WHITE HOUSE BLUEPRINT FOR ADDRESSING THE MATERNAL HEALTH CRISIS

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THE WHITE HOUSE
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Countries with significantly better maternal health outcomes than our own have long recognized the benefits of perinatal health providers like midwives. Yet, despite centuries assisting mothers through every stage of their birthing experience,[117] midwives are often relegated to the periphery of our maternal health ecosystem for childbirth. Midwives remain less prevalent in the U.S. than in other peer nations, with only 4 midwives per 1,000 live births (Figure 4). Practicing midwives regularly point to opposition from hospitals, cumbersome licensing requirements, and insufficient reimbursement rates as reasons for this comparative shortfall. For example, while Certified Nurse Midwives (CNMs)—nurse practitioners with a midwife specialty practicing in hospitals—are covered by Medicaid nationwide, Certified Professional Midwives (CPMs)—licensed, independent midwife practitioners who practice outside of hospital settings—are covered in only 14 states. Disparities like these contribute to the difficulty licensed midwives face finding stable, well-compensated work in the United States and result in physicians shouldering more of the clinical burden associated with childbirth.

Doulas

Doulas are nonclinical birth workers trained to provide continuous physical, emotional, and informational support to women in the prenatal, birth, and postpartum periods. Unlike licensed midwives, doulas do not provide clinical support, but instead serve as guides, advocates, and emotional support for mothers as they navigate the maternal health system. Numerous studies and patient surveys have illustrated the value of doulas during childbirth. For instance, the type of emotional support that doulas provide during labor can improve maternal outcomes.[118] Research shows that doulas are associated with lower rates of maternal and infant health complications, lower rates of preterm birth and low birth weight infants, and lower rates of cesarean sections, among other benefits.[119] Moreover, women with doula support regularly report higher levels of emotional satisfaction with their birthing experience and also attest to developing positive relationships with their doulas over the course of their pregnancy.[120]

"I was in labor for a long time with my daughter. Luckily, she was fine, and my doula was there advocating for us throughout the process, while they recommending medications like Pitocin…Through the whole process, it was really wonderful to have our doula there to make decisions with me and the medical team."

- Latina mother of one

However, multiple barriers also impede efforts to expand the doula workforce. Too few pathways to training and certification, poor coverage by insurers, and insufficient reimbursement rates all contribute to a doula workforce that is too small, too expensive, and insufficiently diverse. As described previously, more than 40 percent of all births in the United States are covered by Medicaid.[121] Yet, coverage of doula services is an optional Medicaid benefit. While only four states currently cover doula services, a number of other states are currently exploring similar policies.[122, 123]

Even in states that have provided for doula coverage through Medicaid, complex billing and credentialing requirements and low reimbursement rates often also impede access to doulas, as they may influence the number of doulas available to provide their services. For example, evidence from Oregon and Minnesota shows that both states set initial reimbursement rates for

doula services too low to attract a sufficient number of doulas to serve Medicaid beneficiaries.[124] Oregon reported an increase in participating doulas following its rate increase.[125] Sufficient reimbursement rates are needed to ensure access and encourage more interest in this career path.

Diversity

Embedded in each of these obstacles to expanding our perinatal workforce are concerns about diversity, equity, and inclusion. Multiple studies observe that the support that practitioners like doulas provide is largely limited to women with higher incomes who can afford to pay for such services out-of-pocket.[126] Similarly, both the midwife and doula professions remain overwhelmingly White. Over 80% of doulas in the United States are White.[127] The lack of diversity in clinical providers and non-clinical workers is troubling, especially given studies that show how beneficial care from diverse providers can be, especially for women of color.[128] Consequently, our work in this space must remain laser focused not only on workforce expansion, but also on the diversity that will assist this expansion and ensure that the entire maternal care workforce looks like America.

Although the actions outlined below will not fully address the various challenges facing the licensed midwife and doula workforces, they constitute important first steps toward building the type of holistic, diverse, and affordable perinatal workforce that all women deserve.

