New York State Department of Health

Doula Pilot Program: Findings from Focus Groups of Doulas and Clients in Buffalo

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Executive Summary

Purpose

This report presents the findings from four focus groups conducted by IPRO, an External Quality Review Organization, for the New York State Department of Health (DOH) regarding the pilot program implemented in 2019 to cover pregnancy-related doula care for pregnant and postpartum Medicaid members in Erie County, New York. The focus groups included doulas and doula clients, both affiliated and not affiliated with the Jericho Road Community Health Center (JRCHC). The purpose of the focus groups was to understand the experiences of participants during the pilot phase and gather recommendations for program improvements. This report provides an overview of the methodology, characteristics of study participants, key findings from the focus groups, and recommendations.

Methodology

The DOH directed IPRO to examine the experiences of two groups of doulas and doula clients, those affiliated and those not affiliated with JRCHC. Focus groups were composed of between three and ten subjects. Three focus groups were held in person (JRCHC clients (n=10), non-JRCHC clients (n=5), and JRCHC doulas (n=7)) on May 24-25, 2023. One focus group was held via teleconference (non-JRCHC doulas (n=3)) on June 1, 2023.

Findings

The findings reveal positive experiences and benefits associated with doula services for both JRCHC and non-JRCHC doulas and their clients. Doulas reported that the pilot program enabled them to expand their capacity to serve more Medicaid members and to reach clients who needed support in advocating for a childbirth experience that was responsive to their preferences. Doulas emphasized the comprehensive support they provide during the perinatal period, including but not limited to emotional support, advocacy, transportation assistance, translation, paperwork, guidance on nutrition and breastfeeding, and referrals to community resources. Doulas delivered both prenatal and postpartum care, and established an ongoing connection to health care for the birthing individual and newborn.

Clients from both client focus groups expressed high satisfaction with the services provided by doulas. They valued the support, guidance, and advocacy doulas offered throughout their pregnancy, delivery, and postpartum periods. Doulas played a fundamental role in helping clients navigate the health care system, ensuring their birth plans were respected, and offering emotional and physical support during labor and delivery. Clients new to the U.S. healthcare system or with limited English proficiency also appreciated the cultural understanding and language assistance provided by doulas.

The pilot program was seen as beneficial in raising awareness of the value of doulas among clients and clinicians. Doulas believed they had a positive impact on outcomes, including increased rates of vaginal births, cost savings for insurance companies, and improved support for diverse communities. However, some barriers and challenges were identified, such as difficulties with billing some Medicaid Managed Care plans and the Medicaid rate of reimbursement relative to the range of services and supports provided.

Recommendations

- Doulas and clients provided compelling personal experiences to support expanding the program's capacity to serve more clients. This could involve increasing the number of doulas available or implementing strategies to reach a larger population of pregnant individuals who could benefit from doula services.
- Racial, ethnic, and language concordance between clients and doulas was important to a diverse group of clients and doulas. The Medicaid doula providers should be representative of the diverse communities they serve.
- Doulas recommend increasing the Medicaid reimbursement rate for doula services to ensure fair compensation for their support services. Higher rates could help attract and retain doulas and offset losses the doulas sometimes incur when claims are denied.
- Doulas would like assistance with the billing process. Simplifying the documentation requirements and providing clear instructions could reduce the administrative burden on doulas.

- Doulas would like a directory of doulas' skills and services that would serve as a resource for both clients and health care providers.
- Clients and doulas suggested several marketing vehicles to increase the visibility of the program, including television advertisements, job fairs, and community events. Clients proposed program pamphlets in obstetric providers' waiting rooms and social services buildings to raise awareness and accessibility of doula services.
- Clients and doulas called for a stronger referral system and communication channels between doulas and clinicians to promote seamless integration of doula support into the overall care continuum.
- Clients recommend a similar program be available as children age, to help parents gain access to needed services.
- Clients noted some biases or reservations about doulas among hospital personnel and recommend providing education and information about the role of doulas in supporting pregnant individuals and the benefits they bring to the birthing process.
- Based on the positive feedback from both doulas and clients regarding telehealth visits, it is recommended for DOH to continue incorporating telehealth as a regular option for prenatal and postpartum support. However, doulas and clients valued the in-person breastfeeding education and labor support.

