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Perinatal Quality Collaborative

Doula Integration Guidance for Health Care Settings

April 29, 2025

IN PARTNERSHIP WITH THE MHA MISSOURI HOSPITAL ASSOCIATION

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The MO Perinatal Quality Collaborative, in partnership with Missouri Hospital Association, connects community, public health and clinical leaders to improve the care and support systems that lead to better health and health outcomes before, during and after a pregnancy. We are advised and supported by the expert knowledge and experience of the Maternal-Child Learning and Action Network.

Our Mission:

Healthy Moms, Healthy Babies, Healthy Missouri

Today's Objectives

Discuss variations in outcomes noted in the data driven by practice and social factors

Discuss the role of doulas to support improved health outcomes and reduce variation in outcomes

Describe ways to integrate doulas into the clinical care setting

Learn from two experienced doulas on how integration can benefit the patients and the health care system

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Data & Outcomes Review

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MO PAMR

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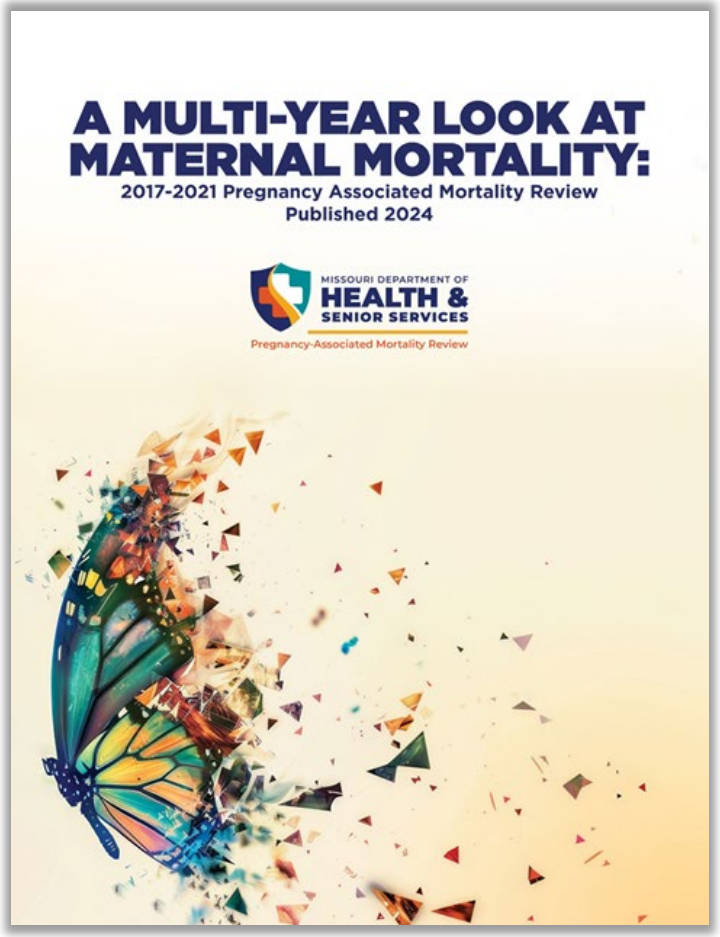
MC LAN/ MHTF

