



Summaries of California Doula Pilot Programs

Compiled by Amy Chen and
Alexis Robles-Fradet,
National Health Law Program's
Doula Medicaid Project



Acknowledgements

The National Health Law Program's Doula Medicaid Project would like to thank Marna Armstead, Priya Batra, Natalie Berbick, Shene Bowie-Hussey, Mika Cade, Deidre Coutsoumpos, Aman Dhuncy, Linda Jones, Maryam Karim, Mildred King, Gifty Kwofie, Sheryl Lane, Lauren McCollins, Samsarah Morgan, Nicole Morris, Curley Palmer, Khefri Riley, Michelle Sanders, Kristin Schlater, Elizabeth Sneed-Berrie, Shana Spinks, and Trúc Tang for taking the time to speak with us for this project.

We thank Amanda Epperson of Studio A Design (www.studioadesign.com) for exceptional graphic design of this project. We also thank illustrator M Jay Smith (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 to learn more.

Table of Contents

Introduction.....	4
Alameda County Public Health Department: Experienced Doula Access Program.....	5
Anthem Doula Pilot	9
Contra Costa County - Perinatal Equity Initiative Community Based Doula Program.....	13
Fresno County Perinatal Equity Initiative (PEI) Doula Initiative.....	16
Inland Empire Health Plan/Riverside Community Health Foundation (IEHP/RCHF) Doula Access Pilot	19
Los Angeles County - African American Infant and Maternal Mortality (AAIMM) Doula Pilot Program	22
Los Angeles County - Health Net Community Doula Program.....	25
Riverside County - Riverside University Health System - Public Health (RUHS-PH) Perinatal Equity Initiative Community Doula Services Program Intervention.....	28
San Bernardino County - California Black Women's Health Project - Doula Support Intervention.....	32
San Francisco - SisterWeb & Expecting Justice Doula Pilot	35
California Doula Pilots Lessons Learned Project Links	38

Introduction

From 2019 to the present, there have been at least ten doula pilot programs in California with a primary focus on addressing racial health disparities, and in particular on providing free doula services to either Black pregnant and birthing people or Medicaid enrollees. To our knowledge, it is the largest number of doula pilot programs of this nature that have taken place than in any other state.

The counties that have had doula pilots are Alameda (two), Contra Costa (two), Fresno (two), Los Angeles (two), Riverside (two), Sacramento, San Bernardino (two), and San Francisco. Three of the doula pilot programs were initiated by Medicaid managed care plans: Anthem, HealthNet, and Inland Empire Health Plan. Seven of the ten pilots are still ongoing.

From October to November 2021, the Doula Medicaid Project embarked on an information gathering project, conducting interviews with doulas, funders, and/or administrative staff involved with each of these ten doula pilot programs. Overall, we found that the programs share remarkable consistency across some broader themes. At the same time, on a more granular level, the doula pilots have been quite distinct from one another, with different funding structures, scope of care provided, recruitment plans, training requirements, etc.

We share here summaries of each of the ten doula pilot programs as they existed in October to November 2021. We hope that in compiling and sharing out this information, the experience and expertise of those involved in these doula pilots can help to inform the rollout of California's statewide doula Medicaid benefit. We also hope that this information can be helpful for doulas and advocates in other states across the country who are setting up similar doula pilot programs or expansions of doula care in their own regions.

Alameda County Public Health Department: Experienced Doula Access Program



Name of group providing doula services?

To be determined – we have not contracted with anyone yet

Stated goal of doula pilot?

As part of the Perinatal Equity Initiative, we intend to increase access to doula care for Black pregnant people across Alameda County to reduce adverse perinatal outcomes for parents and infants as well as address disparities with these outcomes due to racism. In addition to increasing access by connecting experienced, culturally reflective doulas to Black-identifying clients, we also intend to increase the number of Black birthworkers by providing funded opportunities to participate in community-based training programs. Alameda County's Doula programming is also part of the larger Perinatal Equity Initiative's Deliver Birth Justice Campaign across five counties in Northern California.

Geographical region served?

Alameda County

Client target population?

Black-identifying clients in the following specific programs/settings:

- [BEloved BIRTH Black Centering](#) (group prenatal care)
- Alameda County Black Infant Health Program
- Systems-involved pregnant people at Santa Rita Jail

Funding source?

Funding comes from California Department of Public Health Perinatal Equity Initiative (PEI) funding and internal ACPHD Programming.

Though Alameda County intends to provide full-spectrum services to program participants, including abortion and loss support, abortion support is not funded at this time through the Perinatal Equity Initiative. PEI funds are intended for pregnant people who intend to give birth in order to demonstrate interventions that improve birth outcomes and birth equity specifically. Alameda County will braid countywide funding to support doula services for termination support for Black-identifying pregnant people for this program.

Pilot start and end date?

January 2022 to June 2023 (tentative)

How were doulas chosen to participate in the pilot as service providers?

We sought and connected with Black, Indigenous, and People of Color (BIPOC) Birthworkers in Alameda County. The Bay Area has a robust BIPOC doula community, including multiple collectives and organizations as well as individual service providers--these include organizations led by doulas who have been serving community for over thirty years, such as [Black Women Birthing Justice](#) and [Oakland Better Birth Foundation](#). Though we have not yet launched, many representatives of these organizations have joined our Community Advisory Board to inform our process. Any interested doulas or doula groups will need to submit proposals through a formal Request For Proposal (RFP) process in order to solidify contracts with us to provide services for this pilot. We will work with multiple collectives and individual providers by assigning them to a particular client population group for our pilot.

