



GEORGIA MEDICAID DOULA PILOT FINDINGS, 2023



healthy mothers, healthy babies


**HEALTHY MOTHERS,
HEALTHY BABIES**

Coalition of Georgia


AGENDA

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- 6.

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PILOT FINDINGS
STUDY LIMITATIONS
SIGNIFICANCE
NEXT STEPS



A special thank you to the implementation and evaluation teams and to all of the doulas and birthgivers who made this project possible!



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**HEALTHY MOTHERS,
HEALTHY BABIES**

Coalition of Georgia

Thank you to our partners!



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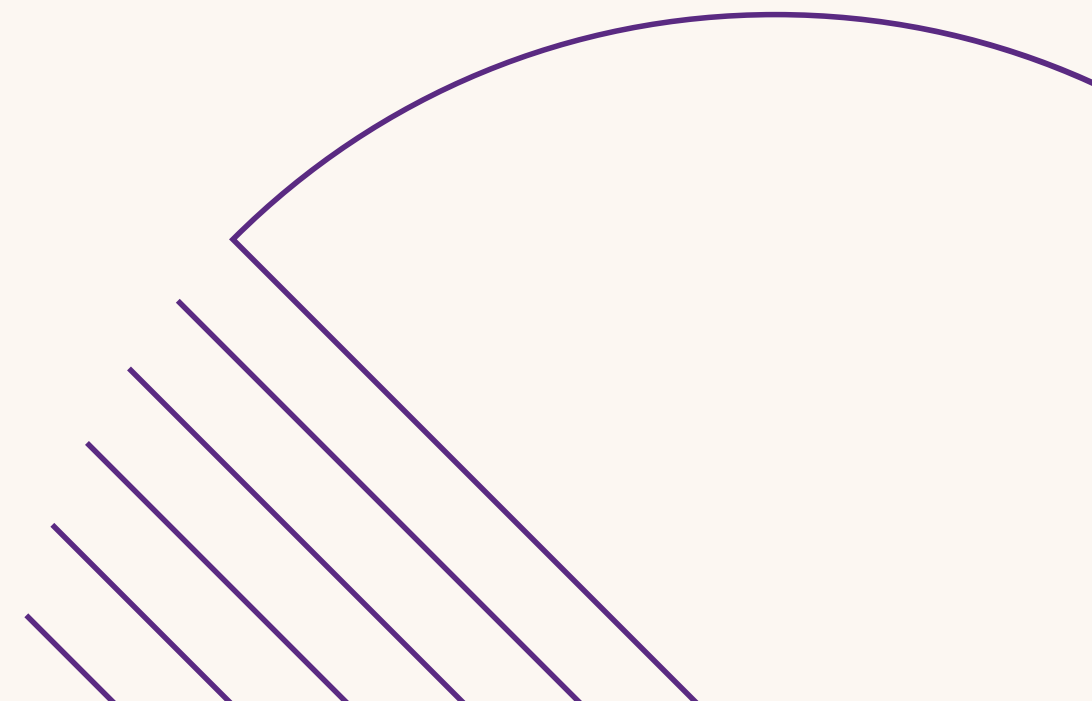
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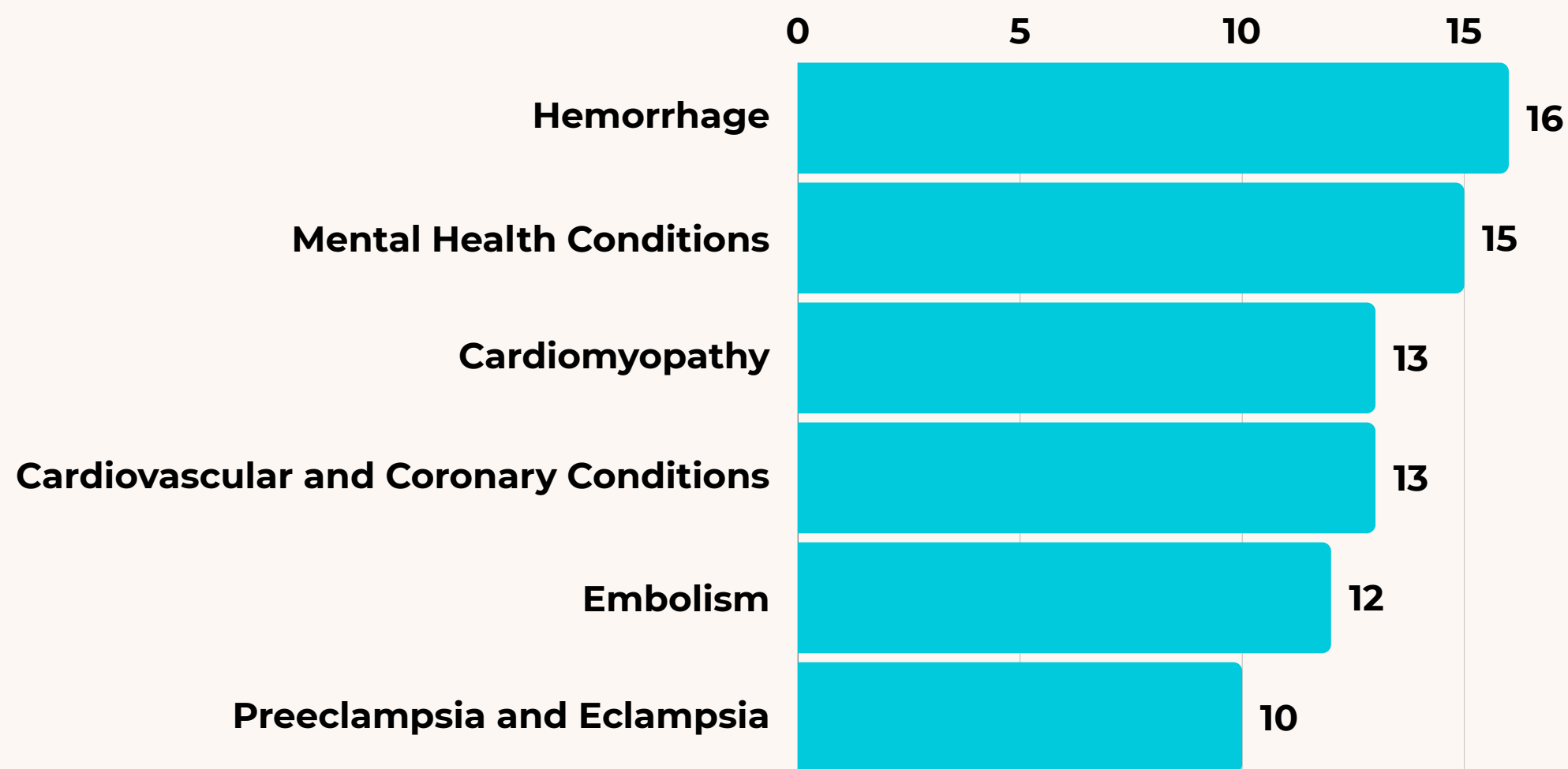
BACKGROUND



Georgia Maternal Mortality Rates (2018-2020)

LEADING CAUSES OF DEATH

FOR PREGNANCY RELATED MATERNAL DEATHS, N=79



Source: Georgia Department of Public Health

- All pregnancy-related deaths with the exception of embolism were preventable
 - 83% of pregnancy-related deaths caused by embolism were preventable
- 60% of pregnancy-related deaths occurring after delivery were attributed to Medicaid recipients

