Key Learnings from the Doula and Perinatal Community Health Worker in Medicaid Learning Series

October 2023

I. Introduction

Doula and Perinatal Community Health Worker in Medicaid Learning Series

> *'What do doulas need to know about Medicaid?' For all my Medicaid colleagues out there, I think we need to reframe that (to)...*
> ***'What do we need to be providing to doulas and other partners?'***
>
> *- Elizabeth Tinker, PhD, MPH, MN, RN, Washington State Health Authority (Session 6: "Ensuring Community Engagement, Equity, and Accountability in Medicaid")*

To increase the accessibility of community-based perinatal support services and scale up these models across the country, it is critical to champion innovative, sustainable, and responsive pathways to Medicaid reimbursement. With this shared goal, the Institute for Medicaid Innovation (IMI) and Every Mother Counts (EMC) launched the national "Doula and Perinatal Community Health Worker in Medicaid Learning Series," a virtual program spotlighting state successes, challenges, and lessons learned when designing and implementing a Medicaid benefit for community-based perinatal support. Between December 2022 and July 2023, the learning series offered eight, one-hour-long virtual sessions featuring experts from across the country with supplemental resources to complement and deepen participant understanding of each topic. Participation in the learning series was free, made possible by grant funding from Community Health Acceleration Partnership (CHAP), in partnership with EMC.

The series was designed for and open to all Medicaid stakeholders and partners seeking an evidence-based roadmap to reduce perinatal disparities and improve birth equity. Learning series participants included Medicaid health plans, state Medicaid agencies, federal agencies, community-based doulas and perinatal community health workers, community-based organizations, provider groups, and national and state-based professional, advocacy, and funder organizations. Participants committed to attending all sessions and reviewing one hour of pre-session activities before each session. Recordings, slides, and summarized questions and answers were posted on the IMI website following each session. The over 1,000 registrants represented 48 states and the District of Columbia and a breadth of organizations and roles.

At IMI and EMC, we are committed to elevating the voices and leadership of community-based perinatal support workers and the communities they serve. As such, the learning series was designed to center the expertise of community-based perinatal support organizations, ensuring they were not only a part of the conversation, but also shaping solutions. Speakers for each learning session highlighted multiple voices and perspectives; at least one speaker in every session was a practicing doula or perinatal community health worker, a leader from a community-based organization, and a person of color.

Each session began by acknowledging that doulas and perinatal community health workers are not and should not be seen as a panacea to the maternal health crisis. Investing in community-based perinatal support is critical, but this support alone is insufficient to address the systemic issues driving the maternal health crisis, including structural racism. Combatting the maternal health crisis requires a multi-pronged approach, including, but not limited to, accountability in clinical environments, diversifying and strengthening the maternal health workforce, and supporting high-value, evidence-based models of care. The series positioned community-based doulas and perinatal community health workers in Medicaid as one of many key strategies to address maternal mortality and morbidity in the U.S. and made clear that we cannot place the burden of system-wide transformation on these providers' shoulders.

Introduction to this resource

This resource synthesizes the series' key takeaways around designing and implementing Medicaid benefits for community-based perinatal support. The learning series and this outcome document were designed to leverage existing resources and learn from those most deeply engaged in and impacted by this topic, while making the content as actionable as possible for Medicaid stakeholders.

> *I encourage all of us to be inspired by and look to models that **function well** and **already demonstrate impact.***
>
> *- Ellen Tilden, PhD, CNM, FACNM, FAAN Oregon Health & Science University (Session 5: "Capturing Value and Demonstrating Impact in Medicaid")*

State Medicaid landscapes and community needs vary; therefore, this document is not meant to be comprehensive, prescriptive, or assert any universal best practices. Instead, these overall takeaways offer stakeholders a menu of options, examples, lessons learned, and factors to consider when designing and implementing a Medicaid benefit for perinatal support. We aim to provide insights that can be tailored to the unique needs of communities across the country.

II. Background

> *Our maternity care system needs to be a standardized system…meaning that wherever you are, whomever you are, whatever you are, whatever you need, there's one consistent component that can be applied to it: **respectful care. Dignified care.** Just treating people with humanity is the leveling factor and is accessible to us right now.*
>
> *- Jennie Joseph, LM, CPM, Commonsense Childbirth Inc. (Session 1: "High-Value, Equitable, & Evidence-Based Community-Based Perinatal Support")*

The ongoing maternal health crisis in the United States (U.S.) represents a failure to ensure maternal health as a human right. The national maternal mortality ratio has nearly doubled since 2018, and a person is more likely to die from complications of pregnancy or childbirth

in the U.S. than their mother was a generation ago.[1, 2] Systemic and interpersonal racism and chronic stress contribute to higher risks of maternal complications and death for people of color, with Indigenous and Black people two and three times more likely to die from pregnancy-related complications in the U.S. relative to white people.[3] Data from maternal mortality review committees across the country indicate that most of these deaths are preventable.[4] Evidence-based, community-led solutions to prevent these outcomes and encourage maternal health and well-being exist, yet they are often inadequately funded.

