Pacify

Evidence in Action

How States Are Advancing Doula Care for Better Birth Outcomes

Executive Summary

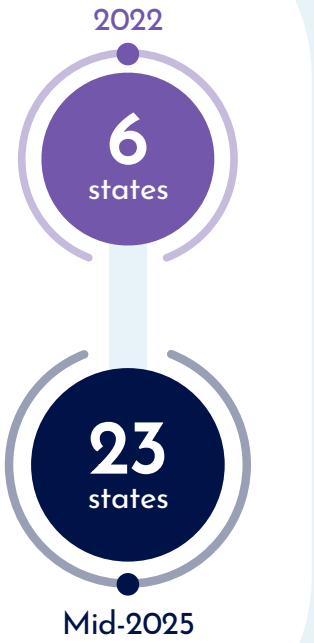
Bridging maternal care gaps isn't just a moral imperative—it's a policy opportunity.

The U.S. maternal health system is at a tipping point. In the face of rising cesarean rates, preventable maternal deaths, and widening racial disparities, a growing number of states are advancing one of the most evidence-based interventions available today: reimbursable doula care.

Since 2022, the number of states actively reimbursing for doula services has nearly quadrupled, jumping from just 6 to 23 states by mid-2025, with 23 more in development.

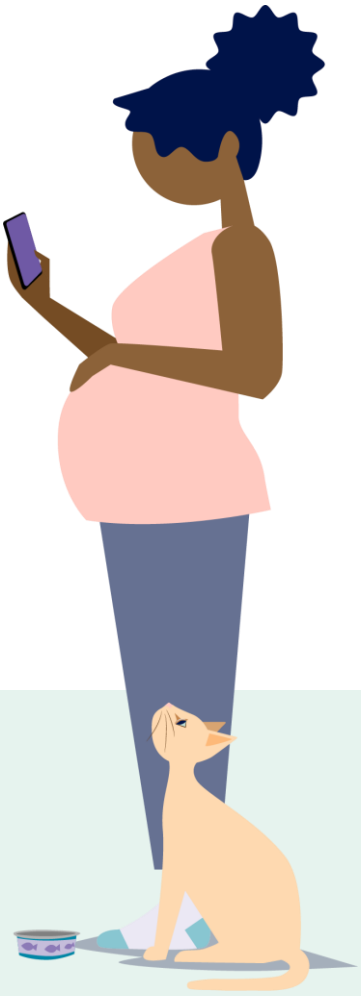
This seismic policy shift is being driven by bipartisan recognition that doula support improves outcomes, reduces costs, and fills critical gaps in care delivery, particularly for Medicaid members, rural families, and communities of color.

And yet, commercial coverage lags far behind. Despite overwhelming data showing reduced cesarean rates, NICU admissions, ER visits, and postpartum depression, most private insurers have yet to implement meaningful reimbursement or benefit design.



This white paper delivers a clear view of

- Where states stand on Medicaid reimbursement for doula and lactation services
- How pioneering states like Minnesota, Oregon, and New York are setting new standards for equitable, cost-effective care
- Policy levers for expanding access, from ARPA funds to 1115 waivers
- The business case for commercial plans to add doula coverage now—not later



As maternal health crises grow more urgent and politically visible, the window is closing for health plans and providers to be seen as leaders in equitable maternity care. The evidence is in. The models exist. And the time to act is now.

Let this report be your roadmap to the future of maternal care.

Section I

Where States Stand on Doula and Lactation Reimbursement

A Maternal Health Report for Payers, Providers, and Health Systems Across the U.S.

Support for doula services is rapidly expanding.

4x

Nearly four times as many states are reimbursing for doula care, from 6 states in 2022 to 23 states in 2024.

In the next few years, nearly all 50 states will have expanded access to doula care. But there's still more to be done. Commercial coverage significantly lags behind public coverage, but the momentum is growing.

