Sustainable Funding for Doula Programs

A STUDY
“We do not have the capacity to advocate for policy solo but would like to do so aligned with you.”

-Survey Respondent
INTRODUCTION

Community-based doulas have been increasingly recognized in recent years for improving health, reducing costs, and effectively addressing health disparities. That stated, their services have continued to be underfunded, which has plagued the ability to make them available on a broad scale.

In light of this potential to positively impact health and the existing barrier to sustainable funding, HealthConnect One (HC One) commissioned TRP Health Policy (TRP), a nationally recognized bipartisan policy firm, to conduct a comprehensive research project from July 2016 to January 2017 to identify potential sustainable funding streams, policy opportunities, and strategies for sustaining community-based doula services. The study included an in-depth analysis of federal funding and policy opportunities, interviews with field experts, and a survey of existing doula programs to better understand existing funding streams, structures, and paths to sustainability.

This report offers a highlight of TRP’s findings, which focus on doulas but are also applicable to breastfeeding peer counselors, community health workers, and others working to improve maternal, infant, and family health outcomes. Included is a brief outline of TRP’s research methodology; an overview of data regarding current doula programs including organizational structure, current funding, clients served, and a clearly articulated need for more stable funding; a summary of relevant federal agencies and potential federal funding pathways; and a sampling of the in-depth analysis of federal funding opportunities. It closes with four recommended strategies which, if pursued collaboratively, could secure sustainable funding for doula programs in the future.

We hope you find this information useful and look forward to partnering with you to improve health outcomes and reduce health disparities during pregnancy, birth, breastfeeding, and the first years of parenting.

What is a Community-Based Doula?

Community-based doulas provide culturally sensitive pregnancy and childbirth education, early linkage to health care and other services; labor coaching, breastfeeding promotion and counseling, and parenting education, while encouraging parental attachment. The peer-to-peer relationship and the continuity of care knit a fabric of support around the family, which has broad and deep impact on a variety of outcomes.

According to The Perinatal Revolution, a 2014 study supported by HRSA and the CDC, health outcomes of clients served by community-based doula programs include high breastfeeding rates (87% at 6 weeks vs. 61% of a similar sample) and low C-section rates (24% vs. 30% of a similar sample). ¹

In 2016, the Association of Maternal and Child Health Programs (AMCHP) included the Community-Based Doula Program as a best practice in their innovation station and in 2017, selected the program for their Best Practice Award. ²

¹ The Perinatal Revolution – bit.ly/PeriRev
² The HealthConnect One Community-Based Doula Program: AMCHP Best Practice – bit.ly/CBDinnovation

*This publication would not exist without the time and insights generously shared by over 100 people working on the front lines to support moms, babies and families in communities of color and low-income communities across the country. THANK YOU to all who contributed.*
“I would love to be less reliant on grants and fundraising because one bad year or event has significant financial implications.”

-METHODOLOGY

TRP’s comprehensive 6-month research process was conducted from July 2016 through January 2017 and included an in-depth policy analysis of funding streams available through 13 federal agencies and programs, key informant interviews with 17 national maternal and child health experts, and a survey of 98 doula organizations both inside and outside HealthConnect One’s network. The in-depth policy analysis evaluated current funding opportunities as well as opportunities to strengthen future funding. The survey process included a review of publicly available information as well as three surveys conducted online with the opportunity for respondents to remain anonymous. All doula organizations included in the process focused efforts on decreasing health disparities and improving health outcomes for communities of color, low income communities, immigrant communities, and/or American Indian (AI/AN) communities. In-depth key informant interviews included federal officials, academics, national organizations, and doula experts. These research components contributed jointly to the creation of TRP’s recommendations. We are grateful to each organization and individual that contributed to the process.
6-Month Research Process

- In-Depth Policy & Funding Stream Analysis
  - 13 Federal Agencies & Programs

- Key Informant Interviews
  - 17 National Experts

- Doula Program Survey
  - 98 Organizations

98 doula organizations were researched. The criteria for inclusion was that the doula organization focused its efforts on decreasing health disparities and improving health outcomes for communities of color, low income communities, immigrant communities, and/or AI/AN communities.
### SUMMARY OF FINDINGS

In-Depth Analysis of Federal Policy, Programs, & Funding Streams

#### OPPORTUNITIES FOR FUNDING AND ENGAGEMENT

Eleven federal agencies and two non-governmental agencies operating at the federal level were analyzed to identify the programs, initiatives and funding streams that could be leveraged to support doula programs. What follows is a summary of these findings.

