



Dear Senators,

Thank you for the opportunity to submit testimony for the Public Hearing on how to identify and examine best practices for integrating doulas into New York's maternal healthcare system.

A maternal health and mental health crisis

The United States is facing a maternal and infant health crisis. Black and Brown birthing people are dying of pregnancy and birth-related causes at a rate of three to four times higher than white birthers, according to the Centers for Disease Control.

In the State of New York, approximately 31% percent of live births occur by cesarean section, despite the recommendation of 10-15% by the World Health Organization. 31% of people are sent home 2-3 days after having major abdominal surgery— to care for a newborn when they aren't even supposed to be walking up a flight of stairs.

In addition to the dangers to their physical health, birthing people are also facing a mental health crisis, which has only gotten worse post-COVID. After all the many visits a pregnant person has, after birth there is minimal follow-up care. Most postpartum visits with a care provider are not scheduled until 6 weeks after birth leaving perinatal mood and anxiety disorders (PMAD) to go unnoticed and untreated.

Not to mention the current screening process, a paper questionnaire a birther fills out, is barely enough to begin to assess an individual's mental status. Even if someone is identified to have a PMAD, access to mental health services is nearly impossible to find and difficult to access.

How doulas fill in the gaps

Doulas have long been filling in the gaps in care provided by our mental healthcare system. Trained in supporting pregnancy, birth, and postpartum, doulas have the unique opportunity to

work closely with birthing people and provide physical and emotional support during childbirth and postpartum.

Studies have shown that doula support during childbirth lowers the risk of a cesarean by up to 39% and improves maternal health outcomes overall (shorter labors, less unnecessary medical intervention, and higher APGAR scores for babies.)

- Doulas encourage people to advocate for themselves, letting them know what their rights are as a patient in a hospital system. They also encourage agency and ownership of the birthing experience — helping to combat the discrimination and marginalization that some birthing people face in our medicalized maternal care system.
- They provide reassurance and emotional security for birthing people, especially in marginalized communities where people may feel disempowered or uncomfortable with their care provider.
- They help facilitate connection to community resources, and develop a relationship with the birthing person that continues long after the postpartum period — leading to a greater sense of connectedness and safety for birthing people.
- Having pregnancy support that comes from within people's own communities fosters trust and eases anxiety.

Eliminating Barriers to Access

Barriers to accessing doula services exist and range from lack of availability to financial constraints.

Barriers to certification of doulas

Training programs for doulas, especially programs offered by larger national organizations, can be expensive. Certifications may need to be renewed regularly, requiring dues to be paid to the certifying body. By offering scholarships for BIPOC doulas or providing sliding scale trainings, we would create more doulas, allowing more people to work for themselves while improving maternal health outcomes.

Affordability of doula support and sustainability

Doulas spend a large amount of time with their clients, between prenatal visits, the birth itself, and postpartum follow-up. A birth can last anywhere from a few hours to a few days, and ensuring a doula is paid adequately for their time and expertise leaves some of the most vulnerable populations unable to afford their support. Many doulas, especially community doulas working in low-income communities, work on a sliding scale or offer pro-bono work, but this leads to burnout and isn't sustainable on the part of the doula.

Private insurance companies have begun reimbursing for doula support but still require the birther to pay out of pocket. We have yet to find a solution for making doula support equitable and accessible while ensuring doulas are compensated fairly.

Considerations for Medicaid coverage of doula support

Medicaid coverage of doula support is a step in the right direction for improving maternal and infant health outcomes. However, careful consideration needs to be taken in determining which doulas are deemed eligible for Medicaid reimbursement.

- Previous bills (like the vetoed Assembly Bill A364B) have outlined requirements for creating professional standards for doulas, including participation in a **national** training program, which does not account for the many community-based organizations that have been training doulas to work in their own communities.
- If criminal background checks lead to exclusion of people previously incarcerated for a non-violent offense, it limits a doula's ability to work for themselves and continues the cycle of systemic oppression Black and Brown people face.
- The medical system's view of a doula's role is not always favorable – work needs to be done around elevating the role of the doula and integrating doulas into the medical system in a way that benefits both the birthing community and the doulas.
- Ensuring the integrity of the doula-client relationship remains intact and doesn't become too formalized or medicalized.

Recommendations for integrating doulas into the medical system

Better utilizing pediatrician's offices

One of the first places a new parent goes, within a day or two after leaving the hospital, is to the pediatrician. The standard of care for an infant is to have a physical exam within the first few days of life, whereas the birthing person isn't seen for up to six weeks postpartum.

Having doulas on staff at pediatricians' offices or WIC offices so they can visit new parents in their home postpartum or consult with them in office can help identify postpartum medical complications or mental health concerns faster and connect families with needed community resources.

This can lead to improved breastfeeding rates, as well as improved physical and mental health of the birthing person. Offices should work to employ doulas from their surrounding communities, to maintain a level of comfort and trust with the people they serve.

Hospital-based doulas

Many hospitals have launched hospital-based doula programs, aimed at lowering cesarean rates and improving birth outcomes. These programs, when implemented properly, can change the culture of an entire hospital– leading to fewer unnecessary medical interventions. They also help to elevate the role of the doula, allowing doctors and medical professionals to experience the value they bring to a birthing person's experience (ultimately making the job of a care provider easier!)

Equitable pay for doulas

When the reimbursement rate offered by an insurance company is considerably lower than the market rate for private pay services, it discourages providers from partnering with insurance companies. This affects the quality of care provided, and the accessibility of professionals who accept insurance.

Medicaid reimbursement for doulas should be on par with the market rate for private pay doula services in the community where a Medicaid recipient lives. This attracts more doulas to provide support to Medicaid (or other insurance) recipients and may encourage more people to enter the field in general.

Thank you for allowing me to submit this testimony and for your efforts in helping New York State become a model for the rest of the country when it comes to birth outcomes and maternal mental health.

Sincerely,

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