

THE BUSINESS CASE FOR HOSPITAL- BASED DOULA PROGRAMS

AN OPPORTUNITY FOR HOSPITALS AS PART OF
COMPREHENSIVE MATERNITY SUPPORT

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Healthy Mothers, Healthy Babies Coalition of GA
Annual Meeting
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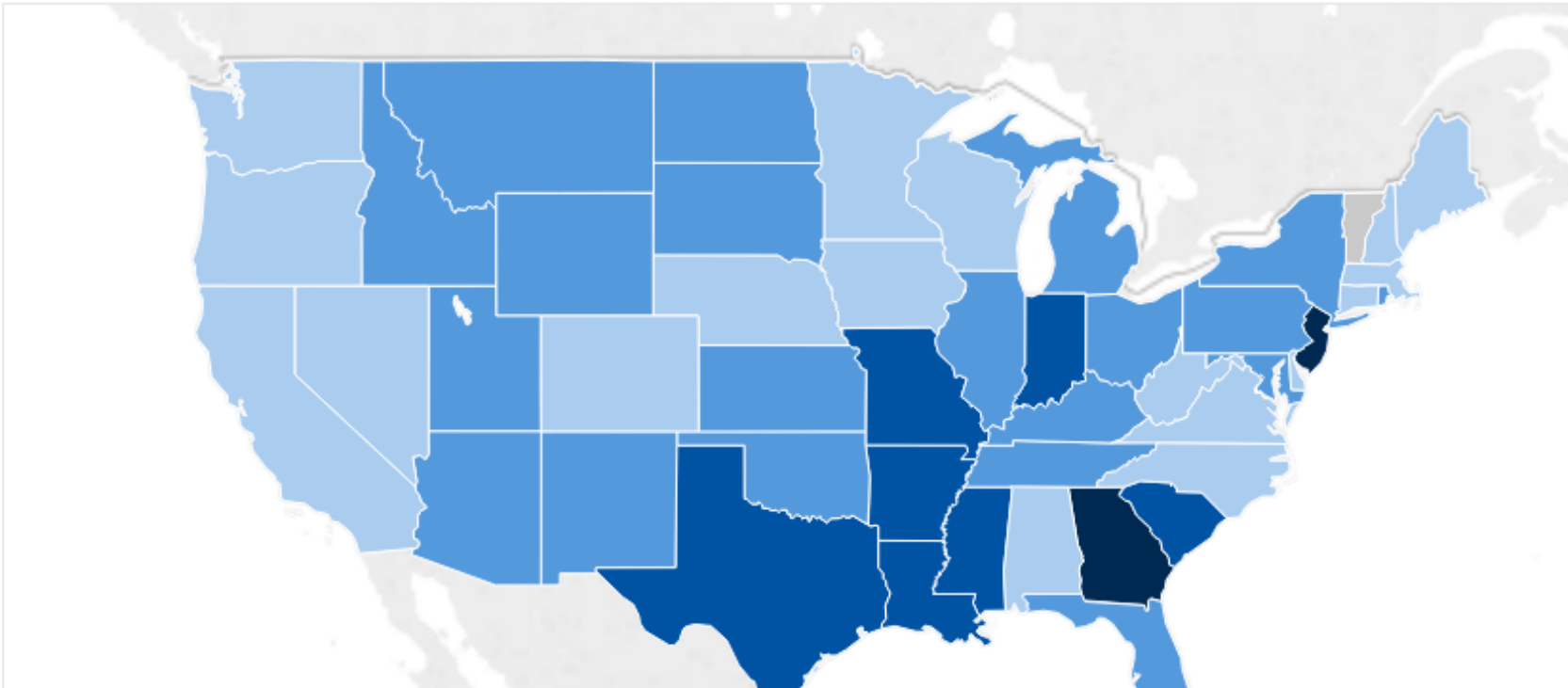
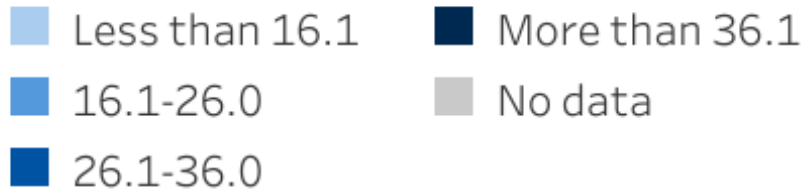
Health is a
human right

The U.S. ranks **50th** **in the world for**
Maternal Mortality (MMR)

U.S. Maternity
Care is a
human rights
failure

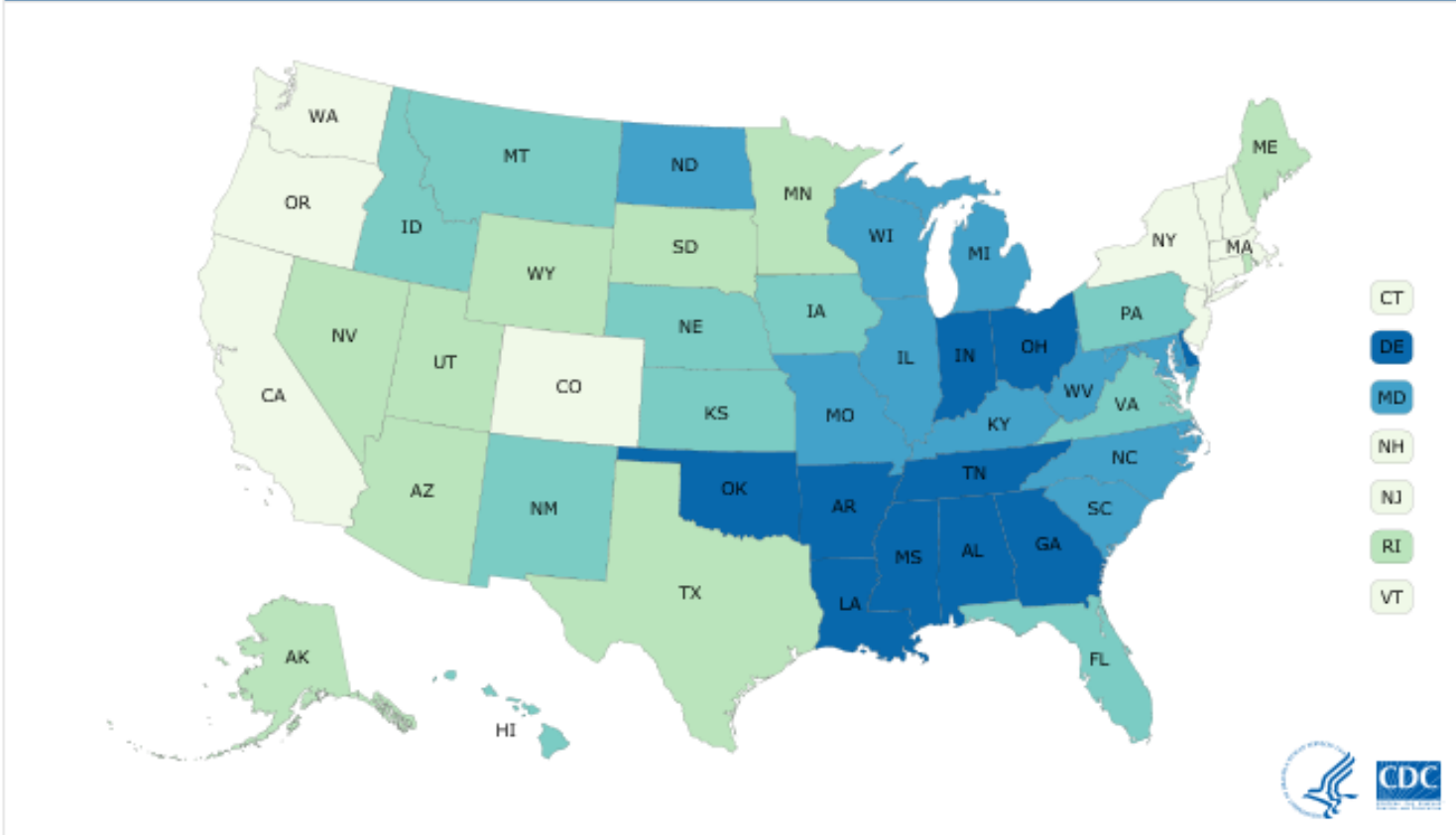
U.S. Maternal Mortality Rate

Death rate per 100,000



Georgia
MMR=
39.3

Infant Mortality Rates by State, 2016



Georgia
IMR= 7.5

Black=
11.2 (2013)

White= 5
(2013)

Death Rates¹

United States 5.9

- 0 - 4.8
- 4.8 - 5.8
- 5.8 - 6.2
- 6.3 - 7.3
- 7.4 - 9.1

Maternity Care in the US and GA

	US	GA	Black (GA)	White (GA)	Year
C-Sect Rate	31.9	33.8			2016
Pregnancy-Related MMR	15.9	19.98	41.1	11.8	2012
Preterm Births			14%	8%	2016

Maternity Care is Costly. At who's expense?

