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MATERNAL HEALTH IN CRISIS: WHY INTEGRATING DOULAS INTO HEALTHCARE SYSTEMS MATTERS

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INTRODUCTION

The maternal mortality rate in the United States has risen at an alarming rate, increasing by approximately 14% from 1999 to 2017 and surging by 58% from 2017 to 2024.^{1,2} Women of color and those in underserved regions bear a disproportionate burden, facing stark inequities in birth outcomes and access to quality care.

Limited access to quality prenatal care, provider biases, language barriers, and socioeconomic disparities further widen the gap in maternal health outcomes. Implicit bias in medical settings can lead to the dismissal of pain and symptoms reported by women of color, resulting in delayed or inadequate treatment. Additionally, financial constraints and transportation challenges hinder consistent prenatal visits, increasing the risk of complications. Many mothers are left navigating a complex healthcare system without competent, patient-centered support.

This escalating crisis highlights the critical need for targeted interventions—such as doula care—to bridge these gaps, improve birth outcomes, and foster maternal well-being in marginalized populations.

PURPOSE

Doulas provide emotional, physical, and informational support throughout pregnancy, birth, and postpartum, leading to better health outcomes for mothers and babies.³

By analyzing current policies and highlighting the benefits of doula care, this brief discusses challenges in maternal healthcare—such as limited access, high costs, and lack of awareness — and offers practical solutions to expand insurance coverage so all mothers receive the support they need for a healthier pregnancy and birth experience.

What is a doula?

The American Pregnancy Association defines a doula as a non-clinical trained professional who provides physical, emotional and informational support during pregnancy, childbirth, and/or postpartum.



¹ Singh, G. K., & Lee, H. (2021). Trends and racial/ethnic, socioeconomic, and geographic disparities in maternal mortality from indirect obstetric causes in the United States, 1999-2017. *International Journal of Maternal and Child Health and AIDS*, 10(1), 43.

² Crawford, A. D., Carder, E. C., Lopez, E., & McGlothen-Bell, K. (2024). Doula Support and Pregnancy-Related Complications and Death Among Childbearing Women in the United States: A Scoping Review. *Journal of Midwifery & Women's Health*, 69(1), 118-126.

³ American Pregnancy Association. (n.d.). Having a doula. American Pregnancy Association. Retrieved November 30, 2024, from <https://americanpregnancy.org/healthy-pregnancy/labor-and-birth/having-a-doula/>.

What is an integrated healthcare model?

An integrated healthcare model brings together a multidisciplinary team of professionals to address all aspects of a patient's health, ensuring care is comprehensive, coordinated, and tailored to individual needs.^{4,5}



What's needed?

Closing the gaps in maternal healthcare requires a shift toward an integrated healthcare model for obstetric care—one that provides seamless, patient-centered support throughout the perinatal period. By embedding doulas into integrated healthcare systems, birthing individuals receive continuous, culturally competent support during pregnancy, birth,

and postpartum, leading to better outcomes for both mothers and babies.

Policy landscape

Doula care is a growing yet underutilized resource in maternal health, with services primarily operating outside traditional healthcare systems. Self-employment dominates the field, with most doulas working independently rather than integrated into hospitals or clinics. This structure often limits their ability to collaborate with medical teams, making it harder for birthing individuals to access their support through standard healthcare settings.

Community-based programs have emerged as a vital bridge, helping to connect doulas with underserved populations. These programs focus on providing culturally competent, patient-centered care, particularly for women of color and those in marginalized communities. However, they often rely on grant funding and have limited capacity, restricting their reach and sustainability.

Despite the proven benefits of doula care—such as lower rates of birth complications and improved maternal health outcomes—hospital and clinic integration remains minimal. Many healthcare facilities lack formal pathways for doulas to work alongside obstetric providers, and insurance coverage for their services

⁴ A State Plan Amendment (SPA) is a request submitted by a state to the Centers for Medicare & Medicaid Services (CMS) to modify its Medicaid or CHIP program. These amendments are used to update policies, make corrections, request program changes, or adjust how the state administers services while ensuring compliance with federal rules.

