



Summary of Doula Town Halls and Doula Survey in Massachusetts

**Re: H.1182 An Act Relative to Medicaid Coverage for
Doula Services**

May 2019

Introduction

This document attempts to summarize the diverse voices of doulas, birth workers, and those impacted by birth work within the Commonwealth of Massachusetts, in regards to H.1182 *An Act Relative to Medicaid Coverage for Doula Services* (co-sponsored by: Rep. Miranda, Rep. Sabadosa). The feedback listed here came from three town hall meetings, two in greater Boston and one in Western Mass; a meeting of the Green River Doula Network with Rep. Sabadosa; a survey sent to doulas and those affected by birth work (43 respondents); as well as anecdotes and feedback received by March of Dimes MA and other stakeholders involved in this work. The document is arranged by sections and intends to give feedback to legislators in moving forward with H.1182 as well as suggest changes to the existing drafted legislation. Despite best efforts, this document is not meant to be exhaustive but rather to serve as one piece of an ongoing conversation across our state.

NOTE: Many of these recommendations come (including some language) from the document *Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities* (referred to as ABJ). We strongly recommend reading that document in conjunction with the feedback below. Please see the URL in Recommended Reading to access the document online.

Upholding Community Doula-Based Models

Among the birth community, there is a known distinction between using the word “doula” versus “community-based doula.” The doula workforce has been largely comprised of individuals who can afford to train as doulas and clients who can afford doula care out-of-pocket. This has led many advocates to point out the need to widen this model to include and support community doula work. In sum, “Community-led doula models reframe the current healthcare model by advancing policy and engagement that reflects improving the quality of medical care, cultural humility, and implicit bias awareness for providers and caregivers.” (ABJ) Therefore, a community doula is trained in and prepared to (summarized in ABJ):

- Meet a diverse set of needs for clients, including the social determinants of health - housing, hunger, healthcare access, trauma, social support, income, etc. – which all contribute to good or poor health outcomes.
- Offer additional home visits and a wider array of services and referrals for individuals who need more comprehensive support
- Utilize similar lived experiences and/or a deep understanding of intra-communal experiences to inform their care
- Serve with an understanding and sensitivity to levels of chronic stress, the burden of racism, gender oppression, obstetric violence, and institutional policies that negatively impact people of color
- Uphold a reproductive justice approach, which is culturally-infused, generationally informed, responsive to years of ongoing oppression resulting in trauma-informed actions, while being rooted in values of individual wisdom and self-determination

Given the feedback to uphold this model of community doulas, we make the following recommendations:

- Doula training requirements must reflect the ability to fulfill the role of a community doula, listed above (see Core Competencies from ABJ)
- The number of visits a doula completes and is reimbursed for should be driven by the clients' unique needs, and therefore should not have an upper limit to the number of visits allowable for reimbursement
- Doulas should be able to reimburse for home visits up to one year after pregnancy or loss, since many of the poor outcomes among maternal and infant mortality and morbidity can occur well beyond the immediate postpartum period
- Efforts for doula reimbursement should partner with community organizations and should collaborate and invest in community-based doula programs/agencies and their spread and sustainability

Training and Capacity Building

The passage of H.1182 is a much-needed step in progress towards birth equity in our state. However, the reimbursement of doula services must be met with capacity building for doulas, which can include training and supporting doulas in the process of delivering quality services and seeking reimbursement. In order to do so, we make the following recommendations:

- Respondents of the survey strongly supported state funding for capacity building for the doula workforce and the support of that workforce.
- Many respondents strongly supported money specifically for increasing the training for doulas and doula trainers or color; LGBTQIA+ doulas, and doulas who serve underserved and historically oppressed communities. Respondents felt these funds should be renewed annually, and include funding for scholarships for existing local doula trainings around the state.

