"I want...to serve those communities...[But] my price tag is...not what they can afford": The Community-engaged Georgia Doula Study

Authors: Elizabeth A. Mosley,[1,2] Alyssa Lindsey,[2] Daria Turner,[2] Priya Shah,[2] Ayeesha Sayyad,[1,2] Amber Mack,[3] Ky Lindberg[3]

[1]Georgia State University School of Public Health
[2]Emory University Center for Reproductive Health Research in the Southeast (RISE)
[3]Healthy Mothers, Healthy Babies Coalition of Georgia

Corresponding Author: Elizabeth A. Mosley, emosley@gsu.edu

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Abstract

Introduction: Maternal mortality is high and increasing in Georgia, where Black people are three times more susceptible than white people. Doulas can improve maternal health outcomes, but the doula work force must be scaled up for maximum and equitable impact.

Methods: This community-engaged mixed methods study surveyed and interviewed 17 doulas in Georgia. Surveys included structured questions on demographics, businesses, clientele, training, and challenges, and they were analyzed using descriptive statistics. In-depth interviews included open-ended questions on benefits of doula care, building their businesses, and improving access to doula care. Researchers content analyzed the transcripts using coding and memo-ing.

Results: These diverse doulas described providing life-saving services including education, referral to care, and patient advocacy. Yet they face numerous challenges in providing care and building their businesses. Almost all participants reported having fewer than ideal clients and all reported being paid lower than the ideal rate for prenatal and birth services. While training, mentoring, and networking help build their businesses, many doulas want to serve Black people and families living on lower incomes, who cannot afford to pay. Participants suggest Medicaid reimbursement and community health worker models for increasing equitable public access to doula care.

Conclusion: Doulas can improve maternal health outcomes and are urgently needed after the overturn of federal abortion protections. Yet they face challenges in building businesses and finding clientele, especially from higher-risk populations including Black people and families on lower incomes. Participants suggested publicly-funded reimbursement, equity-focused doula training, and stronger doula networks with mentorship.

Introduction

Georgia has the highest maternal mortality rate in the United States (26 pregnancy-related deaths per 100,000 live births), and Black women[a] are three times more likely to die from pregnancy-related causes than white women.[1,2] Georgia is also one of the country's most economically disparate states, with poverty being more likely and deeper for the state's Black and Latinx families. According to the American Community Survey in 2019, 13% of Georgians were living in poverty, but 19% of Black and 20% of Hispanic households were impoverished compared to 9% of white families.[3] Over half (58%) of maternal deaths in Georgia are preventable, with poor communication between patients and providers as well as discontinuity of perinatal care being key targets for prevention.[1,2]

Strong evidence from randomized controlled trials has shown doula care—nonmedical emotional, informational, and instrumental support from a trained lay support person during pregnancy, labor, childbirth, and postpartum—can improve maternal health outcomes.[4–7] Continuous labor support creates better birthing experiences, increases spontaneous vaginal births, lowers risk of Cesarean, lowers use of analgesia, and increases five-minute Apgar scores.[5,8] Birthing people supported by doulas also have higher likelihood of intending to breastfeed and earlier breastfeeding initiation.[9] Given the evidence of improved birth outcomes for both birthing people and their children, accessible and affordable doula care is especially important to improve health outcomes in areas with high maternal and child morbidity and mortality, such as Georgia.

[a] This research team acknowledges that transgender men and gender non-binary people may also experience pregnancy and seek doula support. Where possible, including in our study materials, we have used gender neutral language. However, the literature we draw from centers on the social category of women, and we use the terminology of those works we cite. Similarly, most participants discuss their clients using gendered language, and we have left their direct quotations intact.

To scale-up doula access in high-risk and low-resource settings like Georgia, researchers need to understand how doulas—particularly Black doulas—build and maintain their businesses. There are several different models of doula businesses. The dominant model is privately-owned small doula businesses run either by a single doula or by multiple doulas in a collaborative.[10] Other models include community-based doulas, where typically Black or other doulas of color serve pregnant people from their own communities;[11] the hospital-based doula model, where doulas partner with hospitals to provide care;[9] community health workers trained as doulas;[9] and prison doulas, who provide support to incarcerated people.[12,13] In recent years, several states passed policies reimbursing doula services through Medicaid.[14,15] In their review of Medicaid doula policy initiatives, the National Health Law Program[14] makes these recommendations: increase diversity of doula population, engage doulas in the policy-making process, review options for coverage, and provide flexible payment pathways and methods.

