Recommendations to Increase Access to Doula Support

There is a strong evidence base to support including doula services in the standard package of essential maternity care services available to all pregnant, birthing, and parenting women and people. Culturally congruent doulas appear to offer exceptional benefits to women of color and other groups facing structural, institutional, and interpersonal discrimination. Yet doula services are often out of reach for many pregnant people because insurance coverage for these services is limited. Moreover, the number of doulas, including community doulas, is almost certainly inadequate to provide support to those who want it. Given the ongoing maternal health crisis, especially in communities of color, financial support of doula services, as well as support to grow, diversify, and sustain the community doula workforce, are essential policy strategies.

**These recommendations are excerpted from National Partnership for Women & Families, Improving Our Maternity Care Now Through Doula Support, September 2022, available at https://www.nationalpartnership.org/Doula-Support*

September 2022

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Federal policymakers should:

- Congress and the administration should ensure that all federally funded health insurance and direct health care provision programs cover extended-model doula support.
    - ◊ These programs include Medicaid, Medicare, the Child Health Insurance Program (CHIP), the Federal Employee Health Benefits (FEHB) Program, TRICARE, the Veterans Health Administration (VHA), the Indian Health Service (IHS), the Bureau of Prisons, and Department of Homeland Security detention centers. They should ensure that this coverage also applies to external maternal care purchased or referred to by the IHS and VHA.
    - ◊ As desired by pregnant women and people, these services should include pregnancy, birth, and postpartum support.
    - ◊ Eligibility criteria for program participation, covered services, payment model and levels, and other program features should not be overly restrictive and should be determined through close consultation with community doulas, doula organizations, and doula clients. Programs should be designed to attract and retain these critical birthworkers and to contribute to community development through services and jobs.
    - ◊ Doula compensation should provide a thriving wage that reflects the working conditions, scope of services provided, scheduling logistics, realistic caseload of clients, and cost of living.
    - ◊ The respective programs should educate beneficiaries about the doula role, the evidence about doulas, and the availability of this covered benefit.
    - ◊ Programs should educate health professionals about doula support as a complement to clinical services, the evidence about benefits of doulas for women and birthing families, and availability of this covered benefit.
- Congress and the Health Resources and Services Administration (HRSA) should ensure that community doulas are eligible and encouraged to deliver Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program services.
- Members of Congress should seek support for doula training and service provision programs in their districts through Community Project Funding grants (formerly, “earmarks”) in appropriations legislation.

- The Center for Medicare and Medicaid Innovation within the Centers for Medicare and Medicaid Services and other federal programs should support research to more fully understand effects of community- based and -led doula training and support programs in communities of color and others facing structural precarity. Congress should provide resources for this research.
    - Outcomes of interest include, but are not limited to, indicators of perinatal mental health, maternal confidence and agency, identification and fulfillment of social needs, child development, adverse childhood experiences, the ability to break cycles of intergenerational trauma, pipeline for midwifery and other maternal care clinical and support professions, other benefits to doulas themselves, and longitudinal economic evaluation of return on investment, as well as continued preterm birth, low birthweight, and breast/chestfeeding research.
    - This research should consistently collect, measure, and publicly report the ability of doula services to advance equity across these outcomes, by race and ethnicity, socioeconomic status, sexual orientation, gender identity, language, and disability status.
    - The research should be co-created and carried out through community-based participatory modalities to strengthen results and avoid overburdening doulas and their provision of crucial services.

State policymakers should:

- State legislators should enact, and regulators should provide, guidance for establishing doula services as a covered benefit through Medicaid (both fee-for-service and managed care) and CHIP.
    - As desired by birthing women and people, these services should include pregnancy, birth, and postpartum support.
    - Eligibility criteria for program participation, covered services, payment model and levels, and other program features should not be overly restrictive and should be determined through close consultation with community doulas, doula organizations, and doula clients. Programs should be designed to attract and retain these critically important birthworkers and contribute to community development through services and jobs.
    - Doula compensation should provide a thriving wage that reflects their working conditions, scope of services provided, scheduling logistics, realistic caseload of clients, and cost of living.

- States should educate beneficiaries about the doula role, the evidence about doulas, and the availability of this benefit.
- The respective programs should educate health professionals about doula support as a complement to clinical services, the evidence about benefits of doulas for women and birthing families, and availability of this covered benefit.
- In establishing these programs, states should glean lessons from the successes and challenges of pioneering states (e.g., Minnesota, New Jersey, and Oregon).

