



MAINE DOULA WORKFORCE ASSESSMENT

MAINE DOULA COALITION

| 2024

MAINE DOULA

COALITION

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The photos included in this report are Maine Doula Survey respondents who graciously shared images of the work they do in homes and hospitals across the state. All photos are used with permission of doulas and clients.

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T H A N K Y O U

With gratitude to the incredible doulas of Maine for sharing their time, experiences, struggles and insights.

This report exists because of you.

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EXECUTIVE SUMMARY

Doulas are trained, non-medical perinatal care workers who provide personalized education and ongoing physical, logistic, emotional and decision-making support to pregnant, birthing and postpartum people and their families.¹ As active members of the care team, doulas also help clients navigate complex healthcare systems and can improve the quality of communication between healthcare providers and their patients.



Research indicates that pregnant, birthing and postpartum people who are supported by doulas benefit from improved health outcomes for both themselves and their infants. The presence of a doula has been shown to reduce cesarean sections, shorten labor duration, improve Apgar scores, reduce maternal depression and anxiety and positively impact both birth experiences and outcomes without any adverse effects.² Additionally, doulas from within a birthing person's own cultural group (known as cultural or community-based doulas) can create safe spaces of understanding, emotional support and respect that improve outcomes for both parents and their babies.

At the state level, Maine recognizes both the inequities that exist in perinatal outcomes and the importance of doula care. Expanded support for doula services is recommended by a growing number of reports in Maine as one approach for improving perinatal health outcomes. A deeper understanding of the demographics, scope, capacity and needs of the Maine doula workforce was essential for improving access to doula services. In early 2023, the Maine Doula Coalition initiated a project to better understand the landscape of doula work in Maine via a survey and interviews of doulas throughout the state. Our results provide a first look at who Maine doulas are, where we are, who we serve and what types of challenges Maine people face in accessing our services.

KEY FINDINGS

- 1 **Black, Brown, Indigenous, New Mainer and Non-English speaking people have limited access to doulas with shared racial/ethnic backgrounds and lived experiences.**

- 2 **People in rural and low-income counties have limited access to doula services.**

- 3 **Multiple training pathways are embedded in the culture of doula work in Maine.**

- 4 **Doulas in Maine provide a wide variety of perinatal support services to clients.**

- 5 **Increasing financial accessibility to Maine people is key to expanding doula access and maintaining the doula workforce.**

- 6 **Additional education about doulas, both for the general public and for healthcare professionals, is needed to improve access to doula services.**

- 7 **Doulas have concerns about MaineCare implementation and will need training and support if coverage becomes available.**

BACKGROUND

The United States faces challenges with high rates of maternal morbidity and mortality that disproportionately impact Black, Brown and American Indian & Alaskan Native populations.³ **These disparities exist here in Maine with Black and Indigenous birthing people experiencing higher rates of cesarean section, preterm birth, and low birth weight babies while also receiving the lowest rates of adequate prenatal and postpartum care.**⁴

Maine is also impacted by rural hospital closures, with one third of hospital obstetric units closing their doors in the last 15 years. Of the 21 birthing hospitals in the state, 16 are designated in rural areas and some are at continued risk of closure.⁵

When declining medical access is combined with limited mental health services and in-person supports - including doulas, childbirth educators and infant feeding specialists - navigating pregnancy and postpartum can become difficult for parents.

Doulas are care workers with a broad evidence base to illustrate their impact on health outcomes. Doulas are important members of the care team, particularly in Maine where perinatal resources can be limited by rurality, hospital closures, language access and income. Doulas improve birth experiences and outcomes for all people and especially for Black, Indigenous and People of Color.

Research shows culturally congruent doula care for People of Color and for LGBTQI+ people is of particular importance.⁶

Support from doulas with shared cultural backgrounds can improve parent engagement with health systems, increase communication and mutual respect with providers, and strengthen overall well-being for Maine's most vulnerable families. **A well supported doula workforce and the removal of financial barriers to doula services can improve perinatal outcomes in Maine.**

Access to doulas, while not a solution for the racial disparities or geographic access challenges Maine faces, are an evidence-based intervention that can provide additional support to our perinatal systems of care while easing the burden on other types of providers.

BACKGROUND

In addition to supporting people and families, doulas can also provide cost savings to healthcare systems. Medicaid coverage of doulas may reduce spending by as much as \$1450 per birth and can reduce the rate of NICU admissions for pre-term birth and low birth weight babies - which is among the most expensive care in our healthcare system.⁷

In a report on the doula workforce in Massachusetts published in 2019 by the March of Dimes, universal access to doula care was projected to save over \$2 million per 1,000 births to the MassHealth system due to a reduction in NICU admissions, fewer preterm and low birth weight babies, a reduction in cesarean sections and reduced pain medication use during labor.⁸

Expanded access to doulas has been identified as a way to improve perinatal care in both the Maine Perinatal and Infant Health Priorities Summary by the Maine CDC and the Racial Disparities in Prenatal Access in Maine report by the Maine Permanent Commission on Racial, Tribal and Indigenous Populations. The 2023 Maine Maternal, Fetal and Infant Mortality Review Annual Report acknowledged “expanded doula support” as one possible intervention to reduce stillbirth, maternal and infant mortality in the state.



BACKGROUND



The 2023 Perinatal Health Disparities Needs Assessment determined that expansion and increased utilization of doula services would, “improve existing perinatal systems of care and reduce inequities, especially for BIPOC mothers in Maine”.

Additionally, the Needs Assessment of the Obstetric Workforce in Maine’s Rural Hospitals published in 2024 through the RMOMS program cited increased support for community-based programs such as doula services as a state-level intervention for policy makers and state agencies (see Appendix C for links to all Maine reports cited).

Alongside the growing emphasis on the importance of doula care in Maine and calls to increase access, the need emerged for a deeper understanding of the existing doula workforce. The 2023 Maine Perinatal Health Disparities Needs Assessment addressed this knowledge gap and specifically stated that a lack of data on Maine’s doulas was hindering assessing workforce capacity, particularly for Black and underserved populations.⁹ Understanding where the existing doulas are, who they are and what obstacles they face is foundational to making informed decisions to increase doula access. This survey and accompanying analysis is an effort to address the lack of data on Maine’s doula workforce.

METHODOLOGY

About the Survey

In early 2023 the Maine Doula Coalition initiated the first Maine Doula Survey to gather information about the doula workforce. Understanding the workforce is essential to identifying cultural and geographic gaps in care and better informing efforts to increase access. The Maine Doula Survey was entirely doula-led. The project was carried out primarily by volunteers, with funding for the draft and design of the report provided by a grant from the Maine Health Access Foundation.

Survey Questions

Survey questions were developed during Maine Doula Coalition meetings in early 2023. The meetings were attended by doulas, leaders of community organizations and perinatal healthcare providers. The goal of the survey was to gather basic demographic information about doulas around the state and to find out more about their training and the communities they serve. The survey consisted of thirty-four mixed method questions and space for additional comments. Ten questions gathered contact information and asked about further interest in participation with the Maine Doula Coalition. Twenty-four questions focused on demographic information, training, communities served, services provided and personal experiences. Survey questions are provided in Appendix D.

