Expanding doula support services in Massachusetts

CONSIDERATIONS FOR SUCCESSFUL IMPLEMENTATION

BETSY LEHMAN CENTER for Patient Safety

JANUARY 2022

ACKNOWLEDGEMENTS

The Betsy Lehman Center is grateful for partnerships with numerous agencies, organizations, and individuals working towards equitable access to doula support services in Massachusetts. We are thankful for the many doulas and consumers who participated in the survey and focus groups and were willing to share their experiences and ideas about how to make doula access more equitable in our state. We also appreciate the many people who helped us refine our survey and discussion questions, recruit focus group participants, and identify skilled facilitators and notetakers to ensure that all participants' voices were heard and accounted for in our analysis. Our survey data and focus group discussions were very rich as a direct result of those efforts.

We offer our sincerest thanks to these individuals and the organizations they represent, including: Accompany Doula Care, Birth Sisters Program at Boston Medical Center, Commonwealth Care Alliance, Executive Office of Health and Human Services, Massachusetts Department of Early Education and Care, Massachusetts Department of Public Health, Massachusetts Head Start Association, MassHealth, Massachusetts Health Policy Commission, Moms Do Care Program at Baystate Franklin Medical Center, Pettaway Pursuit Foundation, Steward Health Care, and Tufts Health Plan.

Special thanks to Nneka Hall of Quietly United in Loss Together, Christina Gebel of Accompany Doula Care, and Lorenza Holt, birth doula, BACE certified childbirth educator, DONA approved birth doula trainer and Spinning Babies® approved trainer, for their wisdom and guidance in helping us to better understand the important work that doulas do. Thanks also to Nneka, Grace, Yuvelca, and Alejandra for their skillful support as facilitators and notetakers for the focus groups.

EXECUTIVE SUMMARY

PURPOSE

Massachusetts is considering new policies and reimbursement strategies to increase access to doula support services as a means to improve birth outcomes in the state. To help inform the decision-making process, the Betsy Lehman Center for Patient Safety conducted a survey of practicing doulas and hosted focus groups with both doulas and consumers. This report summarizes the information and perspectives shared with the Center.

While Massachusetts consistently ranks as one of the healthiest states in the nation, underneath this achievement, racial and ethnic health inequities exist and have persisted for decades despite efforts to improve outcomes. People of color, particularly Black people, experience starkly higher rates of pregnancy-associated mortality, severe maternal morbidity and infant mortality than white people in Massachusetts. Research shows that doula services are linked to improvements in overall maternal well-being, pregnancy outcomes, and newborn care. Yet, health insurance plans seldom cover these services and very few providers in Massachusetts offer doula support as part of birthing care.

Massachusetts is considering steps to make doula support services more available and affordable. These include proposals to cover doula services for MassHealth members and investments to expand doula programs at hospitals and birthing centers that substantially serve Black communities.

To move forward, the Commonwealth needs to better understand the potential barriers to successful design and implementation of doula policies and programs and how to meet those challenges.

Through a survey of Massachusetts doulas and focus groups with both doulas and the people they serve ("consumers"), the Betsy Lehman Center gathered important insights to inform policymakers' and stakeholders' efforts to expand the availability and affordability of doula care statewide and to reduce the vast gaps in birth outcomes between white people and people of color.

FINDINGS:

1. Doulas perform a valuable service and both doulas and consumers cite numerous potential gains from an expansion of services in Massachusetts.
2. Massachusetts has a foundational group of experienced, dedicated doulas on which to build a more robust network of community-based practitioners.
3. Doula support services are largely paid out of pocket, making it difficult for doulas to keep costs affordable for consumers while also earning a living wage.
4. In addition to economic barriers, other factors that complicate efforts to expand use of doula services include workforce development issues and consumers' lack of familiarity with doula services.
5. Doulas and consumers call for accessible, equitable doula support services, and a commitment from the health care system to explicitly address racism and discrimination in birthing care.
6. Limitations of and expense associated with current training and certification standards must be addressed, particularly for doulas who will work with Black birthing people.
7. Credentialing and compensation decisions will impact the effectiveness of proposals to expand access to doula support services.

Note: "Birthing people" is used throughout this report. The term has gained currency for acknowledging that not all people who are capable of giving birth identify as women and that transgender and non-binary individuals should be included in conversations about improving birth outcomes. Language evolves, however, and we recognize that consensus around terminology that best achieves the intent of inclusivity is not always possible.

POLICY IMPLICATIONS

In addition to the findings above, a strong takeaway from the stakeholder conversations is that policymakers will need to explicitly address racism in any approach to expansion if they are to succeed in extending doula support services to Black and other birthing people of color. Specifically, such an approach should:

1. Engage doulas of color in the policymaking and program development process;
2. Set workforce development goals to meet the increased demand for culturally appropriate doula services:
   - i. Prioritize a living wage for doulas to make it possible for a low-income people and those from marginalized communities to choose to be doulas;
   - ii. Invest in a doula workforce development strategy that prioritizes recruitment and training of doulas of color and includes career pathways that allow doulas to advance in the health/healing arts professions;
   - iii. Approach review of doula training and certification requirements with a critical lens, ensuring the inclusion of training components that teach new doulas the skills necessary to effectively support birthing people of color;
   - iv. Make efforts to lower the administrative barriers to entry so that people of color are able to enter the field;
3. Engage consumers of color in the policy and program development process, developing robust strategies to reach these priority communities;
4. Identify and address barriers to care access prior to the implementation of programs or policies to expand doula services. This includes ensuring that materials for both doulas and consumers are culturally appropriate and translated into multiple languages.

The doula and consumer conversations also strongly indicate a need for policymakers to anticipate challenges in the interface between doulas and the physicians and nurses they will encounter in the maternity care environment. Adaptive change models exist that could help bridge the cultural/professional divide and ease the introduction of doulas into that space. Failure to proactively address these issues will prevent consumers from realizing the full benefits of the doula expansion and the state from achieving its goal of better, more equitable birth outcomes.

With careful regard to the concerns of doulas and potential consumers of doula services, Massachusetts has a unique opportunity to build on the dedication, knowledge, and cultural diversity of today's doula workforce to eliminate inequities in birthing outcomes for families of color across the Commonwealth. Several other states offer insights that can be used to improve consumer access to these services while ensuring a well-trained workforce that is committed to and fairly compensated for this important work.[1] Inclusive, thoughtful planning is required and is more likely to lead to successful implementation of efforts to expand doula support services in the state.

WHAT IS A DOULA?

A doula is a trained, non-clinical caregiver who provides "continuous physical, emotional, and informational support to a woman before, during, and after childbirth to help the woman and their family achieve the healthiest, most satisfying experience possible."[2]

A community-based doula is someone who performs traditional doula support services and is also from the same local community as the birthing person and often shares the same cultural background as their clients, increasing the likelihood that the doula is able to provide culturally congruent social support to the birthing person along with knowledge and connection to resources in their community.

Note: Throughout this report and in our survey and focus group discussions, we use the term "doula" rather than the more specific term "community-based doula." We acknowledge that there may be greater benefits to deploying a community-based doula model and encourage readers to explore publications such as Asteir Bay et al.'s Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities (Ancient Song Doula Services, Village Birth International, Every Mother Counts, Mar. 25, 2019).

INTRODUCTION:

Expanding doula services in Massachusetts to help mitigate racial and ethnic disparities in birth outcomes

The United States is facing a maternal health crisis. Despite spending far more resources on health care than any other high-income nation in the world, the U.S. experiences worse health outcomes, including poorer birth outcomes.[3] The U.S. maternal mortality rate is 17.4 deaths per 100,000 live births — more than double that of France, the country with the next-highest rate (7.6 deaths per 100,000 live births).[4] And these outcomes have worsened rather than improved in recent decades. Birthing people in the U.S. today are more than twice as likely to die during pregnancy or birth than their mothers and grandmothers.[5]

These poor birth outcomes are not borne equally across populations in the United States. Black and Indigenous people in the U.S. are 2-to-3.5 times more likely to die of pregnancy or birth-related complications than white people.[6,7] In Massachusetts, Black, non-Hispanic birthing people were 1.9 times as likely to die during pregnancy or within one year postpartum compared to white non-Hispanic birthing people. In 2017, the rate of infant mortality for Black non-Hispanic residents (6.6 per 1,000 live births) was almost 2.5 times higher than the corresponding rate for white non-Hispanic residents (2.6 per 1,000 live births).[8,9] The rate of severe maternal morbidity among Black non-Hispanic birthing people in Massachusetts is 2.3 times the rate for white non-Hispanic people, and 1.3 times greater for Hispanic/Latino birthing people compared to white non-Hispanic people.[10] Black women report experiencing postpartum depression at twice the average rate of all Massachusetts women.[11]

EXPANDING ACCESS TO DOULA SUPPORT IS A PROMISING STRATEGY TO MITIGATE RACIAL INEQUITIES

Doulas, also known as birth attendants or birth coaches, are "trained professionals who provide continuous physical, emotional, and informational support to a woman before, during, and after childbirth to help the woman and their family achieve the healthiest, most satisfying experience possible."[12]

By providing tailored, culturally congruent support and advocacy to birthing people, doula services have been shown to improve various birth and infant health outcomes, including a 39% reduction in cesarean section (c-section) births, reduced use of pain medications, higher Apgar scores for newborns, increased breastfeeding rates, and better connection to resources for postpartum depression.[13] In addition, doula support services are exceedingly cost-effective; savings associated with lowering the c-section rate alone could amount to $686 million a year in deferred Medicaid spending.[14]

Despite this evidence, doula support services are seldom covered by insurance and are not typically offered by providers in Massachusetts. They remain an out-of-pocket expense, putting doula support and the associated health benefits out of reach for many birthing people and their families.

For these reasons, several policy change efforts are underway in Massachusetts to expand access to doula support services. These efforts include legislation filed in the state legislature that would expand access to doula services in the state Medicaid program (MassHealth),[15] a Health Policy Commission investment program (Birth Equity and Support through the Inclusion of Doula Expertise; BESIDE)[16] to provide $500,000 in grant support for the expansion of doula programs at birthing facilities that substantially serve Black birthing people, and a proposal from the MassHealth program to provide coverage for doula services to their members in their most recent waiver extension.[17]

As these policy initiatives move forward, it is essential to understand both the barriers and enablers to effective policy implementation to ensure the intended effect of improving birth outcomes for birthing people of color.

In 2019, the March of Dimes Massachusetts elicited recommendations from doulas about key elements of a potential state Medicaid reimbursement program for doula services.[18]

Among the many relevant conclusions from the stakeholder process is the recommendation that doulas serving MassHealth members be trained in community-based doula skills. These skills include the ability to assist clients to address their social needs, including the social determinants of health, providing services with an understanding and sensitivity to all levels of chronic stress, the burden of racism, gender oppression, obstetric violence and institutional policies that negatively impact people of color, and upholding a reproductive justice approach to care. The report also recommended that MassHealth offer flexibility in the number of reimbursable visits based on a birthing person's unique needs, allow reimbursement for postpartum visits, and encourage integration of doulas into the birthing care system.

Still, there remain questions about the nature and extent of doula support in Massachusetts today and how well prepared the Commonwealth is to ensure that birthing people of color have access to doulas.

Through a survey of Massachusetts doulas and several focus groups with both doulas and consumers, the Betsy Lehman Center sought to fill in some of these knowledge gaps to better inform policy development related to doula access.

METHODS:

Direct input from a diverse group of Massachusetts doulas and consumers

Between December 2020 and June 2021, the Betsy Lehman Center fielded an electronic survey and held online focus groups with doulas who were currently or recently practicing in Massachusetts, as well as online focus groups with Massachusetts consumers (including but not limited to women).

ENGAGEMENT OF MASSACHUSETTS DOULAS

Survey data collection and content

- The survey comprised 39 closed- and open-ended questions covering topics that included practice characteristics, certification status, and payment for services. Informal doula networks disseminated the survey using online platforms such as Facebook.
- 137 doulas who were either currently practicing or who had practiced in Massachusetts within the last three years responded to the survey. Almost three-quarters of respondents reported being 44 years old or younger.

DOULA SURVEY RESPONDENTS BY AGE, RACE AND ETHNICITY

Age	18-24 (n=12) 25-34 (n=36) 35-44 (n=45) 45-54 (n=21) 55-64 (n=18) 65+ (n=4)
Ethnicity	Hispanic/Latino (n=13) Non-Hispanic/Latino (n=121)
Race	American Indian or Alaska Native (n=5) Asian (n=1) Black or African American (n=24) Middle Eastern or North African (n=1) Native Hawaiian or Pacific Islander (n=1) White (n=107) Prefer not to answer (n=4) Other/something else* (n=3)

NOTE: Participants were able to self-identify with one or more racial identities, and participants who identified as Hispanic/Latino may or may not have selected a racial identity.

Focus group data collection and content

- Semi-structured discussions included questions about participants' training experiences, what makes a good doula, opportunities for reimbursement for providing doula support services to MassHealth members, and how a reimbursement system might function. Participants provided verbal consent to participating and being audio recorded and each focus group lasted approximately 1.5 hours. A facilitator and note-taker supported each discussion.
- Twenty-five doulas participated across six virtual focus groups; three groups comprised participants who opted to attend a group for doulas who identified as Black, and three groups were inclusive of doulas of all racial and ethnic identities. The doulas represented a variety of practices (e.g., birth doula, full spectrum doula) and years of practice.

DOULA FOCUS GROUP PARTICIPANTS BY RACE AND ETHNICITY

Ethnicity	Hispanic/Latino (n=3) Not Hispanic/Latino (n=22)
Race	American Indian or Alaska Native (n=0) Black or African American (n=14) Native Hawaiian or other Pacific Islander (n=0) White (n=11) Other/prefer not to report (n=3)

NOTE: Participants were able to self-identify with one or more racial identities, and participants who identified as Hispanic/Latino may or may not have selected a racial identity.

ENGAGEMENT OF MASSACHUSETTS CONSUMERS

Focus group data collection and content

- Semi-structured discussions included questions to elicit participants' knowledge about and experience with doulas, their trusted sources of health care information, their values in health care, and potential benefits of and barriers to using doula support services. Participants provided verbal consent to participate and be audio recorded and each focus group lasted approximately 1.5 hours. A facilitator and note-taker supported each discussion.
- Twenty-four consumers between the ages of 18 and 50 participated across four focus groups; one group comprised participants who opted to attend a group for Black birthing people, and one group comprised participants who opted to attend a Spanish language group. The two remaining groups were for consumers of any race or ethnicity. Most participants were MassHealth members, and participants did not have to have had a prior pregnancy to be eligible to participate.

CONSUMER FOCUS GROUP PARTICIPANTS BY RACE AND ETHNICITY

Age, range	18-24 (n=1) 25-34 (n=11) 35-44 (n=8) 45-50 (n=4)
Ethnicity	Hispanic/Latino (n=6) Not Hispanic/Latino (n=18)
Race	American Indian or Alaska Native (n=1) Black or African American (n=15) Native Hawaiian or other Pacific Islander (n=0) White (n=7) Other (n=6)

NOTE: Participants were able to self-identify with one or more racial identities, and participants who identified as Hispanic/Latino may or may not have selected a racial identity.

DATA ANALYSIS

The Center's research team generated frequencies and percentages for quantitative survey questions, cross-tabulating responses to some questions by race and/or ethnicity. The team also analyzed focus group transcripts (or notes if a transcript was not available) using *a priori* codes based on discussion topic areas, separately analyzing data from discussions with consumers and those with doulas and identified exemplar quotes. Considering all data gathered for this initiative, the research team generated high-level findings, revising iteratively with the full project team.

FINDING 1:

Doulas perform a valuable service and both doulas and consumers cite numerous potential gains from an expansion of services in Massachusetts

Consumers and doulas spoke to the value of doula support services for the health and well-being of birthing people, and the potential of doulas to improve birth outcomes in populations underserved by the health care system.

BENEFITS FOR BIRTHING PEOPLE

Doulas and consumers who used doula support services during pregnancy, birth, and/or postpartum indicated there were numerous benefits including:

- Advocacy and intervention for the needs and preferences of a birthing person
- Emotional support and stability
- Support and guidance for family members
- Familiarity with a birthing person's language and background
- Insulation from interpersonal biases and discrimination (e.g., racism, discrimination against birthing people who do not identify as women)
- Buffer against systemic racism to improve maternal health outcomes broadly, especially for Black birthing people

Doulas who responded to the survey reported that doula support can:

- Offer more culturally appropriate care and advocacy
- Improve birthing/postpartum experiences (e.g., better continuity of care, more intervention in complications, reduced birth traumas)
- Offer connections to other supports and services (e.g., community-based services)
- Create a birthing process over the long term that is based in love and care that could create a positive ripple effect for future generations

BENEFITS FOR DOULAS

For doulas, a reimbursement system for services to MassHealth members could mean:

- The opportunity to be paid for work that is currently uncompensated
- Likelihood of hospitals and health care providers sponsoring doulas or viewing them as an essential part of the birthing team
- Diversification and expansion of the doula workforce
- Well-defined parameters of ethics, responsibility, and knowledge
- Continuity of expectations and processes across programs and certifying organizations

SOCIETAL GAINS

Doulas also described potential societal benefits from expanding access and improving affordability of doula support services — backed by a growing body of literature — such as:

- Reduction of disparities in health outcomes (e.g., lower Black maternal and infant mortality rates)
- Reduction of unnecessary procedures (e.g., decreased use of cesarean sections, epidurals, and episiotomies)
- Cost savings for the health care system

> *[Birthing people] often feel like they can't defend themselves. Sometimes medical personnel won't explain the procedures or what they are doing … and [doulas] have to remind the medical personnel that they need to explain the processes to the [birthing person].*
>
> — Participant, Spanish-language group

> *Just knowing I had a doula there to support decisions of mine that might sound alternative to certain doctors was comforting … [this] helped me not feel afraid to voice [my decisions] and stick with them.*
>
> — Participant, general consumer group

> *I had a maternal near-miss with my third and the hospital, when I wasn't able to speak, put a lot of fear into my spouse and said this is what we need to do basically, and he was scared. He knew what I wanted but he was influenced heavily by [hospital staff]. I would like to have a doula there so someone can say 'this is what she really wants,' and can remind him.*
>
> — Participant, general consumer group

FINDING 2:

Massachusetts has a foundational group of experienced, dedicated doulas on which to build a more robust network of community-based practitioners

The vast majority (85%) of the doula survey participants have been providing doula support services for a year or more and nearly 60 percent have four or more years of experience. Additionally, most have been practicing in Massachusetts during the last three years.