In 2019, Healthy Mothers Health Babies Coalition of Georgia (HMHBGA) developed the Georgia Doula Access Working Group to ensure that all people in Georgia have affordable access to doula care. The Georgia Doula Access Working Group meets quarterly and includes representation from community-based doulas, community-based organizations focused on maternal and child health, clinicians, insurance payers, state and local government, hospitals, researchers, and training institutions. The Georgia Doula Access Working Group conceptualized and oversees the current study, a mixed methods investigation of doula care in Georgia. The research questions are: 1) what doula services are currently provided in Georgia?; 2) how do doulas build their businesses in Georgia?; 3) what are the barriers and facilitators of doula businesses in Georgia?; and 4) how can doula care be scaled-up and implemented across Georgia?

Methods

Study Design and Recruitment

For the current study, the team included a doctoral-level Research Mentor, who is also a doula and a member of the Georgia Doula Access Working Group (EAM), a lead graduate student researcher (DT), three graduate student research assistants (AL, AS, PS), and two community partners from HMHBGA (AM, KL), who lead the Georgia Doula Access Working Group. The research team used a concurrent mixed methods design to survey and conduct in-depth interviews with doulas in Georgia. They recruited doulas from November 2020 to January 2021 through emails to the Georgia Doula Access Working Group inviting them to participate or to share study information with other doulas they know. The study compensated participants with a $20 gift card. The Emory Institutional Review Board (IRB) reviewed the study protocol and materials for human subjects ethical clearance, and the study was deemed exempt [see rule 45 CFR 46.104(d)(2i(2ii)].

Reflexivity and Positionality

The research study team is demographically and experientially diverse, and it includes two community partners, who are Black women with a graduate education in social work (AM) and education (KL). EAM is a doula and doctoral-level public health researcher, who is white and highly educated. DT, AL, AS, and PS are not doulas, but they are Master's-level students in public health, and they identify as Black, South Asian-American, and Latinx-Asian/Pacific Islander-American. In addition to their graduate courses on qualitative research, the student researchers received training from EAM in community-engaged quantitative and qualitative data collection and analysis. Before and after each interview, the researchers reflected on how their personal identities affected the interview, the data collected, and their interpretation of the

interview. During team meetings, the team collectively debriefed about their own prejudices, expectations, and biases.

Survey Data Collection and Analysis

From October 2020 to February 2021, the team concurrently collected surveys (using Qualtrics and anonymous participant ID numbers) and in-depth interviews. The survey included sections on demographics, doula training, client demographics, payment and costing, scope of doula work, building doula businesses, and beliefs about doula services.

Qualitative and quantitative data analysis occurred concurrently from February 2021 to April 2021. The team analyzed the surveys using descriptive statistics in Stata v. 14.[16]

In-depth Interviews and Analysis

After each survey, participants completed a 1-hour, in-depth interview over Zoom (for COVID-19 safety precautions). The researchers audio recorded and transcribed each interview (i.e., Zoom produced a rough transcript that the research assistants then edited and de-identified while listening to the audio recording). They redacted all identifying names and/or replaced them with pseudonyms.

The team analyzed the in-depth interviews using content analysis[17(pp65-66)] including coding, memo-ing, and matrices (e.g., co-coding where two categories intersect and between-group analysis of codes across groups) in the qualitative analysis software Dedoose.[18] The research assistants reviewed each transcript, completed an interview memo summarizing the main content and why the interview is important for the study, and identified 10 emerging topics of interest as required by the ”Sort and Sift, Think and Shift” protocol developed by Maietta and colleagues.[19] This allows both for deductive categorization of the transcript (i.e., coding with pre-existing categories of interest) and inductive categorization of the transcript (i.e., novel codes

that were not identified *a priori).* The team used the list of interview topics to create a comprehensive codebook that was used to code the transcripts. Codes included training, doula scope of work, increasing awareness about doulas, building doula businesses, underserved populations, payment, challenges, client stories, benefits of doula care, medical outcomes, and ways to improve doula care access. Two coders individually coded each transcript; the two coders then came together to discuss and reconcile their coding to ensure consistency across transcripts and full use of the codebook. The group then developed analytic memos for each code, in order to answer the main research questions. The team met biweekly for qualitative research training, quality assurance of coding (e.g., reviewing a subset of transcripts and their coding together as a team), reflexivity, and ongoing discussion about emerging survey results and content analysis of the qualitative data.

