

Doulas and Midwives are Cost-efficient Way to Improve Birthing Outcomes in West Virginia

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West Virginia families deserve healthy and safe birthing outcomes, but moms and babies are currently facing significant health challenges. While much discussion is rightly focused on mortality rates, deaths are only the tip of the iceberg of infant and maternal health and well-being. Birthing complications, including pre-term births and caesarian sections, incur a significant cost to families and the state each year. Beyond a physical and mental toll, they also cost the state Medicaid program millions of dollars annually in more complicated births and lengthier hospital stays. These complications are often preventable.¹ One way to improve all aspects of infant and maternal health is by widening access to doula care and midwifery.²

Doulas are trained birth workers who provide non-medical support throughout pregnancy, during childbirth, and after the end of pregnancy.³ They act as support for pregnant persons, ensuring that their questions are answered, their needs and desires are represented, and they feel comfortable and safe.

Meanwhile, certified professional midwives (CPMs) are health care providers trained to provide medical services during and after pregnancy and childbirth.⁴ They work alongside hospitals, and often doulas, to provide holistic care services to support healthy pregnancies.

Studies show that having a doula and/or midwife can improve pregnancy, birth, and post-birth outcomes.⁵ It can also mitigate racial and regional disparities in birthing outcomes across West Virginia, which has worse outcomes than the United States average.⁶

¹ Eastburn, Ariel, Erin Hubbard, and Ashley Mitchell, "A Cost-Benefit Analysis of Doula Care from a Public Health Framework," National Health Law Program, (January 2024).

² Ellmann, Nora, "Community-Based Doulas and Midwives: Key to Addressing the US Maternal Health Crisis," Center for American Progress, (April 2020).

³ Eastburn, Ariel et. al, "A Cost-Benefit Analysis of Doula Care," NHLP, January 2024.

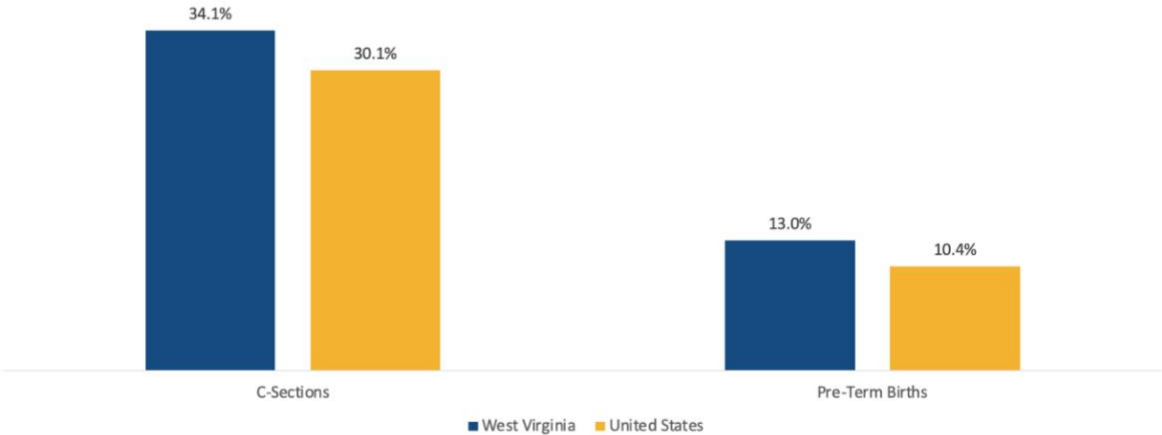
⁴ American College of Nurse-Midwives Government Affairs, "Comparison of Certified Nurse Midwives, Certified Midwives, and Certified Professional Midwives," American College of Nurse-Midwives, (April 2022).

⁵ Falconi, April M., et. al, "Doula care across the maternity care continuum and impact on maternal health," National Library of Medicine, (July 2022).

⁶ Rogombe, Rhonda, "Black Infant and Maternal Mortality Must Be a Priority in West Virginia," West Virginia Center on Budget and Policy, (May 2023).

West Virginia Has Worse Birthing Outcomes than National Average

Percentage of live births delivered via caesarean section and live births delivered before 37 weeks gestation, West Virginia and United States, 2022.



Source: West Virginia Vital Statistics Report, United States Centers for Disease Control and Prevention

As obstetrics and gynecology hospital units continue to close across the state, increasing access to caregivers like doulas and midwives becomes increasingly important. They can bring health care to families that may otherwise lack access for a myriad of reasons. In 2006, West Virginia had 35 obstetrics and gynecology hospital units across the state. In 2024, there were 20, with significant swaths of the state having no units at all.⁷ This has contributed to longer travel times to maternity care providers and delivery centers, which can be logistically challenging due to lack of transportation, child care, flexible work hours, and other factors. March of Dimes found that living in a maternal care desert decreases the likelihood of receiving prenatal care and increases the risk of a pre-term birth by 13 percent.⁸

⁷ Data shared by West Virginia Perinatal Partnerships via email, January 2025.

⁸ Stoneburger, Ashley, et. al, "Nowhere to Go: Maternity Care Deserts Across the US," March of Dimes, (September 2024).

Access to Maternity Care is Vanishing across West Virginia

Number of delivering facilities and NICU hospitals in West Virginia, 2006 and 2024.



