A Survey of Birth Doulas: Medicaid Reimbursement in Washington State

Ashley Nguyen

A thesis
submitted in partial fulfillment of the
requirements for the degree of

Master of Public Health

University of Washington
2020

Committee:
Anne M. Turner
Molly B. Firth

Program Authorized to Offer Degree:
Health Services

Abstract

A Survey of Birth Doulas: Medicaid Reimbursement in Washington State

Ashley Nguyen

Chair of the Supervisory Committee:
Anne M. Turner
Health Services

Background: In an effort to expand access to doulas and improve birth outcomes, Oregon and Minnesota reimburse doulas through Medicaid. Washington State intends to design and implement a similar policy. The purpose of this study is to gather information from birth doulas about the demographics of the birth doula workforce in Washington State; understand how the state could structure Medicaid reimbursement to best support birth doulas and the low-income population; and to explore how birth doulas serve their clients and how they are compensated.

Methods: This is a descriptive study based on a survey administered from November 11, 2019 to January 1, 2020 to birth doulas who provide services in Washington State. The researcher used convenience sampling to administer the web-based survey to the target population. Eligible survey respondents were active birth doulas in Washington State ages 18 and older who could read and write in English. Study data were collected and managed using REDCap electronic data capture tools. For all categorical and continuous variables, the researcher conducted an exploratory descriptive data analysis using R statistical software. All qualitative responses were coded using Dedoose Version 8.0.35.

Results: There were 221 responses to the survey; 201 were included in the analysis. The birth doula workforce in Washington State is primarily female and between the ages of 21 and 59. Respondents identified as White only (67.4%), multiracial or multiethnic (11.8%), Black or African American only (7.6%), Hispanic, Latino, or Spanish only (4.2%), and African only

(3.5%). A majority of birth doulas work in King, Pierce, and Snohomish counties, and less than 15% have worked with tribes or tribal nations. Almost 97% of respondents received formal training to become a doula, and 41.1% have obtained certification. If the Washington State Health Care Authority (HCA) asked respondents to provide 2 antepartum visits, labor support, and 2 postpartum visits, respondents indicated that, on average, they would be willing to work with 18 clients per year at the Medicaid reimbursement rate of $852.65 per birth. Overall, respondents said that Medicaid reimbursement for birth doulas will increase access to doula services. They identified insufficient reimbursement rates, certification and training requirements, and accessibility and affordability as barriers to Medicaid reimbursement for birth doulas.

Conclusion: The results of this survey indicate that there is strong support for implementing a Medicaid reimbursement program for birth doulas in Washington State. However, respondents reported a range of potential barriers. The HCA should design a Medicaid reimbursement program alongside doula organizations, including community-based doula programs, to ensure workforce support.

Introduction

The United States continues to grapple with high rates of maternal mortality, pregnancy-related deaths, and maternal morbidity that disproportionately affect Black and American Indian/Alaska Native women.[1,2,3] Caesarean section rates, which can lead to complications during labor, delivery, and after birth, remain high, and preterm birth rates rose to 10.02% in 2018.[4] Expectant mothers and their support systems, policymakers, advocates, and public health and medical professionals are looking for ways to improve maternal and infant health outcomes.

The presence of a doula, a non-clinical professional who provides continuous physical, emotional, and informational support to people before, during, and shortly after childbirth, is one option.[5,6] The concept of a doula spans centuries and originates from "woman-to-woman" birth support provided by family members, friends, or community members and later childbirth educators.[7]

Present day birth doulas establish relationships with their clients before childbirth in order to understand the pregnant person's needs and birth plan, encourage and support them during prenatal care, and to establish an environment that will help them feel secure during labor.[8] Birth doulas provide non-judgmental support and become trusted advocates for birthing people, especially within the context of provider-patient power dynamics in medical settings.[9,10,11] During labor, birth doulas may provide physical comfort measures, such as providing a hot or cold compress, coaching them through position changes and breathing techniques to manage pain, and through touch and massage.[12] Birth doulas also check in with mothers after their birth to assess their postpartum needs.

A 2017 Cochrane systematic review comparing continuous support during labor with usual care concluded that continuous labor support from a doula may lead to better health

outcomes for the mother and infant.[13] People who had continuous labor support were more likely to experience spontaneous vaginal births and less likely to report negative feelings about their childbirth experience or use any type of intrapartum analgesia. Labor hours were shorter among those with continuous support, and infants were less likely to have a low five-minute Apgar score, which are used to assess the physiologic condition of a newborn immediately after birth.[13]

Despite potential benefits, only 6% of mothers in the U.S. reported using a birth doula in the 2013 *Listening to Mothers*^{SM} *III: Pregnancy and Birth* survey. Still, one in four mothers who did not use a doula but had knowledge of what a doula's role is indicated that they would have liked to have had doula support.[14] Pregnant individuals typically pay for doulas out-of-pocket, as doula services are not usually covered through private health insurance. Doula fees can serve as a barrier to resource-limited populations seeking doula services.

However, some U.S. studies have focused solely on low-income populations, Black/African American populations, and other communities of color, which have historically been denied access to resources and disproportionately affected by poor maternal and infant health outcomes. Researchers found that individuals who received doula support were more likely to begin prenatal care in their first trimester of pregnancy, had lower rates of preterm birth, fewer low birthweight (LBW) infants, and reported higher rates of breastfeeding initiation.[15,16]

Studies also show that birthing Medicaid patients can benefit from doula support, which can result in potential cost savings.[17,18] In 2018, Medicaid, which is jointly financed by federal and state governments, covered 42.3% of all U.S. births.[4] Compared to pregnant individuals with private insurance, Medicaid patients are more likely to have had a prior preterm birth (<37 weeks gestation), LBW baby (<2500 grams), or both, increasing the odds of similar birth outcomes.

Preexisting diabetes, which can increase a pregnant person's chance of developing preeclampsia, is also more common among pregnant Medicaid patients.[19]

In an effort to expand access to doulas and improve birth outcomes for Medicaid patients, Oregon and Minnesota passed legislation to reimburse doulas through Medicaid in 2012 and 2013, respectively.[20] In 2019, New Jersey and Indiana followed suit.[21,22] Washington State is also exploring ways to reimburse doulas through Medicaid in order to reduce health inequities.[23]

Medicaid reimbursement efforts in Oregon and Minnesota

Despite new legislation and laws, only Oregon and Minnesota currently offer Medicaid reimbursement for doula services. While the state's policy approaches are distinct, there is significant overlap.

Oregon

In 2011, the Oregon Health Authority (OHA) began exploring ways to provide birth doula services through the state's medical assistance program.[24] In 2013, Oregon began classifying doulas as traditional health care workers (THW) and by 2014 started reimbursement through the state's Medicaid program, Oregon Health Plan.[25] Birth doulas who wish to be reimbursed through Medicaid must apply to register as a THW doula. To obtain state certification as a THW doula, birth doulas must complete and/or provide proof of at least 40 hours of training, including in-person sessions about childbirth and cultural competency, and have attended at least three births and three postpartum visits.[26] A background check and current CPR certification is also required.[27] Fulfilling the training requirements can be costly and as much as $800.[28] Doulas must also enroll as Oregon Medicaid providers, which requires obtaining a National Provider Identifier (NPI) number.

Once approved, the THW doula will be listed in the OHA's THW registry.[29] People using the registry can search for birth doulas by name, ethnicity, location, and/or active THW certification status. If approved, THW doulas must renew their certification every three years.

A birth doula can be reimbursed up to $350 depending on what services they provide (Table 1).[30] Providers may submit the claim and reimburse the birth doula as a practice expense, and as of 2017, doulas can bill coordinated care organizations (CCOs) directly.[31]

Table 1: Oregon Medicaid Reimbursement Rates for Birth Doula Services

Service	Description	Rate
Support visits	Up to four maternity support visits: • Two before delivery • Two after delivery	$50 per visit
Birth support	Doula services provided on day of delivery only	$150
	Total possible reimbursement amount, per client:	$350

From 2016 to 2019, 241 claims were submitted to OHA for birth doula reimbursement. Of those claims, OHA paid 170, totaling $18,775 (Table 2).[32]

Table 2: Oregon Health Plan Doula Claims, 2016-2019 (Source: P.C. Oregon Health Authority)

	Claims submitted	Claims paid	Total amount paid for claims
2016	36	28	$2,100
2017	88	49	$4,950
2018	69	52	$8,175
2019	48	41	$3,775
Total:	**241**	**170**	**$18,775**

Minnesota

In 2013, Minnesota passed legislation to reimburse birth doulas through its Minnesota Health Care Programs (MHCP), which includes Medicaid, and the state started covering doula services in 2014.[20] Minnesota requires that birth doulas who wish to be reimbursed through Medicaid obtain and maintain certification from eight organizations, which charge for training and certification: the Association of Labor Assistants and Childbirth Educators (ALACE),

Birthworks, Childbirth International, Childbirth and Postpartum Professional Association (CAPPA), Commonsense Childbirth Inc., DONA International, International Center for Traditional Childbearing (ICTC), and the International Childbirth Education Association (ICEA).[33]

Birth doulas must fill out an application to be listed on the Minnesota Department of Health's Doula Registry.[34] To register, doulas must pay a $200 application fee, which includes the cost of a background check. Doulas are listed on the registry for three years, after which they must apply for renewal and pay the $200 fee again.[35]

Doulas must work under the supervision of a physician, nurse practitioner, or certified nurse midwife, and doulas do not need an NPI number. Providers bill the patient's managed care organization (MCO) and reimburse the doula.[33] In 2019, Minnesota lawmakers passed legislation to raise reimbursement rates, from $411 for six prenatal visits and childbirth support to a maximum of $770 for similar services (Table 3).[36]

Table 3: Minnesota Medicaid Reimbursement Rates for Birth Doula Services, 2019

Service	Description	Rate
Support visits	Up to six maternity support visits, including: • Prenatal visits • Postpartum visits	$47 per visit
Doula support	Doula services provided on day of delivery only	$488
	Total possible reimbursement amount, per client:	**$770**

Medicaid reimbursement for birth doulas in Washington State

Beginning in the early 1990s, Washington State covered some doula services through Maternity Support Services (MSS), a state program that offers preventative health and education services to pregnant individuals covered by Medicaid. Pacific Association of Labor Support (PALS), an organization founded in 1989 in Seattle, Washington, offered program support. Reimbursement ended in 2004 when the federal government questioned the state's use of non-

licensed providers.[37] Now known as PALS Doulas, the organization still actively trains and certifies doulas.

In 2015, the Governor's Interagency Council on Health Disparities recommended that Washington State begin Medicaid reimbursement for doula care.[38] The council also encouraged the state's Health Care Authority (HCA) to diversify its doula workforce and work with Tribal or Urban Indian Health organizations or community-based doula programs (CBDP), which match childbearing individuals to doulas who may share their culture, language, or religion and typically spend more time with birthing individuals during the perinatal and postpartum periods.[38]

In his proposed 2019-2021 budget, Governor Jay Inslee, a Democrat, recommended adding doula services through the HCA's MSS program using $4.6 million from state general funds (GF-S) and $7.1 million from federal general funds (GF-F).[23] The HCA issued a proposal outlining how it would implement the program through MSS. Under the proposal, doulas would be paid between $688 and $1,606 per birth (Table 4).[39]

Table 4: Proposed Medicaid Reimbursement for Doulas in Washington State Through Maternity Support Services (MSS)

Services Covered	Client type	Rate
2 antepartum visits Labor support 2 postpartum visits	Non-Federally Qualified Health Center (FQHC) client	$688 per birth
	FQHC client	$1,606 per birth

The state's enacted budget, which was signed into law on May 21, 2019, did not include any direct funds for doula services. Instead, it directed HCA to "reimburse for maternity support services provided by doulas."[40] The HCA has not made any public announcements about when it will begin reimbursing doulas.