Conducting the Survey

The survey was conducted online through Google Surveys, which provided an option for translation into languages other than English. It was open from September 15th, 2023 through June 1st, 2024. The survey was promoted via email to doulas and was linked in the Maine Doula Coalition's monthly email newsletter. Flyers and postcards about the survey that included a QR code were distributed at conferences, gatherings and in the offices of perinatal care related businesses. Information about the survey was also shared via social media in public, shareable posts. Doulas were encouraged to share the survey with colleagues and the public was asked to share posts on social media to increase reach. A link to the survey was sent in a personalized email to community organizations that work with New Mainers, Indigenous and Tribal populations and migrant workers. There was no compensation for participation.

METHODOLOGY

Survey Participation

The 2023 Maine Perinatal Health Disparities Needs Assessment estimated a current workforce of 53 doulas across the state. The Maine Doula Survey received responses from 45 doulas, which represents participation by 85% of the currently estimated doula workforce. Compared to other states who have conducted doula surveys we had a high rate of response. Reports from other state surveys can be found in Appendix B.

Doula Interviews

In addition to surveys, the Maine Doula Coalition conducted 1:1 interviews with eight of the survey respondents. Because the vast majority of survey respondents were white and located in Southern Maine, interview participants were chosen intentionally rather than randomly to ensure that a variety of voices were heard. Interviewees were selected to represent diversity in location, training, race/ethnicity, communities served and years of experience.

Eight interview questions were developed by doulas and healthcare providers and interviews were scheduled from June 15, 2024 through August 15, 2024. Interviews were conducted by the same individual with a variable interview format. Depending on the preference and availability of the interviewees, interviews took place in person, over an online meeting platform, over the phone, or by written questionnaire. Interviewees were asked to describe their doula practice, discuss obstacles to their work and discuss their views on doula coverage by Medicaid. Interview questions are provided in Appendix D.

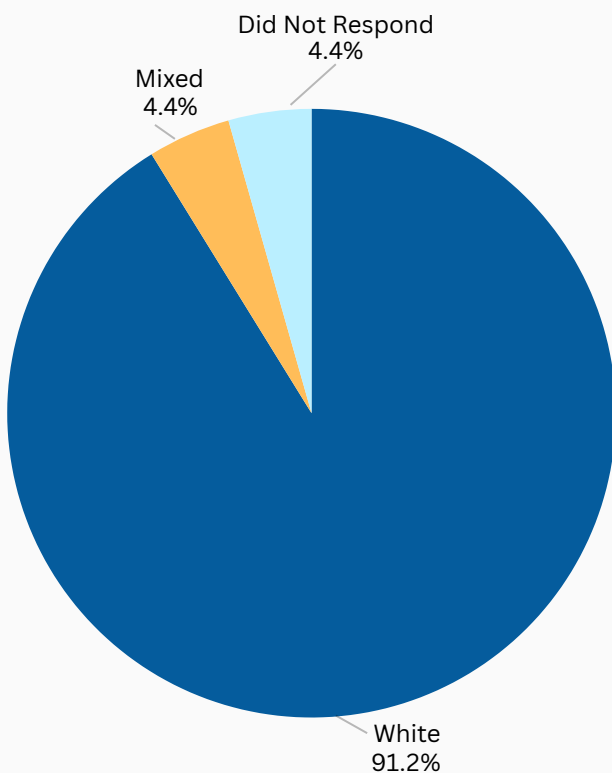
Limitations

While we obtained a high rate of response, it is likely there were doulas we were unable to reach. We acknowledge that while the survey information is highly relevant to doula work in Maine, the assessment has likely left out some individuals who provide pregnancy, birth and postpartum support. This may be because some birth workers are not familiar with the term “doula” and may not identify their work as doula work. Some potential respondents may not have been aware of or had access to the online survey. Some doulas may have chosen not to participate because they did not wish to share identifying information. We acknowledge that our findings may not represent the voices, training and experiences of all doulas in Maine.

FINDINGS: SURVEY RESULTS

Demographics of the doula workforce

- The average age of survey respondents was 39, with an age range of 23 to 68 years old and a median age of 45.
- 91.1% of respondents identified as female, 6.7% as queer or non-binary and 2.2% did not respond to this question.



Of the 45 respondents:

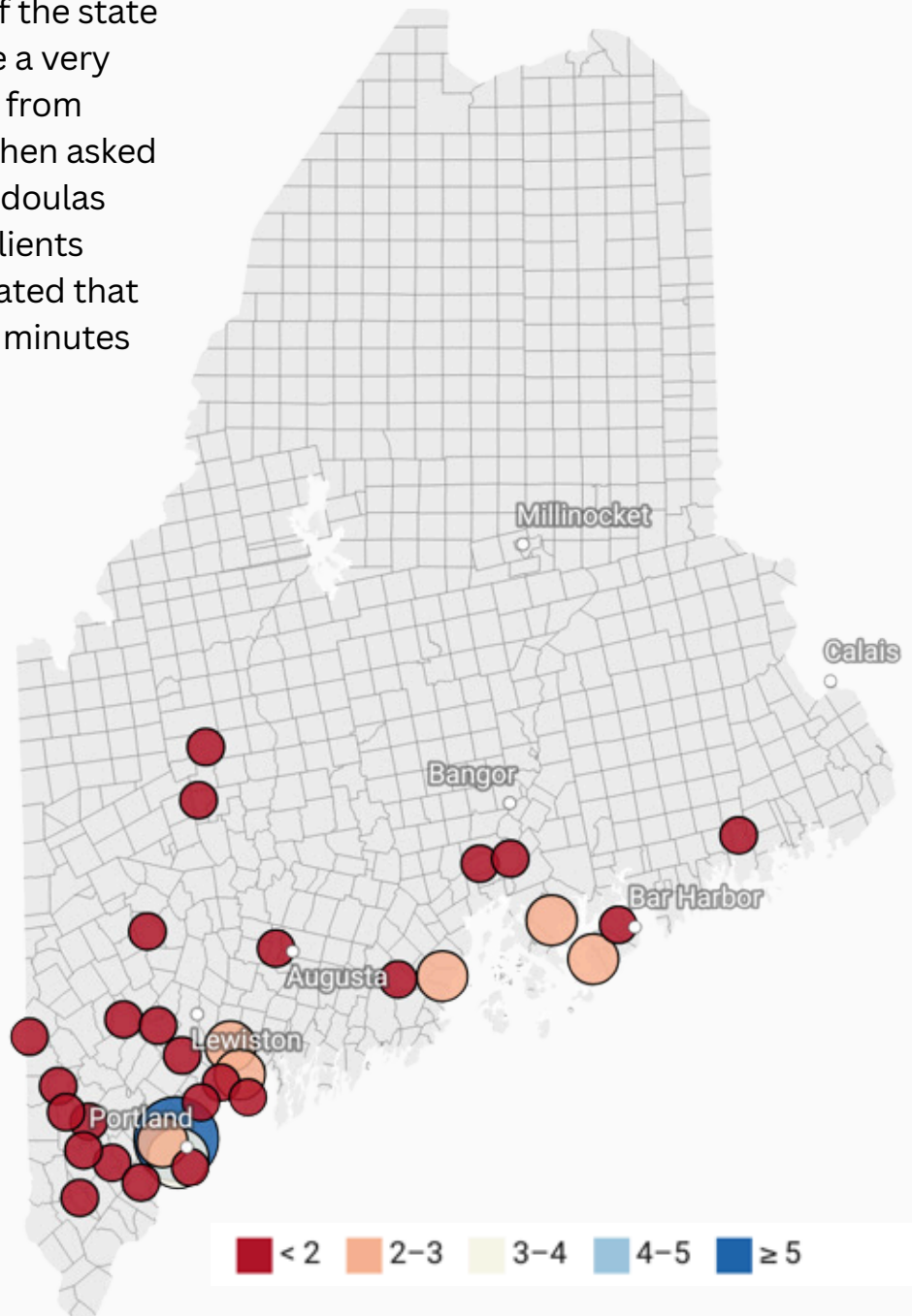
- 91.2% identified as white.
 - 4.4% identified as mixed race.
 - 4.4% did not respond to this question.
-
- 84.5% indicated that they were U.S. citizens.
 - 15.5% did not respond to this question
-
- 100% of respondents listed English as their primary language.
 - 88.9% of respondents reported that English was their only fluent language.
 - 13.2% indicated that they had some level of proficiency in French, Spanish and/or Swedish.

