new norm in maternity care, where all women experience evidence-based, respectful care practices.

"I would recommend having a doula to all of my friends. It was like having a wise travel guide through the experience."

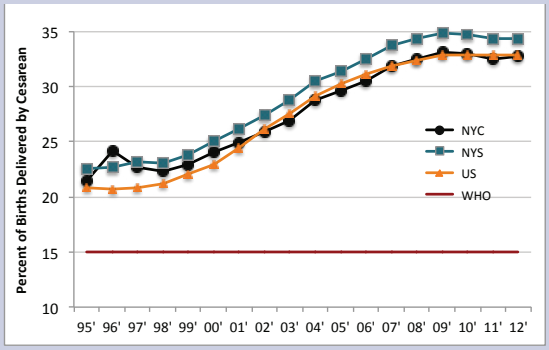
CiC Mothers' Survey

HIGH STAKES: MATERNAL HEALTH OUTCOMES AND DISPARITIES IN NEW YORK CITY

New York City's maternal mortality ratio has surpassed the national average for the last 40 years. It has long been among the highest in the nation, averaging 23.1 deaths per 100,000 live births between 2001 and 2005, compared to 11.8 for the U.S. for the same period.[31] Since then, the maternal mortality ratio has continued to increase, rising to 25.5 for 2009 to 2011.[32]

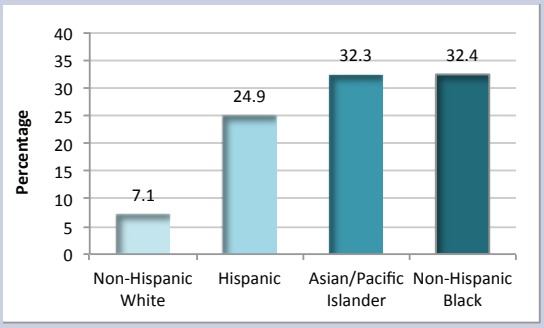
Maternal deaths only hint at the full extent of the problem. For every death, approximately 100 women suffer a "near miss," a complication so severe as to be life-threatening.[33] Nationwide, one woman suffers a serious pregnancy-related complication every 10 minutes, and life-threatening complications rose 75% between 1998 and 2009.[34] For many complications, the increase was associated with an increase in cesareans.[35] Hospitalizations for life-threatening complications have risen 26% over the last four years alone.[36]

Fig. A. Cesarean Rate 1995-2012: NYC, NYS and US



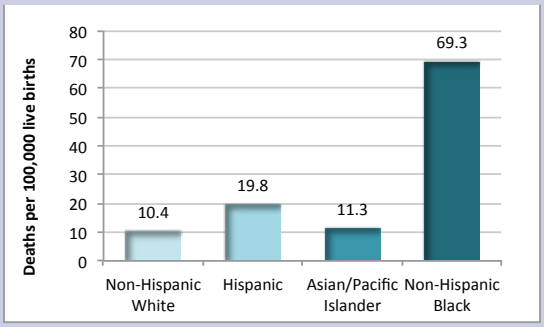
Sources: NYS Dept. of Health Vital Stats Reports; Nat'l Center for Health Statistics, Births: Final Data, 2012, Table 21; CDC Nat'l Vital Stats System. 2014. WHO, Monitoring Obstetric Care, 2009.

Fig. B. Percentage Increase in NYC Cesarean Rates by Race/Ethnicity: 2003-2012



Source: NYC Summary of Vital Statistics, 2012. Pregnancy Outcomes.

Fig. C. NYC Maternal Mortality by Race and Ethnicity, 2009



Source: NYC Summary of Vital Statistics, 2009. Table 3.11.

New York City's cesarean rate is currently equal to the national average at 32.7%.[37] The cesarean rate increased sharply between 1995 and 2008, from 21.7% to a high of 32.9%,[38] before dipping slightly lower during the last four years.[39] (See Fig. A.) The interruption of this steep upward trend is encouraging; yet, the current rate is still well beyond the rate recommended by the World Health Organization of between 5 and 15 percent. No research has demonstrated that the rising rates of cesarean births have improved maternal or infant health, yet data shows that the overuse of medical procedures has increased the risk of maternal and infant complications.[40] A comparison between states with cesarean rates above versus below the national average shows a 21% greater risk of maternal mortality in the high cesarean rate states.[41]

Cesareans have increased for all U.S. women, regardless of race, ethnicity, age, and risk factors.[42] Non-Hispanic black women in the city have the highest rates of cesarean delivery, at 38% in 2012, significantly higher than the rate for white women of 28.8%. Between 2003 and 2012, data show a 32.4% increase in the rate of cesareans among non-Hispanic black women, though rates rose only 7.1% among Non-Hispanic white women during the same time frame. (See Fig. B.) Low-income neighborhoods such as East Flatbush (39.9%) and East New York (37.2%) report cesarean rates well beyond the overall city-wide rate of 32.7%.[43]

Of New York City women who died of pregnancy-related causes, nearly 8 in 10 gave birth by cesarean.[44] While this number does not identify in which cases the cesarean (or a prior one) contributed to the death, the magnitude of the discrepancy is cause for concern and requires further investigation.

Racial disparities in maternal health are extreme and have persisted for decades. African American women in New York City are seven times as likely to suffer a maternal death as white women (69.3 vs. 10.4 deaths per 100,000 live births),[45] a disparity far worse than for the U.S. overall, where African American women are three to four times as likely to die as white women.[46] For Hispanic women in New York City, the maternal mortality ratio is nearly twice as high as for non-Hispanic white women.[47] (See Fig. C.)

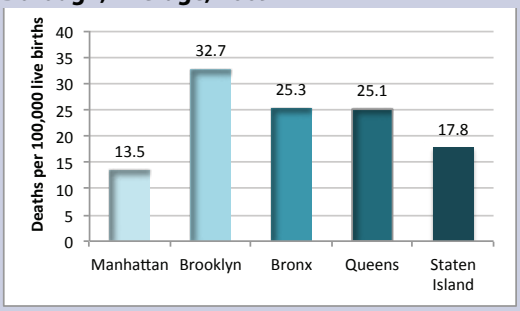
Socioeconomic differences and race both affect pregnancy outcomes for women and babies. A national study by the U.S. Department of Health and Human Services' Health Resources and Services Administration found

that women living in the lowest-income neighborhoods were twice as likely to suffer a maternal death as women in the highest-income neighborhoods.[48] Living in areas with a higher concentration of poverty increased the risk of maternal death for both white and black women.

Yet race has an independent affect on health outcomes, beyond those that can be explained by socioeconomic differences. African American women and other groups face worse outcomes than white women at the same socioeconomic levels. Among women in low-, middle-, and high-income areas, black women at every income level experienced about three times the risk of maternal mortality of white women of the same income level.[49] Similarly, infant mortality rates for college-educated African American women have been found to be higher than those of white women who did not graduate from high school.[50]

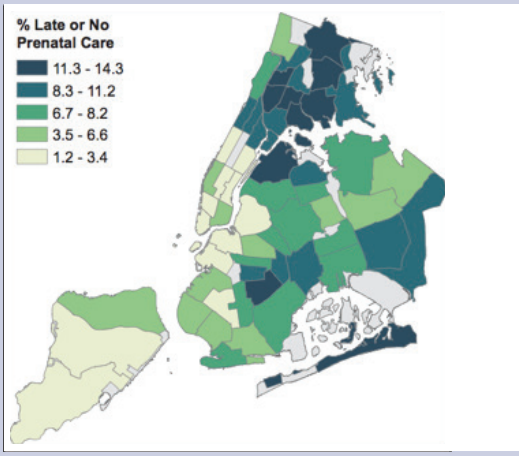
Past research has shown that such disparities reflect differences in quality of care; a lack of access to needed care, services, and health information; understaffing and underfunding of health facilities; discriminatory treatment; as well as a greater likelihood of underlying health conditions.[51] The "social determinants" of health – the social and economic factors that influence health status, including poor nutrition, stress, educational attainment, health literacy, and environmental factors – also influence health outcomes.[52]

Fig. D. Maternal Mortality Ratio By NYC Borough, Average, 2009-11



Source: New York State Department of Health, Maternal mortality rate per 100,000 live births.

Fig. E. Percent of Mothers Who Received Late or No Prenatal Care by Community District of Residence, NYC, 2012



Source: NYC Summary of Vital Statistics, 2012. Pregnancy Outcomes. Figure 27.

In New York City, health outcomes vary significantly by borough and neighborhood, reflecting disparities by race, ethnicity, and neighborhood poverty level. (All data from 2012, except where noted.)

- *Maternal Mortality*: Brooklyn reported an average maternal mortality ratio for 2009-11 of 32.7 deaths per 100,000 live births, nearly two and a half times that of Manhattan (13.5).[53] (See Fig. D.) During 2001-05, the last years for which neighborhood data is available, Manhattan's pregnancy-related mortality ratio of 14.0 deaths per 100,000 live births, was a fraction of that of neighborhoods with the highest rates, such as the Northeast Bronx (57.8), Bedford Stuyvesant/Crown Heights (66.5), and Jamaica (64.1).[54]

- *Exclusive Breastfeeding* (first 5 days of life): High-income neighborhoods, including Park Slope, Chelsea/Clinton, Murray Hill, and Battery Park/Tribeca, all have exclusive breastfeeding rates over 55%, compared with just above 16% for Elmhurst/Corona, Flushing, and Sunset Park, and 19.6% for Morrisania.[55]

- *Obesity:* Non-Hispanic black (58.1%) and Hispanic (51.0%) mothers were about twice as likely to be overweight or obese prior to becoming pregnant compared with Asians and Pacific Islanders (19.9%) and non-Hispanic whites (27.7%).[56]

- *Late or No Prenatal Care:* Citywide, 6.8% of pregnant women received late (third trimester) or no prenatal care. At 14%, the rate in Williamsbridge, Hunts Point, and Unionport/Soundview was more than double the citywide rate. In Greenwich Village/Soho, Murray Hill, Tottenville, and Battery Park/Tribeca, rates were below 2%.[57] (See Fig. E.)

- *Infant outcomes:* Neighborhoods with a higher concentration of residents living below the federal poverty level have more preterm births and low birthweight babies.[58]

A MOTHER'S STORY

"I wanted to have a natural, vaginal [birth], no drugs, and we labored at home for hours…. When we got to this hospital I was at 3-1-1 [having contractions that were coming every three minutes, for one minute in duration, for an hour], so I was close. My water broke as soon as I got there, and I was in triage for like an hour in labor after my water broke. My contractions were like two minutes apart. It was ridiculous. I didn't like that.

I was waiting for so long. Okay, I'm soaking wet. Every time I have a contraction there's more water coming out. I'm in pain. And yet we are sitting laboring in triage. So that was a bad start.

And then, long story short, after the hour in [triage], [I] was stuck at 6 cm [dilation]…. They were like, 'We are going to give you Pitocin,' which I didn't want. Then I felt like they put the pressure on…. They'd bring like 2-3 doctors in there all to say the same thing to you so that you would really feel the pressure. [Our doula said,] 'At the end of the day, it's up to you.'

We just kept asking for more time, 'Give us another hour, give us another hour?'

At the end of it, it was a lot of pressure: "You need to do it now." It made me feel like she [the baby] was going to die if I didn't do it. It wasn't like an emergency C-section,... [the doctor] was, 'OK. You know what, let's just do it. Let's just get her out and get it over with.'

Could we have waited and had a vaginal birth, maybe? That's why I wanted to go to a birth center in the first place."

Mothers' Focus Group, New York City 2014

DOULA CARE ADVANCES THE GOALS OF THE AFFORDABLE CARE ACT

"If a doula were a drug, it would be unethical not to use it."

John Kennell, MD, 1998 [59]

IMPROVING OUTCOMES WITH EVIDENCE-BASED PRACTICES

Doula support can promote evidence based care practices by helping women to avoid unwarranted and unwanted medical interventions. These results advance the ACA's objectives of improving health outcomes while reducing unnecessary expenditures. The majority of women are healthy and have every reason to expect an uncomplicated birth. Research demonstrates that promoting and supporting the normal, healthy physiologic process of birth is the optimal model of care for most women and babies[60] – an approach that is "low-tech" and "high-touch." Yet women in New York City are likely to give birth in a highly medicalized environment, tethered to electronic monitoring devices and intravenous lines, despite a lack of evidence demonstrating that this approach is beneficial.[61]

"There is a certain formality that has become a part of nursing care - charting, reading fetal monitor strips - because the regulations mandate it. It interferes with the basic bonding that should be the core part of these special moments of a person's life. A doula can help the nurses and doctors with this essential component of childbirth."

Howard Minkoff, MD, Chairman, Department of Obstetrics and Gynecology, Maimonides Medical Center

Maternity practices that were developed to treat specific problems or complications have come to be used routinely, without regard for their risk of harm. When interventions are used in situations where they have not been demonstrated to confer benefits, women are needlessly exposed to potential complications.[62] With this reliance on technology and procedures has come an abandonment of hands-on, patient-focused care. As has previously been documented nationwide in the nationally representative *Listening to Mothers III* survey,[63] women giving birth in New York City have reported to Choices in Childbirth that they have felt rushed, pressured, and unheard.[64]

One of the hallmarks of evidence-based childbirth care is an emphasis on physiologic birth – the innate, hormonally driven process that facilitates labor and birth, the establishment of breastfeeding, and parent-infant attachment.[65] This approach utilizes medical interventions only when they are demonstrated to be beneficial, resulting in lower medical costs while at the same time improving the quality of health care.[66] Women need more information about the risks and benefits of procedures, but they also need to hear what alternatives are available. Ensuring that care and service providers are respectful and responsive to women's preferences and decisions, will improve both health outcomes and patient satisfaction.[67] Engaged and empowered patients can advocate for care that best meets their needs, care that is respectful, safe, and satisfying.

99% of doulas surveyed by Choices in Childbirth discuss women's birth preferences with them during a prenatal visit, allowing their clients to seek additional information and to consider various options in advance of labor and birth.

"I felt more secure having a doula present, feeling that she could help read me and my emotions. She greatly helped through contractions and I was able to have an unmedicated vaginal birth, which had been my goal."

CiC Mothers' Survey

Besides offering insight and information, doulas are trained to provide nurturing, humane labor support. Comfort measures such as massage, movement, and position changes can ease discomfort and help labor to progress. Doulas assist women in articulating questions and concerns they may have. By acknowledging and helping women to address existing fears or past traumas, doulas can help women feel safe and reassured. These and other support strategies have a demonstrable impact on improving the progress of labor and birth, as well as facilitating practices that support breastfeeding and promise to improve postpartum health.

Safely Reducing Unnecessary Medical Interventions

Doula support has been associated with a significant decrease in the use of medical procedures including cesareans, forceps and vacuum deliveries, epidurals, and episiotomies, and can also reduce the length of labor.[68] Doulas are trained to use safe, evidence-based measures in order to help women manage the discomfort of labor and birth. These strategies include:

- supporting the woman's freedom of movement in labor
- the use of birthing balls, massage, and tubs for comfort during labor
- facilitating nonsupine positions for giving birth, such as squatting or side-lying
- recognizing the effect of emotions on the physiology of labor

Because medical interventions carry risks of complications, doulas' labor support techniques can reduce the possibility of side effects or complications resulting from those interventions.

