

“Our Communities Hold the Solutions”

The Importance of Full-Spectrum Doulas to Reproductive Health and Justice

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Doulas* are globally recognized reproductive health professionals found in many different cultures and traditions, with varying definitions. In many respects, the role of a doula has existed throughout human history, though the specific contours of that role — as well as its accessibility to pregnant people† — has undergone many significant changes. In the United States today, doulas are most commonly understood as birth workers who provide physical and emotional support to a birthing person during labor, birth, and the postpartum period.‡

A robust body of research has shown that this type of doula support is associated with better childbirth experiences and healthier outcomes for both parents and babies.¹ Community-based and -led doula

services that offer culturally congruent care are especially powerful in the fight to address the maternal health crisis, which disproportionately harms Black and Indigenous women, as well as other women of color.² Doulas are essential components of a just and effective maternity care system able to provide optimal care to all.

Increasingly, the doula role has been extending beyond the childbirth and postpartum period, effectively supporting people through a range of often complex and challenging experiences. Today, doula support is available across a variety of reproductive health experiences, including abortion, miscarriage, stillbirth, and fertility treatment, as well as in other life course settings such as pediatric care, preventive health care, critical care, and palliative or

* The word “doula” is widely but not exclusively accepted and used. It was adopted from an ancient Greek term referring to a person who serves, and may have had servile associations (“The Term ‘Doula’ in Modern Greece,” *Mamana*, accessed August 20, 2022, <https://www.mamana.gr/en/articles/94-the-term-'doula'-in-modern-greece>). For this and other reasons, some prefer to avoid this term. Other common terms include “birth helper,” “birth worker,” or “pregnancy support person.” This report uses “doula support” or “doula services” to recognize both the most widely used term for this support person and to distinguish from clinician-provided care.

† 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 and gender-neutral terms such as “people,” “pregnant people,” and “birthing persons.” In referencing studies, we use the typically gendered language of the authors.

‡ For a comprehensive analysis of birth doulas, the role they play in improving health outcomes, barriers to accessing them, and policy recommendations to make them more accessible, please see Carol Sakala and Rachel Wei. *Improving Our Maternity Care Now Through Doula Support*, National Partnership for Women & Families, September 2022, <http://www.nationalpartnership.org/doulasupport>

end-of-life care.³ In each of these situations, doulas focus on providing physical comfort, emotional support, information sharing, and advocacy. While the benefits of doula support in these different contexts are not as well documented, research — and interviews and reporting with experts — shows that doula involvement improves a person’s experience with medical care or health-related transitions.

This report focuses on what is known as “full-spectrum” doula support, meaning their role within and across the reproductive health care experience, including in labor and birth, in the prenatal and postpartum

periods, and in abortions, miscarriages, and stillbirths. It is informed by in-depth interviews with doulas who work independently or as part of collectives or other formal organizations, as well as health plans and public entities that pay for doula services. From these interviews, it is clear that full-spectrum doulas are engaged in deeply meaningful work that improves the health and well-being of individuals, families, and communities. Nevertheless, there are significant barriers to the provision of, and access to, full-spectrum doula services that must be addressed, and this report includes concrete recommendations to help reach that goal.

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Reproductive Justice and Full-Spectrum Doula Support

In 1994, a group of Black women laid out the core tenets of the reproductive justice (RJ) framework, defining it as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”⁴ In contrast to a medicalized reproductive health framework or a legal reproductive rights framework, RJ explicitly centers social justice and recognizes multiple intersecting oppressions faced by women, Indigenous people, people of color, LGBTQ+ people, immigrants, people with disabilities, and other historically marginalized groups. RJ extends across a person’s entire reproductive lifespan (not just pregnancy, abortion, and birthing), and strives to ensure that everyone has access to the resources and care they need to make autonomous decisions about their reproductive and parenting lives. The RJ framework also incorporates the need for economic, environmental, political, and other types of justice, and takes affirmative steps to dismantle racism and other structural inequities.

Full-spectrum doula work aligns closely with the RJ paradigm. The values inherent in a full-spectrum approach to doula support and services similarly affirm that everyone should have the resources and autonomy to decide whether and when to become a parent and to raise a family with dignity, and that people should be supported in all of their reproductive health experiences. Community-based full-spectrum doulas also see their work as mitigating the impacts of racism in the lives of individuals, families, and communities, and they work to holistically address the structural challenges that their clients encounter.