FINDINGS: SURVEY RESULTS

Geography: Location of Doulas

This service map represents the location of doulas who completed the MDC survey. The circle size represents the density of doulas in that location.

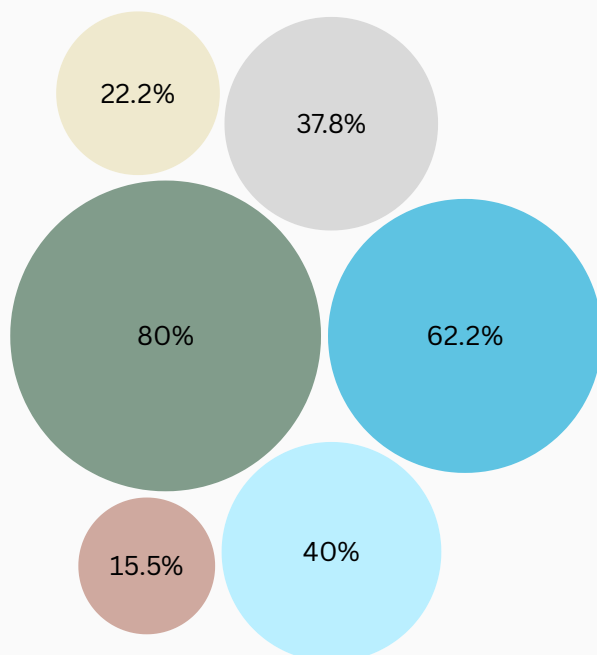
Doulas are highly concentrated in Southern Maine, with some doulas scattered in the Western part of the state and along the coast. There were a very limited number of respondents from Northern and Eastern Maine. When asked about their service areas, most doulas indicated they typically serve clients where they live and many indicated that they are willing to drive 30-120 minutes from their town of residence.



FINDINGS: SURVEY RESULTS

Training

Doulas are trained non-medical care workers and can have diverse educational and professional backgrounds. It is important for readers to understand that there is currently no national standardized training, certification or exam requirements to become a doula. Additionally, the education standards to obtain doula certification can vary widely between training organizations. Many doulas receive training through a combination of coursework, apprenticeship/mentoring and/or personal experience. While most of the doulas surveyed have participated in formal training from a doula training organization, only 40% of respondents have chosen to maintain certification. The possible reasons for low certification rates are discussed later in this report and are part of the national conversation around equity in expanded doula access.



Types of training:

- 80% completed a training from a professional doula training organization.
- 62.2% have training through experience providing pregnancy, birth and postpartum care.
- 40% are certified through a professional doula training organization.
- 37.8% apprenticed or were mentored by an experienced doula or birth worker.
- 22.2% are trained in other healthcare professions such as nursing or midwifery.
- 15.5% became doulas with no formal training or mentorship.

Among those who have participated in professional doula training, respondents reported receiving training through over a dozen different organizations with DONA (42.2%), ProDoula (15.6%) and CAPPA (11%) being the most common.

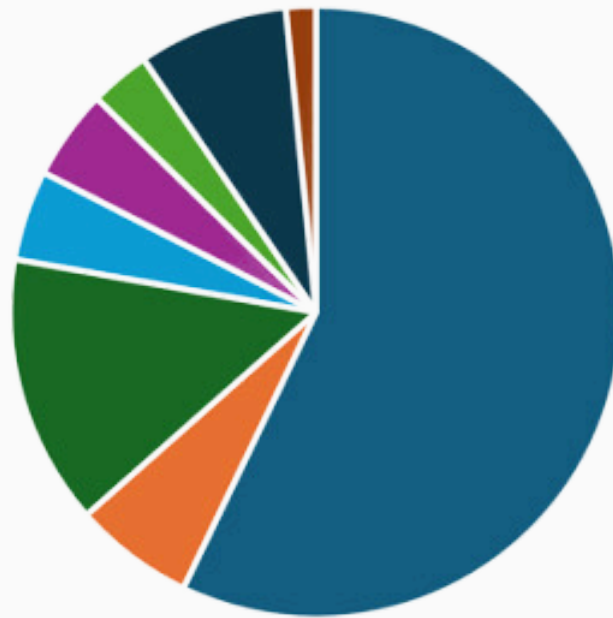
75.6% of respondents shared that they have certification or licensure in adjacent areas that are relevant to their doula work. These included social worker, licensed massage therapist, certified nurse midwife (CNM), certified professional midwife (CPM), pelvic floor physical therapist, childbirth educator, licensed acupuncturist, infant care specialist, lactation consultant (CLC) and others. 6.7% indicated that they are on staff at hospitals where they also serve as doulas.

FINDINGS: SURVEY RESULTS

Scope & Services Offered

While the term “doula” is becoming a commonly recognized dominant term to describe supportive care services to the perinatal population, it is not a term that all individuals who provide this type of care may use or be familiar with. Some respondents use multiple terms to describe their work.

Terms used to describe work



- Doula (36/45)
- Support person (9/45)
- Birthing person advocate (3/45)
- Childbirth educator (5/45)
- Birth Worker (4/45)
- Postpartum and parent coach (3/45)
- Lactation Counselor (2/45)
- Postpartum navigator (1/45)

FINDINGS: SURVEY RESULTS

Scope & Services Offered (cont.)

The definition and role of a doula varied by respondent and many included multiple roles as being within the scope of doula care.

The major themes were:

- Support:
 - 97.8% (44/45) used the word support to describe the role of a doula. This included support during pregnancy, labor and postpartum. It also included emotional, spiritual and physical support.
- Education:
 - 86.7% (39/45) described providing education/information as an important aspect of doula work. This included childbirth and infant education as well as connecting families to resources and social services.
- Advocate:
 - 24.4% (10/45) described the role as being an advocate, guide or protector of the birth experience.
- Other:
 - 11.1% (5/45) described the role of a doula as holding space and building relationships.