Conclusion

Overall, the pilot program has been well-received by doulas and clients alike, with significant benefits and positive outcomes reported. The findings from the focus groups provide valuable insights for program improvements and expansion, ensuring that more Medicaid members can access the support and services provided by doulas throughout their pregnancy and childbirth journey.

Background

In 2019, the New York State DOH implemented a pilot program to cover pregnancy-related doula care for pregnant and postpartum Medicaid members in Erie County, New York. The initiative adds to the State's armamentarium of approaches to reduce maternal mortality and disparities. The benefit allows doulas enrolled as Medicaid providers to be paid for up to four prenatal visits, labor and delivery support service, and up to four postpartum visits, for fee-for-service Medicaid and Medicaid Managed Care members.

DOH requested IPRO, its External Quality Review Organization, conduct focus groups of doulas and doula clients to understand their experiences during the pilot phase and any recommendations participants have for program improvements. In May and June 2023, IPRO conducted two focus groups of doulas and two focus groups of clients. This report summarizes focus group findings.

Methodology

Participants

The DOH directed IPRO to examine the experiences of two groups of doulas and doula clients, those affiliated and those not affiliated with the JRCHC, a major provider of health care services to Medicaid members in Buffalo. Clients who gave birth and had at least one doula claim between October 2021 and April 2023 were identified by the DOH from Medicaid claims data, and a list of their names and addresses was given to IPRO. From the JRCHC clients, the clients gave birth between January and April 2023. From the non-JRCHC clients, the clients gave birth between October 2021 and April 2023.

JRCHC clients received doula services that were coordinated by the JRCHC doula program. Clients not affiliated with JRCHC are those who sought care from any other participating doula in the Buffalo area.

Focus groups were comprised of between three and ten subjects. Three focus groups were held in person (JRCHC clients, non-JRCHC clients, and JRCHC doulas) on May 24-25, 2023. One focus group was held via teleconference (non-JRCHC doulas) on June 1, 2023.

Interview Protocol

IPRO and DOH collaborated on a focus group discussion guide to be used by the focus group leader to elicit information from participants about their experiences with the program (see **Appendix A**). A typical focus group approach was followed,[1] with the leader using predetermined questions to encourage all participants to share information about their own experiences, while also allowing participants to elaborate and provide other information and insights. Ninety minutes were allotted for each group. Participants received a retail gift card and, for those meeting in person, refreshments and a stipend for transportation costs associated with attending the focus group.

Participant Recruitment

Twelve JRCHC doulas were invited via email to participate, and eight agreed to attend the in-person focus group. Ten non-JRCHC doulas were invited via email to participate in a virtual focus group, and three attended.

IPRO sent two letters to a random sample of 51 JRCHC and 50 non-JRCHC clients, inviting them to participate in a focus group either at the JRCHC or at the United Way of Buffalo and Erie County. There were fewer than ten total responses from clients in response to the letters. IPRO requested help from the JRCHC doula program leader to contact participants and invite them to participate. Though having the doulas contact clients may have created a positive bias about the program among focus group participants, it was the only practical way to reach the doula clients and overcome any concerns about trust they may have had, and any language barriers there may have been with reading or replying to the letter. JRCHC recruited twelve clients for IPRO, ten of whom attended. Eight clients who were recruited required a

[1] Liamputtong, Pranee. "Focus Group Methodology: Principles and Practice," Sage Publications, published online December 23, 2015.

translator to participate. IPRO hired translators from Journey's End Refugee Services in Buffalo to assist during the focus group.