Full-Spectrum Doulas: Varied Roles, Enormous Value

Full-spectrum doulas provide individuals and their families with invaluable support

Doulas that provide care and support across a range of different reproductive health care experiences and pregnancy outcomes — including prenatal, labor and childbirth, postpartum, abortion, miscarriage, and stillbirth — are often referred to as full-spectrum doulas. While full-spectrum doula work takes on a variety of meanings and can look different in practice depending on both the doula and the client, doulas usually provide their clients with:

- Information about the specific reproductive health experience in question (e.g., abortion or childbirth) and support to foster communication and understanding between the client and members of the medical team;

- Practical support, including comfort measures and problem-solving;
- Emotional support to increase confidence and a sense of control; and
- Advocacy to help the client achieve their desired experience, including avoiding particular practices and interventions.⁵

Full-spectrum doulas work in diverse settings and through a wide range of structures and institutions. They may work in hospitals and clinics, clients' homes, and community spaces, and through video, phone, and text communication. They may work independently, through a collective or community-based organization, as part of a local health department, and through — or in close partnership with — a health care system or health plan.



We are there supporting pregnant people [and] families when their baby is being born, but doulas wear many, many roles and many, many hats. We are there for abortion, loss, miscarriage; we're there for any postpartum work...We are there to aid, support, talk through emotionally, allow space, care for, invoke anything... that our client needs, that our people and community need.

—Yante Turner, Spiral Collective



In addition to supporting people throughout their reproductive health experiences, many full-spectrum doulas report that they frequently support clients with other needs. Just as reproductive justice incorporates broader health, economic, and social aspects of a person's life, full-spectrum doulas commonly help their clients navigate challenges beyond their reproductive lives, such as mental health concerns, unstable housing, or food insecurity.⁶ This is especially true of community-based full-spectrum doulas, who — because they come from the same communities as their clients — have a lived understanding of the structural barriers

that undermine their health and well-being, as well as the community assets and network of social supports that they can use to successfully navigate them. This lived expertise is especially valuable for people in communities of color, LGBTQ+ communities, and other structurally marginalized groups who must contend with a myriad of intersecting challenges to their health, well-being, and autonomy. Community-centered full-spectrum doulas are also highly likely to provide culturally congruent, trauma-informed support that recognizes — and strives to mitigate — the destructive impact of racism and other forms of systemic oppression.⁷



When you incorporate the community-based portion of it, then you're also looking at those who live and work within those communities, how we're able to take an intersectional perspective about care, understanding how different things are layered in terms of social determinants of health... It's also how it shows up and also how we understand health, too... looking outside of the spectrum of just westernized concepts of medicine, but also what does it mean to integrate holistic pathways of people being able to identify and be the experts within their own care.

—Chanel Porchia-Albert, Ancient Song Doula Services



Evidence of the impact of doula support during labor and childbirth, as well as in the prenatal and postpartum periods, is abundantly clear: The presence of a doula improves physical health outcomes for both parent and child (including lower rates of cesarean birth, preterm birth, and low birthweight), and also promotes more positive emotional and psychological experiences during pregnancy, birth, and postpartum.⁸ Evidence on doula support during other reproductive health care experiences — such as abortion, miscarriage, or stillbirth — is more limited. Nevertheless, research and reports indicate that many of the same positive

effects seen in prenatal, birthing, and postnatal experiences are replicated in other reproductive health contexts. For example, research shows that nearly all women who received doula support during an abortion or miscarriage were satisfied with that support and would recommend doulas to others in similar situations.⁹ Moreover, women reported that having a doula present helped them feel more informed, empowered, and safer in their interactions with medical providers.¹⁰ In sum, full-spectrum doulas play an essential role in the reproductive health care context, and are incredibly valuable to people navigating a variety of pregnancy outcomes.

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The Importance of Abortion Doulas in a Post-Roe v. Wade Reality

Abortion has long been difficult to access — especially for people of color, LGBTQ+ people, young people, immigrants, people with low incomes, and people with disabilities — and the recent Supreme Court decision overturning *Roe v. Wade* has made it even harder. *Dobbs v. Jackson Women’s Health Organization*, decided in June 2022, stripped away the constitutional right to abortion, leading to several state bans and rendering access to abortion more complicated for people all across the country.¹¹ For people in states that now prohibit abortion — and even in states that “merely” restrict abortion access — getting care involves navigating multiple barriers, such as needing to travel long distances, take multiple days off from work or caregiving responsibilities, make multiple medically unnecessary visits to a provider, and pay out of pocket for abortion care. This can add up to hundreds or even thousands of dollars.¹²

On top of these costly logistical hurdles, people seeking care often encounter additional challenges. For example, inaccurate and false information about abortions is rampant: 28 states have laws that mandate patients to be provided specific information before having an abortion, much of which includes inaccurate or misleading statements not supported by scientific evidence.¹³

Other barriers include the sociocultural stigmatization of abortion and the political polarization surrounding the issue, which often leads people seeking care to feel isolated, ashamed, afraid, confused, or guilty. Again, people of color, LGBTQ+ people, young people, immigrants, people with low incomes, and people with disabilities are harmed disproportionately by these taxing and traumatizing obstacles, which *Roe’s* reversal intensified.