In Washington State, the Apple Health (Medicaid) program covers low-income adults with incomes up to 138% FPL and pregnant people with an income at or below 193% of the FPL regardless of citizenship or immigration status.[41] In 2018, the Washington State Department of Health reported that 39,695 individuals gave birth while covered by Medicaid, accounting for 47.4% of the state's birthing population that year.[42]

There are areas for improvement when it comes to maternal and infant health in Washington State, particularly among low-income and non-white populations. Medicaid patients in Washington State who gave birth were less likely than their non-Medicaid counterparts to seek prenatal care during their first trimester, and more likely to experience a LBW singleton live birth.[42] A majority of Washington State Medicaid patients who gave birth in 2018 were White (45.2%). There were higher proportions of Hispanic, African American, Native American, Hawaiian/Pacific Islander, and multiracial birthing individuals in the Medicaid population than the non-Medicaid population.[42]

Washington State has a lower maternal mortality ratio compared to the nation as a whole. However, significant disparities persist at the state level. From 2014 to 2016 in Washington State, pregnancy-related maternal mortality ratios were highest among Native American and Alaska Native individuals.[43] People with private health insurance experienced the lowest pregnancy-related maternal mortality ratios among all groups of insurance type, which included Medicaid, unknown, or other. The most common causes of death were behavioral health conditions, hemorrhage or bleeding too much, and hypertensive disorders in pregnancy.[43]

In an October 2019 report, the Washington State Maternal Mortality Review Panel (MMRP) recommended that the state find ways to "increase access and reduce barriers to behavioral health and community support structures from preconception through and pregnancy

and the first year postpartum" by supporting and funding legislation that integrates community-based workers, including doulas, into perinatal care.[43] Community-based doulas provide culturally sensitive support during pregnancy, labor and delivery, and in the postpartum period. Their services are wide-ranging, and can include pregnancy and childbirth education, connecting expectant mothers to needed services, labor coaching, and breastfeeding promotion.[44]

Issues arising from Medicaid reimbursement for doulas

Doulas and birthing individuals in Oregon and Minnesota have encountered several barriers to Medicaid reimbursement for doula services, including low reimbursement rates, difficulty establishing relationships with providers, complicated billing structures, lack of awareness about doulas among the Medicaid population, and lack of accessible and affordable trauma-informed trainings and pathways to certification.[25,28,45] In New York state, which is piloting a program to expand Medicaid coverage, officials have been criticized for reimbursement rates that did not result in a livable wage ($600 for eight total visits and labor and delivery), failure to consult community leaders, and for not incorporating aspects of community-based doula methods.[46]

There are major concerns about finding ways to foster a doula workforce that reflects the communities they intend to serve. [25,28,45,46] The most recent known national survey of doulas was administered in 2003 and sent to 1,000 people listed as certified or as having started the certification process with five professional doula associations.[47] Results from 626 respondents showed that the doula workforce was largely White (93.8%) with a mean age of 40.3. Survey respondents came from households with high levels of income, and only 37.5% reported that their doula work had been rewarding on a financial level. A majority of respondents were certified by an organization (75.2%).[47]

Although it is not required to practice, present day doulas often attend doula trainings, and subsequently, some choose to obtain certification. (Figure 1 presents a simplified model of common pathways to becoming a doula.) Doula trainings and obtaining certification can cost between $800 and $1200 and require time, two investments that some people cannot afford to make.[48] Given these barriers, the doula workforce lacks people of varying socioeconomic statuses and racial/ethnic backgrounds.

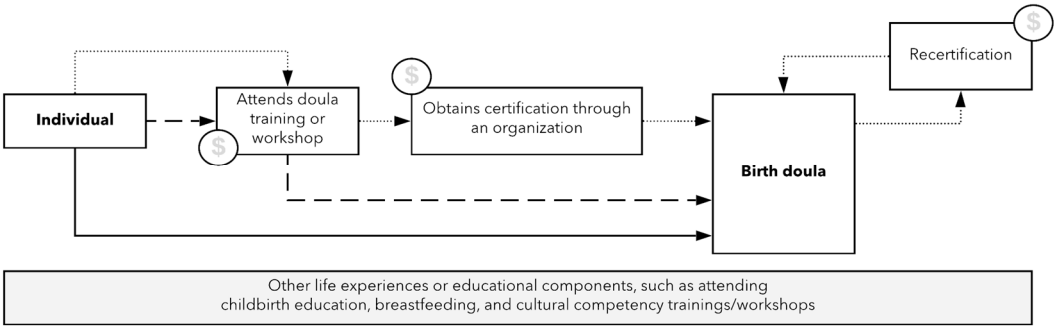

Figure 1: Common pathways to becoming a birth doula

Research questions

There are several open questions about how the HCA will reimburse birth doulas in Washington State, including how they will be paid, whether they need to be certified, and what doula services will be covered for Medicaid patients who are giving birth. Before Washington State can structure Medicaid reimbursement for birth doulas, it is important to know the demographics of its doula workforce, understand current practice, and consider potential facilitators and barriers. The three primary research questions are:

1. In what ways can Washington State structure Medicaid reimbursement in order to best support birth doulas and birthing individuals using Medicaid?
2. What are the facilitators and barriers for birth doulas to be reimbursed through Medicaid in Washington State?

3. Does the doula workforce reflect populations at higher risk of experiencing negative maternal health outcomes and/or poor birth outcomes in Washington State?

Methods

This is a descriptive study based on a survey administered from November 11, 2019 to January 1, 2020 to birth doulas who provide services in Washington State. Eligible survey respondents were active birth doulas in Washington State ages 18 and older who could read and write in English. For the purposes of this study, an "active" birth doula is someone who has practiced as a birth doula in the past two years. All preparation, information-gathering, data collection, and analyses for this research project took place at the University of Washington in Seattle, Washington. This project is considered exempt by University of Washington's Human Subjects Division. The Center for Excellence in Maternal and Child Health at the University of Washington's School of Public Health provided funding for incentives provided to survey respondents.

Data collection

A survey instrument was designed to address the study's aims to: 1) understand how Washington State could structure Medicaid reimbursement to best support birth doulas and birthing individuals using Medicaid; 2) explore how birth doulas serve their clients and how they are compensated; and 3) gather information about the demographics of the birth doula workforce in Washington State. To develop the survey instrument, the researcher used two surveys as guiding forces. One was conducted in 2018 by the National Health Law Program (NHeLP) in California. The survey sought to gauge doulas' interest in Medicaid reimbursement in the state.[49] The second survey was conducted in 2016 in Washington State by Kim James, founder of the

database DoulaMatch.net, and the Governor's Interagency Council on Health Disparities. The survey results have not been published.

To understand the nature of Medicaid reimbursement and the birth doula landscape in Washington State, the researcher conducted informational interviews with 13 people who either provide services to birthing individuals or advocate for perinatal health initiatives. Several interviewees are members of Doulas for All Washington State, a workgroup that is advancing equitable access to support during pregnancy, birth, and early parenting for all families. The researcher asked interviewees to share their knowledge about being a birth doula, community-based doula programs, and/or potential issues to consider as Washington State implements Medicaid reimbursement for birth doulas. About half of the interviewees reviewed early versions of the survey instrument, and the researcher made changes to items based on their feedback.

The final web-based survey instrument (Appendix A) consisted of 45 items. Although respondents were encouraged to complete the survey in its entirety, only three items were required to determine eligibility. The remaining 42 questions were optional and utilized multiple choice, checklists, a 5-point Likert scale, or were open-ended. Members of the research team who did not develop survey items and two doulas who do not live in Washington State tested the instrument. The non-Washington State doulas were compensated with $15 gift cards. They provided information about how long it took them to complete the survey and offered technical feedback about the survey instrument. The survey opened to the study population on November 11, 2019. After collecting 87 survey responses, the researcher changed items related to race/ethnicity to acknowledge the impact of enslavement.

Study data were collected and managed using REDCap electronic data capture tools hosted at the University of Washington.[50,51] REDCap (Research Electronic Data Capture) is a

secure, web-based software platform designed to support data capture for research studies. The researcher used convenience sampling to administer the survey to the target population. Survey links were sent via email to 773 doulas in Washington State who had active profiles on DoulaMatch.net and shared with members of Doulas for All Washington State. Four organizations based in King County, Washington – Open Arms Perinatal Services, PALS Doulas, Global Perinatal Services, the Swedish Doula Program at Swedish Health Services – also shared the survey with birth doulas. The researcher shared the survey with the Washington State American College of Nurse-Midwives (ACNM) affiliate, as certified nurse-midwives may work closely with doulas. Of the 773 email addresses from DoulaMatch.net, 29 were no longer valid.

The survey remained open until January 1, 2020. As an incentive, all survey respondents were eligible to win one of nine $20 gift cards. Email addresses collected to deliver the incentives were not linked to the participant's survey responses.

Data analysis

For all categorical and continuous variables, the researcher conducted an exploratory descriptive data analysis using R statistical software (Vienna, Austria).[52] For items that required range responses, the researcher calculated a mean using the respondents' numeric answers. If respondents indicated that they were African American or Black but specified their Somali ethnicity, they were later reclassified as African (Somali). If people selected more than one race or ethnicity, they were classified as multiethnic/multiracial in the final analysis.

For open-ended survey items, the researcher conducted a thematic analysis using qualitative methods. Respondents were asked: (1) "Did you face, or are you currently facing, any barriers to obtaining certification?" (2) "Will Medicaid reimbursement benefit birth doulas in

Washington State?" (3) "Are there any potential barriers that birth doulas could face when the HCA begins Medicaid reimbursement for their services?" (4) "Will Medicaid reimbursement for birth doulas benefit childbirthing people in Washington State?" (5) "Are there any potential barriers that childbirthing people using Medicaid (Apple Health) could face when the HCA begins Medicaid reimbursement for birth doula services?"

The researcher, who has qualitative coding experience, drafted an initial codebook using language in the survey items. Additional codes were added to the codebook as the researcher reviewed the responses. All responses were coded using Dedoose Version 8.0.35, a web application for managing, analyzing, and presenting qualitative and mixed method research data (Los Angeles, California).[53]

Results

There were 221 responses to the survey recorded in REDCap between November 11, 2019 and January 1, 2020. After closing the survey, the researcher excluded responses if they did not meet the eligibility criteria (9), failed to answer eligibility questions (5), or did not answer any questions beyond the eligibility items (6). A remaining total of 201 responses were included in this analysis. Since only three items were required, the number of respondents varied per question. Refer to Tables 1-11 for values associated with the percentages calculated in the results described below.

Demographics of birth doulas in Washington State

As shown in Table 5, the birth doula population that serves Washington State is primarily made up of people who identify as female (96.6%) between the ages of 21 and 59. The population consists of birth doulas who identify as White only (67.4%), multiracial or multiethnic (11.8%), Black or African American only (7.6%), Hispanic, Latino, or Spanish only

(4.2%), and African only (3.5%). Those who chose more than one race or ethnicity represented people who are White, Black or African American, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, Asian, and Hispanic, Latino, or Spanish. Among the African respondents, all reported that they were Somali.

Out of 177 respondents, English is the dominant language spoken (85.9%) while 13% reported speaking two or more languages, with Spanish and Somali being the predominant languages spoken other than English.

Of the 151 respondents who reported their sexual orientation, 60.3% are straight (heterosexual), 15.9% are bisexual, and 8% are queer (Table 6). Religious preferences vary significantly among birth doulas (Table 7).

Nearly 70% of 144 respondents reported using public assistance — including Medicaid, Temporary Assistance for Needy Families (TANF), and/or the Supplemental Nutrition Assistance Program (SNAP) — at some point in their lifetime, and 48.6% gave birth while enrolled in Medicaid (Table 8).