Of the fifty clients who were invited to join the non-JRCHC client focus group, five responded to letters of invitation. An additional two replied to the letters to say they had sought but not received doula services due to living outside the program's catchment area according to their managed care plan, thus were not included in the focus group.

Characteristics of Study Participants

Focus group participants and their affiliations are shown in **Table 1**.

The participating JRCHC doulas were a racially and culturally diverse group. Many reported being from similar cultures as their clients, including central Asian and African nationalities and ethnic groups. Almost all spoke one or more languages in addition to English, including Spanish, Swahili, Bangladeshi, Kinyarwanda, and Arabic. Their years of doula experience ranged from four to nine. None reported working as doulas elsewhere before working at JRCHC.

The JRCHC clients in the focus group were from central Asian and African countries, and spoke English (n=2), Arabic (n=1), Burmese (n=5), Somali (n=1), and Swahili (n=1). The focus group leader spoke in English, and translators conveyed the questions to the clients and the responses back to the group. Clients appeared to be in their 20's. In addition to the clients and translators, four infants and one non-birthing parent were present.

Three non-JRCHC doulas participated in the virtual focus group. Two were African American and the other was of unknown race. The three had been doulas for 2.5, 6, and 9 years. The first two had worked together previously at Calming Nature, with one having left there to start her own company. The third doula has her own business as well.

The non-JRCHC clients were Caucasian (n=3) and African American (n=2) and appeared slightly younger, on average, with ages ranging from mid-teens to late 20's.[2] All spoke English. One infant was present.

Table 1: Focus Group Participants

Characteristics	Number of Participants
Jericho Road Community Health Center Doulas	7
Non-Jericho Road Community Health Center Doulas	3
Jericho Road Community Health Center Clients	10
Non-Jericho Road Community Health Center Clients	5

[2] Race and age approximated by observation.

Focus Group Findings

Doula Focus Groups Findings

JRCHC has had a doula program as part of their high-risk maternal health program, the Priscilla Project, since 2005. Currently there are 22 doulas at JRCHC. Focus group participants reported that the Medicaid doula pilot program has enabled them to expand JRCHC's capacity to serve more clients. Full-time doulas manage a caseload of about 40 clients, while part-time doulas manage up to 25 clients at a time. JRCHC primary and maternity care clinicians refer clients to the doula program, and doulas believe that clinicians tend to refer their patients who lack familiarity with the U.S. healthcare system, do not have nearby family support, and/or do not speak English. The program director assigns clients to doulas taking into consideration the doula's caseload, cultural and linguistic congruity between doula and client, and the client's due date. Most clients, when offered a doula, decide to work with one, but doulas report that when an individual declines the doula service, it is because they possess prior experience with pregnancy and childbirth or have a strong support system of family or friends nearby.

In contrast, non-JRCHC doulas work in various settings. One is currently hospital based, one owns a four-doula practice, and the other operates her own practice. Their Medicaid client loads differ, ranging from 15 to 150 total Medicaid clients seen since the pilot project started in 2019. The doula pilot program has enabled them to serve a larger number of Medicaid clients. Non-JRCHC doulas primarily rely on word-of-mouth recommendations, referrals from obstetric providers and other clinicians, their social media presence, and their websites to attract clients. The doulas stated that some clients choose African American doulas because they understand their culture, and this instills trust especially during this vulnerable state. Doulas emphasized that they work with a diversity of patients. They said that clients also choose doulas if they need help advocating for their birthing preferences, such as a vaginal birth after cesarean section. It is rare for an individual to interview the doula and then not choose to work with them, but if it does happen, it is because the individual has experience with the labor techniques the doula offers.

Doula Services

JRCHC doulas describe their services as providing comprehensive social, emotional, and practical support to clients during the prenatal, birthing, and postpartum periods. They emphasize acting as advocates for their clients, ensuring clients' birthing experiences align with their preferences and helping them navigate the U.S. health care system effectively. They believe that clients often choose doula services to benefit from the cultural understanding, trust, and support. Participants also mentioned that in cases where clients are diagnosed with conditions such as preeclampsia or experience complications during birth, they help them get appropriate physical health care for those conditions.

