

Centering Equity in Maternal Care: Unpacking California's Medi-Cal Doula Services Implementation

July 18, 2025



Doulas: Understanding the Role of Non-Clinical Birth Support

Core Functions:



- **Physical Support:** Comfort measures, positioning, breathing techniques
- **Emotional Support:** Continuous presence, reassurance, advocacy
- **Educational Support:** Information sharing, birth planning, decision-making
- **Cultural Advocacy:** Bridging communication gaps, respecting traditions

Key Distinctions:

- **Non-Clinical:** Does not perform medical procedures
- **Continuous Care:** Before, during, and after birth
- **Patient-Centered:** Focus on birthing person's needs and preferences
- **Culturally Responsive:** Trained in cultural humility and trauma-informed care
- **Evidence-Based Benefits:** Lower cesarean rates, reduced preterm deliveries, fewer birth complications, and higher patient satisfaction

The Medi-Cal Doula Benefit Explained



Launched on: January 1, 2023

Initial Visit: Assessment and birth planning



Prenatal Support & Postpartum Care:

Up to **8** visits
during pregnancy
& after birth

Labor Support: Continuous support during birth

Extended Sessions:

2 **additional** extended
postpartum visits

Specialized Care: Support during miscarriage and abortion

Implementation Challenge:

Despite formal coverage, significant gaps remain in **awareness, access, and utilization**, particularly in **communities of color, rural areas, and among non-English speakers.**



Data Collection

Mini-groups:

4 sessions with **6** doulas

Doulas interviewed represented diverse practice settings:

- Full-spectrum
- Hospital-based
- Abortion
- Community-based



Focus: Ground-level experiences with Medi-Cal Benefit

Expert interviews:

9 interviews with subject matter experts



Stakeholder groups represented:

- State health officials
- Managed care plan representatives
- Doula collectives
- Reproductive justice advocates
- Academic researchers
- Community-based organization leaders

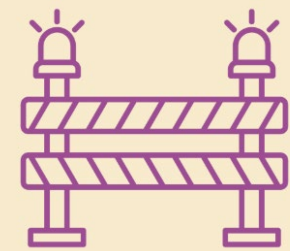


Focus: Policy, administrative, and systemic factors

Key Findings Overview

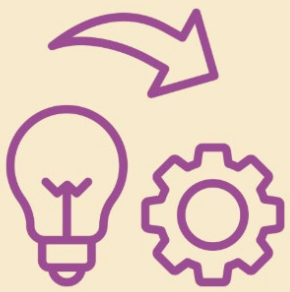
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Critical Themes Identified – Major Implementation Challenges



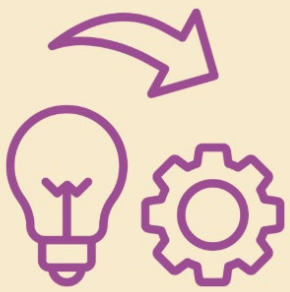
1. ***Equity Gaps in Access and Utilization***

- a. Persistent disparities in awareness and access, especially for communities of color and rural areas



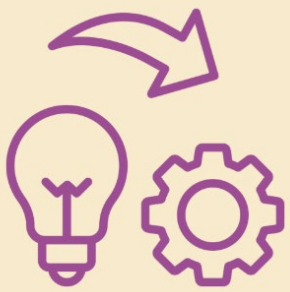
2. ***Structural Barriers in Reimbursement***

- a. Payment delays, administrative burden, and complex billing systems



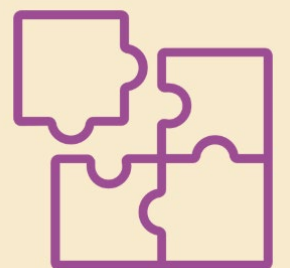
3. ***Institutional Racism and Disrespect***

- a. Systemic bias and devaluation of doula services in clinical settings



4. ***Variability in State Implementation***

- a. Inconsistent policies and procedures across managed care plans and hospitals



5. ***Hospital Integration Challenges***

- a. Doulas misclassified as visitors rather than essential care team members

Core Issue:

Despite strong policy intent, **implementation gaps** are **undermining** the benefit's potential to **advance health equity and improve maternal outcomes**.

