

Half of U.S. births are covered by an employer-sponsored insurance (ESI) plan and cost between \$20,000 - \$24,000^{1,2} including all pre-natal, delivery, and post-partum care. There remain many opportunities to improve coordination and close gaps across each stage of care. Having doulas on the care team – trained professionals who offer ongoing support to someone before, during, and shortly after childbirth – has been shown to lower costs of pregnancy and deliveries ^{3,4} as well as improve quality outcomes and equity ^{5,6,7}. However, their uptake by employers has been low, largely due to limited information about doula use and interest in the ESI market.

To better understand doula demand in ESI, we conducted a survey in early 2025 of over 2,500 individuals with births in the prior 2 years (n=2,028 ESI, n=498 Medicaid). This report highlights how people with ESI have used, and want to use, doula support – and how employers, health plans, and doula providers can meet this demand for support while improving the cost and quality of maternal care.

"A doula is a trained professional who provides continuous physical, emotional and informational support to their client before, during and shortly after childbirth to help them achieve the healthiest, most satisfying experience possible." —DONA International, a doula certification organization

FINDING 01

Current doula support in ESI is utilized by a small, but motivated group who highly value and were able to pay for this care One in five (20%) of individuals on ESI, and one-in-six (16%) on Medicaid, used a doula at some point during their most recent birth. Of those with ESI coverage, doula support mostly happened in pre-natal (15%) and delivery (12%) periods; 10% had post-natal doula support.

People largely self-paid or used health plan coverage for doula coverage. Just under half (48%) of people self-paid for their doula support: 1 in 8 (11.7%) combined health plan coverage and paying out of pocket and over one-third only paid for their doula out of pocket (36.8%). The other half (52%) had their doula support entirely covered by their health plan or employer coverage.

Most found doulas through maternity care providers or health plans. Over 1/3rd of those who used a doula found their doula through their maternity care provider and/or health plan (34% each), followed by other user-driven searches – online, referrals from friends/family, social media, or online directories.

FINDING 02

Interest in doulas is extremely high, but access is difficult: 76% were interested, but 48% perceive it would be hard to find a doula in the future

Over 1-in-4 could benefit from additional education about what doulas can do. Although half (49%) were interested and familiar with doulas, over 1/4th (28%) were interested but unfamiliar with doulas (Fig. 1). The people most unfamiliar with doulas were younger, had lower education and income, lived in rural areas, and were first-time parents.

Half perceive it would be hard to find a doula. Of those interested in doulas, only 19% thought it would be extremely easy to find a doula, while 48% reported finding a doula would be extremely or somewhat difficult (Fig. 2).

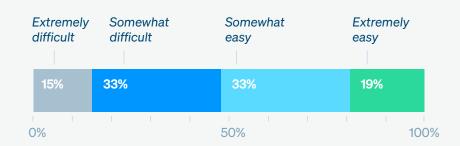
People wanted doulas across the pregnancy journey. Of those who wanted a doula, 78% wanted support at all stages (pre-natal, delivery, and post-natal support), and most others wanted support pre-natal and/or during delivery.

Coverage and affordability remain key obstacles for some individuals. Of those who were not interested in using a doula during a future pregnancy nearly half (45%) felt they had enough support during their recent pregnancy and did not need a doula in the future. However, 22% lacked education about doulas and others faced financial barriers: 14% reported they couldn't afford a doula, while 13% had no insurance coverage for doula care. This highlights that beyond lack of true interest or need, coverage and affordability remain key obstacles for some individuals.





Figure 2: Perceived Difficulty of Doula Access

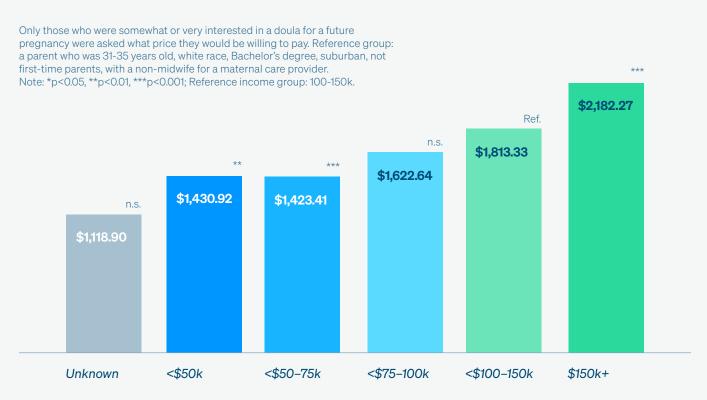


FINDING 03

People would be willing to pay on average \$1,400 - \$2,200 for a doula Respondents who were interested in a doula for a future pregnancy reported how much they were willing to spend out of pocket for doula support: 2 weeks of pre-delivery support as well as during the delivery itself.