<table>
<thead>
<tr>
<th>Federal Agency or Program</th>
<th>Relevant Funding Streams or Initiatives</th>
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</thead>
</table>
| ACF Administration for Children & Families    | **MAJOR FUNDING STREAMS**  
Temporary Assistance for Needy Families (TANF); Early Head Start  
**ADDITIONAL ACTIVITIES OF INTEREST**  
Home Visiting Evaluation (HomVEE, MiHOPE); Maternity Group Homes  
**OFFICES OF INTEREST**  
United States Preventative Services Task Force (USPSTF)  
**ADDITIONAL ACTIVITIES OF INTEREST**  
Safety Program for Perinatal Care; Partnership for Patients  |
| AHRQ Agency for Healthcare Research & Quality  |                                                                                                         |
| CDC Centers for Disease Control & Prevention  |                                                                                                         |
| CMS Centers for Medicare & Medicaid Services   | **PROGRAM OF INTEREST**  
Medicaid  
**ADDITIONAL ACTIVITIES OF INTEREST**  
Center for Medicare & Medicaid Innovation (CMMI), Healthcare Payment Learning & Action Network (HCP-LAN); Community Health Workers  
**OFFICES OF INTEREST**  
National Institute of Child Health and Human Development (NICHD); National Institute on Minority and Health Disparities  
**ACTIVITIES OF INTEREST**  
National Child & Maternal Health Education Program  |
| NIH National Institutes of Health              |                                                                                                         |
SURVEY HIGHLIGHTS

SUMMARY OF FINDING

The majority of doula programs are non-profit organizations that are largely funded by private foundation dollars; a smaller yet still sizable portion is funded by governmental dollars; one of the programs’ shared top priorities is future stable funding; and they are keenly interested in pursuing Medicaid reimbursement. **78% would like to be involved in federal, state, and/or local policy advocacy to secure stable funding.**

Organizational Structure

The majority of doula organizations are non-profits. Of organizations that are not independent non-profits, the most common location is within a home visitation program.

Doula Services

The vast majority of programs (81%) offer the full spectrum of doula services: prenatal, birth, and post-natal services. Less than one in five organizations focus solely on birth services.
The number of doulas in an organization range from 1-21 with the average number being 10. Doula programs serve from 10-300 women annually, with most serving between 20-60 each year.

The majority of doula programs (96%) serve women insured by Medicaid. More than half of doula programs (between 52% and 64%) serve women who are uninsured and/or undocumented. Slightly more than one third of doula programs serve women who are privately insured and/or self-pay using either set fees or a sliding scale.

The majority of programs noted that their community-based design is their greatest strength. Doulas are from and rooted in the communities they serve.
“The greatest disappointment for our program was that the funding was cut after 2 years in spite of outstanding service and outcome statistics.”

-Survey Respondent
Key Survey Finding: Funding & Reimbursement

**Doula Compensation**

The vast majority of doulas are compensated with salaries. A small percentage of programs utilize stipends and very few rely on volunteers.

<table>
<thead>
<tr>
<th>Compensation Type</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Salary</td>
<td>88.89%</td>
</tr>
<tr>
<td>Stipends</td>
<td>16.67%</td>
</tr>
<tr>
<td>Volunteers</td>
<td>5.56%</td>
</tr>
</tbody>
</table>

**In Pursuit of a Livable Wage**

Doula programs would like their funding to fully cover costs so that they may be equipped to pay doulas a salary that represents a livable wage. Doula programs are interested in a sustainable public-private blended funding approach including Medicaid reimbursement, foundation support, and additional state and federal funding sources such as MIECHV and TANF funding for low income families.

