

By Senator Osgood

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

23  
24       WHEREAS, preterm birth is defined as a live birth before 37  
25      completed weeks of gestation and is associated with increased  
26      morbidity or ailments, such as cerebral palsy, breathing  
27      difficulties, feeding problems, developmental delay, and vision  
28      and hearing problems, and

29       WHEREAS, preterm labor occurs when regular contractions

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

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

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

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

49 WHEREAS, maternal mortality is defined as the annual number  
50 of female deaths from any cause related to or aggravated by  
51 pregnancy or its management, excluding accidental or incidental  
52 causes, during pregnancy and childbirth or within 42 days after  
53 termination of a pregnancy, irrespective of the duration and  
54 site of the pregnancy, and

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

58 WHEREAS, Broward County has a maternal mortality rate of

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59 24.8 deaths per 100,000 live births, and an infant mortality  
60 rate of 5 deaths per 1,000 live births, and

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

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

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

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

74 WHEREAS, doula care is the continuous, one-to-one  
75 emotional, informational, and physical support provided by a  
76 trained nonmedical professional to pregnant women and their  
77 families during pregnancy, labor, and the postpartum period, and

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

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88 and navigation of the medical setting; and postpartum support  
89 with newborn care and feeding, and

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

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

97

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

99

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

102 383.295 Doulas.-

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

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

105 (b) "Doula" means a nonmedical professional who provides

106 health education, advocacy, and physical, emotional, and

107 nonmedical support for pregnant and postpartum women before,

108 during, and after childbirth, including support during

109 miscarriage and stillbirth. Doulas are not licensed or clinical

110 providers, and they do not require supervision.

111 (c) "Doula services" means the provision of physical,

112 emotional, and informational support by a nonmedical

113 professional to a pregnant woman during the prenatal,

114 intrapartum, and postpartum periods. Activities may include

115 childbirth education, labor support, postpartum recovery

116 support, assistance with infant care, lactation support, and

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117 connection to community resources.

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

124 (2) PILOT PROGRAM ESTABLISHED.—

125 (a) The Doula Support for Healthy Births pilot program is  
126 established in Broward, Miami-Dade, and Palm Beach Counties to  
127 integrate doula services into existing maternal health  
128 initiatives, targeting parents who are uninsured, underinsured,  
129 or eligible for Medicaid or the Special Supplemental Nutrition  
130 Program for Women, Infants, and Children (WIC).

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

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

139 (3) PROGRAM STRUCTURE.—

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

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

145 (c) The following support services must be offered under

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146 the pilot program:

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

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

151 3. Postpartum support.—Assistance with newborn care,  
152 postpartum resources, and household tasks.

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

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

157 (4) COLLABORATION; INTEGRATION.—

158 (a) The department shall collaborate with:

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

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

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

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

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

174 e. Use active listening, clear communication, and conflict

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175 resolution skills in interactions with clients and health care  
176 providers.

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

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

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

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

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

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