Improving Birth Outcomes Through Doula Care:
Hospital & Community-based Models

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Starting a Hospital Based Doula Program
A Presentation on how an ‘Alternative Birth Methods’ collaborative was successful in implementing the St. Francis Hospital-Doula Program in Greenville, South Carolina

Purpose:
To discuss the importance of collaboration and communication between hospital administration, providers, educators and nurses. This presentation will outline the steps taken to implement a hospital-based doula program

Meet the Doulas

[Image of doulas]
**Slide 4**

**Background**

In 2014, St. Francis Women’s Hospital in Greenville, SC, created an Alternative Birth Methods team comprised of hospital administration, nurses supervisors, providers and educators.

The objective of the interdisciplinary/collaborative team was:
1. To discuss and brainstorm growth strategies for hospital volume.
2. To promote communication amongst leadership, providers, nurses and women’s education department.

The main theme of the monthly meetings was effective communication, shared decision making and teamwork. (JOGNN Quality Patient Care in Labor and Delivery: A Call to Action 2011)

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**A 2011 Call to Action**

Quality Patient Care in Labor and Delivery: A Call to action 2011

The following are specific recommendations for health care providers and administrators:

- Ensure that patient-centered care and patient safety are organizational priorities that guide decisions for organizational policies and practices.
- Foster a just culture of openness by encouraging and promoting the active communication of good outcomes and opportunities for improvement. Developing forums to facilitate communication and tracking of issues of concern.
- Provide resources for clinicians to be trained in the principles of teamwork, safety, and shared decision making.
- Develop methods to systematically track and evaluate care processes and outcomes.
- Facilitate cross-departmental sharing of resources and expertise.
- Ensure that quality obstetric care is a priority that guides individual and team decisions.
- Identify and communicate the safety concerns, and work together to mitigate potential safety risks.
- Disseminate and use the best available evidence, including individual and hospital-level data, to guide practice patterns.

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**Listening to Mothers Survey**

Instructions: Go to: bit.ly/207R9xl

Understanding the Physiology of Pregnancy: Clinical Birth
Findings
We discussed the major findings of the National Listening to Mother Survey III on attitudes, choice, control and decision making of childbearing families and its implications on perinatal care practice. Almost six in ten (59%) of the mothers in the survey agreed with the statement, “Giving birth is a process that should not be interfered with unless medically necessary.”
We discussed how the demographics of the population we served at St. Francis Women’s Hospital also had similar attitudes and wanted more choices and control in decision making.

Support Data
There were some areas where we as a team could focus efforts to change perceptions related to the non-medical, psychosocial needs of laboring women. In the U.S., the medical system is set up whereby the doctors, nurses are primarily responsible for the health and wellbeing of the mother and baby. The highly technical function of today’s clinical nurse also lessens her ability to give continuous social support in labor (Tumblin & Simkin, 2001).

Support Data
The laboring women know their nurse’s role to be clinical, however, they also expect supportive, one on one, bedside care along with clinical care from their nurses. In a study examining pregnant mothers’ expectations, nulliparous mothers expected their nurse to spend 53% of her time offering physical comfort, emotional support, information, and advocacy (Tumblin & Simkin, 2001).
A subsequent study published in JOGNN identified some of the barriers to supportive care cited by nurses as inadequate staffing, the physical environment, negative staff attitudes toward supportive care, and lack of management support (Davis & Helen, 2013).
Support Data
Women have complex needs during childbirth and weeks that follow. In addition to the medical/clinical care, women need consistent support, continuous reassurance, comfort, encouragement and respect. They need individualized care based on their circumstances and preferences. Each person involved in the care of the laboring woman contributes to her physical and emotional wellbeing.

It is worthwhile considering the positive impact of birth doulas as part of the maternity care team.

Source: DONA International

Evidence Based Resource

Benefits of Doula Support
In the late 1970s, Drs. John Kennell and Marshall Klaus investigated ways to enhance maternal-infant bonding they found, almost accidentally (but not intentionally) that introducing a doula into the labour room not only improved the bond between mother and infant, but also seemed to decrease the incidence of complications.

