

Project DREAM: Doula Research for Equitable Advances in Medicaid Pregnancy Health



What is Project DREAM?

With funding support from the Patient-Centered Outcomes Research Institute (PCORI), AcademyHealth's **Evidence-Informed State Health Policy Institute** and the University of Pittsburgh are bringing together six Medicaid programs¹, their public university research partners², eight doula organizations³, and Medicaid enrollees to leverage an innovative distributed research network to advance racial equity in severe maternal morbidity. Through this project, researchers hope 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. Research will focus on six states – Kentucky, Maryland, Michigan, Pennsylvania, South Carolina, and Virginia – representing a regionally and racially/ethnically diverse study population and capturing a varied policy landscape.

A National Public Health Crisis: Racial Inequities in Severe Maternal Morbidity and Mortality are Increasing^{4, 5, 6}

The rate of maternal mortality in the United States far exceeds that of comparable high-resource nations⁷ and Black people have a three-fold higher rate of pregnancy-related mortality compared to white people. Given that Medicaid programs pay for 42% of all pregnancy care in the US and 68% of pregnancy care among Black people,⁸ they hold great potential to implement structural interventions to advance racial equity in health care and health outcomes during pregnancy and postpartum.⁹ Moreover, as doula care has the ability to potentially interrupt people's experiences of structural and interpersonal racism during pregnancy and postpartum, public health experts posit that Medicaid adoption of doula care programs could improve pregnancy and postpartum health outcomes, particularly if such programs are accessible to Black, Indigenous, and people of color (BIPOC) communities.^{10,11}

A Detailed Look at State Medicaid Doula Programs

To identify the most effective ways to implement these programs, this study will focus on three aims:

Aim 1

Assess implementation of new state Medicaid doula programs, including efforts focused on racial health equity and Medicaid beneficiary experience of connecting with and using doula care in the postpartum period.

Aim 2

Evaluate the extent to which doula care facilitates equity in the quality of postpartum care, postpartum treatment for chronic conditions (cardiovascular and mental health/substance use disorders), and experiences of postpartum care.

Aim 3

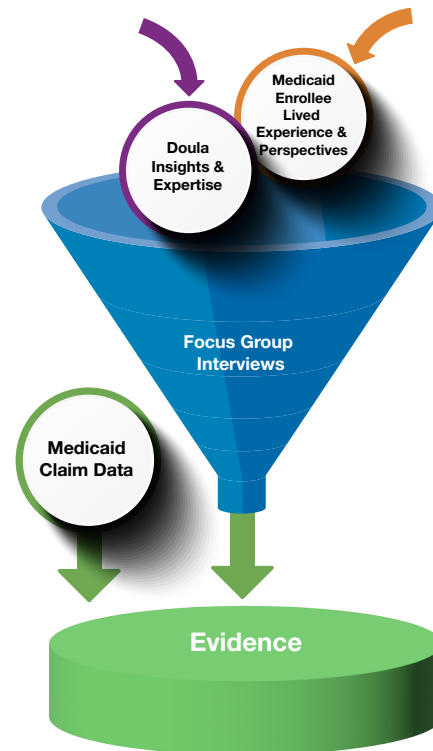
Estimate the effects of state Medicaid doula care programs on racial equity in postpartum severe maternal morbidities.

Including Doula and Patient Perspectives and Experiences in the Research

This study leverages community engaged research via patient and doula focus group interviews. Community engaged research (CEnR) centers the expertise of community members to ensure interventions are relevant and appropriate to the community that is ultimately impacted by the study.¹² In Project DREAM, this requires centering the experiences of practicing doulas and Medicaid enrollees, particularly those who are Black or persons of color.

This first-of-its-kind study will draw on the research infrastructure and existing state Medicaid agency-university research partnerships of AcademyHealth's Medicaid Outcomes Distributed Research Network (**MODRN**), as well as the perspectives and lived experiences of doulas and Medicaid patients gleaned through focus group interviews to provide critical evidence on how doula programs can promote positive birth outcomes and reduce racial disparities in SMM.

You can learn more about Project DREAM [here](#).



The research will be conducted by university research teams from the Medicaid Outcomes Distributed Research Network (**MODRN**). MODRN is a collaborative effort, formed by participants from AcademyHealth's State-University Partnership Learning Network (**SUPLN**) and the Medicaid Medical Director Network (**MMDN**), that allows states to participate in valuable and timely, multi-state data analyses, while retaining their own data and analytic capacity. AcademyHealth Senior Director **Susan Kennedy**, MPP, MSW, and University of Pittsburgh Associate Professor **Marian Jarlenski**, PhD, MPH, are Principal Investigators of this study.

Endnotes

1. State Medicaid programs: Kentucky Medicaid, Maryland Medicaid, Medical Assistance (Michigan), Medical Assistance (Pennsylvania), Healthy Connections (South Carolina), Cardinal Care (Virginia).
2. University research partners: University of Maryland in Baltimore County, University of Michigan Ann Arbor, University of Southern Maine, University of South Carolina, Virginia Commonwealth University, University of Kentucky.
3. Doula organization partners: Black Mothers' Breastfeeding Association (BMBFA), Mamatoto Village, Pennsylvania Doula Commission, BirthMatters, Kentucky Doulas, Hope's Embrace, Urban Baby Beginnings, Birth in Color RVA.
4. Admon LK, Winkelman TNA, Zivin K, Terplan M, Mhyre JM, Dalton VK. Racial and Ethnic Disparities in the Incidence of Severe Maternal Morbidity in the United States, 2012-2015. *Obstet Gynecol*. Nov 2018;132(5):1158-1166. doi:10.1097/AOG.0000000000002937.
5. Centers for Disease Control and Prevention. Severe Maternal Morbidity in the United States. Accessed April 21, 2021. <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>.
6. Fingar K, Hambrick MM, Heslin KC, Moore JE. Trends and Disparities in Delivery Hospitalizations Involving Severe Maternal Morbidity, 2006-2015. 2018. www.hcup-us.ahrq.gov/reports/statbriefs/sb243-Severe-Maternal-Morbidity-Delivery-Trends-Disparities.pdf.
7. Alkema L, Chou D, Hogan D, et al. Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. *Lancet*. Jan 30 2016;387(10017):462-74. doi:10.1016/S0140-6736(15)00838-7.
8. Medicaid and CHIP Payment and Access Commission. Medicaid's Role in Financing Maternity Care. 2020. Accessed May 2 2022. <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid's-Role-in-Financing-Maternity-Care.pdf>.
9. Headen IE, Elovitz MA, Battarbee AN, Lo JO, Debbink MP. Racism and perinatal health inequities research: where we have been and where we should go. *Am J Obstet Gynecol*. May 18 2022;doi:10.1016/j.ajog.2022.05.033.
10. Strauss N, Giessler K, McAllister E. How Doula Care Can Advance the Goals of the Affordable Care Act: A Snapshot From New York City. *J Perinat Educ*. 2015;24(1):8-15. doi:10.1891/1058-1243.24.1.8.
11. Strauss N, Sakala C, Corry MP. Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health. *J Perinat Educ*. 2016;25(3):145-149. doi:10.1891/1058-1243.25.3.145.
12. Benefits of Community Engaged Research. Accessed December 21, 2023. <https://medicine.yale.edu/intmed/genmed/eric/cbprguidebook/principles/>