



# Lessons Learned from Panel Discussion on California Doula Pilot Programs

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Doula Medicaid Project

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# Acknowledgements

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The National Health Law Program's Doula Medicaid Project would like to thank panelists Marna Armstead, Dr. Priya Batra, Deidre Coutsumpos, Linda Jones, Khefri Riley, and Michelle Sanders. We would also like to thank visual scribe Ashanti Gardner.

We thank Amanda Epperson of Studio A Design ([www.studioadesign.com](http://www.studioadesign.com)) for exceptional graphic design of this project. We also thank illustrator M Jay Smith ([www.mmmjaysmith.com](http://www.mmmjaysmith.com)) for creating the lovely artwork which is the centering image for the Doula Medicaid Project.

We also want to recognize each and every one of the doula pilot programs we spoke with, for embarking on this work to improve health outcomes for Black pregnant and birthing people in the state. Your programs make a tangible positive difference in the lives of each person and family who receives these services. We know that doula care is life-changing and life-saving, and we hope this project honors your efforts.

This project was funded by the California Health Care Foundation, which works to ensure that people have access to the care they need, when they need it, at a price they can afford. Visit [www.chcf.org](http://www.chcf.org) to learn more.

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# Introduction

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The National Health Law Program's Doula Medicaid Project held a panel discussion on Wednesday, January 26 titled "Doulas Know Best: Lessons Learned from California's Doula Pilot Programs." The panelists were Marna Armstead, Dr. Priya Batra, Deidre Coutsoumpos, Linda Jones, Khefri Riley, and Michelle Sanders. The moderators were Amy Chen and Alexis Robles-Fradet. The visual scribe was Ashanti Gardner.

594 people registered ahead of time for the panel discussion. On the day of, there were 394 attendees. The objective of the panel discussion was to hone in specifically on lessons learned. As such, all registered attendees were sent draft copies of [Summaries of California Doula Pilot Programs](#) and [Challenges Reported by California Doula Pilot Programs](#) ahead of time, and asked to review the content of the two documents before the date of the panel discussion. The panel discussion focused on lessons learned and did not cover the scope or details of the doula pilots (which was covered in the summaries document) or the various challenges the doula pilots faced during launch and implementation (which was covered in the challenges document).

The panel discussion lasted for an hour and a half from 10:00 - 11:30 am PST. The discussion loosely tracked topics that came up during interviews with the ten doula pilot programs, and which were covered in the [Challenges Reported by California Doula Pilot Programs](#). Questions submitted by registered attendees ahead of time, as well as questions submitted in the Q&A during the panel discussion itself, were all collected and answered by either us or the panelists, and are available [here](#).

The six panelists shared an incredible amount of experience, wisdom, and expertise during the panel discussion, which cannot be adequately captured on paper. As such, we encourage interested parties to view the [full recording](#) of the panel discussion. We also encourage people to view the [time-lapse video](#) of Ashanti Gardner creating her incredible [visual recording](#) during the panel discussion.

# Summary of Panel Discussion

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Below is a very topline summary of the panel discussion. Please note that these summarized points are not in chronological order, and also as they are summaries of the conversation, they are not attributable to any specific panelist.

## Integration With Health Care Systems

- Community doula programs cannot afford to wait for full integration into systems of health coverage, and indeed such full integration may not be possible. Instead, they should focus on collaborating, building bridges, and reimagining what doula and birth worker care can potentially look like, both inside and outside health care systems.
- It is important to understand the history of what happened with Black and Indigenous granny midwives who were regulated almost out of existence – how do we make sure this does not happen with community based doulas?
- Medical systems, health care professionals, payers, and others in similar positions, should recognize that expanding access to doula care means asking doulas to work on systems change from within spaces that are often unfriendly to them.
- Doula care is a promising intervention that can improve patient experience and patient outcomes, no different from any other innovation that the health care system should be welcoming, supporting, and helping to thrive.
- California may have better overall maternal mortality and severe maternal morbidity outcomes than other places in the country, but the state still has serious racial disparities in maternal health outcomes. The way we are going today is not achieving equity and good outcomes, and we have to be willing to try something new.
- Programs should not claim they are trying to integrate doulas, when what they are actually doing is asking doulas to assimilate and subordinate themselves to medical systems of care. If health care systems compromise the integrity of what doulas do as doulas, then what they have will not really be a true doula program.

## Letting Doulas Take The Lead

- Community doulas must be present and at the table wherever and whenever plans are being made to expand access to doula care.
- One way to help identify and address the ways in which individual, structural, and institutional racism comes up in doula work and in the doula pilots, is by ensuring that doulas are part of the program creation from the very beginning and are fully involved in the development of programs as they evolve.

## Adequate Reimbursement

- Community based doulas serve clients because this is their “heart work,” but it is also hard work, and they need to be paid a living wage for it.
- No one else in the entire spectrum of perinatal care providers is with a pregnant and postpartum person more than a doula. The nature of doula work and the amount of care a doula provides for each client, means that a doula cannot take on more than 1-2 births a month, so they must be paid accordingly.
- If the reimbursement rate is not adequate, there will not be an adequate work force and the program will not be successful.
- An adequate reimbursement rate must match or at least come close to market rate for doulas in that region.