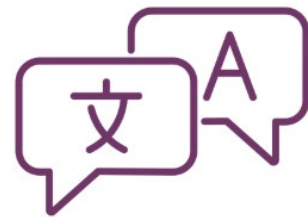
Challenge #1

– Equity Gaps



- **Low Awareness & Disproportionate Access:**

Limited consumer-facing communication from the California Department of Health Care Services (DHCS) and managed care plans (MCPs) has contributed to low uptake, particularly among marginalized communities already experiencing maternal health disparities.



- **Workforce Gaps:**

- *Language Barriers:* Mismatch between doula and client demographics
- *Cultural Competency:* Need for doulas from underrepresented communities
- *Rural Access:* Significant gaps in maternity care deserts
- *Geographic Disparities:* **12** of the **58** counties

have **zero** doulas



Challenge #1

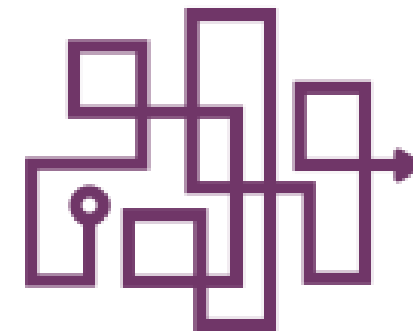
– Equity Gaps Continued



- **Utilization Patterns:**


- *High-Performing Areas:* Partnership HealthPlan, Inland Empire Health Plan
- *Low Utilization:* Los Angeles, rural regions
- *Targeted Communities:* Greatest need, lowest access

- **Systemic Barriers:** Complex navigation requirements



Required Interventions:

Sustained investments in localized recruitment, **culturally responsive training**, **targeted outreach**, and **infrastructure support** are essential to address these disparities.

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- **Payment Delays & Administrative Burden:** Doulas report persistent payment delays, especially for hospital births, due to classification as "visitors" rather than care team members, creating billing complications and financial instability.

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- **Reimbursement Issues:**
 - *Delayed Payments:* Inconsistent reimbursement protocols
 - *Denied Claims:* Complex billing requirements
 - *Hospital Barriers:* Visitor classification limits access
 - *MCP Variations:* Inconsistent contracting processes

Challenge #2 – Structural Barriers





- **Workforce Sustainability:**

- Financial Instability: Unpredictable income streams
- Administrative Burden: Complex documentation requirements
- Third-Party Agencies: Reduced autonomy and compensation



- **Cultural Misalignment:** Lack of understanding of community-based care models

Impact on Community-Based Doulas:

These barriers particularly affect **doulas of color** and **community-based doulas**, threatening the **diversity** and **cultural responsiveness** of the workforce.

Challenge #2 – Structural Barriers Continued



Challenge #3 – Institutional Racism

- **Pervasive Impact of Systemic Racism:** Doulas, particularly doula: of color, report experiencing both overt and subtle forms of racism in hospital settings, which diminishes their roles and negatively affects client support.
- **Experiences of Doulas of Color:**
 - *Racial Bias:* Overt and subtle discrimination
 - *Stereotyping:* Assumptions about competence
 - *Tokenization:* Marginalized representation
- **General Disrespect (Reported by All Doulas):**
 - *Overlooked by Staff:* Ignored in clinical settings
 - *Excluded from Decisions:* Not included in care discussions
 - *Treated as Non-Essential:* Devalued role in birth team
 - *Lack of Recognition:* No formal acknowledgment

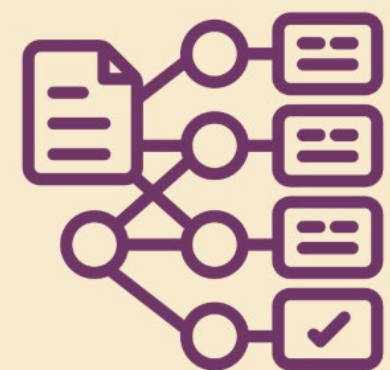
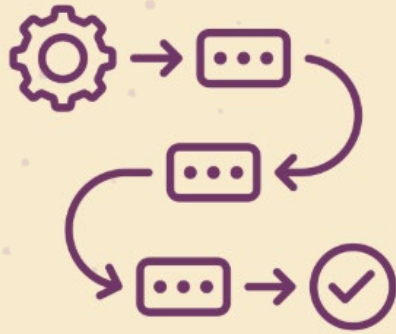