- Medical Interventions at an **all-time high**
 - (e.g. Induction of labor, Cesarean rates)
- One in 9 newborns in 2013 were **Preterm**
 - Preterm babies cost 10x more than full-term infants
 - **Preterm** birth costs U.S. **\$26 billion annually**
 - (nearly half of all births are Medicaid)
- Hospitalization related to pregnancy/birth = **\$86 billion annually**
 - \$8,500 avg per family– Vaginal Delivery (\$7,700); C-section (\$11,000)



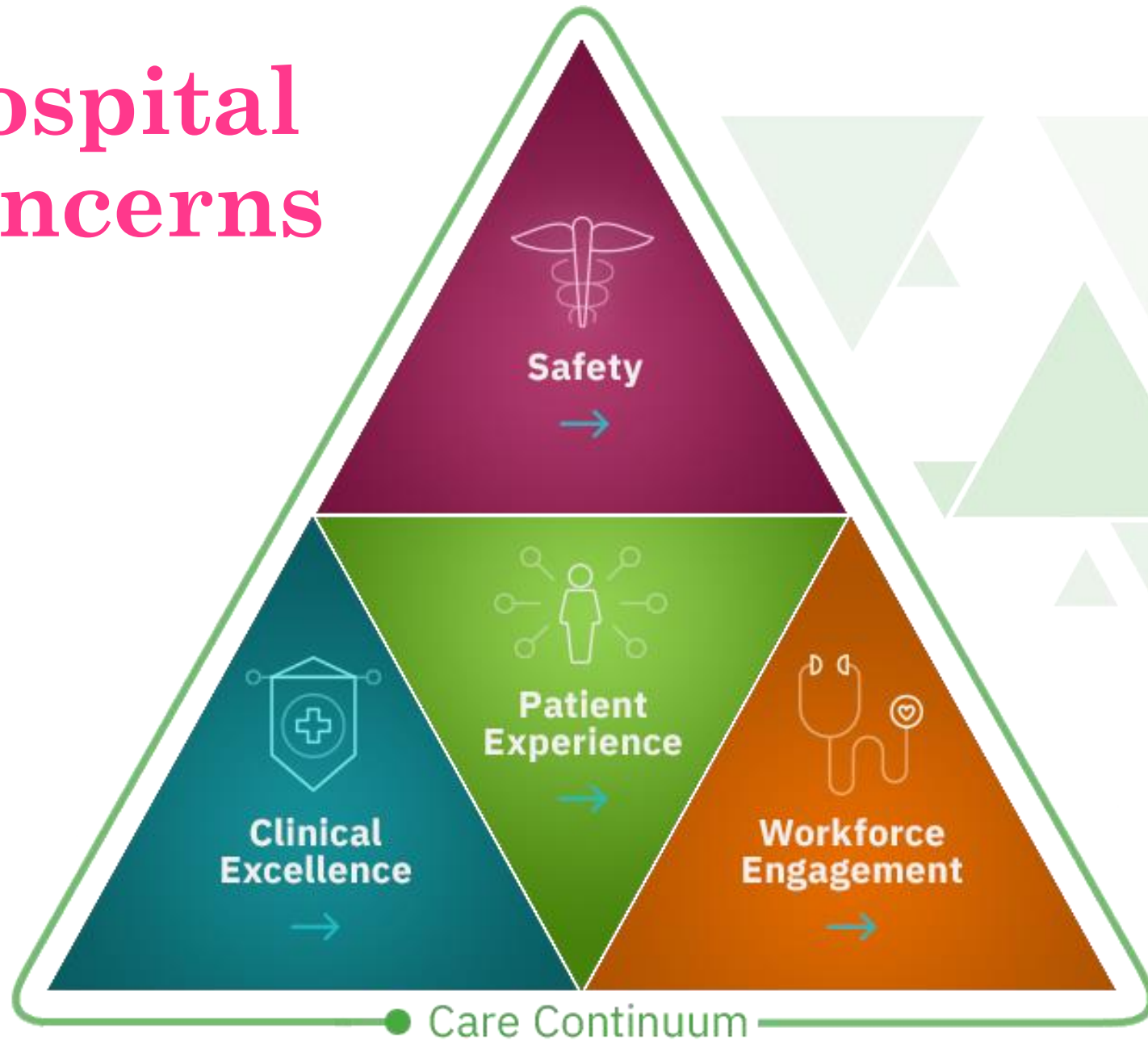
The Business Place of Birth

Hospital Context

The Hospital Context

- Most birth happens in hospitals (98.6% in 2012).
- Hospital Objectives/Concerns:
 - Innovations that improve cost-savings, health outcomes, satisfaction, and quality of care.

Hospital Concerns



Why Doulas? Why Now?

**Growing Trends and Legitimization
of Social Support in Healthcare**

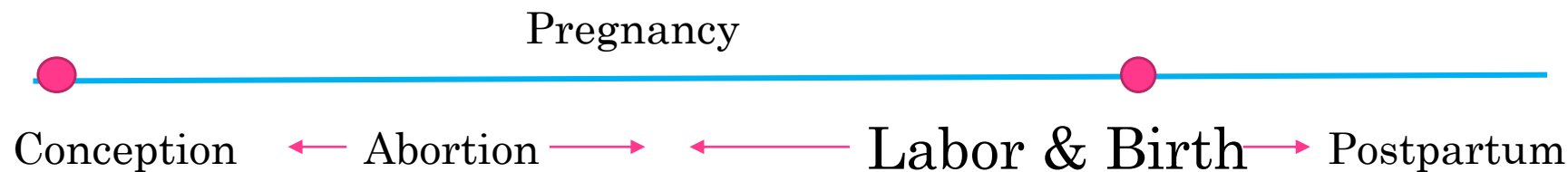
Year	Social Support	Childbirth
1920		Routine Forcep Use
1930	Social Childbirth Model to Medical Illness Model	
1940		Anesthesia Widely Used
1970	No birth attendants allowed at birth	EFM introduced
1980	Patient's views gain importance along with economics	
1990		Interpersonal Domain
1992	DONA (Douglas of North America) Founded	
1995	Rethinking Medicine: Improving Health with Psychosocial Interventions (Sobel)	
2000		Disease Treatment to Health Promoting
2003	Group Prenatal Care Introduced	
2008	Social Emotional Support Implications for health grows (Chronic disease, Cancer)	



Doulas Do What?

Doulas Defined

- Birthing companions trained to provide continuous, one-on-one care and **physical**, **emotional**, and **educational** support to a women who is expecting, is experiencing labor, or has recently given birth.





A Doula's Purpose

The doula's purpose is to help women have a safe, memorable, and empowering birthing experience.



Why
Healthcare
Professionals
and Women
Love Doulas
Evidence Base

Doula Support Literature Snapshots

Year	
1980	Length of Labor, Mother-Baby Interaction, Lay woman “doula”
1998	Birth Experience: Psychosocial support as doula role
2007	Satisfaction with birth
2007	Cochrane Review
2013	Cost Savings
2016	Cost-benefit
2017	Updated Cochrane Review

Cochrane Review – Continuous Labor Support Benefit

26 studies from 17 countries, 15,000 Women

Positive Results:

- more likely to give birth 'spontaneously', i.e. give birth vaginally with neither ventouse nor forceps nor caesarean
- women may be less likely to use pain medications or to have a caesarean birth, and may be more likely to be satisfied and have shorter labours.
- Postpartum depression could be lower in women who were supported in labour, but we cannot be sure of this due to the studies being difficult to compare
- The babies of women who received continuous support may be less likely to have low five-minute Apgar scores

