



THE BENEFITS OF DOULA CARE

STRATEGIES FOR
CHANGING THE
PERINATAL
HEALTH
LANDSCAPE



"ONE OF THE MOST EFFECTIVE TOOLS TO IMPROVE LABOR AND DELIVERY OUTCOMES IS THE CONTINUOUS PRESENCE OF SUPPORT PERSONNEL, SUCH AS A DOULA."

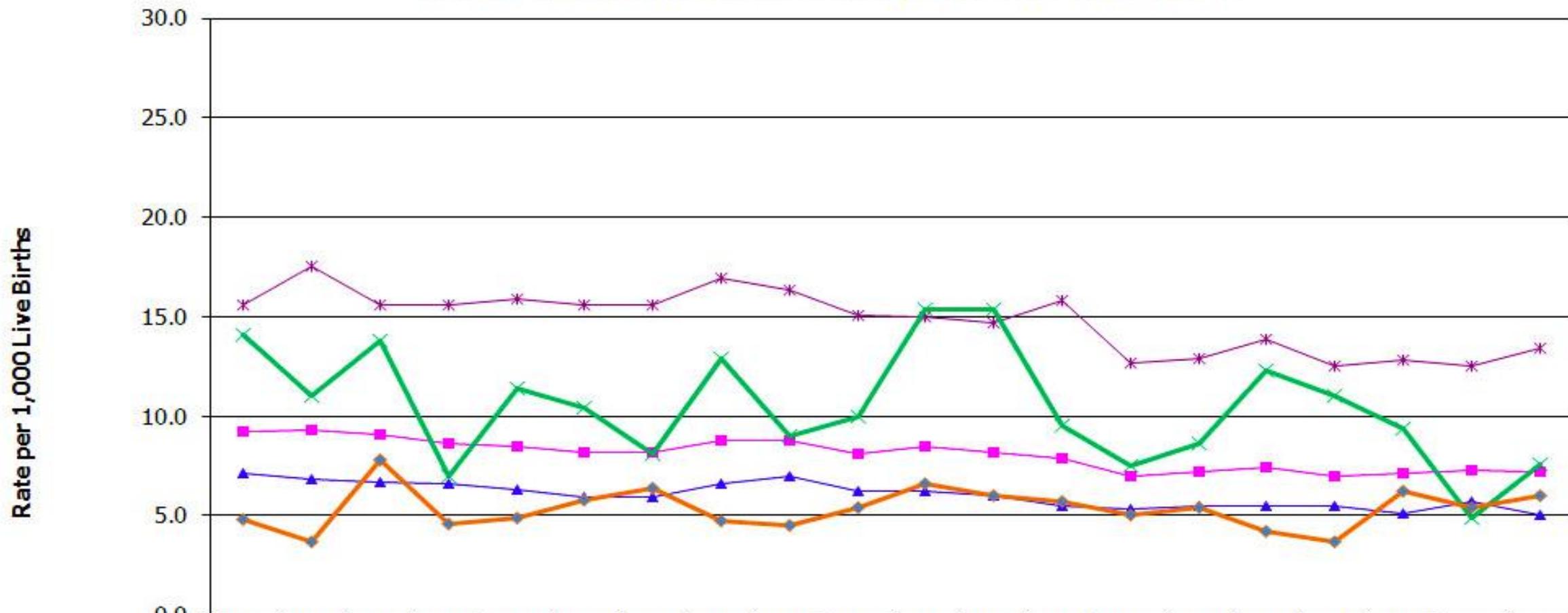
— "SAFE PREVENTION OF THE PRIMARY CESAREAN DELIVERY," CONSENSUS STATEMENT, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS AND THE SOCIETY FOR MATERNAL-FETAL MEDICINE, MARCH 2014.

PERINATAL HEALTH LANDSCAPE IN NC



- In 2016, 1 in 10 babies was born preterm in North Carolina.
- The rates of preterm birth in North Carolina is highest for Black infants at 13.5% with whites being at 9%
- Prematurity is the leading cause of newborn death and disability among infants.