Given this harrowing context, abortion doulas are more important than ever, helping people navigate these compounding barriers, and helping mitigate some of the harm they cause.¹⁴ Abortion doulas provide individualized emotional, physical, informational, and practical support to people in the process of seeking care, as well as during and following the abortion itself, whether the abortion occurs in a clinical or other setting.¹⁵ This support may include, but is not limited to, providing physical comfort and pain-management strategies; engaging in active listening, breathwork, guided meditation and visualization; offering a supportive presence; explaining complex legal requirements; correcting inaccurate and stigmatizing information about abortions; and providing logistical support.¹⁶

Perhaps most importantly, however, abortion doulas provide trauma-informed, culturally congruent care without judgment. Doulas strive to affirm their clients' choices, support and empower them to self-advocate throughout their reproductive health trajectory, and validate their dignity and autonomy as they traverse the paths they choose.¹⁷ In this post-Roe landscape, where people seeking abortion care are increasingly subjected to hostility, surveillance, and criminalization, the person-centered support that abortion doulas provide can offer some measure of comfort and dignity. At the same time, abortion doulas must be cautious of their own legal liability as states move to criminalize those who assist others in accessing abortion care. As one abortion doula shared,

“I think right now in this political moment, there’s a lot of fear and uncertainty...but I think that’s what doulas do, is hold people through uncertainty... Right now, as abortion doulas, we have the opportunity to hold people through this political moment of change and to give perspective of the long history of abortion to understand where we came from, which will inform where we’re going.”

Full-spectrum doulas are embedded in, and strengthen, their communities

Doula programs that are based in, or deeply connected with, specific communities can be valuable more broadly — beyond the tailored, individualized support they provide to particular members of the communities they serve. Often founded as a response to the community’s specific needs and challenges, these programs are embedded in the ecosystem of local resources and institutions and become important community assets that understand the multiple roles they may play in addition to being service providers, including as employers, community partners, advocates, and agents of change.

What this may look like depends on the specific needs of the community in question and their wider economic, social, and political environment. Most doula groups spend significant time and energy educating people about the unique role and value of doula support, and raising awareness about reproductive health and justice issues more generally. In particular, they are committed to educating health care providers about who they are, what they do, and how helpful they can be in supporting people

through a variety of reproductive health care experiences and achieving better outcomes. Within the health care industry, there is still significant ignorance about, and even resistance to, what doulas offer. While many doulas unfortunately continue to experience strained, or even hostile, relationships with medical providers, others have successfully developed collaborative, mutually respectful relationships as a result of these efforts. Corrine Sanchez from Tewa Women United explained, “[Our] doulas have been really critical in building relationships with hospitals, ob-gyns in our area, and midwives... I think that’s been a powerful piece in bridging relationship and practice as well, and also transformation... I think we’re really transformative in understanding each other’s roles and responsibilities, and being able to speak to challenges as well.”

In some cases, these efforts have been so successful that some health care providers and payers have taken on the work of both investing in doulas and educating others about the benefits of their services. For example, some health plans have begun resourcing community-based doulas directly, as well as informing patients, providers, and employers about the availability of — and positive outcomes associated with — doula support.



Some of our [insurance] plans have done a really nice job of making sure that they're explaining the why [behind doulas] ... A lot of times, the providers, once you have that buy-in, they really have appreciated the ability to have the support. Because if the doula is bought in to support the delivering provider and the delivering provider is bought in to support the doula, all within the framework of just getting the [pregnant person] the healthiest experience she can have, that's really the win... Everybody wins...because in the end we all want the same thing... It's just getting there together, and being a support mechanism for her as she walks that path.