The geographic distribution of doulas participating in the survey was uneven. Most said they are based in the greater Boston area, though doulas offer services in every region of Massachusetts from Cape Cod and the Islands to the western part of the state.

Three of four doulas surveyed reported providing services to clients with a language preference other than English — most commonly Spanish.

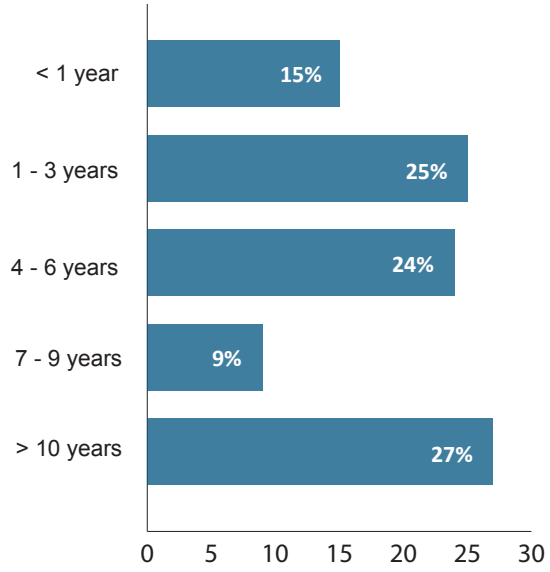
Massachusetts' existing doulas have independently pursued training and certification. At the time of the survey, most doulas surveyed were already certified (43%), pursuing certification (16%), or had been certified previously (11%). An additional 27% have been trained as doulas but have not or not yet been certified.

Massachusetts does not currently specify training for doulas and does not require certification, but people interested in offering doula support services have a number of choices if they wish to pursue certification. Survey respondents named 12 doula certification programs, among which DONA International was the most commonly used, followed by CAPPA and Warm Welcome Birth Services.

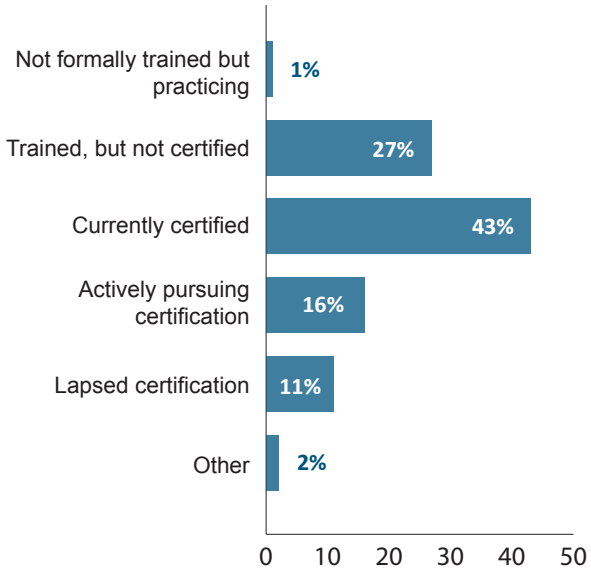
From the perspective of consumers, doulas are helpful supports during pregnancy, birth, and postpartum, and consumers participating in focus groups who had used doula services expressed satisfaction with the services they received from their doula in Massachusetts.

At the same time, almost two-thirds of doulas (63%) surveyed reported having to turn clients away, for reasons such as being sufficiently booked with clients, too far a distance between client and doula, and a lack of fit between client and doula. These limitations point to the potential benefits of — and the need for — an expanded network of doulas who can provide support services to clients across geographic and socioeconomic positions.

QUESTION: HOW LONG HAVE YOU BEEN PROVIDING DOULA SUPPORT?



QUESTION: HOW WOULD YOU DESCRIBE YOUR CERTIFICATION STATUS?



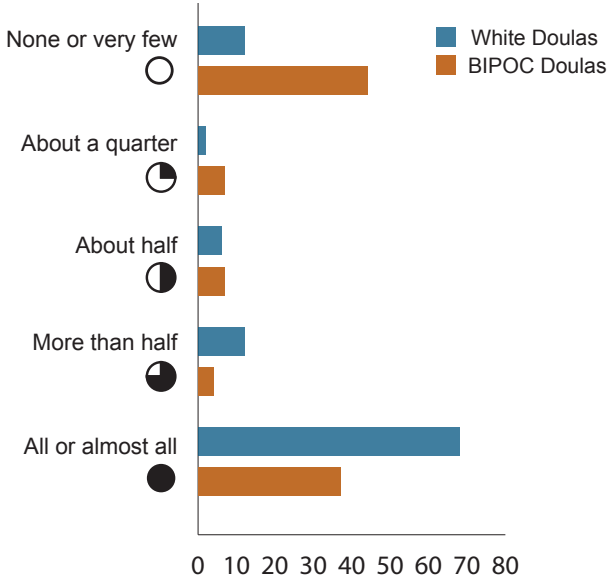
FINDING 3:

Doula support services are largely paid out of pocket, making it difficult for doulas to keep costs affordable for consumers while also earning a living wage

Doula support services in Massachusetts are not covered by most health insurance plans and are not typically offered by health care providers in the state as part of their obstetrical services. Some pioneering insurers, such as Commonwealth Care Alliance and Tufts Health Plan, and provider organizations such as Boston Medical Center, Cambridge Health Alliance, Baystate Medical Center, and Steward Health Care, make it more affordable for some members or patients to use doula services, but these services remain an out-of-pocket expense for most birthing people in the state.

Almost two-thirds (61%) of surveyed doulas said that "all or almost all" of their clients pay out of pocket, suggesting that they primarily support clients who can afford to pay. But there were differences in client payment mix between white doulas and doulas of color. More than two-thirds of white doulas primarily see clients who pay out of pocket, while only 12 percent indicated that "none or very few" pay fees from their own resources. The ratio is reversed among doulas of color, with 37% indicating that all or almost all clients pay out of pocket and 44% have none or very few out-of-pocket payers in their client mix. In addition, in focus groups with Massachusetts consumers, participants said that cost and lack of insurance coverage are obstacles for consumers interested in using doula support services.

PROPORTION OF CLIENTS WHO PAID OUT OF POCKET FOR DOULA SUPPORT SERVICES BY RACE OF DOULA



Costs for doula services vary. Seventy-five percent of doula survey respondents reported having a flat fee for their services, while about a quarter charge an hourly rate between $20 and $50. For doulas who provide birth services (91%), the standard full fee ranges between $500 and $2,500.

Three-quarters (75%) said they offer either pro-bono care or sliding scale fees for clients who could not afford the full payment, and 42% said they offer both pro bono care plus sliding scale fees.

Importantly, doulas' survey responses indicate tensions between their desire to offer services at an accessible cost, while also making a living wage. When asked about the challenges they face in offering support services to birthing people in Massachusetts, approximately three quarters (74%) cited difficulty making a living wage as a doula and indicated that, because of the low pay, they need more clients to have sufficient income. Almost half (46%) reported experiencing difficulty finding clients.

TOP 5 CHALLENGES FOR PROVIDING DOULA SUPPORT SERVCES

1. Difficulty making a living wage as a doula (74%)
2. Hospital policies preventing birth attendance (58%)
3. Difficulty finding clients (46%)
4. Resistance from maternity care teams (36%)
5. Burdensome certification requirements (29%)

FINDING 4:

In addition to economic barriers, other factors that complicate efforts to expand use of doula services include workforce development issues and consumers' lack of familiarity with doula services

DOULA AVAILABILITY AND WORKING CONDITIONS

Findings from the survey and focus groups with doulas offer a framework for understanding some of the challenges with expanding access to doula services, including:

- Concentration of doula services in the greater Boston area, leaving other areas underserved including central and western Massachusetts along with Cape Cod and the Islands
- Consumers' language needs
- Limitations caused by COVID-19, such as consumers reluctant to have doulas come to their homes and hospital policies that limit the number of birth attendees

More than half of doulas surveyed said that they have had to turn clients away, most commonly because they had too many clients already or too many other responsibilities. In some cases, the client was too far away, the relationship was not a good fit, or the client could not afford the fee.

In addition, as noted, it can be challenging to earn a living wage providing doula support services. Additional workplace-related conditions include time challenges, such as childcare/family obligations, challenges with the on-call nature of doula work and the need to arrange for back-up, and the sometimes-difficult relationships with hospitals that do not allow doulas to be present at a birth.

LIMITED CONSUMER KNOWLEDGE OF DOULA SERVICES

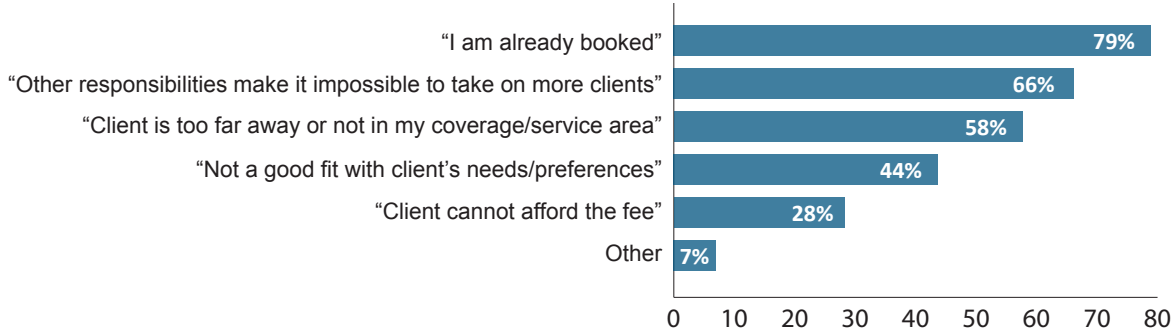
Among consumers in focus groups who had not received doula support services, prior knowledge about doulas varied. Some understood doulas to be individuals who support people navigating the birthing world; others assumed it was an "alternative" service rather than part of mainstream health care, that it was cost-prohibitive, or that they would not know how to find a doula.

Even those who had used doula support services were able to reflect back on their once-limited knowledge about doulas. Taken together, consumers suggested that barriers to more widespread use of doulas will need to be addressed, including:

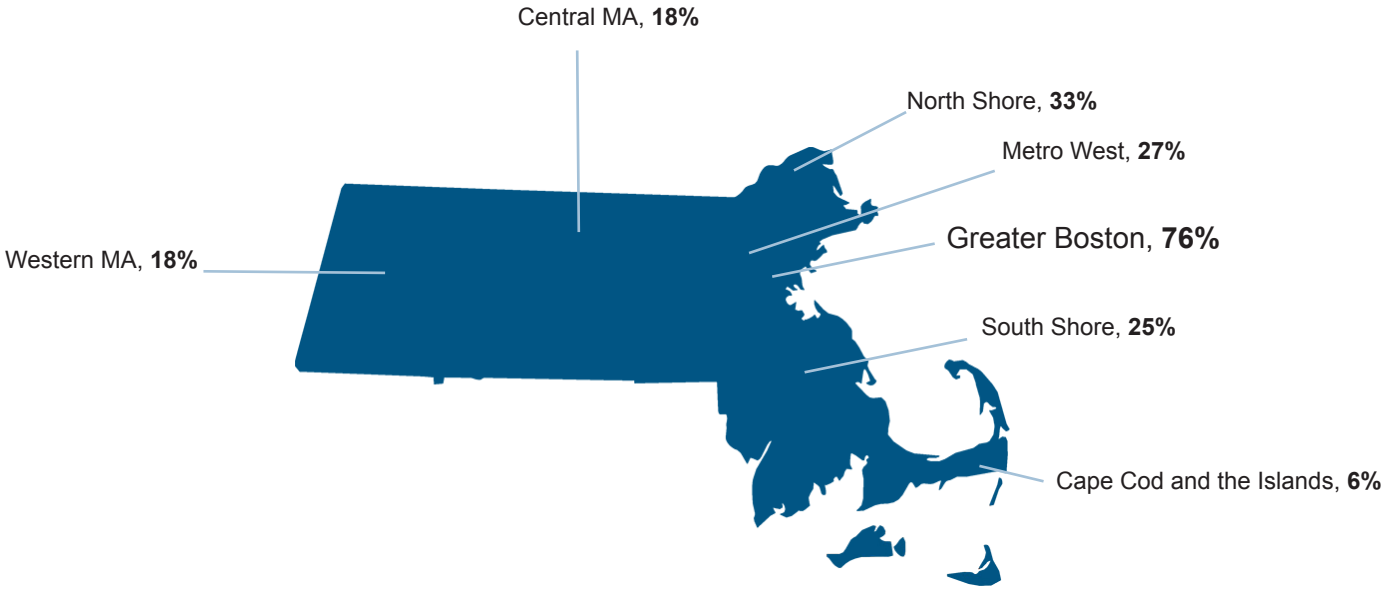
- Finding a doula who meets their needs (e.g., language, culture)
- Limited knowledge about doulas, particularly if utilizing doula services is not common within one's circle or community
- Misconceptions around doulas (e.g., seen as unnecessary, only for natural births, or alternative rather than supplemental)
- Cost and insurance coverage (i.e., a need to pay out of pocket)
- Doulas not always being permitted to be in the birth room or welcomed by health care providers
- Lack of availability of doulas outside of the greater Boston area

Finally, both consumers and doulas noted that expanding access to doula support services via MassHealth may trigger skepticism of those services in many communities of color that have come to distrust or assume lower quality of services that are free. One way to counter that, they said, is for MassHealth to include doula support services as part of the full range of birth services, rather than as a free, supplemental service. In general, they emphasized the importance of MassHealth ensuring optimal quality of care for all birthing people.

QUESTION: WHAT ARE SOME OF THE REASONS YOU HAVE TURNED CLIENTS AWAY?



QUESTION: IN WHICH REGION DO YOU PROVIDE DOULA SUPPORT SERVICES?



Three out of four doulas reported that they work in the Greater Boston area and about a quarter to a third of the doulas surveyed said they serve the North Shore, South Shore, and Metro West regions of the Commonwealth. Eighteen percent said they serve clients in Central Massachusetts and Western Massachusetts, respectively. Only 6% provide services to the Cape Cod and Islands. Note that survey respondents were able to select more than one region served, so the percentages here exceed 100%.

To supplement expanded access to doula support for MassHealth members, discussions among consumers yielded a variety of ideas for how to increase awareness about doulas.

- Informational campaigns (including use of credible sources such as mass.gov, Women, Infants and Children program, 611)
- Centralized database of doulas
- Education among health care providers
- Information dissemination from hospitals to newly pregnant patients
- Integrating doulas into the health care team (while maintaining doulas' ability to work independently on behalf of a patient and not the hospital)

FINDING 5:

Doulas and consumers call for accessible, equitable doula support services, and a commitment from the health care system to explicitly address racism and discrimination in birthing care

Doulas and consumers who participated in focus groups described a reality where birthing people of color, and especially Black birthing people, experience overt racism when accessing health care in Massachusetts and feel routinely shamed, ignored, belittled, and disregarded by health care providers and staff. Their remarks echoed and affirmed other research findings related to the pervasive impacts of racism in birthing care and the potential for doulas to help mitigate these negative impacts.[19]

Doulas described their role as advocates for a birthing person, trying to maintain a process that is honoring to the birthing person's wishes, and insulating them as much as possible from difficult and demeaning interactions.

At the same time, some doulas described their own experiences of discrimination and disrespect from members of the health care provider community, such as medical providers making assumptions about their ethnicity and relationship to the birthing person – assuming that they were a family member and not a doula. They expressed a fear that government oversight for doula support services could further what some refer to as the hyper-professionalization of birth work similar to the way in which midwives, who attended births for centuries, were pushed out of the field as specialized medical training became a requirement to facilitate births.

Despite the challenges, doulas and birthing people expressed the hope that doula support can help to mitigate some of the impacts of racism in the health care system by providing tailored, culturally congruent support to the birthing person and their family before, during, and after birth. However, they cautioned that doulas alone cannot reform a system that needs changing, and that a larger shift is needed to eradicate interpersonal and systemic racism.

> *I feel like they don't listen to us, they don't think we're in pain, even if you're showing it. Even if you're crying it out. I felt ignored, still.*
>
> — Participant, Black consumer group

> *I kept telling the lady something is wrong with me … and they come to find out my son had the umbilical cord wrapped around his neck. So, I'm telling you like, 'Something's wrong, something's wrong, you're not believing me' [and they said] 'Well, this is your first pregnancy; you don't really know what's going on.'*
>
> — Participant, general consumer group

> *[A nurse] pushed on my stomach — and obviously being big I'm not going to be full and firm — and was like 'You're not in labor.' And just was completely frustrated with me and I had stood up from the wheelchair, and my water just broke right there and I was just like 'I told you. I know my body. This is it.' And just was, it was a change of shifts as well, so it was just like more paperwork. She was just like disgusted that she was going to have to you know, be that nurse.*
>
> — Participant, general consumer group

> *I wish more people would know about doula services. We would help decrease the death rate of children … Doulas would be so helpful to support mom's mental health especially after birth. You wouldn't imagine how many women leave the hospital with postpartum depression.*
>
> — Participant, Spanish-language group

> *[To] witness obstetrical violence, discrimination, fear-mongering and abuse at every interaction with the hospital system has broken me. Birth doula services are not the saviors of the birth care system. The system must change and stop abusing birthing people. Birth doulas can then add their amazing support for a loving, compassionate, non-traumatic birth.*
>
> — Participant, general doula group

FINDING 6:

Limitations of and expense associated with current training and certification standards must be addressed, particularly for doulas who will work with Black birthing people

Both doulas and consumers described the importance of ensuring that doulas are well equipped to support the communities and individuals they serve. Massachusetts does not currently specify training for doulas, but in focus groups many doulas agreed that a more prescriptive approach to training would be beneficial and discussed a variety of factors that should be considered. They emphasized that the training curriculum needs to include specific content for supporting Black birthing people and members of other historically marginalized communities. Training and certification must also be affordable and accessible to ensure that the those who are able to participate are socio-economically diverse.

