



## Interdisciplinary Care Team: Midwives

Postpartum women receive care delivered through an interdisciplinary team to ensure comprehensive, holistic, and culturally responsive support for women during and after pregnancy. This team should include a diverse set of providers, such as physicians, midwives, doulas, community health workers, and other providers; all of these providers should be trained to deliver care that is sensitive to the cultural and individual needs of each woman.

### Benefits:

- Midwifery care improved outcomes for women in 56 different measures, including lower morbidity and mortality among mothers and newborns, fewer preterm births and low-birthweight infants, and reduced interventions in labor.
- For women with low-risk pregnancies, receiving care from CNMs in birth centers is comparable to receiving traditional physician-based care, both providing safe outcomes.
- Women cared for by midwives were 2.6 times more likely to be screened for postpartum depression as women who were treated by obstetricians.
- A study of community midwives in birth centers and home settings found that many followed a postpartum visit schedule of 5-8 visits within the first six weeks, with some extending care to 8 or 12 weeks. Many midwives viewed the postpartum as a full year and stressed the importance of continuity of personalized care.

“I’ve looked into the midwives and doula, but there weren’t any options near me for me to keep researching it. I never bothered to look into it again after that.”

– BLACK WOMAN, WISCONSIN

### Definitions:

An **interdisciplinary team** brings together diverse expertise and perspectives, ensuring that all aspects of the postpartum woman’s physical, emotional, and social health needs are personalized and addressed in a coordinated manner. This collaboration enhances the quality of care, reduces gaps in services, and provides personalized support that meets the unique needs of each woman.

**Midwives** are trained health care professionals that specialize in pregnancy, childbirth, the postpartum period, and women’s sexual and reproductive health. Midwives can provide prenatal care and monitoring; education on lactation, nutrition, and family planning; screenings for cervical cancer, vaginal infections, and STIs; and postpartum care including personalized postpartum counseling and contraception.

### Current Landscape and Guidance:

#### Types of Midwives:

There are different types of midwives, including:

- Certified-Nurse Midwives (CNM) are registered nurses who have graduated from a nurse-midwifery education program and passed a certification exam from the American Midwifery Certification Board. CNMs offer the same services as OB/GYN physicians, including routine gynecologic care, pregnancy care, and childbirth support.
- Certified Professional Midwives (CPM) are professional independent midwifery practitioners who are trained to provide care in out-of-hospital settings. CPMs are certified by the North American Registry of Midwives and must meet specific educational and clinical experience requirements.
- Certified Midwives (CM) are health care professionals who are not nurses but have completed a graduate-level midwifery degree program and passed a certification exam from the American Midwifery Certification Board.

#### Medicaid

The Affordable Care Act requires Medicaid programs to cover CNM services, but Medicaid enrollees face limited access to midwifery care compared to privately insured women due to barriers like low reimbursement rates and challenges in contracting with managed care organizations. As of April 2023, 32 state Medicaid programs reimburse only CNMs, and 18 state Medicaid programs and DC reimburse both CNMs and CMs.

#### Private Health Plans

As of April 2021, most state essential health benefit (EHB) benchmark plans require coverage of CNMs but only a limited number of states also require coverage of other qualified midwives, like CPMs.

## RETURN ON INVESTMENT:

Medicaid enrollees cared for by midwives in birth centers had better outcomes than Medicaid enrollees cared for by typical Medicaid maternal health providers, and the better outcomes were achieved at a lower cost.

- The average total cost of birth at birth centers was \$1,759 less (21% lower) and the average total cost of care for the first year after birth was \$2,010 less (15% lower) compared to typical care by Medicaid providers.
- The costs of childbirth for women with low-risk pregnancies accessing midwife-led care was \$2,262 less than the cost of childbirth for women with low-risk pregnancies cared for by obstetricians.

“ [My] midwife was a bit more helpful when explaining things and would actually ask questions to get to know me outside of checking my vitals and progress with my pregnancy. ”

– HISPANIC WOMAN, WEST

## BRIGHT SPOTS:



Florida, Alaska, New Mexico, and Rhode Island have more expansive midwifery coverage in their state benchmark plan.

New Mexico Medicaid's Birthing Options Program (BOP) offers an out-of-hospital birthing option for pregnant women, compared to the national average of 10%. BOP services are provided by an eligible midwife, including CNMs and CMs. As a result, 26% of all births in New Mexico are attended by midwives.