As of June 2025, 23 states are actively reimbursing doula services. Some states have been reimbursing doula services for more than a decade, but many states have begun to actively reimburse only within the last few years.

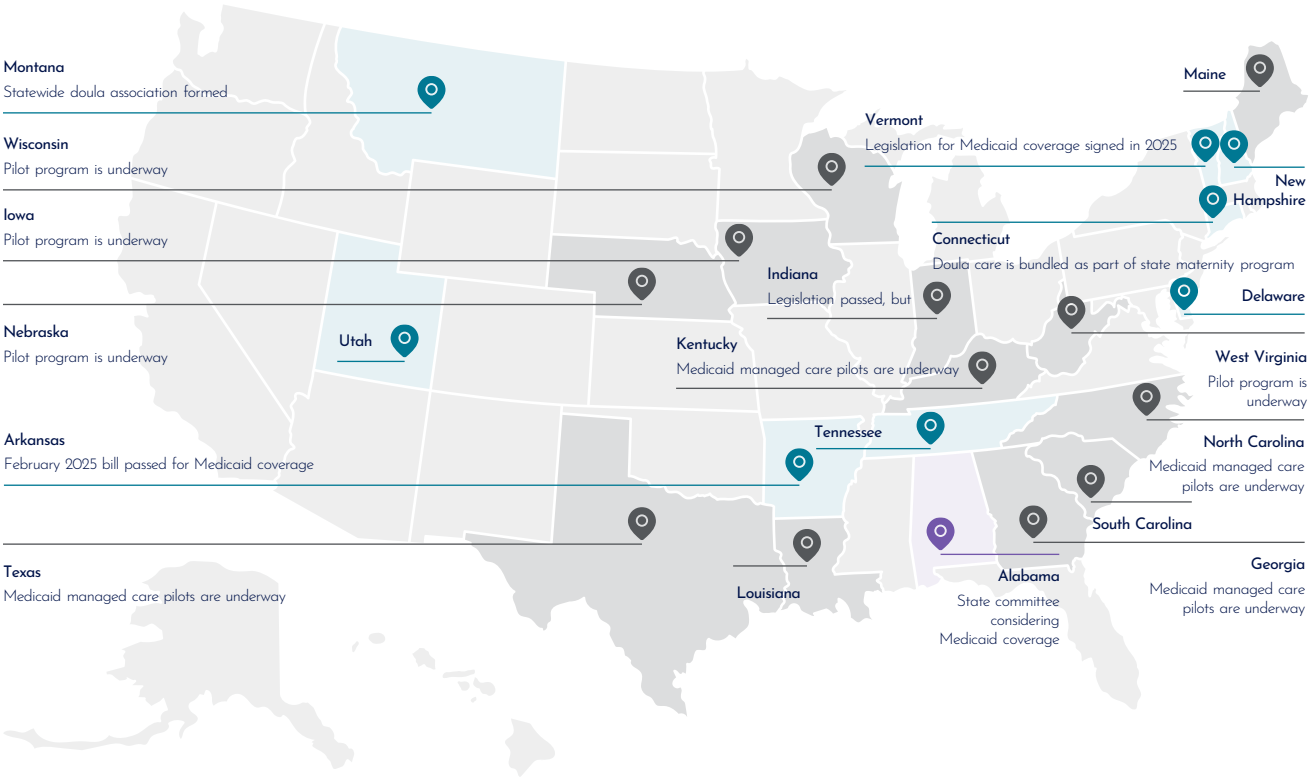
States with Medicaid Doula Reimbursement (as of June 2025)

At least 23 more states

have proposed or are developing reimbursement systems.

This may mean deciding who can bill (individuals or group organizations on behalf of doulas), what physical settings doula services can be reimbursed for practicing in, and how doulas should be certified.