Below, results are presented first by describing the demographics of this doula sample, the range of doula services they provide, then the four key topics that correspond to our research questions: the benefits of doula care, opportunities and challenges for doula care, payment structures and rates for doula services, and suggestions for improving doula care in Georgia.

Results

Demographics and Doula Characteristics

The doulas sampled were diverse in race, age, and socioeconomic status (see Table 1). About half (9/17, 53%) of the doulas were white and slightly less than half were Black (7/17, 41%). While over half (10/17, 59%) of the sample had never experienced financial hardship, about one-third (7/17, 41%) were experiencing hardship currently or had in the past. Seven participants (41%) were between 25-35 years of age, with one-third (35%) between 36-45 and one-quarter (4, 24%) 46 or older. The majority (12/17, 71%) of the sample had a college

education or more, and nearly all identified as heterosexual (15/17, 88%) and were not a first, second, or third generation immigrant (15/17, 88%). Most of the sample had been pregnant (13/17, 76%), and a little more than one-third of those had a doula personally during their pregnancy (5/17, 38%). On average, the survey took about 30 minutes to complete.

Table 1. Demographic characteristics of the 17 doulas surveyed and interviewed in Georgia

Variable	Frequency	Percent
Female	17	100
Race/Ethnicity		
White	9	53
Black	7	41
Hispanic/Latinx	1	6
Age		
25-35	7	41
36-45	6	35
46+	4	24
Economic Status		
Prefer not to say/Currently experiencing economic difficulty	2	12
Experienced economic difficulty in the past/temporarily in the past/historically	5	29
Never experienced economic difficulty	10	59
Education		
Technical degree/non-clinical professional degree	2	12
Some college	3	18
Graduated college	8	47
Clinical professional degree	2	12
Graduate degree	2	12
Employment		
Yes, full-time	10	49
Yes, part-time	3	18
No, not looking for employment	3	18
No, looking for employment	1	6
Sexuality		
Straight/heterosexual	15	88
Bisexual/Lesbian	2	12
Immigration Status		
Not an immigrant	15	88
First generation immigrant	2	12
Ever Been Pregnant	13	76
Had a Doula Personally	5	38

188 The doulas had also received a diverse range of training and practiced diverse scopes of
189 work (see Table 2). Most doulas stated that they had a solo doula practice (14/17, 82%) with a
190 minority reporting working within a group doula practice (3/17, 18%). Most reported their scope
191 of work to include birth services (14/17, 82%) and around half reported also offering postpartum
192 (9/17, 53%) and prenatal services (7/17, 41%). About one-quarter reported offering
193 preconception (5/17, 29%), abortion (4/17, 24%), and full-spectrum care (5/17, 29%). Two
194 (12%) identified as "*death doulas*" and one participant (6%), Imani, identified as a "*radical*
195 *doula*." She defined being a full spectrum and radical doula this way:

196 *"...doulas are used to support through all different types of transitions that you go...to me*
197 *a radical justice doula is basically an advocate...That's the one of the main focuses of*
198 *what we do is advocacy. Me being a black doula…I am advocating and I'm staying up to*
199 *date on legislation and politics and how that all affects access to having a doula and the*
200 *level of concern that your elected officials have for the fact that Black people are dying*
201 *when they're giving birth."*

202 The qualitative data revealed four key categories: doula care has life-saving benefits for
203 maternal and child health equity in Georgia; doulas are entrepreneurial yet challenged when
204 building their businesses; flexible payment structures increase access to doula care; and
205 pathways to improving doula care in Georgia. While the team originally planned for 20
206 participants given the 4 interview domains matching the 4 research questions, they reached
207 thematic saturation after only 17 participants.

