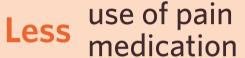


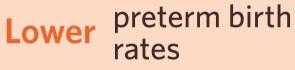
Updated 2019

If a doula were a drug, it would be unethical not to offer it.

Adapted from John Kennell, MD

35% negative birth fewer experiences





*with prenatal support

HEALTH BENEFITS 2,3,4 OF DOULA CARE



39% fewer cesareans



Higher Apgar Scores



Greater likelihood of a shorter labor



More breastfeeding

*with prenatal +
postpartum support

Continuous labor support by a doula is "one of the most effective tools to improve labor and delivery outcomes."

American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine ⁵

WHAT DOULAS DO

Doulas are trained and experienced in providing support before, during, and after birth

Doulas and family members work together as a support team.

PROVIDE INFORMATION

Resources

Referrals

Answers to questions about labor + birth

GIVE EMOTIONAL SUPPORT

Relaxation techniques

Encouragement

Calm environment



ENCOURAGE COMMUNICATION

Positive dialogue
Informed decisionmaking
Self-advocacy

OFFER HANDS ON SUPPORT

Walking + position changes

Massage

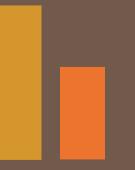
Breastfeeding support

UNMET NEED⁷

Doulas attended just 6%

of births in 2011-12

Black, Latina + Medicaidenrolled women were more likely to want doula support... but not have it



Medicaid 35%
Private
Insurance 21%

% who wanted a doula but didn't have one



Black 39% Latina 30%

White 22%

SPENDING

POTENTIAL COST SAVINGS



In 2013, hospitals billed

\$126 billion⁸

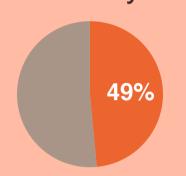
for maternal & newborn care



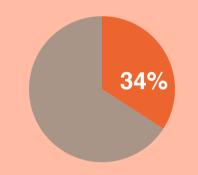
A small reduction in cost per birth would have a

BIG effect

Maternal + newborn hospital stays account for 10



of Medicaid hospital stays



of privately insured hospital stays

1 in 3 births

is by cesarean¹¹



56% more than in 1996

but this hasn't made moms or babies healthier! 5

Cesarean births cost **50%** more than vaginal births¹²

Over \$9,537 more for private

insurance



Over \$4,459 more for Medicaid

(includes all maternal and newborn care costs)

Doulas lower spending by:



DECREASING

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

INCREASING

breastfeeding

Decreasing cesareans by 39% would save more than

\$2.25 billion

for private insurance



each year

STRATEGIES TO EXPAND DOULA COVERAGE



Federal or State legislation establishing doula coverage



Centers for Medicare and Medicaid Services guidance and technical assistance to states



Review by U.S. Preventive Services Task Force for inclusion as a recommended service



State Medicaid coverage of doulas as "non-licensed" service practitioners or though a DSRIP or 1115 waiver

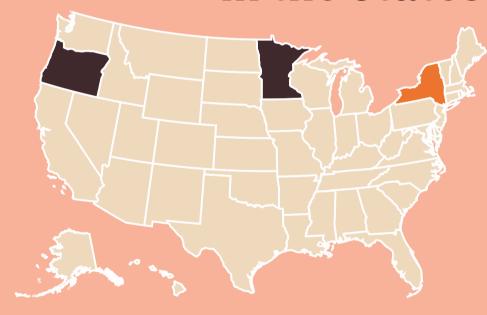


Agreements between insurers/managed care organizations with doula agencies/groups



Including doula coverage within innovative payment and delivery systems

In the States



Oregon + have implemented Medicaid Minnesota coverage of doula support

New York has a pilot program currently in just one county

Many are pursuing legislation to increase **States** access to doulas to reduce disparities in care and outcomes for women of color and low-income women.13

LEARN MORE IN THE ISSUE BRIEF ON INSURANCE COVERAGE OF DOULA CARE at

Every Mother Counts

www.everymothercounts.org/resources/

National Partnership for Women & Families

www.nationalpartnership.org/doula

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