Challenge #3 – Institutional Racism Continued



- **Compounding Effects:** **Systemic racism** and **devaluation** of doula care create environments where doulas are **marginalized**, undermining their ability to provide **culturally responsive, person-centered support**.
- **Required Changes:** Addressing these issues requires **cultural narrative change, anti-racism training**, and **institutional accountability** within health care systems.

Challenge #4 – Implementation Variability



- **Inconsistent Policies and Procedures Statewide**
- **Uneven Implementation Despite Strong Policy:** Many providers and MCP staff remain unaware of the benefit, leading to poor integration into care teams and limited referrals for eligible patients.
- **System-Level Variations:**
 - *MCP Differences:* Stark variations in benefit implementation
 - *Hospital Protocols:* Lack of standardized credentialing
 - *Provider Awareness:* Limited knowledge of doula services
 - *Regional Disparities:* Unequal access across geographic areas

Challenge #4 – Implementation Variability Continued



- **Operational Challenges:**

- *Payment Processing:* Delays and denials
- *Documentation:* Complex fee-for-service requirements
- *Referral Systems:* Lack of institutional support
- *Quality Assurance:* No standardized metrics

- **High-Performing vs. Low-Performing MCPs:**

While some plans have built strong networks with clear processes, others **lack basic infrastructure**, leaving doulas **uncertain** about procedures and Medi-Cal members **without reliable access**.

- **Need for Standardization:** The **disconnect** between community expertise and state implementation **undermines** the benefit's intended impact and creates **barriers to scaling services statewide**.

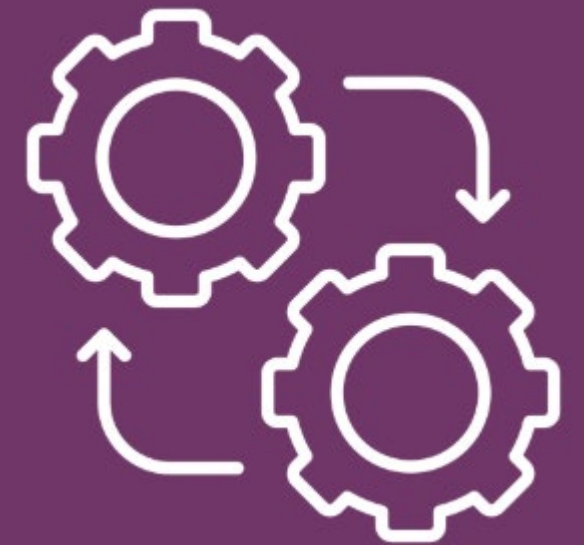


- **Barriers to Doula Recognition and Access**

- *Persistent Classification as "Visitors":* Despite growing recognition of doulas' critical role, some hospitals still classify them as visitors, **limiting access** during labor and **undermining** their **ability to provide continuous support**.
- *Experience:* A doula shared being required to wait in a separate area and **not being allowed to be present with her client** in the labor and delivery room, **undermining** both **her role** and the **support her client requested and needed**.



