



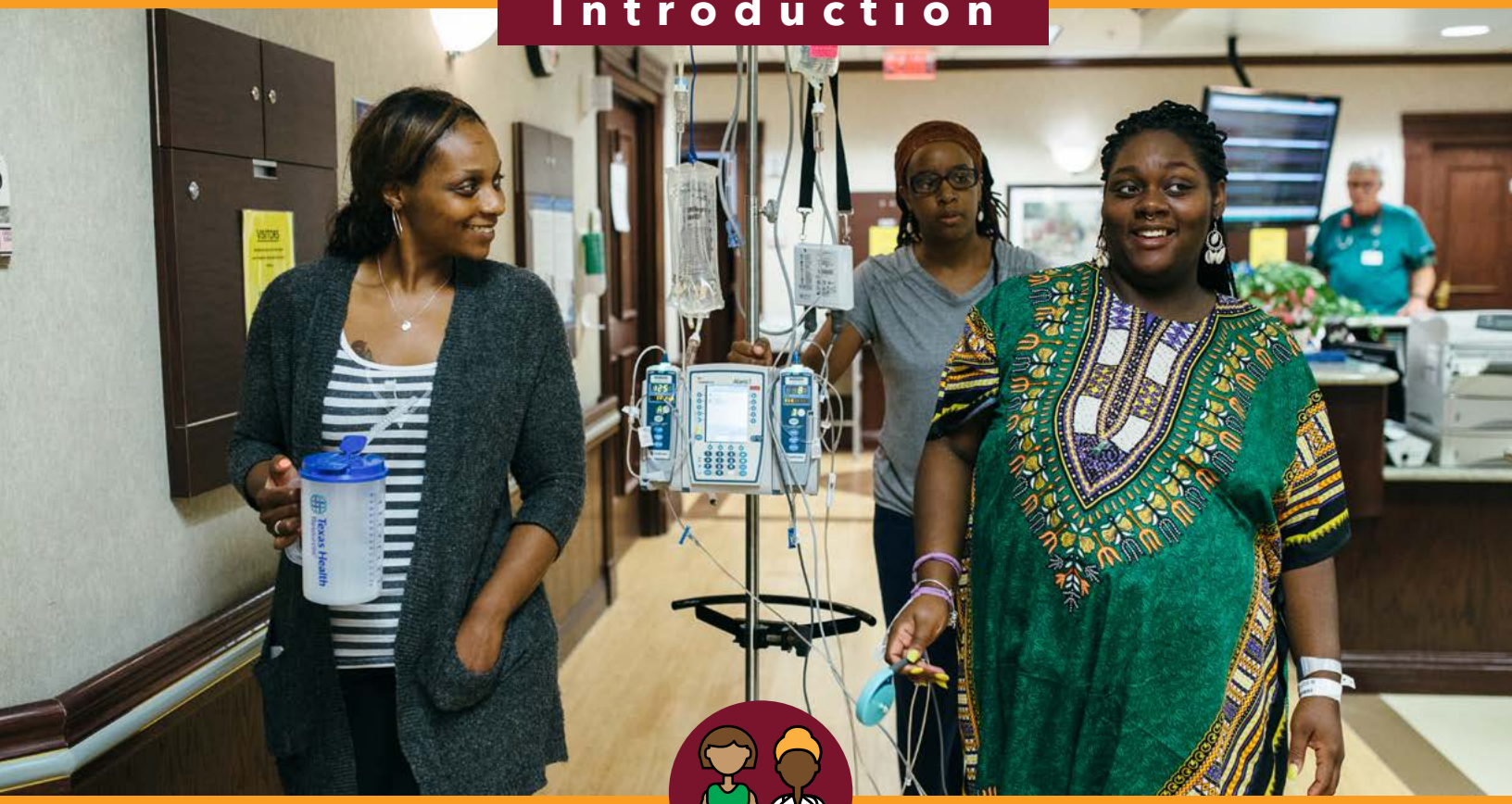


Hospital Doula-Friendliness Guidebook

NYC Health

Contents

Introduction



A doula is a trained birth specialist who offers various culturally sensitive services to clients (pregnant, birthing and postpartum people and their families) before, during and after childbirth. These may include ongoing physical, emotional, spiritual and informational support. Doulas help their clients prepare for birth, advocate for their wishes, encourage them to take an active role in their pregnancy journey and assist them with their transition into parenthood. Doulas frequently work closely with midwives to support physiological birth; both midwife and doula support are associated with improved maternal health outcomes and lower rates of medical intervention in birth. Studies have shown that doula support during and after birth can lead to improved perinatal outcomes, such as lower rates of cesarean birth (also known as C-section) and postpartum depression, and higher rates and increased duration of breastfeeding.[1] Early evidence from community-based doula programs that provide three or more prenatal home visits suggests that clients in such programs are less likely to have a preterm or low-birth-weight baby.[2]

Such support is critical given the current crisis of infant and maternal mortality in the U.S. and in NYC. In 2019 in NYC, approximately 57 people died from pregnancy-associated causes and 28 from pregnancy-related† causes.[3] Between 2008 to 2014, 2,300 to 3,100

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* Pregnancy-associated death: The death of a person from any cause during pregnancy or within one year from the end of pregnancy.

† Pregnancy-related death: The death of a person from a pregnancy complication, a chain of events initiated by pregnancy or the aggravation of an unrelated condition by the physiological effects of pregnancy.

New Yorkers suffered a life-threatening complication in childbirth.[4] Such negative outcomes disproportionately affect Black people, who were eight times more likely than white people to die from a pregnancy-related cause between 2011 and 2015.[5] Many intersectional factors lead to this inequity, and no single intervention can address all of them. However, evidence shows that doula support has the potential to reduce racial health inequities in birth outcomes for Black and Latino people and increase respectful care during birth.[6-11] Supporting organizational culture change to build anti-racist health care systems can increase access to doula support.

This guidebook provides hospitals with guidance on implementing policies and practices that improve collaboration between hospital staff and doulas. It details the ways doulas' expertise complements health care providers' expertise, explains the concept of doula-friendliness and discusses what doula-friendly policies might look like. It then lists specific procedures for assessing and improving the capacity of hospitals to implement these policies. Throughout the guidebook, narratives titled "A Tale of Two Hospitals" show examples of how doula-friendly and doula-unfriendly policies might affect the experiences of patients and caregivers.

These materials were developed as part of the Maternity Hospital Quality Improvement Network (MHQIN) initiative of the NYC Department of Health and Mental Hygiene (the NYC Health Department). This guidebook contains best practices, tips and lessons learned from MHQIN for optimizing the processes outlined. It concludes with four appendices containing practical resources: a literature review of doula-effectiveness studies, a list of doula organizations in NYC and New York State, a sample doula-friendly policy and a letter modeling doula-friendly communication.

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

– American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine, March 2014[12]

What Doulas Do

- **Birth doulas** provide support for birthing people during labor and delivery. They typically meet with clients one or more times during pregnancy, as well as one or more times postpartum. Birth doulas are present during labor and birth for guidance and to help with comfort measures, which can include breathing, relaxation, movement and positioning techniques, as well as comforting touch. They also facilitate collaborative decision-making by encouraging respectful communication between clients, their families and the medical team. Immediately after birth, they support skin-to-skin contact and breastfeeding.
- **Postpartum doulas** work with families in the weeks and months after birth, providing nonmedical support to assist with the transitions of the postpartum period and caring for a newborn. They help the new family unit by providing evidence-based information, including on postpartum warning signs; supporting breastfeeding or other feeding, recovery,

skin-to-skin contact, and parent-infant bonding; encouraging continuous engagement with providers in the postpartum period; and providing practical help with cooking and other household duties. A postpartum doula helps new parents understand what to expect from their baby and teaches infant-soothing and coping skills.

- **Community-based doula programs** increase access to low- or no-cost doula care (birth and postpartum) in communities at risk of poor outcomes. Most community-based doulas are members of the community they serve, and they all provide culturally appropriate support and connect families to resources that help them thrive. They can provide more home visits and a wider array of services and referrals than private doulas. Community-based doulas are also trained on how racial, institutional and interpersonal bias and social determinants of health affect communities of color. They often provide full-spectrum support, including preconception, birth, postpartum, abortion and bereavement.

In a hospital setting, doulas can facilitate positive and respectful communication between the birthing person and hospital staff. They can also provide guidance on comfort measures during labor, such as breathing techniques, position changes, soothing touch, visualization, hydrotherapy, aromatherapy and the use of a birth ball or peanut ball. Doulas can help connect clients with additional resources, assist them in navigating hospital protocols, provide resource referral and follow-up, and assist with prenatal and postpartum visits.

A key strength of community doula support is continuity of care. Due to typical patterns of maternal care service delivery for Medicaid patients, the community doula may be the one provider that the birthing person can see consistently from pregnancy through the early postpartum period. This establishes trust and a sense of security, which are especially important when the client or birthing person is meeting the clinical team for the first time at the birth.

> **"My doula kept me safe and comfortable, staying in positions that suited my needs, solely focusing on me. It really helped to have someone who supports you and reacts in split seconds for your needs during stressful contractions. Doctors and nurses are there, but none of them sit and hold your hand and help you stay focused and calm. In that sense, a doula is an irreplaceable support every woman needs. I recommend getting a doula to all expecting women that I know based on my one experience. It would be awesome if they were accepted and respected by medical society for their huge positive impact on birth process."**
>
> – Doula client

What Doulas Do Not Do

Doulas do not diagnose medical conditions or perform clinical tasks. They also do not make decisions for the client or impose their own values or goals on the client.

Most doulas receive formal training. Some may also seek certification, but **unlike medical roles, certification is not required for practice**. Evidence on the benefits of doula care is not based on certification or training of doulas but on the provision of continuous labor support.[13]

What Is Doula-Friendliness?

In a hospital setting, **doula-friendly** describes institutions that "consistently demonstrate support of the doula's role in its full scope and integrate doulas into the birthing team. Doula-friendliness is grounded in policies and practices that reflect an understanding of the benefits of doula care and actively create a space where patients, doulas and clinicians collaborate to ensure the best birth outcomes and experience for the patient."[14]

Hallmarks of a Doula-Friendly Hospital

A doula-friendly hospital is one that includes:

1. Staff knowledge of doula support

The hospital actively trains staff (including but not limited to registration, triage, ambulatory, labor and delivery, and security) and ensures they are knowledgeable about the doula's role in promoting positive maternal and neonatal outcomes, including a positive birth experience.

2. Doulas as part of the birthing team

The hospital encourages its clinical team to regularly share updates with doulas regarding labor progress and potential use of interventions, both verbally and on the whiteboard, and utilizes insights from doulas' understanding of their clients and their expertise in birth support, with patients' verbal or written consent. It also provides physical accommodations as needed, such as access to a chair or break area if the client needs time alone.

3. Increasing awareness of doulas among patients

The hospital actively and consistently educates patients about the benefits of doula support using all available communication channels (such as staff-patient encounters, social media, posters, and brochures and videos played in the waiting area) and uses an established referral system to connect interested patients with community doula organizations.

4. Doula policy

The hospital develops, communicates, shares and implements a clear doula policy that provides guidelines for doulas' access to the hospital and participation in care, the laboring techniques supported by the hospital, and a bidirectional reporting system including a formal doula liaison to help address any emerging issues. The hospital facilitates the provision of continuous, calming doula support by allowing doula presence from triage to recovery unless there is a compelling medical reason otherwise (for a full description of what to include in a doula policy, see Hospital Doula Policy on Page 21).

Becoming a doula-friendly hospital is a cultural shift implemented through policy and practice, as well as through individual decisions and actions taken by dozens of staff members every day. To create these changes, hospitals should collaborate with the local doula community to develop clearly written policies that are shared with all staff and with doulas, updated routinely, and followed consistently. It is imperative that obstetric, midwifery and nursing staff receive periodic training on the most current policies, with clear instructions on safe implementation.

A Tale of Two Hospitals

Jessica realizes she is in labor, and after a quick call with her doula, Ashley, she decides to head to the hospital. Jessica arrives first and heads up to the labor and delivery floor. Ashley is not far behind.

Tale 1

Jessica introduces herself to the security guard, who welcomes her and gives her directions to the labor and delivery floor. When Ashley arrives at the nurses station, she is greeted warmly and asked to sign in. The nurses tell her that Jessica is in triage, and one of them walks Ashley to her client's bedside. Jessica has been frightened and tense – it is her first time giving birth – but Ashley's arrival puts her at ease. The resident on duty comes over to say hello and explains that all the patient rooms are full right now but that Ashley is welcome to stay with Jessica while she is in triage. The only exception will be a few questions that have to be asked of Jessica in private, but that should only take a few minutes. Jessica says, "Oh, no, I'd rather she stay with me the whole time." The nurse agrees, and Ashley settles in to rub Jessica's hands and help her breathe through her contractions as they wait for a room to open up.

