



SAN DIEGO COUNTY DOULA PILOT PROJECT

Summary | December 2024



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INTRODUCTION

National Statistics. Birthing people in the United States are at higher risk for pregnancy-related complications, such as miscarriage, preterm birth and preeclampsia, compared to those in other developed countries and mortality rates have remained high since 2020.^{1,2} These outcomes are often exacerbated by race, geographic location, and other social determinants of health such as systemic racism, poverty, and unemployment.³ For example, birthing people of color in the U.S. are more likely to die due to pregnancy-related complications compared their white counterparts.⁴ Additional systemic factors that contribute to birth outcome disparities are barriers to appropriate and high-quality care, underrepresentation of medical professionals that can relate to communities, and missed or delayed diagnoses.

San Diego County Outcomes. San Diego County data mirrors national and state data where factors such as race, location, and other social determinants of health are linked to access to health care. Black birthing people in San Diego County are three times more likely to die from pregnancy or childbirth-related outcomes than white birthing people (55.3 vs. 16.5 deaths per 100,000 live births).^{5,6} Additionally, in 2022 a higher percentage of Black (9.2%), Asian (8.6%), Hispanic (6.7%), and Indigenous (6.1%) newborns were lower birth weight compared to white (5.4%) and Pacific Islander (4.8%) newborns.⁷

Black and Indigenous birthing people in San Diego are also less likely to receive prenatal care or to receive prenatal care early on in pregnancy.⁸ Local data show that 8.1% of Black birthing people did not receive prenatal care at all or received only late-term prenatal care, compared to only 1.9% of Asian birthing people and 2.1% of white birthing people. Similarly, birthing people who reside in the Central or Southern regions of the County had the highest rates of birthing people who did not receive prenatal care or received it late in pregnancy.⁹ These trends suggest challenges with equitable access to prenatal care in San Diego County.

San Diego County Doula Pilot Program. San Diego County's need for equitable access to prenatal care has led to an expansion of community-led efforts to support local birthing people, especially those identifying as Black, Indigenous, or people of color (BIPOC). Informed by community listening sessions, the San Diego County Board of Supervisors partnered with First 5 San Diego to launch a Doula Pilot Program aimed at expanding access to doula services for at-risk families and addressing disparities in childbirth outcomes. The Doula Pilot Program seeks to enhance healthcare accessibility by funding a local organization to provide free services to more birthing individuals, especially those identifying as BIPOC, training additional doulas to serve the community, and promoting improved health outcomes throughout San Diego County. [For The Village](#) was chosen as the organization to deliver services under the Doula Pilot Program. For the Village provides no cost doula services to all families in the San Diego area with an emphasis on marginalized groups- people of color, LGBTQIA, and low-income families.



Overview of Doula Services

What is a doula?

A Doula is a trained professional who supports birthing people emotionally and physically during pregnancy, childbirth, and post-partum.

What are the services a doula provides?

Doulas provide education, advocacy, and resources to support families who are expecting and post-partum. They also support with pain management and relaxation during childbirth.

Why are doulas helpful? Do people who work with a doula show better pregnancy outcomes?

The benefits of working with a Doula include increased emotional support, enhanced birthing experience, and improved mental health post-partum.

PROCESS DATA: WHO DID THE DOULA PILOT REACH?

BIRTHING PEOPLE SERVED

Between March 23, 2023 and September 14, 2024:



170 birthing people enrolled in the Doula Pilot

The Doula Pilot served a diverse group of birthing people from various ethnic and geographic backgrounds, with the majority identifying as African-American/Black (46%) or Hispanic/Latino (20%; Figure 1), which are both populations that face significant health disparities in childbirth outcomes. Additionally, doula services were provided countywide, with most birthing people residing in the Central (33%), North Central (19%), or South (18%) regions of San Diego County (Figure 2).