Table 2. Length of experience, scope of work, training, and clientele of 17 doulas surveyed and interviewed in Georgia

Variable	Frequency	Percent
Time as Doula		
Less than 1 year	2	12
1-3 years	6	35
More than 3 and up to 9 years	3	18
More than 9 years	6	35
Type of Doula*		
Preconception/Fertility	5	29
Prenatal	7	41
Birth	14	82
Postpartum	9	53
Abortion	4	24
Full Spectrum	5	29
Radical/Justice	1	6
Death	2	12
Training*		
DONA International	6	35
Hypnobabies	4	24
CAPPA	3	18
Other	9	53
Certified*	13	76
DONA International	5	29
CAPPA	3	18
Hypnobirth	1	6
Other	6	35
Sufficiency of Client Load		
Fewer than preferred	11	65
Number preferred	5	29
More than preferred	1	6
Type of Practice		
Solo Practice	14	82
Group Practice	3	18

*Participants could check all responses that applied

Life-Saving Benefits of Doula Care

Doulas described how their services improved the perinatal health of their clients and their families through emotional and informational support including advocacy, education, empowerment, and referral. Notably, doulas explained they stand in and translate between the health system and their clients. Sarah, a white birth doula, said it this way:

"I think there's a lot of different roles of a doula. If I were to say one specific term, I'd probably use the word 'guide' because what a doula basically does is kind of fills in those gaps between the system and what the mom actually wants and envisions for her birth."

Similarly, Shannon, a Black birth doula, explained,

"I keep my patient informed and educated on what's happening in the hospital and keep the communication open between [them] and the nurses and the doctor."

All participants talked about providing informational resources to birthing people, so they understand the birthing process and are empowered. Denise, a Black prenatal, fertility, and birth doula shared,

"I am not a medical professional. However, I can provide resources or help if they have questions… so that they have a more active role in their birthing process."

Participants also described the critical role of doulas referring their clients to medical providers when necessary. Others emphasized that validating and empowering clients to talk to their doctors or medical staff about their concerns can be lifesaving:

"Some people just need the validation like, "Yes, it's okay to reach out to your provider and ask questions." And that can make a really big difference in whether someone lives or dies." – Mira, a white fertility, prenatal, birth, abortion, and death doula

Physical support is also a key benefit of doula care, with doulas providing their clients with different breathing exercises, positions to move into during labor, massages, and other comfort measures. Doulas also highlighted the importance of including partners and other family members in their educational services, which only increased during COVID-19.

"I think that it's vital... to be able to educate and prepare moms and dads and all partners for this life-altering event." – Taylor, a white full spectrum doula (prenatal, birth, postpartum)

Denise similarly explained,

"We do some of the exercises to see what helps, especially if there's a partner, that's when I really am the coach and show them how in this moment you [the partner] *can help with this."*

Doula Businesses in Georgia: Opportunities and Challenges

While doulas articulated numerous benefits of doula care, they also described barriers to building their business in Georgia (see Table 3). Nearly all participants (15/17, 94%) agreed or strongly agreed that price limits access to doula care, and the majority (13/17, 77%) agreed or strongly agreed that lack of insurance coverage also limits access. Only about one-third (6/17, 36%) agreed or strongly agreed that their training prepared them well for building a business, while over half (10/17, 59%) said starting a business is challenging and getting clients is challenging (9/17, 53%).

During in-depth interviews, study participants described several factors that can serve as barriers or facilitators of starting a doula business: training, finding clientele, networking, and mentorship. Mira described how her training and certification prepared her for building her business,

"She [the doula trainer] *just kind of walked us through what that would look like as a doula...to constantly get new clients. It's not like being a hairdresser where you could get repeats all the time, every six weeks. So, it was a lot of how to network. How to literally, physically, start your business, you know, the steps that you need to make as an LLC."*

Doulas explained that finding clientele involves being able to network effectively. Some doulas accomplish this by keeping in touch with their doula trainer, seeking mentorship from other doulas, or by joining structured doula organizations. A few participants described fostering collaboration with healthcare providers to increase clientele. Denise described,

"Dr. [redacted] embraced doulas. He would have an informational night once a month… where he had all his new patients meet a doula."

