



# WHITE PAPER: BIRTHING CONFIDENCE

Community doulas helping to inform & strengthen practice in New York State



**Council on Children  
and Families**

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# **Birthing Confidence: Community doulas helping to inform and strengthen practice in New York State**

### **New York State Council on Children and Families**

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In memory of Esther Patterson whose passion and dedication to eliminating birthing injustices has cemented an enduring legacy in the field of reproductive justice.

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# EXECUTIVE SUMMARY

## **Purpose**

The state of maternal health in the United States is a pressing crisis. In New York State, the pregnancy-related mortality ratio is 18.5 deaths per 100,000 live births, with Black non-Hispanic women nearly five times more likely to die in childbirth than white non-Hispanic women (“New York State Report on Pregnancy Associated Deaths in 2018-2020”, 2024). To address this urgent public health crisis, New York State has taken several measures, including: establishing a Maternal Mortality Review Board; forming a Maternal Mortality and Morbidity Advisory Council; prioritizing healthy women, infants, and children in its Prevention Agenda 2019-2024 (New York State’s Health Improvement Plan), developing an approach to reduce structural racism through its established New York State Perinatal Quality Collaborative; and expanding and enhancing the state’s community health worker program. Medicaid coverage was extended from 60 days to 12 months postpartum, and enhanced to include nutrition and lactation counseling, expansion of prenatal testing, remote patient monitoring, and coverage for community health workers.

In 2018, a Medicaid Doula Services Pilot was launched to increase access to doula care and services. Based on the success of the doula pilot, as of March 1, 2024, doula services were incorporated into the New York State Medicaid State Plan and covered by Medicaid. Further, Governor Kathy Hochul signed legislation (Chapter 607 of the Laws of 2023) to create a state doula directory, and, in State Fiscal Year 2024-25, allocated \$4.5 million to support the state’s regional Perinatal Centers to provide a “Non-Patient Specific Standing Order for the Provision of Doula Services for Pregnant, Birthing and Postpartum Persons (see Appendix 1). As evidenced by these actions, Governor Hochul is committed to reducing the Black maternal mortality rate and implementing bold policies to protect the health and well-being of moms and babies.

The New York State Council on Children and Families (CCF) is a state agency uniquely positioned to provide a cross-system perspective to study and develop recommendations to inform policies and practices to improve the well-being of children and families. Recognizing the critical role that community doulas play in improving birth outcomes and reducing maternal inequities, in 2023, CCF studied doulas across New York State. The study included conducting focus groups with doulas and supporting six women to become trained as doulas in their communities using funding provided by the Annie E. Casey Foundation. The goal of the project was to help amplify the visibility and voices of community doulas as well as highlight the supportive services of doulas.

The purpose of this white paper is to elevate community doula perspective through direct quotes and share recommendations proposed by the participating doulas. The information and recommendations in this paper reflect the knowledge and experiences of community doulas in four communities in New York State; Albany, Buffalo, New York City, and Syracuse.

# TIMELINE

2019

NYS CCF supports interns at two health centers that promote doula care.

July 2022

Citywide Doula Initiative launched in New York City to improve health outcomes for birthing people.

March 2023

Report and recommendations released based on NYS Public Hearing on Doula Care by NYS Senate Health and Mental Health Committees.

March 2024

NYS Department of Health (DOH) Report on Pregnancy Associated Deaths recommends hospital systems and OB providers engage community resources, such as doulas, during prenatal and hospital discharge.

March 2019

NYS Doula Pilot Program launched in Erie and Kings Counties to target maternal mortality and reduce racial disparities in health outcomes.

2023

NYS CCF supports training of doulas in the Capital District.

November 2023

Governor Hochul signs law establishing a statewide Doula Database.

March 2024

Medicaid coverage expanded to cover doula services in NYS.

June 2025

Standing Order for Doula Services issued for all pregnant, birthing, and postpartum New Yorkers, by the NYS DOH Commissioner.

# BACKGROUND

The state of maternal health in the United States is in crisis. The United States has the highest maternal mortality rate among developed countries (Tikkanen et al., 2020). Although some experts have connected the increased rates of maternal deaths to COVID-19, disparities in maternal outcomes have been a longstanding issue in this country and in the state of New York. The New York State Report on Pregnancy-Associated Deaths in 2018-2020 (2024) reported that 73.6% of pregnancy-related deaths were preventable, with discrimination listed as a probable or definite circumstance surrounding 47.1% of these deaths. Of the women who had pregnancy-related deaths, 64.5% were enrolled in Medicaid. Additionally, social factors, such as a lack of continuity of care, unstable housing, food insecurity, and economic insecurity, were identified as contributing to the persistently high mortality rates.

One of the possible solutions to address the disparities in maternal mortality rates between Black and white women is to increase access to community doulas. Community-based doulas are trained to provide non-medical, emotional, physical, and informational support before, during, and after birth. Community doulas, who share the same background, culture, and languages as the individuals they serve (Ancient Song Doula Services, 2019), bring a unique approach to birth work. Their culturally competent and trauma-informed framework is deeply community-centered, focusing on centering the voices and experiences of their community. This sets them apart from the traditional doula model. They typically work as part of a program or a collective, in contrast to traditional doulas who primarily work in private settings (Baskin et al., 2020). Another key difference is their commitment to accessibility, providing lower service rates, or offering alternative payment methods (Community Based Doulas, 2024). The community doula model not only provides support for birthing persons but also bridges a crucial gap between those who face a higher risk of maternal mortality and health

providers, fostering a sense of connection and engagement.

In 2019, New York State launched the Medicaid Doula Pilot in Erie County, a successful initiative that increased access to doula care and services. During the pilot program, doulas could bill for up to four prenatal and four postpartum visits, and support during labor and delivery. The pilot, which ended in February 2024 when the statewide Medicaid coverage of doula care took effect, served 1,117 individuals enrolled in a Medicaid plan. Surveys were sent to program participants to evaluate satisfaction with their doula. The results were overwhelmingly positive, with 94% of respondents reporting that having a doula improved or somewhat improved their childbirth experience, and 92% of respondents rating their doula as excellent (New York State Doula Pilot Program, n.d.). Following this promising data, Governor Hochul authorized Medicaid reimbursement for doula services statewide starting in 2024, a significant step towards improving maternal health in New York State. Governor Hochul also enacted a state law allowing for standing orders for the provision of doula services to be issued for pregnant, birthing, and postpartum individuals. See Public Health Law section 206(4)(e).