⁵ Applequist, J., Wilson, R., Perkins, M., Evans, V., Daniel, A., Rookwood, A., ... & Louis-Jacques, A. F. (2024). Applying the Theoretical Domains Framework to the Implementation of Medicaid Coverage for Doula Services: Doulas' Perceptions of Barriers and Facilitators in the State of Florida. medRxiv, 2024-01.

remains inconsistent. Expanding policies to include doula care within an integrated healthcare model would increase accessibility and improve outcomes, ensuring all birthing individuals receive the comprehensive, continuous support they need.

Findings on cost and access

In Florida, the cost of doula services ranges from \$800 to over \$2,500, making them inaccessible for many low-income families. While Medicaid technically covers doula care, Florida has not adopted a [State Plan Amendment \(SPA\)](#)⁶ to fully integrate these services, leading to inconsistent and often inadequate reimbursement.

Did you know?

Only 16% of surveyed doulas accept Medicaid clients, citing low reimbursement rates (ranging from \$300 to \$1,100 per birth) and delayed payments, which can take over a year.⁵



⁶ A State Plan Amendment (SPA) is a request submitted by a state to the Centers for Medicare & Medicaid Services (CMS) to modify its Medicaid or CHIP program. These amendments are used to update policies, make corrections, request program changes, or adjust how the state administers services while ensuring compliance with federal rules.

Alternative payment models have emerged to fill these gaps. Many doulas operate on a sliding scale or provide pro bono services for low-income clients while charging higher fees for wealthier families to sustain their practice.⁷

Others encourage clients to pay upfront and seek reimbursement from insurers, though this option is not feasible for all.

States like Minnesota, Oregon, and Rhode Island offer more structured Medicaid reimbursement, covering multiple prenatal and postpartum visits along with a flat fee for labor and delivery. Expanding Medicaid coverage and streamlining reimbursement policies in Florida would significantly improve access to doula care, leading to more positive maternal health outcomes.

Actions moving forward

Further investigation is needed at the state and regional levels to assess the impact of policies and statistics related to maternal health coverage, including doula care. Examining maternal mental health outcomes and racial and ethnic disparities in maternal care will provide a clearer picture of where improvements are needed. Additionally, understanding how other insurance companies approach maternal health

⁷ Applequist, J., Wilson, R., Perkins, M., Evans, V., Daniel, A., Rookwood, A., ... & Louis-Jacques, A. F. (2024). Applying the Theoretical Domains Framework to the Implementation of Medicaid Coverage for Doula Services: Doulas' Perceptions of Barriers and Facilitators in the State of Florida. medRxiv, 2024-01.

and doula services is essential, as private insurers often follow the precedent set by the Centers for Medicare & Medicaid Services (CMS). Since CMS serves as the blueprint for healthcare coverage policies, expanding Medicaid reimbursement for doula care could pave the way for broader adoption by private insurers, ultimately increasing access and equity in maternal healthcare.

The following actions can be taken now:

Increase awareness through educational campaigns and social media



Raising public awareness about the benefits of doula care is essential for increasing demand and policy support.

Educational campaigns can highlight how doulas improve maternal health outcomes, particularly for women of color and underserved communities. Social media platforms can be leveraged to share testimonials, infographics, and research findings.

Expand Medicaid coverage for doula services



Expanding Medicaid coverage for doula care would make these services more accessible to low-income families, reducing financial barriers.

Advocacy efforts should push for state-level policy changes, such as adopting a SPA to establish standardized reimbursement rates.

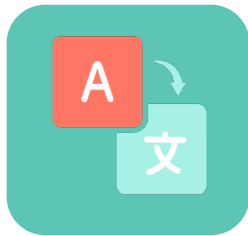
Support doula training and certification programs



Streamlining and funding doula training programs can increase the number of certified doulas, particularly in marginalized communities.

Financial assistance for certification costs, mentorship programs, and flexible training options (such as online courses) can help more individuals enter the profession.

Develop multilingual resources for non-English-speaking mothers



Language barriers can prevent many mothers from accessing doula care and understanding their rights and healthcare options.

Creating educational materials in multiple languages, including brochures, videos, and online resources, can help bridge this gap.