

Researchers find that doula care for low-income women could save taxpayers money

February 14 2013

New research from the University of Minnesota's School of Public Health has found lower cesarean birth rates among Medicaid beneficiaries with access to support from a birth doula than among Medicaid patients nationally. A doula is not a medical provider, but is a trained, experienced professional person who can provide information, physical assistance and support to a woman during childbirth.

The research indicates that policy changes to provide [Medicaid coverage](#) for birth doulas may actually decrease costs due to lower rates of [cesarean births](#) among Medicaid patients with doula support. Support during childbirth may be especially important for women with low health literacy or patients whose first language is not English and who may not fully understand all their clinical options during childbirth.

The results are published online today in the [American Journal of Public Health](#).

Currently, taxpayers fund nearly half of all U.S. births through state Medicaid programs, which generally do not cover birth doula care. A cesarean birth costs almost 50% more than a vaginal birth, with the average Medicaid payment of \$9,131 for a vaginal birth and \$13,590 for a cesarean delivery.

The latest study, led by Katy Backes Kozhimannil, Ph.D., an assistant professor within the School of Public Health's Division of Health Policy and Management, shows two things: first, doula support may improve

birth outcomes for diverse, low-income women, and second, state Medicaid programs offering coverage for birth doulas could potentially save taxpayer dollars.

"When we compared birth outcomes among culturally-diverse Medicaid recipients who received prenatal education and childbirth support from trained doulas with those from a national population of similar women, we estimated a 40 percent reduction in cesarean rates," said Kozhimannil. "When you look at the potential cost savings associated with a rate reduction of this magnitude, Medicaid reimbursement for birth doulas could be a case where adding coverage on the front end could ultimately result in real dollars saved."

Kozhimannil notes that the positive health impacts of continuous labor support are well documented, but this is the first analysis of the potential financial impact of offering insurance coverage for that type of support.

According to the latest research:

- Many low-income women are at increased risk for poor birth outcomes
- Many low-income women are unable to afford the cost of doula services
- In 2009, Taxpayers funded 45 percent of all U.S. births through state Medicaid programs
- Medicaid does not typically offer coverage for doula care

Unlike physicians, midwives, and obstetrical nurses who provide medical care, a doula provides support in the nonmedical aspects of labor and delivery. According to the study's authors, this kind of support can translate directly into fewer cesarean births because more mothers may fully understand their birthing options and have the support they need during challenging aspects of labor and delivery.

"All mothers, but especially those from low-income communities, communities of color and immigrant communities, stand to benefit from support during childbirth," explained Kozhimannil. "The doula group we studied made a concerted effort to recruit and train diverse doulas and to match doulas with clients based on language, culture and community."

In order to recruit doulas from the at-risk communities, broadening the payer base will likely enhance the feasibility and appeal of a doula care business model for a wider range of women.

Increasing financial access by offering coverage of birth doula care would be costly to state Medicaid programs. But these costs may be offset by reductions in hospital payments for cesarean deliveries, should cesarean rates decrease sufficiently.

"In a time of increasing fiscal pressures on health care systems and state Medicaid budgets, the need to stem the rising cost of care is urgent," said Kozhimannil. "We believe the option of doula support for Medicaid-funded pregnancies would not only be financially beneficial, but may also improve quality and enhance the mother's [birth](#) experience."

Provided by University of Minnesota

Citation: Researchers find that doula care for low-income women could save taxpayers money (2013, February 14) retrieved 10 April 2024 from <https://medicalxpress.com/news/2013-02-doula-low-income-women-taxpayers-money.html>

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