Doulas and perinatal community health workers are non-clinical providers trained to provide holistic, person-centered support throughout the perinatal period. Birth doulas offer informational, psychosocial, and physical support during pregnancy, birth, and the postpartum period; perinatal community health workers specialize in longer-term care coordination and facilitate trusted referrals to additional support services, including mental health care (see "Glossary" at the end of this document for more on each of these roles). Consistent, high-quality research shows that continuous labor support by a doula can result in significant health benefits, including reducing cesareans by an average of 39 percent, lowering negative childbirth experiences by 35 percent, and shortening the length of labor.[5]

Community-based models of perinatal support are led by and for the communities they serve, guided by principles of justice and equity, and dedicated to addressing the social determinants that impact health and well-being during the perinatal period.[6] Community-based doulas and perinatal community health workers intentionally share the "same background, culture, and language" as their clients, provide services at low or no cost, and are most often situated outside health care institutions, strengthening their position as advocates for those most at risk of adverse maternal health outcomes.[6] This culturally congruent approach is essential to address the deep and persistent inequities in perinatal care experiences and outcomes across the U.S., disproportionately impacting Black and Indigenous pregnant people.

Implementing Medicaid innovations to cover doula and perinatal community health worker care is critical for making this support accessible to those who can benefit from it the most. In the U.S., nearly half (41%) of births are covered by Medicaid, and in some states, Medicaid covers over 60% of births.[7, 8] In 2021, 64% of Black birthing individuals were covered by Medicaid.[8]

Despite the clear impacts on access and equity that Medicaid coverage for doula and perinatal community health worker care would have, most states still have not yet implemented Medicaid reimbursement for community-based perinatal support, placing this essential care out of reach for millions.[9]

At the time of publication, 11 states have policies in place to support reimbursement for doula coverage and eight additional states are in the process of implementing reimbursement for doula services under Medicaid.[10] There are currently fewer resources on incorporating perinatal community health worker support into Medicaid. Additional resources and pilot programs are needed to expand access to this essential model of support and make the case for scaling a perinatal community health worker Medicaid benefit. To increase access to community-based perinatal support and ensure meaningful and sustained impact, state Medicaid structure must align with the needs of doulas and perinatal community health workers and the communities they serve.

III. Key Learnings from the Series

This document identifies key learnings from the "Doula and Perinatal Community Health Worker in Medicaid Learning Series" in four groups:

1. *Partnerships Between Payers, Clinical Providers, and Community-Based Perinatal Support Workers;*
2. *Administrative and Operational Supports;*
3. *Training and Certification; and*
4. *Workforce Development and Retention.*

Within each group, key themes provide a high-level roadmap for Medicaid stakeholders. Each theme is explored by starting with a quote from a learning series speaker followed by information from the learning series. The end of this document includes a link to the learning objectives, pre-readings, slides, session recordings, question and answer summaries, and speaker information from all eight sessions of the learning series.

1. Partnership Between Payers, Medical Providers, and Community-Based Perinatal Support Workers

Listen to and collaborate with a wide-range of community-based perinatal support providers throughout the design and implementation of a Medicaid benefit.

One of the resounding themes that emerged across all eight sessions—from evaluation models to "the nitty gritty of billing"—was the need for payers to engage in thoughtful and meaningful partnerships with doulas and perinatal community health workers. When designing and implementing any perinatal support Medicaid benefit, an intentional and representative group of perinatal support providers—including, but not limited to, independent doulas, doula collectives, community-based doula organizations, and perinatal community health workers—must be at the table, shaping the process and fairly compensated for their time.

