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Community-Based Doula and the Medicalization of Birth

Executive Summary

In its most recent report, the Center for Disease Control (CDC) indicated that Black women are still three to four times more likely than white, Latinx, Asian/Pacific Islander women to die during pregnancy and childbirth.[1] In states like Georgia, however, these rates are six times the national average for Black women and twice the national average for white women.[2] Across the nation, maternal mortality and morbidity remain a pervasive and systemic challenge for women, families, health care providers, and state agencies.

Maternal death, otherwise known as Maternal Mortality (MM), is responsible for the death of over 700 women in the US annually. However, tens of thousands of women suffer unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health; this phenomenon is referred to as Severe Maternal Morbidity (SMM).[3] [4] In the US, more than 50,000 women are afflicted by SMM annually, and these incidences are often seen as 'near misses' as without intervention, these women may have died. [5]

The death of a woman while pregnant or within one year of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Maternal Mortality

The unexpected outcomes of labor and delivery that result in significant short-term or long-term consequences to a woman's health. It also can be considered a near miss for maternal mortality because without idenification and treatment, in some cases, these conditions would lead to maternal death.

Severe Maternal Morbidity

For generations, community elders have supported women throughout pregnancy and the perinatal period; these women were affectionately named 'Granny Midwives'. From the 1600-1940s, Granny Midwives delivered nearly all African-American babies. At the turn of the century, this number was decreased to less than half, as midwifery services were considered by physicians to be second-class care.[6] However, leading to the decline of midwife-attended births and concomitant rise in births managed by physicians due to a complex set of social, political and economic factors, which resulted in the transfer of childbirth from the domain of midwifery into the realm of obstetricians.[7]

[1] Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. DOI: http://dx.doi.org/10.15585/mmwr.mm6835a3

[2] "When the State Fails: Maternal Mortality and Racial ... - Yale Law School." 9 Feb. 2018, https://law.yale.edu/yls-today/news/when-state-fails-maternal-mortality-and-racial-disparity-georgia. Accessed 11 Sep. 2019.

[3] "The Rising U.S. Maternal Mortality Rate Demands Action from ...." 28 Jun. 2019, https://hbr.org/2019/06/the-rising-u-s-maternal-mortality-rate-demands-action-from-employers. Accessed 13 Oct. 2019.

[4] "Severe Maternal Morbidity in the United States - CDC." https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html. Accessed 13 Oct. 2019.

[5] "Severe Maternal Morbidity in the United States - CDC." https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html. Accessed 13 Oct. 2019.

6 Graninger, E. (1996, Dec 31). Granny-midwives: Matriarchs of birth in the African-american community 1600-1940. The Birth Gazette, 13, 9-13. Retrieved from http://libproxy.lib.unc.edu/login?url=https://search-proquest-com.libproxy.lib.unc.edu/docview/203168652?accountid=14244

7 Graninger, E. (1996, Dec 31). Granny-midwives: Matriarchs of birth in the African-american community 1600-1940. The Birth Gazette, 13, 9-13. Retrieved from http://libproxy.lib.unc.edu/login?url=https://search-proquest-com.libproxy.lib.unc.edu/docview/203168652?accountid=14244

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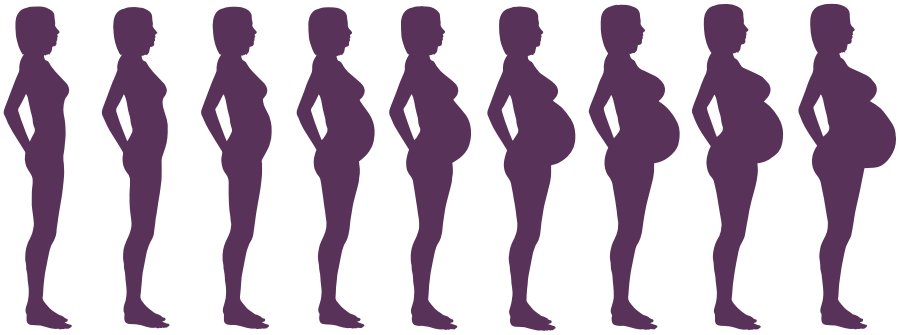
Community-Based Doulas (CBDs) are community health workers who have training in prenatal health, childbirth education, labor support, lactation counseling, and infant care. Services are provided through home visits during pregnancy, continuous labor support at the birth site, and home visits during the postpartum period and ideally work with the birthing parent as early as possible in the pregnancy through one-year postpartum. However, much like the Granny Midwives of yore, CBDs face legislative challenges in the form of onerous certification and licensing standards, which unintentionally (or intentionally) inhibit these community members from providing services.