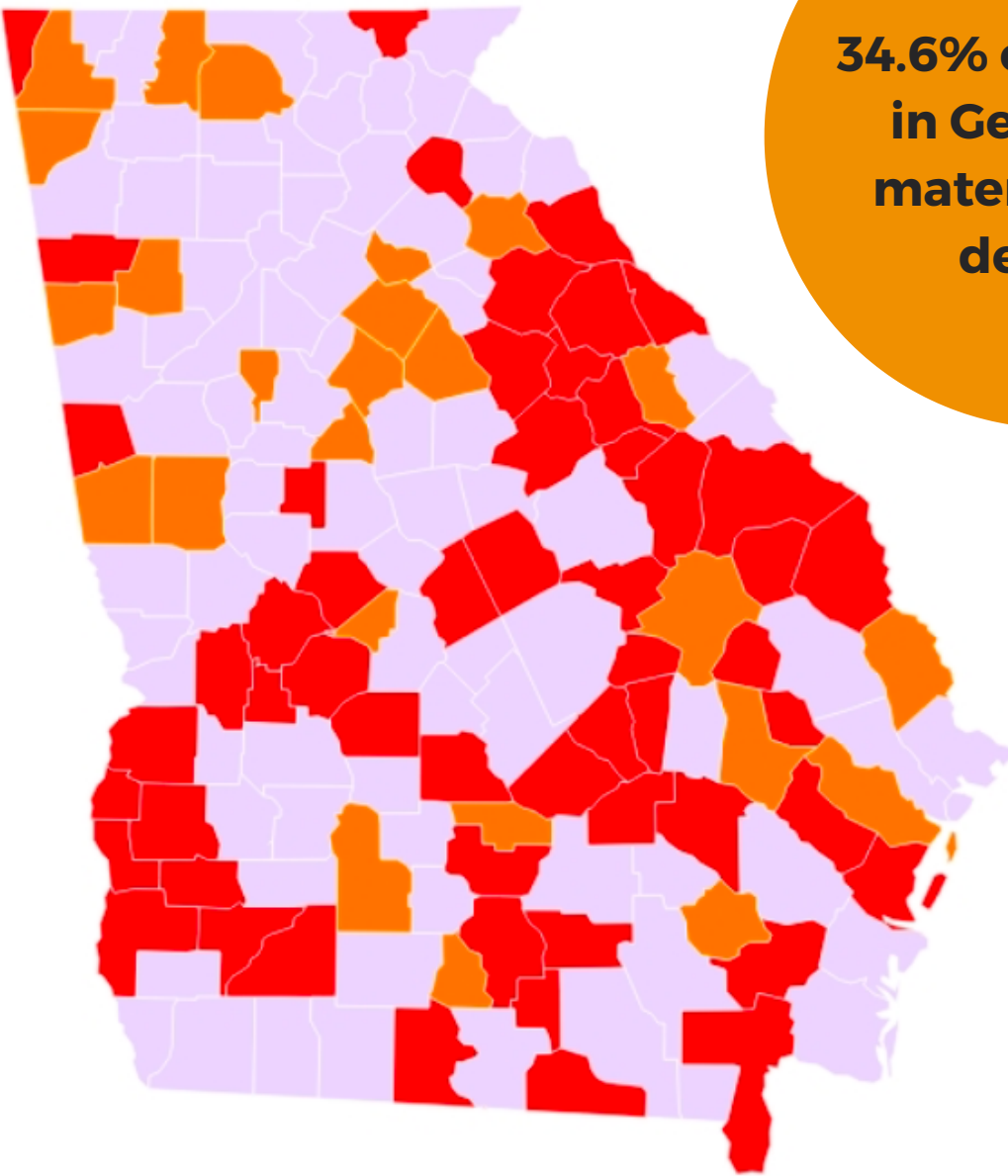
- Non-Hispanic Black women were disproportionately affected by pregnancy-related deaths
 - 48.6 pregnancy-related deaths per 100,000 live births were among Non-Hispanic Black women
 - 23.3 pregnancy-related deaths per 100,000 live births were among Non-Hispanic White women



Georgia Infant Outcomes

- **According to America's Health Rankings 2022 Health of Women and Children Report:**
 - **Georgia ranked 44th in infant mortality (7.0 infant deaths (before age 1) per 1,000 births)**
 - **Georgia ranked 47th in low birth weight (9.9%, Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth)**