JRCHC doulas emphasize the importance of prenatal care to their clients. They facilitate scheduling and keeping appointments, provide reminders, and arrange or provide transportation, themselves, if needed. They sometimes conduct home visits for prenatal health care, during which they assess potential risks, including domestic violence and environmental factors.

JRCHC doulas assist their clients in completing enrollment paperwork for Medicaid, if needed, and refer clients to nutrition-related programs like Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP). Additionally, they educate clients about WIC-approved foods and accompany them to grocery stores to prevent frustration from being turned away due to ineligible food choices. They also offer guidance regarding non-health resources such as donation centers, English as a Second Language (ESL) and citizenship classes. Additional services at JRCHC are made available to all pregnant individuals, such as the Baby Café, which are weekly group-care sessions covering various topics related to breastfeeding and women's health and conducted in multiple languages via Zoom.

Non-JRCHC doulas emphasized birth planning and delivery support as their key services, educating clients about their choices regarding labor positions, pain management, and medical nonintervention. One uses a contract with her clients that outlines the process of prenatal, pregnancy, and postpartum essentials, and identifies activities recommended for the clients to attend. They reported that pregnant individuals who come to them are usually looking for support for a natural childbirth experience, though the doulas are prepared for a range of circumstances. They provide postpartum

visits to help clients recover from childbirth. To encourage clients to seek pediatric care for their newborns, some provide them with guidance on how to select a pediatrician.

During the birthing process, both JRCHC and non-JRCHC doulas offer emotional and physical support. They assist in progressing labor and promoting vaginal births with the intention of reducing the occurrence of unwanted cesarean sections. Non-JRCHC doulas encourage the involvement of their clients' family members. Most doulas have had positive experiences with obstetric providers, as doulas report obstetric providers often appreciate the presence of doulas during delivery for coaching and translation purposes.

During the non-JRCHC focus group, doulas acknowledged the need to work carefully with the hospital staff during hospital births. Doulas understand that they must be respectful of the rules of the hospital and maintain a good relationship with staff, some of whom have negative impressions of doulas. Doulas must reassure staff of the doula's role, which is to support their clients in achieving their birthing preferences.

During the postpartum phase, both JRCHC and non-JRCHC doulas provide essential support in lactation, pumping, breastfeeding, and safe sleep positioning. They normally conduct a minimum of four postpartum visits, with a few providing up to 10 visits. They all encourage postpartum well-woman and well-child visits, with most clients continuing a previously established relationship with their obstetric provider for their postpartum visits. If the client has had a bad experience with their provider, the doula may provide the names of other providers for the client to follow-up with. Local hospitals require all new babies to have a well-child visit scheduled prior to discharge.

Doulas also screen for postpartum depression and suicidal thoughts. One JRCHC doula added that during home visits, she takes the opportunity to engage with clients' family members, offering information on breast self-examination and mammograms. Another JRCHC doula pointed out that in cases where clients experience the loss of a baby, she offers translation support related to bereavement assistance and helps with mementos and other needs.

Non-JRCHC doulas noted that some Medicaid transportation services run late so clients' appointments may be delayed or canceled.

COVID-19

Telehealth visits served as a vital means of connecting doulas with their clients when clients could not or did not want in-person care, ensuring continuity during the prenatal, birthing, and postpartum periods. Doulas utilized virtual communication channels such as Zoom, FaceTime, Facebook Messenger, WhatsApp videos, or phone calls in cases where clients had no access to Wi-Fi. Doulas believe (and clients confirmed) high satisfaction rates with the telehealth consultations. Some doulas expressed a preference for continuing prenatal and postpartum support through telehealth methods. However, they highly recommend at least one in-person visit to address crucial aspects like breastfeeding positioning and movement, recognizing the unique benefits of face-to-face interactions in these areas.