Community

Mothers/Infants

Health Care

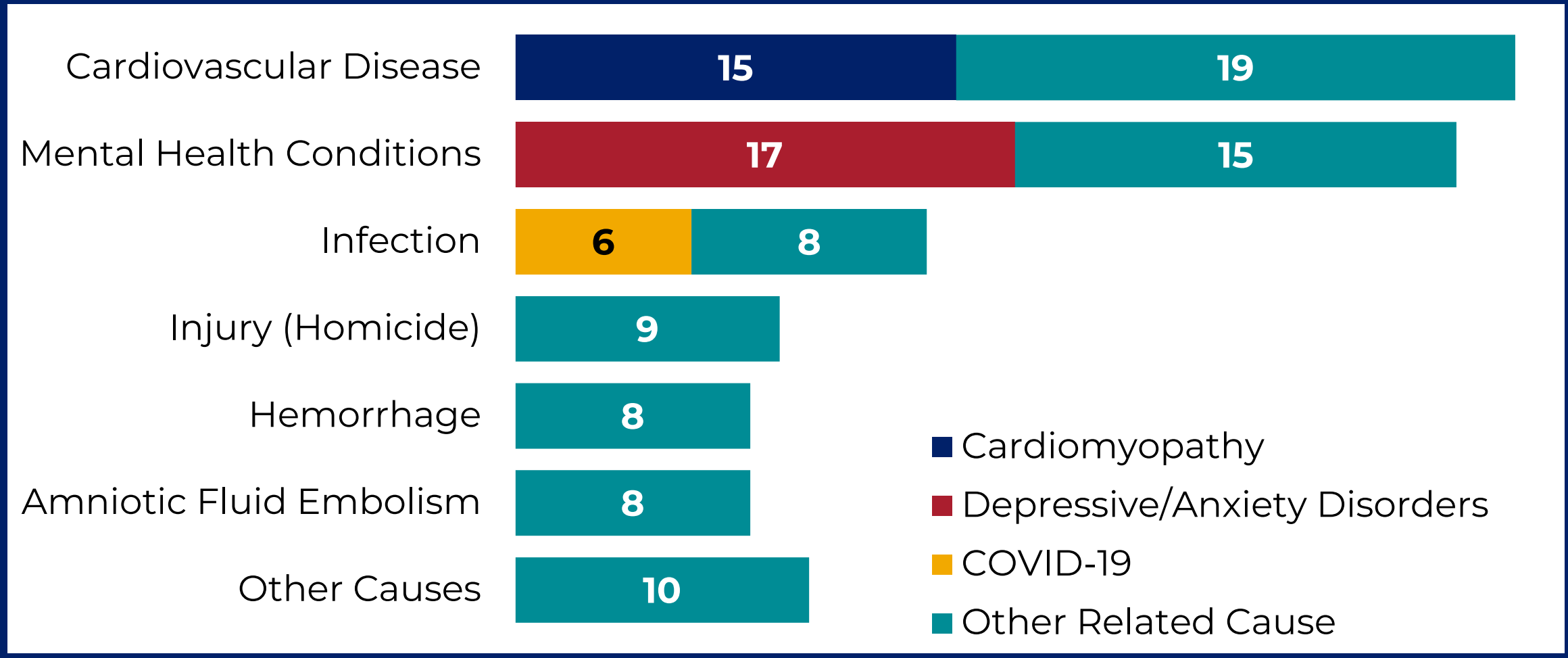
Recent MO PAMR Results



- PRMR was 32.2 deaths per 100,000 live births (n=349).
- Cardiovascular diseases were the leading underlying cause of pregnancy-related deaths, followed by mental health conditions.
- All pregnancy-related deaths due to mental health conditions, including substance use disorder (SUD), were determined to be preventable.
- Almost half (44%) of all pregnancy-related suicides over five years (2017 to 2021) occurred in 2020.
- Disparities occur among Black women (2.5x PR) and Medicaid beneficiaries (7x PANR) .