After adjusting for other potential factors that influence willingness to pay – age, race/ethnicity, education, geography, parental experience, and maternal care provider – the amount people were willing to pay differed significantly by income between \$1,400-2,200 (Fig. 3), with the average being \$1,925.

Figure 3: Predicted Price Willing to Pay for Doula Support



Income Category

Employers and health plans may consider covering and offering care navigation to find doulas – an in-demand, effective support.



To expand and espouse doula support for individuals on ESI, we recommend that employers and carriers focus on three areas:

Educate individuals on what doulas can do: Explain how doulas can support birthing individuals throughout their pregnancy process – including to the 43% who are unfamiliar with doulas. Showcase the value they hold to expand awareness of a low-cost intervention associated with higher quality outcomes and pregnancy satisfaction.

Cover doula services: Offer flexible coverage for doula services, including prenatal and postnatal support. While many are willing to pay partially or fully out of pocket for doulas, lack of coverage deters some from seeking care. Consider covering the average \$2,000 cost to make this support more accessible to birthing individuals.

Simplify connecting with doulas: Many individuals look to their health plans to find a doula, but nearly half of interested individuals still perceive it difficult to find a doula. To combat this, help individuals, regardless of coverage or payment source, access doulas by enhancing health plan navigation resources or consider partnerships with doula organizations.

References

- [1] Z. Valencia, A. Sen and J. Chang, "From Prenatal through Postpartum Care, it Cost More Than \$24,000 to Have a Baby on Average," Health Care Cost Institute, Washington, DC, 2023.
- [2] A. Winger, M. Rae and C. Cox, "Health costs associated with pregnancy, childbirth, and infant care," Peterson-KFF Health System Tracker, Washington, DC, 2025.
- [3] K. S. Greiner, A. Hersh, S. R. Hersh, J. M. Remer, A. C. Gallagher, A. B. Caughey and E. L. Tilden, "The Cost-Effectiveness of Professional Doula Care for a Woman's First Two Births: A Decision Analysis Model," Journal of Midwifery & Women's Health, vol. 64, no. 4, pp. 410-420, 2019.
- [4] K. B. Kozhimannil, R. R. Hardeman, F. Alarid-Escudero, C. Vogelsang, C. Blauer-Peterson and E. A. Howell, "Modeling the cost effectiveness of doula care associated with reductions in preterm birth and cesarean delivery," Birth, vol. 43, no. 1, pp. 20-27, 14 January 2016.
- [5] Y. Dias, N. E. Achebe, M. M. Doering, C. Montiel, R. Paul, M. Lawlor, A. T. Malloy, C. McMillian, T. Frazier, V. Standard, S. Haley, R. Urrutia, J. H. Tang, J. Slaughter-Acey, J. Slaughter-Acey, A. Frolova, N. Raguraman, J. C. Kelly and E. B. Carter, "Intrapartum Doula Support and Cesarean Delivery Rates: A Systematic Review and Meta-Analysis," Obstetrics & Gynecology, vol. 146, no. 1, pp. 73-84, 2025.
- [6] A. M. Falconi, L. Ramirez, R. Cobb, C. Levin, M. Nguyen and T. Inglis, "Role of Doulas in Improving Maternal Health and Health Equity Among Medicaid Enrollees, 2014–2023," American Journal of Public Health, vol. 114, pp. 1275-1285, 2024.
- [7] S. Karwa, H. Jahnke, A. Brinson, N. Shah, C. Guille and N. Henrich, "Association Between Doula Use on a Digital Health Platform and Birth Outcomes," Obstetrics & Gynecology, vol. 143, no. 2, pp. 175-183, February 2024.
- [8] K. Knocke, A. Chappel, S. Sugar, N. D. Lew and B. D. Sommers, "Doula Care and Maternal Health: An Evidence Review," Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, Washington, December 2022.
- [9] G. Alvarado, D. Schultz, N. Malika and N. Reed, "United States Doula Programs and Their Outcomes: A Scoping Review to Inform State-Level Policies," Women's Health Issues, vol. 34, no. 4, pp. 350-360, 2024.