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Barriers to Doula Use in New Jersey after 2021 Medicaid Coverage Expansion

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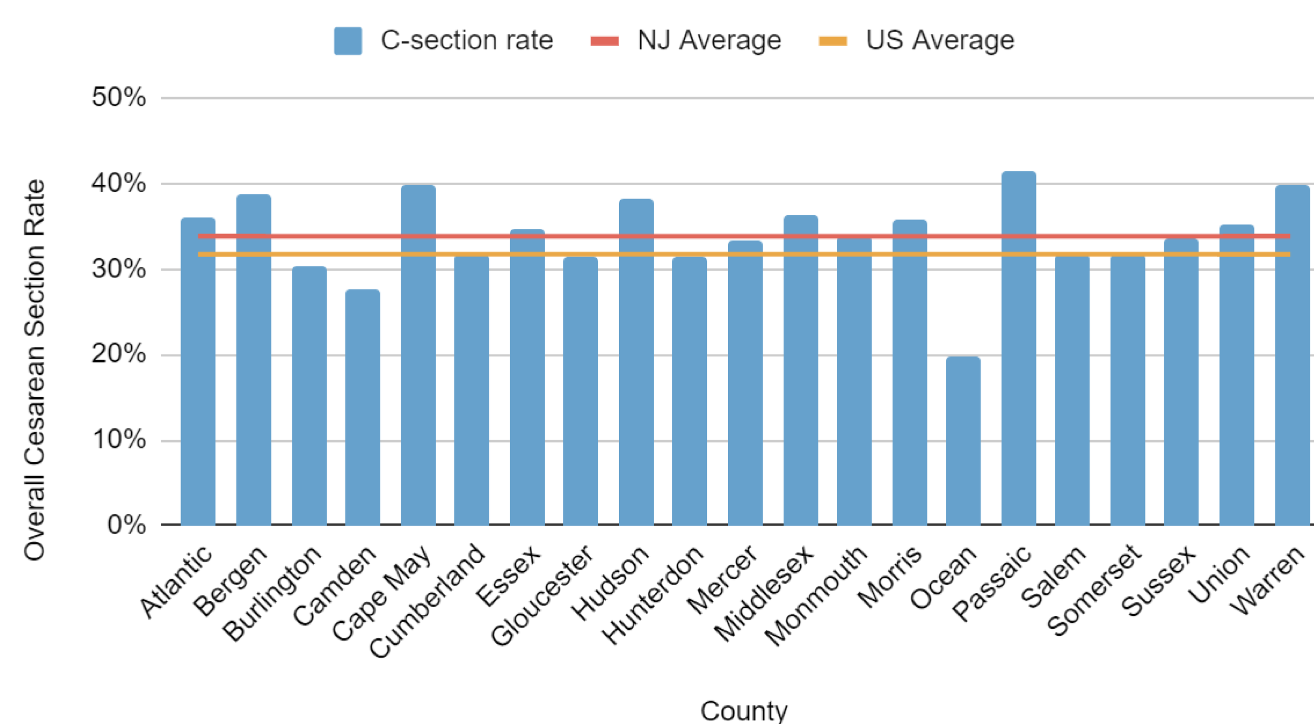
Barriers to Doula Use in New Jersey After 2021 Medicaid Coverage Expansion

June Solow, Aashna Reddy, Natali Sharma, Jonathan Lewis

Introduction

A doula is a non-clinical professional that provides emotional, physical, and informational support during labor and delivery as well as the prenatal and postpartum periods. Even though it is still underutilized in the United States, doula care has been increasing in popularity. The benefits of doula care have been well established for decreased cesarean sections, preterm birth, low birth weight, and fewer unnecessary medical interventions. Doula care is particularly beneficial for minority and low-income populations who typically have the least access to doula services, and worsened birth outcomes.

In New Jersey (NJ), the maternal morbidity rate is 24.1 per 100,000 women and the rate of low-risk cesarean sections is 27%. The NJ legislature has emphasized improving maternal health. As of January 1, 2021, doula services qualify for Medicaid coverage in NJ. There are 10 other states that have varying forms of this policy in place. Most states with expanded Medicaid coverage cover doulas care under “preventative services”, which allows expansion to non-physician or licensed health providers. However, implementing this transition comes with challenges, including socio-economic barriers that limit access to doula services. Addressing these barriers is crucial to ensuring that resources are adequate to meet demand and that maternal health outcomes improve.