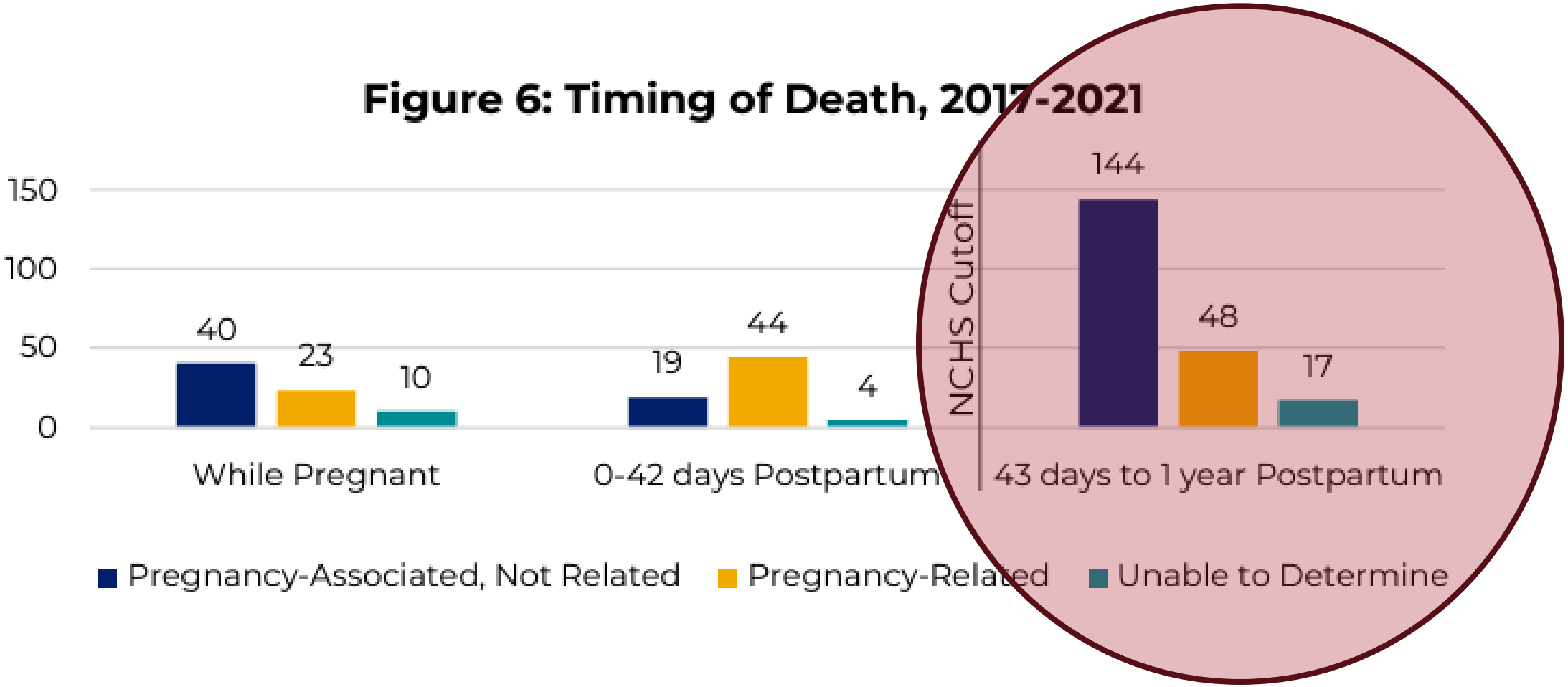
https://health.mo.gov/data/pamr/pdf/2021-annual-report.pdf

