

WEBINAR

# Healthy Babies and Parents: How States Can Leverage Doulas to Improve Outcomes

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# Learning Objectives For Today's Event

- Understand the actions that state policymakers have taken to support community-based doulas and expand access to doula care
- Know possible pitfalls in implementation through state examples
- Value doula voice through the policymaking process and understand how state leaders can act in partnership with doulas
- Know that doulas work in a comprehensive system of care and doulas will not fix the maternal health crisis by themselves

# 2023 Prenatal-to-3 State Policy Roadmap

## GOALS

To achieve a science-driven PN-3 goal.



## POLICIES

Adopt and fully implement the effective policies aligned with the goal

|   |   |   |   |       |   |   |  |   |
|---|---|---|---|-------|---|---|--|---|
| Expanded Income Eligibility for Health Insurance          | ● |   | ● | ●     |   |   |  | ● |
| Paid Family Leave Program of at Least 6 weeks             | ● | ● | ● | NEW ● | ● | ● |  | ● |
| State Minimum Wage of \$10.00 or Greater                  |   |   | ● | ●     |   |   |  | ● |
| Refundable State Earned Income Tax Credit of at Least 10% |   | ● | ● | ●     |   |   |  |   |

## STRATEGIES

Make substantial progress relative to other states toward implementing the effective strategies aligned with the goal

|   |   |   |   |   |       |   |   |   |
|---|---|---|---|---|-------|---|---|---|
| Reduced Administrative Burden for SNAP          | ● |   |   |   |       |   |   |   |
| Comprehensive Screening and Connection Programs | ● |   |   |   | NEW ● |   | ● | ● |
| Child Care Subsidies                            | ● | ● | ● |   |       |   |   |   |
| Group Prenatal Care                             | ● |   |   |   | ●     |   |   | ● |
| Community-Based Doulas                          | ● |   |   | ● |       | ● |   | ● |
| Evidence-Based Home Visiting Programs           |   |   |   |   |       | ● |   |   |
| Early Head Start                                |   |   |   |   | ●     | ● | ● | ● |
| Early Intervention Services                     |   |   |   |   | ●     |   |   | ● |

NEW

Community-Based Doulas

## OUTCOMES

Measure progress toward achieving the PN-3 goal.



science-driven  
PN-3 goal:

**POLICIES**

Adopt and fully implement the effective policies aligned with the goal

|  |   |   |   |   |   |   |  |   |
|--|---|---|---|---|---|---|--|---|
| Expanded Income Eligibility for Health Insurance | ● |   | ● | ● |   |   |  | ● |
| Paid Family Leave Program of at Least 6 weeks    | ● | ● | ● | ● | ● | ● |  | ● |
| State Minimum Wage of \$10.00 or Greater         |   |   | ● | ● |   |   |  | ● |
| Refundable State Earned Income Credit            |   | ● | ● | ● |   |   |  | ● |

**STRATEGIES**

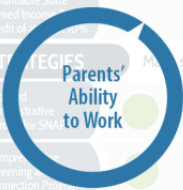
Make substantial progress relative to other states toward implementing effective strategies aligned with

|   |   |  |   |   |   |  |   |   |
|---|---|--|---|---|---|--|---|---|
| Comprehensive or SNAP Connection Programs | ● |  |   |   |   |  |   |   |
| Child Support Enforcement Programs        |   |  | ● |   |   |  |   |   |
| Group Prenatal Care                       |   |  |   | ● |   |  |   |   |
| Community-Based Doulas                    | ● |  |   | ● |   |  |   | ● |
| Evidence-Based Home Visiting Programs     |   |  |   |   |   |  |   | ● |
| Early Head Start                          |   |  |   |   | ● |  | ● | ● |
| Early Intervention Services               |   |  |   |   | ● |  |   | ● |

**OUTCOMES**

Measure progress toward achieving the PN-3 goal.