Were there specific requirements doulas had to meet in order to participate in the pilot as service providers?

For our Experienced Doula Access Program, we intend to connect full-spectrum practicing doulas who have served a variety of Black-identifying clients with different backgrounds and experiences, with our chosen client population groups. After some important initial feedback from community doulas following the announcement of doula services funded by PEI in Alameda County, we have been working with our Community Advisory Board to determine what qualifies a doula as “experienced.” Thus far, we have determined that the following qualifies a doula as “experienced”: written references demonstrating training (not certification) or apprenticeship with a practicing doula or collective; client reviews; knowledge of core competencies about the physiology of pregnancy and birth; gender-affirming, trauma-informed, and culturally competent care practices; and specific qualities such as active listening skills, empathy, compassion, understanding of perinatal disparities due to racism, etc.

Goal for # of doulas providing services?

A minimum of 15 doulas to serve 150 clients

Actual # of doulas providing services?

To be determined

Was there any attrition of doulas during the pilot? If so, for what reasons?

To be determined

How were doulas paid?

Doulas will be reimbursed for services with a fee-for-service model. Both organizations and independent contractors will need to submit invoices regularly for reimbursement.

What was the reimbursement rate provided to doulas?

We have determined that our maximum reimbursement rate for each client is \$3,000. This includes a maximum of \$2000 for a doula to provide support sessions (including prenatal, postpartum, and check-in sessions) as well as support through a major perinatal experience (including labor and delivery, abortion, or pregnancy loss). An additional \$500 is available for a mentor doula to provide additional support and advice to the serving doula. Another \$500 is also available in the case a backup doula is necessary during a major perinatal event (labor and delivery, etc.).

Goal for # of clients served?

150

Actual # of clients served?

To be determined

Was there any attrition of clients during the pilot? If so, for what reasons?

To be determined

What was the scope of doula services provided?

Approximately 6-7 prenatal and postpartum or support sessions will be available for clients. We have determined that a flexible model in which doulas can determine with clients how they would like to distribute sessions, is most equitable and integrated with how community doulas already offer their services. We are also noting that some doulas have longer and more intensive sessions with clients but fewer overall sessions (e.g. two 3-hour sessions vs. three 1-hour sessions), so we are counting a minimum of 6 hours of support sessions for a doula to have an impact on clients rather than the specific number of services.

Presence at a major perinatal event is also part of this scope of work. This includes support through labor/delivery, abortion, and/or miscarriage, etc.

What types of doula services are provided?

Full-spectrum care and primarily birth doula care--including prenatal, labor/delivery, postpartum care; miscarriage, stillbirth, and abortion care. Not long-term postpartum care.

Did doulas provide any out-of-scope assistance (e.g. helping participants sign up for other services or connect with other services)?

Doulas will attend an orientation during onboarding to become familiar with County programs and be prepared to make referrals for ongoing services and care beyond doula care through both the Alameda County Public Health Department and community-based providers.

Did clients have the same doula for the duration of pregnancy and postpartum period?

Yes, clients will have the same doula for the duration of services. If for any reason a doula can no longer serve a client, they will be assigned to another doula and both doulas will be paid for whichever services they individually provide to the client.

Was there a formal evaluation done for the pilot, and if so will it be made public?

Not yet, but there will be. We have statewide performance measures that are reported quarterly and we will be able to track outcomes and impact as we go and adjust services as necessary. We intend to make all of our findings public and linguistically accessible.

What are the top 2-3 things you are most proud of accomplishing with this doula pilot?

We are grateful for the patience and input that the birthworker community has provided us with as we plan for these services; and we are proud of increasing knowledge about doulas and the impact of doula services particularly for Black pregnant people to clients, providers, and internal County staff.

What are the top 2-3 challenges you faced in getting this doula pilot up and running?

- Stakeholder engagement was initially a challenge; government systems and institutions have done so much harm to community care providers and we went through and still actively continue to process and work toward accountability with our birthworkers and doulas who have been filling the deficits of government programming long before there was funding.
- Funding is another challenge, considering that we are in the Bay Area, we would like to pay our doulas a livable wage and we have faced some pushback about what we are asking for from serving doulas versus how we are able to compensate them. An additional barrier has been insurance requirements for local doula organizations and other potentially cost-prohibitive barriers to applying for County contracts.
- Bureaucratic barriers and misunderstanding doula care is a major challenge. County processes are slow and very strict. Doulas are independent, non-clinical care providers and the County system, like many others, was not designed with these providers in mind. Our doulas encourage us to shift our existing paradigms of perinatal care by remembering that there is a difference between care providers and medical providers or treatment providers. Additionally, many providers and even some County staff have varying ideas about the role of doulas and what “their place is” that can negatively impact their ability to serve a client and can be traumatic and negatively impact the birthworkers themselves, particularly BIPOC birthworkers.

Anthem Doula Pilot

Name of group providing doula services?

Oakland Better Birth Foundation¹

Stated goal of doula pilot?

Reduce preterm birth rates in Black and African American members who are enrolled in Medi-Cal Managed Care (Medi-Cal) with Anthem Blue Cross (Anthem) in pilot counties.

Geographical region served?

Fresno, Alameda, Contra Costa, Sacramento

Client target population?

Medi-Cal only, targeting Black and African American birthing people. We will accept other groups, but we focus a lot of promotion to reach our target population.

Funding source?

Medical claims

Pilot start and end date?

January 1, 2020, no end date established

How were doulas chosen to participate in the pilot as service providers?

