

**DISTRICT OFFICE**  
563 COLUMBUS AVENUE  
NEW YORK, NY 10024  
(212) 873-0282

**CITY HALL OFFICE**  
250 BROADWAY, SUITE 1765  
NEW YORK, NY 10007  
(212) 788-6975

HRosenthal@council.nyc.gov  
www.council.nyc.gov



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## ***Access to Doulas Act -- Frequently Asked Questions***

*Updated: 10/17/18*

### ***What is the Access to Doulas Act?***

The Access to Doulas Act ([Intro. 913](#)) requires the Department of Health and Mental Hygiene to assess the needs of pregnant people across New York City, and create a plan to increase access to doulas for populations experiencing disproportionately high rates of maternal mortality.

### ***What is a doula?***

As defined by the bill, a doula is “a trained person who provides continuous physical, emotional, and informational support to a pregnant person and the family before, during or shortly after childbirth, for the purpose of assisting a pregnant person through the birth experience; or a trained person who supports the family of a newborn during the first days and weeks after childbirth, providing evidence-based information, practical help, and advice to the family on newborn care, self-care, and nurturing of the new family unit.”

### ***What problem is the Access to Doulas Act trying to solve?***

***Maternal Mortality in the US is almost ten times higher than other industrialized nations.***

Maternal mortality and morbidity is a crisis in the United States. Even as maternal health outcomes have improved dramatically around the world, the maternal mortality rate (MMR) has actually *increased* in the United States over the past 25 years.

According to the [Institute for Health Metrics and Evaluation](#), in 1990, the United States had a MMR of 14 deaths per 100,000 live births. In 2016, that number had doubled to 29 deaths per 100,000 live births. These numbers are shockingly high compared to other wealthy nations. Italy's MMR, for instance, is 3.9; Finland's is 3.4.

This problem is acute in New York City. In 2015, the most recent year for which [data is available](#), 35 women died while pregnant in New York --a rate of 29 per 100,000 births. In addition, for every woman that dies, it is estimated that around 100 women experience a life-threatening complication called Severe Maternal Morbidity (SMM) during childbirth, such as heavy bleeding, blood clots, serious infection, and kidney failure.

CM Rosenthal has written [companion legislation](#) to the *Access to Doulas Act*, which would make permanent a committee established last year by the NYC Department of Health to examine every individual instance of maternal mortality to evaluate how such deaths can be prevented in the future. The bill also requires the Department of Health to report on additional factors linked to maternal health outcomes including: race; access to pre-natal care and doulas; and economic, civic, and social well-being.

***Maternal Mortality for black non-Latina women is three to four times higher than white women.***

According to the Centers for Disease Control, from 2011 to 2013, the maternal mortality rate was [43.5 deaths](#) per 100,000 live births for black women in the United States -- nearly three and a half times the rate for white women. According to a [2016 Brookings Institute study](#), a black woman with an advanced degree is more likely to lose her baby compared to a white woman with an eighth grade education. This epidemic of black mothers and infants having the highest risk for maternal and infant mortality has persisted for years.

In New York City, the [most recent public report from the NYC Department of Health](#) found that black women are 12 times more likely to die from pregnancy-related causes than white women. More up-to-date data shows some improvement-- black women are 8 times more likely to die. Similarly, black infants are over two times more likely to die in their first year of life than white infants.

### ***How do doulas address these disparities?***

By advocating on their clients' behalf, doulas can break through biases in the medical system and ensure that all women are receiving the care they need. Doulas act as a medium between the medical system and their clients. Doulas can bring calm to a pregnant person.

### ***What support does a doula provide?***

A doula can provide services before, during, and after childbirth.

