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The Design and Impact of a Rural Community Supported Doula Program

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THE DESIGN AND IMPACT OF A RURAL COMMUNITY SUPPORTED DOULA PROGRAM

Giving voice to the client experience of the WCMHS
Doula Project

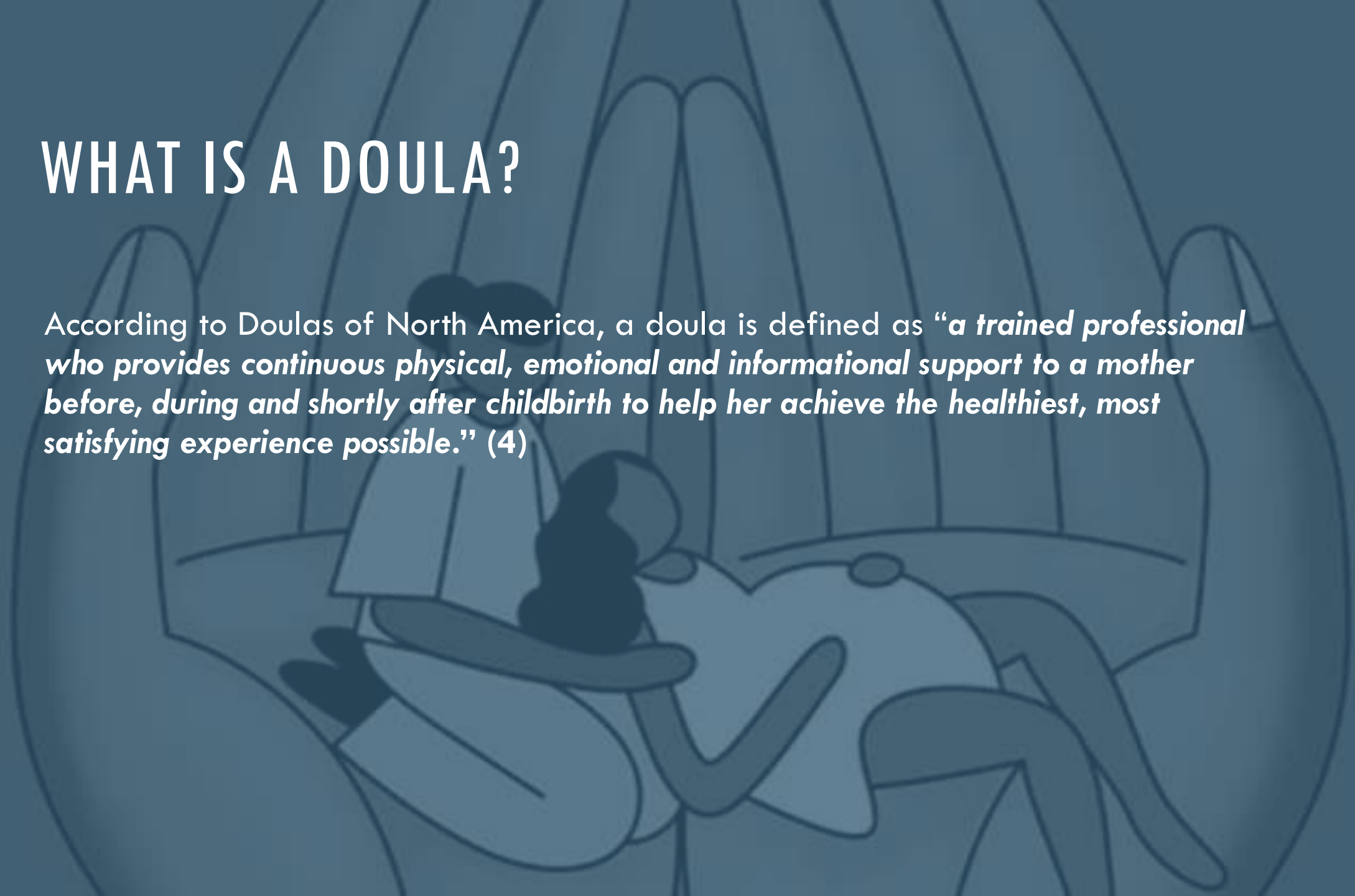
Washington County Mental Health Services
Central Vermont Medical Center

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Faculty Mentor: Colleen Horan, OBGYN
In Partnership With: Maria Rossi, WCMHS Doula



WHAT IS A DOULA?

