



Improving Maternal and Infant Care with Doula Support

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Meet Ashley...

Ashley Sova is the Founder and President of CLEbaby, a birth and parenting services business that provides birth and postpartum doula services to families across Northeast Ohio. She manages a growing team of eight women. After a traumatizing first birth experience, Ashley hired a doula for her second child. It was a life-altering experience that changed the trajectory of her career as an academic researcher. CLEbaby's

mission is for growing families to not just survive those early years, but to thrive.

The pandemic has shed a light on the inequalities that both working and stay-at-home moms, especially Black women, continue to face when giving birth. It is well overdue to start considering systemic solutions to not only ease the burden of early parenthood, but address inequalities among race, sex, and socioeconomic status. It's clear, through time and research, that supporting doulas and the services that they provide can potentially impact the maternal-infant health system significantly.

Doulas intersect with so many relevant areas of maternal-infant health, and yet, in Ohio, doulas are scarcely a consideration when it comes to policy making, health equity, and insurance coverage. Lawmakers are starting to introduce bills on doula support, but more public awareness and education is necessary to build clear understanding and appreciation for what a doula actually does and the value they provide to mothers and babies and their health. This opportunity to educate and build support for doulas demonstrates the crucial pieces of legislation that need to be passed here in Ohio.

Doula Care

A doula provides care for a growing family, before, during, and after having a baby. Their support comes in many forms and is personalized to a woman's specific needs and wants. This often takes shape with informational support (e.g. "What should I be eating during pregnancy?", "How do I know I'm in labor?", "How do I bathe my newborn?"), emotional support (e.g. intuitive coaching, a listening ear, non-judgment), and physical support (e.g. helping with position changes during labor, counterpressure to ease pain between contractions, washing bottles and preparing a snack for the family once they're settled back home).

Labor Doulas

Labor doulas support birthing people and their partners throughout pregnancy, birth, and immediately after birth. During pregnancy, labor doulas help clients create a birth plan, review their options, provide information and resources, and make sure any questions and concerns are heard and addressed. Labor doulas work with clients giving birth at home, in hospitals, or in birth centers.

Labor doulas work collaboratively with medical care teams, like obstetrician-gynecologists (OB-GYN's), midwives, and nurses, to ensure their client is supported for the entirety of labor and birth. While the hospital care team is focused on the medical health of the birthing person and baby, the doulas are focused on their clients' emotional and mental health and physical comfort. Doulas help birthing people to have the most positive experience possible. The emphasis here is that doulas are not medical professionals working in a clinical role, they are experts in caring for birthing people and their partners. Ultimately, a labor doula helps to ensure a birthing person feels holistically supported throughout the entirety of their experience.



There is a misconception that labor doulas only work with women wanting “natural” or unmedicated births. However, doulas are trained in supporting birth in every form: medicated births, inductions, scheduled and emergency cesareans, births involving multiples, and surrogate births. CLEbaby believes there is no place for judgement or projection in the labor and birth space. The doula profession is inclusive and recognizes that every family is different, and doulas support families by meeting them where they are.

Postpartum Doulas

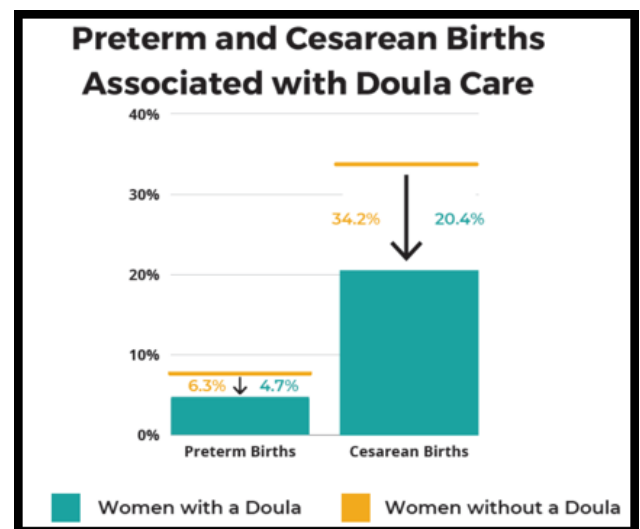
Many people associate the term postpartum with depression. But postpartum simply means, “following childbirth.” Postpartum doulas can assist at the hospital if needed, but most often they work in their client's homes providing supportive care to help the family as a whole. This is especially helpful in those early days, weeks, and months of caring for a new baby, but postpartum doulas can support families as long as they are needed.

Postpartum doula support includes:

- Daytime or overnight support.
- Basic newborn support and education (e.g. bathing, soothing, swaddling, and sleep).
- Infant feeding support, including establishing routines.
- Care for the birthing person as they recover physically and emotionally from childbirth.
- Nutritious meal-planning, prep, and cleanup.
- Light housekeeping and laundry.
- Sibling care and help bonding with the baby.
- Nursery, house, and clothing organization.