*I want to empower every woman having a child in any setting to know that: this is your birth, there is joy in that birth, there is love in that birth, you should have the birth that makes you feel like, 'I'm going to tell your child the wonderful story of their birth'. That's why I do the work that I do.*

In New York City, the Citywide Doula Initiative is part of the New Family Home Visits Initiative, which provides free access to home visitors and doula support for birthing people and parenting families. Under this initiative, doulas provide professional, no-cost doula services to residents in 33 underserved neighborhoods. This initiative is focused on reducing maternal and infant health inequities and providing critical resources to income-eligible families, prioritizing people who have aged out of foster care, have had a previous traumatic birth experience, or have a high-risk medical condition (NYC Health, 2025).

New York State legislators also have recognized the importance of doulas during the maternal journey. In 2023, a joint public hearing on doula care was held by the New York State Senate Health and Mental Health Committees. Based on the testimony provided, a report, with recommendations, was issued: *Next Steps for Doula Services in New York State: Medicaid Benefit Design and Reimbursement*. Also, in 2023, Senator Samra Brouk, chair of the New York State Senate Committee on Mental Health, and Assemblywoman Michaele Solages, member of the Assembly Committee on Health, sponsored legislation to establish the publicly accessible “Doula Database” (or community doula directory), which was signed into law by Governor Hochul (Chapter 607 of the Laws of 2023).

The Medicaid doula directory can be viewed on the New York State DOH website ([https://www.health.ny.gov/health\\_care/medicaid/program/doula/directory/directory.htm](https://www.health.ny.gov/health_care/medicaid/program/doula/directory/directory.htm)). In short, the combined efforts of Governor Hochul and New York State legislators have created a pathway for pregnant and postpartum people to receive critical support before, during, and after childbirth, instilling hope for the future of better maternal health in New York State.

### **NYS Council on Children and Families (CCF)**

CCF is charged with addressing cross-system issues for the betterment of all children and families. CCF serves as a convenor, innovator, and change agent among New York State health, education, and human services agencies seeking to advance equitable policies and practices. Recognizing that the current maternal health and infant mortality crisis is an interagency and intergenerational issue and is indicative of health disparities resulting from long-standing systemic racism, CCF focused its resources on studying doula services as one approach to addressing racial disparities in infant and maternal health care.

The presence of a doula during childbirth has been shown to reduce the need for medical interventions, promoting an empowering birthing experience (Del Muro, 2023). Community doulas approach birth work with a culturally competent, trauma-informed framework that focuses on centering the voices and experiences of their community. This integral connection to the community and to the pregnant person, coupled with a holistic approach to childbirth, not only benefits the mother but also has positive effects on the newborn.



CCF has supported multiple doula projects over the years.

CCF Doula Project #1: The NYS KIDS COUNT grant supported two interns in 2019 at the Caribbean Women's Health Center Association in Brooklyn, New York, and the Erie Niagara Area Health Education Center in Buffalo, New York. These interns helped support doulas in their respective communities. The students learned about their placement agencies' referral systems and intake procedures. Additionally, the students were involved in creating a pilot program where they applied their newfound knowledge of birth work and Medicaid coverage.

CCF Doula Project #2: In 2023, the NYS KIDS COUNT grant supported opportunities for six women to become trained as doulas in the Capital District. CCF partnered with BirthNet, Mama Glow, and the U.S. Committee for Refugees and Immigrants (USCRI) to implement a doula training program. BirthNet, an Albany-based birth justice organization whose mission is to eliminate the inequities in birth outcomes for all people, recruited and hosted four Black women to receive doula training. USCRI identified and provided interpretation services for two Afghan women who had midwifery experience in Afghanistan, enabling their participation in this pilot. Afghan women were included based on the knowledge that many who gave birth after moving to the area were having their labor induced, despite being very experienced in giving birth without any interventions and there being no medical necessity for them to be induced. This highlighted a need for cultural knowledge and linguistic competence when supporting this group of birthing people. Mama Glow, a nationally recognized maternal health agency that supports women along the childbearing continuum, conducted an online training course covering pregnancy through early postpartum. The virtual training was conducted weekly from January 14, 2024 to February 13, 2024. The training course was vetted by Brown University's Pembroke Center, a feminist research center, and informed participants on the background of birth anatomy and physiology, advocacy, implicit bias, supporting Black and Latina birthing women, and infancy Cardiopulmonary Resuscitation.

Mama Glow continues to provide mentorship to program participants by offering virtual coaching and in person training opportunities. All six program participants successfully completed the training, with two becoming certified in lactation consulting as well. Three participants were also selected to participate in a pilot with Albany Medical Center to work with pregnant persons.

CCF Doula Project #3: In 2024, CCF concluded an analysis of a series of focus groups with experienced doulas and doulas in training across New York State to capture doulas' motivation to become birthing professionals, barriers to becoming a doula, experience with hospital staff, and how doulas wished to be perceived by the public. This white paper summarizes the focus group findings and provides recommendations for next steps. The information, direct quotes, and recommendations included reflect the knowledge and experiences of community doulas in New York State.



*Whenever I see a pregnant person, I ask if they are going to have a doula. Even if they don't want the doula in the room with them, so many people don't realize that they are experiencing injustices, at least have a conversation so you know what your rights are so you can speak up for yourself.*

## **Methodology**

Focus groups were conducted by three CCF staff with doulas from four regions in New York State: Albany, Buffalo, New York City, and Syracuse. One of the regions was part of the Medicaid pilot program (Buffalo).

The focus groups were held in person from October 19, 2023 to November 15, 2023, at five separate sites across New York State. Of note, the interviews were completed prior to the start of the statewide Medicaid doula services benefit. Interviews were two hours long and were audio-recorded and transcribed.

Pre-registration was not required, although encouraged. Participants were asked to sign in and complete a release form at the session's opening, giving CCF permission to quote them without attribution in a final report, and to complete a voluntary demographic sheet. Participants were notified that the discussion was being recorded for internal use only. Compensation for participation was provided in the form of \$50 gift cards and meals were provided to participants.