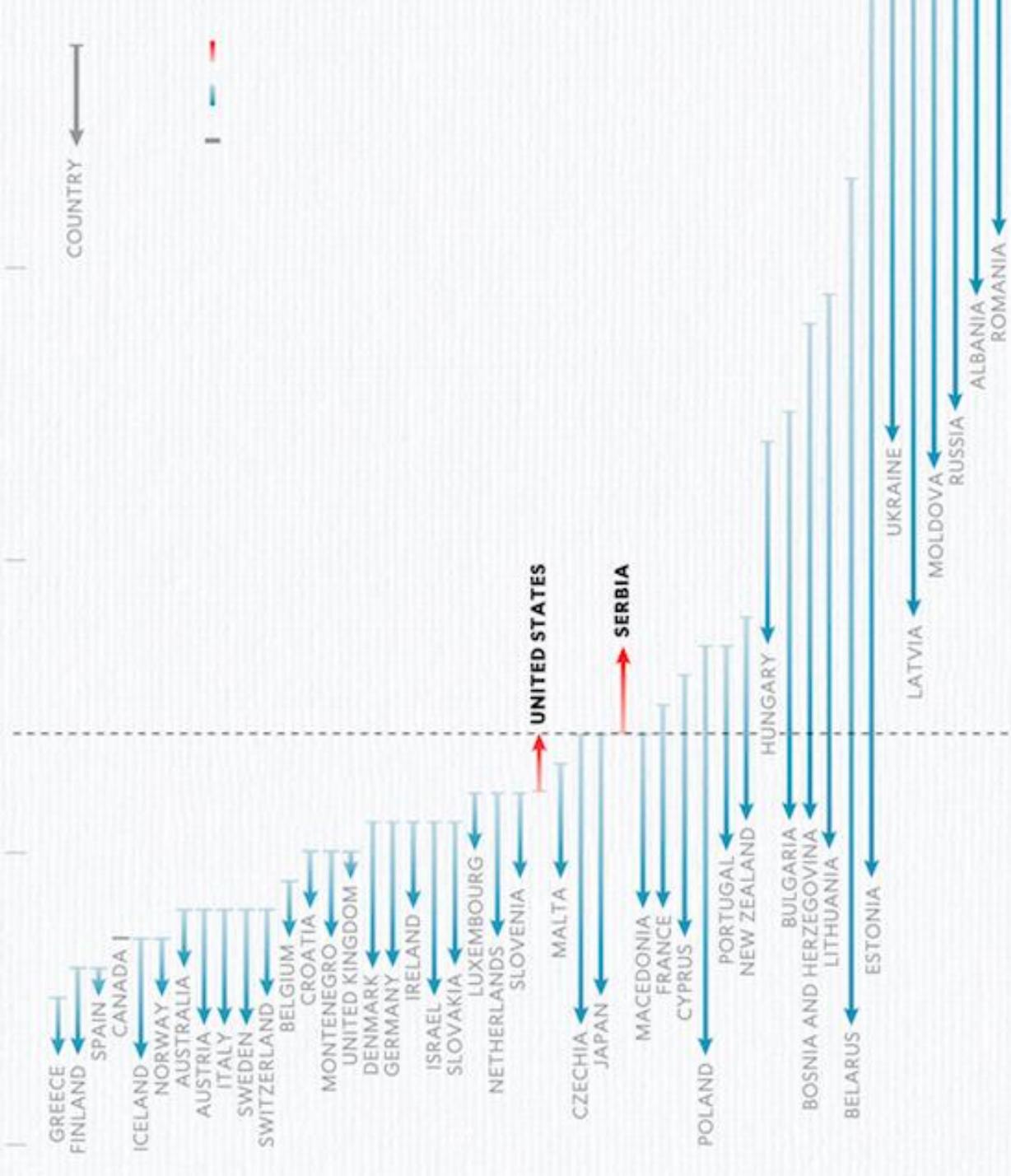
NC Resident Infant Mortality Rates, 1997-2016



