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
October 2018
The U.S. ranks 50th in the world for Maternal Mortality (MMR)

Health is a human right

U.S. Maternity Care is a human rights failure
U.S. Maternal Mortality Rate

Death rate per 100,000
- Less than 16.1
- 16.1-26.0
- 26.1-36.0
- More than 36.1
- No data

Georgia
MMR = 39.3
Georgia
IMR= 7.5

Black= 11.2 (2013)

White= 5 (2013)
Maternity Care in the US and GA

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>GA</th>
<th>Black (GA)</th>
<th>White (GA)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-Sect Rate</td>
<td>31.9</td>
<td>33.8</td>
<td></td>
<td></td>
<td>2016</td>
</tr>
<tr>
<td>Pregnancy-Related MMR</td>
<td>15.9</td>
<td>19.98</td>
<td>41.1</td>
<td>11.8</td>
<td>2012</td>
</tr>
<tr>
<td>Preterm Births</td>
<td></td>
<td></td>
<td>14%</td>
<td>8%</td>
<td>2016</td>
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</tbody>
</table>
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

- Safety
- Patient Experience
- Clinical Excellence
- Workforce Engagement

Care Continuum
Why Doulas? Why Now?

Growing Trends and Legitimization of Social Support in Healthcare
<table>
<thead>
<tr>
<th>Year</th>
<th>Social Support</th>
<th>Childbirth</th>
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<tbody>
<tr>
<td>1920</td>
<td></td>
<td>Routine Forcep Use</td>
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<tr>
<td>1930</td>
<td>Social Childbirth Model to Medical Illness Model</td>
<td></td>
</tr>
<tr>
<td>1940</td>
<td></td>
<td>Anesthesia Widely Used</td>
</tr>
<tr>
<td>1970</td>
<td>No birth attendants allowed at birth</td>
<td>EFM introduced</td>
</tr>
<tr>
<td>1980</td>
<td>Patient’s views gain importance along with economics</td>
<td></td>
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<tr>
<td>1990</td>
<td></td>
<td>Interpersonal Domain</td>
</tr>
<tr>
<td>1992</td>
<td>DONA (Doulas of North America) Founded</td>
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<tr>
<td>1995</td>
<td>Rethinking Medicine: Improving Health with Psychosocial Interventions (Sobel)</td>
<td></td>
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<tr>
<td>2000</td>
<td></td>
<td>Disease Treatment to Health Promoting</td>
</tr>
<tr>
<td>2003</td>
<td>Group Prenatal Care Introduced</td>
<td></td>
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<tr>
<td>2008</td>
<td>Social Emotional Support Implications for health grows (Chronic disease, Cancer)</td>
<td></td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>Length of Labor, Mother-Baby Interaction, Lay woman “doula”</td>
</tr>
<tr>
<td>1998</td>
<td>Birth Experience: Psychosocial support as doula role</td>
</tr>
<tr>
<td>2007</td>
<td>Satisfaction with birth</td>
</tr>
<tr>
<td>2007</td>
<td>Cochrane Review</td>
</tr>
<tr>
<td>2013</td>
<td>Cost Savings</td>
</tr>
<tr>
<td>2016</td>
<td>Cost-benefit</td>
</tr>
<tr>
<td>2017</td>
<td>Updated Cochrane Review</td>
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</tbody>
</table>
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 $58.4 million and avert 3,288 preterm births every year.
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

N=32
(80% response rate)
for interviews
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

Who developed the programs?

CHILDBIRTH EDUCATORS, NURSES, DOULAS, MIDWIVES

ACTORS

Women
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

**Actors Value:**
- Women’s Well-being
- Autonomy
- Respect
- Economics

**IDEAS**
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.”
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.
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.**
“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.”
“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”
Why are hospitals incorporating doula services?

• 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?