H.1182 must be passed with funding. We are suggesting the example of “1 Million for Moms” in New Jersey. A similar budget amendment in our state would go toward:

- Enhancing the existing workforce with training essential to community doula work
- Increasing the diversity of the doula care by funding training for doulas of color as well as doula trainers of color. The cost of doula training is a barrier for many individuals coming from the community, and training must be available either at no cost or subsidized in order to amend this issue.
- Building a workforce of doulas from the communities in which their clients reside
- Expanding existing doula programs, collectives, or agencies, which support doulas in further training, mentorship, billing, and a number of other quality service assurances. Some in the Commonwealth include Accompany Doula Care (www.accompanydoulacare.com), and Birth Sisters at Boston Medical Center (www.bmc.org/obstetrics/birth-sisters), among others. Ancient Song Doula Services and Village Birth International in NY are two exemplary models in New York.

Training Versus Competencies

Because there are a diversity of doula training programs across the US, which change regularly, and because doulas value choosing the right training for their needs, which may be national or local, we recommend not placing specific training programs in the language of H.1182. Instead, we recommend a task force be created with diverse representation to agree upon core competencies that are nationally-recognized for doula certification as well as “additional components that address the need to incorporate human rights, birth justice, anti-racism, and culturally relevant framework[s]” (ABJ). Topics of core competencies can include addressing social determinants of health, making appropriate referrals to meet those needs, lactation support, understanding reproductive justice and birth justice frameworks, cultural sensitivity, cultural humility, strategies to address structural and institutionalized racism, valuing the community representation in the workforce, and taking a reproductive life course perspective. (ABJ) In sum, we make the following recommendations:

- Recommend against listing specific trainings in doula legislation language, as these trainings change over time, and doulas wish to reserve the right to choose a training that meets their interest and needs
- Calling for a representative task force to discuss needed training that is based upon competencies (see examples above)
- Continuing to support doulas in professional development in these areas as well as upholding a career ladder, which could mean gaining additional certifications in birth work or going back to school for further education, such as becoming a midwife or nurse
- Survey respondents were mostly in favor of general competencies; however, a subgroup felt no language should be in the bill about training or competencies due to a doula be a non-medical professional, the lack of existing trainings that adequately address equity, and the belief in the right of the laboring individual to choose their own doula according to their own standards
- In terms of language for “equivalency” qualifications for doulas who have practiced multiple years but do not have formal documentation to produce, the survey responses were split among those who favored determining language for equivalency (number of births, client testimonials, years in practice, etc.); those who felt, similarly to language around competency, that a doula should not have to prove this and choosing a doula is an autonomous decision between the birthing parent and the doula; and respondents who felt equivalency was not a strong enough standard to have when reimbursing doula care.

Types of Doulas

In the survey, doulas felt defining what each kind of doula is and does would be important. Some of the findings from the survey include:

- Including language defining the various types of doulas and their role: birth doula, postpartum doula, full-spectrum doula, perinatal doula, antepartum doula, bereavement doula, and newborn care doula. It was noted that a postpartum doula description should specify how that role is different from a nanny.
- Respondents felt that using some language from existing organizations to craft these definitions was appropriate; however, many felt that a task force would be a good group to refine some of these national definitions and roles
- In all, respondents felt that multiple types of doulas should be included as reimbursable in H.1182.

Raising Awareness About Doula Care & Desire to Access Doula Care

Because expanding access to doulas will result in more birthing parents being eligible for doula services, respondents gave suggestions for increasing awareness for this service, though some noted that many birthing parents are aware of doula care. Suggestions for raising awareness of this access included the utilizing the following:

- Social media, news outlets or feature stories, doula list serve through Yahoo, state community health worker organizations, midwifery organizations, doula organizations, OBs having a list of local doulas, hospital social workers, outreach efforts in the community, community health centers, flyers throughout the community, hosting “Meet the Doulas” events, integrating doulas into clinic staff, local newspapers, childbirth education, radio announcements or features, a rally, WIC programs, a letter from MassHealth to providers, a website page on MassHealth’s site, posters on MBTA transportation, education campaigns for providers, hospital and freestanding birthing centers, Head Start, home visiting programs