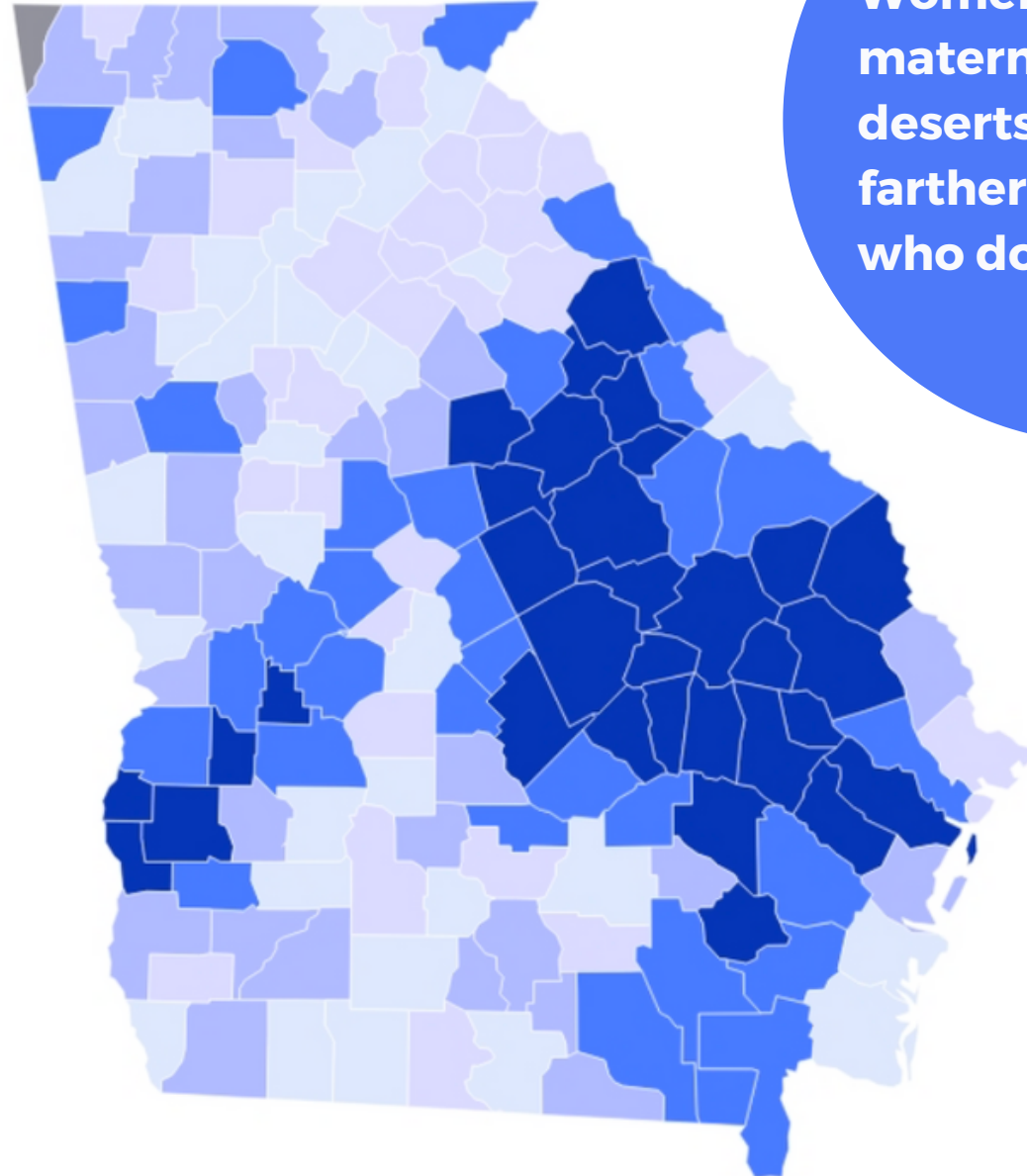
ACCESS TO MATERNITY CARE



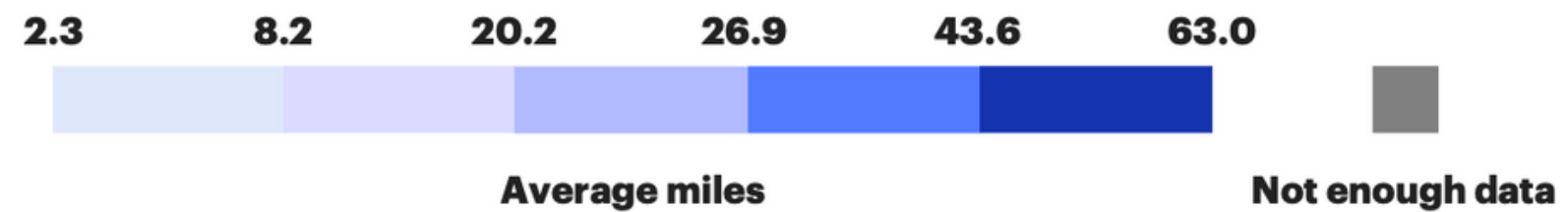
34.6% of counties in Georgia are maternity care deserts.



DISTANCE TO BIRTHING HOSPITAL BY COUNTY

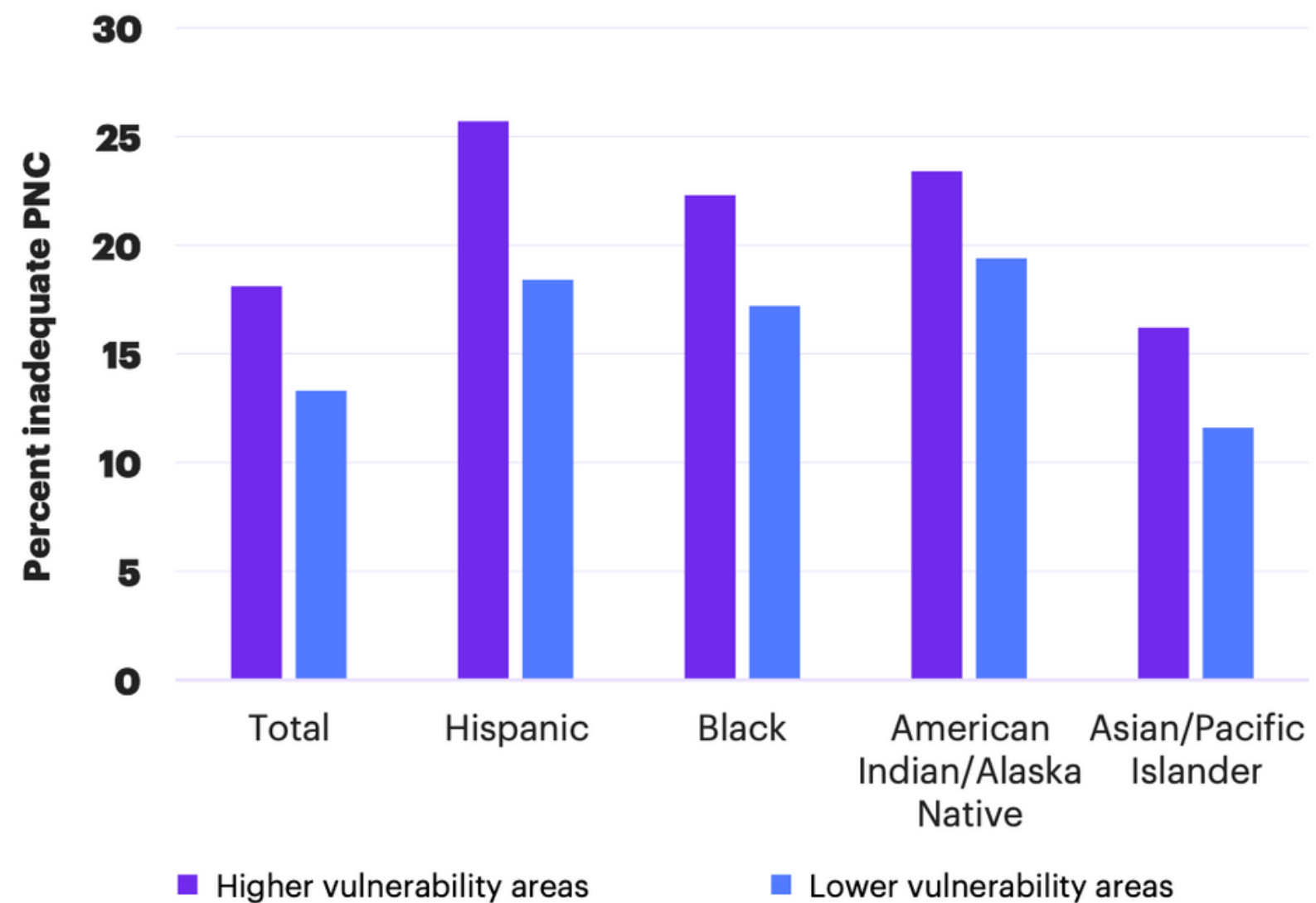


Women living in maternity care deserts traveled 3x farther than women who do not.

