

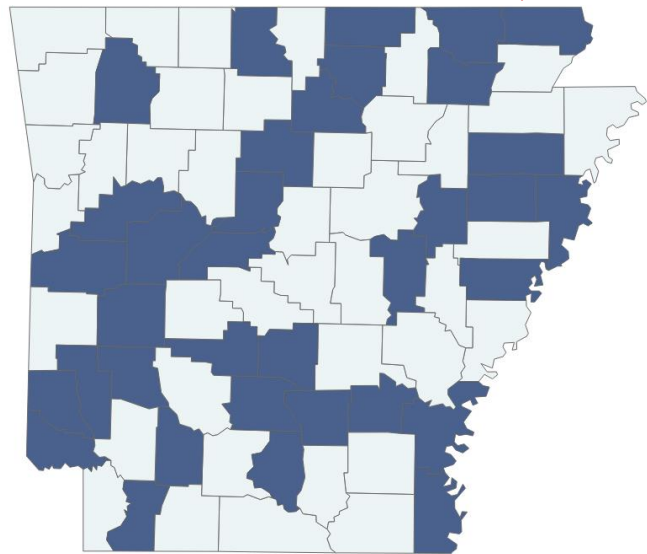
DOULAS AND THE BIRTHING JOURNEY

Introduction

The birthing journey represents perhaps the most transformative and vulnerable phase of a mother’s life. Unfortunately, many women find themselves navigating this stage of life without adequate familial and social supports, which can impact health outcomes.¹ Other barriers, including inadequate health literacy and limited access to maternity care, are also associated with poor maternal and infant health outcomes.² In Arkansas, there are 35 counties deemed “maternity care deserts” — counties without hospitals or birthing centers offering obstetric care or without any obstetric providers — limiting access to much-needed perinatal supports.³

Governmental⁴ and institutional efforts are underway to provide more comprehensive services for pregnant women and their families, with a goal to improve maternal health outcomes. These include efforts to develop training opportunities and provide financial support for doulas, professionals who are trained in childbirth and who provide educational, emotional, physical, and other supports to pregnant (or recently pregnant) women throughout the perinatal experience.

FIGURE 1: MATERNITY CARE DESERTS IN ARKANSAS, 2023³



This explainer explores the role of doulas in the birthing journey, doula training and certification requirements, evidence of outcomes associated with doula services, insurance coverage for doula care, and other initiatives to support the expansion of doula services.

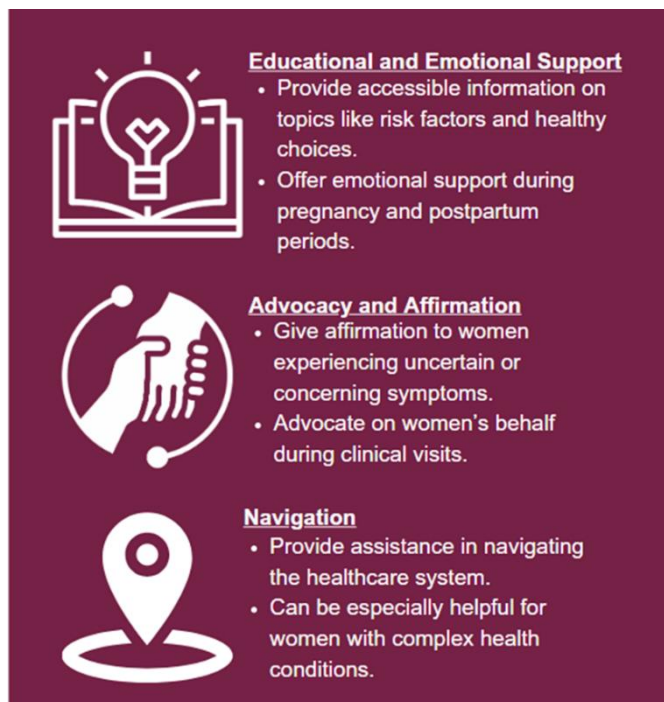
Background, Training, and Certification

Doulas have been defined as “non-clinical caregivers who provide physical, emotional and informational support to pregnant people and their partners before, during, and after childbirth.”⁵ Doulas are primarily known for providing active support during the labor process, but they have increasingly taken on other important roles throughout the entire perinatal period (see Figure 2).