Table 3. Beliefs about the challenges of providing doula care as reported by 17 doulas surveyed in Georgia

Variable	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)
Price Limits Access*	1 (6%)	0 (0%)	0 (0%)	1 (6%)	14 (88%)
Lack of Insurance Coverage Limits Access*	0 (0%)	2 (12%)	2 (12%)	4 (24%)	9 (53%)
Training Prepares Well	2 (12%)	5 (29%)	4 (24%)	2 (12%)	4 (24%)
Certification Improves Access	2 (13%)	4 (25%)	1 (6%)	3 (19%)	6 (38%)
Starting a Business was Challenging	3 (18%)	0 (0%)	4 (24%)	4 (24%)	6 (35%)
Getting Clients is Challenging	1 (6%)	2 (12%)	5 (29%)	4 (24%)	5 (29%)

*Missing data on 1 participant, so the sample is n=16

Additional results specific to COVID-19 are presented in a separate, forthcoming manuscript (see conference abstract Turner et al., 2021). Notably, every participant reported changes to their doula business during COVID including note being able to attend births in the hospital or clinic (14/17, 82%), having to use personal protective equipment (13/17, 76%), and having to limit the number of prenatal and postpartum visits (65%). Participants reported the biggest barrier to doula business during COVID was restrictive hospital policies that only allowed one visitor per birthing person—forcing clients to choose their partner or their doula. Susan shared,

"The hardest part has been a lot of hospitals shutting down and even though I guess it's the AWHONN [Association of Women's Health, Obstetric and Neonatal Nurses] *had written that letter stating that...doulas shouldn't be considered visitors, we should be considered part of the care team."*

Nicole, a Black full spectrum doula agreed saying,

"Get doulas labeled as essential [workers]. That's my number one. I think everybody's kind of fighting for that right now."

Payment Structures and Rates Charged for Doula Services in Georgia

The payment structures and rates charged for doula services varied from doula to doula and, at times, even client to client. First, not all doulas charge for their services all the time. On the survey, over half (11/17, 65%) of doulas reported they would charge for services always and one-third (6/17, 35%) would charge sometimes. Study participants explained there are different scenarios when they would charge full price for their services, offer sliding scale options, barter for their services, or offer services pro bono.

Doulas described having passion for their work and serving pregnant people who need their services, but they were earning less money than needed or desired. When asked about their current pricing for different services compared to ideal pricing, all participants reported currently charging lower than the ideal prices (see Table 4). Prices ranged widely depending on the services provided (e.g.: if one prenatal visit was included in birth doula services or not) and the client (e.g., sliding scale).

Table 4. Current and ideal pricing for doula services as reported by 17 doulas in Georgia

Service	Current Prices				Ideal Prices			
	Mean	SD	Min	Max	Mean	SD	Min	Max
Preconception/Fertility Doula Services (total)	$ 688	149.3	$ 500	$ 850	$ 750	100.0	$ 650	$ 850
Prenatal Doula Services (total)	$ 481	213.2	$ 260	$ 750	$ 632	285.3	$ 260	$ 900
Birth Doula Services (total)	$ 926	358.3	$ 240	$ 1,500	$ 1,185	342.4	$ 400	$ 1,700
Postpartum Doula Services (hourly)	$ 30	6.5	$ 20	$ 40	$ 34	7.5	$ 25	$ 45
Abortion Doula Services (total)	$ 275	106.1	$ 200	$ 350	$ 433	115.5	$ 300	$ 500
Full Spectrum Doula Services (total)	$ 1,158	466.2	$ 700	$ 1,900	$ 1,400	708.0	$ 750	$ 2,500
Radical Doula Services (total)	$ 550	--	--	--	$ 750	--	--	--
Death Doula Services (total)	$ 950	--	--	--	$ 1,000	--	--	--
Death Doula Services (hourly)	$ 25	--	--	--	$ 35	--	--	--

Many study participants like Sarah, Susan, Nicole, Imani, and others described the common misconception that doulas are a "*luxury item*," although there are doulas in Georgia who are willing to negotiate prices or provide services on a volunteer basis. Participants explained that the "*luxury item*" misconception comes from lack of awareness about the average cost of doula care or that some doulas use sliding scales. Imani said,

> ***"****I tell them what my average costs are, and I let them know that I do have a sliding scale and discounts on fees based upon financial situations and so forth… then it's sending them the invoice and, you know, a follow up."*

Common methods of flexible payment included payment plans, sliding scale payments based on income, and fee waivers. Some doulas even barter with their clients. Participants mentioned getting reimbursed with bath salts, massage therapy sessions, candles, gift cards, and

yard work. Jasmine, a Black abortion and full spectrum doula, shared one example of when she accepted partial payment for her services in exchange for an invitation to the baby shower so she could promote her business to potential future clients.

