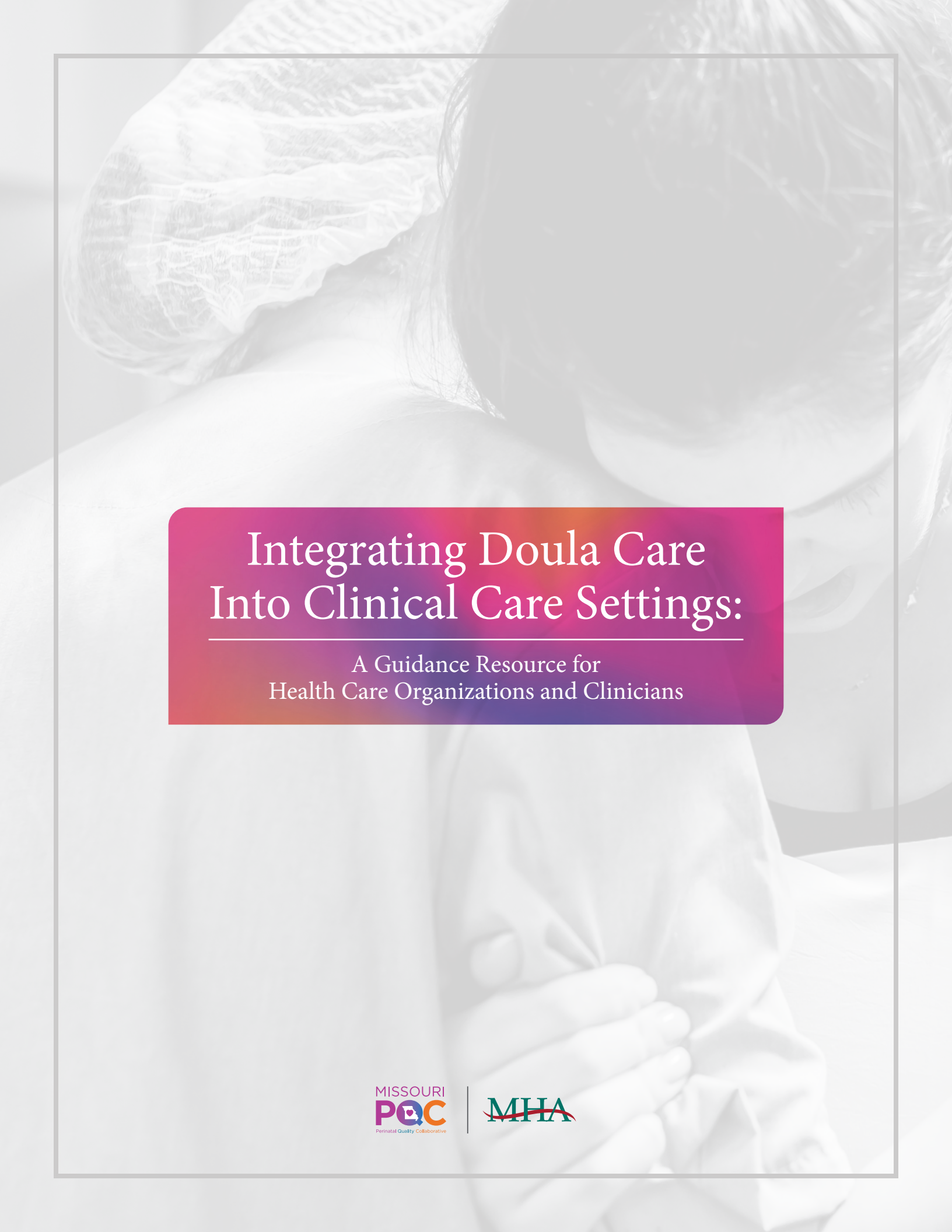

Integrating Doula Care Into Clinical Care Settings:

A Guidance Resource for Health Care Organizations and Clinicians

MISSOURI PQC Perinatal Quality Collaborative | MHA

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We also acknowledge the recommendations from the Missouri Pregnancy-Associated Mortality Review Board (2017 to 2021) annual report, which prompted development of this guidance resource.

Moving Missouri from a state with some of the worst maternal and infant outcomes to one of the best will require change, shifting policies and strategies, and leveraging new opportunities in the workforce to support the broad physical, emotional, mental and social complexities experienced by today's birthing population. The MO PQC encourages all stakeholders to consider the role and value of doula care as outlined in this guidance.

In this guidance resource, the authors use different language to refer to individuals who have biological reproductive capability — birthing person/birthing people, mother(s), pregnant and postpartum patients — in an effort to be sensitive to and acknowledge the representation of cisgender women, transgender men and nonbinary people.

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Health care facilities should utilize social workers, community health workers and doulas during pregnancy and postpartum to increase continuity of care for referrals, care coordination, communication and addressing social determinants of health.

Community-based organizations should empower pregnant and postpartum patients to utilize doula services, home visiting and/or community health workers to facilitate care coordination and increase health care utilization.

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A Note From the Doula Co-Authors

"The main interest of the doula is always the client, which means the doula's agenda is centered on and tailored to meet the client's needs. We provide care for the whole person. We understand the family dynamics, the day-to-day concerns, and make ourselves available to encourage their birthing plan and personal needs. Most doulas are hired early in the second trimester. Doulas meet with clients regularly and speak regularly, sometimes daily, through pregnancy and postpartum, up to one year. A very close relationship is formed with the clients and their families. The value of the doula exceeds monetary value and can be hard to interpret. The doula becomes a part of the family in most cases and is best situated to observe subtle, yet important, signs and symptoms, and help the client communicate with their provider. Not only do we serve the client, but we also serve the family. The relationships and conversations are beyond pregnancy, and support the person holistically within the community context.