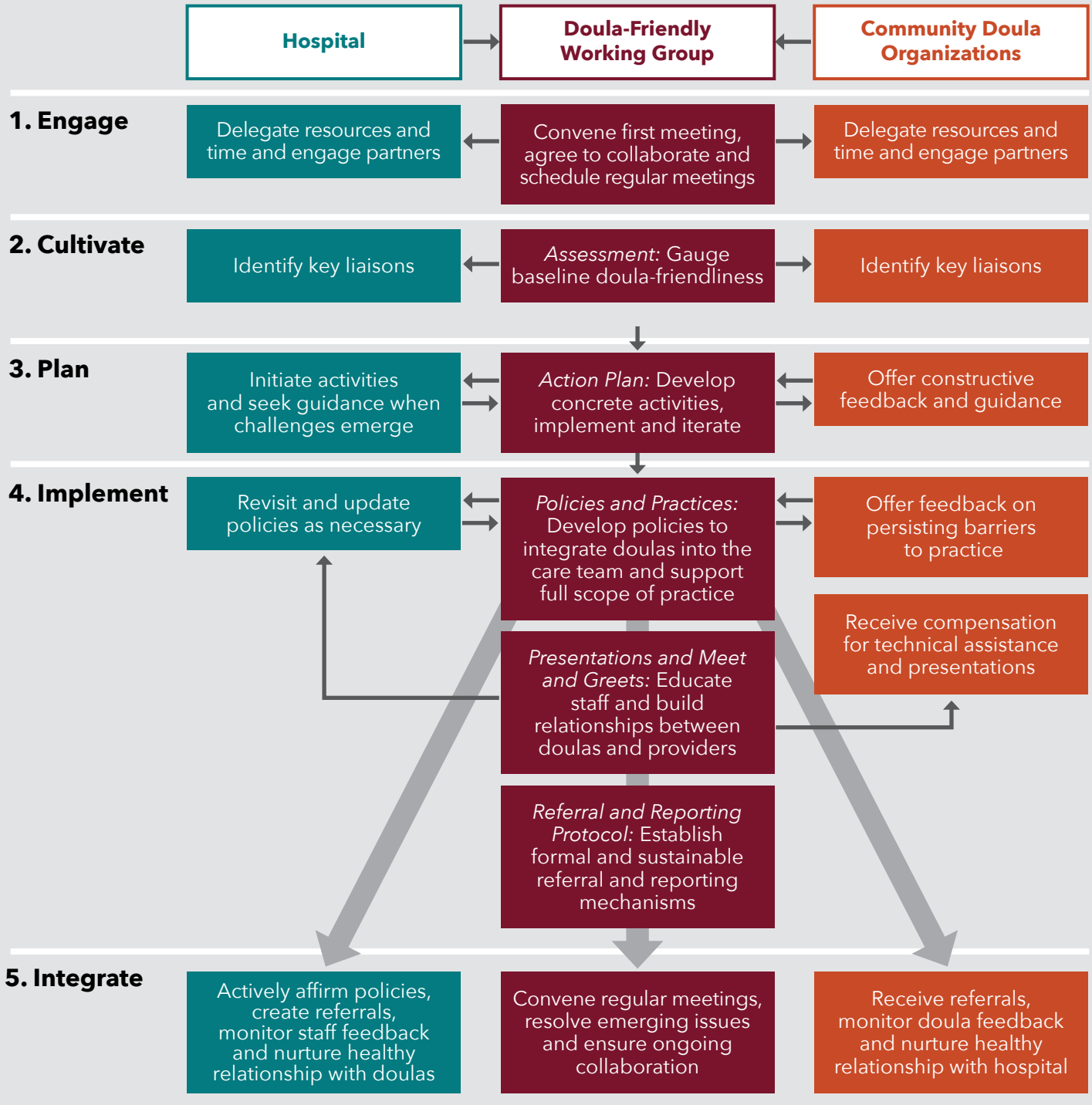
Tale 2

Jessica introduces herself to the security guard, who says, "A doula, huh?" and asks to see proof that she is certified. Ashley explains that she does not have her certificate with her, but that certification is not required to practice as a doula. The guard says, "Well, you cannot go up without it." Ashley texts Jessica to let her know what is going on. Jessica replies, "I hope you can come soon; the contractions really hurt, and I'm scared." Jessica calls her husband at home, tells him where her doula certificate is, and asks him to scan it and text it to her. She shows it to the guard, who lets her go up to the labor and delivery floor. When she walks in, one of the nurses says, "Where do you think you're going?" Ashley explains that she has come to meet her client. The nurse says that because Jessica is still in triage, Ashley will have to wait in the waiting room. Ashley texts Jessica to give her an update. An hour goes by. Jessica texts that she is thinking of getting an epidural because the pain is so intense. Ashley asks again if she can join her client but is told no, she cannot join Jessica until she gets to a room.

Hospital Doula-Friendliness Process Map

This process map serves as a guide for involvement in this process. In complement to the suggested process steps starting on Page 9, it shows how to collaborate and steps to take to integrate doulas into the care team, build out referral pathways and ultimately increase hospital doula-friendliness. Given capacity and expertise, a local health department or maternal health organization might guide this process through engagement, planning, implementation and closeout.

Figure 1: Hospital Doula-Friendliness Process Map



Source: Maternity Hospital Quality Improvement Network

How To Optimize the Process

Here is some guidance on how to ensure that the process of increasing doula-friendliness goes as smoothly as possible. As the procedure involves diverse perspectives and high stakes, it is necessary to encourage thoughtful communication and mutual respect throughout the process. As a case study, read this section to learn more about MHQIN and the lessons learned from it.

Here is an outline of suggested steps:

1. **Reach out to doula programs that support the neighborhoods your hospital serves.** To find community-based doula programs in your hospital's area, search for local doulas using the directory at the end of this guidebook, which lists organizations throughout NYC and New York State. Speak with doulas who already attend births at your hospital for further recommendations.
2. **Schedule a first meeting together.** This is a chance for groups to get to know each other, learn about services and complete the Doula-Friendliness Assessment (see Page 11).
    - From the hospital, invite a mixture of leadership, residents, midwives, nurses and physicians from the labor and delivery unit (who will understand labor and birth policies and practices), the postpartum unit (who will understand postpartum, breastfeeding and neonatal intensive care policies and practices), and prenatal clinics (who will be able to refer patients to community-based doulas).
    - From community-based doula programs, invite people in leadership roles, doulas who already provide support at the hospital or would like to, and administrative staff.
    - From the doula-friendly working group, invite hospital staff, community-based doula program staff and any other maternal health partners that can support facilitation of this process.
3. **Identify a doula-friendly hospital champion.** This will be a point person at the hospital who can coordinate with community-based doula programs and other partners to ensure that regular meetings are held, the action plan is implemented and there is coordination with hospital leadership. This role can be filled by anyone on the labor and delivery care team, such as a resident, nurse, midwife or medical student. Nursing leaders are often optimal candidates for the role of doula champion because of the critical influence they have on provider-doula interaction.
4. **Schedule an action-planning session.** In this meeting, review the scored assessment together and develop a step-by-step action plan for moving to a more robust level of doula-friendliness in each key capacity area.
5. **Schedule doula support presentations for hospital staff.** These presentations can include information on a doula's role, evidence supporting the benefits of doula care, what doula support looks like in the hospital, doula-friendly policies and how to integrate doulas into the care team.
    - Grand rounds events are a natural fit for these presentations, but the training should extend beyond clinical staff. As front desk and security staff are the first to interact with doulas upon entry to the hospital, it is vital to ensure that the presentations reach all staff.

- Include prenatal clinic staff in educational sessions, as they may make and receive referrals in collaboration with the doula program.

6. **Schedule doula meet and greet events for hospital staff.** These events are an opportunity to build relationships between hospital staff and doulas. Staff can also use these events to ask questions about what to expect as doula support becomes more common on their floor.
   - To reach the greatest number of hospital staff members, it can be helpful to schedule these events during shift changes.
7. **Schedule a referral meeting with prenatal clinic staff and the doula program.** At this meeting, develop a formal referral process and identify who will make and receive referrals.
   - Hospitals are encouraged to apply for funding to pay doula-program staff for administrative tasks such as outreach, referrals and matching patients with doulas.

Funding

For funding source ideas, see Implementing Change Despite a Lack of Resources on Page 32.

Contracts With Doula Organizations

If possible, the hospital should allocate funds to pay doula organizations for their support during this process. A contract with a doula organization should include funding for attending meetings and providing trainings (including meetings related to capacity assessment, action planning, policy development and referrals, as well as doula presentations and meet and greets). Hospitals may wish to advocate for funding doula-support services with public or private payers.

Equipment

Hospitals should have equipment available so doulas can provide their full scope of practice, which prioritizes comfort, freedom and mobility. Equipment includes birthing balls, peanut balls, birthing bars and beds, handheld fetal doppler machines, and wireless maternal-fetal monitors. If possible, hospitals or collaborating organizations should allocate funding for this equipment.

Collaboration

Community-based doula programs and maternal health programs are also encouraged to initiate collaboration with hospitals, as capacity allows. If outside programs initiate this process, hospitals will need to understand the value of improving hospital doula-friendliness and be receptive to collaboration.

It can also be helpful to work with the local health department, if it has staff capacity, experience in community engagement and positive relationships with community-based organizations. To identify the appropriate contact person, search for staff who work in maternal and child health or in a department with a similar focus.

Doula-Friendliness Assessment: Instructions

Goal: To measure the level of doula-friendliness of the hospital.

This assessment should be completed as a baseline measurement when the hospital begins efforts to become more doula-friendly and again at the end of a defined timeline to measure progress. The findings from the assessment will be scored and used to inform action planning, which includes identifying strategies hospitals can use to improve doula-friendliness. Review of the assessment can ensure all collaborators are equally informed throughout this process.

> **"It takes work to understand how providers think and feel about doulas. That deep work connecting with providers is necessary to make transformational change. Our work is not 'one size fits all.'"**
>
> – Doula

How To Complete the Assessment

Who Should Facilitate

The facilitator role is integral to the success of this program and should be fulfilled by someone who is comfortable with relationship-building, mediating and addressing power dynamics when necessary. The facilitator could be your hospital's doula-friendly champion or could come from a local health department, doula program or maternal health partner program. Administering and scoring the assessment and following through on next steps is a complex and time-consuming process, so this person should be able to sustain capacity for the initiative over the course of at least two years.

Who Should Attend

From the hospital, invite a mixture of leadership, residents, midwives, nurses, nurse practitioners, social workers, community health advocates, physicians

assistants, and physicians from the labor and delivery unit, the postpartum unit, and prenatal clinics, as well as staff from the anesthesia department. This can include staff from the working group but also expand beyond that. From community-based doula programs, invite program staff and doulas, especially those who have supported clients at the hospital before.

Implementing the Assessment

The facilitator should ask questions of the participants. To gather all relevant information, ask participants to be specific and comprehensive in their responses, and ask follow-up questions. At least one person should take thorough notes, which will inform how the assessment is scored. Questions are posed to the group of hospital staff and doulas. This process typically takes about 90 minutes.

All participants should be invited to contribute to every section with their perspective. Seek input from a variety of staff, as people in different positions may have useful views or experiences to contribute. Encourage open sharing and allow multiple opinions to be expressed.

A grading rubric with all assessment questions is provided on Page 13 for reference. Suggestions for possible responses to several questions are included after the rubric.

Scoring the Assessment

The assessment includes six key capacity areas for doula support. Each capacity area is graded on one of three levels – basic, moderate or robust – which are defined at the top of each section. Review participants' responses and use these definitions to determine which score each capacity area receives.

Next, for each key capacity area, award points according to the following scale:

- **Basic:** 1 point
- **Moderate:** 2 points
- **Robust:** 3 points

Once each key capacity area has been scored, add up all points to score the overall assessment as follows:

- 6 to 9 points: **Basic**
- 10 to 15 points: **Moderate**
- 16 to 18 points: **Robust**

Doula-Friendliness Assessment: Rubric

Figure 2: Doula-Friendliness Assessment Rubric

Key Capacity Area	Basic	Moderate	Robust
Staff Knowledge of Doula Support	**Most or all staff have limited or no understanding of a doula's scope of services and the benefits of doula support**	**Variability in staff understanding of a doula's scope of services and the benefits of doula support**	**Most or all staff have a clear understanding of a doula's scope of services and the benefits of doula support**
What is your current understanding of a doula's role? How would you describe their work?	Participant can only vaguely describe one or two characteristics of doula care	Participant clearly articulates at least three concrete characteristics of doula care	Participant exhibits a strong understanding of doula care and clearly articulates five or more concrete characteristics of doula care
Are you aware of the evidence-based benefits of doula care? If so, what evidence are you familiar with?	Participant can only vaguely describe one or two evidence-based benefits of doula care	Participant clearly identifies at least three concrete, evidence-based benefits of doula care	Participant clearly identifies four or more concrete, evidence-based benefits of doula care
What proportion of your staff are familiar with the role of doulas, as well as the benefits of doula support?	Participant reports that there is high variability in staff understanding, with less than 50% of staff sharing an understanding of a doula's scope and benefits	Participant reports that there is some variability in staff understanding, with between 50% and 75% of staff sharing an understanding of a doula's scope and benefits	Participant reports near universal understanding, with 75% or more of staff sharing an understanding of a doula's scope and benefits
Doulas as Part of the Birthing Team	**Cannot identify tangible benefits of doulas to the care team and does not prioritize doula integration**	**Recognizes the added value of doulas to the care team, but there is not wide agreement among staff on prioritizing doula integration**	**Clearly identifies tangible benefits of doulas to the care team and describes reciprocal support between doulas and care team; wide agreement among staff on prioritizing doula integration**
How do doulas support the care team? What is their added value to the team? How does the care team support doulas?	Participant cannot describe more than one way that doulas support, add value to or are supported by the care team	Participant describes at least two ways that doulas support, add value to or are supported by the care team	Participant clearly describes four or more ways that doulas support, add value to or are supported by the care team

Rubric continues on next page

What does respect for a doula look like to you?	Participant can only vaguely identify attitudes or actions that demonstrate respect for doulas	Participant identifies at least two concrete attitudes or actions that demonstrate respect for doulas	Participant clearly identifies three or more concrete attitudes or actions that demonstrate respect for doulas
Is there consensus among your staff on the way doulas should be integrated into the team?	Staff have highly variable ideas about how to integrate doulas into the team, with less than 50% of staff sharing a unified approach	Staff have largely consistent ideas about how to integrate doulas into the team, with 50% to 75% of staff sharing a unified approach	Staff have a strong consensus about how to integrate doulas into the team, with more than 75% of staff sharing a unified approach
Increasing Awareness of Doula Support Among Patients	**Information about doulas is not routinely shared with patients; no activities to increase awareness**	**Information about doulas is shared with patients but not routinely; few or no activities to increase awareness; referrals to doula resources occur infrequently**	**Information about doulas is shared with patients as part of routine care and creates opportunities for patients to learn about doula care; staff have established referral pathways to doula resources**
Do you routinely share information about doulas with your patients? If so, how?	Staff share information about doulas with identified priority patient populations less than 50% of the time; staff do not refer patients to doulas	Staff share information about doulas with identified priority patient populations between 50% and 75% of the time; staff share information about doulas through a single method; staff occasionally and informally refer patients to doulas without an established system	Staff share information about doulas with identified priority patient populations more than 75% of the time; staff share information about doulas through multiple methods; staff consistently refer patients to community doula organizations through a sustainable system that includes a designated point person, communication method with community doula organizations and an intake form or referral platform
Have you engaged in any activities to increase doula awareness among patients?	Participant has not engaged in any activities this year	Participant engages in activities once or twice per year	Participant engages in multiple activities per year

Rubric continues on next page

Policies and Practices – General	No policies or practices are in place regarding doulas	Current policies exist but are not written or shared routinely with staff	Clear, written policies have been developed with input from doula community and shared with staff and doulas; policies are updated routinely or as necessary and are followed consistently
Do you currently have any policies or practices in place regarding doulas? If so, what are they?			
If policies exist, how often are they updated or reviewed?			
How are doula policies shared with staff? With doulas?			
Polices and Practices – Laboring	**Allows no laboring techniques**	**Allows one or two laboring techniques**	**Allows most or all laboring techniques**
Do you allow varied labor positions? Do you allow patients to get out of their beds, to walk around, squat and so on?			
Do you allow wireless or intermittent monitoring for low-risk patients?			
Do you allow patients to change conditions in their rooms, such as to adjust lighting or use amplified sound or music of their choice?			
Do you allow use of birthing assistive equipment, such as birthing balls or squatting bars? Do you provide any of these?			
Do you provide access to tubs and showers during labor whenever possible?			