“ The [midwives] wanted me to get to know all of them in case -- whichever was available when you give birth. But they were very naturalistic, of course. They wanted a birth plan...They spoke to me as if they really cared. It wasn't so routine. It just felt a little more natural, like more holistic in a way. ”

– HISPANIC WOMAN, SOUTHWEST



## Interdisciplinary Care Team: Doulas

Postpartum women receive care delivered through an interdisciplinary team to ensure comprehensive, holistic, and culturally responsive support for women during and after pregnancy. This team should include a diverse set of providers, such as physicians, midwives, doulas, community health workers, and other providers; all of these providers should be trained to deliver care that is sensitive to the cultural and individual needs of each woman.

### Benefits:

- Women supported by doulas are more likely to attend childbirth preparation classes, less likely to use epidural and pain medication during labor, more likely to initiate breastfeeding, and more likely to utilize car seats at three weeks postpartum.
- Women using doula services report positive impacts on emotional well-being, including reduced anxiety, depression, postpartum post-traumatic stress disorder.
- Doulas increase the likelihood of safer, healthier, and more satisfying birth experiences. Reduced unnecessary medical procedures can prevent complications and readmissions.

“You kind of have to heal up because [childbirth] is a whole experience. You are still bleeding, and you are still very tender and hormonal, emotional... I think that support is 100 percent necessary, so I would love to have a lactation person, a doula, anyone to like be there with me to kind of hold my hand through it.”

– HISPANIC WOMAN,  
NORTHEAST

### Definitions:

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**Doulas** are trained professionals who provide continuous physical, emotional, and information support to women during their maternal health journey. Though often used interchangeably and offering complementary care approaches, doulas and midwives play different roles. Doulas do not provide medical care, instead focusing on the emotional and educational birthing journey.

### Current Landscape and Guidance:

**There are many different types of doulas, including (but are not limited to):**

- Birth doulas, who provide support during different stages of pregnancy like the prenatal period, labor, and delivery;
- Postpartum doulas, who provide information and support after birth on infant feeding, emotional and physical recovery from childbirth, infant soothing, and coping skills for new parents;
- Full spectrum doulas, who provide comprehensive support throughout the entire reproductive experience, including fertility, pregnancy, loss, abortion, birth, and postpartum; and
- Community-based doulas, who often come from the same communities as their clients and bridge language and cultural barriers to pregnancy and postpartum care.

Some birth doulas may also serve as postpartum doulas, but not all. Delineating between the different types of doulas in coverage ensures that postpartum women receive the specific services they need during the postpartum period.

#### Medicaid

State Medicaid doula benefits and reimbursement structure vary widely. As of January 2024, 12 states and DC have implemented Medicaid coverage for doula care, nine states are in the process of implementation, and 20 states have taken adjacent efforts related to expanding doula care. Most Medicaid programs reimburse a certain number of doula visits across the perinatal and postpartum period, with the allocation determined by the patient.

#### Private Health Plans

- No essential health benefit (EHB) benchmark plan explicitly includes coverage for doula support, but Connecticut’s benchmark plan explicitly excludes doulas.
- As of January 2024, two states (Rhode Island and Louisiana) require private insurance coverage of doulas and Utah requires doula coverage in its Public Employees’ Benefit and Insurance Program.

## RETURN ON INVESTMENT:<sup>2</sup>

- Doula-service enhanced maternity care had an 18% return on investment compared to standard maternity care.
- Doula care results in substantial cost savings by reducing the need for medical interventions, with estimates ranging from \$929 to \$1,047 per birth for Medicaid enrollees across states.
- One study estimated the potential cost savings doulas generate by preventing Cesarean births among Medicaid births to be \$558.22 per birth and among privately insured births to be \$1,193.94. The same study estimated the potential savings doulas generated related to preterm births among Medicaid births to be \$41,964 per birth.



## BRIGHT SPOTS:

**I saw my doula a couple days after [delivery] to check in...I initially didn't get a lot of postpartum care information from my OB/GYN that was there. All I was given was a one-sided paper. My doula Zoomed me and gave me more [information]...she was very informative and reassuring.**

– BLACK WOMAN, CALIFORNIA

Maryland has an increased postpartum visit reimbursement rate for doulas to emphasize the importance of postpartum care.

Oregon Medicaid requires doulas to complete two postpartum home visits per pregnancy.

DC Medicaid reimburse doulas for postpartum services at a per-unit rate and in 15-minute increments (with a maximum of 6 hours per visit) compared to the per-visit reimbursement for prenatal visits to provide flexibility and ensure doulas are compensated for the time they spend with each client.<sup>3</sup>

CVS and Microsoft cover doula benefits for their employees. CVS covers up to \$1,200 in doula benefits per year for eligible employees. Microsoft covers a \$1,000 allowance for doula services per pregnancy for eligible employees.