According to national survey data from Listening to Mothers, many mothers would like to have access to a doula. The report, entitled “*Listening to Mothers in California*” (September 2018) completed by BU School of Public Health, Gene Declercq and team, shows that overall for English-speaking mothers in California:

- Twice as many mothers “definitely wanted” a doula than had one in their birth.
- Six times as many mothers overall who had a doula were open to the idea of having a doula.
- The subgroup that showed the greatest interest in having a doula were Black mothers, with two-thirds surveyed saying they “definitely wanted” or “would consider” having a doula.

Integration of Doulas Into the Healthcare Team

Every effort towards doula access must consider the unique needs of the clients they serve and the multiple members of the care team, who work to meet those needs. Particularly if we aim to uphold the community doula care model, then many wraparound services must be included and coordinated, including patient navigation, home visitors, social workers, lactation consultants, mental health counselors and providers, childbirth educators, social services such as WIC or SNAP, IPV (intimate partner violence) resources, as well as those on the clinical care team. The leadership and experienced voices of people of color are paramount in having conversations to build an effective and informed initiative. The conversations around integration into the care team must also include clinical and hospital stakeholders such as providers, nurses, support staff, and hospital leadership. These conversations should take place around the state and seek to recruit providers who have worked with doulas and can speak to the experience of having a doula as part of the care team.

Reimbursement of Doula Care

Reimbursement rates and how to facilitate reimbursement is perhaps one of the largest concerns that came from our discussions and the town halls, and having the right rate can lead to the success or failure of initiatives like these. For example, low reimbursement rates actually discourage doula services and undermine the intention of access, as seen in states such as Oregon, Minnesota, and parts of New York. Our takeaways include (some of the below are summarized in ABJ):

- Physician and midwife compensation should not be used as a benchmark for doula reimbursement, as doulas spend, on average, more time with clients and are engaged in a decidedly-different nature of work
- Reimbursement must take into account the unpredictable work hours of a doula; lack of employee benefits offered to doulas, which they then must seek on their own on state insurance exchanges; time spent “on call” awaiting a client to give birth; securing last-minute childcare when called to the birth; time spent in travel to home visits and to the hospital or clinic, including parking fees; time spent on phone calls or texts with clients, answering questions and concerns; and time spent documenting each encounter as well as processing reimbursement paperwork.
- The reimbursement rate must be sensitive to the high cost of living in Massachusetts.
- Models of reimbursement must account for the unpredictable nature of the work, which may range from a few hours to a few days – an average being 18 hours for labor and childbirth support alone.
- Survey respondents felt strongly that the number of visits prenatal and postpartum should be dependent upon the client’s needs, as opposed to setting maximums or upper limits to number of visits
- Respondents also felt births that can last multiple days (like inductions) should be given special consideration on how reimbursement is facilitated; however, the diversity of responses in how to address those nuances warrant discussion among a task force
- Respondents differed in how reimbursements should be broken down, such as a lump sum for all care versus hourly wages for some or all care. The task force may be appropriate to determine this breakdown.
- Most respondents supported bi-weekly payments for services, regardless of the breakdown of payment.

We make the following recommendations:

- \$100* per home visit in prenatal or postpartum period, with no upper limit to the number of visits, and eligibility to bill up until 1 year postpartum.
- \$1250* per birth episode to be reimbursed as a lump sum
- \$100 per client to account for processing billing paperwork as well as time spend communicating with the client outside of home visits
- We recommend that all of these figures are set as minimums in the legislation so that doula groups who provide more comprehensive services reserve the right to contract with payers for higher reimbursement rates
- We recommend these rates are indexed

*The rates of \$100/home visit and \$1250/birth are based upon the rates established by Health Net, one of the largest Medi-Cal HMO providers in California, which is partnering with the Association for Wholistic Maternal and Newborn Health, a local community-based organization. This example is highlighted in ABJ.