**Current Funding**

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Private Foundation Grants</td>
<td>70%</td>
</tr>
<tr>
<td>Government Grants</td>
<td>25%</td>
</tr>
<tr>
<td>Patient Contributions</td>
<td>25%</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>&lt;5%</td>
</tr>
</tbody>
</table>

More than 7 in 10 doula programs are currently funded by private foundation grants. Government grants and patient contributions each contribute to the funding utilized by 25% of doula programs. Less than 5% of programs are currently funded by Medicaid.

**Greatest Challenge**

All respondents (100%) cited adequate funding as their greatest challenge.

**Other Challenges:** Capacity to meet the entirety of the need, staff morale, staff retention, and shifting from "promising practices" to an "informed evidence base".
Survey Respondents’ Policy Priorities

The majority of respondents urged nationwide policy action on funding priorities, including Medicaid reimbursement and mandated coverage.

**Top Policy Priorities**
*Articulated by most respondents*

1. Medicaid reimbursement for doula services including prenatal, birth, and post-partum services (67% of responses)

2. Mandated coverage for pre-natal, birth, and post-natal doula services (40% of responses)

**Mid-Level Priorities**
*Articulated by 25% of respondents*

1. Mandated coverage and Medicaid reimbursement for lactation services including Breastfeeding Peer Counselors and Certified Lactation Consultants

2. Designated funding for doula programs serving specific marginalized communities such as communities of color, communities impacted by infant and maternal mortality, and drug-exposed pregnancies

**Additional Priorities of Note**
*Respondents also highlighted the need to address:*

1. Livable wages for doula providers

2. Adverse birth outcomes, including infant and maternal mortality, particularly within communities of color

**Medicaid Reimbursement & Financial Stability**

Financial security is essential to program stability and respondents are seeking support in this arena. Respondents are keenly interested in learning more about Medicaid reimbursement including both direct reimbursement and Medicaid Managed Care. Survey comments indicate that respondents believe Medicaid reimbursement would offer greater financial security than grants. It could also be combined with grants utilizing a blended funding approach.

**Alternate Payments**

Very few respondents are currently involved in pilot projects or alternative payment models such as bundled payments or reimbursement from Medicaid Managed Care. Those that are involved have seen success securing a livable wage.

**Future Vision**

- 68% of organizations hope to expand their programs in the coming years
- 90% prioritized the need for stable funding
- 78% want to be involved in policy efforts to secure stable funding
Specific Goals

Many survey respondents articulated specific goals for sustaining and expanding their doula programs, including:

- Expand sustainable funding for doulas through grants and insurance reimbursement.
- Expand funding so that doulas can be paid salaries that represent a livable wage and include health insurance.
- Integrate doula services into prenatal healthcare so that it is standardized and reimbursed as such.
- Expand doulas’ impact on maternal mental health, particularly post-partum depression by expanding post-partum services.
- Expand the program to serve more women.

Potential Strategies

Some survey respondents articulated potential strategies for meeting their goals, such as:

- Advocate for doula services to become an integral component of prenatal care and/or of the medical team; increase referrals by prenatal providers so that the link into doula services flows naturally even for high risk women.
- Medicaid reimbursement including fee for service reimbursement and/or innovative approaches through Medicaid Managed Care or state waivers.
- Embed the program within the early childhood system, Nurse Family Partnership, community clinics, and/or WIC.
- Early intervention: With high risk communities, initiate doula services as early as possible in pregnancy to reduce the likelihood of substance abuse.
- Leverage MIECHV funding combined with Medicaid reimbursement.

Medicaid

Authorized by Title XIX of the Social Security Act in 1965, Medicaid is a joint federal and state program designed to provide health coverage to low-income adults, children, pregnant women, elderly adults and people with disabilities. With nearly 69 million people enrolled as of October 2016, Medicaid is the single largest source of health coverage in the United States and the program pays for approximately half of all U.S. births each year.

