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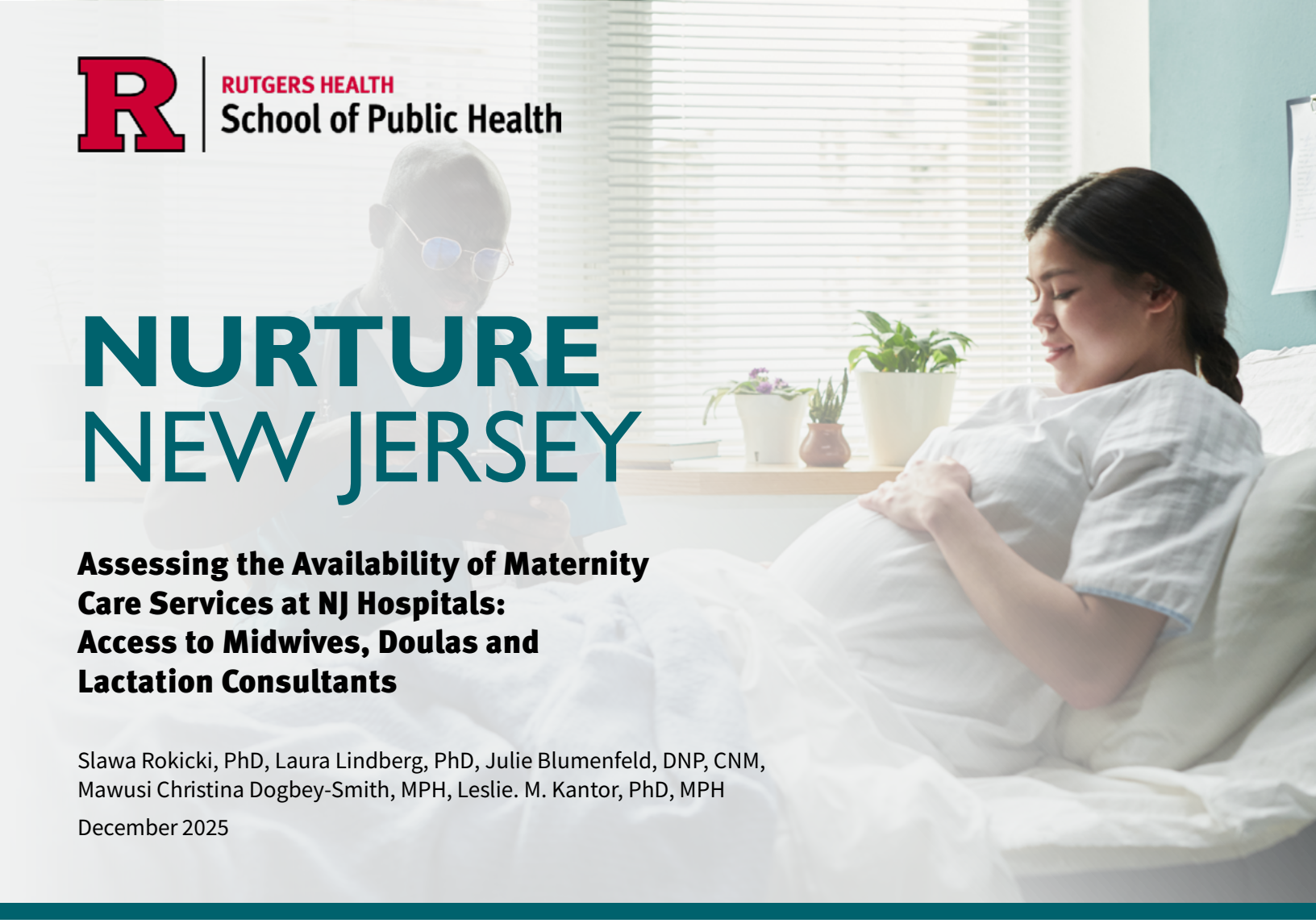

NURTURE NEW JERSEY

Assessing the Availability of Maternity Care Services at NJ Hospitals: Access to Midwives, Doulas and Lactation Consultants

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December 2025

Access to perinatal health care providers is critical for supporting maternal health across the pregnancy, labor and delivery, and postpartum continuum. While obstetricians are often the primary source of health care during pregnancy, many other health care professionals, such as physicians in Family Medicine with Obstetrics (FMOB), midwives, doulas, and lactation consultants, play vital roles in ensuring a healthy pregnancy, positive childbirth experiences, and successful breastfeeding initiation and continuation (Box 1). In this brief, we focus on midwives, doulas, and lactation consultants in an examination of available data from the 2024 Leapfrog Maternity Care Report.