According to Doulas of North America, a doula is defined as ***“a trained professional who provides continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible.”*** (4)



WHAT ARE THE BENEFITS OF HAVING A DOULA?

- meta-analysis of randomized control trials found people laboring with doula support had:
 - higher rates of spontaneous vaginal birth
 - shorter labors
 - lower rates of epidurals
 - Lower rates of cesarean deliveries
 - Lower rates of vacuum assisted deliveries
 - higher infant Apgar scores
 - reported greater satisfaction
- Conclusion drawn from meta-analysis:
 - continuous support during labor may improve a number of different outcomes for parent and baby and no adverse outcomes of having a doula have been identified (1)

Public Health Considerations:

“This is preventative healthcare.” –Maria Rossi, Doula



WHY CHOOSE A BIRTH DOULA?

**BETTER PAIN
MANAGEMENT
MEANS LESS
USE OF
PITOCIN**

**LESS
EPIDURALS**

**HIGHER APGAR
SCORES FOR
BABY**

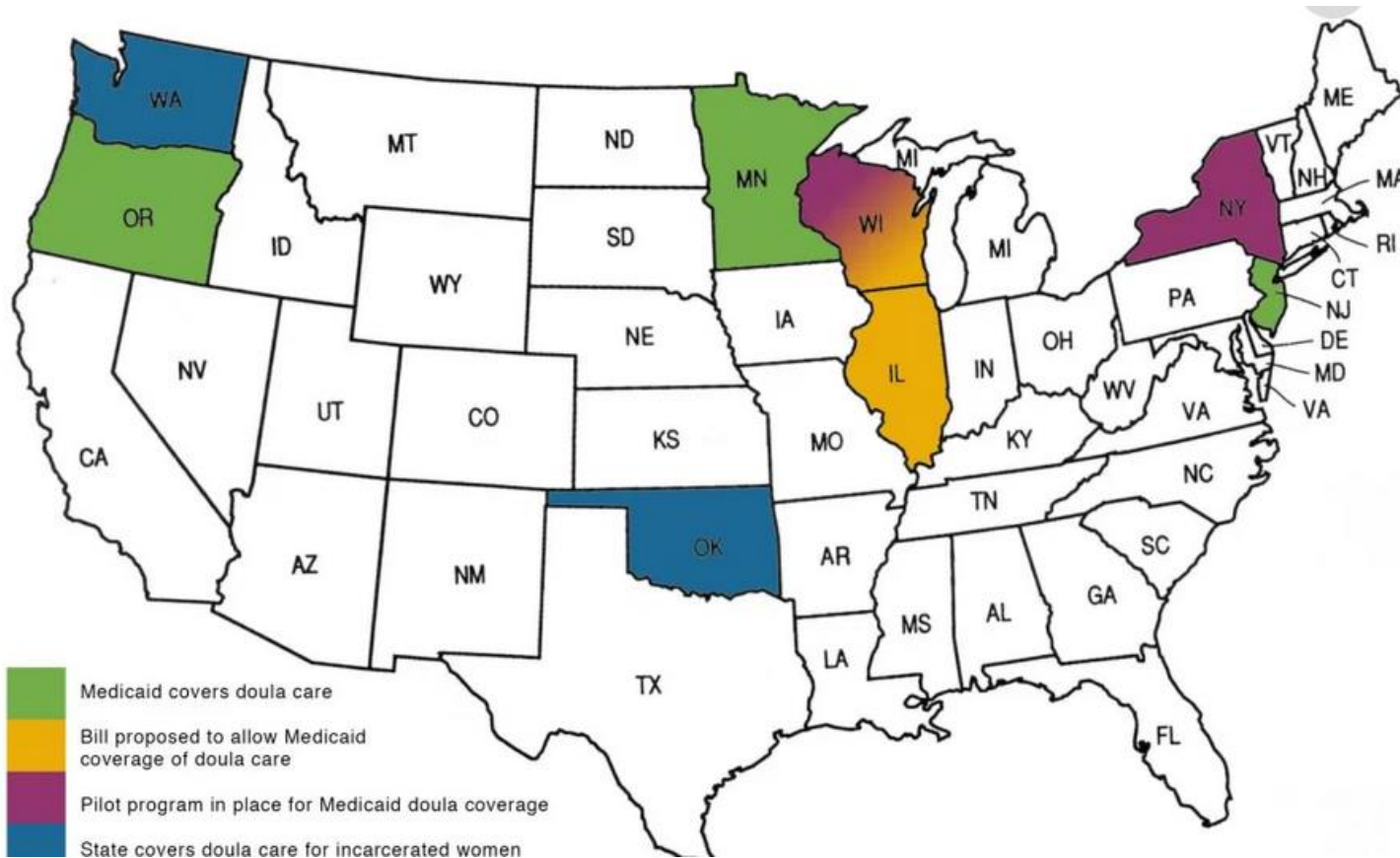
**FEWER C-
SECTIONS**