"For our patients who want an unmedicated birth, VBAC, or vaginal twins, I tell them it's absolutely essential that they have a doula."
Dr. Jaqueline Worth, Obstetrician

95% of NYC doulas surveyed discuss the effect of emotions on labor progress during prenatal visits.

Increasing attention is being given to the hormones involved in birth, such as oxytocin, beta-endorphin, adrenaline and noradrenaline, and prolactin, and research is exploring the ways in which disrupting the natural hormonal balance may have an adverse affect on labor and birth.[69] Research suggests that feeling private, safe, and unobserved will help a mother to feel calm and relaxed in a way that facilitates birth.[70] Doulas prioritize the emotional well-being of women during labor, and can contribute to maintaining this healthy hormonal balance.

"Helping a woman to feel safe, supported and undisturbed by routine hospital procedures goes a long way to enhancing a safe birth and beyond. Doulas are often the only ones who ask the woman what is going through her mind, and allow her to share her emotions during childbirth, facilitating a decrease in the stress hormones that slow or stop labor and helping her to release oxytocin with calm and connection."
Debra Pascali-Bonaro, DONA International Doula Trainer, over 20 years

88% of women surveyed reported that their doula helped them to feel "a great deal" or "a good amount" more calm and relaxed during birth.

In open-ended survey questions, some women attributed their success in avoiding unwanted medical interventions to their doulas' support. Women described the "calm presence," "reassurance" and "peace of mind," that doulas offered as strongly influencing their birth experience.

Cesareans

According to the results of the Cochrane Review of continuous labor support, the care of a trained doula can reduce the likelihood of a cesarean by an average of 28%.[71] While cesareans can be life-saving when needed, like all major surgery, they carry significant risks.

"As a single mother, it was very comforting to have somebody knowledgeable and caring by my side."
CiC Mothers' Survey

Cesarean delivery is associated with increased risks of serious, even life-threatening, short- and long-term complications. The risk of severe maternal morbidity (complications) is three times greater following a cesarean.[72] The risks for women include cardiac arrest, hysterectomy, hemorrhage, blood clots, major infection, longer hospital stays, hospital readmission, and death.[73] Risks are magnified in subsequent pregnancies, with each repeat cesarean increasing potentially life-threatening maternal complications such as abnormalities of the placenta, hysterectomy, infertility, and uterine rupture.[74] Babies born via cesarean face an increased chance of immediate and chronic health problems, including respiratory distress syndrome, asthma, diabetes, allergies, obesity, and death.[75]

"Doctors often present their opinion as if it is the only way forward without regard to their patients' right to decline a procedure."
CiC Doula Survey

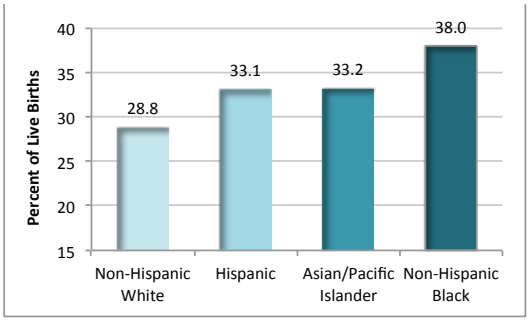
One in three babies is now born surgically, and cesareans rank as the most common operating room procedure in the United States.[76] Rising cesarean rates are increasingly recognized as having a negative impact on maternal health, and efforts to bring these rates down are growing. New guidelines issued in 2014 by The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine include doula support among their recommendations for reducing the high rates of first cesareans.[77]

Data suggest that the decision by maternity providers to perform a cesarean is often driven by factors other than medical necessity.[78] Cesarean rates vary considerably across states, facilities, and even individual providers within the same facility. A large nationwide study found that hospital cesarean rates range from 7% to 69% - a tenfold differential. The same study found that a woman with a low-risk pregnancy is *15 times as likely to have a cesarean birth at some hospitals* compared to others – a range from 2.4% to 36.5.[79]

These differences cannot be explained by other variables such as hospital size, location, or teaching status. Rather, research suggests that the most significant factor driving the magnitude of this variation is the providers' preferences, practice style, and beliefs.[80] One study concluded that the patterns of decision making around cesareans "approach randomness."[81] For example, of the two hospitals in Staten Island serving similar populations, one has a cesarean rate of 39.7% and the other of 22%, among the highest and lowest in the city respectively.[82]

"It's wonderful having someone show up during early labor and stay with you as a calm, committed presence - our midwife couldn't really be a part of the laboring process, she had to save her energy for the endgame."
CiC Mothers' Survey

Fig. F. Percent of Live Births Delivered by Cesarean by Mother's Racial/Ethnic Group, New York City, 2012



Source: Summary of Vital Statistics 2012, The City of New York. Pregnancy Outcomes.

Doula support can be particularly beneficial in communities where cesarean rates are the highest. In New York City, non-Hispanic black women, Hispanic women, and Asian/Pacific Islander women all experience higher rates of cesarean delivery than white women,[83] (see Fig. F) and consequently have an elevated risk of developing complications associated with the surgery. Several aspects of doula care are at work in achieving lower rates of cesareans. One factor may be that once labor is underway, doulas can help ensure that women have a sufficient opportunity to make any requests or ask any questions that they might have. Women are often intently focused on their contractions, and may be focusing their attention inwards. A doula can help her client maintain the focus she needs to feel comfortable, while also making sure that she is given the time she needs to communicate effectively with providers and nurses.

"My doctor is very experienced in vaginal birth and respected my wishes but my doula also played a GREAT part in me avoiding a c-section…"
CiC Mothers' Survey

A woman may want the opportunity to ask if it would be safe to wait another hour before proceeding with surgery. Or she may want to hear from her provider why she or he is recommending a cesarean at that point. In some cases, it will not be safe to wait, but in the majority of cases, even unplanned cesareans are not immediate emergencies.[84] The most common reason for a primary (first) cesarean (planned or unplanned) is that labor has slowed or stopped. In some instances, waiting for the woman to consider her options or giving her more time to "wait and see" will make no difference in the ultimate outcome, but in others, waiting will allow a woman to avoid surgery. Regardless of the ultimate outcome, when a woman has the time to ask questions, she can make a better-informed decision about how she wishes to proceed, and is likely to feel more confident and comfortable with the choice.

"Because we're in a community where there are so many disparities, everyone now is put in the high-risk basket, versus being seen as an individual. You speak to nurses and there's this notion that because of the population we serve, we can't do things the natural way."
Ekua Ansah-Samuels, Doula Program Director, Northern Manhattan Perinatal Partnership

Epidurals

98% of doulas discuss various comfort measures with their clients during prenatal visits.

Epidural pain relief is among the most common interventions during labor and birth and was used in approximately 74% of vaginal births in NYC in 2008,[85] but rates were as high as 92%[86] in some hospitals. Epidurals can provide welcome relief from discomfort for women during birth, though like any medical intervention, they carry risks. Epidurals have been associated with an increased likelihood of instrumental delivery, a longer second stage of labor, and oxytocin (Pitocin) administration. [87]

"Doulas can be very helpful. Sometimes we get in a rut, and we may not think of something. The doula can ask, 'Can we wait a half an hour,' or 'Can she try a different position for pushing?'"
Dr. Jacques Moritz, Obstetrician

Studies have also found that an epidural increases the risk that a woman will develop a fever during labor, making her baby more likely to be evaluated and treated for infection.[88]

Epidurals are often accompanied by other interventions that have their own consequences or side effects, such as continuous electronic fetal monitoring, intravenous infusions, and bladder catheterization.[89] Babies born to women who have received epidurals may face greater difficulty breastfeeding,[90] are less likely to exclusively breastfeed in the days following birth,[91] and are more likely to end breastfeeding before the recommended six months.[92]

"If I had not been with my doula, I feel none of the [non-medication comfort measures] would have been encouraged."
CiC Mothers' Survey

Nearly 40% of women surveyed who gave birth in a hospital reported that the facility did not encourage any pain management techniques other than medication.

As the most effective method of pain relief, an epidural is an important option for women who need or desire the rest and respite it can provide. However, epidurals should not be the only option available. For women who prefer to avoid the side effects and risks of an epidural, women who cannot have an epidural for medical reasons, and women who simply do not want to have one, it is essential that they have access to alternative approaches to managing the discomfort of birth.

"The doctor was saying, 'She's taking a long time and we need to have a c-section.' My greatest fear, because I had an epidural, was that it was going to lead to this domino effect of Pitocin and then C-section. My doula was like, 'No, I had an epidural, and it was fine,... and no c-section.' If my doula wasn't there, I think I would have been scared, and it probably would have led to a C-section."
Syreeta, Mother

87% of women surveyed by CiC reported that working with a doula improved their physical comfort "a great deal" or "a good amount."

Some of the women surveyed by Choices in Childbirth who wished to avoid epidural pain medication indicated their doula played an important role in their success. Women cited the physical and emotional support provided by doulas, as well as doulas' ability to help women advocate for themselves with hospital staff as factors contributing to their ability to meet their goal.

Increasing Breastfeeding

96% of doulas surveyed discuss breastfeeding with clients in post partum follow-up visits.

"Because of her [the doula] I was never once offered pain medication or felt as though there was the threat of unnecessary medical intervention."
CiC Mothers' Survey

Several studies have found that doula care enhances the likelihood and longevity of breastfeeding.[93] Breastfeeding offers numerous health benefits for mothers and babies. Women who breastfeed their babies can speed their recovery from childbirth and reduce their risk of cardiovascular disease, obesity, Type II diabetes, postpartum depression, and ovarian and breast cancer.[94] In infants, breastfeeding is associated with enhanced immune defenses, a reduced risk of asthma, obesity, diabetes, middle ear infections, and diarrhea, and aiding in mother-infant attachment.[95] Low rates of breastfeeding are linked to inflated health care costs that stem from preventable illness.[96]

The American College of Obstetricians and Gynecologists, American Academy of Pediatrics, American Academy of Family Physicians and World Health Organization, all recommend exclusive breastfeeding for the first 6 months of life, with continued breastfeeding through the first birthday.[97] The New York State Prevention Agenda for 2013-2017, a statewide effort to reduce health disparities among vulnerable populations, seeks to increase the proportion of NY State babies who are breastfed.[98] In 2012, New York City's Department of Health and Mental Hygiene instituted the "Latch On NYC" campaign, a citywide hospital-based initiative to support breastfeeding with education efforts and by changing hospital policies on formula supplementation.[99]

"My son spent 4 days in the NICU for observation. . . The separation from my son post birth could have very well meant me not breastfeeding if it was not for my doula (and husband's encouragement.)"
CiC Mothers' Survey

New York City continues to fall short of targets to increase breastfeeding rates.[100] Most mothers in New York City breastfeed exclusively for a significantly shorter period of time than the recommended six months, if at all. Despite city and state efforts to limit hospital formula feeding to situations where it is medically necessary, 93% of New York City births occur in hospitals where healthy breastfed infants are supplemented with formula.[101] City data from 2010 shows that a large proportion of new mothers initiate breastfeeding in the hospital (76.5%), but exclusive breastfeeding rates drop dramatically over two months, to just 24.6%.[102] Low-income neighborhoods report lower than average rates of exclusive breastfeeding as early as the first five days of life.[103]

"A good doula can be really important helping breastfeeding, which is a great load off the nurses' workload."
Dr. Jacques Moritz, Obstetrician

Doula care has been found to enhance breastfeeding behaviors and is associated with higher rates of breastfeeding intent and early initiation of breastfeeding. Doula care contributes to longer duration and higher rates of exclusive breastfeeding, and an increased likelihood of timely onset of milk production (within 72 hours).[106] Women who receive doula support are also more likely to be knowledgeable about recommended behaviors to support breastfeeding, such as nipple care and breastfeeding in a calm environment.[107]

A new study supported by the Health Resources and Services administration and the CDC found that an innovative community-based doula program dramatically increased breastfeeding longevity and exclusivity in 8 underserved communities, in some cases even surpassing target levels. The outcomes were particularly noteworthy because they were achieved in communities that traditionally face some of the lowest rates of breastfeeding.[108]

"Our very vulnerable moms... are the ones you have to start early with, because when you've gone through a lot, it's really hard to trust someone. When you don't have anybody, building that trust is really important. I've had experiences where mom is like, 'Why are you here? Why do you care?' The father of this baby isn't here, or their support networks. They find it a little unsettling that a stranger is there for them in a very intimate way when loved ones aren't."
CiC Doula Focus Group

The personal and intimate relationship that doulas share with clients place doulas in an optimal position to educate women about breastfeeding benefits and encourage the initiation of and continuation of breastfeeding beyond the immediate postpartum period. For women with prenatal stressors, such as smoking during pregnancy or chronic conditions that have a negative impact on intrapartum infant health, doula care can be particularly beneficial for increasing breastfeeding uptake.[109]

Doulas can help mothers advocate for themselves during the critical and very vulnerable period following birth to facilitate immediate skin-to-skin contact between mother and baby[110] and "rooming-in" (having the mother and baby stay in the same room for the hospital stay). Both of these practices help to establish breastfeeding early and to improve breastfeeding rates.[111]

In addition to its direct impact on breastfeeding, doula care also affects breastfeeding rates indirectly by reducing interventions that sometimes hinder breastfeeding. Cesarean delivery, longer labors, use of epidurals, and stressful labor and birth experiences have all been associated with poor breastfeeding outcomes,[112] and each of these risk factors has been shown to be reduced by doula care.[113]

Impact on Postpartum Health

New York City doulas and women both reported that the topics most commonly addressed in postpartum visits included maternal health and wellness, breastfeeding, postpartum adjustment and processing the birth experience.[114]

Home visits by a doula following birth can support the continuation of breastfeeding initiated at the hospital, ensure that women have the information and resources to recognize complications that may develop, and support women following up on any concerns that arise. The days following birth are a critical period to help ensure women remain healthy, and to establish breastfeeding and bonding, but post-hospital care for most women consists of a single visit to a doctor's office six weeks after childbirth.[115] This gap between hospital discharge and postpartum follow-up can result in serious problems. A significant percentage of complications do not arise until after a woman has returned home from the hospital. Too often, women lack the support and assistance to take care of their own health care needs.

"[My doula] went home at two in the morning and came back to check on me at seven in the morning, way before visiting hours, way before anybody. … She checked up on me when I went home. Everything was all right. She gave me tips, like if I needed [anything]."
CiC Mothers' Survey

Doulas can also provide essential information about family planning options and help connect women to other services when they need additional support. Follow up visits by a doula can contribute to women being better educated about how to stay healthy not just during the postpartum period, but beyond.

"I didn't have anybody around to help me or tell me anything about [breastfeeding]. My mother never breastfed. … She was, like, 'Why don't you just make a bottle?' … I was able to pull out some of the pamphlets and some of the facts that my doula had gave me, and [my mom] was like, 'Wow, breastfeeding does all of that?' And I'm like, 'Yeah!'"
CiC Mothers' Survey

91% of NYC birth doulas cover topics related to maternal health and wellness in postpartum follow-up visits.