It was important for us to identify community-based doulas who work with our target population. We met with key stakeholders for referrals, and once identified, we interviewed several doulas to determine if they were a good fit for the pilot. We have determined that it is much more efficient on an administrative level to contract with doula organizations. During the review process, we assess years worked with the target population, training and experience, and any doula certifications. We also assess the doula organization's willingness to partner, meaning ongoing meetings and collection of data. In addition, we assess the doula's willingness to work with a health plan and bill claims.

¹ Oakland Better Birth Foundation is an independent company providing Doula services on behalf of Anthem Blue Cross.

NOTE: Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.

Were there specific requirements doulas had to meet in order to participate in the pilot as service providers?

Please see answer above. Doulas were not trained specifically for this pilot.

Goal for # of doulas providing services?

We have been contracting with either one doula organization per pilot county or several individual doulas per county.

Actual # of doulas providing services?

10 to 15 total doulas across all four counties

Was there any attrition of doulas during the pilot? If so, for what reasons?

Yes, the fee-for-service payment arrangement was different to how doulas are typically paid, which is complete fee upfront. We had a doula who experienced challenges relating to the administrative burden of submitting claims on a fee-for-service basis and the time frames associated with claims processing and payment. The doula did not have experience in submitting claims and had to rely upon someone else to do it. Due to small errors on the claim form, the claim could not be processed properly, and payment was delayed. Ultimately, it became very frustrating on both sides, and there was a mutual agreement for the doula to discontinue providing services.

How were doulas paid?

Fee-for-service after claims submission

What was the reimbursement rate provided to doulas?

We spoke to many doulas across the state and determined a total rate that was considered fair and consistent for the region and was mutually agreed upon. In addition, we factored in the administrative cost as we knew there would be extra time spent on billing. Anthem covered six prenatal visits and three postpartum visits and continuous labor support. These were billed a la carte/fee-for-service. A global rate was not established. Within Medi-Cal, members can switch plans monthly, so there was hesitation to pay a global rate upfront. In an Anthem doula pilot in another state, there is a global rate established for billing after all services have been rendered.

Goal for # of clients served?

50 per county

Actual # of clients served?

As of October 2021, 42 members across three counties

Was there any attrition of clients during the pilot? If so, for what reasons?

Yes, for several reasons. Sometimes, there isn't a good fit between the member and the doula, despite attempts to find an alternate doula. Sometimes, the member moved out of the area. In other instances, the member felt that they were done with services after the delivery.

What was the scope of doula services provided?

- Six prenatal appointments
- Presence at labor/delivery
- Three postpartum appointments

What types of doula services are provided?

All of the above are supported: prenatal, labor/delivery, postpartum, miscarriage, stillbirth, abortion.

Did doulas provide any out-of-scope assistance (e.g. helping participants sign up for other services or connect with other services)?

Yes, referral to county programs and also Anthem social determinants of health programs, including housing and medical meals programs. During regular touch base meetings with Anthem, we helped to facilitate these referrals.

Did clients have the same doula for the duration of pregnancy and postpartum period?

Usually. Some doula organizations have two doulas per client in case one cannot make it.

Was there a formal evaluation done for the pilot, and if so will it be made public?

There are several efforts underway to evaluate this program. We maintain an ongoing tracking process of outcomes. Also, the Anthem finance department is evaluating the cost of care savings. Additionally, the Anthem research arm, HealthCore, is conducting a quantitative and qualitative study of doula services.²

We hope the HealthCore study will be made public. The financial analysis will not be made public.

What are the top 2-3 things you are most proud of accomplishing with this doula pilot?

- We are proud of the level of community collaboration that we had in our doula pilot. In Fresno, we work closely with Black Infant Health to get women into the program. In Oakland, we work with the County's Maternal and Child Health Program, Alameda Highland Hospital, and Oakland Better Birth Foundation. In Sacramento, we also had multiple partners. All this took a lot of relationship building, and we feel that it has paid off in the trust that we have built.

² HealthCore is an independent company providing qualitative and quantitative Doula services studies on behalf of Anthem Blue Cross.

- Second, we are proud that we rallied our whole health plan and company around supporting doula services. We truly started a movement, and now multiple Anthem programs are implementing their own doula pilots in other states. We put in the work and trained doulas to submit claims because we really wanted this program to be sustainable in a way that it never was before.
- Lastly, we are proud of the outcomes. Of the 42 women we have served thus far, we've had only two preterm births. We attribute much of this to everyone involved in this program.

What are the top 2-3 challenges you faced in getting this doula pilot up and running?

- Administratively, it's going to be a lot easier if health plans can work with doula organizations versus individual doulas. There are too many steps in the process of claims payment to teach individually contracted doulas how to bill.
- Resistance from traditional clinical practices who don't understand the nature of doula work. We will need more collaborative partnerships/learning with medical groups and hospitals to support ongoing education and training.
- COVID. The pandemic made recruitment challenging because we found it hard to identify our members who might want doula services. Also, hospital safety rules during the pandemic meant hospitals were sometimes not allowing doulas in for labor/delivery.

Contra Costa County – Perinatal Equity Initiative Community Based Doula Program



Name of group providing doula services?

[Building Blocks for Kids](#)

Stated goal of doula pilot?

Provide prenatal, labor/delivery, and postpartum support for Black birthing people in our county to address health disparities.

Geographical region served?

Contra Costa County

Client target population?

Black pregnant people, 30 weeks gestation or earlier, Contra Costa County resident

Funding source?

California Department of Public Health Perinatal Equity Initiative (PEI) funding

Pilot start and end date?