- A large body of scientific evidence validates the benefits of midwives, doulas, and lactation consultants for maternal health.
- Compared with traditional obstetric care, midwifery care is associated with better outcomes for low-risk women, including fewer interventions during labor, reduced rates of Cesarean birth, and greater satisfaction with care (Damiano et al., 2020; Sutcliffe et al., 2012).
- Similarly, continuous labor support provided by doulas is associated with lower rates of Cesarean birth and better infant health (Knocke et al., 2022; Kozhimannil et al., 2014).
- Studies show that lactation consultants increase rates of breastfeeding initiation and exclusive breastfeeding (D'Hollander et al., 2025).

Expanding Access in New Jersey

The Nurture NJ initiative has aimed to strengthen the perinatal health care delivery system and improve maternal and infant health outcomes and experiences by expanding maternity care services at birthing hospitals, including the availability of midwives for delivering newborns, the employment of and access to doulas, and access to lactation consultants in the hospital, the outpatient setting, and at home. Specific policy actions initiated by Nurture NJ include increasing reimbursement rates for providers, including pay equity for midwives and obstetricians; ensuring doulas have access to hospitals for supporting women during labor, delivery, and recovery (P.L. 2023, c. 286); and investments in midwifery education and training (Blumenfeld et al., 2024; Kantor et al., 2025; Office of the Governor of New Jersey, 2024).

Box 1: Perinatal Healthcare Providers

Obstetricians
Obstetricians are licensed physicians specializing in pregnancy and childbirth. They provide care from preconception, through pregnancy, labor/ delivery and the postpartum period. Obstetric care includes monitoring maternal and fetal health through pregnancy, screening for and managing conditions that may affect the pregnancy, managing high-risk pregnancies, and delivering babies either vaginally or by Cesarean section (The Cleveland Clinic, 2025c).

Family Medicine with Obstetrics
Family Medicine with Obstetrics (FMOB) is a primary care specialty in which a physician is trained to provide comprehensive care for all ages, including pregnancy and childbirth. These doctors can act as a family's primary care provider while also overseeing the care of a pregnant person, and in some cases, their child, from the prenatal stages through delivery and postpartum care (Loeven, 2022).

Midwives
Certified nurse-midwives (CNMs), certified midwives (CMs), and certified professional midwives (CPMs) are board-certified healthcare providers (New Jersey Health Care Quality Institute, 2022a). Midwifery care encompasses a full range of primary health care services from adolescence beyond menopause, including primary care, sexual and reproductive healthcare, family planning services, preconception care, prenatal care, childbirth and the postpartum period, and care of the normal newborn during the first 28 days of life. The midwifery model of care, with its patient-centered approach, focuses on education and patient autonomy (American College of Nurse-Midwives, n.d.).