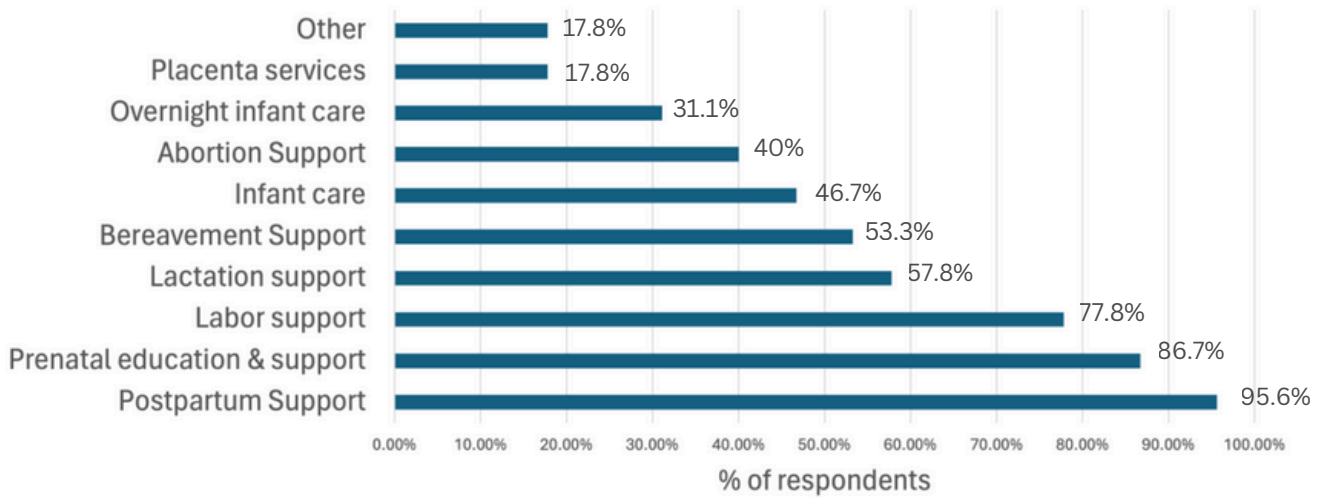


FINDINGS: SURVEY RESULTS

Scope & Services Offered (cont.)

Respondents reported providing a range of care options and services within their communities and to the clients they serve. Doulas in Maine provide a wide variety of supportive and educational care.

Types of services provided



Communities & Clients Served

Doulas vary widely in the number of clients they serve annually and responses ranged from 0 to 40 clients per year.

The average number of clients among all respondents was 12 per year with a median of 20 clients per year.



FINDINGS: SURVEY RESULTS

Communities & Clients Served (cont.)

Doulas were also asked to describe the populations and communities they work with and to indicate whether or not they themselves are members of these specific communities.

Because most private insurance and MaineCare do not cover doula services at this time, doulas may or may not be aware of the insurance coverage of their clients.

80%



Indicated they identified as being part of the population they serve.
2.2% indicated they were not.
17.8% did not answer.

37.7%



Indicated their clients were from a common location or that they work with anyone. Typically, doulas indicated that the client was within their geographic service radius

28.8%



Said they work with those who are more affluent, middle and upper class. Many indicated that this is because these individuals can afford their services.

24.2%



Indicated they work with clients who are from marginalized or underserved populations such as BIPOC, LGBTQI+, New Mainers, those who are incarcerated, those who are unhoused or people with substance use disorder.

53.3%



Have supported Medicaid recipients.*

Have supported clients who were completely uninsured.*

*Despite the same number of positive responses for each question, there was not perfect overlap between these two groups.

FINDINGS: SURVEY RESULTS

Access to Doula Services

68.9%



Reported they have supported a client for free at some point in their career.

When asked about what might make doula services more accessible in their communities respondents answered as follows:

- 91.1% indicated financial assistance would increase accessibility. Respondents included ideas such as coverage through Medicaid, insurance, HSAs, grants and hospital programs.
- 57.8% indicated increased awareness and more education on the benefit and existence of doulas would increase access.
- 33.3% indicated that increased workforce numbers and/or more training for new doulas would better support their communities.
- 28.9% indicated having the support of medical providers through referrals, hospital doula programs and improved interprofessional education would improve access to clients.
- 8.9% indicated other suggestions such as access to translators and community building.

When asked directly about the benefits and concerns associated with covering doula services under Medicaid:

62.2%

stated that Medicaid coverage would increase access to people who can not currently afford care.

35.6%

were concerned about what regulations would be placed on doula care and whether regulations would limit the scope of care they currently provide to clients.

35.6%

were concerned about the reimbursement rate and if it would be sufficient to provide doulas with a living wage.

22.2%

shared concerns around implementation and the potential for increased administrative time and complex billing processes

FINDINGS: INTERVIEW RESULTS

Summary of the Doulas Interviewed

The eight doulas interviewed represent diverse locations, training, years of experience and communities served. All doulas interviewed are engaged in birth doula and/or postpartum doula work and seven out of eight are on-call for birth clients.

The doulas interviewed also provide services such as childbirth education, infant feeding/lactation support, postpartum meal preparation, infant care, pregnancy loss support and abortion doula support.

Three doulas live in counties designated as rural and the remaining five live and work primarily in Southern Maine.

All have training via a mixture of coursework, mentorship, professional experience and personal/lived experience. Not all are certified by doula training organizations.

50% describe their clientele as largely “middle-class” “affluent” or “wealthy”. One doula has special expertise working within the queer community and two doulas work with New Mainers and asylum seekers.



FINDINGS: INTERVIEW RESULTS

Financial barriers to doula care exist.

“THERE’S DEFINITELY A BELIEF THAT DOULAS ARE A LUXURY AND ARE FOR RICH PEOPLE.”

- 100% of doulas interviewed spoke extensively about the inability to pay out of pocket for doula services as the primary barrier to accessing doula care. 50% reported they feel there is a misconception that doula care is perceived as a luxury or a service only for the wealthy.
- The amount of discussion around financial barriers to access can not be understated and was a primary theme woven throughout each interview.

Public awareness about doulas is lacking.

“I HAVE TO TELL ALMOST EVERYBODY WHAT A DOULA IS AND WHAT OUR ROLE ON THE TEAM CAN BE.”

- 75% of doulas interviewed cited a lack of public awareness about what a doula is, what role they play in perinatal care and what services they provide as a major obstacle in accessing care. These doulas report that in their experience, the public is largely unaware that doula care exists as an option.
- 50% noted that those populations who would likely most benefit from doula services (low income, New Mainer, migrant worker, rural, non-English speaking) are the ones least likely to be aware that doulas exist and can be hardest to reach.

FINDINGS: INTERVIEW RESULTS

Doula work is challenging:

“WHEN PEOPLE THINK THAT WE “CHARGE TOO MUCH”, THEY DON’T REALIZE THE INTENSITY OF THE WORK WE DO.”