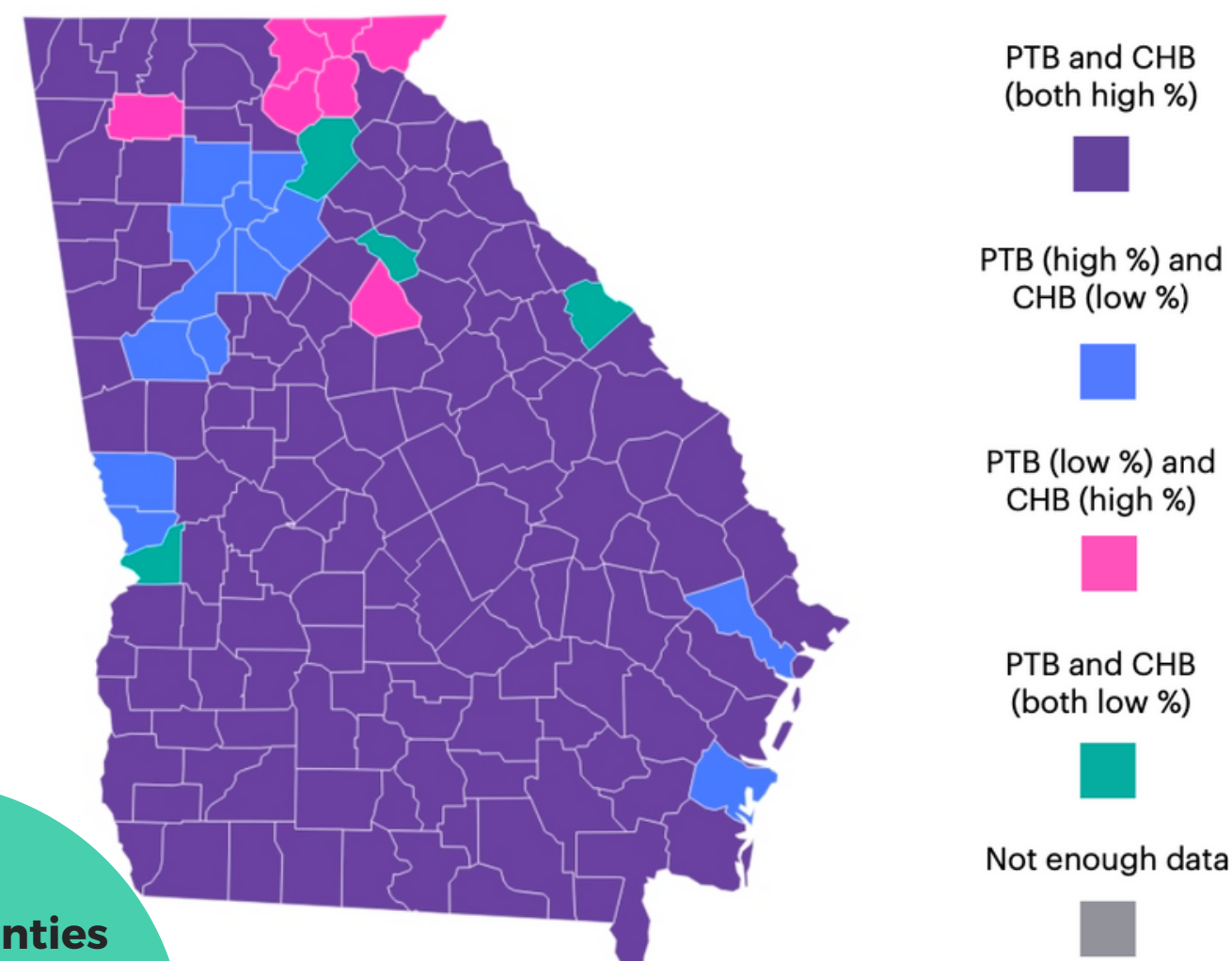


Source: March of Dimes

INADEQUATE PRENATAL CARE BY RACE/ETHNICITY AND SOCIOECONOMIC VULNERABILITY



CHRONIC HEALTH BURDEN (CHB) AND PRETERM BIRTH (PTB) BY COUNTY



85.5% of counties have both a high chronic health burden and and preterm birth rate.

Source: March of Dimes

Doulas and their Impact

What is a doula?

- Non-medically trained community care workers
- Support to people during the **full spectrum** of:
 - Pregnancy preconception to birth, to abortion, to miscarriage, to adoption, to postpartum.
- Actively practice being open and aware of the **diverse reproductive needs and experiences people have**, in light of their identity, background, preferences, lived experiences, and so on.
- Source: [HMHBGA](#)

doula



Benefits of Doula Care

Evidence-Based:

- Assists with planning to help parents make informed choices based on what they value.
- Provide resources and connect families with additional resources and support.
- Facilitate effective communication between families and their healthcare team.

Clinical:

- Reduce the use of Pitocin
- Fewer requests for pain meds
- Less likely to need forceps and vacuum
- Reduced likelihood of a C-section
- Better APGAR scores for baby
- Greater satisfaction with the birthing experience

Emotional:

- Decreased anxiety
- Increased confidence
- Boosted self-esteem
- Improved postpartum mental health
- Family bonding and support for parents and siblings

Physical:

- Increased movement
- Improved relaxation
- Comfort and reassurance
- Provide lactation support

Source: [DONA International](#)



Pilot Purpose

The pilot program aims to increase access to comprehensive perinatal services, while also exploring sustainable insurance reimbursement models, including Medicaid.

Studies show that doula care can be particularly effective for underserved populations. Ironically, these groups have the least access to doula services (Kozhimannil et al, 2016). To improve health outcomes for birth givers and infants, it's essential to make these services more accessible.

In Georgia, nearly half of the births, 46%, were financed by Medicaid (KFF). Due to Medicaid eligibility requirements, Medicaid recipients often include underserved populations in need of such services.

What Other States Have Done

ACTIVELY REIMBURSING DOULA SERVICES ON MEDICAID PLANS

California, Michigan, DC. Florida, Maryland, Minnesota, New Jersey, Nevada, Oklahoma, Oregon, Rhode Island, Virginia

IN THE PROCESS OF IMPLEMENTING MEDICAID DOULA BENEFITS

Connecticut, Illinois, Louisiana, Massachusetts, New York, Ohio, Pennsylvania, Delaware

ACTION TAKEN THAT IS ADJACENT TO MEDICAID DOULA BENEFITS (PILOT PROGRAMS, DOULA REGISTRIES, ETC.)

Arizona, Colorado, Georgia, Hawaii, Iowa, Indiana, Kansas, Missouri, Tennessee, Texas, Washington, Wisconsin

ACTION PROPOSED BUT NO PROGRESS

Alabama, Kentucky, Maine, Nebraska, North Carolina, New Hampshire, South Carolina, Utah, Vermont, West Virginia

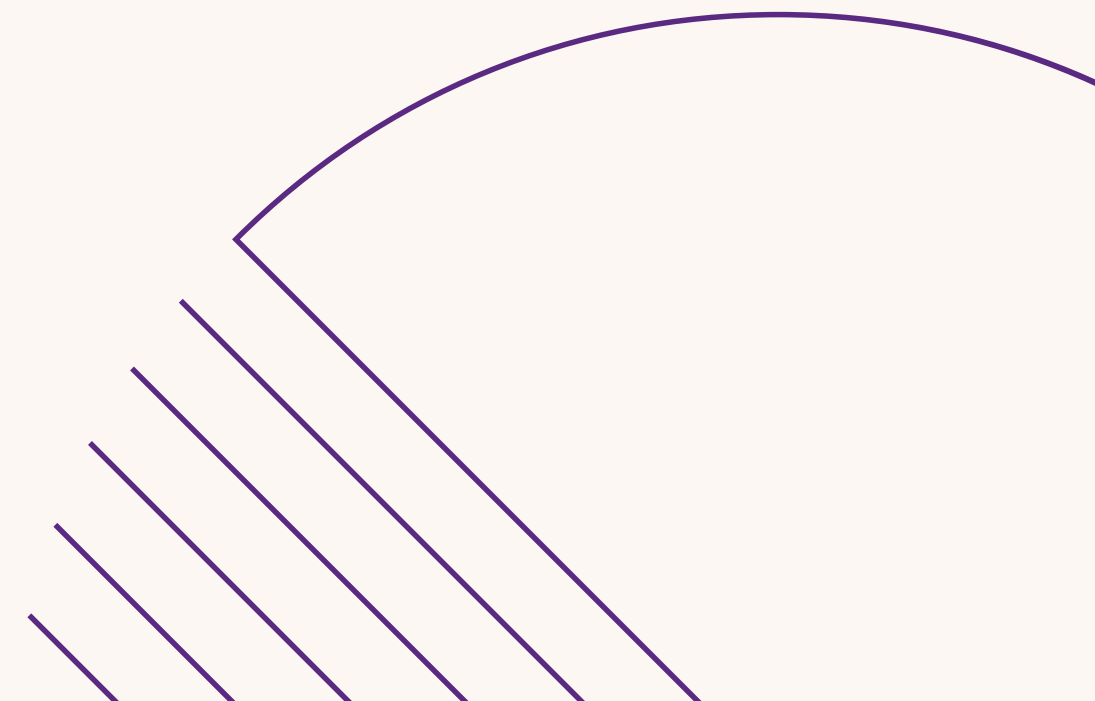
MEDICAID REIMBURSEMENT MODELS

- Fee for service, able to bill independently
 - Enroll with Medicaid managed care organization (MCO)
 - Join a provider agency
 - Referral by a licensed practitioner is required
 - Referral by an obstetric provider is required
- A supervising physician, nurse practitioner, or certified nurse midwife must bill and supervise all doula services
- Payment ranges from \$350 (Nevada) to \$1500 (Rhode Island and Oregon) for full spectrum care.
- According to a recent study exploring doula care in Georgia, the ideal average price for full-spectrum services is \$1400.

