WEBINAR: Birth Doulas Addressing Systemic Racism in Underserved Communities

December 15, 2022

Supplemental Q&A

Q: I am very interested in the conversation around certification of doulas. I know it is controversial, as it can act as a barrier to becoming a doula, but there is pressure from hospitals/Medicaid/systems for it to be required. What did you hear from doulas and CBOs in regards to certification?

Paula Kent: The doulas and CBOs stated acknowledged frustration with the certification requirement, but mainly because many of the active and developing Medicaid reimbursement policies were requiring certification options which were more mainstream and expensive, excluding community-based or more accessible options. The doulas and CBOs were not advocating for removal of the certification requirement, but for the certification options to be broadened (include certifying CBOs which reflect the cultural and linguistic aspects of the community and/or that are BIPOC-led) and for monetary support to be provided if needed so that certification didn't act as a barrier. The certification is meant to be for newer doulas to ensure they get experience and also support as they are learning this role. This brings up another major issue: there are many doulas who have been practicing for years, but aren't certified and don't need to go through that process. To address this, many policies are developing a "legacy pathway" to provide an alternative for doulas with experience. For further commentary on this, this report provides a number of excellent recommendations for addressing this issue specifically, suggestions which were informed by doulas: https://www.chcs.org/resource/covering-doula-services-under-medicaid-design-and-implementation-considerations-for-promoting-access-and-health-equity/

Amy Chen: California is one of the states that is including a "legacy pathway" for experienced doulas to be eligible for reimbursement. You can read more about California's training pathway and experience pathway on their SPA which was submitted recently to CMS for approval: https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-22-0002-Pending-Redacted.pdf

Some type of legacy pathway is also critical as states don't necessarily want all or even most of the doulas providing services to Medicaid enrollees to be relatively new doulas. Moreover, it's also critical that doulas have support from doula mentors who are more experienced and can share some of that expertise with doulas who have been practicing for a shorter period of time.

Another concern around doula certification is that many of the mainstream and/or more nationally known doula organizations are White-led doula organizations that may cater more towards higher-income clients, and do not necessarily have deep expertise in work either with BIPOC clients and/or

Medicaid enrollees. In contrast, many smaller state-based or regional-based doula training and certification organizations—that do not have a national presence—do have training that is more tailored for their specific area, including BIPOC clients and/or low-income communities that may be on Medicaid. Thus, it's important that states consider certification requirements that do not require certification from a specific list of doula-certifying organizations, but rather instead consider requiring merely that doulas meet a set of core competencies, that many different and diverse doula training and certification organizations may be able to fulfill.

For more information, thoughts, and input from doulas around certification requirements, please see pp. 30-32 of Building a Successful Program for Medi-Cal Coverage for Doula Care: Findings From a Survey of Doulas in California at https://healthlaw.org/resource/doulareport/.

Q: What are your thoughts on how best to create opportunities for doulas and hospitals/clinicians to share feedback, including discuss instances of racism, while recognizing and managing the power dynamics and potential harm to doulas?

Paula: Addressing this needs to be a multi-pronged approach through changing institutional policies and through provider education to first increase their awareness of bias and discrimination and then continued work with providers to ensure change in practice. Institutional policies should include a process by which feedback can be given regarding a discriminatory action or instances of racism from a provider. This feedback can either immediately initiate a process by which the provider is given this feedback and then is required to go through a performance improvement plan, or it can be used as part of the annual review process (or both). The power dynamics are important to consider – but research has shown that implicit bias education does increase awareness. While much more needs to be done, this is a good initial step for perinatal care providers. Several states have required this – California being one of them with the California Dignity in Pregnancy and Childbirth Act. Part of this act involved development of a course to increase awareness of structural racism and birth. While this doesn't specifically get at addressing the issue of how to report instances of racism, it is part of what is needed to eliminate such instances.

Amy: I know this is something that many of the respondents in our Doula Pilots Lessons Learned project (https://healthlaw.org/cadoulapilots/) had to address (see Challenges publication sections on "Partnering With Hospitals and Medical Providers" and "Racism"). Perhaps not surprisingly, the programs that reported the best relationships between doulas and providers were those where both parties made a conscious effort to develop and improve the relationship over time, through multiple points of contact, including regular and ongoing training of medical providers.

Q: In addition to Medicaid reimbursement, what are some other ways to increase investment in community-based doulas and midwifery models of care? Are there funding streams to incentivize training for these workforces?

Paula: The Institute for Medicaid Innovation is currently doing a series focused on increasing state Medicaid agencies', provider groups', other Medicaid stakeholders', etc awareness and understanding of community-based doulas and all that they do. This is with the intention of supporting more equitable policy development as well as sustainable support for community-based

doulas. They previously did a similar series on midwifery-led care and included information on payment models in this series: https://www.medicaidinnovation.org/current-initiatives/womens-health.

Another area of funding focused on growing the midwifery workforce is the Midwives for MOMs Act, passed in 2021 (https://www.midwife.org/congress-introduces-legislation-to-grow-and-diversify-the-nation-s-midwifery-workforce). This is targeted toward increasing the number of midwives (CNMs, CPMs, CMs) and increasing access to midwives. Recently, HRSA announced a funding initiative for training, certifying, and employing doulas through their Healthy Start initiative. There are also a number of state-based programs (in addition to Medicaid) to increase diversity of these workforces and access to their care.

However, it should be noted that perinatal care is still mainly offered through the lens of the medical model, rather than being midwifery-led. A paradigm shift is also needed regarding how pregnancy is viewed and how pregnancy and pregnant people are cared for to really see improvements in outcomes.

Amy: The Biden-Harris Administration this year released the White House Blueprint for Addressing the Maternal Health Crisis which I think is worth taking a look at. Read the Blueprint at https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf and/or see an NHeLP summary and analysis at https://healthlaw.org/resource/addressing-the-maternal-health-crisis-the-biden-harris/. Additional federal level policy efforts are included in the recent ASPE brief (see pp. 7-8 at https://aspe.hhs.gov/sites/default/files/documents/dfcd768f1caf6fabf3d281f762e8d068/ASPE-Doula-Issue-Brief-12-13-22.pdf).