Virginia's Medicaid Community Doula Benefit: Implementation Facilitators and Barriers from Doulas' Perspectives

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BACKGROUND

Maternal Health Crisis in Virginia

Virginia is facing a maternal health crisis, mirroring the disproportionately high maternal mortality rates in the U.S., especially among Black individuals.[1,2] For example, Black women in Virginia experience maternal mortality (deaths while pregnant or within 42 days following the end of pregnancy) at more than twice the rate of White women.[3] Additionally, individuals living in rural areas face higher maternal mortality rates than those residing in urban areas.[3] Similarly, Virginia's severe maternal morbidity rate, defined as the rate of unintended outcomes of labor and delivery resulting in adverse health complications,[4] has increased from 85.6 per 10,000 delivery hospitalizations in 2016 to 100.1 per 10,000 in 2024, exceeding the Healthy People 2030 target of 64.4.[5,6] Infant and birth outcomes also remain a concern in Virginia. The most recent available data (2023), indicate that Virginia's infant mortality rate was 5.8 per 1,000 live births, with a substantially higher rate among non-Hispanic Black infants (10.3 per 1,000 live births).[7] In addition, 8.5% of infants were born with low birthweight and 9.8% were preterm.[7] Virginia's maternal health disparities underscore the critical importance of continuous statewide investment in evidence-based strategies to address this persistent challenge.

Role of Medicaid in Covering Maternity Care in Virginia

Medicaid finances approximately 40% of births in Virginia and more than 60% of births among Black women.[8,9] Medicaid coverage plays a pivotal role in strengthening the access to prenatal, labor and delivery, and postpartum care in Virginia.[10] Prior research demonstrates a significant association between Medicaid expansion in states, like Virginia, and lower maternal mortality ratios, suggesting that the increase in Medicaid coverage may contribute to improved maternal health outcomes.[11]

Role of Doulas in Improving Maternal Health Outcomes

Doulas are trained non-clinical birth workers who provide continuous support during the perinatal, labor and delivery, and postpartum period.[10] Community-based doulas, in particular, offer culturally congruent maternity care, including emotional, social, and physical birth support such as non-pharmacological pain-relief measures.[12] Evidence indicates that doula support is associated with lower maternal stress, lower rates of cesarean births, and lower pre-term births.[13] A recent study found that women who received doula care were more likely to have a vaginal birth after caesarean (VBAC), had higher frequency of exclusive breastfeeding, and were more likely to attend a postpartum visit within six weeks than those who did not.[14] In addition, research demonstrates that doulas may help reduce racial disparities, particularly among Black birthing women by promoting respectful care, encouraging self-advocacy, and increasing Black women's active participation in their maternity care.[15,16] As summarized in **Table 1**, documented findings suggest that doula support is a protective factor associated with

healthier outcomes for birthing individuals and improved birthing experiences, especially for Black birthing women.

Table 1. Doula Support Domains and Documented Outcomes

Domain	What doulas do	Documented benefits of doula services
Emotional	Continuous presence, reassurance, coping support	Lower stress/anxiety; higher confidence/sense of control; Higher satisfaction/perceived support; reductions in postpartum PTSD symptoms[17,18]
Physical	Comfort measures (movement, positioning, massage)	Shorter labor; higher spontaneous vaginal birth in pooled evidence; Reductions in cesarean and preterm births; improved breastfeeding outcomes in multiple studies[17,19,20]
Informational	Education, advocacy, navigation, communication support	Improved communication, planning, and self-efficacy[21]
Equity	Culturally/language congruent support; navigation	Benefits for Medicaid-insured and migrant/refugee groups;[22] increased breastfeeding gains for Black women and those with public insurance[19,20]
Costs	Reduced high-cost events (e.g., cesarean, prematurity)	Potential cost savings/cost-effectiveness[23]

Virginia Medicaid's Community Doula Benefit

Virginia was an early adopter of a statewide Medicaid doula benefit (effective January 1, 2022), and as of March 2026, 26 states and Washington, DC cover doula services through Medicaid.[24,25] Virginia Medicaid's community doula program is implemented through a partnership between the Department of Medical Assistance Services (DMAS) and the Virginia Department of Health (VDH), which oversees approved doula training entities and state-certified doulas through the Virginia Certification Board.[26]