Doulas ensure clients and their partners are well informed about their pregnancy, patient rights, preparation for labor and delivery and postpartum, and breastfeeding. While serving the clients in the hospital, doulas are the eyes and ears for the client. The doula helps the nurses by running to get blankets, water, ice, snacks, help to the restroom, etc. This allows the nurses to focus on the clinical care and their entire patient assignment."

» Chrissie Appleby, Certified Doula and Lactation Coach, SafiMoms365

» Kyra Betts, Manager of Advocacy and Policy, Generate Health STL

» Kimberly Costello, CEO, The Doula Foundation

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Background and Context

Missouri's rising incidence of severe maternal morbidity and mortality calls all stakeholders in maternal-infant health to reflect on opportunities to reduce poor outcomes and address notable disparities. The most recent Missouri Pregnancy-Associated Mortality Review Board report notes continued high rates of maternal death due to cardiovascular, mental health and injury causes; disparities in outcomes especially for Black birthing people; and higher rates of pregnancy-associated deaths for Medicaid beneficiaries.[1] While these statistics represent the lives lost over a period of five years, they fall short of illustrating the complexity of care; the community-driven issues; the structural limitations and complications of the health care-community ecosystem; and the social, emotional, and mental support and guidance needed by these patients to fully address root causes of morbidity and mortality.

Health care organizations and clinicians have a duty to provide medical and social care that is evidence-based, meets safety standards, is free from stigma and bias, and provides an empathetic, supportive care experience. Care provision that meets these standards not only creates an environment for improved health outcomes for birthing people and infants, but also delimits provider and organizational risk, creates stronger patient-provider relationships, develops an improved safety net structure, and supports quality reporting and performance requirements through payer reimbursement systems. However, **patients at high risk for birth-related morbidity and mortality require more.** They often lack the health literacy and resources to effectively navigate the health care system and to advocate for their health care needs. They also may fear stigma, bias, poor treatment and/or punitive repercussions based on their situation and diagnoses (such as with substance use disorder during pregnancy). These patients may actively avoid prenatal care, have higher emergency department utilization, have less access to resources, and, thus, increase their probability of a poor maternal and/or infant outcome.

Several decades of research continues to denote that continuous labor support — defined as emotional support, physical comfort and patient/family advocacy — is a key factor in reducing poor birth outcomes including the following.

- increased spontaneous vaginal birth
- shorter duration of labor
- decreased cesarean birth
- decreased instrumental vaginal birth
- decreased use of any analgesia
- decreased use of regional analgesia
- improved five-minute Apgar score
- fewer negative feelings about childbirth experiences[2]

The Association for Women's Health, Obstetric and Neonatal Nurses' (AWHONN) position statement specifically calls for continuous labor support by registered nurses, while several articles highlight the support midwifery care provides to reduce cesarean section births, mitigate prolonged labors and reduce other birth trauma.[3] Certainly leveraging R.N.s and midwives would be ideal; however, this presents a challenge in today's health care environment of workforce shortages, complex patient care needs, widening maternal care deserts, limiting payment models and siloed care coordination. These pressures have resulted in decreased time available to support the significant amount of patient education needed; understand individual needs, goals, and desires for birth; and, specifically, to provide physical and emotional support not only during the labor process, but also through prenatal and postpartum care.[4] Several studies note that labor and delivery nurses over the past decade have experienced reduced time allocation for continuous labor support for a multitude of reasons — now ranging from only 6% to 12% of their time. From a patient perspective, a meta-analysis found that birthing people generally value continuous labor support, especially during childbirth. Their perceptions were influenced by the characteristics and style of the support person and the care provided with a preference for someone with whom they were familiar and had a level of comfort with.[5]

Workforce Roles to Bridge Gaps in Maternal-Infant Health

A growing body of evidence cites the role that doulas have in supporting healthy pregnancies, a positive birth experience and postpartum course, and healthy infant outcomes — especially for patients who experience complex social determinants of health barriers, stigma and bias. Patients supported through doula care have been found to deliver infants with lower rates of preterm birth and low birth weight, specifically in community-based settings and among low-income, racially and ethnically diverse women and adolescents.[6,7,8,9,10,11,12,13] Doula care through continuous labor support may result in decreased rates of cesarean sections, vaginal deliveries with instrumentation, and less need for pain medication — further decreasing the odds of infections, blood clots, obstetric hemorrhage and surgical-related adverse events. A recent retrospective cohort study sampling 298 women receiving Medicaid with doula support across three states demonstrated a 52.9% decrease in the risk of cesarean surgery.[14] One meta-analysis of 26 randomized controlled trials from 17 countries over 25 years, involving more than 15,000 women in a wide range of settings, found continuous labor support provided by doulas to reduce rates of cesarean delivery, improve five-minute Apgar scores and improve women's ratings of the childbirth experience.[2] One RCT of middle- and upper-income U.S. women showed that the continuous presence of a doula during labor compared to not having a doula significantly decreased the likelihood of cesarean delivery and reduced the need for epidural analgesia.[15] Research also shows higher breastfeeding initiation rates when birthing people are supported by a doula — many of whom also are trained lactation coaches or consultants.[16,17]