- “The on-call schedule gets overwhelming and cumbersome, it’s difficult to figure out fair payment for that and/or find reliable backup. Finding childcare that we trust and is available and flexible with a doula schedule can be difficult, as well as the expense vs. your earnings.”
- 62% identified the biggest obstacle to their work as the challenging logistics and rigorous nature of doula work, particularly being on call for births and working with clients through situations that are physically, mentally and emotionally demanding for both the client and the doula.
- 62% reported finding reliable, flexible, on-call childcare to be a current or prior source of stress in their work. Birth doulas report that in some cases, if a labor is very long, the cost of childcare could be equal to their income.
- 50% reported that seeing clients over a large geographic area required many hours of unpaid time spent driving. This uncompensated travel time also increases childcare costs.

FINDINGS: INTERVIEW RESULTS

Doulas can face financial instability related to their work.

“MOST OF MY CLIENTS WOULD BE SURPRISED TO KNOW I’M LOW-INCOME.”

- Lack of income predictability was a theme with many variations among doulas interviewed. 38% struggle with a lack of financial security.
- 50% of the doulas interviewed personally wrestled with the fact that individuals with more economic privilege have more access to their services. In response to this ethical dilemma, doulas report providing reduced rate, sliding scale or pro bono care. According to these doulas, this reduced compensation does not “match the intensity of the work” and in some instances can lead to burn-out and exit from the workforce.

Doulas want to maintain professional integrity within the workforce.

“BEING A LABOR AND/OR POSTPARTUM DOULA ISN’T EASY WORK AND MY DESIRE IS THAT STATE APPROVED DOULAS HAVE AN UNDERSTANDING OF THE LEVEL OF COMMITMENT. YOU MIGHT NEED TO BE WITH A CLIENT FOR 24+ HOURS, YOU MIGHT MISS CHRISTMAS, YOU NEED CHILDCARE WITHOUT A TIME LIMIT, ETC”.

- 75% of doulas interviewed indicated that due to the unique and trusting relationships they share with clients, doulas should be held to high ethical standards. The close-knit client relationship is a cornerstone of doula work and a feature of their profession they want to protect.
- The concerns doulas have around insurance coverage center on themes of professional integrity and maintaining a capable and skilled doula workforce. 100% of doulas interviewed want to ensure that doulas accepting insurance have some level of training and/or prior experience.

FINDINGS: INTERVIEW RESULTS

MaineCare coverage would increase access.

“I WANT EVERYONE TO BE ABLE TO ACCESS THIS CARE, AND ANY STATE-FUNDED REIMBURSEMENT IS A MASSIVE MOVE FORWARD.”

- 100% of doulas were clear that the greatest potential benefit of doula coverage via MaineCare would be increased financial access to doula services for the people of Maine.
- 25% of doulas felt that MaineCare coverage may prevent doulas from exiting the workforce due to burn-out associated with providing free and reduced cost care.
- 25% of doulas interviewed thought MaineCare coverage of doulas might make more people aware that doula services exist.

Doulas want insurance training and support that is accessible.

“AS SOMEONE WHO’S BEEN ON MAINECARE, I HAVE SPENT HOURS OF MY LIFE ON HOLD. AND THINKING OF BEING IN THAT SAME SYSTEM AS A PROVIDER, I CAN’T IMAGINE.”

- 100% of doulas interviewed identified the need for training sessions as well as the presence of long-term support available by phone and email if MaineCare and private insurance begin to cover doula services.
- Doulas hoped that there would be a transparent process to enroll in MaineCare and bill for services, with easy to follow written instructions accessible online.
- 25% of doulas interviewed cited that non-English speaking doulas and MaineCare recipients would need translation services to ensure equal access.

FINDINGS: INTERVIEW RESULTS

Low MaineCare reimbursement rates and obstacles to payment are a concern.

“I’M CONCERNED THAT A BILL WILL PASS AND IT WON’T REIMBURSE US EFFECTIVELY. THAT WILL LEAVE DOULAS IN A PLACE OF WANTING TO TAKE CLIENTS WITH MAINECARE, BUT NOT BEING ABLE TO AFFORD TO TAKE THEM. AND THEN THERE IS MORE INEQUITY, BECAUSE MORE PEOPLE WITH MAINECARE MIGHT BE REACHING OUT, AND YOU DON’T WANT TO SAY NO. AND THEN WE’RE ALL BURNING OUT.”

- Low reimbursement rates for care were a concern shared by 50% of doulas.
- Doulas were also concerned they might provide care and be “surprised” with delays, denials or reductions in anticipated payment for services.

Multiple training pathways could reduce barriers to MaineCare enrollment while maintaining a skilled workforce.

- 100% of doulas interviewed agreed that there should be training requirements for enrollment with MaineCare.
- 75% expressed a desire for multiple enrollment pathways that provide options for how that training is acquired.
- 75% of doulas indicated that certification by a doula training organization could be one potential pathway and a second pathway could be through a combination of trainings/coursework, mentorship, experience and references.
- 38% feel that there should be additional / continuing education requirements including training in CPR, trauma-informed care, cultural competency and training in subject areas that would prepare doulas accustomed to working in affluent communities to provide care to low-income populations.
- One doula interviewed felt that certification by a doula training organization should be required for enrollment.



OUR LABORS BELONG TO OUR COMMUNITIES: A CULTURAL DOULA MODEL

While there is growing consensus that doulas are a key intervention to improve perinatal health outcomes and address disparities, a doula workforce that does not represent the diversity of Mainers' backgrounds and lived experiences will be severely limited in meaningful impact.

The data presented in this report reflects an overwhelmingly white doula workforce, many of whom are monolingual. Maine's population has been changing for over two decades, and our state's future is increasingly multicultural and multilingual. If we are to seriously confront racial and class disparities around pregnancy and birth, Maine's perinatal workforce must reflect the growing diversity of people starting and raising families here.



There is a great need for cultural doulas, as defined by Abusana Micky Bondo of In Her Presence,

“

“A wise woman who carries a cultural humility to respect diverse customs and traditions without any judgment through the journey of a childbirth. And working with understanding, creativity, and an open mind to adjust with the change. She learns with compassion to advance equity and close the gaps in care for BIPOC parents during pregnancy and birth.”



OUR LABORS BELONG TO OUR COMMUNITIES: A CULTURAL DOULA MODEL

Unfortunately, doulas from immigrant and African backgrounds are currently scarce throughout Maine, severely limiting options for meaningful peer support for pregnant immigrant women.

Additionally, the privileges of mobility, work flexibility, and robust social support systems that make doula work possible are not widely accessible to new Mainers. In Her Presence (IHP)—a nonprofit organization led by and serving immigrant women—is making a significant intervention to address gaps in care experienced by immigrant women, beginning with establishing Maine’s first formal cultural doula program.

IHP’s mission is anchored in the firm belief that women’s empowerment is crucial to well-being for entire families, and recognizes how pregnancy, birth, and the postpartum period forcefully shape the lives of women and their families’ long-term wellbeing. Through years of outreach and leading community-based initiatives, IHP gained a deep sense of the supports needed for immigrant mothers to foster thriving families in a new and distinctly white majority region of the United States.