|   |                     |   |                                    |  |   |  |   |
|---|---------------------|---|------------------------------------|--|---|--|---|
| Health Insurance Adequate Prenatal Care Access to SNAP Developmental Screenings | Parental Employment | Child Poverty Crowded Housing Food Insecurity | Persistent Births Infant Mortality | Maternal Mental Health Parenting Support | Daily Reading Daily Routines Screeners Parenting Stress | Child Care Providers Participating in QRIS Access to EHS | Breastfeeding Initiations/ Ongoing Malnutrition |
|---|---------------------|---|------------------------------------|--|---|--|---|





# What are community-based doulas?

- **Trained social service professionals** who provide non-clinical emotional, physical, and informational support to birthing people, starting during pregnancy and continuing during the postpartum period.
- **Specialize in culturally competent care** that reflects the values and lived experiences of their clients, working in tandem with doctors, nurses, and midwives to provide care throughout the perinatal period.

# 3 Rigorous Evaluations of the Impact of Community-Based Doulas

1. Home-visiting community-based doula program in 4 urban areas in Illinois; N=312 birthing people, including Black (45%), Latina (38%), White (8%), and multiracial/other (9%) participants. Hans et al. (2018), Edwards et al. (2020), and Edwards & Hans (2022)
2. Home-visiting community-based doula program in Rochester, NY; N=455 birthing people with 90% of participants receiving Medicaid. Pan et al. (2020)
3. Community-based doula program in 1 community health center and 1 teaching hospital in Michigan; N=248 Black birthing people with 94% of participants receiving Medicaid. Hans et al. (2013) and Edwards et al. (2013)

## Community- Based Doulas

### How Do Community- Based Doulas Impact PN-3 Outcomes?

#### Access to Needed Services

- ✓ A 10 percentage point increase in attendance at four or more well-child visits within the first 6 months of life
- ✓ A 10 percentage point increase in attending a maternal postpartum visit within 60 days of delivery
- ✓ A 40.5 percentage point increase in attending birthing classes

#### Healthy and Equitable Births

- ✓ An 8 percentage point decrease in rates of preterm birth
- ✓ An 8 percentage point decrease in rates of low birthweight
- ✓ A 5 percentage point decrease in NICU admissions
- ✓ An 11.4 percentage point decrease in epidural use

## Community- Based Doulas

### How Do Community- Based Doulas Impact PN-3 Outcomes?

#### Nurturing and Responsive Child-Parent Relationships

- ✓ A significant increase in parental guidance and encouragement towards infants at child age 4 months
- ✓ Increased engagement with infants in stimulating activities such as reading, playing peekaboo, and playing with toys at child age 3 months
- ✓ A 9.4 percentage point increase in mothers' knowledge of safe infant sleep practices

#### Optimal Child Health and Development

- ✓ An increase in breastfeeding initiation rates ranging from 7.0 to 14.3 percentage points
- ✓ A 12.3 percentage point decrease in nonbeneficial feeding practices that involve giving infants popular but nutritionally deficient food





## **Chanel Porchia-Albert**

### **Ancient Song**

Founder and CEO

Ancient Song is a national birth justice organization working to eliminate maternal and infant mortality and morbidity among low-income Black and Latinx people. They provide doula training and services, offer community education, and advocate for policy change to support reproductive and birth justice.

## Key Policy Levers: Community-Based Doulas

**12** states cover and reimburse community-based doula services under **Medicaid**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| CA | DC | FL | MD | MI | MN |
| NV | NJ | OK | OR | RI | VA |

**8** states fund grants or scholarships to support doula **training and credentialing**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| CA | CO | CT | MO | NV | NJ |
| OR | WV |    |    |    |    |