Some community-based doula programs provide much more extensive postpartum home visiting – with a greater number of visits over a longer period of time – strengthening the impact on postpartum health. In a program model developed by HealthConnect One and implemented in 50 sites across the country, trusted community members go through a 20-session course to supplement doula training with additional information and skills such as breastfeeding counseling and childbirth education.[116]

In this program, doulas begin meeting with clients as early in pregnancy as possible, provide home visits, and attend medical visits with clients throughout the prenatal period. Doulas assist clients during labor and birth, and then continue with intensive home visits in the weeks and months following birth for up to two years. Among other positive outcomes, the program has successfully ensured that all women enrolled attended at least one maternal and one pediatric health care visit postpartum.[117]

"A lot of our role is help navigating the health care system and empowerment and mirroring. Doulas play this role that's kind of making up for gaps in the health care system. Women don't get that there are gaps until they go into the system. This is their first time really seeing what the medical system is like. It's really a shock for many."
CiC Doula Focus Group

Two-thirds of women surveyed reported communicating with their doulas by text, telephone, or email 3 or more times following the birth. Nearly one-quarter of women exchanged 6 or more calls, texts, or emails with their doula.[118]

Additional professional support during the postpartum period can be particularly valuable, as it has been shown to have a preventive effect against the development of postpartum depression.[119] Postpartum visits are an ideal time to extend the preventive benefits of doula care received in hospital, which some research found reduced postpartum depression and anxiety.[120] Doulas conducting home visits are in a unique position to support and assess a woman's transition into parenthood and to help identify any emotional and mental health problems that develop. For women who experience postpartum depression or anxiety or who had a traumatic birth experience, postpartum follow-up visits can serve as a critical link to outside resources and services that provide more comprehensive mental health care.

Among doulas working in NYC, the overwhelming majority (97%) generally provide at least one postpartum follow-up home visit with mothers and babies, and more than one in four routinely offer two or more visits.

In addition to birth doulas, who typically provide one or two post-partum follow-up visits, there are postpartum doulas, who do not attend the birth but are specifically trained in postpartum care. A postpartum doula offers education and support to help a new mother take care of her own health and well-being, while she is discovering how to care for her new baby.

"Having a doula was the best choice we could have made. She was our partner, our advocate and now our friend. I truly believe that it was because of her that I had the birth I wanted."
CiC Mothers' Survey

IMPROVING WOMEN'S CARE EXPERIENCE

When asked by Choices in Childbirth about how doula care affected their birth experience, 83% of women responded that having a doula made their labor and birth "much better," while another 14% reported that having a doula made labor and birth "somewhat better."

"Birth, in general, is the most vulnerable place a woman can be. Having someone there who can lead you safely, who knows you, can be your ambassador, is more important in the foreign environment of a hospital, where most people don't feel comfortable."
Labor and Delivery Nurse, New York City

The ACA prioritizes improving patients' experience of care, both by enhancing the way care is provided, and by heightening patient engagement in their care decisions. The Act emphasizes that the patient's experience of care is a central component of evaluating the quality of care. The Act repeatedly refers to patient engagement, patient satisfaction, patient-centeredness, and shared decision making as elements essential to quality care.[121]

The evidence demonstrates that women with doula care have reported greater satisfaction with their childbirth care experience.[122] Because doulas offer resources about evidence-based childbirth practices and help women articulate their own preferences and values, women with doula support are more likely to be active participants in decisions about their own care. As recognized by the ACA, patients actively involved in their health care enjoy better health outcomes and incur lower costs.[123] Women have identified active participation in the decision-making process around childbirth as being of significant importance to them when evaluating their experience of maternity care.[124]

"I liked that my doula… was informative, but also not trying to pressure you to go in any which way. They were more supportive: 'If this is your decision, then I support it absolutely. There is no right or wrong way to do this, so I support whatever you decide.'"
CiC Mothers' Focus Group

Research suggests that many women lack sufficient information about the maternity care choices they face and the risks and benefits of various options.[125] Women have reported feeling that they do not have the capacity to be actively engaged in their maternity care decisions because their input or concerns are dismissed, ignored, or not heard.[126] This is especially true for women of color, low-income women, and women whose preferred language is not English.[127] In particular, the right to decline medical interventions is not always respected or practiced.

Empowering Women: Active Engagement in Care Decisions

Nearly all (99%) doulas surveyed by Choices in Childbirth, meet with their clients in advance to discuss the woman's birth preferences or wishes.

"All too often, women are not full partners with caregivers in decision-making, but rather experience care paths based on institutional and caregiver policies and practices."
Amy Romano, "The First National Maternity Care Shared Decision Making Initiative"[128]

By meeting with women during the prenatal period to discuss some of the options and decisions that may arise during labor and delivery, doulas can increase the likelihood that women have the opportunity to make informed decisions about their care. Doulas serve as a valuable source of information and resources for pregnant women and assist with the development of birth plans that are in line with a woman's preferences and values. By considering and articulating birth preferences in advance, a woman can improve the likelihood that her expectations around birth will be met, when circumstances permit.

Maternity care presents unique challenges for informed decision making because many decisions are made under time constraints during labor and birth. This makes it essential for women to have information and discussions with providers in advance. Fortunately, pregnant women have the benefit of the long prenatal period to prepare for birth, when they can learn about various care options.

However, providers often face serious constraints on the amount of time that they are able to spend with women during prenatal visits. Consequently, they cannot always impart as much information as women need. A prenatal visit sometimes lasts no more than 5 to 10 minutes. This leaves little time for women to ask questions or for providers to do more than check weight, blood pressure, and fetal heartbeat. At the same time, women have become less likely to attend childbirth education classes, with only about half of mothers taking advantage of that valuable source of information.[129]

"We have women who sit in a clinic 2 to 3 hours before they're served, and then they're in the exam room for just 10 to 15 minutes. Their questions are not necessarily answered. They're not taken seriously. They're just pushed along. When the time comes to give birth, they're supposed to do what they're told and that's the end of the subject."

Chanel Porchia, Executive Director, Ancient Song Doula Services

Under US and international law and ethical guidelines, women have the right to make informed decisions about their health care, but existing informed consent processes in maternity care are lacking.[130] All too often, women have inadequate information to make informed choices about maternity care interventions, have insufficient opportunity to communicate their preferences, or experience a lack of respect for and adherence to their wishes.[131]

"They just say, 'Here, sign this. We have to do this.' It's usually quick… The woman's not respected. They… create an emergency type situation and scare her so she'll sign it, without any information, without any options."

Amadoma, Doula, over 20 years experience

Without doulas, women often go into labor without having considered decisions that they may face, and without enough information to evaluate their options. In Childbirth Connection's *Listening to Mothers III* survey, a nationally representative survey of women who gave birth in U.S. hospitals in 2011-2012, most new mothers could not correctly answer questions about the risks of cesareans or labor inductions, even when they had undergone these interventions themselves.[132] Women often accept the course of action recommended by their provider, without a full exploration of the potential benefits, harms, and alternatives – including the option of not intervening.[133]

"I had to get this emergency C-section…. I'm hysterical … I didn't know what the heck was going on, my doula wasn't there … [The nurse said,] 'I don't know why she's crying like that, it's not that serious.'… She was really looking at me like I was a big baby, but this is major surgery going on, and it's my first kid, my first C-section. [There was] almost no time to explain what was happening."

Mother, CiC Focus Group

Research shows that women want to be fully informed about risks of harm during childbirth,[134] and that frank and open education about the relative risks of intervention can influence their decision-making process.[135] When women are knowledgeable about their options and empowered to be partners in decision-making, they can help avoid the overuse of medical procedures and can make more informed decisions in staying healthy.[136]

Information is essential to being an active participant in care decisions, but not sufficient. In some cases, even when women are well informed, they are not given the opportunity to consent to procedures or interventions. Sometimes this is a result of providers neglecting to obtain consent. For instance, in the *Listening to Mothers III* survey, only 41% of women who had an episiotomy reported having given consent. In other cases, hospital policies dictate what options are available to women. In a survey of 1,569 doulas practicing in North America, two-thirds of doulas reported that they "often" (25%) or "occasionally" (40%) witnessed a care provider engage in procedures without giving the woman a choice or time to consider the procedure.[137]

"Often women are talked down to by nurses, and their experience and desires for labor are not taken seriously. Furthermore, they are made to feel stupid when they ask questions about interventions."

CiC Doula Survey

It is not uncommon for women to report feeling pressured into accepting medical interventions that they do not believe to be beneficial. According to Childbirth Connection's *Listening to Mothers III* survey of women's maternity experiences, 25% of women who had labor induction, 25% of women who had Cesarean section, and 19% of women who did not have epidurals reported feeling pressure from a care provider to have these interventions.[138]

Women and doulas have reported to Choices in Childbirth encountering hostile or discouraging responses from providers when women have sought to avoid or delay medical procedures or to follow other preferences regarding their births. Reportedly, providers and hospital staff sometimes disregard a woman's wish to give birth without intervention or tell her that her decision will place the mother or child at risk for harm without explaining, or even stating, the rationale behind their concern.

"I did agree to most of the monitoring and interventions but when you don't do what they want, they look at you like you are gonna harm the baby."
Dauna, Mother

Among women surveyed by Choices in Childbirth, 72% reported that their doula helped them to communicate their preferences and needs, and 80% reported that their doula helped them to feel more empowered.

Existing research indicates that doula support is linked to increased self-efficacy and feelings of empowerment.[139] By identifying opportunities for a client to advocate for herself and by amplifying the woman's own voice, doulas can support women in becoming more agile at negotiating the terrain of the health care system. Doula support lays the groundwork for women to advocate effectively for themselves and to inquire about and engage in discussions about the options open to them during labor and birth. A doula can help her client identify opportunities to request more information or more time to make a decision about a recommended procedure and to inquire whether there may be alternatives.

"Practitioners might read the birth plan and "agree" to it but during the birth the mother still has a hard time being heard …"
CiC Doula Survey

Doulas can increase patient engagement by facilitating "shared decision-making" a collaborative process in which patients and providers make health care decisions together, taking into account the medical evidence, as well as the patient's values and preferences. Because a doula has the opportunity to get to know their client during the prenatal period, and explore her birth preferences and the reasons behind them, she is well-situated to help the client to assess the advantages of various options in the context of her values and principles.[140] Shared decision-making is also an effective strategy to help reduce health disparities, by empowering women who would otherwise be the least likely to speak up or ask questions of providers.[141]

"A doula can interpret in [the hospital] environment. It can be difficult for women to have opinions and hold onto their voice in the middle of that intensity."
Labor and Delivery Nurse, NYC Hospital

Prioritizing Patient Satisfaction


Photo: Birth Day Presence

Continuous labor support provided by a trained doula is associated with positive birth experiences and improved patient satisfaction.[142] Doulas' potential to improve their clients' experience of their birth make them a valuable resource for hospitals, because increasingly, patient satisfaction contributes to a hospital's bottom line.

"It's hard to think straight when in labor, the doula can guide you in a way that even you may not think about."
CiC Mothers' Survey

The Affordable Care Act has created financial incentives to increase patient satisfaction with their care. In 2012, the Centers for Medicare and Medicaid Services (CMS) instituted a new system for reimbursement that provides a bonus at the end of the year to hospitals with higher patient satisfaction scores, and increasingly, private insurers are following suit.[143] The Joint Commission, the hospital accreditation organization, also collects patient satisfaction data as part of its Quality Check data that it makes available to consumers.

"It's very helpful to have a doula, but you also still have to advocate for yourself."
CiC Mothers' Survey

Patient satisfaction scores are also a mainstay of consumer websites that patients use to make choices about where to seek health care. In addition, if a woman has a positive experience at her birth, she is more likely to return to that hospital in the future for subsequent births and beyond. She is also likely to tell her peers about her experience, often other women of childbearing age who may consider that facility should they give birth in the future.

"I can't imagine not having a doula! I know that my birth experience would have been much less satisfactory without a doula."
CiC Mothers' Survey

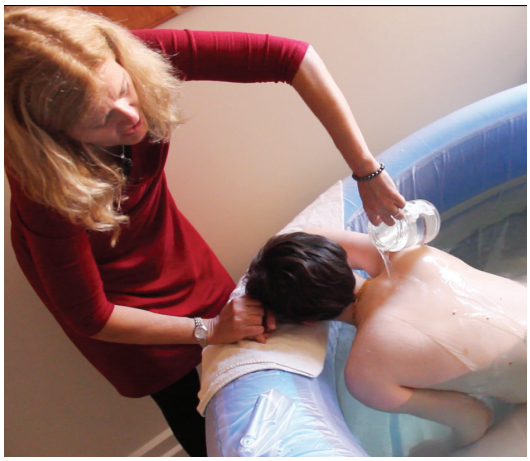


Photo: Ela Alpi.com

Doula care contributes to a positive birth and a satisfying experience in a variety of ways. The amount of support from caregivers, involvement in decision making, quality of the mother-caregiver relationship are all key factors that have been consistently associated with a high degree of satisfaction with the birth experience.[144]

"I talk to women who had much simpler pregnancies but no doula and they had many more interventions and felt much more frustrated with their medical care."
CiC Mothers' Survey

In general, women's positive or negative attitudes about their birth experiences are strongly influenced by their feelings of control and choice in decision-making.[145] Women with doula support have reported that active participation in their care decisions contributed to feelings of being in control of their birth experience. Those feelings of empowerment and engagement, in turn, played a role in having a positive, satisfying birth experience overall. Women who have used a doula indicate that the support they received was vital to ensuring that their birth progressed in the way it was planned whenever possible.[146]

"Having a doula helped me feel much more secure in my labor, despite the fact that my plans changed so drastically. It is good to have a constant support person, no matter where the birth leads you."
CiC Mothers' Survey

Though childbirth may not progress according to a woman's preferences or wishes, doulas can help women to navigate these changes by supporting their involvement in the decision-making process. Women who experience drastic changes to their birth plans – such as transfer of care between type of provider, use of medical pain management and other medical interventions are more likely to report negative feelings about the birth process when they have little or no control in the decision-making. Women who had little control over decision-making were more likely to characterize their experience as traumatizing and reported feeling "frustrated" and "defeated."[147] Conversely, when their circumstances or plans changed, but they felt they had some control in decision-making, they had less negative feelings about the experience overall.[148]

"I think about that day often, and I was so happy and proud at the end of it all."
CiC Mothers' Survey

Some women in the U.S. characterize their birth experiences as stressful and even traumatic. A 2011 national survey found that 9% of women met the diagnostic criteria for posttraumatic stress disorder following childbirth, and an additional 9% had elevated levels of PTSD symptoms.[149] Rates of PTSD following birth are much lower in European countries where childbirth care involves fewer interventions and is more likely to be treated as a normal physiologic process – for example 1.3% in Sweden and 1.2% in the Netherlands. Because continuous labor support reduces interventions and contributes to feelings of efficacy and control, increasing availability of doula support has the potential to reduce the rate of childbirth-related PTSD.[150]

"[My doula] really helped me keep the confidence I needed in myself."
CiC Mothers' Survey

ELIMINATING HEALTH DISPARITIES

In order to attain the Affordable Care Act's goal of improving outcomes for *all* members of the population, priority must be given to the needs of those most at risk for poor outcomes. Community-based doula programs eliminate cost-barriers and expand access to effective, culturally appropriate services that support healthy pregnancies and births and reduce factors contributing to outcome disparities. Such programs can reduce disproportionately poor outcomes by improving care practices, amplifying the voices of the most disempowered women, linking women in at-risk communities with much needed support services, and helping to counterbalance the added stressors faced by women of color and women in low-income communities.

