






COVERAGE OF COMMUNITY-BASED DOULA CARE: A SUMMARY OF INITIAL STAKEHOLDER CONVENINGS WITH KANSAS DOULAS

Kansas Birth Justice Society

KANSAS BIRTH JUSTICE ACTION KBJA

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INTRODUCTION

Community-based doulas work on the frontlines of maternal healthcare in Kansas, often witnessing the results of inequitable policies and practices within their own communities firsthand. They are often personally motivated to serve on the frontlines of Kansas' maternal and infant health crisis, acting as stewards of pregnant and parenting people in their own neighborhoods. These skilled advocates perform an unduplicated role in the perinatal period, upholding informed consent and providing unbiased support for non-clinical needs.

As key community informants, the voices of community-based doulas working within Black, Indigenous, and Hispanic communities in Kansas must be at the forefront of all policy discussions regarding regulation and reimbursement of doula care. Policies must be crafted with consideration to the ways overregulation of doula care could negatively impact Black, brown, and rural communities in Kansas. Compensation, credentialling, oversight, and the cost of doing business must reflect the need for sustainability and a living wage for community-based doulas.

The following themes emerged from initial convenings in the Spring of 2023 between the Kansas Department of Health and Environment, the Kansas Birth Justice Society, and a selection of community-based doulas representing each region in Kansas. All findings are a summary of the general consensus of the workgroup as expressed at the time of the convenings.

SCOPE OF CARE

Doulas do not diagnose medical conditions or provide individualized recommendations as to specific treatments. They do not provide medical monitoring of a pregnancy or perform clinical tasks such as cervical checks or fetal heart monitoring. For this reason, ***clinical oversight of independent doulas is not necessary.***

The unique ability of community-based doulas to navigate healthcare systems to support optimal health outcomes relies on the fact that the primacy of interest for an independent doula is their client's ***health, dignity, and empowerment*** throughout reproductive life events. Doulas must remain ***independent*** of health systems to facilitate unbiased health education and advocacy that champions the preferences and needs of the individual rather than the physician or facility.

Doulas provide a unique continuum of care that no other perinatal support professional on the care team provides. They serve their clients along a ***full spectrum of perinatal life events*** including preconception and family planning, pregnancy loss or termination, reproductive assistive procedures, childbirth, lactation and more.

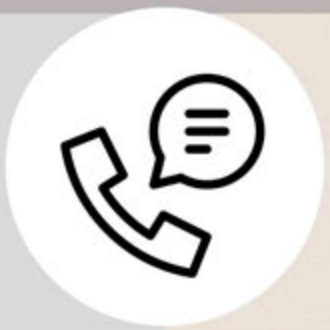
SURVEY RESULTS

WE SURVEYED COMMUNITY-BASED DOULAS IN ALL REGIONS OF KANSAS TO BEGIN TO QUANTIFY THE VALUE OF THE WORK DOULAS PERFORM IN SERVICE TO THEIR CLIENTS.

DOULAS IN KANSAS SPEND AN AVERAGE OF 40 HOURS WITH CLIENTS PROVIDING HEALTH EDUCATION AND SUPPORT DURING EACH PREGNANCY.

THE UPPER CAPACITY OF A FULLTIME PROFESSIONAL DOULA IS APPROXIMATELY 4-5 BIRTHS IN ANY GIVEN MONTH.

THE NATURE OF DOULA WORK ENTAILS BEING ON CALL 24/7 FROM 37 TO 42 WEEKS GESTATION FOR EACH BIRTHING CLIENT. THAT'S UP TO 840 HOURS!



FEWER THAN FIVE PERCENT OF THE ACTIVE DOULAS IN THE STATE OF KANSAS ARE PEOPLE OF COLOR WORKING WITHIN THEIR OWN COMMUNITIES.

COMPENSATION

Community-based doulas in Kansas perform an average of ***90 contact hours*** for each typical birth client who enters care early in pregnancy. ***The fair market rate for this level of care varied among regions, with $2,000 identified as the most appropriate global payment rate for comprehensive perinatal doula services*** including typical prenatal support, continuous labor support, and postpartum follow-up care. Emerging themes from discussions around compensation are as follows:

- The rate of compensation should be crafted equitably and allow doulas to receive a fair living wage for their work.
- The administrative burden of medical billing and credentialing will increase the cost of doing business.
- Strict caps in coverage should not be implemented as they may be a barrier to adequate care for high-needs clients.
- Billing codes should be crafted to allow doulas to bill per each 15 minute increment of direct services provided.
- General and specialized billing codes should be available for a variety of pregnancy outcomes and perinatal periods.
- Pregnancy or childbirth within the past year should be the qualifying factor for individuals to receive coverage of doula services.
- A letter of medical necessity from a physician should not be required to initiate doula care.
- Fee for service billing structures are preferred.
- Global billing is not suitable for doulas due to the nature of the work and need for financial sustainability of the workforce.
- Existing relationships with local health departments should be leveraged to offer doulas training on medical billing and credentialling.

CREDENTIALING

Credentialing of Kansas doulas for the purpose of reimbursement should include a dual path system that includes formally trained community-based doulas as well as those who enter the workforce by way of traditional apprenticeship or direct community experience.

