



**FOUNDATION**  
for a Healthy North Dakota

# Recommendations for Doula Policy in ND

Authored by the ND IEE workgroup



# Executive Summary

Wide disparities in maternal morbidity and mortality characterize birth outcomes nationwide. Increasing access to doulas is a potential key to mitigating these disparities has been to increase access to doulas. With the recent expansion of Medicaid for low-income pregnant women to have postpartum coverage for up to one year in North Dakota, a natural next step is to pursue additional action aimed at improving maternal and infant health outcomes. Many states throughout the nation have or are actively pursuing Medicaid reimbursement for doula care.

Beginning in fall 2023, the Foundation for a Healthy North Dakota recently convened a workgroup focused on exploring policy strategies, from noted best practices to innovative approaches, to improve equity amongst the rural pregnant and postpartum individuals in our state. The workgroup identified at least four possible next steps for incorporating doula services into maternal care, ultimately improving outcomes for both mothers and babies. Alternatives identified by the group include:

- Pursuing Medicaid reimbursement for doulas, possibly with a focus on the postpartum period due to alignment with state agency and partner goals;
- Incorporating doulas' scope of service into the current efforts in North Dakota to expand the role of community health workers (CHW), creating a perinatal specialty area;
- Allocating resources to a study to examine doula care and its benefits;
- Supporting the implementation of a care coordination model focused on improving and transforming maternal health in North Dakota, ultimately including doulas' work into the model.



# Background

Rates of maternal morbidity and mortality are rising and more likely to impact pregnant people from marginalized and low-income communities, including individuals enrolled in Medicaid.<sup>1</sup> Currently, Medicaid covers over 40 percent of all births across the U.S. and is an important source of coverage for these populations experiencing poor maternal health outcomes.<sup>2</sup> Moreso, geographic disparities are evident regarding access to maternal care and the poor maternal health outcomes. One recent study found that Medicaid covers nearly half of births in maternity care deserts, or counties with no maternity care centers or obstetricians, the majority of which are in rural counties.<sup>3</sup> Therefore, rural birthing people are more likely to deliver a higher share of preterm and low-birthweight infants and to die because of pregnancy complications than their urban counterparts.<sup>4</sup> Expanding and diversifying the perinatal workforce is absolutely necessary to address the maternal health crisis in our nation,<sup>5</sup> especially in rural areas such as in the state of North Dakota.

Improving access to doula services is a key evidence-based approach to help address the maternal mortality and morbidity crisis in the U.S. and improve maternal health equity.<sup>1</sup> Doulas are nonclinical trained professionals who can provide emotional, physical, and informational support during pregnancy, delivery, and after childbirth.<sup>5</sup> Doulas can also function as navigators and advocates for expecting parents as they engage with various clinical providers involved in their care, such as licensed midwives and obstetricians, and they can function as consistent points of contact and trusted sources of information in their local communities — which can be particularly valuable for populations that experience increased barriers to accessing clinical services.<sup>2</sup> Further, doula support during pregnancy and birth has been shown to be effective in improving the labor and delivery experience.<sup>2</sup> By providing continuous support throughout the pregnancy, doulas can contribute to improved maternal and infant outcomes and experiences by reducing stress, anxiety, and pain and promoting self-efficacy and confidence.<sup>2</sup>

Additionally, recent studies show that doulas lessen the prevalent influence of social determinants of health for at-risk pregnant women, and research has linked doula care utilized by socioeconomically vulnerable women with a reduction in odds of cesarean section, preterm birth, and low birthweight babies.<sup>6</sup>





## Quick Facts

Doula support has led to a **22% decrease** in premature births for pregnancies covered by Medicaid.<sup>14</sup>

Doula-assisted births have shown to be **four times less likely** to result in a low birth weight (LBW) baby.<sup>14</sup>

Women who received doula care had **52.9% lower odds** of cesarean.<sup>15</sup>

Women who received doula care showed **57.5% lower odds** of postpartum depression/postpartum anxiety.<sup>15</sup>

Recent research shows that postpartum depression in a mother can **impact infant health.**<sup>16, 17, 18</sup>

As noted, doulas can aid in reducing stress and anxiety. A recent study found that women who received doula care showed lower odds of postpartum anxiety and depression relative to women with similar sociodemographic and clinical characteristics but with no doula care.<sup>7</sup> Depression during the perinatal period is the most common complication of pregnancy and childbirth, affecting 1 in 8 women in the United States. Women in rural areas are disproportionately more likely to experience depression during the perinatal period.<sup>2</sup> According to the North Dakota Pregnancy Risk Assessment Monitoring System (PRAMS), on average 13.1% of postpartum individuals had postpartum depression based on data collected from 2017 through 2021.<sup>8</sup> Additionally, PRAMS indicated that postpartum depression was most prevalent among postpartum individuals who were 19 years or younger, had prenatal care paid by Medicaid, and are American Indian or other racial category (e.g. Black, Asian, multi-races).<sup>8</sup> Researchers believe postpartum depression in a mother can affect the healthy development of her child, as it can cause lower rates of breastfeeding initiation and duration, low-birthweight infants, problems with mother-child bonding, more crying or agitation, and infant development disorders. Doulas can play a key role in mitigating postpartum depression and anxiety by fulfilling many valuable functions throughout the pregnancy, labor and delivery, and postpartum periods.