Doulas outlined a core set of skills and content knowledge that doulas should have:

- Understanding of pregnancy, the body, and comfort measures;
- Advocacy for the client's wishes, including encouraging the client's family to uphold the birthing person's needs and desires;
- Ability to support mental health and resource needs (including in cases of domestic violence, isolation, rape, housing insecurity, food insecurity) or knowledge of where to refer someone for resources;
- Understanding of the individual birthing person and their unique circumstances, including their cultural traditions and beliefs;
- Understanding of cultural safety and community-specific systemic issues (e.g., racism, inequities, and trauma specific to the community).

VARIED CONTENT AND QUALITY OF DOULA TRAINING PROGRAMS

Doulas generally saw great value in hands-on training and mentorship for newer doulas, and ongoing training for existing doulas. However, they emphasized that current training programs vary in content and quality, and sometimes lack components critical for effectively supporting the spectrum of birthing people. Many strongly advocated for trainings that include policies and/or content on anti-racism, racial equity, community organizing, social determinants of health, supporting imperfect birth experience, and care for birthing people who are Black, immigrants, queer, or transgender.

Doulas also described the importance of doulas cultivating self-awareness about their own approaches, biases, and tendencies in order to prepare to effectively support all clients and avoid medical or emotional harm; this includes approaching with an anti-racism and reproductive justice lens, avoiding causing trauma, and avoiding a "white savior" approach.

To supplement the current training programs and be ready to effectively support their communities, currently many Black doulas seek out and pay for additional trainings, acquiring skills close to a midwifery assistant level (e.g., take blood pressure, check urine, manage hypertensive crises) to mitigate the risk of poor outcomes for Black birthing people and babies. They worried that the training programs run by Black and brown doulas, those that train on skills critical for supporting birthing people who have historically had diminished experiences and outcomes, would be overshadowed by a process that primarily or only recognizes what they described as Westernized, white-dominant training programs like CAPPA and DONA International.

> *When we talk about the system as broken, the reality [is] the system is not broken; it's just that the system was not meant for us … the competencies that a Black woman is going to need to support another Black woman or family is completely different than how right, we're literally coming up against a system that is, literally like perpetuates itself to continue to stay in what doesn't serve and benefit us because of lack of knowledge, lack of information … it's sort of like we don't want to divide, but at the same time, we have to recognize that the division is already there [and] has always been there.*
>
> — Participant, Black doula group

> *There are so many doula trainings and also seeing what other states were doing being that they were only accepting the Westernized trainings: CAPPA, DONA … these were white dominant organizations that took away from you know the … program that's run by Black and brown [people] that really got into the stuff that we're talking about here that you cannot learn it, got it. You know these are programs that teach based on the history and my "heart work."*
>
> — Participant, Black doula group

POPULATION-LEVEL IMPACT OF INCOMPLETE APPROACHES TO TRAINING

Doulas urged that attention be paid to preventing the potential exacerbation of inequities that could accompany the expanded ability for doulas to be compensated for supporting MassHealth members. They emphasized that credentials do not equal quality of care, and that some doulas may seek to expand their services to MassHealth members for financial reasons, without appropriate training or a commitment to supporting populations experiencing inequities.

Discussions with Black doulas, in particular, underscored the harm, trauma, and potential for adverse events that can result from doulas working with Black birthing people without having the skills they need to effectively support them. They expressed concern that MassHealth reimbursement for doula services could attract more people of all backgrounds to the profession and that non-Black doulas are less likely to be equipped to provide high-quality support to Black birthing people.

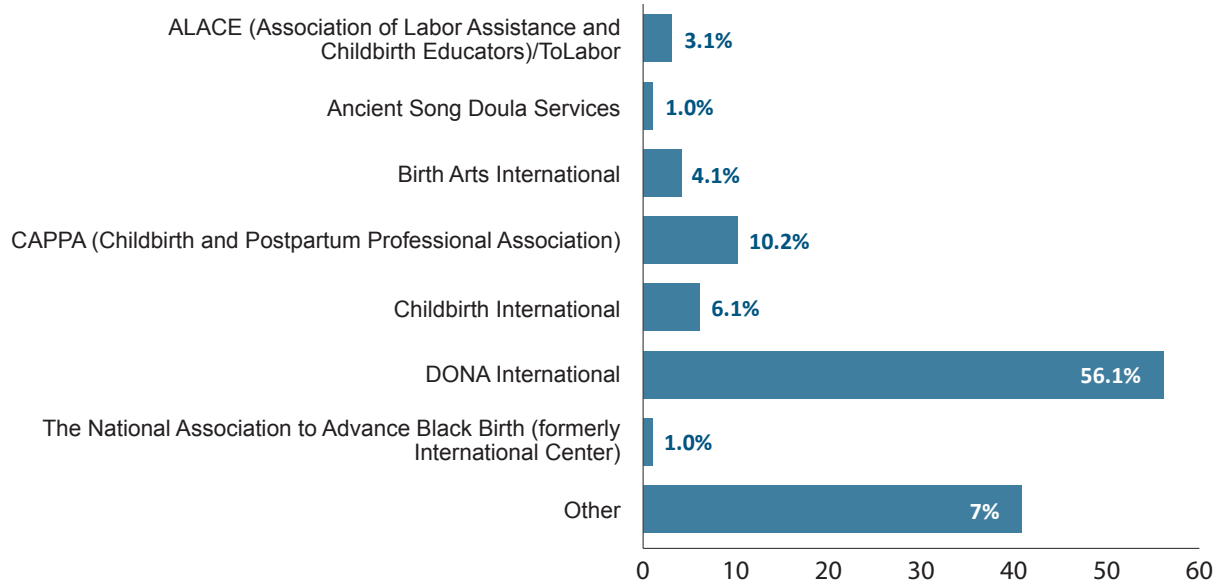
In the long run, doulas expressed concern that — even with a strong training and credentialing model — the present circumstances of Black birthing people receiving insufficient care, and Black doulas having to take supplemental trainings to fully support their communities, would continue.

> *[A birthing person] wanted somebody that looked like her to be there. And there are no homebirth midwives that are Black in our community. So she wanted to make sure she had two doulas there, so she paid for two doulas to be at her house, that were going to be with the white midwives that were going to be there. But there was instances where some of them just aren't culturally competent and some of them are ignorant.*
>
> — Participant, Black consumer group

> *The demands can be so much, and I think the biggest thing that makes me cringe [is credentialing requirements that come] from an implicit bias, racist, appropriated thought process that isn't centered on Afro-centric anything. And, my concern and my fear is that … [the state will] just look at or take from white practice and doulas and then just try to replicate it … And we're going to see a lot of those disparities. I think the biggest thing is not to create more note ities than already exist within sort of the BIPOC community in general.*
>
> — Participant, Black doula group

> *Every white doula, and white doulas especially, need to be stepping out and stepping in because they don't do that work and … this is where my issue comes in, right … Where y'all been at when, when these Black women and babies out here, done, where you been right? So now, when we start talking about reimbursement where you might get paid by … Medicaid, now you're going to come out the woodworks because you want to get some money and you want to get paid, right. But are you prepared to deal with all the inequities that are going on down here?*
>
> — Participant, Black doula group

QUESTION: WITH WHAT CERTIFYING ENTITY/ENTITIES HAVE YOU OBTAINED OR PURSUED CERTIFICATION?



FINDING 7:

Credentialing and compensation decisions will impact the effectiveness of proposals to expand access to doula support services

Expanded access to and coverage of doula support services via MassHealth may be tied to some challenges. Insights from doulas and consumers present opportunities to address concerns proactively during the conceptualization and design process of an expansion effort.

CERTIFYING AND CREDENTIALING DOULAS FOR WORK WITH MASSHEALTH MEMBERS

Doulas understood that MassHealth would require credentialing to ensure doulas can meet the needs of MassHealth members and offer quality services to members. Since there is no existing state process for credentialing doulas, one would have to be developed, most likely by the Massachusetts Department of Public Health, which holds responsibility for credentialing others in the health professions. Based on doulas' concerns and recommendations, the Department of Public Health has an opportunity to structure this new process in a way that ensures:

- Uplifting of trainings and generational knowledge from Black, brown, and Indigenous doulas;
- Inclusion of doulas in decision-making;
- Different credentialing pathways for new versus experienced doulas;
- Relatively low barriers to entry;
- Commitment to eradicating inequities and effectively supporting Black birthing people and birthing people from other historically marginalized groups;
- Avoidance of over-standardization of practice (which might preclude some birthing people from getting what they need);
- A community of support and mentorship for doulas;
- Ongoing, free trainings;
- Maintenance of doulas' autonomy (i.e., minimizing regulation of their practice);
- Maintenance of the vision and mission behind this work;
- Acceptance of an inclusive range of certifications.

In addition, almost all doulas in focus groups said they preferred that the Department of Public Health establish any new credentialing process under the auspices of an independent board rather than using an existing credentialing board such as that for community health workers. They called for an intentional selection of board members; they advocated that each member be properly vetted and compensated, and that their presence not perpetuate existing power structures (e.g., patriarchy, hierarchy within medicine) in which doulas' voices are not always valued.

COMPENSATION STRUCTURE FOR DOULA SUPPORT SERVICES

Doulas' concerns related to working within a MassHealth framework also offer suggestions for how to best conceptualize the compensation structure for expanded doula support services. They requested that MassHealth provide:

- Timely and adequate compensation including compensation for time spent providing meals, finding parking, and other tasks involved in providing quality services;
- Limited regulation of the practice;
- Streamlined paperwork and processes for reimbursement;
- Streamlined communication with MassHealth, including translation support;
- Improved work conditions, including sufficient one-on-one time with clients, continuity of care, client-provider-doula communication);
- Access to back-up doula support and other needed services;
- Support navigating challenging patient situations.

As an alternative, doulas also suggested that doula support could be part of each birthing hospital's infrastructure as has been tried at some hospitals including Mount Auburn Hospital, Boston Medical Center, and several Steward hospitals. Such a mechanism would relieve doulas of many administrative burdens such as paperwork, verification of services, and regulatory change that would be inherent in a system of reimbursement for services directly to doulas from MassHealth plans.

POLICY IMPLICATIONS:

Any approach to expanding access to doula services should explicitly address racism

In addition to the findings above, a strong takeaway from the stakeholder conversations is that policymakers will need to explicitly address racism in any approach to doula service expansion if they are to succeed in improving outcomes for Black and other birthing people of color.

Specifically, such an approach should:

1. Engage doulas of color in the policymaking and program development process;
2. Set workforce development goals to meet the increased demand for culturally appropriate doula services;
   - i. Prioritize a living wage for doulas to make it possible for a low-income people and those from marginalized communities to choose to be doulas;
   - ii. Invest in a doula workforce development strategy that targets recruitment and training of doulas of color and includes career pathways that allows doulas to advance in the health/healing arts professions;
   - iii. Approach review of doula training and certification requirements with a critical lens, avoiding unnecessarily onerous requirements and ensuring the inclusion of training components that teach new doulas the skills necessary to effectively support birthing people of color;
   - iv. Make efforts to lower the administrative barriers to entry so that people of color are able to enter the field;
3. Engage consumers of color in the policy and program development process, developing robust strategies to reach these priority communities;
4. Identify and address barriers to access to care prior to the implementation of programs or policies to expand doula services. This includes ensuring that materials for both doulas and consumers are culturally appropriate and translated into multiple languages.

The doula and consumer conversations also strongly indicate a need for policymakers to anticipate challenges in the interface between doulas and the physicians and nurses they will encounter in the maternity care environment. Adaptive change models exist that could help bridge the cultural/professional divide and ease the introduction of doulas into that space. Failure to proactively address these issues will prevent consumers from realizing the full benefits of the doula expansion and the state from achieving its goal of better, more equitable birth outcomes.

With careful regard to the concerns of doulas and potential consumers of doula services, Massachusetts has a unique opportunity to build on the dedication, knowledge, and cultural diversity of today's doula workforce to eliminate inequities in birthing outcomes for families of color across the Commonwealth. Several other states offer insights that can be used to improve consumer access to these services while ensuring a well-trained workforce that is committed to and fairly compensated for this important work. Inclusive, thoughtful planning is required and is more likely to lead to successful implementation of efforts to expand doula support services in the state.[20]

FUTURE RESEARCH NEEDS

Since the focus of this research was to better understand the needs and interests of doulas and consumers, it does not capture the perspective of health care providers and hospital leaders, who also play a role in ensuring the success of policies aimed at increasing access to doula services.

Most births in Massachusetts take place in hospitals, and hospital policies, especially in the era of COVID-19, can have a significant impact on how and whether doulas are able to work effectively in the way that the birthing person anticipates. Understanding individual provider perceptions and hospital policies relative to doulas will help enable more even adoption of doula support for birthing people.

Equally important, but unexplored here, is the need to develop the infrastructure and processes to support the integration of doulas into the health care system such as tools for communicating with the care team, compliance, and reimbursement support.

SUPPLEMENT I: Doula survey results

1. Have you been providing doula services during the last three years in Massachusetts?
   - Yes 141 (84.4%)
   - No 26 (15.6%)
2. Are you are a doula, but are not currently providing services?
   - Yes 14 (63.6%)
   - No 8 (36.4%)
3. Please describe what factors have led to your decision to not provide doula services at this time?
   - *I have young children and I do not have 24/7 childcare availability at this time.*
   - *On-call lifestyle doesn't work for me; wouldn't be able to make a living as a full-time doula*
   - *I've been very happy in my day job, preoccupied with family matters, and teaching few childbirth classes (I attend births for my students when asked).*
   - *People don't feel comfortable with others in their home.*
   - *I would love to provide services but struggle with how best to get clients as other doulas will often get in touch with the client first and have a website set up, etc.*
   - *Many hospitals are not allowing Doulas in the hospitals or just one birthing partner. It has been extremely difficult during the pandemic to secure clients.*
   - *No overnight child care*
   - *It's a challenge for minorities to afford doula services.*
   - *I have recently completed the training and have been unable to complete training hours due to the pandemic*
   - *I have recently completed the training and have been unable to complete training hours due to the pandemic*
   - *I now work as a certified nurse midwife in Mass*
   - *Due to COVID, and limited in-persom support it is difficult to find clients as a recently trained doula with no prior birth experience. I am hesitant to have my first birth support experience be virtual support as I want to provide emotional and in-person comfort measures.*
   - *medical*
   - *wanted to work with patient population who couldn't afford to pay me for my services, and I couldn't afford to continue working w/o income*
   - *Currently working a midwife*
4. How long have you been providing doula care?
   - > 1 year 20 (14.8%)
   - 1-3 years 34 (25.2%)
   - 4-6 years 33 (24.4%)
   - 7-9 years 12 (8.9%)
   - 10+ years 36 (26.7%)
5. Please choose the regions where you currently practice (Check all that apply).
   - Cape and the Islands 8 (5.9%)
   - Central Massachusetts 24 (17.8%)
   - Greater Boston 102 (75.8%)
   - Metro West 37 (27.4%)
   - North Shore 45 (33.3%)
   - Western Massachusetts 24 (17.8%)
   - South Shore 34 (25.2%)
6. What is your age?
   - 18-24 12 (8.8%)
   - 25-34 36 (26.5%)
   - 35-44 45 (33.1%)
   - 45-54 21 (15.4%)
   - 55-64 18 (13.2%)
   - 65+ 4 (2.9%) What is your age?
7. Do you identify as Latino/Latina/Latinx or Hispanic?
   - Yes 13 (9.7%)
   - No 121 (90.3%)
8. Which one or more of the following would you say is your race? (Check all that apply).
   - American Indian or Alaskan Native 5 (3.7%)
   - Asian 1 (0.7%)
   - Black or African American 24 (17.9%)
   - Middle Eastern or North African 1 (0.7%)
   - Native Hawaiian or Pacific Islander 1 (0.7%)
   - White Massachusetts 107 (79.9%)
   - Prefer not to answer 4 (3.0%)
   - Something else 3 (2.2%)
9. Which languages other than English do you use with your clients? (Check all that apply).
   - Other 0
10. How would you describe your doula certification status?
    - Not formally trained but practicing 1 (0.7%)
    - Trained but not certified 36 (26.7%)
    - Currently certified 58 (43.0%)
    - Actively pursuing certification 22 (16.3%)
    - Lapsed certification 15 (11.1%)
    - Other 3 (2.2%)
11. If you have received or are pursuing certification, with what certifying entity or entities have you obtained or pursued certification (Check all that apply).
    - ALACE (Association of Labor Assistance and Childbirth Educators)/ToLabor 3 (3.1%)
    - Ancient Song Doula Services 1 (1.0%)
    - Birth Arts International 4 (4.1%)
    - CAPPA (Childbirth and Postpartum Professional Association) 10 (10.2%)
    - Childbirth International 6 (6.1%)
    - DONA 55 (56.1%)
    - The National Association to Advance Black Birth (formerly International Center for Traditional Childbearing) 1 (1.0%)
    - Other 40 (40.8%)
12. What type of doula services do you provide as part of your practice? (Check all that apply).
    - Ante-Partum services 58 (49.6%)
    - Labor/Birth services 110 (94.0%)
    - Post-Partum services 78 (66.7%)
    - Bereavement services 31 (26.5%)
    - Community-based services 32 (27.4%)
    - Other 19 (16.2%)
13. What best describes the structure of your doula practice? (Check all that apply).
    - Private individual practice 96 (82.1%)
    - Private group practice 17 (14.5%)
    - Community health center group or program 6 (5.1%)
    - Hospital-based group or program 15 (12.8%)
    - Doula group or program serving people in low-income or medically underserved communities 39 (33.3%)
    - Other 3 (2.6%)

