

Better Birth Outcomes:

What You Need to Know About Doulas



Introduction

The maternal health crisis in the US continues to impact pregnant and postpartum people throughout the country, particularly those who are Black, Indigenous, and/or people of color. Moreover, recent cuts to Medicaid funding and eligibility are expected to make accessing comprehensive reproductive care **more difficult** for pregnant and postpartum people. The National Vital Statistics System shows that maternal mortality rates in the US **nearly doubled**, from 17.4 in 2018 to 32.9 per 100,000 live births, in 2021. The pregnancy-related death rate for Black birthing people was 29.8, compared to 10.7 for their White counterparts, while the majority (63.6 percent) of all maternal deaths in the US were deemed to be **preventable**. With renewed focus on the disparities within the maternal health crisis in the US, medical providers looking to improve the health and outcomes of their pregnant and postpartum patients do not need to go it alone. As patients look for support within the health system, more are turning to doula services. Although prevalent throughout history, doulas are becoming more widely recognized as an invaluable component of comprehensive, person-centered care for birthing individuals in the US today.

What is a Doula?

Doulas have a very specific scope of work in the antenatal and postnatal support of birthing individuals, which includes **providing** client-centered care, education, and advocacy. While often confused with the work of midwives, doulas are different in that they do not provide any type of medical support, such as performing cervical exams, repositioning a baby, checking vitals, or delivering/“catching” babies. Unlike midwives, doulas are **trained community birth workers** that provide culturally appropriate, non-clinical, emotional, physical, and informational support at home, in hospitals, and birthing centers before, during, and/or after birth for the birth family.

There are many types of doulas, including those who specialize in different parts of the life cycle, such as birth, postpartum, fertility, bereavement, and end of life doulas. While the evidence of doula work dates to ancient times, the use of the name “doula” can be **traced** back to 1969 when first used in an anthropological study conducted by Dana Raphael and Margaret Mead in the US. Throughout time and across cultures the name may vary, but the role remains the same.

When it comes to Medicaid programs, the definition of who a doula is often defined by their scope of work and certification/training requirements. In the 24 states that reimburse for doula care as of September 2025, be that through a pilot program or a formalized Medicaid benefit, the training and certification requirements for doulas vary. You can learn more about each states’ requirements, as well as whether a state has a Medicaid doula benefit, through the National Health Law Program (NHELP)’s **Doula Medicaid Project**.

Could Your Patients Benefit by Having a Doula on their Birth Team?

Yes, they can! Doula services have been **shown** to positively impact social determinants of health, support birth equity, and decrease existing health and racial disparities. **Evidence** shows that patients benefit significantly from the support doulas provide, with the American College of Obstetricians and Gynecologists (ACOG) **noting** that, “in addition to regular nursing care, continuous one-to-one emotional support provided by support personnel, such as a doula, is associated with improved outcomes for women in labor.”

Some of the benefits noted in randomized trials include:

- Shortened labor
- Decreased need for analgesia
- Fewer operative deliveries
- Fewer reports of dissatisfaction with the experience of labor
- Less likely to have a cesarean birth
- Less likely to have a newborn with a low 5-minute Apgar score
- Improved rate of spontaneous vaginal birth

Are Doulas Available in Your State?

While the various types of doulas mentioned can be found in every state, only 38 states out of 52 currently have a Medicaid State Plan Amendment in place to provide Medicaid covered doula support for its enrollees. While services and reimbursement rates vary from state to state, some of the covered services include prenatal visits, in-hospital or birth center birth support, postpartum visits, and fertility, bereavement and abortion support. In addition to tracking states' doula certification requirements and benefits, NHeLP also tracks current state and federal efforts to expand access to doula care in Medicaid. You can learn more about efforts in your state [here](#).

Recognizing the increase in state Medicaid doula programs, AcademyHealth's Evidence-Informed State Health Policy Institute and the University of Pittsburgh are conducting a study to identify the most effective ways that state Medicaid programs can implement doula care to improve postpartum health among Black people and people of color. By bringing together six state Medicaid programs and their university research partners, as well as doula organizations, Project DREAM (Doula Research for Equitable Advances in Medicaid Pregnancy Health) will draw on both quantitative Medicaid outcomes data and the perspectives of doulas and Medicaid enrollees to provide much-needed evidence on how doula programs can promote positive birth outcomes and reduce maternal health disparities.

How Providers Can Work with Doulas / Find Doulas in Their States

An important component of improving access to respectful care is effective, collaborative support of the doula workforce. Providers such as nursing staff, obstetricians, ER physicians, general practitioners, and pediatricians can collaborate with doulas by:

- Initiating discussions with a patient or parents to determine their knowledge of or access to doula support.
- Ask if patients have or would like a doula in their intake process, and during pregnancy and postpartum visits.
- Become familiar with community organizations that provide supportive services to families in the region and list them on resource or outpatient handouts that are provided to patients and families.
- Develop and implement system-wide processes for warm handoffs and referrals to encourage follow up.
- Familiarize hospital staff with their hospitals' doula policy.
- Consider familiarizing hospital staff with the importance of autonomous doula support and doulas' impact on birth outcomes and overall satisfaction of patients.
- Consider any innovations that create a welcoming environment for doulas, such as providing parking passes, food or lounge access.
- Work as a team with doulas when they support births and continue to foster working relationships with returning doulas.