- In parallel with coverage of doula services, states should allocate resources to build, support, and mentor the doula workforce.
  - States should support a diversity of community-based training models and programs and should ensure that doula training is tailored to the needs of the childbearing population (including trauma-informed care, maternal mood disorders, intimate partner violence, social services navigation, birth justice, and understanding and mitigating systemic racism).
  - States should ensure racial, ethnic, linguistic, and geographic (including rural) diversity in the doula workforce that aligns with the childbearing population covered by Medicaid and CHIP. Every effort should be made to ensure cultural congruence among trainers, doulas in training, doula mentors, and doula clients.
  - To foster growth and diversity of the doula workforce, states should minimize financial barriers to entry and provide mentorship support.
  - States should determine eligibility criteria for program participation, covered services, payment model and levels, and other program features in partnership with doulas, doula organizations, and doula clients.
  - Any doula certifications should be offered through training programs.
- States and tribes should ensure that community doulas are eligible and encouraged to deliver Maternal, Infant, and Early Childhood Home Visiting services.

Private-sector decisionmakers, including health care purchasers, and health plans, should:

- Designate doula support as a covered service.
  - As desired by birthing women and people, these services should include pregnancy, birth, and postpartum support.
  - Eligibility criteria for program participation, covered services, payment model and levels, and other program features should not be overly restrictive and should be

determined through close consultation with community doulas, doula organizations, and doula clients. Programs should be designed to attract and retain these critically important birthworkers and contribute to community development through services and jobs.

  - ◊ Doula compensation should provide a thriving wage that reflects their working conditions, scope of services provided, scheduling logistics, realistic caseload of clients, and cost of living.
  - ◊ Health plans should educate beneficiaries about the doula role, evidence about doula support, and the availability of this covered benefit.
  - ◊ Health plans should educate health professionals about doula support as a complement to clinical services, the evidence about benefits of doulas for birthing women and families, and availability of this covered benefit.
  - ◊ Health plans should ensure that plan directories maintain up-to-date listings for available doulas or doula agencies.

- Require employers to ensure that employees have access to doula support.
  - ◊ Options for employee access include doula support as a benefit of employment or as a covered service through their contracted health plans.
  - ◊ As desired by birthing women and people, these services should include pregnancy, birth, and postpartum support.
  - ◊ Employers should incorporate clear expectations into purchaser-payer contracts about sustainable plan payment for extended model doula services.
  - ◊ Employers should educate beneficiaries about the doula role, evidence about doula support, and the availability of this covered benefit.
- Require Medicaid managed care, hospitals, and other organizations to support community-based organizations in the development of doula training programs to increase the doula workforce.
  - ◊ In addition to educating about emotional, informational, and hands-on support, curricula should include trauma-informed care, impact and mitigation of racism, culturally congruent support, birth and reproductive justice, intimate partner violence, perinatal mood disorders, and other skills and knowledge for providing optimal community-focused support.
  - ◊ Organizations should ensure racial, ethnic, linguistic, and geographic (including rural) diversity in the doula workforce that aligns with the childbearing population covered by Medicaid and CHIP. Cultural congruence among trainers, doulas in training, doula mentors, and doula clients is optimal.

- ◊ As relevant, community-based training programs should encourage doulas to join Indigenous, Black, Latinx, and Communities of color in reclaiming their birthing traditions.
- ◊ Any doula certifications should be offered through training programs.

- Philanthropy should support community-based doula models by growing and supporting the doula workforce and reducing barriers to obtaining doula support.
  - ◊ Philanthropy should support training programs, access to doula support for those without other sources of coverage, doula mentorship, the development and evaluation of community doula services, infrastructure, organizational capacity building, and other programming to increase access to doula support.
  - ◊ Community doula services should be free or low-cost.
- The Patient-Centered Outcomes Research Institute should support research to more fully understand the effects of community-based and -led doula training and support programs for communities of color and others facing structural precarity.
  - ◊ Outcomes of interest include, but are not limited to, indicators of perinatal mental health, maternal confidence and agency, identification and fulfillment of social needs, child development, adverse childhood experiences, the ability to break cycles of intergenerational trauma, pipeline for midwifery and other maternal care clinical and support professions, other benefits to doulas themselves, and longitudinal economic evaluations of return on investment, as well as continued research into preterm birth, low birthweight, and breast/chestfeeding.
  - ◊ The research should be co-created and carried out through community-based participatory modalities to strengthen results and avoid overburdening doulas and their provision of crucial services.
  - ◊ This research should consistently collect, measure, and publicly report the ability of doula services to advance equity across these outcomes, by race and ethnicity, socioeconomic status, sexual orientation, gender identity, language, and disability status.