Cost Savings of Doulas

Multiple studies support the assertion that doula care ultimately has a return on investment for health systems and payers. Highlights from the literature cited in ABJ include:

- Medicaid coverage of doula support has been found to reduce spending by as much as \$1450/birth
- In Minnesota, in one study, a person who received services from community-based doulas, including prenatal visits, had a 4.7% lower preterm birth rate compared to 6.3% of regional Medicaid beneficiaries and a 20.4% cesarean birth rate compared to 34.2%. In this study, savings ranged from \$929-\$1047.
- In an Oregon study, having doula care saved \$91 million and increased (quality-adjusted life years) for the first and second delivery by 7,227. These outcomes were attributed to 219,530 fewer cesarean deliveries, 51 fewer maternal deaths, 382 uterine ruptures, and 100 fewer hysterectomies. The study demonstrated cost-effectiveness of up to \$1,452 per doula-attended birth.
- Doulas also help lower the rate of NICU costs, some of the most expensive care in our health systems, by reducing the preterm birth rates.

Please also see Appendix A for MA-specific projections of cost savings.

Having a Doula Registry

Respondents were asked if having a doula registry would be useful and who should maintain that registry; however, responses were mixed. Feedback included:

- Having an agency instead that handles matching doulas with families
- Allowing families to choose whichever doula they want
- Having the state invest in a registry
- An online registry or portal for easy access
- Using the informal network of doulas and referrals
- Asking the task force to weigh in on the use of a registry
- Requiring providers to give enrollees information about doulas and the fact that doulas are available to them given their MassHealth status – with providers maintaining local lists.
- Not having a registry because doulas are not licensed medical professionals
- Having a website for MA like doulamatch.net (massbirth.com is an example of one such site)
- Leaving the process of finding a doula within community organizations
- MA DPH publishing and maintaining a list online

Elevating Birth Equity

All respondents felt that having a lens of birth equity is paramount when crafting legislation such as H.1182. Respondents felt this could be included in varying ways:

- Language supporting increasing services for vulnerable populations
- Representation of all identities, for both doulas and parents
- Prioritizing birthing parents having a doula from their own community who speaks their language
- Training a diverse doula workforce
- Having doulas and leaders of color spearheading the efforts for H.1182
- Those who are writing language for the bill having birth equity training
- Including a diversity of training tracks for doulas
- Creating a bill that does not result in doing harm
- Gender inclusive language throughout the bill
- Upholding racial justice, critical race theory, and undoing racism throughout the bill
- Paying for consultants who represent the communities who will be served to inform this work
- Framing doulas a patient advocates
- Making the ultimate goal to address embedded systems of oppression
- Avoiding models and language that upholds personal or community deficit thinking.
- Creating policies from the standpoint of strength and beauty in these communities
- Ensuring adequate reimbursement levels
- Scholarships for diverse doulas and doula trainers
- Having language specific to equity included in the bill

Questions for MassHealth from Doulas

Respondents proposed a number of questions and concerns pertaining to MassHealth:

- What are specific needs around social determinants of health of clients?
- How can we the reimbursement and application process be made as simple as possible for doulas?
- How would doula coverage affect coverage for other Medicaid services?
- Will MassHealth pay for doula services at 100% of the rate, without reducing it by deductibles, co-pays, co-insurances, and other allowed amounts?
- Will MassHealth create barriers to care by limiting which doulas are allowed to be covered by MassHealth and which are not?
- Clarity around expectations, roles, tasks, processes of doulas and MassHealth
- How will MassHealth ensure timely reimbursement?
- What will be client qualifications for access to these services?
- Is MassHealth willing to accept diverse paths to certification?
- What will be the recourse if doulas are not receiving timely reimbursement?
- Will the process of reimbursement be favorable to doulas who are not tech savvy or for whom English is not their primary language?
- What will be done to ensure this service is reimbursed sustainably, year after year?