• Mosley EA, Lindsey A, Turner D, Shah P, Sayyad A, Mack A, Lindberg K. "I want to be able to serve those communities. [But] I know that my price tag is probably not what they can afford": A Mixed Methods Study of Doula Care Access in Georgia. Perspectives in Sexual and Reproductive Health



PILOT OVERVIEW



Goals and Objectives

- **Goal 1:** To examine the relationship between doula care and maternal infant health among Medicaid recipients involved in the pilot living in the State of Georgia.
- **Goal 2:** To understand the process between Medicaid reimbursement systems, and the impact on doulas' economic security that participate in the pilot in the State of Georgia.
 - **Objective a:** Establish an effective doula reimbursement system recommendation through Medicaid in Georgia
 - **Objective b:** Increase the number of doulas offering services/care through Medicaid.

Client Recruitment Plan

Inclusion Criteria

- Client must be pregnant and no more than 33-weeks gestation for single and/ or multiple births at the time of enrollment into the pilot
- Client must be willing to receive up to 5 doula visits (2 prenatal visits, labor/delivery support, 2 postpartum visits) at the time of enrollment into the study
- Client's estimated delivery date must be on or before 4/1/2023
- Client must be insured with Medicaid
- Client must be able to consent to participate in the pilot program

Patients were recruited as follows (N=170):

- 62 clients were referred by Amerigroup
- 108 clients were recruited by HMHBGA through a targeted marketing campaign including digital and print advertisements, provider outreach, and community-based organization referrals.



ARE YOU PREGNANT?

FREE DOULA SERVICES NOW AVAILABLE

Connect to free doula services through our Medicaid reimbursement pilot.

What is a doula?

A doula is a birthing professional who provides a birth giver with emotional, physical, and informational support during birth and delivery.

Benefits of Participating:

- Free doula services
- Patients in the program will be provided with a Perinatal Care Package, a free kit that provides essential items to support a healthy pregnancy.
- Referrals for services/additional resources

TO LEARN MORE, VISIT: bit.ly/3KS9nw9
QUESTIONS? Email us: thecoalition@hmhbga.org



Doula Recruitment

- Social media advertising
- Outreach to certified doulas from our previous BPSP Cohorts and the mentors working within the program.
- Reaching out to long-established doula communities.
- Collaborating and reaching out to partner organizations.
- Identifying doulas that are willing to travel and comfortable with providing virtual services.
- Recruiting doulas who are experienced in trauma-informed care and culturally competent services.
- Specific recruitment of doulas that are bilingual.



ARE YOU A DOULA?

Help us better understand and expand doula care in Georgia!

Earn up to \$700 for participating in our Medicaid reimbursement pilot!

[APPLY TODAY](#)



Matching Process

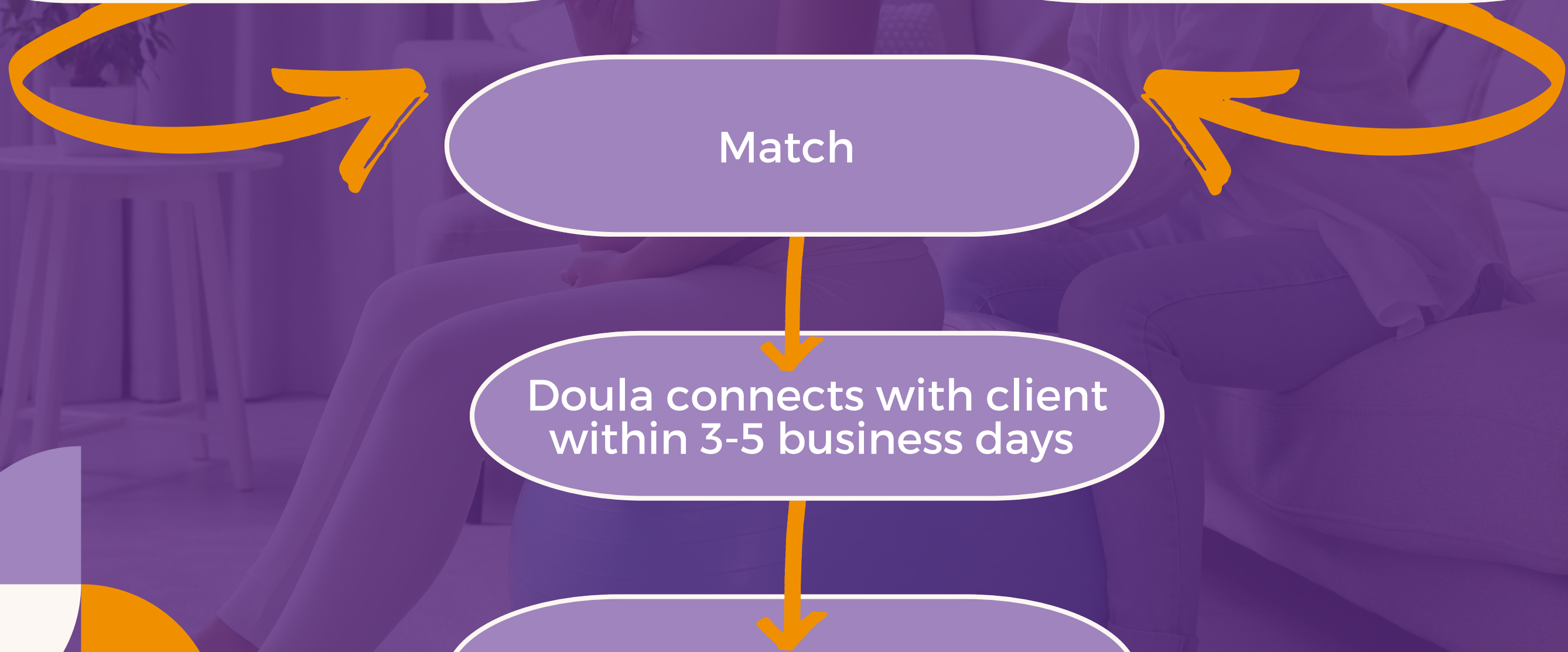
Client Intake Form

Doula Application

Match

Doula connects with client
within 3-5 business days

Doula offers services



Doula Services

Prenatal Support
2 Prenatal Visits
\$50/visit

- Foster open discussion to address any concerns or preferences
- Design a personalized birth plan that caters to the client's requirements
- Offer appropriate referrals to ensure comprehensive care.

Labor and Delivery Support
\$500

- Mediate communication between clients and hospital staff
- Provide comfort techniques
- Advocate for clients' preferences

Postpartum Support
2 Postpartum Visits
\$50/visit

- Breastfeeding counseling and support
- Emotional and physical assistance for families
- Offer appropriate referrals to ensure comprehensive care.