“As a doula, one of the most important roles I fill is as an advocate for the physical, emotional, and mental health needs of my clients.”

Ashley





Ashley said that when she talks to people with older children about her work as a postpartum doula, she hears a common response, “They are amazed with the work postpartum doulas perform, and wish they had known about doulas when they were having babies!” Families are often so overwhelmed and drowning from the pressure of trying to balance it all, that their own well-being and their mental and emotional health are pushed aside, often for years. Doulas ease this burden and help create a more

sustainable lifestyle.” And yet, research shows that only six percent of birthing people in the U.S. utilize labor doula support ([Listening to Mothers](#), 2013). Further, there is not any research showing the percentage of families who hire postpartum doula support, though it’s presumably quite low. The reasons for the lack of doula care being utilized in the U.S. is multi-layered. Doula visibility is lacking; most expectant parents are never educated or even introduced to the idea of what a doula is and how they can help. And further, without insurance coverage or reimbursement, doula care can be cost prohibitive.

As Ohio begins to look at Medicaid coverage of doula services, we must make sure the program is set up to work for the largest number of families that need and want to take advantage of the beneficial health outcomes doula care offers. Other states that are currently reimbursing for doula services can give us a roadmap for best practices or policies to set up our own program.

There are currently 4 states ([New Jersey](#), [Indiana](#), [Oregon](#), and [Minnesota](#)) that have passed legislation allowing Medicaid coverage of doula care services and amended their state plan amendments accordingly, and in theory, are uniquely poised to offer women, especially women of color, superior maternal healthcare. But just as important as passing legislation allowing Medicaid coverage of doula care services, is making sure pregnant people have adequate access to services, program sustainability, and payment levels that are sufficient to support the care provided and attract quality caregivers.

State Approaches to Medicaid Coverage of Doula Care Services

Minnesota (2014) and Oregon (2017) both reimburse for doula services through state plan amendments (SPA). Both states require doulas to be certified and maintain a registry that is searchable by people seeking their services. [Oregon](#) chose to cover doula care as a preventive service, and classify doulas as traditional health workers (THW). As such they are required to register as Medicaid providers and obtain a National Provider Identifier (NPI) which is a unique number identifier used for Medicaid billing purposes. Oregon’s choice to cover doula services as a preventive service allows the state to take advantage of an exception in Medicaid law that permits THWs who meet state-established qualifications to bill for preventive services if the services are provided at the request of a licensed obstetrical provider. Oregon reimburses with a single payment that covers a package of individual services needed to treat a health event (in this case, pregnancy.)

Doula Statistics

39% decrease in the chance of having a C-section

15% increase in the chance of having a non-induced delivery

10% decrease in the need for any medication for pain relief

41-minute average reduction in the length of labor

38% decrease in low 5 minute APGAR score

31% increase in satisfaction with the birth experience

[Minnesota](#) covers doula services as an extended service for pregnant women, and reimburses for individual sessions. Doulas are required to work under the supervision of a

physician, nurse practitioner, or certified nurse midwife. Providers bill the patient's managed care organization (MCO) and reimburse the doula. Doulas in Minnesota report this approach presents barriers to care and cite difficulty securing agreements with physicians because of their lack of provider familiarity with services doulas provide and concerns about a rise in malpractice costs.



Both Minnesota and Oregon reported that the initial reimbursement rates set for doulas was too low to attract interested doulas to serve enrollees. Because of low reimbursement rates, doulas reported needing to work other jobs to support themselves and being unable to provide doula services as a full-time job. This led both states to pursue increasing reimbursement rates in subsequent years. Ohio can learn much from the missteps of these early adopter states by providing adequate reimbursement for doula services, and empowering doulas to provide services without the requirement that they work

under the supervision of a licenced provider.

We must do better for growing families. They are nurturing Ohio's future. Imagine what Ohio would look like in a society that values new parents and provides them with the resources they need to thrive in early parenthood. Doulas can and should play a key role in this goal.

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, create a doula registry, 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.** Inclusion of an amendment to include the doula care language would be a big step in fighting Ohio's Black maternal health crisis.
3. **Reimburse Doula Care at Market Rates.** Payment levels should be fair and equitable and afford providers a living wage in order to ensure a sustainable program, support the care provided and attract quality caregivers.
4. **Doula Leadership.** Doulas should be included in each step of the process from policy development to implementation. To strengthen the policies and their implementation, direct feedback and interaction are needed with individually practicing doulas as well as community-based doulas, and doula collectives.

CDF-Ohio is appreciative of the partnership and work of Ashley Sova from CLEbaby, who also contributed greatly to this publication. She can be reached at ashley@clebaby.com

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