

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



EXECUTIVE SUMMARY

“[O]ne of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula.”

“Safe Prevention of the Primary Cesarean Delivery,” Consensus Statement issued by the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine, February 2014

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

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

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

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

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

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

The Need for Change

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

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

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

“I think doulas are a lifesaver. They’re so knowledgeable, and they are patient, which is important.”

Mother, New York City

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

Labor and Delivery Nurse, NYC Hospital

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

The Evidence Behind Doula Support

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

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

Benefits of Doula Care

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

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

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

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

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

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

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

First-time mother, Manhattan

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

Eliminating Health Disparities

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

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

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

Reducing Spending on Unnecessary and Unwanted Medical Procedures

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

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

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

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

Gabriela Ammann, Doula, By My Side Birth Support Program

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

CIC Mothers’ Focus Group

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

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

Mother, CIC Focus Group

KEY FINDINGS

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

Cost is the most significant barrier to obtaining doula services

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

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

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

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

First-time mother, Manhattan

Access to doula care in underserved communities is extremely limited

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

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

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

Establishing positive hospital policies would improve the impact of doula care

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

Challenges of Doula Work

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

“[My doula] was a great communicator, knew when to help, when to stand by.”

Second-time mother, Brooklyn

CONCLUSION

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

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

“The emotional support and knowledge of the birth process made a huge difference for me.”

First-time mother, Brooklyn

KEY RECOMMENDATIONS

1. *Private insurance, Medicaid, and Medicaid managed care organizations should reimburse doula care as a cost-effective, evidence-based service.*
2. *The New York State Department of Health should seek approval from the Centers for Medicare and Medicaid Services to reimburse for doula support as a preventive service provided by non-licensed practitioners.*
3. *Public funding at the city, state, and federal levels should be dedicated to expand existing community-based doula programs and develop new programs in order to increase access to doula care for women in at-risk communities.*
4. *Every effort should be made to train and hire doulas who are trusted members of the communities most at-risk for poor health outcomes, with attention to racial, ethnic, geographic, socioeconomic, cultural, and linguistic factors.*
5. *All doula training should include education in cultural competency, trauma-based care, and support services that are available for low-income pregnant and postpartum women.*
6. *Childbirth facilities and providers (including the New York City Health and Hospitals Corporation) should seek to increase awareness about the evidence-based benefits of doula care through childbirth education programs, facility tours and “Meet the Doula” events, as well as by distributing information about doula care.*
7. *Hospitals and birth centers should foster collaborative relationships among providers, nurses, and doulas by hosting grand rounds and continuing education programs where nurses, physicians, and doulas can work together to cultivate effective cooperation, communication, and trust.*

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

Doula Focus Group

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

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

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

"The help and emotional support is vital to having a joyful experience."

Second-time mother, Brooklyn

For citations, please consult the full report.

Key References include:

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- Sakala C, Corry M. (2008). *Evidence-based maternity care: What it is and what it can achieve*. Childbirth Connection. Available at <http://www.childbirthconnection.org/pdfs/evidence-based-maternity-care.pdf>.
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