Leading Causes of Death, 2017-2021



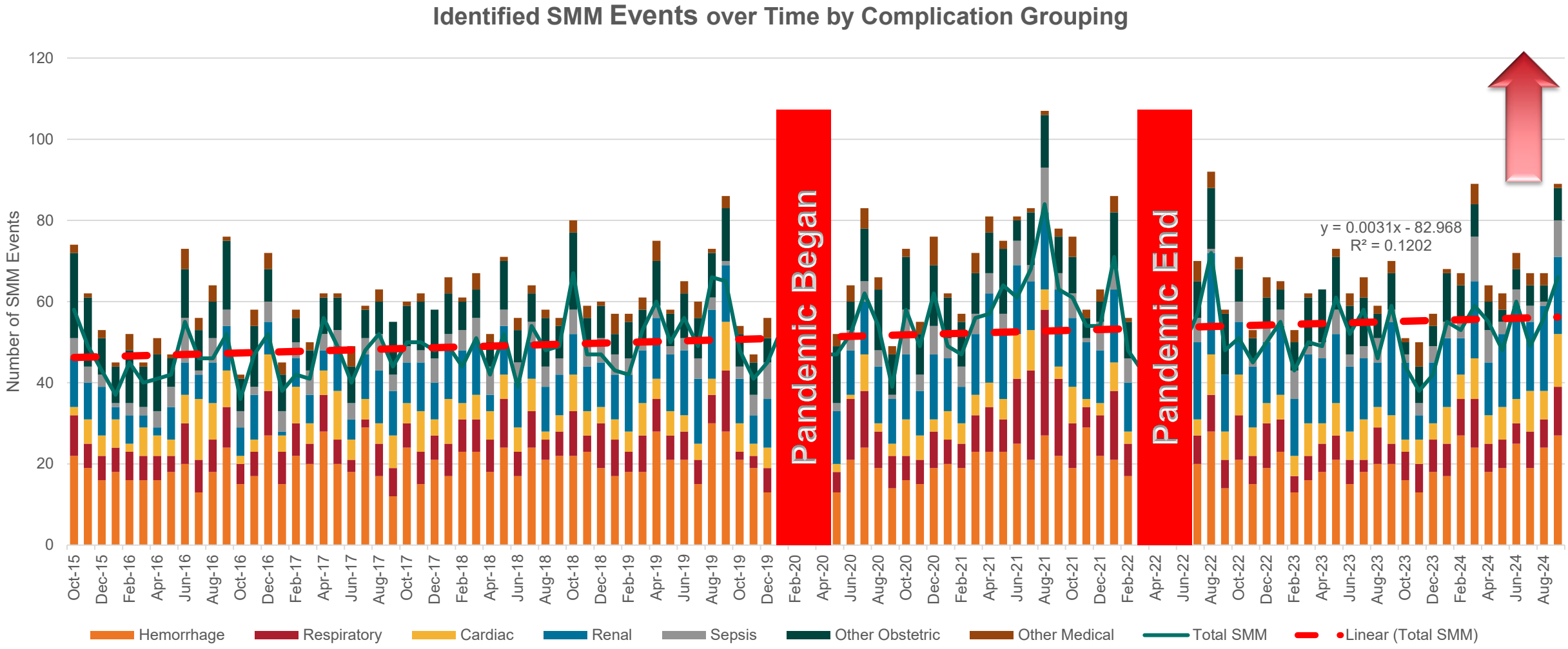
Source: MO PAMR

Timing of MM

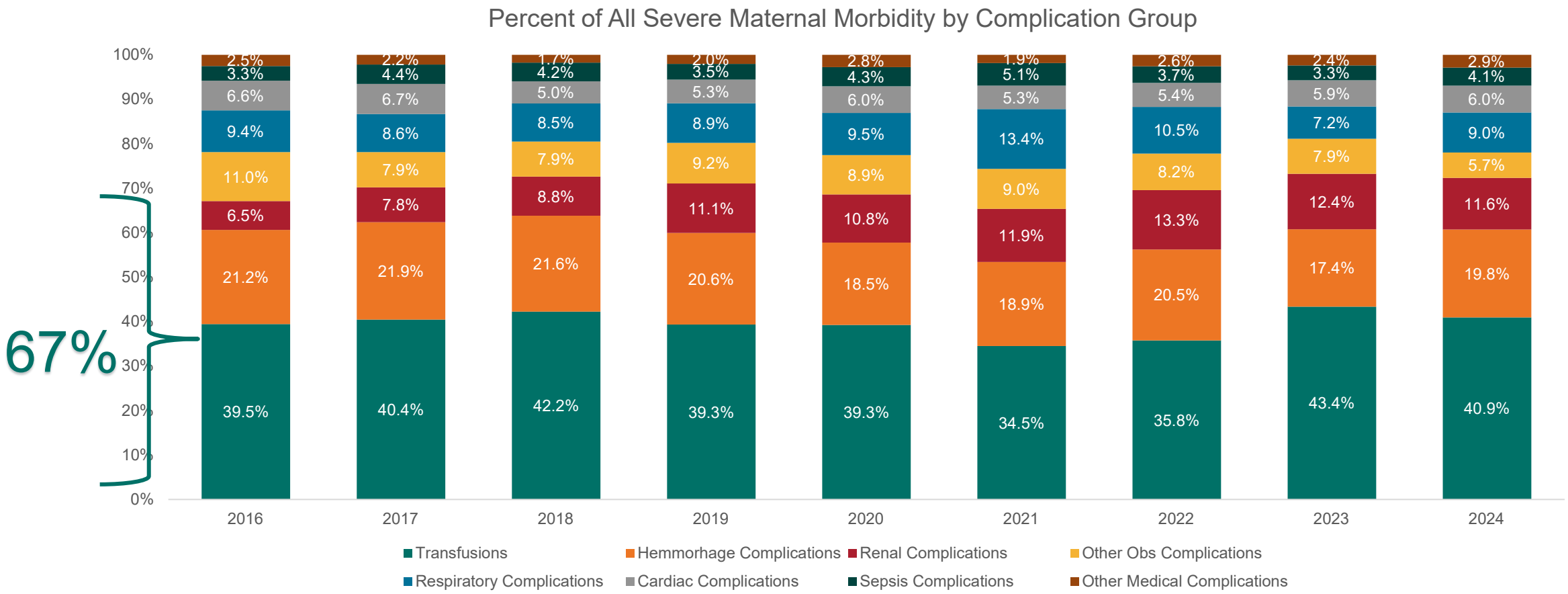


Source: MO PAMR

Trends by SMM Complication Group without BPT



Statewide SMM Trends



MO PAMR Recommendations (2017-2021) Report

- **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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"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."

The Gaps

- A genuine disconnect in knowledge between clinical and community settings on what services and supports doulas provide to patients and how they can support the health care system and improve outcomes
- Challenges in maternal and infant care workforce – and the need to leverage non-clinical roles more effectively as part of the system of care
- Addressing historically negative interactions among providers, clinical teams, and doulas impacting efforts to move forward
- A focus on serving the patient's holistic care needs
  - Recognizing that patient/provider time spent in clinical settings is very limited, often oriented around specific care tasks and limited in ability to support care coordination or address SDOH needs
  - Recognizing that a large majority of care coordination, social and emotional support, and education – all which empower the patient to be active in their health outcomes (and their baby's) – occur outside of the formal clinical setting
- A recognition that while all patients – especially those at higher social risks – may benefit significantly from doula services – Black mothers, infants and families specifically experience improved health outcomes
- The need to integrate longer-term care during the postpartum continuum – health care, social support and education needs

Guidance Development Process

Recruitment of Doula SME	Orientation to the project Team Assignments
Writing Content	Doula partners MO PQC
Draft guidance in review	Brought in additional editors Added a literature review section
Final draft	Copy review Design/layout Final Approval by Doula partners
Publication	Convening panel 2024 MO PQC website and SM

New Policy

- MO HealthNet Doula Program – effective Oct. 1, 2024
  - Requires doula services to be covered at a minimum rate for all FFS and MCO pregnant and postpartum patients through 12 months
    - Prenatal and Postpartum Support Sessions