**4** states have implemented both key policy levers for community-based doulas

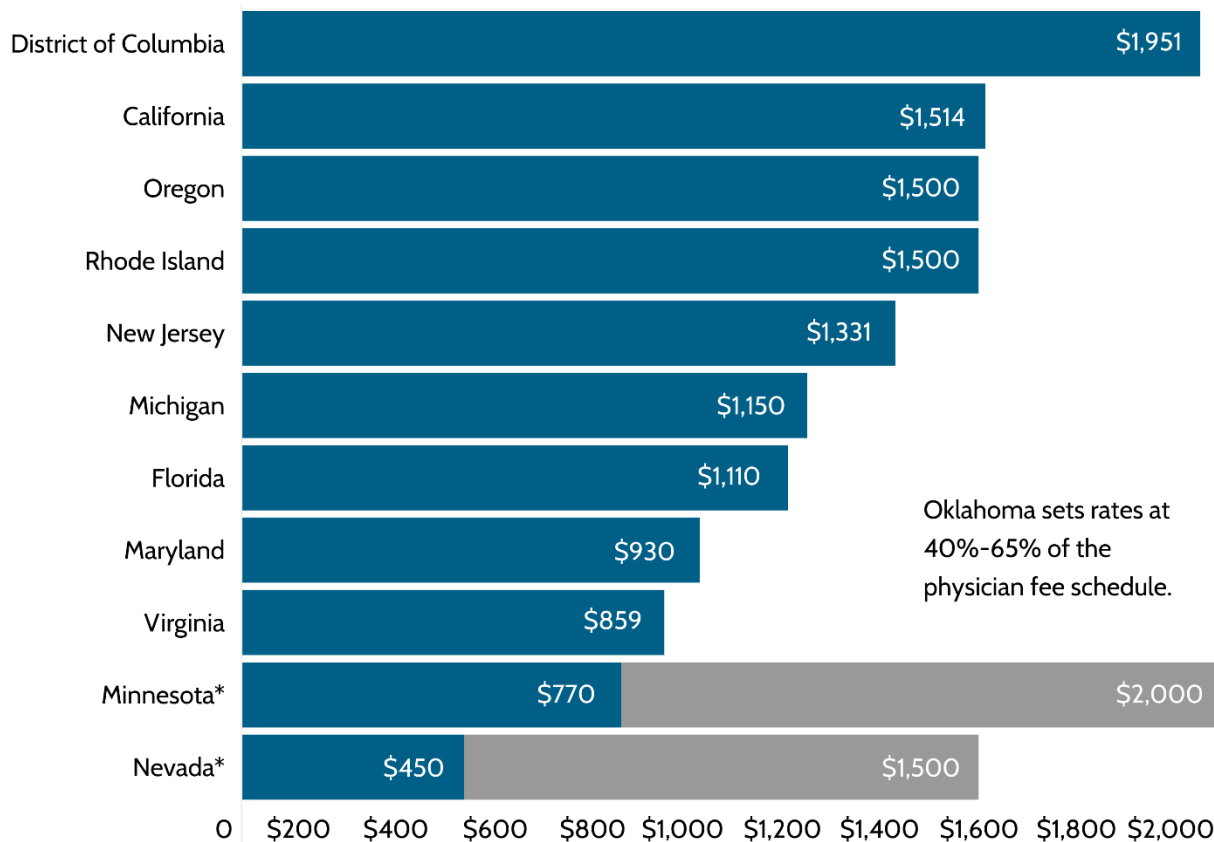
|    |    |
|----|----|
| CA | NV |
| NJ | OR |

**Community-Based Doulas**

**KEY POLICY LEVER**

**Medicaid Coverage: Maximum Reimbursement Rates**

Source: As of August 2023. National Health Law Program, Doula Medicaid Project and state legislation.



\*Minnesota and Nevada are in the process of implementing Medicaid rate increases.

**Community-  
Based Doula**

**KEY POLICY  
LEVER**

**Medicaid  
Coverage:  
Services  
Covered**

Source: As of August 2023. National Health Law Program, Doula Medicaid Project and state legislation.

