

## Doulas – Doula Technical Assistance Advisory Group and Certification

Sponsored by Delegate Jheanelle Wilkins, Delegate Stephanie Smith, and Senator Clarence Lam

*A bill supported by the Reproductive Health Equity Alliance of Maryland (RHEAM)*

### Legislation Overview:

**HB1067/SB0914** requires the Maryland Department of Health (MDH) to convene a technical assistance advisory group which will study and make recommendations on issues related to the

certification and reimbursement of doulas. It also requires MDH to create a statewide doula certification program that is reflective of the advisory group's recommendations. The technical advisory committee will consist of researchers, doulas, nonprofit activists and allies, and individuals with state government and agency regulatory experience, among others.

**Problem:** Women of color are at greater risk of delivery-related complications and have higher rates of adverse birth outcomes than white women.<sup>i</sup> Furthermore, regardless of socioeconomic status or educational attainment, Black women are three to four times more likely to die during childbirth compared to their white counterparts.<sup>ii</sup>

### What is a doula?

A *doula* is an individual who provides emotional, physical, and educational support and advocacy in the non-clinical aspects of birth. *Community-based doulas* provide consistent, on-call support throughout the duration of the pregnancy, birth, and postpartum periods, and often come from the same community and/or background as the birthing person receiving their services.<sup>iii</sup> Individuals who provide this type of care may also refer to themselves as Perinatal Community Health Workers (PCHWs). Doula care plays an important role in improving both the pregnancy and birthing experience while improving maternal and child health outcomes for people of color, which has lasting impacts throughout the life course.<sup>iv</sup>

### Why is this legislation so important?

Unlike with other types of maternal and child health specialists, such as midwives and nurse midwives, there is no national certifying body for doulas. Maryland Medicaid and other health insurance entities have been clear with advocates that reimbursement for doulas will not be possible until a well-researched certification system has been established. Doula & PCHW care has been found to improve health outcomes for pregnant individuals and their infants, including lower rates of cesarean section, fewer low-birth weight babies, higher breastfeeding initiation rates, and a reduced chance of reporting a “negative birthing experience.”<sup>v</sup>

Research has found that doula care is associated with a:

- 1) 28% reduction in number of Cesarean births;
- 2) 9% reduction in the use of pain medications;
- 3) 31% reduction in use of synthetic oxytocin to increase the speed of labor;
- 4) 12% increase in the likelihood of having a spontaneous vaginal birth; and
- 5) 34% reduction in reporting a “negative birth experience”<sup>v</sup>

**Economic benefits of doula care** According to a 2016 report by the National Partnership for Women & Families: “Cesarean births cost about 50 percent more than vaginal births, whether paid for by Medicaid or by commercial insurance, adding \$4,459 and \$9,537, respectively, to the total payments per birth in the United States in 2010. Because medical costs have risen steadily in the intervening period, these figures are conservative, and current numbers are substantially higher. If cesareans were decreased by 28 percent, the average achieved in the Cochrane review’s meta-analysis of doula studies, Medicaid and private insurance could potentially reduce spending on cesareans in the present pregnancy alone by \$646 million and \$1.73 billion, respectively, per year.”<sup>iv</sup>