The largest systematic review of continuous labor support, published in 2011, found that when compared to women who received no continuous support, continuous labor support with a doula was associated with a decrease in the rate of cesarean section delivery (28%) and a decrease in the use of synthetic oxytocin (31%) to speed up labor. According to a summary of the findings of this review (Childbirth Connection: Best Evidence: Labor Support. 2011) the doula-supported women were:
• 28% less likely to have a cesarean section
• 31% less likely to use synthetic oxytocin to speed up labor
• 9% less likely to use any pain medication
• 34% less likely to rate their childbirth experience negatively.
Cochrane Database reports...

Analysis of the numerous scientific trials of labor support led the prestigious scientific group, The Cochrane Collaboration’s Pregnancy and Childbirth Group in Oxford, England to state:

"Continuous support during labor has clinically meaningful benefits for women and infants and no known harm."


Current Maternity Care Practice

In spite of a growing body of evidence that supports the role of a doula as part of the maternity care team, in most areas of the world, childbearing women have limited or no access to trained doulas. (Hodnett E. D. et al 2011)

There is a gap in knowledge and lack of practice of implementing policies whereby providers, nurses and doulas work together to make women’s birth environments safe, empowering, supportive and respectful.

Challenges

Morton, C., Glift, E., (2014) in their book Birth Ambassadors write about the three dilemmas facing doulas including being part of a hospital care team.

1. First dilemma: the cultural and institutional context of most US hospital births limit the doula’s efficacy, often by prohibiting truly continuous support and refusing to recognize a doula’s unique scope of practice.

2. Second dilemma: The frequent contradiction between a doula’s personal values (often a deep belief in the optimality of the midwifery model of care, natural, drug free childbirth) and her obligation to provide unconditional support for parents’ birth choices.

3. Third dilemma: While the majority of doulas are well trained through recognized, long standing organizations, some will only have received light, if any, training through correspondence and online courses. Not every doula will practice within the scope of practice that is backed by an organization with an active grievance policy.
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**Ideal Practice State**

Question: Would the ‘ideal practice state’ be the one that includes changes in attitudes whereby nurses and doulas work together as a team to provide the best possible care for a laboring woman? If so, how do we get there?

By developing a working relationship between nurses and doulas based on a mutual respect for each other’s skills and expertise (Gilliland 2002, Grauer A. 2012).

Collaboration
- Mutual Respect for each other
- Team work

The goal is to improve outcomes and satisfaction by working together.

(Quality Patient Care in Labor and Delivery: A call to action 2011)

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**Starting a Hospital Based Doula Program**

**ROLE OF L &D NURSE**

Clinical tasks — vitals, monitoring fetal heart tones and contraction pattern, medications, intravenous access, vaginal examinations, assesses for potential complications

Consults with physician or midwife

Intermittent presence — leaves for meal breaks, to care for other patients, and at change of shift. May have more than one patient

Keeps patient informed of the progress of labor, explains what is normal, and what to expect

Advocates by communicating patient’s desires to physician or midwife

Provides intermittent comfort measures and reassurance.

**Documentation responsibilities.**

Usually no contact with patient once she is transferred to postpartum unit

Source: Nurses and Doulas: Complementary Roles to Provide Optimal Maternity Care


**ROLE OF BIRTH DOULA**

Supportive Role — NO clinical functions/responsibilities

Continuous presence — leaves patient’s room only for bathroom breaks. Stays with one patient throughout labor and birth. Keeps patient informed in lay terms of the progress of labor, what is normal, and what to expect.

Advocates by helping the patient identify her questions and by helping her to communicate with health care staff.

Does not offer direction regarding the woman’s approach to labor.

Provides one-to-one, continuous comfort measures and reassurance, including massage and touch, positioning for comfort, and to facilitate fetal rotation and descent.

No documentation in patient’s chart. May keep own records or write “birth stories” for clients. Follows a Code of Ethics; ideally certified. Follow-up postpartum visit, either in the hospital, in-home, or by phone

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According to DONA International, a doula’s role can be summarized in seven objectives:

1. To recognize birth as a key experience that the mother will remember all her life
2. To understand the physiology of birth and the emotional needs of a woman in labor
3. To assist the woman/partner to carry out their birth plan
4. To stay by the side of the laboring woman through the entire labor
5. To provide emotional, physical, support and comfort measures to the laboring woman
6. To facilitate communication between the laboring woman and care providers
7. To perceive the doula’s role as one who nurtures and protects the woman’s memory of her birth experience
Starting a Hospital Based Doula Program

What would holistic care for women in labor include?
Continuous support during labor should be the norm, rather than the exception. Hospitals should encourage women to have a companion of their choice during labor and birth, and hospitals should implement programs to offer continuous support during labor (Hodnett E. D. et al 2011).