States Proposing or Actively Implementing Medicaid Doula Reimbursement (as of June 2025)



Action Proposed Adjacent Action Taken Implementation in Progress

Lactation Consulting Reimbursement

For new mothers, lactation services are covered under the Affordable Care Act for **most commercial plans**, but many insurance companies don't have in-network lactation consultants to make those services more accessible.

According to the National Women's Law Center, women shouldn't have to pay if there are no in-network services, but that puts the onus on the mother to find her own research at a time when she is likely overwhelmed.

Postpartum lactation support, supplies, and counseling are supposed to be covered under the Affordable Care Act, but gaps in coverage remain due to a lack of enforcement and implementation.

At least 30 states offer in-patient lactation consultation, and 27 states offer outpatient consultation, but the coverage is often inconsistent.

There may be limited lactation support visits, for example, or lack of parity for telelactation visits. In some states, doulas may offer lactation support.

In other states, only medical professionals may be billed for lactation support.

Coverage often limited or inconsistent

30
states
Cover in-patient lactation consultations

27
states
Cover outpatient consultations

Current Commercial Regulation and Health Plan Coverage

Though Medicaid reimbursement and support is growing for doulas, there remains a huge gap in commercial coverage. Less than a third of states have legislation requiring reimbursement for private coverage. But lawmakers are actively looking to implement or expand legislation requiring private companies to cover doula care. For it to be effective for mothers, states should consider requiring higher reimbursements, more visits for both prenatal and postpartum care, and labor and delivery services.

In addition to legislation, some companies are leading the way with subsidized maternal care, knowing that it provides better outcomes for employee health. With growing research supporting the benefits of doula services, some forward-looking companies like knowing that this benefit may help address racial disparities within maternal care. Better maternal support could lead to higher employee retention and lower costs overall because it may reduce the need for cesareans and lead to healthier infant birth weights, and of course, healthier moms.

Section II

Policy Mechanisms and Reimbursement Levers

Though many states are actively reimbursing, some states have gone above and beyond. Minnesota, for example, expanded prenatal and postpartum visits from 6 to 18 in 2024; other states have increased their reimbursement rates within the last year.

In 2024

Expanded coverage for prenatal & postpartum visits

What States Have Done Right

Oregon

Created standardized credentialing process for doulas and assigned Medicaid billing codes.

California

Set a statewide reimbursement rate ($3152 for vaginal birth and $3263 for a cesarean) and integrated doulas into prenatal care teams.

New York

Piloted doula reimbursement in counties with the highest Black maternal mortality rates and scaled statewide based on outcomes.

Minnesota

Issued a statewide standing recommendation for doula services, eliminating the need for a provider recommendation and removing a barrier to access doula care.

Maryland

Reimburses for up to 8 prenatal and 8 postpartum in-person or telehealth visits, giving moms more options when it comes to services.

Federal Support

CMS Guidance

(2022–2023) encourages states to use 1115 waivers or State Plan Amendments to cover doula services.

ARPA funds

used by several states to launch maternal health equity initiatives including doula access.

Section III

A Playbook for States Without Reimbursement

Even though many states are actively implementing reimbursement, several states are still only exploring what it might mean for mothers to have accessible doula care.

STEP 01 — Launch a Maternal Health Equity Task Force

STEP 02 — Pilot a Medicaid Doula Program in High-Disparity Areas

STEP 03 — Create a Core Competencies List

STEP 04 — Leverage ARPA or 1115 Waiver Funds for Start-Up

STEP 05 — Evaluate and Report

Step 1
Launch a Maternal Health Equity Task Force

For most states exploring whether to offer Medicaid coverage for doula services, it begins with establishing a board or committee that involves doulas, midwives, mental health providers, Black and/or Indigenous maternal health advocates, and other community-based groups and stakeholders.

Crucially, this committee needs to be empowered to make decisions and help guide state law for its most underprivileged groups.