Oklahoma Medicaid specifies the coverage of postpartum doulas. Birth doulas may offer a postpartum visit lasting 1-2 hours, either immediately after birth or a few weeks after birth, but these visits often focus on the birth experience and are typically less comprehensive compared to the in-depth, longer-term care that postpartum doulas provide.

***A doula needs to be part of maternal care.***

– BLACK WOMAN, MIDWEST

<sup>2</sup> Return on investment for doula care depends on implementation, utilization, and reimbursement rates, and may not be reflected in short term analyses.

<sup>3</sup> Research shows that some postpartum visit lengths are substantially longer than prenatal visit lengths. Furthermore, a visit structure using a defined number of visits does not always align with the ways doulas traditionally care for their clients.



## *Interdisciplinary Care Team: CHWs*

Postpartum women receive care delivered through an interdisciplinary team to ensure comprehensive, holistic, and culturally responsive support for women during and after pregnancy. This team should include a diverse set of providers, such as physicians, midwives, doulas, community health workers, and other providers; all of these providers should be trained to deliver care that is sensitive to the cultural and individual needs of each woman.

### *Benefits:*

- One study found that a CHW intervention was associated with better maternal health outcomes, including positive impacts on breastfeeding duration, safe sleep practices, stress levels, depressive symptoms, emotional support, referral follow through, parental confidence, and infant stimulation.
- Women enrolled in a CHW-led intervention had lower average postpartum depression scores than the comparison population.
- CHWs and social workers increased postpartum care visits among urban residents enrolled in a New York Medicaid managed care plan.



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**Community health workers (CHWs)** are public health workers who are trusted members of their community and/or have a close understanding of the community served. CHWs help postpartum women navigate health care services, social services, and support networks through a variety of resources and methods that often focus on the disparate barriers to care experienced by those in underserved communities. CHWs and doulas are similar in that they are both non-clinical professionals providing supportive services. However, doulas focus on pregnancy, labor, and postpartum care whereas CHWs specialize in care coordination. Some states include doulas in their definition of CHWs.

### *Current Landscape and Guidance:*

#### **Overview**

CHW services are historically used and funded by community-based organizations, although hospitals, health systems, and health plans are increasingly employing CHWs.

#### **Medicaid**

- An increasing number of state Medicaid programs are reimbursing CHW services. As of January 2024, 15 state Medicaid programs use state plan amendments (SPAs) to pay for CHW services, 5 states use 1115 waivers to pay for CHW services, and 11 states encourage or require managed care organizations to pay for CHW services.
- States use CHWs to provide different pregnancy-related services. For example, Indiana provides coverage for prenatal and postpartum home visits and breastfeeding education through CHWs.

#### **Private Health Plans**

Private insurers have not traditionally reimbursed CHWs, but some private insurers are recognizing the value of CHWs in improving health outcomes, particularly for underserved communities, and have begun to reimburse for their services.



## RETURN ON INVESTMENT:

There is limited research on return on investment for CHWs for pregnancy and postpartum. However, many research studies show the cost effectiveness and return on investment of CHW interventions more generally.

- One study looking at Individualized Management of Patient-Centered Targets (IMPACT), a standardized CHW intervention addressing unmet social needs, found that every dollar invested returns \$2.47 to an average payer within the fiscal year.
- Health Plan of Nevada, a managed care organization, found that employing three CHWs to work with an average of 37 patient super-utilizers for 30 to 60 days resulted in average medical costs decreasing from \$1,223 pre-intervention to \$893 post-intervention.

“There’s a lady from [a local community health organization]... they come out and they check on the baby, they bring Pampers, they give car seats and playpens and stuff like that.”

– BLACK WOMAN, SOUTH CAROLINA

## BRIGHT SPOTS:



Pennsylvania’s Maternity Care Bundled Payment has staffing requirements where maternity care teams must include an individual, such as a doula, community health worker, social worker, or peer recovery specialist, to address behavioral health, substance use disorder, and social determinants of health.

Oregon recognizes five types of Traditional Health Workers (THWs): doulas, peer support specialists, peer wellness specialists, personal health navigators, and CHWs. THWs that are certified and enrolled in the registry are eligible for Medicaid reimbursement. The Oregon Health Authority requires coordinated care organization (CCO) members to have access to certified THWs, who are part of the interdisciplinary care team.