—Director at Elevance Health



Full-spectrum doulas can be powerful change agents for mitigating and dismantling racism

Full-spectrum doulas of color often speak with deep passion and commitment to their work, especially within the context of the persistent maternal health crisis in Black, Indigenous, and other communities of color, as well as ongoing threats to abortion access. They also frame their role as significantly broader than helping an individual navigate through a particular reproductive health care experience. Rather, they see themselves engaging not just with the individual and their family, but also with larger structures of power and privilege in true systems-change work¹⁸ as a necessary component to reducing racial disparities in pregnancy and birth outcomes and

mitigating health and other inequities in their communities.¹⁹

Full-spectrum community-based doulas often see themselves as situated within broader movements for reproductive justice, anti-racism, and human rights. This embeddedness, not only within communities but also within social justice activism, guides many doulas in their work at the individual, family, systems, and policy levels. “I think my commitment to reproductive justice is one of the most important things I bring to my work as a doula,” Nakia Woods from Roots of Labor Birth Collective said. “I care if you feel like you got what you needed, if what’s happening is what you want. That’s a part of that full-spectrum work... [and] my role in the collective is bridging the gaps between different reproductive justice movement spaces.” For

Jessica Lujan at Tewa Women United, “there’s a reproductive justice component and aspect to [our role], where there’s a lot of policy and advocacy work happening.”

Providing comprehensive doula training is a case in point. Given the dearth of full-spectrum doula training programs that include culturally centered concepts, practices, and approaches, many community-led doula organizations have developed their own training programs. These programs cover the standard skills and knowledge for providing physical, emotional, and informational support, and also focus on reproductive and birth justice, as well as racism and systemic oppression.²⁰ As Jamarah Amani from Southern Birth Justice Network said, “[We] do a whole seminar or

series of seminars on advocacy, because when we’re addressing health disparities, which is really the key purpose of why we started having a doula program, we recognize that a lot of the health disparities center around the power disparities that exist in our society, and that those play out oftentimes in care settings.” A staff member at the Los Angeles County Department of Public Health African American Infant and Maternal Mortality (AAIMM) Initiative Doula Program added, “One of our values is naming racism as the root cause of the health disparities we see, and we’d love for all health system leaders to digest that message...[and] instead of putting the fault [for those disparities] on families, putting the fault on...the poor policies that we have in place.”

“None [of the mainstream doula trainings] were doing what we were doing in terms of centering a birth and reproductive justice framework, as well as human rights. We’re very intentional about that, because it’s one thing to talk about the emotional and physical [support doulas offer]...but what happens when people don’t have food at home? And what happens if someone is on a substance, and what happens if they have a domestic violence situation? What happens if English isn’t their first language? And those things kept coming up, which to me meant something is horrendously missing... It also didn’t teach folks what it meant to find equitable resources and to connect people to those resources. [Our training] comes from working with diverse communities and then using that to integrate into a community-based model of care.

—Chanel Porchia-Albert, Ancient Song Doula Services

Full-spectrum doulas of color also play an important role in reclaiming ancestral cultural knowledge and traditions around pregnancy, birth, abortion, and loss.²¹ In particular, Indigenous doulas work to disrupt the colonization of pregnancy and birth by offering sovereignty and self-determination.²² These practices are not only affirming

and healing for the client — and for the doulas themselves — but also for families and communities. Consequently, not only are full-spectrum doulas often capable of providing individualized care, they are also equipped to serve as agents of change and advocates for equity both within their communities and society more broadly.



Some of the main [values that guide us] are responsibility to community, culturally matched care, connection to our lands and waters,...upholding ceremony and cultural teachings... Our vision is to reclaim these traditional roles that we've had in supporting birthing families and helping to reconnect traditional practices back to our communities.

—Margaret Olin Hoffman David, Alaska Native Birthworkers Community



The Medicalization and Institutionalization of Birth Work and Reproductive Health Care

One foundational barrier to full-spectrum doula support is the minimization and co-opting of centuries-long practices of care for pregnant and birthing people within communities, especially Indigenous communities and communities of color.²³ For example, throughout the period of slavery and after emancipation, Black birth workers — including midwives, doulas, lactation consultants, family counselors, and health educators — provided care rooted in generational knowledge and wisdom to both Black and white women.²⁴ Additionally, prior to the colonization of Indigenous lands and violence against Indigenous peoples, tribal nations and communities had numerous traditional pregnancy and birthing practices.²⁵ However, beginning in the early 20th century, pregnancy and childbirth were no longer seen as healthy physiologic life processes, and instead were reframed as medical — even pathological — conditions that needed to be addressed with treatments and interventions.²⁶ As health care became increasingly medicalized, institutionalized, and professionalized, white male doctors replaced community-based practitioners as those seen to be capable of providing care. In fact, many of these doctors intentionally isolated and removed community providers — like midwives and doulas — from the obstetrics field, and actively devalued and stigmatized their work.²⁷ Through this shift toward the biomedical approach to childbirth, the expertise and credibility of doulas were often lost or minimized.