Methods

We reviewed the current literature on doula use, including peer-reviewed manuscripts, systematic reviews, financial reports, qualitative studies, and case studies. Databases such as PubMed, Cochrane Library, Embase, and ProQuest were searched for relevant resources. Sources pertaining specifically to NJ were cleaned from publicly accessible government data registries. Sources were limited to the years 2014-2022, with 54% published since 2020. Participants included in selected literature included US-based women of childbearing age, healthcare providers, and doulas. Extracted data was analyzed descriptively. Data was integrated according to theme.

Results

Systematic challenges

There is a lack of infrastructure to connect patients with doulas, establish contracts, and reimburse doulas for the full spectrum of care. Furthermore, even though physicians recognize the benefits of doula care, they generally do not know how to locate an appropriate one for their patients. Over 40% of women are unaware of the breadth of doula care. Nevertheless, Black women demonstrated a greater desire for doula care due to the prevalent maternal health inequities in their demographic. However, the doula workforce lacks diversity.

Financial challenges

Over 30,000 of NJ births are financed by Medicaid annually. The cost of hiring a private doula in NJ ranges from $100 to $1500 per birth. Despite Medicaid policies, doula payment for services provided through Medicaid often fails to meet minimum wage standards and doulas are subsequently unwilling to enroll. The NJ Department of Health has prioritized facilitating Medicaid participation in doula care.

In the United States, there is no formal licensure, certification, or credentialing required to practice as a doula. There are over 100 independent training organizations, but they cost between $800 to $1200 to complete. New Jersey has approved 9 doula training courses, some of which require supplemental CPR and HIPPA training.