Traditionally, Medicaid has paid providers on a fee for service (FFS) basis—the reimbursement for which has been notoriously low compared to other payers, thus causing some providers to avoid treating Medicaid patients, and driving others to seek a blend of patients and payers to offset the costs. Increasingly, states are combining traditional FFS with other innovative approaches including managed care delivery systems.

As of early 2017, two states—Minnesota and Oregon—had passed legislation allowing Medicaid reimbursement for doula services. Extensive systemic challenges had been encountered, however, including low, statutorily-dictated payment rates, and administrative barriers. As of the date of publication, the legislation had yet to result in doulas successfully being reimbursed for their services. Conversely, select doula programs had indeed successfully secured reimbursement through Medicaid Managed Care in other parts of the country—and had eventually negotiated reimbursement rates that fully covered their costs.

Given that the vast majority of doula programs (96% of those surveyed) serve Medicaid clients, and that almost all sustainable segments of the healthcare system include Medicaid reimbursement as one of multiple funding sources, significant opportunities exist to pursue Medicaid reimbursement, and the potential warrants deciphering how to resolve the current
challenges. Impactful opportunities include identifying and rectifying the structural difficulty in Oregon and Minnesota, as well as identifying and building upon the managed care successes that have occurred in other parts of the nation. Policy shifts created by the Affordable Care Act (ACA), including increased focus on reimbursement for community health workers and non-physician providers, also create potential reimbursement opportunities for doulas.

State tools for action include state-level legislation, as well as regulatory flexibilities afforded by both Medicaid State Plan Amendments and state waiver authorities. Opportunities can be found in federal regulatory pathways, and much can be learned from local efforts involving managed care organizations, health plans, hospitals and providers. A coordinated effort is required in order to move the dial on this key source of federal funding.

**MIECHV**

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program provides grants to states to implement evidence-based, voluntary home visiting programs to vulnerable pregnant women and parents with young children up to age five. With a focus on many of the same perinatal practices as community-based doula programs, TRP’s research delves into the program history structure, and requirements, and highlights where doulas have already been integrated. For example, the bulk of program funding is to be used by grantees to support one or more select, evidence-based home visiting delivery models (such as the Nurse-Family Partnership [NFP]), while up to 25 percent of program funding may also be used to “support[t] continued innovation” by buttressing “promising approaches that do not yet qualify as evidence-based models.” As such, Illinois—and possibly other states—have leveraged this competitive MIECHV funding to support doula home visiting programs. Illinois’ program “funds home visiting services in twenty-five agencies: twenty home visiting programs in six target communities and five doula home visiting programs across the state.” Additionally, competitive MIECHV program dollars funded a doula randomized control trial (University of Chicago Chapin Hall) and doula expansion (Ounce of Prevention Fund) in Illinois. Interviews with the key federal officials involved in the MIECHV program shed light on the evidence-based philosophy that buttresses the politically popular program, which enjoys bipartisan support, and illuminated how doulas may be better integrated in the program.

**TANF**

The Temporary Assistance for Needy Families (TANF) program provides time-limited monthly cash assistance, in addition to other services, to low-income families. States have broad discretion to determine eligibility, benefits, and services for TANF. For example, Washington State became the first state to utilize HealthConnect One’s accredited Community-Based Doula Program to expand home visiting services for families receiving TANF. The pilot program combines state home visitation and TANF programs, and is a collaboration between the Department of Early Learning, Department of Social and Health Service (DSHS), Department of Commerce, and Thrive Washington. HealthConnect One and its partners in Washington, as well as other MCH programs that may be leveraging TANF funds in innovative ways, can come together on a state-by-state basis or via a broader consortium at the national level to share best practices and promote greater flexibility in the use of these funds to support doula and community-based home visiting.

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6 CFDA, https://www.cfda.gov/index?sf=program&mode=form&tab=core&id=02d630ef5097895f22ecc65f30c454a
7 CFDA, https://www.cfda.gov/index?sf=program&mode=form&tab=core&id=02d630ef5097895f22ecc65f30c454a
8 CPRD, https://www.cprd.illinois.edu/projects/miechv-evaluation
10 ACF, http://www.acf.hhs.gov/ofa/programs/tanf/about
11 Ibid
HealthConnect One seeks funding streams to cover the full cost of community-based doula services, which includes a fair livable wage for the doulas and supervisors employed by community-based doula programs throughout the country.