Creating a Taskforce

Throughout this document, a task force has been offered up as a way to address some of the more complex questions in providing access to doula care. Survey respondent suggestions for who should be represented on this task force include:

- Community members who represent families on MassHealth, people of color, LGBTQIA+ individuals, immigrants, midwives, doulas, birthing parents on Medicaid, public health students and professors, consumers of healthcare, all genders and races, all types of health professionals, partners of birthing parents, social service providers, nurses, insurance and payers, hospitals, CNMs, CPMs, OBs, MFMs, social workers, public health organizations, among others

Evaluation

The passage of H.1182 must include funding for a robust evaluation, and there are many academic partners here in the state as well as the MA DPH to engage in that work. Components of a strong evaluation would include:

- Demographics of the population utilizing services – ensuring the program is reaching the intended population
- Qualitative assessment of experiences of clients using doula services
- Qualitative assessment of experiences of the doula workforce
- Return on investment analysis
- Tracking of outcomes for infants and birthing parents
- Analysis of closing the gap between maternal and infant health outcomes and disparities

Respondents offered ideas for how to evaluate these outcomes including:

- Doulas surveys
- Client surveys
- Partnering with public health schools to conduct an evaluation
- Funding for an independent research team, with leadership from experts of color contracted to spearhead the work
- Adding information to the birth certificate for vital records data
- Research within the framework of Community-Based Participatory Research
- Working with online platforms for doulas, such as Maternity Neighborhood, to track process and outcome measures
- Gathering both quantitative and qualitative data to evaluate

Appendix A: How Might Doula Care Save MassHealth Expenditures?

The below table and literature search were compiled by students from the Boston University School of Public Health, led by Caroline Russo, MPH, to determine an informed estimation of cost savings among MassHealth. Please note this is not a peer-reviewed estimation. NOTE: Costs of procedures are based on researched national averages and not actual MassHealth procedural costs.

Through the reduction of use of services and birth-related complications, doulas have the potential to generate immense cost savings. A large and growing body of research demonstrates that doulas reduce rates of NICU admissions, low birth weight babies, cesarean sections, various obstetrical interventions, and the use of medications during delivery.

Condition	Rate per 1,000 Births	Average cost per case	Reduction in rate per 1,000 births with doula	Cost savings per 1,000 births	Cost savings in MA (Based on 2016 birth rates)
NICU Admission (all)	118 ¹	\$76,164 ²	1 ³	\$76,164	\$5,431,940 ⁴
NICU Admission (<32 weeks)		\$280,811 ²	1 ³	\$280,811	\$20,027,158 ⁴
Low Birth Weight	61 ⁵	\$27,200 ⁵	25% ⁶	\$414,800	\$29,583,121 ⁴
Cesarean Delivery	319 ⁷	\$10,534 ⁸	20 ³	\$210,680	\$15,025,486 ⁴
Cesarean Delivery (Medicaid patients)	164 ⁹	\$10,534 ⁸	92 ¹⁰	\$969,128	\$69,117,240 ⁴
Obstetrical Intervention			10 ³		
Pain medication use during birth	610	\$2,132	90	\$191,880	\$13,684,690 ⁴
Synthetic oxytocin use during birth	500	\$0.18	310	\$55.80	\$3,979,600 ⁴
Preterm Birth	87	\$32,325	22%	\$618,700	\$46,264,635 ⁴

Appendix A (cont.)

In 2016, there were **71,319 births** to Massachusetts resident mothers⁴. The following is a breakdown of each savings component related to Doula services, and how these savings could be applied per 1,000 births as well as in the state of Massachusetts. NOTE: Costs of procedures are based on researched national averages and not actual MassHealth procedural costs.