October 1, 2020.

September 30, 2022 is the end date for the current contract with the CBO. However, the funding will be available for bid to continue the work post that date. The subcontractor is invited to apply for the funding to renew the contract and continue services for the next two year period.

How were doulas chosen to participate in the pilot as service providers?

Community members had to register for one of 15 slots and complete training. After completing the training they were interviewed to be in a doula fellowship program. Four individuals were ultimately selected to participate in the pilot as service providers.

Were there specific requirements doulas had to meet in order to participate in the pilot as service providers?

Yes, we adapted the [HealthConnect One training model](#) and modified it further to be a doula fellowship with our subcontractor. Community members were provided a stipend to complete each session of the free training, books/health education materials, and meals. After certification, four doulas continue to receive continuing education training, paid for by the local health department. If selected for the fellowship, doulas agreed to a monthly

stipend for part-time work. This pilot is as an opportunity to diversify the doula workforce in our county with evidenced-based training; provide new community-based doulas with the infrastructure of a CBO team and the backing and support of a health department in the context of a larger initiative; provide a pathway for immediate experience and referrals to directly serve Black Contra Costa community members; and ultimately address known and persistent birth inequities.

Goal for # of doulas providing services?

4

Actual # of doulas providing services?

4

Was there any attrition of doulas during the pilot? If so, for what reasons?

Not thus far

How were doulas paid?

Yes, paid via a monthly stipend.

What was the reimbursement rate provided to doulas?

We provide a set stipend amount for part-time doula work per month, per the recommendation of a HealthConnect One sample budget and the state award amount. The stipend amount is fixed because the local funding amount from the CDPH (California Department of Public Health) is fixed for the Perinatal Equity initiative.

Goal for # of clients served?

We originally contracted up to 100 clients for any type of service during prenatal, labor/delivery, and postpartum support. However, this number will be adjusted as needed, as we learn more about the complexities of the doula workflow, the actual launch time when services began post training, and demand for services in our county for Black birthing people. The number is negotiable as we learn about capacity, need, and quality of care during the pilot.

Actual # of clients served?

To be determined — fellows started accepting clients in October 2021

Was there any attrition of clients during the pilot? If so, for what reasons?

To be determined

What was the scope of doula services provided?

Up to 7 prenatal and up to 7 postpartum encounters (calls/home visits/text messages), depending on client's discretion and desire

What types of doula services are provided?

The CoCo Doulas Program's primary mission is to provide emotional support for people during their pregnancy, birthing, and postnatal journey.

Did doulas provide any out-of-scope assistance (e.g. helping participants sign up for other services or connect with other services)?

Case management/referrals, as needed.

Did clients have the same doula for the duration of pregnancy and postpartum period?

Yes

Was there a formal evaluation done for the pilot, and if so will it be made public?

There are performance measures identified by the California Department of Public Health, as well as local participant satisfaction surveys offered at the conclusion of services. Aggregate data is shared with the community. Qualitative de-identified data may be shared with the explicit consent of the client.

What are the top 2-3 things you are most proud of accomplishing with this doula pilot?

An engaged community that is dedicated to this pilot to support Black families, and a subcontractor with a strong doula program manager.

What are the top 2-3 challenges you faced in getting this doula pilot up and running?

The pandemic, training doulas virtually, and the complications with coordinating services when all health and social service systems are already stressed.

Fresno County Perinatal Equity Initiative (PEI) Doula Initiative

Name of group providing doula services?

To be determined

Stated goal of doula pilot?

To increase African American doula workforce in Fresno County and provide direct services to Black birthing women in Fresno County

Geographical region served?

Fresno County

Client target population?

Black birthing women

Funding source?

California Department of Public Health Perinatal Equity Initiative (PEI) funding

Pilot start and end date?

2022 to 2024

How were doulas chosen to participate in the pilot as service providers?

At least 12 individuals from the African American community who are interested in training as doulas will be enrolled into a doula training program. After completion of the training at least four outstanding doula trainees will be hired and work under an experience doula manager to provide direct services to Black birthing mothers in Fresno County.

Were there specific requirements doulas had to meet in order to participate in the pilot as service providers?

Besides hiring an experienced certified Doula trainer/ supervisor, all other doulas will be trained specifically for this pilot

Goal for # of doulas providing services?

5

Actual # of doulas providing services?

To be determined

Was there any attrition of doulas during the pilot? If so, for what reasons?

To be determined

How were doulas paid?

To be determined

What was the reimbursement rate provided to doulas?

To be determined

Goal for # of clients served?

50 or more Black birthing mothers

Actual # of clients served?

To be determined

Was there any attrition of clients during the pilot? If so, for what reasons?

To be determined

What was the scope of doula services provided?

- at least 4 prenatal doula visits
- doula service during labor/delivery
- at least 4 postpartum doula visits.

What types of doula services are provided?

Prenatal, labor/delivery, postpartum

Did doulas provide any out-of-scope assistance (e.g. helping participants sign up for other services or connect with other services)?

To be determined

Did clients have the same doula for the duration of pregnancy and postpartum period?

To be determined

Was there a formal evaluation done for the pilot, and if so will it be made public?

The plan is to build Surveys in Compyle (case management system) to collect program data that will be used to evaluate the pilot program. The program has not yet determined whether the information will be made public.

What are the top 2-3 things you are most proud of accomplishing with this doula pilot?

To be determined

What are the top 2-3 challenges you faced in getting this doula pilot up and running?