Motivational Factors

Clients

All participants engaged in the pilot were eligible to receive an HMHBGA perinatal care package valued at \$100!

Clients chose a baby care or postpartum care package.

Doulas

Doulas in the program were provided with a doula-specific care package and HMHBGA resources/pamphlets to provide to their clients.

All doulas received a \$50 gas card. Doulas who traveled outside of their service regions received additional gas cards.



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QUANTITATIVE DATA COLLECTION AND RESULTS

DEMOGRAPHICS

Client Demographics (n=170)

Average age: 30 years

Race/Ethnicity: 74% Black, 14% White, 7% Other, 5% Hispanic

Language: 94% English, 6% Other

Location: 95% Urban residents, 5% Rural residents

Insurer: 57% Amerigroup, 16% Peachstate, 16% Caresource, 11% Unknown

Number of Visits Received: 89% Prenatal, 64% Labor and Delivery Support, 69% Postpartum

Doula Demographics (n=46)

Race/Ethnicity: 80% Black, 15% White, 2% Other, 2% Hispanic

Perinatal Region Served: 11% Albany, 78% Atlanta, 11% Augusta, 17% Columbus, 7% Macon, 11% Savannah

Time served as a doula: 76% had more than one year of experience

Insurer Demographics (n=4)

Amerigroup/Anthem (n=1)

Caresource (n=2)

United Health Care (n=1)

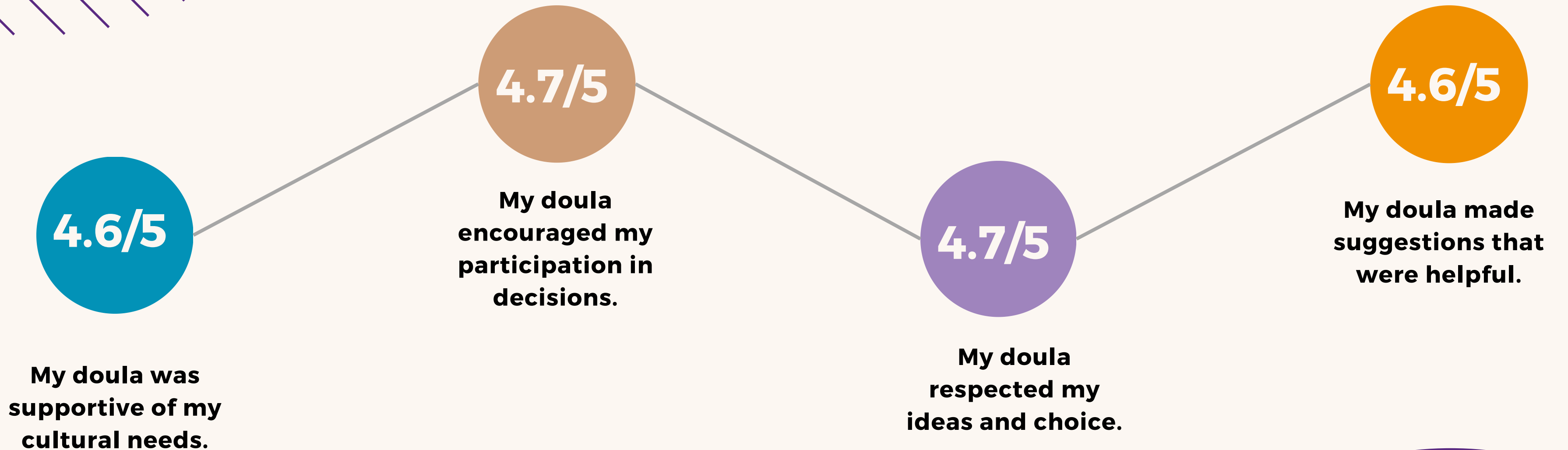
LIVE BIRTHS

69% OF CLIENTS PREFERRED A VAGINAL BIRTH, AND 10% PREFERRED A PLANNED C-SECTION. OF KNOWN BIRTHING METHODS, 61% OF CLIENTS GAVE BIRTH VAGINALLY AND 39% GAVE BIRTH VIA C-SECTION.

THE MAIN CAUSE OF C-SECTIONS WAS FETAL DISTRESS. OTHER CAUSES INCLUDE FAILURE TO PROGRESS, HYPERTENSION/PREECLAMPSIA, AND BREECHED POSITION.

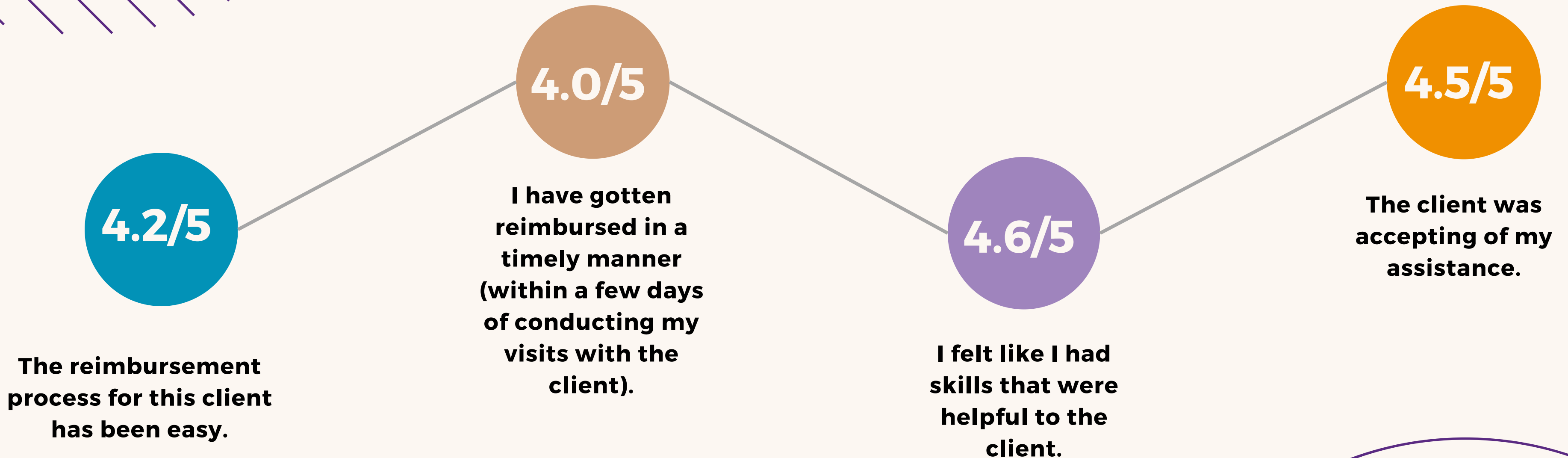
BIRTHS TOOK PLACE AT 34 HOSPITALS THROUGHOUT THE STATE OF GEORGIA, HOWEVER, EMORY UNIVERSITY HOSPITAL MIDTOWN AND NORTHSIDE ATLANTA HOSPITAL WERE THE MOST COMMON.

CLIENT EXIT SURVEY



The statement, “My doula adequately collaborated with my doctors and nurses”, received the lowest average score given by clients (3.4 out of 5). However, this may be attributed to the absence of doulas during labor and delivery (due to COVID-19 hospital restrictions, client preferences, and provider hesitancy (Turner et al, 2022).

DOULA DEBRIEF FORMS



The statements “The nurse welcomed my assistance with our client” (3.4/5) and “The doctor / midwife welcomed my assistance with our client” (3.2/5) recieved the lowest ratings.