14. In your practice, do you have a way of providing back-up doula support to your clients should you be unavailable for any reason when they go into labor?
    - Yes 101 (87.8%)
    - No 14 (12.2%)
15. Please describe:
    - *2 other back ups as a firat line, then an additional 2*
    - **Birth Sisters Program - BMC*
      **Accompany Doula Care*
    - *Our doula practice has two doulas. We both get to know all of our clients prenatally - we each hold a prenatal session. We each are on call every other week. But if one of us is unavailable (attending another birth, sick, family emergency) then the other one is on-call.*
      We also work with back-ups in case one of us knows we're be unavailable.
    - *www.breathetoempower.com*

      :)
    - *I work with several other doulas who agree to provide backup to certain clients on an individual basis. I provide backup for these same doulas as well. Each of my clients have a dedicated backup*
    - *If needed, I ask for doulas in advance.*
    - *In a partnership with another doula.*
    - *I am a DONA certified birth doula based in greater Boston. I work with a variety of types of families and multiple languages.*
    - *I have a list of other doulas (private individual practices) that I can call .*
    - *I Am Vitalism Massage Doula Service. I provide prenatal support, education, prenatal massage and coaching .*
    - *Doula partner and informal relationships with other doulas*
    - *I have a network of other private individual doulas who I work with to coordinate back-up arrangements.*
    - *I contract with other doulas that I know personally to provide back up services.*
    - *Members of our team back each other up*
    - *Yes, it involves a few close doulas who I know can be of assistance in times of need.*
    - *I have a backup doula selected for each client. The client is given the backup doula's name and contact info and 50% the client meets the backup doula either over the phone or in person.*
    - *Using Doulas of Massachusetts Facebook group*
    - *Private, and also independent contractors with Pettaway Pursuit Foundation.*
    - *I've spent time building a strong network of doula friends in MA*
    - *I provide a known back up doula to each client before they sign a contract with me.*
    - *I'm limiting families due in the same month, as I always have. I have professional relationships with several doulas who I call on for support depending on who is the best fit, who is available, and who is answering the fastest when I need them. Clients are aware of this possibility, and the backup gets paid out of my full fee.*
    - *Arrange back ups with colleagues*
    - *I have a formal agreement with another of multiple other Doulas to be on call for the expected due time of each client. I pay them to be on call and accountable during that time and pay them if I need them to step in for me if necessary. My chosen back up is approved in advance by the client and given the chance to chat with or meet them. They are ideally comparable to me in training price and experience.*
    - *yes, we have other doulas that are working towards their certification and are already trained. When I get a member I introduce the member to the back up doula.*
    - *We are a group of two doulas and one postpartum doula. The birth doulas works together as a team and share all clients. They have an every other week on-call schedule and each pre at all is done with one doula so families get a chance to get to know each of us. We have one number and email the birth doulas answer at all times. The postpartum doula works independently .*
    - *Currently not practicing due to the pandemic I am home schooling my children. Virtual support probono only for family this year.*
    - *Infromal reuests to other doulas.*
    - *I have formed solid friendships with other single practice doulas and we utilize each other for back-up*
    - *Contact other doulas for coverage*
    - *Doula Supervisor or Back Up doula (I am part of the Accompany Doula Care group)*
    - *I work personally at my home town. I have a co doula who is my back up when needed. I usually work with low income, young pregnant people.*
      I also work with a program that is based around moms with addiction or in recovery .
    - *another doula in my company*
    - *Birth doula*
      Serving south and north shores.
      Can work for sliding scale
      Hypnobirth certified
      9year doula practice
    - *Two-fold. Private doula practice providing prenatal, birth and postpartum care.*
      Also work through a foundation that serves high risk and low income population.
    - *Asking other doulas in the doula program (I don't take private birth clients, only postpartum)*
    - *I would ask*
    - *The volunteer doula program matches each client with a primary and back-up doula.*
    - *I work individually with families with newborns.*
    - *Pre-arranged support for each birth.*
    - *I currently only practice as an independent contractor for a nonprofit who contracts with a MassHealth insurance plan.*
    - *I am a Full Spectrum Doula serving Western Massachusetts. My services include Birth & Postpartum support, support through an abortion or miscarriage, education & resources for reproductive & sexual health. Most of my clients are in the 20-30 year age range & I get the most inquiries from people trying to conceive & people wanting to know more about their menstrual cycle & reproductive/sexual health.*
    - *Provide 2 prenatals, on call for birth, attend labor/birth and provide a postpartum visit. Once hired available to provide resources, answer questions and available for support.*
    - *I have backup doulas that I can call for, should the need arrive.*
    - *I am a birth doula located in the Middlesex county serving moms to be heard and respected.*
    - *Backup doulas are designated for every birth my program supports*
    - *Back up doula partner*
    - *I have a private practice in which I serve paying clients. I offer a sliding fee scale to those experiencing financial difficulties. I also volunteer my services through a program at Beverly Hospital that works with at-risk young parents.*
    - *All our clients work with two doulas for the duration of their pregnancy. We attend all prenatal and postpartum meetings together and split the on-call time. Partners act as each others backups. For COVID we do have a third team member who meets the client once and is available in the event that both doulas are unavailable.*
    - *Birth and postpartum doula services serving western Massachusetts. In-person and virtual support available. Working with 1-3 families per month.*
    - *I collaborate with other independent doulas to always have back-up*
    - *I have prearranged relationships with other doulas who are similar to me in training price and experience. I will choose 1 for a client, pay them to potentially chat with my client and be on call back up for us during their due time.*
    - *Doula agency*
    - *Northshoredoulaco.com*
      Labor abs Postpartum Doulas, CLCs, childbirth education and HypnoBirthing
    - *all doulas in the practice back each other up*
    - *I am currently offering discounted services as I pursue certification which takes a few months. I started training in October 2020. Thus far, I have provided free information to someone planning to care for their postpartum and virtually supported a client self managing an abortion (under the care of her OBGYN).*
    - *I have a network of Doulas, that I personally know, for backups.*
    - *Typical birth doula work, also homebirh midwife.*
    - *Serving women in Boston and south shore, those who can pay as well as those with limited resources. Educating, supporting snd assisting before, during snd after labor. Seeing beautiful results of women who are supported and cared for.*
    - *I collaborate with colleagues*

- *I partner with other doulas, often trying to make a good personality/experience match with a family, but always depends on who is available at the last minute if needed.*
- *Prenatal, labor, birth, postnatal, and lactation support. Emotional, educational, and physical support for the birthing person and their family.*
- *I have been a shiatsu and massage practitioner for 21 years, I focus on perinatal massage and wellness. This has led me into more birth doula work, I expanded my training last year with becoming a certified mongan method HypnoBirthing educator, hypnosis practitioner and expanding my doula practice with more formal training. I strive to support women in advocacy, informed birthing and tools for wellness. I'm trained as a women's empowerment coach, a life coach, a H.I.P.P. Trainer, a sexuality educator and in trauma informed care. I have a strong commitment to anti racism work and equity in wellness and have offered low income services for many years.*
- *I have been a certified birth doula for 7 years. I also offer lactation support, child birth education classes, and infanr sleep education. I am a solo doula with an amazing back up and support system.*
- *I work with other doulas who will back me up as needed.*
- *I work with a doula collaborative. We do shifts to maintain continuous coverage for clients/families.*
- *My practice is a full-spectrum doula practice that provides support during all aspects of the pregnancy journey, including but not limited to conception, pregnancy, loss/ termination, and birth services.*
- *I was part of a shared doula group. Backup wasn't always easy, but things improved over time with the small company. I took on another job in perinatal research and retained a few clients, but ultimately wrapped up my last birth in late 2019 because of the schedule.*
- *I am a full spectrum doula and I give families the opt to chose my involvement level. With a current pandemic my practice is based around preparing the families for the birthing process and helping them feel as confident as possible to go in and face any situation that may arise. I also work on partner communication, coping strategies, anxiety reduction and self awareness and care before and after pregnancy. Postpartum care is tailored to the needs of the family. I also have an open line of communication for the family to ask questions and process through different situations.*
- *I offer prenatal support and information to help families navigate pregnancy with as much peace of mind as possible. I offer helpful fact based information and resources so families are making informed decisions that are best suited to their needs. I also offer labor support. I'm a consistent presence that offers emotional and physical support to laboring mothers and family members. I'm with the families until their child is born and I offer as much postpartum support as desired by the families. I am not a postpartum doula, so I do not stay for extended times with any family. However I'm available for support through phone text and email. I often find myself sitting with families for therapeutic debrief to unpack the whole birth experience. For some families trauma issues are talked about and for some events went as planned or better. Both families benefit from my therapeutic debriefing no matter what direction the labor went. I'm happy to be a constant and comforting presence for all the families I serve. I see first hand the incomparable benefits a doulas presence can offer.*
- *I practice individually with a back up doula*
- *Call fellow doulas that I work with for backing each other up.*
- *prearranged agreement with another doula to cover, client can connect with this doula in advance if desired*
- *I have back-up doulas that I know well and that have the same level of experience/ training/education as myself.*
- *I work with two other doulas who are in my area and we provide backup for one another.*
- *Members of my doula group practice*
- *Individually owned and operated practice. I provide birth doula services which consist of (typically) two prenatal visits, a 4 week on-call period around an EDD, and up to two postpartum visits. I am also a CLC so include lactation education counseling in prenatal and postpartum visits. Additionally, I offer placenta encapsulation service and belly binding service.*
- *I secure a backup doula for all my clients, and they get to meet her ahead of their birth.*
- *I primarily work with one designated backup doula who also does full time doula work.*
- *Have an informal network of colleagues I can call on. No client has ever gone without doula care.*
- *Back up Doula on call.*
- *I have my own practice and through community networking have established regular back ups.*
- *With Accompany Doula Care we always have a back-up doula. As an independent contractor I always have one or 2 back-up doulas.*
- *I have several doulas I can call upon to back me up.*
- *Usually 1-2 backup doulas.*
- *When I'm hired by a client, I ask personal contacts first, to see who may be available as backup, if needed.*
- *For my private practice, I find a back up doula that is best fit to support my client and is available. In the doula organization that I am a part of, we are assigned a back up*
- *Single person doula practicing and providing in-person and virtual support, often collaborating with area doulas for back up support. Recently began training doulas nationwide.*
- *At BMC, we are required to have another Doula assigned as a backup.*

16. About how many clients do you provide doula services to each year (check range below)?
    - 0-5 41 (35.7%)
    - 6-10 27 (23.5%)
    - 11-20 16 (13.9%)
    - 21-30 15 (13.0%)
    - 31-40 7 (6.1%)
    - 41-50 5 (4.3%) What is your age?
    - >50 4 (3.5%)
17. Of the clients you served last year (2019), what is the percentage of clients who pay out-of-pocket (any amount) for your services?
    - None or very few 22 (19.3%)
    - About a quarter 4 (3.5%)
    - About half 7 (6.1%)
    - More than half 11 (9.6%)
    - All or almost all 70 (61.4%)
18. Do you provide birth doula services?
    - Yes 105 (91.3%)
    - No 10 (8.7%)
19. What is the standard full fee you are paid for attending a birth?
    - *1200*
    - *850*
    - *Varies*
    - *$1550*
    - *1600*
    - *For private clients- $1200 including prenatals and postpartums. I also work with a program that provides doulas for low income families- i am paid $500 for birth support not including prenatals and postpartums*
    - *2500*
    - *1500*
    - *$1500*
    - *1200*
    - *1500$ for complete prenatal and birth services.*
    - *$1,800-2,500*
    - *1200*
    - *1100*
    - *$2400*
    - *1,200*
    - *$1500*
    - *1000*
    - *$1100*
    - *Because I am a new doula I let them pay me what they want basically*
    - *$1,300*
    - *Raising it in 2020 to $1650 (includes prenatal and pos*
    - *1200*
    - *$1500.00*

- *1550*
- *$1500-$1800*
- *$1600*
- *1200.00*
- *1200*
- *$500-1000*
- *$800*
- *Depends on client*
- *na*
- *1000.*
- *700$-800 per birth depending on location*
- *$500- $1100*
- *25 and hour*
- *$500 $24/hr for pre and postpartum visits (paid through MassHealth)*
- *$700*
- *I don't charge.*
- *1000*
- *N/A Volunteer*
- *2500*
- *800-1000*
- *Private practice 1200. Community program $500*
- *$1300-1500*
- *$500*
- *$800*
- *Between 1800-2500*
- *$600*
- *$1800*
- *I provide services for free*
- *$1400*
- *$500-1,000*
- *$2000*
- *$1,000*
- *$950-1250*
- *1500*
- *1200*
- *1600*
- *1200*
- *1200*
- *I have yet to do this since I am new, but the rate will likely be $1000-$1700, this includes 2 prenatal visits and one postpartum visit as well.*
- *1095-1220*
- *1.200*
- *1200*
- *1200*
- *$1650*
- *$1800*
- *1500*
- *$1000*
- *$1300*
- *$2000*
- *$850-$1000*
- *$750 is my price for full spectrum services*
- *1200*
- *1000*
- *$1600*
- *$1500*
- *sliding scale*
- *$1800*
- *$1200*
- *$2400*
- *1500.00*
- *$1500*
- *In 2020, $1200. This year raised my rate to $1500*
- *1750*
- *$600*
- *$800*
- *$1,000.00*
- *1300-1600*
- *Varies - sliding scale for private practice. Flat fee through Accompany Doula Care.*
- *900.00*
- *$800*
- *$800.00*
- *$1200*
- *750*
- *$550 for birth alone*
- *1650*
- *The hospital charges the fees*

20. What does the fee for birth doulas services include (Check all that apply)?
    - Attending the birth 100 (96.2%)
    - 1-2 ante-partum visits 73 (70.2%)
    - 3 or more ante-partum visits 33 (31.7%)
    - 1-2 post-partum visits 85 (81.7%)
    - 3+ post-partum visits 14 (13.5%)
    - Other 21 (20.2%)
21. On average, how many visits (in addition to attending a birth) do you provide to a typical client?
    - 1 1 (1.0%)
    - 2 10 (9.5%)
    - 3 40 (38.1%)
    - 4 32 (30.5%)
    - 5+ 22 (21.0%)
22. Do you provide doula services by the hour?
    - Yes 30 (26.1%)
    - No 85 (73.9%)
23. What is the typical hourly rate you charge?
    - *25- 40 (sliding scale)*
    - *pro bono*
    - *$35*
    - *Postpartum only (30/hr day; 40/hr night)*
    - *$100 - this is rare, and only used during the pandemic when I can't plan to be with certain families. It's as an alternative to the full doula contract.*
    - *$35*
    - *35*
    - *Sliding scale*
    - *40*
    - *$25*
    - *25-30*
    - *$25 for agency clients, $35 for private clients (postpartum)*
    - *25-35*
    - *$50*
    - *30*
    - *$25*
    - *$20*
    - *$35*
    - *$35/hr daytime / $40/hr overnights*
    - *Postpartum $25-$35*
    - *$40 postpartum*
    - *25 to 35*
    - *$25$30*
    - *$30-$35*
    - *$30/35*
    - *$25*
    - *20*
    - *$20*
    - *Depends on the hospital for now*

24. Do you provide services pro bono or on a sliding scale?
    - Pro bono 10 (8.8%)
    - Sliding scale 23 (20.2%)
    - I offer both pro bono and sliding scale services 48 (42.1%)
    - I work for a volunteer doula program 5 (4.1%)
    - Neither 28 (24.6%)
25. How is that determined?
    - By income (self-reported or otherwise) 45 (55.6%)
    - By insurance status (Medicaid-eligible) 2 (2.5%)
    - By social status (e.g., incarcerated individuals, high-risk individuals, people in recovery) 13 (16.0%)
    - Other 21 (25.9%)
26. Of the clients you served last year (2019), what percentage of them were MassHealth/Medicaid members?
    - None or very few 49 (46.7%)
    - About a quarter 21 (20.0%)
    - About half 13 (12.4%)
    - More than half 10 (9.5%)
    - All or almost all 12 (11.4%)
27. What do you see as potential obstacles or needs you would have if you were to take on MassHealth/Medicaid patients?
    - *Adequate reimbursement. They pay homebirth midwives 1200 in NH and their fees are, rightfully so, 3500-5000. So I'm not hopeful*
    - *The clients affording the business*
    - *I would be well suited. I am a community based reproductive justice doula with BMC.*
    - *I don't know what you mean by MassHealth patients.*
    - *Unsure*
    - *How to make a living*
    - *The clients ability to appreciate my services*
    - *None*
    - *I don't think it applies to my services*
    - *Paperwork to become listed as an established Healthcare worker.*
    - *Working with insurance companies and being compensated appropriately.*
    - *Appropriate compensation, knowledge of clients to get this service*
    - *Being fairly compensated so that there is no disincentive for taking on MassHealth clients.*
    - *Too much or confusing paperwork, difficulty getting paid by MassHealth*
    - *The obstacles I see are directly related to two things: Health Insurance making this process not so damn hard for patients or agencies/doulas they hire. And the my needs would be #1 getting paid my asking fee and the state accepting each as it's own. #2 My client's (even with a pandemic) should always be allowed to have an experienced trained emotional support person by there side and with-holding that access limits what they truly feel they are capable of. Doulas need to be in the birth room and respected there too.*
    - *This question is classist. I, personally, can't afford Connector Care MA health insurance and don't qualify for MassHealth. Most folks can't afford a doula. The obstacles for any birthing person, on mass health or any insurance plan or no insurance plan, is that they don't know about doulas and they can't afford a doula.*
    - *Backup*
    - *Making a living wage for me personally*
    - *I actually have no idea how many clients of mine are on MassHealth because I don't ask about their insurances.*
      If doulas were covered on MassHealth/Medicaid, I'd be a little concerned about bureaucracy and getting paid and about the "extra" work of doing paperwork and following up with the state. But it'd be worth it. Good to know about other medicaid covered or other low-cost resources for these families.
    - *low payments*
    - *As of now I am paid less for serving insurance clients. I also see a big difference in how much my service and expertise is utilized by clients who seek me out, choose me and pay me and clients who are matched with me by a healthcare/ insurance provider*
    - *Very few resources for pregnant members in Central Mass.*
    - *A respectful wage*
    - *Timely reimbursement for services rendered*
    - *Paperwork, time of reimbursements, lower fees*
    - *I have been working with Masshealth clients for a few years. The biggest obstacles I face are clients that aren't paying have less respect for my time. (Last minute cancellations, completely being stood up regularly) The money isn't as good as private but it's steady. Language barrier is common too.*
    - *Many MassHealrh clients I've worked with are in need of other services. It would be helpful to have current resources and contacts for support beyond birth and postpartum.*
    - *Reimbursment needs to be high enough and to come through in a timely manner. Paperwork needs to be reasonable.*
    - *Timely payment, communication between myself, my client, and the provider, approved socially needed services*
    - *I see the ability to have the support and care the client needs will increase and better the ability to care for the people who need it the most.*
      There will be more clients able to get the services they need during pregnancy and labor and post care
    - *My company hires and educates doula it is a Healthcare plan who pays*
    - *The contract of care.*
    - *Notes in regards to billing. Since this is a peer position often billing for medical necessity can become a problem and alter the relationship. Supporting someone emotionally can be enough but not meet medicaid understanding of medical necessity.*
    - *I already do, through the Pettaway Pursuit Program. The structure of the program comes from MassHealth which can be frustrating because the people in charge changed and changed the program in negative ways (reduced number of visits, etc.)*
    - *Getting paid by the insurance company*
    - *The barrier is being aware of the necessity of having a doula.*
    - *Honestly, providing doula support requires a lot of energy investment. We are worth our weight, for sure, and as I gain more and more experience I want to be justly compensated. I would anticipate cost-barriers as a potential obstacle with patients on MassHealth.*
    - *Compensation*
    - *Not being paid in a timely fashion or being told my services are not needed*
    - *Low payment*
    - *Paperwork*
    - *Receiving payment for services*
    - *Enough 1-1 time*
    - *The rate of pay is not a living wage and I would need a higher hourly rate and/or flat rate price.*
    - *Making sure MassHealth covers Doula Services so I can get paid for the services I provide to people who truly need or want them*
    - *Assuming their insurance would cover I would be afraid it wouldn't pay me what I charge now for out of pocket.*
    - *None*
    - *Possible obstacule of payroll*
    - *Reimbursement*
    - *Difficulty in being paid by MassHealth*
    - *I would love to take more MassHealth/Medicaid patients! Right now the biggest issue is assuring our doulas still make a living wage. I'd love to learn more about billing insurance and how to help clients get doula care covered.*
    - *Unsure*
    - *Having the amount covered me a reasonable amount for me to be able to support myself.*
    - *None*
    - *I see a difference in people who seek out doula services and pay for them as opposed to people who are assigned a paid for doula.*
    - *Dealing with billing*
    - *Just learning how to navigate reimbursement*