## Payment Models

- In some instances, an independent contractor model for paying doulas may not be preferable because of the sheer amount of work individual doulas may be expected to take on, and because of the challenges planning life around lump sum payments. Some programs might explore alternative models, such as ones where doulas are employees paid a regular salary.
- Employee models of payment can allow programs to provide additional benefits to doulas, such as sick leave and health insurance.

## Focus On Black Pregnant And Birthing People

- It was incredibly valuable for doula pilots to spotlight the importance of Black doulas providing services to Black pregnant and birthing people.
- If we can improve maternal and infant health outcomes for the Black community, everyone else will benefit as well and see an improvement.
- One of the reasons for the racial disparities in maternal health outcomes in California is that racism is so prevalent.
- Black women want to be in spaces where they feel safe, where they feel supported, where they feel seen, and where they feel understood.
- Regardless of their income or education, Black women will not be treated the same way as white women when they go into a hospital.
- The advocacy and support that doulas provided were often appreciated regardless of the outcome of their births (i.e. even if they ended up having a cesarean birth).

## Support For Doulas

- Community based doulas participating in doula pilot programs were often working with families that had a higher level of psychosocial needs and who were experiencing challenges above and beyond the common challenges a birthing family would experience.
- Programs should find ways to support doulas who may be experiencing vicarious trauma, racism, or other challenges in their client work. For example, one doula pilot supported its doulas through small group discussions, case reviews, mentor relationships, mindfulness practices, training on relevant topics, and open discussions about how they could take care of themselves.

## Building Up The Doula Workforce

- One doula pilot offered a few spots for its doula training and continuing education for free to community members.
- Programs can set up more formal mentorship programs so that doulas who are experienced and have already been trained up can serve as mentors for newer doulas.
- A culturally congruent doula workforce will be attracted to culturally congruent doula training. The substantive content of the doula training can be culturally congruent, and the training itself can be made accessible to non-English speakers who want to be part of the doula workforce in their communities.

## Addressing Racism

- It is important to build real and functional relationships with people in positions of power in the hospitals and clinics where doulas are working. This allows for actual feedback, action, and response if and when challenges come up on either side.
- Mentorship, peer support, community care, and self-care are all critical ingredients in helping doulas navigate individual, structural, and institutional racism, for both themselves and their clients.
- Programs can ensure that doulas and leaders in the medical settings where they will be working, meet and build connections ahead of time, before they have to encounter each other in the midst of a birth emergency in the middle of the night.
- Doulas and doula programs should not be afraid to rely on the existing formal pathways for grievances and complaints that exist through health plans – this is intended to be a built-in method of accountability.
- Community based doula care is based on community. These pilots have been successful in part because many of them are Black people helping Black people. Their clients trust them and know that their doulas are not going to bring them harm.

## Measuring Success

- Success is achieved if doulas have the experience and funding they need to be successful in their careers, and clients have the tools and resources they need to welcome their children into the world with the joy and pride and dignity that they want.
- A successful birth does not necessarily mean that the mom and baby are healthy each time and there are no interventions. A successful birth means that the mom felt supported and felt that there was someone with them the whole time, no matter what happened.
- It is important for programs to move away from purely quantitative ways of measuring success, such as simply looking at rates of cesarean birth. We cannot be overly reductive about outcomes and what success looks like.
- Success can also be measured by how the patient feels – did they feel supported and loved and taken care of during what may have been a long and arduous process, even one which may have ended with a cesarean birth? There is value in the patient being heard, and knowing that they were heard.
- It's important to note that most of the doula pilots have also been providing services in the midst of the pandemic, with all the challenges that it has posed.

## Lowering Administrative Burdens

- Administrative tasks such as paperwork, data collection, and billing are extremely time-consuming and need to be properly funded.
- Funders need to explore ways to share resources and provide additional training on the administrative aspects that go into creating a doula program. They cannot and should not assume that doula programs simply already know how to do these things or have the funding and staffing to do it.
- There should be some type of structure or umbrella group to support independent doulas who want to be able to provide these services and still be compensated.
- The doula pilots were able to make it work, because as Black women they were always going to do whatever it needed to make it work, but in the end the doulas deserve to be funded and to have a living wage to do all of this work.

The panel concluded with each panelist sharing a favorite, memorable, and/or significant story from working on their pilots. The stories shared were moving and instructive. Many of them involved the ways in which doulas have been able to be present and be supportive for clients in at times life-saving and life-changing ways. In many cases this was made possible specifically because the programs were funded and thus provided at no charge to the clients. Above all, it was important for many of the clients, even those who had complications during birth, that they had people supporting them through the birth who looked like them, and that they felt supported and cared for. It was also incredibly meaningful for the Black doulas themselves to be able to care for Black clients, and in some cases have the experience of being part of an all-Black



birthing team. Other doulas relayed stories of members of the medical care team or clients themselves being so inspired by the doula work that they witnessed, that they decided they themselves wanted to pursue training to become a doula. Medical providers and those more deeply engrained in the health care system, can learn how to approach this effort with humility and with an open mind, knowing they are not the experts and being willing to learn from doulas how to create a successful program.

