

EVIDENCE-INFORMED POLICY DEVELOPMENT

# EXPANSION OF COMMUNITY-BASED DOULAS THROUGH MEDICAID REIMBURSEMENT



Location	Focus Area	Policy Type
New Jersey	Access to Health Care/Insurance, Health Equity, Preconception/ Reproductive Health, Service Coordination/Integration	Big P Policy



Target Population
Pregnant people who are covered by Medicaid in New Jersey (NJ)

## SECTION 1: POLICY DESCRIPTION

Many health insurance companies do not cover doula care, patients in need of those services must pay out of pocket. The policy seeks to address the persistent racial/ethnic disparities by allowing NJ mothers with limited financial resources, covered by Medicaid, free access to doula services. During conversations with pregnant people across the state from communities mainly covered by Medicaid, their concerns about their voices not being heard and the challenges to navigate the healthcare system surfaced.



In 2018, Title V staff was involved in the development and implementation of the Healthy Women Healthy Family initiative through which the New Jersey Department of Health (NJDOH) implemented a 3-year Doula Pilot Program across the state and in municipalities with high Black infant mortality rates. As a result of the 3-year Doula Pilot Program (2019-2021), approximately 79 women were trained to become doulas.

In light of the positive birth and/or pregnancy outcomes linked to doula services, and the high cost of doula services, Title V staff made a case to offer doula services to economically disadvantaged women through Medicaid Benefits, which was [signed into law](#) in May 2019. Moreover, NJDOH awarded funding to HealthConnect One to work on the establishment of the Doula Learning Collaborative (DLC) which provides training, workforce development, supervision support, mentorship, technical assistance(TA), direct billing, and sustainability planning to community doulas and doula organizations throughout the State of NJ. These trained doulas are skilled professionals who provide physical, emotional, and informational support before, during, and after childbirth. They are trained to understand the physical, social, and emotional impacts of racism, can provide much-needed support to their clients, and above all, act as their advocates.

## KEY ELEMENTS & GOALS



The policy aims to improve birth outcomes and achieve equity in maternal and infant health by developing and supporting a doula workforce that delivers doula care to NJ's Medicaid and CHIP members as enrolled NJ FamilyCare providers.

The **short-term goals** of the policy are: 1) Community doulas will be equipped to meet the needs of Medicaid populations and under-served communities; 2) Community doulas will be skilled to provide community-based and culturally competent care.

The **long-term goals** of the policy are: 1) Community doula support will be available to all pregnant people who request services; 2) Decrease in racial/ethnic disparities in maternal and childbirth outcomes; 3) Development of a sustainable doula workforce.

The goals will be achieved through stakeholder collaboration, including active collaboration with community doulas and pregnant people, technical assistance (TA) sessions to investigate and address issues hampering doulas from starting or completing the Medicaid enrollment process, and a Doula Learning Collaborative funded by the NJ Department of Health that trains and supports the doula workforce.





## EVIDENCE

Community doulas have the inherent local knowledge and understanding that enables them to provide equitable and culturally responsive care to pregnant people during pregnancy, birth, and postpartum which can potentially lower rates of maternal and infant health complications. Multiple studies have shown that doula care can improve maternal and infant health outcomes; reduce preterm births and low birthweight infants; lower rates of cesarean sections; and increase rates of breastfeeding by amplifying pregnant people's voices and listening to their needs.

This community-based model has been adopted and successfully implemented by New York State, Oregon, and Minnesota. In addition to the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) concurring to the benefits of continuous labor support by doulas in the [Safe Prevention of the Primary Cesarean Delivery](#), the proven benefits of doula care are supported by consistent, high-quality research, including a [Cochrane Review](#) analyzing data from 26 individual studies involving more than 15,000 women that found numerous benefits to continuous labor support: reduction in the likelihood of cesarean births and the use of pain medications, greater likelihood of spontaneous vaginal births, shorter labor by an average of 41 minutes and reduction in reporting a negative birth experience.

## HEALTH EQUITY

The implementation of this policy is mainly beneficial to Non-Hispanic Black, Hispanic pregnant people, parents, and their offspring covered by Medicaid, but all racial/ethnic groups in NJ may potentially benefit from this policy. Per the published data, Non-Hispanic black and Hispanic women and infants are disproportionately affected by adverse maternal and child health outcomes contrary to their white counterparts.