They offered doula training to community members and processed feedback about the barriers for immigrant women to serve in this critical role for their peers.

IHP’s program illustrates a strong and clear case for the necessity of culturally congruent doula care. Pregnancy, birth, and postpartum healing are deeply cultural experiences. The U.S. norm for pregnancy care is a preventive model and often confusing to new arrivals. IHP community members expressed difficulties in keeping up with appointments and communicating with and understanding providers’ motivations for tests and their recommendations for medical interventions. A lack of robust language access and unfamiliar norms added stress to—and reduced agency throughout—their perinatal journeys. Infant care practices are also culturally distinct, and hazy comprehension of U.S. norms and laws drives distressing levels of state child protective involvement in the lives of immigrant families, increasing barriers to healthy cultural integration, and causes trauma.

“Being in this doula class and really understanding what people’s experiences have been has been a reflection of what I want to create for this community, especially my community here. And also, us holding hands and really working to help us process the traumas that we have experienced in the past, so that they don’t pop up when we are moving through this life that we get to live. I am ready to thrive. I am ready to deliver. I am ready for labor. And I’m ready for my community to take care of me and for America to take care of me.”

 - *Cultural Doula Graduate, Nuna Gleason*

“I’ve learned that support is the number one thing during childbirth, and the love that this doula brings to this woman is something that is going to help her in the long run, even after delivery. That’s why there are so many people suffering from postpartum depression, because maybe they didn’t have that joy during delivery, so maybe after having the baby, they’re having a hard time connecting. But imagine if this woman had that support system, that smile, I think it still transitions into the healing process. I’m ready to be a community doula. I’m so ready for this.”

 - *Cultural Doula Graduate, Philli Mokango*



OUR LABORS BELONG TO OUR COMMUNITIES: A CULTURAL DOULA MODEL

As IHP's pilot evolves into an established and sustained program of support from cultural doulas with shared backgrounds, lived experiences of racism and xenophobia, and/or common language—it stands to improve the quality of perinatal experiences and outcomes for immigrant women and their children through:

- Increasing comprehension of rights and care options during pregnancy and birth;
- Increasing adherence to provider treatment and preventive care plans;
- Increasing working knowledge of infant care practices and postpartum anxiety and depression warning signs;
- Decreasing incidents of family investigation and separation via DHHS;
- Increasing provider knowledge of immigrant patients' specific needs;
- Connecting clients to social services and community resources; and,
- Lowering both occurrences and perceptions of birthing trauma.

These interventions in the perinatal period also set up immigrant women to more knowledgeably and consistently access healthcare systems across their lifespans.



IHP's current cultural doula cohort is comprised overwhelmingly of immigrant women who have given birth—many with birthing experiences from home countries and the United States. IHP crafted the cultural doula program based on collective storytelling, processing, reflection, and analysis of themes across intracommunity birthing experiences. Thus, the doulas are student-teachers and leaders in identifying the specific needs of their communities that the program must prepare for and address.

The motto of IHP's cultural doula program has and will continue to be: the program belongs to the community, and that is the only way it can rightfully serve the community.

DISCUSSION OF KEY FINDINGS

1

Black, Indigenous, New Mainer and Non-English speaking people have limited access to doulas with shared racial/ethnic backgrounds and lived experiences.

- The majority of doulas surveyed identify as white and are English-only speaking.
- Non-white populations, specifically Black and Indigenous people who have higher rates of pregnancy, birth and postpartum complications in Maine do not have access to doulas who share their racial/ethnic and cultural backgrounds.
- The state needs more cultural doulas who can communicate with clients in languages other than English and provide services from a shared cultural perspective.
- Training and support for doulas within these communities should be immediately prioritized.

2

People in rural and low-income counties have limited access to doula services.

- Maine is the most rural state in the United States with 40% of the state population living in one of Maine's 11 rural counties.¹⁰ 60% of respondents (27/45) live in the 5 counties not designated as rural with the remaining 40% of respondents (18/45) residing in rural counties, primarily along the coast. While this split appropriately represents the rural/urban population demographics in Maine, it does not take into account that the 11 rural counties make up a large geographic area with driving distances that restrict adequate doula services.
- Residents in Eastern and Northern Maine have limited access to doula services and in some cases may be completely without a doula in their area. Please see the service map for details.
- There were very few doula respondents in the five poorest counties in Maine where near or over 25% of the population is living below 150% poverty.¹¹ These five counties also comprise two-thirds of the total square mileage in the state and are designated as rural counties. Of the 45 respondents, only 5 identified as residing in Somerset (0), Washington (1), Aroostook (0), Oxford (4) and Piscataquis (0) counties, meaning that a large rural area with the state's highest rates of poverty is not adequately covered by doula services.

DISCUSSION OF KEY FINDINGS

3

Multiple training pathways are embedded in the culture of doula work in Maine.

- Doulas in Maine receive their training through a variety of methods.
 - While the majority of doulas surveyed have training through doula training organizations, 60% have opted not to obtain or maintain certification by a doula training organization.
 - The costs associated with certification are varied. This financial barrier is one significant reason many doulas work without certification by a doula training organization. Restrictive requirements can result in low doula participation in Medicaid programs.¹²
 - Providing multiple training pathways for doulas to be recognized by state agencies and hospitals is critical in maintaining eligibility in the existing workforce and ensuring low barriers to entry for new doulas.
 - A dual training pathway currently in use in several states with Medicaid coverage allows for certification via training through a doula training organization *or* training through a combination of mentorship, experience, references and/or coursework. This should be considered in Maine.
-

4

Doulas in Maine provide a wide variety of perinatal support services to clients.

- Doulas spend their time providing support in many ways, in addition to attendance during labor and birth.
- Nearly 20% of doulas surveyed provide care that does not involve attendance at birth and focuses only on prenatal and postpartum support. Coverage of doula services should include a separate flat or hourly rate for prenatal/postpartum visits to ensure these critical services can continue.
- Because doulas are in their client's homes for prenatal and postpartum visits and build trusting and close-knit relationships with their clients, doulas are poised to identify risks and make early referrals to medical and mental health providers, social services and other community supports for new parents.

DISCUSSION OF KEY FINDINGS

5 **Increasing financial accessibility to Maine people is key to expanding doula access and maintaining the doula workforce.**

- Over 90% of survey respondents identify that increased financial assistance for pregnant people would do the most to increase accessibility to doula care. Financial accessibility was also a major theme among the doulas interviewed.
 - The majority of doulas in Maine have provided free care at some point in their careers, in some cases leading to a lack of personal financial sustainability. Doulas are currently filling gaps in financial accessibility to care at a personal cost.
 - State policymakers should consider ways to cover doula services for MaineCare recipients and under private insurance.
-

6 **Additional education about doulas, both for the general public and for healthcare professionals is needed to improve access to doula services.**

- Over 85% of survey respondents indicated that better education about doulas, improved integration with existing healthcare systems and increased referrals from providers would improve access to doula services.
- State level perinatal care and maternal health advisory boards could assist by initiating public health campaigns aimed at raising awareness of doula services.
- Community organizations and state agencies working with underserved populations may be best equipped to disseminate education to the individuals who would most benefit from doula services.
- Hospitals could consider partnering with doulas to increase interprofessional communication and be equipped to provide patients with information about the doula services locally available to patients.
- Healthcare professional organizations could consider including presentations and materials from doulas at conferences, in newsletters and as learning opportunities.