Perhaps of critical significance are studies demonstrating the reduced rates of perinatal mood and anxiety disorders (PMAD) for birthing people who have doula support. One study noted 60% lower odds of experiencing a PMAD. Another found a 57.5% decrease in PMAD rates as compared to patients not receiving third-party supportive care.[14] Birthing people who received doula care solely during delivery saw an even greater decrease — 64.7% — highlighting the potential value of such care during a relatively short but critical period.[9] PMADs are the most common pregnancy-related complication with 15% to 21% of

birthing people affected.[18,19] Black women — especially Black, young, single women with public insurance — have a higher prevalence of PMADs than other races and ethnicities and are less likely to receive referral and treatment than white women.[20,21] With the use of a doula, birthing people are two times less likely to experience a birth complication and four times less likely to have a baby with low birth weight.[22] These data are further supported by the work of several Missouri-based doula organizations.[23]

Doulas can 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. For those who do require higher birth interventions, doulas can provide emotional support and be a trusted information source for the birthing person and their family during these intense, often frightening moments. AWHONN, the American College of Obstetricians and Gynecologists (ACOG), the March of Dimes, and the current administration's Blueprint for Addressing the Maternal Health Crisis recognize, through position statements and policy objectives, that childbirth education and doula services contribute to the birthing person's and their family's preparation for and support during childbirth, improved birth outcomes, lower rates of PMADs, and higher overall reported rates of the birth experience — both in and out of the hospital environment — and supports consideration of these services as a covered benefit in public and private health insurance plans.

To this end, a growing number of states are implementing payment models to reimburse doula care services. Missouri's Medicaid provider, MO HealthNet, deployed an emergency rule on Oct. 2, 2024 to reimburse for doula services. While Missouri legislators briefly considered filed bills during the 2024 session in support of this payment model change, none were passed. Considering recent reimbursement model updates and the evidence citing improved, equitable health outcomes for birthing people and infants, the workforce challenges facing Missouri birthing facilities, and the need to address complex social and emotional support needs coupled with health care system navigation, the Missouri Perinatal Quality Collaborative urges health care organizations and clinicians to integrate access to doula support as a standard element of the birth team model — to include collaboration and integration during the prenatal, birth and postpartum periods.

Integration and collaboration start with increasing self-awareness and knowledge. The following sections have been developed by a diverse group of doula experts experienced in a wide variety of settings across Missouri to support dispelling myths and inaccuracies related to doula care and to promote a greater understanding of how integrating doula support across the pregnancy-postpartum continuum could support an effective workforce and health improvement model.

Defining the Doula Role

The role of a doula is to offer education, emotional support, advocacy and guidance to pregnant individuals as they navigate the maternal health system. Doulas may specialize in birth preparation, pregnancy and childbirth education, continuous labor support, postpartum care including infant-related care needs and lactation support. Doulas also may be certified or have additional training in grief and abortion support. It is important to note that doulas do not offer clinical support or medical advice. They do not make decisions for their clients or project their own values and goals onto the laboring woman or advocate by speaking for the client. Instead, they focus on providing emotional support, education and guidance throughout the pregnancy, birth and postpartum periods. They also may support improved communication and understanding between the birthing person and the health care provider, resulting in more positive birth experiences for all, due to their foundational training in pregnancy-related issues and the birth process.

Figure 1 provides detailed definitions of common birth doula roles.

"They [the Doula Foundation] connected me to their Postpartum Support Group for mothers and their partners. This was an absolute critical piece in helping our family during such a difficult transition. It allowed me to connect with other moms who were going through similar emotions and challenges. It helped my husband by providing him with a safe place to address and validate some of his concerns. We were both able to vent frustrations and learn techniques to better manage my postpartum depression."

— Chrissy and Baby Canaan, doula client

FIGURE 1

A labor and birth doula is a trained professional who provides continuous emotional and physical support to birthing families. They aim to reduce fear and instill strength by offering evidence-based information and being available both emotionally and physically. Labor doulas are educated on various aspects of labor and delivery, including hormonal changes, anatomy and stages of labor. They also are knowledgeable about comfort measures and common medical interventions, including cesarean births and emergency situations. Additionally, labor doulas support the "Golden Hour," breastfeeding, family bonding, and provide education on newborn assessments and medications in ways the birthing person and family may understand from a cultural and community perspective.

An antepartum doula specializes in providing support to pregnant individuals who may be at high risk or at risk of preterm labor. They offer physical and emotional support and provide education on high-risk situations such as bedrest, hypertension in pregnancy, gestational diabetes and other metabolic issues. Antepartum doulas also offer resources related to the client's specific pregnancy situation to educate them and empower them toward healthy choices.

Postpartum doulas provide information and support to families after the birth of their baby. They assist with infant feeding, recovery from childbirth, infant soothing techniques and coping skills for new parents. They also address postpartum mental health concerns and may provide practical help with household chores, cooking and sibling care. For parents experiencing an infant loss, grief support also may be offered. Family support can be provided up to one year postpartum.

Relational Aspects of Doula Services

A hallmark of doula care is the ability to build trust in the doula-client relationship. A client needs to feel confident that their information is safe and that they can be vulnerable during one of the most important and complex times of their life. Trusting relationships with doulas have been shown to improve birth outcomes, increase satisfaction with the birth experience and reduce racial disparities in maternal health outcomes. Trust also facilitates shared decision making during pregnancy, labor, delivery and the postpartum period, which may extend to strengthening relationships and communication between the birthing person and the health care team.