Rubric continues on next page

Policies and Practices – Doula Presence	Counts doulas toward allotted number of support people; strict policies prohibit doulas from being with their client at certain times or from providing postpartum support	Maintains one or two policies or practices that restrict doulas' presence with their clients	Allows doulas to accompany their clients at all times (unless there is a compelling medical reason otherwise) and facilitates provision of continuous postpartum support; doulas are not counted toward allotted number of support people
Except for the limited time necessary to maintain privacy or for medical reasons, are doulas permitted to accompany their client at all times during labor and delivery? Does this include during triage and during cesarean births or other procedures?			
Are doulas counted toward the patient's allotted number of support people in the labor and delivery room?			
While at the hospital, are doulas allowed to support the patient with postpartum breastfeeding support and additional comfort measures?			

Source: Maternity Hospital Quality Improvement Network

Potential Answers to Select Questions

What is your current understanding of a doula's role? How would you describe their work?

- Continuous calming support
- Emotional support
- Informational support
- Physical support
- Comfort techniques
- Supports partner or family
- Advocacy and informed consent
- Facilitates patient-provider communication
- Helps navigate hospital protocols
- Prenatal support
- Postpartum support
- Connects to community resources
- Supports breastfeeding
- Continuous support from pregnancy to postpartum
- Participant not familiar

Are you aware of the evidence-based benefits of doula care? If so, what evidence are you familiar with?

- Better patient experience
- Less pain medication use
- Fewer preterm births
- Fewer low-birth-weight babies
- Higher Apgar scores
- Fewer cesarean births
- Less epidural usage
- Less need for Pitocin
- Fewer instrumental deliveries
- Reduced racial inequities
- Higher breastfeeding rates
- Shorter labors
- Less postpartum depression
- Better mother-baby bonding
- Participant not familiar

How do doulas support the care team? What is their added value to the team? How does the care team support doulas?

- Continuous calming support
- Help patients navigate hospital
- Encourage patients to ask questions
- Educate patients about the birthing process and possible procedures
- Help patients prepare for procedures
- Provide language support
- Help manage other visitors
- Help patients into and out of various positions

- Notify care team of needs or issues
- Screen patients for social needs
- Refer patients to outside resources
- Allow care team members to focus on clinical care
- Participant not familiar

What does respect for a doula look like to you?

- Recognizing doulas are chosen by the patient
- Understanding benefits of doulas
- Introducing doulas to the team
- Addressing doulas by name
- Treating doula as a member of the team per Code of Conduct
- Engaging doula in decision-making
- Allowing doula to provide full scope of practices
- Participant not familiar

Do you currently have any policies or practices in place that support patients receiving the full scope of doula support and services? If so, what are they?

- Fetal monitoring
- Placental release
- Delayed cord clamping
- Immediate skin-to-skin
- Eating and drinking in labor
- Add doula to patient board
- Do not require certification
- Reporting protocol
- Tablets for virtual support
- Provider or doula "listening sessions"
- Inclusion in huddle or rounding
- Acknowledgment of birth plan and preferences

Additional Questions

These additional questions will not be scored but may help the assessment create a fuller picture of the way hospitals interact with doulas.

- What percent of your patients would you estimate currently use doulas during birth?
- How are doula policies shared with staff? With doulas? If policies exist, how often are they updated or reviewed?
- Do you have an example of a time when labor and delivery staff and doulas collaborated for a positive birth experience? What do you think led to this positive collaboration?
- Do you have an example of a time when collaboration between labor and delivery staff and doulas did not go well? What happened? What do you think could have been done better?
- What happens when a doula and hospital staff disagree about something during the birthing process?
- Have any strategies been developed to foster more collaborative relationships?
- What do you think can strengthen the relationship between labor and delivery staff and doulas?
- Have you designated a doula-friendly hospital champion to continue educating providers about doula care and address ongoing issues? If not, who is the appropriate person for this role?
- Have you created a mechanism for reporting any issues that providers or doulas have?
- Have you designated a point person to manage educating patients about doula care and coordinate referrals to local doula organizations? If not, who is the appropriate person for this role?
- Have you scheduled recurring meetings with local doula organizations to review successes and challenges?

How To Develop an Action Plan

Completing the doula-friendliness assessment gives hospitals an overview of their readiness to integrate doula support into their patients' birthing experiences. The next step is to create an action plan. This plan will identify challenges that remain, set goals to overcome those challenges and plan concrete actions to achieve those goals. The action plan should be developed collaboratively during a meeting with all involved stakeholders.

The Action Plan Meeting: Who Should Attend

From the hospital, invite a mixture of leadership, residents, midwives, nurses, nurse practitioners, social workers, community health advocates, physicians assistants, and physicians from the labor and delivery unit, the postpartum unit, and prenatal clinics, as well as staff from the anesthesia department. This can include staff from the working group but also expand beyond that. From doula programs, invite program staff and doulas, especially those who have provided support at the hospital before. It is helpful to include those who were at the initial assessment meeting.

During the meeting:

1. Using easel-pad sheets, a blackboard or whiteboard, or virtual whiteboard software, the facilitator creates a collaborative brainstorming space for each key capacity area from the assessment.
2. All participants review and discuss the findings from the scored assessment.
3. The facilitator invites all participants to contribute ideas for action steps that can help move the hospital toward a more robust level of doula-friendliness. These can be written down on sticky notes, dictated to the facilitator or submitted through the virtual whiteboard.
   - See the action plan template on Page 20 for examples.
4. All participants discuss and prioritize achievable steps. Group similar steps together to streamline processes and ensure that action items can be completed within an overall timeline. Focus first on areas where the hospital scored "basic" and then on those where it scored "moderate."
5. Leads and timelines are assigned for each action item.
6. The facilitator or doula champion arranges to follow up with the lead for each action item at agreed-upon intervals to monitor progress on the plan.

Action Plan Template

Goal: To improve hospital collaboration with doulas by improving capacity in key areas of doula-friendliness.

Improvement Timeline: By [date], doula-friendliness scores at [health care facility] will improve by [number of points] compared with the baseline assessment.

Figure 3: Doula-Friendliness Action Plan Template

Key Capacity Area	Tasks or Action Steps What will be done?	Responsibilities Who will do it?	Timeline By when?
Staff Knowledge of Doula Support	Example: Provide doula presentation to all staff during grand rounds. 1. 2. 3.		
Doulas as Part of the Birthing Team	Example: Nurses will orient doulas to labor and delivery floor and include the doula's name on the whiteboard. 1. 2. 3.		
Increasing Awareness of Doula Support Among Patients	Example: Information on doula support to be provided in childbirth education classes. 1. 2. 3.		
Policies and Practices – General	Example: Develop and implement formal doula policy along with a one-page handout to share with doulas. 1. 2. 3.		
Policies and Practices – Laboring	Example: Purchase birthing balls, peanut balls and birthing bars, ensuring adequate availability and staff training. 1. 2. 3.		
Policies and Practices – Doula Presence	Example: Collaboratively develop policy with the anesthesia department to allow doula presence during epidurals. 1. 2. 3.		

Source: Maternity Hospital Quality Improvement Network

Hospital Doula Policy

The primary aim of establishing doula policies in hospitals is to create a nurturing and inclusive environment that acknowledges the **vital** role doulas play in offering **continuous** physical, emotional and informational support to people during childbirth. These policies can integrate doulas as valued members of the birthing team and foster effective collaboration between patients, doulas and health care providers. This allows hospitals to enhance the overall birthing experience, improve maternal and neonatal outcomes, and cultivate a positive and empowering atmosphere for expectant people and their families. These policies should reflect the practical needs of both doulas and expectant patients. Developing these policies requires interdisciplinary cooperation among various health care disciplines, including obstetrics, nursing, midwifery and doula care.

When developing their policies, hospitals should focus on the Principles of Doula Support in the Hospital. To read the principles, visit **nyc.gov/health/doula** and search for the report titled **The State of Doula Care in NYC 2023**.[‡] The principles show on Page 37 of the report and formed the basis of this guidebook's Hallmarks of a Doula-Friendly Hospital (see Page 6) to support the integration of doulas into the birthing team. Doula-friendly policies show an understanding of the benefits of doula care and foster a collaborative space where patients, doulas and clinicians work together to ensure the best possible birth outcomes. Additionally, a sample hospital doula policy is included on Page 49.

Establishing clear and comprehensive doula-friendly policies is an essential step toward creating an atmosphere and culture where doulas can provide effective care for

[‡] **https://www.nyc.gov/assets/doh/downloads/pdf/csi/doula-report-2023.pdf**

their clients. If staff throughout the hospital are not aware that those policies exist or do not follow them routinely, doulas may still face a significant challenge. Communication of doula-friendly policy changes will therefore need to be emphasized.

A comprehensive doula policy should include:

The Definition of the Doula Role – Dos and Don'ts

Including dos and don'ts within doula policies is essential to establish clear guidelines and expectations regarding the role of doulas in the hospital setting. Hospitals can ensure a shared understanding of doulas' responsibilities and boundaries by outlining the specific activities and behaviors that doulas do and do not engage in. This promotes a standardized approach to doula care and fosters effective communication and collaboration among doulas, patients and health care providers, ultimately contributing to a positive and empowering birthing experience for expectant people. Having these guidelines in place can foster a harmonious environment within the birthing unit and prevent misunderstandings or conflicts that might arise due to varying interpretations of the doula's role.

The following elements should be included in this section of the policy:

- What doulas do
- What doulas do not do
- How staff should facilitate continuous doula labor support

Procedures for Hospital Access for Doulas

It is crucial to include procedures for hospital access to ensure clarity regarding protocols for the presence of doulas during the birthing process. By clearly defining the specific areas within the hospital where doulas are allowed to provide support, hospitals can create an environment that accommodates the needs and preferences of pregnant people. This clarity helps prevent any potential misunderstandings or conflicts that might arise, ultimately fostering a collaborative and inclusive atmosphere for all stakeholders involved. Outlining the access procedures for doulas emphasizes their integral role within the birthing team. This recognition promotes effective communication and care coordination that contributes to improved maternal and neonatal outcomes and positive birthing experiences.

The following elements should be included in this section of the policy:

- Doulas should be allowed in triage, birth, delivery and recovery as requested by the patient, absent a compelling medical reason otherwise
- Doulas should not be counted toward the allotted number of visitors
- Doulas should be allowed in triage, birth, delivery and recovery regardless of certification status

Laboring Techniques Supported by the Hospital

By outlining the specific supportive laboring techniques that the hospital endorses, hospitals foster a collaborative environment that prioritizes the physical and emotional well-being of the expectant parent during labor. Having clear guidelines establishes a consistent birthing experience and enables health care providers and doulas to easily collaborate. Encouraging nonmedical comfort techniques and continuous support contributes to reducing stress and anxiety for patients and promotes a more comfortable and empowering birthing experience.

The following elements should be included in this section of the policy:

- Nonmedical comfort techniques supported during labor
- Staff support and facilitate continuous calming support by doulas during procedures such as epidurals
- Support persons (doula, partner or other support person) allowed to remain with the birthing person during cesarean births unless there is a compelling medical reason otherwise

Reporting Protocol

Establishing reporting protocols in the hospital doula policy promotes effective communication and addressing of any issues or concerns that may arise during the birthing process. A clear protocol for reporting ensures that any challenges involving doula support are promptly addressed and resolved, fostering a proactive and supportive approach to perinatal care. The ideal reporting protocol facilitates a streamlined process for both doulas and hospital staff to report any issues and enables timely intervention and appropriate follow-up actions. Hospitals should develop and implement a well-defined reporting mechanism that underscores the hospital's commitment to patient safety and satisfaction by emphasizing the importance of maintaining open communication and transparency. By encouraging feedback and communication, hospitals can enhance the overall quality of care provided to expectant patients and contribute to a positive and empowering birthing experience. A reporting protocol is included in the sample doula policy on Page 49. A more detailed protocol should be included in the policy one-pager including specific contact information.