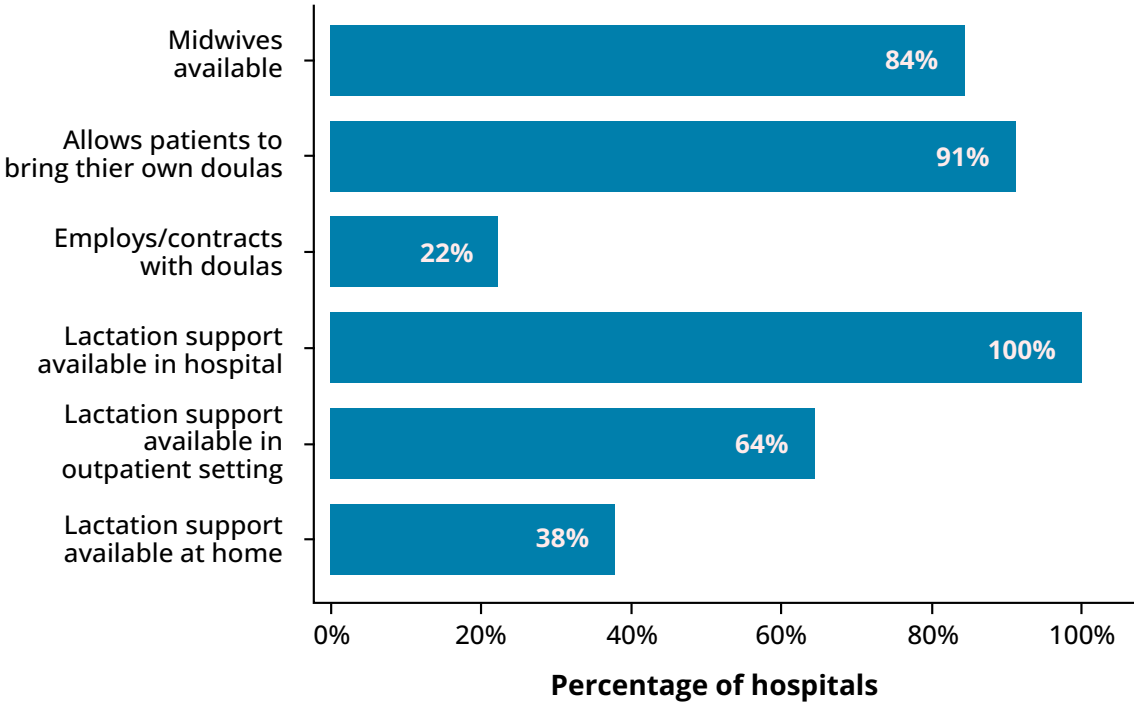
Doulas
Doulas are trained professionals who provide continuous physical, emotional, and informational support to birthing people before, during, and after childbirth. Doulas support birthing people to be self-advocates and offer postpartum support, which can include assistance with newborn care, emotional well-being, and navigating new parenthood. Doulas play a critical role in promoting a positive birth experience and improving maternal outcomes (The Cleveland Clinic, 2025b).

Lactation Consultants
Board-certified lactation consultants (IBCLCs) are certified in the clinical management of breastfeeding and lactation (New Jersey Health Care Quality Institute, 2022b). IBCLCs support breastfeeding parents by addressing challenges like latching issues, low milk supply, and nipple pain. Their guidance is especially vital in the early weeks as feeding routines develop. By improving infant nutrition and boosting maternal confidence, they help improve breastfeeding initiation and duration and reduce early breastfeeding cessation (The Cleveland Clinic, 2025a).

Analyzing Access in New Jersey

In collaboration with the New Jersey Health Care Quality Institute, this analysis used data from the 2024 Leapfrog Hospital Survey (The Leapfrog Group, n.d.-a), which provides data reported by hospital administrators on the accessibility of maternity care services, combined with NJ Department of Health hospital demographic data, to investigate birthing people's access to maternity care services. The following hospital maternity care services were examined: (1) the availability of certified nurse-midwives and/or certified midwives for attending births; (2) allowing patients to bring their own doulas; (3) employing or contracting with doulas; (4) availability of breastfeeding/lactation consultants in the hospital; (5) the availability of breastfeeding/lactation consultants in an outpatient setting; and (6) the availability of breastfeeding/lactation consultants at home after discharge. All NJ hospitals that provide labor and delivery services and were included in the Leapfrog 2024 Hospital Survey (45 participating hospitals) were included in the analysis.

Figure 1. Percentage of hospitals with maternity care services (N=45)



In 2024, 84 percent of hospitals reported having midwives available to attend births. Among hospitals, 91 percent reported allowing patients to bring their own doulas and 22 percent reported that they employed or contracted directly with doulas. All hospitals offered breastfeeding/lactation consultants in the hospital as part of labor and delivery services; just under two-thirds (64 percent) of hospitals offered breastfeeding/lactation consultants in the outpatient setting, and 38 percent offered breastfeeding/lactation consultants at home after discharge (Figure 1).

The total number of maternity care services reported by hospitals ranged from two to six, with an average of four. We categorized hospitals into groups with a low (16 hospitals with fewer than 3 services, 36 percent of hospitals), average (16 hospitals with 4 services, 36 percent of hospitals), and a high number of services (12 hospitals with 5 or 6 services, 29 percent of hospitals).

Table 1 shows how the characteristics of the birthing population vary across the number of services available. Among hospitals with low or average number of services, births to Hispanic women made up 37.4-38.4 percent of births, compared to 29 percent of the overall birthing population. In other words, Hispanic women are overrepresented in hospitals with fewer available services. Conversely, white women are underrepresented in these hospitals, making up 35.8-38.6 percent of births in low-service hospitals compared to 46.6 percent of the birthing population overall.

