

Doulas and Medicaid: Information for Physicians and Providers

Practice Transformation Institute

What is a Doula?

A birth doula is a trained, non-clinical professional who provides continuous emotional, physical, and informational support to pregnant individuals and their families during the prenatal, intrapartum, and postpartum periods. Unlike licensed clinical providers, doulas do not perform medical tasks; instead, they complement clinical care by supporting patient experience, communication, and engagement. For providers, doulas represent an extension of the care team, particularly in settings where time, staffing, and internal resources are limited.

Doula Impact on Outcomes

A growing body of literature demonstrates that doula support is associated with improved maternal and infant outcomes. A 2023 scoping review (Sobczak et al., updated 2025) found that doula involvement was associated with:

- Reduced Cesarean delivery rates
- Decreased preterm birth
- Shorter labor duration
- Lower maternal anxiety and stress
- Improved breastfeeding outcomes, particularly among low-income populations

Additional studies suggest doulas improve patient engagement, confidence, and self-efficacy while reducing complications (Knocke et al., 2022). From a clinical and quality perspective, these outcomes align with priorities across HEDIS[®] measures, value-based care models, and maternal morbidity/mortality reduction initiatives.

Doulas, Trust, and Patient Engagement

Doulas often share cultural, linguistic, and lived experiences with the populations they serve. Like Community Health Workers (CHWs), this alignment supports:

- Improved communication
- Increased trust in the care team
- Better adherence to care plans
- More effective navigation of health and social systems

These factors are particularly relevant in Medicaid populations, where barriers to care are often multifactorial (Zaidi et al., 2024).

Health Disparities and Maternal Outcomes

Persistent disparities in maternal health outcomes remain a critical issue in the United States. Health disparities (differences in outcomes across race, socioeconomic status, geography, and other factors) are strongly influenced by social determinants of health (AHRQ, 2023). Black, American Indian, and Alaska Native women are approximately **three times more likely to die from pregnancy-related causes** compared to White women and experience higher rates of severe maternal morbidity (Georgetown University McCourt School of Public Policy, 2021). For providers, addressing these disparities requires both clinical and non-clinical interventions, including models that enhance trust, continuity, and culturally responsive care.

Gaps in Doula Services

Despite demonstrated benefits, access to doulas has historically been limited for low-income and medically underserved populations. Barriers include:

- Lack of insurance coverage (historically)
- Limited awareness of doula services
- Workforce sustainability challenges
- Administrative and reimbursement constraints

Evidence also suggests that doulas are underutilized among birthing people of color, in part due to gaps in awareness and referral pathways (Kang et al., 2023).

Medicaid Births: A Critical Opportunity

Medicaid plays a central role in maternity care:

- **~41% of U.S. births are financed by Medicaid**
- **~45% of births in Michigan are covered by Medicaid**

This makes Medicaid a primary opportunity for improving maternal health outcomes, particularly among high-risk populations. Michigan Vital Records data indicate that in 2023, approximately 20 percent of live births were to women ages 15-24, representing a potentially high-impact population for doula services. These women generally have increased social needs, lower healthcare navigation experience, and high rates of Medicaid coverage. They also face barriers around care engagement, communication, and follow-up and are more likely to be nulliparous, lacking family and peer support. Doulas address these gaps by providing education, advocacy, and emotional support. Expanding access to doula services for Medicaid beneficiaries represents a targeted strategy to improve outcomes, reduce disparities, and enhance patient experience.



Michigan Medicaid Doula Coverage

Michigan implemented Medicaid reimbursement for doula services on **January 1, 2023**, formalizing doulas as part of the perinatal care team.

Key Requirements for Michigan Medicaid Doulas:

- Age 18 or older
- High school diploma or equivalent
- Completion of an MDHHS-approved doula training program
- National Provider Identifier (Type 1 NPI)
- Enrollment in the CHAMPS billing system

- Participation requirements per Medicaid Health Plans

Covered Services (MMP-2440, as of January 2026):

- Up to **12 prenatal/postpartum visits** (reimbursed at ~\$100 per visit)
- **Labor and delivery support** (reimbursed at ~\$1,500)
- Additional services available with prior authorization

These benefits position doulas as accessible, reimbursable members of the care team for Medicaid beneficiaries.

For Detailed information about Michigan Medicaid Doula services, visit the website ([Doula Initiative](#)).

Implications for Clinical Practice

For physicians and providers, integrating doulas into care delivery can support:

- Improved patient engagement and satisfaction
- Enhanced care coordination, especially for high-risk patients
- Progress toward equity-focused quality metrics

However, successful integration depends on:

- Awareness of doula roles and scope
- Clear communication and role delineation
- Referral pathways within clinical workflows
- Collaboration with Medicaid health plans and community organizations

Obstetra Care

[Obstetra Care](#) is actively operationalizing this model in Michigan today, deploying culturally competent doulas who are deeply aligned with the communities they serve. Their doulas are not only trained and Medicaid-enrolled under Michigan's reimbursement framework but also selected for their ability to build trust through shared language, cultural background, and lived experience. Embedded alongside medical practices and FQHCs, they function as an extension of the care team - supporting patient engagement, improving adherence to prenatal and postpartum care, and addressing social determinants of health in real time. This on-the-ground experience allows Obstetra Care to translate the proven benefits of doula support into scalable, outcomes-driven care delivery that aligns with both provider workflows and Medicaid quality priorities. Obstetra Care is open to taking referrals, if you're interested in working with them you can submit an inquiry [here](#) or just ask patients to fill out their form [here](#).

Conclusion

Doulas provide an evidence-based approach to improving maternal health outcomes, particularly within Medicaid populations. As nearly half of births in Michigan are Medicaid-financed, expanding and integrating doula services represents a meaningful opportunity to advance quality, equity, and patient-centered care. For providers, understanding and engaging with the doula workforce is an increasingly important component of perinatal care delivery.

References

- Knocke, K., Chappel, A., Sugar, S., De Lew, N., & Sommers, B.D. (2022). Doula care and maternal health: An evidence review. ASPE Issue Brief, retrieved from <https://aspe.hhs.gov/sites/default/files/documents/dfcd768f1caf6fabf3d281f762e8d068/ASPE-Doula-Issue-Brief-12-13-22.pdf>
- Georgetown University McCourt School of Public Policy, Center for Children and Families. (2021). Medicaid expansion narrows maternal health coverage gaps, but racial disparities persist. <https://ccf.georgetown.edu/wp-content/uploads/2021/09/maternal-health-and-medex-final.pdf>
- Michigan Medicaid Policy (2022). Medicaid Coverage of Doula Services. <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/2022-Bulletins/Final-Bulletin-MMP-22-47-Doula.pdf>
- Sobczak, A., Taylor, L., Solomon, S., Ho, J., Kemper, S., Phillips, B., Jacobson, K., Castellano, C., Ring, A., Castellano, B., & Jacobs, R.J. (2023). The effect of doulas on maternal and birth outcomes: A scoping review. *Cureus*, 15(5), e39451. doi: 10.7759.cureus.39451
- Zaidi, M., Fantasia, H.C., Penders, R., Koren, A., & Enah, C. (2024). Increasing U.S. maternal health equity among immigrant populations through community engagement. *Nursing for Women's Health*, 28(1), 11-22. doi: [10.1016/j.nwh.2023.09.004](https://doi.org/10.1016/j.nwh.2023.09.004)