Birth Outcomes

	Percent Low Birthweight (Less than 5lbs, 8oz)	Percent Births Breastfed	Percent Premature Births (Less than 37 weeks)
Birth givers in the pilot	6%*	87%*	8%*
Birth givers in Georgia (2022)	10.6%	83.1%	11.9%
Black/African American Birth givers in Georgia (2022)	15.5%	77.9%	15.0%

Source: [OASIS](#), *Reflects only available data

- Common breastfeeding challenges: difficulty latching, baby in NICU, and medication concerns
- Average APGAR scores at 1 and 5 minutes were 7.75 and 9.25 respectively

Complication Summary

	Concerns	Experienced
Hypertension	18%	10%
Gestational Diabetes	9%	4%
Maternal Mental Health Concerns	25%	8%

Insurer Survey Responses

100% of insurers reported that doula services are very valuable for Medicaid clients.

100% of insurers reported that the benefits of doula services include lower risk of maternal morbidity/mortality and lower risk of infant morbidity/mortality.

100% of insurers reported that challenges for Medicaid reimbursement may include identifying eligible doulas for reimbursement and administrative barriers.





QUALITATIVE DATA COLLECTION AND RESULTS

Data Collection Method

Qualitative

Semi-structured Interviews

- Virtual platforms
 - Zoom / Teams
 - Client and doula interviews
 - All interviews were recorded
 - Transcribed and cleaned by research team
 - Interviews range from 40-60 minutes
-

Semi-structured group check-ins

- Monthly check ins with team
 - Troubleshooting any issues with pilot software
 - General Q&A
- Virtual platforms
 - Zoom / Teams
- All group sessions were recorded
- Transcribed and cleaned
- Meetings ranged from 30 - 60 minutes



CLIENT INTERVIEW DEMOGRAPHICS

17 out of 21 clients
were based in the
Atlanta Perinatal
Region

Race/Ethnicity		
	Frequency	Percent
Hispanic	2	10%
Non-Hispanic/Black	18	86%
Non-Hispanic/White	1	5%
Age		
15-25	5	24%
26-35	13	62%
36-45	3	14%

CLIENT THEMES

**BENEFITS OF DOULA
SCOPE OF WORK**

**ACCESSIBILITY TO DOULA
CARE**

**DEMAND FOR DOULA
CARE**

Benefits of Doula Scope of Work

Clients reported advantages to a doula's scope of work, including emotional and mental support, advocacy and empowerment, physical support, and access to educational resources.

Emotional & Mental Support

"I don't think that I would have been as competent as I was, had I not had that extra voice in my ear and had I not had that extra support outside of my family." (Client: Age 28, Black, Atlanta Perinatal Region)

"Having that person, that extra person to answer questions and have an alternative aspect on things that family and doctors and stuff won't know or I wouldn't feel comfortable hearing it from them, she made everything comfortable for me." (Client: Age 33, Black, Augusta Perinatal Region)

Advocacy & Empowerment

"She (doula) made me feel empowered and heard. I felt like she was answering everything that I needed." (Client: Age 23, Black, Atlanta Perinatal Region)

"It (doula support) made me comfortable of saying...hey, actually, yes I want to wait. Then the baby was able to bounce back on his own and I didn't even need it. Just making me feel confident enough to speak up and be heard" (Client: Age 28, Black, Atlanta Perinatal Region).

Benefits of Doula Scope of Work

Clients reported numerous advantages to a doula's scope of work, including emotional and mental support, advocacy and empowerment, physical support, and access to valuable resources.

Physical Support

“Oh my gosh, she's rubbed my back, she's rubbed my belly, she's rubbed my breast, she's helped me get the baby to latch because she's also a lactation consultant, so she physically helped me have the baby latch at the hospital”. (Client: Age 27, Black, Atlanta Perinatal Region)

Resources and Knowledge:

“During the pregnancy, she just gave a lot of information about what to expect for labor, and just helpful tips about just the aches and pains that I was feeling, and just different things that I could do to help myself. During labor, it was invaluable because she really, really helped me get through the contractions and everything. It was just like another support person to help me complete my labor. My birth plan the way I wanted to because once you get into it, all of my thought processes just completely went out the window when I started to get in labor. I couldn't really even think or talk for myself. Just having someone else there other than my partner that knew what I wanted to do was helpful.” (Client: Age 33, Black, Atlanta Perinatal Region)

Accessibility to Doula Care

Clients shared facing challenges in obtaining doula care due to financial constraints and a lack of knowledge about doula scope of work.

“I just had to choose between either doing a doula or paying for the birth center just with the way my finances were looking. When I came across the program, it was perfect because I had to pay out of pocket to go to the birth center. I couldn't afford to pay out of pocket for the birth center and also pay for a doula. Having being able to get a doula without having to pay out of pocket was just very helpful to me at the time.”

(Client: Age 33, Black, Atlanta Perinatal Region).

“A lot of them [doulas] were White, so finding Black women, it was hard for me, that I could afford anyway...I couldn't have done it and spent \$6,000 but I just couldn't do it. I can't afford to do that.”

(Age 32, Black, Atlanta Perinatal Region):

“I think that firstly people in my community don't even know what a doula is, and because it's not widely offered, that also plays a huge role in why they're not familiar with it because it's not offered.”

(Age 32, Black, Atlanta Perinatal Region)

Demand for Doula Care

The pilot program was well-received by clients, who expressed a strong interest in receiving doula support for their future pregnancies.

“That would be the number one thing that I would want for a future pregnancy is to have a doula even if I were to give birth in the hospital instead of a birth center. Right now, to me, the hospital versus the birth center wouldn't matter as much, as long as I had a doula.” (Client: Age 33, Black, Atlanta Perinatal Region)

“I feel like having a doula is important, especially for a person like me who don't really have as many people in their support system, and that's somebody that's guaranteed to be there to support you through anything. I feel like they have an unbiased opinion to the things that you choose.”(Client: Age 23, Black, Savannah Perinatal Region)

DOULA INTERVIEW DEMOGRAPHICS

10 out of 12 doulas
served urban areas

2 doulas served
rural areas

Race/Ethnicity		
	Frequency	Percent
Hispanic	0	0%
Non-Hispanic/Black	8	80%
Non-Hispanic/White	2	20%
Perinatal Region Served		
Atlanta	7	70%
Columbus	2	20%
Savannah	1	10%

DOULA THEMES

**REIMBURSEMENT
PROCESS AND COST**

HOSPITAL CHALLENGES

**RECOMMENDATIONS FOR
PROVIDERS**

**BARRIERS DURING THE PERINATAL
PERIOD**

Reimbursement Process and Cost

Although doulas found the reimbursement process to be easy to manage, many expressed concerns about the low rates and how it affects their economic security.

“It is not suitable for the amount of work that we’re doing because like I say, we get \$50 for a prenatal visit, two hours and in between the prenatal visits, I’m still on call, the emotional part especially.” (Doula 5)

“I wish it was more money” (Doula 10)

“If they ever increased the gas card, that will be great. If you’re getting these clients that are far away, literally, the \$50 for the appointments is only covering the gas...it’s not covering time” (Doula 7)

“A lot of my moms were extremely grateful for the program. They don’t understand that for me it's about a \$300 loss that I took, taking them through this program, 3x5, that’s 15, so basically, I lost \$1,500.” (Doula 9)

Hospital Challenges

Doulas often faced hospital restrictions and negative encounters with providers during the labor and delivery process due to a lack of comprehension regarding their professional scope.

