



Medicaid Reimbursement for Doula Services: Definitions and Policy Considerations

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Introduction

- Black women are 4 times more likely to have a pregnancy related death than white women
- Medicaid programs cover 43% of all births in the U.S.
- The challenge for authorizing Medicaid payment for doula care is that this form of care operates outside of traditional clinical provider organizations.

Definitions:

- Doulas:** Trained professionals who provide continuous support to mothers and families before, during, and after childbirth.
- Community-based doulas:** Come from the under-resourced communities they serve and are trained at an organization that centers their community's culture in their care model.
- Culturally congruent community-based doulas (CCCDs):** Share the cultural background of their clients, work to reduce racial disparities in pregnancy and birth through a multifaceted approach that empowers women of color, mitigating discrimination, racism, loss of autonomy, and preventing other harms to communities that have been neglected by the medical system.

Key Findings:

- Doula care is reported to decrease the rate of cesarean sections, increase birth weights, decrease complication rates, and increase breastfeeding rates.
- Doula care could reach more high-need women if Medicaid covered doula services.

Table 1. Doula skills, trainings, and organization characteristics

Competency	Private Pay	Community based	Culturally congruent, community based
Basic Curriculum	X	X	X
24-64 hrs Training required	X	X	X
Certification through exam and experiential learning	X	X	X
Continuing education and recertification	X	X	X
Culture of caring for clients	X	X	X
Prioritize self-determination and client autonomy	X	X	X
Community services navigation training		X	X
Bereavement and loss training		X	X
Social justice focus		X	X
Community participation in development		X	X
Diversified work force			X
Designed to reduce health inequity and racialized harms			X
Rooted in anti-racism with an understanding of historical racism and its role in health outcomes			X
Understand cultural dynamics of communities served			X

- Medicaid programs should carefully develop policies to avoid unnecessarily limiting doulas' scope or applying undue cost hurdles that may turn away individuals from vulnerable communities.
- Black, rural, and low-income pregnant women are at the highest risk of poor pregnancy outcomes, and doula care definitions and policies should be explicitly designed utilizing the knowledge of community-based organizations and experts already involved in this work.

Table 2. Potential activities and supports to be eligible for Medicaid Reimbursement

Activity or Support Provided	Private Pay	Community based	Culturally Congruent, Community based
Non-medical supportive care	X	X	X
Extended number of client visits (in addition to the birth)		X	X
Full spectrum doula care		X	X
Case management		X	X
Social support resources		X	X

Policy Recommendations:

- Currently, 11 State Medicaid programs are actively reimbursing doula services and 5 are in the implementation process for reimbursement. Every state should consider drafting policies alongside local doula organizations to reimburse for doula services.
- State Medicaid programs should give Managed Care Organizations increased flexibility to deploy innovative solutions to reduce disparities in maternal and infant mortality.
- States can measure doulas' effectiveness on reducing costs and improving health outcomes by primarily measuring cesarean section rates, birth weights, complication rates, and breastfeeding rates.
- States currently implementing doula policies are also measuring maternal mortality, post-partum depression, race, urban/rural differences, and maternal satisfaction.
- Reimbursement should increase with increased doula skill complexity, highlighted in Tables 1 & 2.
- Approaches built on required competencies rather than listing a group of approved organizations will likely be the most flexible over time, as well as placing community-led doula organizations in a role that recognizes them as partners.

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