**Would you like to collaborate?** Please contact policy@healthconnectone.org if you are interested in partnering with us or in being kept abreast as these efforts evolve.
Based on the cumulative policy research, survey, and interview findings, TRP recommended four strategies for pursuing sustainable funding to support community-based doula programs. Each recommendation has broader implications for community health worker programs and other support services for maternal and child health.
Pursue a Blended Funding Approach Including Public, Private, and Third-Party Payer Funding to Ensure Short and Long Term Sustainability

Blending multiple sources of funding can allow all partners to fully cover their costs. Together, public, private, and third party payer funding can help community-based doula programs offer high quality services and pay a livable wage. Over time, the composition of funding can change.

Foundation funding is likely to play a larger role initially while the ground is laid for sustainable governmental and third party funding down the road.

As governmental and third party payer funding grows, foundation funding will continue to be an important piece of the puzzle investing in innovative approaches and helping ensure that programs are fiscally whole. Additionally, a blended approach could be taken to fund different aspects of doula care, with distinct sources of funding used to cover in-home prenatal and postpartum services, clinic-based prenatal and postpartum services, or services during labor & delivery within the hospital or birth center setting. Woven together and combined, these funding sources can meet the entirety of the need.

By relying on multiple sources of funding, two levels of sustainability can be achieved. First, the blend insulates programs from the ebb and flow that invariably occurs within any single source of funding. Additionally, when no single funding source can fully cover the cost of program expenses plus a livable wage, combined multiple sources could indeed reach this level.

Given that 85 percent of doula programs surveyed serve clients who are insured by Medicaid, Medicaid reimbursement represents a particularly strong opportunity to secure a sustainable funding stream that will cover part of the cost associated with providing community-based doula services. A multi-pronged, long-term strategy in this arena would leverage existing examples of Medicaid reimbursement including both fee-for-service reimbursement as well as reimbursement through Medicaid managed care, while also developing inroads toward expanding the prevalence and functionality of these models and adding new innovative approaches.

At the federal level, doula programs, allies and other stakeholders can advocate with CMS to define a standardized regulatory pathway for states to reimburse doula services in Medicaid, via issuance of guidance and technical assistance to states. On the state and local levels, advocates can focus on replication and passage of model legislation requiring Medicaid reimbursement, with an eye toward policies that would ease the entry of community-based doulas, breastfeeding peer counselors and other perinatal community health workers. Action can also be pursued in the short-term through Medicaid state plan amendments (SPAs) and Section 1115 Delivery System Reform Incentive Payment (DSRIP) waivers to meet the needs of each unique community. At the local level, advocates can pursue new individual contracts with Medicaid MCOs and/or work to increase the level of reimbursement included in contracts that are already in place. While reimbursement may cover only partial expenses at first, the long-term goal is for it to fully cover costs.
A national learning network can also be created, through which key partners come together to discuss successes, failures, and strategies for securing reimbursement through both Fee for Service (FFS) and Medicaid managed care. This can include efforts underway in MN, OR, D.C., PA, and MO. To date, FFS efforts have encountered challenges with licensure, certification, integration of doulas within healthcare systems, and chronically low reimbursement rates. Medicaid managed care efforts, however, have come closer to establishing sustainable, livable reimbursement rates for perinatal community health workers, based on their effective demonstration of improved health outcomes and cost savings.

Identifying remedies for the existing challenges in FFS Medicaid and identifying the keys to success within Medicaid managed care can lead to the creation of sample legislation, sample SPAs, sample waivers, and sample Medicaid managed care contracts that can be leveraged to strengthen Medicaid reimbursement where it currently exists and to add reimbursement in new states and areas. This collaborative work could also identify and help replicated blended funding approaches that include both public and private financing.