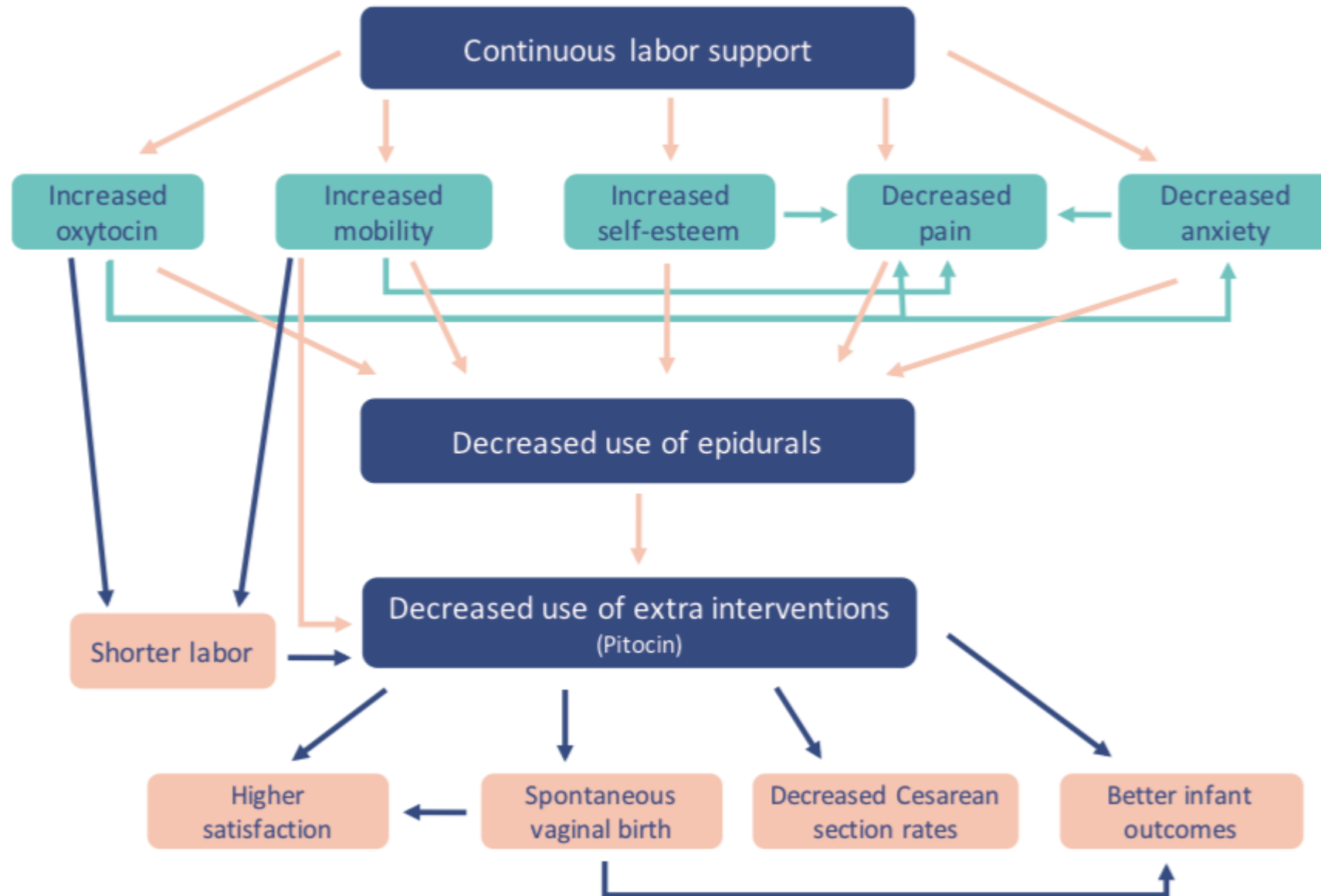
Cost effectiveness of doula care associated with reductions in preterm birth and cesarean delivery (2016)

Participants: n=65,147 Medicaid singleton births without doula support, and n=1,935 Medicaid singleton births supported by a community-based doula

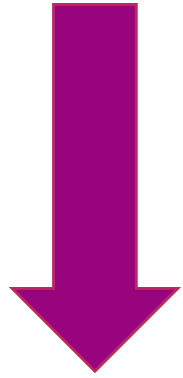
Results:

- Women with doula care had 22% lower odds of preterm birth
- Women who received doula support had lower preterm and cesarean birth rates
- Cost-effectiveness analyses indicate potential savings of \$58.4million and avert 3,288 preterm births every year.

Conceptual Model for Continuous Labor Support (revised 2017)

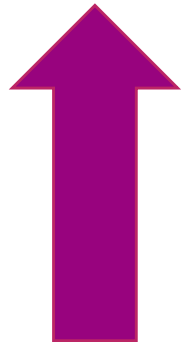


Benefits of Doulas



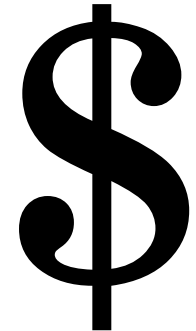
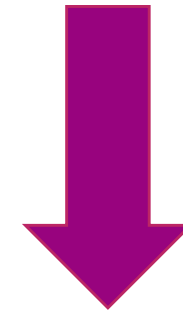
Intervention Rates

- Pitocin Augmentation
- Cesarean section
- Epidural Use
- Postpartum Depression Symptoms



• Mother's Satisfaction & Memory of her birth

- Mother-baby attachment/interaction
- Breastfeeding Rates
- APGAR Scores/baby alertness





Understanding Hospital-Based Doula Programs Across the U.S.

A Qualitative Research Study (Data Collected 2013)

One study, Two Research Aims

Identify factors and decisions involved in the adoption of hospital-based doula programs across the U.S.

Why are hospitals incorporating doula services?

Review the scope and services of hospital-based doula programs including, doula training, contractual relationships of doulas with the hospital, cost to women, how doulas are connected with women, and the scope of doula commitment.

How are hospitals providing doula services?

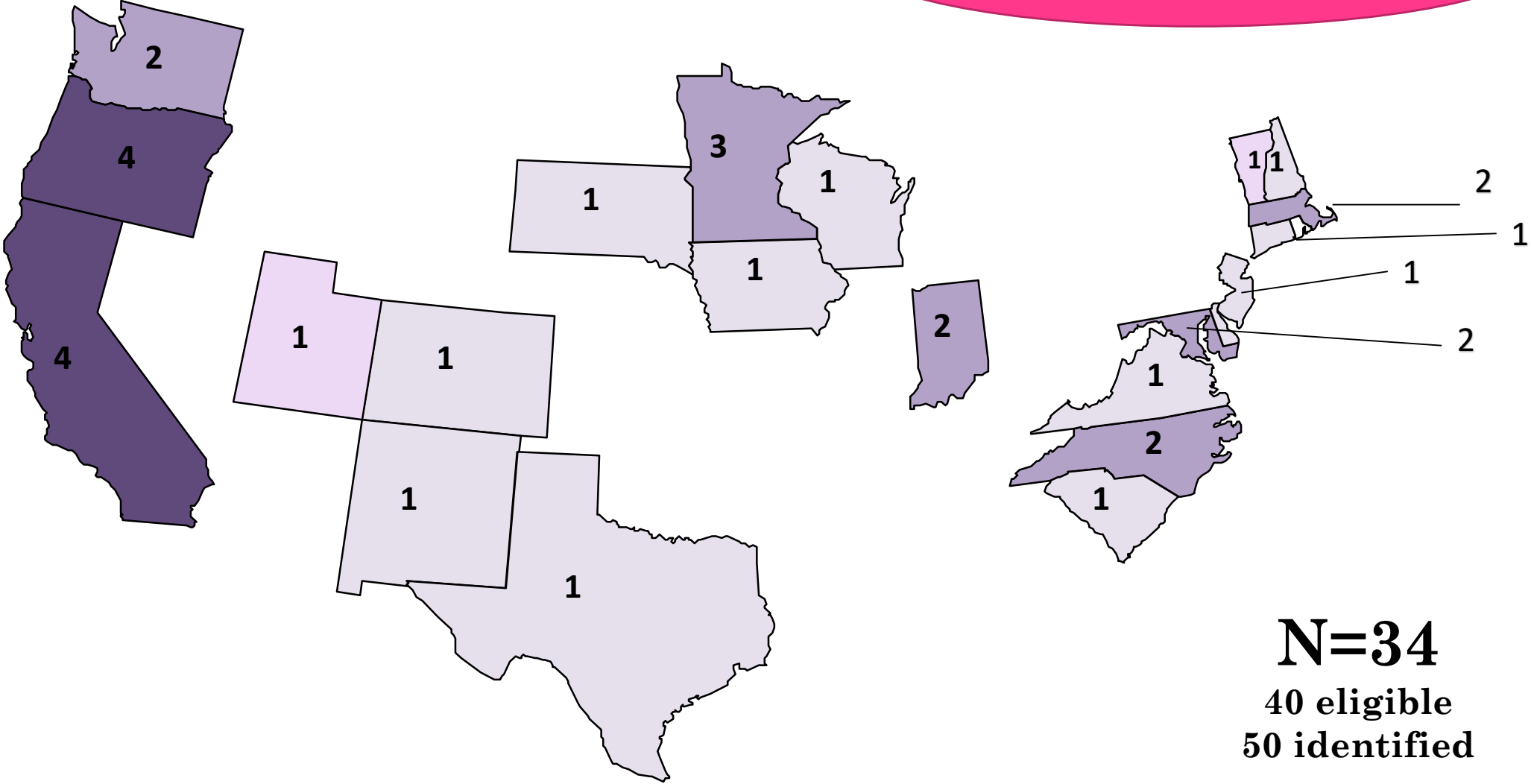
Methods

▶ Recruitment

- ▶ Internet search terms “hospital doula program” and “hospital doula services” and “state name”
- ▶ Website review of all programs
- ▶ Email and phone invitations to participate with program coordinators

