



Messaging Resource: Midwife and Doula Care

Make a copy by selecting “File” → “Make a Copy”. Keep the LCRF logo, replace it with your own, or use both. Contact us at info@lacr.org with any questions and don’t forget to delete this blurb on your copy!

Several states have pushed for Medicaid coverage of doulas and/or midwives or worked to expand access through other types of programs.

Values

- A birthing person may experience great pain, fear and anxiety. Having someone there to help them to feel informed, guide them as they make decisions, help communicate with health providers and simply provide support can make a big difference.
- The support of a doula or midwife has been shown to help address the very real maternal health crisis facing Black women in this country.
- We envision a future where we can all live with health and dignity. This bill would help to ensure that financial obstacles do not deny low-income women the same support during pregnancy, laboring and postpartum that other women who can pay out of pocket are accessing.
- Women of color are more likely to struggle with maternal health issues and face a much higher rate of death as a result of pregnancy and child birth.
- Black women in the US are as at least 3 to 4x more likely to die from pregnancy-related causes.
- The fact is that systemic oppression pushes out of reach the services and care that we need when we are trying to plan our families, have a healthy pregnancy and raise our children in safety and with dignity.
- Racism is pervasive not only in the provision of health services, but also in the way that care has been medicalized to push birth workers out of the process. This bill would help to address this issue by making sure people who want to

have a midwife or doula there to support them are able to regardless of how much money someone has or the fact that they use Medicaid to get their healthcare.

- Doulas are people who have done community based training to provide non-clinical emotional, physical, and informational support before, during, and after labor and birth.
- Doulas and midwives work with pregnant people to help them experience care that is customized to their needs to make sure it is safe, healthy, and equitable.
- Birth workers can be particularly helpful for women of color and women from low-income and underserved communities to help reduce health disparities by ensuring that pregnant people who face the greatest risks or who may have historically faced systemic and cultural barriers in the traditional medical systems have the added support they need.
- Affordable access to birth workers has been shown to improve health outcomes and help women and families. We owe it to the families who have lost loved ones to do all we can to address the issue of maternal mortality and create effective strategies to deal with this critical public health issue.

Care Quality

- Extensive, reliable research shows that having a doula or midwife there to provide support improves childbirth outcomes and increases care quality. A recent review published in 2017 looked at data from 26 different studies involving more than 15,000 women. The review found numerous benefits to continuous labor support and no known harms of such care, including:
 - 39% reduction in the likelihood of cesarean births, which are more expensive, more complicated and have a longer and more difficult healing process with the potential for complications;
 - 15% greater likelihood of a spontaneous vaginal birth, which is not always an option for everyone, but has significant benefits, including the baby receiving beneficial bacteria, fluid being squeezed out of the baby's lungs, shorter recovery time, and less likelihood of future complications in pregnancy;
 - 10% reduction in the need for the use of pain medications;
 - Shorter labor by an average of 41 minutes;
 - Increase the initiation and duration of nursing by allowing parents to start earlier; and
 - 31% reduction in reporting a negative birth experience simply by having support from an informed birth worker who can help a birthing parent navigate this experience.

Research – Maternal Mortality

- Despite decades of medical advancements, maternal and infant death, illness and injury persist at alarming rates, particularly in communities of color and low-income communities.
- Maternal mortality rates for Black women are between three and four times higher than those of white women. Rates are highest among women of color and women living in high poverty communities who are not able to pay for the support of a doula out of pocket.
- We would encourage any efforts to analyze or develop solutions to proactively deal with maternal mortality, including the role that poverty and inadequate access to health care and support play in these terrible situations. This bill is an important, concrete action that we can take to begin to make progress to ensure the health and wellbeing of women and families in our state.

Research – Cost Savings

- Making sure that people can access a doula or midwife has also been shown to have the potential to achieve cost savings.
- Having consistent support from a birth worker during pregnancy, birth, and the postpartum period also reduces rates of prematurity and illness in newborns, and the likelihood of postpartum depression, which when treated appropriately will raise costs and create additional struggles for families.
- Cost analyses have found that doula care and midwife support can reduce overall spending by avoiding unnecessary medical procedures and the potential complications and chronic conditions that may result, and reducing NICU admissions.

Research – Pain Management

- Having access to a doula or midwife has been shown to improve infant and maternal health, but it is also an issue of birth justice and addressing birth trauma.
- A recent study found that white people laboring receive more pain assessments after delivery and have better access to painkillers than women from other racial and ethnic groups.
- One study looked at postpartum pain scores and pain management for 9,900 women. When women rated their pain on a scale of 1-10, with 10 being the worst, Hispanic women were 61% more likely to report scores of 5 or higher and Black women were more than twice as likely to report high pain scores, this study found.
- Despite these higher pain scores, Black and Hispanic women received significantly fewer pain medications than white women and were significantly less likely to receive a prescription for a painkiller when they went home after giving birth.
- This is not the only study that has shown that Black and Hispanic women are experiencing disparities in pain management both in labor and delivery, as well

as in the postpartum setting and the fact is that these disparities cannot be explained by less perceived pain.

- This is an issue of ongoing racism in our health systems, denial of higher cost services to low income patients and a lack of cultural competency for people whose primary language may not be English or who may not be comfortable navigating a medical system that is primarily white when they are not.
- We cannot leave women of color in pain because they can't be heard or don't feel like they can ask for what they need. It is truly unconscionable. Having a birth worker there to help talk with people, look at their options, advocate for their needs and support them is a key piece of addressing this issue.