Alongside the second-wave feminist movement of the 1960s and 1970s, birthing people began to reassert the value of doulas. However, the doula workforce that emerged has been predominantly white, and primarily serves white, middle- and upper-class women.²⁸ Similarly, the doula care and training models — offered by a select number of major doula organizations and legitimized by the health care field — were rooted in the experiences of white, middle- and upper-class women.²⁹ These models have not focused on the experiences, expertise, and leadership of women of color. By and large, they have not been grounded in a trauma-informed, anti-racist, human rights and reproductive justice framework, nor have they provided education

on the impact of structural and institutional racism and discrimination on the reproductive health and lived experiences of people of color, Indigenous people, and the LGBTQ+ community.³⁰ Seeing these deficits in more institutionalized forms of doula care and training, birth workers of color have played an important role in cultivating a more diverse doula workforce that responds to their communities' needs through community-based, culturally congruent care. As Yante Turner of Spiral Collective said, "We make sure our work comes from our own practices, our own morals, our own holdings of our community, and understandings of what our community needs based on what our community asks for." Margaret Olin Hoffman David from Alaska Native Birthworkers Community added, "Medical colonization in our communities...and traditional ways of caring for people during their reproductive health experiences were displaced, and we are now trying to make those connections again and reclaim those roles we had in our communities."



For Black and Indigenous people, these are ancestral traditions... There is healing in reclaiming these ancestral traditions. It starts with bodily autonomy. It starts with the right to construct our families in the ways that we envision. It is these very powerful systems getting out of the way. We didn't just end up here. We didn't just fall into this, but there were very intentional laws and policies and criminalization that brought us to this point, criminalization of midwives and criminalization of abortions... We do full-spectrum work [because of] our ancestral roots and the way that abortion and birth were attacked at the same time by this white supremacist, male supremacist system. Full-spectrum is also about reclaiming that whole process and...putting our birth workers back into the communities and in the places where they have been for all of human history [except for] the last hundred years.

—Jamarah Amani, Southern Birth Justice Network



Barriers to Accessing and Providing Doula Support Persist

Despite the valuable role that full-spectrum doulas play for pregnant people and in communities, significant barriers exist — both for pregnant people to access doula support and for doulas to provide their services. Challenges to access include lack of geographic availability, the cost of services — including lack of coverage by public and private insurance plans — and lack of cultural congruence. Conversely, doulas confront multiple barriers to providing their services in their communities in a sustainable way. The access challenges for people seeking doula support and the challenges that doulas have in providing services are two sides of the same coin and often negatively reinforce each other. These barriers are often most acutely felt by Black, Indigenous, and other pregnant people of color, as well as by community-based doulas of color. At the same time, full-spectrum doulas are working tirelessly to mitigate those barriers for themselves and for the individuals and communities they serve.

Lack of awareness about full-spectrum doulas

One primary barrier to accessing doula care is a lack of awareness among birthing people, as well as among maternity care clinicians and health care delivery systems.³¹ In one research study, over 40 percent of the women surveyed were not aware of doula care.³² Research found that Medicaid recipients were half as likely to have heard of doulas, compared to mothers with private health insurance.³³ This is significant because, out of the 3.6 million births in the United States each year, about half are financed by state Medicaid programs.³⁴ Furthermore, due to systemic racism and structural economic inequities, women of color of reproductive age are more likely to be insured through Medicaid: nearly one in three Black women and more than one in four Latinas, compared to roughly one in six white women.³⁵

These barriers are often most acutely felt by Black, Indigenous, and other pregnant people of color.

Knowledge of full-spectrum doulas and the availability of support for reproductive health experiences outside of labor and delivery is much rarer among individuals, health care providers, and policymakers. One abortion doula noted that the abortion providers for their clients are most likely unaware of doula support or do not see it as necessary. In addition, as Margaret Olin Hoffman David from Alaska Native Birthworkers Community said, awareness about the availability of abortion doulas is compromised when health care systems such as Indian Health Services do not provide abortion care, and especially when states ban abortion outright.

Even when people have basic awareness of doulas, there may be some reluctance or stigma associated with accessing their support. This can be especially true for communities of color, who may perceive doulas as something available only to upper-income white people. Similarly, the Los Angeles County Department of Public Health's AAIMM Doula Program reports challenges in messaging to the community they serve, recognizing that as a government agency talking to Black communities, they must be cognizant of the history of reproductive violence and forced sterilization on Black women in the United States.