“They couldn’t explain to me why they were not letting me in. That was not good, I actually bowguarded my way in” (Doula 10)

“When we got there, they were just like ‘no, you can’t, nobody else can come in.’ She [client] was just so emotional, she’s the first-time mom, it was sad, that moment we all cried.”(Doula 8)

There should be certain circumstances to negotiate when it comes to what that mother needs and they just drop the ball. I called and I reported it, but I did it anonymously. Other people had other agendas and it was just sad to watch. It was sad to witness. I'm just like, "We deserve autonomy. We deserve freedom of our bodies. We deserve freedom of choice." (Doula 08)

I think every doula at some point encounters a hospital staff that is less than welcoming. I think I don't know how to change the stigma that's out there about doulas. It just seems it's across the board and any hospital that I've gone to, I've had to help them to see me as a support person and not as someone trying to tell them what to do." (Doula 10)

Recommendations for Enhancing Doula-Provider Interactions

Doulas have suggested several strategies to improve the interaction between doulas and providers. These include reinforcing communication and raising awareness of the benefits of doula care.

**"I guess just being gentle when you ask them questions, because sometimes, moms or the family doesn't understand what's going on, so you're asking questions so we can explain what's going on."
(Doula 07)**

**"That's whimsical right now. It's like a fairytale because it would require that they stand beside us. I feel to truly respect our practice and what we do, you have to, some degree respect the spiritual aspect of birthing and how we bring, we help to bring forth life in the sense that sometimes we carry, we help the mother, we literally get behind her and hold her stuff up so she can move on to the next phase of her experience, whether emotional, some people are physical laborers and laborers of love."
(Doula 08)**

Really Good Quotes

“You always hear that black women are disproportionately having adverse outcomes when it comes to babies. That just made me a little afraid, but just to have another person in my corner made me feel good. I just wanted to make it out alive, have a vaginal birth, pain control and be alive when it was all done .”(Client 1)

“Can I leave a 10 out of 10 Yelp review? If you need somebody to spearhead the model of what the program should be and how clients should be taken care of. I don't know. She was great. I loved her. She didn't make me feel crazy. Even if we didn't agree, she still supported it and you would've thought that she was on the bandwagon. I don't know if there's some way to give, I don't know if she gets a bonus, if she gets a care package and an Amazon gift card and Starbucks or something, but whatever it is, she needs it.” (Client 3)

“I really don't know what to call her, a lifesaver pretty much.” (Client 46)

“I think it speaks volumes that Medicaid is like, “We'll give you guys a shot to prove that there really are better health outcomes, birth outcomes, and healthier babies being born with a doula attending a birth,” and I thought, “That's great. I'd love to be a part about proving doula's worth.” (Doula 11)

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STUDY LIMITATIONS

Study Limitations

- **Self-reported data**
- **COVID-19 Impact**
- **Low reimbursement rates**
- **Survey responses rates**
- **No control group**



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PUBLIC HEALTH SIGNIFICANCE

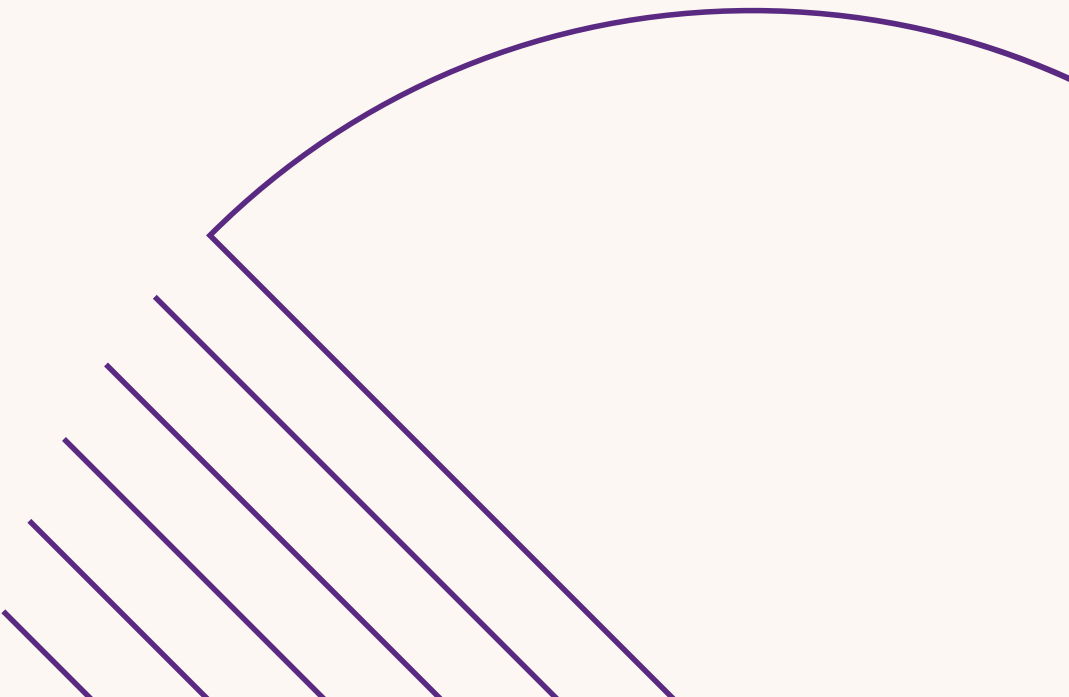
Public Health Significance

Doulas assisted birth givers with the opportunity to tailor their obstetrics care to include cultural and therapeutic practices into an otherwise purely clinical experience.

Waitlist
200+ pregnant
Medicaid
recipients

A significant research push is needed to make more confident empirically-backed recommendations as this was a pilot study.

NEXT STEPS



Next Steps

- **Increase awareness of doula care**
- **Pilot in a hospital setting**
- **Control group**
- **Mental health component**



Gwinnett Birth Support Project

The program aims to provide free doula services to 35 expectant mothers residing in Gwinnett County and examine how doula care influences maternal mental health outcomes.

Black Birthing Initiative

The program goal is to support Black birthing people in Metro Atlanta through their pregnancies through free doula services, childbirth education, and comprehensive resources. This program is part of a research initiative aimed at improving health outcomes

Building Perinatal Support Professionals

The BPSP project provides scholarship and support for those seeking credentialing as Certified Doulas, Childbirth Educators, and Certified Breastfeeding Specialists.

We match each participant with an experienced mentor and provide additional training beyond the necessary credentialing workshops to develop opportunities for economic self-sufficiency.



RESOURCES

- [Current State of Doula Medicaid Implementation Efforts in November 2022](#)
- [State Medicaid Approaches to Doula Service Benefits](#)
- [Covering Doula Services Under Medicaid: Design and Implementation Considerations for Promoting Access and Health Equity](#)
- [Pregnant moms in Georgia are dying at the second highest rate](#)
- **Georgia Doula Study:**
 - [“Doulas shouldn’t be considered visitors, we should be considered a part of \[the\]team”: Doula Care in Georgia during the COVID-19 Pandemic](#)
 - [“I can be pro-abortion and pro-birth”: Opportunities and Challenges for Full Spectrum Care Among Doulas in Georgia](#)
 - [“Doulas do need to be there to support if they choose to have an abortion”: Family planning attitudes and stigma among doulas in Georgia.](#)
 - [Evidence and guidelines for trauma-informed doula care](#)
 - [“a Doula Is Not a Visitor...a Birth Doula Is an Essential Part of the Birth Team”: Inter-professional Dynamics among Doulas, Doctors, and Nurses](#)





THANK YOU

Questions?
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