Virginia Medicaid's community doula benefit is a covered service provided under the preventive services authority of the Medicaid State Plan.[27,28] As required under federal Medicaid law (42 C.F.R. Section 440.130(c)), a physician or other licensed practitioner must recommend doula services to prevent perinatal complications and promote maternal health.[26] Virginia's approved State Plan Amendment (SPA 21-0013) includes doula services such as labor and delivery support and up to four prenatal and four postpartum visits.[28]

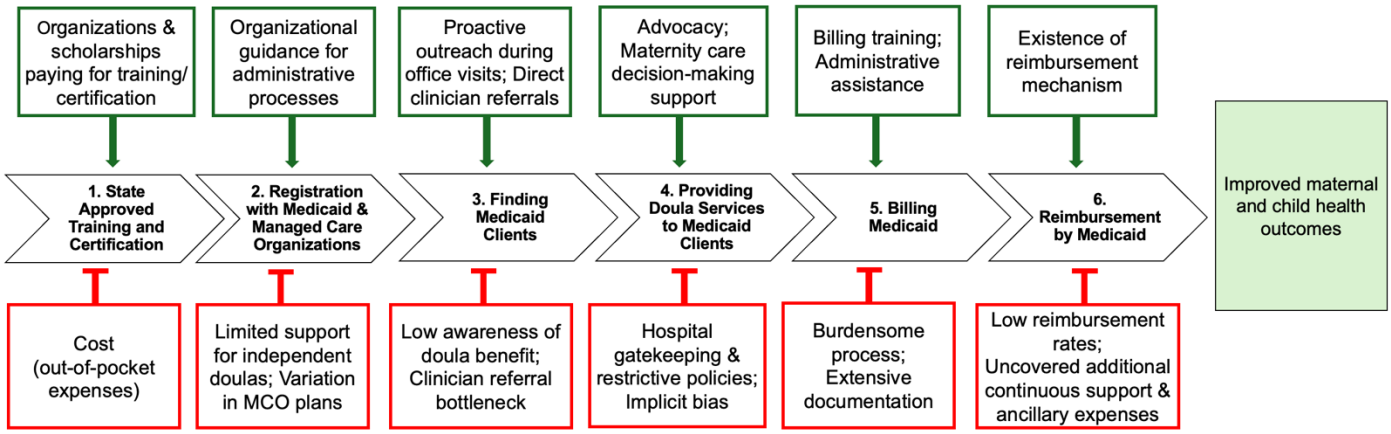
The benefit design also includes up to two linkage-to-care incentive payments to encourage postpartum and newborn follow-up visits.[24,28] Recent policy changes expanded the postpartum component by increasing the number of allowable postpartum visits from four to six and extending the postpartum service window to 12 months after delivery, effective July 1, 2025.[29] These modifications strengthen the continuity of non-clinical support throughout the extended postpartum period (see Appendix A for Virginia's Medicaid fee-for-service (FFS) reimbursement rates for covered doula services).

Understanding Doulas' Experiences with Virginia's Medicaid Community Doula Benefit

To learn from doulas' experiences with Virginia Medicaid's doula benefit, four 90-minute virtual focus groups were conducted with 13 participants as part of " Implementing doula care in Medicaid to advance racial equity in severe maternal morbidity," a project funded by Patient-Centered Outcomes Research Institute (MMM-2022C2-28218). Themes and subthemes from these focus groups were developed using coding, memoing, diagramming, and group discussion and are summarized below.

Across the six-step pathway of the Medicaid doula care process shown in **Figure 1**, participants described key facilitators and barriers affecting participation in Virginia's Medicaid community doula benefit and their ability to effectively deliver doula services to Medicaid clients. Green boxes indicate existing or potential facilitators, while red boxes indicate barriers that impede the doula care process. When these steps are effectively implemented and supported, doulas described the model as having the potential to improve maternal and infant outcomes while also promoting cost-effectiveness and system savings. Each of these steps are described in detail in the following sections.