> *If you are creating a policy—a rule—about doula Medicaid reimbursement, number one,* ***you have to invite doulas to the table.***
>
> *- Iris Bicksler, CHW, PSS, Doula, PacificSource Health Plans (Session 3: "Contracting, Credentialing, and Payment Mechanisms in Medicaid")*

During the series, speakers shared examples of what partnership between community-based perinatal support providers and payers can look like from different states, including:

- **Open meetings with a doula stakeholder advisory committee led by a moderator** (see Session 4: "State Level Highlights of Implementation" and Session 6: "Ensuring Community Engagement, Equity, and Accountability in Medicaid" archived session recordings).
- **Doula advisory groups, committees, or stakeholder sessions** (see Session 6: "Ensuring Community Engagement, Equity, and Accountability in Medicaid" archived session recording).
- **Cultivating internal doula champions on the payer side** (see Session 8: "Operationalizing Medicaid Coverage for Perinatal Support and the Nitty Gritty of Billing" archived session recording).

While each of these approaches has its own benefits and challenges, the baseline need for collaboration and partnership was recognized.

Expert panelists and speakers throughout the series shared examples where Medicaid coverage of doula services was not adequately meeting the needs of pregnant people and community-based perinatal support providers, citing factors like low reimbursement rates and barriers to enrollment or claims processing.[11] To avoid these pitfalls and support a thriving Medicaid benefit, presenters were clear in their recommendation: payers must be responsive to what perinatal support providers need and engage them in streamlining these processes.

Presenters shared that meaningful community engagement required thoughtfulness, adaptiveness, active listening, and humility from everyone involved, with a particular emphasis on payers and medical providers. Multiple speakers framed Medicaid agencies/managed care organizations (MCOs) and community-based perinatal support providers as speaking fundamentally different "languages," resulting in a need to translate effectively to reach a shared understanding among all key stakeholders before moving forward.

Be adaptive. Re-envision the system to support doulas and perinatal community health workers.

> *Doulas and the support that they provide are extremely effective. In large part, doulas are able to provide effective care because* ***they can work outside of the traditional medical model of care.*** *We need to be mindful of this and not take away their autonomy in our attempt to mold them into the current system.*
>
> *- Shonvá Millien, LPN, CD, HealthConnect One (Session 3: "Contracting, Credentialing, and Payment Mechanisms in Medicaid")*

Many speakers named a fundamental misalignment between the goals and frameworks of community-based perinatal support workers and the Medicaid system. Central to the success of community-based doula and perinatal community health worker models is their position outside and alongside the health care system. Medicaid, by design, exists within the U.S. health care system, which is itself heavily medicalized and bureaucratic. As non-clinical support workers guided by frameworks of birth equity and justice, doulas and perinatal community health workers do not fit neatly into existing health systems. This dynamic can lead payers to set incongruous criteria for doulas and perinatal community health workers to enroll or become credentialed as Medicaid service providers.

Instead, experts in the series called for payers to be adaptive and innovate to effectively enroll doulas and perinatal community health workers as Medicaid service providers by honoring their training, respecting their scope, and creating processes that protect their time and bandwidth. **Ideas shared throughout the series included:**

- **Streamlining processes and requirements across MCOs.**
- **Designing benefits that are adaptive to the unique needs of individuals during the perinatal period, including the number of reimbursable visits and support for pregnancy loss, abortion, and telehealth support.**
- **Recognizing and reimbursing the time community-based perinatal support workers spend outside of direct client care, including on-call hours, documentation of services, and transportation to and from visits.**[12]

Educate clinical providers about the role of doulas and perinatal community health workers.

Throughout the series, presenters called for increased clinical provider awareness about the essential elements of community-based doula and perinatal community health worker services. Ongoing clinical provider education is critical to facilitating respectful collaboration between all members of the care team, and to promoting coordinated, person-centered care for pregnant and birthing people. Some experts expressed that the onus is too often on doulas and perinatal community health workers to provide this education and called for a shift towards clinical providers taking a more proactive role in seeking out information about community-based perinatal support and encouraging interprofessional collaboration.

> *Some providers don't have an understanding of what we do and what services we provide...we are not there to step on their toes.* ***We are there to be their partner, to take care of the client...together.***
>
> *- Bridgette Jerger, CLC, CD (DONA), G.R.O.W. Doula (Session 7: "Building the Doula and Perinatal Community Health Worker Workforce and Collaborative Systems of Support")*

2. Administrative and Operational Supports

Ensure community-based perinatal support providers have ongoing guidance when navigating the "red tape" of the Medicaid system.