NICU Admissions (all)

- Doula's prevent 1 NICU admission per 1,000 births, potentially saving **\$76,164 per 1,000 births**, or **\$5,431,940 in MA**

NICU Admissions (born before 32 gestational weeks)

- Doula's prevent 1 NICU admission from a birth prior to 32 gestational weeks per 1,000 births, potentially saving **\$280,811 per 1,000 births**

Low Birth Weight

- Doulas reduce the rate of low birth weight babies by an average of 25%, potentially saving **\$414,800 per 1,000 births**, or **\$29,583,121 in MA**

Cesarean Sections

- Doulas prevent 20 cesarean deliveries per 1,000 births, potentially saving **\$210,680 per 1,000 births**
- In MA, doulas could prevent approximately **1426 cesarean deliveries** per year, potentially saving **\$15,025,486 in 2016**

Pain Medication Use

- Doula services reduce pain medication use by 9%, potentially saving **\$191,880 per 1,000 births**, or **\$13,684,690 in MA**

Synthetic Oxytocin Use During Birth

- Doula services reduce synthetic oxytocin use by 31%, potentially saving **\$55.80 per 1,000 births**, or **\$3,979,600 in MA**

Preterm Birth

- Doula services reduce preterm birth by 22%, potentially saving **\$618,700 per 1,000 births**, or **\$46,264,635 in MA**

Appendix A (cont.)

Additional Benefits of Doula Care

There are several other health outcomes that research has shown doulas significantly improve, and that are highly likely to generate further cost savings through improved overall and long term health of both mother and child. These improved outcomes are more difficult to quantify as a cost savings estimate, but are listed below to demonstrate the additional potential for cost savings with a doula program:

Improved rates of breastfeeding

- Mothers who received doula services were significantly more likely to intend to breastfeed, initiate breastfeeding, and maintain short-term and long term breastfeeding

Decreased Labor Duration

- Mothers who received doula services had significantly shorter labor durations, up to 2.8 hours shorter

Improved Infant Health

- Mothers who received doula services were less likely to have a baby with a low 5-minute Apgar score
- Babies of mothers who received doula services had higher rates of immunizations

Improved Maternal Health

- Mothers who received doula services exhibit fewer symptoms of postpartum depression

Improved Parent-Child Relationship

- Mothers who received doula-services were more likely to provide encouragement and guidance to infants and to respond promptly to infant distress, and were less likely to endorse high-risk parenting attitudes.

Increased Satisfaction with Care

- Women who received doula services reported greater satisfaction with care received as well as increased feelings of being supported

Improved Maternal Health

- Women who received doula services experienced reductions in anxiety scores, positive feelings about the birth experience, improved self-esteem, as well as increased feelings of empowerment

Appendix A Citations

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Authorship, Recommended Reading, and Contact Info

Authorship

This document was prepared by Christina Gebel, MPH, birth doula and Ebere Oparaeke, MPH candidate, birth doula. The cost savings projection in MA was done by students at the BU School of Public Health.

Recommended Reading

As stated in the introduction, these comments were guided by the framework provided in the document ***Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities.***

URL: <https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>

State and Federal Legislative Proposals Relating to Doula Care

URL: <https://healthlaw.org/resource/state-and-federal-legislative-proposals-relating-to-doula-care/>

Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health

URL: <http://www.nationalpartnership.org/our-work/resources/health-care/maternity/overdue-medicaid-and-private-insurance-coverage-of-doula-care-to-strengthen-maternal-and-infant-health-issue-brief.pdf>

Listening to Mothers in California – Birth by the Numbers

URL: <http://www.birthbythenumbers.org/united-states/listening-to-mothers-surveys/>

Routes to Success for Medicaid Coverage of Doula Care

URL: <https://healthlaw.org/resource/routes-to-success-for-medicaid-coverage-of-doula-care/>

Tackling Maternal Health Disparities: A Look at Four Local Organizations with Innovative Approaches

URL: <http://www.nationalpartnership.org/our-work/resources/health-care/maternity/tackling-maternal-health-disparities-a-look-at-four-local-organizations-with-innovative-approaches.pdf>

Contact:

For more information, please contact Christina Gebel at cgebel@marchofdimes.org. Thank you for your support of and work toward the health of all moms and babies.