Doulas identified pro bono services as a controversial method of payment flexibility. While some doulas are torn about offering pro bono services, others view pro bono services as necessary to ensure that all birthing people get the care that they deserve. Alicia, a Latinx birth and postpartum doula described the tension between wanting to offer free services and needing to stay financially afloat,

> *"Financially like I want to be able to serve those communities. I know that my price tag is probably not what they can afford, but I am just in a position right now where... I mean, if I could take a free birth, I will. I'll be there and support you."*

Doulas recognized both the severe need for their services and the value of their expertise. Brenda shared,

> *"I think everyone deserves a doula and so I would like to be able to provide a doula to anyone who wants to doula and be paid for my time skill and all that."*

Ways to Improve Doula Care Access

Through the surveys and in-depth interviews with doulas, three key categories were identified for improving doula care: collaborating with healthcare providers, increasing awareness of doula services, and reimbursement mechanisms for clients living on lower incomes including Medicaid and a community health worker model.

First, doulas described themselves as essential to the maternity care team, yet they explained that many healthcare providers have misconceptions and negative opinions of doulas. Annie, a white prenatal, birth, and postpartum doula discussed her experience this way,

"Providers are not being open to doulas, because they've had a bad experience or...don't know what a doula is. Maybe they've never worked with one, so then they come into the room, whether it be a labor and delivery nurse or OB or midwife…and they're automatically just negative..."

On the other hand, some doulas described networking with perinatal healthcare providers in mutually beneficial ways. Described above, some providers see the value of doula care and actively introduce their patients to doulas. Reciprocally, other doulas described how they quickly respond to clients' concerns and make referrals to healthcare providers and specialists. One doula shared,

"I had a client...the baby was starting to not latch…I was able to find a consultant for her and she was able to take her baby there...[the] lactation consultant [called] the next day saying, "Thank you for sending them in, the baby desperately needed to be seen. It was very good of you and good instinct to send them in quickly.'" – Mary, a white birth and postpartum doula

Participants also identified the need to increase awareness of doula services and the benefits of utilizing a doula. When asked how to increase awareness, Annie responded,

"It starts with the providers...Pediatricians during interviews saying, 'All right, are you set up for the birth plan? Do you have a doula? Do you have some support postpartum?'"

Brianna, a Black fertility, prenatal, birth, and postpartum doula, suggested medical providers need to normalize doula care,

"Whenever you find out that you're pregnant, they [medical providers] talk about making sure that you go and get your prenatal vitamins. They should also make sure you go out and reach out and find a doula."

Several doulas, including Annie, also described how birthing people and their partners can increase awareness by *"being very open about birth and just kind of saying, 'Hey, I had a doula, it was awesome...' And just people sharing their experiences."*

The issue of affordability was discussed in every interview, and many participants expressed how making services affordable would improve doula care in Georgia, particularly for community members who are at higher risk of negative pregnancy-related health outcomes. Some, like Denise, expressed interest in gaining a better understanding of grant funding as a method of financially supporting families. Other ideas for improving the affordability of doula services included reimbursement through Medicaid or as Community Health Workers. Over half of participants were somewhat or very interested in Medicaid reimbursement (11/17, 65%) and three-quarters were somewhat or very interested in the Community Health Worker model (13/17, 76%).

Notably, about a quarter of participants reported having mixed feelings about Medicaid reimbursement (4/17, 23%) (see Table 5). Those doulas in support of Medicaid reimbursement described it as the ideal solution that would acknowledge the importance and value of doula services. Alicia explained,

"If there's a family that needs a doula it shouldn't have to come out of their pocket if they can't afford it... Insurance pays for so much in other areas of our health or our lives and

so why not be able to recognize the doulas as a vital support as well? I mean, there's been studies as well about doula support helping to decrease the number of Cesareans. We're actually helping the hospitals [reduce] *their overhead costs."*

On the other hand, Mary shared,

"I struggle with this [Medicaid reimbursement] *because when government funding is provided for a service, the government puts restrictions on services…I would be concerned that I would not be allowed to provide services based on faith needs… So, if I received government funding or if I was a doula for a Medicaid type program there would be prohibitions on what I could discuss or talk about or how to guide my clients because my practice is faith-based."*

Another doula recognized that while there would be more access to doula care if insurance covered doula care, they worried,

"that would do more harm than good being that we would then have to answer to an insurance company...when an insurance company deems something a liability that we'd no longer be able to do it. So, there's the pros and cons of being covered by insurance, though I know that that would provide more access to more people." – Jessica, a white prenatal, birth, and postpartum doula