> *When you're talking about traditional, ancestral work and you're trying to incorporate it within a system—and it is a system—there are going to be roadblocks on both sides, that will require an open mind on both sides, and* ***the willingness to do something that hasn't been done before.***
>
> *- Chanel Porchia-Albert, CD, CPD, CLC, CHHC, Ancient Song (Session 6: "Ensuring Community Engagement, Equity, and Accountability in Medicaid")*

Another core theme in the series was the importance of ongoing administrative support for doulas and perinatal community health workers navigating the Medicaid system.[11] Speakers across multiple sessions echoed that many doulas and perinatal community health workers do not have formal background or training in claims submission or Medicaid provider enrollment processes. Many doulas work independently, do not employ staff, and/or are not affiliated with organizations to assist them with navigating billing processes. Enrolling as a Medicaid provider with the state and MCOs can be a multi-step process requiring submission of required documents, forms, and online portals. The reimbursement system requires dedicated staff who keep up on the latest billing codes and who can follow up when claims are denied to ensure that payment is secured. Even perinatal support providers that are affiliated with community-based organizations or social service agencies with staff or vendors that offer administrative support may have to increase resources to capture Medicaid reimbursement as a new funding source for these services.

To mitigate these administrative barriers, speakers shared the importance of robust administrative support infrastructures to assist perinatal support providers in an ongoing capacity, as well as making administrative processes clear, straightforward, and available in a variety of languages. Without practical support for credentialling, enrollment, and billing, community-based perinatal support providers can face significant challenges that make practicing as a Medicaid reimbursable provider unsustainable.

Examples of how payers can mitigate these administrative burdens shared during the series included:

- **Using language on enrollment and claims submissions forms that is applicable and relevant to non-clinical support providers.**
- **Clearly outlining and making publicly available the steps required to enroll as a Medicaid reimbursable perinatal support provider.**
- **Offering resources to assist doulas and perinatal community health workers with enrollment and claims submission, such as an orientation to these processes and a designated staff person to contact for technical assistance.**
- **Providing billing support (e.g., by contracting with private, third-party vendors that specialize in billing support for doulas).**

Invest in innovative models to deliver administrative support and technical assistance, such as doula groups, organizations, and/or "hubs."

While there are many approaches to offering administrative and operational support to community-based perinatal support providers, the "hub" model came up throughout the series as an innovative and exciting approach to provide doulas with wraparound administrative support (see Session 4: "State Level Highlights of Implementation"). Hubs are designed to support doulas with navigating processes like Medicaid provider enrollment, claims submission, and billing, enabling doulas to focus on the intensive time commitment and emotionally demanding work of supporting pregnant and birthing people. There is variation in how hubs operate, what specific supports they provide to their members, and even what they are called (similar models may be referred to as "agencies" or "organizations"). Regardless, core to their promise is the capacity to assist doulas in navigating the bureaucracy of the Medicaid system.

> *It (the hub model) enables doulas to be doulas instead of being caught up in the bureaucracy... We know from surveying our doulas that **95% said they would leave if they didn't have a hub.***
>
> *- Melissa Cheyney, PhD, CPM, LDM, Oregon State University (Session 4: "State Level Highlights of Implementation")*

Notably, funding for doula organizations and hubs has yet to be built in a way that is sustainable and supportive of doulas. Some hubs may require a portion of doulas' reimbursement payment to sustain their operations, which doulas have cited as a potential deterrent. Several speakers recommended state funding for these hubs and other community-based organizations that support the doula workforce with essential administrative responsibilities.[6]

Support sustainable methods of data collection and evaluation.

> *...If you want to **show impact,** you need to think about how that data is being collected, who is shouldering that burden, and are they able to do that in a realistic, easy, and feasible way… This takes time, this takes energy... so **data collection efforts need to be compensated appropriately.***
>
> *- Cassondra Marshall, DrPH, MPH, UC Berkeley School of Public Health (Session 5: "Capturing Value and Demonstrating Impact in Medicaid")*

Panelists throughout the learning series spoke about the importance of data collection and evaluation to implement a Medicaid perinatal support benefit. Speakers acknowledged both the key role that research plays in demonstrating impact, as well as the need to support doulas and perinatal community health workers to make data collection and evaluation innovative, realistic, and sustainable. **Recommendations for how to do this included:**

- **Meaningful collaboration with doulas and perinatal community health workers to co-develop data collection tools.**
- **Ensuring data collection methods are feasible and not overly burdensome for perinatal support providers.**
- **Being transparent about the purpose of data collection and what it will be used for.**
- **Capturing qualitative data—including stories and client testimonials, with consent—in addition to quantitative data.**
- **Compensating doulas and perinatal community health workers for their time spent collecting data and providing feedback on quality improvement efforts through data collection and reporting.**

3. Training and Certification

Create diverse and varied pathways to reimbursement that reduce inequitable and burdensome eligibility requirements.