Challenge #5 – Hospital Integration





- **Access Barriers:**

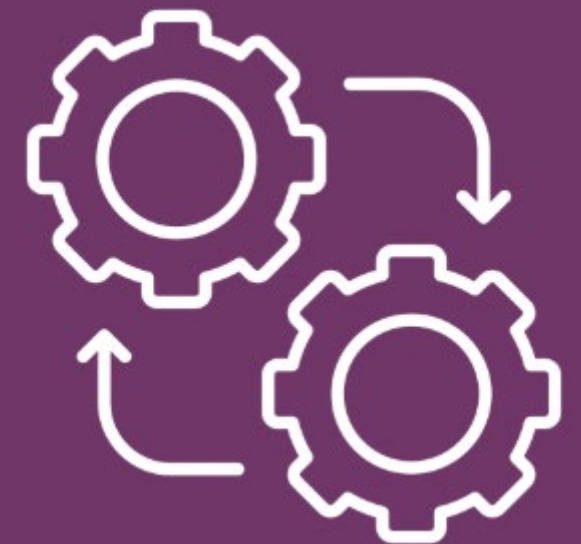
- *Visitor Classification:* Limited access to labor wards
- *Visitor Badges:* Inadequate credentials for full access
- *Restricted Areas:* Exclusion from operating rooms and postpartum units
- *Inconsistent Policies:* Variable protocols across facilities

- **Care Impact:**

- *Disrupted Continuity:* Interrupted support during critical moments
- *Reduced Effectiveness:* Limited ability to advocate
- *Client Frustration:* Unmet support expectations
- *Equity Goals:* Undermined person-centered care



Challenge #5 – Hospital Integration Continued

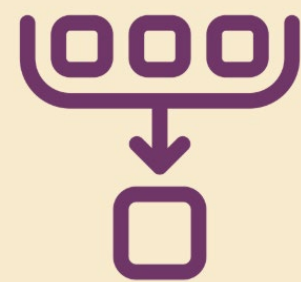


Strategies: DHCS Leadership



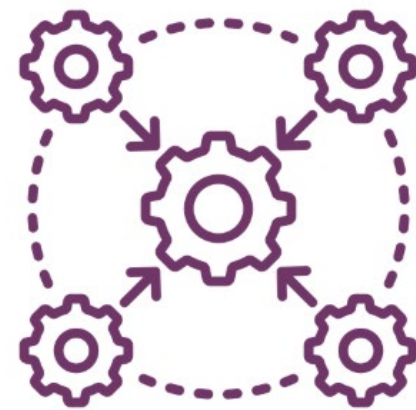
- **Strengthen Oversight and Accountability:** Issue updated All-Plan Letters with enforceable standards for timely payment, streamlined credentialing, and dispute resolution processes. Follow up with MCPs that are non-compliant.
- **Increase Transparency:** Develop and maintain a public-facing dashboard with metrics such as number of contracted doulas, claim denials, reimbursement timelines, and service utilization, disaggregated by race, geography, and language.
- **Support Infrastructure Development:** Allocate ramp-up funding to support community-based organizations (CBOs) and independent doulas with technical assistance for enrollment, billing, and training.
- **Expand Outreach:** Launch a multilingual, culturally tailored statewide public awareness campaign to inform Medi-Cal members about the doula benefit, building on existing member notices, flyers, and digital resources.
- **Create a Web-Based Doula Directory:** Develop a user-friendly online directory that includes doulas, midwives, and obstetricians. The directory should allow users to filter by language, county, managed care plan, and specialty.
- **Provide Dedicated Funding to Medi-Cal MCPs:** Support the development and staffing of streamlined culturally responsive contracting processes for doulas. These supplemental payments would enable plans to hire appropriate personnel, improve infrastructure, and ensure timely onboarding and support for community-based doula providers.

Strategies: MCPs



- **Simplify Contracting Processes:** Create tailored doula contracts that eliminate unnecessary requirements and reduce administrative burden.
- **Provide Tailored Training:** Offer claim submission training specific to doulas and ensure guidance is accessible and ongoing.
- **Designate Doula Support Staff:** Assign clear points of contact to assist doulas with credentialing, contracting, and reimbursement issues in a timely and transparent manner.
- **Promote Best Practices:** Share high-performing MCPs strategies across plans to standardize successful models and improve member access to doula care.

Strategies: Hospitals



- **Integrate Doulas into the Care Team:** Revise admission policies to recognize doulas as essential care team members rather than visitors and ensure consistent access across all relevant departments.