Table 5. Interest in Medicaid and community health worker reimbursement mechanisms among 17 doulas in Georgia

Variable	Not Interested At All n (%)	Mostly Uninterested n (%)	Neutral n (%)	Somewhat Interested n (%)	Very Interested n (%)	Mixed Feelings n (%)
Medicaid Reimbursement	2 (12%)	0 (0%)	0 (0%)	1 (6%)	10 (59%)	4 (24%)
Community Health Worker Reimbursement	2 (12%)	1 (6%)	0 (0%)	3 (18%)	10 (59%)	1 (6%)

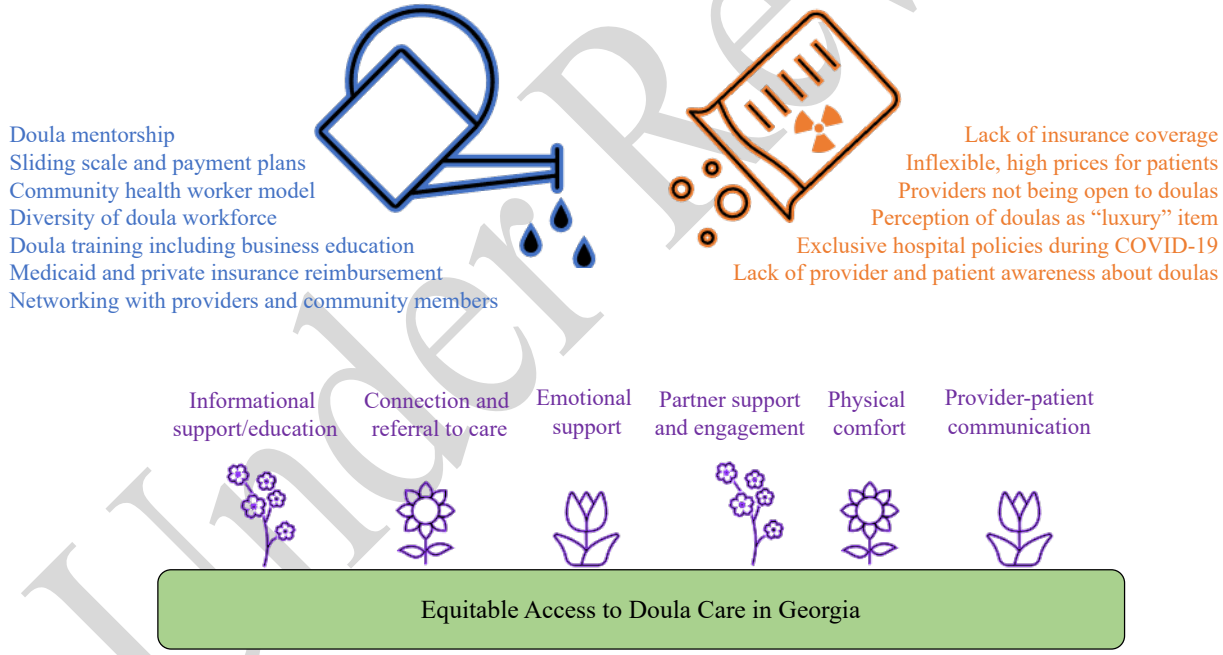
Discussion

The diverse doula participants surveyed and interviewed during this study shared valuable perspectives on how to improve maternal and child health equity in Georgia through a strengthened doula workforce. First, they shared narratives about the fruits of their labor (represented by flowers in Figure 1), the benefits of doula care for birthing people and their families in Georgia. Second, they explained how to create fertile ground for doula businesses in Georgia by laying out the major facilitators (represented by water in Figure 1) and barriers (represented by poison in Figure 1).