Titles and definitions for doulas and perinatal community health workers are not standardized across the perinatal support workforce, which allows programs to be responsive and adaptive to their communities, as well as the contexts within which they are operating. Some programs combine the essential elements of doula and perinatal community health worker services into one role, whereas others find it is more sustainable to ensure these roles remain distinct, yet in close collaboration. As non-clinical providers, doula and perinatal community health worker roles do not require certification or licensure to provide quality, safe, and respectful support to pregnant people. In fact, certification requirements can create expensive and time-consuming barriers for perinatal support providers, perpetuate inequities, and disproportionately inhibit community-based providers from seeking Medicaid reimbursement.

> *Oftentimes, we create structures of professionalization and certification that seek to have a doula **prove their worth, prove their value, prove their legitimacy to a system,** and, in turn, **that creates more burden for them.** Creating structures that are least burdensome would allow them to still operate autonomously and operate most closely to the birthing person.*
>
> *- Ebere Oparaeke, MPH, Boston Medical Center (Session 1: "High-Value, Equitable, & Evidence-Based Community-Based Perinatal Support")*

As such, a key learning from the series is the need for payers to establish and honor a variety of pathways for community-based perinatal support providers to enroll or become credentialed as Medicaid service providers. Speakers throughout the series called on states and payers to recognize diverse eligibility criteria and streamline processes and pathways for enrollment. Presenters urged Medicaid programs not to be prescriptive or limiting in training requirements because the evidence base demonstrates the efficacy of doula care using a wide variety of training models.[5] **The series highlighted examples of what this can look like, including:**

- **Crafting criteria for doulas and perinatal community health workers to enroll or become credentialed as Medicaid service providers around a set of core competencies as**

an alternative to a list of specific "state-approved" trainings.

• Ensuring that "state-approved" trainings include community-based, Black, Indigenous, and person of color (BIPOC)-led training and certification programs.

• Implementing "apprentice," "experience," and/or "legacy" pathways measured by the number of years someone has been practicing, the number of births attended in the last year, or another metric established in collaboration with local doulas, perinatal community health workers, or community-based perinatal support worker organizations.

• Simplifying the number of steps and fees required to enroll with the state as a Medicaid provider.

4. Workforce Development and Retention

Uplift community-based, culturally concordant models of perinatal support.

> *Our staff 100% reflects the community that we serve **at all levels of the organization,** including our board. We know that much of the literature about community-based support and services and interventions tells us that people best receive information and support from people who look like them, people who speak their language. For us, **that is an authenticity that you can't replicate.***
>
> *- Aza Nedhari, CPM, LGPC, Mamatoto Village (Session 2: "Program and Training Models for Community-Based Support")*

Community-based models of perinatal support—led for and by the communities they serve—are essential to reducing disparities in maternal health outcomes and experiences of care and advancing birth equity. As such, an important theme of the series was ensuring Medicaid benefits are designed with the needs of BIPOC birth workers and community-based organizations at the center. **Speakers discussed the need for:**

• Investing in community-based models of perinatal support rooted in reproductive and birth justice frameworks.

• Expanding the number of culturally congruent training opportunities for perinatal support providers.

• Prioritizing the development and sustainability of a community-based perinatal support workforce.

- **Ensuring Medicaid benefits for perinatal support not only recognizes but uplifts community-based, BIPOC-led doula and perinatal community health worker trainings that emphasize inclusivity for all birthing people and their diverse needs. A few such training models highlighted during the series include:**

  - **Mamatoto Village** (see Session 2: "Program and Training Models for Community-Based Support" archived session recording)

  - **Commonsense Childbirth, Inc.** (see Session 1: "High-Value, Equitable, and Evidence-Based Community-Based Support" archived session recording)

  - **Ancient Song** (see Session 6: "Ensuring Community Engagement, Equity, and Accountability" archived session recording)

Ensure doulas and perinatal community health workers are paid a sustainable, equitable wage.

When asked what is needed for the success of a doula or perinatal community health worker Medicaid benefit, speakers consistently responded: an equitable, thriving wage. Medicaid reimbursement rates for community-based perinatal support services are often inadequate for the work required. This has contributed to limited engagement and minimal impact, and has also driven doula-led advocacy and policy change to increase rates, like in Oregon and New Jersey.[10, 13]

> *Make sure to reimburse doulas at a livable wage—and a thriving wage, not just a living wage—and ask doulas what that is. Ask doulas what that includes....*
>
> *- Mary-Powel Thomas, By My Side Birth Support (Session 7: "Building the Doula and Perinatal Community Health Worker Workforce and Collaborative Systems of Support")*

Speakers acknowledged the intensive time commitment and breadth of services offered by community-based perinatal support providers and advocated for reimbursement rates responsive to this scope. A recent study by SisterWeb described in Session 5: "Capturing Value and Demonstrating Impact in Medicaid" estimates that each doula devotes approximately 32 hours of direct care per client.[12] For community-based perinatal support providers to do this work sustainably, it is critical they be reimbursed at a rate that adequately reflects and honors the full extent of their

role, including prenatal visits, postpartum care, and birth support, as well as additional costs like administrative time, phone and text-based support, transportation, liability insurance coverage, continuing education costs, and licensure/certification renewals.