Table 5. Demographics of Birth Doulas in WA

Live in Washington State (n = 201)	% (n)
Yes	97.5 (196)
Age (n = 201)	
18-20	1.5 (3)
21-29	23.9 (48)
30-39	43.8 (88)
40-49	19.9 (40)
50-59	8.5 (17)
60-69	2.5 (5)
Gender identity (n = 145)	
Male	1.4 (2)
Female	96.6 (140)
Genderqueer / Gender nonconforming	0.7 (1)
Additional identity	1.4 (2)
Race/ethnicity (n = 144)	
Hispanic, Latino, or Spanish only	4.2 (6)
White only	67.4 (97)
Black or African American only	7.6 (11)
African only	3.5 (5)
Some other race or ethnicity	2.1 (3)
Multiracial/multiethnic	11.8 (17)
Prefer not to disclose	3.5 (5)
Languages spoken (n = 177)	
English only	85.9 (152)
Two or more languages	13.0 (23)

Table 6. Sexual Orientation of Birth Doulas in WA

Sexual orientation (n = 151)	% (n)
Asexual	1.3 (2)
Bisexual	15.9 (24)
Gay/Lesbian	2.0 (3)
Straight (heterosexual)	60.3 (91)
Pansexual	3.3 (5)
Queer	8.0 (12)
Questioning or unsure	1.3 (2)
Prefer not to disclose	8.0 (12)

Table 7. Religion of Birth Doulas in WA

Religion (n=135)	% (n)
Agnostic	6.7 (9)
Atheist	4.4 (6)
Buddhist	2.2 (3)
Christian	19.3 (26)
Jehovah's Witness	0.7 (1)
Jewish	2.2 (3)
Mormon	3.0 (4)
Muslim	4.4 (6)
Protestant	9.6 (13)
Roman Catholic	5.9 (8)
Unitarian	2.2 (3)
Nothing in particular	12.6 (17)
Something else	19.3 (26)
Don't Know/Refused	7.4 (10)

Table 8. Personal Experiences with Public Assistance and Childbirth While Using Medicaid Among Birth Doulas in WA

	% (n)
Has used public assistance in their lifetime	70.8 (102)

(n = 144)	
Has given birth while covered by Medicaid (n = 144)	48.6 (70)

Counties and tribes doula serve

At least one doula serves clients in every county in Washington State, although a majority of doulas work in King (n = 107), Pierce (n = 49), and Snohomish (n = 33) counties (Figure 2). About 54% of counties had less than five doulas who provide services in the area. Garfield and Wahkiakum counties had the least number of doulas available. Fifteen respondents also provide services to clients in Oregon and Idaho.

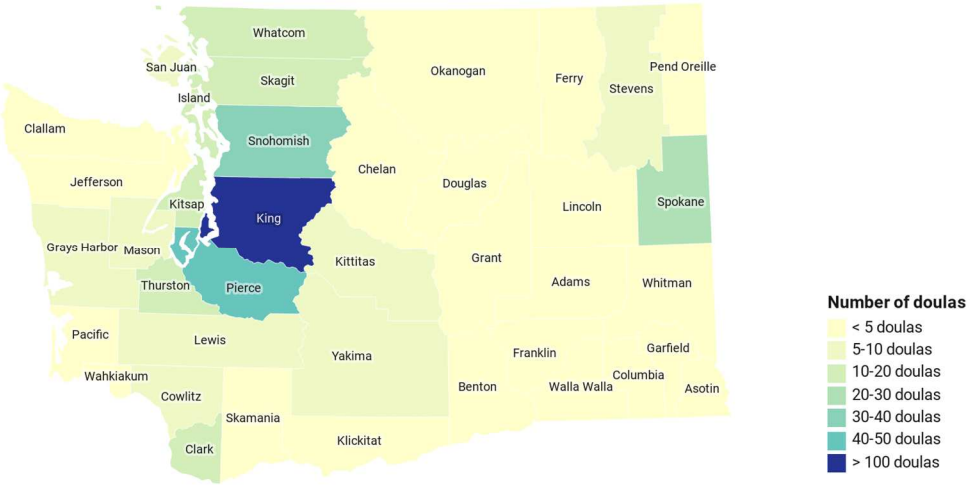

Figure 2: Number of doulas who offer services, per county in Washington State

Only a small percentage of respondents have provided services to tribes or tribal nations (14.36% of 186 respondents). Among doulas who did provide services, 63% served one, 14.8% worked with two, and 22.2% worked with three or more tribes or tribal nations. Tribes or tribal nations which doulas provide services to include: Chehalis, Colville, Cowlitz, Hoh, Kalispel, Lummi, Muckleshoot, Nisqually, Nooksack, Port Gamble, Puyallup, Samish, Sauk-Suiattle, Skokomish, Snoqualmie, Spokane, Squaxin Island, Suquamish, Swinomish, Tulalip, Upper Skagit, and Yakama.

Birth doula training and certification

Almost 97% of 174 survey respondents received formal training to become a doula (Table 9), and some reported attending multiple trainings.

Table 9. Birth Doula Training and Certification, WA

Formal doula training (n = 174)	**% (n)**
Yes	96.6 (168)
No	3.5 (6)
Certification status (n = 175)	**% (n)**
Currently certified	41.1 (72)
Lapsed certification	8.6 (15)
Never certified	25.4 (45)
Working toward certification	24.6 (43)
Would you be willing to pay for certification and/or training in order to be reimbursed as a birth doula through Medicaid? (n = 173)	**% (n)**
Yes	54.9 (95)
No	8.1 (14)
It depends on how much money.	37.0 (64)

At the time of this survey, 41.1% of 175 respondents indicated that they are certified doulas, while 24.6% are working toward certification (Table 9). The doulas who obtained certification at some point did so primarily through DONA International (57.1%) and PALS Doulas (16.7%). See Supplementary Table 1 for a complete list of certifying organizations cited by birth doulas in Washington State.

Barriers to certification

Forty-one respondents (20.4%) reported facing barriers while trying to obtain certification. Three dominant themes emerged: financial barriers, time constraints associated with parenthood and other work, and finding clients who are willing to work with birth doulas as they pursue certification (Table 10). These themes often overlap.

Doulas cited the cost of certification as a barrier. The doula training fee is one expense. Doulas reported lowering their rates to attend births in order to complete their certification requirements. Finding clients who are willing to use an "uncertified" doula is also difficult:

"The largest barrier to certification was finding clients as a new doula. In the end, I was required to not charge or severely undercharge for the first couple births, meaning I paid to complete a certification process I had already paid to be part of." (Participant 99)

A few respondents said time spent attending births took away from time they could be working another job, potentially resulting in lost wages.

"The time you have to take off to be on call to volunteer births was a huge barrier-it's a service occupation that you can't really have another job with (in my opinion)." (Participant 202)

Others said it is hard to break away from a paying job in order to obtain certification. Parenthood is also a barrier due to time and lack of childcare. Although not a dominant theme, two respondents experienced obstacles when asking providers to complete evaluations required by doula certifying organizations. One respondent said providers do not interact with doulas enough to properly evaluate them:

Table 10. Barriers to certification: Themes that emerged from comments (n = 41)

Themes
1. Financial
2. Time constraints
2a. Parenthood
2b. Other work
3. Clients
4. Minimal return from certifying organization
5. Providers
6. Location
7. Type of birth
8. Validity questioned

"A doctor or midwife approval of my services, when working with a non-profit doctors and midwives are different and connect about 1-2 hours with the doula (if that). They have no understanding of what a doula is doing in their absence. How are they gonna evaluate the doula?" (Participant 42)

Prenatal, birth, and postpartum support

During the two years prior to this survey, each birth doula served an average of 20 clients. On average, less than half of those clients used public assistance. Doulas spent an average of 12.4 hours with each client during the prenatal period, 19.1 hours during labor and delivery, and 7.6 hours during the postpartum period. Almost 47% of 164 respondents offer clients two prenatal visits, birth support, and two postpartum visits, while 17% offer three

prenatal visits, birth support, and three postpartum visits (Table 11). About 26% selected "other." Some respondents indicated that they offer more than three prenatal visits, and others reported offering more than three postpartum visits. Oftentimes, participants noted, the number of visits is dependent on the clients' needs:

> *"I do unlimited prenatal support. There's no way I can truly get to know someone and who they are in a 2 hour sit down. We clean their house. Go shopping. Get coffee. Go on walks. Doulas should be sisters. Not hired professionals." (Participant 156)*

In addition to planned in-person visits, 94% of 166 respondents said they communicate with their clients via text, calls, or email "frequently" or "very frequently."

Table 11. Birth Doula Practice, WA

Doula practice[a] (n = 201)	**% (n)**
Solo doula	73.6 (148)
Shared call/partnership with one or more doulas	14.9 (30)
Agency/organization (for profit)	12.4 (25)
Agency/organization (nonprofit)	14.4 (29)
Volunteer program	11.9 (24)
Other	< 1% (2)
Clients served	**Mean**
Number of clients served in the past 2 years (n = 176)	20
Number of clients who have used public assistance in the past 2 years (n = 168)	8
Average amount charged to client per birth (n = 158)	$913.70
Average number of hours spent with client	**Mean**
Prenatal	12.4
Labor and delivery	19.1
Postpartum	7.6
Number of visits per client (n = 164)	**% (n)**
1-1-1: One prenatal visit, birth support, and one postpartum visit	9.8 (16)
2-1-2: Two prenatal visits, birth support, and two postpartum visits	47.0 (77)

3-1-3: Three prenatal visits, birth support, and three postpartum visits	17.1 (28)
Other	26.2 (43)
Frequency of communication with clients via text, email, and phone calls (n = 166)	**% (n)**
Occasionally	6.0 (10)
Frequently	30.7 (51)
Very Frequently	63.3 (105)

[a] Percentages do not add up to 100. Respondents could choose more than one response.

Birth doula practice, income, and payment methods

A majority of respondents work as solo doulas, but some are part of a shared partnership with other doulas, work through a for-profit or nonprofit agency, or volunteer (Table 12). Eleven respondents selected two or more types of doula practices.

For 17% of 159 respondents, birth doula work is their sole source of individual income. Almost 15% of respondents do not rely on their birth doula work as a source of income. About 33% of respondents said 10% to 20% of their individual yearly income comes from their work as a birth doula (Table 12).

On average, respondents charge clients $913.70 per birth. Most clients pay the birth doula directly as an out-of-pocket expense, but 49.7% of 163 respondents said they are volunteers or work on a pro-bono basis. Other popular methods of compensation include barter/trade and reimbursement through health spending accounts (Table 12). Fewer doulas said they have been partly reimbursed by a private insurance company or through public funds.

To find ways to work with clients who cannot afford to pay a birth doula, respondents accept payments in installments (71% of 162 respondents), use a sliding scale based on clients' income (54.9%), offer free services (42%), or use a "pay what you can" policy (38.9%). Those who selected "other" work with low-income populations and are paid through organizations such

as Open Arms Perinatal Services, Global Perinatal Services, and Swedish Hospital's Doula Program.

Table 12. Income for WA Birth Doulas and Payment Methods

Amount of yearly individual income from work as a birth doula (n = 159)	**% (n)**
0%	14.5 (23)
10%	21.3 (34)
20%	11.3 (18)
30%	5.0 (8)
40%	3.8 (6)
50%	5.0 (8)
60%	1.9 (3)
70%	5.7 (9)
80%	7.6 (12)
90%	6.9 (11)
100%	17.0 (27)
Payment methods[a] (n = 163)	**% (n)**
Clients pay me directly out of their pocket.	85.9 (140)
I get some reimbursement from private insurance and the remainder directly from my client.	4.9 (8)
I get reimbursed from health care spending accounts.	19.6 (32)
I get reimbursed from public funds.	4.3 (7)
I do barter or trade.	27.6 (45)
I work on a pro bono/volunteer basis.	49.7 (81)
Other	13.5 (22)
Services offered to people who cannot afford birth doula services[a] (n = 162)	**% (n)**
I offer these clients free services.	42.0 (68)
These clients pay me on a sliding scale based on their income.	54.9 (89)

I use a "pay what you can" policy for these clients.	38.9 (63)
I accept payments in installments from these clients.	71.0 (115)
Other	10.5 (17)

[a] Percentages do not add up to 100. Respondents could choose more than one response.

Medicaid reimbursement

Survey items 24 to 30 gauged on what terms birth doulas in Washington State might be willing to participate in Medicaid reimbursement. If asked to provide 2 antepartum visits, labor support, and 2 postpartum visits per birth, respondents indicated that, on average, they would be willing to work with 18 clients per year at the rate of $852.65 per birth. About 71% of 155 respondents said they would be interested in working as a salaried employee for an organization that connects Medicaid patients with birth doulas (Table 13).

Billing

Out of 155 responses, a majority of doulas would prefer to bill the HCA directly (80.7%) or have a community organization bill on the doula's behalf (69.7%). Fewer than half are in favor of having a licensed provider bill on the HCA on the doula's behalf (48.1% of 156 respondents).

Prompt payment

Most birth doulas would expect to be paid within 30 days of completing their service package (69.1% of 152 respondents). Only 9.7% of respondents said they could wait 60 days or more.

