

1 A bill to be entitled

2 An act relating to doula services in maternal health
3 initiatives; creating s. 383.295, F.S.; defining
4 terms; establishing the pilot program in Broward,
5 Miami-Dade, and Palm Beach Counties for a specified
6 purpose; providing aims of the pilot program;
7 requiring the Department of Health, in collaboration
8 with its maternal and child health section, to
9 implement and oversee the pilot program; specifying
10 the duration of the pilot program, subject to funding;
11 requiring the pilot program to target specified
12 populations for enrollment; specifying services that
13 will be provided under the pilot program; requiring
14 the department to collaborate with specified entities
15 to integrate doula services into existing maternal
16 health programs and facilitate outreach and service
17 delivery; authorizing the department to integrate
18 doula services into existing maternal and child health
19 programs as an expansion of the pilot program, subject
20 to certain requirements; providing for funding of the
21 pilot program; providing an effective date.

22
23 WHEREAS, preterm birth is defined as a live birth before 37
24 completed weeks of gestation and is associated with increased
25 morbidities or ailments, such as cerebral palsy, breathing

26 | difficulties, feeding problems, developmental delay, and vision
27 | and hearing problems, and

28 | WHEREAS, preterm labor occurs when regular contractions
29 | cause the cervix to open between 20 and 37 weeks of gestation,
30 | which can result in a baby being born before 37 weeks of
31 | gestation, and the earlier the delivery, the greater the health
32 | risks for the baby, requiring special care in a neonatal
33 | intensive care unit and potentially causing long-term mental and
34 | physical health concerns, and

35 | WHEREAS, Florida's preterm birth rate has risen annually
36 | since 2014 to its current average rate of 10.9 percent, higher
37 | than the national average of 10.5 percent, and

38 | WHEREAS, Florida ranks among the highest in the nation for
39 | infant mortality, with a rate of 5.9 deaths per 1,000 births,
40 | higher than the national average of 5.4 deaths per 1,000 births,
41 | and

42 | WHEREAS, Florida also has one of the highest cesarean
43 | delivery rates in the nation at 37.4 percent, compared to the
44 | national average of 31.8 percent, with cesarean delivery being
45 | associated with increased risks to infants, including
46 | respiratory distress, infection, and long-term health
47 | complications, and

48 | WHEREAS, maternal mortality is defined as the annual number
49 | of female deaths from any cause related to or aggravated by
50 | pregnancy or its management, excluding accidental or incidental

51 causes, during pregnancy and childbirth or within 42 days after
52 termination of a pregnancy, irrespective of the duration and
53 site of the pregnancy, and

54 WHEREAS, Florida ranks 17th in the nation with a maternal
55 mortality rate of 26.3 deaths per 100,000 births, compared to a
56 national rate of 23.2 deaths per 100,000 births, and

57 WHEREAS, Broward County has a maternal mortality rate of
58 24.8 deaths per 100,000 live births, and an infant mortality
59 rate of 5 deaths per 1,000 live births, and

60 WHEREAS, Miami-Dade County has a maternal mortality rate of
61 20.3 deaths per 100,000 live births, and an infant mortality
62 rate of 4.8 deaths per 1,000 live births, and

63 WHEREAS, Palm Beach County has a maternal mortality rate of
64 33.2 deaths per 100,000 live births, and an infant mortality
65 rate of 5.4 deaths per 1,000 live births, and

66 WHEREAS, continued perinatal support, including the
67 services provided by trained doulas, is associated with reduced
68 rates of cesarean delivery and improved birth outcomes, and

69 WHEREAS, Florida has ongoing challenges related to child
70 safety and welfare, with statistics showing disparities in
71 health and safety outcomes for children across racial and
72 socioeconomic groups, and

73 WHEREAS, doula care is the continuous, one-to-one
74 emotional, informational, and physical support provided by a
75 trained nonmedical professional to pregnant women and their

76 families during pregnancy, labor, and the postpartum period, and
 77 WHEREAS, while doulas do not perform medical tasks, they
 78 provide an array of educational and support services throughout
 79 the birthing process to ensure that the mother has a positive
 80 and empowering experience, including, but not limited to,
 81 educational resources and information about pregnancy,
 82 childbirth, and postpartum care; assistance in creating a birth
 83 plan; continuous emotional support during labor and delivery;
 84 assistance with breathing techniques, relaxation, and
 85 positioning during labor; massage and counterpressure measures;
 86 facilitation of communication with medical staff; advocacy in
 87 and navigation of the medical setting; and postpartum support
 88 with newborn care and feeding, and

89 WHEREAS, evidence-based support provided by trained doulas
 90 has been shown to enhance birth experiences, reduce cesarean
 91 deliveries, and improve overall health outcomes for mothers and
 92 infants, and

93 WHEREAS, the state has a compelling interest in improving
 94 maternal and infant outcomes through increased access to high-
 95 quality doula services, NOW, THEREFORE,

96

97 Be It Enacted by the Legislature of the State of Florida:

98

99 **Section 1. Section 383.295, Florida Statutes, is created**
 100 **to read:**

101 383.295 Doulas.-

102 (1) DEFINITIONS.—As used in this section, the term:

103 (a) "Department" means the Department of Health.

