

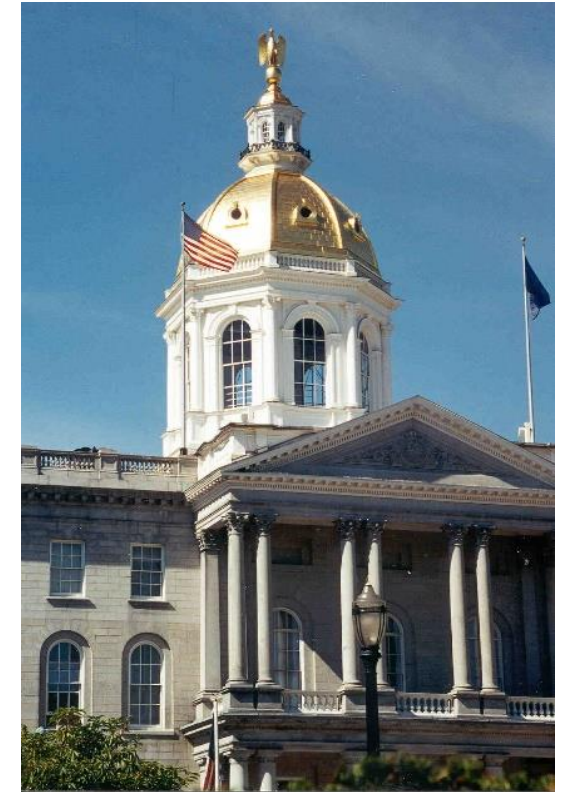


# State Policies on Midwives and Doulas

October 22, 2021

# The National Conference of State Legislatures

- Bipartisan membership organization
  - All 50 states and the territories
    - 7,383 state legislators
    - All state legislative staff (30,000+)
- Goals:
  - To improve the quality & effectiveness of state legislatures
  - To promote policy innovation and communication among state legislatures
  - To ensure states a strong, cohesive voice in the federal system
- Research, education, technical assistance





# Speakers



**Jessica Stieger**

Association of  
Maternal and Child  
Health Programs



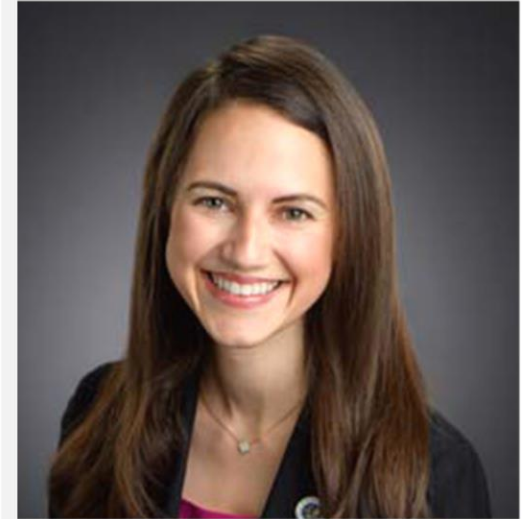
**Khanh Nguyen**

NCSL



**Delegate  
Lashrecse Aird**

Virginia



**Representative  
Stephanie Hilferty**

Louisiana



# STATE POLICIES ON MIDWIVES & DOULAS

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*Equity Driven Policy Development*

Jessica Stieger, MPH, MSW, IBCLC, CD(DONA)



# Objectives

## Identify

Identify the different types of midwives, and the difference between midwives and doulas



## Explore

Explore how midwives and doulas engage with other maternity care providers and with communities to address maternal health



## Recognize

Recognize the role midwives and doulas play in maternity care across the country



# Who is AMCHP?

The Association of Maternal & Child Health Programs is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.

We lead and support programs nationally to protect and promote the optimal health of women, children, youth, families, and communities.

**AMCHP**



We envision a nation that values and invests in the health and wellbeing of all women, children, youth, families, and communities so that they may thrive.

# Midwives

Midwives are trained medical professionals who are experts in normal pregnancy, labor, and postpartum, as well as other aspects of reproductive health. They provide skilled support for low-risk pregnancies and births.



# Types of Midwives

- **Certified Nurse Midwives (CNM):** trained as nurses and midwives, can practice in or out of hospital
- **Direct-Entry Midwives:** practitioners trained to provide the midwifery model of care without a nursing background, primarily support out-of-hospital births
  - **Certified Midwives (CM):** have a background in a health related field other than nursing and then complete a masters level midwifery education
  - **Certified Professional Midwives (CPM):** experts in out-of-hospital births, trained in midwifery without a previous healthcare background
- **Traditional Midwives:** encompass all midwives who choose not to seek licensure or certification, work predominantly in communities

# Midwifery Model of Care

The Midwifery Model of Care is based in the ideology that pregnancy and childbirth are normal events for people with ovaries and uteruses. It focuses on providing client-centered care with plenty of personalized attention, education, and care during pregnancy, labor and birth, and in the postpartum period.

The Midwifery Model of Care is associated with reduced rates of birth injury, trauma, and cesarean sections.

<https://mana.org/about-midwives/midwifery-model>

# Midwives and Maternal Health

- Midwifery care has been associated with:
  - Higher rates of vaginal birth/lower c-section rates
  - Lower rates of preterm births
  - Lower rates of low birthweight babies
- Out of hospital births are demonstrated to be safe for low-risk pregnancies in a review of 32 studies of birth center births
  - Fewer c-sections
  - High satisfaction of care
  - Few severe morbidity events
  - No maternal deaths

# Midwives and other Maternity Care Providers

Midwives are trained to be independent healthcare providers

Midwives can work collaboratively with other prenatal providers

Midwives may provide care in hospital and out-of-hospital settings

Midwives are experts in normal, physiologic birth

Midwives may partner with or refer to OB/GYNs to support higher-risk pregnancies

When integrated into the healthcare system, midwives can be a cost-effective option for improving access to maternal healthcare and outcomes in rural communities

# Doulas

Doulas are individuals who provide emotional, informational, and physical support to pregnant, birthing, and postpartum people.