**Develop and Consolidate Stronger Evidence for the Community-Based Doula Model**

Interviews with key agency personnel and advocates in the field consistently underscored the need for consolidation and expansion of evidence to support the community-based doula model. Research demonstrating statistically significant positive health impacts as well as positive return on investment (ROI) builds the case for reimbursement and inclusion in payment reform models and demonstration programs, including bundled payments, team-based care, and Medicaid plan amendments. ROI may also be an increasingly important angle to emphasize under the new Administration and Congress given diverse and competing philosophical priorities.

Together, we can compile evidence regarding the health and fiscal impact of doula services, breastfeeding support, and perinatal community health workers.

We can identify gaps, advocate for new studies, help private funders understand the need for such studies, and push for comprehensive review whenever possible. Emphasis should be placed on scientifically rigorous evaluations of the community-based doula model, ideally to be published in peer-reviewed journals, with an eye toward how such studies may be selected by evaluative bodies such as the United States Preventive Services Task Force (USPSTF), the Women’s Preventive Services Initiative (WPSI), the Cochrane Review, and the administrators of the Federal Home Visiting program.
Advocate to Integrate Doula and Related Services into Delivery and Payment Reform Models

Alternative payment models (APMs) and delivery reform innovations offer promising opportunities to secure funding for and national uptake of doula and related services. This includes opportunities to integrate community-based doulas into Center for Medicare and Medicaid Innovation (CMMI) demonstrations, team-based care, episodic payments, and other value-based payment initiatives. Participation in such demonstrations provides funding in the short term for the programs involved, and helps to continue building the evidence base for the community-based doula model, breastfeeding support, and other doula and perinatal community health worker services.

Federal level actions in this arena can include closely tracking legislation, regulations, and agency activity related to payment and delivery reform to seize opportunities for positive impact. At the state and local level, community-based programs can develop partnerships with hospitals, Community Health Centers (CHCs) and Federally Qualified Health Centers (FQHCs), Medicaid managed care organizations (MCOs), and other provider groups or clinical partners pursuing innovative delivery and payment approaches locally. There may also be opportunities to participate in innovative programs outside of federal funding streams, possibly again employing private foundation dollars in a blended funding approach.

Together, we can shift the future of healthcare delivery toward a more patient-centered, financially sustainable model that includes community-based doulas, breastfeeding peer counselors, and community health workers.

One timely opportunity of note would be engagement with the Healthcare Payment Learning and Action Network’s (LAN’s) Maternity Multi-Stakeholder Action Collaborative (MAC), through which LAN seeks to support MAC participants to implement maternity care episode payment models by providing an opportunity to collaborate with other like-minded participants. Participation in MAC could lead to the inclusion of doula services, breastfeeding support, and/or community health workers within trial maternity episode payment.
Develop and Implement an Advocacy Plan to Secure Sustainable Funding for Community-Based Doula Programs

Doula organizations are engaging already in federal, state, and local advocacy.

Together, we can build a strong, multi-layered plan that includes identifying our collective priorities, coalition building, supporting one another’s advocacy on the federal, state and local levels, and participating in key conversations and dialogues to shape future funding opportunities.

At the federal level, policy partners may decide to advocate for positive changes in legislation, budgets, and regulations, and may track and leverage emerging funding opportunities and policy changes. State-level policy partners may consider securing greater access to community-based doula programs, breastfeeding support, and perinatal community health workers in Medicaid through state legislation, Medicaid state plan amendments (SPAs), Medicaid waivers, and managed care systems. Managed care arrangements and alternative payment approaches may also be implemented through health system partnerships on the local level. Collaboration among many different partners will be key to success.

“I would love to be less reliant on grants and fundraising because one bad year or event has significant financial implications.”

-Survey Respondent
HealthConnect One continues to pursue multiple avenues for increasing access to sustainable funding for community-based doulas, breastfeeding peer counselors, and other community health workers in order to support moms, babies and families into the near and distant future. We would welcome the opportunity to collaborate with you in this pursuit.