“ I think a lot of people have heard the word “doula” or “birth worker” at this point, but not necessarily the folks that are in the communities that we want to serve. I think there’s this idea that birth workers or doulas, that’s what white people get, that’s who deserves support... [Part of my job is] breaking down the stigma and reminding people [that] every pregnant person deserves support for...the decisions they are making.

—Nakia Woods, Roots of Labor Birth Collective

Full-spectrum doulas are nevertheless working consistently and creatively to raise awareness about their services. Several of the doulas interviewed spoke about the importance of word of mouth, social media, abortion funds, practical support organizations, and other community-based or social services organizations in connecting their services to individuals and families, as well as demystifying the role that doulas can play in a variety of reproductive health experiences. Health care providers, hospital systems, and health plans also play an essential role in educating others about doula support. Elevance Health, for example, works to build awareness through direct outreach to their members, partnerships with local community organizations and businesses, and case managers who manage high-risk pregnant patients.

The health care industry often excludes doulas from health care teams and devalues their work

A related barrier to doula support is that the health care industry often fails to recognize doulas' unique value and excludes them from care teams. This happens both at the interpersonal level, with particular clinical providers dismissing doulas and challenging their inclusion, and at the broader systems levels, with institutions and payers refusing to pay for these services.³⁶ This is closely intertwined with the historical marginalization of community-based birth workers by the white-male-dominated medical system.

At the interpersonal level, doulas commonly report that doctors and nurses overlook

or minimize their role or are sometimes outright disrespectful towards them.³⁷ As Nakia Woods from Roots of Labor Birth Collective said, "It depends...hospital by hospital, provider by provider. You really never know what you're going to get... I've had doctors act like I'm not in the room. I've had nurses shoo me away... I've had rude comments made about birth workers, or if I have a Black client, the assumption is that I'm their cousin or their sister... [But] there are other people that are very welcoming, very supportive, it's just not as pronounced."

At the institutional level, there is often a lack of structural support around doula care and birth work, evidenced by, for example, hospital or clinic policies that limit doulas' presence during visits. This has been especially notable during the COVID-19 pandemic, in which many doulas were considered "non-essential" and were excluded from hospitals and clinics.³⁸

Doula support is not affordable for most people, and efforts to provide low-cost support are not sustainable for doulas

The financial barrier to doula support is twofold: lack of affordability for people seeking services and lack of a viable, sustainable career path for doulas. Both are largely rooted in the same problem: Health care payers don't consistently remunerate doula services. As a result, doula care has been largely limited to those who are able to pay for it out of pocket (namely, upper-income white women) and mostly inaccessible to anyone else.

First, doula services are not covered by most state Medicaid programs; other insurance coverage of doula services is similarly sparse. Existing coverage is largely limited to labor, delivery, and a few prenatal or postpartum visits. There is practically no insurance coverage of doula support for abortion, miscarriage, or other reproductive health events. Without insurance coverage, people must pay private childbirth doulas between \$500 and \$2,000 per birth³⁹ — an unattainable cost for many. Due to systemic discrimination and economic insecurity, Black, Indigenous, and other pregnant people of color, LGBTQ+ people,

and immigrants are less likely to be able to afford care.

To attempt to address this, community-based doula programs typically charge clients on a sliding scale based on income or provide care at no cost, with compensation for doulas covered by grants, fundraising, or other sources of income. Some doulas even spoke of bartering arrangements with clients. Several of the collectives interviewed cited their core values as a reason not to turn away clients for lack of funds. Many organizations also rely on volunteers, either to provide doula support services or to help in other organizational operations.

“When a client enters into the program, they have a choice on how they want to be reciprocal with the organization for the services received. Some people are able to pay money for services. We let them decide how much that is. We tell them we value services at \$1,000 per client and let them know what those services include, and then say, “[You can] pay what you can toward that, or all of it, or more. Any money that you pay toward that goes to help the next family receive care.” If they’re unable to pay any money toward that, then they can choose to provide... services, goods — anything and everything. We’ve had truckloads of mulch... delivered to the organization to help with community gardens. We’ve had people share baby clothes or diapers.