"I feel like the reason that there are such horrible outcomes in these neighborhoods is because of the medical care. Period. Yes, daily stressors, … that is a contributing factor, but it's scary the kind of medical care that's happening: the biases and outright denial of services, not trusting what the mom is saying, … not listening, not seeing even the person in front of you… It's truly scary."
CiC Doula Focus Group

The Most at Risk, the Most in Need of Support

Maternal health outcomes in the U.S. overall have increasingly been recognized as a human rights issue, but the most serious rights violations affect women of color and women living in poverty.[174] Disparities in maternal health outcomes are influenced by a host of factors, with the common thread being pervasive socioeconomic and racial inequality.[152]

Photo: Judith Halek, Birth Balance

Women of color and women with low incomes are disproportionately likely to enter pregnancy with complicating health conditions, to have inadequate access to health care, to face discrimination and disenfranchisement, and to have fewer resources to combat these challenges.[153] Poor outcomes in underserved communities sometimes reflect the risk of seeking care in facilities that are underfunded and understaffed,[154] and other times are the result of women of color receiving lower quality care than their white counterparts.[155] African-American women experience worse maternal health outcomes than white women regardless of their income level.[156] There is no single antidote to these intractable problems, but community based doula care is a promising strategy to address disparities.

"A lot of people know about choices but they think they are not open to them. When my clients hear about this community-based program, I've heard a number of people say 'I heard about a doula, but I didn't think I could have a doula. I thought only rich white women could do that.'"
Amadoma, Doula, over 20 years experience

Despite a greater need for supportive care, women in underserved communities are the least likely to have doula care. In the national *Listening to Mothers III* survey, women receiving Medicaid were found to be only half as likely as privately insured women to know about doula care (19% vs. 36%). However, Medicaid recipients[157] were also more likely to say they would have liked to have had doula care (35% vs. 21%), indicating a higher unmet need for doula services among Medicaid recipients. Research suggests that maternal health benefits derived from doula support are greatest among women from low-income and socially disadvantaged communities and those facing language or cultural barriers.[158]

Comprehensive Care

Community-based doula programs tailor their services to the specific communities they serve. In community-based programs, doulas offer their clients more in-depth support, to help ensure that women's needs are met in a comprehensive manner.

"This is not a premium service. This is not for rich people. This is a basic birth service."
Vicki Borah Bloom, Birth Doula Coordinator, the Doula Project

Generally, community-based doulas have several home visits with clients before and after birth and offer additional support such as childbirth and breastfeeding education, help identifying and articulating questions about care, postpartum health education, breastfeeding support, health system navigation, care coordination, and family planning counseling or referrals. Community-based doulas can provide continuity of care that may be lacking or non-existent in the settings where many women in underserved communities obtain care.

"We offer case management and do an assessment of a mom's needs. A teen mom needs more help than 3 visits. She needs a doula who can go with her to prenatal appointments, talk about nutrition. You have to meet them where they are. With the support of a doula, we see people taking more thought and not reverting back to the same old habits."
Chanel Porchia, Executive Director, Ancient Song Doula Services

Some women need access to an individualized array of support services that go beyond what a doula herself can provide, including psychosocial counseling, food and housing assistance, nutrition education, domestic violence counseling and prevention, and smoking cessation programs.[159] Too often, though, these services are not readily available. Women are faced with a fragmented health system, requiring them to seek a multitude of health services at different times in different places. A lack of affordable transportation and childcare can interfere with women's ability to attend medical appointments. Some prenatal clinics offer "wrap-around" services and case management, but other prenatal providers do not have the training, resources, or inclination to offer this type of support outside the traditional medical model.

Community-based programs often work in partnership with other agencies or organizations to ensure that they can provide or refer women to a wide variety of types of assistance and resources. Doulas can also be integrated into settings already providing comprehensive, woman-centered care during pregnancy and birth. Federally Qualified Health Centers (FQHCs) and other community health centers are patient-centered "medical homes" in underserved communities that offer a coordinated, team-based approach to care. Community health centers complement the medical services available with additional support such as case management, counseling, health education, translation, and other assistance.

"I'm with them before they had the baby, during, and after. And sometimes, next year they're calling me back. We have that relationship."
Doula, 19 years experience

By adding doulas to the care team, community health centers can expand their services to include options such as prenatal education and lactation counseling, as well as doula care at birth for some of their clients. Another approach has been to "cross-train" community health workers, or others already providing home visiting services, in doula care, in order to deepen their skills and knowledge base. However, in some home visiting programs, even those who have added doula training to their skills are not permitted by their employers to attend births.

"If I didn't have a doula … I would have felt less comfortable advocating for myself. Having a doula, explaining the pros and cons of the decisions that I wanted to make, helped me to feel secure and at ease. I think the doula played a big role in helping me to have that courage and ability."
Takiyah, Mother

Elevating the Voices of Women in Marginalized Communities

Community-based doulas can provide important information and support for pregnant women in a comfortable context, as well as helping to mediate a birth environment that can seem impersonal and intimidating. Some community-based doula programs pair pregnant women and teens in underserved areas with a trained doula from their own community, which can enhance feelings of trust and understanding between the doula and her client.[160]

A lack of culturally appropriate care contributes to disparities in care, disparities in outcomes, and feelings of being disenfranchised. Women are sometimes dissuaded from seeking services when they are treated with indifference, a lack of respect, or disdain.[161] Care is often not available in a woman's preferred language, which makes it difficult or even impossible for clinicians to provide sufficient medical information to women and for women to relay useful information to their providers. Language barriers also reduce the likelihood that women will understand or follow clinicians' advice.[162]

"A problem is that [the women in our community-based program] are so used to being treated badly that… a lot of our women don't recognize the problem. They think that when a doctor says it, that's it."
CiC Doula Focus Group

Doulas who come from within the same community are particularly well-suited to address issues related to discrimination, disparities in care, and cultural competency. When a doula and her client share the same cultural background, it may enhance feelings of trust and bonding, and it eliminates the need for the woman to explain any cultural rituals or customs to the doula. The doula can serve as a cultural "interpreter" with the provider and nurses.[163] Community-based doulas sometimes serve as health navigators or a liaison between the client and clinicians. They can be instrumental in assisting medical providers with establishing positive communication with women, keeping women in care longer, and increasing positive outcomes.[164]

Photo: Naima Beckles

The Health Resources and Services Administration has supported the expansion of HealthConnect One's Community-Based Doula Program, which relies on a peer-to-peer model to provide doula and home visiting services to the highest need families with complex social and health issues. This model employs women from the same community as the participants, who receive training in doula care along with additional skills to support the extensive home visiting component of the program.

The hallmarks of this model include initiating and developing each site's programming in extensive consultation with community members. Community leaders are invited to train as doulas, and the extensive skills development program involves approximately 100 hours of client contact. Until early 2014, there was a HealthConnect One program in Brooklyn, but it is not currently providing doula services.

"If it's a Latina mom and her mom is going to be there, I try to assign a Latina doula who speaks Spanish, that way communication is not a barrier not only for mom and doula, but also mom's other support."

Ekua Ansah-Samuels, Doula Program Director, Northern Manhattan Perinatal Partnership

"My doula gave me my voice and reminded me of the birth plan that I wanted. I was able to stick with the plan. I felt I wouldn't have been as strong without her support. The doctors kinda saw that this chick is not giving in."

Katasha, Mother

"I think for a lot of moms, we are a glimmer of hope."

CiC Doula Survey

A DOULA'S STORY

"When I get my private clients who live in predominantly African American neighborhoods with poor health outcomes and are people of color, it's a very similar thing. You are still in this catch. You have a little more funds, but the same crowd. Even with a private hospital, private doctor, it really looks the same...

My last client, she's an artist and had subsidized insurance. She's a person of color and lives in a part of Brooklyn where African American women are having significantly worse outcomes than the rest of the city. At the hospital they told her, 'You have to stop asking so many questions and just let us do what we are doing, 'cause you're stressing yourself out.'

She said, 'No. Actually, I am going to ask questions, and you are going to answer them. No one's going to do anything in this room without asking me.' And they still did. She was on Pitocin, and someone turned it up while we were all sleeping.

She said, 'Who did that? No one does anything without asking me.' But they did it anyway.

She had a voice, but they ignored it anyway."

Maiysha Campbell, Doula 4 years experience

INVESTING IN DOULAS TO IMPROVE THE VALUE OF MATERNITY CARE

The Rising Cost of Care

Childbirth care is the most frequent reason for hospitalization nationwide,[165] and the United States spends far more on maternity-related care relative to other industrialized countries.[166] Hospital charges for maternal and newborn childbirth care in the U.S. have increased precipitously to $111 billion a year in 2010. That is more than the amount spent for any other cause of hospitalization.[167]

Private insurance costs for maternity care rose by more than 50 percent between 2004 and 2010.[168] One significant factor in the skyrocketing cost of maternity care is the increasing use of interventions in cases where there is no demonstrated medical need or benefit. As noted above, cesarean rates have risen considerably, increasing 50% or more in New York City, New York State, and the U.S between 1995 and 2008.[169] (See Fig. A.) *If the cesarean rate today were the same as in 1995, there would be approximately 13,500 fewer cesareans each year in New York City.*

Despite the fact that a cesarean is completed in much less time than it usually takes a woman to complete labor and birth on her own, average total payments for maternal and newborn care are about 50% higher for cesareans compared to vaginal births for both private insurance and Medicaid. In the U.S. in 2010, having a cesarean added about $9,537 to the amount paid per birth by private insurance and $4,459 in payments per birth covered by Medicaid.[170] Women and families with employer provided insurance plans, are bearing an increased burden as well, with out-of-pocket payments for maternal care nearly quadrupling for both vaginal ($463 to $1,686) and cesarean ($523 to $1,948) births between 2004 and 2010.[171]

In New York State in 2012, the difference between average charges for cesarean delivery versus a vaginal delivery were $8,199 for private insurance and $6,898 for Medicaid.[172] Because Medicaid covered nearly half of all births in New York State[173] and nearly 60% of births in New York City,[174] these dramatically increasing costs constitute a significant public expenditure.

Reducing Interventions and Complications Would Offset the Cost of Doula Care

The primary value of doula care is to improve outcomes, improve the experience of care, and reduce health disparities. However, widespread use of doulas would be expected to reduce expenditures related to cesareans, epidurals, and lack of breastfeeding. Eliminating spending on non-beneficial procedures, avoidable complications, and preventable chronic conditions would help balance the cost of paying doulas.

Potential Cost Savings by Reducing Cesareans

The most substantial cost savings from doula care would stem from the expected reduction in cesarean rates:

- There were 123,231 births in New York City in 2012.[175]
- Of those, 72,883 births were covered by Medicaid (nearly 6 out of 10), and 49,738 births were covered by private insurance or were paid for without insurance.[176]
- The cesarean rate for New York City in 2012 was 32.7%, overall. For women paying with Medicaid, the rate was 30.6%, and it was 35.9% for women paying with private insurance or without insurance.[177]
- In 2012, there were 22,270 cesareans covered by Medicaid and 17,842 cesareans covered by private insurance (or paid without insurance).
- In New York State, the average Medicaid charges for a cesarean were $6,898 higher than for a vaginal birth ($18,410 compared to $11,511). The average charges for private insurance (or other payors) were $8,199 higher for a cesarean than for a vaginal birth ($20,140 compared to $11,941).[178]
- Continuous labor support provided by doulas has been found to reduce the cesarean rate by an average of 28%.
- **If all 72,883 births in New York City covered by Medicaid were attended by doulas, it could reduce spending on cesareans alone by approximately $43 million. This translates to an average savings of $590 for each Medicaid birth.**
- **If all 49,738 births in New York City covered by private insurance (or no insurance) were attended by doulas, it could reduce spending on cesareans alone by approximately $41 million. This translates to an average savings of $824 for each birth paid with private insurance (or no insurance).**

Table 1: Estimated Savings from Reducing Cesareans in NYC[179]

NEW YORK CITY, 2012	MEDICAID	PRIVATE INSURANCE (or other payor)
Number of Births	72,883	49,738
Cesarean Rate	30.6%	35.9%
Number of Cesareans	22,270	17,842
Estimated Cesareans Prevented (28%)	6,235	4,996
Average Added Charges per Cesarean	$6,898	$8,199
Estimated Savings per year ($)	**$43,009,030**	**$40,960,236**
Estimated Savings per birth (by payor)	**$590**	**$824**

Currently, experienced doulas in a well-established community-based program in New York are paid $500 per birth and $75 for each home visit for up to 3 visits before pregnancy and 2 postpartum visits for a total of $875 when all visits are completed. If those costs were offset by the expected savings from a reduction in cesarean rates, the difference would be $285 per birth, taking into account only the savings expected by avoided cesareans.

Critical examinations of the potential cost-savings associated with Medicaid and private insurance reimbursement for doulas have recently been undertaken by multiple states, including Minnesota,[180] Oregon,[181] and Wisconsin.[182] These analyses have assessed the potential for reducing overall costs associated with unnecessary medical intervention, while improving birth outcomes and satisfaction and reducing health disparities. However, doula care should be viewed as a long-term investment in reducing health disparities and improving the health and well-being of women and babies.

Doulas' compensation must reflect the fair and full value (economic and non-economic) of their services and time, and should not be tied to a requirement that their services reduce costs in the short-term, as measured solely by their expected impact on reducing cesarean rates.

Additional Short- and Long-Term Cost Savings

The full extent of the potential economic benefits are difficult to calculate. A substantial reduction in a number of short-and long-term costs could be expected from the following benefits of doula support:

- *Epidurals* increase childbirth costs considerably, by as much as 36 percent among low risk experienced mothers and 32% for low-risk first time mothers.[183] Added costs include not just the epidural medication and the cost of the anesthesiologist, but also the costs of all of the additional interventions that are more likely to accompany epidurals, such as instrumental deliveries, episiotomy, synthetic oxytocin to augment labor, evaluation and treatment of fevers, and bladder catheterization.[184]
- *Increased breastfeeding rates* associated with doula care would improve health outcomes and reduce costs. A recent cost-analysis of the potential benefits of breastfeeding indicated that achieving widespread adoption of optimal levels of breastfeeding could significantly reduce costs associated with premature maternal death from breast cancer, diabetes and heart attacks.[185] An estimated $31 billion could be saved nationwide each year in pediatric and maternal health costs, if optimal rates of breastfeeding were achieved.[186]
- *Short and long-term complications and chronic disease* would be averted for both women and babies. Because cesareans carry a greater risk of serious complications, longer hospital stays, hospital readmissions, and chronic conditions, reducing cesareans would result in a reduction in medical spending on the sequelae of the cesarean, as well as a reduction in economic losses to families for the loss of productivity (in childcare or work) due to complications or chronic conditions.
- *Subsequent repeat cesareans* would be avoided. Currently, the great majority of births after one or more cesareans are repeat cesareans with only a small percentage of VBACs (vaginal birth after cesarean). This means that avoiding a first cesarean would greatly reduce the likelihood of a cesarean in later pregnancies, consequently reducing costs in later births. Because the risk of complications from cesareans rises with each additional surgery, avoiding the first cesarean would also contribute to a reduction of complications in later pregnancies, as well as their attendant costs.
- *Increased engagement in health care decision-making* as a result of working with a doula may confer long-term economic benefits. Patients actively involved in their and their babies' health care have lower health care costs.[187]

A DOULA'S STORY

"I had a client, and she was with her partner. She was 18 years old. All the rooms were full and she was in triage from 6pm 'til 8 o'clock the next morning, and they wouldn't allow her to get up to pee. They wouldn't allow her to walk. They basically had her stay on that tiny little stretcher bed in the middle of active labor. It was only so much you as the doula could do, like massaging and fanning.