To be determined

Inland Empire Health Plan/Riverside Community Health Foundation (IEHP/RCHF) Doula Access Pilot



Name of group providing doula services?

[Riverside Community Health Foundation \(RCHF\)](#), which subcontracts with independent doulas — it is not a “doula organization”

Stated goal of doula pilot?

- Implement doula services (thought to improve health equity) among pregnant IEHP members
- Demonstrate the feasibility of funding doula services in managed Medi-Cal
- Assess if access to doula care improves select maternal and infant health outcomes/quality measures, with an additional focus on disparities in these outcomes/quality measures

Geographical region served?

Riverside County, San Bernardino County

Client target population?

IEHP-insured Medi-Cal enrollees

Funding source?

IEHP

Pilot start and end date?

January 1, 2020. No end date established.

How were doulas chosen to participate in the pilot as service providers?

The doulas apply to RCHF to participate

Were there specific requirements doulas had to meet in order to participate in the pilot as service providers?

Training from [Doulas of North America \(DONA\)](#), [Childbirth and Postpartum Professional Association \(CAPPA\)](#), [International Doula Institute \(IDI\)](#), or an equivalent community-based doula training as determined by RCHF; had to attest to providing core competencies as determined by RCHF; had to participate in an orientation to the program co-led by RCHF and IEHP

Goal for # of doulas providing services?

As many as possible

Actual # of doulas providing services?

40

Was there any attrition of doulas during the pilot? If so, for what reasons?

(No answer provided.)

How were doulas paid?

Billed for individual services provided (each of 3 prenatal visits, labor/birth support, and 3 postpartum visits). RCHF served as a clearinghouse and billed IEHP with itemized invoices

What was the reimbursement rate provided to doulas?

Each prenatal/postpartum visit is \$83.33, labor/birth support is \$500. If a client uses all of the services, a doula can bill a total of \$1000.

Goal for # of clients served?

400 (over 2 years)

Actual # of clients served?

250

Was there any attrition of clients during the pilot? If so, for what reasons?

Yes, there was attrition. The COVID-19 pandemic was a factor, as well as a lack of understanding of what doula services were

What was the scope of doula services provided?

- 3 prenatal visits
- labor/birth support
- 3 postpartum visits

What types of doula services are provided?

Prenatal, labor/delivery, postpartum, miscarriage, stillbirth. Services were not provided for abortion specifically, though it wasn't explicitly excluded. The doula services were marketed for pregnancy/birth, regardless of outcome.

Did doulas provide any out-of-scope assistance (e.g. helping participants sign up for other services or connect with other services)?

(No answer provided.)

Did clients have the same doula for the duration of pregnancy and postpartum period?

In some cases the coverage may have been different for labor/birth due to doula availability or geographic needs

Was there a formal evaluation done for the pilot, and if so will it be made public?

Currently working on a formal evaluation. If the formal evaluation is made public, it would be in early 2022.

What are the top 2-3 things you are most proud of accomplishing with this doula pilot?

- doula-led design (as much as possible)
- demonstrating feasibility in a health plan setting
- success in a region low in resources of this type

What are the top 2-3 challenges you faced in getting this doula pilot up and running?

- We were extremely lucky to find a willing and expert partner in RCHF, as the huge administrative burden of the project was a challenge
- Advocating for sufficient reimbursement – we got some pushback from providers who are not well-reimbursed by Medi-Cal

Los Angeles County – African American Infant and Maternal Mortality (AAIMM) Doula Pilot Program



Name of group providing doula services?

[AAIMM Initiative Doulas](#)

Stated goal of doula pilot?

Providing free doula support to 350 Black/African American birthing people in Los Angeles County to help combat high maternal and infant mortality rates.

Geographical region served?

Los Angeles County

Client target population?

Black/African American. Priority given to Medi-Cal eligible participants, but open to any insurance coverage

Funding source?

DHS-Whole Person Care

Pilot start and end date?

November 2019 to June 2020

How were doulas chosen to participate in the pilot as service providers?

Doulas were selected via an application process. Eligibility requirements were that the doula self-identify as Black/African American, live in LA County, have experience supporting Black/African American families, and experience supporting a minimum of 6 births.

Were there specific requirements doulas had to meet in order to participate in the pilot as service providers?

Doulas were required to be trained (not certified) and have specific experience supporting a minimum of 6 Black/African American families. Other training requirements were provided in-house including Lactation Educator Specialist training, Trauma Informed Doula Care training, CPR, Full Spectrum Support training, and liability insurance. Doulas also received technical assistance and training specifically to meet the administrative responsibilities associated with the AAIMM Doula Pilot.

Goal for # of doulas providing services?

12-14

Actual # of doulas providing services?

Starting number was 12 and then we increased to 14 to meet the demand for services

Was there any attrition of doulas during the pilot? If so, for what reasons?

No.

How were doulas paid?

Doulas received a stipend per client and that stipend was paid out in 2 payments.

What was the reimbursement rate provided to doulas?

Total of \$2,000 to \$2,3000. \$1,850 flat rate per client. \$925 billable upon intake and \$925 billable at birth. Additionally, doulas were able to bill for mileage and administrative time.

Goal for # of clients served?

350

Actual # of clients served?

368

Was there any attrition of clients during the pilot? If so, for what reasons?

Yes. The implementation of virtual visits due to COVID-19 resulted in a decrease in client engagement and births attended.

What was the scope of doula services provided?

3 prenatal visits, continuous labor/delivery support, and 3 postpartum visits. 1 additional prenatal and 1 additional postpartum visit available with approval.

What types of doula services are provided?