### Increasing access and improving equity

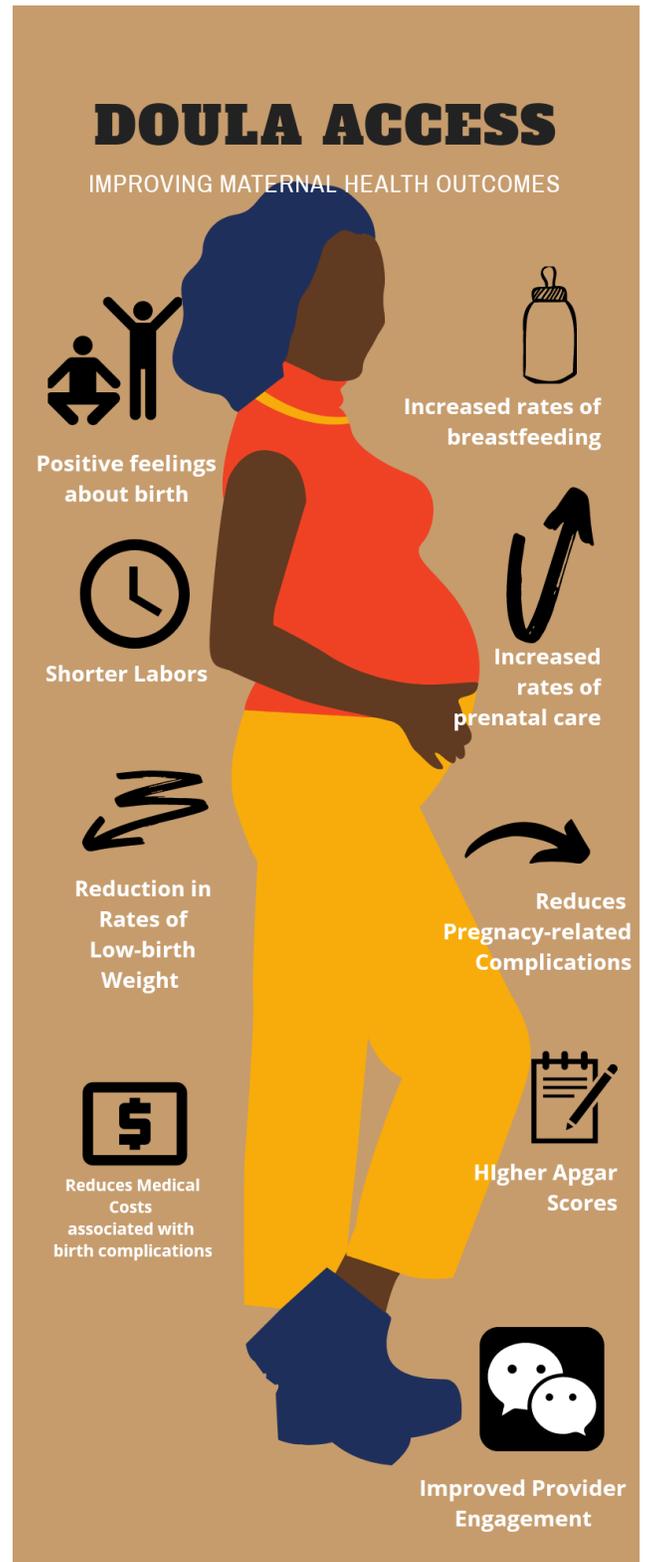
Currently, most health insurance programs that operate in Maryland, including Medicaid, do not provide coverage for doula care, which means a significant number of birthing people who would benefit from having a doula are unable to access the service due to financial barriers. The lack of insurance reimbursement can also deter women of color from providing doula care as a full- or part-time profession, which is one reason why (with exceptions) the doula profession is thought to be made up of upper-middle class white women working with upper-middle class white women.<sup>i</sup> To be clear, women of color have always done this work and will continue to do so; without providing these individuals with a living, sustainable wage, however, Maryland's racial, economic, and health disparities will continue to grow, as will our maternal and child mortality rate.

**For more information, please contact RHEAM’s Co-Chairs:**

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<sup>i</sup> Kozhimannil, K., Attansio, L., Jou, J., Joarnt, L., Johnson, P., & Gjerdingen, D. (2017). Potential benefits of increased access to doula support during childbirth. *American Journal of Managed Care*, 20(8).

<sup>ii</sup> Black Mamas Matter Alliance, & Center for Reproductive Rights. (2018). *Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care*.

<sup>iii</sup> Lantz, P., Low, L., Varkey, S., & Watson, R. (2005) Doulas as Childbirth Paraprofessionals: Results from a National Survey. *Women’s Health Issues*, 15(3), 109-116.

<sup>iv</sup> Boardman, J., Powers, D., Padilla, Y., & Hummer, R. (n.d.). *Low Birth Weight, Social Factors, and Developmental Outcomes Among Children in the United States*.

<sup>v</sup> National Partnerships for Women & Families. (2016). *Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health*.