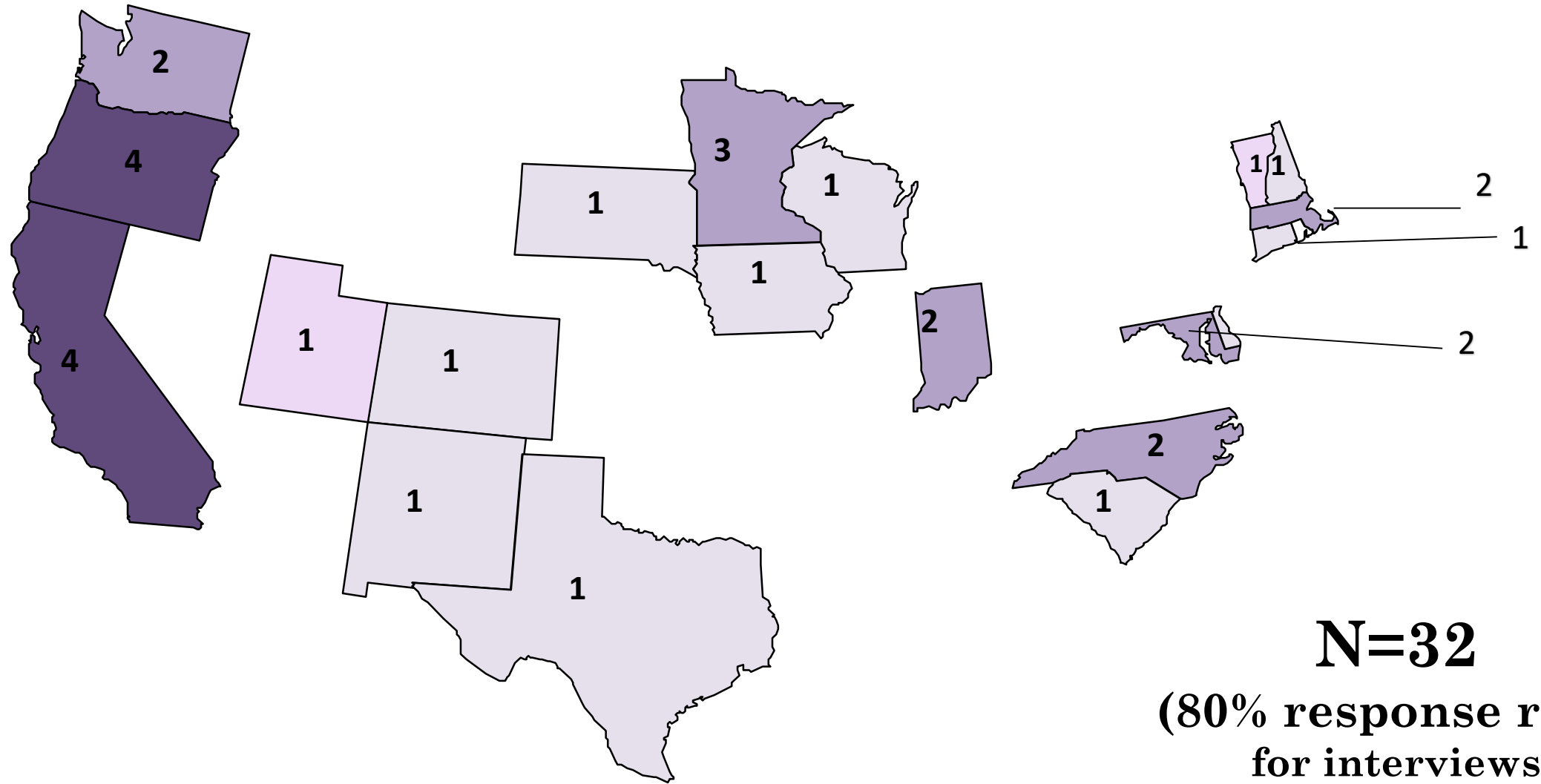
Methods - Sample

Maximum Variation Sampling
Purposeful and Snowball



N=34
40 eligible
50 identified

Methods - Sample



Methods

- ▶ Data Collection
 - ▶ **Semi-Structured Interviews** at 32 purposively selected hospital-based doula programs (N=32). Additional interviews conducted at 4 hospitals (i.e. program developer, lead doulas).
 - ▶ **Website review** of all programs, and for two additional programs that did not participate in interviews. (N=34 for Program Characteristics in Aim 1).

Why are hospitals incorporating doula services?

Who's Idea?

- **Individuals (n=28)**

- n=6 Midwives

- n=6 Nurse or Nursing Director

- n=5 Nurse also a CB educator

- n=3 doulas

- n=1 lactation consultant

- n=1 each CEO, VP, Head of Obstetrics, Head of Birth Center, Physician, Resident OB

- **Committees/Groups (n=4)**

- Women's Task Force

- Grant Coordinator Group

- Pregnancy Improvement Initiative

- Focus Groups with Women



Women



ACTORS

Who developed the programs?

**CHILDBIRTH EDUCATORS,
NURSES,
DOULAS,
MIDWIVES**

Why are hospitals incorporating doula services?

Doula support:

- Enhances patient satisfaction related to birth experience
- Reduces complication rates
- Is a marketplace opportunity
- Is an important component of quality maternity care

Actors assert:

- A recognition that women need additional support
- A belief in women's autonomy
- A recognition of cultural and linguistic influences on the labor experience

IDEAS

Actors Value:

Women's
Well-being

Autonomy

Respect

Economics

Why are hospitals incorporating doula services?

*“I believed in it philosophically ...**labor support is one of the most significant indicators of how you’re going to feel after the birth...wanted it to be available for all women...**”*

*“What did not make sense to me as a nurse was viewing **that women who had normal health histories and normal obstetric histories would come in and have a high complication rate at this hospital.** And what I finally determined was these women were laboring without support. And, I dreamed up this idea that we needed to do a program.”*

IDEAS

Actors Value:

Women’s Well-being

Autonomy

Respect

Economics

Why are hospitals incorporating doula services?

*If you have a paid doula and they can't afford it you've taken that service out of reach to them. **So this makes it ideal for people who are interested in a doula or perhaps don't have money to have a paid doula.***

IDEAS

Actors Value:

Women's Well-being

Autonomy

Respect

Economics

Why are hospitals incorporating doula services?

*...there are people that come from all over the world to this hospital....we have a philosophy that when you go into labor, whatever your mother tongue was, its going to come back because that part of the primal part of the brain when you go into labor and that should be honored....**Women should feel safe in a basic way and language has a lot to do with that and culture is a piece of that.***

IDEAS

Actors Value:

Women's Well-being

Autonomy

Respect

Economics

Why are hospitals incorporating doula services?

“women are the key to healthcare, because where a woman has her baby, she will bring her children, her husband, etc”

“with family-centered maternity care we wanted to increase our market share, increase our numbers monthly... and identify some services that we could offer to our patients that were exclusive to us.”

IDEAS

Actors Value:

Women's Well-being

Autonomy

Respect

Economics

Why are hospitals incorporating doula services?

IDEAS

*“medicine was changing so much-so that the nurses that loved to do labor support were called to do more and more computer charting and documentation and so many more details, and monitoring, so they weren’t able to do labor support. So I felt the women weren’t able to have what they needed even though the nurses wanted to, they just weren’t able because **their jobs demanded so much more of them away from the bedside”***

Practices

Why are hospitals incorporating doula services?

INSTITUTIONS

- How doula care was introduced?

1. Stand-alone doula programs (n=28)

- An option for women, sometimes only an option for particular demographic
- Often grant funded or internal funding mechanisms

2. Doula Care as part of larger initiatives (n=4)

1. Family-centered Maternity Care
2. Mother-Baby Friendly Care
3. IHI Triple Aim Initiative

Why are hospitals incorporating doula services?