Table 13. Potential Medicaid Reimbursement for Birth Doula Services, WA

	Mean
If you were asked to provide 2 antepartum visits, labor support, and 2 postpartum visits per birth, what is the minimum reimbursement amount you	$852.65

would be willing to accept from the HCA for Medicaid (Apple Health) patients? (n = 153)	
How many Medicaid (Apple Health) clients would you be willing to work with per year if the HCA reimbursed you the amount you specified in the previous question? (n=153)	18
Potential reimbursement methods	**% (n) in favor**
Licensed provider bills the HCA on doula's behalf, then reimburses the doula (n = 156)	48.1 (75)
Community organization bills HCA on doula's behalf, then reimburses the doula (n = 155)	69.7 (108)
Doula bills HCA directly (n = 155)	80.7 (125)
Payment	
If reimbursed through Medicaid (Apple Health), when would you expect to receive payment? (n = 152)	**% (n)**
Paid on a biweekly basis	21.1 (32)
Within 30 days	69.1 (105)
Within 60 days	7.2 (11)
Within 90 days	2.6 (4)
Interest in being a salaried employee of an organization that connects Medicaid patients to birth doulas (n = 155)	71.0 (110)
Do you have a National Provider Identifier (NPI) that you use for your birth doula work? (n= 172)	**% (n)**
Yes	29.1 (50)
No	54.7 (94)
I don't know what an NPI is.	16.3 (28)

Attitudes and beliefs toward Medicaid reimbursement

Out of 155 respondents, most agreed that Medicaid reimbursement for birth doulas in Washington State will positively impact the doula workforce (86.5%) and low-income people who are giving birth (94.8%). About 92% of respondents agreed that birth doulas in the state should receive Medicaid reimbursement (Table 14).

Table 14. Attitudes and Beliefs Toward Medicaid Reimbursement for Birth Doulas in WA (n = 155)

	Will positively impact the doula workforce	Will positively impact low-income people giving birth	Birth doulas should receive Medicaid reimbursement
	% (n)		
Disagree	4.5 (7)	1.9 (3)	5.8 (9)
Undecided	9.0 (14)	3.2 (5)	1.9 (3)
Agree	86.5 (134)	94.8 (147)	92.3 (143)

Perceived benefits of Medicaid reimbursement for doulas

Respondents described perceived benefits in response to this open-ended question: "Will Medicaid reimbursement benefit birth doulas in Washington State?" Two themes emerged from their responses: 1) Medicaid reimbursement will increase access to birth doulas and make the work more sustainable, with one sub-theme; and 2) Medicaid reimbursement could increase awareness about the value doulas bring to the birth space (Table 15).

Table 15. Perceived Benefits and Barriers of Medicaid Reimbursement for Birth Doulas: Themes that Emerged from Comments (n = 131)

Themes: Perceived benefits
1. Medicaid reimbursement will increase access to birth doulas and make the work more sustainable
1a. Medicaid reimbursement could provide a sustainable income for birth doulas serving low-income populations
2. Medicaid reimbursement could increase awareness about the value doulas bring to the birth space
Themes: Perceived barriers
1. Navigating a bureaucratic system that offers insufficient and untimely payments could prohibit birth doula participation
2. The HCA could create restrictions that diminish a birth doula's autonomy, impact how they conduct their work, and limit who can participate
3. The system in place to reimburse doulas through Medicaid could become inaccessible and unaffordable for birth doulas
3a. Requiring certification and training may create barriers for birth doulas who want to be reimbursed through Medicaid

1. Medicaid reimbursement will increase access to birth doulas and make the work more sustainable

Respondents described a belief that Medicaid reimbursement for birth doulas would help increase access to their services and make their work with low-income populations more sustainable:

> *" ... more people will have access to doula support and more doulas can sustain a practice if more people know that doulas ARE accessible." (Participant 27)*

Medicaid reimbursement would mutually benefit birth doulas and the populations they serve and/or the populations they would like to serve. The low-income population cannot always afford birth doula services, respondents said, and birth doulas cannot always afford to offer services for free or reduced rates.

Medicaid reimbursement would allow birth doulas to "offer our services to low-income communities" and "accept more clients who are truly in need of more support." Doulas may not have to "turn down" as many clients because they cannot afford to pay. It would also ensure compensation for birth doulas who already serve low-income pregnant people, allowing those doulas to sustain their work.

> *"It usually costs a Doula to do a free or low paying birth. … Adequate pay from low income clients also allows doulas to take on reasonable client loads without risking burn out to make financial ends meet." (Participant 107)*

If more clients have access to doulas through Medicaid, there could be increased demand for their services, which would lead to more work opportunities, respondents said.

> *"There are thousands of low-income women who need doulas services and hundreds of doulas who need work. Reimbursement is a win-win." (Participant 18)*

> *"In my rural area not many people are willing to pay for a doula because they are so low income, cannot spare the money and they may not know all of the benefits having a doula could provide which leads to less clientele for myself and other doulas near me. If we could be reimbursed more families would be willing to hire a doula." (Participant 133)*

1a. Medicaid reimbursement could provide a sustainable income for birth doulas serving low-income populations

Several respondents indicated that Medicaid reimbursement would allow doulas who already offer free services to low-income populations an opportunity to increase their income instead of taking a financial loss. This can sometimes disproportionately affect doulas of color, some respondents noted.

> *"There are doulas that provide free services and this means they are taking a loss in order to support birthing people. They deserve a fair payment even if people can't afford it." (Participant 199)*

Being a doula does not "include health benefits, paid time off, or sick leave." Doulas invest their "time and energy" into clients and taking on a client for free can result in loss of paid work time, especially if doulas juggle more than one job to make ends meet. For doulas who have children, the on-call nature of the birth profession can be challenging and costly. If doulas are paid a "living wage" through Medicaid reimbursement, it could be beneficial and potentially lead to more consistent income.

2. Medicaid reimbursement could increase awareness about the value that doulas bring to the birth space

Medicaid reimbursement could lead to more awareness about doulas, what they do, and how their work benefits birthing individuals of all backgrounds. This could "help legitimize the doula profession as something valuable to all" and "bring knowledge of what a doula is and does to the mainstream community."

> *"By making birth doulas available to those with Apple Health, it removes the stigma that doulas are only for wealthy white women. by removing that stigma, doulas will be seen as a helpful and needed resource in the birth space." (Participant 157)*

Perceived barriers to Medicaid reimbursement for doulas

Respondents described perceived barriers in response to this open-ended question: "Are there any potential barriers that birth doulas could face when the HCA begins Medicaid reimbursement for their services?" Three themes emerged from their responses: 1) Navigating a bureaucratic system that offers insufficient and untimely payments could prohibit doula participation; 2) by working toward a system to provide Medicaid reimbursement for birth doulas, the HCA could create restrictions that diminish a doula's autonomy, impact how they conduct their work, and limit who can participate; and 3) the system in place to reimburse doulas

through Medicaid could become inaccessible and unaffordable for birth doulas, with one sub-theme (Table 15).

1. Navigating a bureaucratic system that offers insufficient and untimely payments could prohibit birth doula participation

Doulas expressed concern over the bureaucracy of receiving payment through Apple Health (Medicaid), potentially insufficient reimbursement rates, and untimely payments. Respondents want to be "paid our worth" and cited low rates in states that have already begun reimbursing doulas through Medicaid. If rates are too low, doulas might not be willing to participate since they can make more money through other higher-paying, private clients. Some respondents said doulas usually charge according to their years of experience, which might not be an option with standard Medicaid reimbursement rates. To avoid underpayment, one respondent suggested that doulas would charge a normal fee, and Medicaid would cover up to a certain amount.

> *"I am concerned that Medicaid would not offer appropriate reimbursement. If they aren't willing to pay doulas their typical fee, then doulas will not be financially able to work with Medicaid." (Participant 153)*

How quickly Apple Health will reimburse doulas is a potential barrier for doulas who rely on their birth work for income and "live paycheck to paycheck." If doulas have to wait until all visits are complete (prenatal, labor and delivery, and postpartum) to bill for their services, it could leave the doula without an income for longer than they are used to. Non-Medicaid clients would be able to pay a certain amount upfront.

> *"If we have to wait for months to be reimbursed for our work, it may not be livable or worthwhile for us." (Participant 170)*

Respondents noted that some doulas ask clients to pay in full before their birth. This can cover the expense of a back-up doula in case the person goes into labor at a time when the primary doula is unavailable.

> *"Doulas normally receive payment at 38 weeks for the entire birth. This ensures that they will be paid for their services rendered and that they can pay their back up doulas. If payment is not received until AFTER the last post-partum visit, the primary doula will have to pay her back up doula out of her own pocket, or both doulas will go unpaid an unreasonable amount of time." (Participant 125)*

If doulas bill Apple Health (Medicaid) directly, there are concerns about how they will navigate a complicated billing system. Some respondents expressed hesitation at the prospect of partnering with licensed providers or community organizations in order to get reimbursed.

> *"I definitely do not want to have to partner with an OB or hospital or other organization in order to serve clients who use Medicaid. I am my own boss and I take the clients who are a right fit for me, and I feel that being forced to partner with another organization would limit me." (Participant 25)*

If licensed providers bill Apple Health on behalf of doulas, this could influence the power dynamics of the working relationship. Relying on providers for payment might limit doulas' ability to advocate for their clients.

> *"If they are being supervised or reimbursed by doctors they may have barriers. Some doctors do not believe doulas are useful and that may hinder their payment." (Participant 46)*

Another respondent noted that asking providers to bill on behalf of doulas will cost providers time and money. The respondent also expressed concern about Medicaid managed care organization (MCO) compliance.

> *"I would be concerned that that the sub-plans like Molina would decide not to pay as they do with Licensed Midwives...even with preapproved services they do not adhere to Medicaid rules. Dealing with the state plans is a nightmare compared to dealing with the state directly for claims. It costs providers thousands in unreimbursed monies and employee time. If that is going to be the case for Doulas, then please do not go further with this idea." (Participant 95)*

2. The HCA could create restrictions that diminish a birth doula's autonomy, impact how they conduct their work, and limit who can participate

Respondents noted that the doula space is currently unregulated. They identified potential requirements, rules, and regulations imposed by "agencies unfamiliar with the scope and nature of effective doula care" as potential barriers. Some respondents worried about a spillover effect: Government regulation intended for Medicaid reimbursement could eventually change the way doulas interact with and charge private clients.

> *"The potential barriers would fall under the potential restrictions made around the care a doula provides. I want the freedom to build a relationship with my client in the way that I see fit and I would be nervous to have the thing that I treasure most about my work become mechanized." (Participant 193)*

> *"I have very little faith in a government program that will most likely lay down more red tape for the Birth Workers, cause delays in reimbursement, and potentially inflict more discriminatory pain on the communities that I'm trying to support." (Participant 14)*

Although respondents noted that the HCA has not established any requirements for doulas to work with the Medicaid population and get reimbursed, some worried that whatever stipulations are put in place will force doulas to "jump through hoops" and potentially "favor those who are certified and/or benefiting from privileged identities."

> *"The more time, energy & resources you have to go through to prove you're a 'qualified' doula, the fewer people will choose that path - especially BIPOC [Black, Indigenous, People of Color] doulas." (Participant 21)*

3. The system in place to reimburse doulas through Medicaid could become inaccessible and unaffordable for birth doulas

Respondents warned that registration fees, requiring certification and trainings, and system navigation could become inaccessible and/or too costly. This could deter doulas from participating in the Medicaid reimbursement program, making the pool of doulas available to birthing individuals smaller.

"Billing for insurance is complicated and time consuming. How can you make it easy for Doulas to access?" (Participant 167)

"If certification or training is required to receive reimbursement it could be a financial burden for Doulas especially those who are themselves low income and/or living in rural areas of the state." (Participant 133)

3a. Requiring certification and additional training may create barriers for birth doulas who want to be reimbursed through Medicaid

Some respondents said that current certification should not be a requirement in order for the doula to be reimbursed through Medicaid. It could be a "hurdle" for doulas who do not wish to be certified and doulas who have experience but cannot obtain certification because of time and cost.