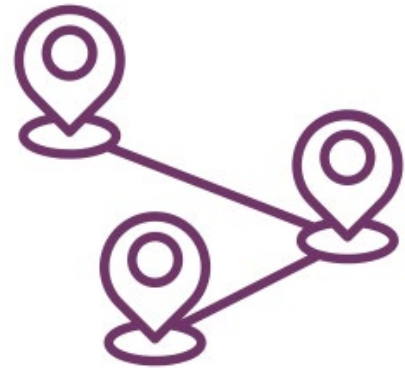
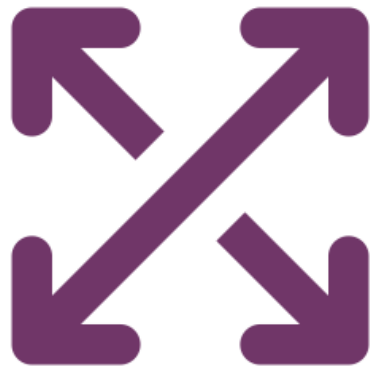


- **Educate Hospital Staff:** Provide regular training to hospital staff on the role of doulas and the Medi-Cal Doula Benefit to boost understanding and acceptance of doula care.



- **Build Community Partnerships:** Establish hospital-based doula convenings, meet-and-greet sessions, and community accountability workgroups to improve collaboration and trust.

Strategies: Community-Based Organizations and Health Care Providers



Community-Based Organizations (CBOs)

- *Expand Capacity and Access:* Apply for pilot funding to train new doulas and support those serving underrepresented populations in areas with poor perinatal outcomes.
 - Example: [LA County Medi-Cal Doulas Hub TA](#)
- *Support Doula Navigation:* Provide technical assistance to help doulas enroll, contract, and bill as Medi-Cal providers, especially in rural and underserved areas.

Health Care Providers

- **Promote Awareness:** Encourage Obstetricians/Gynecologists (OB/GYNs), midwives, and primary care providers to discuss doula services with Medi-Cal members early in prenatal care and provide culturally appropriate informational materials
- **Refer to Doula Services:** Integrate doula referrals into routine prenatal workflows and coordinate care with doulas to ensure continuity of support across the birth continuum.

Strategies: State Legislature



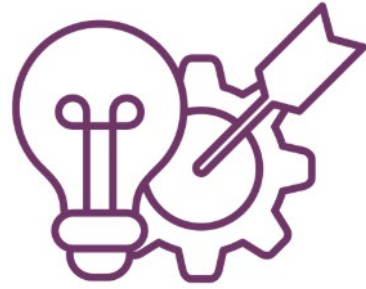
- **Fund a Web-Based Doula Directory:** Allocate state funding for DHCS to create a fully integrated, searchable online doula directory that is accessible to all Medi-Cal members.



- **Support Pilot Programs:** Approve grants and pilot funding for CBOs to increase doula workforce capacity, especially in high-need counties and marginalized communities.



- **Ensure Equity in Access:** Authorize funding for outreach and education programs that target low-utilization communities and eliminate barriers to doula enrollment and participation.



- **Clarify Doula Roles in Hospital Policy:** Standardize hospital policies by requiring facilities to clearly define doulas as part of the care team across all units, including labor & delivery, postpartum, and surgical settings.



- **Ensure Compliance with Doula Access Guidelines:** Monitor hospital compliance with All Facilities Letter 25-13 by conducting regular audits or follow-up surveys to ensure doulas are not counted as visitors and are granted appropriate access.



- **Educate Staff on Doula Support and Cultural Competence:** Develop and disseminate training materials for hospital staff on the role of doulas, their scope of practice, and the importance of culturally responsive care in improving maternal health outcomes.



- **Track and Address Doula Access Barriers:** Collaborate with DHCS and hospitals to track and report on doula access data, including any reported access issues, to identify facilities needing technical assistance or policy reinforcement.

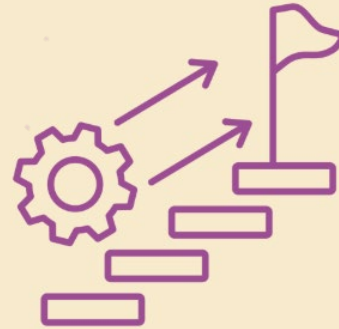
Strategies: California Department of Public Health



Key Takeaways



The Promise: The Medi-Cal Doula Benefit holds transformative potential to reduce maternal health disparities and improve outcomes for birthing individuals across California.