## Covered Services Beyond Labor and Delivery

| State                | Total Number of Visits | Detail on Number and Timing of Visits  |
|----------------------|------------------------|--|
| California           | 11                     | Initial visit, 8 follow-up visits, and 2 optional extended postpartum visits |
| District of Columbia | 12                     |  |
| Florida              |                        | Plans negotiate rates and services   |
| Maryland             | 8                      |  |
| Michigan             | 6                      |  |
| Minnesota            | 6                      |  |
| Nevada               | 6                      |  |
| New Jersey           | 8 or 12                | Total number of visits vary by patient age                                   |
| Oklahoma             | 8                      |  |
| Oregon               |                        | At least 2 visits during each of the prenatal and postpartum periods         |
| Rhode Island         | 6                      | 3 prenatal, 3 postpartum   |
| Virginia             | 9                      |  |

## Community- Based Doulas

### KEY POLICY LEVER

#### State Funding: Grants or Scholarships for Training or Credentialing

Source: As of August 2023. National Health Law Program, Doula Medicaid Project and state legislation.

**8** states fund grants or scholarships to support current and future doulas in obtaining necessary training and credentialing, easing financial burdens.

|    |    |    |    |
|----|----|----|----|
| CA | CO | CT | MO |
| NV | NJ | OR | WV |

## 2023 Legislative Progress

**28** states **introduced** legislation to support community-based doulas, including legislation to provide or expand Medicaid coverage, provide workforce supports, or establish work groups

|    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|
| CA | CO | CT | DE | IA | KY | LA | ME | MA | MI |
| MN | MO | NE | NV | NH | NJ | NY | NC | OH | OR |
| PA | TN | TX | UT | VT | VA | WV | WA |    |    |



**14** states **enacted** legislation to support community-based doulas

|    |    |    |    |    |
|----|----|----|----|----|
| CO | CT | DE | LA | MN |
| MO | NV | NH | NJ | NY |
| OH | OR | TN | UT |    |

Sources: As of October 1, 2023. State legislation and the National Health Law Program. Doula Medicaid Project.

[pn3policy.org/roadmap](https://pn3policy.org/roadmap)



## In the last year

CO DE NH

NY OH

- 5 states enacted legislation to provide Medicaid coverage for doula services
  - MA and CT are in the process of implementing coverage

MN NV

- 2 states enacted legislation to increase Medicaid reimbursement rates
  - MN: \$770 to \$2,000 total
  - NV: \$450 to \$1,500 total, plus an additional 10% incentive for rural doulas

## In the last year

OR UT

- 2 states expanded doula access to additional populations:
  - OR: pregnant people in correctional facilities
  - UT: required coverage of doula care for public employees

CO MO NV

- 3 states enacted legislation to implement workforce supports:
  - CO and MO: scholarships and training grant programs
  - NV: repayment of doulas' student loans





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# RESOURCES

Select a State's Summary

## 2023 Prenatal-to-3 State Policy Roadmap

The Prenatal-to-3 State Policy Roadmap guides state leaders on the most effective investments to ensure all children thrive from the start. Grounded in the science of the developing child and based on the most rigorous evidence available, the Roadmap details the state actions that foster the nurturing environments infants and toddlers need, and that reduce longstanding racial, ethnic, and socioeconomic disparities in access and outcomes.

The Prenatal-to-3 State Policy Roadmap is an annual guide for each state to:

- Assess the wellbeing of its infants and toddlers and prioritize state PN-3 policy goals;
- Identify the evidence-based policy solutions proven to impact PN-3 policy goals;
- Monitor states' adoption and implementation of the 12 effective Roadmap policies and strategies;
- Track the impact that policy changes have on improving the wellbeing of children and families and reducing disparities between racial and ethnic groups.

In addition to each state's Roadmap summary, we provide an overall summary of the progress that states have made over the last year toward full and equitable implementation of the 12 effective policies and strategies.

- We define policies as an approach for which the research demonstrates impacts on PN-3 policy goals and supports clear state legislative or regulatory action. We measure progress toward implementing the effective policies, therefore, based on the implementation of specific policy actions.
- We define strategies as an approach for which the research demonstrates impacts on PN-3 policy goals but does not yet provide precise guidance for state legislative or regulatory action. We measure progress toward implementing the effective strategies relative to other states, rather than against an absolute standard.

The Roadmap also includes demographic characteristics of infants and toddlers across the US and for each state, as well as a set of 20 outcome measures that illustrate how the wellbeing of children and families varies across states.