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
■ Total	9.2	9.3	9.1	8.6	8.5	8.2	8.2	8.8	8.8	8.1	8.5	8.2	7.9	7.0	7.2	7.4	7.0	7.1	7.3	7.2
▲ White NH	7.1	6.8	6.7	6.6	6.3	5.9	5.9	6.6	7.0	6.2	6.2	6.0	5.5	5.3	5.5	5.5	5.5	5.1	5.7	5
* Af. Am. NH	15.6	17.5	15.6	15.6	15.9	15.6	15.6	16.9	16.3	15.1	15.0	14.7	15.8	12.7	12.9	13.9	12.5	12.8	12.5	13.4
✕ Am. Ind. NH	14.1	11.0	13.8	7.0	11.4	10.4	8.1	12.9	9.0	10.0	15.4	15.4	9.5	7.5	8.6	12.3	11.0	9.4	4.9	7.6
◆ Hispanic	4.8	3.7	7.8	4.6	4.9	5.8	6.4	4.7	4.5	5.4	6.6	6.0	5.7	5.0	5.4	4.2	3.7	6.2	5.4	6

A HEALTHY BABY IS NOT ALL THAT MATTERS!

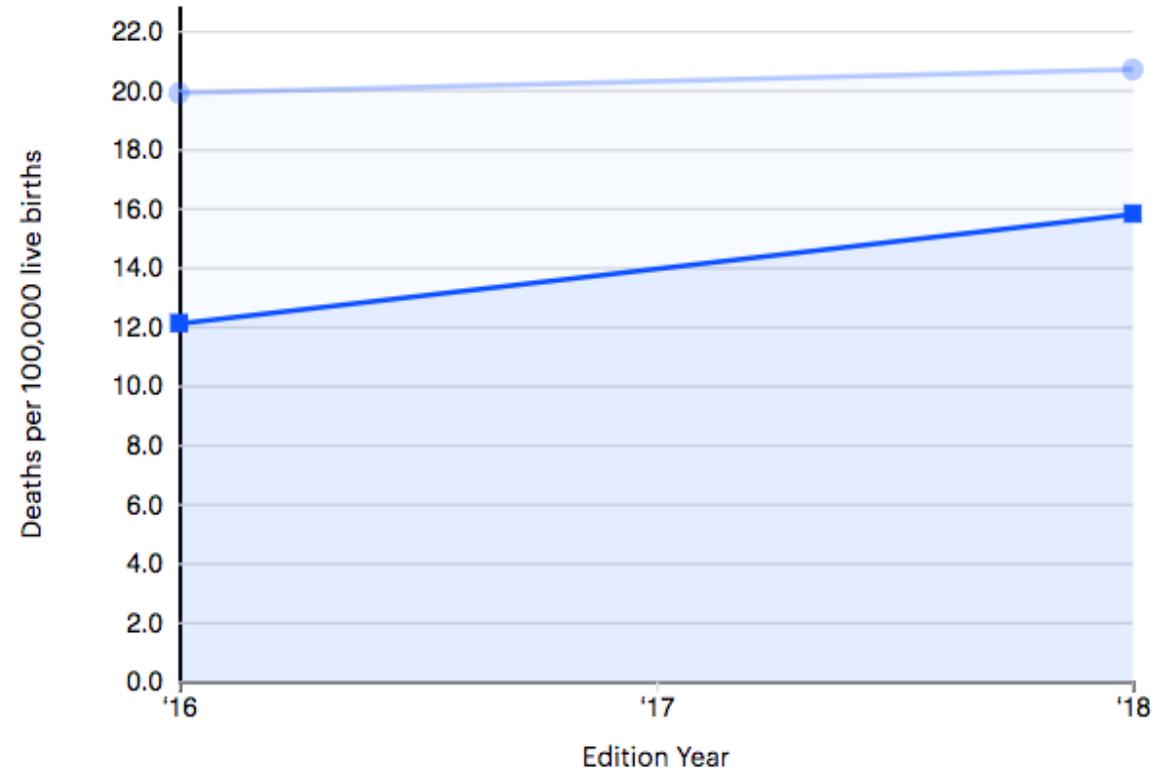
The United States is one of only two developed nations whose maternal mortality rates have worsened in the past two decades



WHAT ABOUT OUR BIRTHING PEOPLE?