- *A living wage*
- *Reimbursement will need to be at least 1000 per birth*
- *The reimbursement rates are typically low for Medicaid. Clients are also more likely to be higher risk/have complicated pregnancies, which not all doulas are willing to support and may necessitate additional training and/or research about the best providers who take Medicaid patients, what kinds of services are available to them.*
- *If Warm Welcome Birth Services, with the midwife whom trained and certified me, was not accepted vs DONA, etc.*
- *Payment of doulas and midwives would allow for more culturally appropriate care and advocacy, more access to midwives and doulas means improved maternal and neonatal morbidity and mortality. It's a no brainer that Medicaid should be covering theae essential services, not only for better outcomes but incredible cost savings.*
- *I'm not sure how the billing would work however whatever is needed to provide for the most vulnerable in need is welcomed! I assume the care would be similar in most cases although far less home births.*
- *It's hard to earn a living being a doula, and I would need to make a reasonable salary*
- *There is no obstacle in my practice in taking on masshealth clients. If masshealth reimbursed 100% for complete birth doula services, more clients would have birth doula services.*
- *Staying on top of reporting/charting/whatever paperwork MassHealth requires.*
- *Limitations on reimbursement.*
- *If I could get reimbursement from insurance I typically see the paperwork and reimbursement policy of insurance agencies as an obstacle. For me I chose to donate from a passion for equity and racial justice. The obstacle is often in how the medical world treats low income and black and brown women.*
- *The fees paid for services.*
  How the payments are broken down (between antenatal, labor, and postpartum services).
  The enrollment process to be eligible to provide services ro MassHealth/ Medicaid patients.
- *Would be helpful to get free parking at hospitals. Getting coverage from other doulas.*
- *None*
- *Reimbursement*
- *I'm DONA-certified as both a birth and a postpartum doula. Though I'm not currently acting in that role, my position in research has me interacting with the same population in a different way. Like anyone, it's important to earn a living wage for outreach and follow up and all the little extras that come with caretaking (providing meals, finding a place to park, etc). Doulas need compensation for their (round the clock!) time.*
- *If finance were not an issue, possible the knowledge of the importance of having a doula. There may also be a trust obstacle that we would need to through as some Families feel that when their care is "free" they aren't cared for in an intentional way.*
- *I am not certified, although I am a very experienced doula. I don't want that to stand as a barrier. The other thing of course, is that Medicaid would need to pay me an appropriate amount in a timely fashion.*
- *Getting paid*
- *paper work*
- *I would probably have to get certified. Concerned about MassHealth/Medicaid regulations on my practice. The need for an interdisciplinary team depending on the MassHealth/Medicaid client (ie social worker, etc.)*
- *Paperwork?*
- *Clients do not usually tell us their insurance status, so I do not know how many of my clients were MassHealth patients. I know some of them were because it came up in conversation. I am also a MassHealth patient. I'm not sure what this question means about potential obstacles with MassHealth patients -- you may want to clarify what this means in the future.*
- *I'm not sure how to answer this question. The majority of the time, I do not discuss with clients what their insurance coverage is. The only time I'm discussing their specific coverage is if we are doing lactation counseling and reviewing what insurance companies are required to provide in the way of lactation support, supplies, and breast pumps. I will say that I'd assume a client with Medicaid may require a reduced fee or services pro Bono which could be an obstacle for me in a sense. I find myself taking clients who pay a reduced fee or no fee more than those who pay in full.*
- *In order to make this sustainable for me (as in, me being able to take those clients on a regular basis and not as an exception) I would need to get my full doula fee at the minimum. I find that those clients typically need more care (rightly so!) than my typical paying clients, and I can't afford doing more work for less pay without burning out.*
- *Would negatively affect my family's income if a high percentage of my clients needed a lower fee than my standard fee. I would need to take on a heavier client load, which significantly raises my stress level and my relationship with my partner and kids.*
- *fair payment to me as an experienced provider*
- *timely reimbursement payments*
- *Would not want to be caught up with excessive paperwork to get paid. It needs to be a very simple process*
- *Regulations and decrease reimbursement fee*
- *1.Post-partum care, adequate post-partum care, postpartum care beyond 3 months, postpartum, postpartum,postpartum!!!*
  2.Knowledge of the many ways a doula can/will support them and the benefits.
  3. Building trust with patients in a stunted amount of time.
  4.Patients being aware of what resources are available to them, beyond a doula, to support the best birth outcome.
  5.Helping clients fit self-care into their lifestyles
  6. Encouraging patients to surround themselves with trusted community members and or asking if they have them.
- *None*
- *I would like to be able to, but getting insurance companies to pay for doula services seems to be quite the struggle. I would think that the procedure for using MH/Medicaid for doula services would need to be quite clear for all involved.*
- *Have a full range of quality services to connect them to that also take MassHealth*
- *access, continuity of care w/ medical provider*
- *Billing*

28. What do you see as potential opportunities if you were to take on MassHealth patients?
    - *Ability to help a broader range of people without self sacrificing.*
    - *Able to pay for the services*
    - *Continue to work on the Black maternal mortality crisis in America.*
    - *I don't know what you mean by MassHealth patients*
    - *More opportunities to support families who need it most*
    - *Yes, if there was regular payment*
    - *Benefits to their birthing experience and postpartum*
    - *Everyone who wants a doula deserves a doula. This Bill will make doula services more accessible to everyone.*
    - *NA*
    - *More clients, ability to spread positive messaging about doulas, lowering maternal mortality, building relationships with medical providers.*
    - *The Ability to help a demographic that DESPERATELY needs care and support.*

      The spread of doula services as a societal need rather than a luxury.
    - *Working with a wider variety of clients*
    - *If MassHealth paid for doulas, I would be delighted to be able to provide services to MassHealth members who needed them while still being able to be compensated for my work. I think greater doula access for MassHealth members could support improved birth outcomes, provide early opportunities to intervene around emotional or physical complications of pregnancy and birth, and provide continuity of care for a population that does not always have that luxury in healthcare settings.*
    - *The opportunity to serve more underserved populations*
    - *This creates more work for me but allows every birthing person an option and THAT is what I'm aiming for. The opportunities come when clients decide to hire me and I leave a lasting impact on there life.*
    - *this question is classist. It doesn't matter what insurance or no insurance, providing doula services to any birthing person is the service I want to bring to the world.*
    - *Serve a wider scope of client*

- *Serving clients from a range of backgrounds*
- *The opportunity to work with the people themselves, who are probably awesome.*
- *reach more clients*
- *Doula awareness for sure. I believe peace on earth starts with birth. It is my hope that if humans feel supported, informed and even loved during the birthing process it will have infinite ripple effects. With these goals Doula support will ALWAYS be beneficial.*
- *Better outcome mom's having their baby naturally. Also, new mom's learning how to take care of their baby.*
- *More deserving families getting the support they need.*
- *More clients served. Decreased cesarean, epidural, and episiotomy rates. Improved mental health outcomes for patients and their attending family members. Improved maternal & fetal outcomes for the state. A doula is often seen as a luxury item, this is like saying shelter and food are a luxury item. If the state will provide a doctor and nurse it is unethical not to provide a doula. We are an essential part of the birth team. Every birthing person deserves to have doula support regardless of financial status.*
- *Serving more people who are economically disadvantaged.*
- *Teaching clients that otherwise would not go to CBE classes*
  Supporting teen and single mothers
  Assisting clients in finding support in their neighborhoods that they might not have known were there
- *This is a population that needs support during pregnancy, birth and postpartum and is often left to face these obstacles alone. The opportunity here is to be paid for providing these much needed services.*
- *Serving more women who can really benefit from having a doula.*
- *Greater client pool, actually helping higher risk clients who may benefit the most from doula support, more community care*
- *I would be able to help more pregnant people and have the ability to earn an income for my own family*
- *Ability to help more women in need*
- *Endless possibilities of education, empowering, and resources.*
- *More participants in the program.*
- *I love the opportunity to get to know families in many different situations and come alongside to support them. It is very rewarding to see the difference that makes.*
- *I think many more people would have the opportunity to receive the benefits of having a doula. Money is the number 1 obstacle for lower income families*
- *My being paid a living wage to do this work.*
- *I would love to provide services to more people in low-income or under-served communities. These families need compassionate care, education, and trusting relationships to promote health and well being even more than most.*
- *Understanding the problems in our health care system*
- *A full load of births and families to help*
- *Helping more low income families who could not afford a doula otherwise*
- *Reducing disparities*
- *The ability to reach low income and teenage Mom's.*
- *More opportunities to help families in need*
- *Reach, impact, diversity - this would be wonderful.*
- *Greater job satisfaction, and potential for earning a decent living.*
- *Serving more clients, making Doula care more well known & accessible & a standard of care*
- *I would love to serve all women of color a s socioeconomic backgrounds. This should be a service anyone can have not just those who can afford it.*
- *Reimbursement*
- *Great. I speak Portuguese and there a lot of Brazilian who needs support*
- *Would love to provide services to people who need it and can get coverage!*
- *The ability to serve the most vulnerable, those who most need the services of a doula.*
- *Supporting more people who need it most, especially birthing people of color and low income families who need more support not less. It would be absolutely fantastic to be able to reach and serve those families to improve birth and breastfeeding outcomes in MA.*
- *Being able to give back to more people*
- *Be able to get this evidence-based and important care to families who may need it the most.*
- *Many. The opportunity to provide essential care to people that often are unable to hire doulas.*
- *More doula awareness for the general population.*
- *More clients being able to get care*
- *Helping an underserved as at risk community*
- *Could support more local parents*
- *I would love to take MassHealth patients! Everyone deserves to be empowered to make informed medical decisions and low income clients are at a disadvantage. Its possible that I would be the only provider who takes the time to discuss their options at length. Doula care can reduce complications, and improve the health outcomes for both the parent and child.*
- *A huge decrease in birth traumas, able to service anyone whom is interested in my services, a decrease in deaths per birth support, education, and postpartum care.*
- *See previous answer*
- *More women who are in need being/feeling/experiencing support. More stable mothers, families. Better mental health. Healthier chikdren and society*
- *Not sure*
- *A client is a client, regardless of what their insurance is. Every birthing person deserves the support they desire.*
- *Ability to get paid near my standard fee for some of, if not all of, the low income clients I have been taking on in the duration of my doula practice.*
- *It would help improve maternal and fetal experience and statistics in MA. It could reduce our maternal mortality numbers. It would offer Doulas to folks who would otherwise be unable to pay for one. All birthing people deserve a doula.*
- *The opportunity is to create equity, informed birth practices, safer outcomes and a supported environment!*
- *I would be able to help more familes who cannot afford the cost of services on their own.*
- *Right now I only take clients in the summers and over vacations (when I am not working my other job). I often volunteer with low-income moms and teenage moms, (through local adolescent clinics). I find that work very fulfilling. It would be great to be compensated for it!*
- *I could help more families who are in need of doula services.*
- *Greater accessibility of doulas and doula support to pregnant people*
- *Providing equitable services to a diverse range of birthing parents needing care.*
- *The opportunity to reach families who may not have know about doula care or who have but could not afford the care. Reaching families affected by the Black Maternal Health Crisis.*
- *Expanding access to doula care is absolutely essential. I would be delighted to have a more diverse clientele. I spent my first few years as a Doula working for a community health center, and that work is my passion.*
- *Able to help women that otherwise would not get a doula. Able to help new moms that already have many struggles*
- *more women/families will receive service*
- *More requests for services. The ability to provide more birth doula access to the community.*
- *More families will receive awesome support and more doulas will have paid work*
- *Doulas for more families.*
- *It is an opportunity to work with a population that often especially needs doula services*
- *Our communities being affected positively, and that positive change affecting future generations.*
- *If I were able to earn my standard fee with low income clients I'd have the opportunity to serve more families who are likely to face discrimination during pregnancy and birth.*
- *providing services and care to folks who might not otherwise have access to experienced doula care*
- *bridging the gap to access*
- *More women of color would have access to this vital service that otherwise they could not afford*
  I really enjoy and don't like turning anyone away
- *Increased client numbers, opportunity to help low income women feel empowered*
- *I see ENDLESS opportunities!! This NEEDS to happen. All of my concerns above can be addressed, navigated, resolved. We just need to tap into this client base. By tapping into patients through MassHealth, we can begin to share knowledge that can then*

trickle down to future generations around healthy pregnancies, teachings on how to self advocate, teachings about body knowledge and when to ask for help and when to say, "No thank you. I do not need that service," providing a community and showing what community coming together around a birthing mama/parent can look like ... the possibilities are endless. We NEED this.
- *More access*
- *Oportunity to help underserved population.*
- *More people may have access to doula care who wouldn't otherwise be able to afford it.*
- *The ability to provide more care to those most marginalized in birth care and society at large*
- *more families served, increased satisfaction, decreased mortality rates*
- *Billing*

29. Do you ever have to turn clients away?
    - Yes 71 (62.8%)
    - No 42 (37.2%)
30. What are some of the reasons you have had to turn clients away? (Check all that apply).
    - I am already booked 56 (78.97%)
    - Other responsibilities make it impossible to take on more clients 47 (66.2%)
    - Client is too far away or not in my coverage/service area-based services 41 (57.7%)
    - Not a good fit with client's needs/ preferences 31 (43.7%)
    - Client cannot afford the fee 20 (28.2%)
    - Other 5 (7.0%)
31. How are new clients referred to you? (Check all that apply).
    - Self-referral (clients find your practice on their own) 89 (77.4%)
    - Referrals by word of mouth/ previous clients 97 (84.3%)
    - Referrals by health care providers (doctors, nurses, community health centers, etc.) 68 (59.1%)
    - Referrals by health insurance plans 15 (13.0%)
    - Other 13 (11.3%)
32. What percentage of your referrals come from health care providers?
    - None or very few 64 (56.1%)
    - About a quarter 29 (25.4%)
    - About half 9 (7.9%)
    - More than half 4 (3.5%)
    - All or almost all 8 (7.0%)
33. How many of your clients are Latino/Latina/Latinx or Hispanic?
    - None 18 (16.5%)
    - A few 52 (47.7%)
    - Some 33 (30.3%)
    - Most 6 (5.5%)
34. How many of your clients are (Check the appropriate box for each race/ethnicity category)
    - SEE TABLE A
35. Approximately how many of your clients are members of the lesbian, gay, bisexual, transgender or queer/questioning (LGBTQIA+) community?
    - None 29 (26.6%)
    - A few 42 (38.5%)
    - Some 28 (25.7%)
    - Most 1 (0.9%)
    - Don't know 9 (8.3%)
36. How many of your clients have a preferred language other than English?
    - None 23 (21.1%)
    - A few 46 (42.2%)
    - Some 24 (22.0%)
    - Most 12 (11.0%)
    - All 2 (1.8%)
    - Don't know 2 (1.8%)
37. How many of your clients have a preferred language other than English?
    - SEE TABLE B
38. What are some of the challenges you face as a doula providing care in Massachusetts? (Check all that apply)
    - It is difficult to make a living providing doula care. 83 (75.5%)
    - Finding clients is difficult. 50 (45.5%)
    - Certification requirements are burdensome. 32 (29.1%)
    - Hospital policies prevent me from attending births. 64 (58.2%)
    - Maternity care teams are not accepting of doulas who attend births. 40 (36.4%)
    - Other 26 (23.6%)
39. Finally, is there anything else you'd like to add about your experience?
    - *Hospital restrictions during covid means that people are unable to have their full team of providers, including their doulas. While I understand there is a full scale public health crisis, maternal health has been a crisis for years. Doula care has been shown to lower the rate of c sections, increase emotional stability and help families start off breastfeeding on the right foot. With so many people being discharged early and the isolation of the pandemic, without doulas there, we are teetering on the edge of a mental health crisis. I have never had so many clients referred to mental health services as I have this year. Doulas are essential workers.*
    - *No these questions covered everything*
    - *Many studies have shown that Doula Services are beneficial in positive birth outcomes and reducing the need for cesarean and other medical interventions. Doulas contribute to a lower maternal mortality rate. Doulas will bring the cost of birth down significantly because of the limited amount of resources used when c sections and other medical interventions are not needed.*
    - *My clients are faced with not having solid emotional and physical support during this time because the medical professionals don't think what we do is worth having around. Because of that I've had to change the way I support my clients and god damn it emotional labor is hard work. Everyone in the birthing community want's to give there clients the best support, why can't the medical professionals trust that we trust them and let us do what we are great at and that of which they can't provide. We can't all do everything, that's why our career exists and it deserves to be covered by all insurance especially state.*
    - *I just quit providing doula services after 20 years of attending 20-50 births a year. I have symptoms of trauma from watching and listening birthing people be groomed in fear during pregnancy and witnessing birthing people be violated and assaulted during labor. You are looking at the wrong thing - Don't set up the least powerful, lowest paid person in the room, the doula, to stop the obstetrical violence from the industrial birthing complex. Fix the systemic problems, not the doula or the doula programs.*
    - *Currently covid is preventing more than one support person*
    - *Thank you for conducting these surveys and compiling data.*
    - *The medical community, mainly OBs and nurses) need to be educated on the role of a doula. We should all be working together.*
    - *This is a very tough way to make a living with very difficult hours, often multiple days in a hospital without sleep.*
      Working independently, not hired by a hospital, is crucial to the model working.
    - *I would love to help mor pregnant people and have the ability to be paid. To provide a living for my family.*
      There are so many people out there that could really use the support during and after pregnancy.
      It's so vital to give them the most positive experience in order to prevent or minimize postpartum depression.

