

Board of Health for Madison and Dane County
Resolution #2019 - 05

Title

Resolution in Support of Increased Maternal and Child Health Funding and Equitable Access to Doula Services in Dane County

Body

WHEREAS, Dane County experiences persistent black-white disparities in almost every maternal and infant health outcome, including severe maternal morbidity, breastfeeding initiation and duration, low birth weight, and infant death; and,

WHEREAS, Doulas are trained professionals who provide physical and emotional support as well as information to families before, during, and after childbirth;¹ and,

WHEREAS, Studies have shown that families who receive doula services have better outcomes at lower health care costs, women with doula support have higher breastfeeding rates, and their babies have a lower likelihood of low birth weight and prematurity;^{2,3} and,

WHEREAS, Doulas also have the potential to decrease birth-related complications and therefore health care costs in Wisconsin and beyond;^{4,5} and,

WHEREAS, Most insurers do not cover doula services, creating barriers for families who cannot pay for a doula out of pocket; and,

WHEREAS, Community-based doulas that serve low-income families often receive inequitable compensation for their services; and,

WHEREAS, The cost of doula certifications makes becoming a doula inaccessible for many women with limited incomes and may limit the number of doulas of color who can help address the discrimination some women of color experience within the health care system;⁶ and,

WHEREAS, Public Health Madison & Dane County is committed to supporting efforts that produce equitable outcomes for maternal and child health; and,

WHEREAS, This resolution is in alignment with previous Board of Health resolution #2018-24 in support of the MOMMIES Act, which included steps that would increase doula access, as well as national efforts by organizations such as the March of Dimes, who recently released a position statement declaring the importance of insurance coverage for doula services; and,

WHEREAS, Wisconsin Governor Tony Evers' 2019-2021 biennial budget proposal includes provisions supportive of maternal and child health, including establishing Medicaid reimbursement for doula services, funding training for doulas, expanding post-partum coverage for mothers insured under Medicaid, creating an infant mortality prevention program, and expanding evidence-based home visiting programs; and,

WHEREAS, This resolution aligns with local efforts by organizations such as the Dane County Health Council, whose activities have focused on reducing low birth weight among black infants in Dane County,

NOW, THEREFORE, BE IT RESOLVED, That the Board of Health for Madison and Dane County, on behalf of Public Health Madison and Dane County, supports efforts to increase access and availability of doulas for families of color in Dane County; and,

BE IT FURTHER RESOLVED, That the Board of Health for Madison and Dane County supports the adoption of Wisconsin Governor Tony Evers' 2019-2021 biennial budget proposal provisions that advance the health of women, children, and families; and,

BE IT FURTHER RESOLVED, That the Board of Health for Madison and Dane County calls on insurers to cover or reimburse costs for doula services for all of their pregnant clients, to cover services at an equitable rate, and to contract with culturally relevant doula providers for families of color they may serve; and,

BE IT FINALLY RESOLVED, That the Board of Health for Madison and Dane County supports efforts to reduce barriers for women of color aspiring to obtain doula training, including reducing or eliminating costs for certification and increasing access to and affordability of continuing education for existing doulas of color in Dane County.

References

¹ “What Is a Doula - DONA International.” Accessed February 19, 2019. <https://www.dona.org/what-is-a-doula/>.

² Kozhimannil, Katy Backes, Laura B. Attanasio, Rachel R. Hardeman, and Michelle O’Brien. “Doula Care Supports Near-Universal Breastfeeding Initiation among Diverse, Low-Income Women.” *Journal of Midwifery & Women’s Health*. Vol 58, no. 4 (2013): 378–82. <https://doi.org/10.1111/jmwh.12065>.

³ Thomas, Mary-Powel, Gabriela Ammann, Ellen Brazier, Philip Noyes, and Aletha Maybank. “Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population.” *Maternal and Child Health Journal*. Vol 21, no. 1 (December 1, 2017): 59–64. <https://doi.org/10.1007/s10995-017-2402-0>.

⁴ Kozhimannil, Katy Backes, Rachel R. Hardeman, Laura B. Attanasio, Cori Blauer-Peterson, and Michelle O’Brien. “Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries.” *American Journal of Public Health*. Vol 103, no. 4 (April 2013): e113–21. <https://doi.org/10.2105/AJPH.2012.301201>.

⁵ Chapple, Will, Amy Gilliland, Dongmei Li, Emily Shier, and Emily Wright. “An Economic Model of the Benefits of Professional Doula Labor Support in Wisconsin Births.” Vol 112, no. 2 (2013): 8.

⁶ “Birth-Doula-Certification-FAQ-2019-Frequently-Asked-Questions.Pdf.” Accessed February 19, 2019. <https://www.dona.org/wp-content/uploads/2018/12/Birth-Doula-Certification-FAQ-2019-Frequently-Asked-Questions.pdf>.