Throughout the series, experts stressed the importance of engaging doulas and perinatal community health workers to determine what an equitable reimbursement rate would look like and what services it should include. Due to local variation in costs of living and median income levels, equitable rates will be different in different states, and sometimes even in different regions of the same state and should be periodically reassessed and adjusted as needed. Speakers also reinforced the importance of equitably compensating doulas for their time and expertise in co-designing the structure and implementation of a Medicaid benefit, including participation in advisory committees and meetings.

Invest in mentorship, ongoing support, and professional growth opportunities for community-based perinatal support providers.

> *We provide software for people to use to track their work, ongoing mentorship, training, core competencies in things like note taking and documentation...**those professional hard skills are not a one and done.** Organizations need to have **funding and budget** to train and retrain as they go.*
>
> *- Alli Cuentos, SisterWeb (Session 5: "Capturing Value and Demonstrating Impact in Medicaid")*

Another key theme from the series was the importance of mentorship and professional development opportunities to support the growth and retention of community-based perinatal support providers. Speakers described how perinatal support workers can experience burnout due to the nature of their jobs, and how the lack of resources for back-up coverage, mentorship, reflective supervision, and ongoing opportunities to develop and strengthen skills can contribute to depletion of the workforce. Investments in these resources and broader community-based perinatal workforce development is a policy opportunity for state Medicaid agencies and Medicaid MCOs to increase sustainability of these services.

IV. Conclusion and Next Steps

> *As firm as my faith is in the power of doulas to positively impact the lives of their clients, I also know that, in the end,* ***we can't put it all on their backs****. Doulas can help mitigate the impacts of racism on their clients of color by advocating for them in the face of individual, institutional, and structural racism, but in the end, that racism is still going to be there, harming other people.* ***Doulas may be necessary, but they alone are not sufficient****. As we do this work, we must really remember this, and remember to continue to work in other ways to seek out and eradicate racism in all its forms.*
>
> *- Amy Chen, JD, National Health Law Program (Session 4: "State Level Highlights of Implementation")*

The "Doula and Perinatal Community Health Worker in Medicaid Learning Series" set out to amplify the expertise of community-based perinatal support providers, share state-level recommendations, challenges, and lessons learned when designing and implementing a Medicaid benefit for perinatal support, and uplift existing resources and tools in this field. By synthesizing key lessons learned from the series, we hope this document will serve as a roadmap to adapt these learnings to the unique needs of each community and its local context.

While there are many valuable resources available to advance community-based perinatal support, there is also much more to be done on this issue. Medicaid coverage for perinatal support is a core policy opportunity, yet, based on experience in states that have implemented Medicaid reimbursement, the existence of a benefit alone is not enough. Other policy opportunities to expand access to and availability of doula and perinatal community health worker services in Medicaid can be pursued in the areas of workforce development, payment rates, data and quality, and delivery systems.

Moving forward, we encourage those working to expand Medicaid resources for birthing people and their families to tap into the expertise of community-based perinatal support providers and advocates in their community and ensure that those closest to this work are leading solutions. The learning series recordings and session materials will remain available as key resources on the IMI website. Finally, in our effort to expand access to equitable, community-based perinatal support, we must remember that doulas and perinatal community health workers are not the only solution—we must simultaneously address the social and structural determinants driving this crisis to truly achieve birth equity.

Acknowledgements

We would like to thank EMC and CHAP for their commitment as funders to advancing important perinatal health topics in the Medicaid population. Through their generous and ongoing support, we were able to offer this free national learning series.