DISCUSSION OF KEY FINDINGS

7

Doulas have concerns about MaineCare implementation and will need training and support if coverage becomes available.

- Doulas surveyed and interviewed are concerned that low reimbursement rates will make accepting MaineCare financially unsustainable and that payments may be reduced, delayed, denied or require a prohibitive amount of administrative work to obtain.
- Training that is available remotely along with ongoing support on an as needed basis is required for doulas to navigate enrollement and billing effectively.
- Training for MaineCare staff on doula services to navigate questions from both doulas and MaineCare recipients will smooth implementation.
- Training and support materials should be available to all doulas in the state regardless of location and should be translated to languages other than English.



CONSIDERATIONS

Considerations for MaineCare Coverage

Given the evidence supporting doulas as a positive intervention, coupled with the economic and racially stratified impacts of the United States' perinatal health disparities, Medicaid coverage of doulas has significant potential to improve outcomes. Currently, 16 state Medicaid programs are actively reimbursing for doula services, and 13 others are in the process of implementing reimbursement programs.¹³ Maine stands to benefit from the lessons learned during other states' implementation processes.

While policy and MaineCare considerations may be outside the scope of this workforce assessment, many other state doula workforce reports include detailed discussions of Medicaid and policy recommendations based on their findings (see Appendix B). Themes from our assessment have emerged that are relevant for Maine officials and advocates to consider which include:

Enrollment Eligibility

- To achieve doula access for Medicaid enrollees that is provided by peers with shared background, it is critical to avoid exclusion resulting from narrow eligibility and training criteria.
- Some states adopted reimbursement requirements with unintended consequences that drive exclusion of doulas from populations hardest hit by perinatal health disparities. Requirements to certify by a doula training organization are typically tied to the largest and most well-known doula training organizations, which charge ongoing fees for membership and certification, presenting financial barriers for many.
- The largest doula training organizations tend to be majority white-led and Western-focused. A requirement to certify with these organizations can marginalize and exclude Black, Brown, Indigenous and immigrant birth workers who seek out culturally informed and values-aligned training with smaller organizations.
- Doula work is a traditionally feminized form of care work and is often passed down via culturally specific practices of apprenticeship and hands-on experiential learning. Making a “mentorship and experience pathway” available and leaving that pathway open indefinitely is a more inclusive way to structure eligibility. This dual certification/experience pathway approach is already underway in several states with Medicaid doula coverage.

CONSIDERATIONS

Considerations for MaineCare Coverage (cont.)

Financial Sustainability for the Doula Workforce

- Reimbursement rates must be fairly set in a collaborative process, so the benefits of Medicaid coverage extend to both clients and care workers.
- Doulas we surveyed expressed concern about the potential for reimbursement rates for Medicaid being too low to allow them to consistently support enrollees.
- Doulas are largely self-employed and experience many of the struggles familiar to small business owners, as well as some specific to this type of rigorous care work.
- Many doulas operate on sliding fee scales and take on pro bono work in order to meet the care needs of their communities, at a personal cost. In a rural state a safe and reliable vehicle is mandatory, and many hours of unpaid time can be spent traveling. Many doulas are also parenting young children, and finding child care with an unpredictable on-call schedule can be difficult and expensive. Doulas have also been found to spend 6-11x more time in client visits, than medical providers.⁷ Due to these factors, a doula's hourly rate for packaged care can be exceedingly low and can make working as a doula an untenable career choice for many and especially those with less economic privilege.
- Unpaid activities that do not involve face-to-face encounters with clients such as travel time, informal client support occurring remotely, administrative tasks, maintaining client records, assisting with the coordination of client care, and referrals to medical and social support services make up a significant portion of the care doulas provide per client. These types of activities should be considered as part of a client's care and included in payment structures that cover doula services.

CONSIDERATIONS

Considerations for MaineCare Coverage (cont.)

Implementation

- Without proper implementation and administration, Maine would not actualize the many population health benefits of covering doula services or reach the populations who need this care most.
- Doulas shoulder all administrative tasks associated with their work and businesses. Doulas have concerns about Medicaid coverage presenting an additional administrative burden and delaying payments.
- There is a need for training and ongoing support to enrolled doulas. Adequate support could increase comfort and confidence within the doula workforce to bill Medicaid for services. Implementation support could provide critical infrastructure including: eligibility evaluation and processing, training on submitting claims and continuing education offerings.
- Doula “hubs” are one solution to providing infrastructure to support doula referrals and billing. Hubs are currently being trialed in several areas of the country such as Los Angeles and Washington state.

Culturally Congruent Care

- **All communities deserve access to doula care that meets their unique needs.**
- Doulas typically serve middle and upper class families capable of managing out-of-pocket costs. Should MaineCare cover doula services, the majority of current eligible doulas would be white and may be unfamiliar with the unique concerns and needs of lower income, BIPOC, and immigrant populations who Medicaid disproportionately serves.
- While all doulas share an ethic that every family deserves access to doula care, not all doulas are able to provide culturally relevant or congruent care to all families. Major markers of success in Medicaid coverage implementation will be the ability to resource doulas in properly supporting Medicaid enrollees with culturally relevant approaches.

CONCLUSION



Listening to the lived experiences of Maine doulas yields valuable insights into the unmet needs of both birthing parents and families and the existing doula workforce. Doulas in Maine form deep and lasting relationships with their clients and are valuable care workers within their communities. According to multiple recently published state-wide reports, doulas are also viewed as an important asset within the larger framework of perinatal care and social services that Maine offers. Expanded access to doula services should be a high priority for the state.

The work from this point forward is two-fold. Those working to improve perinatal outcomes in Maine should collaborate to create infrastructure for doula services that includes coverage expansion, reimbursement and payment resources, a public education campaign and guidelines for standard competencies for doulas which do not create undue barriers to eligibility. Simultaneously, there is a need to develop the existing doula workforce and train new doulas to better serve the racial/ethnic, cultural and geographic diversity of Maine's population. We hope that recommendations and strategies in this report will be considered and will lead to improvements in expanded and equitable doula access across all Maine communities.

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APPENDIX A, B

Appendix A: About the Maine Doula Coalition

The Maine Doula Coalition (MDC) works to expand access to doula services by reducing financial, logistic and cultural barriers to pregnant, birthing and postpartum people in Maine. MDC recognizes the vital impact of doulas in improving both the experience of the perinatal population and Maine's perinatal health outcomes. We seek to foster a strong, culturally competent doula workforce through community building, education, systems change and public health outreach. The Maine Doula Coalition believes that...