Full spectrum support offered. Client had to enroll prenatally, and once enrolled doulas were able to support all pregnancy outcomes. Lactation support was also provided.

Did doulas provide any out-of-scope assistance (e.g. helping participants sign up for other services or connect with other services)?

Referrals to other resources including home visitation programs, mental health support, housing, paid family leave, and fatherhood support group

Did clients have the same doula for the duration of pregnancy and postpartum period?

Yes. Clients would work with the same doula throughout their pregnancy, labor, and postpartum. On occasion, clients requested to be reassigned to a different doula due to incompatibility.

Was there a formal evaluation done for the pilot, and if so will it be made public?

A formal evaluation is currently in progress. It will be made public.

What are the top 2-3 things you are most proud of accomplishing with this doula pilot?

Preliminary data shows decrease in maternal and infant mortality vs. the county averages, decrease in preterm births and increases in breastfeeding rates and overall client satisfaction with their birthing experience.

What are the top 2-3 challenges you faced in getting this doula pilot up and running?

Sustainable pay structure. Timely and accurate data collection.

Los Angeles County – Health Net Community Doula Program

Name of group providing doula services?

Healthy Mamas, Happy Babies (Phase 1, 2019)

[Frontline Doulas](#) - Centering the Community Program/Diversity Uplifts Inc. (Phase 2, 2020)

Funded by Health Net, LLC

Stated goal of doula pilot?

- Improvement in outcomes: intrapartum (decreased cesarean births, decreased anesthesia use) and postpartum (decreased depression and anxiety disorders, increased postpartum visit follow up)
- Provide a birth equity platform for women of color.
- Advancing the coverage for community-based doulas, especially for women on Medi-Cal throughout California.
- Building program sustainability.
- Demonstrating an ROI (return on investment) for other health plans to replicate this program.
- Elevating African American female leaders in the community.
- Establish income sustainability for community doulas.

Geographical region served?

Los Angeles County, with a focus on South Los Angeles

Client target population?

African American/Black Medi-Cal eligible women

Funding source?

Health Net, LLC - Quality Improvement Department

Pilot start and end date?

Phase 1 - September 2019 to December 2019

Phase 2 - February 2020 to February 2021

How were doulas chosen to participate in the pilot as service providers?

Health Net's partnering organization interviewed and selected the community-based doulas for participation

Were there specific requirements doulas had to meet in order to participate in the pilot as service providers?

Doulas were extensively trained by the partnering organization specific to this pilot program. Doulas had varying levels of experience and some already had prior certification. Doulas were predominantly African American/Black and from/residing in their service area.

Goal for # of doulas providing services?

10

Actual # of doulas providing services?

Started with 10 and ended with 8

Was there any attrition of doulas during the pilot? If so, for what reasons?

Yes, for various reasons in both Phase 1 and Phase 2.

How were doulas paid?

- \$100 per prenatal visit (3 visits)
- \$100 per postpartum visit (3 visits)
- \$1,250 for labor and delivery
- Reimbursed for attendance at monthly meetings
- We also explored the option of having a salaried payment structure of \$1850 per birth in order to create a more sustainable wage.

What was the reimbursement rate provided to doulas?

Please see above.

Goal for # of clients served?

100

Actual # of clients served?

77

Was there any attrition of clients during the pilot? If so, for what reasons?

Very little, but there was some attrition due to clients being unresponsive after several contact attempts from their doula. Also, there was some client attrition due to COVID-19, in which people wanted in-person doula services, which could not be guaranteed due to the hospitals' rapidly changing visitor policies.

What was the scope of doula services provided?

- 3 Prenatal Visits (usually between 6 weeks and birth)
- Labor and Delivery Support (36 weeks until delivery)
- 3 Postpartum Visits (up to 8 weeks postpartum)
- Childbirth Education Classes
- Fatherhood Education Classes

What types of doula services are provided?

Prenatal, Labor/Delivery, Postpartum

Did doulas provide any out-of-scope assistance (e.g. helping participants sign up for other services or connect with other services)?

Clients were assisted with community resources via the Aunt Bertha or 211 online platforms, as well as referred to Black Infant Health, WIC, or home visitation programs.

Did clients have the same doula for the duration of pregnancy and postpartum period?

Yes, clients typically had the same doula throughout. However, sometimes another doula completed client care for a doula that was no longer able to continue providing services in the program. In each case, there was a warm hand off between the initial doula and the doula taking over care.

Was there a formal evaluation done for the pilot, and if so will it be made public?

Yes, there is a formal evaluation currently underway with an external agency. It will be made public.

What are the top 2-3 things you are most proud of accomplishing with this doula pilot?

- Providing services to women in need
- Increase awareness regarding the benefits of doula care
- Assist in decreasing the AA maternal and infant mortality disparity

What are the top 2-3 challenges you faced in getting this doula pilot up and running?

- Building an entirely new program
- Learning what DHCS approvals were needed
- Collecting data, combining corporate and community work flows

Riverside County - Riverside University Health System - Public Health (RUHS-PH) Perinatal Equity Initiative Community Doula Services Program Intervention



Name of group providing doula services?

[Sankofa Birthworkers Collective of the Inland Empire](#)

Stated goal of doula pilot?

The intent of the Community Doula Services Program Intervention is to provide enhanced prenatal, labor and delivery, and postpartum supportive services to African American women, with a goal of improving birth outcomes and lowering the high rates of infant mortality for African American babies. The program also seeks to improve pregnancy outcomes for women and equally decrease maternal mortality.

Geographical region served?

Riverside County

Client target population?