      - Combined total of six (6) support sessions for a participant
    - Birth Attendance
      - One (1) birth attendance per participant
    - Lactation
      - Two (2) visits (prenatal or postnatal) for general consultation on lactation
    - Community Navigation Services
      - Ten (10) billable services
  - MO HealthNet Doula Bulletin (revised and re-published Jan. 23, 2025)
    - Effective for dates of service on or after October 1, 2024, doula services are available to all MO HealthNet (Medicaid) enrolled pregnant women as preventive services ***when recommended by a physician or other licensed practitioner of the healing arts.*** This includes prenatal, during delivery, and throughout the 12-month postpartum period.
- This prompts urgency to increase understanding of the doula role, how they can support mothers and help mitigate risk factors, and provide community-based support while earning payment for their services

Guidance Breakdown

- Defining the Doula Role and Relational Aspects of Doula Services
- Supporting Specific Need Populations
- Cultural and Community Considerations
- Health Care Navigation and Access to Resources
- Doula Training and Certification Pathways
- Doula Reimbursement Models and Payment Methods
- Creating a Collaborative Birth Team Environment

Key Points of the Guidance

- Safe, supportive care, free of stigma and bias, is required; however, **patients at high risk for birth-related morbidity and mortality require more.**
- Balancing normal physiologic birth processes with medical necessity for intervention – **continuous labor support role.**
- The need for **additional supportive workforce roles** to effect change on maternal-infant outcomes – especially in a state with a high rate of OB deserts.
- **Doula support and services are associated** with lower adverse outcomes, higher satisfaction with the birth experience (less birth trauma), and higher breastfeeding rates.

Doula Impact on Perinatal Mental Health Outcomes

- PMADs are the most common pregnancy-related complication, with 15% to 21% of birthing people affected.
- 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.
- One study found a 57.5% decrease in PMAD rates as compared to patients not receiving third-party supportive care.
- 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.
- Another study noted 60% lower odds of experiencing a PMAD.