INSTITUTIONS

Business Model Rationalization

Marketplace:

I think they (the hospital) see this program as something good for us in the marketplace ... There are ones that are more open and much fancier, much newer facilities. So this is just a nice piece that they can come here and have that type of extra, so it's part of a marketing scheme. (Staff free on-call Midwest program)

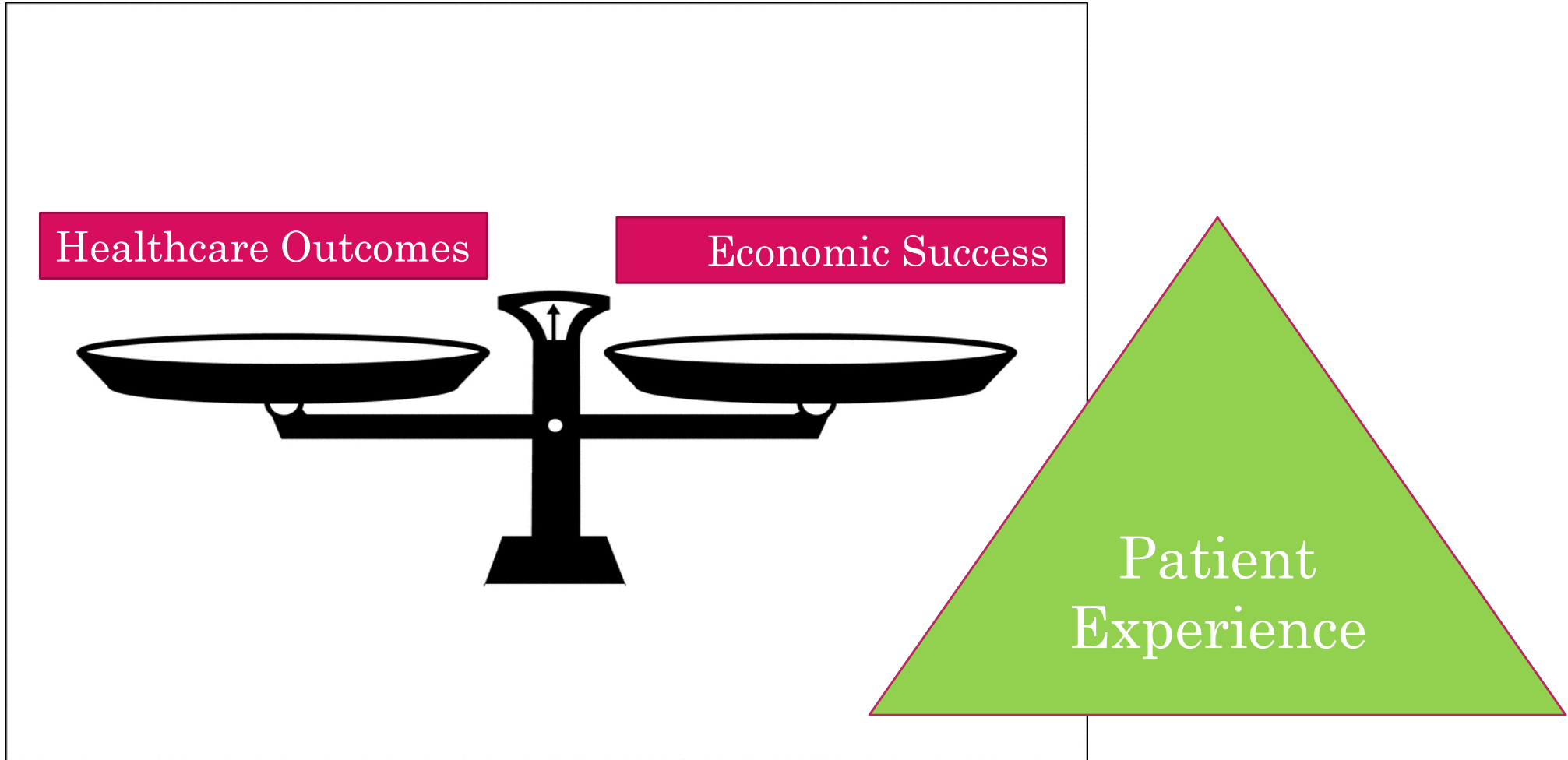
Satisfaction:

“administration was supportive because this was a way to improve our Press Ganey scores.”

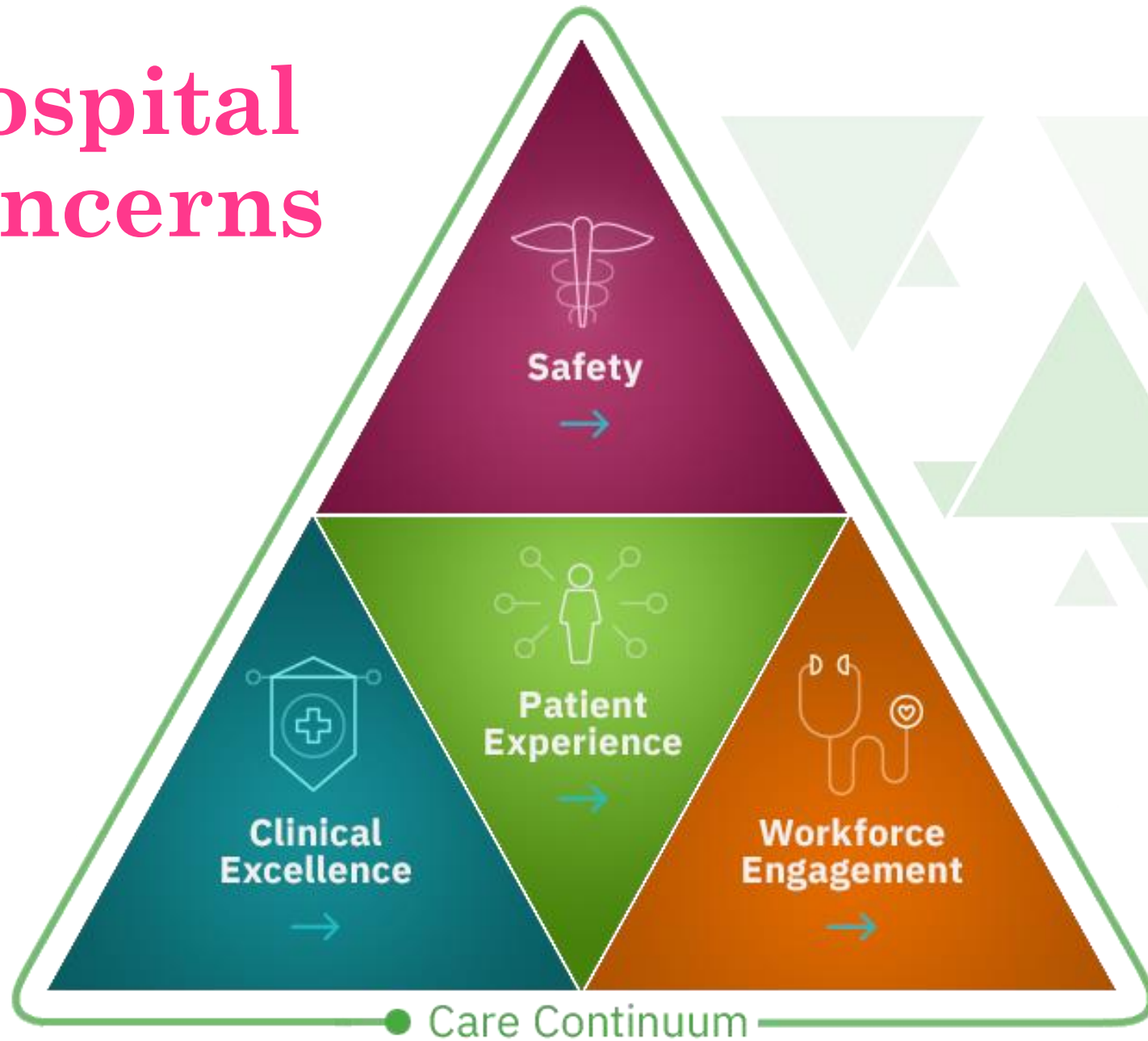
Cost-Savings

“we’re seeing that the average cost of doula services for every delivery is \$216 per patient and for us...our monetary loss for a C-section...if it’s a Medicaid patient, we lose like \$3,800 I think they say, per delivery”

Value and Sustainability of Hospital-Based Doula Programs



Hospital Concerns



Program Sustainability

INSTITUTIONS

Persistent Advocacy

“when the hospital was looking to cutback – they didn’t look at it very carefully. You just have some guy looking at a paper and saying “let’s cut it”, so it was amazing everybody (patients, providers, the nurses, the community) wrote letters and petitioned to keep it....(it) was impressive, to see petitions come up that said this program is too valuable and the hospital listened...”

(Fee-for-service Staff Program)

First Conclusions

- Claims generally are about women's experience and well-being. Others seek a change in healthcare practices.
- Business model importance for institutions
- Patient Satisfaction as health outcome vs. Consumer Satisfaction



How are hospitals delivering doula care?

Doula Service Delivery Models

How are hospitals delivering doula care?