Additional details, including extensive information on the impact that each solution has on the eight PN-3 policy goals, the choices that states can make to effectively implement them, the progress states have made in the past year toward implementation, and how states compare to each other in their generosity and reach of the policies and strategies is

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September 2023

## State Policy Lever Checklist

### Community-Based Doulas

Community-based doulas are trained social service professionals who provide non-clinical emotional, physical, and informational support to birthing people, starting during pregnancy and continuing during the postpartum period. The length of postpartum care varies anywhere from 6 weeks to 1 year. Community-based doulas specialize in culturally competent perinatal care that reflects the values and lived experiences of their clients; this approach makes them distinct from lay doulas or other certified birth doulas. Support from community-based doulas can include connection to community resources, client empowerment, and peer lactation education.

State support of community-based doulas varies with regard to centering doula input in policymaking, public and private insurance coverage, workforce supports, steps taken to expand access to care, and funding. Below is a list of policy considerations for state leaders to help maximize the reach and effectiveness of doula care services. States should consider the implications of these policy choices and their collective impact on equitable access to doula care services for their state.

We use the following symbol to highlight where policy choices can promote greater equity.

Research finds that community-based doula services are an effective strategy to improve healthy birth outcomes such as reduced rates of preterm birth, low birthweight, and NICU admissions; increase attendance at health appointments; foster nurturing and responsive parenting behaviors; and increase breastfeeding initiation.

This checklist covers the following components of state support for community-based doula services:

| PAGE 2  | PAGES 3-6  | PAGE 7   | PAGE 8   | PAGE 9  |
|---|--|--|--|---|
| <b>PARTNERSHIP WITH DOULAS</b>  | <b>INSURANCE COVERAGE</b>  | <b>EXPANDING ACCESS</b>  | <b>WORKFORCE SUPPORTS</b>  | <b>FUNDING</b>  |
| <ul style="list-style-type: none"> <li>Statewide workforce</li> </ul> | <ul style="list-style-type: none"> <li>Medicaid coverage</li> <li>Credential requirements</li> <li>Reimbursement policies</li> <li>Policy guidance</li> <li>Private insurance</li> </ul> | <ul style="list-style-type: none"> <li>Doula registries</li> </ul> | <ul style="list-style-type: none"> <li>Financial supports</li> </ul> | <ul style="list-style-type: none"> <li>Sources</li> </ul> |

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## STATE POLICIES AND STRATEGIES

### Policy Clearinghouse

Science-Based Policy Goals +

Evidence Reviews to Date +

Roadmap Policies and Strategies +

### Community-Based Doulas

Evidence Review Findings: Effective Review Method

Community-Based Doulas positively impact these strategy goals:

- Access to Needed Services
- Health and Equitable Births
- Nurturing and Responsive Child-Parent Relationships
- Optimal Child Health and Development

## SUMMARY

Community-based doulas are an effective state strategy to impact:

- Health and Equitable Births
- Access to Needed Services
- Health and Equitable Births
- Nurturing and Responsive Child-Parent Relationships
- Optimal Child Health and Development
- Health and Equitable Births

Community-based doulas are an effective strategy to increase attendance of health appointments; improve healthy birth outcomes such as preterm birth rate, low birthweight, and NICU admissions; foster nurturing and responsive parenting behaviors; and increase breastfeeding initiation. Community-based doulas are unique in their ability to empower and support birthing people, especially birthing people of color who are more likely to experience discrimination in traditional health care settings. The current evidence base does not provide clear guidance for state policy levers, but local community-based doula programs have been rigorously studied and proven to be effective.

Community-based doulas provide families with support and knowledge throughout the entire perinatal period. These doulas specialize in culturally competent perinatal care that reflects the values and lived experiences of their clients. Community-based doulas

Roadmap  
pn3policy.org/roadmap

State Policy  
Lever Checklist

Evidence Review

**prenatal-to-3**  
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RESEARCH FOR ACTION AND OUTCOMES



VANDERBILT  
Peabody College



**POLICY ACADEMY**

**Spring 2024**

Nashville, TN

**Community-Based Doulas:  
Call for Applications**  
**OPENING SOON**