Benefits of the Pilot Program

In response to questions regarding the value of the pilot program, both JRCHC and non-JRCHC doulas expressed they had seen a positive impact on client and clinician awareness of the value of doulas, enhanced ability to recruit doulas, and improved knowledge among doulas, ultimately leading to improved support for clients and better outcomes for the communities they serve.

In addition, a non-JRCHC doula asserted that insurance companies may have experience substantial cost savings because of the higher rate of vaginal births facilitated by doulas, which reduced the need for costly cesarean sections and medical interventions. She also noted that reduced c-section rates help hospitals achieve their performance goals.

JRCHC doulas mentioned the program has also been successful in promoting diversity and inclusivity by recruiting doulas who are representative of the communities they serve. JRCHC doulas expressed their appreciation for the new knowledge and skills they have gained through the expanded funding that enhance their ability to provide comprehensive support to their communities. Specifically, one doula mentioned her greater understanding of the

importance of breastfeeding and the various ways in which they can effectively support clients in achieving successful breastfeeding experiences.

Barriers/Negative Experience of the Pilot Program

Both JRCHC and non-JRCHC doulas described problems working with some Medicaid Managed Care plans. Each plan has their own rules, and non-JRCHC doulas expressed frustration with the billing and documentation processes for several plans. There are fees associated with using billing services, so doulas try to do it themselves, but some find submitting claims is too time consuming.

Some JRCHC doulas mentioned some Medicaid Managed Care plans are rejecting a significant number of claims. When this happens, JRCHC utilizes their own grants and external funding sources to compensate doulas for their work.

Suggestions

JRCHC doulas offer several insights and recommendations for expanding and improving the program. They suggest allowing a grace period during the program's startup phase, considering the significant time required for credentialing all participants, which took approximately one year. This would allow a smoother transition and implementation of the program.

To enhance the program's effectiveness, JRCHC doulas suggest increasing the Medicaid reimbursement rate to ensure fair compensation for their services. Related to their experience at the birth hospitals, they propose having a dedicated staff room to alleviate the need for doulas to bring personal belongings into clients' rooms, and to give them a space to rest during extended periods of time. Some doulas would like private breastfeeding certification to be easier to obtain for non-English speakers.

To enhance their participation in the program, non-JRCHC doulas suggested better assistance in the billing process either in-person or via a direct line to a health plan representative who can provide guidance on pended or denied claims. They also felt the Medicaid reimbursement rate should be higher. They would like support during the recertification process, and that there be a comprehensive directory that details the skills and services provided by doulas in New York. They also recommended increased visibility for the program through television advertisements, job fairs, and community events to attract more doulas and raise awareness and accessibility of doula services.

Jericho Road and Non-Jericho Road Doula Clients Perspectives

Doula clients in both focus groups readily shared their personal experiences and opinions about the services they obtained from doulas. Almost all participants expressed very positive experiences of working with doulas throughout their pregnancy, delivery, and postpartum period. They received support, guidance, and advocacy. One's experience of the doula was influenced by a negative hospital experience, and she did not seek postpartum care.

Pathway to Working with a Doula

JRCHC clients learned about the availability of a doula through their JRCHC clinician or one of the JRCHC volunteers they met while seeking care. Most were receiving health services at JRCHC just prior to enrolling in the doula program, and their clinician referred them to the doula program. Clients were readily engaged with a doula, they reported, because they liked the idea of additional help, were first time parents, did not have family or friends nearby to offer them emotional or logistical support, or were unfamiliar with navigating healthcare in the United States.

Non-JRCHC clients were all aware of and sought out doulas. Several were seeking a natural childbirth, including one who planned a water birth. One noted that she learned doula services would be covered by Medicaid because she saw it on the doula's website. Another learned from a friend that it was a covered service. One client sought a doula because she had a (second) high-risk pregnancy and needed someone in addition to her husband to provide support. She had a positive experience with a doula from her previous high-risk pregnancy. One client heard from a friend that a doula is a guide and an advocate and would help make sure doctors would listen. None of the clients has seen the DOH pamphlet about the program, but all agreed that pamphlets should be distributed in obstetric providers' waiting rooms or hospitals.

