



Mandated Coverage of Doula Services

Improving childbirth outcomes through access to continuous care

Improving outcomes of mothers and babies and the experience of maternity care system-wide is imperative. Achieving measurable success will require better use of existing evidence-based practices. With the proliferation of pathways to increase access to doula support, this is a critical time to bring well-established benefits of this form of care to many more women and babies.¹

Overview

Despite improvements in quality and access across many areas of our healthcare system, rates of infant and maternal death or severe health complications remain stubbornly high. On top of this, there are unacceptable racial, ethnic, and socio-economic disparities that continually produce shockingly poor outcomes for disadvantaged families and communities. One promising strategy for addressing these issues is the expansion of access to doula services. Doula care extends throughout the pre-labor to post-partum period, providing continuous emotional support, facilitation of communication with health providers, and connecting families to valuable knowledge and services that can address needs during early infancy and beyond. By mandating Medicaid and private insurance coverage of doula services, Delaware can ensure that this essential form of care is accessible to all families.

Problem

Delaware's infant mortality rate is at a crisis level and lags well behind most high-income countries, including every single member of the European Union.^{2,3} Studies of infant and maternal health⁴ have repeatedly shown that continuous support provided by doula care throughout the childbirth and postpartum process is an effective means of decreasing negative outcomes, reducing unnecessary medical interventions, and improving patient satisfaction.

These benefits would be particularly significant for Black families, for whom infant and maternal mortality rates are 2–4 times higher than for their white counterparts.^{5,6} However, doula care is not currently covered under Medicaid in Delaware, and is rarely covered under private health insurance, making it inaccessible for many of the residents who would benefit most from its availability.

Policy Solutions

National Medicaid policy provides states with broad flexibility to determine coverage and reimbursement rates. Multiple states over the past decade have passed legislation authorizing Medicaid coverage of doula services and establishing credentialing standards (see Model Legislation below). Since doula services have been shown in numerous studies to reduce overall expenditures through the childbirth process⁷, legislation to cover doula care would not require significant additional funding and would not endanger existing covered services. Delaware's recent enactment of SB92, providing Medicaid coverage of adult dental care, shows a pathway for expansion of benefits as a way to similarly improve health and ultimately provide cost savings.

An important consideration when modifying Medicaid policy to cover doula services is setting reimbursement rates at an appropriate level to reflect the time spent per patient. Early efforts in other states have required revision after showing the hours required for proper patient care pushed the reimbursement rate below a living wage for providers and, thus, limited provider enrollment in the program.¹

Although there are no current state models for mandated doula coverage under private insurance, this has been a frequent tactic used to improve healthcare in other areas, particularly preventative care and mental health. Doula care — which studies have shown is associated with reduced need for pain medication, shorter labor duration, reduced need for caesarean delivery, and reduced need for instrumental intervention during vaginal birth⁴ — would fill a similar role in Delaware health policy as an underutilized service that would lower overall costs and improve both short- and long-term health outcomes.

Additionally, the overwhelming evidence endorsing the benefits of improved access to doula care also supports extending this access to incarcerated individuals. Risk factors associated with poor childbirth outcomes are elevated for prison populations, and the difficult conditions of childbirth while in prison can have long-term harmful effects on infant and maternal health. Doula care can play a significant role in reducing these negative outcomes and can help with establishing healthier parent-child relationships despite the challenging circumstances.⁸

Successful legislation will require close collaboration with community members and existing community support organizations. A lack of engagement from both providers and potential patients was the source of many of the failings of early efforts in other states.⁹ It is vital that credentialing standards, reimbursement rates, training programs, and billing practices are all established with the support of relevant stakeholder groups. Partnership with Black communities and other communities of color is particularly necessary to ensure that these programs are effective and sustainable, and function well for those who are most in need.

¹ Strauss N, Sakala C, Corry MP. Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health. *J Perinat Educ.* 2016;25(3):145-149.

² OECD (2021), Infant mortality rates (indicator). doi: 10.1787/83dea506-en (Accessed on 12 February 2021)

³ Ely, Danielle & Driscoll, Anne. (2020). Infant Mortality in the United States, 2018: Data From the Period Linked Birth/Infant Death File. National vital statistics reports : from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. 69. 1-18.

⁴ Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews* 2017, Issue 7. Art. No.: CD003766.

⁵ Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2019;68:762–765.

⁶ Pruitt SM, Hoyert DL, Anderson KN, et al. Racial and Ethnic Disparities in Fetal Deaths — United States, 2015–2017. *MMWR Morb Mortal Wkly Rep* 2020;69:1277–1282.

⁷ Kozhimannil KB, Hardeman RR, Attanasio LB, Blauer-Peterson C, O'Brien M. Doula care, birth outcomes, and costs among Medicaid beneficiaries. *Am J Public Health*. 2013;103(4):e113-e121.

⁸ Shlafer RJ, Hellerstedt WL, Secor-Turner M, Gerrity E, Baker R. Doulas' Perspectives about Providing Support to Incarcerated Women: A Feasibility Study. *Public Health Nurs*. 2015;32(4):316-326.

⁹ Ancient Song Doula Services, et. al., *Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities* (2019)

Resources for More Information

Additional resources

- [Four State Strategies to Employ Doulas to Improve Maternal Health and Birth Outcomes in Medicaid \(National Academy for State Health Policy\) \(Last accessed: 10 Jan 2021\)](#)
- [The State of Doula Care in NYC 2019 \(NYC Health Department\) \(Last accessed: 10 Jan 2021\)](#)
- [Medicaid Coverage of Doula Services in Minnesota: Preliminary findings from the first year \(Minnesota Department of Human Services\) \(Last accessed: 10 Jan 2021\)](#)
- [Utilizing Doulas to Improve Birth Outcomes for Underserved Women in Oregon \(Oregon Health Authority\) \(Last accessed: 10 Jan 2021\)](#)
- [Doulas at the County Jail \(The Atlantic\) \(Last accessed: 10 Jan 2021\)](#)

Model legislation

- Minnesota
 - Covered services (Subd. 28b) [256B.0625](#)
 - Health Care Bill of Rights (Subd. 10) [144.651](#)
 - Doula registry [148.996](#)
 - Reimbursement rates [256B.0625](#)
 - Access to doula services in correctional facilities [241.89](#)
- [Oregon House Bill 2015 \(2017\)](#)
- [Massachusetts House Bill H4780 \(2019-2020\)](#)
- [New Jersey Senate Bill S1784 \(2018-2019\)](#)