

**Introduction – Unveiling the Crisis: Maternal Mortality Across California Communities**

There is a national, unprecedented maternal mortality crisis that is disproportionately impacting Black and Indigenous people. Black women and birthing people have the [highest maternal mortality rate both nationwide and in California](#). Persisting medical racism, lack of mental health resources, environmental factors, and social determinants of health (SDoH) are driving these racial maternal health disparities.<sup>1,2</sup>

The maternal mortality crisis is propelling U.S. federal efforts to address this issue and enhance investment in the perinatal health workforce through the Biden-Harris Administration’s [Blueprint for Addressing the Maternal Health Crisis](#).

However, even after accounting for protective factors like income, zip code, and education, Black and Indigenous women and birthing people experience substantially worse birth outcomes compared to their white counterparts.<sup>3,4</sup> Systemic medical racism—not just socioeconomic factors—contributes to clinicians routinely dismissing and delaying crucial maternal care for Black and Indigenous women and birthing people. Implicit racial bias in health care and subsequent chronic toxic stress further contribute to higher rates of maternal mortality, preterm birth, and complications for Black and Indigenous women and birthing people.<sup>5,6,7</sup>

The California Department of Public Health (CDPH) is leading initiatives such as the [Perinatal Equity Initiative \(PEI\)](#) to address birthing disparities and improve health outcomes for Black Californian families. However, birthing inequities persist throughout California. Many birthing people continue to struggle with accessing behavioral and health care related services.

This ITUP fact sheet examines the current investments made in the creation of a dedicated workforce for birthing people while also exploring the unique opportunity that doulas serve to bridge the gap for maternal health access across historically marginalized communities in California.

**Fast Facts »**

In 2022, Black women & birthing people had a **2.2x higher average** maternal mortality rate than the **U.S. average of 22.3**.<sup>8</sup>

U.S. Black women & birthing people are **3-4xs** more likely to die from pregnancy-related causes.<sup>9</sup>

COVID-19 caused nearly a **70% increase** for California’s pregnancy-related deaths.<sup>10</sup>

Annually in California, about **70 maternal deaths** occur with approximately **60% being preventable**.<sup>\* 11,12</sup>

Compared to white Californians, birthing people of color’s maternal mortality ratio is about **300% to 400% worse**.<sup>11</sup>

\* Note: Maternal deaths include both pregnancy related and associated maternal deaths.

**Doulas: A Vital Solution for Supporting Maternal Health**

Doulas are **non-medical health professionals** and birth workers who provide crucial physical, emotional, and informational support to families before, during, and after childbirth.<sup>13,14,15</sup> Doulas aid women and birthing people by navigating the complex health care system and encouraging and empowering self-advocacy in interactions with health care professionals.<sup>13,14,15</sup> In addition, doulas support their patients with culturally responsive patient-centered care. Expanding the availability of doula services in Black, Indigenous people of color (BIPOC) communities offers a promising strategy to address California’s maternal mortality crisis.



**Doulas and Midwives: What’s the Difference?**

Midwives and doulas are often thought of sharing the same roles and responsibilities. Although they work together, each birth worker has key differentiating features in delivering maternal care. A doula’s steady, supportive presence during maternal services complements a midwife’s clinical care. Both birth workers lead to better health outcomes for birthing people and their infants than a sole physician-attended hospital birth.<sup>16</sup> Continuous and collaborative points of contact amongst all these health professionals throughout the perinatal period is key to ensuring that the needs of pregnant people and babies are met.

**Doulas in the Birthing Process**

A continuous non-medical presence; needed or desired to provide emotional, physical, and informational support for a woman/birthing person. This includes comfort techniques, encouragement, and guidance before, during, and after childbirth.

**Midwives in the Birthing Process**

A constant medical presence; needed or desired to manage the clinical aspects of childbirth, including monitoring the mother and baby, assisting with delivery, and handling medical complications.

## DOULA TIMELINE

1984

California's first professional doula organization, the National Association of Childbirth Assistants, was founded.<sup>18</sup>

1989

[Senate Bill \(SB\) 165, Budget Act of 1989](#), established the Black Infant Health Program (BIH).

1989

[Homeless Prenatal Program \(HPP\)](#) was founded and works to empower homeless and low-income families to find the strength and confidence to transform their lives.