- The concerns and needs of all pregnant, birthing and postpartum people are valid and deserving of care and support.
- All pregnant, birthing and postpartum people regardless of racial/ethnic, socio-economic, cultural, religious, sexual and gender identity deserve access to resources and equitable perinatal care without fear of discrimination.
- All pregnant, birthing and postpartum people deserve access to trusted support people who can speak their language and incorporate traditional practices specific to their cultural or religious identity.
- Doulas are a skilled and valuable work force in the state of Maine who deserve to be paid fairly and equitably for the important services they provide to Maine people and families.
- Making doula services eligible for Medicaid and private insurance reimbursement at a sustainable rate will assist a larger percentage of the perinatal population in Maine to have access to doula care, while also ensuring that doulas are able to receive adequate financial compensation to sustain their work long term.
- A culture of integration and collaboration with existing organizations and groups in the state who are involved with perinatal care improves birth experiences for Maine people. We hope to represent the doula workforce in Maine for the purpose of education, increased access and improved integration with existing healthcare and public health systems.

Appendix B: Doula Workforce Assessments Published by Other States

- **Healthy and Free Tennessee. Tennessee Doulas: Practical and Policy Recommendations. October 2022.** https://www.healthyandfreetn.org/tennessee_doula_report
- **Kansas Birth Justice Society. Coverage of Community Based Doula Care: A Summary of Initial Stakeholder Convenings With Kansas Doulas.** <https://ksbirthjusticesociety.org/doula-reimbursement/>
- **March of Dimes. Summary of Doula Town Halls and Doula Survey in Massachusetts. May 2019.** <https://www.marchofdimes.org/glue/css-images/MA%20Doula%20Town%20Hall%20Feedback%20May%202019.pdf>
- **National Health Law Program. Building a Successful Program for Medi-Cal Coverage for Doula Care: Findings from a Survey of Doulas in California.** <https://healthlaw.org/resource/doulareport/>
- **Nguyen, A. Washington state Medicaid reimbursement: Survey of birth doulas.** <https://www.doulasurveywa.org/>

APPENDIX C, D

Appendix C: Maine Reports that Acknowledge Doula Care

2023 Maine Perinatal Health Disparities Needs Assessment. February 2024.

<https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/ME%20Perinatal%20Needs%20Assessment%20-%20All%20Components.pdf>

Maternal Infant and Fetal Mortality Annual Review. 2023 Annual Report.

<https://www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/documents/SFY2023%20MFIMR%20Annual%20Report.pdf>

Permanent Commission on Racial, Indigenous, and Tribal Populations.

LD1113: Racial Disparities in Prenatal Access in Maine. January 2022.

https://www.pcritp.me/sites/default/files/inline-files/LD1113_Racial%20Disparities%20in%20Prenatal%20Access%20in%20Maine.pdf

The Maine Rural Maternity & Obstetrics Strategies Network. Needs Assessment of the Obstetric Workforce at Maine's Rural Hospitals. January 2024.

<https://roux.northeastern.edu/news-articles/needs-assessment-of-the-obstetric-workforce-in-maines-rural-hospitals/>

Maine Perinatal and Infant Health Priority Summary from the Maine CDC.

<https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/Maine-Perinatal-and-Infant-Health-Priority-Summaries-All-012020.pdf>

Appendix D: Survey and Interview Questions

Survey Questions

1. What is your first and last name? (required)
2. What is your email address? (required)
3. What is the best phone number to reach you?
4. What are your pronouns? Check all that apply. (required)
 - a. she/her/hers
 - b. they/them/theirs
 - c. he/him/his
 - d. other
5. Please share your age.
6. Please describe your gender.
7. Please describe your race and/or ethnicity.
8. Please describe your immigration status.
9. What is your town of residence?
10. Please describe your geographic service area. (required)
11. While doula is a commonly used term in the United States, it is not the only, nor universally preferred, term for everyone. Please briefly share the word/s you use to describe your role as a pregnancy/labor/postpartum support person.
12. In your own words, please briefly describe what a doula is and does. (required)
13. Please share the language(s) you are fluent in. (required)
14. Please describe the communities you work with as a doula. (required)
15. Do you belong to the communities in which you provide services?

APPENDIX D

16. Please indicate the service(s) you provide. Check all that apply.
 - a. Prenatal education, planning support and referrals
 - b. Labor support
 - c. Postpartum support
 - d. Lactation support
 - e. Placenta Encapsulation or other placenta services
 - f. Overnight infant care
 - g. Infant care
 - h. Pregnancy / Infant Loss and Bereavement
 - i. Abortion support
 - j. Other
17. How many clients do you support in a calendar year?
18. What are the top three things you believe would make doula care more accessible for the families you serve?
19. Have you supported clients enrolled in Medicaid (commonly known as MaineCare in Maine)?
 - a. Yes
 - b. No
 - c. Unsure
20. Have you supported clients who are uninsured?
 - a. Yes
 - b. No
 - c. Unsure
21. Have you provided free doula services to clients who would otherwise be unable to afford this support?
 - a. Yes
 - b. No
22. What do you feel would be the pros and cons of Medicaid (MaineCare) coverage for doula care?
23. Have you provided support to clients whose native language is not English?
 - a. Yes
 - b. No
24. Please indicate the type/s of education & training you have received in the area of perinatal support. Check all that apply.
 - a. I apprenticed and/or was mentored by experienced birthworkers in my family and/or community.
 - b. I became a doula without formal training or community-based mentorship.
 - c. I completed a training program/s through a professional doula organization.
 - d. I am certified through a professional doula organization.
 - e. I have training in perinatal healthcare (nursing, midwifery, etc).
 - f. I have training through personal experience in providing pregnancy, birth and postpartum support.
25. If you have completed doula training programs through professional organizations, please list them here.
26. Please share any additional certifications or licensure you feel is relevant to this work.

APPENDIX D

27. Are you on staff at a hospital where you also provide doula care?
 - a. Yes
 - b. No
28. If yes, at which hospitals are you affiliated/credentialed?
29. Do you have any experience with state-level legislative advocacy and/or campaigns?
 - a. Yes
 - b. No
30. If you are interested in staying connected to MDSC, do we have your permission to add you to our email list?
 - a. Yes
 - b. No
31. Would you be open to share more about your work in a one-on-one conversation with a representative from MDC? These conversations would protect anonymity for those not comfortable sharing information in a survey format.
 - a. Yes
 - b. No
32. If comfortable & applicable, please share a website and/or social media handles related to your doula work.
33. Are you interested in being a part of an Advisory Working Group with the MDSC? AWG's are breakout group where this vital work gets done. There are lots of opportunities to contribute. If you are interested, we will reach out with more detail.
 - a. Yes, I am interested in learning more.
 - b. Maybe later
 - c. Not at this time
34. Is there anything else you would like to share with us?

Interview Questions

1. Please describe your doula practice/your work in the field.
2. What are the biggest obstacles the families in your community face in accessing doula care?
3. What are the biggest obstacles you face as a doula, in terms of making your care accessible?
4. What are your hoped-for impacts of a strong doula reimbursement bill, and what concerns do you have about such a bill (for you as a doula, and for the communities you serve)?
5. What training if any, do you feel should be required in order for a doula to receive Medicaid reimbursement?
6. What would be an adequate reimbursement rate for birth support services that would allow you to make doula work sustainable?
 1. What support would you imagine needing in order to be able to effectively register as a doula and bill for services?
 2. What further information would be helpful? Do you have any questions for me to pass along to the steering coalition?