Figure 1. Conceptual diagram of the Medicaid doula care process including facilitators and barriers as reported by Virginia Medicaid doulas



Step 1: State Training and Certification

Many doulas described training and certification costs as a barrier to becoming a Virginia state-certified doula. However, when available, scholarships and organizational support were cited by doulas as key facilitators that enabled them to complete their training and obtain certification.

> "*So I decided when my fourth had turned one, **I was like, I'm gonna** start looking into some things so that I can like work to get a certification, you know, like, **save up money, pay for this certification**, save up money, pay for this certification. And **then I found this organization that was like we need doulas**, **doulas of color**. **Come, be certified**.*"

> "*A year ago, is when I came across a collective. And I said, oh, they're giving away scholarships. Let me go ahead and do that. You know, **I always thought it was expensive to become a doula**, you know, when you know, especially at younger, you know, you know, back then, you know. I'm not even sure how much it was, but **I knew I couldn't afford it right**? And **then this collective was giving away scholarships**. I said, oh, let me apply.*"

Step 2: Medicaid Enrollment and Contracting with Managed Care Organizations (MCOs)

Doulas in Virginia noted that without organizational support, navigating administrative processes with Medicaid MCOs can be difficult.

> "***I also am an independent doula, and I have been** reaching out to and **responding to some of the emails I've been getting from the health insurance companies**, so I am starting to work with them. **I** don't know a whole lot about I do. II do know it was hard for me to try to find out how to bill Medicaid myself without going through the organization **and learning how each MCO handles it**, cause they have people that will walk you through that.*"

Step 3: Finding Medicaid Clients

Doulas reported ongoing challenges in connecting with eligible members due to limited awareness of the community doula benefit. Even when members are aware of the service, the specifics of what is covered "are often not well understood", which may result in incomplete engagement.

> *"Okay, so **believe it or not, a lot of these women don't know that Medicaid pays for doula services for them**. That's the main thing, like **they had no idea that it was available**. Their providers aren't telling them their Medicaid is not telling them like it's either the providers don't know because Medicaid is not telling them. It's pretty much word of mouth via like my collective in our area here in [City #5], and the fact **that I was working at [Hospital #6] is how you know a lot of these women are able to obtain a doula and understand that, hey, this is free, a free service to me**. **Okay, what is it?** But **I want it**, you know. So, I think just having it known that it's available to them. Like, either when they sign up for it, or just give something sent out in the mail that they know. That there's, you know, it's accessible to them and available to them."*

In addition, the clinician recommendation and referral process represented a significant bottleneck, as clients may not obtain recommendations in a timely manner and some clinicians are reluctant to participate, leading to avoidable delays or loss of services.

> "*It's a problem. Yeah, I haven't personally had that happen. But some of the ladies in my collective have but **that form, I think it's more so a hindrance to the client because if it's available to them, why, why even make them have it**? You know*."

> "*But yes, but most of the time, of course it's gonna be their OB doctor. I've had some therapists. **Some of my clients their therapists, you know, recommended for them. They don't necessarily know that they need to sign it**. I just say, here, take this to your provider. Whatever, doctor you're gonna go to within the next time before we are meeting. Take it to them and have them fill it out for you, and you know we're good to go. **We've also had some providers who say they don't do doulas, and they won't, they would not fill it out***."

Some of the doulas proposed several practical solutions to improve client matching, such as proactive outreach to pregnant Medicaid members and direct referrals from clinicians.

> "*I think that those **pregnant people**, they **should be even just offered the opportunity to apply for a doula at their doctor's appointments**. Especially as a lot of times when they check in, they're being seated to wait. **So, at that time, I feel like they could be given a brochure** too, just to see what doula organizations are out there to help them make, and you may even ask someone in there, you know, well, have you ever had a doula before? And I say that because, even **when I go to different doctor's appointments, and I see a pregnant woman, I ask her if she has a doula, and if she tells me she doesn't, I'm giving her a brochure or a business card**. So, I feel **like they should definitely push that more at those doctors' appointments** because I feel that when women have doulas the earlier in their pregnancy they are the better their relationship could be overall. Definitely halts that having to build rapport really quick with a woman that's due in a couple of weeks."*

Step 4: Providing Doula Services to Medicaid Clients

Doulas consistently expressed that their services included equipping their clients with the confidence to advocate for themselves and to actively participate in maternity care decision-making so that their needs and preferences are met.

