Improving Birthing Outcomes

Strengthening Awareness of and Support for State and Community Doula Networks

Webinar

Tuesday, October 5, 2021
Welcome & Learning Objectives

Today, we will learn more about Doula care from two perspectives:

**Policy & Research Perspective:**

✓ What doulas do and different models of doula support.
✓ The evidence on the benefits of doula care and how doula care can help address birth equity.
✓ Which states have proposed and enacted doula policies with a focus on Medicaid coverage.

**Practice Perspective:**

✓ Key considerations in operationalizing a high-quality LA County community doula program focused on addressing birth disparity, inclusive of hiring, training, funding and program design.
✓ A Black women-led advocacy organization in the state of Ohio that offers affordable doula services, health-care provider trainings, and organizational consultation.

NCITXChange.org
Webinar Presenters

Nan Strauss
Every Mother Counts

Alexis Robles-Fradet
National Health Law Program

Jessica Roach
Restoring Our Own Through Transformation

Dorian Wingard
Restoring Our Own Through Transformation
Presenters (continued)

Melissa Franklin
Growth Mindset & AAIMM

Michelle Sanders
LA County Public Health & AAIMM
DOULAS & COMMUNITY-BASED DOULA SUPPORT

Nan Strauss, JD
October 5, 2021
WHAT IS DOULA SUPPORT?

Doulas are non-clinical professionals who are trained to provide emotional, physical and informational support, before, during, and after birth.

<table>
<thead>
<tr>
<th>WHAT DOULAS DO + DON’T DO</th>
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<tr>
<td>![Checkmark icon] Provide emotional, physical, &amp; informational support</td>
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<tr>
<td>![Checkmark icon] Enhance communication between client and care provider</td>
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<td>![Checkmark icon] Support the client’s wishes</td>
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DOULA SUPPORT AS A HIGH VALUE MODEL

Improving health outcomes + Enhancing the experience of care + Ensuring care is cost-effective + Addressing Birth Equity

High-value care supports patient-centered, evidence-based practices, while avoiding wasteful or unnecessary spending.
In a 2008 review of 41 birth practices in the American Journal of Obstetrics and Gynecology, *doula* support was among the most effective of all those reviewed – *one of only three to receive an “A” grade.*
IMPROVING HEALTH OUTCOMES

HEALTH BENEFITS OF DOULA CARE

35% fewer negative birth experiences
Less use of pain medication
Lower preterm birth rates
*with prenatal support

39% fewer cesareans

Higher Apgar Scores
Greater likelihood of a shorter labor
More breastfeeding
*with prenatal + postpartum support
ENHANCING PATIENT EXPERIENCE AND SATISFACTION

Doulas improve patient experience by

- Enhancing communication between patients and care providers;
- Encouraging patients to become more informed about and actively involved in care decisions; and
- Emphasizing a person-centered, individualized approach to care.

Doula care was associated with a 34% reduction in reporting a negative birth experience.
ENSURING COST-EFFECTIVE CARE

Doula care is cost-effective and high-value within a health care system that spends more on maternity care than any other country.

Medicaid and insurance coverage would:

- Make doula care more affordable
- Ensure that doulas are paid a livable wage

Doulas lower spending by:

DECREASING
- 1st + repeat cesareans
- epidurals
- complications
- chronic conditions
- preterm births

INCREASING
- breastfeeding

Medicaid coverage for doula support could save at least $1450 per birth

These cost savings could allow doula care to be appropriately reimbursed without increasing Medicaid spending.
AN OPPORTUNITY TO ADVANCE BIRTH EQUITY

Social determinants of health, differential access to care, and structural and interpersonal racism contribute to maternal health inequities and disparities.

Community-based, culturally concordant, and trauma-informed doula support can help address these inequities.

Birthing people of color and birthing people from low-income and underserved communities can particularly benefit from the additional, individualized, equitable support that doulas, especially community-based doulas, provide.
WHAT IS A COMMUNITY-BASED DOULA?

Traditional “Private-Pay”

- $ Paid for out-of-pocket
- 1-2 visits prenatally
- 1-2 visits postpartum
- Referrals – private services

Community-Based Model

- $ Low or no cost
- Tailored to needs of communities they serve
- Doulas from community
- Additional visits
- Additional services
- Referrals – social services

UNMET NEED FOR DOULA SUPPORT

Cost is one of the biggest barriers to accessing doula support.

*The State of Doula Support in NYC, 2019*

Black, Latina, and Medicaid-enrolled women were more likely to want doula support... but not have it.