> "The prenatal/doula program helped by giving me the support that I didn't have. I was going through a really hard pregnancy and was at my very lowest mental and physical state. This program helped me by providing emotional support and services that I couldn't afford otherwise. Not only were they kind and caring, but they were also there for me as a friend would be. If I needed someone to talk to or ask for advice, they were always there. I was also able to learn different ways to care for my newborn. I am so grateful I was able to have this service; they helped me get through one of the hardest times of my life and be prepared for a new baby!"
>
> — Doula client of the Head Start program

Doulas are able to allocate significant time to clients to meet their needs. Doula visits are longer and highly personalized, often taking place in the family's home to provide convenience for clients with a newborn. During prenatal visits, doulas meet with clients and discuss their birth goals, desires and concerns. They help clients understand their options for birth, formulate questions to ask their medical providers, and assess if their provider or birth location supports their needs. Prenatal visits also allow for building a trusting relationship with the client, where the doula can answer or refer any questions that the client may not feel comfortable asking their medical provider, friends or family members. Doulas typically allocate a minimum of one hour for each prenatal visit. During labor and delivery, doulas are present for the entirety of the client's active labor, the delivery of the baby and for one to three hours immediately postpartum. This dedicated time allows the doula to provide emotional support, advocacy and guidance to pregnant individuals and their families. Their personalized care and focus on building trusting relationships contributes to improved birth experiences and outcomes.

"The prenatal program helped by providing monthly/weekly expectations and milestones of pregnancy. They taught me coping skills to have my desired medication-free birth. And having a doula as support during labor was a blessing."

— Doula client of the Head Start program

Once the birthing person is back in their home environment, postpartum visits with a doula involve reflecting on the birth experience, aiding with settling at home and offering guidance on topics such as babywearing, breastfeeding and newborn care. Doula support extends beyond the immediate postpartum period, as they maintain an open line of communication with the client for ongoing support and to address any questions that arise. This additional support is critical as historically, obstetricians have one postpartum check-in at six weeks, whereas doulas often have multiple check-ins following the birth to support the mental, emotional and physical health of new parents and infants.

"The first few months were incredibly difficult. Every family bringing home a new baby is faced with a certain set of challenges that are somewhat anticipated: sleep deprivation, adjusting to a new schedule and financial pressure. With our baby, we were faced with a whole new set of challenges that we had no way of anticipating or preparing for: extra doctor's appointments, therapy, the fight with insurance, driving hundreds of miles to see specialists, medical procedures and surgeries. The first few months were exhausting, overwhelming and very emotional. During that time, I developed postpartum depression that seemed to manifest itself in the form of anxiety. I couldn't enjoy our new baby. It was like my stress level was at a 10 and there was no end in sight. Honestly, our situation felt hopeless. HOPE. Hope was exactly what I needed and that is what I received from my doula at The Doula Foundation. They were instrumental in making sure that I had access to whatever resources I needed."

— Chrissy and Baby Canaan, doula client

Doula Care for Young Mothers

Young mothers between the ages of 18 and 25 face specific challenges that may impact birth outcomes. They are more likely to be in secondary education programs or work full time. With the average age of marriage being 30 years old, young mothers are more than likely in a single- or low-income environment.[24]

Young mothers, especially those who live in disadvantaged or lower socioeconomic areas, have a higher likelihood of experiencing more pregnancy-related complications.[25] Examples include a much higher risk for the child to be born with low birth weight, congenital disorders and infant mortality. There also is a higher risk for the mother to develop preeclampsia, gestational diabetes and maternal mortality. In addition, supportive education and information are limited for young mothers and those who come from disadvantaged backgrounds.

> "When my doula would walk into the room, I immediately felt relief and comfort. My life was so stressful at the time, and she gave me the physical and emotional support I needed for my journey. She took me under her wing and loved me as if she had known me all her life. I was so scared of the labor process and she supported me. I felt informed and in control because of everything I had learned in the childbirth classes."
>
> — Lindsay and Baby Tallulah, doula client

Often, health care professionals can give the impression of being intimidating (knowingly or unknowingly) to patients because of their knowledge of medicine in comparison to the patient's lack of knowledge. Due to these varying levels of cognizance, there can be a rift in the relationship between the patient and the health care professional that can unfortunately result in misinterpretation on both ends. In addition to their health care provider, some young mothers also are getting a lot of information and customs from older generations within their families and communities. Receiving information from multiple parties can seem like information overload for them. For these young mothers, simply put, when it comes to lack of knowledge, "they don't know what they don't know." These factors can lead to anxiety and depression for the mother.

Doulas may be essential intermediaries between mothers and health care professionals as well as navigators when it comes to information they receive from outside sources. Providing young mothers with insight as well as companionship and social support can result in better communication between the mother and their health provider, lower the risk of cesarean section, and alleviate some anxiety and depression. In addition, doulas can provide targeted resource navigation for young mothers who need specific support systems in place to succeed in parenting.

Cultural and Community Considerations

People of color and those from lower socioeconomic status may experience structural racism and implicit bias within the health care system, which contributes to disparate health outcomes. Doula care that is knowledgeable in cultural and community norms, customs, and language related to pregnancy, birth, and the postpartum experience reduced variation in health and social outcomes, support at-risk populations to navigate the health care system, and educate health care workers on unique cultural birth needs and practices among differing communities. Some birthing people may have experienced trauma due to adverse events and/or previous traumatic birth experiences, which requires supportive care from a trauma-informed lens to avoid retraumatization.[26] Doulas can support both the patient and health care providers by ensuring effective communication.[27] Birthing people consistently cite the need to feel safe, respected and heard in order to reduce trauma and poor outcomes during birth and the postpartum period.

