

# Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health

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## ABSTRACT

Continuous labor support by a trained doula has proven benefits and is recognized as an effective strategy to improve maternal and infant health, enhance engagement and satisfaction with maternity care, and reduce spending. Community-based doula programs can also reduce or eliminate health disparities by providing support to women most at risk for poor outcomes. The most effective way to increase use of this evidence-based service would be to eliminate cost barriers. Key recommendations identify numerous pathways to pursue Medicaid and private insurance coverage of doula care. This comprehensive and up-to-date inventory of reimbursement options provides the doula, childbirth, and quality communities, as well as policy makers, with many approaches to increasing access to this high-value form of care.

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*“One of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula.”*

—Caughey, Cahill, Guise, and Rouse (2014)

Doula care, which includes nonclinical emotional, physical, and informational support before, during, and after birth, is a proven key strategy to improve maternal and infant health. Medicaid and private insurance reimbursement for doula care would increase the availability and accessibility of this type of

support and would advance the “Triple Aim” framework of the National Quality Strategy by

- Improving the quality of care by making it more accessible, safe, and woman- and family-centered (e.g., by enhancing women’s experience of care and engagement in their care);

One of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula.

- Improving health outcomes for mothers and babies; and
- Reducing spending on nonbeneficial medical procedures, avoidable complications, and preventable chronic conditions (Figure 1).

Rigorous studies show that doula care reduces the likelihood of such consequential and costly interventions as cesarean birth and epidural pain relief while increasing the likelihood of a shorter labor, a spontaneous vaginal birth, higher Apgar scores for babies, and a positive childbirth experience (Hodnett, Gates, Hofmeyr, & Sakala, 2013). Other smaller studies suggest that doula support is associated with increased breastfeeding (Health Connect One, 2014) and decreased postpartum depression (Wolman, Chalmers, Hofmeyr, & Nikodem, 1993). This body of research has not identified any harms of continuous labor support.

Studies in three states (Minnesota, Oregon, and Wisconsin) have concluded that Medicaid reimbursement of doula care holds the potential to achieve cost savings even when considering just a portion of the costs expected to be averted (Chapple, Gilliland, Li, Shier, & Wright, 2013; Kozhimannil, Hardeman, Attanasio, Blauer-Peterson, & O'Brien, 2013; Tillman, Gilmer, & Foster, 2012). Cesareans currently account for one of every three births, despite widespread recognition that this rate is too high. Cesareans also cost approximately 50% more than vaginal births—adding \$4,459 (Medicaid payments) or \$9,537 (commercial payments) to the total cost per birth in the United States in 2010 (Truven Health Analytics, 2013).

Because doula support increases the likelihood of vaginal birth, it lowers the cost of maternity care while improving women's and infants' health. Other factors associated with doula support that would contribute to cost savings include reduced use of epidural pain relief and instrument-assisted births, increased breastfeeding and a reduction in repeat cesarean births, and associated complications and chronic conditions.

Because the benefits are particularly significant for those most at risk for poor outcomes, doula

support has the potential to reduce health disparities and improve health equity. Doula programs in underserved communities have had positive outcomes and are expanding, but the persistent problem of unstable funding limits their reach and impact.

In August 2013, the Centers for Medicare and Medicaid Services (CMS) Expert Panel on Improving Maternal and Infant Health Outcomes in Medicaid/CHIP included providing coverage for continuous doula support during labor among its recommendations (CMS, 2013).

Currently, only two states—Minnesota and Oregon—have passed targeted legislation to obtain Medicaid reimbursement for doula support, including continuous support during labor and birth, as well as several prenatal and postpartum home visits. Implementation has been challenging, and bureaucratic hurdles make obtaining reimbursement difficult. At this time, few doulas, if any, have actually received Medicaid reimbursement in either state. Across the country, a relatively small number of doula agencies have contracted with individual Medicaid managed care organizations and other health plans to cover doula services. The extent of these untracked local arrangements is unknown.

The recently revised CMS Preventive Services Rule (42 CFR §440.130[c]) opens the door for additional state Medicaid programs to cover doula services under a new regulation, allowing reimbursement of preventive services provided by non-licensed service providers (Mann, 2013). However, the absence of clear implementation policies or national coordination would require each state to spend considerable resources devising new processes and procedures to achieve Medicaid reimbursement for doula support.

#### **KEY RECOMMENDATIONS FOR INCREASING PUBLIC AND PRIVATE COVERAGE OF BIRTH DOULA SERVICES**

- Congress should designate birth doula services as a mandated Medicaid benefit for pregnant women based on evidence that doula support is a cost-effective strategy to improve birth outcomes of women and babies and reduce health disparities with no known harms.
- Until this broad, optimal solution is attained, CMS should develop a clear, standardized pathway for establishing reimbursement for doula services, including prenatal and postpartum visits and continuous labor support, in all state Medicaid

