

MICAH Health Equity Task Force supports our City Health Department doula BOMB (Birth Outcomes Made Better) program, regardless of how it is structured. We offer an additional or an alternative program focusing on **Postpartum Care**.

Three things this doula proposal addresses:

1. Infant mortality in Milwaukee, especially among mothers of color
2. Loss of neighborhood medical services, (eg., Next Door's pediatric, St. Joe's cardiac, St. Francis' obstetrics); and our City's high level of lead poisoning
3. The Health Dept's doula staffing concerns: turnover and cost of training

Postpartum Proposal for City of Milwaukee Health Department: 2026 Budget

I. Reasons for Proposal

- A. Infant mortality. Per US Institute of Medicine, more children die during the first year of life than at any other age through 19 years: 5.6 per 1,000 births per CDC. In Milwaukee, maternal and child mortality rates are higher, especially for minority families. According to MHD website, where overall infant deaths are 10.8%, it is 15.9% for Black infants.
- B. Lack of economic and personnel resources to meet the needs of child and maternal health care for low-income families, including lack of state legislative support for postpartum funding via Medicaid. Current WI Medicaid coverage is 60 days vs. 12 months for 48 other states.
- C. Per MHD Commissioner, doula turnover is high due in large part to stress of birth unpredictability, resulting in larger caseload ratios for remaining staff and increased staff training costs for repeat new hires. Reportedly as of June of this year, 5 of 8 doula positions were vacant. There were 147 doula clients being served in February, 2025. (Caseload ratio of 1:18 w/ 8 doulas vs. 1:49 w/ 3 doulas.)
- D. Recent/on-going MICAH Health Survey indicates that in zip codes 53205, 06, 10, 12 and 53216, there is a stated urgent need for doula services.

II. Intended Recipients

- A. Postpartum mothers, ideally beginning before they are discharged from the hospital, or shortly after a home delivery. By focusing on care after the baby is born, stress of unpredictability is avoided, thus allowing consistent scheduling and continuity of care with less staff turnover.
- B. Both north and south side of City of Milwaukee birth mothers. Providers to represent a diversity of patients/clients: African American, bi-lingual Hispanic, Native American, Hmong, etc.
- C. Those with lower income; no insurance coverage; Medicaid patients

III. Length of Care: 12 months past birth with tapered intensity

IV. Requirements of Doulas

- A. Trained and Certified / Licensed by State of Wisconsin
- B. Bi-lingual if assigned to work with Hispanic or Hmong population
- C. Culturally sensitive and an effective advocate
- D. Collaborative in partnerships with local hospitals, clinics, community resources for referrals.

V. Contents of Comprehensive Care

- A. Infant and Child Care; Mother Self-Care
- B. Breast Feeding support
- C. Lead Education including water filter maintenance and formula prep
- D. Nutrition and healthy food access for mother, infant and children
- E. Child well baby check-ups including vaccinations and lead testing
- F. Mental health care for mother, especially postpartum depression
- G. Safe Sleep Education
- H. Increased engagement in healthy behaviors: smoking / alcohol cessation, exercise, support / connection groups, etc.
- I. Support for father/partner involvement

VI. Doula Training

- A. Provided by City or Provided by Contractor Agency
- B. Training costs reimbursable to City or Agency by doula wage assignment; waived depending on length of employment, similar to City Police Dept.
- C. Includes self-care for doulas for a sustainable, supportive program

Three things MICA Health Equity Task Force is asking for:

1. An Effective and culturally sensitive Postpartum Doula Program
2. Community Engagement and Consulting Input to address maternal and child health
3. Lead Education included with doula programing: water filters, lead testing, paint chip remediation

Because we know that Milwaukee's children are important to the Public Health and Safety committee, we respectfully request a response to our Proposal and our Asks.

Further Questions or discussion, contact Task Force co-chairs:

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