Services are to be delivered to self-identified pregnant African American women who live in Riverside County, and who may or may not be enrolled in the Black Infant Health Program.

Funding source?

California Department of Public Health Perinatal Equity Initiative (PEI) funding

Pilot start and end date?

December 8, 2020 to June 30, 2022

How were doulas chosen to participate in the pilot as service providers?

Sankofa created a hiring rubric that was used to select culturally affirming and competent doulas. The doulas also participated in an orientation session to further ensure they were a good fit for the program and overall needs of the specific population. The doulas must be culturally competent and have knowledge and past experience working with the African American community.

Were there specific requirements doulas had to meet in order to participate in the pilot as service providers?

Doula Program Coordinator:

- Program Coordinator has doula certification and will have at least 2 years of experience as a doula within past five years.
- Program Coordinator is responsible for program management and supervising of the activities of doulas who will be providing direct services to pregnant women in the community

Community Doulas:

- Community based Doulas providing direct services must have a minimum of 2 years of experience and have observed at least 2 births.

Certified doulas:

- Responsible for oversight of all doula program activities and services provided by community doulas.
- Are culturally competent and have knowledge and past experience working with the African American community.
- Provide opportunities for trainings such as lactation, perinatal mood disorders, etc. that will add value to doula services offered, which may include face to face, web-based, or online trainings.

Goal for # of doulas providing services?

At least 4-5 doulas providing services

Actual # of doulas providing services?

There are actually 6 doula servicing the program.

Was there any attrition of doulas during the pilot? If so, for what reasons?

One doula will be leaving in 2022 to complete midwifery studies.

How were doulas paid?

The County of Riverside provides the funding to the California Black Women's Health Project (CABWHP), which is the fiscal sponsor for Sankofa. CABWHP processes the invoices submitted from the doulas and send payment.

What was the reimbursement rate provided to doulas?

The total compensation for doulas is \$1,250.00. The breakdown is as follows:

- 3 prenatal visits: \$100/visit
- Birth support: \$650.00
- 3 postpartum visits: \$100/visit

Goal for # of clients served?

There is a requirement of 25 African American moms per fiscal year in Riverside County that are required to be enrolled in the program with 30% (8 moms) of these moms being from the Black Infant Health Program.

Actual # of clients served?

To date, Sankofa has enrolled approximately 21 moms into the program.

Was there any attrition of clients during the pilot? If so, for what reasons?

There were some clients that dropped off for many reasons, especially some of the clients that had been referred by the Black Infant Health program.

What was the scope of doula services provided?

The doulas provide 3 prenatal visits, attend and assist with labor & delivery, and 3 postpartum visits (within 8 weeks of delivering baby). They will also provide lactation support both prenatally and up to 8 weeks postpartum.

What types of doula services are provided?

The doulas provide support for prenatal, labor & delivery, postpartum, and stillbirth. This doula program does not provide doula services for abortion.

Did doulas provide any out-of-scope assistance (e.g. helping participants sign up for other services or connect with other services)?

The doulas refer the clients to necessary services that will further promote a healthy and safe pregnancy and delivery.

Did clients have the same doula for the duration of pregnancy and postpartum period?

Sankofa tries to ensure the clients remain with the same doula unless there are circumstances that prohibit that, or if the client is requesting a different doula.

Was there a formal evaluation done for the pilot, and if so will it be made public?

The pilot is still ongoing. Evaluation will be done by the California Department of Public Health (CDPH). Data is captured by Sankofa and submitted to RUHS-PH (Riverside University Health System—Public Health) who submits to CDPH. Whether or not the evaluation will be made public will be determined by CDPH.

What are the top 2-3 things you are most proud of accomplishing with this doula pilot?

- The doula program is still taking place. However, I am most proud of the strong, culturally-affirming/safe doulas that Sankofa was able to hire. These doulas really are connecting with families and it shows in the testimonials that the families share.
- I am also proud of the fact that our County ensured the doulas were compensated at a rate that is “livable” and that reflects our value of doulas.
- Lastly, I am most proud that we are finally able to make doula care an accessible service to pregnant African American moms who have some of the highest rate of birth disparities. I am glad we are ensuring that doulas are no longer considered an “elite” service that only certain populations can access.

What are the top 2-3 challenges you faced in getting this doula pilot up and running?

Fully understanding the magnitude of other legal supports the doulas will need to ensure they continue to operate on the values and principles that make them such essential partners in the birthing journeys of our clients. The administrative paperwork can be a challenge for everyone, especially the doulas, as they are really focused on ensuring the client and family are taken care of. Yet at the same time, the paperwork is vital to ensure the program continues.

San Bernardino County – California Black Women’s Health Project – Doula Support Intervention



Name of group providing doula services?

[Sankofa Birthworkers of the Inland Empire](#)

Stated goal of doula pilot?

To provide doula support to 20 Black/African-American pregnant birthing persons

Geographical region served?

San Bernardino County

Client target population?

Black/African-American

Funding source?

California Department of Public Health Perinatal Equity Initiative (PEI) funding

Pilot start and end date?

September 3, 2021 to September 2, 2022

How were doulas chosen to participate in the pilot as service providers?

Sankofa Birthworkers of Inland Empire under California Black Women’s Project was chosen through a Request for Proposal (RFP) process for San Bernardino County. The actual doulas are hired through the subcontractor.

Were there specific requirements doulas had to meet in order to participate in the pilot as service providers?

Doulas provide proof of doula training, which would be the responsibility of the subcontractor to ensure.

Goal for # of doulas providing services?