Considering the doulas come from the very same communities persistently affected by adverse maternal and child health outcomes and are trusted by members of the communities, they are well-



positioned to play a pivotal role and potentially respond to disparate needs. Moreover, community doulas often provide an expanded set of services beyond those seen through a private-pay doula, including connecting individuals with community-based resources, and increasing the number of home visits prenatal and postpartum. While the work of community doulas cannot eliminate individual and institutional racism in the medical system, community doulas understand the physical, social needs of their clients and are skilled to create road maps to help their clients navigate health systems and potentially improve their birth outcomes.

Medicaid coverage makes doula support more accessible to communities with the greatest needs. The utilization of Medicaid coverage allows equitable access to a service that was otherwise unaffordable to women with limited financial resources. Considering the benefits are particularly important for those most at risk of poor outcomes, this policy expanding access to doula services has the potential to reduce health disparities and improve health equity.

## SOCIAL & POLITICAL CONTEXT

To combat New Jersey's maternal and infant health crisis, in 2019 Governor Murphy signed a series of bills into law. Through these bills, the State of NJ sought federal approval through a State Plan Amendment to cover doula services for individuals who qualify for Medicaid and CHIP coverage. The legislation was very helpful in accelerating access to doula care.

The policy is in alignment with the Nurture NJ initiative championed by New Jersey's First Lady Tammy Murphy. The overarching goal of the Nurture NJ initiative is to improve birth outcomes and achieve equity in maternal and infant health. First Lady Murphy's goal of making New Jersey the safest place to deliver a baby put this policy at the center stage. Her efforts in advocating for equitable maternal and infant healthcare delivery were paramount and critical to the successful development of the New Jersey Community-based doula care.

## SECTION 2: CONSIDERATIONS FOR FUTURE POLICY DEVELOPMENT

### LESSONS LEARNED

- 1) Identify a well-known champion. In our case, this was NJ First Lady Tammy Murphy.
- 2) Identify and work with a multidisciplinary group of stakeholders from diverse sectors (e.g. state agencies, non-profit organizations, community-based organizations, health insurance companies).
- 3) Involve the population of focus in the process. The informants will give a voice to the published data.
- 4) Involve community doulas in the policy development, as the boots on the ground, they are equipped to guide the development and implementation of a comprehensive policy.



- 5) Engage stakeholders by assigning specific tasks to each.
- 6) Schedule regular stakeholder meetings and allow stakeholders to raise concerns and address them as a group.

Since the implementation of this policy is fairly new, our team is currently assessing potential changes that we may consider in the future to ensure better implementation and dissemination of the policy

## FUTURE CHANGES



### General

Efforts to replicate this policy in the future might consider a mechanism to solicit ongoing feedback on the policy from stakeholders. Documenting lessons learned and steps for Medicaid reimbursement for doulas would also be helpful for other states considering replicating this policy.



### Health Equity

Future policy implementation efforts should ensure a comprehensive data collection and monitoring plan to monitor the policy's impact and ensure it is reaching intended recipients. Consider providing various feedback opportunities for doulas impacted by the policy to share challenges they're experiencing as they occur to ensure their voices are heard and acted upon in the quality improvement process. In the policy development phase, ensure the Medicaid reimbursement rate for doula care is fair and equitable given the amount of time and support doulas dedicate to each client.



### Stakeholder/Advocacy Efforts

Develop a plan to continue the inclusion of doulas, individuals from high infant and maternal mortality areas, and other community stakeholders in policy review and revisions. As New Jersey demonstrated, it is important to include pregnant people and doulas from the target communities to help design the policy.



## FUNDING



The community doulas who serve NJ FamilyCare members are reimbursed with federal dollars. New Jersey FamilyCare (NJ's Medicaid and CHIP program) established the doula benefits on January 1, 2021. To facilitate the proper enactment of this policy, the New Jersey Department of Health awarded a grant to HealthConnect One to establish the Doula Learning Collaborative and develop a diverse community doula workforce to support women during pregnancy, birth, breastfeeding, and early parenting.

## ADDITIONAL RESOURCES

- [Division of Medical Assistance & Health Services \(DMAHS\) Doula Webpage](#)
- [ACOG and the Society for Maternal-Fetal Medicine's Obstetric Care Consensus No. 1: Safe Prevention of the Primary Cesarean Delivery](#)

## CONTACT INFORMATION



### **Genevieve Lalanne-Raymond, MPH, BSN, RN**

Lead Maternal and Child Health Epidemiologist

[Genevieve.Lalanne-Raymond@doh.nj.gov](mailto:Genevieve.Lalanne-Raymond@doh.nj.gov)

New Jersey Department of Health