For more information about implementing a report protocol, see Page 29.

Doula-Friendly Labor and Delivery Policies

The following are labor and delivery hospital policies that support birth as a physiological process and can benefit all birthing people. These policies reflect the Hallmarks of a Doula-Friendly Hospital (Page 6). All hospital staff who interact with doulas and their clients should know about, understand and follow all policies that are adopted. Hospitals should ensure that patients also can access and understand all labor and delivery policies. This helps facilitate informed decision-making and promotes a culture of respect for patients' agency and personhood.

Wireless Fetal Monitoring

A fetal monitoring policy describes the laboring person's options for monitoring and explains when such monitoring may be necessary. These policies should support intermittent or continuous as well as internal or external fetal monitoring. Evidence shows that birthing people often appreciate the comfort, freedom and mobility offered by wireless monitoring. Doulas' work to help their clients assume various positions or use the shower may be challenging or impossible to do while using wired monitors. If possible and if infrastructure allows, hospitals or collaborating organizations should allocate funding for wireless monitors.

Ambulation During Labor

A labor ambulation policy outlines the ways patients can move around or change positions, including what is supported when they do or do not have an epidural. It promotes mutual understanding of when a laboring person may or may not safely ambulate. Evidence shows that, barring specific medical conditions or anesthesia, doulas should be allowed to help their laboring clients out of bed to ambulate if desired. Evidence also supports allowing laboring people to use the toilet or the shower as a laboring station, absent a compelling medical reason otherwise. A clear policy can greatly reduce unnecessary conflict between doulas and staff during labor.

A Tale of Two Hospitals

Kristine has arrived at the hospital with her partner and doula. She is in active labor and is considered a low-risk patient. As her contractions intensify, her doula, Sabine, reminds her to welcome these surges, as they mean that labor is progressing. Sabine also reminds her that walking and other forms of movement, such as hip swaying (on or off a birthing ball) and slow dancing can help her cope with labor.

Tale 1

Kristine tells her nurse, Nurse Joi, that she would like to walk up and down the hallway outside her room. Her nurse responds, "Sure! From what I can see from the tracing, your baby has been doing great, and your vitals also look wonderful. You're a great candidate for intermittent monitoring. I'll let Dr. Lee know that you want to walk around, and if he's OK with this, we should be able to get you off the monitor for 30 minutes at a time so you can walk freely." After walking the hallway while off the monitor for a half hour, it is time for Kristine's contractions and her baby's heart tones to be monitored again. Nurse Joi informs Kristine that she has the option of using the hospital's wireless monitors. This will let her move more freely without interruption. The wireless monitors are also waterproof, so she can even use the shower if she wants. Kristine emphatically agrees, and once hooked up to the wireless monitors, she announces that she is ready for some hydrotherapy!

Tale 2

Kristine tells her nurse, Nurse Fox, that she would like to walk up and down the hallway outside her room. Her nurse responds, "Oh, we don't allow that here. Once you're in active labor, it's best that you remain in bed. It allows us to monitor the baby more accurately." Feeling disappointed and growing hopeless, Kristine begins to cry, saying, "I just don't think I can bear this any longer if I have to be stuck in bed. I really didn't want to get an epidural, but it's so painful. I just need to move around more." Nurse Fox responds, "We can't let you get out of bed, but we can help with an epidural."

"My initial birth plan was all natural. In this situation, my doula would always keep me calm, encouraging me and saying things like 'You got this!' which is what I needed to hear. My birth plan did not go as planned. However, my doula made it easier. Her calm and soothing spirit, encouraging words and especially her massages made me enjoy my birth. The main goal was to leave the hospital with my baby boy healthy!"

– Doula client

Eating and Drinking During Labor

This policy clarifies what patients may eat and drink during labor. Many professional and public health organizations including the World Health Organization (WHO), American College of Nurse-Midwives (ACNM), National Institute for Health and Care Excellence (NICE) and Society of Obstetricians and Gynecologists of Canada recommend that low-risk birthing people eat or drink as desired during labor.[15] While the American College of Gynecologists (ACOG) advises against eating during labor, it also notes that "these restrictions have recently been questioned. ... This [newer research] may inform ongoing review of recommendations regarding oral intake during labor."[16]

Acknowledgment and Respect of Birth Plan, Preferences and Goals

Doulas often work with their clients to create a birth plan and a list of preferences and goals. Policies may encourage or require members of the birthing team to review this plan before birth. Discussing patients' birth goals with them from the beginning of their birth experience is part of consensual care and demonstrates an awareness of and respect for the patient's wishes. It can also lead to greater collaboration and cooperation between doulas and staff, allowing clearer communications. This foundation of mutual respect also creates a state of patient empowerment. If deviations from the birth plan are required, this policy helps respect the agency of the patient in decision-making.

Placenta Release

A patient may want to keep the placenta for a cultural ritual, encapsulation or other purpose. A formal policy on whether a birthing person can take the placenta home after being discharged can help eliminate confusion and discrepancies in expectations among birthing people, doulas and hospital staff. In turn, doulas can better support their clients' birth preferences.

Delayed Cord Clamping

Many people include delayed cord clamping as one of their birthing goals. The umbilical cord is rich in red blood cells that can keep a baby's iron levels high in the first few weeks after birth. Consistent with other professional organizations, ACOG recommends delaying umbilical cord clamping in vigorous term and preterm infants for at least 30 to 60 seconds after birth.[17] To help doulas support their clients, a written policy on whether the hospital supports this practice should be available for reference. The policy should specifically describe the length of time that constitutes a delay and the procedure by which this is done for vaginal and cesarean births.

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§ Some parents who feed their babies from their chest prefer this term, including some transgender and nonbinary parents. Always respect the language a patient prefers in describing their own body.

** **https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding**

Immediate Skin-to-Skin Contact After Birth

In order to support new parents who aim to breastfeed or chestfeed,[§] hospitals should develop policies that detail how providers can facilitate skin-to-skin contact for birthing patients. Uninterrupted skin-to-skin contact between a newborn and the birth parents or caregivers, including after a cesarean, is one of the **10 Steps to Successful Breastfeeding** outlined in the WHO's Baby-Friendly Hospital Initiative.** The hospital's policy should detail circumstances under which immediate skin-to-skin contact is safe and when it could interfere with a medically urgent procedure.

For additional model policies, see pages 152 to 177 of the California Maternal Quality Care Collaborative's Toolkit To Support Vaginal Birth and Reduce Primary Cesareans at **bit.ly/cmqcc-birth-toolkit**.

A Tale of Two Hospitals

After many hours of labor, Noelle begins to feel constant rectal pressure and alerts her doula, Diana.

Tale 1

Seconds later, Dr. Ruiz enters her room and asks, "Are you ready to meet your baby, Noelle? Can I check your cervix?" Noelle consents, and Dr. Ruiz soon announces, "Baby is crowning! Have you been feeling the urge to push?" Noelle says, "Yes, with each contraction."

Tale 2

Seconds later, Dr. Lake enters her room, puts on gloves, takes a seat at the edge of her bed and says, "I'm going to check you now. I need you to open and relax your legs." He then performs a cervical check, as Noelle winces in pain. "It's time to push," Dr. Lake says flatly.

Realizing her baby will be born soon, she reminds Diana that she wants immediate and uninterrupted skin-to-skin contact, and she wants to hold her baby while any routine assessments are done. In between contractions, Diana calmly reminds the medical team of Noelle's wishes.

Dr. Ruiz assures Noelle that her desires will be met. Several minutes later, Noelle's precious son is born, and she is overcome with profound joy. Dr. Ruiz places him on Noelle's chest right away. The first hour of his life is spent entirely in her arms, and he latches with ease, marking a smooth start to breastfeeding. The nurse performs all routine newborn assessments while he is in his mother's arms.

"We can't promise that," says Dr. Lake. "The nurse needs to do a thorough exam to make sure everything is all right with your baby." Once Noelle's son is born, he is placed on her chest, and she is overcome with profound joy. However, moments later, as her son is attempting to latch on to her breast for his first feed, a nurse tells Noelle that she has to take the baby over to the warmer to get him cleaned up and make sure there are no issues. Diana says, "She asked that all assessments be performed while the baby is in her arms. She also said she prefers to delay wiping her baby down." The nurse is visibly annoyed and says she will not be able to assess the baby while Noelle is holding him. Feeling defeated and not wanting to cause a stir, Noelle gives her baby to the nurse.

Best Practices for Implementing Doula-Friendliness

Build Relationships With Community-Based Doula Programs

Successful implementation of doula-friendly policies is often shaped by relationships with doulas and doula programs. Meet regularly (preferably monthly) with these programs to:

- Strengthen relationships between hospital staff and doulas
- Collaboratively develop policies and practices
- Solicit feedback on barriers and facilitators to doula access
- Develop a formal referral process, as well as a protocol for reporting any issues that may arise
- Collaboratively develop an action plan for integrating doulas into your setting
- Identify a hospital doula-friendliness champion

"It was really about maintaining relationships. I think that was the essence of it. Yes, [it's] important to implement doula-friendliness. But if a relationship isn't established, a relationship [in that there can be] consistent communication, then really, the technical assistance and implementing doula-friendliness wouldn't work."

– Doula

Increase Staff Awareness of Doula Support

Staff should familiarize themselves with what doulas do, the evidence-based benefits of doula-friendliness and what doula support looks like in a hospital setting. Education about doula support should be ongoing. This ensures staff awareness and engagement and also accounts for staff turnover.

Here are some examples of strategies that increase staff awareness of doula support:

- Host social and educational events to bring together labor and delivery staff, prenatal staff, and doulas.
- Display educational materials about doula support (posters, brochures) in prenatal clinics and on labor and delivery floors.
- Outline the doula's responsibilities and the staff's responsibilities to support doulas in a formal doula policy that is distributed to all staff.

Increase Patient Awareness of Doula Support

An important component of becoming a doula-friendly hospital involves increasing awareness of doula support among the hospital's patient population.

Examples of how to do this:

- Incorporate information about doula support into childbirth education, prenatal and parenting classes.
- Share information about the benefits of doula support and relevant doula programs with patients during prenatal visits.
  - Develop relationships with these programs in order to make referrals directly to them.
- Distribute educational materials about doula support to patients.
  - NYC hospitals may order NYC Health Department materials by calling **311** or find more information by visiting **nyc.gov/health/doula**.
- Support doula presentations for patients. Doulas may give presentations in prenatal clinics; waiting rooms; women, infants and children (WIC) offices; group prenatal care; childbirth classes; and other settings.

Establish a Reporting Protocol for Doula-Related Issues

Hospitals should work with doula programs to establish a protocol for two-way reporting of any issues that may arise while a doula supports a client. Both hospitals and doula programs should make the process of elevating issues clear and consistent, including by providing the hierarchy and staff titles in their organization. This protocol should allow reporting to hospital staff and doula organization staff. The hospital and the doula program should both commit to investigate and address all reports.

Suggested point persons for reporting protocol:

- Hospital: Nurse manager, administrative nurse manager or charge nurse
- Doula program: Administrator or coordinator

"We found that developing explicit guidelines and policies regarding doulas offered the benefit of educating staff about the importance and critical contributions doulas can make to our common patients' birth experience."

– Health care provider

Maternity Hospital Quality Improvement Network: An Overview

Many practices in this guidebook were developed through the NYC Health Department's MHQIN. In early 2019, the NYC Health Department received support to partner with 14 maternity hospitals to reduce maternal mortality and severe maternal morbidity. Collectively, these hospitals host approximately one-third of all NYC births, including nearly half of all births to Black and Latino New Yorkers and 40% of births paid for by Medicaid. MHQIN is guided by three main strategies:

Figure 4: Maternity Hospital Quality Improvement Network

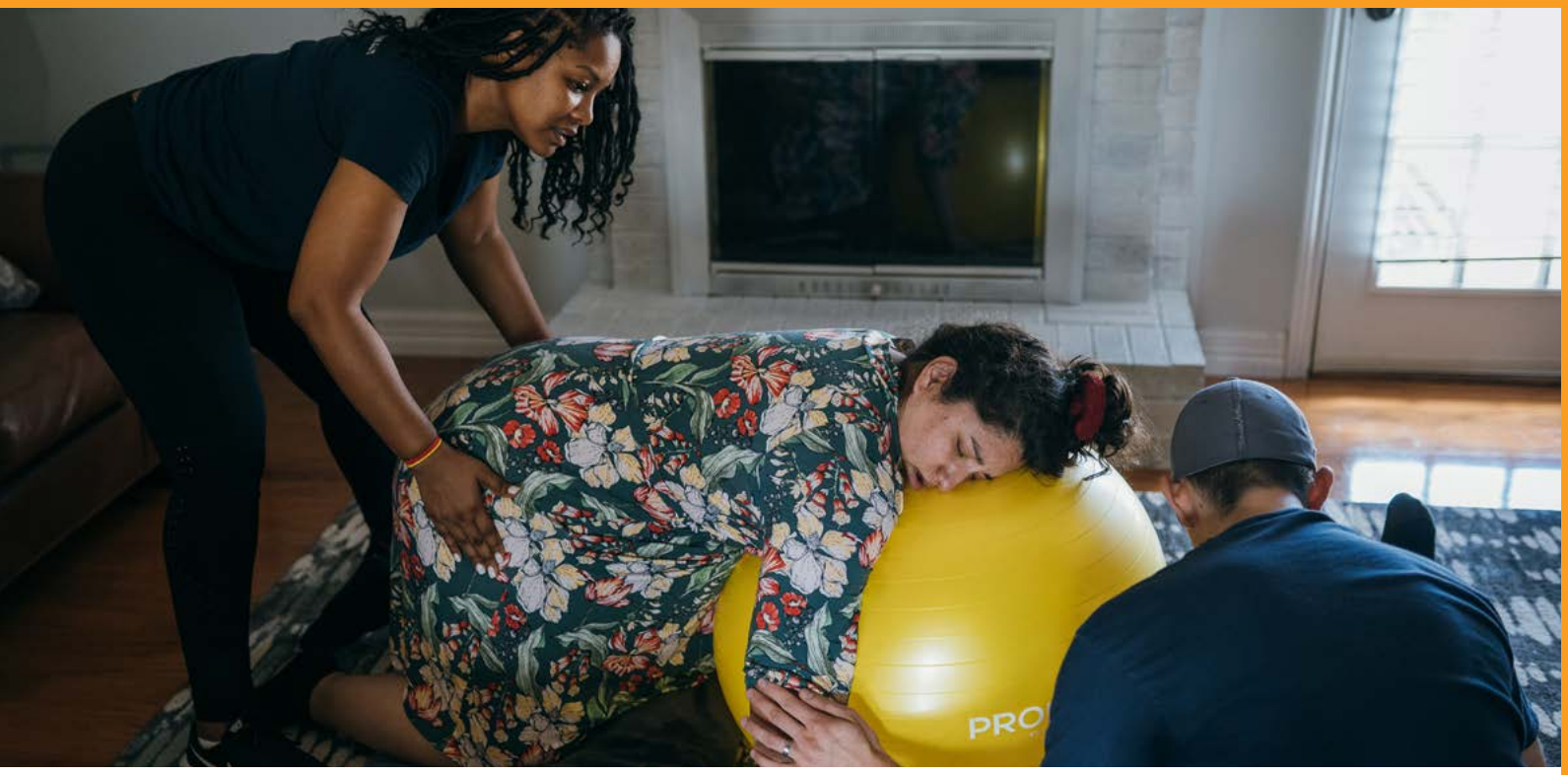
Source: Maternity Hospital Quality Improvement Network