DOULA TRAINING AND CERTIFICATION

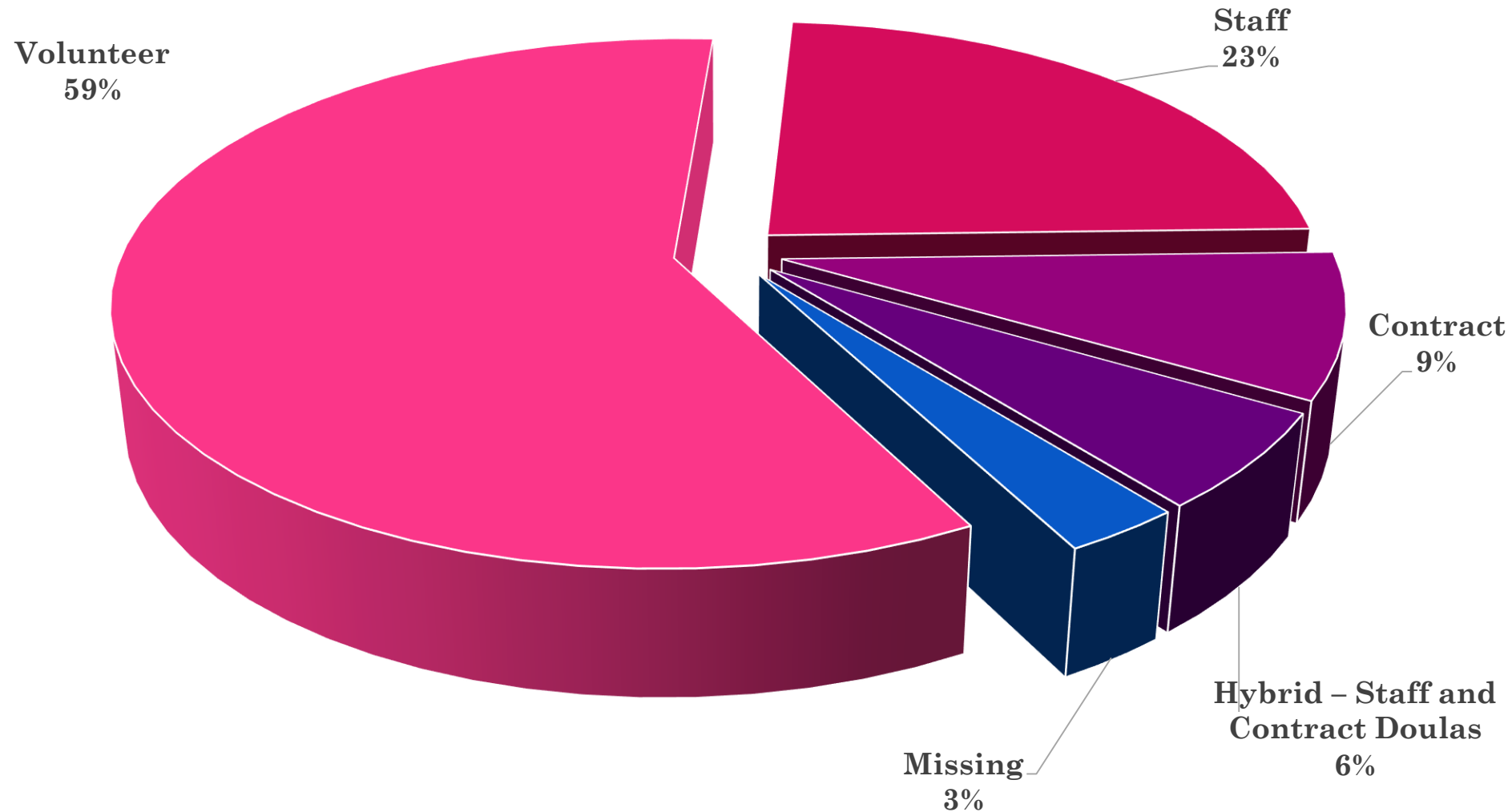
Mentorship as supplemental training and evaluation:

“Make sure they are meeting our criteria of being a doula. For example, how are they communicating? What comfort measures do they use? How do they facilitate communication with the providers? Are they intimidated by the nurse or by the doctor/midwife?”
(Pacific Volunteer Program)

Training	#
Require Doula Certification	6
Require Completion of Labor Support Course	14
Hospital Provides Doula Training	14
Mentor/Shadow Experience	13

How are hospitals delivering doula care?

CONTRACTUAL RELATIONSHIP WITH HOSPITALS



How are hospitals delivering doula care?

CONTRACTUAL RELATIONSHIP WITH HOSPITALS

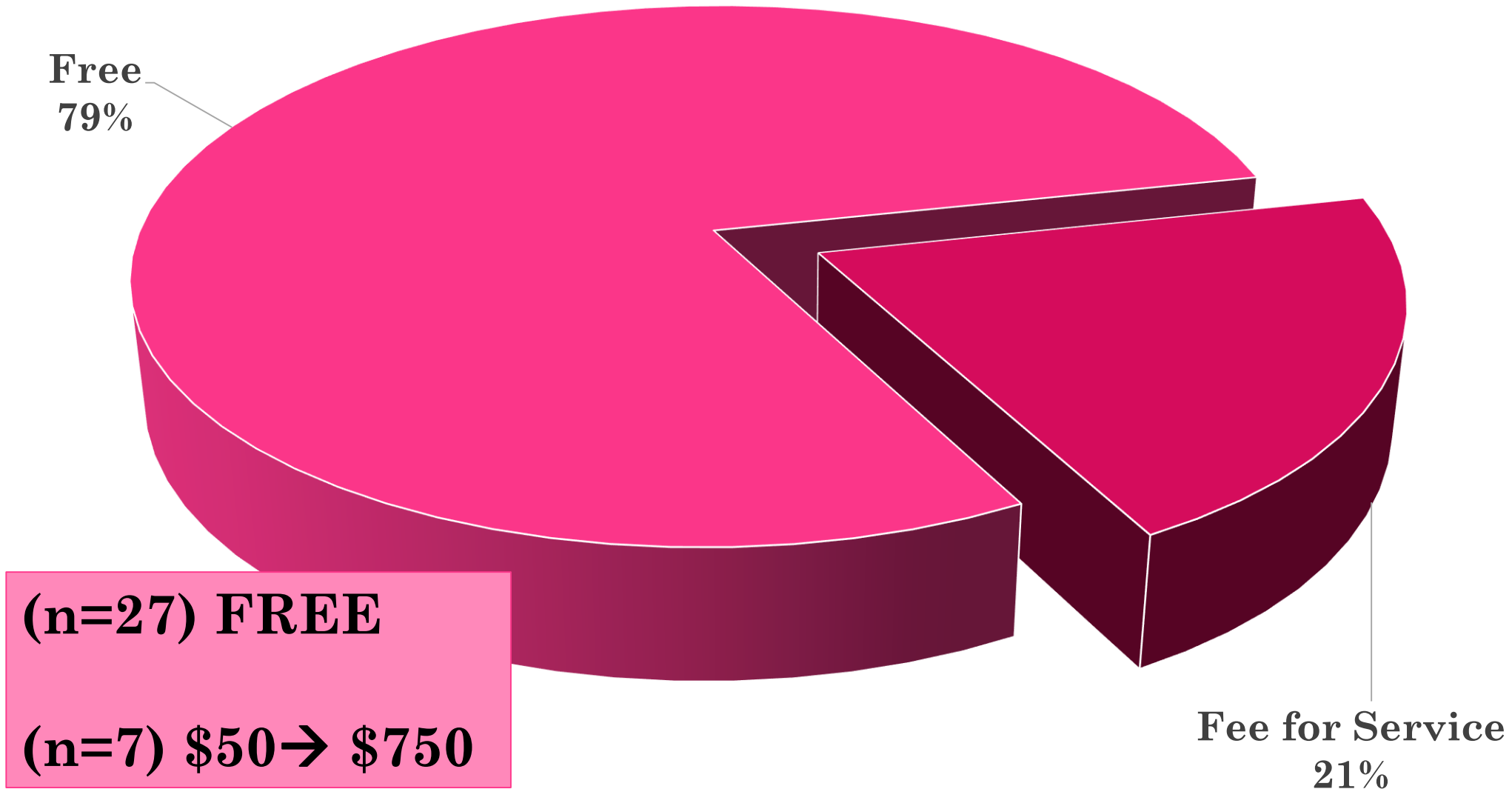
“I get why people have [volunteers] and I would never dog them for what they are doing, you know doulas are doing their best to make a difference...[doulas] will pretty much bend over backwards for you to make something happen for you at your birth.

