



HEALTH EQUITY RESOURCES FOR MASSHEALTH DOULA PROVIDERS

MassHealth covers doula services for all eligible members from pregnancy through 12 months postpartum as part of our mission to improve the health outcomes of our diverse pregnant and birthing members and their infants by providing equitable access to high quality health care services and supports. Doulas have been shown to improve maternal and infant health outcomes, particularly for birthing people of color, and can play an important role in reducing health inequities.ⁱ

Background on MassHealth

- MassHealth is Massachusetts' Medicaid and Children's Health Insurance Program (CHIP).
- MassHealth covers approximately 40% of births in Massachusetts (about 25,000 births per year).
- MassHealth provides full benefits to all pregnant members up to 12 months following the end of pregnancy, regardless of immigration status.
- Promoting health equity is an agency-wide priority for MassHealth. To learn about some of MassHealth's health equity initiatives, visit <https://www.mass.gov/doc/1115-waiver-extensionfact-sheet/download>

Examples of disparities and inequities in maternal and infant health outcomes:

In the United States:

- There are well-documented disparities in maternal and infant health outcomes by factors including race, ethnicity, geography, sexual orientation, and disability status.ⁱⁱ
- Black and Indigenous birthing people are 2-3 times more likely to die from pregnancy-related causes compared to white birthing people.ⁱⁱⁱ
- Maternal mortality rates are higher for Black birthing people with at least a college degree compared to white birthing people with less than a high school diploma.^{iv}
- Experience of racism is a contributing factor to poor maternal and infant health outcomes among Black birthing people.^v

In Massachusetts:

- Black non-Hispanic birthing people experience higher rates of severe maternal morbidity (SMM), preterm birth, and infant mortality compared to all other racial and ethnic groups.^{vi}
- MassHealth members experience higher rates of SMM, preterm birth, and infant mortality compared to those with private insurance.^{vii}

Note: There are many other groups not listed above that experience disparities and inequities in maternal and infant health outcomes. The examples presented above have been formally studied and published in the literature, but other research is ongoing. MassHealth also recognizes the importance of people's lived experience that may not always be reflected in the literature.

Resources:

- Learn more about health equity: <https://www.mass.gov/info-details/background-on-health-equity>
- Review Massachusetts public health and health equity data: <https://www.mass.gov/orgs/population-health-information-tool>
- My Ombudsman is committed to promoting health equity by working to ensure all MassHealth members can access the care and services available to them through their plans. Learn more: <https://www.myombudsman.org/>
- Individuals with Limited English Proficiency (LEP) have the right to a health care interpreter. Learn more: <https://www.mass.gov/interpreter-services-at-health-care-facilities>
- MassHealth offers resources for members with disabilities. Learn more: <https://www.mass.gov/info-details/masshealth-disability-accommodation-ombudsman>
- Learn about refugee health in Massachusetts: <https://www.mass.gov/refugee-health>
- Patients have the right to file a complaint about a poor experience with a hospital or health care provider.
 - Hospitals: <https://www.mass.gov/how-to/file-a-complaint-regarding-a-hospital>
 - Physicians: <https://www.mass.gov/submit-a-complaint>
 - Nurses: <https://www.mass.gov/board-of-registration-in-nursing-complaint-process>
 - Other clinical staff: <https://www.mass.gov/how-to/file-a-complaint-with-the-bureau-of-health-professions-licensure>
- There are several resources available for MassHealth members navigating housing insecurity, food insecurity, lack of access to transportation, and other challenges. Learn more at mass.gov/masshealthpregnancy.

