AGN. NO.

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Expanding Doula Services through Medi-Cal for Pregnant and Parenting Birthing Persons in Los Angeles County

Infant mortality is one of the most important indicators of a population's health. Defined as the death of an infant before one year of age, infant mortality reflects maternal health, access to high quality medical care and socioeconomic conditions that shape health outcomes in communities. African Americans are disproportionately affected by high rates of infant mortality throughout the United States, particularly in Los Angeles County (County). In 2018, the infant mortality rate (IMR) among Black babies in the County was 7.6 deaths per 1,000 live births. While the IMR has declined in recent decades, the Black IMR remains 2.4 times the White IMR (California Department of Public Health, 2018).

These same racial and ethnic patterns emerge in rates of maternal mortality. African American women are three to four times as likely to die from pregnancy complications as compared to White women in the United States. These disparities are even greater in the County where the four-year average maternal mortality ratio among Black women between 2013 and 2017 was 67 per 100,000 live births, almost six times the figure among White women.

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According to the California Pregnancy-Associated Mortality Review Board's 2018 report, Black women accounted for 21% of pregnancy-related deaths over the period 2002 to 2007. The report indicated that 41% of all pregnancy-related maternal deaths were preventable. While access to prenatal care, differential socioeconomic status, and maternal risk behaviors such as smoking are important predictors of infant and maternal survival and health, none of these explain Black-White mortality and morbidity differences. There is a growing body of evidence indicating differential social experiences, including differential treatment within the health care system, play an important role in health disparities. In several studies looking specifically at perinatal care, adverse social experiences related to racism, including manifestations of explicit and implicit bias, result in chronic stress that leads to negative birth outcomes for Black women and their babies. A multifaceted approach that includes strategies to address social inequity can improve birth outcomes.

The legacy of past and ongoing systemic racism contributes to persistent gaps in infant mortality. To address these disparities, the County Department of Public Health (DPH) established the African American Infant and Maternal Mortality (AAIMM) Initiative in 2018. The initiative seeks to reduce the Black-White infant mortality gap by 30% and improve Black maternal health in the County by 2023. DPH entered into collaboration with the Department of Health Services (DHS) Whole Person Care Regional Collaboration Team and other partners to establish Community Action Teams (CATs) in the South Los Angeles/South Bay and Antelope Valley regions. One intervention that has been endorsed by these teams, as well as by the March of Dimes, MomsRising, the National Health Law Program, the Black Mamas Matter Alliance and other national experts, is access to doula support for Black women. Current research suggests that what links adverse social experience to adverse infant and maternal outcomes is chronic, elevated stress. Doulas augment routine prenatal and obstetric care by providing social and emotional support, individualized and culturally-specific education, and coaching on strategies to reduce stress and other barriers to healthy pregnancies and birth outcomes. Doulas do not replace medical providers. And yet, studies show that by providing culturally-responsive and patient-centered care, doulas can reduce

cesarean section rates, the incidence of low birth weight birth and preterm birth, and the impact of postpartum depression, while increasing rates of breastfeeding and maternal satisfaction with the birth experience.

In 2014, Minnesota and Oregon used Medicaid funding of doula care to expand access for Medicaid enrollees. Since then, New York and San Francisco have followed suit via local funding of doula pilot programs. In the County, Health Net began a pilot project to provide doula services to 150 Black Health Net members in January 2019; in November of 2019, DPH launched the Whole Person Care AAIMM Doula Pilot to provide doula services to Black pregnant women in Service Planning Areas (SPA) 1, 6 and 8, with plans to expand to additional SPAs through 2021. These two programs offer the County a unique opportunity to work out challenges related to recruitment, training and deployment of doulas and education about the value of doula care. While research indicates that doulas will improve outcomes for the women they serve, the value of doula care will be maximized only if these small-scale efforts serve as a foundation for ongoing funding for doula care in the future.

Both the Health Net Doula pilot and the Whole Person Care AAIMM Doula Project have limited funding and will be completed by 2021. Securing sustainable funding for doula services increases the likelihood of achieving the County's goals to reduce the Black/White infant and maternal mortality gaps. As a County we must explore all funding options to support the goal of providing doula services to those in need.

WE, THEREFORE, MOVE that the Board of Supervisors instruct the Department of Public Health (DPH), in collaboration with the Department of Health Services (DHS), the Department of Mental Health (DMH), and the AAIMM Initiative, inclusive of the AAIMM Community Actions Teams, AAIMM Countywide Steering Committee and the AAIMM Doula Advisory Committee, to identify and seek funding to expand doula services for pregnant women and birthing persons who are Medi-Cal recipients and report back in writing within 90 days on:

1. Options for framing a Medicaid waiver to allow for the expansion of doula services to Black women and other at-risk Medi-Cal enrollees. As outlined in Section 1115 in the Social Security Act, the United States Secretary of Health and Human Services has the authority to waive specific provisions of health and welfare programs such as Medicaid, including eligibility and funding provisions, which may be waived “in the case of any experimental, pilot, or demonstration project which, in the judgement of the Secretary, is likely to assist in promoting objectives of the program”; and

2. Other federal, state, local and private funding opportunities to ensure the expansion and ongoing funding of doula services, including for:

a. Black women who are middle income;
b. Incarcerated persons; and
c. At-risk populations that are not eligible for Medi-Cal.

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