

“Our Communities Hold the Solutions”

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



Doulas provide invaluable support to pregnant and birthing people, and people increasingly recognize doulas as critical to improving maternal health outcomes. Yet in the wake of the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization*, we need policy solutions that support *full-spectrum doulas*, who help people across a range of reproductive health care experiences and pregnancy outcomes.

Full-Spectrum Doulas: Varied Roles, Enormous Value

- Full-spectrum doulas provide support across a range of different reproductive health care experiences and pregnancy outcomes - including prenatal, labor and childbirth, postpartum, abortion, miscarriage, and stillbirth.
- Doulas provide physical comfort, emotional support, information sharing, and advocacy.
- Community-based full-spectrum doulas also support their clients in navigating challenges beyond - but connected to — their reproductive lives, such as mental health concerns, unstable housing, or food insecurity, by tapping into community assets and network of social supports.
- Doulas are highly likely to provide culturally congruent, trauma-informed support that recognizes — and strives to mitigate — the impact of systemic racism.

Evidence shows that the presence of a doula improves physical health outcomes for both parent and child, and also promotes more positive emotional and psychological experiences during pregnancy, birth, and postpartum.¹ Similarly, research and reports indicate that many of the same positive effects are replicated during other reproductive health care experiences, such as abortion, miscarriage, or stillbirth. **For example, women report that having a doula present during their abortion helped them feel more informed, empowered, and safer in their interactions with medical providers.**²

* This report is informed by in-depth interviews with doulas who work independently or as part of formal organizations, as well as health plans and public entities that pay for doula services.

Full-spectrum doulas are more important than ever in the post-Roe landscape.

- Accessing abortion care involves navigating multiple, compounding barriers to care, including traveling long distances, making sense of complex legal information (and sorting through disinformation), making multiple visits to providers, and contending with surveillance and risks of criminalization.³
- The person-centered support that full-spectrum doulas provide helps people navigate these challenges and mitigates some of the physical and psychological harm that these barriers cause.⁴

Barriers to Accessing and Providing Doula Support Must Be Addressed

- **There is a lack of awareness about full-spectrum doulas among pregnant people, as well as among maternity care clinicians and health care delivery systems.**
 - Medicaid recipients were half as likely to have heard of doulas, compared to mothers with private health insurance.⁵
 - 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.
- **The health care industry often excludes doulas from health care teams and devalues their work.**
 - This happens both at the interpersonal level, with clinical providers dismissing doulas and challenging their inclusion in health care settings, and at the broader systems levels, with institutions and payers refusing to pay for these services and limiting doulas' presence during hospital visits.⁶
- **Doula support is not affordable for most people, and efforts to provide low-cost support are not sustainable for doulas.**
 - Doula services are not covered by most state Medicaid programs;⁷ other insurance coverage of doula services is similarly sparse. Existing coverage is largely limited to labor, delivery, and a few prenatal or postpartum visits, and there is practically no insurance coverage of doula support for abortion, miscarriage, or other reproductive health events.

- 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. This fee structure, however, compounded with fluctuating grant funding and unreliable insurance coverage, prevents doulas from earning a living wage. This financial instability can make doula work unsustainable and can cause burnout, resulting in fewer full-spectrum doulas available to meet the need for services.
- **Even when Medicaid pays for doula support, logistical barriers make it challenging for doulas to participate.**
 - The process of enrolling as a Medicaid provider can be complex, tedious and infeasible for doulas who are already overworked and lack administrative support.



It starts with bodily autonomy. It starts with the right to construct our families in the ways that we envision. Full-spectrum is also about reclaiming that whole process [of abortion and birth] 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



Recommendations for 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.

¹ 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>

² Julie Chor, Phoebe Lyman, Megan Tusken, Ashlesha Patel, and Melissa Gilliam. “Women’s Experiences with Doula Support During First-Trimester Surgical Abortion: A Qualitative Study,” *Contraception*, October 19, 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4766033/>

³ If/When/How: Lawyering for Reproductive Justice, National Network of Abortion Funds, and National Partnership for Women & Families. “Using Paid Sick Days for Medication Abortion,” April 2022, <https://www.nationalpartnership.org/our-work/resources/health-care/repro/abortion/paid-sick-days-medical-abortion.pdf>; Guttmacher Institute. “Counseling and Waiting Periods for Abortion,” August 1, 2022, <https://www.guttmacher.org/state-policy/explore/counseling-and-waiting-periods-abortion>

⁴ Anna L. Altshuler, Alison Ojanen-Goldsmith, Paul D. Blumenthal, and Lori R. Freedman. “‘Going through It Together’: Being Accompanied by Loved Ones During Birth and Abortion,” *Social Science & Medicine*, September 2021, <https://doi.org/10.1016/j.socscimed.2021.114234>

⁵ Eugene R. Declercq, Carol Sakala, Maureen P. Corry, Sandra Applebaum, and Ariel Herrlich. *Listening to Mothers III: Pregnancy and Birth* (New York: Childbirth Connection, May 2013) <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/listening-to-mothers-iii-pregnancy-and-birth-2013.pdf>

⁶ Amy Chen and Alexis Robles-Fradet. “Challenges Reported by California Doula Pilot Programs,” National Health Law Program, March 2, 2022, <https://healthlaw.org/resource/challenges-reported-by-california-doula-pilot-programs/>; —. “Building a Successful Program for Medi-Cal Coverage for Doula Care: Findings from a Survey of Doulas in California,” National Health Law Program, May 21, 2020, <https://healthlaw.org/resource/doulareport/>; Birth Rights Bar Association. “Challenges Facing Pregnant and Birthing People during COVID-19,” April 9, 2020, <https://birthrightsbar.org/resources/Documents/Birth%20in%20a%20Pandemic%20-%20Identifying%20Issues.pdf>; Birth Monopoly. “COVID-19,” accessed August 20, 2022, <https://birthmonopoly.com/covid-19/>

⁷ National Health Law Program. “Doula Medicaid Project,” accessed August 20, 2022, <https://healthlaw.org/doulamedicaidproject/>