*But I do feel that hospitals take advantage of that **sometimes...hospitals want the benefits of doulas but they don't want to put the money up** and that has always just stunned me that they feel like they are entitled to the benefits without any effort and in this case money is a part of it...**I love that doulas are willing to donate their time, but I feel like the burnout rate is higher when that is the case...***

(Volunteer Program, Pacific)

How are hospitals delivering doula care?

COST OF SERVICE

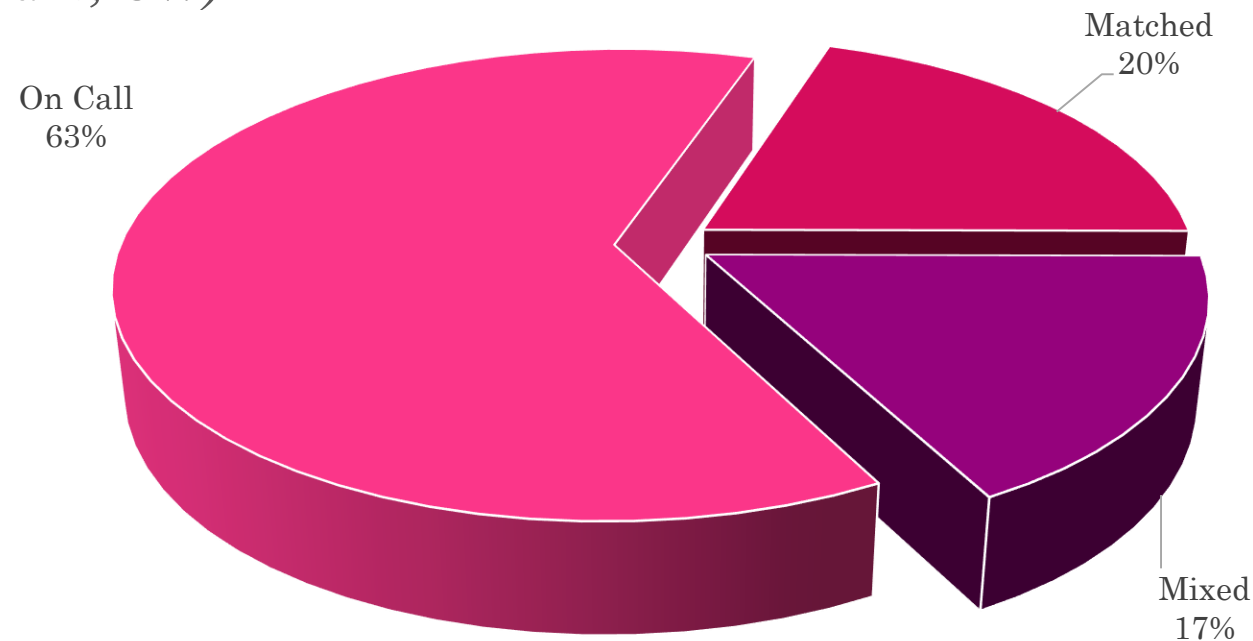


How are hospitals delivering doula care?

ASSIGNMENT

This is a very different role because we don't know the woman prior to walking into the room to help them. While we all know the differences regarding emotional stability and relaxation when you have that pre-existing relationship (we, doula [and], the midwives, understand that when you have a pre-existing relationship) but still these women have been very happy for support even though it's a brand new face that they are meeting spot on at the moment of labor.

(Volunteer Program, SW)



How are hospitals delivering doula care?

ASSIGNMENT

I did wonder about that [not able to do prenatals], were we going to feel like we were cheating the families, but actually a surprising thing that came out of it.

***You know when the doulas go, we may or may not have met them ahead of time...And when we step over that threshold into that birthing suite we are theirs and we automatically have to take on their value system as our own, we have to want what the mother wants, we help her achieve her goals.** It really forces you to let go of your own stuff, of your own biases and your own beliefs. For that period of time you become pretty darn pure in your intentions – it's all about her. It feels really good to be able to do that. There aren't that many situations in life that you get to leave your own stuff outside and be purely focused for that amount time. And I think the families really benefit from that and I know the doulas benefit from that as well."*

How are hospitals delivering doula care?

ASSIGNMENT

.....When we do get inquiries [prenatal], we send out an email to see if anyone can step up to that role, and sometimes maybe 2 or 3 doulas step up and form a sort of care team to support in that way.

(Pacific Volunteer Program)

How are hospitals delivering doula care?

TIME COMMITMENT

- Scope of Doula Commitment
 - Generally, programs encouraged doulas *“to make the true doula commitment and stay until the baby is born.”*
 - *They’re really, not unlike nurses, on call for 12 hours and even if the woman is ready to push at 12 hours, their commitment is up then and they can choose whether to stay or not.*
 - *So most of the time, the doulas will stay until the baby is born but occasionally, they can’t. And so if they know that, they should know that in advance, they call the **Dial a Doula coordinator**. And she will look for somebody to come in to take over or hopefully somebody else is on call in the following shift and that makes it easy.*
(Volunteer, South)

Service Delivery Conclusions

- Service-Delivery Models of Hospital-based doula support vary.
 - Most programs are volunteer and free. Hospitals often “training ground” for new doulas.
 - **Is a volunteer program a viable business model?**
 - **Variation allows for creative solutions** to increase doula exposure to women that otherwise would not have additional support.
- **Further Research:** Does this variation influence what doula support is in these locations? How does this affect/influence women?



Conclusions and Future Considerations

Overall Conclusions

1. Hospital-based programs are initiated by individuals within various levels of the hospital hierarchy.
2. Grassroots efforts from key individuals within big institutions still matter.
3. The value and sustainability of these programs are influenced by the duality of healthcare outcomes for women and economic success of the hospital institution
4. Outlining clearly the doula scope of practice is important when adding a new member to the birth team, especially within hospital context.
5. Patient Satisfaction is central to innovation continuation.
6. Social support innovations are growing within hospitals and maternity improvement efforts.

What next?

- How do different service-delivery models influence outcomes of concern to doulas, to women, to hospitals?
- What are the outcomes of concern most relevant to hospital-based doula support?
- What sorts of infrastructure changes/elements can support innovations like this one?
- Are there differences or implications for services offered as a stand-alone option versus efforts that are part of larger initiatives to improve maternity care? What does this look like and how can the findings inform future improvement innovations?
- How are hospital-based programs and doulas received by other members of the hospital maternity care team? By women?