CCF staff created a focus group interview protocol. The protocol provided a script, recording instructions, and interview questions. The interview questions consisted of eleven open-ended questions and prompts for follow-up questions. The questions drew responses that expressed how doulas wanted to be perceived by the public, barriers to doula work, motivation for becoming a doula, and experience with hospital staff. The data collection was done in person, and the full protocol can be found in Appendices 2 and 3.

Recruitment efforts included approaching various centers in urban areas based in high-need communities. Outreach emails were sent to practicing centers across New York State to gauge interest in convening a group of doulas to gather feedback about their role, how they would like to be seen, what is important to know about their services, and if they would participate in the upcoming Medicaid Doula Directory. A flyer was created for recruitment for each site that included the meeting time, location, stipend amount for participants, and an announcement that dinner would be provided. The flyer was disseminated through regional email distribution lists in partnership with each regional center. CCF would like to give a special thank you to the following host sites: in Buffalo, Jericho Road, and Erie-Niagara AHEC; in NYC, Caribbean Women's Health Association and Mama Glow; in Albany, BirthNet, and in Syracuse, Sankofa Reproductive Health and Healing Center.

CCF analyzed the data collected through the session recordings and identified respondent themes to each question.

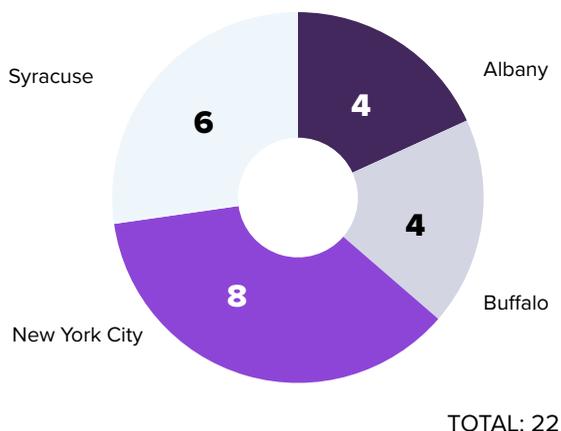
# INSIGHTS

The focus groups were held in four regions (Erie County, Central New York, New York City, and Capital District). In total, there were 22 doulas who varied in age and experience. The volunteer demographic survey had a 100% completion rate. Of those who completed the survey, all identified as female, 90% identified as Black or African American, and 10% as other. Additionally, 10% identified as Hispanic/Latinx and 90% reported speaking English as their primary language at home. Household income varied, with 50% earning less than \$49,999, 23% earning between \$50-\$74,999, and 27% earning between \$75,000-\$149,999.

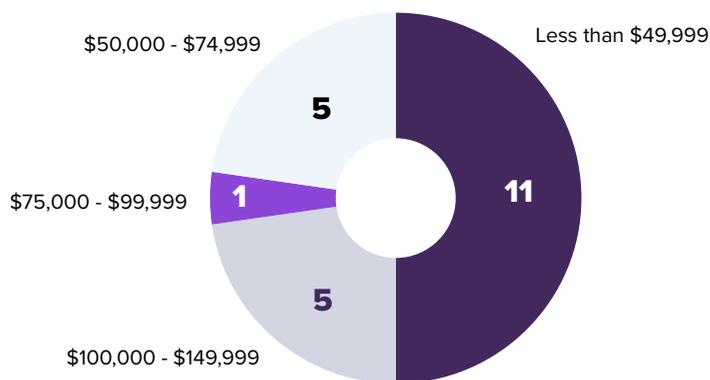
During the focus group interviews the following six themes were identified:

1. Awareness of services provided by a doula
2. Reason for becoming a doula
3. Barriers to becoming a doula
4. Challenges with hospital staff
5. Challenges finding clients
6. Barriers to participating as Medicaid providers

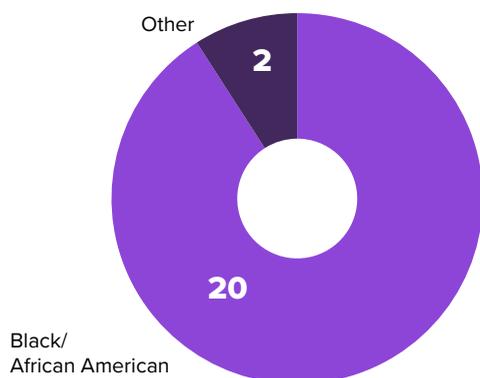
**Figure 1: Focus Group Total Per City**



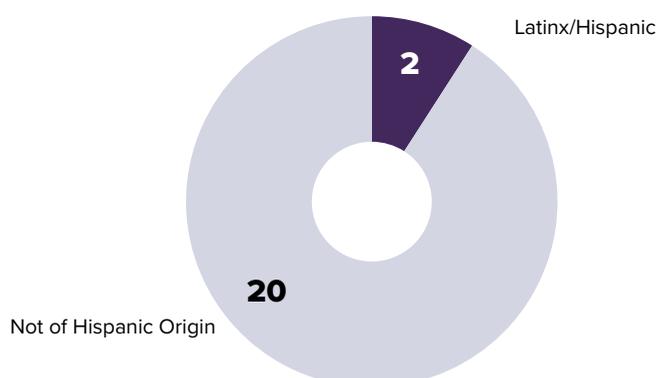
**Figure 2: Income of Doula Participants, 2023**



**Figure 3: Race of Doula Participants, 2023**



**Figure 4: Ethnicity of Doula Participants, 2023**



### Awareness of doula services

There is a strong need to educate the communities in New York State about doulas and how they can help support pregnant and postpartum persons through their birthing experience. The doulas interviewed generally agreed that most people do not understand what they are or how they can provide support to pregnant and postpartum women and their families.

Midwives and doulas are often thought to provide the same services even though midwives are clinically trained to help deliver babies, whereas doulas are trained to provide support during the prenatal period, labor, and delivery as well as postnatally.