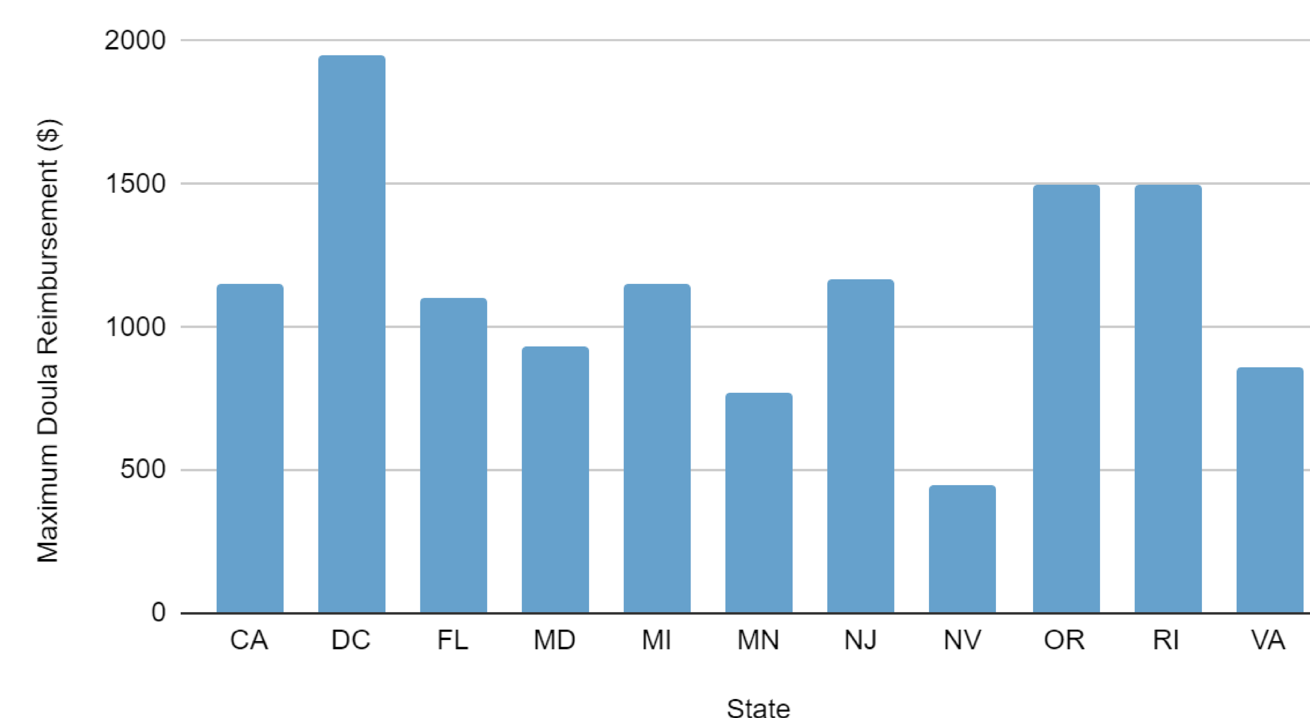
Workplace challenges

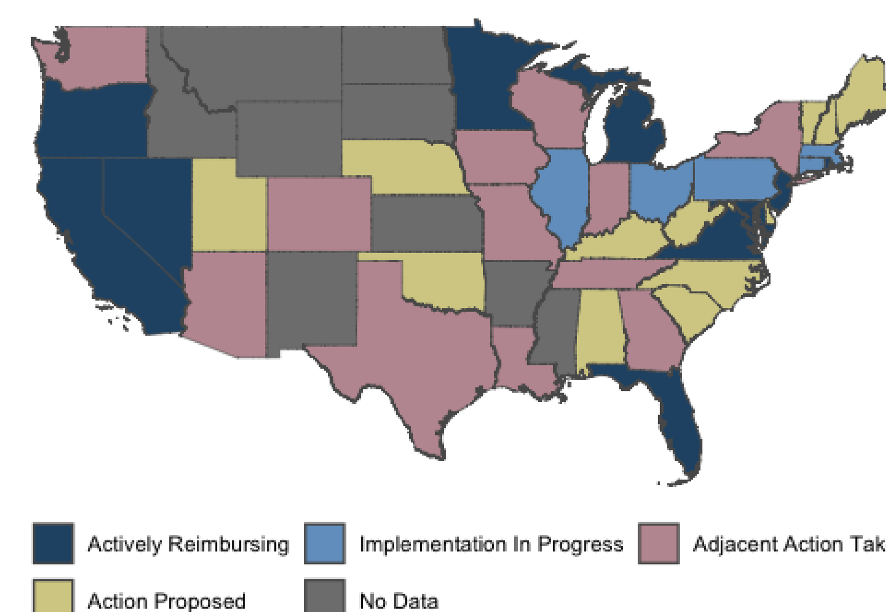
Doulas face conflicts stemming from the ambiguity of their role, which can hinder patient health. Clinicians fear a lack of cooperation between doulas and the care team, interference with medical decisions, use of traditional medicine alternatives, and cross-infections. However, surveys found that doulas recognize their role is subordinate to providers to maintain harmony with the team and protect the birthing person’s health.

Doulas reported work-related burnout and stress. They reported a need for increased peer support, mentorship and more training regarding complex social histories and socioeconomic needs. Logistical barriers involving transportation, parking, and identification in order to enter the ward impact a doula’s ability to reach the client.

COVID-19 challenges

The COVID-19 pandemic posed many challenges to doula access. Delivery rooms limited the number of individuals allowed. Doulas were considered visitors rather than staff and had to abide by frequently changing hospital policies, as well as COVID-19 testing requirements. A lack of infrastructure presented challenges to adapting to the virtual environment, especially considering physical touch is an essential element of care. However, some aspects of care benefited from the restrictions such as an increase in home visits, as well as prenatal and postnatal care.





Solutions

By increasing reimbursement, mandating private insurance coverage, and subsidizing training, states can recruit more culturally diverse doulas. A registry would increase ease of access by tracking credentialing and billing. This has been proposed in Bill A6121 introduced in 2021.

Doulas must be integrated into standard care using a team-based model. Community programs with volunteer doulas can increase access. For instance, SisterWeb’s cohort model of care, decreases burnout and increases sustainability. The Birth Sisters program fully integrates doulas into existing maternity services and relies on established doulas to shadow and train.

Conclusion

There is a critical need for stakeholders and institutions to support policies improving access to doulas for birthing persons in New Jersey. While the major barriers are cost and diversity in the workforce, other barriers include misconceptions about the role, lack of organizational support, and inadequate training programs. Doulas must be integrated into the care team from the provider level to the state and federal levels. Ultimately, it is essential to improve coordination between non-traditional care providers and established care providers for the benefit of all parties in the healthcare system.