Figure 1. Ethnic Background of Birthing Individuals

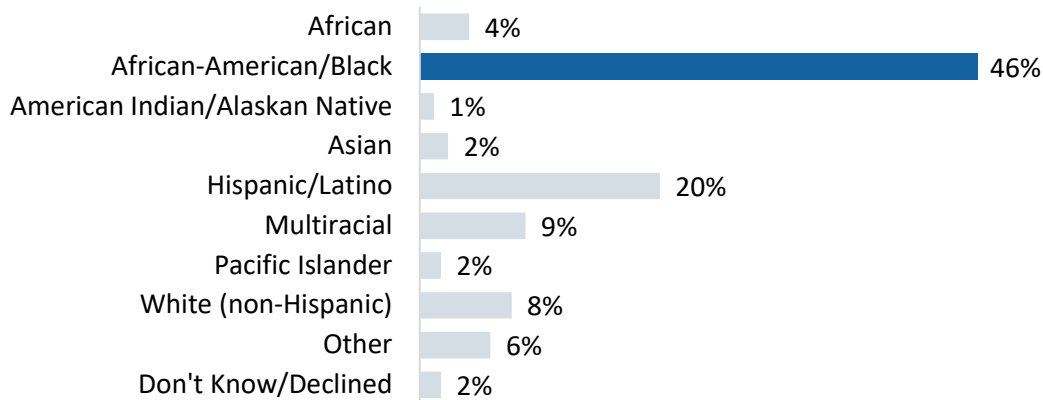
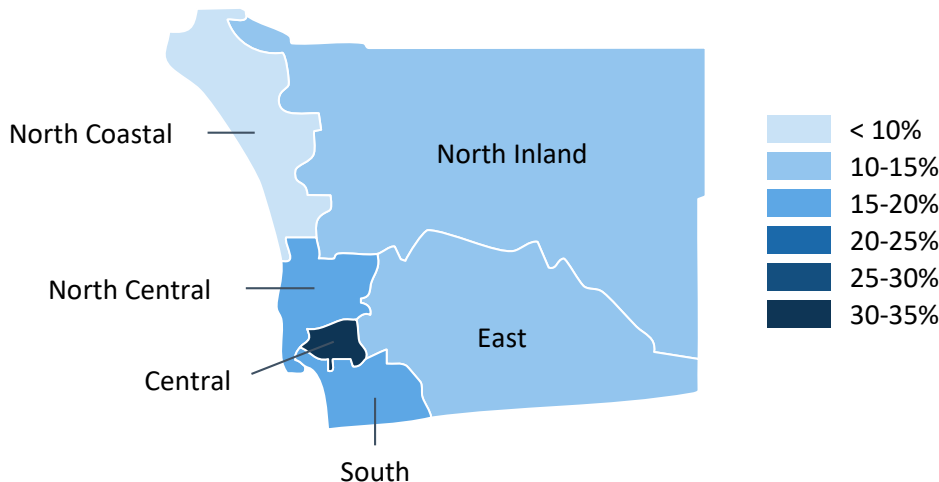


Figure 2. Geographic Location of Birthing Individuals

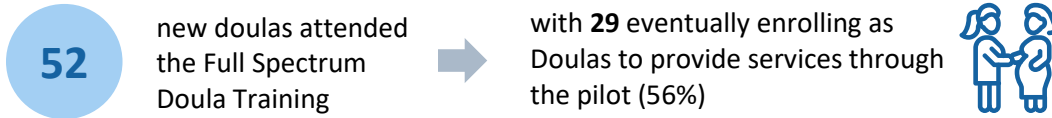


As part of the pilot program, Doulas provided 292 prenatal sessions to 88 birthing individuals. Out of the 170 enrolled participants during the funding period, 81 gave birth, with doulas present at 76 of these births (94%). Additionally, doulas conducted 383 postpartum sessions for 133 clients, underscoring the focus on comprehensive, ongoing support that extends beyond childbirth to improve outcomes for both birthing people and infants through sustained postpartum care.



DOULA TRAINING & WORKFORCE PIPELINE

Alongside supporting BIPOC birthing individuals, a key focus of the Doula Pilot was to recruit and train new Doulas to expand the reach of Doula services in San Diego County and foster more sustainable outcomes for communities. The Full Spectrum Doula Training offered by For the Village during the pilot covered a variety of topics including perinatal counseling and support services, labor support, infant care, cultural competency, Health Insurance Portability and Accountability Act (HIPAA) compliance, breastfeeding, communicating with medical providers, physiology of childbirth, maternal mental health, trauma informed care practices, and CPR certification.



Doulas participating in the pilot were ethnically and geographically diverse with the majority identifying as African-American/Black (44%) or Hispanic/Latino (23%; Figure 3). The ethnic background of Doulas mirrors that of birthing people participating in the pilot, suggesting that culturally aligned doula support was prioritized to better meet the unique needs and preferences of the participants, foster trust, and enhance the overall effectiveness of care. Additionally, Doulas were located countywide with most residing in the Central (33%), East (20%), or South (18%) regions (Figure 4).

Figure 3. Ethnic Background of Doulas

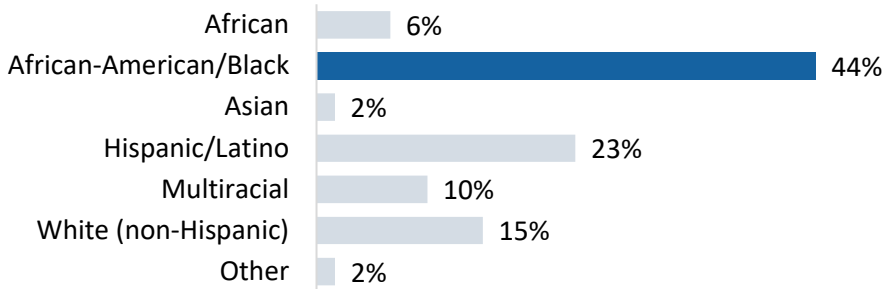
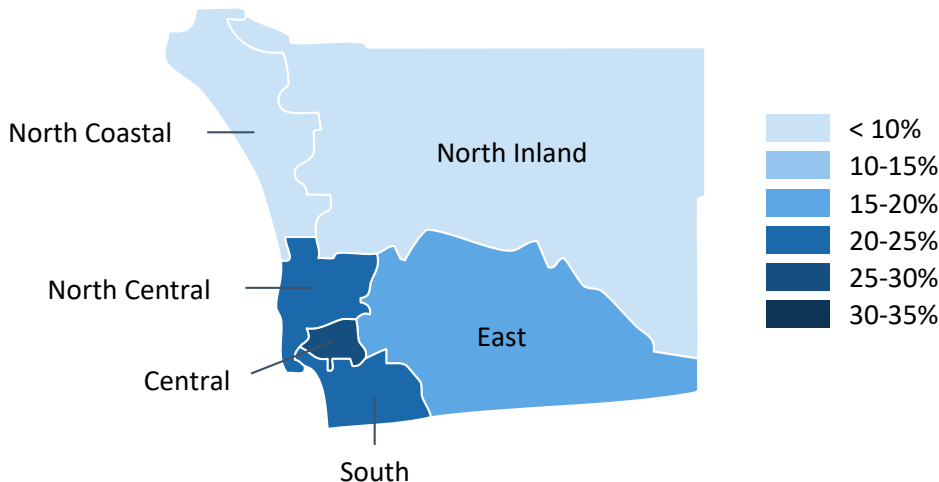