- *I feel that when I retire and continue with Doula services it will be hard to find clients.*
- *I wish hospital staff viewed us as helping them and as part of the care team instead of a burden*
- *Just started my business this year during a pandemic so I assume so issues I am facing will not be typical in the future!*
- *I have noticed in the areas I serve & the demographic I serve that most people do not know what a doula is or why it's important to have a doula for birth & postpartum. I'm hoping that by serving young parents & the "average person" that doula care becomes more main stream*
- *It's an amazing job and I hope some day ALL people can have a doula if they desire! It should be a white privileged option only.*
- *I had great accomplishments with the clients I support and think it made a difference in the outcome of the patients, less medical necessary, less anxiety, less postpartum depression.*
- *I've worked as a doula professionally in MA, CA, NY, and IL. MA is by far the most restrictive birth culture and most hostile to doula support.*
- *I work part time in addition to working as a doula.*
- *Peace on earth starts with birth. Doulas can increase the peace!*
- *Na*
- *Doulas, if trained properly, can help to close the maternal mortality gap for Black women. Any type of educational requirement recommendation for doulas should include anti racism curriculum.*
- *I think it is incrediblysadand againt human right to not list Doukas asessential care providersandallow them to help families during his pandemic. Even the MADPH has said we areessential and yet rhe hoapitals have banned Doulas. I Rhide Island the leading hsopital took a stand feom the begining theat Doulas were essential and the whole state followed. Even NY statechanged andmadeDoulas essential.*
- *It's a truly rewarding career and certainly valuable to women's health*
- *witness obstetrical violence, discrimination, fear-mongering and abuse at every interaction with the hospital system has broken me. Birth doula services are not the saviors of the birth care system. The system must change and stop abusing birthing people. Birth doulas can then add their amazing support for a loving, compassionate, non-traumatic birth.*
- *I think it would be great if doulas were treated with the same respect as other providers or support people in the room. We are all companioning the birthing person and all have different yet important roles. A car needs wheels, a motor, mirrors and many other parts to work effectively. Each part helps the driver (the birthing person) get to their destination safely. No one replaces the driver and no one is more valuable than the other despite what some may feel. After a traumatic birth Doulas work with their clients. We are the ones drying their tears after a provider is short with them, violent with them, or if their birth outcome is unexpected. We are there after they have several shifts of different advice and recommendations to help them piece it together and find their own footing with confidence as a parent. Doctors, midwives, nurses and other pediatricians are all important but they need to understand we are trying to help towards the same goals.*
- *No. Thank you for the opportunity to tell you about my business.*
- *I loved the work but found it challenging to actually make enough money to justify to tough lifestyle (being on call at all hours, hard to make a schedule for your own life, just in case). I shelled out a lot of money for hospital parking and even street parking to visit clients in the city. It's a demanding job/lifestyle and the compensation (and inclusion by other professionals) should reflect that. I did love the "people" aspects of so much of it, but couldn't keep it up with my new job. I tried, but sleep was lacking and there's no "lounge" or other welcoming possibility for doulas at hospitals. I slept on my office floor after working through the night for my last birth at the same hospital. Couldn't merge the two roles, unfortunately. Happy that I'm still in the birth and postpartum world, though!*
- *Post partum care AND labor doula care should be reimbursable.*
- *Being a doula is very rewarding but very difficult to make a living full time and a difficult lifestyle to be on call so much.*
- *Thank you for your interest.*
- *I wish I had time to elaborate more and offer further detail but I am in a hurry. But I will say that at this point in my practice, I really prefer to take clients who are having home births so I can avoid working in the hospitals. The current policies in place due to COVID, and the hostility from medical staff, makes working with clients having hospital births incredibly taxing. It's unfortunate. This type of work can be draining because of the mistreatment you experience and how often you see non evidence based practice being forced upon folks or being presented as if it were evidence based. Before becoming a doula, my plan was to become a labor & delivery nurse. I planned to work as a birth doula for 1-2 years to gain experience prior to attending nursing school. And working as a doula ultimately pushed me away from wanting to work in a hospital because of what I've seen. I am now instead attending a home birth midwifery school accredited by MEAC.*
- *I would very much like to see doula care become accessible to marginalized populations (including undocumented folks), both in a financial sense and in terms of ease of access. It's also important that our huge energy output in providing doula care is fairly compensated.*
- *Labor support/Doula work has always been a positive part of women's health for centuries. Unfortunately the health care and process in many states don't look at it as a vital and necessary for birth. This should be part of insurance just like other services*
- *I think it is very important to consider and actually SPEAK WITH and LISTEN TO those in underserved communities to find out what is needed for this to truly be beneficial to the largest amount of people.*
- *We originally, started out earning $300 per birth, $600 for twins, $900 for triplets.*

  The whole program was changed to only $100 per birth or less depending on how long we attend the births, how many times we pre-natally or postpartum visit with our patients.

  Our hourly amount did not change for years, I have been there for 20 years.

  We also were met with sarcasm, some disrespect, condescending attitudes especially in the beginning. Not as frequent now, they have learned to appreciate us more.

  Our pay cannot support our adult expenses e.g. mortgage, children automobile, insurance, utilities etc.

  We have no benefits: No health insurance, 401K, College Tuition asistance, No long term, short term disability etc

  We need to be respected as real Employees, Doulas, Independent Contractors who must earn a living too.

  Our hours are long and can cause hardships to/ within our families when a husband or your child does not want to understand the time it takes to have a baby but that we are working to aid our patients in labor. Husbands threaten with wanting a divorce or separation.

  Our children feel or become neglected or depressed when the mother is not there to attend to them for a long time.

  We need to be recognized as a valuable resource for the new mother or repeated experience mother. Every birth experience is different for any mother to be.

  We put in our time and care and can be called on at any moment of the day, night, after midnight and we drop our personal duties to attend to that spiritual moment in helping the mother to be and their family welcome a newborn or newborns into this world.

  We are on the frontlines during Covid, Natural Disasters, Domestic Violence, Fetal Loss, Homelessness, Joblessness and on and on!

  Our pay needs to reflect our tireless/ sometimes tiring efforts!

  It is spiritual!

  Thank You,

TABLE A: 34. How many of your clients are (Check the appropriate box for each race/ethnicity category):

	None		Few		Some		Most		Responses
	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count
American Indian or Alaska Native	78	78.8%	20	20.2%	1	1.0%	0	%	99
Asian	32	31.1%	47	45.6%	24	23.3%	0	%	103
Black or African American	8	7.5%	55	51.4%	30	28.0%	14	13.1%	107
Native Hawaiian or Pacific Islander	79	83.2%	15	15.8%	1	1.1%	0	%	95
Middle Eastern or North African	41	40.6%	47	46.5%	13	12.9%	0	%	101
White	5	4.6%	13	11.9%	23	21.1%	68	62.4%	109
Brazilian: How many of your clients are (Check the appropriate box for each race/ethnicity category	0	%	0	%	0	%	1	100.0%	1
Indian: How many of your clients are (Check the appropriate box for each race/ethnicity category)	0	%	1	100.0%	0	%	0	%	1
LGBTIQQAAP: How many of your clients are (Check the appropriate box for each race/ethnicity category)	0	%	1	100.0%	0	%	0	%	1
Roma: How many of your clients are (Check the appropriate box for each race/ethnicity category)	0	%	1	100.0%	0	%	0	%	1
White How many of your clients are (Check the appropriate box for each race/ethnicity category)	0	%	0	%	0	%	2	100.0%	2
Hispanic: How many of your clients are (Check the appropriate box for each race/ethnicity category)	0	%	0	%	1	100.0%	0	%	1

TABLE B: 37. Of your clients who have a preferred language other than English, how many prefer to speak (Please check a box for each language listed below):

	None		Few		Some		Most		Responses
	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count
Arabic	52	61.9%	29	34.5%	3	3.6%	0	%	84
Chinese (Cantonese)	64	73.6%	20	23.0%	3	3.4%	0	%	87
Chinese (Mandarin)	61	69.3%	24	27.3%	3	3.4%	0	%	88
French	61	69.3%	22	25.0%	5	5.7%	0	%	88
Haitian Creole	61	68.5%	21	23.6%	6	6.7%	1	1.1%	89
Portuguese	57	62.6%	23	25.3%	8	8.8%	3	3.3%	91
Russian	60	69.8%	24	27.9%	1	1.2%	1	1.2%	86
Spanish	19	20.2%	35	37.2%	30	31.9%	10	10.6%	94
Vietnamese	74	87.1%	10	11.8%	1	1.2%	0	%	85

TABLE B, continued: 37. Of your clients who have a preferred language other than English, how many prefer to speak (Please check a box for each language listed below):

American sign language	0	%	0	%	1	100.0%	0	%	1
Belarus	0	%	1	100.0%	0	%	0	%	1
Bulgarian	0	%	2	100.0%	0	%	0	%	2
Cape Verdean criollo	0	%	1	100.0%	0	%	0	%	1
German	0	%	1	100.0%	0	%	0	%	1
Hindi	0	%	1	100.0%	0	%	0	%	1
Indian languages - Hindi, Gujarati, etc.	0	%	0	%	1	100.0%	0	%	1
Korean	0	%	1	100.0%	0	%	0	%	1
Polish	0	%	0	%	1	100.0%	0	%	1
Turkish	0	%	1	100.0%	0	%	0	%	1
Italian	0	%	1	100.0%	0	%	0	%	1

SUPPLEMENT II: Doula focus group analysis

- TRAINING
- CREDENTIALING BENEFITS AND CONCERNS
- CREDENTIALING COMPONENTS AND PATHWAYS
- WORKING WITH MASSHEALTH

TRAINING

Many participants agreed that some type of training would be beneficial for someone to become a doula, such as a three-hour initial training with follow-up refresher training. In contrast, one participant from a group of Black doulas and one from a general group of doulas advised that there should not be minimum requirements. Their perspectives were that a doula should be anyone who a birthing person wants to be by their side at their birth, and that setting qualifications for "heart work" makes it "work work." Participants generally agreed that experienced doulas with or without formal training should not be held to the same requirements as newer doulas and should not have to pay for or complete another training to be eligible for payment by MassHealth.

To best provide support services to clients, participants described a range of skills that doulas should have, and topic areas they should be versed in, including:

- Understanding pregnancy, the body, and comfort measures;
- Understanding the individual birthing person and their unique circumstances, including their cultural traditions and beliefs;
- Cultural safety and understanding of the community (e.g., racism, inequities, and trauma specific to the community);
- Personal, internal work done to prepare to effectively support a client (e.g., check biases and personal agenda, approach with an anti-racism lens, avoid causing trauma, avoid a "white savior" approach);
- Advocacy for the client's wishes, including encouraging the client's family to uphold the birthing person's needs and desires;
- Ability to support mental health and resource needs (including in cases of domestic violence, isolation, rape, housing insecurity, food insecurity) or knowledge of where to refer someone for resources;
- Hands-on training and mentorship.

Participants discussed the insufficiency of the current trainings available and described critical components of any new training developed. Participants in the general doula groups indicated that current trainings vary in content and quality and that some don't cover policies and/or content on anti-racism, racial equity, community organizing, social determinants of health, and care for birthing people who are Black, queer, transgender, or immigrants.

Participants in the groups of Black doulas said that current available trainings are "Western," based in a framework and assumption that someone can learn all that they need to know from one training, something they stress is misguided and part of a colonized mindset of learning. They emphasized that existing trainings are insufficient if a birth experience is not perfect, and that they are not enough to effectively support Black birthing people and prevent adverse events. Black doulas agreed that there are some skills that are appropriate for all doulas but underscored that the competencies for Black doulas to support Black birthing people are different, higher, and require more upfront work, because Black birthing people are up against a system that was not meant for them. Currently, Black doulas have to pay to attend additional trainings to be able to effectively support their communities.

> *It would be really nice to require some sort of anti-racism or trauma training or something, that makes sure that ... one of the goals of this is to bring down minority morbidity and mortality rates. So how are we going to approach that? We can have doulas that know all the comfort measures … but has no training whatsoever on anti-racism work, that they have no trauma-informed sensitivities. You know, DONA training that I did was in, you know as far as any of that shit went, it's like 'Oh, we'll tell you about how the process of childbirth and childbirth education works,' but we never got into any of the stuff that to me is the heart of a lot of the work that I do in this community and a lot of the work that I do in this world, which is making this world a safer place for women. For queer people and for Black and brown people ... [the] misogyny that exists in birthing practice is just as real as the racism that exists. That if there's some sort of training, I would say [this] is required.*
>
> — Participant, Black consumer group

> *I felt incomplete after the training that I completed. And it left me feeling like, 'What's next?' It felt very one sided… there was no preparation for if it wasn't a perfect birth experience. And the advocacy piece was missing from it, and a lot of those things that I'm learning as I experienced my first birth that's not my own it's like 'Oh, okay, what if this does happen, like what am I gonna do I don't feel fully equipped for that?' And I also didn't agree with a lot of things that we learned again because a lot of things were missing. Being a birth doula is phenomenal but it's so much more than that.*
>
> — Participant, Black consumer group

One participant said that Black doulas have to essentially have skills at a midwifery assistant level (e.g., take blood pressure, check urine, manage hypertensive crises) to mitigate the risk of poor outcomes for Black birthing people and babies.

While doulas in the general doula groups saw some gaps in the current trainings available, Black doulas spoke in more depth to the harm, trauma, and broad inequities that results from doulas working with Black birthing people without having

CREDENTIALING BENEFITS AND CONCERNS

When considering the potential benefits of credentialing, Black doulas reported the following: that credentialing is important for doulas who have never personally experienced pregnancy or childbirth, that it would be exciting to be paid for the work that a doula may already be doing for free, and that it may lead some hospitals to sponsor and include doulas in an effort to address racial health inequities. They also stated that there is an opportunity to train more Black doulas in the community, for example offering women re-entering from prison an opportunity to train to be doulas.

Participants in the general doula groups suggested that credentialing via free trainings can diversify and expand the doula workforce. Such a system of support and education would bolster prospective doulas who are Black or brown, who speak languages other than English, who cannot afford costly trainings, or who do not have time to do years of training. In addition, doulas in these groups saw potential benefits of credentialing that creates parameters of ethics, responsibility, and knowledge; creates continuity across programs and certifying organizations; and establishes accountability and feedback loops that improve the likelihood that providers would be more willing to welcome doulas into the hospital and care team.

Regarding concerns, across all groups, doulas cautioned against the unintended consequences of a credentialing initiative. Their concerns are outlined below:

- **Credentials do not equal quality of care:** Black doulas emphasized that each doula has to be fully vetted, as someone could be highly credentialed but provide poor bedside manner or compromise a patient's or family's safety. They also reported concerns that white doulas will seek credentialing only because they will be paid by Medicaid — not because they are equipped or committed to deal with populations experiencing inequities.
- **Exacerbation of inequities:** In a similar vein, Black doulas were concerned that MassHealth members would receive lower quality care and that current inequities would be exacerbated by a credentialing requirement. They reported concerns that a credentialing process would not be Afro-centric and would be based in a white, racist thought process — allowing doulas to be reimbursed for providing lesser care without having done the necessary internal work to deconstruct biases and white supremacy work that is a necessary prerequisite to effectively support Black and brown birthing people. "White saviorism" on the part of doulas who have not done this internal work was a concern.
- **Exclusive acceptance of Western trainings:** Black doulas reported that doulas who are Black usually have to cross-train because their initial trainings were insufficient to support their communities. They were concerned that a credentialing process would accept only Westernized, white-dominant trainings like CAPPA and DONA International and not those run by Black and brown doulas that contain critical components such as history and the heart work aspect.
- **Inclusion in decision-making:** Doulas across groups described the importance of thinking

> *When we talk about the system as broken, the reality [is] the system is not broken; it's just that the system was not meant for us. I don't think it works right, because the competencies that a Black woman is going to need to support another Black woman or family is completely different … We're literally coming up against a system that is, literally like perpetuates itself to continue to stay in what doesn't serve and benefit us because of lack of knowledge, lack of information … it's sort of like we don't want to divide, but at the same time, we have to recognize that the division is already there [and] has always been there.*
>
> — Participant, Black doula group

> *Every white doula, and white doulas especially, need to be stepping out and stepping in because they don't do that work and … this is where my issue comes in, right ... Where y'all been at when, when these Black women and babies out here, done, where you been right? So now, when we start talking about reimbursement where you might get paid by … Medicaid, now you're going to come out the woodworks because you want to get some money and you want to get paid, right. But are you prepared to deal with all the inequities that are going on down here?*
>
> — Participant, Black doula group

> *I think the biggest thing that makes me cringe [is] that it comes from an implicit bias, racist, appropriated thought process that it isn't centered on Afro-centric anything. And, my concern and my fear is that they're going, what might happen is they just look at or take from, you know, white practice and doulas and then just try to replicate it. And you know, and we're going to see a lot of those disparities. I think the biggest thing is not to create more disparities than already exist within, you know, sort of the BIPOC community in general.*
>
> — Participant, Black doula group

critically about who creates and manages credentialing. Participants agreed that transparency is important and that doulas and birthing people need to be part of the decision-making. Another concern was that the medical community (including OB/GYNs) would have a greater say in credentialing and regulation than doulas themselves. This was especially concerning to the doulas, who view obstetrical practitioners as a source of a lot of trauma and racism for their clients and see themselves as trying to offer protection from the harm caused by the medical community during pregnancy and birth.