- In 2015, the maternal mortality rate in the United States was 26.4 deaths per 100,000 live births, the highest of any resource-rich country.
- Non-Hispanic black women experience maternal deaths at three to four times that of non-Hispanic white women. The risk of maternal mortality among black women persists after controlling for socioeconomic status.
- According to the Centers for Disease Control and Prevention, nearly 60% of maternal deaths in the United States are preventable and most (44%) occur within 42 days of the postpartum period.

Trend: Maternal Mortality, North Carolina, United States



Source:

• CDC WONDER Online Database, Mortality files



Number of deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 births



rebornfromwithin

NEED FOR CHANGE

- Address the health inequities (such as access to care) that lead to health disparities for both Black/African American families and Native American Indian populations
- Decrease the primary cesarean for everyone
- Decrease the use of unnecessary medical technologies and interventions
- Decrease Premature Birth
- Increase Satisfaction

WHAT IS DOULA CARE?

- Doulas are trained para professionals that provide non-clinical, continuous, emotional, physical and informational support for birthing people and their families before, during, and after labor and birth.
- Birth doulas provide hands-on comfort measures and share evidence based and culturally appropriate resources and information about pregnancy, birth and postpartum.
- Doulas can facilitate positive communication between the birthing person and their care providers by supporting people in articulating their questions, preferences and values.
- Doulas provide continuous support during labor and also provide wrap around care from home to medical facility and back to home through the postpartum time.



DOULAS SPEND 6 TO 11 TIMES AS MUCH TIME WITH CLIENTS AS DO HEALTH CARE PROVIDERS WORKING IN A HOSPITAL OR CLINIC SETTING.

Activity	Health Care Services			Community-Based Doula Services		
	Number of visits	Hours per visit	Total Hours	Number of visits	Hours per visit	Total Hours
Prenatal Visits	14	.25	3.5	4	2	8
Postpartum Visits	1	.25	.25	4	2	8
Labor/Birth	1	2	2	1	18	18
Remote client support - phone, text, email						2
TIME (excluding transportation)			5.75 hrs			36 hrs
Time transportation - home visits + birth	-	-		9	1	9
TOTAL TIME			5.75 hrs			45 hrs



BENEFITS OF DOULA CARE

- 39% decrease in the risk of Cesarean
- 10% decrease in the use of any medications for pain relief
- Shorter labors by 41 minutes
- 38% decrease in the baby's risk of a low five minute Apgar score
- 31% decrease in the risk of being dissatisfied with the birth experience

ABSOLUTE VS. RELATIVE RISK

To understand the true (absolute) reduction in risk, you would have to carry out this math formula:

Relative risk reduction X your baseline risk = actual reduction in risk

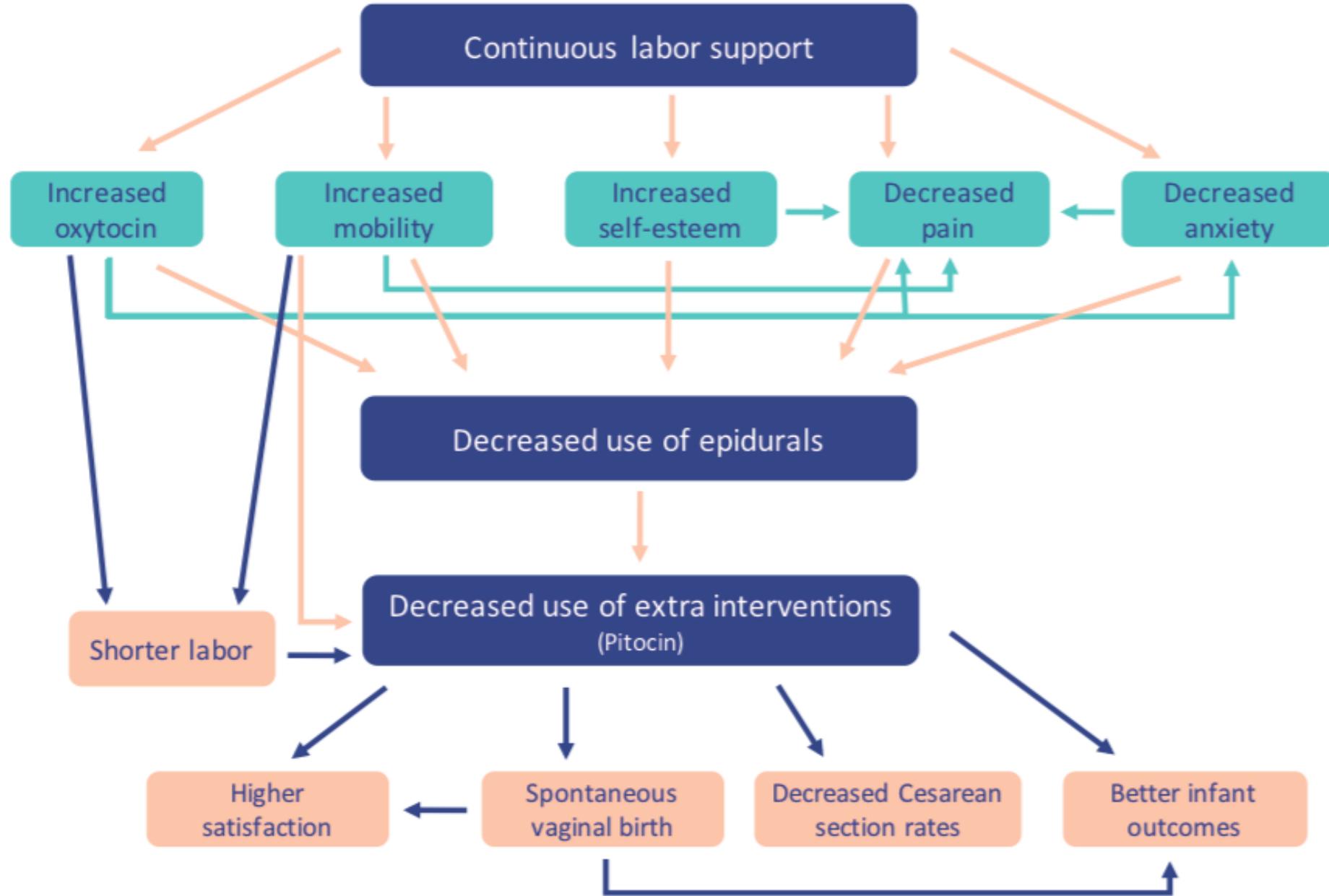
then

Baseline risk – actual reduction in risk = new absolute risk

For example, if having a doula decreases your risk of Cesarean by 39% (relative risk), and your baseline risk of having a Cesarean was 32% (about 32% of people giving birth in your hospital have a Cesarean), then $0.39 \times 0.32 = 0.12$ or 12%.

So if your baseline risk of a Cesarean is 32% without a doula, then with a doula that risk would be lowered by 12% down to an actual risk of 20%. This is still a substantial decrease in risk—your risk went from about 1 in 3, to 1 in 5.

Conceptual Model for Continuous Labor Support (revised 2017)





THERE HAS
BEEN NO
IDENTIFIABLE
RISK FACTORS
OR HARM IN
THE PROVIDING
OF DOULA
SUPPORT

MODELS OF PRACTICE, TRAINING AND CORE COMPETENCIES

Private Pay Traditional Doulas & Community Based Doulas

Training includes: *Shared by Both Traditional and Community-Based Doulas*

- Understanding of anatomy and physiology as related to pregnancy, birth and postpartum
- Understanding of current research and recommendations surrounding medical technologies and interventions
- Capacity to employ different strategies for providing emotional support from pregnancy to postpartum
- Skills providing a wide variety of labor coping strategies, including but not limited to non-pharmacological pain relief and labor positions to increase the chance of a vaginal birth.
- Strategies to foster effective communication between clients and clinicians by employing a range of positive communication techniques
- Awareness of allopathic and holistic healthcare systems and various modalities of care and services in the community that doulas can refer clients to in order to address client needs beyond the scope of the doula
- Knowledge of strategies for supporting breastfeeding/chestfeeding, breast-milk feeding, and lactation.