Figure 4. Geographic Location of Doulas



OUTCOME DATA: WHAT WAS THE IMPACT OF THE DOULA PILOT?

After program participants gave birth, an outcomes assessment was completed which captured information about birth outcomes for each program participant.

Overall, birth outcomes data was captured for 84 birthing people and is summarized below.

93%

of birthing people had a **Doula** present during their birth



98%

of babies were born at a **healthy birth weight**

25%

of babies were **born via C-Section** (Healthy People 2030 goal is 24%)



96%

of birthing people **initiated breastfeeding** (which includes exclusive breastfeeding and breastfeeding in combination with formula)

96%

of babies were **born full term**, (Healthy People 2030 target is 91%)



“The most gratifying part of being a Doula is witnessing the transformation of expectant parents into confident caregivers.”

- Doula

DOULA AND FAMILY STORIES

“The program has helped me so much. I was in a really vulnerable position after having my son who is now six months. I had a Doula who was very caring, very loving, and I’m very grateful. I recommend every woman who may be experiencing any kind of sadness or loneliness seek support from the [Doula] program. This is very helpful. “

– Birthing Person

“The Doula trainings taught me invaluable lessons about the power of presence and active listening. I learned that sometimes the most impactful support isn't about doing more, but about being fully present and holding space for others. The training's emphasis on cultural competency opened my eyes to the importance of understanding and respecting diverse birth traditions and family dynamics. These skills in emotional intelligence, cross-cultural communication, and staying calm under pressure will be invaluable in any future role working with people in vulnerable situations.”

- Doula

“My most impactful experience was undoubtedly my first birth as a Doula, which left an indelible mark on my journey in birth work. I supported a mother through a 13-hour labor, during which I remained fully present and engaged throughout the night. The experience was both challenging and deeply rewarding as I carefully monitored the fetal heart rate tracings and contraction patterns, ensuring any significant changes were promptly communicated to the medical team.”

- Doula



Medi-Cal Reimbursement for Doula Services

Per State Plan Amendment 22-0002, doula services are offered as preventive services benefit under Title 42 Code of Federal Regulations Section 440.130(c). These services aim to prevent perinatal complications and improve health outcomes for birthing parents and infants. As of July 2024, California has the highest reimbursement rates in the nation for Medicaid doula services. The scope of these services includes health education, physical and emotional support, assistance during and after childbirth, health navigation, birth plan development, advocacy, non-medical support, support during miscarriage, stillbirth, or abortion, lactation support, and linkage to resources. The initial recommendation allows for 12 visits, which include an initial consultation, eight visits during pregnancy and postpartum, support during labor and delivery, and two extended postpartum visits. Up to nine additional postpartum visits can be authorized with a recommendation from a licensed practitioner of the healing arts. Only one visit is allowed per day, except on the day of labor, and only one doula can bill for the same member on the same day (again, the day of labor is an exception). Services may be provided virtually or in person. Medicaid reimbursement for doula services plays a critical role in expanding access to these essential supports, helping to reduce disparities and improve maternal and infant health outcomes.

¹ [Maternal Mortality Rates in the United States, 2020](#)

² GBD 2015 Maternal Mortality Collaborators (2016). Global, Regional, and National Levels of Maternal Mortality, 1990–2015: A Systematic Analysis for the Global Burden of Disease Study 2015. *The Lancet*, 388, 1775–1812.

³ [Social determinants of health in pregnant individuals from underrepresented, understudied, and underreported populations in the United States | International Journal for Equity in Health | Full Text](#)

⁴ [Trends in State-Level Maternal Mortality by Racial and Ethnic Group in the United States | Health Disparities | JAMA | JAMA Network](#)

⁵ [Maternal Death Rates and Race in San Diego County](#)

⁶ [Black Legacy Now](#)

⁸ [San Diego County Health and Human Services Agency, Maternal, Child and Family Health Services Statistics](#)

⁹ [San Diego County Health and Human Services Agency, Maternal, Child and Family Health Services Statistics](#)