—Jessica Lujan, Tewa Women United

This fee structure, however, compounded with fluctuating grant funding and unreliable insurance coverage, often prevents doulas from earning a living wage.⁴⁰ This financial instability hinders the sustainability of doula work and heightens the risk of burnout, resulting in fewer community-based full-spectrum doulas available to meet the need for services. This is further compounded by the fact that community-based full-spectrum doulas typically provide services and support that extend well beyond the services that mainstream doulas provide — out of deep

commitment to their work — while often simultaneously needing to work additional jobs or take on more clients in order to cobble together a living wage. These fee structures also compromise the longer-term viability of organizations and collectives, who struggle to piece together the resources necessary to support administrative and other costs. Furthermore, because these collectives are staffed with people from the communities they serve — most often people of color and LGBTQ+ people — this limits the availability of culturally congruent care.⁴¹

“*Doula work is not sustainable. There’s more grant funding now, but you consistently find yourself in this cycle of having to reapply for grants... The turnover can be high at times, depending on grant funding... We’ve had the problem of so many more referrals that we don’t have enough people to be able to support [clients]. So it doesn’t allow for a level of sustainability that’s necessary... Ideally you want to be able to hire folks full-time, offer them benefits, and a lot of community-based doula organizations are not able to do that.*”

—Chanel Porchia-Albert, Ancient Song Doula Services

Even when Medicaid pays for doula support, logistical barriers remain

In an effort to develop sustainable, equitable access to doula care, Medicaid coverage has expanded in a number of states: As of April 2022, 13 states and the District of Columbia have enacted legislation for Medicaid coverage of doula services, with five currently providing coverage for doula services and others preparing to do so.⁴² Notably, California’s program includes support for birth, abortion, miscarriage, and stillbirth; so far, it is the only state to explicitly cover full-spectrum care. In addition, some Medicaid health plans cover doula services even in the absence of state legislation.⁴³

However, there are notable practical and structural shortcomings of state policies

that hinder Medicaid coverage. The process of enrolling as a Medicaid provider can be complex and tedious, a task that is often not feasible for doulas who are already overworked and lack sufficient administrative support. As Corrine Sanchez from Tewa Women United said, “We do not accept Medicaid. It’s been a struggle in our organization. The complexity of the Medicaid reimbursement process has been really prohibitive.” In addition, the reimbursement rate for doulas is typically inadequate for the value of services provided. Moreover, Medicaid reimburses for only a few doula visits, and does not cover support during abortion, miscarriage, or stillbirth, except in California. Consequently, full-spectrum doulas are rarely fully or equitably compensated for the broad range of services they provide.

“ [If Medicaid is not reimbursing for doula services], most of us are just doing it anyway. There are a lot of gaps for things that we don’t get paid for. Based on what I know of my birth-worker community, most of us provide the services anyway, because we think that they’re important, and we know they’re what people need. [But] that leads to burnout and lack of sustainability and probably shorter careers and people leaving the profession because they just can’t make ends meet.

—Jamarah Amani, Southern Birth Justice Network

Furthermore, state legislation has varied approaches in addressing the training and certification requirements for a doula to be reimbursed under Medicaid.⁴⁴ Some legislation requires training and certification by one of only a handful of well-known national doula training organizations. These trainings are often costly, and their curriculum lacks education on structural racism and implicit bias, trauma-informed care, intimate partner

violence, and other crucial topics. Some states have created their own state certification boards that also fail to include competencies related to community-based doula care, racial equity, or reproductive justice. These credentialing requirements serve as a barrier to entry for many, especially doulas of color, and fail to support a diverse workforce that is equipped with the knowledge and skills to provide culturally congruent care.

The access challenges for people seeking doula support and the challenges that doulas have in providing services are two sides of the same coin and often negatively reinforce each other. At the same time, full-spectrum doulas are working tirelessly to mitigate barriers to access for the individuals and communities they serve.

RECOMMENDATIONS

The case for including full-spectrum doula support as a standard service in reproductive health care is clear, especially as a valuable approach to mitigating the maternal health crisis and abortion access crises in communities of color and other communities faced with structural inequities to optimal health. In order to narrow these gaps and improve reproductive health for all, we must advocate for a number of critical policy changes, outlined below.** More fundamentally, societal recognition of — and investment in — full-spectrum doula work is essential.

“ I believe that our communities hold the solutions to the maternal health crisis, and that all folks need to do is get out of our way... It is also about investing in communities. And it's going to take undoing a lot of the harm that is built into the system, not just in the medical system, but also education. Also, the way communities are built and constructed — food deserts, transportation deserts, all of those things have to be addressed in order to shift us to a more equitable health care system.

—Jamarah Amani, Southern Birth Justice Network

Trust Black doulas, and trust pregnant people to make the right decisions for themselves and their families. And understand that doulas are not a magic fix for all systemic problems, but we can help while we collectively take on the larger issues at hand.