1993

[San Francisco General Hospital](#) established one of the state's early volunteer doula programs to provide support to birthing women and their families.

2018

The LA County Department of Public Health launched the [African American Infant and Maternal Mortality \(AAIMM\) Initiative](#).

2019

Birth workers Dr. Sayida Pephah-Wilson and Khefri Riley launched the [Frontline Doula Program](#) in LA County. The program provides physical, emotional, informational and advocacy support to African American families, during the pregnancy, childbirth and postpartum period.

2020

[California Dignity in Pregnancy and Childbirth Act, SB 464 \(Mitchell\)](#) aimed to decrease racial disparities, decrease provider bias, and make more data available about maternal deaths.

2020

[Maternal Mental Health Conditions AB 3032 \(Frazier\)](#) required hospitals with perinatal units to develop educational training about maternal mental health conditions, such as postpartum depression, to better inform postpartum mothers, birthing people and families about the signs and symptoms of these conditions.

2021

[Maternal Care and Services SB 65 \(Skinner\)](#) aimed to close the existing racial gaps in maternal and infant mortality rates experienced in BIPOC communities. SB 65 improved data collection in the [Fetal and Infant Mortality Review \(FIMR\)](#) process, created a fund to support the midwifery workforce, and established the [Doula Implementation Stakeholder Workgroup](#) to support implementation of the new [Medi-Cal doula benefit](#).

## Historical Roots of Doulas in California

Doulas are a notable part of a well-established, historic tradition in Black and Indigenous communities, dating back to the early 1900s-1970s.<sup>17,18,19</sup> The modern-day concept of Doulas emerged in 1969 from Dr. Dana Raphael, who derived the term from the Greek word "doulē", meaning servant woman.<sup>18</sup>

California has been a key historic leader in integrating doulas into the health care workforce. Los Angeles County boasts a large and active mobilization of doulas with their launch of [the African American Infant and Maternal Mortality \(AAIMM\) Initiative](#) in 2018 to tackle the Black-white infant mortality gap. In recent years, California policymakers have continued to prioritize the integration of community-based services in health care delivery (see [ITUP's Community Health Worker fact sheet](#)). Doulas are integral players in this mission, and ongoing efforts to solidify doulas as key members in the health care workforce ultimately aid in efficient, equitable birth outcomes.

## Enhancing Maternal Care: The Benefits of Doulas

Doulas bring a compassionate and evidence-based approach to maternal care.<sup>20</sup> Their holistic, continuous support not only significantly reduces pregnancy-related complications and mortality, but helps to bridge gaps in birth outcomes for people of color.<sup>21,22,23</sup>



Women who received doula care had **52.9%** lower odds of cesarean delivery.<sup>24</sup>

Doula support alleviates discomfort and provides a safe, trauma-free environment for birthing people, notably those in BIPOC and Lesbian, Gay, Transgender, Queer communities.<sup>25</sup> Medi-Cal members who used certified doulas during their pregnancies had better health outcomes compared to those who did not.<sup>26</sup> Doulas can also serve in various roles in maternal care beyond birthing support, such as abortion and bereavement care.<sup>25,27</sup>

1

Advancing Birth Equity

2

Joining the Policy Work Efforts to Address the Black Maternal Mortality Rate.

3

Providing evidence-based information to birthing families to reduce instances of risky cesarean sections and preterm births.

4

Reducing infant mortality rates.<sup>28</sup>

5

Enhancing breastfeeding support provided by health care professionals.<sup>27</sup>

6

Lessening anxiety and depression for pregnant people.<sup>30</sup>

7

Lowering rates of pregnancy-related comorbidities.<sup>24,31,32</sup>

## Critical Challenges for California Doulas in the Workforce

Although doulas offer many positive attributes, doulas continue to face ongoing obstacles hindering their expansion and aid in the health care workforce. During and after the COVID-19 pandemic, some hospitals have barred doulas from Labor and Delivery (LND) and Postpartum units, despite the critical need for postpartum doula support.<sup>35,36</sup>

Misunderstandings about the essential role that doulas play in maternal care continue to endure. This leads to a lack of awareness regarding the invaluable support doulas provide to expecting and new mothers during pregnancy, labor, and the postpartum period.<sup>31</sup> While birthing is a key aspect of doula care, specialized abortion and full-spectrum doulas highlight that they can assist with a wide range of perinatal experiences beyond childbirth.<sup>25,37</sup> This contributes to difficulties in creating working relationships between doulas and clinicians within hospital environments.<sup>36,38</sup>

