



physical, emotional, and informational support to a pregnant person and the family before, during, and shortly after childbirth; and

Whereas, Doulas have proven to be beneficial to pregnant people and their health; and

Whereas, Doulas act as important advocates, facilitating communication between providers and patients, providing culturally-competent and language-appropriate care to immigrant communities and communities of color they serve; and

Whereas, According to the New York City Department of Health and Mental Hygiene's (DOHMH's) report *The State of Doula Care in NYC 2019* ("doula report"), doula care has been associated with lower rates of Cesarean birth, preterm birth, low birthweight, and postpartum depression, as well as with increased rates of breastfeeding, and greater patient satisfaction with maternity care; and

Whereas, A 2017 report published by Cochrane reveals that people who had doula support were 39 percent less likely to have a caesarean section and 15 percent more likely to give birth without needing drugs or labor-inducing techniques; and

Whereas, According to Choices in Childbirth, a survey regarding doula care in New York City reveals that 72 percent of people reported that their doula helped them communicate their preferences and needs, while 80 percent of those surveyed reported that their doula helped them feel more empowered; and

Whereas, 83 percent of survey respondents reported having a doula made their labor and birth experience "much better" than if they had not used a doula, and it made them more relaxed before, during, and after birth; and

Whereas, 88 percent of this cohort reported that cost was an issue when opting to work with a doula; and

Whereas, According to DOHMH's doula report, the average cost of birth-doula services was \$1,550 per client among doulas surveyed for the report, with a range of \$225 to \$5,000; and

Whereas, Doula services are generally not covered by Medicaid or private insurance; and

Whereas, Doula care should be more accessible, especially given the maternal mortality and morbidity rates in New York City as well as the inequitable health outcomes for people of color and infants of color, specifically those who are Black; and

Whereas, Of the 21 pregnancy-related deaths in New York City in 2017, 11 were of people who were Black and six were of people who were Latina, accounting for nearly every pregnancy-related death; and

Whereas, In New York City in 2017, the rate of severe maternal morbidity was highest among Black people (457.2 per 10,000 births), followed by people of other or multiple race(s) (399.6), people who are Latina (313.7), Asian/Pacific Islander (225.4), and, last, people who are white (187.9); and

Whereas, By expanding access to doulas, New York City could better tackle these insidious inequities; and

Whereas, Doulas face barriers providing care to all those who need it; and

Whereas, According to DOHMH's doula report, among doulas surveyed, 9 of every 10 have turned clients away, for reasons including clients' living outside their coverage area (47 percent), being already booked with other families (43 percent), and clients' being unable to afford their fee (37 percent); and

Whereas, New York State considered legislation to include doula services in Medicaid coverage; and

Whereas, In April 2018, New York State announced the launch of a Medicaid pilot program to cover doula services; and

Whereas, This legislation and pilot were extremely controversial in the doula community for numerous reasons; and

Whereas, The Medicaid pilot program was discontinued in Brooklyn because of lack of doula participation due to many flaws with the program; and

Whereas, One of the crucial flaws in the program was the inadequate reimbursement rate for doula services; and

Whereas, For a Medicaid doula program to operate and become sustainable, reimbursement rates must

be sufficient to allow doulas to support themselves and their families and to increase doula participation in the program; and

Whereas, DOHMH's doula report on doula care provides numerous recommendations for stakeholders to improve access to doulas; and

Whereas, Recommendations fall within four key components, including increasing access for underserved communities, making hospital environments more welcoming of doulas, amplifying community voices to help expand access to doula services, and improving data collection; and

Whereas, The New York State Legislature should consider these recommendations, and should develop legislation, in collaboration with doulas and people with lived experience, in order to best understand the most effective and significant ways to expand access to doula services; now, therefore, be it,

Resolved, The Council of the City of New York calls on the New York State Legislature to pass, and the Governor to sign, legislation making doulas more accessible to individuals with Medicaid and those without health insurance

Session 12  
LS 8087  
EB/VM  
5/26/2022

Session 11  
LS 13225  
EB  
Res. 1239-2020