Pathway One
Experienced community-based doulas with informal or experiential training

- Provides letters of attestation from three clients
- Meets minimum core competencies

Pathway Two
Formally trained or certified doulas

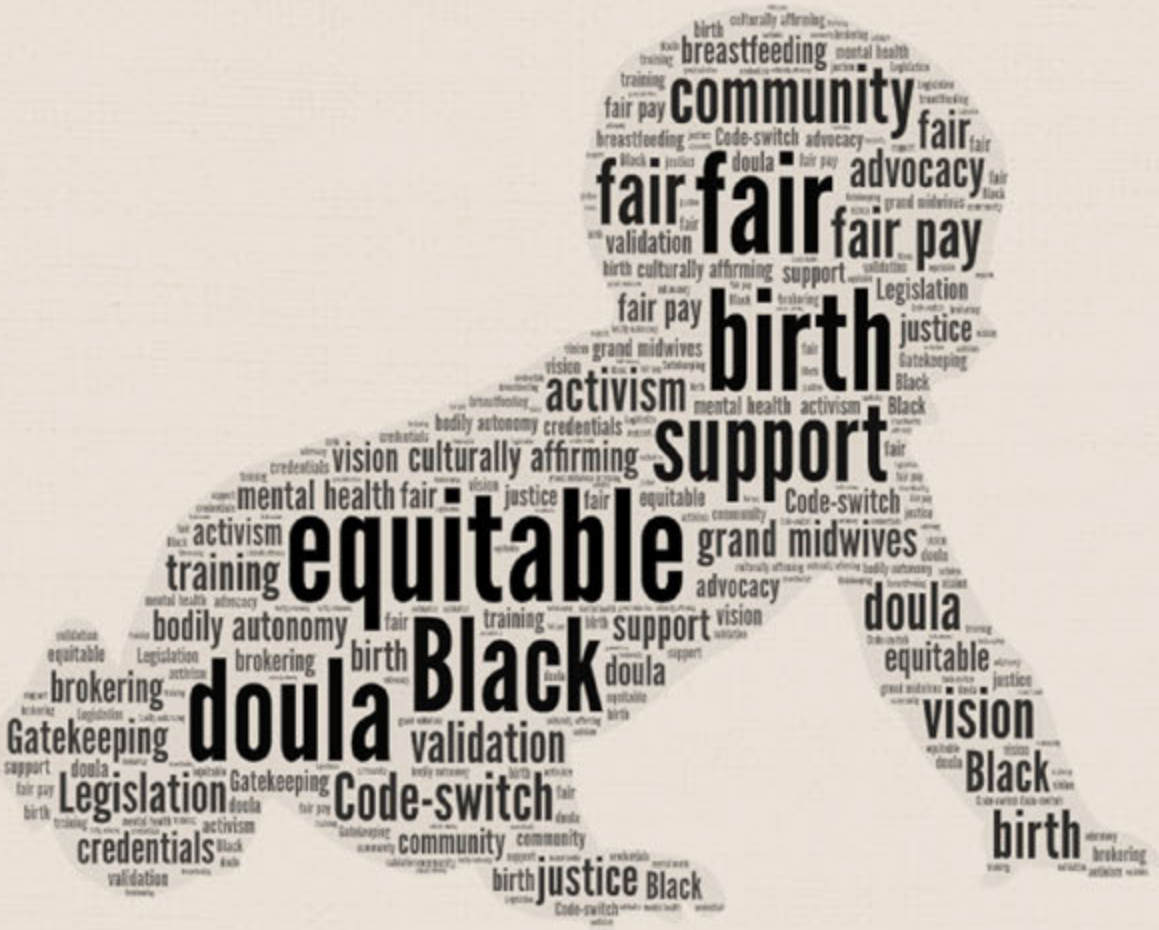
- Provides proof of completion of formal training. Includes as many formal training vendors as possible.
- Meets minimum core competencies

Continuing education of approximately 10 contact hours should be a requirement for renewal of the credential every three to four years. Continuing education requirements for adjacent professionals such as social workers, registered nurses, therapists, EMTs and other health care providers should be valid for dual credit with renewal of the doula credential. Any fees associated with the credentialling process should be minimal so as to not pose a barrier to individuals with lived experience seeking to work as doulas within their own already under resourced communities.

WORDS MATTER

The words that we use in shaping policies are significant indicators of our collective beliefs about ourselves and those impacted by the issues.

The most frequently used words for all stakeholders in the initial convenings were “equitable” and “fair”. The prevailing theme was the shared goal of crafting a policy that would provide appropriate support for individuals using doula services while holding systems accountable for long-term systemic change.



Words displayed in this word cloud are directly proportional to the frequency of each word’s occurance in transcripts.

FINAL THOUGHTS

Kansans must carefully weigh the need for reimbursement of doula services with the potential harm of overregulating a traditional community-based role that operates outside the bounds of established systems. Care must be taken to lift up the needs and voices of Black, Indigenous, Chicano, and rural community-based doulas who are best suited to serve the very communities in Kansas that suffer from the worst disparities in maternal health and survival. Equitable implementation of coverage can only happen in conjunction with robust workforce development to ensure that those who could benefit most from doula services are able to access culturally affirming care within their own neighborhoods.