Doula Support During Pregnancy and Delivery

JRCHC clients reported a long list of valued services and supports. Many described ways in which the doulas kept them engaged with prenatal care, including invaluable assistance with appointment reminders, transportation to medical appointments, translation services to bridge language barriers, and guidance and support in applying for Medicaid, SNAP, and WIC. Additionally, the doulas played a significant role in supporting breastfeeding with prenatal and postpartum education, promoting safe sleep practices for infants, addressing mood-related concerns such as depression, advocating for adherence to the clients' birth plans, offering emotional support, and fostering meaningful relationships. Many lacked prior experience with car seats, and noted the important training they received in car seat usage.

Many JRCHC clients stated they have limited family support in the United States and appreciated the presence of a dedicated individual to accompany them during their hospital stay. The alignment of language and culture between clients and their assigned doulas further enhanced the perceived benefits and effectiveness of the services and resources provided. All had a birth plan, and the doulas supported them to follow their birth plan. All clients had a doula present at their child's birth, even during COVID restrictions, who provided advocacy, emotional and physical support, and language translation, if needed.

Similarly, non-JRCHC clients reported a range of beneficial experiences working with doulas, with more mentioning emotional support and help with birth planning. Non-JRCHC clients reported having three or four prenatal visits with a doula. One client had trouble with her insurance so didn't get her first visit until her eighth month of pregnancy, but still fit in four visits. At least one received help getting Medicaid coverage. Some clients had home visits from their doulas and others met only at the doula's office or birthing center.

Non-JRCHC clients reported getting valuable referrals to community and online classes, including breastfeeding resources. However, time constraints posed challenges for attendance in some instances. Two clients engaged in online birthing classes (Momma Natural) recommended by the doula, expressing their usefulness while also voicing a desire for recorded sessions for greater convenience.

All non-JRCHC clients reported their doula was present at the delivery. During labor, the services provided by doulas varied among clients, with some experiencing a more spiritual dimension while others received a greater focus on

positioning and practical instruction for birthing. Clients appreciated doulas support in creating a calm atmosphere through the incorporation of soothing music, instruction in breathing techniques, guidance in optimal positioning to facilitate labor progression, and assistance in managing interactions with family members. They also reported that doulas were instrumental in empowering them to advocate for themselves and their birth preferences, ensuring that the birth plans remained central to their care. Some noted that doulas helped them recognize when they had to depart from the birth plan to assure the delivery progressed safely.

One client participant reported a situation of great concern to her in which she was in the hospital due to health risks, and her obstetrician wanted to deliver her baby by c-section at 31 weeks gestational age. She wanted to wait until the baby was more developed. The doula introduced her to a fetal medicine doctor and NICU nurses, who helped her understand the risks and discuss them with the obstetrician. She went home and returned to the hospital to deliver at 37 weeks gestation. The doula assisted this client with follow-up in filing a formal complaint.

In the postpartum period, the benefits reported by non-JRCHC clients include in-home follow-up care, which they considered vital in preventing appointment cancellations. One non-JRCHC client reported her doula played a pivotal role in assisting her in securing overnight care at home after an incident involving dropping her baby when she fell asleep in the waiting room at her postpartum visit. Support for breastfeeding, including guidance on latching techniques, and referrals to WIC services were also mentioned.

Overall, participants reported their doulas acted as advocates and provided emotional support, , aligning with clients' preferred birth plans, providing essential education, facilitating provider referrals, ensuring appointment adherence, offering nutritional guidance, supporting breastfeeding, and instilling comfort to reduce concerns.

Just one non-JRCHC client reported a bad doula experience but did not share what happened or the doula's role. She thinks something was going wrong during labor but did not understand it.