The IMI/EMC Project Team is grateful for the commitment, vision, and expertise of the speakers and moderators who participated across the eight sessions of the "Doula and Perinatal Community Health Worker Learning Series" (listed in order of appearance): Jennifer Moore, Nan Strauss, Julie Mottl-Santiago, Ebere Oparaeke, Jennie Joseph, Yontii Wheeler, Yuki Davis, Belinda Pettiford, Aza Nedhari, Jessica Lujan, Sarah Covington-Kolb, Juleese Williams, Iris Bicksler, Joíni James, Shonvá Millien, Amy Chen, Sarah Hodin Krinsky, Melissa Cheyney, René Mollow, Ellen Tilden, Alli Cuentos, Cassondra Marshall, Chanel Porchia-Albert, Sayida Peprah-Wilson, Elizabeth Tinker, Mary-Powel Thomas, Bridgette Jerger, Tasia Stewart, Steph Viscoe, Kim Bower, Kenda Sutton-El, Bobbie Monagan, Caitlin Cross-Barnet, Andrea McGlynn, and Caity Dekker. Thank you for your invaluable contributions to this series and to our shared goal of advancing sustainable and equitable Medicaid coverage of community-based perinatal support providers.

The project team would also like to thank the individuals who provided their time and expertise in background meetings to inform the series (listed alphabetically by first name): Carolyn Flynn, Christina Gebel, MPH, Denise Octavia Smith, Elizabeth Simmons, Hakima Payne, MSN, RN, Ihotu Ali, MPH, Indra Lusero, Jill Wodnick, M.A., LCCE, IMH(2), Karen Pollack, Khefri Riley, CLEC, CPYT, HCHD, Lisa Whitener, Lonnese M. Bodison, MSW, Micknai Arefaine, Nicole Truhe, Pooja Mittal, Raeben Nolan, Sara Jann Heinze, Shanna Cox, Susie Finnerty, Wandy Hernandez, and many more.

Finally, we want to acknowledge everyone who engaged with this learning series as a participant—whether you joined a live session, watched a recording, shared a pre-session reading, or came to a state-based technical assistance meeting. We are so appreciative of your thoughtful participation in this critical and ongoing conversation!

Prior to publication of the final report, IMI sought input from independent experts as peer reviewers who do not have any financial conflicts of interest. However, the conclusions and synthesis of information presented in this report do not necessarily represent the views of the individual peer reviewers or their organizations. We thank these experts for providing feedback on this document.

V. Appendix: Doula and Perinatal Community Health Worker in Medicaid Learning Series Session Overviews and Supporting Materials

Doula and Perinatal Community Health Worker in Medicaid
A Learning Series on Leveraging Community-Based Support Services in Medicaid

Follow the title links to view the complete set of materials for each session.

Session 1: High-Value, Equitable, & Evidence-Based Community-Based Perinatal Support

December 1, 2022

Speakers:
Jennifer E. Moore, PhD, RN, FAAN, *Institute for Medicaid Innovation*
Nan Strauss, JD, *Every Mother Counts*
Julie Mottl-Santiago, DrPH, CNM, *Boston University School of Medicine, Boston Medical Center*
Ebere Oparaeke, MPH, *Doula, Birth Sisters Program*
Jennie Joseph, LM, CPM, *Commonsense Childbirth Inc.*

Session 2: Program and Training Models for Community-Based Perinatal Support

January 5, 2023

Speakers:
Jennifer E. Moore, PhD, RN, FAAN, *Institute for Medicaid Innovation*
Yuki Davis, MPH, *Every Mother Counts*
Belinda Pettiford, MPH, *Association of Maternal and Child Health Programs*
Aza Nedhari, CPM, LGPC, *Mamatoto Village*
Jessica Lujan, CD, CLE *Colibri Corazon*
Sarah Covington-Kolb, MSW, MSPH, CHW, *Center for Community Health Alignment*
Yontii Wheeler, MPH, *Institute for Medicaid Innovation*

Session 3: Contracting, Credentialing, and Payment Mechanisms in Medicaid

February 2, 2023

Speakers:
Nan Strauss, JD, *Every Mother Counts*
Juleese Williams, *Accompany Doula Care*
Iris Bicksler, CHW, PSS, Doula, *PacificSource Health Plans*
Joíní James, B.Sc, LC, MCD, *HealthConnect One*
Shonvá Millien, LPN, CD, *HealthConnect One*

Session 4: State Level Highlights of Implementation

March 2, 2023

Speakers:
Amy Chen, JD, *National Health Law Program*
Sarah Hodin Krinsky, MPH, *MassHealth*
Missy Cheyney, PhD, LDM, *Community Doula Project, Oregon State University*
René Mollow, MSN, RN, *California Department of Health Care Services*

Session 5: Capturing Value and Demonstrating Impact in Medicaid

April 6, 2023

Speakers:
Yontii Wheeler, MPH, *Institute for Medicaid Innovation*
Alli Cuentos, *SisterWeb*
Cassondra Marshall, DrPH, MPH, *UC Berkeley School of Public Health*
Ellen Tilden, PhD, CNM, FACNM, FAAN, *Oregon Health & Science University*

