Increasing Access to Doula Care[84]

Description of the policy and how it works in practice

These state policies cover and reimburse community-based doula services under Medicaid and provide financial support for doula training and workforce development. Community-based doulas often share the social and cultural characteristics of the communities they serve. This cultural alignment leads to more appropriate care and helps build a trusting relationship with doulas and their clients.[85] Research shows that doula care is associated with reduced premature deliveries, shorter length of labor, and less C-sections. Complications such as death, cardiac arrest, blood clots and infections are three times more common following a C-section. Doula care is also shown to reduce stress and anxiety in mothers. Among low-income women, doula care was shown to improve breastfeeding success.[86]

Health Impact

Medicaid expansion to cover doula care is shown to improve health outcomes for both mothers and their infants by improving breastfeeding rates and lowering hospital interventions and complications such as C-sections.

Feasibility

If there are significant federal cuts to the Medicaid budget, states may be limited in their ability to offer Medicaid coverage and reimbursement for doula services. Typically, states must apply to the CMS for a State Plan Amendment to their Medicaid program in order to initiate or change Medicaid coverage and reimbursement of doulas. This process limits state authority and gives the federal government partial control over these decisions.[87] Medicaid cuts could force states to limit doula coverage, for example, by reducing the number of prenatal visits or limiting coverage during labor and delivery only. These restrictions could weaken the policy's efficacy to reduce maternal and infant mortality. If covered by Medicaid, there are additional policy choices around whether to implement doula

coverage through preventive services, services of licensed practitioners, clinic services, or freestanding birth center services.[88] To the extent this policy is limited by federal actions, jurisdictions can explore other state and local funding mechanisms to support doula services, such as requiring private insurers to cover doula services through state legislation.[89]

Overview of the policy's impact on Black health and racial equity

In 2024, the most recent year of final data, the maternal mortality rate for Black women in the United States was 44.8 deaths per 100,000 live births, compared with 14.2 for white women, according to the National Center for Health Statistics.[90] Black mothers also experience disproportionately higher rates of premature births and low birth weights. These disparities can be attributed to several factors, including racism in health care, limited access to prenatal care, and broader gaps in education and socioeconomic status. Since Medicaid covers 65% of births to Black mothers compared to 42% of all births nationally, this policy intervention would very likely improve maternal and infant mortality and health for Black and low-income mothers by improving access to supportive, culturally responsive, and community-based prenatal care.[91] Expanding access to doulas, for example, has been shown to improve health outcomes like lower C-section rates and increased rates of breastfeeding.[92, 93]

Summary information from policy assessment

- **Policy status**
  The policy has been implemented in approximately 23 states and D.C.[94]
- **Jurisdiction authority**
  Medicaid expansion to cover doula care is implemented at the state level.
- **Resource requirements**
  A moderate number of additional resources are needed to reimburse doulas for the supportive care they provide.
- **Return on investment**
  There is an economic return on investment. Doula care is shown to reduce costly hospitalizations, C-sections and other high-cost interventions.

- **Legal considerations**
  States must apply to the CMS for a State Plan Amendment to their Medicaid program in order to initiate or change Medicaid coverage and reimbursement of doulas.

- **Strength of evidence**
  There is moderate evidence that supports the positive impacts of doula care on maternal and infant health and mortality. Doula care by itself cannot address all causes of poor maternal health due to long-standing systemic factors linked to environment, education, diet, and other social determinants of health.

- **Equity**
  YES

- **Operational approach to equity**
  Distributional equity because it allocates additional financial resources targeted toward low-income women who are disproportionately Black.

Examples of the successful implementation of the policy in Black communities

Washington, D.C.'s implementation model

During the period 2014–2018, approximately half of all women who gave birth in D.C. were Black women; however, they accounted for 90% of all pregnancy-related deaths. Approximately 19% of all pregnancy-related deaths were due to pregnancy or delivery-related injuries or complications.[95] The District of Columbia established the Maternal Mortality Review Committee to study these disparities and propose strategies. As a result, D.C. mandated the Department of Health Care Finance (DHCF) to begin covering doula services under Medicaid beginning October 1, 2022.

Under the updated DHCF doula service rules, the following changes were made to improve maternal and infant mortality and health

- All pregnant women with low to moderate incomes regardless of immigration status are eligible.
- Doula services are covered from the date of confirmed pregnancy to six months postpartum.

New York City's Citywide Doula Initiative[96]

New York City's Doula Initiative was implemented by the New York City Department of Health and Mental Hygiene (DOHMH) in March 2022. The city allocated just over $4 million to the program for the period of March 1, 2022, through June 30, 2024. The objective of this initiative was to reduce maternal and infant mortality disparities through the following efforts:

- Track and report birth-related data in the city.
- Identify geographic areas and priority populations within the city where residents experience higher rates of maternal mortality, infant mortality and other adverse birth outcomes.

Eligibility for the program is based on income and other proxies for low-income socioeconomic status.

- The primary mechanism for reducing maternal and infant mortality disparities was to increase access to training for doulas and provide free doula services to residents in under resourced neighborhoods. To do this, DOHMH contracted with seven vendors to provide doula services.

The program yielded some successes and experienced some challenges. Some of the successes include lower C-section rates, preterm births, and low birth weight among Black and Hispanic mothers who participated in the program, compared to city averages. Black and Hispanic mothers in the program also experienced no pregnancy-associated deaths, even though they usually account for 75% of all pregnancy-related deaths in the city. The initiative also had a 77% satisfaction rate. Areas for improvement identified by the program include increased incentives and recruitment for non-English speaking doulas, improved partnerships with shelters to ensure doula access for housing insecure mothers and legislative requirements for doula friendly hospital policies.

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