COVID-19

Most clients at JRCHC did not experience an interruption of in-person care due to the COVID-19 pandemic. Telehealth services, specifically conducted via Zoom, were utilized by only one JRCHC client.

Similarly, non-JRCHC clients still had in-person visits. Several augmented their care by accessing online pre-recorded doula classes or other educational resources available remotely.

Suggestions

JRCHC and non-JRCHC clients offered insights and suggestions for program improvements. Both client groups expressed a need for greater accessibility of doula services for low-income families, increased support during medical appointments, assistance with transportation services, and simplified insurance applications.

JRCHC clients indicated they knew people who would benefit from access to doulas, and recommended expansion of program capacity to serve more clients. They also asked that the program include care for both the birthing individual and baby as the baby grows older. They had a desire for continued support and guidance throughout different stages of parenting.

Non-JRCHC clients also felt that many of their peers would benefit from having a doula, and more should be done to publicize the program, such as by distributing pamphlets in obstetric provider offices and social services buildings, providing education for obstetric providers about collaborating with doulas, and addressing any biases or reservations held by hospital personnel. Participants also emphasized the importance of effective marketing and publicizing doula services through mediums such as videos on social media, commercials, and billboards. Additionally, obtaining endorsements from obstetric providers and improving the accessibility of doula services through insurance representatives were mentioned.

Recommendations

- Doulas and clients provided compelling personal experiences to support expanding the program's capacity to serve more clients. This could involve increasing the number of doulas available or implementing strategies to reach a larger population of pregnant individuals who could benefit from doula services.
- Racial, ethnic, and language concordance between clients and doulas was important to a diverse group of clients and doulas. The Medicaid doula providers should be representative of the diverse communities they serve.
- Doulas recommend increasing the Medicaid reimbursement rate for doula services to ensure fair compensation for their support services. Higher rates could help attract and retain doulas and offset losses the doulas sometimes incur when claims are denied.
- Doulas would like assistance with the billing process. Simplifying the documentation requirements and providing clear instructions could reduce the administrative burden on doulas.
- Doulas would like a directory of doulas' skills and services that would serve as a resource for both clients and health care providers.
- Clients and doulas suggested several marketing vehicles to increase the visibility of the program, including television advertisements, job fairs, and community events. Clients proposed program pamphlets in obstetric providers' waiting rooms and social services buildings to raise awareness and accessibility of doula services.
- Clients and doulas called for a stronger referral system and communication channels between doulas and clinicians to promote seamless integration of doula support into the overall care continuum.
- Clients recommend a similar program be available as children age, to help parents gain access to needed services.
- Clients noted some biases or reservations about doulas among hospital personnel and recommend providing education and information about the role of doulas in supporting pregnant individuals and the benefits they bring to the birthing process.
- Based on the positive feedback from both doulas and clients regarding telehealth visits, it is recommended for DOH to continue incorporating telehealth as a regular option for prenatal and postpartum support. However, doulas and clients valued the in-person breastfeeding education and labor support.