> "*I like to stress again **educating and informing them that does empower them, to be able to make decisions** by themselves...This is your baby, this is your body…You know the most about your body, probably, than anybody else does**. I stress listening to yourself. Listening to your baby**. I **um I'm just always happy when I see the mom actually say what they want and stick to what they want**. and I*

*know we're making a difference, because I see more and more moms say, 'Oh, no, I don't want you to break my water right now. Why do you need to break more water right now? Can we wait till tomorrow. Is it a hurry?' **I just love seeing them advocate for themselves and be a part an active part of what is going on**. And it things aren't just happening to them and letting them know…That's the biggest thing that I think that the doulas do*."

When serving Medicaid clients, doulas also described playing an integral role in educating clients on different topics such as newborn care and connecting them to supportive resources, including childbirth classes, WIC services, food banks, and transportation.

"***I do tell my clients that I am not a medical professional, but** I do know a lot of the medical terminology, so that **I can be the liaison between them and their provider** when their provider's speaking too fast or speaking in medical terms and abbreviations that they don't know that I can explain to them what they what they're actually saying, and **I'll just let them know that I'm also resources**, like **I'll lead them to like, WIC, or I lead them to child birth education classes, lactation classes**, and my **main role is to advocate, support, and educate***."

"…*You know **I always**, you know, **ask my clients**, **you know, if you have Medicaid, have you applied for WIC? You know, awesome stipend for those fresh fruits and vegetables**. What are you doing for that as well? And, I've even had some clients where they may have gotten a new job during their pregnancy and income, they now don't even qualify for Medicaid cause it's like they're right there over that income line. And now things are different from them. So, a lot of the resources that may have been provided to them, those are being cut*…"

"***I know my collective we're always posting on Facebook, hey, I got a mom in need of this, we got a family in need of this**, and the people come through whether it's just the average person out there, or if it's churches things like that. Also, making sure that you have a resource list for those things in the community**, like all my clients, get a resource list you know of things that they would possibly need**. What- depending on what they tell me that their needs are from mental health to food banks*…"

"***Dealing with, you know, birthing people who have transportation issues**…sometimes they might not be able to make it to their appointment, or they may have, you know, other health issues that they need to address, but they're not able to make it to that appointment, you know, or as often as they should, and then it affects them, you know, in other ways. And **I know that some Medicaid programs do offer transportation, and some of our clients are aware, and some, you know, some aren't**. So, it's just the, you know fact of the, you know**, if you have that type of doula stepping in and just letting you know what's available to you**, because, you know, they don't always check or don't always know, you know, what's even available to them with, you know, Medicaid*."

After doulas are connected to Medicaid members, their ability to deliver care is frequently limited by both the clinical environment and benefit design. Facility-level gatekeeping, such as inconsistent hospital policies that restrict access or limit the scope of doula activities, and inconsistent recognition of doula's credentials and education by clinical staff were described as barriers.

"*Yeah. So**, I would say that, no, we're not valued**. No, we are not treated like the team. But it takes a strong person because I just kill him with kindness. So, you know, you just gotta know what to do when it, say some **sometimes if you come in acting not like the doula, but like the sister, you get way more respect**. So, I'm, I'm always the sister. I'm always the sister. Don't even call me a doula. I'm her sister, and my clients do, do that. They'd be like, no, she's my sister, so therefore we can have that connection where the doctor feels more comfortable with me and doesn't look at me like "Oh, that's the doula." And because when I am the doula, they're kind of…Sometimes it works in in my clients favor but **other times I feel like they're trying to kind of push me out of what they're trying to tell the client**,*

*and **then they don't respect my education**, cause I, I hear sometimes, when I'm talking to my client, **the nurses would overstep** what I'm saying, **and then I'll feel like I need to back up** because they're the medical team and I'm the health care team **so I don't feel like my education is respected**.*"

Additionally, doulas reported experiencing bias and increased scrutiny in hospital settings, particularly among doulas of color, which can undermine effective support and impose additional burdens related to professionalism and perceived competence.