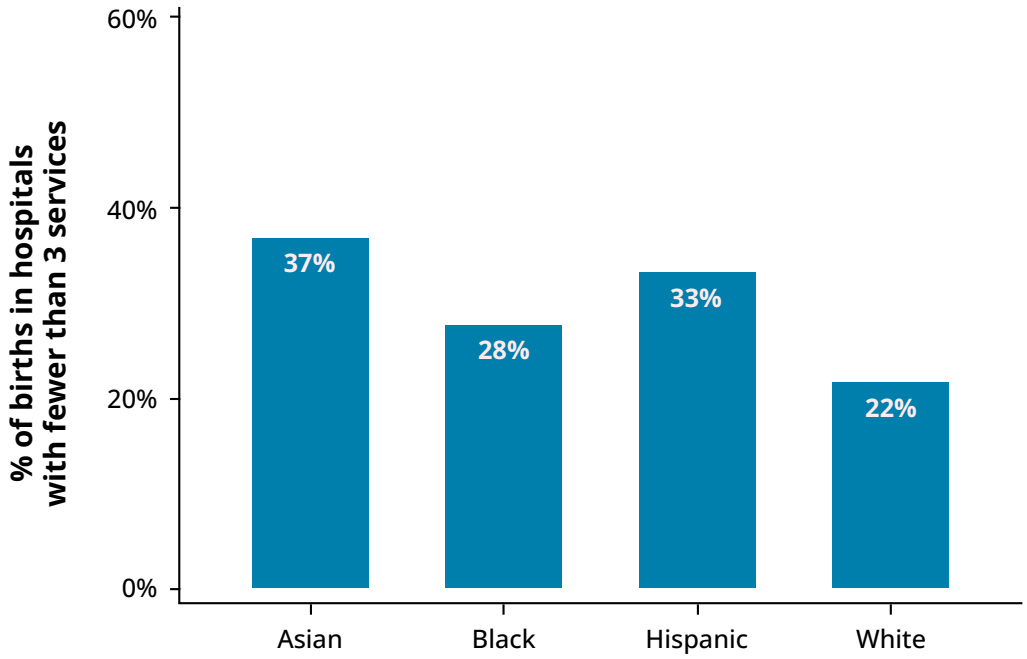
Table 1. Characteristics of maternity hospitals by number of maternity care services

Hospital and Patient Characteristics	2023* birthing population	Number of Maternity care services			p-value
		Low (n=16)	Average (n=16)	High (n=13)	
Average delivery hospitalizations	-	1,667	2,228	2,615	-
Total delivery hospitalizations	101,014	26,674	35,642	33,992	-
Race and ethnicity of patients (percent)					
Asian	9.8	10.3	7.3	7.8	0.59
Black	12.1	13.0	13.4	11.0	0.90
Hispanic	29.0	37.4	38.4	28.0	0.45
White	46.6	35.8	38.6	50.9	0.23
Educational attainment of patients (percent)					
High School or less	30.9	38.4	43.4	29.1	0.08
Some college	19.0	20.6	22.0	20.3	0.60
College degree or more	48.9	41.0	34.6	50.6	0.08
Medicaid-insured (percent)	31.0	38.4	41.9	29.8	0.22

Notes: Asian, Black, and white groups are non-Hispanic. P-value tests difference in characteristics by number of services, obtained from Kruskal–Wallis test. *Most recent data available from NJ SHAD. Low defined as fewer than three services available, average defined as 4 services available, and high defined as five or more services available.

The previous table focuses on differences in patient characteristics across hospitals with varying number of services available. However, because hospitals also differ in the total number of delivery hospitalizations, it is less clear how many *patients* were affected by limited service availability. To examine this further, we calculated the percentage of births occurring in hospitals with few (<=3) services, broken down by race and ethnicity, to better understand which population groups were most impacted (Figure 2).

Figure 2. Percentage of births in hospitals with fewer than 3 maternity care services, by race and ethnicity of patients



Notes: Asian, Black, and white groups are non-Hispanic

More Hispanic and Asian births were concentrated in hospitals with fewer maternity care services: 37 percent of Asian births and 33 percent of Hispanic births occurred in the 16 hospitals offering fewer than 3 services, compared to only 22 percent of white births. For births to Black women, 28 percent were delivered in these hospitals with few services.