COMMUNITY BASED MODELS



- Community Based Doulas meet the needs of families facing complex social, economic and environmental issues
- Community-based programs include doula core competency training and additional training to provide culturally competent, trauma informed, social, emotional, and informational support to address the social deterrents of health affecting that particular community.
- This can include homelessness and affordable housing, food access, transportation access, mental health and intimate partner violence.

SCOPE OF PRACTICE

- Doula support refers to emotional, physical and informational support for the birthing persona and family members only.
- The doula does not perform clinical or medical tasks, such as taking blood pressure or temperature, fetal heart tone checks, vaginal examinations or postpartum clinical care.
- The doula will not diagnose or treat in any modality.
- The doula does not speak to clinical staff on behalf of the client
- The doula only advocates the client's wishes as expressed by the client.



REDUCTION OF PRETERM DELIVERIES

- In 2010, Healthy Start Brooklyn (A community based doula program) hired certified doulas to provide support during pregnancy, childbirth, and the postpartum period. Between 2010 and 2015, nearly 500 infants were born to women enrolled in the program.
- Compared to similar births in the area, program participants had significantly lower rates of preterm birth and low birth weight. In addition, participant feedback showed that doula support was highly valued.



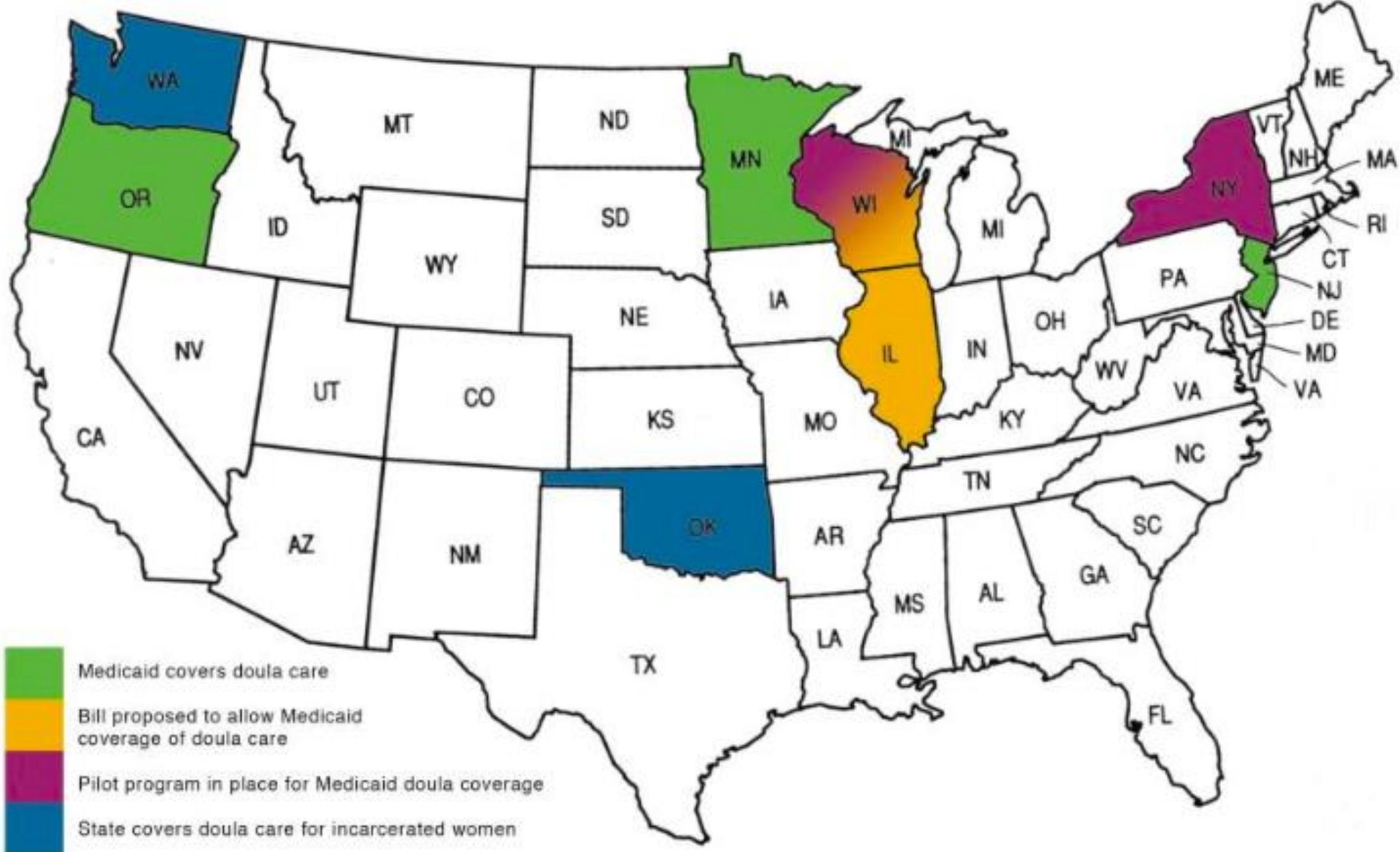
YWCA GREENSBORO

HEALTHY BEGINNINGS DOULA PROGRAM

- HBDP was launched in 2008 and is focused on reducing adverse birth outcomes by offering psychosocial, perinatal support, and wellness programming, including doula support for women at risk for adverse birth outcomes
- The primary goal of this project is to reduce infant mortality, low birth weight (LBW), and prematurity in at-risk pregnant women. The program helps these women access appropriate positive support through a system of psychosocial support that includes childbirth education and doula support.
