



Dear Senators,

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

I am a person who has given birth in New York State three times and have firsthand insight from the patient perspective into how the maternal healthcare system does (and does not) function.

I became a doula in 2014 after my second baby was born. I practiced as a solo doula from 2014 until forming a partnership with another doula in 2017. We went on to build a doula practice with a 4-doula team and full spectrum care including prenatal and postpartum workshops. We also developed and ran a doula mentorship program. I then founded a gift registry platform that allows parents to receive gifts of doula care and other maternal support services. I have cultivated a network of over 1300 birth workers, many of them doulas, that work on the frontlines of the maternal healthcare system across the country. My work is focused on helping parents get the funds they need to access the care they need, want, and deserve. And I am extremely supportive of doulas being integrated into the maternal healthcare system to improve access to the vital support that they provide.

I would like to use my testimony to shed light on the lived experience of doula work and to offer insight into what needs to be considered when integrating doulas into the medical system in NYS. Some areas of consideration, each of which deserves an enormous amount of time and attention that I do not currently have in the context of this testimony:

1. **Doulas are on call for their clients, often 24 hours a day, 365 days a year.** Meaning that they are available to join a person who is in labor and requesting support at any time. When a birthing person decides to work with us we often agree to be on call for 2 weeks before and after their estimated due date, at a minimum. The need to reimburse doulas for this endless call time must be considered. One might wonder why doulas are taking on this burden of unending call time. There are two contributing factors I would like to point out:
  - a. The popular doula training organizations, including DONA International where I trained, encourage solo doula work. They tell doulas to create a business model

where there are primary doulas on call and backup doulas if necessary. This system is how most doulas in our state operate.

- b. COVID restrictions in hospitals were very quickly put in place and very slow to be pulled back. These restrictions treated doulas as visitors, not professionals, and as such have limited the ability for doulas to switch out with their backups or partners. One area to examine when talking about integrating doulas within the healthcare system is to ensure that they have access and designation separate from visitor policies.
2. **Continuous care: Doulas often provide continuous care to their clients from the time they join them in the early stages of active labor until 1-4 hours after the baby is born.** What this means in practice is that doulas are going into births for anywhere from several hours to several days. The work is grueling and there are very few opportunities to get rest and basic needs of the doula met including eating, drinking, and using the restroom. It's truly hard to put into words just how difficult it is to be physically and emotionally present for someone with no end in sight. Ask any doula and they can attest to just how exhausting even the shortest births can be due to the nature of our work.
  3. **To build a more sustainable system that can scale the number of doulas to meet the needs of the women that need their support we need to build a sustainable business model for doulas to work within.** Offering a reimbursement that is on par with current private solo doula rates is critical and truly only a first step in what is needed to create a model of care where doulas are fully integrated into the medical system in New York State. We need to think about how we can reduce the barriers to *providing* doula care in order to be able to help the birthing community access that care.
  4. We are working within a for-profit healthcare system, which means that we must create a business model that is efficient and incentivizes doulas to enter the field. Here are just a few of the costs associated with launching and operating a doula business of any size:
    - Training and education
    - Materials
    - Time spent with prospective clients
    - Time spent in prenatal support
    - Time spent on call
    - Time spent at births
    - Time spent providing postpartum support
    - Time for recovery
    - Childcare costs
    - Parking and transport
    - Meals and other care costs during long births
    - Liability insurance
    - Ongoing education and professional development

- Social media and marketing
- Office space
- Website costs
- Accounting + legal fees
- Professional organizations + networking

**Burden of payment on doulas**

Right now, individual doulas are on the frontlines, working with people who need their care and are often putting themselves at financial risk (by reducing their prices or working for below minimum wage rates) to take someone out of health risk. We need your help to make this work sustainable in order to increase access to our care.

Thank you for your consideration of my testimony. I appreciate the opportunity to shape this important policy.

Respectfully,  
Kaitlin McGreyes  
Doula + Founder of BeHerVillage