"*I would tell a Medicaid doula to actually know their stuff, because **when you go inside of the room with the doctors and the nurses, they're waiting for you to mess up, especially if you're a person of color**. So really make sure that you're on your P's and Q's, and, before you speak, know what you're talking about, even if you have to go to planet Google. And walk in with confidence, because if you walk in, looking like you just this new, brand new doula you my first birth, they're gonna treat you real bad and run over you.*"

Step 5: Billing Medicaid

Doulas reported that Medicaid billing processes are burdensome, particularly for doulas who complete billing independently. Doulas also noted that claim submissions entail extensive documentation (e.g., visit notes and the clinician recommendation form). Practical support, such as billing training and administrative assistance, were identified as essential facilitators.

"*…**my organization handles all the billing aspect**. **I do know that here are some doulas** within my organization like **that have gotten into individual billing and I know it's a very tedious process**. I myself because I do clients on a smaller scale have not ventured out or taken on any of those challenges as of yet. But I know **it's very tedious for our notes**. **We definitely have to have training**. And they've just done this across the board for the doulas in my organization, so that our notes, like line up accordingly, so kind of everybody's notes look similar, so that we have less issues on the backhand side of something being kicked back*."

*"**The paperwork, for it is a little tedious**, which, you know we've gotten. I've gotten a little bit better with note taking. So, **you definitely have to write a note every single visit that you visit with your client**. You want to document that you document the whole labor and delivery from beginning to end to postpartum, and then, of course, your pre your postpartum visits as well. **Which, of course, you know, I don't have issue with that, it's not terrible, then they want all the forms to be sent in** a recommendation form by their provider has to be sent in before we are even able to give them services. So has to be signed, and some clients don't get their form signed in time, and you know we're like waiting, cause we don't, **Medicaid won't pay unless you know you are recommended by a professional, licensed professional, and some of some of those, you know, moms, they forget to bring their forms to their doctor's office, and we have to remind them**, or to say we can't meet until you get, you know...*"

Step 6: Reimbursement by Medicaid

While doulas were generally happy that Medicaid pays for doula services, most indicated that current payment rates are frequently insufficient to ensure financial sustainability. Another central theme, reported by nearly all doulas, was that reimbursement fails to account for the time-intensive nature of continuous labor support, the additional navigation required for clients with complex social needs, or ancillary expenses such as transportation.

*"Man, I can definitely agree on the reimbursement part. I know when I first started, **I don't know what I was thinking that first payment for Medicaid was gonna be**. But **when I got it, I was like**, okay, yeah, **this is not enough to survive**."*

"*Let's see,* ***Medicaid reimbursement for doulas definitely needs to increase because it's hard for us****,* ***because these women are of some women are of a lower income, most are, and they are facing different things.*** *Like you said you know****, housing issues, food issues,*** *just support in general, and we have to as* ***doulas take on a lot of those things to kind of help navigate through*** *with them to make sure that they're taken care of mental health things, you know it, it's just a lot on the birthing person…*"

"*And like [Participant] was saying those four prenatal, four postpartum visits, we go way above that. I,* ***I had a client*** *later, the latter part of December, and you know, of course,* ***we finished our four postnatal visits****,* ***but I'm still having to go and check in and help*** *her here and there. So,* ***we're probably on my postnatal visit ten now****. And* ***I'm not compensated for that****.*"

Recommendations From Doulas in Virginia for Improving Medicaid's Doula Benefit

When participants were asked what they wanted policymakers to understand to improve the Virginia Medicaid community doula benefit, four consistent themes emerged.

Theme 1. Doulas reiterated their desire for reimbursement rates to be reevaluated. Reimbursement rates in other states, such as Massachusetts, are much higher for similar doula services. For example, Massachusetts Medicaid program pays $900 for labor support compared to $350 in Virginia.[30,31]

"…***So yeah, reimbursement could be better than you know what it is, because we, you know, we take our time and we're taking away from our families, like sometimes we're in the hospital not one or two days, sometimes, you know, just there, supporting those clients****. We be without our families for maybe about three – some- I've been- I've been away for maybe four days the most, I had a client that you know was in labor, and then she was away, so I stay with her because she needed, you know, that support. So, I stayed with her until she was released*."