Improving hospital doula-friendliness is part of MHQIN's strategy to support anti-racist hospital systems. The doula-friendly hospital model is built on the work of community-based doula programs, the New York Coalition for Doula Access (NYCDA) and doula advocates.

Initially, MHQIN partnered with four community-based doula programs – the By My Side Birth Support Program, the Caribbean Women's Health Association, Brooklyn Perinatal Network and Ancient Song – to foster positive working relationships between doulas and three maternity-care hospitals in NYC: Kings County and Metropolitan hospitals (both operated by NYC Health + Hospitals) and Montefiore Medical Center. MHQIN later added four additional hospitals to this cohort: Lincoln, Jacobi and Elmhurst (all operated by NYC Health + Hospitals) and Jamaica Hospital Center.

MHQIN staff developed tools to assess and score doula-friendliness in collaboration with By My Side staff and with reference to NYCDA's Principles of Doula Support in the Hospital.[18] Hospitals participated in a comprehensive process that included these steps:

- Assess hospital capacity at the beginning and end of the process to understand how the hospital works with doulas and to measure progress.
- Facilitate action planning to develop and implement achievable steps toward a more robust level of doula-friendliness, informed by the baseline assessment.
- In settings such as grand rounds, present information to hospital staff on the evidence base for doula support and integrating doulas into the care team, as well as on how to refer patients to community-based doulas.
- Host doula meet and greet events to build relationships between hospital staff and doulas.
- Develop and implement formal doula-friendly policies and practices.
- Establish formal referral pathways to community-based doula programs.



Lessons Learned From MHQIN

MHQIN intended to develop, implement, test and assess practices for improving doula-friendliness as a component of a racial-equity-focused strategy to improve birth outcomes. The protocols and practices described in this guidebook have been adapted from its experience.

Specific challenges that the MHQIN team identified and overcame while implementing the first version of these practices can be illustrative. They can serve as case studies of potential problems in the process of advocating for doula-friendliness and offer potential solutions for similar challenges that may occur during implementation.

"I did not feel supported by the hospital staff, because when my client went in for an induction, they did not let her get out of bed despite not being on any medication or epidural at first. I spoke with a resident, and we were on the same page about helping my client get ambulated, but when I did begin to guide her in moving around, all the staff from the labor and delivery floor came into her room, basically pushed me away and told me I shouldn't be doing anything to my client."

– Doula

Shifting Organizational Culture

Challenge: Existing hospital policies may prevent doulas from providing their full scope of services while supporting clients through labor. Fully changing the practices of staff who have been entrenched in the previous culture and policy could take years.

Solutions:

- Enlist the support and guidance of a qualified research and evaluation team to administer a labor culture survey to all staff or support hospital leadership in providing the doula-friendliness assessment to all their staff. Information

from the survey can be used to assess a hospital's readiness to incorporate doula-friendly practices such as reducing interventions and promoting vaginal birth. This exercise can also be educational and generate dialogue regarding a hospital's labor culture.

- Prioritize continued communication to staff on doula-friendly policies and practices. Some staff may have misconceptions about doula care or need education on how doulas can improve their patients' outcomes.
- Doula-friendly policies should be developed in conjunction with training on implicit bias as part of the hospital's overall commitment to promoting a culture of reproductive justice and patient-centered care. The reporting protocol will be a tool to address any issues with doulas as needed.

Creating Opportunities for Constructive Dialogue Between Staff and Doulas

Challenge: Staff and doulas may not have regular face-to-face dialogue outside the birth setting. This limits opportunities to address and reconcile differences in approach.

Solutions:

- Create opportunities for constructive exchanges of thought and relationship building between doulas and staff.
- Facilitate dialogue during trainings and technical assistance meetings so that hospital providers can openly share any concerns or hesitations they might have and these can be addressed.
- After each doula-attended birth, hospital staff and doulas can complete a feedback survey using a QR code that assesses how to improve collaboration.

"I like the fact that when my doctors were explaining things to me, they would also explain them to my doula Jessica, ensuring that I understood. This made me very comfortable."

– Doula client

- Coordinate regular or standing meetings between providers and doulas, and make space to address issues and highlight positive feedback. Allowing doulas to attend team huddles or grand rounds are good ways for them to share with staff what their support could look like. Doulas can also provide progress updates on their organization's partnership with the hospital. Established relationships allow for conflict resolution and collaborative delivery of trainings and patient education.

Implementing Change Despite a Lack of Resources

Challenge: Lack of resources, funding and appropriate infrastructure to participate in this process and provide doulas with the tools they need is a challenge for most hospitals. Some hospitals are understaffed or unable to purchase wireless monitors – which can support a client or patient who wants to ambulate during labor – or other equipment like birthing bars or birthing balls. In addition, older buildings may present a barrier to installing wireless monitors.

Solutions:

- While funding may be limited, hospitals can consider low- or no-cost options to increase doula-friendliness. Examples include policies that support a physiologic birth, such as allowing patients to dim the lights in their room, eat and drink during labor, try varied labor positions, play music or use aromatherapy.

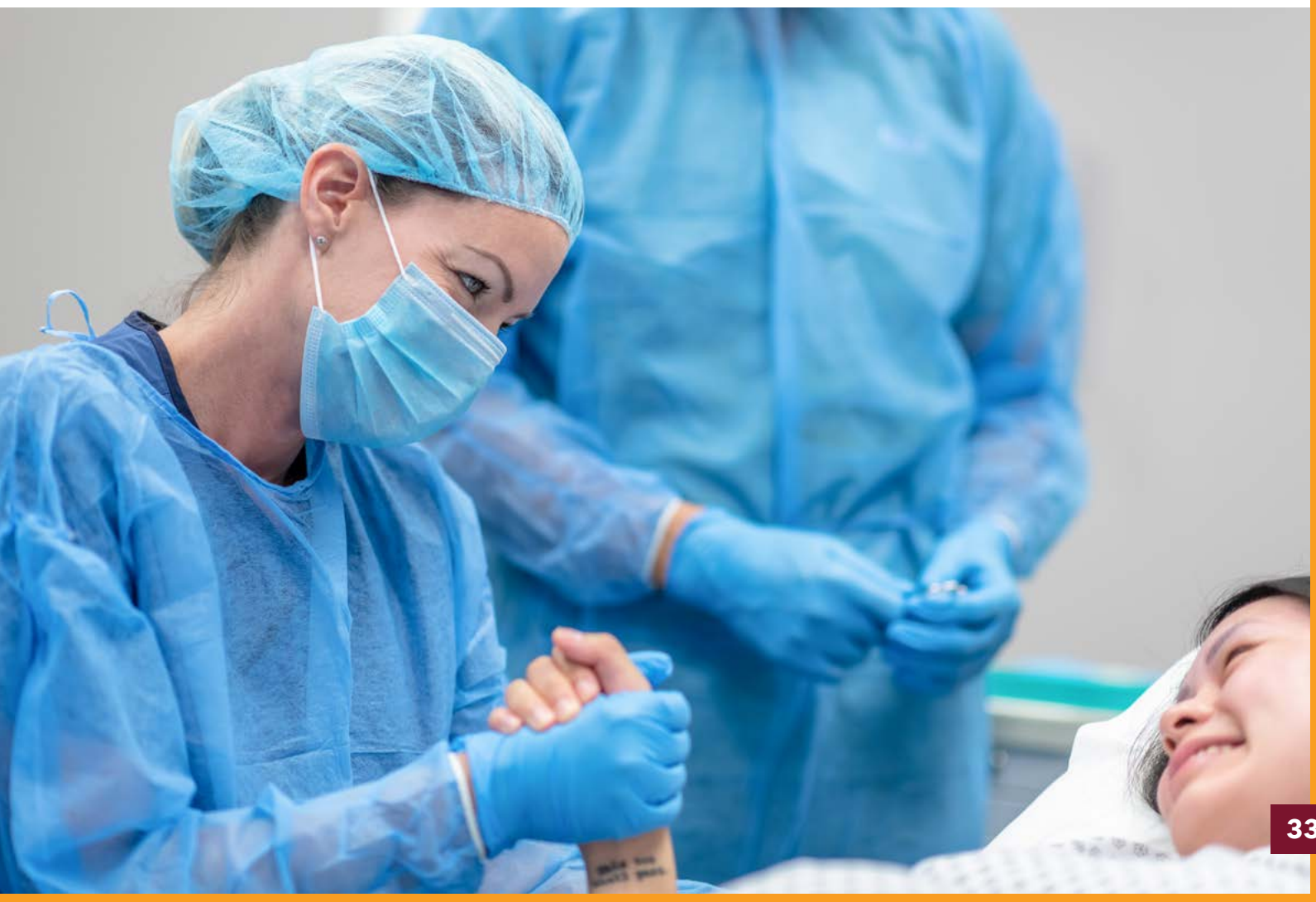
- Hospitals that have successfully obtained philanthropic or grant funding (for a list of funding opportunities, visit **aamchealthjustice.org/career-development/funding**) may be able to:
  - Hire a part-time midwife or quality improvement specialist to act as a liaison for the doula-friendly hospital work and support integration of doulas into the care team
  - Compensate a local community-based doula organization to provide doula support to the labor and delivery floor in shifts
  - Train new doulas and provide education sessions for providers
- Hospitals can also consider soliciting donations of some items, such as birthing bars, birthing balls and peanut balls.
- Hospitals can support doulas in other ways, such as by not counting them in the patient's allotted number of visitors and advocating for reimbursement of doula services by health care payers.

Implementation With Varied Levels of Leadership Commitment

Challenge: Attitudes, habits and capacity of hospital leadership can all affect how policies are implemented. Motivated leaders can help push forward a formal doula-friendly policy swiftly. However, if leaders do not prioritize doula integration, they may be slow to complete the necessary steps.

Solutions:

- It is essential to have a doula-friendly hospital champion who can take the lead



on moving this work forward. This role can be filled by anyone on the labor and delivery team, such as a resident, nurse or midwife. Support from nursing leaders is particularly important due to the influence they have on provider-doula interaction.

  - If it is difficult to obtain buy-in from leadership in one area of care or administration, hospitals can seek it from another, such as prenatal care leadership, hospital administration or patient safety staff. Having the hospital CEO or another highly placed staff member on board can help bring the work to the forefront of the hospital's priorities.

- Community-based doulas and program staff who have experience providing support at the hospital can also be a valuable resource, since they often know which staff are more amenable to doula support.

Working With Limited Doula Capacity

Challenge: While community-based doula programs have knowledge of and experience with the populations they serve, they may not have enough doulas to meet the needs of the population served by certain hospitals. As awareness of and demand for doula support increases, the need for doulas may be higher than the number of doulas available to provide services in some neighborhoods.

Solutions:

- All participants can build capacity by reengaging previously trained doulas and training new local doulas.
- To ensure enough doulas for their patients, hospitals can fund additional trainings by community-based doula programs and, when possible, pay doulas to provide services at their facilities.
- Hospitals can also advocate for doula reimbursement from insurers, including Medicaid. As an example, with federal approval, New York State Medicaid began providing coverage of doula services provided in accordance with 42 CFR section 440.130(c) effective March 1, 2024.

Improving Hospital Policies That Restrict Doula Presence

Challenge: Doulas continue to face restrictions on when and where they can be present during a client's labor and delivery. These barriers increased during the COVID-19 pandemic due to restrictive visitor policies.

Beginning in 2020, New York State Executive Order 202.25 and subsequent advisories declared that patients giving birth should be allowed to be accompanied by both a support person and a doula for the duration of their stay. However, some doulas were still unable to support their clients due to hospital interpretations of the policy or hospital policies that required doulas to provide proof of certification and training.

As policies frequently changed, staff were not always aware of the most current visitor or doula policies. In addition, some hospitals only have space for one support person in the operating room.

Solutions:

- The NYC Health Department issued a letter to providers (see Appendix 4, Page 51) with recommendations on how to ensure all staff were aware of the New York State Department of Health and state executive policies, and emphasizing the importance of decreasing barriers to

doula support during COVID-19, which may serve as a model for communicating recommendations to hospitals.