Step 2
Pilot a Medicaid Doula Program in High-Disparity Areas

Doula pilot programs have so far proven to be very successful in a number of states. Pilot programs allow states to test out care in local or regional settings, or among marginalized groups, before rolling out a larger platform for the state.

States still considering how to implement doula coverage should consider vulnerable socioeconomic groups where services would have the most impact.

Maternal mortality for Black women is

1.6 Times Higher

than for White women

For example, since maternal mortality rates 1.6 times higher for Black women than White women, offering a pilot program to predominantly Black population may show the greatest benefits.

Step 3
Create a Core Competencies List

Though there aren't currently any mandatory credentials across state lines a doula must have before being allowed to practice, many states specify that doulas should have certifications from one of the major doula certification organizations, such as Doulas of North America (DONA), the National Black Doula Association (NBDA), or other community-based doula organizations.

In addition

states should consider that doulas have hands-on birth experience and have received some level of training and mentorship prior to doing a solo live birth. While some states may also consider value-add training and experience such as cultural competency, it's essential that states recognize that some regions have doula shortages and creating too many restrictions may serve as a barrier. Striking the right balance of criteria while not becoming overly exclusionary is key.

However, states should consider defining their own criteria and assessing doulas on the specific competencies, experiences, and needs of their communities rather than relying solely on their certification alone, as this will attract many more experienced and higher quality doulas to offer services.

Step 4
Leverage ARPA or 1115 Waiver Funds for Start-Up

As of June 2025

there are several avenues for funding for maternal care. Most states have extended their 1115 waivers through Centers for Medicare and Medicaid Services, and should seek technical assistance as necessary.

1115
Waivers
extended in most states via CMS

Some states, like Wisconsin and North Carolina, have successfully used American Rescue Plan Act (ARPA) funds to strengthen maternal care organizations. In Wisconsin, the African American Breastfeeding Network and the WeRise Community Doula Program benefited from the Biden-era stimulus package; in North Carolina, Johnson C. Smith University's lactation and doula programs received more than $1 million from ARPA funds.

During implementation and when considering billing, states should coordinate with Managed Care Organizations (MCOs) on rates and value-based care inclusion.

Step 5
Evaluate and Report

It's well-known that doulas can help avert cesarean births and their services can lead to better maternal care outcomes for Black and Hispanic mothers. But to understand learnings at scale, states need to work closely with organizations to track and report patient outcomes related to wraparound services like

- Doula Care
- The Length Of Hospital Stays
- ER Visits
- Clinical Utilization Of Labor And Delivery
- Clinical Perinatal And Postpartum Visit Adherence
- NICU Admissions

Tracking and comparing data where doulas have been integrated into the maternal health journey will greatly highlight the potential impact that these services can have on outcomes, efficiency, and cost savings.

Tracking breastfeeding rates, lactation support utilization , and screenings for maternal mental health disorders can improve the value of doula services. Patient reporting and satisfaction surveys give valuable insights and can be used to improve planning and implementation of member programs.

Reporting also guides doulas on how to best support clinical care teams, patient experiences, and publicly share their findings from their specific communities and regions, which can further influence legislation around maternal health to incentivize localized action plans and initiatives.

Furthermore, tracking data and performance on the impact of doula services can help reinforce the value of doulas and therefore create a more sustainable payment scale which can create a higher incentive for new doulas entering the field, and the retention of high quality, experienced doulas.

Note for Payers

The Advantage of Adding Doula Benefits Goes Far Beyond State-led Imperatives

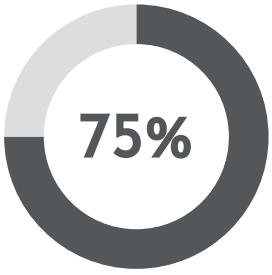
For commercial plans, it's important to recognize the employer and benefits decision-maker perspective. CVS did a study that reported nearly 70% recognize the importance of offering benefits tailored to women's health needs are essential for retaining top talent, and reducing health costs. .