Medi-Cal managed care plans (MCPs) are integral to ensuring doula supports for pregnant and birthing people.<sup>39</sup> However, many non-MCPs favor focusing on cost-effectiveness, rather than understanding the full scope and benefits doulas provide for Medi-Cal members, including financial savings.<sup>40</sup> Although reimbursement rates are increasing, Medi-Cal doulas still encounter challenges with serving the Medi-Cal population. Slow adoption and integration of their services reveal the complexities of registration, billing, and the reluctance of many birth workers to engage with the bureaucratic and traditional health care system.<sup>13</sup> These barriers ultimately hinder BIPOC women and birthing persons from receiving immediate doula care alongside preventing further diversification of the doula workforce.

Medi-Cal plays a clear critical role in maternal care, funding 40 percent of births annually.<sup>41</sup> However, to solidify the integration of doula services in this system, policymakers and birth equity advocates must address these key challenges in access and delivery. This will ensure that California's BIPOC birthing populations are properly served alongside the maintenance of a robust, reliable network of doulas and community health workers.

Roughly only  
**6%** of women utilize doula support nationally.<sup>31</sup>



**Compared to white women or Latinx women, Black or Asian language-speaking birthing people reported unfair treatment, harsh language, and rough handling during their hospital stay.<sup>42</sup>**



### 2022

AAIMM partnered with the [Care First Community Investment](#) to expand their doula program to justice-involved pregnant people.



Since 2019, AAIMM has connected over  
**500** families with doula support.<sup>33,34</sup>

### 2023

The [Department of Health Care Services \(DHCS\) added doula services as a covered Medi-Cal benefit](#). Doula services are available in fee-for-service and through managed care plans (MCPs). Services include personal support to individuals and families throughout pregnancy and one year postpartum. This includes emotional and physical support provided during pregnancy, labor, birth, and the postpartum period, as well as support for and after miscarriage and abortion.



### 2023

[Health Care Coverage Doulas AB 904 \(Calderon\)](#) stated that the cultural, institutional, environmental and social needs of Black, Indigenous and marginalized women and birthing people are not being met. AB 904 required doula services to be further utilized to address racial health disparities in maternal and infant health outcomes. AB 904 builds upon the DHCS's doula policy and expands access to doulas within private insurance networks.

### 2024

[California Dignity in Pregnancy and Childbirth Act AB 2319 \(Wilson & Weber\)](#), Chapter 621, Statutes of 2024—Effective January 1, 2025, this bill acknowledges and supports all birthing people, including nonbinary and transgender individuals, requiring certain health care providers in hospitals, birth centers, and primary care clinics to undergo implicit bias training.



## Policy Considerations

California policymakers must explore innovative, culturally competent approaches to maternal care to significantly reduce and address statewide perinatal inequities. **The following recommendations aim to improve equitable maternal health outcomes across California through building a sustainable, equitable, and diverse doula workforce.**



### 1. **Simplify** the Integration of Doulas into the Traditional Health Care System

- Establish clear billing and referral processes for Medi-Cal doula care services.



### 2. **Incorporate** Doulas into Key Members of Hospital Maternity Teams

- Require hospitals to include doulas as an established part of maternity care teams, including postpartum care.



### 3. **Invest** Additional funding for Doula Workforce Development, Training Programs and Diversification

- Update the [State Plan Amendment](#) to further enhance a robust, diverse doula workforce and reflect a higher reimbursement rate for doulas.



### 4. **Promote** Public Awareness and Education on Doulas' Benefits in BIPOC Communities and Maternal Health Organizations Through Trusted Messengers

- Leverage the use of community-based organizations and community health workers to disseminate pertinent information to communities.



### 5. **Recruit** More Specialty-Focused Doulas in Postpartum, Bereavement and Abortion Care

- Expand access to affordable pipeline programs to certify more doulas in these specialized areas.



### 6. **Increase** Doulas' Presence in Perinatal Care to Mitigate Toxic Stress/Pregnancy-Related Comorbidities for BIPOC Women and Maternity Care Deserts

- Collaborate with community-based organizations to prioritize the expansion of subsidized, culturally responsive doula care in underserved BIPOC areas.