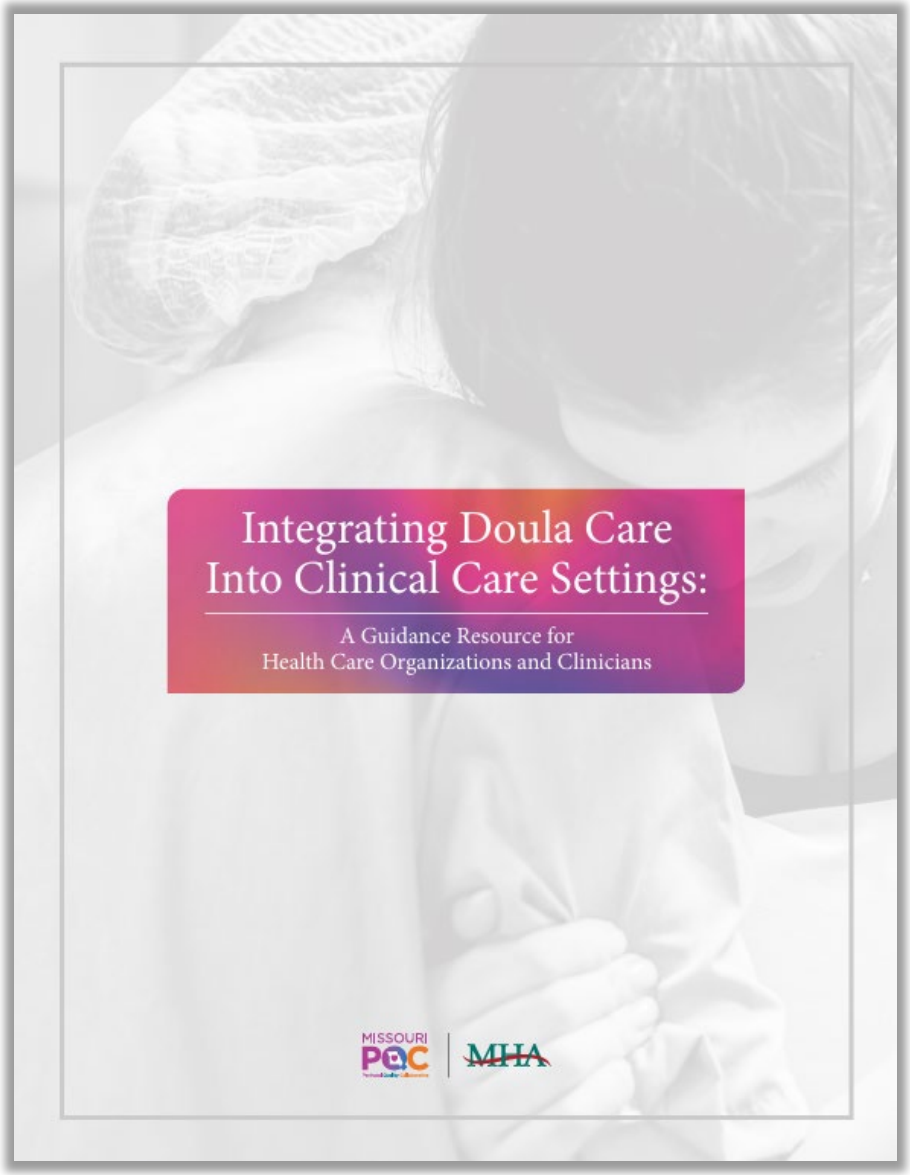
Benefits of Integrating Doula Care into the Clinical Care Setting

- 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

Co-author and editor acknowledgements:

The Missouri PQC acknowledges the following contributing authors and editors for sharing their knowledge, expertise, resources and experience in developing the content of this guidance resource.