CBDs offer an assortment of benefits from increased breastfeeding to emotional and psychological support.

Benefits of Community-Based Doula

Cost savings	Reduced epidural analgesia
Increased breastfeeding practices	Emotional and psychological support
Reduction of low birth weight births	Pathway to economic security
Lowered cesarean births	Services to marginalized populations



The relationship between a pregnant woman and a doula is significantly impacted by whether they share the same race, culture or experience. In some instances, the pregnant woman may be hesitant or resistant to receiving medical care because of a lack of trust. Often, when women of color who already face societal discrimination are additionally mistreated in the healthcare system, it affirms and continues this cycle of mistrust. Racial concordance between the mother-to-be and the doula serves to create a comfortable environment where the client is receptive to the services being rendered.[8] Since CBDs are recruited from the community, they often look like, talk like and have a similar lived experience as the families that they provide support to. This strength allows them to be able to help families navigate the institutional racism that they face in the healthcare system and mediate the negative experiences during pregnancy, birth and in the postpartum period.

[8] "Experiences of Community Doulas Working with Low ... - NCBI." 8 Apr. 2019, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6608698/. Accessed 24 Sep. 2019.

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Systemwide acceptance of doula services is burgeoning; however, proper integration of doula care into the health care infrastructure faces numerous challenges as attitudes toward doulas vary from complete support to lack of appreciation of the complementary nature of their individual roles. The benefits of doula services have been well researched, and we offer the following policy and funding recommendations to help secure sustainable funding for doula services and recognize the important role that community-based doulas have in maternal and child health care.

- Congress should include doula services as a mandatory service to be covered under Medicaid. As intermediate steps, CMS should provide additional federal guidance to states for Medicaid coverage of doula services, and Congress and/or CMS should expand options for coverage of non-licensed provider services.
- The United States Preventive Services Task Force (USPSTF) could consider studying doula. With services that include coverage of these services as a preventive service under the ACA.
- Expand the duration of Medicaid postpartum coverage and the definition of doula services.
- Explore options for coverage of CBD services in Medicaid managed care and delivery reform efforts.
- Continue exploring opportunities for inclusion, coverage, and partnership with CBD services in other programs beyond commercial insurance and Medicaid, particularly for people not included in these programs.

State Policy & Reimbursement Recommendations include:

- Ensure meaningful engagement and collaboration with women of color and CBDs on designing policy solutions.
- Keep legislative language simple.
- Use Medicaid's preventive services SPA option and embrace its flexibility.
- Ensure requirements for doulas (related to training, certification, etc.) are not overly restrictive.
- Consider the interplay with state definitions and regulations for Community Health Workers.
- Ensure adequate reimbursement for CBDs and engage in ongoing consultation with CBDs to develop effective implementation policies and procedures.
- Look for alternate funding opportunities.

Weaponized regulations have served to create an impossible and onerous certification and licensing standards, discouraging valuable diversity in labor support. As we examine approaches to address the recent elevation in maternal mortality and morbidity rates, it is important to consider the inclusion of community-based health workers, who, for generations have provided home-based support and care to women during the perinatal period, particularly for Black women and other communities of color.

"Beyond Holding Hands: The Modern Role of the Professional ...."9 Mar. 2006, https://onlinelibrary.wiley.com/doi/abs/10.1177/0884217502239215. Accessed 21 Oct.2019.