By 8 o'clock the next morning the doctor comes in and does a vaginal exam and informs us the client is 5cm. The young lady says she'd like to go to the bathroom. The doctor says, 'You can't do that.' She asks, 'Why?' 'Because the baby could fall out.'

Are you kidding me? She's only 5cm dilated. Does he really think the baby's going to fall out?

I just lost it. I was like, 'You've had this mom here since 6 o'clock last night in triage. She should be allowed to walk and move and go along with this labor. This is ridiculous.'

You know, they finally put her in a room by 9 o'clock, and by 10 o'clock she's fully dilated. Then the next thing you know, ten other people are in the room. 'Did you bother asking her if you could come in and attend this birth? Why are you not going into each room, knocking on the door, and saying, "Hi. I'm so-and-so, and I'm a third year resident. I'm going to be here all day. Will you allow me to be present at your birth?"'

Then they have the audacity to yell at her and tell her to start pushing. I'm like, 'Stop yelling at her. I've been here with her all night.' I talk to her. 'Do you feel the urge to push?' And she's like 'Yes. I do feel the urge to push, and I'm going to push, I just need a few minutes.' And I'm like, 'Did we all hear that? she needs a few minutes.'

And sure enough, she started pushing. It was on her terms. Not on their terms."

Regina Conceicao, Doula, 14 years experience

STRENGTHENING THE IMPACT OF DOULA CARE

INCREASING ACCESS TO DOULA CARE

In New York City, only a very small percentage of women engage a doula to support them during birth. The nationally representative *Listening to Mothers III* survey found that one-quarter of women who gave birth with no doula would have preferred to have had one, with 4 in 10 African American women stating that they would have liked to have had doula care.[188] The considerable number of women who were not able to take advantage of doula services, despite their desire to, makes it evident that women need better access to doula care. The following section identifies obstacles to wider utilization of doula support and steps that can be taken to ensure that more women have the opportunity to benefit from it.

"I knew what a doula was, and I wanted to have one, but they were expensive. I had no idea you could get one for free."
Takiyah, Mother

Covering the Cost

According to Choices in Childbirth's survey, among women who faced challenges in trying to engage a doula, 88% indicated that cost had been an issue for them.

"I hope that more insurance plans would cover doulas so that it becomes a normal part of child birth."
CiC Mothers' Survey

One of the most effective strategies to increase access to doula care would be for private insurance plans and Medicaid to reimburse expenditures for doula care, an expense that would be offset by reducing the immediate costs for unnecessary cesareans and epidurals, as well as reducing long-term expenditures by preventing complications, increasing breastfeeding, and improving long-term health outcomes.

The average fee of NYC doulas surveyed was $1,200, which usually includes one prenatal visit, labor support, and a postpartum follow up visit. Fees ranged from $150 to $2,800 per birth, generally based on experience.

"Cost is an issue for me so I may hesitate to hire a doula for a second birth. ... If cost was not an issue, however, I'd very likely hire a doula."
CiC Mothers' Survey

Currently, doula care is very rarely reimbursed by insurance, leaving most women to pay the entire fee out of pocket.[189] While almost 60% of doulas surveyed work on a sliding scale, sometimes accepting a reduced fee, the added expense of doula care remains beyond the reach of many women.

More than four in ten (42%) private practice doulas report that they sometimes have to turn clients away because they cannot afford the fee.

"They (clients) submit a form which I provided; the insurance rejects it; they re-submit. I get a letter from the insurance company asking for more (or often duplicative) documentation. I send it in. I typically get 3-5 letters from the insurance company asking for the same information repeatedly. I keep copies of everything and keep sending the information in. Eventually the client tells me that they have been partially reimbursed."
CiC Doula Survey

The expense of doula care is a barrier for women at a wide range of income levels. Childbirth is the most expensive health care event that families are likely to experience during their childbearing years.[190] Because of high deductibles and co-insurance, even women with insurance face high out-of-pocket costs related to childbirth, spending an average of $2,244 for a vaginal birth and $2,669 for a cesarean.[191] Insurance and Medicaid reimbursement of doula services would alleviate the financial burden that prohibits many women from hiring doulas.

Only one woman among those surveyed by Choices in Childbirth obtained partial reimbursement for doula care, and none received full reimbursement.

The doulas surveyed reported that their clients have very rarely been successful in obtaining insurance reimbursement for doula services, and that the struggle to obtain even partial reimbursement is burdensome. Doulas indicated that the reimbursement process often required filing claims repeatedly and appealing initial denials of claims.

In the past, doulas have provided information for clients to submit claims for reimbursement. However, a lack of clarity regarding proper billing codes makes it difficult to successfully obtain reimbursement. Occasionally doulas in other parts of the country have contracted directly with private insurers or Medicaid managed care organizations to obtain reimbursement. The process for filing claims for reimbursement for private insurance must be revised and clarified, in order to allow clients to continue to seek reimbursement.

Two states, Oregon and Minnesota, have applied for the federal Centers for Medicare and Medicaid Services (CMS) to approve proposals allowing their states to reimburse doula care under Medicaid. In the summer of 2014, Oregon was poised to begin reimbursing doula services. Some doulas had completed the training to become registered, but no reimbursement claims had been filed.[192] At the time of writing, the application from Minnesota's department of health remained under consideration by CMS, but plans were underway to begin accepting requests for reimbursement in the coming months.

"Doulas are … something that you don't think you can experience yourself, because you have to pay for it."
Maritza, Mother

A ruling issued by the Centers for Medicare and Medicaid Services (CMS) on June 15, 2013 now allows states to reimburse for preventive services that have been *recommended* by a physician, midwife or other licensed medical provider, but may be *provided* by a wide variety of non-licensed health professionals.[193] This rule has opened a new path for state Medicaid agencies to reimburse community-based preventive services,[194] including breastfeeding consulting, home visiting, care coordination, educational counseling, and potentially, doula care. States must submit a plan that includes the practitioner qualifications, credentialing, or registration that the state will require, in order to be approved by CMS for covering these preventive services.

Five community-based and volunteer programs currently provide no-cost doula services on a regular basis in New York City.[195] Community-based and volunteer programs provide full doula services to approximately 450 women each year. (See Appendix C). An additional estimated 900 women giving birth at Maimonides Hospital have the option of meeting and working with a hospital-based volunteer doula after they have been admitted in labor. Most doulas working in community-based and volunteer programs also work regularly with private clients, because even when a stipend or reimbursement is provided, the amount is not sufficient to constitute a full-time source of income. As noted above, the need and desire for services within low-income communities exceeds the supply, as low-cost and volunteer programs simply do not have enough resources to expand access to services.

"I hear from more people than I can help. We would advertise our services more heavily if we had the resources [to meet the need.] And we would do more outreach if there were more capacity."
Coordinator, Community-based Doula Program in NYC

Expanding the Size and Diversity of the Doula Workforce

The doula workforce in NYC is limited, and currently has the capacity to support only a small percentage of births in the city. No reliable data currently exist on the number of doulas or women who give birth with a doula in New York City. Information gathered from a variety of sources indicates that there is a small number of professional birth doulas in New York City, particularly relative to the very high number of births. It is difficult to obtain an accurate count of doulas working in New York City, because they do not need to be certified or registered to accompany a woman at her birth. No data is collected by hospitals or Vital Statistics that document doula attendance at births, although such data collection would provide valuable information about the impact of doula care.

"We need to raise the bar for how to prepare women for labor support to meet the multi-faceted needs of the population. If no one has ever told you about the social determinants of health, you will be a poor match for clients in low-income communities who are facing the worst health disparities."
Jill Wodnick, Doula Trainer, 12 years

Choices in Childbirth estimates there are likely between 275 and 400 doulas who attend births in New York City on more than an occasional basis. (See Appendix B.)

Given that doulas surveyed by Choices in Childbirth reported attending an average of 14 births a year, even the most generous estimate of 400 doulas would cover only about 5,600 births, or

less than 5% of the 123,231 births in NYC in 2012. This would leave approximately 117,600 births each year that are not attended by a doula. Making doula care available to a substantial number of women giving birth in New York City would require considerable effort to increase the number of women who are trained and compensated for their work as doulas.

Among survey respondents, 71% of doulas identified themselves as white, 12% as black or African American, 5% as mixed race, 3% as Asian/Pacific Islander, and 2% as American Indian/Alaska Native. In a separate question, 10% identified as Latina or Hispanic.

There is a need to ensure greater racial, ethnic, linguistic, and cultural diversity in the doula workforce. Survey data indicates that doulas of color are underrepresented in the workforce in NYC, and that the workforce does not adequately reflect the City's wide variety of cultures and languages. Because Choices in Childbirth worked closely with the community-based doula groups in developing and distributing the survey, it may actually overstate the percentages of doulas of color working in New York City. It is critically important to ensure more training opportunities for doulas in underserved communities.

"I worked with one particular Spanish-speaking woman, at her second birth, a VBAC. She told me that at her first labor no one spoke Spanish. She couldn't make herself understood. She was left alone for hours to labor on her own, and then at one point they just took her into the OR and cut her. Imagine not even understanding what is happening. She didn't know why it was important to have a C-section. The language limitations make you really vulnerable."
Eszter Domjan, Doula, 2 years experience

Nearly half of doulas surveyed speak only English with their clients, 40% have provided doula services in a language other than English, and 12% know a language well enough to speak it with clients but have never done so. Spanish is spoken by 37% of NYC doulas. French is spoken by 13% of doulas, Italian by 6%, and German by 4%. Twelve additional languages are spoken by one or two doulas each.

Although doulas in New York City report speaking at least 16 different languages well enough to communicate with a birth client, overall availability of doulas speaking any particular language other than Spanish or French is quite low. The volunteer doula program at Maimonides Medical Center offers services in 8 languages, but because doulas work in scheduled shifts, it is a matter of chance whether a doula speaking a particular language will be available at any given time.

Among African American women surveyed, 63% responded that it was moderately (25%), very (13%), or extremely (25%) important to have a doula from a similar background. By contrast, 65% of white women reported that having a doula of a similar background was not at all important, and another 18% found it to be only slightly important.

Language and cultural barriers can present notable challenges for doulas to provide effective care. While doulas in individual private practice may not be able to offer linguistically or culturally appropriate services to all clients, doula groups and community-based programs are well positioned to provide services that meet the needs of the specific communities that they serve.

More support must be made available to community-based groups to enhance their capacity to provide outreach and training for members of communities that face the worst outcomes and have the least availability of doulas. Additional funding for community-based doula groups would allow them to improve their capacity to provide culturally and linguistically inclusive services for a greater number, and wider range, of women.

Medicaid reimbursement for doula support would expand economic opportunities for women in low-income areas. Many are interested in the childbirth field, but without a reliable supply of potential clients in their area, it is difficult for them to support themselves through doula work, which is by definition intermittent. A reasonable Medicaid reimbursement rate that reflects the substantial amount of time a doula spends with each client would make it possible for women in low-income communities to support themselves as doulas.

Meeting Women's Needs in Low-Income Communities

Doulas working with clients from low-income communities encounter additional challenges that interfere with their ability to provide consistent and comprehensive care. Unstable housing situations and intermittent telephone service can hamper the ability to communicate with or visit clients and threaten the continuity of care that clients find to be reassuring.

Community-based and volunteer programs have developed partnerships with organizations that will provide women with services needed beyond pregnancy and birth, such as housing and food assistance, healthcare and job training. However, if childcare or transportation is not available, women may not be able to take advantage of the services.

Supplementing traditional doula curricula with additional training can help ensure that more doulas are better prepared to effectively meet the needs of women in low-income communities. Nearly three quarters of women (73%) in New York City are eligible for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)[196] and Medicaid pays for nearly 60% of births in New York City.[197] Yet common doula training curricula do not include information on these or other public assistance programs.

To prepare doulas to address the needs of a broader segment of the population, some community-based doula programs supplement traditional doula training with programming emphasizing cultural competency, communication skills, home visitation, social service options and health care navigation.[198] Some programs also include training in trauma-based care to ensure appropriate care for women who are the survivors of intimate partner violence, sexual abuse or assault.

Increasing Awareness

One reason that women do not engage doulas is simply a lack of awareness of doula care, the type of services offered, or the benefits associated with it. Some doula groups and childbirth facilities host "Meet the Doula" events where prospective parents can learn about what doulas do and the benefits of doula services. These events can increase awareness around the options for doula care and help people to become more familiar with the services they provide.

Doula programs in low-income communities frequently reach potential clients through referrals by their maternity care providers, other community-based service providers such as WIC, or word-of-mouth referrals from past clients. Leaders of community-based doula programs have expressed interest in expanding awareness through outreach efforts, but are hesitant to do so because their services are already operating at full capacity. Community-awareness campaigns and partnerships with local health care centers would help to increase women's awareness, but would require additional resources to ensure that women who are made aware of doula care have a reasonable opportunity to utilize doula services if desired.

ENHANCING THE EFFECTIVENESS OF DOULA CARE

The effectiveness of continuous labor support can be enhanced or diminished by the policies and practices of the particular birth setting. For example, the Cochrane Review's analysis of multiple studies of doula care found that doula care appears to be more effective when offered in a setting where electronic fetal monitoring was not routine.[199] Doulas services and training will have a greater likelihood of being effective in a birth environment that empowers women to make decisions about their own care, that avoids routine interventions where possible and when desired by the woman, that offers the opportunity for privacy and calmness, and that is respectful.[200] On the other hand, in unfavorable environments – such as facilities where women

"They can get the referral for additional services, but if it's not a five-minute walk and if there's no child care or train fare, they can't do it."

Maiysha Campbell, Doula, 4 years experience

"One big difference that I see between private clients and my [community-based program] clients is the punitive threat of having emotional issues during a pregnancy, that private clients might not have the same concern about. A number of [clients] have very openly voiced their concerns about child services. It's a huge issue. That in and of itself is a big block to making use of [counseling or mental health] resources out there that they know exist."

CiC Doula Focus Group

"Consistent cell phone service is a problem. A lot of times we call and the phone has been turned off. I had a client with four different numbers, including the emergency contact, and none of those phones were working."