Actions We Will Take

4.1. Train more family medicine and OB/GYN providers in underserved settings. HHS will increase the number of maternal health-focused physicians who are trained at community-based health settings and health centers, which provide care to at-risk and underserved populations. This can improve care for at-risk populations and expand the availability of physicians in underserved areas. HHS will also increase the number of primary care physicians providing high quality obstetric care in rural and/or underserved areas through the Primary Care Training and Enhancement—Community Prevention and Maternal Health program, adding more new primary care physicians with obstetric expertise to the field.

HHS will also increase support for family medicine rural residency programs that include obstetrics training by awarding priority points to applicants focusing on developing such programs during the FY 2023 cycle of the Rural Residency Planning and Development Program. The $12.7 million requested in the FY 2023 Budget will support communities in their efforts to develop accredited rural residency programs that train rural physicians and are sustainable through ongoing support from Medicare or Medicaid.

4.2. Expand and diversify the number of nurses and certified midwives in underserved areas. HRSA's Nurse Corps program, which provides loan repayment and scholarships for nurses practicing in rural and underserved communities, will use a $10 million set-aside to continue its Women's Health investment and to support certified obstetrics and gynecology nurses, Advanced Practice Nurses, and Certified Nurse Midwives. HRSA will also develop the maternal care pipeline for midwives through grants to health professions and nursing schools including scholarships to students from underrepresented communities. These will help grow and diversify the number of certified nurse midwives, with a focus on practitioners working in rural and underserved communities.

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4.3. Increase the number of community health workers and health support workers in underserved areas. HRSA's Community Health Worker Program equips individuals with the skills needed to work in underserved communities and assist individuals from disadvantaged backgrounds with accessing care, resources, and support to recover from the COVID-19 pandemic. Through the $226 million ARP investment, HRSA plans to train 13,000 new and current community health workers and other health support workers such as patient navigators, health care aids, peer support specialists, and health education specialists, to support essential public health services and focus on experiential training and employment through registered apprenticeships and job placements.

4.4. Expand access to freestanding birth centers, licensed midwives, and doulas.

- **Expanding coverage.** HHS will continue to work with states to expand coverage of these services wherever possible—including further education on doulas, freestanding birth centers, and their impact on outcomes—in webinars and enhanced collaborative and live learning activities, such as learning communities. HHS released guidance for states on best practices to expand access to community-based childbirth care and freestanding birth centers as well as guidance for midwifery-based models of care and how doulas can be used to provide birthing support in disproportionately impacted communities. This guidance helps states build a stronger network of these providers and facilities, which CMS built on in its guidance from December 2021 on doulas and postpartum Medicaid coverage.

  In addition, OPM, through their annual Call Letter, is encouraging FEHB Carriers to improve reimbursement and expand coverage for certified nurse midwives, freestanding birth centers, and perinatal support services such as doulas and nurse home visits for federal employees and their families.

- **Offer and train doulas.** The DOJ Bureau of Prisons will launch a contracted doula program to be offered in one or more federal women's facilities, providing pregnant inmates with the option to receive doula services and creating pathways for incarcerated women to volunteer to train and become certified as doulas.

  In addition, with the $20 million requested through the President's FY 2023 Budget, HHS will grow and diversify the doula workforce by providing grants to community-based organizations to develop and/or expand programs to recruit doula candidates, support their training and certification, and then employ them as doulas to support improved birth outcomes in the community.

Action Congress Must Take

- Support community-based organizations in building and diversifying the doula workforce by investing $20 million

4.5. Evaluate the impact of doulas and lactation support on service members and their families. In January 2022, DoD launched the TRICARE Childbirth and Breastfeeding Support Demonstration. This demonstration will allow beneficiaries to access doula and lactation services, when care is received in the private sector, that are typically not covered under TRICARE. Results from the demonstration, which concludes in 2026, can be utilized to inform future TRICARE maternity benefits.