



Medicaid Coverage of Doula Services Would Save the Lives of Mothers and Babies and Avoid Costly Complications



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Earlier this year, we called attention to the dire outcomes for pregnant women in the United States and here in Ohio. Every year women in Ohio die preventable deaths due to complications in pregnancy or in the weeks and months after giving birth. Maternal deaths are even more stark among Black mothers who are three times as likely to die from pregnancy-related causes as their white counterparts.

Ohio's Pregnancy-Associated Mortality Review Panel (PAMR) published a report showing that between 2008-2016, over half the deaths of women who were pregnant or who died within one year of pregnancy were preventable.

According to a [Child Trends report](#), in 2018 in Ohio 6.2% of women in urban areas received late or no prenatal care, and in that same year 10.5% of urban infants were born preterm.

One effective strategy to address maternal mortality rates is the use of doulas. A doula is a trained professional, ideally a member of the community where the mother lives, who provides continuous

physical, emotional, and informational support to a mother before, during, and shortly after childbirth to help her achieve the healthiest, most positive experience possible. There is [promising evidence](#) that doula care can result in lower rates of cesarean and pre-term births, improved quality of life for the family, as well as significant cost-savings. Over [20%](#) of Ohio births from 2015 to 2018 were cesarean deliveries. Pre-term births are estimated to cost [\\$731 million](#) annually, according to the March of Dimes.

The Senate passed Senate Bill 328, sponsored by State Senators Stephanie Kunze (R-Hilliard) and Tina Maharath (D-Columbus), which requires the Ohio Department of Medicaid to create a four-year pilot program to cover doula services. The legislation also requires doulas to become certified by the Counselor, Social Worker, and Marriage and Family Therapist Board, and establishes the Ohio Doula Advisory Board to provide general advice and recommendations regarding the pilot program and certification of doulas. There is a companion bill, HB 611 in the House, sponsored by Representatives Erica Crawley and Paula Hicks-Hudson.

In 2018, 1 in 10 babies are born preterm:

Black: 14.1%
American Indian/Alaskan
Natives: 11.8%
Hispanic: 10.5%
White: 9.5%
Asian/Pacific Islander: 8.8%



Doula Services Cont'd

[A study out of the University of Minnesota](#) which looked at 67,000 Medicaid-funded births in 12 states found that the average cost savings from access to doula care among Medicaid beneficiaries would be \$58.4 million, and that 3,288 preterm births per year would be prevented. According to study author Katy Kozhimannil, associate professor in the School of Public Health, women with doula care had a 22% lower rate of preterm births compared to women who didn't have doula support. Doula care makes a difference in the lives of many families. Yet for many, doula care is unattainable because of the expense. According to Mt. Carmel's hospital-based Doula Program, private doula care in central Ohio starts around \$500, with the average cost between \$800 - \$1,000.

The challenges faced by Black and low-income pregnant women are

2019 Evidence-Based Home Visiting

51% covered by CHIP
45% are uninsured
4% covered by private insurance

complicated when financial barriers are present. Doula care would benefit low-income mothers because the doula can serve as an advocate and health advisor to a woman who may already be overwhelmed. Doula services that are community-based provide the most benefit because a person who is already considered part of the community has a higher likelihood of being trusted and understanding the context of the community in terms of challenges, services available, etc.

Birthing Beautiful Communities (BBC) is a group of doulas in Cleveland, operating as a 501c3 non-profit. They provide social support to pregnant women at highest risk for infant mortality during the perinatal period. BBC

provides free neighborhood-based services including childbirth and parenting education. They provide classes on breastfeeding, dealing with stress, bonding with baby, co-parenting and healthy eating. BBC also offers perinatal support training to provide support for labor, delivery, and postpartum health including depression, and family, life and personal goal planning. A major component of all their programming is recognizing and addressing the social determinants of health that negatively affect the health and well-being of pregnant women and their children.

Since its founding in 2014, BBC has educated and supported over 500 women. Of the women who completed the Sisters Offering Support (SOS) Circle program, 92% had full term pregnancies last year, and an overall 99.8% infant survival rate. BBC receives funding from Ohio Department Medicaid and the Cleveland Foundation.

What are other states doing?

Minnesota and Oregon provide Medicaid coverage for doula services.

Vermont and New Jersey have pending legislation to cover these services.

In 2019, New York launched a pilot program expanding Medicaid coverage of doula services in Erie County and Kings County, areas with the highest maternal and infant mortality rate in the state.

Doula Services Cont'd



Low-income women are at highest risk of poor birth outcomes in Ohio, and women of color, especially Black women and their babies, are even more vulnerable to experiencing complications during pregnancy, birth, and postpartum. Doula care is among the most promising approaches to combating disparities in maternal

health, and can also help reduce the impacts of racism and racial bias in health care on pregnant women of color by providing individualized, culturally appropriate, and patient-centered.

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In order for the state to receive federal matching dollars through Medicaid, a licensed clinician must submit the Medicaid reimbursement claim. No states license doulas, although several have certification programs. Ohio has several options for achieving coverage for doula services.

1. Establish a licensure program for doulas.
2. Allow licensed clinicians (physicians, nurse practitioners, nurse-midwives) to bill for recommended services provided by non-licensed professionals (doulas).
3. Allow doulas to contract with MCOs where services are recommended by a licensed clinician, and documented in the patient's medical record.

Children's Defense Fund-Ohio recommends:

1. **Support Medicaid Coverage of Doula Services.** Legislation introduced (HB 611) would require this. To qualify a doula must have a valid provider agreement, certified by a certification organization, meets training and experience requirements, and requires the Medicaid Director to establish a state registry.
2. **Create a Certification for Doulas in Ohio in Support of Infant and Maternal Health.** There is currently legislation in the Senate (SB 328) that does this by creating a four-year pilot program to cover doula services. The legislation also requires doulas to become certified by the Counselor, Social Work and Marriage and Family Therapist Board, and establishes the Ohio Doula Advisory Board to provide general advice and recommendations regarding the pilot program and certification of doulas.
3. **Ensure the Doula Profession is Accessible** The cost of training may be a barrier for people interested in becoming doulas. Making doula work sustainable is important to ensure that women with the highest rates of adverse birth and maternal health outcomes have support before, during and after pregnancy.
4. **Reimburse Doula Care at Market Rates.** Payment levels should be sufficient to support the care provided.