

Utilizing THW Doulas for Your Clients

INTRODUCTION

With Oregon HB 3311's Final Report released in Feb 2012, exploring the feasibility of reimbursing birth doulas for providing care for OHP Members, Oregon Health Authority agreed that the evidence supporting doula care as a way to meet the Triple Aim was more than sufficient to warrant the implementation of a state certified birth doula program. Since then, ACOG has also supported the utilization of birth doulas in Committee Opinion # 687, Feb 2017- **Approaches to Limit Intervention During Labor and Birth**. *"Evidence suggests that, in addition to regular nursing care, continuous one-to-one emotional support provided by support personnel, such as a doula, is associated with improved outcomes for women in labor. Benefits found in randomized trials include shortened labor, decreased need for analgesia, fewer operative deliveries, and fewer reports of dissatisfaction with the experience of labor. As summarized in a Cochrane evidence review, a woman who received continuous support was less likely to have a cesarean delivery or a newborn with a low 5-minute Apgar score. Continuous support for a laboring woman that is provided by a nonmedical person also has a modest positive effect on shortening the duration of labor and improving the rate of spontaneous vaginal birth."*

Such improvements in birth outcomes for mothers and babies, lower costs, and improved patient satisfaction have supported the development of Oregon's landmark doula care program as a covered service for all OHP patients since January 2014. Private insurance companies are also now reimbursing THW Doulas for doula care.

OREGON'S DOULA CARE PROGRAM

As a result of HB 3650 (2012), the Traditional Health Workers bill, birth doulas are now one of the five worker types eligible for Medicaid reimbursement. THW Doulas are considered part of the primary care team, and thus will communicate and collaborate with you to enhance patient wellness. A THW Doula has clear guidelines about what their role includes and doesn't include and are expected to abide by Standards of Professional Conduct.

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=301063>

OHP serves two groups of community members with Medicaid funds. The majority are members of a Coordinated Care Organization. The balance are Fee for Service (FFS) clients. Maternity care services are handled differently for each group and this applies to THW Doula services.

For CCO members, the recommended care package includes at least two prenatal face-to-face support visits, continuous birth attendance beginning at the client's request through the immediate postpartum period, at least 2 postpartum face-to-face support visits, and a back-up doula who is also on call should the primary doula be unable to attend the birth. Many CCO's offer extended pre and post natal support visits.

Fee for Service client's care package also includes two prenatal face-to-face support visits, continuous birth attendance beginning at the client's request through the immediate postpartum period, and two postpartum face-to-face support visits. Four additional supports visits may be offered to clients and billed for either pre or post natal visits.

Around the state CCOs are contracting with THW Doulas THW birth doulas who either bill through billing providers or bill as individuals. Fee for Service client services are reimbursed directly through the state. Private insurance companies are now covering doula services with various care packages and reimbursement rates. For more detailed information, go to <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=321636>

PRIORITY CLIENTS

All community members benefit by doula care, however, the following women experiencing identified health disparities are expected to benefit most from doula services:

- A woman with a racially or ethnically diverse background including, Black/African American, Asian, Pacific Islander, Native American, Latino, or multi-racial
- A homeless woman
- A woman who speaks limited/no English
- A woman who has limited to no family support
- A woman who is under the age of 21
- A woman who is medically high risk

Ideally, doulas are from the community they will be serving, able to speak the language of their clients, and/or are doulas that have experience working with these client bases. Efforts are underway to recruit and train a more diverse workforce to be able to serve patients from the prioritized groups.

REFERRING YOUR CLIENTS FOR THW DOULA SERVICES

Oregon has established a state registry for birth doulas approved to serve OHP clients. THW Doulas are listed by the counties they are able to serve. The link is <https://traditionalhealthworkerregistry.oregon.gov/> However, the primary way your patients may connect with a THW Doula is through local doula businesses or regional “Hubs” in which the doulas work as a group for the purpose of matching doulas with clients, peer review, continuing education and providing back-up for continuity of care. Clients may contact these directly or you may hand out materials with their contact information so that they can be referred for doula care.

The client will interview and select a primary THW birth doula and a back-up doula is also arranged. Nursing staff and care providers are advised to remind their clients to call in their doula if they have not already done so when they arrive at their birth location. When the birth occurs, it is a good idea to document in the chart the name of the attending doula. The doula also keeps a record of the dates of all services, a brief description of education or services provided, assessment of any client or member needs beyond routine care, and any referrals made. The goal of documentation is to verify services were provided and facilitate communication with other members of the birthing team.