

Executive Summary

In 2011, the Oregon legislature passed House Bill 3311. This directed the Oregon Health Authority to explore options for providing or utilizing doulas in the state medical assistance program to improve birth outcomes for women who face a disproportionately greater risk of poor birth outcomes.

Based on the data analyzed by the Committee, the unequivocal recommendation of the Cochrane Review, the existence of both local and national professional certification models, and the outcome data from local and national doula models, the Committee recommends doulas as a strategy to decrease health inequities in Oregon's birth outcomes. Additionally, the Committee recommends doulas as an overall strategy to improve birth outcomes funded by both Medicaid and private insurance.

Oregon Health Authority data clearly demonstrate a consistent pattern of disparities in birth outcomes between women of color and the Non-Latino white population regardless of geography or payer. As Oregon's population grows and diversifies¹, it is essential that these disparities be addressed.

The Cochrane Review, considered by many to be the gold standard for analysis of human health care and health policy research, reviewed research on the doula model in 2003 and again in 2011 and concluded that:

Continuous support during labor should be the norm, rather than the exception. All women should be allowed and encouraged to have support people with them continuously during labor. In general, continuous support from a caregiver during labor appears to confer the greatest benefits when the provider is not an employee of the institution, when epidural analgesia is not routinely used, and when support begins in early labor.

Evidence also demonstrates that providing a doula for women during pregnancy, childbirth and postpartum reduces poor birth outcomes among women of color and Non-Latino white women.

Definition

A 'doula' is a certified professional who provides personal, non-medical support to women and families throughout a woman's pregnancy, childbirth and postpartum experience.

The doula's role is to help women have a safe, memorable and empowering birthing experience. Because doulas traditionally come from the communities they serve and have an intimate knowledge of the culture, they are uniquely positioned among the health care workforce to improve birth outcomes. It is an appropriate expectation that doula models supported by the state medical assistance program contribute to the elimination of health disparities related to maternal and infant health.

Scope of Practice

The following activities fall within the scope of practice for doulas:

- Provide prenatal education and assist the woman in preparing for and carrying out her plans for birth.

- Provide information on general health practices pertaining to pregnancy, childbirth, postpartum, newborn health, and family dynamics.
- Increase understanding of complications that can arise during labor, delivery and the postpartum period.
- Provide emotional support, physical comfort measures, and help the woman get the information she needs to make informed decision pertaining to childbirth and postpartum.
- Provide support for the whole birth team including woman's partner and family members.
- Provide evidence-based information on infant feeding.
- Provide general breastfeeding guidance and resources.
- Provide infant soothing and coping skills for new parents.
- Provide postpartum support that honors cultural and family traditions.
- Facilitate and assure access to resources that can improve birth-related outcomes (including transportation, housing, ATOD cessation, WIC, SNAP, intimate partner violence resources).

A number of models using doulas to address inequitable birth outcomes exist across the country and are highlighted in summary in the report and in more detail in Appendix E.

Certification

The House Bill 3311 Implementation Committee recommends that Oregon's process for certification align with nationally recognized doula certification programs. The Committee recommends that all training and certification programs, both national and local, meet the competency standards set by recognized national bodies in order to be recognized in Oregon.

The Committee identified cultural competence as an additional core competency currently not addressed by national certifying bodies. Therefore, the Committee recommends that certification bodies approved in Oregon align with both the national standards and cultural competence training expectations.

Supervision

Medicaid reimbursable activities of doulas would be overseen by a qualified health professional, within the state defined scope of practice for the specific type of worker, and documented in the patient's medical record.

Based on national evidence, the House Bill 3311 Implementations Committee strongly believes that doulas should be integrated in Oregon's health systems transformation process. Doing so will not only ensure healthier births for women and their children, but will also mitigate costs associated with poor birth outcomes.

Recommended Approach to Integrating Doula Models into State Medical Assistance

The House Bill 3311 Implementation Committee believes that pursuing federal flexibility from CMS to reimburse for doula services is the most viable option for incorporating doulas into Oregon's medical assistance program to improve birth outcomes for the state's most vulnerable women.

ⁱ U.S. Census Bureau, Statistical Abstract of the United States: 2012 (131st Edition) Washington, DC, 2011; <<http://www.census.gov/compendia/statab/>>