- Program participants were offered 8-week childbirth education classes which included health education on folic acid, nutrition, breastfeeding, smoking and substance abuse cessation, safe sleeping, purple crying, neonatal care, and maternal mental health.
- The classes were conducted in the context of a peer support model similar to Centering Pregnancy, a best practice model.
- Expectant mothers who attended at least three of the eight childbirth classes were given the option to have a doula.

- All expectant participants received individual support through their doulas including weekly phone calls and semimonthly or more frequent home visits.
- Two hundred eighty-nine pregnant people (adolescents and young adults aged 13–30 years) were served by the HBDP between January 2008 and December 2010.
- The results show that expectant mothers matched with a doula had better birth outcomes than did mothers who gave birth without involvement of a doula. Doula-assisted mothers were four times less likely to have a LBW baby, two times less likely to experience a birth complication involving themselves or their baby, and significantly more likely to initiate breastfeeding.
- Nearly all (90.4%) of the adult mothers assisted by a doula chose to initiate breastfeeding.







LESSONS LEARNED FROM EARLY IMPLEMENTATION EFFORTS

- The New York Pilot Doula Program, Oregon and Minnesota (with Oregon and Minnesota being the only ones with current statewide coverage) deserve recognition for being early adopters of Medicaid doula coverage.
- Implementation has proven difficult and problematic. A careful look at the history of these programs indicates that the states' laudable efforts to innovate should serve as a starting point for further refinement



NORTH CAROLINA IS IN A UNIQUE PLACE TO DO THIS RIGHT

- A state wide task force that includes both private pay traditional and community based doulas from all over the state as partners in the work of program development and implementation of appropriate state wide reimbursement for these services.
- In particular, private pay and community doula organizations have the knowledge, expertise, and relationships needed to identify feasible reimbursement rates, the accreditation process, and service provision, to support the process of applying to become a state-recognized service provider.