"Not all doulas are required to certify and shouldn't be required since we're support people not medical professionals." (Participant 117)

" ... a lot of doula training programs are expensive or center white, cis, hetero people and therefore people in marginalized communities are either unable to train or certify because of cost barriers or get training from orgs with racist or homophobic practices that don't properly serve marginalized communities." (Participant 86)

If the HCA required doulas to be certified, respondents expressed concerns about which certifying organizations would be recognized. If trainings are required, a couple respondents said, they should be available to people regardless of geography.

"Many of our current doulas are trained but not certified in Yakima County. It would be beneficial to offer training programs locally that allow community members to be trained and certified more efficiently." (Participant 195)

Perceived benefits for Medicaid patients who are giving birth

Respondents described perceived benefits for Medicaid patients in response to this open-ended question: "Will Medicaid reimbursement for birth doulas benefit childbirthing people in Washington State?"

One dominant theme emerged: 1) Medicaid reimbursement will reduce financial barriers to birth support for birthing individuals who could benefit from doula services (Table 16).

Table 16. Perceived Benefits and Barriers for Medicaid Patients who are Giving Birth: Themes that Emerged From Comments (n = 131)

Themes: Benefits
1. Medicaid reimbursement will reduce financial barriers to birth support for birthing individuals who could benefit from doula services
Themes: Barriers
1. Medicaid patients may not be able to choose doulas that fit their needs
2. Potential knowledge gaps about a birth doula's role and the Medicaid reimbursement policy among Medicaid patients

1. Medicaid reimbursement will reduce financial barriers to birth support for birthing individuals who could benefit from doula services

Several respondents said that any person who wants a doula should be able to have one. Yet, one respondent noted, "birth support is seen as a luxury for many." Low-income birthing individuals cannot always access doula services, and they "lose out on the proven benefit that hiring a doula provides." Medicaid reimbursement would reduce financial barriers to doula services, which could lead to more positive maternal, child, and family health outcomes, increased birth satisfaction, and increased knowledge about resources for low-income birthing individuals.

Perceived barriers for Medicaid patients who are giving birth

Respondents described perceived barriers for Medicaid patients in response to this open-ended question: "Are there any potential barriers that childbirthing people using Medicaid (Apple Health) could face when the HCA begins Medicaid reimbursement for birth doula services?" Two themes emerged as potential barriers for birthing individuals: 1) Medicaid

patients may not be able to choose doulas that fit their needs; and 2) potential knowledge gaps about a birth doula's role and the Medicaid reimbursement policy among Medicaid patients (Table 16).

1. Medicaid patients may not be able to choose doulas that fit their needs

Birthing individuals using Medicaid should not be "forced" to work with a particular birth doula, respondents said. Doulas and birthing individuals "match" based on their personalities, backgrounds and beliefs, and the pregnant person's needs. A poor fit will not benefit the birthing individual or the doula.

> *"The right match is important. Medicaid families should not be made to feel lesser than or have to work with a doula who is not a fit for fear of no doula at all." (Participant 18)*

> *"Doulas need to be picked by the birth person, no one else." (Participant 29)*

If reimbursement rates are low, doulas may not be inclined to accept Medicaid reimbursement as payment, respondents said. Birthing individuals would then have a smaller pool of doulas to choose from. Birthing individuals in rural areas may be limited, along with those who seek a doula with a background that matches their own.

2. Potential knowledge gaps about a birth doula's role and the Medicaid reimbursement policy among Medicaid patients

Birthing individuals using Medicaid may not be familiar with a doula's role and function, which could affect how they interview and select a doula. To address potential knowledge gaps, a few respondents suggested sharing information about doulas in clinics and hospitals.

> *"I think the biggest barrier we currently face and will continue to face is the lack of knowledge around what a birth doula is and how valuable they are." (Participant 170)*

If Medicaid reimbursement for birth doulas goes into effect, birthing individuals may not know about the policy, which could prevent them from utilizing doula services. Respondents

said there should be “clear instructions and information” on how Medicaid patients can access this service and connect with doulas who accept Medicaid reimbursement.

Summary of qualitative results

Overall, respondents said that Medicaid reimbursement for birth doulas will increase access to doula services. This perceived benefit will make doulas’ work more sustainable, especially if they are already working with low-income populations. By reducing the financial barrier of doula services, respondents said Medicaid reimbursement will benefit birthing individuals and potentially improve maternal, child, and family health outcomes.

Respondents expressed a wide range of potential barriers for birth doulas regarding insufficient reimbursement rates, certification and training requirements, and accessibility and affordability. Together, these barriers could hinder doula participation in Medicaid reimbursement. Respondents also identified barriers that birthing individuals could encounter, including the ability to choose a doula that matches their cultural preferences and knowledge gaps about a birth doula’s role and the Medicaid reimbursement policy.

Discussion

The results of this survey contribute to a growing body of community-informed, public health research that supports Medicaid reimbursement for birth doulas in the U.S. If implemented, such policies could lead to more accessible and sustainable birth support for low-income populations. Ultimately, this will help improve maternal, infant, and family health outcomes. This study provides additional evidence that Washington State will face barriers that have plagued well-intentioned Medicaid reimbursement policies for birth doulas in Oregon, Minnesota, and New York. Community organizations, maternal health advocates, and

researchers have already put forth key recommendations to avoid the same issues these states are facing.[46,48,49]

Washington State policymakers need to collaborate with tribal nations, CBDPs, and other relevant stakeholders to design an inclusive Medicaid reimbursement program aimed at reducing health disparities among birthing individuals in Washington State. These survey results could help the HCA understand birth doulas' current practices and inform next steps.

Table 17. Implications of Survey Findings: Demographics of Doula Workforce in Washington State

Overall conclusion: In order to best serve birthing individuals in Washington State through Medicaid reimbursement, the state must continue to diversify its doula workforce.	
Finding	**Implications**
A majority of birth doulas identify as White only	• Given the proportion of Medicaid births by African American and Hispanic individuals, the number of birth doulas who share these racial/ethnic backgrounds is not sufficient. • American Indian/Alaska Native individuals have the highest pregnancy-related maternal mortality ratios, followed by people who are multiracial and Asian or Native Hawaiian/Pacific Islander. These individuals could benefit from doula support, but there are not enough birth doulas with shared racial/ethnic backgrounds to meet their needs.
Doula services are concentrated in King County and the bordering Pierce and Snohomish counties	• Medicaid patients who reside in the Peninsula/Coastal, South, Central, and parts of Eastern Washington regions may have limited options when it comes to selecting a birth doula. • Some birth doulas who serve Washington State birthing individuals live in Oregon and Idaho. The HCA should consider whether they will be eligible for Medicaid reimbursement.
Less than 15% of birth doulas have provided doula services to tribes or tribal nations	• There could be a small number of birth doulas who have the skills and connections to serve tribes or tribal nations. • The HCA will need to work with tribal nations to see if additional birth doula trainings are needed.
Few respondents speak a language other than English	• The state needs more birth doulas who can communicate in languages other than English.
No respondent openly identified as transgender	• The state may need more birth doulas who identify as transgender, gender non-conforming, and/or gay or lesbian to better support birthing individuals with similar gender identities and sexual orientations.
Few respondents identified as gender non-conforming	
Few respondents identified as gay or lesbian	

Study results indicate that in order to provide culturally appropriate support regardless of geography for birthing individuals, the state must diversify its doula workforce (Table 17). Washington State needs more doulas who reflect populations at higher risk of experiencing negative maternal health outcomes and/or poor birth outcomes, such as American Indian/Alaska Natives, Black/African Americans, and people who identify as Hispanic.

Table 18. Implications of Survey Findings: Requirements for Reimbursement

Overall conclusion: The HCA needs to explore pathways for trained, non-certified doulas to be reimbursed through Medicaid and find ways to ensure that doulas are adequately prepared to serve the Medicaid population. If the HCA requires cultural competency trainings, as Oregon does, it must consider affordability and accessibility, particularly for rural, low-income, and/or time-constrained doulas.		
Requirement	**Findings**	**Implications**
Certification	Less than half of respondents were certified at the time of this survey	• If the HCA were to require certification, as Minnesota does, a large proportion of birth doulas would not be eligible for Medicaid reimbursement.
Trainings	More than half of respondents would be willing to pay for additional training to be eligible for Medicaid reimbursement, while 37% said it depends on cost	• If the HCA requires doulas to complete additional training, as Oregon does, it must consider affordability and accessibility, particularly for rural, low-income, and/or time-constrained doulas.

Survey results support two beliefs held by some doulas in other states: 1) Their years of experience outweigh the need for certification; and/or 2) dominant certifying organizations' trainings promote practices that do not properly serve marginalized communities. In *Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities*, the authors state that certification and training must "include reproductive and birth justice frameworks, race equity, cultural humility, home visiting skills, and knowledge of social services."[46] Using these principles, the HCA needs to explore pathways for trained, non-certified doulas to be reimbursed through Medicaid and find ways to ensure that doulas are adequately prepared to serve the Medicaid population (Table 18). If the HCA requires cultural competency trainings, as Oregon does, it must consider affordability and accessibility, particularly for rural, low-income, and/or time-constrained doulas.

Table 19. Implications of Survey Findings: Doula Services and Reimbursement Rates

Overall conclusion: The HCA should consult CBDPs and other stakeholders who provide doula services to the Medicaid population before deciding on the number of visits covered. A final decision should inform the reimbursement rate.

	Findings	Implications
Doula services	Almost half of respondents offer clients two prenatal visits, birth support, and two postpartum visits (2-1-2); 17% offer 3-1-3. Some respondents noted that Medicaid clients may require additional support.	• The 2-1-2 decision package bundle, which Oregon adopted, may not be sufficient for Medicaid patients. Minnesota offers up to six maternity support visits.
Reimbursement rates	$852.65 is the average amount respondents would accept for a 2-1-2 package	• Birth doulas are unlikely to support low reimbursement rates like those offered to doulas in Oregon and Minnesota. • Birth doulas may consider Washington State's proposed reimbursement rate of $688 per birth for non-FQHC clients and $1,606 per birth for FQHC clients acceptable.
	Respondents said they must be paid a "livable wage"	

When structuring reimbursement, policymakers will need to determine a fair reimbursement rate that accounts for the number of hours a doula spends with each client, the cost of living in Washington State, and other costs. The HCA must offer doulas a "livable wage." If the reimbursement rate is low, the program may be underutilized, as doulas in Oregon and Minnesota have reported.[36,48] The HCA should engage with CBDPs and other key stakeholders before deciding on the number of visits covered through Medicaid (Table 19). A final decision would inform the reimbursement rate. The *Advancing Birth Justice* report directs policymakers to consider the amount of time doulas spend with clients, which is far greater than physicians and midwives in hospital or clinic settings.[46]

Table 20. Implications of Survey Findings: Billing Methods and Timely Payments

Overall conclusion: The HCA should explore how birth doulas can bill for services through community organizations or by billing managed care organizations (MCOs) directly.	
Findings	**Implications**
Birth doulas expressed the most support for billing through a community organization or billing an MCO directly	• Community organizations would need to set up billing systems, which could be an onerous and complicated task. There would also need to be enough community organizations to work with birth doulas across Washington State. • If birth doulas bill MCOs directly, they may encounter difficulties while navigating the system. The HCA should provide clear instructions and a knowledgeable support person who can help guide them.
Less than 30% of respondents have an NPI	• If Washington State requires an NPI, more than half of survey respondents would need to register for one. Oregon asks doulas to enroll as state Medicaid providers, which requires obtaining an NPI. • There may need to be education around what the purpose of an NPI is.
Most respondents would expect timely payments within 30 days of service, regardless of billing method	• Birth doulas may end up waiting more than 30 days for payment, which could affect how they provide for their families. • Untimely payments could limit birth doulas' willingness to serve the Medicaid population.

The HCA must also determine how doulas can bill for their services. Respondents cited two major barriers to billing through a licensed provider: 1) If doulas rely on providers who oversee the birth to get paid, it can threaten the power dynamic and a doula's ability to advocate for the client; and 2) it could require additional relationship-building, as some providers are not used to working with doulas and may not understand their role. The HCA should explore how birth doulas can bill for services through community organizations or by billing MCOs directly.

Most respondents would expect timely payments within 30 days of service, regardless of billing method. If there is a long delay between service delivery and payment, doulas may not be able to take on as many clients as they would have otherwise. Some respondents pointed out that they live "paycheck to paycheck," and others said they might be less inclined to take on clients covered by Medicaid when private clients can offer prompt payment.