- Medicaid: 35%
- Private Insurance: 21%
- Black: 39%
- Latina: 30%
- White: 22%
### Success Factors from Community-Based Doula Programs

Community-based doula programs have been piloted and implemented across the country, each with critical success factors and opportunities for improvement that need to be considered when designing and implementing state-level doula programs.

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<th>description</th>
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<tbody>
<tr>
<td>Livable, consistent wages for doulas</td>
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<td>Reproductive and birth justice framework for culturally appropriate care</td>
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<td>Partnerships with communities and community-based organizations</td>
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<td>Adequate and appropriate supervision and mentorship for doulas</td>
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<td>Low administrative barriers for doulas</td>
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<td>Stable funding streams and partnerships</td>
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THANK YOU!

Nan Strauss, JD
Managing Director of Policy, Advocacy, and Grantmaking

nan@everymothercounts.org
About the National Health Law Program

• National non-profit law firm committed to improving health care access, equity, and quality for underserved individuals and families
• State & Local Partners:
  • Disability rights advocates – 50 states + DC
  • Poverty & legal aid advocates – 50 states + DC
• National Partners
• Offices: CA, DC, NC
• www.healthlaw.org
• Follow us on Twitter @NHeLP_org
• Like us on Facebook @NHeLProgram
NHeLP’s Mission & Equity Stance

**Mission:**
The National Health Law Program (NHeLP) protects and advances the health rights of low-income and underserved individuals to access high quality health care. NHeLP advocates, educates, and litigates at the federal and state levels. We stand up for the rights of the millions of people who struggle to access affordable, quality health care.

**Equity Stance:**
Health equity is achieved when a person’s characteristics and circumstances — including race and ethnicity, sex, gender identity, sexual orientation, age, income, class, disability, health, immigration status, nationality, religious beliefs, language proficiency, or geographic location — do not predict their health outcomes.

[https://healthlaw.org/equity-stance/](https://healthlaw.org/equity-stance/)
Why Doulas and why Medicaid?

- Doulas provide physical, emotional, social, and educational support that is individually tailored and culturally congruent. Their care and advocacy can help improve maternal and infant health outcomes.
- Most doulas today are paid by clients out of pocket.
- Cost of care: several hundred dollars to over $2000.
- Many pregnant and postpartum people, especially those who are low-income, cannot afford the cost of doula care.
- Potential to have a huge impact - Medicaid covers half of all births in the United States.
Doula Medicaid Project

- Ensuring that all pregnant and postpartum people enrolled in Medicaid who want doula support can access one.
- Identifying and overcoming barriers to creating sustainable, equitable, and inclusive programs for Medicaid coverage for doula care programs.
- Importance of expanding access to full spectrum doula care
- Information-gathering and information-sharing.

https://healthlaw.org/doulamedicaidproject/
State Legislative Trends

• NHeLP began tracking doula legislation in 2019 and we have seen an increase in introduced bills in 2020 and 2021.
• Commissioning a report to provide recommendations on bill implementation (Virginia, Washington)
• Input and leadership of doulas is key – doula advisory boards, stakeholder workgroups, etc.
• Common issues to watch for:
  • Certification
  • Billing & Reimbursement
  • Workforce

https://healthlaw.org/doulamedicaidproject/
There are several paths to Medicaid Coverage for doula care including bills, State Plan Amendments (SPAs), legislation, budgets, and other methods. These differ from states that have introduced pilot programs.

- Through State Plan Amendments (SPA)
  - New Jersey (2019), a recently approved SPA (2021)
  - Oregon (2017)
  - Minnesota (2014)
  - Virginia (2021)
2021 Landscape: States in Process of Implementation

- Recently Enacted Bills
  - Arizona – voluntary certification (2021)
  - Connecticut – evaluating certification (2021)
  - Illinois (2021)
  - Indiana (2019)
  - Louisiana – doula registry board (2021)
  - Maryland (2021)
  - Nevada (2021)
  - Rhode Island (2021)

- Other Methods
  - California (Budget Item)
  - Florida (Enhanced Benefit for Managed Care Plans)
  - Washington (Budget Item)
  - Wisconsin (Budget Item)
2021 Landscape: States that have Introduced Legislation