- Chrissie Appleby, Certified Doula and Lactation Coach, SafiMoms365
- Kyra Betts, Manager of Advocacy and Policy, Generate Health STL
- Kimberly Costello, CEO, The Doula Foundation
- Emily Langella-Anderson, Health Coordinator and Certified Doula, Jefferson Franklin Community Action Corporation
- Kaylin Lyles, Birth and Postpartum Doula, SafiMoms365
- Amanda Rhodes, Certified Doula, It Takes a Village
- Shavanna Spratt, Owner, Da Hood Doula LLC d/b/a Da Hood Talks Ent.
- Marvella Ying, Certified Doula and Lactation Consultant, M-Brace Birthing, LLC



Today's Panelists

Marvella Ying, Owner and Operator of M-Brace Birthing LLC

Kimberly Costello, CEO of The Doula Foundation

Panelists Discussion

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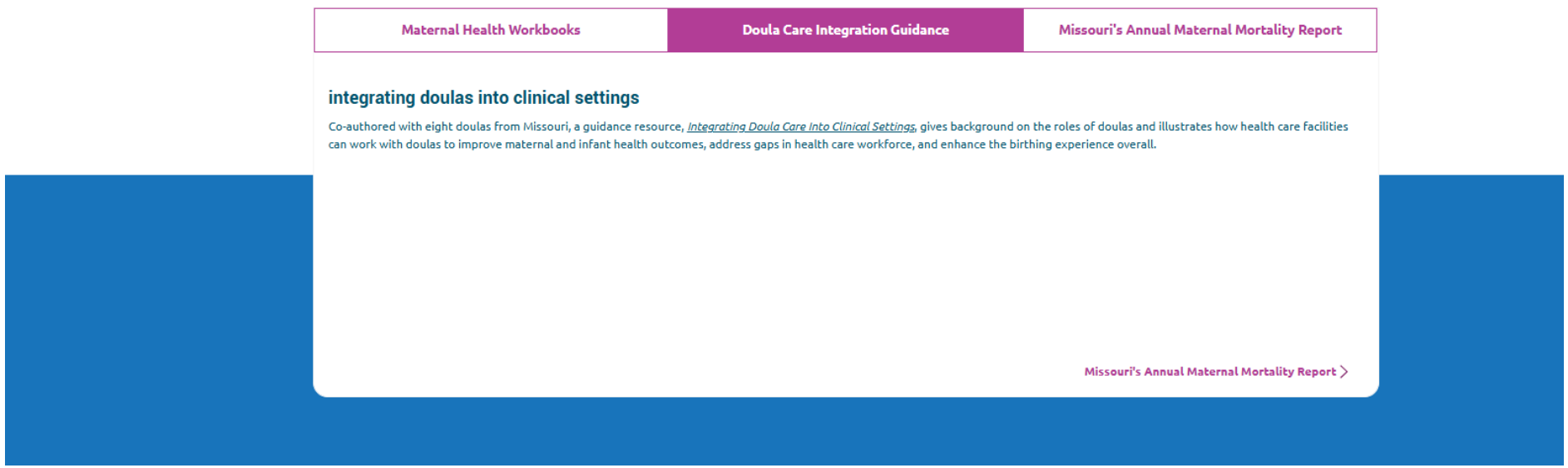
RESOURCES

It takes a team

If you're passionate about delivering essential perinatal care to Missouri birthing people and babies, we invite you to see what resources are available and needed as we continue to grow our team statewide.



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www.MoPQC.org


PQC PULSE

PQC MISSOURI Perinatal Quality Collaborative — Delivering you up-to-date news, resources and learning opportunities on maternal and child health care in Missouri

STAT OF THE WEEK

It's World Breastfeeding Week. In Missouri, about **80% of new parents initiate breastfeeding, but only 54% continue at six months.** This number drops even more among lower-income women, with **only about 26% of WIC (Women, Infants, and Children) participants breastfeeding at six months.**

In her blog, Lisa Schlientz, state breastfeeding coordinator, dives into the advantages of breastfeeding, explores the barriers many families face, and discusses how we can collectively work to support breastfeeding mothers.

NEW THIS WEEK

Three new maternal health care resource workbooks were released this week, focusing on birthing people and infants affected by SUD, perinatal mental health conditions, and maternal sepsis. Each workbook provides evidence-based practices for improving care, a call to action for stakeholders in maternal and infant health, a hospital-level implementation guide, and additional resources for health care professionals and patients. All workbooks are available on our website.

MO PQC IN ACTION

Stultz and Maria
MO PQC at the
are Conference.
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