- **During pregnancy**, this can include everything from practical help scheduling medical appointments to answering basic health questions to providing emotional support.
- **During childbirth**, doulas can play a critical role in providing physical and emotional support to a person in labor.
- Doulas can assist with position ideas for comfort and labor progression that often help a malpositioned baby find its way through the pelvis and into the birthing parent's arms.
- They can also support the person in labor's medical decisions, helping communicate them to the medical team and serving as a bridge of communication between the patient and the medical team.
- **After childbirth**, services include practical, educational, and emotional support. The range of services provided varies widely and is based on the needs of each individual.

### ***What evidence is there that doulas are effective?***

Countless [scientific trials](#) examining doula care have shown that doulas have a positive impact on the well-being of the entire family, remarkably improving physical and psychological outcomes for both mother and baby. [Doula organizations](#) have long been able to point to dramatically improved health outcomes for their patients.

In Brooklyn, a NYC Department of Health analysis of their *By My Side* doula project [found that](#) infant health (measured by birth weight and by percentage of pre-term births) and maternal satisfaction with the birthing process are significantly improved by the provision of doulas.

Medical research backs them up. In 2017, the Cochrane Pregnancy and Childbirth Group conducted a [comprehensive review](#) of research into programs around the world

that provide doula services. It evaluated 27 trials featuring 15,858 women. It found that women allocated continuous support were:

- More likely to have a spontaneous vaginal birth,
- Less likely to have a caesarean birth or instrumental vaginal birth,
- Less likely to report negative ratings of or feelings about their childbirth experience,
- Less likely to use any intrapartum analgesia,
- Faced with shorter labors,
- Less likely to have a baby with a low five-minute Apgar score

***Is a doula the same as a midwife?***

No, doulas and midwives play distinct roles. Midwives are medical professionals, licensed by the State and with a clinical role during childbirth. Doulas, on the other hand, are not medical professionals; rather, their training and certification focuses on providing support services and advocacy for the pregnant person on a wide-range of pregnancy related concerns. Also, while midwives specifically oversee the event of childbirth itself, doulas provide support before, during, and after childbirth.

***Who will be served by the bill?***

The process to determine which populations receive doula assistance through this legislation may ultimately be based on income level, but it's important to stress that the racial disparity of maternal and infant health outcomes persists across class lines. The infant mortality rate for black mothers with graduate degrees [was higher](#) than the rate for white mothers with less than a high school education. Education and income offer little protection for black women.

***How much will this bill cost taxpayers?***

The financing of an access to doulas program is complicated, but has the potential to save money in the longer term by preventing more serious (and expensive) health outcomes. Insurance may be able to pay for the use of doulas; Governor Cuomo recently directed the State of New York to explore using Medicaid funding to do so. The details of this question need to be addressed--through the legislative process and through the Department of Health's planning process--but there is no shortage of possible solutions in the short term. In the long run, the potential for savings is significant, as improved health outcomes save money as well as lives.

***The bill refers to “pregnant people.” Why not just say women?***

The bill is intentionally written to be inclusive of gender non-conforming individuals. Maternal mortality is a women’s issue, but it is not only a women’s issue. While most pregnant people identify as women, by no means all do. Those in the LGBTQ community also face health disparities compared to the general population. We can and must be responsive to the needs of women without further marginalizing gender non-conforming New Yorkers.

***What is the Access to Doulas Act’s legislative history?***

The Access to Doulas Act was introduced on May 9, 2018 as part of the City Council’s Mother’s Day (now Parent Empowerment) Legislative Package and assigned to the Committee on Women. The bill was heard at the June 27th hearing of the Committee on Women, joint with the Committee on Health.

Both the Access to Doulas Act, and its companion, Intro 914, were passed unanimously by the City Council on October 17, 2018.

Int. 913-A takes effect immediately, and within 9 months, and annually thereafter, the Department of Health must publish their plan, including timelines and strategies, to increase access to doulas for the most vulnerable New Yorkers.

Int. 914-A also takes effect immediately. Beginning next October, and annually thereafter, DOH will have to report on instances and indicators of mortality and morbidity. Every 5 years, they will be required to issue a comprehensive and detailed report, with updates on their work to minimize maternal deaths.