> "My clients look at me as a part of their care team. I ensure my clients can effectively communicate to their care team why they hired a doula and what collaboration looks like to them. Empowering the clients to own their birth is a key component in an effective communication strategy. The client also has the right to bring the doula along to appointments, which allows the care team to meet the doula. The more opportunities that are available for three-way communication among the patient, doula and provider, the more positive and respectful the relationship will be."
>
> — Chrissie Appleby, SafiMoms365

Being open to learning about different cultures and birth practices, withholding judgement, self-assessing for implicit bias, and creating a comfortable environment with open communication helps the birthing person experience a more positive, person-centered pregnancy and birth process as well as supports a trusting, positive relationship with providers. Postpartum and lactation support also are dependent upon cultural needs. Doulas with training in culturally congruent models are well positioned to support the patient and birth team, reduce disparate outcomes, and reduce adverse events that result from communication gaps, assumptions and language barriers.

FIGURE 2:
Examples of Cultural-Specific Needs and Beliefs That Impact Birth-Related Care

Example #1:

An urban, financially disadvantaged Black family with low education. Due to historical abuses referenced in the literature, it is important not only to provide education and information, but also to ensure it is done so in a health literate way without assuming you are making the best choices for them or "speaking over" them or even patronizing them. Black mothers especially need encouragement and support to breastfeed because the practice has not necessarily been normalized in the culture. Avoid the tendency to assume the birthing person just wants to take WIC formula, and instead, provide access to higher levels of support. Understand that social support systems, including extended family members, are critical to supporting a healthy birth outcome and providing emotional support.

Example #2:

A birthing person from an African Muslim family has experienced female genital mutilation. Do you understand the possible complications? Can you explain them in a nonjudgmental way? Do you seek to understand, acknowledge and respect their religious beliefs and customs during birth?

Example #3:

A birthing person from a Korean family will likely have their mother, mother-in-law and aunts continuously present in the hospital. These relatives will only allow the mother to eat specific soups and will not want her to shower. Will the health care team accommodate them when they want the room to be very warm?

Health Care Navigation and Access to Resources

Doulas often connect birthing people with various community resources that mitigate social drivers of health issues, leading to a more positive childbirth experience. Doulas themselves sometimes are the resource. They leverage their community-based knowledge of resources and relationships to connect birthing people directly to needed services, such as housing, food assistance, mental health resources, maternity clothing, baby items, nutrition support, transportation options and childbirth education.

> "The prenatal program definitely helped me. It helped me get more knowledge and understanding of pregnancy and breastfeeding; and what to expect for the birth that I wanted. It was 100% worth it. Having a doula there while I was giving birth helped me 100%."
>
> — Doula client of the Head Start program

Doulas are often able to connect birthing people within communities to pass on resources and support instead of relying on donations — this further strengthens the overall resilience of the community. Doulas have extensive networks and experience in the birthing and parenting community, making them valuable resources for expectant and new parents seeking guidance and support during this transformative time in their lives.

FIGURE 3:
Common Community Resources That Doulas Leverage to Support the SDOH Needs of Birthing People

- **Specific Doula Agency Resources:** The Little Resource Center, The Doula Foundation Boutique
- **Prenatal and Postpartum Classes:** Doulas can recommend and help clients enroll in childbirth education classes, breastfeeding classes, infant CPR courses, and other relevant prenatal and postpartum classes offered by local hospitals, community centers or private instructors.
- **Support Groups:** Doulas may connect clients with local parenting, breastfeeding, mental health and other support groups, both in-person and online, to foster a sense of community and provide a platform for sharing experiences and advice with other parents.
- **Health Care Providers:** Doulas can help clients find and choose health care providers, including obstetricians, midwives, pediatricians, and lactation consultants, who align with their birth plan and preferences.
- **Mental Health Services:** Doulas are often attuned to the emotional well-being of their clients and can refer them to therapists, counselors, or support groups focused on perinatal mental health and postpartum mood and anxiety disorders.
- **Doula Associations and Networks:** Doulas may connect their clients with local doula associations, networks, or directories to help them find additional doula support if needed or to locate a backup doula in case of scheduling conflicts.
- **Childbirth Centers and Hospitals:** Doulas can provide information about local birthing centers, hospitals, and their policies, helping clients make informed choices about their birthing location and care providers.
- **Home Birth Midwives:** For clients interested in home births, doulas may refer them to qualified home birth midwives, providing information on the benefits and challenges of home births.
- **Alternative Therapies:** Doulas may introduce clients to complementary therapies such as acupuncture, chiropractic care, massage therapy, or aromatherapy for pain relief and relaxation during pregnancy and labor.
- **Lactation Support:** Doulas can connect clients with lactation counselors/consultants or breastfeeding support groups to support a successful breastfeeding experience.
- **Legal and Financial Assistance:** Doulas may offer information about maternity and family-related legal rights, insurance options and financial assistance programs available to expectant parents.
- **Postpartum Services:** Doulas can help clients find postpartum doula services, house cleaning services, meal delivery and other support options to ease the transition into parenthood.
- **Newborn Care Resources:** Doulas may provide information on local resources for newborn care essentials, including baby gear rental, diaper services and baby supply shops.
- **Birthing and Parenting Books and Websites:** Doulas may suggest informative books, websites, and resources that can empower clients with knowledge and parenting tips.
- **Babywearing and Cloth Diapering Communities:** For clients interested in babywearing or cloth diapering, doulas can connect them with local groups or online communities for guidance and support.
- **Advocacy and Support:** Doulas can educate clients about their rights and options during childbirth and help them navigate the health care system to advocate for their birth plan and ensure they understand the options, can articulate their questions and are able to provide informed consent.
- **Nonprofit Organizations:** Doulas may inform clients about local nonprofit organizations focused on maternal and infant health, which can provide additional resources and support.