Doulas provide services either in private settings such as the home or in clinical settings. Community-based doulas — a term used to describe doulas who practice in their own communities and reflect the makeup of their communities — can provide culturally appropriate support to pregnant women who are at greater risk for poor maternal health outcomes.⁶

In contrast to licensed healthcare professionals, there is no standardized legal training requirement for doulas. Doula training and certification requirements vary significantly depending on a number of factors, including whether a state Medicaid program sets standard requirements to receive reimbursement (see coverage section for more details). There are established doula certification programs such as DONA (Doulas of North America) International and the Childbirth and Postpartum Professional Association that have specific program requirements.^{7,8} Certificate programs for doulas typically require caregivers to complete a certain number of training hours and attend a certain number of births to qualify for certification.

FIGURE 2: SUPPORTS OFFERED BY DOULAS⁶



Doula Services: Evidence on Outcomes and Birthing Experience

Numerous studies have explored the impacts of doula services on maternal and infant health outcomes. An updated Cochrane review published in 2017 examined evidence from 27 randomized controlled trials of nearly 16,000 women who received continuous support^a during childbirth. The review found that women who received continuous support were more likely to have spontaneous vaginal births and shorter labors, and were less likely to report negative birth experiences, undergo cesarean births, and have low 5-minute Apgar scores (Apgar is an assessment given to newborns shortly after birth that allows a physician to estimate the newborn's condition at birth). The review found the most benefits when continuous support was provided by a doula versus a member of the hospital staff or the birthing woman's social network.⁹

Other studies have shown that doulas offer effective interventions in addressing racial and ethnic disparities experienced by many women of color. One study found that among a population of mostly non-Latina Black mothers living in a project area in Brooklyn, New York, those who were enrolled in the Healthy Start By My Side program, which provides doula support, experienced lower rates of preterm birth and reduced rates of low-birthweight babies compared to mothers who were not enrolled in the program.¹⁰ Another study analyzing survey data from a statewide, population-based survey of women who gave birth in California found that women were more likely to report receiving respectful care during childbirth when supported by a doula compared to women without such support. When assessed by race and ethnicity, the association between receiving doula support and reporting respectful care was the highest among non-Hispanic Black women and Asian/Pacific Islander women.¹¹

Studies have also explored the impacts of doula care on childbirth outcomes among Medicaid recipients. One study compared birth outcomes among Medicaid beneficiaries whose labor and delivery were supported by a doula care program in Minneapolis, Minnesota, to women who had Medicaid-funded births nationally. The C-section rate was 22.3% among doula-supported births compared to 31.5% among Medicaid beneficiaries nationally, and after controlling for clinical

^a The Cochrane review defined continuous support as “support provided from at least early labor (or within one hour of hospital admission), through until at least the birth, and provided by a person whose sole responsibility is to provide support to the woman.”



and sociodemographic factors, the researchers found that the odds of C-section delivery were 40.9% lower for doula-supported births.¹²

Coverage of Services

Historically, most private and public health insurance plans have not covered doula services, limiting access to these supports to those who could afford to pay out of pocket. However, some state Medicaid programs have pursued coverage for doula services, and others are in the process of implementing policies to allow reimbursement for doula care. Additionally, some self-insured and private payers are beginning to cover doula services.

MEDICAID

At least 12 states — California, Florida, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, Nevada, Oklahoma, Oregon, Rhode Island, and Virginia — and the District of Columbia provide reimbursement for doula services in Medicaid as of January 2024. An additional eight states are in the process of implementing doula reimbursement: Colorado, Connecticut, Delaware, Illinois, Louisiana, New York, Ohio, and Pennsylvania.^{13,14} Efforts in four of the states actively reimbursing for doula services are highlighted in the table below.

