

Improving Our Maternity Care Now Through *Doula Support*

Executive Summary



September 2022



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Our nation's maternity care system fails to provide many childbearing women and people* and their newborns with equitable, accessible, respectful, safe, effective, and affordable care. More people die per capita from pregnancy and childbirth in this country than in any other high-income country in the world. Our maternity care system spectacularly fails communities struggling with the burden of structural inequities due to histories of racist oppression and other forms of disadvantage, including Indigenous, Black, and Communities of color; rural communities; and people with low incomes.

Both the maternal mortality rate and the much higher severe maternal morbidity rate (often reflecting a “near miss” of dying) have been increasing, and reveal inequities by race and ethnicity. Relative to white non-Hispanic women, Black women are more than three times as likely, and Indigenous women are more than twice as likely, to experience pregnancy-related deaths. Moreover, Black, Indigenous, Hispanic, and Asian and Pacific Islander women disproportionately experience births with severe maternal morbidity relative to white non-Hispanic women.

This dire maternal health crisis, which has been compounded by the COVID-19 pandemic, demands that we mitigate needless harm now.

Fortunately, research shows that specific care models can make a concrete difference in improving maternity care quality and

producing better outcomes, especially for Indigenous, Black and other birthing women and people of color. One such model is **doula support**. This report outlines the evidence that supports the unique value of doula support across different communities, the safety and effectiveness of doula support in improving maternal and infant outcomes, the interest of birthing women and people in use of doula support, and the current availability of, and access to, doula services in the United States. We also provide recommendations for key decisionmakers in public and private sectors to help support and increase access to doula services.

Research shows that doula support during childbirth offers benefits to childbearing families relative to usual care without doula support with respect to many key indicators, including higher rates of spontaneous vaginal birth, fewer cesarean

* We recognize and respect that pregnant, birthing, postpartum, and parenting people have a range of gender identities, and do not always identify as “women” or “mothers.” In recognition of the diversity of identities, this report uses both gendered terms, as well as gender-neutral terms such as “people,” “pregnant people,” and “birthing persons.” In referencing studies, we use the typically gendered language of the authors.

births, less use of pain medications, and higher birthing-person satisfaction with care. When extended to support during pregnancy and the postpartum period, doula services have been associated with such benefits as less likelihood of preterm birth and low birthweight, and greater likelihood of initiating breastfeeding. Community-based and -led doula services are especially powerful and are essential components of a just and effective maternity care system. In addition to these important health benefits, a series of analyses suggests that these services are cost-effective. Yet in the United States, the interest of birthing people in access to doula support far exceeds access to and use of this support.

Expanding the availability of doula support is a cost-effective solution to providing better maternal experiences and birth outcomes. Barriers to access to doula

services must be eliminated. These include: lack of funding for doula training; an inadequate supply of doulas and especially doulas that offer culturally congruent support; limited Medicaid and private insurance reimbursement for doula services; unsustainable reimbursement levels for doula services; failure to provide payment, professional support, and conditions of work that enable doulas and their families to thrive and doulas to provide sustained services over time; overly restrictive laws and regulations determining doula eligibility for reimbursement; and the unaffordability of private-pay doula services for many childbearing families. Enabling more birthing people to receive the support of doulas while diversifying and appropriately supporting the doula workforce should be top priorities for decisionmakers at the local, state, and federal levels. To achieve this, we recommend the following:[†]

[†] Please see the main body of the report for more detailed versions of the recommendations.



Federal policymakers:

- Congress and the administration should ensure that all federally funded health insurance and direct health care provision programs cover extended-model doula support.
- Congress and the Health Resources and Services Administration 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 known as “earmarks”) in appropriations legislation.
- Federal research and evaluation 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.

State and territorial policymakers:

- 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.
- In parallel with coverage of doula services, states should allocate resources to build, support, and mentor the doula workforce.
- States and tribes should ensure that community-based doulas are eligible and encouraged to deliver MIECHV services.

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

- Designate doula support as a covered service.
- Require employers to ensure that employees have access to doula support.
- Require Medicaid managed care, hospitals, and other organizations to support community-based organizations in the development and ability to provide doula training programs to increase the doula workforce.
- Philanthropy should support community-based doula models by growing and supporting the doula workforce and reducing barriers to obtaining doula support.
- 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.