- Connecticut (2019, 2020, 2021)
- Georgia (2021)
- Kentucky (2021)
- Michigan (2020)
- Massachusetts (2019, 2020, 2021)
- North Carolina (2020, 2021)
- Ohio (2020, 2021)
- Pennsylvania (2021)
- Tennessee (2020, 2021)
- Texas (2019, 2021)
- Vermont (2019)
- Washington, DC (2019, 2021)
Doula Report: Building A Successful Program for Medicaid Coverage for Doula Care

- NHeLP conducted surveys of doulas in California in 2018-2019 with a total of 343 respondents.
- In 2019-2020 we conducted 4 in person focus groups and 2 virtual focus groups in Fresno, Los Angeles, Oakland, and Sacramento.

https://healthlaw.org/resource/doulareport/
We identified recurring patterns on the following topics:

- patterns in length of time practicing as a doula
- type of care provided (e.g. full spectrum, birth services, etc.)
- type of training received,
- views of certification,
- views on community based doulas
- views on reimbursement
- interest in serving a Medi-Cal population
- policy recommendations
- the role of a doula
Recommendation on Doula Work Force

- Diversify doula care work force to be a better match to provide culturally congruent care to the Medicaid population.
- Provide fee waivers and other incentives to help recruit doulas from low-income communities to join the workforce.
Recommendation on Access for Rural Areas

- More doulas are needed to serve in rural regions of California, where people often have to travel very long distances to access basic health care services.
- Provide fee waivers and other incentives to help recruit doulas from rural communities who plan to remain in and practice in rural communities.
Recommendation on Scope of Services

- Medicaid should cover the range of services that doulas across the state are already providing, which is full spectrum doula care.
- Medicaid should cover at a minimum three prenatal visits and at a minimum three postpartum visits.
Recommendation on Expanding Access to Doula Care

- Doulas provide a valuable service for which they should be fairly compensated.
- Their services should be made available to all pregnant and postpartum people on Medicaid.
A successful program for Medicaid coverage for doula care requires that the state find ways to partner with individually practicing doulas as well as community-based doula groups and doula collectives.
Recommendation on Training

- Any training or core competencies required for Medicaid reimbursement must be inclusive of the wide variety of doula training models, traditions, and practices, including those by community-based doula groups and by doula trainers of color.
- Need-based financial assistance, such as fee waivers and scholarships, must be made available.
Recommendation on Certification

- Doula certification, like doula training, draws from a wide variety of doula care models, traditions, and practices. The state should be flexible and not require specific certification.

- Additionally, the state should consider alternatives to requiring doula certification in order for doulas to be eligible for Medicaid reimbursement.
Recommendation on Doula Leadership

- Regardless of the model for Medicaid reimbursement that states adopts, doulas must be involved at each step of the process, from initial policy development through implementation.

- States should seek direct input from doulas through methods such as town halls, surveys, and a doula advisory board.
Recommendation on Reimbursement Rate

- Doulas deserve to be fairly and equitably compensated for their work with Medicaid enrollees.
- The reimbursement rate must offer doulas a sustainable living wage, and account for the realities of the number of clients that a doula can serve in any given month or time period.
All pregnant and postpartum people deserve access to full spectrum doula care.

National Health Law Program
For questions, comments, additional support:
Alexis Robles Fradet: robles-fradet@healthlaw.org
Amy Chen: chen@healthlaw.org

Connect with National Health Law Program online:

www.healthlaw.org

@NHeLProgram

@NHeLP_org

WASHINGTON, DC OFFICE
1444 I Street NW, Suite 1105
Washington, DC 20005
ph: (202) 289-7661

LOS ANGELES OFFICE
3701 Wilshire Blvd, Suite 750
Los Angeles, CA 90010
ph: (310) 204-6010

NORTH CAROLINA OFFICE
1512 E. Franklin St., Suite 110
Chapel Hill, NC 27514
ph: (919) 968-6308
Pritzker Children’s Initiative & National Collaborative for Infants and Toddlers

IMPROVING BIRTH OUTCOMES: Community-Based Perinatal Support Interventions

JESSICA M. ROACH, MPH
Chief Executive Officer & Partner

DORIAN L. WINGARD, MPA
Chief Operations Officer & Partner
ROOTT ORGANIZATIONAL OVERVIEW

Restoring Our Own Through Transformation (ROOTT) is a collective of concerned Black families, community members, advocates & interdisciplinary professionals dedicated to decreasing Black maternal & infant mortality in Ohio.

ROOTT's mission is to comprehensively restore our collective well-being through collaboration, resource allocation, research & re-empowerment, in order to meet the needs of Black parents & families.
ROOTT IMPACT STATEMENT

ROOTT provides direct services, public policy advocacy & education, in alliance with local & national stakeholders.

