

Background

Health professionals and policymakers in the United States (US) are increasingly focused on the "fourth trimester" of pregnancy because a substantial share of maternal morbidity and mortality occurs during the postpartum period. Federal law requires states to provide pregnancy-related Medicaid coverage through 60 days postpartum, and 27 states have extended eligibility for Medicaid coverage to 12 months postpartum under a provision of the American Rescue Plan Act of 2021. This expansion of access to health insurance prompts questions about access to providers who can address pregnant persons' physical and behavioral health and social needs.

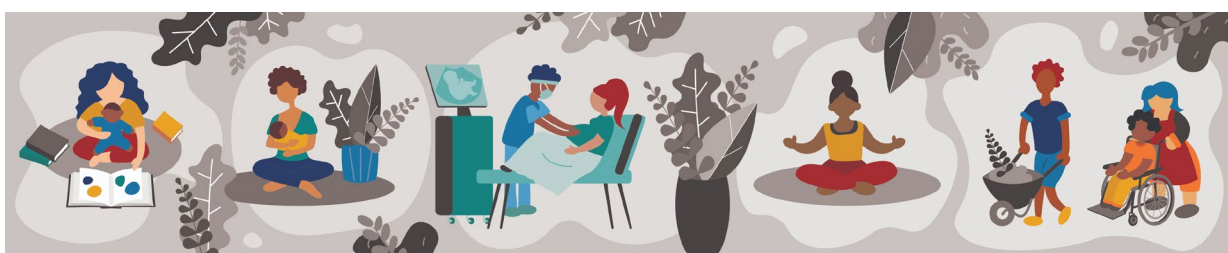
The purpose of this study is to assess whether unlicensed providers, such as community health workers/promotores (CHW/Ps), doulas, and lactation care providers (LCPs) can improve postpartum maternal health outcomes and reduce health disparities.

Research Questions

1. Do unlicensed providers impact maternal health outcomes? If so, how?
2. Do unlicensed providers impact health care services utilization? If so, how?
3. Do unlicensed providers impact health care costs? If so, how?

Methods

The authors conducted a scoping review of published literature from databases such as PubMed, Web of Science, Scopus, Embase, and CINAHL, and grey literature from websites for the Maternal and Child Health Bureau and Agency for Healthcare Research and Quality. The review included studies of CHW/P, doula, and LCP interventions provided during the postpartum (and sometimes the prenatal) period.



Provider Definitions

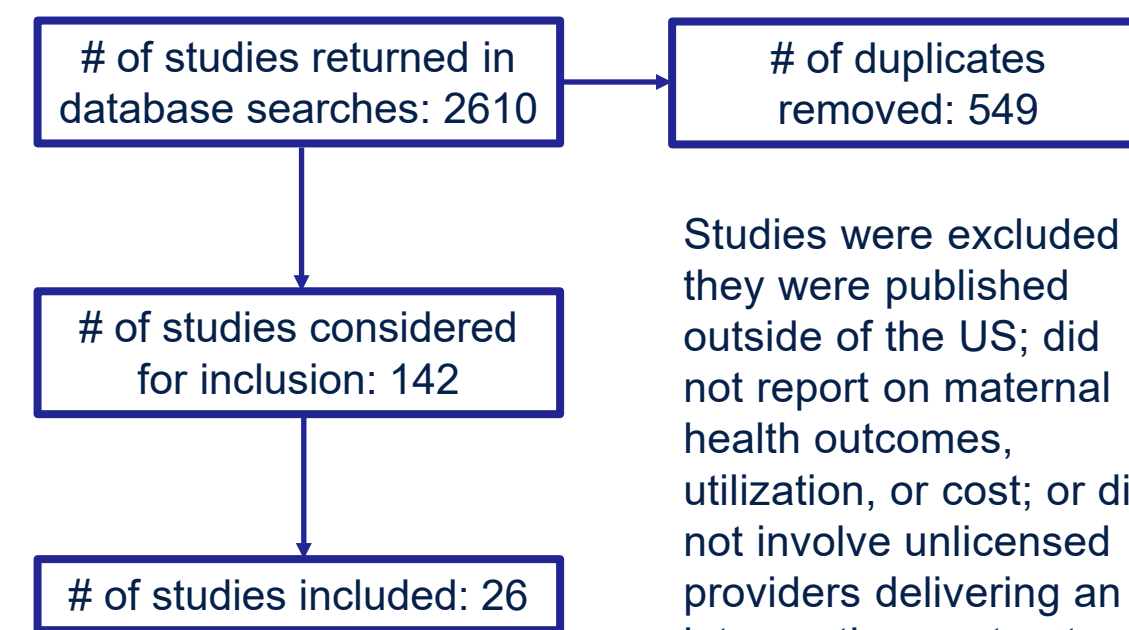
CHW/Ps are frontline public health workers, including promotores de salud, system/patient navigators, outreach workers, and health educators. They are trusted members of their communities with lived experience who connect those not well served by the traditional health care system with culturally competent health and social services.