Amadoma, Doula, over 20 years experience

"Hospital environments have a big impact on mom's experience. There's one hospital where regardless of what happens, I have felt like they give mom a chance. The nurses talk like doulas. There are midwives on staff there, and you can see the midwifery influence on everybody in those labor rooms."

Ekua Ansah-Samuels, Doula Program Director, Northern Manhattan Perinatal Partnership

are prohibited from getting out of bed – doulas are not able to provide many of the comfort measures they have been trained to offer.

Fostering Collaborative Relationships

Women enjoy the best possible care when clinicians and doulas work together to support them through labor and birth. An environment that fosters mutual respect and open communication can benefit clinicians, doulas, and families, resulting in a positive experience for all involved.

Doulas reported that while they often find providers and nurses welcome their presence and assistance, the role that they play in supporting a respectful and satisfying birth is sometimes undervalued or overlooked by medical staff. Some providers may view doulas as superfluous or inessential to the labor and delivery process, or as an interloper who is treading on the hospital staff's "territory."

On some occasions, a lack of respect and even hostility from obstetric providers and hospital staff poses a significant challenge to their ability to be effective in their professional role. Doulas reported a wide variation in the tone and tenor of interactions with nurses, midwives, and physicians, which may reflect a number of factors including: varying past experiences with other doulas, different levels of knowledge or clarity about the role that a doula can play in supporting a woman in labor, a lack of familiarity with the professional training doulas receive or of how a doula can support the clinical care providers. When clinicians or hospital staff do not value or feel comfortable with a doula's presence, it can result in doulas being excluded from their clients' presence or their care being rendered ineffective.

In order to foster a model of collaborative care where doula support is recognized as an integral part of the woman's care resources, efforts must be made to educate providers and nurses about strategies for successful collaboration with doulas.

Grand rounds and continuing education programs are excellent opportunities to better familiarize providers and clinicians with the services and support that doulas provide. In these settings, physicians, midwives, and nurses can educate one another about successful strategies for working effectively with doulas, and doulas can offer clinicians their own perspective on strategies for effective teamwork; for example, working with providers to delay or avoid epidural by having the support and freedom to provide non-pharmacologic pain relief such as position changes and walking.

Establishing Positive Hospital Policies

Nearly two-thirds of doulas surveyed stated that more supportive hospital environments and improved working relationships with clinicians would help them to do their work better. One third of doulas identified the hospital environment as the biggest challenge they face in doing their work.

Doulas and women have reported to Choices in Childbirth that restrictive hospital policies sometimes prevent or limit a doula's capacity to serve her clients at the hospital.[201] Most hospitals have a policy that limits the number of people allowed to be present during labor and delivery to one or two support persons.[202] Doulas are often included in this limit, forcing a client to choose between her partner or family member and her doula.

More than two-thirds of doulas reported that being separated from their client hampers their ability to provide supportive care for their clients sometimes, often, or always.

"With better communication between all - the woman, her partner, and the care team - satisfaction goes up not only for the client, but also often for caregivers. In order to become a certified doula, DONA requires evaluations from caregivers, to make sure that the doula not only meets the woman's needs but also works well and communicates effectively with the care team too."

Debra Pascali-Bonaro, DONA International Doula Trainer, 20 years

"The system has grown up over time. Now doulas are considered part of the team. We have built a culture of mutual respect and understanding. Everyone has to have everyone's back."

Howard Minkoff, MD, Chairman, Department of Obstetrics and Gynecology, Maimonides Medical Center

I had a Jekyl and Hyde experience at [one hospital.] Everyone was great, the nurse, the staff, the midwives, all really working with the mom, incredibly respectful… really doing teamwork. And in the 11th hour, a doctor came in and really undermined the relationship… in one fell swoop… the teamwork stopped. ...This beautiful thing was happening, real good teamwork, respectful care, everyone really pulling for the mom, and then that was just cut down in an instant… The hierarchy is so intense."

CiC Doula Focus Group

Photo: Sweet Births

Beyond these general limits, often doulas are not allowed to remain with their clients during the administration of epidural anesthesia, during triage, and more importantly, during cesareans.[203] Many women and doulas reported that hospitals allow only one person to accompany a woman during a cesarean, forcing the woman to choose between her birth partner (husband, mother etc.) and her doula. In some cases, neither doulas nor family are allowed to support women during a cesarean.

"A doula does not take the place of your partner, family, or friends. A doula is an advocate and a powerful and resourceful person to lean on in your moments of vulnerability."
CiC Mothers' Survey

Policies prohibiting doulas from supporting clients during procedures or surgery impedes their overall ability to provide comfort and reassurance at a time when it can be most valuable. Cesareans are often unexpected and may occur under circumstances that are alarming or anxiety inducing for the mother, making the support of both her family *and* her doula particularly important. A partner or family member offers familiarity and intimacy. But family members often have an intensely emotional experience of their own witnessing the birth and supporting their loved one who is undergoing major surgery. By contrast, a doula is trained and experienced in providing emotional support and comfort, and she is there in a professional capacity, exclusively for that purpose.[204]

"I had a teenage mom undergoing a scheduled C-section. The hospital did not let me go inside the operating room. … I asked, "Will you at least let her mother go in?" and they said "No, nobody." Because that's their policy."
Regina Conceicao, Doula, 14 years experience

Women and doulas also report being kept alone in a triage room upon admission to the hospital for unnecessarily long periods of time. It may be appropriate to briefly exclude doulas and partners from a triage room, in order to ask a woman sensitive personal questions. However, in some instances women report having been separated from their doulas and other labor support in triage for extended periods of time, well beyond that needed to maintain privacy.

"Unlike family members and friends, a doula can emotionally distance themselves from what is going on and give informed and clearheaded advice because of this."
CiC Mothers' Survey

Women and doulas reported that in many instances, hospital or provider policies resulted in women being confined to bed throughout labor, even in the absence of complications. In some cases, the requirement for women to receive continuous electronic fetal monitoring (EFM) had the secondary effect of keeping women in bed. Restricting freedom of movement can reduce the effectiveness of doula care, and make it impossible for women to take advantage of many of the comfort measures doulas are trained to provide.

Doulas surveyed in NYC indicated that in the hospitals where they have attended births, the following non-medical pain management techniques are "never" or "rarely" available to their clients: freedom of movement and position changes (29%); birth balls (43%); massage or acupressure (54%); showers (45%); and tubs (89%).

"It is hard to watch women fight an uphill battle against policies, practices, and the 'cascade of interventions' time after time, when they have made the best decisions and preparation they could… and are expressing themselves clearly and politely."
CiC Doula Survey

A birth ball (a standard physical therapy ball often found in gyms) can be used by women in labor to help them get into positions that are most comfortable for them and that help facilitate the progress of labor. Women may lean on the ball from standing or kneeing positions, and can sit on the ball, sometimes using it to rock or sway back and forth. Tubs and showers allow women to use warm water to relieve discomfort and relax physically and psychologically. In a tub, the buoyancy of being immersed in water can add to the comfort and relaxation of the warm water.

"[I] was asked way too many times if I wanted medication when I already said no."
CiC Mothers' Survey

Less than one-quarter of women surveyed who gave birth in a hospital reported that hospital staff encouraged the use of a birth ball during labor as a way to increase their comfort.

Medical evidence supports the benefits of giving women the opportunity to move freely during labor.[205] Freedom of movement may result in shorter labors, less need for pharmacologic pain relief, and greater comfort.[206] No studies have found any harm from walking or moving freely during labor.[207]

Restrictions on mobility and routine, continuous EFM are not supported by the medical evidence. ACOG guidelines have stated that, "Given that the available data do not show a clear benefit for the use of EFM over intermittent auscultation, either option is acceptable in a patient without complications."[208] The leading obstetric societies in the United Kingdom and Canada go further in actively recommending intermittent assessment of the fetal heart rate, in place of continuous EFM.[209] The lack of evidence supporting the use of continuous EFM suggests that at a minimum, women should be encouraged to make an informed choice between intermittent and continuous monitoring.

"I had a client that wanted to refuse continuous fetal monitoring because … she was low-risk and didn't have medication at that point. The doctor started screaming at her about 'what she was doing to her baby.'"
CiC Doula Survey

Nine out of ten doulas indicated that the lack of available options for non-medical comfort measures at hospitals was a barrier to their ability to provide care at least some of the time.

Some hospitals have equipment or resources that can augment doula care, but that are not being used. Investments were made to establish a birth center at Bellevue Hospital and to install birthing tubs at Harlem Hospital, but these assets are now shuttered and unavailable for use. Many other hospitals lack equipment to support non-pharmacological methods of pain relief. While some of these options would require a significant investment to install, such as tubs or showers in labor and delivery rooms, many facilities do not have even low-cost equipment, such as birth balls or bars or ropes to help women move into different positions for labor and birth.

"It would be helpful if we were … seen as aids to both the client and the staff. I think in general we are thrilled to help the staff."
CiC Doula Survey

Policies and practices should be put in place that recognize doulas as essential members of the woman's support team and create an environment where their care will have the maximum impact. Hospitals should adopt written policies that explicitly allow doulas to remain present whenever the woman's privacy concerns are not at issue. Women's desire to remain mobile should be respected whenever possible, and supported with the inexpensive, low-tech equipment that doulas are trained to use. Policies requiring continuous electronic fetal monitoring should be revised in light of the fact that the practice is not supported by the medical evidence.

Hospitals have a special opportunity to improve access to and effectiveness of doula care. The development of new hospital-based doula programs presents a unique chance to encourage and support doula care. Hospital-based programs have the advantage of making doula care available to all women who are already in labor, and who decide at that time that they would benefit from the additional support that a doula would offer. Because research has found that continuous labor support is most effective when provided by someone not on the hospital staff, it is important to ensure the independence of doulas who work in hospital-based doula programs.[210]

"Almost no hospitals acknowledge that we're professionals."
Ellen Sidles Farhi, Doula, 16 years experience

CHALLENGES OF DOULA WORK IN NEW YORK CITY

Doulas are generally on-call and available 24 hours a day for the 4 or 5 weeks around a woman's due date, and labor may last several days. Doulas reported to Choices in Childbirth that working as freelance, solo practitioners can be difficult to sustain, especially with limited opportunities for mentorship and professional support. The irregularity of an on-call lifestyle, the financial challenges of operating an individual practice, and the emotional intensity of doula work itself, all contributed to doulas discontinuing or limiting their doula work.

Employment Structure of Doula Work

Among New York City doulas surveyed, 85% had a private individual practice or work with one or two other doulas to provide reciprocal back-up support and shared resources. Approximately 20% of private practice doulas also work with a program serving women in medically-underserved communities, and another 20% work in a private group practice in addition to their individual practice.

"I'm not such a fan of single doula in private practice by herself. I'd love to see more models of doulas who work collaboratively. I think it would be good for doulas and clients to know that this person who is on call for 24 hours a day for the next month is supported by other people."
CiC Doula Focus Group

Various models exist for doulas to engage with their clients. Following are some of the most common ways that doula care is organized:

- Privately employed doulas charge a range of fees and determine the number of visits and services to be provided.
- Doula collectives or groups allow prospective clients to view profiles of multiple doulas on a group website, as opposed to having to seek out doulas individually. Doulas in collectives or groups may provide back-up services for one another and offer peer support and continuing education opportunities.
- Hospital-based doula programs generally engage doulas to work in shifts at the facility and doulas meet their clients for the first time after they arrive at the hospital. In New York City, the existing hospital-based doula services are free of charge, and doulas volunteer their time. In other parts of the country, some hospitals arrange for independent private doulas to be available or on-site around the clock, offering women the opportunity to meet and hire a private doula once they have arrived at the facility in labor. Some hospital-based doula programs pay doulas from their budgets.
- Community-based doula programs offer doula services to women from medically-underserved communities who might not otherwise have access to this type of support. Doulas who work with a community-based program provide volunteer or sliding-scale services.
- Recently, doula training and support has been incorporated into other existing programs serving pregnant women in underserved communities. These programs may receive funding from government grants (for instance through Title V Maternal Child Health Bureau grants from the Health Resources and Services Administration). Examples of this practice include training prenatal health advocates and educators at community health centers as doulas; cross-training community health workers in doula care; adding a doula to multi-disciplinary teams providing social support services to at-risk women. In some instances, these doulas attend their clients' births and in others, doula training is used to enhance the service provider's knowledge and inform their work.

Stress and Threat of "Burn-out"

For many doulas, the uncertainty of being "on-call" around the clock for weeks at a time coupled with competing demands of families or other professional responsibilities, presents significant challenges in terms of finances, scheduling, and stress. The pressure of an unpredictable, irregular, around-the-clock schedule has increasingly led obstetricians and midwives to join group practices, sharing overnight and weekend on-call duties. Most doulas, however, do not have this type of arrangement, in part because one of the elements of doula care is, whenever possible, establishing a relationship of trust and comfort in advance of labor and birth. Often, other than a partner or family member, the doula will be the only familiar face during most or even all of labor and birth, particularly if their obstetrician or midwife is part of a group practice.

"The lifestyle is so hard to sustain. On-call is brutal for me."
CiC Doula Survey

Photo: Judith Halek, Birth Balance

Individual doulas sometimes plan for another doula to serve as back-up, but the backup doula generally steps in only under unusual circumstances. Doulas who practice with a group of colleagues – a doula collective, a group practice, or a community-based program – may find it easier to enlist the support of a "backup" doula who can step into their role should they be at a birth with another client or for other unusual circumstances.

"I stopped doula work two years ago due to being burned out from the on-call lifestyle."
CiC Doula Survey

Approximately half of doulas surveyed reported that they have a child or children in their family of an age that requires childcare, with an additional 10% reporting that they were either pregnant at the time they took the survey, or planned to have a child in the next year.

The irregularity of a doula's schedule is especially challenging for doulas with young children. While participating in a group practice can increase the number of clients a doula can serve, it does not significantly reduce the unpredictability of a doulas schedule. In New York City, only volunteer programs currently offer the regularity of working in predetermined shifts.

Private doulas, particularly those with individual practices, are limited to taking on a small number of clients at one time due to the large window of time that doulas typically commit to being available for their clients.

Financial Challenges

While the unpredictable schedule and the commitment to be present at a clients' birth if at all possible restricts the size of some doulas' practices, doulas also face challenges maintaining a large enough practice to generate a livable income. In a large survey of doulas working in North America, more than one-third of respondents indicated that in an average month, they had fewer clients than preferred. Almost half reported that lack of reimbursement from private insurers or a Medicaid plan was an obstacle to having more clients, while approximately one-third indicated conflicts with other paid work responsibilities as an obstacle.[211] These two issues are intertwined.

"[Because of] lack of stable income as a doula … I was led to take a full-time job that doesn't allow me to be on-call for births."
CiC Doula Survey

Among doulas working in private practice, more than 40% generated $1,000 or less per month from their doula work.

Doulas working in private individual and group practices reported to Choices in Childbirth that an inability to generate a sufficient, stable income often requires them to supplement their earnings with other work. The time conflicts and other demands of retaining a "day job" that generates a steady income sometimes require the doula to cease her doula work altogether. For others, the need to balance multiple jobs in order to piece together a sustainable income exacerbates the other stressful elements of the work.