Session 6: Ensuring Community Engagement, Equity, and Accountability in Medicaid

May 4, 2023

Speakers:
Yuki Davis, MPH, *Every Mother Counts*
Chanel Porchia-Albert, CD, CPD, CLC, CHHC, *Ancient Song*
Sayida Peprah-Wilson, Psy. D, *Frontline Doulas / Diversity Uplifts Inc.*
Elizabeth Tinker, PhD, MPH, MN, RN, *Washington State Health Care Authority*

Participants in the virtual learning series had an opportunity to vote on their preferred topics and speakers for the final two sessions.

Session 7: Building the Doula and Perinatal Community Health Worker Workforce and Collaborative Systems of Support

June 1, 2023

Speakers/Panelists:
Kimberly A. Bower, MD, FAAHPM, HMDC, *Blue Shield of California (BSC) Promise Health Plan*
Bridgette Jerger, CLC, CD (DONA), *G.R.O.W. Doula / Healthy Start*
Mary-Powel Thomas, *NYC Dept. of Health and Mental Hygiene: Healthy Start Brooklyn/By My Side Birth Support Program/ Citywide Doula Initiative*
Tasia Stewart, Doula, PHA, CBS, *Birthmark Doula Collective*
Steph Visco, Full Spectrum Doula, Lactation Consultant, *Birthmark Doula Collective*

Session 8: Operationalizing Medicaid Coverage for Perinatal Support and the Nitty Gritty of Billing

July 13, 2023

Speakers/Panelists:
Caitlin Cross-Barnet, PhD, *Division of Special Populations Research, Center for Medicare and Medicaid Innovation (CMMI)*
Andrea McGlynn, MSN, APN, CNM, *Institute for Medicaid Innovation*
Bobbie J. Monagan, *AmeriHealth Caritas District of Columbia*
Kenda Sutton-El, *Birth in Color RVA*

VI. Glossary

A note on language: It is important to acknowledge that not all perinatal support providers identify with the terms "doula" or "perinatal community health worker," and that the work predates the existence of these terms. For example, certain Indigenous communities that have been providing support during the perinatal period for generations use the term "birth keeper." We thank Jessica Lujan of Colibri Corazon and a panelist in Session 2 of the learning series for highlighting this distinction.

Community-Based Doula:

Community-based doulas are birth workers who serve families within varying communities that center African-descended people, Indigenous families, and people of color. Community-based doulas understand the importance of seeing a birthing individual, baby, and partner as a connected unit. This support is responsive to the whole birth experience and considers how physical, emotional, mental, and spiritual experiences impact pregnancy, labor, birth, and the postpartum period. Community-based doulas serve in a human rights framework to ensure that all people and families have access to safe, dignified, and culturally relevant care geared toward elevating the platforms of health equity, reproductive justice, and all stages of maternal health.[6]

Community health worker (CHW):

A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison, link, or intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.[14]

Culturally congruent care:

Care designed and delivered in agreement with the preferred cultural values, beliefs, worldview, and practices of the health care consumer and other stakeholders. The addition of linguistically congruent means that the care is provided in the preferred language of the health care consumer.[15]

Doula:

A non-clinical support worker who provides continuous emotional, informational, and physical support for individuals before, during, and after labor. This includes explanations and guidance on medical procedures, lactation support, physical comfort measures during labor, education on coping skills and infant care, and encouragement of bodily autonomy and personal advocacy in the medical institution.[6]

Equitable reimbursement for doula services:

A combination of:

- the "reimbursement rate provided to doulas for serving those with Medicaid insurance must allow them to effectively provide the physical, social, and emotional support that is at the core of their work. Specifically, the payment amount and structure must account for the realities of the number of clients that a doula can serve in any given month or time period"[16] and
- a "sustainable living wage sufficient to attract, support, and retain the doula workforce to provide care."[16]

Health equity:

Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other means of stratification. "Health equity" or "equity in health" implies that, ideally, everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.[17]

Perinatal Community Health Worker:

Mamatoto Village defines a perinatal community health worker as "a type of community health worker specializing in the comprehensive care of pregnant, birthing, and postpartum parents and families. There is a clear distinction between perinatal community health workers and doulas, specifically around the acuity of clients served and the delivery of care coordination and care management. perinatal community health workers have a longer-term and higher frequency of engagement, more comprehensive training, and a more expansive scope of practice." (Created by Mamatoto Village in 2015, A. Nedhari, personal communication, August 25, 2023).

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