As "*guides"* and "*advocates,"* doulas play a unique and essential role in bridging the discontinuities of maternal-child healthcare in Georgia, particularly for marginalized patients at increased risk of poor maternal-child health outcomes including Black people and people living on lower incomes. As noted in previous studies, doulas in this study described how they provide informational resources and education; referral life-saving health and social services; offer emotional support and social connection; engage partners in the process; provide non-medical physical comfort measures; and translate between the healthcare providers and pregnant people. As a result, their clients are empowered to actively engage in their pregnancy and birth experiences with autonomy. Participants explained how they enable better communication between the pregnant person and their healthcare providers. Notably, this included amplifying

the voices of birthing people, who were not being listened to by their healthcare providers, including at times when they were experiencing complications. Doulas shared how they often interpret between the healthcare system and the patient's desires for their pregnancy and birth experience. These participants shared how they address some of the leading causes and contributing factors of maternal mortality in our state and country including lack of knowledge about warning signs, lack of communication between providers, poor coordination of care, delayed diagnoses and failure to seek consultation or refer to care, and the mental health crisis including perinatal depression and suicide.[2,20] The doula care they described also aligns with the recommendations of the Georgia Maternal Mortality Review Committee.[2]

Figure 1. Facilitators of, barriers to, and benefits from equitable doula access in Georgia according to doulas (n=17)



To make these essential doula services accessible, particularly to the most marginalized and at-risk communities, Georgia must create fertile ground for doula businesses. The majority of doulas in this study felt starting a business, getting clients, and making a profit is challenging. The study participants also reported having fewer clients than ideal, and that they charge lower

than ideal prices for their services. Doulas described numerous barriers to providing doula services in Georgia including high prices for patients, lack of insurance coverage, perception of doulas as "*luxury*" item, exclusive hospital policies during COVID-19, healthcare provider-related barriers, and lack of awareness about doulas in the general public. Yet they also identified promising facilitators of doula services: high-quality doula training including a focus on business start-up and management, networking with providers and community members, mentorship, "*sliding scale*" prices and payment plans, provider endorsements, a community health worker model, and (for some) Medicaid and private insurance reimbursement. However, some doulas were hesitant and had mixed feelings about insurance reimbursement, primarily because of low reimbursement rates that do not match the value of doula services and the time and skill involved.

These findings contribute valuable insight into the environment in which doulas practice and the context in which they weigh the benefits and financial gains of providing doula services with the costs and barriers they face to providing care. This study provides insight into the economic calculations that doula must make when choosing to provide services in high-risk, low-resource areas. Previous studies with Medicaid patients have demonstrated the ability of doulas to improve maternal and child health outcomes for patients who are higher risk and/or living on lower incomes.[6,14,15] Research with doulas of color serving people of color has further demonstrated how doulas can disrupt the social determinants of health that negatively influence the pregnancy experience and outcomes.[21,22] They do this by increasing their clients' agency, personal security, respect, knowledge, and connectedness to provide a "Good Birth" experience.[21] Our study participants also explained how they "*fill in the gap*", providing support and education to make up for the disadvantaged social and structural contexts of their clients'

lives. Moreover, doulas in our study specifically named how the current medical system of birth does not attend to these social and structural contexts thus denying patients their autonomy and ability to actively engage in the pregnancy and birth experience.

This study has a number of strengths and limitations. First, this is a mixed methods community-engaged study with a relatively small sample of doulas from metro-Atlanta, and is not meant to be representative of the entire doula population. Rather, this study goes in depth with a small sample of doulas while collaborating with community-based organization Healthy Mothers Healthy Babies Coalition of Georgia and their Doula Access Working Group. This has ensured the study is responsive to community needs, particularly for policy advocacy around doula care in Georgia. However, the vast majority of our sample was white or Black. There are plans to include doulas in rural areas and from immigrant communities across Georgia in future iterations of this project.

Conclusions and Implications

Healthcare systems across the state and country need to work with doulas and doula organizations nationally and locally to integrate them as essential members of the maternity care team, particularly during the pandemic when patients are more isolated and experiencing higher levels of distress.[22] Maternal morbidity and mortality—particularly in communities that are Black, living on lower incomes, living in rural areas, or living with disabilities—is anticipated to increase dramatically in states like Georgia where abortion is severely restricted (i.e., to 6 weeks gestation or less) following the Supreme Court ruling that overturned *Roe v. Wade.*[22-23] State-level policy-makers need to urgently consider policies that reimburse doulas at appropriate rates through Medicaid or support efforts to cover doula services through Medicaid expanded benefits. Georgia recently expanded postpartum Medicaid coverage to six months, meaning parents living

on lower incomes could have access to a postpartum doula during that critical time *if* doulas were covered under Medicaid. To improve maternal and child health, especially for communities of lower income and of color, doulas must be included in comprehensive and holistic care for pregnant and birthing people in Georgia and beyond.

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