ⁱ Bohren, Meghan A, G Justus Hofmeyr, Carol Sakala, Rieko K Fukuzawa, and Anna Cuthbert. 2017. "Continuous Support for Women during Childbirth." *Cochrane Database of Systematic Reviews* 7 (7). <https://doi.org/10.1002/14651858.cd003766.pub6>; Thomas, Mary-Powel, Gabriela Ammann, Ellen Brazier, Philip Noyes, and Aletha Maybank. 2017. "Doula Services within a Healthy Start Program: Increasing Access for an Underserved Population." *Maternal and Child Health Journal* 21 (S1): 59–64. <https://doi.org/10.1007/s10995-017-2402-0>; Kozhimannil, Katy Backes, Rachel R. Hardeman, Laura B. Attanasio, Cori Blauer-Peterson, and Michelle O'Brien. 2013. "Doula Care, Birth Outcomes, and Costs among Medicaid Beneficiaries." *American Journal of Public Health* 103 (4): e113–21. <https://doi.org/10.2105/ajph.2012.301201>.

ⁱⁱPetersen, Emily E., Nicole L. Davis, David Goodman, Shanna Cox, Carla Syverson, Kristi Seed, Carrie Shapiro-Mendoza, William M. Callaghan, and Wanda Barfield. 2019. "Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016." *MMWR. Morbidity and Mortality Weekly Report* 68 (35): 762–65. <https://doi.org/10.15585/mmwr.mm6835a3>; Trost, Susanna, Jennifer Beauregard, Gyan Chandra, Fanny Njie, Jasmine Berry, Alyssa Harvey, and David Goodman. 2022. "Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019 | CDC." September 26, 2022. <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>; Kozhimannil, Katy Backes, Julia D. Interrante, Carrie Henning-Smith, and Lindsay K. Admon. 2019. "Rural-Urban Differences in Severe Maternal Morbidity and Mortality in the US, 2007–15." *Health Affairs* 38 (12): 2077–85; Centers for Disease Control and Prevention. 2002. "Racial and Ethnic Disparities in Infant Mortality Rates: 60 Largest U.S. Cities, 1995–1998." *Morbidity and Mortality Weekly Report* 51 (15): 329–32, 343. <https://pubmed.ncbi.nlm.nih.gov/11990238/>; Everett, Bethany G., Michelle A. Kominiarek, Stefanie Mollborn, Daniel E. Adkins, and Tonda L. Hughes. 2018. "Sexual Orientation Disparities in Pregnancy and Infant Outcomes." *Maternal and Child Health Journal* 23 (1): 72–81. <https://doi.org/10.1007/s10995-018-2595-x>; Leonard, Stephanie A., Iman Berrahou, Adary Zhang, Brent Monseur, Elliott K. Main, and Juno Obedin-Maliver. 2022. "Sexual And/or Gender Minority Disparities in Obstetrical and Birth Outcomes." *American Journal of Obstetrics and Gynecology*, March. <https://doi.org/10.1016/j.ajog.2022.02.041>; Centers for Disease Control and Prevention. 2021. "Supporting Women with Disabilities to Achieve Optimal Health." <https://www.cdc.gov/healthequity/features/women-disabilities/index.html>.

ⁱⁱⁱ Centers for Disease Control and Prevention. 2019. “Infographic: Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016.” <https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>.

^{iv} *ibid*

^v Collins, James W., Richard J. David, Arden Handler, Stephen Wall, and Steven Andes. 2004. “Very Low Birthweight in African American Infants: The Role of Maternal Exposure to Interpersonal Racial Discrimination.” *American Journal of Public Health* 94 (12): 2132–38. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448603/>.

^{vi} Diop, Hafsatou, Eugene R Declercq, Chia-Ling Liu, Howard J Cabral, Xiaohui Cui, Ndidiyama Amutah-Onukagha, and Audra Meadows. 2022. “Trends and Inequities in Severe Maternal Morbidity in Massachusetts: A Closer Look at the Last Two Decades” 17 (12): e0279161–61. <https://doi.org/10.1371/journal.pone.0279161>; Massachusetts Department of Public Health. 2023. “Data Brief: An Assessment of Severe Maternal Morbidity in Massachusetts: 2011-2020” <https://www.mass.gov/doc/an-assessment-of-severe-maternal-morbidity-in-massachusetts-2011-2020/download>

^{vii} *ibid*