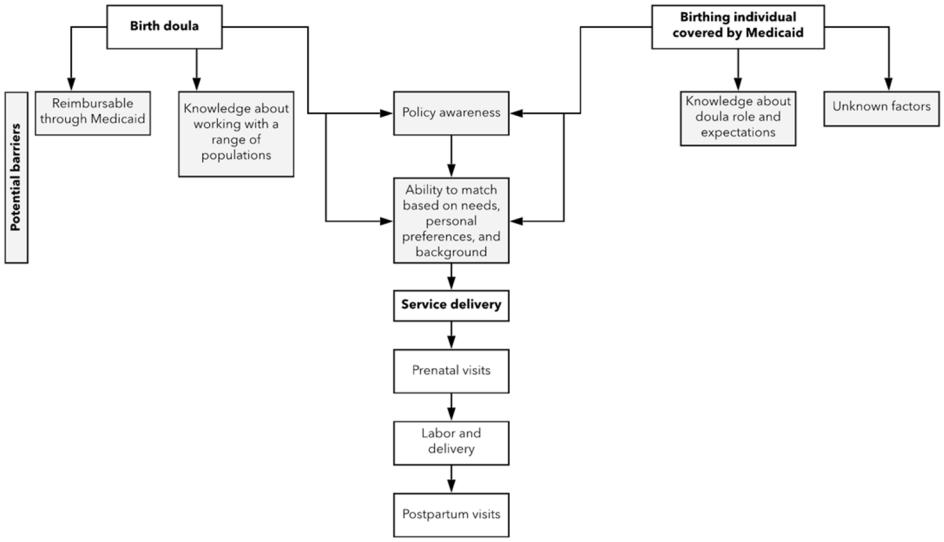

Figure 3: Pathways and Potential Barriers to Service Delivery

Respondents described several barriers that could hinder a Medicaid reimbursement program for doulas in Washington State (Figure 3). First, birthing individuals covered by Medicaid may not know what a doula is. This could limit their ability to find and benefit from a doula during their pregnancy, during labor, and after delivery. Second, birth doulas may not be fully versed in how to work with a range of populations, including people of color, people who are low-income, and/or people who have lived through traumatic experiences. This lack of knowledge on the doula's part could negatively impact the populations the birth worker is trying to help, some respondents said. To overcome these barriers, the HCA should rely on community outreach, information-sharing, and consider training opportunities.

Once a program is in place, the HCA and community partners would need to actively promote it until policy awareness is robust. Once doulas and birthing individuals know Medicaid reimbursement is an option and choose to participate, there needs to be a mechanism in place for both parties to match based on needs. In Oregon and Minnesota, birthing individuals can search for doulas' contact information through online registries.[40,45] Oregon allows search by ethnicity and location, while Minnesota provides a list of names and each doula's certifying organization.

Both states require the birthing individual to reach out to the doula, which presents a potential barrier identified by survey respondents.

Conclusion

The results of this survey indicate that there is strong support for implementing a Medicaid reimbursement program for birth doulas in Washington State. However, respondents reported a range of potential barriers that the HCA will need to grapple with. Washington State should design a Medicaid reimbursement program alongside doula organizations, including CBDP, to ensure workforce support. The HCA should also seek voices from the Medicaid population since these individuals will be utilizing the program.

The HCA should consider HC One's five essential components to a CBDP: (1) employ trusted members of the community; (2) Extend support from early pregnancy through the first months postpartum; (3) collaborate with community stakeholders and use a diverse team approach; (4) facilitate experiential learning through popular education; and (5) value the doula's work with salary, supervision and support.[44]

Limitations

There are several limitations to this study, including how the researcher recruited participants. Although she reached out to community stakeholders across Washington State to promote the survey, most of the people she engaged with work in Western Washington. This could have limited the number of respondents from other geographic areas. As a result of survey promotion targeted toward DoulaMatch.net users, a bulk of respondents (77.09%) indicated that they had a profile on the site. Not every birth doula in Washington State uses the database.

Birth doulas who perceived Medicaid reimbursement as a positive policy may have been more likely to complete the survey, indicating selection bias. In addition, the researcher did not

do anything to triangulate qualitative research results. Lastly, accurately capturing the race/ethnicity of respondents could pose a challenge due to measurement error.

Future research

This study did not ask Washington State birthing individuals to share their views on Medicaid reimbursement for birth doulas. It also does not address program affordability and potential cost savings specific to Washington State. In 2015, the Washington State Institute of Public Policy (WSIPP) conducted a cost-benefit analysis of continuous labor support and a reduction of cesarean sections among the Medicaid population.[54] WSIPP found that the benefits did not exceed the costs but acknowledged that its analysis did not focus on other outcomes that could result in potential cost reductions.

In the future, it would be useful to conduct focus groups about Medicaid reimbursement for birth doulas with birthing individuals in Washington State. In addition, it would be helpful for researchers to model the cost-effectiveness of doula care by examining associations between additional outcomes, such as preterm birth, breastfeeding rates, and the incidence of postpartum depression.

References

[1] Hoyert, D.L., Miniño, A.M. (2020). Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf

[2] Centers for Disease Control and Prevention. (2020). Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. Retrieved from https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/Infographic-disparities-pregnancy-related-deaths-h.pdf

[3] Fingar, K.R., Hambrick, M.M., Heslin, K.C., & Moore, J.E. (2018). Trends and Disparities in Delivery Hospitalizations Involving Severe Maternal Morbidity, 2006–2015. Retrieved from https://www.hcup-us.ahrq.gov/reports/statbriefs/sb243-Severe-Maternal-Morbidity-Delivery-Trends-Disparities.pdf

[4] Martin, J. A., Hamilton, B. E., Osterman, M. J. K., & Driscoll, A. K. (2019). Births: Final Data for 2018. Retrieved from https://www.cdc.gov/nchs/products/index.htm.

[5] DONA International. What is a doula? (2020). Retrieved April 1, 2020, from https://www.dona.org/what-is-a-doula/

[6] Sturtevant, S., Firth, M. (2019). The Doula Option: An Opportunity to Improve Birth Outcomes in Washington State. Retrieved from https://depts.washington.edu/uwchips/docs/brief-doula-option.pdf

[7] Morton, C. H. (2002). Doula care: The (re) -emergence of woman -supported childbirth in the united states (Order No. 3059588). Available from ProQuest Dissertations & Theses Global. (304802186). Retrieved from https://search.proquest.com/docview/304802186?accountid=14784

[8] Pascali-Bonaro D. (2003). Childbirth education and doula care during times of stress, trauma, and grieving. The Journal of perinatal education, 12(4), 1–7. https://doi.org/10.1624/105812403X107017

[9]Ancient Song Doula Services. (2018). Retrieved April 2, 2020, from https://www.ancientsongdoulaservices.com/doula-services

[10] Wu Song, F., Ellis West, J., Lundy, L.,& Smith Dahmen, N. (2012). Women, Pregnancy, and Health Information Online: The Making of Informed Patients and Ideal Mothers. *Gender & Society*, 26(5), 773-798.

[11] Altman, M.R., Oseguera, T., McLemore, M.R., Kantrowitz-Gordon, I., Franck, L.S., & Lyndon, A. (2019). Information and power: Women of color's experiences interacting with health care providers in pregnancy and birth. *Social science & medicine (1982)*, *238*, 112491. https://doi.org/10.1016/j.socscimed.2019.112491

[12] Simkin, P. (2007). Comfort in Labor: How You Can Help Yourself to a Normal Satisfying Childbirth. Retrieved April 2, 2020, from https://www.nationalpartnership.org/our-work/resources/health-care/maternity/comfort-in-labor-simkin.pdf

[13] Bohren, M.A., Hofmeyr, G.J., Sakala, C., Fukuzawa, R.K., & Cuthbert, A. (2017). Continuous support for women during childbirth. *The Cochrane database of systematic reviews*, *7*(7), CD003766. https://doi.org/10.1002/14651858.CD003766.pub6

[14] Declercq, E.R., Sakala, C., Corry, M.P., Applebaum, S., & Herrlich, A. (2013). Listening to Mothers[SM] III: Pregnancy and Birth. Retrieved March 30, 2020, from https://www.nationalpartnership.org/our-work/resources/health-care/maternity/listening-to-mothers-iii-pregnancy-and-birth-2013.pdf

[15] Thomas, M., Ammann, G., Brazier, E., Noyes, P., & Maybank, A. (2017). Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population. *Matern Child Health J,* 21, 59–64. https://doi-org.offcampus.lib.washington.edu/10.1007/s10995-017-2402-0

[16] Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of doulas on healthy birth outcomes. *The Journal of perinatal education*, *22*(1), 49–58. https://doi.org/10.1891/1058-1243.22.1.49

[17] Kozhimannil, K.B., Hardeman, R.R., Attanasio, L.B., Blauer-Peterson, C., & O'Brien, M. (2013). Doula care, birth outcomes, and costs among Medicaid beneficiaries. *American journal of public health*, *103*(4), e113–e121. https://doi.org/10.2105/AJPH.2012.301201

[18] Kozhimannil, K.B., Hardeman, R.R., Alarid-Escudero, F., Vogelsang, C.A., Blauer-Peterson, C., & Howell, E.A. (2016). Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery. *Birth (Berkeley, Calif.)*, *43*(1), 20–27. https://doi.org/10.1111/birt.12218

[19] Medicaid and CHIP Payment and Access Commission. (2018). Access in Brief: Pregnant Women and Medicaid. Retrieved March 30, 2020, from https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf

[20] Kozhimannil, K. B., & Hardeman, R. R. (2016). Coverage for Doula Services: How State Medicaid Programs Can Address Concerns about Maternity Care Costs and Quality. Birth (Berkeley, Calif.), 43(2), 97–99. https://doi.org/10.1111/birt.12213

[21] General Assembly of the State of New Jersey. (2019). Chapter 85: P.L.-19, c. 85. Retrieved April 2, 2020, from https://www.njleg.state.nj.us/2018/Bills/PL19/85_.PDF

[22] Indiana General Assembly. (2019). P.L.35-2019. Retrieved April 2, 2020, from http://iga.in.gov/legislative/laws/acts/

[23] Inslee, J. (2018). Proposed 2019-2021 Budget & Policy Highlights. Retrieved June 10, 2019 from https://ofm.wa.gov/sites/default/files/public/budget/statebudget/highlights/budget19/2019 21-Budget-and-Policy-Highlights.pdf.

[24] 76th Oregon Legislative Assembly. (2011). House Bill 3311. Retrieved March 10, 2020, from https://www.oregon.gov/oha/oei/reports/Using%20Doulas%20to%20Improve%20Birth%20Outcomes%20for%20Underserved%20Women%20in%20Oregon%20-%20Appendices.pdf

[25] Everson, C., Crane, C., & Nolan, R. (2018). Advancing Health Equity for Childbearing Families in Oregon: Results of a Statewide Doula Workforce Needs Assessment. Estacada, OR: Oregon Doula Association.

[26] Oregon Health Authority. (2018). Health Systems Division: Medical Assistance Programs - Chapter 410. Retrieved April 2, 2020, from https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=248089

[27] Oregon Health Authority. (2018, September). Oregon Medicaid reimbursement for doula services. Retrieved March 10, from https://www.oregon.gov/oha/HSD/OHP/Tools/Oregon%20Medicaid%20reimbursement%20for%20doula%20services.pdf

[28] National Health Law Program. (2018). Routes to Success for Medicaid Coverage of Doula Care. Retrieved February 20, 2020, from https://healthlaw.org/resource/routes-to-success-for-medicaid-coverage-of-doula-care/

[29] Oregon Health Authority. (2020). Traditional Health Care Registry. Retrieved March 10, 2020, from https://traditionalhealthworkerregistry.oregon.gov/

[30] Oregon Health Authority. (2017, June). Billing for doula services. Retrieved March 10, 2020, from https://www.oregon.gov/oha/HSD/OHP/Tools/Billing%20for%20doula%20services.pdf

[31] Office of the Secretary of State. (2018, April). Permanent Administrative Order DMAP 19-2018. Retrieved February 20, 2020, from https://www.oregon.gov/oha/HSD/OHP/Policies/130-0015-04022018.pdf

[32] A.R. Parker (personal communication, March 10, 2020). Oregon Health Authority Health Analytics Data Request.