San Bernardino County’s goal is to have at least two doulas serving each region contracted: San Bernardino and High Desert. Each region is set to serve ten, therefore each doula would have five birthing people to cover.

Actual # of doulas providing services?

To be determined

Was there any attrition of doulas during the pilot? If so, for what reasons?

To be determined

How were doulas paid?

Perinatal Equity Initiative

What was the reimbursement rate provided to doulas?

To be determined

Goal for # of clients served?

San Bernardino County's goal is to have at least two doulas serving each region contracted: San Bernardino and High Desert. Each region is set to serve ten people, therefore each doula would have five birthing people to cover.

Actual # of clients served?

To be determined

Was there any attrition of clients during the pilot? If so, for what reasons?

To be determined

What was the scope of doula services provided?

3 prenatal appointments, presence at labor/delivery, 3 postpartum appointments

What types of doula services are provided?

prenatal, labor/delivery, postpartum

Did doulas provide any out-of-scope assistance (e.g. helping participants sign up for other services or connect with other services)?

To be determined

Did clients have the same doula for the duration of pregnancy and postpartum period?

To be determined

Was there a formal evaluation done for the pilot, and if so will it be made public?

To be determined

What are the top 2-3 things you are most proud of accomplishing with this doula pilot?

- supporting the Black/African-American birthing community
- supporting the Black Infant Health Program

What are the top 2-3 challenges you faced in getting this doula pilot up and running?

- request for proposal (RFP) process
- having to start over because not enough funding was allocated in the first round of the RFP and the County received no submissions to provide services

San Francisco – SisterWeb & Expecting Justice Doula Pilot

Name of group providing doula services?

[SisterWeb](#)

Stated goal of doula pilot?

- Increase the positive health outcomes of mothers from Black, Latinx, and Pacific Islander communities.
- Prepare women from underserved and disenfranchised communities for careers as doulas and mentors.
- Ensure that Black, Latinx, and Pacific Islander mothers have positive pregnancies and birthing experiences.

Geographical region served?

San Francisco, CA

Client target population?

Black, Latinx, Native Hawaiian Pacific Islander

Funding source?

The San Francisco Foundation, San Francisco Mayor's Office of Housing and Community Development - African American Stabilization, San Francisco Health Plan, Anthem, First Five San Francisco, Merck (not included in 2020 pilot funds), Sugary Drinks Distributor Tax (SF City Government), Every Mother Counts, UC Berkeley SHARE Program / CA Preterm Birth Initiative, Zuckerberg San Francisco General Hospital Foundation/Solida Start Initiative, SF Human Services Agency City - JOBS Programs, ROSE Village Prenatal Services, CA Public Utilities Commission, Bella Vista Foundation, Hellman Foundation, SF Human Services Agency - Give 2 SF, Silicon Valley Community Fund, Collective Impact, Mission Neighborhood Health Center, UCSF COVID Response Birthworker Relief, and generous individual donors (over 200k in donations)

Pilot start and end date?

March 2019 to 2020

How were doulas chosen to participate in the pilot as service providers?

Word of mouth, prior relationships, job posting and application process

Were there specific requirements doulas had to meet in order to participate in the pilot as service providers?

They have to have a high school diploma or GED, and have attended a doula training in the past.

Goal for # of doulas providing services?

7

Actual # of doulas providing services?

7

Was there any attrition of doulas during the pilot? If so, for what reasons?

Moving, going back to school, Human Resources confidential circumstances

How were doulas paid?

first as independent contractors, then as part other SF CityJOBS program, and finally employee wages paid as staff

What was the reimbursement rate provided to doulas?

As independent contractors it was \$1600 per birth, as a City JOBS program participant it was minimum wage, and as a SisterWeb employee they are currently paid a starting salary of \$25.00/hour.

Goal for # of clients served?

65

Actual # of clients served?

108

Was there any attrition of clients during the pilot? If so, for what reasons?

Yes, they moved out of our service range, or they did not respond to contact attempts after the initial referral process or intake appointment

What was the scope of doula services provided?

- 3-4 prenatal appointments
- 4 postpartum appointments
- text, phone, and video support starting from client's first prenatal appointment
- ON CALL and available by text, phone, and video support starting at 37 weeks

What types of doula services are provided?

prenatal, labor/delivery, postpartum, miscarriage, stillbirth, abortion

Did doulas provide any out-of-scope assistance (e.g. helping participants sign up for other services or connect with other services)?

Personal protective equipment (PPE), delivery of groceries and essential items/resources, care coordination with other community-based organizations and providers

Did clients have the same doula for the duration of pregnancy and postpartum period?

Our clients are assigned a team/cohort of doulas, one of whom is guaranteed to be at the birth

Was there a formal evaluation done for the pilot, and if so will it be made public?

Yes there was a formal evaluation done, and yes it will be made public.

An initial process evaluation of SisterWeb's Kindred Birth Companions program for Black clients and its MANA Pasefika program for Pacific Islander clients was conducted by researchers at UC Berkeley and UC San Francisco and is available at <https://www.share.berkeley.edu/sisterweb-process-evaluation-report>.

What are the top 2-3 things you are most proud of accomplishing with this doula pilot?

Employing doulas with dignified wages and benefits, and supporting Black and brown folks at one of the most transitional times in their lives

What are the top 2-3 challenges you faced in getting this doula pilot up and running?

There was no time given for proper planning or needs assessments

California Doula Pilots Lessons Learned Project Links

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=g9qImroB4I4>



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



<https://healthlaw.org/doulamedicaidproject>