70%

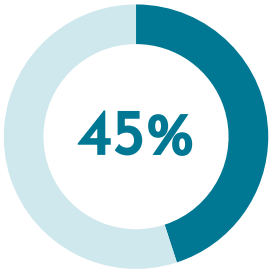
of employers recognize women's health benefits are essential for retaining talent & reducing costs

According to the study, "employers are reimagining women's health in the workplace" and 75% of employers reported they "plan to increase access to health services", and 45% say "mental health is a high priority".

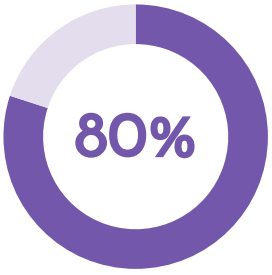
Furthermore, 80% of employers and benefits providers reported they want to work with more culturally competent partners.



Plan to increase access to health services



Say mental health is a high priority

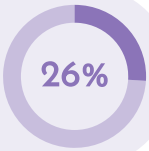


want to work with culturally competent partners

For any commercial payer, reimbursing for doula services leads to higher member and customer retention rates. Wraparound maternal support can be an essential point of differentiation and value-add for benefits decision-makers who are prioritizing their women's health benefits. Doulas can also help lower the need for more expensive procedures like C-Sections which cost 50% more on average as compared with a vaginal birth. Pregnancies supported by doulas have shown 52.9% lower odds of cesarean delivery and are two times less likely to experience a birth complication involving themselves or their baby.

Doulas can also reduce complications for both the birthing parent and the newborn, and evidence shows a 26% decrease in ER visits, including a reduction in preterm births by 24% and 8% less likely to require NICU admissions. 79% of Pacify members have reported that these services helped them avoid a visit to urgent care or the ER. One study estimated that implementing doula care could potentially save $1,600,464,996 per year in the United States by preventing preterm births alone. The evidence is undeniable; doula services combined with lactation consulting undeniably reduces costs, and improves outcomes.

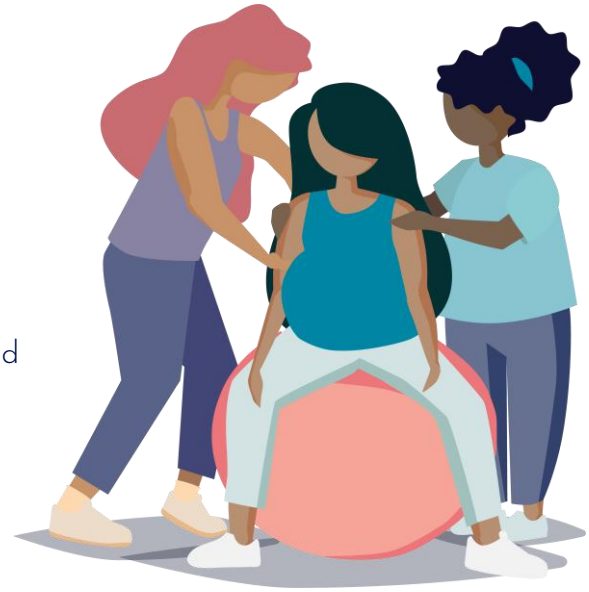
26% decrease in ER visits



79% of Pacify members say doula services helped them avoid urgent care or ER visits

Doula care could save $1.6B per year in the U.S. by preventing preterm births alone

For health plans prioritizing mental health, doula services offer an evidence-based solution that has proven to reduce PPA/PPD (postpartum anxiety and depression), and improve overall maternal mental health throughout pregnancy, labor and delivery.