**SHORTER
LABOUR**

**LESS USE OF
INSTRUMENTS
LIKE FORCEPS
AND VACUUMS**

**MORE LIKELY
TO HAVE A
VAGINAL BIRTH**

**MORE
SATISFACTION
WITH YOUR
BIRTH!**



IDENTIFICATION OF NEED: WHAT ARE CURRENT LIMITATIONS WITH DOULA CARE

Research in the field reveals **socioeconomic disparities in access to doula services.**

Why?

- Insurance issues/coverage
- Cost prohibitive: out of pocket doula services can be anywhere from 300-1200 dollars per birth (1)
- Has warranted advocacy for getting doulas covered by Medicaid or other insurances – varying success depending on location
- A national survey demonstrated that **only 6 percent of women utilize doula care** and that **women insured by Medicaid are more likely to have unmet desire for doula care as compared to those insured privately.**
- There remain very few hospital-based doula programs and majority of doula services are paid out of pocket, by the patient (2)

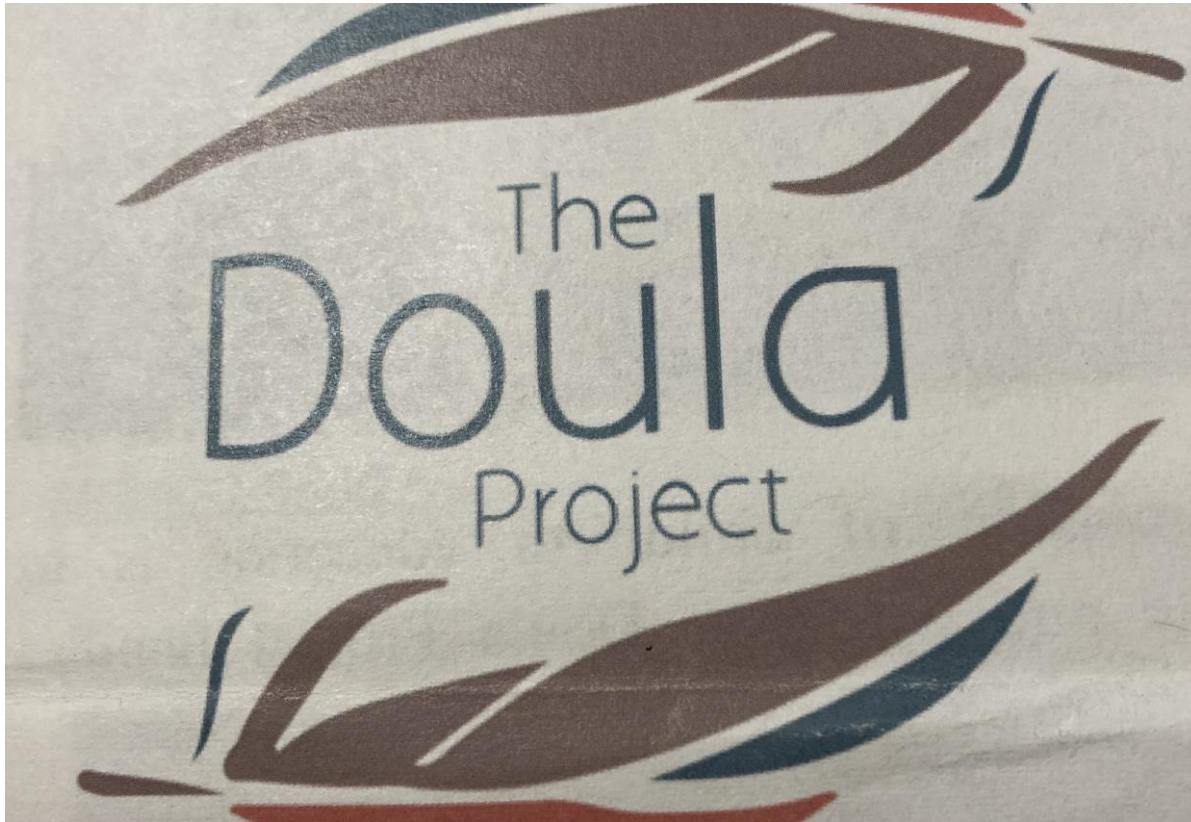
WHAT IS THE COST OF THESE DISPARITIES IN DOULA COVERAGE?