[33] Minnesota Department of Human Services. (2016, February). Doula Services. Retrieved February 20, 2020, from https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_190890#AR

[34] Minnesota Department of Health. (2019, Feburary). Minnesota Doula Registry. Retrieved April 2, 2020, from https://www.health.state.mn.us/facilities/providers/doula/index.html

[35] Minnesota Department of Health. (2019, August). Applying and Renewing: Minnesota Doula Registry. Retrieved April 2, 2020, from https://www.health.state.mn.us/facilities/providers/doula/applyrenew.html

[36] Minnesota State Plan Amendment 19-12. (2019). Retrieved April 2, 2020, from https://mn.gov/dhs/assets/19-12-spa_tcm1053-400975.pdf

[37] Capestany, S.A. (1998). *The service contract of the Pacific Association of Labor Support and Maternity Support Services: a descriptive study.* Seattle, WA: University of Washington.

[38] Governor's Interagency Council on Health Disparities. (2015, December). State Action Plan to Eliminate Health Disparities. Retrieved July 6, 2019, from https://healthequity.wa.gov/Portals/9/Doc/Publications/Reports/ActionPlan-December2015-Final.pdf

[39] Smith, J. (2019). Decision Package Bundle Agency: Wash State Health Care Authority Decision Package Code-Title: 08-Doula Services Program Recommendation Summary. Retrieved June 10, 2019 from https://www.openarmsps.org/wp-content/uploads/2019/01/Doula-Decision-Package.pdf

[40] Engrossed Substitute House Bill 1109. (2019, May 21). Retrieved June 10, 2019, from http://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session Laws/House/1109-S.SL.pdf

[41] Washington Apple Health. (2020, April). Eligibility Overview: Washington Apple Health (Medicaid) Programs. Retrieved April 15, 2020, from https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf

[42] State of Washington. (2020, January). Characteristics of All Women Who Gave Birth Characteristics of All Women Who Gave Birth. Retrieved April 2, 2020, from https://www.hca.wa.gov/assets/billers-and-providers/characteristics-women-washington-state.pdf

[43] Washington State Department of Health. (2019, October). Washington State Maternal Mortality Review Panel: Maternal Deaths 2014-2016. Retrieved April 2, 2020, from https://www.doh.wa.gov/Portals/1/Documents/Pubs/141-010-MMRPMaternalDeathReport2014-2016.pdf

[44] Association of Maternal & Child Health Programs. (2015). The HealthConnect One Community-Based Doula Program. Retrieved April 2, 2020, from http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/HealthConnect.pdf

[45] Kozhimannil, K.B., Vogelsang, C.A., Hardeman, R.R. (2015, July). Medicaid Coverage of Doula Services in Minnesota: Preliminary findings from the first year. Retrieved March 10, 2020, from https://static1.squarespace.com/static/577d7562ff7c5018d6ea200a/t/5840c791cd0f683f8477920a/1480640403710/FullReport.pdf

[46] Bey, A., Brill, A., Porchia-Albert, C., Gradilla, M., Strauss, N. (2019, March). Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities. Retrieved February 20, 2020, from https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf

[47] Lantz, P.M., Low, L.K., Varkey, S., & Watson, R.L. (2005). Doulas as childbirth paraprofessionals: results from a national survey. *Women's health issues*, *15*(3), 109–116. https://doi.org/10.1016/j.whi.2005.01.002

[48] HealthConnect One Issue Brief: Creating Policy for Equitable Doula Access. (2019, October). Retrieved April 2, 2020, from https://www.healthconnectone.org/wp-content/uploads/bsk-pdf-manager/2019/10/HCO_Issue_Brief-final_102419.pdf

[49] Chen, A., Robles-Fradet, A., Arega, H. (2020). Building A Successful Program For Medi-Cal Coverage For Doula Care: Findings From A Survey of Doulas in California. Retrieved May 22, 2020, from https://healthlaw.org/wp-content/uploads/2020/05/NHeLP-DoulaCare-Print-Spreads-F.pdf

[50] PA Harris, R Taylor, R Thielke, J Payne, N Gonzalez, JG. Conde, Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support, *J Biomed Inform. 2009 Apr;42(2):377-81.*

[51] PA Harris, R Taylor, BL Minor, V Elliott, M Fernandez, L O'Neal, L McLeod, G Delacqua, F Delacqua, J Kirby, SN Duda, REDCap Consortium, The REDCap consortium: Building an international community of software partners, *J Biomed Inform. 2019 May 9 [doi: 10.1016/j.jbi.2019.103208]*

[52] R Core Team (2018). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. https://www.R-project.org/.

[53] Dedoose Version 8.0.35, web application for managing, analyzing, and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com.

[54] Bauer, J., Barch M. (2015). Interventions to promote health and increase health care efficiency: Technical appendix. Olympia: Washington State Institute for Public Policy. Retrieved from www.wsipp.wa.gov/ReportFile/1624/Wsipp_Interventions-to-Promote-Healthand-Increase-Health-Care-Efficiency-Technical-Appendix_Report.pdf

Appendix A: Survey instrument

Survey of birth doulas in Washington State

Thank you for participating in this survey of birth doulas in Washington State.

The Washington State Health Care Authority (HCA) is currently exploring ways to reimburse birth doulas through Maternity Support Services (MSS), a Medicaid program for pregnant people receiving Apple Health. The state's 2019-2021 budget, which was signed into law on May 21, 2019, directed the HCA to "reimburse for maternity support services provided by doulas."

The HCA has not made any public announcements about when or how it will begin reimbursing birth doulas. Although the HCA released recommendations outlining reimbursement rates for birth doula services, no official decisions have been made.

The purpose of this survey is to: 1) gather information about the demographics of the birth doula workforce in Washington State; 2) to understand how the state could structure Medicaid reimbursement to best support birth doulas and Apple Health patients; and 3) explore how birth doulas serve their clients and how they are compensated.

Your participation in this survey is completely voluntary and all of your responses are anonymous and confidential. None of the responses will be connected to identifying information.

The survey will take approximately 20-25 minutes to complete. You can only take this survey once. This survey will remain open from Nov. 11, 2019 to Jan. 1, 2020.

For completeness, we hope that you will respond to all of the survey questions, but if for any reason you do not feel comfortable answering a question, you are not required to do so.

At the end of this survey, you will have the option to enter your email address for a chance to win one of eight $20 Tango gift cards, which are redeemable at Target, Home Depot, and Amazon.com.

This survey is part of Ashley Nguyen's graduate thesis work at the University of Washington's School of Public Health. The results of this survey will be used to inform advocacy groups and policymakers interested in structuring Medicaid reimbursement for birth doulas in Washington State.

If you have any questions or concerns about this survey, please contact Ashley Nguyen at nguyenam@uw.edu.

Note: Some potential survey respondents may identify as a "birth worker" instead of a "birth doula." If your role is to provide emotional, physical, and non-clinical support to people during pregnancy and childbirth, you are still encouraged to participate in this survey.

1. Do you live in Washington State?

❍ Yes
❍ No

2. In the past two years, have you practiced as a birth doula in Washington State?

❍ Yes
❍ No

3. What is your age?

❍ 17 or younger
❍ 18-20
❍ 21-29
❍ 30-39
❍ 40-49
❍ 50-59
❍ 60-69
❍ 70 or older

IF RESPONDENT IS INELIGIBLE:

Our study is focusing on birth doulas 18 years of age and older who have practiced in Washington State over the past two years. Your response indicates that you do not meet the criteria to participate in the survey. You will not be asked additional questions, and you may exit the survey. Thank you for participating.

IF RESPONDENT IS ELIGIBLE:

4. In which county/counties in Washington do you provide care as a birth doula? (You may select more than one.)

❍ Adams
❍ Asotin
❍ Benton
❍ Chelan
❍ Clallam
❍ Clark
❍ Columbia
❍ Cowlitz
❍ Douglas
❍ Ferry

❍ Franklin
❍ Garfield
❍ Grant
❍ Grays
❍ Harbor
❍ Island
❍ Jefferson
❍ King
❍ Kitsap
❍ Kittitas
❍ Klickitat
❍ Lewis
❍ Lincoln
❍ Mason
❍ Okanogan
❍ Pacific
❍ Pend
❍ Oreille
❍ Pierce
❍ San Juan
❍ Skagit
❍ Skamania
❍ Snohomish
❍ Spokane
❍ Stevens
❍ Thurston
❍ Wahkiakum
❍ Walla Walla
❍ Whatcom
❍ Whitman
❍ Yakima
❍ I provide birth doula services to counties outside of Washington State.

4a. Please specify which counties and states you serve outside of Washington State.

_____

5. Which tribes or tribal nations do you provide services to as a birth doula? (You may select more than one.)

❍ I have not yet provided my services as a birth doula to tribes or tribal nations.
❍ Chehalis

❍ Colville
❍ Cowlitz
❍ Hoh
❍ Jamestown
❍ Kalispel
❍ Lower Elwha
❍ Lummi
❍ Makah
❍ Muckleshoot
❍ Nisqually
❍ Nooksack
❍ Port Gamble
❍ Puyallup
❍ Quileute
❍ Quinault
❍ Samish
❍ Sauk-Suiattle
❍ Shoalwater
❍ Skokomish
❍ Snoqualmie
❍ Spokane
❍ Squaxin Island
❍ Stillaguamish
❍ Suquamish
❍ Swinomish
❍ Tulalip
❍ Upper Skagit
❍ Yakama

6. How would you define your doula practice? (Check all that apply.)

❍ Solo doula
❍ Shared call/partnership with one or more doulas Agency/organization (for profit)
❍ Agency/organization (non-profit)
❍ Volunteer program
❍ Other

6a. Please specify "Other":

_____

7. Do you have a profile on DoulaMatch.net, an online database for childbirthing people to locate and hire doulas?

❍ Yes
❍ No

8. What language(s) are you proficient in? If you are only proficient in English, please include "English" in your response.

_____

9. In the past two years, approximately how many clients have you served as a birth doula in Washington State? (Please provide a numeric value.)

_____

10. To the best of your knowledge, approximately how many of your clients in Washington State have utilized public assistance programs in the past two years? (Please provide a numeric value.)

Examples of public assistance programs include, but are not limited to, Apple Health (Medicaid), Temporary Assistance for Needy Families (TANF), and/or the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps.

_____

11. Did you receive formal training to become a birth doula?

❍ Yes
❍ No

IF ANSWERED "YES" to QUESTION 11:

11a. Please list what organization(s) you received your training from.

_____

11b. If you received training other than formal training, please detail what type of training you received. Your response can include generational knowledge and/or cultural traditions.

_____

12. Describe your birth doula certification status:

❍ Currently certified
❍ Lapsed certification
❍ Never certified
❍ Working toward certification

IF ANSWERED "CURRENTLY CERTIFIED," "LAPSED CERTIFICATION," OR "WORKING TOWARD CERTIFICATION" to QUESTION 12:

12a. Please specify the organization(s) through which you are currently certified, working towards certification, or have a lapsed certification. (Example: DONA, CAPPA, PALS Doulas, etc.)

_____

IF ANSWERED "NEVER CERTIFIED" to QUESTION 12:

12a. Please explain why you did not pursue certification.

_____

12b. Did you face, or are you currently facing, any barriers to obtaining certification? If yes, please explain what those barriers were/are.

_____

13. Do you have a National Provider Identifier (NPI) that you use for your birth doula work?

❍ Yes
❍ No
❍ I don't know what an NPI is.

Background: In order to be reimbursed for services rendered to Medicaid (Apple Health) enrollees, the state may require some type of certification or training requirement for doulas.

14. Would you be willing to pay for certification and/or training in order to be reimbursed as a birth doula through Medicaid?

❍ Yes
❍ No
❍ It depends on how much money.

IF ANSWERED "YES" or "IT DEPENDS ON HOW MUCH MONEY" to QUESTION 14:

14a. What is the maximum amount of money you would be willing to pay for certification and/or training in order to be reimbursed as a birth doula through Medicaid? Assume it is a one-time fee. (Please provide a dollar amount.)