Source: Perinatal Partnerships

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Providing doula coverage in Medicaid pays for itself multiple times over nearly immediately via reduced c-sections and pre-term births.⁹ The WVCBP's analysis shows a cost-savings of 2.5 times the cost at any utilization level. For instance, if doulas assisted one in five Medicaid-covered pregnancies, West Virginia could save over \$1 million annually while spending less than \$400,000 and simultaneously improve birthing outcomes across the state.¹⁰

West Virginia is one of just 12 states that do not have a path to licensure for Certified Professional Midwives (CPMs).¹¹ Enacting legislation to give CPMs this path to licensure would increase access to maternal care throughout the state and strengthen the health workforce.

Studies show having a doula and/or midwife present throughout pregnancy and postpartum significantly improved birthing outcomes. These outcomes include fewer c-sections and pre-term births, as well as lower rates of postpartum depression and anxiety and higher rates of breastfeeding.¹²

⁹ Eastburn, Ariel et. al, "A Cost-Benefit Analysis of Doula Care," NHeLP, January 2024.

¹⁰ See Methodology.

¹¹ National Association of Certified Professional Midwives, "Legal Recognition of CPMs," NACPM, (October 2024).

¹² Eastburn, Ariel et. al, "A Cost-Benefit Analysis of Doula Care," NHeLP, January 2024.

Below is the most recent county level c-section and pre-term birth data, as well as estimated annual cost savings associated with implementing doula care. Want to learn more?

Scan the QR code:



County	C-Sections (2020)	Pre-Term Births (2021)	Estimated Annual Cost Savings
Barbour	38.2%	12.4%	\$ 27,212
Berkeley	31.0%	11.8%	\$ 251,395
Boone	40.3%	13.3%	\$ 38,871
Braxton	30.8%	11.6%	\$ 17,201
Brooke	38.7%	10.2%	\$ 24,140
Cabell	36.3%	15.0%	\$ 182,567
Calhoun	29.5%	10.0%	\$ 8,854
Clay	32.2%	18.3%	\$ 20,336
Doddridge	34.5%	7.5%	\$ 8,100
Fayette	36.0%	15.5%	\$ 80,852
Gilmer	38.3%	16.0%	\$ 10,549
Grant	32.4%	8.5%	\$ 13,749
Greenbrier	27.3%	12.3%	\$ 51,448
Hampshire	34.0%	12.7%	\$ 42,992
Hancock	42.5%	10.6%	\$ 37,570
Hardy	40.5%	7.8%	\$ 19,550
Harrison	31.5%	9.9%	\$ 97,264
Jackson	45.0%	12.6%	\$ 53,506
Jefferson	31.1%	9.1%	\$ 74,969
Kanawha	39.8%	14.5%	\$ 352,785

Lewis	33.3%	10.5%	\$	26,630
Lincoln	42.0%	17.6%	\$	47,234
Logan	39.1%	11.9%	\$	57,496
McDowell	36.2%	15.5%	\$	33,619
Marion	28.9%	13.5%	\$	95,330
Marshall	35.0%	10.3%	\$	43,132
Mason	34.3%	10.4%	\$	37,483
Mercer	31.6%	14.2%	\$	115,256
Mineral	31.6%	13.3%	\$	44,999
Mingo	37.1%	15.9%	\$	50,085
Monongalia	31.2%	11.5%	\$	162,430
Monroe	24.8%	9.8%	\$	18,464
Morgan	26.4%	11.0%	\$	19,782
Nicholas	30.6%	12.7%	\$	38,379
Ohio	37.9%	13.4%	\$	69,752
Pendleton	40.8%	9.2%	\$	9,528
Pleasants	32.4%	7.1%	\$	7,849
Pocahontas	30.2%	6.2%	\$	7,678
Preston	30.9%	13.8%	\$	55,137
Putnam	37.5%	14.9%	\$	110,082
Raleigh	30.6%	13.5%	\$	121,458
Randolph	29.3%	13.4%	\$	47,668
Ritchie	25.1%	17.5%	\$	17,169
Roane	43.8%	9.5%	\$	19,445
Summers	30.3%	16.3%	\$	19,800
Taylor	35.4%	9.6%	\$	23,659
Tucker	43.2%	13.1%	\$	11,979
Tyler	22.8%	14.9%	\$	13,347
Upshur	30.9%	8.0%	\$	29,873

Wayne	31.8%	14.6%	\$	72,978
Webster	24.0%	14.5%	\$	13,245
Wetzel	29.0%	7.3%	\$	17,986
Wirt	58.9%	16.9%	\$	14,567
Wood	36.5%	16.0%	\$	173,170
Wyoming	23.2%	12.1%	\$	32,550
Total	34.2%	12.8%	\$	3,090,860

Methodology: Utilized 2022 live births data (West Virginia Office of Vital Statistics) by county and multiplied by the percentage of statewide Medicaid births in 2022 (West Virginia Bureau for Medicaid Services) (48%), then multiplied by the average reduction in c-sections and pre-term births in doula-supported pregnancies (NHLP) (39% and 24.2% respectively). Multiplied the number of reduced c-section and pre-term births by their respective average costs (\$4,459 and \$41,964 respectively), added the figures and multiplied by utilization rate (20%) to calculate cost savings by county. Savings are state and federal monies combined.

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