Developing Asynchronous Trainings

Challenge: With staff turnover and limited time to participate in this process, staff may become less familiar with or educated on doula support over the years. This can lead to a decrease in doula-friendliness over time.

Solutions:

- Develop educational videos for providers about the scope and evidence-based benefits of doula care.
- Develop additional videos that focus on integrating doulas into the care team, including examples of comfort measures.
- Require completion of the video module for all new staff.

Building Bidirectional Referral Pathways

Challenge: Referral pathways can be time-intensive, not conducive to patient access or not responsive to provider realities. Referral mechanisms need to be simple, streamlined and easy to implement.

Solutions:

- Develop referral pathways that include a single platform, minimal data entry and a closed-loop system that notifies the referring provider at pathway milestones.
- Ensure uniform patient education on doula support.
- Establish the referral pathway early in the process to have time to troubleshoot any issues.

Additional Recommendations

- After implementation of this process, a labor culture survey can ensure that hospitals are able to measure changes in staff attitudes and beliefs toward doula support.
- Increased access to doula support can improve patient satisfaction. Doula support can be added to existing patient satisfaction surveys, or specific surveys can be created for patients who receive doula support.
- Key informant interviews with participants in this process can also help measure progress and guide best practices.
- Complementary to the process outlined in this guidebook, hospitals associated with a university should implement mandatory education on doula support for both medical students and residents, in collaboration with community-based doulas.
- As of May 2024, NYCDA is supporting the development of a formal designation system for doula-friendly hospitals, which will be a resource to sustain this work.
- Another strategy that was not employed by MHQIN due to limited staff capacity: methods to track referrals from each partnering doula program to each participating hospital.

"There is literacy for everything – understanding doula care is hard, it is always evolving; even if you are a physician for a long time, it's hard to keep up. It's always important to provide education."

– MHQIN grand rounds participant

Conclusion

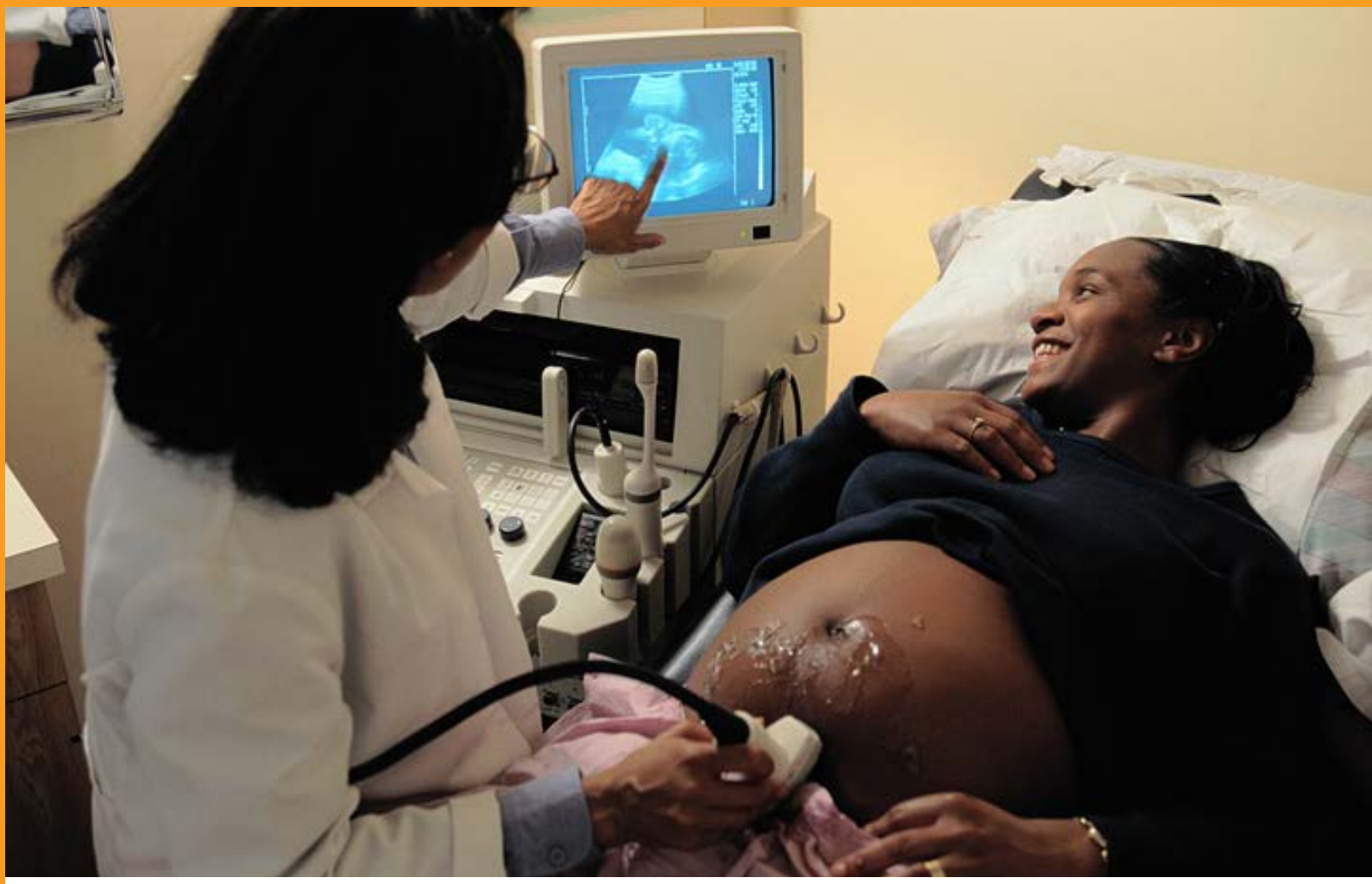
We hope this guidebook has given you clear procedures, guidance and advice on how to make your hospital more doula-friendly. These changes can create an empowering environment that honors patient autonomy, fosters collaboration and most importantly improves health outcomes. While shifts to hospital policy and culture take time and effort, health care institutions can accomplish those changes step-by-step using the following framework, as described in this guidebook (see the Doula-Friendliness Assessment instructions and rubric starting on Page 11).

Framework for Action on Doula-Friendliness

- **Assess the hospital's baseline level of doula-friendliness.**
  - Consider the key capacity areas included in the Doula-Friendliness Assessment Rubric.
- **Use the baseline assessment to develop achievable steps to improve doula-friendliness.**
  - Identify opportunities for improvement in each key capacity area.
  - Create a plan that can guide the doula-friendliness initiative and support timely progress.
- **Provide trainings and presentations to educate hospital staff.**
  - Find and create events for community doula organizations to share knowledge, such as grand rounds presentations.
- **Build relationships between hospital staff and doulas.**
  - Create opportunities for hospital staff and doulas to meet each other, ask questions, and become familiar with each other and others they may see at the hospital.
- **Develop and implement doula-friendly policies and practices.**
  - Codify policies that outline a doula's role and allow doulas to provide their full scope of care.
  - Ensure that these policies are known to all staff and implemented sustainably.
- **Establish a formal referral pathway between hospitals and community doula organizations.**
  - Ensure that this includes a two-way reporting protocol to address incidents as they arise.

Assessing and increasing doula-friendliness is a collaborative project between hospital staff and individual doulas or doula programs. The policies, attitudes and culture of a hospital surrounding doula support should first be assessed. An action plan should be created and directed toward key areas identified during the assessment. Hospital policies may need to be adjusted to create a more doula-friendly environment. Consistent and specific protocols will help clarify communication and encourage mutual respect among doulas, patients and providers. Information and perspectives should be freely shared, as a collaborative project will result in an empowering environment that can greatly benefit patients and their health care and hospital experiences.

Institutional change is never easy or without costs. The potential benefits of doula-friendliness, especially in ameliorating racial health inequities, vastly outweigh these costs. Doula support during labor and delivery leads to many improved outcomes for pregnant people and people who are giving birth. Increased use of doulas is therefore part of a strategy to reduce perinatal morbidity and mortality and to help decrease racial health inequities.



Appendices: Resources

The following appendices list resources that may be of use throughout the process of increasing doula-friendliness.

The first appendix is an extensive review of outcomes taken from empirical literature studying doula support. It can be deployed as part of educational events, informal conversations or written statements.

The second appendix is a directory of doula organizations in the NYC metropolitan area and throughout New York State, listing the areas they serve and contact information. Hospitals that wish to benefit from doula-friendly policies can use this appendix to find partner organizations.

The third appendix is an example of an extensive doula-friendly policy that follows the best practices outlined in this guidebook. It can be used as a reference when developing policies for your hospital.

The fourth and final appendix is a letter from the NYC Health Department describing the need for doula-friendliness. It is included as an example of the kind of clear communication that generates environments ready to benefit from increased doula support.

For additional supplemental materials, including the Principles of Doula Support in the Hospital and a fetal monitoring policy and procedure manual adapted from NYC Health + Hospitals, visit **nyc.gov/health/doula**.

Appendix 1: Literature Review on Doula Support

Fewer Cesarean Deliveries

- A meta-analysis of 24 trials showed that women with continuous, one-to-one support were 25% less likely to have a cesarean delivery than those without support (RR 0.75, 95% CI 0.64 to 0.88).[19]
- A randomized study of 412 nulliparous, laboring women found that 8% of those supported by a doula delivered by cesarean, compared with 13% of those observed and 18% of those who received routine care ($p = 0.06$).[20]
- A randomized controlled trial of 420 nulliparous women laboring with the support of their male partner found that 13.4% of those who also had a doula delivered by cesarean, compared with 25.0% of those without a doula ($p = 0.002$). Among those whose labor was induced, 12.5% who also had a doula delivered by cesarean, compared with 58.8% of those without a doula ($p = 0.007$).[21]
- A randomized controlled trial of 531 primigravid women found that 3.1% of those with doula support had a cesarean delivery, compared with 16.8% of those in an epidural group, 11.6% of those in a narcotic pain relief group and 26.1% of those in a chart review group, who received routine hospital care ($p < 0.001$).[22]
- A randomized study in Mexico of 100 nulliparous women in active labor who had received no childbirth preparation found that of those assigned to a childbirth educator trained as a doula, 2% delivered by cesarean, compared with 24% of those receiving standard care ($p = 0.003$).[23]
- An analysis of 1,079 Medicaid recipients in a Minnesota doula program that included pre- and postpartum home visits found that these recipients had 41% lower odds of cesarean delivery as compared against all Medicaid-funded births nationally (AOR 0.59, $p < 0.001$).[24]
- A randomized controlled trial of 555 nulliparous women found that among those who required labor induction, 20% of women who had the support of a doula delivered by cesarean, compared with 63.6% of those without ($p = 0.04$).[25]
- A randomized controlled trial of 127 primigravid women found that women with the continuous support of a doula were less likely to deliver by cesarean, at 19%, compared with 27% of the control group ($p < 0.001$).[26]
- A randomized controlled trial of 150 women in Iran found that 6% of those with doula support delivered by cesarean, compared with 8% of those in an acupressure group and 40% of those who received routine hospital care ($p < 0.001$).[27]
- A retrospective cohort study of 1,238 women in a community birth program in Canada, which included doula support before and during labor, found that program participants were 24% less likely to deliver by cesarean than those who received routine care (RR 0.76, 95% CI 0.68 to 0.84).[28]
- A retrospective analysis of 2,400 women who gave birth in the U.S. between 2011 and 2012 found that those with doula support had a 59% reduction in odds of cesarean delivery overall (AOR 0.41, 95% CI 0.18 to 0.96) and an 83% reduction in odds of nonindicated cesarean delivery (AOR 0.17, 95% CI 0.07 to 0.36), compared with women without doula support.[29]
- A randomized controlled trial of 220 participants (125 in experimental group with doula services and 95 in no-doula comparison group) in Northern Taiwan

found decreased rates of cesarean delivery (13.0% compared with 43.2%) and increased rates of normal spontaneous delivery (87.0% compared with 56.8%) in the doula group relative to the control group.[30]

- A retrospective cohort study of 298 pairs of women matched on age, race and ethnicity, state, socioeconomic status, and hospital type (teaching or nonteaching) using Medicaid medical claims from California, Florida and a Northeastern U.S. state from January 1, 2014, and December 31, 2020, found that women who received doula care had 52.9% lower odds of cesarean delivery (OR 0.471, 95% CI 0.29 to 0.79).[31]
- A retrospective cohort study of 8,989 individuals who enrolled in a comprehensive digital health platform found that the completion of at least two virtual appointments with a doula was associated with a 20% reduction in odds of cesarean delivery among all users (AOR 0.80, 95% CI 0.65 to 0.99) and a 65% reduction among Black users (AOR 0.32, 95% CI 0.17 to 0.72), compared with individuals who did not meet with a doula.[32]

Fewer Preterm Births or Low-Birth-Weight Infants in Programs That Include Prenatal Home Visits

- A data analysis of 1,079 Medicaid recipients in a Minnesota doula program found a preterm birth rate of 6.1%, compared with a national rate for Medicaid-funded births of 7.3% ($p < 0.001$).[33]
- A retrospective analysis of 1,935 Medicaid recipients in a Minnesota community-based doula program found that these recipients had 22% lower odds of preterm birth compared with all Medicaid-funded births in the West North Central and East North Central U.S. (AOR 0.77, 95% CI 0.61 to 0.96).[34]
- A retrospective analysis of 489 women in an NYC doula program found a preterm birth rate of 6.5%, compared with an 11.1% overall preterm birth rate in the project area ($p = 0.001$).[35]
- A matched cohort study of 603 women in an NYC doula program compared participants with three controls each and found that participants had lower odds of having a preterm birth (5.6% compared with 11.9%, $p < 0.0001$) or a low-birth-weight baby (5.8% compared with 9.7%, $p = 0.0031$).[36]