ROOTT goes beyond surface level risk factors regarding marginalized Black mothers, fathers, infants, & communities to address root causes of these of health inequities.

ROOTT addresses Structural/Institutional Determinants of Health by targeting the racism that creates & sustains the Social Determinants of Health.

ROOTT collaboratively builds quality relationships with families, caregivers, professionals & paraprofessionals aligned with our mission.
SNAPSHOT OF COLLABORATIVE PARTNERS
SNAPSHOT OF COLLABORATIVE PARTNERS
SNAPSHOT OF COLLABORATIVE PARTNERS
WEB OF CAUSATION SOCIAL DETERMINANTS

- Food Stability
- Education
- Income
- Safety
- Black Maternal/Infant Mortality
- Neighborhood Demographics
- Rates of Incarceration
- Access to Care
- Housing

THEORETICAL FRAMEWORK, B. Butler, 2016
WEB OF CAUSATION
THE IMPACT OF STRUCTURAL DETERMINANTS ON HEALTH

Slavery

Food Stability

Education

Income

GI Bill

Safety

Increased Maternal/Infant Mortality

Neighborhood Demographics

“Redlining”

Jim Crow

Rates of Incarceration

Access to Care

Housing

13th Amendment

THEORETICAL FRAMEWORK, J. ROACH, 2016, WWW.ROOTTRJ.ORG
Without addressing, disrupting, and dismantling the structural and institutional determinants, we will not be able to address social determinants.
ROOTT:
A COMMUNITY BASED ORGANIZATION

Full Spectrum Perinatal Support Doulas
(Training & Certification)
Healthcare Provider Training & Continuing Education
CBO Consultation
SMEs & Policy Advocacy (Federal/State/Local)
Public Health Research (Independent & Institutional)
Social Injustice & Health Equity Activism
ROOTT FS-PERINATAL SUPPORT DOULAS

• Full Spectrum Perinatal Support
• Breastfeeding Education & Lactation Support (CLC)
• Health Information & Equity Advocate
• Family-centered Informed Decision Support
• Home Visiting Program Provider
“At some point, we must acknowledge and address how the foundation of Obstetrics and Gynecology as we know it in the U.S., was built from the stolen knowledge and traditions of Black and Indigenous Women...and used against us through means of rape, sexual assault, pedophilia, eugenics, and genocide. Reproductive Justice is the definition by which we say, WE are taking this back.”

Jessica M. Roach, MPH

"Race neutral solutions are impotent in the address of intentional, race-specific racism. Consequently, true health equity will certainly change the lives of the oppressed and the oppressor, in ways that may lead to the deconstruction of American inhumanity."

DL Wingard, MPA
This is how we ROOTT!!

www.roottrj.org

ROOTT Origin Story
NPR Story Corp, 8-2019
EXPECTING? GET FREE DOULA SERVICES FOR YOUR FAMILY

BlackInfantsAndFamilies.org/Doulas

Los Angeles County
African American Infant & Maternal Mortality (AAIMM) Prevention Initiative
Doula Program

Black Infants & Families
LOS ANGELES

BlackInfantsAndFamilies.org

October 5, 2021
Our Mission

We are a coalition of the LA County Department of Public Health, Department of Health Services, and Department of Mental Health, First 5 LA, community organizations, mental and health care providers, funders, and community members. We are united in one purpose: to address the unacceptably high rates of Black infant and maternal deaths in Los Angeles County and ensure access to healthy and joyous births for Black families.
AAIMM Prevention Initiative

**Aspirational Goal:** to eliminate racism and reduce the effects of racism on Black women’s bodies.

**Initiative Goal:** to reduce the Black-White infant mortality gap in LA County by 30% over 5 years (2018-2023).
- Reduce the maternal mortality gap in LA County (metrics TBA)
The Data: African American Infant Mortality

African-American babies in LA County are **two to three times more likely to die before their first birthday than babies of other races.**
The Data: African American Maternal Mortality

Black/African-American mothers in LA County are **four to five times** more likely to die after childbirth than mothers of other races.
What We Created Together: Solidarity
What We Created: Our Values

Racism is the root cause

Black women up front and leading

Fostering equity while fighting inequity

Pieces of the puzzle
Everyone has a role

No blame game

Black women of all socio-econ
Reproductive justice
Anti-racism, anti-implicit bias
AAIMM Initiative Areas of Focus

- Birth plans that center the woman/birthing person
  - **Birth workers**
- Policies and Practices
- Hospital Quality Improvement
- Community Engagement and Leadership
- Sister Circles and Pregnancy Support Groups
- Mental Health Support
- Funding the People and the Work
- Communication for Awareness and Action
Client Eligibility

Clients must self-identify as Black/African American and be pregnant.