*One of my fears is that because people don't read, they are not educated on what a doula is, they are going to confuse doulas with midwives because Medicaid is paying them. It needs to be clear that this is what doulas do: resources, emotional support, family support, but separate it from the midwife. Show doulas working with the clinical side, the nurses as a group. It's getting somewhat better but that needs to be shown to the client.*

The medical personnel's confusion was sometimes expressed as frustration. A doula recounted:

*They try to make us do things we don't do. I was in a birth, and I was telling the doctor, this baby needs to be suctioned coming out they are struggling to breathe, and she threw the bulb to me, and I said no I'm the doula I'm not doing that.*



**...we do it for  
building our  
community.**



### **Reason for becoming a doula**

Doulas expressed a myriad of reasons for becoming a doula, ranging from having a personal traumatic birthing experience to viewing becoming a doula as the next step in their professional career. One doula shared:

Along the way, I had many friends and family members who were pregnant and didn't have a support person to go with them, so they asked me to. Through doing that, I started seeing the differences in having someone in the room compared to not and the way physicians and nurses were talking to moms in labor based on color, pain tolerance, and insurance. I was like you gotta be kidding me. Something compelled me; I can't let this happen.

Several doulas learned about the current maternal health crisis and felt they needed to become involved in supporting pregnant women. All the doulas interviewed expressed the desire to give back to their community as one reason for entering birthing work. They viewed their work as building community and supportive services to create better birthing outcomes. Another doula explained it as giving back to her community:

Some people have different experiences. Like, I'm not a mom, so they are like, 'Why even do it?' Because there's an issue, there is a crisis that is currently here for minority women, and nothing is being done.



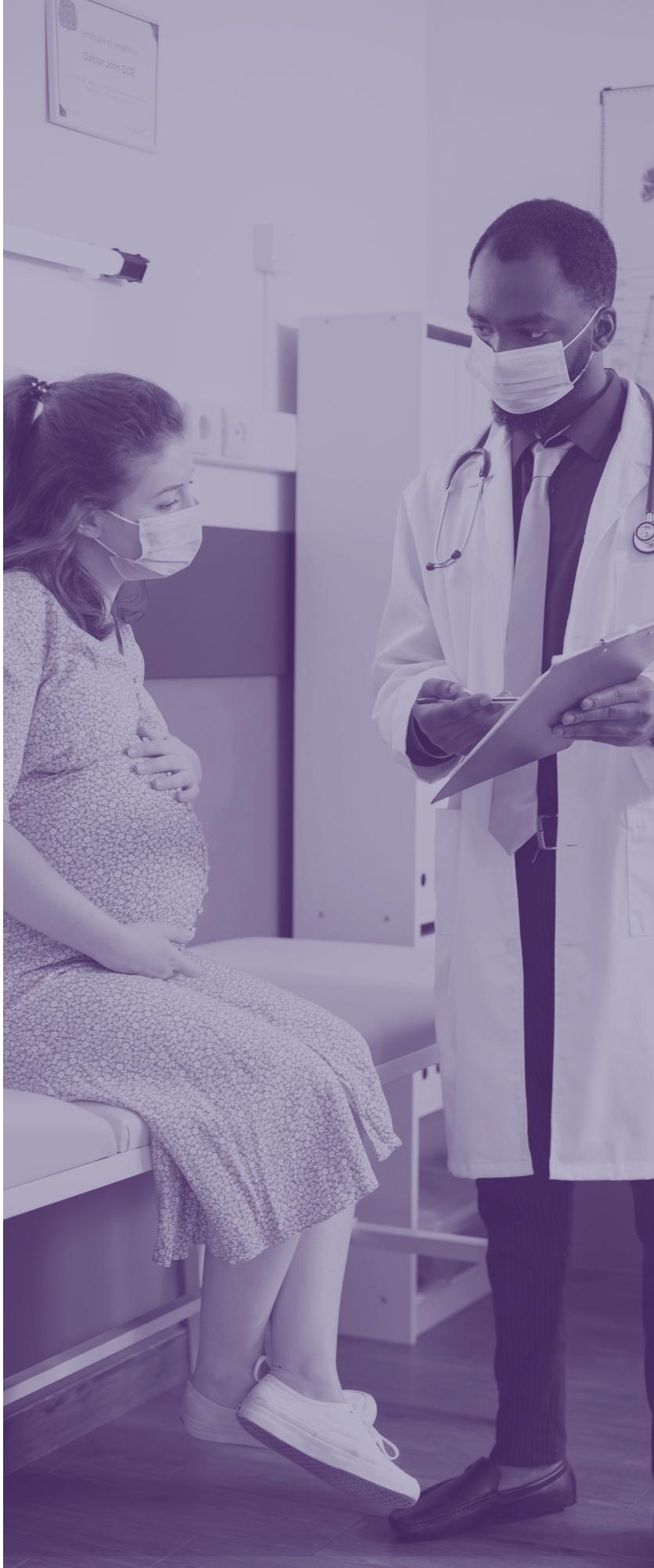
Some doulas had overwhelmingly positive experiences and wanted others to have the same experience. As one doula explained:

*I have a daughter, and she was a home birth and my doula is sitting next to me. I was fortunate and I hate to say this, because everybody deserves to give birth in a setting that is safe, that they are comfortable in and not worry about anything, I was fortunate to have that experience and the support I had. I decided to become a lactation counselor and move towards being a doula. I feel like everyone deserves a trauma-free birth, and if I can be there and assist in that process and be a positive representation of birth for Black women, it's important to share those stories, especially for first-time moms.*

### **Barriers to becoming a doula**

Participants identified several barriers to becoming a certified doula. Many doulas mentioned the overall cost of training and the need for mentorship, which also costs money. Doulas also reported that there were no trainings in their geographic area and virtual trainings don't cultivate community among the trainees. The ability to build a network among working doulas or doulas in training allows doulas to reach out to one another to brainstorm about a problem or debrief after a difficult situation. Additionally, several doulas found that the trainings that were affordable did not include a culturally informed curriculum. A doula explained:

*The other two trainings I found that were not costly, didn't have same spirits [sic] I had. Most of the people who trained with that organization were working with private clients, not doing community free work. If they are looking to get paid, they are not going to come to the southside of the [city] and support a client that can't probably pay \$250, that's not their client. So how was I able to afford that training if I didn't invest in myself or have someone invest in me. And some of the stuff they trained with was good, but they didn't address things going on in my area, like health issues like diabetes, or the trauma some people may experience giving birth or what it would take to support a client who has been sexually assaulted or has no support and maybe who wasn't even working. So, I had to work around it and learn. Now I am happy to see there are more trainings, but when I started some time back it was hard. That's why people in low-income areas weren't getting support because who wants to work for free after paying for this training? And then when there was training that we could afford, it wasn't being recognized.*



### **System Challenges**

Doulas have reported facing numerous challenges while working with hospital staff, including hospital staff discouraging patients from seeking assistance from doulas. A doula recounted:

There are local providers who actually tell patients that they do not work with doulas, so if they have one, they have to go with another practice. I educate my clients because a lot of women don't know that they can change providers at any time if they feel uncomfortable with them.