Greater Likelihood, Earlier Initiation and Increased Duration of Breastfeeding

- A retrospective cohort study of 1,238 women in a community birth program in Canada, which included doula support before and during labor, found that program participants were two times more likely to be breastfeeding exclusively at discharge compared with those who received routine care (RR 2.10, 95% CI 1.85 to 2.39).[37]
- A randomized controlled trial of 189 nulliparous women found that those who received doula support were more likely to be breastfeeding exclusively at six weeks postpartum (51% compared with 29%, $p = 0.01$).[38]
- A randomized controlled trial of 724 nulliparous women in Mexico found that women with doula support were 64% more likely to be breastfeeding exclusively than women without support (RR 1.64, 95% CI 1.01 to 2.64).[39]
- A prospective cohort study of 141 low-income primiparous women found that 58.3% of those with doula support (including birth and postpartum support) initiated breastfeeding within 72 hours, compared with 45.2% of those without (AOR 2.69, 95% CI 1.07 to 6.78). At six weeks postpartum, 67.6% of those in the

doula group were still breastfeeding, compared with 53.8% of those in the control group. Among women with a prenatal stressor such as high blood pressure or clinical depression, 88.9% of the doula group were still breastfeeding at six weeks, compared with 40.0% of the control group (AOR 23.76, 95% CI 3.49 to 161.73).[40]

- A retrospective evaluation of 11,471 urban women of diverse cultures found that 46% of those with doula support (by way of a hospital-based doula program) initiated breastfeeding within one hour of delivery, compared with 23% of those without doula support (ARR 1.12, 95% CI 1.08 to 1.16). Over the seven years studied, as the program became established at the hospital, rates rose from 11% to 40% for women with a doula and from 5% to 19% for those without a doula.[41]
- A retrospective analysis of 1,069 Medicaid recipients in a Minnesota doula program that included pre- and postpartum home visits found that 97.9% initiated breastfeeding, compared with 80.8% of Medicaid recipients overall in that state.[42]
- A randomized controlled trial of 586 nulliparous women found that 51% of those with doula support initiated breastfeeding within the first hour after delivery, compared with 35% of those without support ($p < 0.05$).[43]

- A retrospective analysis of 120 doula-supported births in Jefferson County, Alabama, found that doulas were associated with a tenfold increase in breastfeeding initiation (OR 10.5, 95% CI 5.4 to 23.2).[44]

Reduced Rates of Postpartum Depression

- A randomized controlled trial of 189 women found that six weeks after delivery, those with continuous support had a mean score on the Pitt depression inventory that was less than half that of women without support (10.4 compared with 23.27, $p = 0.0001$).[45]
- A randomized controlled trial of 63 nulliparous women found that at three months postpartum, those with doula support had significantly less depression on the Pitt depression inventory than those in the control group (13.63 compared with 18.29).[46]
- A retrospective cohort study of 298 pairs of women matched on age, race and ethnicity, state, socioeconomic status, and hospital type (teaching or nonteaching) using Medicaid medical claims from California, Florida and a Northeastern U.S. state from January 1, 2014, and December 31, 2020, found that women who received doula care had 57.5% lower odds of postpartum depression or anxiety (OR 0.425, 95% CI 0.22 to 0.82).[47]

Better Mother-Baby Bonding and Improved Infant Care

- A randomized controlled trial of 40 primigravid, intervention-free, vaginal births found that women with the continuous support of an untrained woman stroked ($p < 0.001$), talked to ($p < 0.002$) and smiled at ($p < 0.009$) their babies more than those who gave birth alone.[48]
- A randomized controlled trial of 104 primigravid mothers with uncomplicated deliveries found that those with doula support scored significantly higher in mother-infant interaction two months postpartum than those without support ($p < 0.05$).[49]
- A comparison study of 33 first-time mothers found that those who had doula support during childbirth became less rejecting ($t = 3.52$, $p < 0.001$) and helpless ($t = 2.12$, $p < 0.042$) in their working models of caregiving after birth compared with mothers who used Lamaze birth preparation. Those in the doula group also rated their infants as less fussy than did those in the Lamaze group ($t = 2.35$, $p < 0.025$).[50]
- A randomized controlled trial of 248 women who received doula support through a community doula program found that program participants showed more encouragement and guidance of their infants at four months than those who received routine care ($p < 0.01$). Women with doula support were also more likely to promptly respond to their infants' distress ($p < 0.05$).[51]
- A randomized controlled trial of 312 women found that those who received home visits from a doula had nearly 10 times greater odds of attending childbirth classes ($p < 0.01$), 1.6 times greater odds of putting infants on their backs to sleep ($p < 0.05$) and three times greater odds of using car seats at three weeks ($p < 0.05$), compared with those who did not receive visits.[52]

Reduced Need for Anesthesia or Analgesia

- A meta-analysis of 15 trials showed that women with continuous, one-to-one support were 10% less likely to have intrapartum analgesia (RR 0.90, 95% CI 0.84 to 0.96).[53]

- A randomized study of 412 nulliparous women who were laboring found that 7.8% of those supported by a doula required anesthesia, compared with 22.6% of those observed and 55.3% of those who received routine care ($p < 0.001$).[54]
- A randomized controlled trial of 420 nulliparous women who were laboring with the support of their male partner found that 64.7% of those who also had a doula required epidural analgesia, compared with 76.0% of those without a doula ($p = 0.008$).[55]
- A randomized controlled trial of 531 primigravid women found that 6.3% of those with doula support required an epidural, compared with 87.7% of those in an epidural group, 26.8% of those in a narcotic pain relief group and 64.0% of those in a chart review group, who received routine hospital care ($p < 0.001$).[56]
- A prospective cohort study of 141 low-income primiparous women found that 67.7% of those with doula support were below the median exposure to labor analgesia of 5.7 hours, compared with 42.3% of those without support (AOR 2.96, 95% CI 1.16 to 7.53).[57]
- A randomized study of 314 nulliparous women in three hospitals found that 54.4% of those with doula support had an epidural, compared with 66.1% of those without support ($p < 0.05$).[58]

Shorter Labors

- A meta-analysis of 13 trials showed that women with continuous, one-to-one support had shorter labors by an average of 41 minutes than those without support (MD -0.69 hours, 95% CI -1.04 to -0.34).[59]
- A randomized study of 412 nulliparous women who were laboring found that those supported by a doula had an average labor length of 7.4 hours, compared with 8.4 hours among those observed and 9.4 hours among of those who received routine care ($p = 0.001$).[60]
- A randomized controlled trial of 40 primigravid, intervention-free, vaginal births found that women with the continuous support of an untrained woman had an average labor length of 8.7 hours, compared with 19.3 hours among those who received routine care ($p < 0.001$).[61]
- A prospective cohort study of 141 low-income primiparous women found that 66.7% of those with doula support had a second-stage labor (pushing) of less than an hour, compared with 46.7% of those without support (AOR 3.07, 95% CI 1.19 to 7.0).[62]
- A randomized controlled trial of 598 nulliparous women found that those supported by a friend trained as a doula had a mean labor length of 10.4 hours, compared with 11.7 hours among those without doula support.[63]
- A randomized controlled trial in Iran of 150 women found that those with doula support had shorter labors by an average of 124 minutes during the first stage of labor and an average 69.5 minutes during the second stage of labor, compared with those who received routine care ($p < 0.001$).[64]

Fewer Vacuum or Forceps Births (More Spontaneous Vaginal Births)

- A meta-analysis of 19 trials showed that women with continuous, one-to-one support were 10% less likely to have an instrumental vaginal birth compared with those without support (RR 0.90, 95% CI 0.85 to 0.96).[65]
- A randomized study of 412 nulliparous, laboring women found that those with doula support were 23% more likely to have a spontaneous vaginal birth

compared with those who received routine care (RR 1.23, 95% CI 1.10 to 1.38).[66]

- A randomized controlled trial of 531 primigravid women found that 12.2% of those with doula support had an instrumental birth, compared with 24.8% of those in an epidural group, 17.2% of those in a narcotic pain relief group and 29.3% of those in a chart review group, who received routine hospital care ($p < 0.001$).[67]
- A prospective cohort study of 141 low-income primiparous women found that among women who delivered vaginally, those with doula support had an almost fivefold increase in odds of having a spontaneous vaginal delivery compared with those without support (AOR 4.68, 95% CI 1.14 to 19.28).[68]

Less Need for Pitocin

- A randomized controlled trial of 531 primigravid women found that 25.2% of those with doula support required Pitocin, compared with 45.8% of those in an epidural group, 42.8% of those in a narcotic pain relief group and 65.8% of those in a chart review group, who received routine hospital care ($p < 0.001$).[69]
- A randomized study in Mexico of 100 nulliparous women in active labor who had received no childbirth preparation found that of those assigned to a childbirth educator trained as a doula, 42% received Pitocin, compared with 96% of those receiving standard care ($p < 0.001$).[70]

Higher Apgar Scores

- A meta-analysis of 14 trials showed that women with continuous, one-to-one support were 38% less likely to have a baby with a low five-minute Apgar score than those without support (RR 0.62, 95% CI 0.46 to 0.85).[71]
- A prospective cohort study of 141 low-income primiparous women found that 56.8% of those with doula support had a baby with a one-minute Apgar score of 9 or greater, compared with 35.0% of those without support.[72]
- A randomized controlled trial of 586 nulliparous women found that 99.7% of those with doula support had a five-minute Apgar score higher than 6, compared with 97% of those without support ($p < 0.006$).[73]
- A randomized controlled trial in Iran of 150 women found that 86% and 98% of those with doula support had a baby with a one-minute and five-minute APGAR score of 8 or higher, compared with 40% and 78% of those who received routine care ($p < 0.001$).[74]

More Positive Feelings About the Birth

- A meta-analysis of 11 trials showed that women with continuous, one-to-one support were 31% less likely to report negative feeling about their birth experience (RR 0.69, 95% CI 0.59 to 0.79).[75]
- A randomized controlled trial of 189 nulliparous women found that those with doula support were more likely to report that they coped well during labor (59% compared with 24%, $p = 0.0001$).[76]
- A randomized controlled trial of 600 nulliparous women found that those with doula support were more likely to report a better overall rating of their birth experience than those without support (very good: 59%, compared with 26%; good: 33%, compared with 56%; average, poor or very poor: 8%, compared with 18%; $p < 0.001$).[77]
- A randomized study of 314 nulliparous women in three hospitals found that 82.5% of those with doula support reported a good birth experience, compared with 67.4% of those without support.[78]

Appendix 2: Doula Organizations in New York

Ancient Song
Service areas: All NYC and Northern New Jersey
Languages available: English, Spanish, Haitian Creole, Chinese (Mandarin), French, Arabic, Hebrew
Contact: 347-480-9504, **info@ancientsongdoulaservices.com**
Website: ancientsongdoulaservices.com

Ashe Birthing Services
Service areas: Bronx, Brooklyn, Manhattan, Queens, Long Island, Northern New Jersey, Westchester County, Southern Connecticut
Languages available: English, Spanish, French
Contact: ashebirthingservices@gmail.com
Website: ashebirthingservices.com

Baby Caravan
Service areas: All NYC
Languages available: English, Spanish, French, Italian, Portuguese
Contact: Jen Mayer, founder – 646-617-9927, **jen@babycaravan.com**
Website: babycaravan.com

Beautiful Birth Choices
Service areas: Rochester
Languages available: English
Contact: 585-484-1972, **info@bbcroc.com**
Website: bbcroc.com/bbc

The Birthing Place
Service areas: NYC
Contact: hello@thebirthplace.co
Website: thebirthingplace.co

BirthNet
Service areas: Albany metro region, including Troy, Schenectady, Rensselaer, Latham, Colonie, Saratoga, and East and North Greenbush
Languages available: English
Contact: 518-362-8462, **birthnetnewyork@gmail.com**
Website: birthnewyork.org/community-doulas

Brooklyn Perinatal Network
Service areas: Most clients live in Central Brooklyn and neighboring communities
Languages available: English, Spanish, African dialects, Haitian Creole, French Creole
Contact: Denise West, deputy executive director – 718-643-8258, extension 21; **dwest@bpnetework.org**
Website: bpnetwork.org

Buffalo Doula Collective
Service areas: Buffalo and Hamburg areas
Contact: 716-238-0708, **buffalodoulacollective@gmail.com**
Website: buffalodoulacollective.com

Bx (Re)Birth and Progress Collective
Service areas: All NYC, with a strong focus on the Bronx
Languages available: English, Spanish
Contact: bronxrebirth@gmail.com
Website: bxrebirth.org

By My Side Birth Support Program
Service areas: Underserved areas of Brooklyn, especially Bedford-Stuyvesant, Ocean Hill-Brownsville, Bushwick and East New York
Languages available: English, Spanish, Haitian Creole; services may be available in other languages when requested
Contact: Regina Conceiçaõ – **healthystartbrooklyn@health.nyc.gov**

Calming Nature Doula Service and Center
Service areas: Buffalo
Languages available: English
Contact: 716-768-4758, **info@calmingnaturedoula.com**
Website: calmingnaturedoula.com

Caribbean Women's Health Association
Service areas: All NYC
Languages available: English, Spanish, Haitian Creole, French, Russian, Twi, Fante, Ga, Afrikaans, Ukrainian
Contact: CWHA Doula Team – **cwhadoulas@cwha.org**

Carriage House Birth
Service areas: All NYC, Westchester County, Hudson Valley and Northern New Jersey
Languages available: English, Spanish, French, Italian, basic Farsi
Contact: Lindsey Bliss, co-founder – 646-234-8253, **info@carriagehousebirth.com**
Website: carriagehousebirth.com

Children's Health and Research Foundation Inc. – Lower Hudson Valley Perinatal Network
Service areas: Westchester and Rockland Counties
Contact: Laura Achkar – **achkarl@lhvpn.net**; 914-922-2240, **supportwest@lhvpn.net**

Citywide Doula Initiative
The Citywide Doula Initiative is made up of eight community-based doula programs: Ancient Song, By My Side Birth Support Program, Caribbean Women's Health Association, Community Health Center of Richmond, Hope and Healing Family Center, Mama Glow Foundation, the Mothership, and Northern Manhattan Perinatal Partnership.
Website: nyc.gov/health/cdi
Contact: cdi@health.nyc.gov

Community Health Center of Richmond
Service areas: Staten Island
Languages available: Spanish, English, Russian, several African dialects
Contact: Gracie-Ann Roberts-Harris – 917-830-1200, **gharris@chcrichmond.org**
Website: chcrichmond.org

Doulas en Español
Service areas: Bronx, Brooklyn, Manhattan, Queens, Westchester County
Languages available: English and Spanish
Contact: Maya Hernandez – **doulasenespanol@gmail.com**

The Doula Project
Service areas: All NYC and Southern Westchester County
Languages available: English, Spanish, Haitian Creole, French
Contact: Vicki Bloom – **birth@doulaproject.org**
Website: nycdoulaproject.org

East River Doula Collective
Service areas: All NYC, Westchester County, Western Long Island (Nassau County)
Website: eastriverdoulas.nyc

Healthy Women, Healthy Futures
Healthy Women, Healthy Futures is a citywide doula initiative, with coordination provided by Brooklyn Perinatal Network, Caribbean Women's Health Association and Community Health Center of Richmond.