—Staff at the Los Angeles County Department of Public Health AAIMM Doula Program

Put people that look like me in leadership to change policies, put folks that have had abortions in leadership to change policies, put Black folks up there, put trans folks up there, put people of color in these positions.

—Yante Turner, Spiral Collective

I think really listening and having those sessions with the communities most impacted around policy development [is essential],...making sure that we're at the table. Don't do this without us. If you're talking about maternal mortality rates, bring those impacted communities and learn from them and make sure that their voice is present in those tables and in those decision-making spaces.”

—Corrine Sanchez, Tewa Women United

** For more detailed policy recommendations, see Carol Sakala and Rachel Wei. *Improving Our Maternity Care Now Through Doula Support*, National Partnership for Women & Families, September 2022, <http://www.nationalpartnership.org/doulasupport>

Federal policymakers

- Every person who receives care or coverage from a federal program should have access to full-spectrum doula care. These services should include pregnancy, birth, and postpartum support, as well as support for all pregnancy outcomes, including abortion, miscarriage, and stillbirth.
 - Congress should fund pilot projects to study the impacts of access to full-spectrum doula care in federal programs, including Medicaid, Medicare, the Children’s Health Insurance Program, and the Veterans Administration.
 - The Administration should offer guidance to states on incorporating full-spectrum doula care into state Medicaid programs.
 - 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-based doulas, doula organizations, and doula clients.
 - 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.
 - Programs should educate both beneficiaries and health professionals about doulas, the evidence supporting doula care, and the availability of this covered benefit.
- Congress should fund increased research on full-spectrum doula care to build the evidence base.
- Congress should fund training programs to strengthen the full-spectrum doula workforce, including increasing capacity to provide abortion support.
- Congress and the administration must protect abortion access for all people, regardless of where they live or how they are insured.
 - The administration must use every available lever to safeguard access to reproductive health care, including abortion care and contraception.
 - Congress must pass the Equal Access to Abortion Coverage in Health Insurance (EACH) Act, which would ensure abortion coverage for pregnant people who receive health care or insurance through the federal government.
 - Congress must pass the Women’s Health Protection Act (WHPA), which protects the right to access abortion free from medically unnecessary restrictions and bans.

State policymakers

- State legislators should enact, and regulators should provide, guidance for covering full-spectrum doula services under Medicaid (both fee-for-service and managed care) and the Children’s Health Insurance Program. These services should include pregnancy, birth, and postpartum support, as well as support for all pregnancy outcomes, including abortion, miscarriage, and stillbirth.
 - 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-based doulas, doula organizations, and doula clients.
 - 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.
 - Programs should educate both beneficiaries and health professionals about doulas, the evidence supporting doula care, and the availability of this covered benefit.
 - In establishing these programs, states should glean lessons from the successes and challenges of pioneering states, particularly those that cover full-spectrum doula support, such as California.⁴⁵
- In parallel with coverage of doula services, states should allocate resources to build, support, and mentor the doula workforce. This includes supporting a diversity of community-based training models and programs that emphasize full-spectrum support, trauma-informed care, reproductive and birth justice, and understanding and mitigating systemic racism.
- States must repeal laws that restrict or ban abortion care and must enact robust protections that ensure meaningful access, including requiring insurance coverage for abortion care and using state funds to provide abortion care for Medicaid enrollees.
 - State policies should also protect all pregnant people — and those who help them, including, but not limited to, doulas — from surveillance and criminalization, regardless of pregnancy outcome, including abortion, miscarriage, stillbirth, and live birth.

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

- Health plans should cover full-spectrum doula support. These services should include pregnancy, birth, and postpartum support, as well as support for all pregnancy outcomes, including abortion, miscarriage, and stillbirth.
 - 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-based doulas, doula organizations, and doula clients.
 - 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 both beneficiaries and health professionals about the doula role, evidence about doula support, and the availability of this covered benefit.
- Medicaid managed care, hospitals, and other organizations should support, and community-based organizations should develop and regularly provide, full-spectrum 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, the landscape of abortion access, intimate partner violence, perinatal mood disorders, and other skills and knowledge for providing optimal community-focused support.
- Employers should ensure that employees have access to full-spectrum doula support.
 - Employers should also educate beneficiaries about the doula role, evidence about doula support, and the availability of this covered benefit.
- Employers should invest in securing abortion access for their employees, as well as the communities in which they are located. This includes ensuring abortion coverage in employee health plans, subsidizing travel costs for employees seeking abortion care, providing adequate paid time off to employees, and investing in community-based organizations working to mitigate the harms caused by restrictive abortion laws.

Endnotes

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