Doulas feel that some doctors do not value their work. A doula stated:

I have many mothers who have challenges in the hospitals. The nurses and staff in the hospital don't give us access or value us as doulas. They think doulas don't count.

Doulas also discussed the racism and prejudice that they saw and heard from medical staff and how that impacted them and how they saw it affect their pregnant clients. A doula described the following incident that occurred during COVID:

*A lot of hospitals in the area decided to say we were not part of the team. There were some people birthing by themselves during covid. I started noticing white doulas were getting special treatment. We were told we had to come with certification that we were doulas, but we found out white doulas were not being made to show theirs. If with brown family they would think we were family member. I started coming with shirt that says DOULA and I still get questioned. I try not to bring up that I'm a RN but one time I had to because being given hard time by certain hospital. They were very apologetic, but I shouldn't have had to do that....It got to point where clients would call for me and they wouldn't let me in room, they were stalling. But white doulas would just walk in. We could not walk around the hospital, could not get food for our people, or walk around. Had a rule that we couldn't leave. Birth can be long and they wouldn't let us leave but they were letting other doulas leave. So that it made it hard for our patients, told them to call when really in labor because we have families and can't stay for the entire time. Noticed a lot of that during COVID. Also, hard because we were new and you need to have a buddy to train but we couldn't, and they were just dividing and creating more barriers so we couldn't learn from each other. We made do but it was hard.*





### **Difficulties finding clients**

The majority of the focus group participants worked independently, which poses an issue in trying to conduct outreach.

*I think that sometimes social media doesn't work because of lack awareness of what is a doula. Maybe they ignore the message because of that. Reached out to someone I knew in high school about it, but she said she didn't even know what a doula was. We need to do a lot of education.*

*We don't have Babies R Us where we can advertise – everyone is online shopping. It's also just getting out there and seeing someone with a bump but you need to be careful because you don't want to make assumptions and offend someone so I am really careful. I won't bring it up but I will just start conversation and see if they bring it up. Also don't want to get too close to people because of Covid/RSV/flu.*

### Barriers to becoming a Medicaid enrolled doula

Across most focus groups, the doulas expressed uncertainty about the expectations of participating in the Medicaid program. Participants discussed the complexities of billing and their lack of capacity to complete the required documentation. Further, many noted the potential delay in receiving Medicaid reimbursement and the financial strain this would cause to their business.

*I don't think we will benefit from this legislation because we don't have the infrastructure to do so. If there will be reimbursement, there needs to be a structure that holds CBO who are holding the doulas, otherwise all that money is going to go to county officials who aren't doing the work.*

We know Medicaid. In the City, it takes a minute. If everyone is signing up and submitting paperwork, how long will it take because we have families with bills.

It would be a nice if there was an orientation of what this look like. While it sounds great, we want to know how does it impact us? What is the process? Being more informed on the process would help us make informed decisions.





# RECOMMENDATIONS

The following recommendations are based on the challenges identified by focus group participants.

## CHALLENGE

## RECOMMENDATION

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Doulas feel unwelcome at hospitals and birthing centers due to lack of understanding by the medical community of their role on the birthing team.

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Train hospitals and birthing centers on the value of doula services to improve working relationships and expand public education on availability and value of doulas.

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Difficult to become a doula due to cost and lack of access to training.

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Increase access to doula training and leverage private organizations to help cover costs.

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Confusion about how to become a Medicaid provider as a doula.

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Support more doulas becoming Medicaid providers.

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Limited communication between state agencies and community doulas.

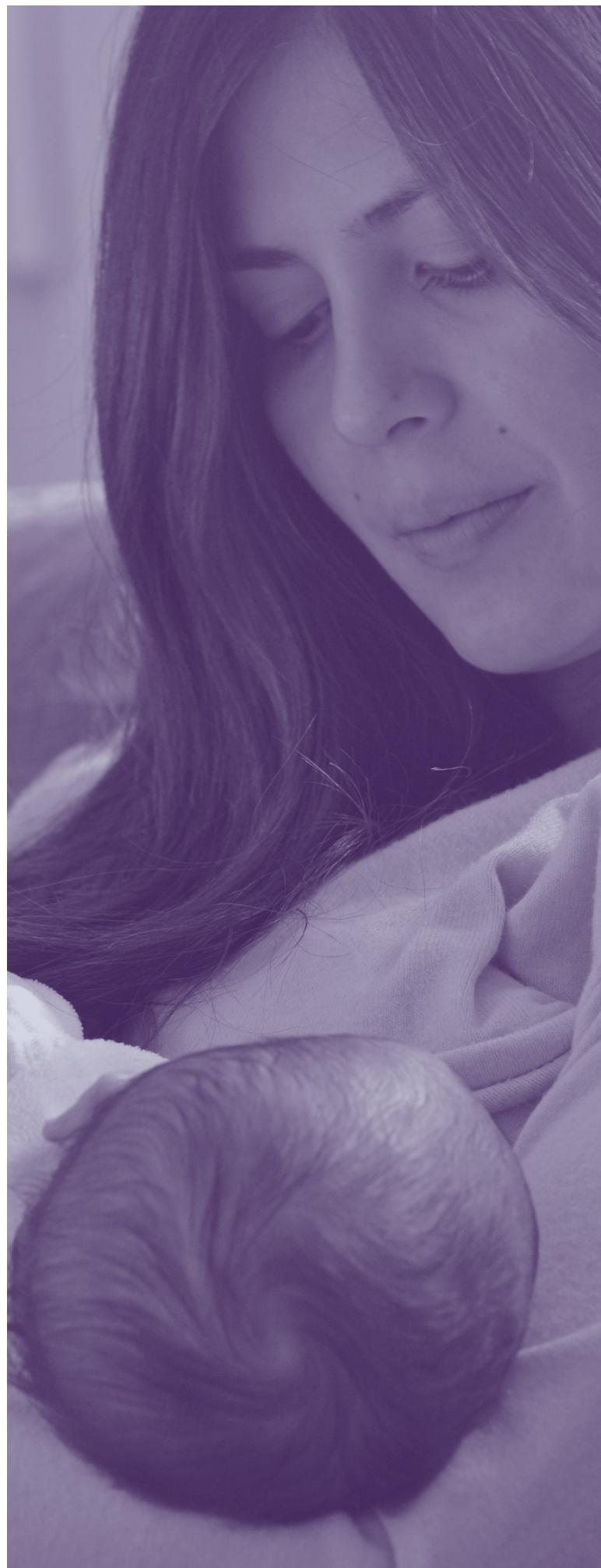
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Strengthen partnerships between NYS agencies and community doulas.