TABLE 1: EXAMPLES OF STATE MEDICAID PROGRAM REIMBURSEMENT AND BENEFIT DESIGN FOR DOULAS SERVICES^{13,14}

State	Program Summary	Number of Covered Visits	Reimbursement Rates	Training or Credentialing Requirements
Maryland	<ul style="list-style-type: none"> Doula services are covered for eligible Medicaid enrollees under a state plan amendment. Program was initially funded for only four years, but legislation passed in May 2022 to make program permanent. Benefit was effective January 1, 2022. 	<ul style="list-style-type: none"> Eight total prenatal and postpartum visits are covered per pregnancy. Up to four visits allowed for prenatal care and up to four visits allowed for postpartum care. 	<ul style="list-style-type: none"> Prenatal care is reimbursed at \$16.62 per 15-minute increment, with up to four units per visit. Labor and delivery services are reimbursed at a flat rate of \$350. Postpartum care is reimbursed at \$19.62 per 15-minute increment, with up to four units per visit. 	<ul style="list-style-type: none"> Doulas must maintain up-to-date certification through a certification program and carry adequate liability insurance. Medicaid program accepts certification from specified list of doula programs.
New Jersey	<ul style="list-style-type: none"> Doula services are covered for eligible Medicaid enrollees under a state plan amendment. 	<ul style="list-style-type: none"> Eight total visits and labor support covered for those qualifying for standard doula care. 	<ul style="list-style-type: none"> Standard doula care benefit reimbursed up to a total of \$1,165. Enhanced doula care benefit reimbursed up to a total of \$1,331. 	<ul style="list-style-type: none"> Doulas must be at least 18, pass a background check, and carry liability insurance.



TABLE 1 (CONTINUED)

State	Program Summary	Number of Covered Visits	Reimbursement Rates	Training or Credentialing Requirements
New Jersey (continued)	<ul style="list-style-type: none"> Benefit was effective January 1, 2021. 	<ul style="list-style-type: none"> 12 visits and labor support covered under enhanced doula benefit for beneficiaries aged 19 or under. 	<ul style="list-style-type: none"> \$100 incentive also available for a postpartum follow-up visit for both levels of care. Delivery services are reimbursed at a flat rate of \$500. 	<ul style="list-style-type: none"> Doulas must complete training through a program approved by the state Department of Human Services. Training includes required core competencies, including perinatal counseling, infant care, and labor support. Doulas also required to receive community-based/cultural competency and HIPAA training and receive adult and infant CPR certification.
Nevada	<ul style="list-style-type: none"> Doula services are covered for eligible Medicaid enrollees under a state plan amendment. Benefit was effective April 1, 2022. 	<ul style="list-style-type: none"> Six total prenatal and postnatal visits are covered per pregnancy. 	<ul style="list-style-type: none"> Prenatal and postnatal care visits are reimbursed at a rate of \$50 each, with a total of \$450 across six visits. Labor and delivery services are reimbursed at a flat rate of \$150. State has submitted state plan amendment to raise reimbursement rates to \$100 for prenatal/postpartum visits and \$900 for labor and delivery. 	<ul style="list-style-type: none"> Doulas must be certified by the Nevada Certification Board to be eligible for reimbursement. Board maintains a list of certification requirements for doulas. Doulas must also enroll as an individual Medicaid provider.
Oklahoma	<ul style="list-style-type: none"> Doula services are covered for eligible Medicaid enrollees under a state plan amendment. Benefit was effective July 1, 2023. 	<ul style="list-style-type: none"> Eight total prenatal and postnatal visits are covered per pregnancy. Prenatal and postnatal visits must be at least 60 minutes and must be face-to-face (telehealth visits allowed). Labor and delivery support also covered. 	<ul style="list-style-type: none"> Prenatal and postnatal care visits are reimbursed at a rate of \$64.45 per visit. Reimbursement rates for labor and delivery vary by delivery type: <ul style="list-style-type: none"> -Cesarean delivery-only visit: \$325.45 -Vaginal delivery-only: \$468.55 -Vaginal delivery after previous cesarean delivery: \$527.78 -Cesarean delivery following vaginal delivery attempt: \$546.50 	<ul style="list-style-type: none"> Doulas required to be at least 18 years old and obtain a National Provider Identifier. Doulas must have at least one certification as a birth, postpartum, full-spectrum, or community-based doula. Medicaid program requires certification to be obtained from a list of eligible certifying organizations.

Sources: National Health Law Program (2023); Hasan (2024).