The Reality: Success depends on addressing longstanding structural challenges that hinder doula participation and limit access for Medi-Cal members.



The Path Forward:

- *Center Community Voices:* Prioritize lived experiences and community expertise
- *Enforce Accountability:* Implement enforceable standards and oversight
- *Resource Infrastructure:* Invest in sustainable, community-based support systems
- *Address Systemic Racism:* Confront institutional bias and discrimination
- *Ensure Equity:* Focus on historically underserved communities



Key Terms



Abortion Doula: A trained support person who offers emotional and physical care to individuals during the process of an abortion.

Bereavement Doula: A professional who provides compassionate support to families experiencing pregnancy or infant loss, such as miscarriage or stillbirth.

Birth Doula: Also called a labor doula, offers continuous non-clinical support during pregnancy, labor, and childbirth.

Birth Equity: Ensuring that all individuals have a fair and just opportunity to experience safe, healthy, and respectful births, regardless of their race, income, identity, or background. It involves addressing systemic barriers, reducing disparities, and providing care that is inclusive, culturally responsive, and tailored to each person's unique needs throughout the pregnancy and childbirth journey.

Birth Outcomes: Refers to the health status of a newborn at delivery, commonly measured by factors such as birthweight, preterm birth, or stillbirth.

Birthing People: Inclusive term for individuals who give birth, regardless of gender identity, including women, men, nonbinary, and gender-diverse individuals.

California Medi-Cal Doula Benefit: Launched in January 2023, California's Medi-Cal doula benefit provides state-funded coverage for trained doulas to support eligible members before, during, and after pregnancy, including during birth, miscarriage, abortion, and postpartum. The benefit includes an initial visit, eight prenatal or postpartum visits, labor support, and two extended postpartum sessions, with the option for additional visits if medically recommended.

Key Terms Continued



Cesarean Section Birth: A surgical procedure used to deliver a baby by making an incision in the parent's abdomen and uterus. Commonly called a C-section, it is an alternative to vaginal birth when medically necessary.

Doula: A nonmedical professional who provides continuous physical, emotional, and informational support before, during, and after childbirth.

Holistic Care: A person-centered approach to health that addresses physical, emotional, social, and spiritual well-being.

Maternal Health: The health and wellness of individuals during pregnancy, childbirth, and the postpartum period.

Midwife: A licensed clinical provider who delivers a range of reproductive and sexual health services, including prenatal care, childbirth assistance, newborn care, and contraception counseling.

Patient-Centered Care: An approach to health care that focuses on treating patients as active partners in their care. It means listening to their needs, respecting their values and preferences, and involving them in decisions about their treatment. This type of care looks at the whole person, not just their medical condition, and aims to build trust, improve communication, and support overall well-being.

Postpartum Doula: A professional who supports the physical and emotional needs of the birthing person and infant during the postnatal period.

Trauma-Informed Care: An approach to care that understands how past trauma can affect a person's health and behavior. It focuses on creating a safe, respectful environment, building trust, and supporting people in a way that avoids causing further harm.

Resources



[California Health Care Foundation: What is a Doula? - Policy at a Glance](#)

[CalOptima Health Doula Support Services](#)

[Central California Alliance for Health Doula Services Benefit](#)

[Department of Health Care Services Doula Services Overview](#)

[Department of Health Care Services Doula Providers Page](#)

[Department of Health Care Services Doula Services Recommendation Document](#)

[Department of Health Care Services Doula SPA Pages V2 Draft](#)

[Department of Health Care Services Individual Billing Provider Doula Application](#)

[Department of Health Care Services Doula FAQ Fact Sheet](#)

[Department of Health Care Services Doula Directory](#)

[Department of Health Care Services Doula Services FAQ for Providers](#)

[Department of Health Care Services Doula Services](#)

[Department of Health Care Services Doula Providers](#)

[Department of Health Care Services Doula Workgroup SB65 Applicant List](#)






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Thank you to all of the participants in both the mini listening sessions and subject matter expert interviews for sharing your time and expertise with the ITUP team.

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