Theme 2. Doulas underscored that the clinician recommendation form is a restrictive barrier that can prevent access to Medicaid doula services, highlighting the need to reevaluate this requirement. Currently, 8 states have addressed this barrier by implementing a statewide standing recommendation for doula services, which meets federal requirements under 42 C.F.R. Section 440.130(c) and allows Medicaid beneficiaries to access doula care without having to obtain an individual referral form.[25]

"... Uh huh, ***they refuse to sign the recommendation form****. and they refuse and- everything is listed on it for them to read, but like one particular, this last one that I tried to get signed. Sometimes they want the client to pay for it. and they're not supposed to.* ***So that's been an issue, too****…And so I asked her[client]. I said, 'Well, did she say, why, did, you know, trying to educate, to advocate. Right? I said, "Did he say why, she won't sign it?'...*"

Theme 3. Doulas observed that the scope of doula services and their role are poorly understood and not always respected in clinical settings or integrated into the maternity care team, which can impede continuity of care. This suggests a need for system-wide training for medical providers to address bias and improve awareness of doula services, including stronger clinician recommendation for doula care to support birthing individuals enrolled in Medicaid.

"... And I want to add to that to say that we need to look more into not just, ***we have to look at as a collective at the medical field, and how we are being treated, not just in this particular atmosphere*** *in this particular field,* ***but all across the board, because we're being ignored****. And just as [Participant] say, we're being grouped in one category. So,* ***if we can just focus on*** *the word, I want,* ***the bias*** *in the* ***medical community, it's a lot of biased medical professionals****. And it's very hard as a doula to get through to some of my clients because they're relying on their medical professionals to be that one so just knowing that* ***the bias has to go***."

Theme 4. Some doulas advocated expanding the Medicaid doula benefit to further enhance their capacity to provide comprehensive, person-centered care, such as access to lactation training, especially for communities facing the greatest barriers to care.

> "*I'm, **I would like Medicaid to offer more training, as far as, like, parenting classes**. It's very hard to find those types of resources within the community. **Lactation classes**, you know, you have to go outside of, like your organization outside of the city. Well, I live in a smaller town, but **we need more resources here if we want to improve birthing and maternal health and women's health overal**l, we need more support. We need more resources. So yeah, I would like for that to happen...*"

SUMMARY

Virginia Medicaid's community doula benefit has the potential to provide high-value, equity-oriented services that enhance perinatal support and continuity of care for Medicaid members. Evidence from the focus groups suggests that the program's impact will depend on effective implementation across the entire delivery pathway, including training and certification, enrollment and managed care organization contracting, service delivery expectations, billing processes, and the adequacy and timeliness of reimbursement. Through continued engagement with doulas and the medical community in policymaking, as well as systematic monitoring of doula service utilization, claims performance, and member experience, Virginia Medicaid can help ensure this program continues to offer person-centered support for families across the Commonwealth. This in turn may lead to improved maternal and infant outcomes.

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APPENDIX A: VIRGINIA'S MEDICAID REIMBURSEMENT RATES FOR COVERED DOULA SERVICES

Virginia Medicaid reimburses doulas for up to 4 prenatal and 6 postpartum visits plus incentives for care linkages (see Table A-1).

Table A-1. Virginia Medicaid Community Doula Benefit Reimbursement Rates

Description	Maximum Billable Units (1 unit = 15 minutes)	Rate Per Unit
Initial Prenatal Visit (1 visit)	Up to 6 units (90 minutes)	$14.99
Standard Prenatal Visit (up to 3 visits)	Up to 4 units (60 minutes)	$14.99
Labor Support (Vaginal or Cesarean Birth)	1 unit (flat rate)	$350.00
Standard Postpartum Visit (up to 6 visits)	Up to 4 units (60 minutes)	$14.99
Mother Postpartum Visit Incentive Payment	1 unit (flat rate)	$50.00
Newborn Postpartum Visit Incentive Payment	1 unit (flat rate)	$50.00

Source: Staton C, Virginia Department of Health.[31]