- Women of low socioeconomic status have lower rates of preventative care and higher rates of adverse reproductive health outcomes
- Barriers often include:
 - inability to afford care
 - problems with transportation
 - adverse previous experiences with the healthcare system
 - no primary care home
 - lack of insurance
- When prenatal and preventative care aren't accessible, complications arise that could have been prevented and make for a disproportionate experience of adverse health outcomes among lower income women (3)
- The WCMHS Doula Project, with its emphasis on the social work model of care for at risk clients, serves to mitigate disparities in Central Vermont and facilitate access to healthcare for people who need extra support during the pregnancy and parenting process

THE WCMHS DOULA PROJECT

Background





A COLLABORATION:

What makes this program unique?:

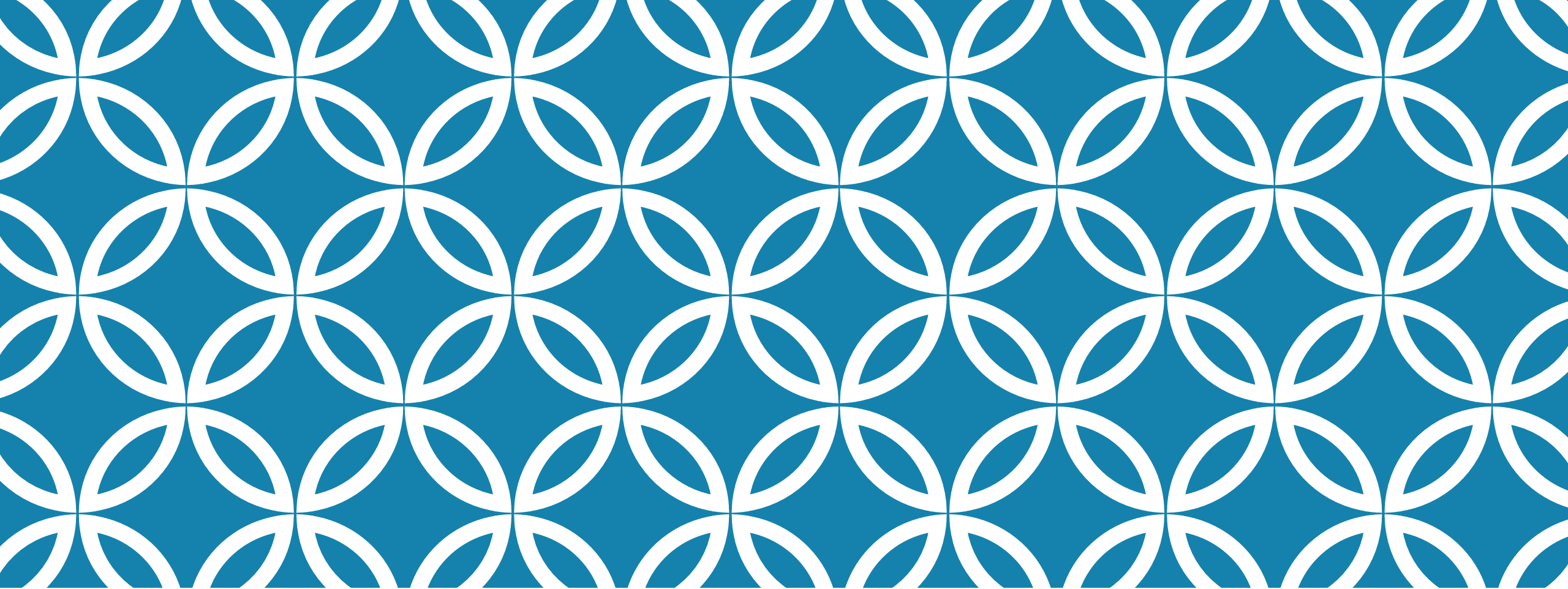
Collaboration between WCMHS and CVMC

Doulas are community support workers employed by WCMHS who are also trained as doulas

CVMC financially supports the labor doula services

Emphasis on case management and the social work model of care

High risk patients are identified and referred to The Doula Project for care



SERVICES PROVIDED

Prenatal, labor/birth,
Postpartum

PRENATAL SERVICES

Initial Meeting/Discussion of services available

Tailor approach to individual need

Transportation and accompaniment to prenatal appointments

At least 3 home visits, aside from prenatal appointments, to discuss childbirth education and preparation

Support with social services; WIC, Reach Up, Home Health, Case Management, Therapy, Health Concerns – wrap around support during pregnancy

**BABY
ON
BOARD**



LABOR AND DELIVERY

On call for the birth

Labor support:

- Advocacy
- Emotional support
- Companionship
- Pain management techniques
- A familiar face
- Continuity during a stressful time





POST PARTUM

Support for up to a year post partum

Accompaniment and transportation to pediatrician appointments and post partum check ups

Support in bonding, attachment, lactation, newborn care

Case management; assisting in getting the resources new parents need – WIC, Reach UP

Partnering with other community organizations: ie home health, lactation consultants

COMMUNITY PERSPECTIVE:

INTERVIEW WITH MARIA ROSSI, WCMHS DOULA AND PROJECT FOUNDER

- WCMHS Doula Project was developed from a community need; childbirth education and educated prenatal support was lacking
 - Population with higher needs during the perinatal time and no clear supports in place for them
- Began as small, case by case grants, developed into the structure that it is now
- Since the project began in 2014, has served about 150 clients
- What makes this program unique is the social work model of care; doulas are working in a social work capacity
 - navigating with moms through recovery and NAS, IPV, area resources, trauma informed care, even the simple fact of being present in people's homes.
- facilitating continuity during a time of transition for a population where anything that disrupts can be hard

“Working with this population of clients has given me a much deeper understanding of the nuances of birth outcomes. There is so much being touted with birth support and lower c-section rates – which is important for sure! – but this kind of doula work and our outcomes go beyond that. I have learned a lot about the many nuances of what a “good birth” means to different people.

– Maria, Doula

THE PATIENT PERSPECTIVE

Spent much of the LIC year **following a patient through her pregnancy, birth, and post partum period**

Field Study/Background understanding:

- medical care visits (including Women's Health and PCP)

- home health visits

- doula visits

- provided doula care and support for her birth

- rounded in the hospital following delivery as baby was kept in NICU

- attended her care team meetings (consisting of social work, case management, doula, DCF worker, family members)

- followed the baby to pediatrics and to UVM children's hospital when admitted for failure to gain weight

- advocated for and supported patient through placement at group home for moms and their children in recovery

Issues patient faced during her pregnancy:

lack of transportation, no phone or internet (especially hard during COVID with the push for telemedicine), IPV, anxiety and depression, PTSD, IUGR, tobacco during pregnancy, suboxone during pregnancy, extremely limited resources and extensive trauma and substance use history with previous experience of losing a child. All rose to the surface during our 8 months together.