IF ANSWERED "NO" to QUESTION 14:

14a. Please explain why you would not be willing to pay for certification and/or training in order to be reimbursed as a birth doula through Medicaid.

Background: This survey seeks to gather information about how the birth doula workforce in Washington State currently serves its clients.

Directions: Please answer the following questions about your work as a birth doula.

15. On average, how many hours do you spend with each birth client during the prenatal period? (Please provide a numeric value.)

_____

16. On average, how many hours do you spend with each birth client during labor and delivery? (Since labor and delivery varies greatly, you may provide a range. Please provide a numeric value.)

_____

17. On average, how many hours do you spend with each birth client during the postpartum period? (Please provide a numeric value.)

_____

18. Please specify how many visits you typically provide to a client as a birth doula.

❍ Birth support only
❍ 1-1-1: One prenatal visit, birth support, and one postpartum visit
❍ 2-1-2: Two prenatal visits, birth support, and two postpartum visits
❍ 3-1-3: Three prenatal visits, birth support, and three postpartum visits
❍ Other

18a. Please specify "Other":

_____

19. How often do you offer support to a client through text messages, email, phone calls, or other forms of communication outside of planned in-person visits?

❍ Never
❍ Very Rarely
❍ Rarely
❍ Occasionally
❍ Frequently
❍ Very Frequently

20. Approximately how much of your yearly individual income comes from your work as a birth doula?

❍ 0%
❍ 10%
❍ 20%
❍ 30%
❍ 40%
❍ 50%
❍ 60%

❍ 70%
❍ 80%
❍ 90%
❍ 100%

21. How do you currently get paid? (Choose all that apply.)

❍ Clients pay me directly out of their pocket.
❍ I get some reimbursement from private insurance and the remainder directly from my client.
❍ I get reimbursed from health care spending accounts.
❍ I get reimbursed from public funds.
❍ I do barter or trade.
❍ I work on a pro bono/volunteer basis.
❍ Other

IF ANSWERED "I GET REIMBURSED FROM PUBLIC FUNDS" to QUESTION 21:

21a. Please specify from which public funds you receive compensation from:

_____

IF ANSWERED "OTHER" to QUESTION 21:

21b. Please specify "Other":

_____

22. How much do you typically charge per birth? You may provide a range. (Please provide a dollar amount.)

_____

23. Some people cannot afford to work with a birth doula. Do you offer any of the following services to clients who would not otherwise be able to pay for birth doula services? (Choose all that apply.)

❍ I offer these clients free services.
❍ These clients pay me on a sliding scale based on their income.
❍ I use a "pay what you can" policy for these clients.
❍ I accept payments in installments from these clients.
❍ None of the above.
❍ Other

23a. Please specify "Other":

_____

Background: Through Medicaid (Apple Health), the Washington State Health Care Authority (HCA) has proposed that birth doulas be reimbursed for providing the following services, per birth: 2 antepartum visits, labor support, and 2 postpartum visits.

24. If you were asked to provide 2 antepartum visits, labor support, and 2 postpartum visits per birth, what is the minimum reimbursement amount you would be willing to accept from the HCA for Medicaid (Apple Health) patients? (Please provide a dollar amount.)

_____

25. How many Medicaid (Apple Health) clients would you be willing to work with per year if the HCA reimbursed you the amount you specified in the previous question? (Please provide a numeric value.)

_____

Background: The Washington State Health Care Authority (HCA) has not officially announced how it plans to reimburse doulas through Maternity Support Services, a program for pregnant people through Medicaid.

The following questions are based on approaches other states have considered when reimbursing doulas through Medicaid.

26. Would you be interested in receiving reimbursement from the HCA for serving Medicaid (Apple Health) enrollees if it meant that you would be required to partner with a licensed medical provider, such as an OBGYN, who would bill HCA on your behalf and then pay you for your services?

❍ Yes
❍ No

27. Would you be interested in receiving reimbursement from the HCA for serving Medicaid (Apple Health) enrollees if it meant that you would be required to partner with a community organization that specializes in doula care, which would bill HCA on your behalf and then pay you for your services?

❍ Yes
❍ No

28. Would you be interested in billing the HCA directly?

❍ Yes
❍ No

29. If reimbursed through Medicaid (Apple Health), when would you expect to receive payment?

❍ I could not afford to wait for payment. I would need payment immediately after completing the final postpartum visit.
❍ No more than 30 days after completing the final postpartum visit.
❍ No more than 60 days after completing the final postpartum visit.
❍ No more than 90 days after completing the final postpartum visit.
❍ No more than 120 days after completing the final postpartum visit.

30. Would you be interested in becoming a salaried employee of an organization that is responsible for connecting Medicaid (Apple Health) patients to birth doulas? Assume that a salaried employee receives health insurance and paid time off.

❍ Yes
❍ No

Directions: Please rate how strongly you agree or disagree with each of the following statements by selecting the appropriate response.

31. I believe reimbursing birth doulas who work with Medicaid (Apple Health) clients will positively impact the birth doula workforce in Washington State.

❍ Strong disagree
❍ Disagree
❍ Undecided
❍ Agree
❍ Strongly agree

32. I believe reimbursing birth doulas who work with Medicaid (Apple Health) clients will positively impact low-income people who are pregnant and/or giving birth.

❍ Strong disagree
❍ Disagree
❍ Undecided
❍ Agree
❍ Strongly agree

33. I think birth doulas in Washington State should receive Medicaid reimbursement for services rendered to the Medicaid (Apple Health) population.

❍ Strong disagree
❍ Disagree
❍ Undecided
❍ Agree
❍ Strongly agree

Directions: Consider the benefits and barriers that birth doulas may encounter when the HCA begins reimbursing them for their services to the Medicaid population in Washington State. These questions are open-ended.

34. Will Medicaid reimbursement benefit birth doulas in Washington State? Please explain your answer.

_____

35. Are there any potential barriers that birth doulas could face when the HCA begins Medicaid reimbursement for their services? Please explain your answer.

_____

Directions: Consider the benefits and barriers that the childbirthing population may encounter when the HCA begins reimbursing birth doulas in Washington State. These questions are open-ended.

36. Will Medicaid reimbursement for birth doulas benefit childbirthing people in Washington State? Please explain your answer.

_____

37. Are there any potential barriers that childbirthing people using Medicaid (Apple Health) could face when the HCA begins Medicaid reimbursement for birth doula services? Please explain your answer.

_____

Background: In order to provide culturally-appropriate support, a birth doula may reflect the childbirthing person in a multitude of ways. The two could have similar socioeconomic statuses, race/ethnicities, gender identities, sexual orientations, and/or religious affiliations.

The purpose of the remaining questions is to gather demographic information about the birth doula workforce to see how closely it resembles the population using Medicaid (Apple Health) in Washington State.

38. In your lifetime, have you ever used public assistance for any amount of time?

Examples of public assistance programs include, but are not limited to, Medicaid, Temporary Assistance for Needy Families (TANF), and/or the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps.

❍ Yes
❍ No

39. In your lifetime, have you ever given birth while covered by Medicaid, in any state?

❍ Yes
❍ No

40. What is your race or ethnicity? (Choose all that apply.)

❍ White
❍ Hispanic, Latino, or Spanish
❍ Black or African American
❍ African
❍ Asian
❍ American Indian or Alaska Native
❍ Middle Eastern or North African
❍ Native Hawaiian or other Pacific Islander
❍ Some other race or ethnicity
❍ Prefer not to disclose

IF ANSWERED "WHITE" to QUESTION 40.

You selected "White." You may provide additional details by selecting a response below.

❍ German
❍ Italian
❍ Irish
❍ Polish
❍ English
❍ French
❍ Other

Please specify "Other."

_____

IF ANSWERED "HISPANIC, LATINO, OR SPANISH" to QUESTION 40.

You selected "Hispanic, Latino, or Spanish." You may provide additional details by selecting a response below.

❍ Mexican or Mexican American
❍ Salvadoran
❍ Puerto Rican
❍ Dominican
❍ Cuban
❍ Colombian
❍ Other

Please specify "Other."

IF ANSWERED "AFRICAN" to QUESTION 40.

You selected "African." You may provide additional details by selecting a response below.

❍ Nigerian
❍ Ethiopian
❍ Somali
❍ Kenyan
❍ Other

Please specify "Other."

IF ANSWERED "ASIAN" to QUESTION 40.

You selected "Asian." You may provide additional details by selecting a response below.

❍ Chinese
❍ Vietnamese
❍ Filipino
❍ Korean
❍ Asian Indian
❍ Japanese
❍ Other

Please specify "Other."

IF ANSWERED "AMERICAN INDIAN OR ALASKA NATIVE" to QUESTION 40.

You selected "American Indian or Alaska Native." Please specify the name or enrolled tribe(s) (ex.: Colville Confederated Tribes, Snoqualmie Indian Tribe, Tulalip Tribes, etc.).

IF ANSWERED "MIDDLE EASTERN OR NORTH AFRICAN" to QUESTION 40.

You selected "Middle Eastern or North African." You may provide additional details by selecting a response below.

❍ Lebanese
❍ Syrian
❍ Iranian

❍ Moroccan
❍ Egyptian
❍ Israeli
❍ Other

Please specify "Other."

_____

IF ANSWERED "NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER" to QUESTION 40.

You selected "Native Hawaiian or other Pacific Islander." You may provide additional details by selecting a response below.

❍ Native Hawaiian
❍ Tongan
❍ Samoan
❍ Fijan
❍ Chamorro
❍ Marshallese
❍ Other

Please specify "Other."

_____

IF ANSWERED "SOME OTHER RACE OR ETHNICITY" to QUESTION 40.

Please specify "Some other race or ethnicity."

_____

41. What is your gender identity?

❍ Male
❍ Female
❍ Transgender man / Transman
❍ Transgender woman / Transwoman
❍ Genderqueer / Gender nonconforming
❍ Additional identity
❍ Decline to state

Please specify "Additional identity":

_____

42. What sex were you assigned at birth?

❍ Male
❍ Female
❍ Decline to state

43. What is your sexual orientation? (Choose all that apply.)

❍ Asexual
❍ Bisexual
❍ Gay
❍ Straight (heterosexual)
❍ Lesbian
❍ Pansexual
❍ Queer
❍ Questioning or unsure
❍ Same-gender loving
❍ An identity not listed
❍ Prefer not to disclose

43a. Please specify “An identity not listed”:

_____

44. What is your present religion, if any?

❍ Protestant (Baptist, Methodist, Nondenominational, Lutheran, Presbyterian, Pentecostal,
❍ Reformed, Church of Christ, etc.)
❍ Roman Catholic (Catholic)
❍ Mormon (Church of Jesus Christ of Latterday Saints/LDS)
❍ Orthodox (Greek, Russian, or some other Orthodox church)
❍ Jewish (Judaism)
❍ Muslim (Islam)
❍ Buddhist
❍ Hindu
❍ Atheist (do not believe in God)
❍ Agnostic (not sure if there is a God)
❍ Something else
❍ Nothing in particular
❍ Christian
❍ Unitarian (Universalist)
❍ Jehovah's Witness
❍ Don't Know/Refused

44a. Please specify “Something else”:

Supplementary Table 1. Certifying organizations

Please specify the organization(s) through which you are currently certified, working towards certification, or have a lapsed certification (n = 126)	**% (n)**
DONA International	57.1 (72)
PALS Doulas	16.7 (21)
Childbirth International	4.8 (6)
ProDoula	4.8 (6)
Stillbirthday	4.8 (6)
Birth Arts International	4.0 (5)
International Childbirth Education Association (ICEA)	< 3
Childbirth and Postpartum Professional Association (CAPPA)	< 3
Shafia Monroe Consulting	< 3
Madriella	< 3
Birthingway College Of Midwifery	< 3
Cornerstone Doula Training	< 3
Bebo Mia	< 3
Wholistic Woman	< 3
Big Belly Services*	< 3
Birthing From Within	< 3
Bradley Method	< 3
International Doula Institute	< 3
NAPS Doulas	< 3
New Beginnings Doula Training	< 3
The Simkin Center for Allied Birth Vocations at Bastyr University*	< 3
Global Perinatal Services**	< 3
Open Arms Perinatal Services**	< 3

*Offers doula trainings and a pathway to certification through another organization
**Does not offer doula certification