St. Francis doula program was conceptualized with the mandate of training novice birth doulas through the DONA International certification process.

Timeline:
ABMT comprised of VP Surgery, Women’s and Ancillary Services Assistant Administrator, Program Manager Women’s Services, Director of Maternal Child Services, Administrative Director of Obstetrics and Neonatal Services, Providers met to discuss options for non-clinical support in L & D

February
Attend the DONA birth doula training in Asheville

March
Work on DONA certified birth doula requirements, attend births and keep team updated

Early April
ABMT decides to start a St. Francis Doula Program, we outline the requirements using DONA’s guidelines

June
Submitted package to DONA International for birth doula certification

June- July 2014
Women’s Education Manager and Director of Maternal Child Services outline the doula hiring, training process and it’s decided that doulas will be contracted by St. Francis

July-August 2014
Doula Interviewing by and Hiring

September 2014
DONA birth doula training for the hired doula cohort by Tonya Daniel LCCE, FACCE, IBCLC, CD(DONA) and Tara Owens Shuler M.Ed., LCCE, FACCE, CD(DONA)

September 2014
Doula cohort complete hospital mandatory new hire requirements and attend a 2 day Lamaze Childbirth class, Breastfeeding class, Hospital Orientation class

October 2014
L & D Nurses attend a Lamaze Evidence Based Nursing Care training by Frieda Norris

November 2014- Ongoing
St. Francis Doula Program goes live!!

www.stfrancisbaby.org/ourdoulas/php

Doula cohort attend births and work towards their DONA International birth doula certification requirements.
Training and Pre-requisites for St. Francis Doulas

- Hired doulas attend the 2 day DONA International birth doula training
- Doulas also attend hospital orientation class
- Complete background checks, work well clinic requirements
- Liability Insurance from CM and P Group Inc.
- Attend Lamaze childbirth education class, breastfeeding class, hospital tour class, caring for the new born and comfort measures for labor class
- Attend team meeting to discuss scheduling and prenatal meeting with client
- Represent the doula program in the ‘Meet the Doula’ class at St. Francis Hospital
Registration

Process for clients registering for a doula as outlined by Women's Education Manager Kelly Lambert

1. Client hears about doula program from community, FB, class, etc.
2. All clients are routed to registration for scheduling purposes.
3. Client calls and registers for doula with scheduled primary and backup.
4. Registration assigns client according to the availability that was provided.
5. Registration will be taking payment from the doula, assigning them to a primary doula and backup doula and then passing them to the doula to set up their appointments.
6. Client will then receive an email confirmation to the doula. This confirmation will include clinician name and contact information along with the primary doula and the backup doula. The confirmation will be directly emailed to the doula's BSBN account.
7. Once doula and backup doula receive the confirmation, a prenatal meeting is arranged with client.
8. During the prenatal meeting, the doula will get the client to sign a Confidential Form, Birth Record form, Evaluation form and discuss birth preferences/plan, scope of doula practice as defined by DONA International.

Prenatal Consult Outline

10 minutes: Introduction, Confidentiality form signed from client; keep in file and make a copy for the chart.
15 minutes: Share 'What is a birth doula' document and communicate 'standards of practice and code of ethics' with client. Specify and clarify the role of doula being support in labor.
15 minutes: Share the St. Francis birth preference handout to encourage couples to think about their preferences. Make notes of client preferences for labor.
15 minutes: Share the Birth Record quotes and the Evaluation form. Ask client if they know that the doula will be taking notes while in labor. Communicate that this will not interrupt the continuous support provided by the doula to the mom in labor. Ask client when she prefers filling out the Evaluation form, and follow up after attending birth.
5 minutes: Wrap up; Refer couple to Childbirth Prep and Comfort Measures in Labor class if they have not attended their class.
Refer them to online education on www.stfrancisbaby.org/labor-and-deliveryphp.
**Labor Support Skills Workshop**

Upon completion of the program, the labor and delivery nurse were able to:

1. List components of a safe and supportive birth environment
2. Analyze the nurse’s impact on maternal birth satisfaction
3. Evaluate integration of practices according to standards of evidence-based care
4. Provide a wide variety of non-pharmacologic labor support techniques which both enhance labor progress and decrease pain
5. Model effective labor support within the childbirth team
6. Utilize techniques associated with decreased need for medical intervention and lower cesarean rates

Identify strategies to overcome barriers to change

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### Outcomes for Hospital Based Doula Program

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td>Total births attended by doulas</td>
<td>46</td>
<td>26</td>
</tr>
<tr>
<td>Vaginal Births</td>
<td>30</td>
<td>25</td>
</tr>
<tr>
<td>Cesarean Births</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Labor &lt;12 hours</td>
<td>32</td>
<td>12</td>
</tr>
<tr>
<td>Labor &gt; 12 hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** 2 moms had labors of 27 and 32 hours in length and gave birth vaginally

| # of couples attending 'meet the doula class': | 44 |
| Without epidural | 8 |
| With epidural    | 37 |

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### Evaluation

1. Were techniques suggested by doula helpful to the mother in handling the physical aspects of her labor?
2. Were the techniques used by doula helpful to the mother in handling the emotional aspects of her labor?
3. Were the suggestions of the doula helpful to the father and/or other family members and friends present for the labor?
4. Overall, how would you evaluate the usefulness of having the doula present?

<table>
<thead>
<tr>
<th>How useful?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than good</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neither helped nor hurt</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a big help</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not helpful</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Feedback from Doula Clients

"very supportive, very comforting, really made sure I understood every part of my L and D process"

"was amazing, I can't say enough good things about her, definitely going to recommend her to anyone"

"was amazing. She was so positive, caring and really put me at ease. She allowed me to achieve my goal of delivering naturally"

"I really hope the doula program at St. Francis continues to grow, it made all the difference to my husband and I. We were able to have a birth without medication"

"such a better experience with doula than previous birth with no doula"

All patients responded to the question: Overall, how would you evaluate the usefulness of having the doula present? "Was a big help"

"you were an emotional life saver"

"I wouldn't have been able to get through it without my excellent doula! I did it! Natural, no pain meds or epidural, thanks to ---, helped me breathe and get through each contraction"

Nurses evaluations of the Doula

"thank you for helping ___ labor naturally on a very busy labor and delivery day. I appreciate your help"

"___ was very helpful with keeping calm throughout labor. Really enjoyed working with her"

More Areas of Evaluation Needed

Ongoing documentation of how doula care impacted patient satisfaction?

Did doula care impact primary cesarean rates?

What about team work? Thoughts, challenges on the floor...

Ongoing conversations to continue valuing the emotional, moral support essential for laboring women...

Documentation of success stories, birth stories of doula attended labors
**Conclusion**

The creation of a hospital-doula program was done using the St. Francis Mission statement:

*To bring compassionate health care and to be good help to those in need*

Rose Leo, VP Surgery, Women's and Ancillary Services Assistant Administrator in the Bon Secours St. Francis Health System Magazine, Spring issue titled 'JOY'

“The new Bon Secours St. Francis Doulas support moms physically, mentally and emotionally as they work side to side with the clinical staff towards a single goal: HEALTHY MOM, HEALTHY BABY.”

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**Community-Based Doula Program**

NC AHEC Strategic Plan

- Invested in pilot projects across the AHEC system aimed at developing a new workforce

**Purpose**

- To contribute to improved health outcomes for pregnant women in Granville & Vance counties
- To increase the awareness of doula among health care providers and community members

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**Addressing the Triple Aim Goals**

<table>
<thead>
<tr>
<th>Affordable Care Act Triple Aim</th>
<th>Evidence for Doula Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving health outcomes for all members of the community</td>
<td>12% increase in the likelihood of a spontaneous vaginal birth</td>
</tr>
<tr>
<td>Increasing satisfaction with the care experience</td>
<td>34% decrease in the risk of being dissatisfied with the birth experience</td>
</tr>
<tr>
<td>Reducing necessary costs</td>
<td>28% decrease in the risk of Cesarean birth</td>
</tr>
</tbody>
</table>
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**Snapshot of Vance County Data**