### **Develop working relationships with the medical community**

Many of the doulas in the focus groups reported experiencing barriers to cultivating a collaborative relationship with hospital staff. One of the main barriers to forming a collaborative partnership is the lack of understanding of the doula's role on the birthing team. The doulas interviewed cited that there was confusion about the role of doulas compared to midwives, often to the detriment of the relationship between hospital staff and doulas. This confusion of roles was described as often resulting in frustration for both doulas and the hospital staff, and oftentimes, these moments of frustration occurred in front of the laboring person. Although the focus groups were limited to the hospital staff's perceptions of doulas, the existing research shows that doctors and nurses have mixed views about doulas. (Neel et al., 2019)

The barrier is when you can't walk into a hospital or birth center and feel welcomed or safe. Come in there idealistic, and walk out like ... That makes you not want to continue to engage in that work because you don't have that support in the institution, even if you have it in the community.





To reduce confusion, New York State could offer funding to community doula organizations to **train hospitals and birthing centers about the doula model of care and how doulas can serve as partners in providing labor support.** Staff training can help shift hospital-based maternity care practitioners' perceptions and create opportunities for the integration of doulas into hospital maternity teams (Neel et al., 2019). An example of this is the Albany Medical Center has implemented a Doula Pilot Program where doulas work with the hospital team to provide support to families during antepartum, labor, and postpartum. Unlike traditional doula service delivery, the Albany Medical Center doulas serve in an on-call capacity and are available to work with families, if requested either by families or hospital staff. In an effort to clearly define the role of doulas and promote the integration of doulas into the hospital settings, the program has enacted doula-led outreach activities within the hospital setting. These outreach activities have fostered dialogue about the doula's roles on the care team and their scope of services. Additionally, Massachusetts General Hospital has partnered with doula organizations to provide labor and delivery support and also to provide hospital staff with a deeper understanding of the doula's role and how doulas provide supportive services to birthing individuals. Dr. Bryant of Massachusetts General has credited the program with building bridges between faculty and doulas by showcasing why doula work is so critical (Del Muro, 2023).

**A marketing campaign** can also be an effective tool to improve the relationship between hospital staff and doulas. Consistent messaging and branding can depict doulas as a trusted resource for birthing persons and hospital staff by creating the imagery that doulas are part of the team for maternal health care. Two doulas shared:

*We are not being shown as part of the team in the hospital setting, and I think that visual is not only for clients but will mean something to medical professionals.*

*Value me as a doula, value the community doula because the in the community we do a lot.*





### **Provide additional supports for more doulas to become Medicaid providers**

Doulas interviewed in the focus groups expressed mixed reactions to participating in the Medicaid program. They acknowledged that participation would allow them to serve more families from their communities and increase awareness about doulas. However, many doulas expressed concern about not having the infrastructure in place to complete the required paperwork for billing and the lag in being reimbursed for their services. The doulas stressed the importance of payment timeliness to ensure they can continue providing services.

Doulas suggested that New York State explore methods to ensure timely reimbursement. One possible model is partnering with philanthropic agencies or nonprofits to provide participating doulas with gap funding to offset the wait time for reimbursement. New York State has previously adopted this type of funding practice with other state initiatives, such as the Empire State Poverty Reduction Initiative (ESPRI).

Another solution to supporting doulas participating in the Medicaid program would be the provision of additional Provider Enrollment supports to help reduce administrative strain associated with seeking Medicaid reimbursement

Alternatively, California and Oregon allow doulas to partner with a provider who bills Medicaid on the doula's behalf and then pays the doula for their services (Chen et al., 2020). Each model should be evaluated to assess the effectiveness of providing administrative and temporary financial support to doulas in New York.

### **Increase access to doula training programs by providing additional funding**

The majority of focus group participants identified the cost of training as the main obstacle to becoming a certified doula. A participating doula explained:

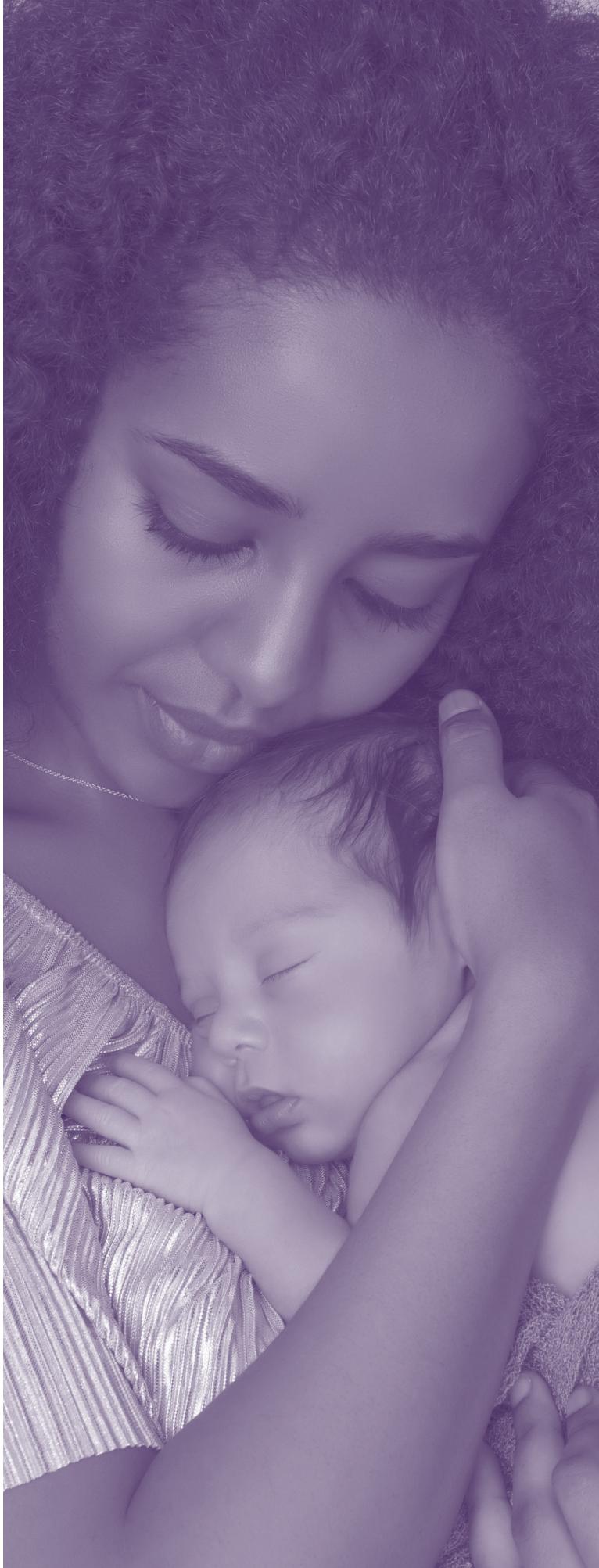
I found the training to be very expensive and not affordable. There were none right here in [my city]. I had to go down to the city or do it online.

It is recommended that New York State explore funding opportunities for doula training programs to expand the workforce of community doulas and improve access to their services.

An example of a successful investment in this area is the CCF doula pilot program. CCF funded a six-week training and certification program, collaborating with community doula agencies to design the curriculum, enlist participants, oversee the training, and provide support. This \$6,000 investment allowed six women to become certified practicing doulas. Two of the trained doulas were selected to participate in the Albany Medical Center Doula Pilot Program. Small investments such as this can serve as a step to making doula training more accessible.

New York State has created a “Doula Expansion Program” to support community based organizations in the recruitment, training, certification, and mentoring of community-based doulas. In addition to increasing the number of community doulas, the program also aims to increase the number of community doulas that become Medicaid providers.





### **Strengthen partnerships between New York State and community doulas to increase access to doula care**

During the focus group discussion, each doula expressed the pressing need for enhanced collaboration and partnerships between state and community doulas. They shared a collective belief that collaboration with state agencies would be a mutually beneficial endeavor that could improve access to doula services and support for expecting persons across different communities. The participants listed several positive outcomes of partnering with New York State: data collection to inform better policies and funding decisions; support for healthcare providers; and increased outreach to potential clients.

The focus group participants responded positively to the suggestion of forming a partnership to develop a public awareness and education campaign with the goal of promoting and normalizing doula services. The doulas believe that such a campaign could help increase access to care for expectant parents. The doulas expressed a desire to participate in a state-partnered campaign but emphasized the importance of accurately representing doula services and their role in maternal care.

# LIMITATIONS

The data in this study is limited to the experience of 22 doulas, thus limiting the generalizability of the findings. However, the sample size does include doulas from different geographic regions within New York State allowing room to capture experiences and perspectives based on regional differences and similarities. Participants of color were oversampled to explore the attitudes and viewpoints of community doulas who serve minority communities. The time period that this study was conducted was prior to the statewide benefit expansion to extend Medicaid coverage to include doula services. Therefore, the analysis and recommendations do not consider any changes that occurred after the study's conclusion. The focus groups were also intended to capture how community doulas would want to be perceived in a social media campaign. As a result, the questions presented to the participants largely focused on marketing. Hence, the analysis does not fully account for interventions to address some of the listed barriers such as increasing the capacity of doulas to participate in Medicaid and improving relations with hospital staff. Despite these limitations, the results support and build upon existing literature on the importance of community doulas in addressing the maternal health crisis and can be used to inform future studies.

# CONCLUSION & FUTURE RESEARCH IMPLICATIONS

This small-scale study of doulas in New York State provided an opportunity to leverage work underway by DOH and local communities as well as new laws, regulations, policies, and practices to better support birthing people. As widely shared, the presence of community doulas is pivotal in addressing the maternal health crisis, especially for at-risk populations. To ensure that those in need have improved access to care, it is imperative to identify and eliminate the barriers that hinder doulas from providing their services and give doulas the opportunity to be thought partners in developing solutions. Although study on best practices for overcoming the identified barriers listed in this white paper is limited, three opportunities for further research and focus emerge.

First, it is important to enhance the working relationships between hospital staff and doulas. Doulas have a dual role, providing physical and emotional support and facilitating their clients' involvement in the decision-making process. Reframing the role of the doula as a supportive figure to the birthing person rather than an adversary to medical staff can help reduce the tension. This highlights the need for a solution that allows medical staff and doulas to collaboratively define their roles, ensuring the best birthing outcomes. Conducting comprehensive and in-depth research to gain insights into doulas' specific preferences and perceptions regarding their public image can be highly beneficial. This can involve gathering detailed firsthand accounts and testimonials from doulas themselves, as well as from the clients they have supported. By delving into the nuanced perspectives of doulas, we can better understand how to communicate the unique benefits and value they bring to their clients. Additionally, this detailed research can help in debunking any misunderstandings or misperceptions about doulas that may be prevalent among medical providers. Ultimately, this thorough understanding and appreciation of doulas' viewpoints can play a pivotal role in fostering a culture of collaboration and respect within the healthcare ecosystem.