- **Insensitivity to experienced doulas:** Doulas across groups were concerned that experienced doulas, particularly Black and Indigenous doulas who have been practicing with expertise passed down through generations, could be disallowed from practicing or be required to meet new credentialing criteria to be recognized by MassHealth in a hospital setting. To them, this is reminiscent of what happened to granny midwives, well-respected Black women who attended births for centuries before being pushed out of the field as specialized medical training became a requirement to facilitate births.
- **Too many barriers to entry:** Across groups, participants were concerned that prospective doulas would be prevented from entering the profession due to education requirements, hours of paperwork, lack of access to an application (e.g., if the application is only in English or only online), or vague requirements that someone has to be "a person of good moral character." Cost was also described as a barrier, particularly if trainings were not free, if doulas had to pay for testing, if prospective doulas were required to do several free births, if there were re-certification fees, and especially if doulas were not paid a living wage after being credentialed. There was also concern that there would not be mentorship or support through the process to mitigate the risks of doulas leaving the profession.
- **Concern about regulation:** Concerns about regulation were common. Participants did not want to lose autonomy over how to practice or the ability to practice without certification. They also expressed worries that the health care system might see gains from a regulatory approach, but that those benefits might come at their expense. Regulation was also described as turning "heart work" into "work work" and could result in a loss of diversity within the doula workforce.
- **Concern about standardization:** The doula support services that a birthing person and family receive are adapted to the client; doulas across groups worried that standardization of a benefit would mean that a birthing person would not get what they really need since needs and preferences differ across individuals and communities.
- **Vision not equal to reality:** Doulas across groups worried that, despite good intentions, a credentialing process could have detrimental long-term consequences. They noted that credentialing will not change individual doctors' behavior or hospital culture, and that, over time, a regulatory system would take on a life of its own and lose sight of the mission.
- **Medical training:** Doulas also agreed that requiring medical training as part of credentialing for doulas — or as a result of credentialing — is the wrong way to go and actually could lead to greater confusion about everyone's role, and a deviation from doulas' true role.

> *There's just too much at risk, right, to have like people come into our communities and we're already suffering now here, right. We already got an issue. But we just don't need them come in with it, you know with the white saviorism and causing more harm.*
>
> — Participant, Black doula group

> *There are so many doula trainings and also seeing what other states were doing being that they were only accepting the Westernized trainings: CAPPA, DONA … these were white dominant organizations that took away from you know the … program that's run by Black and brown that really got into the stuff that we're talking about here that you cannot learn it, got it. You know these are programs that teach based on the history and my heart work.*
>
> — Participant, Black doula group

> *A lot of doulas, particularly folks who've been practicing for a while, have had, you know, I don't know if this is the right term, like secondary or vicarious trauma in terms of witnessing obstetric violence, racism, etc. So, I would imagine like that's just something to consider is if you're having a bunch of doulas in the room. There should not be an OB/GYN who may have been part of that trauma process, for example. So just thinking about it, there's a lot of like, unfortunately there's a lot of from what I've seen, a lot of vicarious trauma that that doulas have experienced so just really centering that perspective in terms of creating a safe space for them as possible.*
>
> — Participant, general doula group

CREDENTIALING COMPONENTS AND PATHWAYS

To address some of their own concerns about credentialing, doulas suggested attention be focused on:

- **Doula support:** Participants across groups said any credentialing model should account for the need for doulas to have a community of support via mentors, local apprenticeships, trainers, and other doulas. If the road to certification is hard and unsupported, doulas will be less likely to take that path, there will be fewer doulas of color and/or queer doulas and finding and succeeding at doula support service work will be harder.
- **Ongoing, free training:** Doulas also advised that there should be ongoing free trainings available to doulas for them to deepen their skills and knowledge, or gain new skills in other specific topics, such as lactation support. These trainings could be required at set intervals or offered as options throughout the year. One idea was that doulas could be required to meet a certain number of continuing education credits per year to maintain their certification, via free classes. Offering trainings for free was a frequently mentioned recommendation and might help to mitigate the need for Black doulas to pay for additional trainings to meet the unique needs of their community.
- **Low barriers to entry:** Doulas in the general groups described several "low barrier to entry" visions of what the credentialing process could look like: a set of references, which do not include a requirement that any come from a doctor or nurses, plus an essay about why someone wants to support birth and what that looks like to them; a basic two-hour training plus an application; or a certificate of completion from a training program plus a simple application. At least one doula also suggested that credentialing could also include a criminal record or other background check, HIPPA training, mandated reporter training, a standardized scope of practice, and access to information about contacting Medicaid and local resources. Participants also suggested that that there should be multiple ways of completing an application (e.g., online, on social media, via email, at in-person town halls); that any application should be available in multiple languages; and that community health centers could be resources to decrease the language and cultural barriers to applying. Participants in general doula groups disagreed on whether a "core competency" approach was appropriate, as some saw benefits but others viewed this as being too in line with a patriarchal structure.

In addition, participants across groups expressed concern that — even with a strong training and credentialing model, a doula may still not be experienced or competent enough to provide support services — especially to birthing people who are Black or from marginalized communities. Black doulas cautioned that without the hands-on work and internal work on a doula's part to avoid a "white savior" approach and to instead work with a lens of birth equity, reproductive justice, and prevention of disparities, doulas can add to the trauma and violence already present in the birth world.

Additional thoughts on credentialing from Black doulas included suggestions of a community advocacy component, and a system for doulas to give and receive transparent feedback similar to mechanisms used by obstetrical professionals and midwives. They did not want to see medical degrees or medical training as a requirement for doula certification and suggested that having given birth themselves may not be important if there is a replacement component for this firsthand experience.

Regarding credentialing, participants across groups had a general preference for credentialing doulas via a separate, independent board.

> *And I think you know the other piece that I think about as well, especially in thinking about credentialing and quote unquote you know the professionalization of the doula role is just thinking about what has happened with midwives. And how particularly Black midwives, who had been practicing for centuries and had all sorts of expertise and knowledge, were completely discarded and excluded from our maternity care system in the early to mid-1900s. My fear around creating, and not to say that there shouldn't be a training requirement, but I think something to consider is just what could be the impact, particularly on Black and Indigenous doulas who may have been practicing not even necessarily under the title of doula. But who may have expertise passed on from generations. To me that's just as valuable if not more valuable and I wouldn't want those folks to be excluded or have a barrier in terms of being able to participate, because the other piece is that training costs money typically and it can be very, very expensive.*
>
> — Participant, general doula group

> *I'm sure many of us have participated in so many different conversations and forums and things like that and we're getting all these little tidbits of information and now we're trying to pull it all together to see what works best for our community. I don't think there is like a general interest — I know what my community needs is probably very different from what somebody up in Boston needs or over in Rhode Island. Very different.*
>
> — Participant, Black doula group

While a few favored credentialing as Community Health Workers (CHWs) because of some overlapping skills and training benefits, most opposed this pathway. Several described it as "a slap in the face," and many expressed concerns about holding two different professions to the same standards and placing doulas under an umbrella that connects them to and places them under the medical establishment.

Separate from credentialing, doulas noted some possible benefits of a connection to CHWs, including opportunities for cross-referrals, access to free CHW trainings one of which includes training from a well-respected Black midwife in Florida, and a potential opportunity to be trained in both professions in a shorter timeframe.

When discussing the option of an independent board to vet prospective doulas, participant comments focused primarily on who should have a seat on the board. They advised that each member be properly vetted and that the positions on the board should be compensated. Potential board members could include: Black and Latinx community members, Black and brown doulas, midwives, mental health professionals, disabled individuals, LGBTQ+ individuals, doula trainers, CHWs, and community members who do belly casts or birth art. There was disagreement about the inclusion of men or members or obstetrical professionals on any credentialing board. The discussions centered on concerns about perpetuating existing power structures without excluding the voice of male doulas or obstetrical professionals with a high respect for the role of doulas.

WORKING WITH MASSHEALTH

Perceptions of the value of receiving reimbursement for doula services provided to MassHealth members varied. While the idea of being paid for some services they are currently providing for free was exciting, participants simultaneously had a variety of "what if" questions that made them cautious about seeing the opportunity as entirely positive. As described above, doulas were also concerned that doulas who are unwilling to do the work to effectively support Black and brown birthing people, or MassHealth members more broadly, should not be eligible for reimbursement. Additional questions and reactions centered on:

- **Compensation**
  - Compensation should be a living wage and reimbursement for minimum wage would not be adequate, especially given that their roles require them to be available on short notice and do a lot of forecasting and planning around future births.
  - Payment should happen within a reasonable amount of time.
  - Compensation should cover all of their time, not just for their presence during birth.
  - Would compensation be a flat fee, or would it be variable? If the former, would it depend on when during the pregnancy a birthing person contacts the doula, include prenatal and/or postpartum support, or account for circumstances such as a late call to the doula from a birthing person or use of a back-up doula? If the latter, would compensation include time spent communicating with clients via phone, text, or video chats and other kinds of preparation? In either case, what would the reimbursement structure be like if a birthing person did not get the experience they wanted?
  - The reimbursement structure should be straightforward rather than bureaucratic and avoid requesting money back from doulas. The latter stems from experiences with health insurance providers that sometimes request money back if a doula is no longer certified with them.

> *Are we putting lipstick on a pig? Are we creating an agency to make it look good when really doulas are the least powerful person in the room, with literally no decision-making authority, trying, begging the medical community to be kind?*
>
> — Participant, general doula group

> *[In a past experience] there was [an] amazing, beautiful model, but this amazing, beautiful model needed reimbursement, right. And so MassHealth would basically be reimbursing organizations, providers for doing this work. And to see that when you know Massachusetts first introduced this model of care and support for children that were experiencing you know sort of significant mental health needs and concerns which was, you know, we were a state of crisis. And now, what 7, almost 10 years after the fact, to see that what we have lost sight of why we even brought this you know sort of process, this way of working with families to Massachusetts. Because it has become more about the system than really about caretaking for families.*
>
> — Participant, Black doula group

> *You know, there has to be a way that doulas are seen both as birth support, but also as advocates and an advocate is a witness. That cannot fall under the framework of the medical community because part of our job is to witness and hold space to try to change those outcomes that we have, the statistics on that we know are happening and we know are urgently needed to change right like this is part of the role; don't [expletive] with it.*
>
> — Participant, general doula group

- There is a risk that clients would not call doulas reliably if services were free and/or they would opt not to call because they would not want to be a bother.

- **Confirmation of services performed**
  - Would someone have to confirm that a doula supported a birth? How would this person know the extent of services provided?
  - Who would be best positioned to offer this confirmation? Assigning this role to the doctor who treated the patient during pregnancy would exacerbate existing harmful power structures in the birthing process. Assigning the role to the birthing person could leave doulas in the uncomfortable position of making this request while needing to be supportive or risk a poor assessment of the doula in a situation where the client's hospital experience was not ideal.
  - How bureaucratically burdensome would it be and how long would it take for this confirmation to reach MassHealth?
- **Reimbursement mechanisms**
  - Changes to the complex and time-consuming systems at MassHealth for service reimbursement, including:
    - A dedicated MassHealth staff member for doula services;
    - A simplified direct-to-MassHealth billing process that negates the need for the doula to engage with health insurers or other billing administrators;
    - A fund to pay doulas upfront to avoid long wait times for reimbursement;
    - Handbook or booklet with relevant contact information at MassHealth;
    - Support if English is not a doula's primary language.
  - Loss of some of the reimbursement to the MassHealth member's insurer.
  - Complications of claims submissions including evolving billing codes, electronic filing glitches, and expense and inefficiency.
- **Additional mechanisms**
  - Support for doulas navigating difficult situations (e.g., their client is homeless or has a substance use disorder)
  - Ability for clients to sign a confidentiality release so that doulas could speak to MassHealth on their behalf, and/or speak to other providers like community health workers who the client is working with
- **State regulations**
  - Complying with state regulations — and changes to them over time — could be burdensome.
  - Which aspects of doula support services will the state recognize and allow?
- **Integration of doulas into hospital infrastructure**
  - While the discussions of MassHealth reimbursement were based primarily on the assumption that clients who qualify for MassHealth would hire doulas, several noted that doula support could be part of each birthing hospital's infrastructure as has been tried at some hospitals including Mount Auburn Hospital, Boston Medical Center, and some Steward hospitals.

> *I do think there should be some type of community advocacy component because that's the only way you get that kind of training about what's going on in the community is if you're involved, right. So, I don't think you should just be able to become a doula just because you want to be a doula. Usually there's a reason behind that; like for myself, it was a horrible birth, so I decided there had to be a better way, and someone may come in and do right … There [also] has to be something else besides giving birth, because not everybody is a birthing person, right [not] everybody, but they want to help right, and they want to be supportive of people who are birthing. And so, I can only think about community things that have taken place. I don't think it matters, if you have a degree, I don't think it matters if you've had, if you've had children. Could it matter? Yes. Should it matter? I'm not quite sure, but there has to be some, some type of community activity that, that just has to be. And it can't, it can't be that, you know you, you are a lifeguard at the country club.*
>
> — Participant, Black doula group

> *To practice and to be recognized in a hospital setting it would almost be a slap in my face after all the work that I've done all of these years to be put in this little corner now should they require us to in order to do this to certify as Community Health Workers, which is another rumor that's already in the works anyway … We're already doing that hard [or heart] work in our communities with our melanated families.*
>
> — Participant, Black doula group

SUPPLEMENT III: Consumer focus group analysis

- SOURCES OF HEALTH CARE INFORMATION
- VALUES WHEN CHOOSING HEALTH CARE PROVIDERS
- PERCEPTIONS ABOUT DOULAS
- BENEFITS OF DOULA SUPPORT SERVICES
- RACISM IN HEALTH CARE
- BARRIERS TO USING DOULA SERVICES
- INCREASING ACCESS TO DOULAS

SOURCES OF HEALTH CARE INFORMATION

Participants in all groups placed a high value on referrals from others when looking for health care providers or health care information. They described getting information from online sources that post patients' reviews, from family and friends, from local Facebook groups, from local community programs or organizations, from the MassHealth website, and from doctors.

VALUES WHEN CHOOSING HEALTH CARE PROVIDERS

When describing decisions about choosing health care providers, participants in the group of Black consumers reported that they value having a provider who is: Black, and who respects their decisions and beliefs (e.g., their preferences around vaccination); recommended by their friends and family; is located in close proximity to them and who accepts their insurance. For participants in this group, the strongest criteria was most often the word-of-mouth recommendation from others; other frequently named criteria were (in no order) proximity to home, years of practice, availability when an appointment is needed, and interaction with the doctor.

Similarly, some participants in one general consumer group said they prioritize values such as how a health care provider treats them and how well the provider listens and takes their concerns seriously. One participant described other behavioral characteristics such as patience, friendliness, and kindness; and one valued location. In the other general consumer group values named included: Black physicians who provide care at their preferred hospital, proximity to home, and acceptance of their insurance were discussed.

Among participants in the Spanish language group, one participant spoke about valuing friendliness and interest in the patient as a whole person, respect of personal choices and beliefs, and a willingness to adapt approaches based on a patient's needs.

PERCEPTIONS ABOUT DOULAS

Among participants who had not received doula support services, prior knowledge about doulas varied. Some understood doulas to be individuals who support birthing people with navigating the birthing world. In the group of Black consumers, those who knew less about doulas understood the connection to birth, but not much beyond that. One participant described doulas as advocates. In a general consumer group, one participant spoke to how doulas can improve maternal health outcomes, especially for Black women. One participant, when they first learned about doulas, had assumed that having doula support was cost-prohibitive and alternative rather than part of the mainstream health care system.

BENEFITS OF DOULA SUPPORT SERVICES

There was recognition within all groups that doulas serve as advocates for birthing people, to make sure their needs and preferences are met. Within all groups, doulas were viewed as a shield from negative effects of individual health care providers, intervening when providers do not explain what they are doing, opt for procedures or services that might not serve the patient (e.g.,

> *[Birthing people] often feel like they can't defend themselves. Sometimes medical personnel won't explain the procedures or what they are doing … and [doulas] have to remind the medical personnel that they need to explain the processes to the [birthing person].*
>
> — Participant,Spanish-language group

> *When I had my daughter, they weren't listening to me at all, whatsoever ... everything was hurting, it was painful. The contractions were coming back-to-back. I couldn't even take a breath. Everything happened so fast. It was a super-fast labor but they didn't stop to notice that it was going fast for me ... Everything sped up so fast and they're still asking me the same questions … My doula was like 'Stop. Wait til she's done with her contraction and then after, ask questions.' It was like they didn't care to think, or really they didn't care that I was feeling the way I was feeling. They didn't care that I was going through a contraction. So, it was really chaotic for that few seconds … it was just chaotic, and nobody stopped to explain anything to me besides my doula.*
>
> — Participant, Black consumer group

> *Just knowing I had a doula there to support decisions of mine that might sound alternative to certain doctors was comforting … Or like birthing positions. Some doctors only know how to deliver on your back and that goes against gravity. So having someone there, and because I had a different doctor there than who my doctor was, who was very supportive of a lot of my decisions … knowing that my doula was there to help me support those decisions helped me not feel afraid to voice them and stick with them.*
>
> — Participant, general consumer group

epidural, c-section), do not listen to or disrespect patients, or create other negative experiences for patients.