<table>
<thead>
<tr>
<th></th>
<th>North Carolina</th>
<th>Vance County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Doulas</td>
<td>272</td>
<td>0</td>
</tr>
<tr>
<td>Cesarean Birth Rate</td>
<td>30.9%</td>
<td>29.7%</td>
</tr>
<tr>
<td>Breastfeeding Initiation Rates</td>
<td>77.1%</td>
<td>47.5%</td>
</tr>
</tbody>
</table>

*NC State Center for Health Statistics

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**Partnerships**

- Granville Vance District Health Department
- Premier Women’s Health OB/GYN
- Vance Family Medicine
- CCNC – Northern Piedmont
- Maria Parham Hospital
- Granville Health System
- Adolescent Parenting Program

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**Educating the Community**

**Community Outreach:**
- Presentations at the local health department locations
- Contacted local churches and community groups
- Posters and flyers in local hair salons and retail stores
- Social media using Facebook
- Exhibiting at a festival - Hot Sauce Festival!
"Birth matters, and I believe the way a child is brought into the world has an important impact on the rest of life. Helping with that transition is an honor."

- Anjli Aurora Hinman, CNM

Coming in August 2015, the Granville-Vance Community-Based Birth Doula Project! We are recruiting women who are interested in working with pregnant moms and their families during their birth. If you are a part of women's health care and want to support families through this important transition, we invite you to learn more about this unique volunteer opportunity!

Applications are being accepted for the doula project. All women interested have the opportunity to receive training by applying to the Granville-Vance Community-Based Birth Doula Project. To request an application, send email to tara.owens@duke.edu. For more information, visit www.dona.org.

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**Doula Cohort & Training**

- DONA Birth Doula workshop
- Breastfeeding Basics by a Lactation Consultant
- Tours at both community hospitals
- Completed volunteer orientation at one community hospital
- Quarterly meetings

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**Birth Outcomes (October 2015 – Sept 2016)**

<table>
<thead>
<tr>
<th>Birth Outcomes</th>
<th>Number</th>
<th>%</th>
<th>State Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal Birth</td>
<td>12</td>
<td>80%</td>
<td>SCHS 2010-2014</td>
</tr>
<tr>
<td>Cesarean Birth</td>
<td>3</td>
<td>20%</td>
<td>SCHS 2010-2014</td>
</tr>
<tr>
<td>Inductions</td>
<td>3</td>
<td>20%</td>
<td>SCHS 2010-2014</td>
</tr>
<tr>
<td>Epidural Use</td>
<td>13</td>
<td>85.25%</td>
<td>SCHS 2010-2014</td>
</tr>
<tr>
<td>Breastfeeding Initiation Rates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCHS Data Brief No. 155, June 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding Duration at 1 month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRAMS (2012)</td>
<td>7</td>
<td>63.7%</td>
<td>69.8%</td>
</tr>
</tbody>
</table>
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Birth Outcome by Parity

<table>
<thead>
<tr>
<th>Parity</th>
<th>First Birth</th>
<th>Second Birth</th>
<th>Third Birth</th>
<th>Fourth Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal Birth</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Induction</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>VBAC</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cesarean</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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Doula Client Feedback

“I gave birth to my 4th child Saturday 11-7-15. I was able to have an unmedicated, (no pitocin), and pain medication-free birth for the first time! I also had an amazing doula. ____ was AMAZING! I am so thankful to have the New Birth Doula Service of Wake County. I wish you had been available for my other 3 boys!”

“I learned so much through this experience about laboring naturally and working with my body which is somewhat humbling considering I am a labor nurse. But I truly believe it has made me a better nurse. It made such a difference to have that kind of support before, during, and after labor. ____ was such a great resource and I just wish hospitals would hire doulas to staff on L&D.”

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New Initiatives Started

- Moms Meet Ups started in January 2015
- Two Facebook pages for Moms and Moms-to-Be and for Community Awareness
- Granville Vance Public Health’s Community Breastfeeding Coalition
- Doulas will present at CenteringPregnancy sessions at Granville Vance Public Health starting in October
Lessons Learned

- Recruitment of doulas
- Screening and review ability to fully participate
- Train bilingual doulas
- Build partnerships with key providers and community members to serve as champions
- Develop a more efficient recruitment strategy to get women paired with a doula

Continuation Plan

1. Small grant from Granville County Community Foundation
2. Revised training model to maintain a pool of community doulas
3. Continue to partner with the health education staff to search for grants/funds to support the program