Secondly, further exploration should be conducted on reducing the administrative barriers for doulas to participate in the Medicaid program. In this study, doulas interviewed cited billing and reimbursement timelines as a significant barrier to participation. This concern is not unique to the doulas interviewed in this study and has been cited in academic literature examining the inclusion of doula services in Medicaid coverage (Mudumala et al., 2024). Many states have allowed doulas flexibility in billing. In California and Oregon, doulas can form a collective to ease the administrative burden of paperwork and billing requirements (Chen et. al., 2020; Mudumala et al., 2024). Another viable option is to promote the option for doulas to obtain a fiscal sponsor. This collaborative approach, involving doulas, policymakers, and healthcare administrators, could provide administrative support and gap funding to ease the financial strain of reimbursement timelines.

A third area to consider is how to structure investments to increase the number of community doulas who can earn certification. In CCF's study, doulas commonly expressed that the main barrier to becoming certified was the prohibitive cost of training. Conversely, all the doulas interviewed expressed a desire to become certified if they had the financial means to do so. The CCF pilot demonstrates that providing financial support for doula training and certification can help improve access to doula services in areas and communities with limited doula representation.

It's important to note that DOH has dedicated ongoing resources to support the Medicaid doula services benefit and provider enrollment. DOH conducts monthly virtual public 'town hall' meetings to review updates and receive feedback and provides regular virtual enrollment and billing support sessions. These recorded sessions and their respective slide decks are also available online. DOH has also produced short videos to support provider enrollment and offers one-on-one virtual sessions multiple times per week with doulas who are considering enrolling as Medicaid providers where questions can be answered and application materials can be reviewed.

In sum, by fostering strong partnerships with community doulas, New York State can further strengthen our collective endeavors to eliminate the inequities in birth outcomes for all childbearing people and ensure that all birthing families receive respectful and supportive maternity and infant care.

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## Appendix 1

New York State Department of Health Standing Order further expanding Medicaid Doula Services



**KATHY HOCHUL**  
Governor

**Department  
of Health**

**JAMES V. McDONALD, M.D., M.P.H.**  
Commissioner

**JOHANNE E. MORNE, M.S.**  
Executive Deputy Commissioner

Non-Patient-Specific Standing Order for the Provision of Doula Services for Pregnant,

Birth and Postpartum Persons (June 10, 2024)

Pursuant to New York State Public Health Law § 206(4)(e), the Commissioner of Health is issuing a statewide standing order that all New Yorkers who are pregnant, birthing, or postpartum would benefit from receiving doula services. This order fulfills the federal requirements in section 440.130(c) of title 42 of the Code of Federal Regulations for a physician or other licensed practitioner of the healing arts acting within their scope of practice to provide a written order for preventive services.

Labor and delivery are events that can present a high medical risk to pregnant persons and their newborn(s). The provision of doula services will help to address the statewide crisis of racial and income-based maternal health disparities by providing culturally competent and comprehensive social, emotional, and physical support to clients during the prenatal, birthing, end of pregnancy and postpartum periods.

Under this non-patient specific standing order, doulas may provide physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy, through twelve months postpartum.

This non-patient-specific standing order shall remain in effect for one year.

Signature:

Date: June 10, 2024

James V. McDonald, M.D., M.P.H., Commissioner of Health New York State License Number: 186383  
National Provider Identifier: 1619966959  
Medicaid Provider Identifier: 07693570

Effective Date of Order: June 10, 2024

## Appendix 2

Doula Focus group protocol developed by The NYS Council on Children and Families.

Doula Focus Group Protocol  
October 5, 2023

Welcome, everyone. Thank you for taking time out of your schedule to attend today's focus group. My name is [facilitator's name]. I will lead the discussion. This is [note taker's name]. She will observe and take notes. This is [forms coordinator's name]. She will pass out our forms and collect them from you. This is [co-facilitator's name]. She will help ask questions and keep us on time during the discussion. We are researchers from the New York State Council on Children and Families.

You are here as prenatal, birth and post-partum doulas. We are interested in your professional experience as a doula, the process by which you became a doula. We will also ask questions about what benefits you would pregnant women to know about doulas. We are gathering information for a media campaign to help inform the public and pregnant women about doulas and the new Medicaid benefit to cover doulas services.

We have consent to participate forms that we would like you to read and sign if you are willing to participate in the discussion. We have a demographic informational form, that is optional, you can self-select your race & ethnicity, gender, and age. At the end of the session, we will have another form for you to sign and to gather your email addresses for the \$50 gift card distribution.

I'm going to ask you questions, and we may have some follow-up questions too. If you do not feel comfortable answering a question, you do not have to. Your participation is voluntary, so you can leave at any time. There are no right or wrong answers. We appreciate your honesty and your willingness to participate.

In addition to taking notes, today's session will be audio recorded to ensure that we don't miss anything. The recording, along with the notes, helps us catch all the important details. We don't use anyone's name or other identifying information in any of our notes or reports. If something comes up during the discussion that you do not want to be recorded, please let me know and we can turn off the recorder for that portion of the discussion. All notes and recordings will be destroyed at the end of the project. We ask you to keep what is said during this group to yourselves.

Please take a moment to silence your cell phone. If you need to make or take a call at any time, please leave the room to do so and come back when you are finished. Please try not to talk over each other if you can and be patient with all of us. We want to make sure we can get everyone's thoughts and opinions.

Are there any questions before we get started?

## Appendix 3

### RECORDING INSTRUCTIONS

Remind participants that you will record the interview

Tell them that [note taker's name] will turn on the recorder

Notetaker begins recording (checks that recorder is recording)

If you must stop recording a portion of the interview, tell the participants when you stop and resume the recording.

Let's start with introductions. Please tell us your name and how long you have been a doula?

What made you decide to become a doula?

What was the process like for you?

Were there any barriers or challenges to becoming a doula?

How did you find your clients – or pregnant women?

What would you want pregnant women to know about the benefits of having a doula?

If you were running a media campaign to advertise these services, how would you want doulas to be presented?

If you were running a media campaign to advertise these services, what would you want to say?

New York State government is proposing to start covering doulas services for pregnant women who are eligible for Medicaid. Would you register with Medicaid if that happens? Why or why not?

What is your favorite thing about being a doula?

Is there anything else you would like to add?

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