Saw first hand the challenges many people face in rural Vermont

Also witnessed the way doula care can help mitigate these challenges:

Facilitating transportation, community resources, emotional and logistical support, a familiar face amidst a challenging and uncertain time, partnering organization collaboration

METHADODOLOGY: THE STUDY DESIGN

Purpose: describe the design and impact of the WCMHS Doula Project through qualitative analysis of the patient perspective

Key questions to consider:

- What is the pregnancy and birth experience of the doula program from the patients' lens?
- How does this program affect the patient's pregnancy, intrapartum, and postpartum experience?
- What difference does this program make in patients' lives and wellbeing?
- What are the population demographics of those receiving care?
- What challenges do the clients face? (ACE scores, substance use, socioeconomic status, comorbid conditions, transportation issues, IPV, trauma etc.)
- What are the issues that this rural and at risk population faces and how does having a doula mitigate these challenges?

Methodology: in-depth semi-structured interviews with patients who have received doula care, aiming to give voice to the patient experience

- Interviews will be recorded, transcribed, and responses will be coded and analyzed to demonstrate patterns and correlation of thought

Conclusions drawn will be shared with CVMC, WCMHS, and UVM with the purpose of raising awareness of this unique program and inspiring expansion of this important work; with patients as the central drivers and experts in why this work matters

EFFECTIVENESS AND LIMITATIONS

Limitations:

- Qualitative study – data will be subjective and open to interpretation
- Small sample size
- Study during a Pandemic; will likely run into limitations regarding in person connection. Planning on offering zoom/phone interviews which has a very different feel than in person connection
- Patients lead incredibly busy and complex lives; availability for participation may be a barrier

Effectiveness:

- Post interview, give patients opportunity to reflect on what the sharing process felt like
- Evaluate possibilities for growth of program with greater community and state-wide awareness of effectiveness

RECOMMENDATIONS FOR THE FUTURE

This study will look at ACE scores and patient reported birth outcomes – would be fascinating to do a retrospective chart review and look at the connection between measurable pregnancy/birth outcomes (pre-eclampsia, IUGR, prematurity) and stress/trauma history

This study is focusing on the patient experience. Could be interesting to do a qualitative review of the provider perspective; doctors, nurses, social workers, case managers, doulas, therapists etc.

COVID considerations: This study will explore as well how COVID has affected doula support in the past year, but will be a limited part of the data. Once more time has passed, would be interesting to delve into this as the focus and look at broader considerations of the lower resourced pregnancy experience during a Pandemic.

Graphics:

Slide 1:

<https://www.nytimes.com/2020/04/15/renting/pregnancy/doula.html>

Slide 2:

<https://www.nbcnews.com/news/nbcblk/w-york-aims-give-low-income-pregnant-women-access-doulas-n973671>

Slide 3:

<https://yourdowntowndoula.com/>

Slide 4:

<https://www.austinweeklynews.com/2019/06/14/bill-to-expand-maternal-health-care-stalls-in-springfield/>

Slide 10:

<https://www.dreamstime.com/illustration-doula.html>

Slide 11:

<https://www.istockphoto.com/illustrations/ostpartum-depression>

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2. Greiner KS, Hersh AR, Hersh SR, Remer JM, Gallagher AC, Caughey AB, Tilden EL. The Cost-Effectiveness of Professional Doula Care for a Woman's First Two Births: A Decision Analysis Model. *J Midwifery Womens Health*. 2019 Jul;64(4):410-420. doi: 10.1111/jmwh.12972. Epub 2019 Apr 29. PMID: 31034756.
3. Taylor YJ, Liu TL, Howell EA. Insurance Differences in Preventive Care Use and Adverse Birth Outcomes Among Pregnant Women in a Medicaid Nonexpansion State: A Retrospective Cohort Study. *J Womens Health (Larchmt)*. 2020 Jan;29(1):29-37. doi: 10.1089/jwh.2019.7658. Epub 2019 Aug 9. PMID: 31397625; PMCID: PMC6983742
4. <https://www.dona.org/what-is-a-doula/>

CONSENT

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Interviews/Field Experience:

Interview: Maria Rossi, Doula
Consented: yes

Field Experience: Patient with
CVMC Women's Health
Consented: yes