All the stories are very much worth listening to in their entirety, along with the rest of the panel discussion. As such, we encourage you to view the [full recording](#) of the panel discussion.

## Conclusion

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The National Health Law Program's Doula Medicaid Project is honored to have been able to help share just a small part of the knowledge these incredible panelists possess about how to design, launch, implement, and lead effective doula pilot programs. It is our hope that their insight will be valuable for doulas, advocates, agencies, and other stakeholders here in California and across the country who are working to expand access to doula care.

As noted, this was just a very brief summary of the panel discussion that took place on January 26, 2022. We encourage you to view the [full recording](#) of the panel discussion and the [time-lapse video](#) of visual scribe Ashanti Gardener creating the visual recording during the panel discussion.

# Flier Advertising the Panel Discussion

## Doulas Know Best: Lessons Learned from California's Doula Pilot Programs

Wednesday, January 26, 2022  
10am-11:30am PT / 1pm-2:30pm ET



Join us for a virtual panel discussion on the lessons learned from ten of California's doula pilot programs. Hear directly from the doulas and program administrators who launched, implemented, and led innovative and first-of-their-kind doula pilot programs across the state. They will share common challenges, best practices, and lessons learned during the pilot program process. We hope their invaluable experience can help to inform the roll out of California's statewide doula Medicaid benefit as well as developing doula pilots and programs in other states, with an eye to ensuring that doula Medicaid access is equitable, inclusive, and sustainable for both Medicaid enrollees and the doulas who support them.

### PANELISTS:

- **Khefri Riley:** Doula, Co-Creator and Joint Director of The Frontline Doulas – Centering the Community Program in Los Angeles county. She is participating in the HealthNet Doula Pilot Program.
- **Linda Jones:** Doula and Owner of The First Six Weeks Doula Service. She is participating in the Alameda County Public Health Department: Experienced Doula Access pilot program.
- **Marna Armstead:** Doula, Owner of Marna Mama Doula Childbirth Services, Co-Founder and Executive Director of Sisterweb: A Community Doula Network in San Francisco, CA. She participated in the San Francisco Department of Public Health SisterWeb & Expecting Justice Doula Pilot Program.
- **Deidre Coutsoumpas:** Doula program coordinator & doula trainer. She is participating in the Riverside and San Bernardino County Perinatal Equity Initiative (PEI) Community Doula Services Programs and the Doula Access Program pilots.
- **Michelle Sanders:** Doula, Lactation Educator, Certified Surgical Technologist, Founder and Executive Director of Beauty for Ashes Maternal Wellness Inc. She participated in the Los Angeles County Department of Public Health African American Infant and Maternal Mortality (AAIMM) Pilot Project as the Project Coordinator.
- **Dr. Priya Batra:** Physician (Obstetrician-Gynecologist) and Senior Medical Director of Family and Community Health at Inland Empire Health Plans. She is participating in the Inland Empire Health Plan/Riverside Community Health Foundation Doula Access Pilot.

[Click Here to Register](#)

### MODERATORS:

- **Amy Chen:** Senior Attorney, National Health Law Program
- **Alexis Robles-Fradet:** Health Policy Analyst, National Health Law Program

Featuring visual scribe **Ashanti Gardner**, who will be creating a visual representation of the panel discussion.



*This project is funded by the California Health Care Foundation.*



# California Doula Pilots Lessons Learned Project Links

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Main page for California Doula Pilots Lessons Learned Project

<https://healthlaw.org/cadoulapilots>

Summaries of California Doula Pilot Programs

<https://healthlaw.org/resource/summaries-of-california-doula-pilot-programs>

Challenges Reported by California Doula Pilot Programs

<https://healthlaw.org/resource/challenges-reported-by-california-doula-pilot-programs>

Lessons Learned from Panel Discussion on California Doula Pilot Programs

<https://healthlaw.org/resource/lessons-learned-from-california-doula-pilot-programs>

Panel Discussion on Wednesday, January 26 from 10:00 - 11:30 am PST, Doulas Know Best: Lessons Learned from California's Doula Pilot Programs

<https://healthlaw.org/resource/doulas-know-best-lessons-learned-from-californias-doula-pilot-programs-panel-discussion>

Q&A from Doulas Know Best: Lessons Learned from California's Doula Pilot Programs

<https://healthlaw.org/resource/qa-from-doulas-know-best>

Visual recording of panel discussion by Ashanti Gardner

<https://healthlaw.org/wp-content/uploads/2022/03/Doulas-Know-Best-Lessons-Learned-from-Californias-Doula-Pilot-Program-scaled.jpg>

Time-lapse video of Ashanti Gardner creating her visual recording during the panel discussion

<https://www.youtube.com/watch?v=g9qlmroB414>





ALL PREGNANT AND POSTPARTUM PEOPLE DESERVE ACCESS  
TO FULL SPECTRUM DOULA CARE.



<https://healthlaw.org/doulamedicaidproject>