A recent Medicaid and CHIP Payment and Access Commission report included interviews with doulas and state Medicaid representatives on doula benefit use and challenges.¹⁵ Barriers to implementation and utilization of doula benefits include lack of beneficiary awareness, workforce issues (including a limited number of doulas participating in Medicaid and a need for a community-representative doula workforce), and administrative hurdles for doulas seeking to become Medicaid providers. Some states have worked to address these challenges through stakeholder engagement, with numerous states citing engagement with doulas from historically marginalized backgrounds as essential in obtaining coverage for doula services within their respective Medicaid programs. Other states have worked to address administrative barriers for doulas, including New Jersey, which created paid positions within its Medicaid agency to offer individual support to doulas wanting to enroll as Medicaid providers.

PRIVATE AND SELF-INSURED PAYERS

Doula care is increasingly being covered by private payers through various mechanisms. Only one state, Rhode Island, currently mandates coverage of doula services in all fully insured commercial plans. Under the law, each plan may define coverage for the doula benefit as it relates to reimbursement, credentialing, and contracting requirements. One plan, offered by Blue Cross and Blue Shield of Rhode Island, covers up to six total prenatal and postnatal visits along with labor and delivery services for eligible members, with up to \$1,500 reimbursable for doula care.¹⁶

A self-insured employer, Arkansas-headquartered retail giant Walmart, began piloting doula services for its employees in Georgia, Louisiana, Indiana, and Illinois in 2021. In October 2023, the company announced that the doula service benefit would be expanded nationwide. The company requires that doulas to be credentialed through either DONA International or the National Black Doulas Association.¹⁷

OTHER FEDERAL AND STATE DOULA COVERAGE EFFORTS

TRICARE — a healthcare program of the U.S. Department of Defense that provides civilian health coverage for U.S. Armed Forces military personnel, retirees, and their dependents — began providing coverage for doula services through a pilot demonstration that began January 1, 2022, and will continue through December 31, 2026. TRICARE covers up to six visits by a



certified labor doula, which can be used prior to and after birth. A separate visit is also covered for labor and delivery support.¹⁸

The Health Resources and Services Administration (HRSA) has provided funding to support doula services and workforce expansion through the Healthy Start program.¹⁹ In 2021, HRSA launched a supplemental funding opportunity for Healthy Start program awardees to increase the availability of doulas in Healthy Start service areas disproportionately affected by infant and maternal mortality.

The University of Arkansas for Medical Sciences (UAMS) has received Health Resources Services Administration funding through the Healthy Start Community Based Doula Awards to support the Healthy Start-Jined Ilo Kobo program, which assists Marshallese clients in Northwest Arkansas. The program has recruited and trained seven community-based doulas to provide prenatal, birthing, and postpartum support to Healthy Start clients. Since 2021, the doulas have served 124 Healthy Start clients enrolled in the program. Partners at the UAMS Division of Community Health and Research are also planning to launch a two-year initiative to expand access to doulas by training 40 doulas across the state and engaging with delivering providers to increase integration of doulas within care teams.²⁰

In December 2023, the Centers for Medicare and Medicaid Services Innovation Center announced the Transforming Maternal Health Model, which supports participating state Medicaid agencies in developing a whole-person approach to pregnancy, childbirth, and postpartum care.²¹ The whole-person approach will address physical, mental, and social needs experienced during pregnancy with a goal to improve outcomes and healthcare experiences for mothers and newborns while reducing overall program expenditures. Key components of the model include improving access to care, infrastructure, and workforce capacity, with increasing access to perinatal community health workers and doulas as a key objective.

Community health workers — frontline public health workers who are trusted members of or have an unusually close relationship with the community served — also play an important role in the development of community-based maternal supports. Community health workers can complement services provided by doulas by helping pregnant and postpartum women navigate the healthcare system and addressing health-related social needs such as housing, transportation, and food needs.²²



Conclusion

Doulas can play a key role in providing educational, physical, emotional, and informational support throughout the birthing journey. Evidence has demonstrated the positive impact of doula support in reducing C-section rates, improving birth experiences, and helping to address racial and ethnic disparities. While some states are providing Medicaid reimbursement or working to implement reimbursement for doula services, barriers persist, including limited awareness and workforce challenges. Private payers and self-insured payers are increasingly recognizing the value of doula support including Walmart with its nationwide expansion of a doula benefit for its workforce. Federal initiatives, including HRSA's support for doula services through the Healthy Start program and CMS' launch of the Transforming Maternal Health Model, also signal a growing recognition of the importance of comprehensive maternal support and the potential to impact outcomes.

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