



AUDIT AT A GLANCE

Department of Health and Mental Hygiene's Oversight of Doula Program

What questions did the audit look at?

- ▶ Does the New York City Department of Health and Mental Hygiene (DOHMH) effectively oversee and manage doula programs in underserved neighborhoods?
- ▶ Are doula services accessible to residents in these areas?

Why does it matter for New Yorkers?

Maternal health inequities are a longstanding and urgent issue in New York City. Black and Hispanic birth givers are significantly more likely to die from pregnancy-related causes than white women, and underserved communities often lack access to supportive services that can lead to better outcomes. The City launched the Citywide Doula Initiative (CDI) in targeted neighborhoods to reduce these disparities and improve maternal and infant health.

The audit found that CDI is largely working. Black and Hispanic participants in the program saw significantly lower rates of C-sections, pre-term births, and low birth weights, compared to Citywide rates. No pregnancy-associated deaths were reported for CDI clients, indicating that doula support may help reduce maternal mortality. Moreover, a survey of CDI clients found overwhelming satisfaction with the program, with 77% rating their pregnancy/birthing experience with a doula as good or excellent.

However, the audit found some areas that could be improved, including expanding access in shelters, advancing doula-friendly hospital policies, and increasing non-English-speaking doula provider capacity. Although participation rates were low, and available data was limited, Asian American/Pacific Islander (AAPI) and White participants did not see as much improvement.

The audit underscores that doula services, long championed by reproductive justice advocates, can narrow racial disparities. We urge DOHMH to continue supporting this crucial program and make improvements where necessary.

What changes did the agency commit to make following the audit?

- ▶ DOHMH agreed to improve its data collection, increase non-English-speaking capacity, improve shelter access, and promote doula-friendly policies in hospitals.

AUDIT FINDINGS



The Citywide Doula Initiative (CDI) effectively increases doula access and support in underserved neighborhoods.



Black and Hispanic CDI clients saw significantly better maternal health outcomes.



CDI participants expressed overwhelming satisfaction with the program.



Some doulas in the program face barriers providing services in City hospitals and shelters.



Access to CDI for Non-English speakers is limited.



Audit Recommendations		Agency Response
1	Make all reasonable efforts to collect or use available provisional citywide birth outcome-related data, to facilitate a timelier comparison between the rates for CDI clients and the rates for other target populations in the City.	AGREED
2	Consolidate data collection to ensure more efficient data reporting to determine the effectiveness of doula services on the reduction of negative birth outcomes and maternal mortality.	AGREED
3	Increase non-English-speaking doula capacity.	AGREED
4	Continue to work with DHS to increase doula access to clients in shelters.	AGREED
5	Continue to promote doula-friendly policies in NYC maternity hospitals and expand doula incorporation into hospital birthing teams.	AGREED
6	Incorporate client satisfaction surveys into their data collection procedures and evaluate satisfaction by vendor, analyzing differences in practice that may affect satisfaction.	AGREED
7	Conduct additional studies focused on outcomes for Asian (AAPI) and White women to gain an understanding of the apparently lower impact of CDI on birth outcomes.	DISAGREED