Due to the increasing spotlight on doulas and the positive maternal and infant health outcomes they may contribute to, many states have implemented or are pursuing Medicaid coverage of doula services as a strategy to help address the maternal health crisis.<sup>1</sup> Most recently, 2023 was a very busy year for expanding access to doula care, not just in the Medicaid context but also in private insurance.<sup>3</sup> A total of 43 states and Washington DC have implemented Medicaid coverage for doula care, are in process to implement Medicaid coverage for doula care, or have taken some related or similar action.<sup>3</sup> North Dakota is among a little over a handful of states in our nation that have not taken steps in their most recent legislative sessions to expand access to doula care. Our neighboring states, Minnesota and South Dakota, are actively providing coverage for doula care or are in the process of implementation.

To expand on work already being done in the state to pursue increased access to doula care and behavioral health supports for pregnant and postpartum individuals, a small workgroup representing various sectors throughout our state has convened to delve further into researching and reviewing coverage of perinatal health services in North Dakota. A proposal of policy strategies determined by the workgroup will be presented later in this brief with the intent to improve equity amongst rural pregnant and postpartum individuals. The workgroup is comprised of members representing state agencies, universities, offices of research, policy and advocacy systems, home visiting and early intervention agencies, and community-based organizations that have contributed expertise in equity, doula services, provider perspective, and policy.

# Policy Recommendations/ Possible Pathways

The workgroup has developed the following recommendations:

## ALTERNATIVE 1:

**Directly pursuing Medicaid reimbursement for doula care, with a possible specific focus on the postpartum period.**

In North Dakota, focus on doulas in the postpartum period is in alignment and supports a variety of ongoing, current initiatives, including:

- Medicaid programming, such as value based payment arrangements which prioritizes quality care for pregnant women.
- Medicaid extension postpartum which was implemented and approved in the Special Legislative Session in 2022.
- Maternal Child Health priorities in HHS, including improving postpartum depression screening and increasing the number of women who return for follow-up obstetric care after giving birth and receive their annual preventative health exam.

Increasing awareness and acceptance of doulas would amplify efficacy of other efforts in North Dakota, and would generate additional support for the importance of doulas.

## ALTERNATIVE 2:

**Including perinatal community health workers (CHW) in the state CHW plan.**

There is increasing recognition of the need for a professional such as a perinatal community health worker (CHW), which has been described as a support worker who utilizes the general skills of a CHW ... and combines them with specific expertise related to pregnancy, birth, and postpartum care.<sup>12</sup> Perinatal CHWs may be better positioned to address complex needs and access to care issues by gaining trust through shared lived experience or cultural understanding and overcoming access barriers by providing services in the field or a person's home.<sup>12</sup> With our state's current focus on developing a CHW plan to likely include Medicaid reimbursement for CHW services, adding the specialty of a perinatal CHW will likely result in increased access to services such as care coordination, assessments, perinatal education, social support, and connecting to resources for the pregnant and postpartum population of North Dakota.





### ALTERNATIVE 3:

#### **Proposing study on doula care and its benefits to include overview on outcomes of doula training pilots.**

There are a few doula communities in our state and a continually growing interest among community members who want to become a doula. There are various ways of pursuing doula certification with the most widely used curriculums being made available through DONA International (formerly Doulas of North America). Doula training pilots are underway in our state with the intent to have more certified doulas in North Dakota while also eventually providing further insight into doula care and its benefits. Initiating a study to further delve into doula care in our state and the experiences of other states will also allow for a greater perception of the doula role. It is expected the study will find a high likelihood of positive maternal and infant health outcomes occurring if an increase in access to doula care were to take place through Medicaid reimbursement and the growth of the doula community.

### ALTERNATIVE 4:

#### **Developing and implementing a care coordination model focused on improving and transforming maternal health.**

Near the end of 2023, the Centers for Medicare & Medicaid Services (CMS) announced the new Transforming Maternal Health (TMaH) Model.<sup>13</sup> This model will support participating state Medicaid agencies (SMAs) in the development of a whole-person approach to pregnancy, childbirth, and postpartum care and aims to improve outcomes and experiences for mothers and their newborns.<sup>13</sup> TMaH will work with participating states to address gaps in maternal health care through activities like supporting access to midwives and doulas, to ensure delivery of care consistent with individual preferences, and ensuring routine screening and follow-up for perinatal depression, anxiety, tobacco, and substance use during prenatal and postpartum periods.<sup>13</sup> The model may also include pregnancy medical homes, which has recently been done in South Dakota. The TMaH model is projected to run for 10 years and supporting our state Medicaid agency in pursuing this endeavor will go a long way to ensure the desired outcomes of the model will be met in our state through this avenue or another.

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