Please contact policy@healthconnectone.org if you are interested in partnering with us or in being kept abreast as efforts and engagements evolve. Our priorities will be determined in part by where we gather interest and support.
Thank you to all who participated in the anonymous survey, all whose publicly available materials informed the research process, and to the individuals and organizations who generously shared their insights and wisdom during key informant interviews:

ABC Doula Service; Access Community Health Network; Ahavah BirthWorks; American Association of Birth Centers; American College of Nurse-Midwives; American College of Obstetricians and Gynecologists; Americas Health Insurance Plans; Ancient Song Doula Services; Association of Certified Nurse Midwives; Beloit College, Family Services of South Wisconsin; Best Beginnings / NFP; United Methodist Children’s Homes; Better Beginnings Doula Program; Birth Boot Camp Doulas; Birth Day Presence; Birth Matters, ReGenesis Health Center; Birthingway College of Midwifery; Birthmark Doula Collective; Black Mothers Breastfeeding Association (BMBFA); Bloomington Area Birth Services; Boston Association for Childbirth Education; Brooklyn Perinatal Network; Brooklyn Young Mothers Collective; By My Side Birth Support Program; CAPPA (Childbirth and Postpartum Professional Association); Carriage House Birth; Centering Pregnancy; Children’s Hospital Association; Children’s Home Association of Illinois- Good Beginnings Program; Children’s Home Society of Florida; Christopher House, Chicago; CityMATCH; Cocoon Birth; Colorado Doulas Association; Accessible Birth Connection; Columbia University Head Start; Commonsense Childbirth; Community Health and Social Services Center (CHASS); Denise Louie Education Center; Developing Families Center Family Health and Birth Center; Division of Health Policy and Management, UNM School of Public Health; Doula Foundation of Mid-America; Doulas of North America (DONA) International; Every Mother Counts; Everyday Miracles; Doula Access Project; Families First & Georgia Campaign for Adolescent Pregnancy Prevention; Focus: Hope; G-CAPP; Healthy Families America; Healthy Start Brooklyn; Healthy Start Florida; Heart of Georgia Healthy Start; Hearts & Hand (UC San Diego Medical Center); HRSA Maternal and Child Health Bureau; Division of Healthy Start and Perinatal Services; Hudson Perinatal Consortium (HPC) Community Doula Program; Indiana Perinatal Network MOM Project; International Center for Traditional Childbearing (ICTC); International Childbirth Education Association (ICEA); Joy in Birthing Foundation; La Maze International; Lac Courte Oreilles; Lydia Home; Madriella Doula Network; Mamatoto Village; Marin Family Birth Center; Maternity Care Coalition; Metro Community Provider Network (MCPN); MHP Salud; National Association of Certified Professional Midwives; National Association of Community Health Centers; National Association of Perinatal Community Health Workers; National Healthy Start Association; National Partnership for Women and Families / Childbirth Connection; NFP Cleveland FQHC Site; Northeast Mississippi Birthing Project (NEMS); NYC Doula Collective; Open Arms Perinatal Services; Oregon Inter-Tribal Breastfeeding Coalition; Ounce of Prevention; Parents as Teachers; Queen of Peace Center; Rock-Walworth CFS Head Start/Early Head Start; Sanctuary Healing Arts; SF Homeless Prenatal Program; Simkin Center, Bastyr University; South Bay Center for Counseling; St. Anthony Hospital (Centura Health); Sutter Davis Hospital, Birthing Center Doula Program; Tanner Community Development Corporation (MODABA); Teen Parent Connection; The Birth Circle; The Birthing Project USA; The Doula Foundation of Mid America; The Doula Project; The Haven & the University of Colorado Irving Harris Program in Child Development and Infant Mental Health; The Partnership for Maternal and Child Health of Northern New Jersey; Tulsa Family Doulas; Turning Tides Perinatal Wellness Services; UCAN; Uzazi Village; Welcome Home Doula Services; and Well Born Baby.

Most of all, thank you to the families who contributed to the knowledge base for this work.
“I think there are policy changes afoot in the wider Ob/Gyn world and with various insurers around the country that may represent a more open environment for bringing reimbursement to the table.”