Doula Training and Certification Pathways

People interested in becoming a doula may find local doula organizations or online certification programs that provide training and/or certification that align with specific beliefs and practices, serve a specific population of birthing people, and/or that provide a national or regional training curriculum model. Depending on the type of training program, doulas complete 24 to 60 hours of classroom-based training. They also complete mentorships and must attend two to three births before achieving certification. Most doula training curricula commonly consist of the following topics.

- history of birth work (midwifery and doula care)
- Patient Care Model and Doula Centered Care Model
- basic anatomy
- reproduction
- contraception
- diversity and inclusion principles, including unconscious bias and cultural congruence
- health inequalities, health disparities and SDOH
- HIPAA
- Doula Code of Conduct
- nutrition
- perinatal, birth and postpartum support
- labor and delivery
- pain management
- safe sleep practices
- basic breastfeeding support
- identifying the difference between "baby blues," postpartum depression and postpartum psychosis

In addition, doulas may be required or encouraged to show proof of additional training including, but not limited to, the following.

- CPR
- blood-borne pathogen training
- mental health training
- cultural competency and/or diversity, equity and inclusion
- health-related social needs (SDOH and other issues)
- navigation of social services
- trauma-informed care
- strategies specific to the community/population the doula plans to serve
- professional ethics
- communication and conflict resolution

Annual or continuing education hours may be required, as well as proof of liability insurance and a plan for documentation practices and record retention.

Each doula may provide care from a specific point of view and/or may practice within specific focus areas. Some doulas desire to practice in the clinical environment, meaning they support birthing people during medical care visits, attend hospital-based births, and develop collegial relationships with the medical team while supporting and advocating for the birthing person. Other doulas focus only on nonmedicated, low-intervention births, support midwifes during home births and use naturopathic principles to support the birthing person. It is important for health care teams to develop an understanding and acknowledge the different perspectives not only of doula care options, but also that these perspectives and practice styles often represent the type of care a birthing person desires. No one approach is better, but the goal is the same — match the right doula to the right client.

Commonly recognized doula training and certification programs include, but are not limited to, the following.

- Childbirth International
- Childbirth and Postpartum Professional Association
- DONA International
- Doula Foundation Academy (Missouri-based)
- International Childbirth Education Association
- Jamaa Birth Village (Missouri-based)
- MaternityWise Institute
- New Beginnings Doula Training
- The Uzazi Village Perinatal Doula Training (Missouri-based)

Doula Reimbursement Models and Payment Methods

Doulas cite several key factors that should be considered when determining a reimbursement model. The first is ensuring an equitable approach to the model, which needs to include factors such as geographic location, demographic populations served, and the complexity of medical and social factors requiring support. Payment should ideally be designed to support a living wage, dependent on where the doula lives, and the time commitment by the doula required to support improved, equitable birth outcomes.

Many states choose to leverage a state average reimbursement model; however, this approach needs to be assessed for equity and should not be based on typical economic workforce models, which use pay scales based on cost of living. As an example, the average rent in Missouri is $1,222 per month; however, this varies depending on location.[28] Cost of living is highest in Cape Girardeau at 9.9% higher than the state average and lowest in Jefferson City, which is 7.81% lower than the state average.[29] If the state reimbursement rate were $1,500 per client, a state average pay approach would inflate reimbursement for those in areas with lower cost of living and severely underpay those in more costly areas.

Recommendations other than a state average reimbursement rate include paying by units of service (similar to compensation for therapists), hourly rates, and a state average rate that includes additional reimbursement levels based on location, client complexity and identified need for ongoing postpartum support. Additionally, many doulas also are certified as community health workers, lactation consultants, and/or peer recovery coaches, which each should include their own reimbursement rates either as separate billing options or as additional add-on services to the doula rate.

Finally, as with other travel-based jobs, doulas may incur travel expenses and wear and tear on vehicles that could be considered as part of the reimbursement model or need to be included in personal or business state and federal tax deductions as a business expense. For example, in rural community doula programs, a doula may travel two hours for a home visit to a client's home multiple times.

Reimbursement Options in Missouri to Support Doula Services

Historically, doulas in Missouri have primarily been compensated through self-pay arrangements either directly with the client or through an organization the doula may be hired by or affiliated with. Some doulas provide sliding scale fee structures and work pro bono depending on client need to serve their communities. Others are reimbursed through grant-funded programs, such as Head Start or Parents as Teachers programs, as well as through in lieu of services contracts directly with Medicaid managed care providers. A growing number of states are providing reimbursement through state and/or federal public insurance programs and requiring it as part of the state plan, while others are passing legislation requiring access to doula services and reimbursement.