The preventive role doulas can play in mitigating systemic issues in health care or improving health outcomes on a population level was also discussed across groups. However, the level of discussion of this and the inclination to name racism and discrimination differed across groups. (See expanded discussion of this topic on the next page). The protective nature of doulas for birthing people who do not identify as women was mentioned in one group.

All groups also reported that doulas can be helpful to a birthing person's family — to teach family members how they can be most helpful and supportive, or to provide support when family members could not.

Most participants reported that doulas provide emotional support (including an ability to create calm, ease tension and fears, and support a birthing person's mental health); stability (including being a consistent presence throughout the process, a reliable source of support for those who did not have other support, and a trusted source of recommendations of other support professionals); and education. Most also spoke to the benefit of having a doula who shares someone's background or language.

> *I feel like their presence alone, in the room with the doctor, will have the doctor on their best behavior, because they know you know everything there is to know about childbirth, so they can't put nothing past you.*
>
> — Participant, general consumer group

> *Hearing stats about women of color dying or having really negative health outcomes, and so I wanted to have extra support for me and my husband going into the process. Even though I am a nurse, maternal health is completely foreign to me. I know nothing about it and knew I needed support. And in a pandemic I knew I couldn't have my family with me as an extra advocate.*
>
> — Participant, Black consumer group

> *I wish more people would know about doula services. We would help decrease the death rate of children. Hospitals often want to use the epidural but that's business for them. I think the world would be better if everyone experienced natural birth. There would be more balance. I agree doulas would be so helpful to support mom's mental health especially after birth. You wouldn't imagine how many women leave the hospital with postpartum depression.*
>
> — Participant, Black consumer group

> *Before I could even get to the physical part I had to visualize, I had to set people up to allow me to feel safe the whole time. I wouldn't have been able to do that without a doula. Just with my family not knowing how to handle me and deal with me and support me, me not even knowing what I needed for myself. We did a lot of really like, 'let's figure out what you need so that you can articulate that to other people and then those people can help you articulate that to the hospital.'*
>
> — Participant, Black consumer group

> *The doula helped [my husband] understand his role and what he needed to do for me. She helped him feel like they had another teammate; he didn't have to do everything for me all by himself. She prepared him for the time at the hospital, explained what they would be asking us and how he should respond. We both felt well prepared. We understood what medicines we wanted and which ones we did not want.*
>
> — Participant, Spanish-language group

> *Having someone there to back up my husband, so my husband can focus on me and the doula can make sure my voice gets amplified is really important … I had a maternal near-miss with my third and the hospital, when I wasn't able to speak, put a lot of fear into my spouse and said this is what we need to do basically, and he was scared. He knew what I wanted but he was influenced heavily by them. I would like to have a doula there so someone can say this is what she really wants, and can remind him.*
>
> — Participant, general consumer group

> *I feel like they are awesome at making sure that your voice is heard, that you feel comfortable, that you're safe. I feel like they are going to be the one person that will always have your side other than your spouse or partner, and they are going to do what's best for you.*
>
> — Participant, general consumer group

> *I experienced having a doula after the loss of a pregnancy, so it was really helpful for me going through that journey because of the fear and anxiety that was there, that really binds you up and does something different to the experience.*
>
> — Participant, Black consumer group

RACISM IN HEALTH CARE

Each group spoke differently about racism. Within the group of Black consumers, multiple examples of racism in health care were shared, including population-level statistics of women of color having negative health outcomes, and personal experiences with racism. Participants described health care providers not listening to them, moving too quickly through a procedure, degrading them, and ignoring their pain and experiences. They discussed providers' assumptions that Black women do not feel pain, forcing Black women to be self-advocates for their condition to be taken seriously. One participant reported having a negative experience during the birth of each of her five children.

In the small Spanish language group and one of the general consumer groups, participants spoke of discrimination in health care, including in their personal experiences, and of the preventive benefits of having a doula. In the Spanish language group, participants said that Black/Latinx and other people of color should have a doula to advocate for and defend them, as health care providers discriminate based on age and skin color, do not always explain procedures or processes they are doing, do not listen to birthing people's preferences (or their partners who try to advocate for them) and insist on approaches that contradict their wishes. Participants also personally spoke about being Latina and health care providers' assumptions that they are Mexican, that a Latina doula is a birthing person's family member and not their doula, and that they are uneducated for preferring a natural approach to birth. Participants in one of the general consumer groups spoke about being treated differently due to experiencing their first pregnancy, due to having public versus private insurance, and due to being heavy. They described their personal experiences of being disrespected and not believed when reporting that something was wrong or that they were in labor and feeling as though their shield was removed once they transitioned from private to public insurance.

In the other general consumer group, racism and discrimination were described only conceptually and indirectly, and some participants talked about rudeness among health care providers, a lack of attention to patients' needs and requests, and discrimination due to young age.

> *Like I said I have 5 children and I had 5 negative birth experiences. From the first child, I was trying to tell them — I had an epidural — and I was telling them to check me, [because] the baby is coming. They said 'You're fine, it's just pressure.' And I was like 'There is a baby coming.' Not saying I've ever done this before, but I'm pretty sure I understand when a human is coming. They ignored me for 2 hours. The nurse finally, after rolling her eyes and kind of sighing and giving me attitude, she finally went to give me a cervical exam and the baby was almost crowning and she couldn't get her finger past the first notch to do the cervical exam. Now she's running out to get the OB. I [also] had a situation — I'm divorced now — but at the time my child's father was not there. I had nurses completely humiliate [me], like 'Where's the father? He doesn't think it's important enough to be here?' Like I'm embarrassed and unhappy and sad and emotional enough, and they just converge. I know if I had a doula or even somebody that would not have happened … I have more. I have five negative experiences as a Black woman.*
>
> — Participant, Black consumer group

> *When I woke up [after a nap] I asked for [my son] back [from the nursery] and it was kind of like 'Yeah sure, but when we get to it though.' I kept saying 'Is he there now? You know, I've been waiting a while.' And I remember one woman being very annoyed with me … And by this time, I was feeling like I'm going to cry, because I need to feel and see and touch my baby right now at this moment. Before I was out of it and sleepy but now I'm awake and I need to see my baby and I did not know it would take this long. It really took a long time and I ended up saying 'You know, can you just show me where it is? I'll just go myself, it's not really a big deal, if you're really busy I understand that' and she was like, 'You go by yourself? Why would you go by yourself, you don't have a husband? Where's your husband? Have your husband go, why would you go by yourself?' And I was like, 'Excuse me?' And she was like, 'Well who's here with you?' And I was so shocked and was like 'Well, my grandmother's here … ' I had to actually be really upset. I had tried to be calm and kind. And then she ended up bringing the baby and I ended up having to talk to people about her, which I don't like to do, and I don't want to do that. But anyone that came after that I had to say 'This woman is not ok' and then someone had to come speak to her. But I did not experience that any time when I had support around me but when I was by myself I did.*
>
> — Participant, Black consumer group

> *I had instances of nurses arguing and talking about hospital drama 2 feet away from me while I'm laboring — this is my fifth child — while I'm laboring like I just don't exist ... I'm 2 feet away, I'm in labor, I could hear this. I'm a human, I exist. Take this out of my room … I have so many stories. I don't even have one single positive birth experience.*
>
> — Participant, Black consumer group

> *[A client] wanted somebody that looked like her to be there. And there are no homebirth midwives that are Black in our community. So she wanted to make sure she had two doulas there, so she paid for two doulas to be at her house, that were going to be with the white midwives that were going to be there. But there was instances where some of them just aren't culturally competent and some of them are ignorant. And when you're walking into somebody's house you don't walk in with an entitlement, you walk in being grateful and stepping down and you should be honored that this woman is allowing you to assist her in her birth in her home. We didn't say anything during the labor and delivery … but we had a conversation with her afterwards and we had a conversation with one of the midwives afterwards too, and it was just about how [the client] felt, and how [they] kind of degraded her as she was going through her labor and delivery and how that's not right … Black women are still in a place, birthing, where people are culturally incompetent because that's what the problem is here. They're not being heard and they're being disrespected.*
>
> — Participant, Black consumer group

> *[I] feel like they don't listen to us, they don't think we're in pain, even if you're showing it. Even if you're crying it out. I felt ignored, still.*
>
> — Participant, Black consumer group

> *More than anything, I feel like Latinas, Black women, and other people of color need someone to advocate for them. When the patients are at the hospitals alone and they don't have someone to advocate for them and defend them, the treatment is not the same.*
>
> — Participant, Spanish-language group

> *I kept telling the lady something is wrong with me I don't feel my like this is something wrong and they come to find out my son had the umbilical cord wrapped around his neck. So, I'm telling you like, 'Something's wrong, something's wrong, you're not believing me' [and they said] 'Well, this is your first pregnancy, you don't really know what's going on.' And that, like you need, I feel like that's why doulas should be good, because if you're addressing something you feel like you know your body they should go with what you do know, versus what their medical terms are going along with.*
>
> — Participant, general consumer group

> *[A nurse] pushed on my stomach — and obviously being big I'm not going to be full and firm — and was like 'You're not in labor.' And just was completely frustrated with me and I had stood up from the wheelchair, and my water just broke right there and I was just like 'I told you. I know my body. This is it.' And just was, it was a change of shifts as well, so it was just like more paperwork. She was just like disgusted that she was going to have to you know, be that nurse.*
>
> — Participant, general consumer group

> *My first pregnancy I was only 19. They pressured me to be on birth control; I wanted to be as natural as possible and said I don't want the epidural. And they kind of like steered me away from a natural birth and not sticking to it. I totally didn't like that. They basically tell you what your body's doing. Well, you know your body, you live in it every single day. So, I do feel like I wasn't heard. Until it got to the point that I said, 'Well I'll just have this baby all by myself if that's the case.'*
>
> — Participant, general consumer group

BARRIERS TO USING DOULA SERVICES

Discussions made clear that there is a lack of knowledge about doulas in general, and that it is hard to learn about doulas when others in one's life have not had a doula. All groups also reported that cost and lack of insurance coverage for doulas bar consumers from accessing doula support services.

In addition, some participants reported negative perceptions of doulas, such as that they are not to be taken seriously or are not necessary. A participant in the Spanish language group also reported that doulas are not viewed as accessible to everyone and are instead viewed as only for white people but not for Black or Latinx people. A participant in another group had previously assumed that doulas are only for people planning for a natural birth.

Participants in most groups also described hospital barriers to accessing a doula, such as health care providers not knowing who doulas are, doctors not liking patients to have doulas, hospitals not offering doula support services, and concerns about whether doulas would be allowed into the birthing room along with many family members. Participants in most groups also reported a challenge with finding a doula who is the right fit, specifically in matching a birthing person's race, cultural beliefs, values, and language. A lack of geographical access to doulas was also mentioned, as was some birthing people's discomfort with a stranger being so close to their birthing experience and seeing them naked.

INCREASING ACCESS TO DOULAS

Participants had a variety of ideas for how to increase access to doulas. They talked about the importance of spreading the word about doulas in general via information campaigns, sharing statistics on c-section rates and birthing outcomes for Black birthing people, sharing that the service is provided with emotional support and encouragement, telling others they were glad to have a doula, talking about doulas in sex education classes, and referring birthing people from community programs to doulas. Potential vehicles for information dissemination were social media platforms such as Facebook and Instagram, Nutrition Program for Women Infants and Children (WIC, Planned Parenthood, bulletin boards or TVs in health care facilities or doctors' offices, and existing email lists about what to expect during each week of pregnancy. In one group, the idea of doulas doing outreach to the community (e.g., via brochures to Black-owned businesses) was met with a response that doulas should not have to take on the added burden of promoting themselves.

Education among health care providers was discussed as well, with the belief that providers should know about doulas and the ways in which they can benefit patients. One idea shared was to hold health symposiums in health profession schools. Participants talked as well about integrating doulas more into the health care system via doctors or insurance providers recommending doulas, creating a hospital directory of doulas, doulas being more visible in hospitals, and partnerships between doulas and community health centers/health clinics. There was also a suggestion that when birthing people find out that they're pregnant, information provided by their hospital or health care provider should include a note to start looking for a doula. There was a caution that doulas involved in the broader health care system should be there to support the patient, and not work for the hospital or have an ulterior motive.

Ideas for increasing access to doulas also related to finances. Participants said that there should be insurance reimbursement for doulas, that doulas should be paid a living wage, that birthing people should have free access to doulas, and that a non-profit could be created for doulas that offers sponsorship or discounted costs for birthing people to have a doula. Participants cautioned that the last idea might have some barriers due to the nature of grants and cautioned that many communities distrust care that is "free." Solutions could include having a list of doulas from a credible source and telling patients that a doula is included in their care rather than saying the service is free.

Other ideas included passing a law so more people, especially Latina and Black birthing people, can access doula support services; creating a centralized source of names and information about doulas; having credible sources (mass.gov, Women Infants and Children or WIC office, 611) recommend doulas; creating a doula collective for Black doulas; and having more doulas who speak birthing people's native languages.

> *"There are so many rules and regulations in hospitals and they are not always in favor of the patient; sometimes it's in favor of efficiency and different goals that health care staff are trying to achieve. So just to have someone that's solely my advocate was comforting.*
>
> — Participant, general consumer group

ENDNOTES:

1. Several states, including Minnesota, New York (pilot), New Jersey, Oregon, and Washington, have already created an insurance benefit that provides coverage for doula support in state Medicaid programs. Massachusetts is among at least 25 others considering legislation that would require the creation of that benefit.
2. Eric Schneider et al., Mirror, Mirror 2021: Reflecting Poorly. Health Care in the U.S. Compared to Other High-Income Countries. Commonwealth Fund. Aug. 4, 2021. Available: https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly.
3. *Id.*
4. DONA International. "What is a doula?" page. Available: https://www.dona.org/what-is-a-doula/.
5. Shah, N. "A Soaring Maternal Mortality Rate: What does it mean for you?" Harvard Health Blog. Oct. 16, 2018. Available: https://www.health.harvard.edu/blog/a-soaring-maternal-mortality-rate-what-does-it-mean-for-you-2018101614914?utm_content=buffer6eca6&utm_medium=social&utm_source=twitter&utm_campaign=buffer.
6. Petersen, E.E., Davis, N.L., Goodman, D., et al., "Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017, MMWR Morbidity and Mortality Weekly Report 28, no. 18 (2019):423–429.
7. MacDorman MF, Thoma M, Declcerq E, Howell E. Racial and ethnic disparities in maternal mortality in the United States using enhanced vital records, 2016-2017. AJPH, Sept. 2021.
8. Massachusetts Department of Public Health, Massachusetts State Health Assessment, 2018. Chapter 2: Maternal, Infant and Child Health. Available: https://www.mass.gov/doc/chapter-2-maternal-infant-and-child-health/download.
9. Massachusetts Department of Public Health. Massachusetts Deaths 2017. Oct. 2019. Available: https://www.mass.gov/doc/2017-death-report/download.
10. Internal analysis of CHIA 2020 Hospital Discharge Dataset, looking at Centers for Disease Control and Prevention measures for Severe Maternal Morbidity data by Race/Ethnicity, Betsy Lehman Center Research Division, 2021.
11. Massachusetts Department of Public Health, Massachusetts State Health Assessment, 2018. Chapter 2: Maternal, Infant and Child Health. Available: https://www.mass.gov/doc/chapter-2-maternal-infant-and-child-health/download.
12. DONA International. "What is a doula?" page. Available: https://www.dona.org/what-is-a-doula/.
13. Bohren, MA, et al. Continuous Support for Women During Childbirth. Cochrane Syst. Rev, 2017: 7(7):CD003766.
14. Kozhimannil, et al. Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery. Birth. 2016: 43(1), 20-27.5.
15. See: An Act Relative to Medicaid Coverage for Doula Services (House Bill 2372), sponsored by Representatives Miranda and Sabadosa, and its Senate companion (Senate Bill 1475) sponsored by Senator Lovely. Available: https://malegislature.gov/Bills/192/H2372. Accessed 8/18/2021.
16. See: Health Policy Commission, BESIDE Program webpage. Available at: https://www.mass.gov/service-details/birth-equity-and-support-through-the-inclusion-of-doula-expertise-beside-investment-program. Accessed 8/19/2021.
17. See: MassHealth 1115 Demonstration Waiver Extension Proposal – Public Notice, p. 3. August 2021. Available: https://www.mass.gov/doc/1115-demonstration-extension-summary-pdf/download. Accessed 8/19/2021.
18. March of Dimes of Massachusetts. Summary of Doula Town Halls and Doula Survey in Massachusetts. Re: H.1182 An Act Relative to Medicaid Coverage for Doula Services.
19. Safon CB, McCloskey L, Ezekwesili C, Feyman Y, Gordan SH. Doula care saves lives, improves equity and empowers mothers. State Medicaid programs should pay for it. Health Affairs Blog, May 26, 2021. Available: https://www.healthaffairs.org/do/10.1377/hblog20210525.295915/full/. Accessed 8/19/2021. Chen A and Robles-Fradet, A. Building a Successful Program for Medi-Cal Coverage for Doula Care: Findings from a Survey of Doulas in California (National Health Law Program, May 2020).
20. Several states, including Minnesota, New York (pilot), New Jersey, Oregon, and Washington, have already created an insurance benefit that provides coverage for doula support in state Medicaid programs. Massachusetts is among at least 25 others considering legislation that would require the creation of that benefit.

©2022 Betsy Lehman Center for Patient Safety
501 Boylston Street, 5th Floor, Boston, MA 02116
BetsyLehmanCenterMA.gov
617-701-8271 • info@BetsyLehmanCenterMA.gov

BETSY LEHMAN CENTER for Patient Safety