Medicaid and private insurance reimbursement has the potential to increase the demand for doula services by making them affordable for more women. A larger client pool may in turn create a steadier stream of income. Reimbursement from private and public health insurance may also facilitate the development of hospital-based doula programs where doulas could work in planned shifts. This could expand the workforce by providing opportunities for doulas for whom an on-call schedule is not feasible.

Although Medicaid reimbursement rates would be well below private-sector fees, a reasonable rate of reimbursement by Medicaid would increase the number of doulas who could devote at least part of their professional time to women in underserved communities. In addition, by compensating doulas for time that they have been volunteering to serve low-income clients, Medicaid reimbursement may allow those doulas to take on a greater number of low-income clients.

Peer Support and Professional Development

Four of every ten doulas surveyed identified the need for more peer support and mentorship.

Doulas who work with collectives and programs in NYC cited the peer support, mentorship by more experienced doulas, and sense of community as critical to managing the emotional intensity, stress, and challenges of their work. Additionally, doulas working in collectives or programs valued the opportunity they offered for continued professional development, both from informal exchanges with their peers and from organized educational programming. The lack of this social support for those in individual practice may contribute to the stresses that lead some doulas to discontinue practicing.

"I am lucky enough to experience regular mentoring and sharing circles within the NYC Doula Collective. These resources should be more widely available to the doula community, to provide support and prevent burnout."
CiC Doula Focus Group

CURRENT INITIATIVES TO INCREASE ACCESS TO DOULAS IN NEW YORK

For all women to have healthy and satisfying childbirth experiences, more must be done to ensure access to the support and care that women need. Within New York City, some efforts are currently underway exploring various avenues to expand access to doula care across the city. At the time of writing, staff members at two hospitals in Manhattan were investigating the possibility of establishing hospital-based doula programs (in addition to the existing program at Maimonides), though no formal plans were yet in place. A coalition of community-based organizations and advocates have joined forces to seek funding in New York City to create Healthy Women, Healthy Futures – a new program that would expand the scale and reach of existing doula programs geared towards meeting the needs of women in low-income communities. The New York Coalition for Doula Access, a statewide coalition of doulas, parents, and other childbirth advocates, has come together to explore options for expanding access to doula care, particularly for low-income women, including seeking Medicaid reimbursement for doula care.

CONCLUSION & RECOMMENDATIONS

CONCLUSION

Effective programs and medical evidence demonstrate that it is possible to achieve significantly improved maternal health outcomes and experience of care with doula support. The poor maternal health outcomes and entrenched disparities should serve as an alarm bell, alerting us to the need for an immediate coordinated response. The Affordable Care Act has opened the door to changing practices, but more work needs to be done to employ models of care that will make the promise of change a reality.

"I would love to have a city-wide doula organization... I'd like us to be able to organize a collective voice for our professional opinions on the care we see women receiving and be able to approach hospitals about their standards."
CiC Doula Focus Group

By taking concrete action to change the system one step at a time, we can create system-wide improvements – improvements that could benefit each of the 123,000 women and families who experience childbirth in New York City every year. As doula care becomes more prevalent, its integration into the maternity care system has the potential to shift the perspective on what is considered "normal" or "routine" care.

The potential exists to prevent needless deaths and countless complications that have a lasting, even lifelong effect on the health of childbearing women, their babies, and their families. Doula care is only one of many strategies that can help restore the balance of the human experience of birth with the benefits of medical care informed by the best available evidence. Woman-centered care, optimal practices, and patient satisfaction are essential components of the midwifery model of care and birth center care, and they can be part of hospital maternity care when they are prioritized.

All women deserve the benefits that doula care promises: experiencing optimal maternity care practices, eliminating health disparities, activating women to be their own best advocates, and enhancing the experience of care. We need to join forces, bringing together all of the various stakeholders, and work together to create a lasting transformation of the maternity care system. Together, we can ensure that all women can enjoy their right to a safe, healthy, and satisfying birth. Now is the time to make that promise a reality.

RECOMMENDATIONS TO EXPAND ACCESS TO DOULA CARE IN NYC

Given the evidence supporting the benefits of doula care and its potential to improve health outcomes while bringing down unnecessary spending, a number of steps should be taken to expand this valuable service.

OVERALL

1. *The United States Preventive Services Task Force should undertake a scientific evidence review of doula care to determine if it qualifies as a preventive health care service that meets their criteria for recommended practices.*

COVERING THE COST

2. *Private insurance companies should reimburse doula care as a cost-effective, evidence-based service.*
3. *The Centers for Medicare and Medicaid Services (CMS) should clarify the appropriate CPT code that should be used to obtain reimbursement for doula services.*

4. *CMS should explicitly identify doula care as a reimbursable service in all states, without requiring the state to apply for special permission.*
5. *The New York State Department of Health should submit a proposal to CMS to obtain approval to cover doula services as a reimbursable preventive service.*
6. *The New York City and State departments of health should support the integration of doula care into programs funded by the Delivery System Reform Incentive Payment (DSRIP) Program.*

EXPANDING THE SIZE AND DIVERSITY OF THE WORKFORCE

7. *Every effort should be made to train and hire doulas who are trusted members of the communities most at risk of poor health outcomes, with attention to racial, ethnic, geographic, socioeconomic, cultural, and linguistic factors.*
8. *All doula training should include education in cultural competency, trauma-based care, and information about support services for low-income women and families.*

"I want someone to whom my cultural choices (circumcision, etc.) did not have to be explained or justified."
CiC Mothers' Survey

ACCESS IN UNDERSERVED COMMUNITIES

9. *Public funding at the City, State, and Federal levels should be designated to support increased access to doula care for women in at-risk communities by dedicating funding to expand existing community-based doula programs and to develop new programs. Funds should also be allocated to train women from at-risk communities to be doulas, particularly in areas facing the most severe shortage of access to doula care.*
10. *The New York City and State departments of health should explore and implement strategies to incorporate doula care into existing programs established to improve maternal and infant health outcomes, particularly as a tool to eliminate maternal and infant health disparities.*
11. *CMS should explore and make recommendations on strategies to integrate doulas into Accountable Care Organizations, Community Care Organizations and other innovative health care systems.*
12. *The Maternal Child Health Bureau (MCHB) of The Health Resources and Services Administration (HRSA) should continue to fund community-based doula programs through Title V, Healthy Start, and other grant-funded initiatives.*
13. *MCHB and HRSA should recommend incorporating doulas into care teams in community-based medical homes, such as Federally Qualified Health Centers and other community health centers.*
14. *MCHB and HRSA should incorporate doulas into approved models of home visiting programs under the Maternal, Infant, and Early Childhood Home Visiting Program.*
15. *HRSA and CMS should explore and define clear pathways for community-based doulas to be reimbursed for home visits that provide preventive services including, but not limited to, health education, nutrition counseling, and breastfeeding counseling.*

"What's key about the doula relationship is that it's typically not a paternalistic one. It's not about being told how they are supposed to be behaving and what they should be doing. We certainly are hopefully developing awareness around options and positive healthy behaviors and stuff, but we're really there to be supportive and present with them. I think that's transformative."
CiC Doula Focus Group

INCREASING AWARENESS

16. *Hospitals and birthing centers should increase awareness about the evidence-based benefits of doula care through childbirth education programs, facility tours and "Meet the Doula" events. Information about doula support should be distributed to expectant parents.*
17. *Maternity care providers should educate women about the benefits of doula care, including by discussing doula care with expectant parents and providing information about doulas along with other materials they distribute to parents.*
18. *The New York City and New York State departments of health should seek to improve public awareness of doula services and their benefits.*

FOSTERING COLLABORATIVE RELATIONSHIPS

19. *Hospitals and birth centers should develop and implement strategies to foster collaborative relationships among providers, nurses, and doulas by hosting grand rounds and continuing education programs where nurses, physicians, and doulas can work together to cultivate effective cooperation, communication, and trust.*

ESTABLISHING POSITIVE HOSPITAL POLICIES

20. *Hospitals and birth centers should put in place strategies to increase the number of women who have access to doula care during birth including by establishing facility-based doula programs to make doulas available to women upon admission to the hospital during labor or before when possible.*
21. *Restrictive hospital policies limiting the number of people allowed to accompany a woman during labor and birth should be revised to ensure that doulas are not counted toward the limit.*
22. *Policies should be established that permit doulas to accompany her client at all times, including during cesarean births and time spent in triage, with the exception of the limited time necessary to maintain privacy.*
23. *Childbirth facilities (including New York City's Health and Hospital Corporation) should develop and implement policies to enhance and support the evidence-based doula care practices that improve maternal and infant outcomes, including by:*
    - *ensuring women have the option get out of bed, walk, and change positions;*
    - *eliminating continuous electronic fetal monitoring as a required or routine practice for all women regardless of risk factors;*
    - *providing inexpensive equipment such as birth balls and squatting bars that help doulas to provide effective comfort techniques;*
    - *providing access to tubs and showers during labor whenever possible;*
    - *allowing women to establish a comfortable environment in their room whenever possible (i.e. low lights, music of their choice, etc).*
24. *New York City's Health and Hospital Corporation (HHC) should investigate and implement strategies to effectively incorporate doula care and doula friendly practices into its hospitals with obstetrics units, including establishing hospital-based doula programs and partnering with doula groups serving low-income women.*

ENHANCING DATA COLLECTION

25. *New York State should collect data on the presence of labor support persons at birth by adding a question to the birth certificate that would document whether a woman's partner, friend(s), family, or doula provided labor support.*

IMPROVING DOULA WORK CONDITIONS

26. *Programs that fund or employ doulas should respect and support the value of doulas' work by:*
    - *paying doulas a reasonable fee or salary that reflects the amount of time spent on-call and with their clients in labor, and that supports doula care as a sustainable livelihood;*
    - *establishing a system for mutual "backup" arrangements to ease the demands of an on-call schedule;*
    - *providing doulas with adequate supervision, mentorship, peer support and professional development opportunities.*

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APPENDICES

APPENDIX A - NEW YORK CITY DOULA WORKFORCE

Estimated Number of Doulas in New York City

Currently, no reliable data exists on the number of doulas working or the number of births attended by doulas in NYC. Choices in Childbirth has sought to gather information about the number of doulas working in various capacities in NYC and to use that information to develop a rough estimate of the doula workforce. Choices in Childbirth has identified group practices or collectives, doula programs serving women in low-income communities, volunteer programs, in New York City that involve more than 5 birth doulas. We have also documented the numbers of doulas participating in various referral, information, or advocacy networks. (See below.)

Many doulas work individually, and unless they participate with a larger network or group, they can be difficult to identify. Doulas can work independently, without formal licensing or certification, relying on word of mouth for referrals. Consequently, doulas can be nearly impossible to track or account for. On the other hand, some doulas work in multiple capacities – working individually, as well as in a group practice or volunteer organization, and some doulas are members of more than one group. For instance a doula may work in private individual practice, while participating in a doula collective or group, volunteering some of her time, and may also be a member of a list-serve and a referral network. Based on communication with numerous doulas in NYC, it is clear that many doulas would be double or triple counted if the numbers provided below were simply added together.

In order to avoid "double counting," we have devised an estimate of the number of birth doulas based on the number of doulas associated with DONA International. According to DONA International, there are 275 DONA affiliated birth doulas in New York City, including both certified and uncertified doulas. This number includes some individuals who are no longer, or not presently, working as doulas. Among doulas surveyed by Choices in Childbirth, 89% reported an affiliation with DONA as their certifying or training organization. If in fact, 9 of 10 doulas in the city are DONA affiliated, an estimate based on DONA's numbers would suggest that there are approximately 310 doulas in New York City. Because this is based on a figure that includes non-active doulas, this number may be an overestimate. However, if in fact DONA doulas were over-represented in the survey responses, this estimate would be low. For instance, if only 80% of doulas in the city were DONA affiliated, that would yield an estimated 344 doulas in NYC. Given that DONA's estimate of 275 doulas is reportedly over-inclusive, and taking into account the Choices in Childbirth estimates that the actual number of doulas working in the city is somewhere between 275 and 400.

New York City Doula Groups and Networks - Numbers of Participants

Listed below are the doula groups, networks, or referral services that have been identified by doulas in New York City that have more than five participants. Doulas may participate in several of these networks and/or groups or in none of them.

Metropolitan Doula Group (a Google group and web site) is the largest discussion and information forum for doulas in New York City. The MDG had 235 members as of July 26, 2014. However, this number is not limited to currently practicing doulas and includes: birth doulas who no longer practice, birth doulas who do not practice in NYC, doulas who only provide postpartum support (as opposed to support during labor and birth), and other birth workers who are not doulas (such as massage therapists, prenatal yoga instructors, etc.).

DONA International (Doulas of North America) is the largest doula certifying association. Among doulas surveyed by Choices in Childbirth for this report, nearly 9 out of 10 were trained or certified by DONA. According to the local DONA representative, the organization has approximately 275 affiliated birth doulas in New York City, although not all of these individuals currently work as doulas.

New York City Guide to a Healthy Birth, Provider Network is a listing of local care providers who support the principles of the Mother-Friendly Childbirth Initiative. This online provider network includes 52 birth doulas.

Doula Match, a nationwide website that allows doulas to post profiles and consumers to search for a doula that meets their criteria, has 206 members who indicate that they work in New York City. However, a substantial percentage of doulas listed on this website do not appear to be currently practicing or accepting clients.

The four doula groups below serve private clients in New York City. The groups are listed along with the number of affiliated doulas, and the estimated number of births attended each year:

PRIVATE DOULA GROUPS

Organization	No. Doulas	Estimated Births/Year
Birth Day Presence	22	85
Birth Focus	23	120
Carriage House Births	30	100
NYC Doula Collective	27	372
Total Numbers of Doulas & Births	**102**	**677**

Following are the four doula groups serving women in low-income communities at no charge. The first three are community-based programs, and the last one is a volunteer organization.

COMMUNITY-BASED AND VOLUNTEER PROGRAMS SERVING LOW-INCOME WOMEN

Organization	No. Doulas	Estimated Births/Year
Ancient Song Doula Services	8	200
By My Side Birth Support	7	100
Northern Manhattan Perinatal Partnership	10	100
The Doula Project (Volunteer)	50	50
Total Numbers of Doulas & Births	**75**	**450**

HOSPITAL BASED PROGRAM

Maimonides Medical Center has a hospital-based program involving approximately 90 volunteers who provide labor support to around 900 women a year. These volunteers work in several hour shifts and meet women at the hospital on a first-come, first-served basis. They are available to any woman in labor at the hospital, depending on their availability.

APPENDIX B - RESOURCES: NEW YORK CITY DOULA GROUPS

Community-Based Doula Programs

Ancient Song Doula Services

Founded in 2008, Ancient Song Doula Services (ASDS) provides prenatal, birth and postpartum support by trained doulas to clients in Central Brooklyn. Doula services are offered on a sliding scale and each client is matched with a doula based on her specific needs. Doulas offer unlimited phone and email support, provide 3 prenatal visits, attend the birth and provide 9 hours of postpartum support. Extended services and case management may be offered based on the client's needs. ASDS screens clients for additional risk factors that may impact maternal health such as pre- and postnatal depression, as well as providing referrals for housing, education tutoring, and job-readiness programs. Pregnant women and new mothers may also take part in childbirth classes, receive breastfeeding counseling, and utilize the ASDS Closet to receive maternity and baby items free of charge.