Doulas are non-medical childbirth support professionals who provide physical, emotional, and informational support to pregnant persons and their families during labor, birth, and in the postpartum period. This continuity of care, provision of human presence, and social support is unique to the role of the doula and sets them apart from other models of support for the laboring person.

LCPs (lactation consultants, specialists, educators, and peers) specialize in breastfeeding support. They may or may not be credentialed, but often have completed specialized lactation support training.

Literature Review

Searches were conducted between November 1, 2022, and January 22, 2023. Searches were limited to publications from March 2010 to present to only capture studies that had been published after the passage of the Patient Protection and Affordable Care Act.



Studies were excluded if they were published outside of the US; did not report on maternal health outcomes, utilization, or cost; or did not involve unlicensed providers delivering an intervention postpartum.



Conclusion

More research needs to be conducted to demonstrate the impact of unlicensed providers on health, health care services utilization, and health care costs in the US during the postpartum period. Literature published to date suggests that unlicensed providers have the potential to improve breastfeeding and maternal mental health outcomes, which may confer longer term benefits on birthing people and children. However, the contribution of unlicensed providers on postpartum contraception use and health care services utilization remains inconclusive. No literature about impact on health care costs was identified.

Limitations

- Only certain maternal health outcome domains were included because literature about the impact of unlicensed provider interventions during the postpartum period on other maternal health outcomes (e.g., maternal mortality, postpartum diabetes) is limited.
- Most studies assessed interventions that started during the prenatal period and extended for some amount of time into the postpartum period; very few assessed unlicensed provider impact during the postpartum period only.

Policy Implications

Unlicensed providers in states that extended Medicaid coverage to 12 months postpartum are already filling gaps in access to postpartum care for more vulnerable birthing people. Preliminary findings suggest that expanding the use of unlicensed providers during the postpartum period could improve maternal health outcomes.

Results

The body of evidence about the impact of unlicensed providers on maternal health outcomes during the postpartum period is limited and findings are mixed; impact depends on provider type and outcome.



Mental Health

- Several studies (n=6) demonstrated that pregnant people receiving perinatal care from CHW/Ps experienced a decrease in depressive symptoms or had a lower average postpartum depression score than those who received standard perinatal care.
- Studies assessing doulas providing perinatal care (n=3) did not consistently find an impact on postpartum depression.

- Two studies found that birthing people receiving perinatal doula services were significantly more likely to initiate breastfeeding, although findings on the impact of doulas on other breastfeeding outcomes were inconsistent.

Breastfeeding



- Literature describing LCP services (n=4) found that LCPs did not impact breastfeeding initiation, but were associated with higher breastfeeding intensity, longer duration, and, in some studies, exclusivity.



Contraception

- One study assessing a CHW/P intervention (where CHW/Ps were trained as birth doulas) found that the intervention group had higher odds of contraception use than the comparison group.

Health Care Services Utilization

Three studies showed increased utilization of postpartum health care services for at least some subsets of populations who participated in a CHW/P-involved intervention.