Making the Case for your Hospital

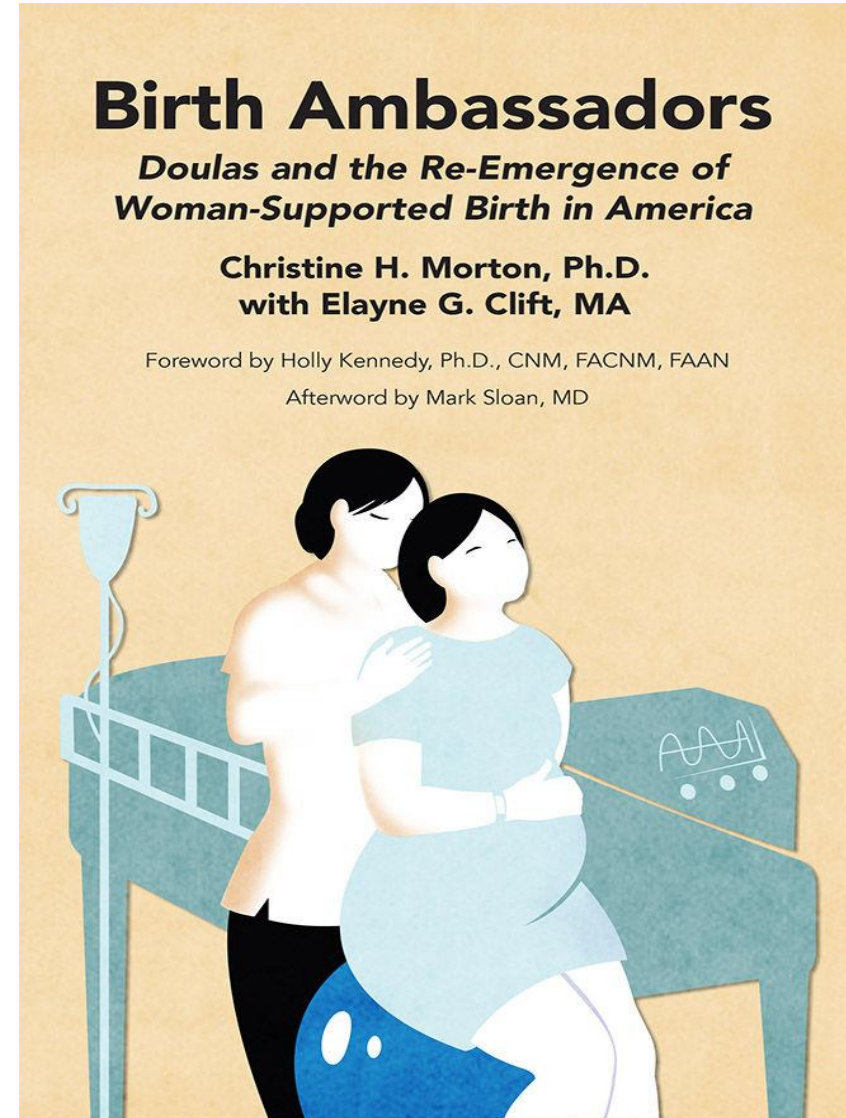
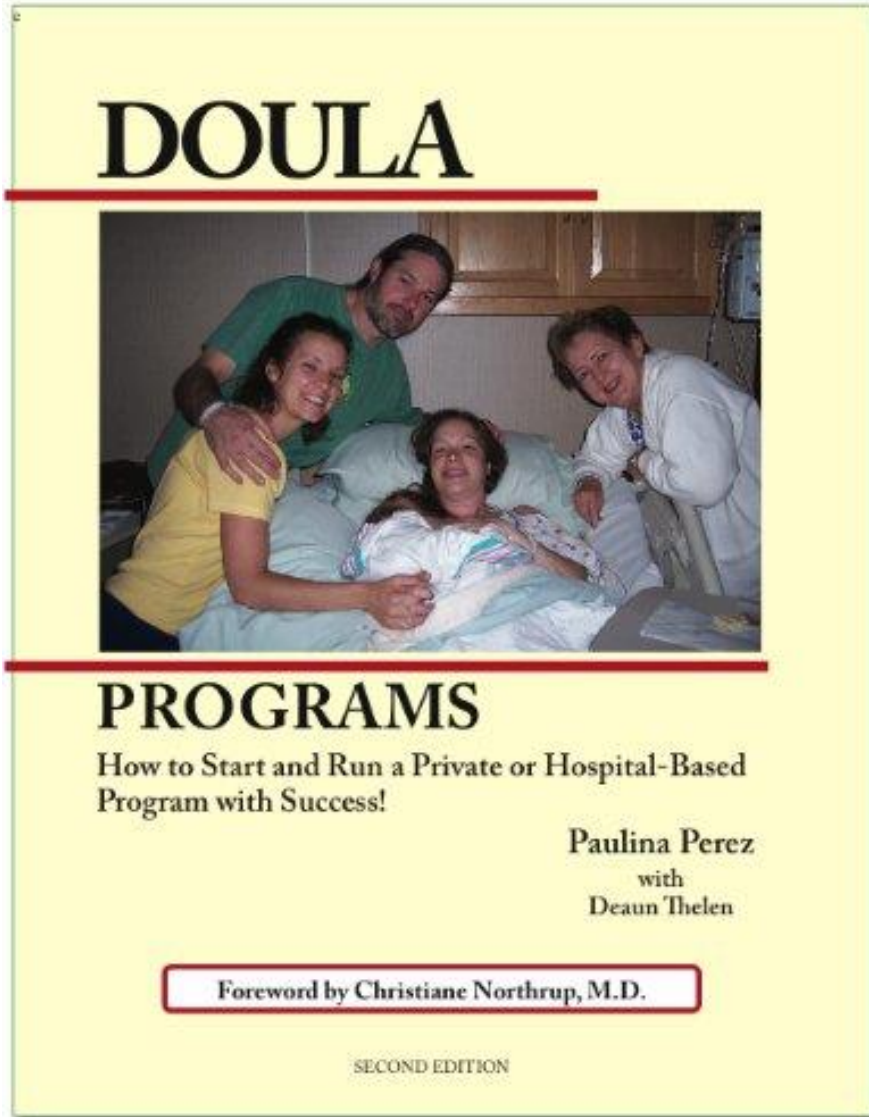
Things to consider

- Who is your population of interest?
- What are your hospital's priorities?
- What sorts of health outcomes are you looking to improve? How can the doula program be tailored or marketed to address these?

Craft your message

Patient Satisfaction, Health Outcomes, Marketing

Next Steps- Practical Tools





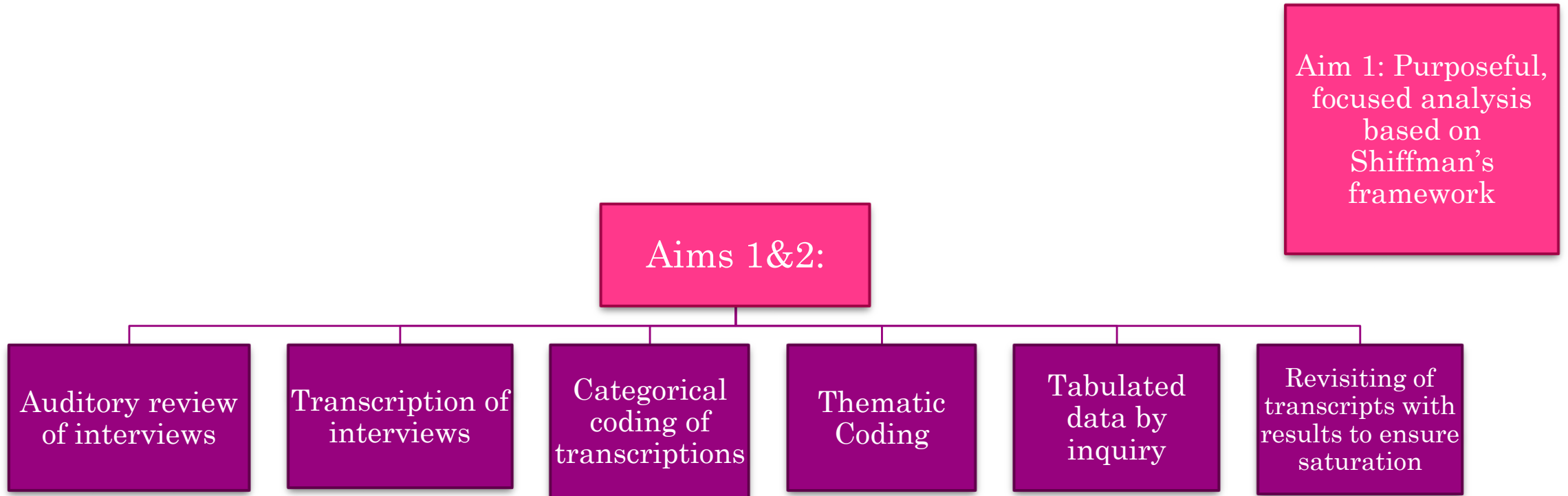
Questions & Comments

Date	Event	Doula Perspective
2008	Explored and Started Academic Preparation for Midwifery Training	Midwifery Model of Care, minimal interventions
2009	Trained as a doula both CAPPa and DONA workshops.	Doula as advocate for change
2009	Started work as a hospital-based doula, did some independent doula work Started classes at USC – emphasis in Women’s Health	<ul style="list-style-type: none"> • Doula as support for all types of women, all types of births • Public health as working against larger structures
2011	<ul style="list-style-type: none"> • Cut-down on Doula work, pregnant with first child – retook childbirth classes, explored options from personal perspective • Completed Course work at USC • Considered Group Prenatal Care and other dissertation topics – Health Services Research emerged as interest area 	<p>Doula work = support women where they are Academic work = advocate and push for institutional change</p> <p>Different work within and without labor room. Advocate without for change within; not the other way around.</p>
2012	Resumed Doula work for private clients	
2013	Proposed Doula-Centered Dissertation	
2013	Data Collection – perspective influenced by interviews with program coordinators across the US. Unique opportunities of hospitals to provide services.	<p>Progression of looking at data as a doula to researcher.... From implications for doulas, to implications for women</p> <p>Heart or Skill</p>
2014	Questioning the role of Reproductive Anthropology ... If so, good thing I’m focusing on healthcare systems ins some way so if the content area of my interest changes along with this reproductive trajectory I have a foundation to build from.	Doula humanizing medical experiences...

Doula Literature as Problematic

- Many studies occurred in other countries, or one particular hospital, so generalizability not strong – although significant findings
 - Not enough women have doula support in one setting to really get at the benefits.
- Doulas work for individuals, studies implicate wider benefits for population change.
- Systemic issues and factors are likely stronger than the presence of a doula on some of the outcomes of concern (e.g. cesarean section, induction rates, healthcare cost)
- Not the goal of a doula to impact these outcomes – although it has helped to legitimize doula support in medical settings (Morton, 2014)
- Need to know more about nursing support and its changing nature (Hodnett).
 - Nursing at one time did more bedside support.
 - Doula role is following nursing role in terms of emotional support → professionalization....

Methods - Analysis



How are hospitals delivering doula care?

