



**Funding to enable Medicaid reimbursement of doula services throughout pregnancy and the postpartum period and to provide support services and technical assistance for the doula population**

**North Carolina's infant mortality rate is the 11<sup>th</sup> highest in the U.S. and NC rates have been stagnant since 2010.<sup>1</sup>**

**Disparities persist, with Black infants dying at more than twice the rate of white infants.**

Doulas are commonly defined as nonclinical trained professionals who can provide emotional, physical, and informational support during pregnancy, delivery, and after childbirth. Doula services are increasingly recognized as an effective means of improving maternal and infant health outcomes and experiences and improving disparity gaps.<sup>2</sup>

Various experts and entities are encouraging expanded use of doulas, e.g.:

- The federal government is supporting efforts to expand the doula workforce and encourage coverage of doula services in a number of health programs.<sup>3</sup>
- A current policy priority of the March of Dimes is for Medicaid and private insurance coverage for doula care services.<sup>4</sup>
- Efforts around doula services and expanding the doula workforce are part of the [North Carolina Perinatal Health Strategic Plan](#).
- At least 11 states are reimbursing for doula services in their Medicaid plans, with several others in the planning stages.

NC Medicaid does not currently reimburse for doula services, however some prepaid health plans as part of Medicaid managed care added doula services as part of their value-added services. Funding estimates from 2023 included \$1.5 million recurring to implement Medicaid coverage of doula services and \$550,000 nonrecurring for training, promotions, and doula engagement. Lessons learned from other states elevate the importance of needing recurring funding for doula training and support needed with Medicaid billing. (Updated estimates pending.)

**The Child Fatality Task Force** recommends policies to prevent child death and support the health and safety of children.

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<sup>1</sup> 2022 data is the most recently finalized infant mortality data from the NC State Center for Health Statistics, NCDHHS.

<sup>2</sup> See, e.g., Knocke K, Chappel A, Sugar S, De Lew N, Sommers BD. Doula Care and Maternal Health: An Evidence Review. (Issue Brief No. HP-2022-24). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. December 2022; Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163.

<sup>3</sup> Knocke K, Chappel A, Sugar S, De Lew N, Sommers BD. Doula Care and Maternal Health: An Evidence Review. (Issue Brief No. HP-2022-24). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. December 2022.

<sup>4</sup> See: <https://www.marchofdimes.org/sites/default/files/2022-11/2023-24%20Policy%20Priorities.pdf>.

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*Doula services have been shown to improve maternal and infant health outcomes and improve disparity gaps.*

*Expanding the use of doulas in North Carolina can help lower North Carolina's high infant mortality rates and address racial disparities.*

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