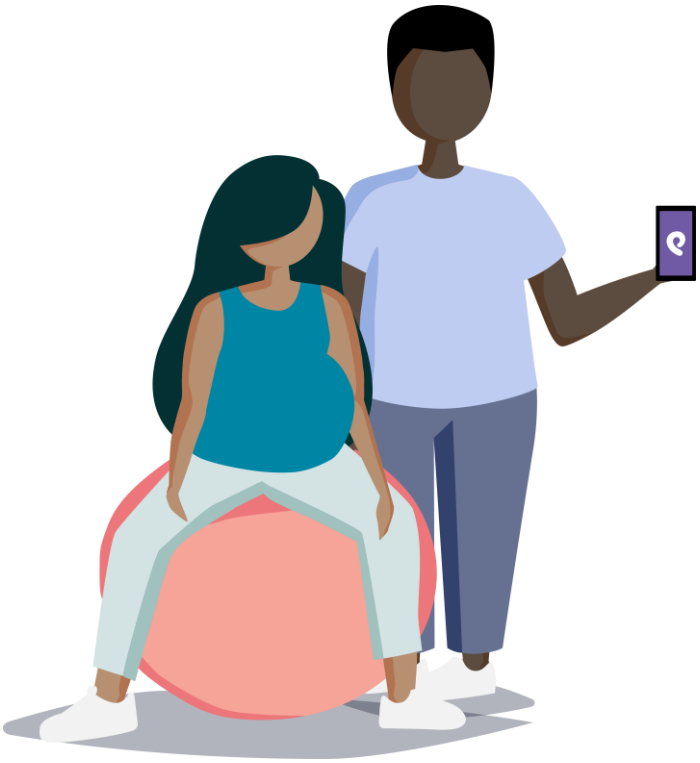


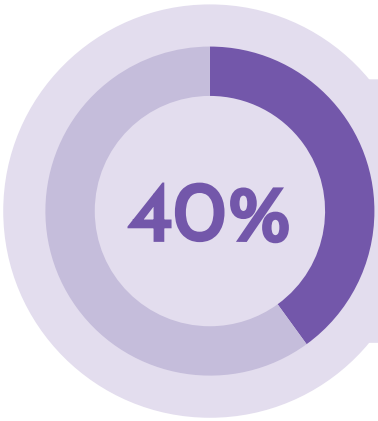
64.7%
Reduction in odds of PPA/PPD

Those who received doula care during labor and birth showed a 64.7% reduction in odds of PPA/PPD. With 1 in 5 parents experiencing pregnancy related mental health issues such as depression and anxiety, doulas offer an unprecedented non-clinical mental health benefit.

1 in 5 Parents Experience Pregnancy Related Mental Health Issues

When it comes to cultural responsiveness, one study shows that integrating doulas increases the odds of receiving respectful care by 40%. And the association between doula support and respectful care was strongest for non-Hispanic Black women (OR: 2.7) and Asian/Pacific Islander women (OR: 2.3).





Higher odds of receiving respectful care when doulas are integrated

Other studies have shown that 40% of women reported communication problems in prenatal care, and 24% perceived discrimination during their birth hospitalization. With Black and Hispanic populations reporting a 2-3x higher mortality rate than their white counterparts, every opportunity to reduce risks by improving cultural competency is imperative.

Offering a reimbursement benefit for doulas and lactation consulting can be a competitive advantage as it's likely to improve a health plan's ratings. Pacify's member satisfaction score has received a 4.9 average star rating with more than 3.6k+ positive reviews. Improving member satisfaction and outcomes is a win-win for plans, and employers alike.

Conclusion

The expansion of wraparound maternal care and doula reimbursement across the United States marks a significant advancement in maternal health. States and plans that have successfully implemented doula reimbursement have done so by establishing credentialing processes, integrating doulas into care teams, and targeting high-disparity areas for pilot programs.

To fully realize the benefits of doula care, states and payers must work together to address remaining barriers by considering additional legislation for commercial coverage and ensuring adequate reimbursement rates and service access. By prioritizing equity, patient satisfaction, and measurable health outcomes, stakeholders can bridge persistent gaps in maternal health and move toward a system where every mother receives the comprehensive support she needs.

End Notes

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