Hope and Healing Family Center
Service areas: Brownsville, Bedford-Stuyvesant, Bushwick, East New York
Languages available: English, Spanish
Contact: Suzette Jules-Jack – 347-384-1494, **sjulesjack@hhfamilycenter.org**; **hhfc01@ymail.com**

HoPE Doula Care Program
For people receiving care at H+H/Elmhurst or Queens Hospitals
In partnership with Family Connect, Caribbean Women's Health Association and Ancient Song
Contact: 646-619-6721
You can also ask your prenatal provider for a referral to the HoPE Doula Care Program.

Hudson Valley Family Doulas
Service areas: Hudson Valley, Long Island, Western Connecticut
Contact: 845- 288-1985
Website: hudsonvalleyfamilydoulas.com

Long Island Doula Association Inc.
Service areas: East Islip
Contact: 631-574-2205, **info@lidoulas.com**

The Maimonides Doula Program
Service areas: All NYC
Website: maimonidesmed.org/obstetrics-and-gynecology/obstetrics/having-a-baby-at-maimonides/free-doula-program

Mama Glow
Service areas: All NYC and the New York metropolitan area, as well as select areas throughout the U.S.
Languages available: English, Spanish, Haitian Creole, French, Portuguese, Arabic
Contact: General information – **info@mamaglow.com**; Mama Glow Foundation – **info@mamaglowfoundation.org**
Website: mamaglow.com; **mamaglowfoundation.org**

The Mothership
Service areas: Harlem, Washington Heights, Inwood
Languages available: English, Spanish
Contact: Miranda Padilla – 646-683-6463, **mom@themothershipnyc.com**
Website: themothershipnyc.com

The New York Baby
Service areas: All NYC, Jersey City, Hoboken, sometimes Long Island or Connecticut
Languages available: English, German, French, Dutch, Spanish
Contact: Stephanie Heintzeler – 347-257-5157, **stephanie@thenewyorkbaby.com**
Website: thenewyorkbaby.com

Northern Manhattan Perinatal Partnership
Service areas: NYC ZIP codes 10025, 10026, 10027, 10029, 10030, 10031, 10032, 10033, 10034, 10035, 10037, 10039, 10040, 10451, 10452, 10453, 10454, 10455, 10456, 10458, 10463, 10466, 10467, 10468, 10472 and 10473
Languages available: English, Spanish, French
Contact: Fajah Ferrer – **fajah.ferrer@nmppcares.org**
Website: nmppcares.org

NYC Birth Village
Service areas: Bronx, Brooklyn, Queens, Manhattan, Westchester County, Eastern New Jersey
Languages available: English, Spanish, Hebrew, Dutch
Contact: Narchi Jovic and Karla Pippa – **nycbirthvillage@gmail.com**

NYC Doula Collective
Service areas: Bronx, Brooklyn, Queens, Manhattan, Jersey City
Languages available: English, Spanish
Contact: Raychel Franzen – **nycdcdirector@gmail.com**

Priscilla Project at Jericho Road Community Health Center
Service areas: Buffalo
Contact: 716-886-0771
Website: jrchc.org/priscilla-project

Royalty Birth Services
Service areas: Primarily serving the Rochester area
Languages available: English
Contact: 585-969-6133, **royaltybirthservices@gmail.com**

Sankofa Reproductive Health and Healing Center
Service areas: Primarily serving Syracuse and Central New York
Languages available: English
Contact: 315-920-2787

Village Birth International
Service Areas: Syracuse/Central New York
Contact: For Syracuse, 315-920-2787; for NYC, New Jersey and elsewhere, 347-423-9507. General information – **info@villagebirthinternational.org**

Wyld Birth and Postpartum
No- and low-cost options available
Service areas: Orange, Ulster, Westchester, Putnam and Dutchess counties, New York; Fairfield County, Connecticut
Contact: hello@wyldbirthandpostpartum.com

Disclaimer: This list is neither exclusive nor exhaustive. The NYC Health Department is providing this information to assist New Yorkers in locating services and general information but does not make any representation or warranty concerning the quality or accuracy of the services provided by these identified establishments. Contact information is subject to change; check with the establishment for up-to-date information.

Appendix 3: Sample Doula Policy

Subject: Doula Policy
Date: January 4, 2021

Definition: A doula is a trained birth assistant, requested by the pregnant patient (the doula's client), who supports the pregnant person prenatally, during labor and birth, and/or during the postpartum period. Hospital [Name] recognizes the advantages of doula services and the positive impact that they have on the birthing experience and on maternal and neonatal outcomes.

Policy: A doula is not to be considered a staff member and has no medical role or responsibility, but rather is to be considered an important support for the mother. The doula will provide continuous labor support, which includes fostering the mother's physical comfort, providing emotional guidance, sharing information (nonmedical) and advocating for their client's choices surrounding birth preferences.

Elements of continuous labor support include but are not limited to:

1. Enhancing physical comfort, including by comforting touch, and guiding with movements and positioning
2. Providing emotional support by praise, reassurance, encouragement and continuous presence, as well as providing guidance and emotional support for the laboring person's partner or loved ones
3. Sharing information (nonmedical), explaining procedures and assisting in navigating hospital protocols
4. Facilitating communication between the laboring person and hospital staff to assist in making informed decisions
5. Encouraging patient to consult the medical team about any care concerns

A doula may not:

1. Perform clinical or medical tasks, such as taking blood pressure or temperature or performing fetal heart tone checks, vaginal examinations or postpartum clinical care
2. Give medical advice
3. Document in a patient's medical record
4. Participate in or perform lab tests
5. Make medical decisions for the patient
6. Interfere with medical treatment plans or any emergency intervention
7. Share patient information unless patient gives permission

Purpose: To outline doula services on the labor and delivery unit and to provide staff with knowledge of the role and scope of doula services for holistic care for patients who are identified as in need of continuous support throughout the birthing process and the immediate postpartum period.

Procedure: Doulas must identify themselves to the patient's health care team and must wear a visible ID badge stating their name and the name of the doula group they represent. In case of an emergency where the doula does not yet have an ID badge, they should provide a state or city ID.

Actions to be performed by the responsible staff primary registered nurse:

1. On admission to labor and delivery, inquire from the patient about presence of doula and/or family support.
2. Review expectations with patient, family and the doula on the labor and delivery process, operating room guidelines, and postpartum care.

3. Provide unit orientation and reinforce expectations of the doula's role. Support both in-person and virtual doula support.
4. Provide the doula with a copy of the hospital doula policy.
5. Include the doula's name on the patient's whiteboard.
6. Document the presence of the doula, including the doula's name, in a note within the electronic health record.
7. Allow the doula's presence in triage, birth, delivery and recovery as requested by the patient, absent a compelling medical reason.
8. Foster a collaborative relationship with the doula in support of the patient and their family.
9. Allow and support nonmedical comfort techniques for labor, including but not limited to various position movements, such as ambulation outside of the bed, as allowed, breathing techniques, nonflammable aromatherapy, guided imagery, comforting touch, and use of a peanut ball or birthing ball based on the patient's condition.
10. Facilitate the doula's presence for continuous calming support as well as support during procedures (such as epidurals and some cesarean delivery cases), absent a compelling medical reason otherwise.
11. Ensure doula adherence to patient confidentiality.
12. Encourage and support doula assistance with initial breastfeeding during the first hours after birth and the postpartum hospital stay.

Reporting Protocol: The charge nurse/nurse manager is to be contacted if a doula encounters an issue with a provider or staff. The doula supervisor is to be contacted if a provider encounters an issue with a doula. Both will address and resolve issues with involved staff and work collaboratively to institute any necessary policies or practices as a solution. The nurse manager or designee has ultimate responsibility for the patient care.

Doula Certification: Doulas serve in a nonmedical capacity. As such, they are not required to have specific credentials to practice (licensure, certification or other).

Appendix 4: Letter to Colleagues on Doula Support

June 14, 2021

Dear Colleague,

As you may know, on December 15, 2020, the New York State Department of Health (NYSDOH) issued an advisory to all birthing facilities statewide, clarifying some details about Governor Andrew M. Cuomo's Executive Order 202.25 from April 29, 2020. A subsequent advisory was issued on March 25, 2021, updating hospital visitation guidance, including by doulas.

The two documents affirm the right of all birthing people to be accompanied by a doula during labor, delivery and the postpartum period, "until discharge to home."

I am writing, first, to make sure you are aware of the NYSDOH advisories, and second, to offer some ideas for operationalizing Executive Order 202.25 to best serve your patients and their families in the childbirth experience:

- Ensure support from leadership, and have hospital and unit leadership deliver the initial communication about the advisories to staff.
- Share the advisories with all relevant staff, as well as with affiliate practices that provide care to pregnant and postpartum patients – such as satellite clinics, attending physicians and midwives, nurses, and patient care navigators.
- On-site, share information about the advisories with all clinical staff, security staff, and anyone else who interacts with visitors to the facility and/or to the labor and delivery floor or postpartum unit.
- Discuss the order and advisories at staff meetings. Brainstorm ways to overcome any barriers that staff may foresee, and address any staff concerns.
- Instruct security and clinical staff that proof of certification from doulas who are accompanying or meeting their clients at the facility is not appropriate or necessary.
- Instruct security and clinical staff that doulas should be admitted if they return to the hospital to provide postpartum support in the days immediately following the birth.
- Post the doula-support advisory (or a bullet-point version of it) at the security officer's desk, in the reception area, at the nurses station, on the labor and delivery bulletin board, and anywhere else that staff may need to refer to it.
- On the facility's website, clarify that the birthing person is allowed two support people, including a doula if desired.

If you have additional suggestions, or best practices that we may share with your colleagues at other birthing facilities, please contact us.

The care you provide to birthing New Yorkers every day, and especially your hard work amid the challenges of the COVID-19 pandemic, are deeply appreciated. If we may be of support in any way, or if you want to offer any feedback, do let us know.

Sincerely,

Michelle Morse, MD, MPH
Chief Medical Officer
Deputy Commissioner, Center for Health Equity and Community Wellness
New York City Department of Health and Mental Hygiene

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Guidebook Image Captions

Page 3: A laboring mother ambulates on the labor and delivery floor while using a wireless fetal monitor. She is accompanied by her doula and sister for additional support.

Page 6: A diverse group of health care providers engage attentively in a collaborative meeting, highlighting teamwork and inclusion.

Page 11: During a prenatal visit, a caring health care provider gently examines the belly of a smiling pregnant person, ensuring both comfort and safety during the consultation.

Page 12: An expectant parent engages in conversation with their OB-GYN during a regularly scheduled prenatal visit.

Page 17: Health care providers gather to assess, discuss and implement strategies for enhancing doula friendliness in hospital settings, aiming to improve maternal care.

Page 19: A new mother holds her baby in a loving skin-to-skin embrace, fostering an immediate and deep connection in the hospital delivery room.

Page 21: Health care providers gather around a table, collaborating on hospital policies to enhance doula-friendly birthing experiences and improve birth outcomes.

Page 23: A new mother looks over at her new baby in admiration while medical staff examine the baby following a successful cesarean birth.

Page 24: A doula performs a "tug of war" technique to assist her client through the pushing stage of labor. The birthing person is comforted by her partner who applies a cold, wet cloth to her forehead. Two health care providers stand close by, patiently observing this activity.

Page 28: A doula stands at her client's hospital bedside, observing as her client nurses her baby, ready to provide guidance as needed.

Page 31: A laboring mother, accompanied by her partner, uses a birth ball while being given hip squeezes by her doula.

Page 33: A compassionate health care provider holds a patient's hand, offering reassurance and comfort before a cesarean birth.

Pages 36 to 37: A woman who has just given birth receives hands-on assistance from her doula as she tries to breastfeed her newborn baby. Her nurse stands at her bedside ready and willing to provide additional support. Her partner looks on in appreciation.

Page 38: A pregnant person is shown an image of her growing baby in utero during a prenatal ultrasound appointment. Her health care provider points to a computer screen to identify various body parts.

Page 41: A mother beastfeeds their newborn baby shortly after birth.

Page 45: A pregnant person shares a joyful moment with her partner while seated together as he cradles her belly.

Page 47: A pregnant client and their doula enjoy a laugh during a prenatal visit.

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