Number of Doulas: 8, full and part-time
Number of Clients Served per year: 200
Neighborhoods Served: Five Boroughs and Long Island
Languages Available: English, Spanish, Hebrew, Cantonese
Client Demographics: African American (90%), Latina (5%), Non-Hispanic White (5%)
Contact: Sankofa Ra at sankofara@ancientsongdoulaservices.com or Janee Aiken at info@ancientsongdoulaservices.com, or call: 917-947-8933

By My Side Birth Support Program

The By My Side Birth Support Program, founded in 2010, serves clients in Central Brooklyn. Funded by the federal Healthy Start Brooklyn grant and based in the NYC Department of Health and Mental Hygiene, the program offers doula support free of charge to women before, during, and after birth. By My Side currently employs 8 certified doulas on a part-time basis. Doulas meet with clients three times prior to the birth, provide unlimited text and phone support, attend the birth, and provide two visits after the birth. The doulas are trained to screen clients for additional risk factors such as perinatal depression, food insecurity and home safety. By My Side provides referrals to services such as childbirth education classes, prenatal exercise classes and donation programs that offer baby clothes and other items. Clients are also linked with agencies and organizations that provide social services including housing assistance, food programs, job training and legal help, as needed.

Number of Doulas: 8
Number of Clients Served per year: 100
Neighborhoods Served: Bedford-Stuyvesant, Brownsville, Bushwick and East New York
Languages Available: English, Spanish, Haitian Creole
Client Demographics: African American (85%) and Latina (15%); 70% live below the federal poverty level.
Contact: Mary-Powel Thomas at 718-637-5238 or mthomas7@health.nyc.gov

Northern Manhattan Perinatal Partnership's Centering Mom Doula Services

Founded in 2011, the birth and postpartum doula program at Northern Manhattan Perinatal Partnership (NMPP) provides free doula services to women living in Central Harlem. The program focuses on serving low-income women, though it does not have formal income requirements. NMPP aims to provide a minimum of 2 prenatal visits for doula clients NMPP aims to provide a minimum of 2 prenatal visits for doula clients. Doulas offer continuous support during labor and delivery and also provide 2 postpartum visits – 1 immediately following the birth and 1 within 6 weeks after the birth. Clients in need of additional support can receive comprehensive case management including home visits, assistance with social services, insurance coverage, and finding a medical home. NMPP also offers a number of other services for pregnant and parenting women and their families, including a Club Mom support group, one-on-one breastfeeding counseling, and a range of wellness workshops and activities for women during, following and between pregnancies.

Number of Doulas: 10
Number of Clients Served per year: 100
Neighborhoods Served: Central Harlem
Languages Available: English, Spanish, French
Client Demographics: Pregnant and postpartum women age 14 to 44 years old.
Contact: Ekua Samuels at 212-665-2600 ext. 323 or nmppdoula@gmail.com

Volunteer Doula Programs

The Doula Project

Founded in 2007, the Doula Project is a nonprofit, consensus-led organization and the only doula group in New York City that provides doula care across the full spectrum of pregnancy, including abortion, miscarriage, stillbirth and adoption, as well as birth. The Doula Project provides volunteer birth doula support to pregnant clients reached through partnerships with the midwifery group of a public hospital and with local support and service organizations. The Doula Project also provides services at no cost on a case-by-case basis to low-income individuals who are referred by a provider or agency, or who contact them directly through their website. The Doula Project collaborates with abortion clinics to provide doula care to clients choosing medical or surgical abortion.

Number of Doulas: 50 (most serve both birth and abortion clients)
Number of Clients Served per year: 50 birth clients and 3,500 abortion clients
Neighborhoods Served: Birth doula support in the Bronx, Brooklyn, Queens, Manhattan and southern Westchester; abortion support in Brooklyn, the Bronx and Manhattan.
Languages Available: English. Services may be available in Spanish, French or Cantonese, though not guaranteed.
Client Demographics: Birth doula services are offered to clients with a household income of less than $30,000.
Contact: Vicki Bloom at birth@doulaproject.org

Maimonides Hospital Volunteer Doula Program

Founded in 1998 and operated by N'shei C.A.R.E.S., a division of Agudah Women of America, the volunteer birth doula program at Maimonides Medical Center provides free doula services to women at the hospital during labor and delivery, as well as postpartum. Doulas are trained by Maimonides, N'shei C.A.R.E.S. and DONA. Upon arrival at the hospital, expectant parents can request a volunteer doula. Birth doulas are available 24 hours a day, 7 days a week. Postpartum doulas are available Sunday - Friday 7am – 11pm. Doulas offer continuous support during labor and delivery and also provide postpartum information and care during which they promote skin-to-skin contact and offer breastfeeding support.

Number of Doulas: approximately 90 birth doulas
Number of Clients Served per year: estimated 900 births per year
Neighborhoods Served: Maimonides Medical Center, Brooklyn
Languages Available: English, Cantonese/Mandarin, Hebrew, Hungarian, Polish, Russian, Spanish, Yiddish. Additional languages may be available.
Client Demographics: African-American, Asian, Hispanic, Muslim, Orthodox Jewish, and others
Contact: Alla Zats, Director, Volunteer and Student Services at 718.283.3980 or azats@maimonidesmed.org

Private Practice Doula Groups and Collectives

Birth Day Presence

Founded in 2002, Birth Day Presence is a doula referral service that provides fee-for-service prenatal, birth and postpartum doula care in New York City. All doulas have been trained by DONA and are either certified or working towards certification. Doulas are also trained in CPR. Many Birth Day Presence doulas provide additional skills and services such as massage therapy, nutrition and prenatal yoga. Fees range from $300 to $3,000 per birth depending on the doula's experience. Birth Day Presence may match newly trained doulas with clients seeking low-cost services when possible. Postpartum doula services are $55 per hour for singletons and $70 per hour for twins, with a four-hour minimum. Birth doulas provide one prenatal visit, presence during labor and delivery and one postpartum visit. Doulas are on-call 24 hours a day in the 4 weeks leading up to due date. Birth Day Presence also offers classes in childbirth education, breastfeeding and newborn care and CPR, as well as childbirth consultation.

Number of Doulas: 18-22
Number of Clients Served per year: 85
Neighborhoods Served: 5 boroughs
Languages Available: English. Services in other languages may be available on request.
Contact: Jada Shapiro at: 917.751.6579 or doulas@birthdaypresence.com

Birth Focus

Founded in 2001, Birth Focus offers fee-for-service doula care to women in New York City. Birth Focus primarily uses a unique "speed dating" format at monthly Open Houses to connect clients and doulas, allowing clients to meet three to five different doulas. Private meet-and-greets can also be arranged. Clients choose their primary doula and backup doula. Doulas are accessible to clients via phone and email from date of hire and are on-call beginning at 37 weeks until the birth. Two prenatal visits are provided, as well as continuous labor and delivery support. Doulas remain with clients for the first two hours following birth to assist with breastfeeding and parental transition. Doulas provide one postpartum visit up until two weeks after birth, offering referrals if necessary and further assisting with the transition to parenting. Fees range from $400 to $2,300 per birth depending on the experience level of the doula. Birth Focus also offers postpartum doula care and placenta encapsulation services.

Number of Doulas: 23
Number of Clients Served per year: 120
Neighborhoods Served: 5 boroughs and northern NJ
Languages Available: English, Spanish and Hebrew
Contact: Sara Dick at 917-414-5595 or info@birthfocus.org

Carriage House Birth

Carriage House Birth is a private doula collective based in Williamsburg, Brooklyn. All doulas work both independently and as members of the collective. Fees for birth doula services range between $300 and $2,600 depending on the number of births that the doula has attended. At their own discretion, doulas with more birth experience may take clients at a lower fee structure and/or provide free services based on financial need. Carriage House doulas provide support for
and/or provide free services based on financial need. Carriage House doulas provide support for home, hospital, and birth center births; postpartum doula services and placenta encapsulation are also available. Carriage House Birth additionally offers breastfeeding support services by Certified Lactation Counselors and Consultants, body work services such as Acupuncture, Reiki and Massage, and Childbirth Education classes.

Number of Doulas: 25-30
Number of Clients Served per year: 100
Neighborhoods Served: North Brooklyn, Bushwick, Park Slope, Fort Greene, Bed-Stuy, Manhattan, Long Island City, Queens, New Jersey
Languages Available: English, Spanish, French, Hebrew, Yiddish, German, Japanese
Contact: Samantha Huggins, Lindsey Bliss or Domino Kirke at 646-824-2563 or info@carriagehousebirth.com

NYC Doula Collective

The NYC Doula Collective is a doula group that provides fee-based birth and postpartum doula services. All members of the collective are trained; doulas from Tier 2 and up have met the certification requirements set forth by their training organization. Birth doulas provide 1 to 2 prenatal visits, labor and delivery support and one postpartum visit. Unlimited phone and email support is available throughout the pregnancy and doulas are on-call from week 37 of the pregnancy until the birth. Birth doula fees range from $350 to $2,800 per birth, depending on experience.

Number of Doulas: 27
Number of Clients Served per year: 372
Neighborhoods Served: The five boroughs and some outer tri-state as well.
Languages Available: English, Spanish and French. Services in additional languages may be available on request.
Contact: nycdoulacollective@gmail.com, www.nycdoulacollective.com, or Nicole Ganzekaufer, Director, 718.314.4595

APPENDIX C - DONA Standards of Practice: Birth Doula

Standards of Practice
Birth Doula

I) Scope

A) ***Services Rendered***. The doula accompanies the woman in labor, provides emotional and physical support, suggests comfort measures, and provides support and suggestions for the partner. Whenever possible, the doula provides pre- and post-partum emotional support, including explanation and discussion of practices and procedures, and assistance in acquiring the knowledge necessary to make informed decisions about her care. Additionally, as doulas do not "prescribe" treatment, any suggestions or information provided within the role of the doula must be done with the proviso that the doula advises her client to check with her primary care provider before using any application.

B) ***Limits to Practice***. DONA International Standards and Certification apply to emotional and physical support only. The DONA certified doula does not perform clinical or medical tasks such as taking blood pressure or temperature, fetal heart tone checks, vaginal examinations, or postpartum clinical care. If doulas who are also health care professionals choose to provide services for a client that are outside the doula's scope of practice, they should not describe themselves as doulas to their client or to others. In such cases they should describe themselves by a name other than "doula" and provide services according to the scopes of practice and the standards of their health care profession. On the other hand, if a health care professional chooses to limit her services to those provided by doulas, it is acceptable according to DONA International's Standards for her to describe herself as a doula.

C) ***Advocacy***. The doula advocates for the client's wishes as expressed in her birth plan, in prenatal conversations, and intrapartum discussion, by encouraging her client to ask questions of her care provider and to express her preferences and concerns. The doula helps the mother incorporate changes in plans if and when the need arises, and enhances the communication between client and care provider. Clients and doulas must recognize that the advocacy role does not include the doula speaking instead of the client or making decisions for the client. The advocacy role is best described as support, information, and mediation or negotiation.

D) ***Referrals***. For client needs beyond the scope of the doula's training, referrals are made to appropriate resources.

II) Continuity of Care

A) The doula should make back-up arrangements with another doula to ensure services to the client if the doula is unable to attend the birth. Should any doula feel a need to discontinue service to an established client, it is the doula's responsibility to notify the client in writing and arrange for a replacement, if the client so desires. This may be accomplished by:

- Introducing the client to the back-up doula.
- Suggesting that another member of DONA International or other doula may be more appropriate for the situation.
- Contacting a DONA International Regional Representative or local doula organization for names of other doulas in the area.
- Following up with the client or back-up doula to make sure the client's needs are being accommodated.

III) Training and Experience

A) ***Training***. Doulas who are certified by DONA International will have completed all the requirements as set forth in the DONA International Requirements for Certification. This includes training in childbirth and attendance at a birth doula workshop which has been approved by the DONA Education Committee; completion of a breastfeeding requirement; required reading from the DONA International Reading List; development of a resource list for her clients; completion of an essay that demonstrates understanding of the integral concepts of labor support and a Basic Knowledge Self Assessment Test. See the DONA International Requirements for Certification for more detail on Training and Experience.

B) ***Experience***. Doulas certified by DONA International will have the experience as set forth in the DONA International Requirements for Certification. This includes provision of support to a minimum number of clients, positive evaluations from clients and health care providers and records of three births, including a summary, observation form and account of each birth.

C) ***Maintenance of Certification***. DONA certified doulas will maintain certification as outlined in the DONA International recertification packet. Recertification must be completed after each three-year period of practice.

By signing this document, I agree to abide by DONA International's Standards of Practice.

Printed Name _____ Signature _____ Date _____

APPENDIX D - DONA Code of Ethics: Birth Doula

DONA International

Code of Ethics
Birth Doula

I. Rules of Conduct

A. *Propriety*. The doula should maintain high standards of personal conduct in the capacity or identity as a birth doula.

B. *Competence and Professional Development*. The doula should strive to become and remain proficient in the professional practice and the performance of professional functions through continuing education, affiliation with related organizations, and associations with other birth doulas.

C. *Integrity*. The doula should act in accordance with the highest standards of professional integrity.

II. Ethical Responsibility to Clients

A. *Primacy of Client's Interests*. The doula's primary responsibility is to her clients.

B. *Rights and Prerogatives of Clients*. The doula should make every effort to foster maximum self-determination on the part of her clients.

C. *Confidentiality and Privacy*. The doula should respect the privacy of clients and hold in confidence all information obtained in the course of professional service.

D. *Obligation to Serve*. The doula should assist each client seeking birth doula support either by providing services or making appropriate referrals.

E. *Reliability*. When the doula agrees to work with a particular client, her obligation is to do so reliably, without fail, for the term of the agreement.

F. *Fees*. When setting fees, the doula should ensure that they are fair, reasonable, considerate, and commensurate with services performed and with due regard for the client's ability to pay. The doula must clearly state her fees to the client, and describe the services provided, terms of payment and refund policies.

III. Ethical Responsibility to Colleagues

A. *Respect, Fairness, and Courtesy*. The doula should treat colleagues with respect, courtesy, fairness, and good faith.

B. *Dealing with Colleagues' Clients*. The doula has the responsibility to relate to the clients of colleagues with full professional consideration.

IV. Ethical Responsibility to the Birth Doula Profession

A. *Maintaining the Integrity of the Profession*. The doula should uphold and advance the values, ethics, knowledge and mission of the profession.

B. *Community Service*: The doula is encouraged to assist the DONA International vision of "A Doula For Every Woman Who Wants One" by making reduced cost or no cost birth doula services available when possible.

V. Ethical Responsibility to Society

A. *Promoting Maternal and Child Welfare*. The doula should promote the general health of women and their babies, and whenever possible, that of their family and friends as well.

By signing this document, I agree to abide by DONA International's Code of Ethics.

Printed Name _____ Signature _____ Date _____