## Key Terms

**Birth Outcomes:** Refers to health measures for an infant at birth, such as birthweight, preterm delivery or stillbirth.<sup>43,44</sup>

**Birthing People:** Individuals who give birth, regardless of their gender identity. May be female, male, nonbinary, or other.<sup>45</sup>

**Birth Workers:** Trained and experienced professionals who provide support before, during and just after birth.<sup>46</sup> Birth Workers can include doulas, midwives, and childbirth educators.<sup>47</sup>

**Cesarean Section Birth:** Also known as a C-section; the surgical delivery of a baby through a cut (incision) made in the birth parent's abdomen and uterus.<sup>48</sup>

**Doula:** Nonmedical health professionals and birth workers who provide crucial physical, emotional, and informational continuous support to families before, during, and after childbirth.<sup>13,14,15</sup>

- Abortion Doula:** Provides physical and emotional support to a patient during their abortion process.<sup>32</sup>
- Birth Doula:** Also known as Labor Doulas; provide continuous care solely during pregnancy, labor, and birth.<sup>49,50</sup>
- Bereavement Doula:** Supports and helps families who are experiencing the loss of their baby, such as miscarriage or stillbirth.<sup>34</sup>
- Postpartum Doula:** Provides physical and emotional support to pregnant person and infant after childbirth.<sup>51</sup>

**Holistic Care:** A comprehensive, individualized approach to health care that prioritizes a patient's physical, mental, spiritual, and social needs.<sup>52,53</sup>

**Infant Mortality:** Refers to the death of an infant before their first birthday. The infant mortality rate is an important marker of the overall health of a society.<sup>54</sup>

**Live Birth:** The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.<sup>55</sup>

**Maternal Health:** Refers to women's health and well-being during pregnancy, childbirth, and postpartum (after childbirth).<sup>56</sup>

**Maternal Morbidity:** Any health condition attributed to and/or complicating pregnancy, and childbirth that has a negative impact on the woman's well-being and/or functioning.<sup>57</sup>

**Maternal Mortality:** The death of a woman while pregnant or within 42 days of giving birth, from a cause related to the pregnancy or its management.<sup>58</sup>

**Maternal Mortality Ratio (MMR):** The number of maternal deaths per 100,000 live births. MMR is a key indicator used to monitor the risk of death associated with pregnancy and childbirth as it is used to measure the risk of death in a single pregnancy in a given time period.<sup>59</sup>

**Medical Racism:** The systematic and wide-spread racism against people of color within the medical system. It includes both the racism in our society that makes Black people less healthy, the disparity in health coverage by race, and the biases held by health care workers against people of color in their care.<sup>60</sup>

**Midwife:** Licensed health care providers who offer a wide range of essential reproductive and sexual health care services, from birth and newborn care to Pap tests and contraceptive cares.<sup>61</sup>

## Key Terms

**Patient Autonomy:** The fundamental principle in medicine that recognizes the rights of patients to make decisions about their own health care. It emphasizes that individuals have the ultimate authority to determine what happens to their bodies and to actively participate in the decision-making process regarding their treatment options. This means that health care providers must provide patients with all relevant information, including potential risks, benefits, and alternatives, so that they can make informed decisions based on their own beliefs and values.<sup>62</sup>

**Perinatal:** Refers to the time period from the conception of the pregnancy to one month after giving birth.<sup>63</sup>

**Preterm Birth:** When a baby is born too early, before 37 weeks of pregnancy have been completed.<sup>64</sup>

**Social Determinants of Health (SDoH):** Also known as Social Drivers of Health, refers to the conditions in environments where people are born, live, learn, work, play, worship, and age that influence their health risks and overall wellbeing. Some of these drivers include access to safe housing, nutritious food, parks and green space, and even broadband and internet connectivity, all of which impact the ability of and opportunity for Californians to live their healthiest lives.

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## About ITUP

ITUP is an independent, nonprofit, health policy institute that has been a central voice in the California health policy landscape for more than two decades. ITUP serves as a trusted expert, grounded in statewide and regional connections with a network of policymakers, health care leaders, and stakeholders. The mission of ITUP is to promote innovative and community-informed policy solutions that expand access to equitable health care and improve the health of all Californians.

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