Appendix A: Doula Pilot Project Focus Group Interview Protocol

Table A1: Doula Focus Group Questions

Key Questions
How long have you been a doula?
Where have you worked as a doula? (JR: Have you worked as a doula any place other than Jericho Road?)
Let's start by talking a little while about your experience engaging new clients.
About how many Medicaid clients did you work with as part of the pilot? *Ballpark numbers are fine.*
How did clients get referred to you – were they recruited by someone else, or were you the first one to talk with them about the doula program?
When you began explaining the program to clients, did you find they were already familiar with the role doulas play in maternity care? If yes, did they have prior experience working with a doula themselves?
What do you tell them about the experience of working with a doula?
Did most women you spoke with seem eager to participate? Uncertain? If uncertain, what do you think made the most impact on their choice to participate?
Did you speak with any clients who did not want to work with a doula? If so, what were their reasons?
Did you use a pamphlet from the Department of Health to help interest clients in the pilot program? If yes, was it helpful? Is there anything that could be improved about the pamphlet?
Were there parts of the pilot program you thought worked particularly well to recruit clients in the program?
What should the program change, if anything, to make it easier to engage new clients in working with a doula?
Now let's talk about retaining clients in the program.
Once a client was engaged, did most continue in the program, or did some drop out? If some dropped out, do you know why? How many visits did the moms have with you?
Were there parts of the pilot program you thought worked particularly well to retain clients in the program?
Were you able to be present at the delivery for most or all of your Medicaid clients?
Were you involved in translating between the moms and the medical team? Was there anyone you think would have been able to speak your clients' languages had you not been there?
Did you encourage your clients to get postpartum care for themselves?
Did you encourage your clients to get well-child visits?
Do you know where your Medicaid clients will get ongoing care? Does it seem they are well-connected to care for themselves and their babies going forward?
Are there ways the program could be changed to encourage women to get necessary follow up care?
Let's talk now about how the program worked for the doulas.
For non-JR doulas only. How did you find the billing process? Did any of the managed care plans make it easier or harder to bill? How? Is there a different billing arrangement that could have worked better for you?
Are there any positive experiences about the program that the Department of Health might feature when Medicaid coverage for doula services expands statewide? What would you want other doulas to know about Medicaid participation?
Would you recommend participating in Medicaid to other doulas?
Let's talk about COVID.
We know COVID was disruptive to everyone. How did it impact your experience in the doula pilot program?
How did you find providing care by telehealth?
How do you think your clients fared with it? Do you think telehealth visits were effective for the clients' prenatal and postpartum visits? Did you think telehealth works for some clients better than others? Which ones?
Closing
Is there anything else you feel is important that we haven't discussed?

Key Questions
In closing, would you tell me one positive experience you had with the pilot program?
And one negative experience with the pilot program?

Table A2: Doula Clients Key Questions

Key Questions
Let's start by talking about your decision to work with a doula for the birth of your child.
How did you learn about the doula who you worked with? Follow up with: Did a doctor tell you about the doula, or someone else? Who was that?
When you heard a doula was available to you to help you with your pregnancy, what did you think of that choice?
Were you already familiar with the role doulas play? Did you have a doula before?
Do you remember what you heard that you liked about doulas?
Did you have any uncertainty or negative views of doulas?
What do you tell them about the experience of working with a doula?
Did you talk with friends or relatives about doulas? What did they say?
Do you remember seeing a pamphlet about Medicaid doulas? What do you remember about it? Was it helpful? Is there anything that could be improved about the pamphlet?
Now let's talk about the times you got care or help from the doula.
How many people saw a doula before your baby was born? How many times do you remember?
What help did you get from the doula?
Did you have a birth plan? Did the doula help you with the birth plan?
Did the doula influence your decision to breast feed? What did they say that influenced you?
Is there anything the doula didn't help with before the delivery that you would have liked from them?
Was the doula there when your baby was born?
How did the doula help you during delivery?
Were there things that you particularly liked that the doula did? Didn't like?
Did the doula help translate for you and your doctors and nurses?
After the baby was born, did you see the doula again? How many times?
What did they do to help you during those visits after you left the hospital? Did they help you with breastfeeding? Did they encourage you to see a primary care provider for yourself? Did they encourage you to get well-baby visits?
During COVID, did anyone have any visits by phone or video call?
Did anyone in the room have another baby before this one, and DIDN'T have a doula?
The NYS Department of Health will be making doulas available in all parts of New York soon.
Do you have any suggestions for them about what to keep about the same about the doula help?
Do you have any suggestions for them about what to change about the doula help?
What messages do you think would be helpful for other parents like you who are trying to decide if they want to have a doula or not?
Would you recommend Medicaid doulas to your friends or family members?
Closing
What could the doulas do to encourage other parents like you to work with a doula when they get pregnant?
Is there anything else you feel is important that we haven't discussed?
In closing, would you tell me one positive experience you had with the doula?
And one negative experience with the doula?