# Community Based Doulas

- Doulas from within the community they are serving
- Often focus on providing culturally and racially concordant support, which can improve patient experiences and outcomes
- Community based doulas are uniquely positioned to amplify and foster positive birth outcomes in communities of color
- Have an additional role of supporting clients in managing various social services, often similar to care coordination
- Typically provide support prenatally, through labor and birth, and throughout the postpartum period



# Role of Doulas in Maternity Care

- Doulas help clients navigate the maternal health system and support them in advocating for themselves
- Doulas help connect their clients to other support services and systems
- Doulas provide personalized, client-centered emotional and physical support during pregnancy, birth, and the postpartum period
- Doulas fill gaps in the medical system by providing education and helping birthing people navigate questions about their bodies

# Doulas and other Maternity Care Providers

Doulas support births in- and out-of-hospital, with OB/GYNs, midwives, and family physicians

Doulas are non-medical providers, so they do not themselves provide prenatal or obstetric care

In a supportive system, doulas will partner with the maternity care provider to facilitate a positive birthing process

## Midwives, Doulas, and Racial Equity

- Research shows that racially concordant care can improve outcomes and patient satisfaction with care
- Studies show that 90% of certified nurse midwives are white due to exclusion and historical denigration of Black midwifery
- A concerted effort to fund midwifery education for Black and Indigenous people can help achieve racially equitable birth outcomes
- Law and policy makers can consider how they can reduce barriers to the doula profession and increase financial support for training community based doulas

# Key Considerations for State Policy Makers: Midwifery Legislation

- Differences in scope of practice laws for midwives can affect access to midwifery care
- Consider barriers to practicing that could be unintended consequences of legislation
- Partner with Black and Indigenous midwives in your state for input on any midwifery-focused legislation and for continued input during regulation writing

# Key Considerations for State Policy Makers: Doula Legislation

- Consider what kinds of doulas will be impacted by doula legislation
  - In a study of doula use among Medicaid recipients, community based doulas were found to be associated with positive outcomes
- Consider the barriers to the profession that are included in legislation – remember that doulas are non-medical providers
- Build relationships with community based doulas in your state to get their feedback on legislation, and to include them in the process of developing regulations

**Contact Us:**

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**THANK YOU!**



# State Legislative Trends: Midwives and Doulas



# State Policies on Midwives

## Training, licensure and coverage



- California S 65 (2021) - Enacts the Midwifery Workforce Training Act to increase the number of students receiving quality education and training as a certified nurse-midwife or licensed midwife.
- District of Columbia Act 23-267 (2020) - Provides for the licensure and regulation of certified professional midwives and certified nurse-midwives. Provides Medicaid reimbursement for certified professional midwives.
- Louisiana H 190 (2021) - Provides health insurance coverage for maternity services provided by midwives.
- Oklahoma S 1823 (2020) - Provides licensure for certified professional midwives and creates the Advisory Committee on Midwifery.

# State Policies on Midwives

## Practice Authority

- [Arkansas H 1215 \(2021\)](#) - Provides full practice authority for certified nurse-midwives.
- [California S 1237 \(2020\)](#) - Changes several provisions related to CNM practice authority and requirements.
- [Minnesota S 13 \(2020\)](#) - Modifies scope of practice for licensed traditional midwives to include ordering standard prenatal laboratory tests and imaging.
- [Nevada A 287 \(2021\)](#) - Defines midwives to include certified nurse-midwives and certified professional midwives, and clarifies that they can practice in freestanding birth centers.



# State Policies on Doulas

## Resolutions

- New York SR 493 (2021) - Memorializes the governor to proclaim Doula Week in the State of New York.
- Tennessee HJR 4 (2021) - Recognizes doulas as vital birth and community health workers.

## Certification

- Arizona S 1181 (2021) - Establishes a state-certified doula certification, establishes the doula community advisory committee and provides for voluntary doula certification.
- Connecticut S 1 (2021) - Directs the department of health to conduct a scope of practice review to determine whether the state should establish a doula certification process.

## Access

- Colorado S 193 (2021) - Requires health facilities to allow every birthing person to have a companion or doula during birth in addition to a partner or spouse.
- Oklahoma H 3393 (2018) - Requires that pregnant inmates have access to a support person, including a certified doula.



# State Policies on Doulas

## Coverage

- Indiana S 416 (2019) - Provides that Medicaid pregnancy services may include reimbursement for doula services.
- Louisiana H 190 (2021) - Creates the LA Doula Registry Board to review doula registration to allow for health insurance reimbursement.
- Nevada A 256 (2021) - Provides Medicaid coverage for doula care.
- Rhode Island H 5929 (2021) - Provides for health care coverage by health insurance companies for perinatal doula services.
- Virginia H 826 (2020) - Convenes a work group to evaluate the costs and benefits of Medicaid coverage of services by certified doulas and to recommend appropriate reimbursement rates for those services.





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## NCSL Resources

- Legislative Database | [Maternal and Child Health Database](#)
- Policy Brief | [State Approaches to Ensuring Healthy Pregnancies Through Prenatal Care](#)

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## Q&A

Please type your questions into the chat box and we will get to as many as we can!