We accept clients countywide.

Medi-Cal eligible clients are priority, but clients with other insurance are accepted.

There is no gestational age requirement.

Incentives provided to participating clients.

Doula, agency, clinic, hospital, organization, and self referrals accepted.
AAIMM Doula Pilot Project (2019-20)

$2M Funded by Whole Person Care (WPC)
450 referrals
219 babies born
53% of clients served had Medi-Cal or Health Way LA
90% of clients had full term births (<37 weeks)

↑ Breastfeeding initiation rate was higher that the county averages
↓ Primary cesarean rates were lower than the county averages.
AAIMM Doulas receive continuing education - trainings were also provided to community members and other doulas.

40 BIPOC community members received free doula training to build the doula workforce.

74 doulas completed Trauma Informed doula care training.

40 doulas completed Full Spectrum doula training.

Nearly 60 doulas and community members completed Lactation Education Specialist training.
AAIMM Doula Program (2021-23)

$2M Funded by CA Dept. of Public Health- Home Visitation Innovation Grant (CHVP) - $1M per yr.

Goal to serve 500 clients over 2 years

136 active clients

44% of clients are Medi-Cal

Due to COVID-19 support has primarily been virtual, but the majority of births have been attended in person.
## Data Collection

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<tr>
<th>Clients complete an intake call with program staff</th>
<th>Data is electronically collected by the doulas during visits</th>
<th>Data is tracked internally</th>
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</table>
| • Collect preliminary data and initiate the enrollment process | • Prenatal 1, 2, and 3  
• Labor and Delivery  
• Postpartum 1, 2, and 3  
• Doulas electronically and securely submit data to ensure client privacy | • Data tracked by program staff and an Epidemiologist |
Data Collected

- Number of prior pregnancies and outcomes
- Breastfeeding initiation/duration
- Preterm births
- NICU admissions
- Low birth weight rate
- Cesarean rates
- Client and doula satisfaction
- General client demographics
Meet the AAIMM Doulas
Lessons Learned

- **Community engagement** is an accelerator
- **Representation matters** in design and implementation
- **Pay and train**, train and pay
- **Build awareness of the intervention and the program**—with every collaborator possible
- **Ongoing Funding conversations** are a must
- **Centering birth equity** means never not centering equity
- **ACDE – Always Collecting Data for Equity**
Media Coverage

- [https://kjlhradio.com/the-kjlh-womens-health-expo/what-every-black-woman-should-know-to-have-a-healthy-and-joyous-birth/](https://kjlhradio.com/the-kjlh-womens-health-expo/what-every-black-woman-should-know-to-have-a-healthy-and-joyous-birth/)
AAIMM Doula Program Contacts

Michelle L. Sanders, Doula, CLEC
msanders@ph.lacounty.gov

Ariana White, MSW, CLES
awhite@ph.lacounty.gov

Nakeisha Perkins-Robinson, MA, LMFT
Nperkins-robinson@ph.lacounty.gov

Helen O’Connor, MSPH, MA, LES
hoconnor@ph.lacounty.gov

Melissa R. Franklin, Ed.D - Communications and Stakeholder Engagement
www.blackinfantsandfamilies.org

@BlackinfantsAndFamiliesLA  @BIF_LA  @BlackInfantsAndFamilies
NCIT XChange

- Join the XChange
- Keep the conversations and learning ongoing
- Use the NCIT Hub Help Desk to get expert help
- Link to TheNCIT.org for resources
- [https://ncitxchange.org](https://ncitxchange.org)
Prenatal-to-Three Leaders & Champions

- Ask questions and join discussions with peers and experts
- Find timely resources and events
- Share resources with the network
- Learn from what others are doing
Upcoming Webinars

National Prenatal-to-3 Research to Policy Summit: State Investments Impacting the Earliest Years
October 7 at 1:00 PM ET

The Art of Storytelling for PN-3 Movement Building
October 14 at 2:00 PM ET

Justice from the Start, Supporting Prenatal-to-Three with Federal Relief Funds: Family Support
October 20 at 1:30 PM ET

Justice from the Start, Supporting Prenatal-to-Three with Federal Relief Funds: Health
October 28 at 3:00 PM ET
Thank you!