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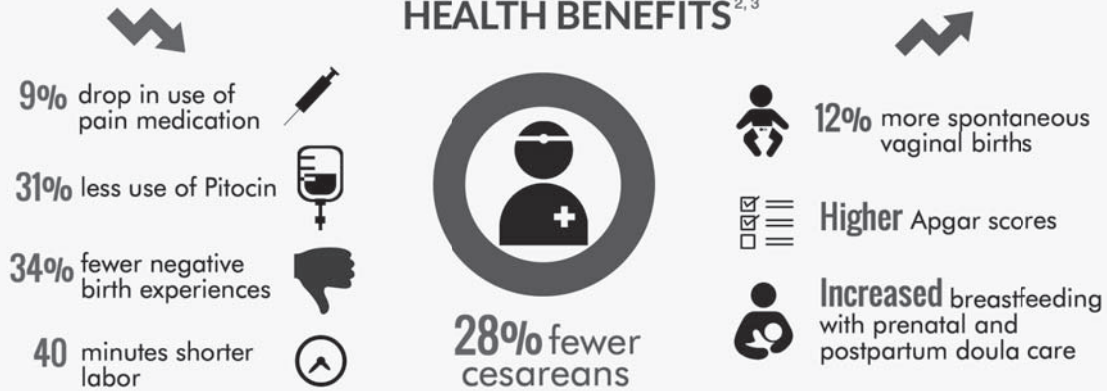
# OVERDUE

## MEDICAID & PRIVATE INSURANCE COVERAGE OF DOULA CARE



If a doula were a drug, it would be unethical not to offer it. Adapted from John Kennell, MD<sup>1</sup>

### HEALTH BENEFITS<sup>2,3</sup>



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<sup>4</sup>

### WHAT DOULAS DO

Doulas provide emotional, informational & physical support before, during & after birth for childbearing women and their partners

**Doulas and family members work together as a support team.**

Family members have long-term, close relationships with the mother-to-be.

Doulas are trained and experienced at providing labor and birth support.

#### INFORMATION



Prenatal & postpartum resources & referrals

Answering questions about labor and birth

#### EMOTIONAL SUPPORT

Relaxation techniques

Encouragement

Calm environment



#### COMMUNICATION

Foster positive communication with doctors, midwives & nurses



Support informed decision making

Help women advocate for themselves

#### HANDS ON SUPPORT

Walking & position changes

Massage

Hydrotherapy

Breastfeeding support



### UNMET NEED<sup>5</sup>

Just 6% of women had labor support from a doula in 2011-12

Of those who did not use a doula, more vulnerable women were more likely to have wanted doula support



Percent of women who wanted - but did not have - doula support



Figure 1. Medicaid and private insurance coverage of doula care infographic.

**SPENDING**  **COST SAVINGS**

In 2013, hospitals billed **\$126 billion<sup>6</sup>** for maternal & newborn care

**MORE** is spent on childbirth care than any other type of hospital care<sup>7</sup>

Reducing spending on childbirth care by even a small percentage would have a big effect!

Maternal & newborn stays account for<sup>8</sup>

49%

of Medicaid hospitalizations

34%

of privately insured hospitalizations


**1 in 3 births** is by cesarean<sup>9</sup>



56% more than in 1996 but this hasn't made moms or babies healthier!<sup>4</sup>

Cesarean births cost **50% more** than vaginal births<sup>10</sup>

**\$9,537** more for private insurance  **\$4,459** more for Medicaid (includes maternal and newborn care costs)

**Doulas lower spending by** 

**Decreasing** cesareans (an average of 28%)  
repeat cesareans  
epidurals  
complications  
chronic conditions

**Increasing** breastfeeding

**Decreasing cesareans 28%** would save

**\$174 billion**







for private insurance

**\$659 million**

for Medicaid

each year

**STRATEGIES TO EXPAND COVERAGE**

-  **Federal or State legislation mandating 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 via "non-licensed" service practitioner rule, DSRIP or 1115 waiver**
-  **Agreements between insurers or managed care organizations with doula agencies or groups**
-  **Including doula coverage within innovative payment and delivery systems**

**2 States** **Oregon + Minnesota**



**have passed legislation leading to Medicaid coverage of doula support**

**LEARN MORE IN THE 2016 ISSUE BRIEF ON INSURANCE COVERAGE OF DOULA CARE at**  
**Choices in Childbirth** **Childbirth Connection**  
[www.choicesinchildbirth.org/our-work/advocacy-policy/doulacoverage/](http://www.choicesinchildbirth.org/our-work/advocacy-policy/doulacoverage/) <http://transform.childbirthconnection.org/reports/doula/>

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Figure 1. Medicaid and private insurance coverage of doula care infographic. (Continued)

agencies and Medicaid managed care plans. CMS should provide guidance and technical assistance to states to facilitate this coverage.

- State Medicaid agencies should take advantage of the recent revision of the Preventive Services Rule, 42 CFR §440.130(c), to amend their state plans to cover doula support. States should also include access to doula support in new and existing Delivery System Reform Incentive Payment waiver programs.
- The U.S. Preventive Services Task Force should determine whether continuous labor support by a trained doula falls within the scope of its work and, if so, should determine whether labor support by a trained doula meets its criteria for recommended preventive services.
- Managed care organizations and other private insurance plans as well as relevant innovative payment and delivery systems with options for enhanced benefits should include support by a trained doula as a covered service.
- State legislatures should pass legislation mandating private insurance coverage of doula services.

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