Meet Jessica...

Jessica is a certified doula and massage therapist with Sacred Spaces 216, a family wellness care center in Brookpark, Ohio, and Cleveland Chiropractic & Integrative Health Center. She has been a doula for four years and her practice takes her from Cleveland to Detroit to serve expectant parents. Jessica generally works with four or five pregnant women per month, meeting with them from the time they find out they are pregnant through giving birth. She checks in on them after the baby is born and will continue to meet with them if they need help with breastfeeding or sleep training. She has attended births in hospitals and in the home.

Jessica, the mother of six children herself, decided to become a doula after her own experience with childbirth led her to realize there was a level of advocacy, education, and emotional and physical support that wasn’t available to her and other moms.

What is a Doula?
A doula is a trained professional who provides continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest experience possible. The doula’s goal and role are to help the client feel safe, emotionally supported, and comfortable, complementing the role of the healthcare professionals who provide the client’s medical care. The doula’s role is critical in mitigating stress and toxic stress levels that can be experienced by an expectant mom during pregnancy. According to a study published in 2016, the use of a doula was shown to decrease rates of pre-term births (a leading cause of infant mortality), reduce the rates of delivery by caesarean section, and improve a babies APGAR score.

For generations, there have been communities of women who supported each other in birth, what we now call doula care. “That connection between women as part of a community was lost as women began going to western medical centers to give birth”, Jessica said. Doula care is an effort to return to that communal familial support and network system that women want as new moms.
What's the difference between a doula and a midwife?
Midwives have medical training and during the birth process, focus on delivering a healthy baby. Doulas have a different scope of service in that they focus on the non-clinical needs of the mother, offering mental, physical, and emotional support. Doulas certification/training does not include medical training and cannot be used as a substitute for a midwife or doctor. However, they serve as advocates and can reduce the stress levels and uncertainty that come along with pregnancy, which can have a significantly positive impact on an expectant parent’s health and that of their baby.

Doula Care and Maternal Health
Many women, especially women of color, feel unheard by busy doctors and nurses and marginalized by the healthcare system. Often, they are faced with medical professionals who do not look like them or have any shared life experience - and we know when physicians do share these characteristics with their patients, health outcomes are likely to improve. Moreover, many doctors are trained to look for medical reasons for the symptoms and conditions they are presented with. They are trained in human physiology, but not always in the social determinants of health.

Safe housing, adequate and healthy food, violence in the community or in the home, access to healthcare all play a crucial role in maternal and infant mortality and morbidity. Further, health inequities persist in the absence of adequate physician education and training in cultural and linguistic humility. This has profound implications for the health care of Black women and other women of color, allowing racial and cultural stereotypes around pain tolerance, race-related risk measurements in assessing patient conditions, and unconscious biases to be practiced and perpetuated further putting some parents and babies at a higher risk.

Doulas are women from the community. They look like the women they serve, and they understand the cultural complexities many women deal with in accessing care, and the profound effect that can have on their health and the health of their children. Doulas educate women on what to expect during their pregnancy, the importance of prioritizing good nutrition, developing healthy behaviors, and alleviating stress.

After delivery they can provide home visiting services and basic education in breastfeeding, baby care, and sleep training. They provide continuous care, physical and emotional support, and education to a woman who is expecting, experiencing labor, or has recently given birth. Doulas act as advocates for the women they care for to make sure women’s voices are heard and their concerns are addressed. A growing body of evidence shows that doula care can prevent preterm labor and lessen unnecessary cesarean sections, providing a more satisfying birth experience. A study from the University of California found that expectant mothers matched with a doula had better birth outcomes. Doula-assisted mothers were four times less likely to have a low birth weight (LBW) baby, two times less likely to experience a birth complication involving themselves or their baby, and significantly more likely to initiate breastfeeding.

HB 142- Medicaid Coverage of Doula Care
Currently, in Ohio, there is no standardized training, licensure, or certification for doulas recognized by the state of Ohio, but all that will change if HB 142, Medicaid Coverage of Doula services, becomes law.
The bill was introduced by Rep. Cawley and Rep. Brinkman, and among other things, creates standardized training and certification requirements and defines scope of care, establishes a four year pilot allowing doula care to be covered by Medicaid, and provides for a pilot project in the Department of Rehabilitation and Corrections for expectant moms.

HB 142 is important because it allows more women to have access to evidence-based doula services. 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. This cost must currently be paid out of pocket, creating another financial barrier to low-income women trying to access culturally sympathetic care. Jessica is often approached by women who need a doula, but cannot afford one. She has created a way through her billing structure to subsidize care for patients who need her services but can't pay for them.

“When a woman shows up in need, I want to be able to help. I never want to turn away someone in need.”

Jessica believes it is especially important that doulas receive training in gender inclusivity, racial equity, and cultural sensitivity. Understanding and meeting people where they come from, and being empathetic to the different needs of pregnant women are some of the things that set doulas apart as great support people and their training should emphasize these qualities. Jessica also believes that doulas would benefit from trauma training as well, to understand the psychological effect of trauma experienced by a woman and how giving birth can trigger that trauma.

**Doula Care During the Pandemic**

As with everything else in our society, COVID-19 changed the way doulas could provide care. Jessica experienced some hospitals with restricted access. Through most of the pandemic, women in labor were allowed only one partner in the room, doulas and other caregivers could not be with their clients, and in some cases, were not even allowed telephone access. While it is understandable that hospitals had to make hard decisions to limit the number of people coming in during the pandemic, hopefully in the future, with the passage of HB 142, and the standardization of training and certification, doulas will be recognized as part of the woman’s care team and treated as such.

While I was on the call with Jessica, one of her patients called to let her know she was in labor. When Jessica came back to our call, I could hear the excitement in her voice. She was going to finish up our call and head over to her patient’s house to check on her. She ended our call by saying that it is an honor to do the work she does, to support a woman through the process of becoming a mother. “It’s not only a
baby that is being born, a mother is being born too.” 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 mitigate the impacts of racism and racial bias in health care on pregnant women of color by providing individualized, culturally appropriate, and patient-centered emotional support and advocacy.

CDF-Ohio Recommendations

1. **Support HB 142-Medicaid Coverage of Doula Care.** The bill, introduced by Rep. Cawley and Rep. Brinkman, would standardize training and certification requirements, allow doula care to be covered by Medicaid in a four year pilot project, and set up a pilot project in the Department of Rehabilitation and Corrections for expectant moms.

2. **Support Inclusion of Doula Care language in the biennial budget.** An amendment to include the doula care language in the budget was drafted by Rep. Crawley and submitted by Rep. Brinkman.

3. **Reimburse Doula Care at Market Rates.** Payment levels should be sufficient to support the care provided and attract quality caregivers.

*Children’s Defense Fund-Ohio thanks the individuals, families, and health practitioners who have shared their stories for the Child Watch Ohio series and the funders of the Ohio Finish Line project for their support. For more information, please contact Kelly Vyzral, Senior Health Policy Associate at kvyzral@childrensdefense.org.*