On Oct. 2, 2024, CMS approved a State Plan Amendment (SPA) that enables Missouri to begin reimbursing for doula services through MO HealthNet. This CMS approval aligns with Missouri's emergency regulation, which was published on Sept. 27 and took effect on Oct. 1. The emergency regulation was necessary to ensure these valuable services could be accessed as quickly as possible. A newly filed permanent regulation is expected to receive full approval and become operational when the emergency rule expires after six months.

The following section (Fig. 4) is a review and comparison of current Medicaid-funded reimbursement models in other states and Missouri (as of the date of publication of this document).[1]

FIGURE 4: Medicaid Doula Reimbursement — State-Specific Examples

State	Total Reimbursement	Hourly Rate	Special Considerations
Oregon[1]	$1,500	Billing based on standard or partial service rate	None
Minnesota[2]	$1,400, plus $100 per prenatal and postpartum visit	$32.08	Includes three prenatal and three postpartum visits
New Jersey[3]	$1,165	$31.03	Includes four prenatal and four postpartum visits. Increases to $1,331 for teen pregnancy support. Continued postpartum visits are valued at $100 each.
Florida[4]	$450 to $1,110 for prenatal, labor and delivery, and/or postpartum services	$57.14	Global reimbursement is negotiated per plan
Maryland[5]	Maximum of $1,011.44	Varies	Paid per 15-minute increments: prenatal ($16.62), postpartum ($19.62)
Missouri[7]	Maximum of $1,600	Billing based on standard service rates	Includes payment for a total of six prenatal and postpartum visits, patient education and lactation support, additional reimbursement for intrapartum support beyond 24 hours, and community resource navigation

As of the publication of this document, multiple other states are planning to apply for state plan amendment changes with CMS to implement doula coverage for Medicaid beneficiaries. Examples include the following.

- Rhode Island: $1,500 reimbursement, including bereavement doula services
- Massachusetts: up to $1,700 reimbursement (Massachusetts also has a state doula commission)
- Vermont: $750 reimbursement
- Michigan: proposed $1,150 reimbursement
- Wisconsin: $1,040 reimbursement

The National Health Law Program's Doula Medicaid Project provides a frequently updated resource to outline doula-related legislation and policy updates by state.

[1] These examples include reimbursement for two hours of prenatal meetings, three hours of postpartum meetings, and nine hours for birth and immediate postpartum care. Of note, states with Medicaid managed care options have increased variance in rates and service agreements.
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Creating a Collaborative Birth Team Environment

Creating an environment of collaboration and respect should start before the meeting in the delivery room. Doulas are quickly becoming an integral part of achieving healthier birth outcomes and more prepared and stable family units. Integrating their role into the traditional birthing unit team could support increased availability of continuous labor support, improve patient birthing experiences and outcomes, and address maternal health workforce gaps. Recognizing and supporting the unique role that doulas have on the birth team and for the birthing person will help health care organizations and clinicians develop professional, role-based relationships that best support the birthing person's experience and health outcomes, mitigate provider and organizational risk, support health care cost containment, and support quality improvement and evidence-based practice principles inherent in the art and science of medicine.

Health care organizations and clinicians within obstetric practices and birth units should consider the following recommendations to ensure that doulas are well integrated into the birth team.

Widen the Definition of the Birth Team and Clarify Roles

- Hospital birthing units have requirements to provide patient-centered care. Engaging patients to understand who they choose to include in their birth team, which may include a doula, is one way birth units can support patient-centered care.
- Encourage and provide direct options for doulas to communicate with providers and the birthing unit. Multiple states and hospitals have "doula badge" programs that include several aspects already covered, but also may include inviting doulas to communicate more regularly with the clinical care team. One component of doula training is how to build good rapport with families and their care team. For example, a doula might provide their client with an introduction letter to share with their OB provider that discusses the doula's background and collaboration style. This allows the OB provider to more fully understand the doula's role and what their support will look like during all phases.
- Consider appointing a doula liaison to support relationships, training and communication across the team.

Host Opportunities to Build Relationships With Doulas

- Creative ways such as "Meet the Team" night at local hospitals could provide opportunities for two-way communication between clinical staff and doulas. The staff provides a tour of the facility, talks about their experiences working with doulas and creates a list of local doulas who attend patient births. The list also may be used by clinical staff to refer doula services to patients who may benefit from the added support and navigation. This is a way for clinicians better understand the work of doulas and the positive impact they make on patient care outcomes.
- Host virtual or in-person trainings, Q&A sessions, or webinars with doula partners for key audiences, such as patients and families, clinicians, resident trainees, nursing students, etc., to increase knowledge and reach a greater audience.
- Ask doulas to submit headshot photos (or take these as part of a doula badge option) and a short biography to be placed on the unit for reference. In return, share team and provider photos and credentials with doulas to support awareness and introductions.
- Consider post-delivery care team debriefs with doulas and patients and families or another mechanism to actively gain feedback.

Develop a Doula Orientation Plan

A successful collaborative working relationship begins with an effective plan to orient doulas into the birth team and unit. As a member of the birth team, doulas are not considered visitors nor are they typically considered employees; however, for doulas to be effective members of the workforce in supporting the patient, they must, at a minimum, have knowledge of the birth unit layout and policies, location of supportive birthing tools, and chain of command communication pathways. If the doula has a certification, the credentials may be shared through development of a standing "doula badge" program or managed for each birth visit. Often, doulas without certification are given a visitor badge and are expected to adhere to the visitor rules. A strong orientation will ensure basic rules, risk mitigation and an issue resolution strategy are discussed; professional roles and expectations are reviewed; and two-way communication is fostered. Orientation for doulas is ideally through group and individual options. For example, the birth unit may host group trainings bimonthly and then provide a handout to individual doulas when present on the unit to support a client. Consider the following examples for achieving a positive orientation experience.