These results indicate significant disparities in access to comprehensive maternity care services, particularly for Asian and Hispanic populations, as larger proportions of the births in these populations were concentrated in hospitals with few services. Addressing service gaps in these hospitals could potentially have a large impact on health equity.

Limitations

This analysis has several limitations. The Leapfrog Group builds several data accuracy mechanisms, such as hospital administrator accuracy affirmation into the survey administration (The Leapfrog Group, n.d.-b). However, data are self-reported by hospitals, which could lead to misreporting or errors. We also do not have information on the quality of services; for example, the availability of midwives could mean a single midwife with limited working hours or a robust 24/7 midwifery presence. Similarly, while doulas may be allowed in hospitals generally, anecdotal evidence suggests that doulas may face barriers to access or restricted access in certain hospital areas, such as operating rooms. To better understand access challenges for community doulas, additional data and analysis of trends and hospital patterns in Medicaid reimbursement of doulas is necessary.

Summary and Policy Recommendations

This analysis found that availability of maternity care services including midwives, doulas, and lactation consultants varied considerably across New Jersey hospitals. Moreover, hospitals with the lowest number of services were more likely to serve Hispanic patients, while those with the most services serve a larger proportion of white patients. This analysis also found that births to Hispanic and Asian women were more concentrated in hospitals with few services. New Jersey's maternal health ecosystem needs to focus additional attention and resources on serving Hispanic and Asian women.

This analysis found that 22 percent of hospitals employed or contracted with doulas. It is important to keep in mind that many community doulas prefer to work independently or through community-based programs, offering families important choices in how and where they receive support. Doula programs within hospitals may provide greater access for lower income patients, help validate the importance of doula services, and help expose a wider array of people to doulas as a profession. New Jersey has made efforts to increase access to doulas within hospitals by mandating that hospitals and birthing centers develop and maintain policies that allow doulas to accompany patients before, during, and after labor and childbirth. Further research on the implementation of doula programs on reach, acceptability, effectiveness, and sustainability is needed. Moreover, many patients in NJ obtain services from community-based doulas, midwives, or lactation consultants, and this report does not assess access to those services which are not hospital-based.

While breastfeeding initiation and duration rates in New Jersey are similar to the U.S. average (Centers for Disease Control and Prevention, 2022), disparities persist across sociodemographic groups (American College of Obstetrics and Gynecology, 2021). Lactation-supportive practices aligned with the Baby-Friendly Hospital designation are associated with increased odds of breastfeeding duration (Barrera et al., 2019), yet only 14 birthing facilities out of 49 in New Jersey are designated as such (New Jersey Breastfeeding Coalition, 2025). Moreover, hospital discharge represents a critical juncture for breastfeeding continuation. Breastfeeding support after discharge is associated with longer breastfeeding duration (McKeever et al., 2002). Evaluation and expansion of lactation-supportive practices offered by hospitals is critical to supporting maternal and infant health.

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Additional investigation is needed to learn from hospitals about the barriers they face in providing access to the full range of perinatal health care providers. Low reimbursement rates for services are likely barriers to providing access to doulas and lactation consultants. In 2023, New Jersey increased reimbursement rates for maternity care providers, including midwives and doulas. Midwives in New Jersey are now reimbursed at the same rates as obstetricians in fee-for-service Medicaid programs; however, many private insurers, including Medicaid MCOs, do not provide pay parity for midwives. Providing education and training opportunities to reduce midwife shortages is key to ensuring that more women have access to these services. Efforts are being made as part of Nurture NJ (The Office of the Governor of New Jersey, 2023), and additional investments include the New Jersey Midwifery Education Project funded by the New Jersey Department of Health (see infographic on midwifery student survey for information on this program.)

Considering the benefits of midwives, doulas, and lactation consultants for maternal and infant health, addressing the service gaps we identified across hospitals in NJ is critical for achieving maternal health equity. Particular attention and resources are needed to address gaps in care for Hispanic and Asian women.

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Suggested Citation: Rokicki, S. Lindberg, L. Blumenfeld, J. Dogbey-Smith, M.C., Kantor, L. (2025) "Assessing the Availability of Maternity Care Services at NJ Hospitals: Access to Midwives, Doulas and Lactation Consultants". (Policy Brief). Rutgers School of Public Health.

Acknowledgement: We gratefully acknowledge the collaboration of the New Jersey Health Care Quality Institute and their contributions to this policy brief.

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