104 (b) "Doula" means a nonmedical professional who provides
 105 health education, advocacy, and physical, emotional, and
 106 nonmedical support for pregnant and postpartum women before,
 107 during, and after childbirth, including support during
 108 miscarriage and stillbirth. Doulas are not licensed or clinical
 109 providers, and they do not require supervision.

110 (c) "Doula services" means the provision of physical,
 111 emotional, and informational support by a nonmedical
 112 professional to a pregnant woman during the prenatal,
 113 intrapartum, and postpartum periods. Activities may include
 114 childbirth education, labor support, postpartum recovery
 115 support, assistance with infant care, lactation support, and
 116 connection to community resources.

117 (d) "Evidence-based" means a process in which decisions
 118 are made and actions or activities are carried out, based on the
 119 best evidence available, with the goal of removing subjective
 120 opinion, unfounded beliefs, or bias from decisions and actions.
 121 Such evidence may include practitioner experience and expertise
 122 as well as feedback from other practitioners and beneficiaries.

123 (2) PILOT PROGRAM ESTABLISHED.—

124 (a) The Doula Support for Healthy Births pilot program is
 125 established in Broward, Miami-Dade, and Palm Beach Counties to

126 integrate doula services into existing maternal health
127 initiatives, targeting parents who are uninsured, underinsured,
128 or eligible for Medicaid or the Special Supplemental Nutrition
129 Program for Women, Infants, and Children (WIC).

130 (b) The purpose of the pilot program is to improve birth
131 outcomes by decreasing preterm birth rates and cesarean
132 deliveries, enhancing access to care, and supporting maternal
133 well-being throughout the pregnancy, labor, and postpartum
134 periods using evidence-based methods.

135 (c) The Department of Health shall work in collaboration
136 with its maternal and child health section to implement and
137 oversee the pilot program.

138 (3) PROGRAM STRUCTURE.—

139 (a) The pilot program may operate for 12 to 24 months,
140 subject to funding.

141 (b) The pilot program shall target the enrollment of
142 uninsured and underinsured pregnant women, WIC participants, and
143 Medicaid-eligible parents.

144 (c) The following support services must be offered under
145 the pilot program:

146 1. Prenatal support.—Educational resources, personalized
147 birth plans, and emotional support.

148 2. Labor support.—Continuous emotional support, comfort
149 measures, and communication facilitation.

150 3. Postpartum support.—Assistance with newborn care,

151 postpartum resources, and household tasks.

152 4. Advocacy support.—Assistance with preferences and needs
153 within medical settings and health care navigation.

154 5. Emotional support.—Comprehensive emotional support
155 during the pregnancy and postpartum periods.

156 (4) COLLABORATION; INTEGRATION.—

157 (a) The department shall collaborate with:

158 1. Health care providers, community organizations,
159 community coalitions, and advocacy groups to integrate doulas
160 and doula services into existing maternal health programs,
161 ensuring that such doulas are trained and meet all of the
162 following criteria:

163 a. Demonstrate a strong understanding of the reproductive
164 system, labor process, and postpartum recovery.

165 b. Are proficient in hands-on techniques such as massage,
166 counterpressure, breathing exercises, and nonmedicated pain
167 management.

168 c. Support a client's birth plan, communicate effectively
169 with medical staff, and advocate for informed consent.

170 d. Provide guidance on breastfeeding, basic newborn care,
171 and both the physical and emotional aspects of postpartum
172 recovery.

173 e. Use active listening, clear communication, and conflict
174 resolution skills in interactions with clients and health care
175 providers.

176 f. Understand common medical complications and provide
177 emotional and physical support to clients in challenging
178 situations.

179 g. Uphold professionalism, ethical decisionmaking, and
180 legal responsibilities in doula practice.

181 2. Local WIC programs, hospitals, birth centers, and
182 community health centers to facilitate outreach and service
183 delivery.

184 (b) The department may integrate doula services into
185 existing maternal and child health programs as an expansion of
186 the pilot program, focusing on uninsured, underinsured, and
187 Medicaid populations. Any such expansion of the pilot program
188 must include annual reporting requirements for the department to
189 evaluate effectiveness, equity, and quality of integrating doula
190 services into the existing maternal and child health programs.

191 (5) FUNDING.—The pilot program shall be funded using
192 appropriations for the Closing the Gap grant program established
193 under ss. 381.7351–381.7356. The department shall collaborate
194 with its Division of Community Health Promotion and Office of
195 Minority Health and Health Equity to seek additional federal
196 funds to support implementation.

197 **Section 2.** This act shall take effect upon becoming a law.
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