- Develop a birth unit policy that supports integration of doulas at the bedside and includes options to support the patient/family during cesarean births and procedures. Identify a check-in process for doulas so staff understand they are present on the unit to attend a birth.
- Develop and educate on a clear communication pathway that ensures patient preference and the ability of the doula to advocate for the client's wishes and goals is respected. This pathway should include a clear escalation plan and ensure information has been received from the clinician with clarity to support shared decision making.
- Develop and educate on managing emergency obstetric and neonatal scenarios. There may be situations that necessitate medical intervention to mitigate poor outcomes. These situations should be clearly understood in advance if possible and, ideally, common language developed so that the doula can provide ongoing support to the patient while the medical team provides the necessary interventions.
- A unit tour and location of items that the doula may access on their own to support their client should be included in orientation. Items such as warm blankets, beverages and light snacks, extra pillows and linens, and birthing balls are just a few examples of items that should be readily available and accessible to a doula.
- As a general safety practice, doulas and the birth care team should review infection prevention and patient protection and confidentiality policies.

Ensure Prenatal and Postpartum Education Programs Include Doulas

- With increasing medical intervention and labor analgesia options, the skill set of staff and providers to provide continuous labor support and low-intervention birthing support is being lost in hospital birth units. Doulas have a strong skill set in low-intervention, supportive techniques that have been shown to decrease the need for higher level medical intervention, which in turn reduces poor outcomes, reduces workforce burnout and lowers the cost of care. Engaging doulas to support prenatal and postpartum education programs is a helpful strategy for organizations struggling to provide these services or lacking the skill sets needed.
- Many doulas are certified lactation consultants, community health workers and trained in parenting skills that at-risk families especially need access to. Engaging doulas as part of the extended birth team may relieve workforce shortages and improve outcomes.

Educate Staff and Providers

- As increasing numbers of patients choose to leverage doula support throughout their pregnancy and postpartum phase, it is important to educate clinical staff and providers on the role of the doula, benefits of doula care and presence especially during labor and delivery, policy and process changes, and communication pathways to create alignment and clarity for all. Developing mutual respect for each other's roles and responsibilities in supporting the patient and new family will create a safer birth experience overall.
- Educate team members on low-intervention birth and continuous labor support interventions, while being mindful of the need to have situational awareness and readiness to respond when more clinical intervention is medically necessary.
- Provide opportunities for staff and providers, as well as obstetric clinic staff, to gain self-awareness of implicit bias issues. Scan the environment and unit policies for potential barriers to care, subjective assumptions that should be mitigated, and opportunities to reduce poor care experiences and birth trauma, which can lead to high rates of PMADs in the postpartum period and beyond.
- Set up a feedback mechanism early and check in frequently on how integration of doulas is proceeding. This feedback loop creates an opportunity to mitigate issues early, identify solutions and continue providing clarification to the team.

Inform Birthing People and the Community

- Develop communication tools, respecting health literacy tenets, that explain how doulas are integrated into the birth team, their roles during labor and delivery, and communication pathways that support the patient and their family.
- Discuss when and why medical intervention may need to be escalated.
- Ensure birthing people have awareness of the doula policy.

In Summary

As Missouri faces ongoing challenges to improve maternal and infant care outcomes, widening maternal care deserts, and workforce gaps, stakeholders invested in serving these populations must consider ways to enhance the workforce, address complex medical and social circumstances, and reduce variation in care outcomes. Doulas serve to meet care gaps regularly noted in maternal and infant mortality reviews and through patient experience reports. The benefits of incorporating doula care in hospital and clinical settings include the following.

- increased time for patient and family education on healthy pregnancy, birth and postpartum
- increased time with the birthing person to develop a trusting relationship that can support early recognition of issues and enhance the functionality of the birth team
- increased support for breastfeeding initiation and continuance
- improved overall ratings of the patient birth experience
- increased time to provide continuous labor support that includes the critical need for emotional support and encouragement
- increased ability to understand the patient's cultural and community-based customs and beliefs related to birth and integrate those factors into care
- increased understanding of SDOH factors and time to support resource referrals and connections
- reduction in medical interventions during birth

Pregnancy and birth are normal, physiological processes. The health and resources of communities, generational experiences, workforce challenges, tendencies to medicalize birth, and widening disparities in outcomes have all contributed to worsening outcomes for birthing people and infants. Integrating doulas more broadly into the birth team, respecting their relationship and experience with the birthing person, and understanding how their training contributes to improving health outcomes is called for in Missouri and is nationally cited as a strategic tactic in multiple professional and federal sources. As an addition to the health care workforce, doulas can play a role in improving maternity care and addressing inequities in maternal and infant health outcomes.[30] While not all patients may desire doula care, those who do should be able to choose that support throughout their pregnancy and have a health care team that focuses on, above all else, the healthiest, safest and most respectful care environment possible.

Resources

Patient Testimonial on Doula Support: Cheyann's Story

Patient Testimonial on Doula Support: Andrea's Story

Appendices

Appendix A: Confidential Doula Evaluation

Appendix B: Doula Guidelines Associated with BUMC-P Labor and Delivery

Appendix C: Preparing for Birth

Appendix D: Birth Wishes

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