THE University of Vermont MEDICAL CENTER

MEMORANDUM

To: Lori Houghton, Chair, House Committee on Health Care
From: Martha Churchill, MSN, Lead Midwife, Clinical Coordinator of Midwifery Services
Date: April 5th, 2024
Re: S.109, Medicaid Coverage for Doula Services

My name is Martha Churchill and I am a Certified Nurse-Midwife and the Coordinator of Midwifery Services at the University of Vermont Medical Center. I have been a midwife for 34 years and have worked at UVMMC for the past 31 years. I am passionate about addressing health care disparities and finding actions that can close the gap for people who experience these disparities.

This led me to develop the Volunteer Doula Service at UVMMC in 2019. As you have learned, doula care has many benefits and positive health outcomes – from a reduction in c/section births and operative vaginal deliveries to higher breastfeeding rates, fewer preterm births and a positive preventative impact on post-partum mood disorders. Many of our patients who could afford a doula, hired them for these reasons. However, that left those who could not afford a doula without access to these proven health benefits.

Over the course of the first years of the volunteer doula program it became clear to me that while this was a free service, it was not being utilized by those it was meant to serve. Being able to volunteer is a form of privilege; therefore the vast majority of the doula volunteers are white, educated and with other means to support themselves.

Background:

UVMMC delivers 40% of Vermont babies. In Chittenden County: 9% are People of Color and/or Indigenous and VT is a Refugee Resettlement Location which is increasing our diversity.

Dr. Carole McBride, of the Larner College of Medicine, did a quantitative analysis of the population of birthing people at UVMMC:

- Between 2018-2022, 12.5 % of deliveries were to parents born outside of the U.S.
- Patients from African and Asian countries were twice as likely as US born patients to have Serious Maternal Morbidity.
- Those who did not speak English or English was a second language experienced worse outcomes.

Additionally, we held focus groups with refugees and immigrants in the Burlington area to gain information from them directly. We learned:

- **People want to see themselves in the staff – they want people who understand their culture and language in the room**.

- Patients, especially those who have reasons to distrust health care, often delay care, including prenatal care.
- Our training and education must be focused on both the community and our health care teams.
- Trauma informed/trauma responsive and culturally humble care and interactions are a lifelong commitment and process.

These findings support the use of community-based doulas; in other words, doulas who are members of the communities they serve. Community-based doulas are able to intimately understand the needs of their clients and effectively build trusting relationships. Research demonstrates that a strong doula/client relationship grounded in trust and the shared experience increases a pregnant person's engagement in care, agency in decision-making, and overall improved health outcomes.

Community-based doulas are particularly well suited to improve racial disparities in health outcomes by ensuring that pregnant people who face the greatest risk of discrimination and mistreatment in the medical system receive the additional support they require. We need humility to acknowledge that we will never be experts at understanding the intricacies of the needs of marginalized people and must look to those who are experts within their own communities.

Doulas have emerged as powerful allies in combating this crisis, making a difference in improving birth outcomes and addressing the systemic disparities that underlie the Black maternal health crisis.

Evidence for the importance of Medicaid Coverage for Doula Care:

I'd like to share an excerpt from: "Effectiveness of an Enhanced Community Doula Intervention in a Safety Net Setting: A Randomized Controlled Trial" by Julie Mottl-Santiago, CNM from Boston Medical Center where they have utilized community doulas for many years.

"Community doulas as culturally congruent health workers, they share similar lived experiences and racial, cultural, and other intersectional identities with their client.

Community doulas practice within a framework of birth justice, an aspect of reproductive justice, which names "the human right to maintain personal autonomy…" for Black birthing people. Doulas accomplish this through a variety of approaches. They navigate clients through resources essential for healthy social determinants of health (SDoH) such as housing, employment, nutritious food, and health care services that are less accessible compared with White pregnant and birthing people due to structural racism. They provide affirming and nonjudgmental support that may buffer the effects of relationship stressors, discrimination, and inadequate social support. In addition, they serve as advocates by amplifying the voice of the birthing person during labor and birth."

[Citation: Mottl-Santiago J, Dukhovny D, Cabral H, Rodrigues D, Spencer L, Valle EA, Feinberg E (2023) Effectiveness of an enhanced community doula intervention in a safety net setting: a randomized controlled trial, Health Equity 7:1, 466–476, DOI: 10.1089/heq.2022.0200.]

<u>Cost Savings AND Reduction in High-Risk Deliveries</u>: Rigorous studies show that doula care results in substantial cost savings by reducing the need for medical interventions including cesareans, operative vaginal births, pain medication and preterm birth. A C/Section is reimbursed ~ 20% more than a vaginal birth by Vermont Medicaid.

In addition to cesarean births, Neonatal Intensive Care Unit (NICU) admissions are a part of high health care costs. Preventing one preterm NICU admission at UVMMC would be a savings to Vermont Medicaid of upward $23,000. One study found that when looking at the beneficial impact of doulas on cesarean and preterm birth rates among Medicaid beneficiaries regionally, doula care was associated with a significant savings.

Our volunteer doula service data on use showed in 2023 – those who used a volunteer doula had a c/section rate of 16.8% while the overall hospital rate was 31%. This sample is not exactly statistically relevant as the samples are quite different – one is a group who chose volunteer doulas and quite small vs the whole population, but it is still impressive. And this isn't even the best doula care as it is limited to support during labor and birth– where ideal doula care is wrap around care - provided prenatally, during the labor & birth and after, during the postpartum period.

More cost savings can be attributed to doula care increases with the initiation and duration of breastfeeding. As we all know, Breastfeeding reduces health risks to the birthing parent as well as to the baby! The CDC estimates that higher rates of breastfeeding add up to billions of dollars to U.S. health care costs savings annually.

Conclusion

Doula care is a proven, cost-effective means of reducing racial disparities in maternal health and improving overall health outcomes. This alone is reason enough for Medicaid and private insurance to cover doula services. All pregnant and postpartum people deserve access to full spectrum doula care.

For community doulas come from underserved areas themselves; the reimbursement rates must be equitable, and a sustainable livable wage to encourage doula participation and overall program success. Reimbursement rates must account for the emotionally and physically demanding and time-intensive nature of doula work that typically restricts the number of clients a doula can care for each month.

We must also be thoughtful in not restricting access to doula training by requiring expensive certification or licensure for doulas. Often community doulas do this work through apprenticeship or experience from their home country. Added training must be available, but requiring national certification is restrictive, limits access and is not culturally relevant.

Finally, while doulas offer a wealth of benefits, including a promising path to reducing racial disparities, we cannot rely on doula care alone to address the negative effects of racism within the health care system. It is important to recognize that doulas of color are not immune to the racism their clients experience. Not only do we need expanded access to doula services, but we must also acknowledge the emotional cost of this work and continue to advocate for policies that dismantle systemic racism within the medical system.

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