**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

- Healthcare Outcomes
- Economic Success

Patient Experience
Hospital Concerns

- Safety
- Patient Experience
- Clinical Excellence
- Workforce Engagement

Care Continuum
Program Sustainability

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)

<table>
<thead>
<tr>
<th>Training</th>
<th>#</th>
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<tbody>
<tr>
<td>Require Doula Certification</td>
<td>6</td>
</tr>
<tr>
<td>Require Completion of Labor Support Course</td>
<td>14</td>
</tr>
<tr>
<td>Hospital Provides Doula Training</td>
<td>14</td>
</tr>
<tr>
<td>Mentor/Shadow Experience</td>
<td>13</td>
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</table>
How are hospitals delivering doula care?

CONTRACTUAL RELATIONSHIP WITH HOSPITALS

- Volunteer: 59%
- Staff: 23%
- Contract: 9%
- Hybrid - Staff and Contract Doulas: 6%
- Missing: 3%
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

- Free 79%
- Fee for Service 21%

(n=27) FREE
(n=7) $50 → $750
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)
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?

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

DOULA
PROGRAMS
How to Start and Run a Private or Hospital-Based Program with Success!
Paulina Perez
with Deann Thelen

Birth Ambassadors
Doulas and the Re-Emergence of Woman-Supported Birth in America
Christine H. Morton, Ph.D.
with Elayne G. Clift, MA
Foreword by Holly Kennedy, Ph.D., CNM, FACNM, FAAN
Afterword by Mark Sloan, MD
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Doula Perspective</th>
</tr>
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<tbody>
<tr>
<td>2008</td>
<td>Explored and Started Academic Preparation for Midwifery Training</td>
<td>Midwifery Model of Care, minimal interventions</td>
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<tr>
<td>2009</td>
<td>Trained as a doula both CAPPA and DONA workshops.</td>
<td>Doula as advocate for change</td>
</tr>
<tr>
<td>2009</td>
<td>Started work as a hospital-based doula, did some independent doula work</td>
<td>• Doula as support for all types of women, all types of births</td>
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<tr>
<td></td>
<td>Started classes at USC – emphasis in Women’s Health</td>
<td>• Public health as working against larger structures</td>
</tr>
<tr>
<td>2011</td>
<td>• Cut-down on Doula work, pregnant with first child – retook childbirth classes, explored</td>
<td>Doula work = support women where they are</td>
</tr>
<tr>
<td></td>
<td>classes, explored options from personal perspective</td>
<td>Academic work = advocate and push for institutional change</td>
</tr>
<tr>
<td></td>
<td>• Completed Course work at USC</td>
<td>Different work within and without labor room. Advocate</td>
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<tr>
<td></td>
<td>• Considered Group Prenatal Care and other dissertation topics – Health Services Research</td>
<td>without for change within; not the other way around.</td>
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<tr>
<td></td>
<td>emerged as interest area</td>
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<tr>
<td>2012</td>
<td>Resumed Doula work for private clients</td>
<td></td>
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<tr>
<td>2013</td>
<td>Proposed Doula-Centered Dissertation</td>
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<tr>
<td>2013</td>
<td>Data Collection – perspective influenced by interviews with program coordinators across</td>
<td>Progression of looking at data as a doula to researcher…. From implications for</td>
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<td>the US. Unique opportunities of hospitals to provide services.</td>
<td>doulas, to implications for women</td>
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<td></td>
<td></td>
<td>Heart or Skill</td>
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<tr>
<td>2014</td>
<td>Questioning the role of Reproductive Anthropology ...</td>
<td>Dobula humanizing medical experiences...</td>
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<td>If so, good thing I'm focusing on healthcare systems ins some way so if the content area</td>
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<td>of my interest changes along with this reproductive trajectory I have a foundation to build from.</td>
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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

Aims 1&2:

- Auditory review of interviews
- Transcription of interviews
- Categorical coding of transcriptions
- Thematic Coding
- Tabulated data by inquiry
- Revisiting of transcripts with results to ensure saturation

Aim 1: Purposeful, focused analysis based on Shiffman’s framework
How are hospitals delivering doula care?

- **Doula Contractual Relationship with Hospital:**
  - Volunteer
  - Staff
  - Contract

- **Engagement with Women:**
  - Pregnancy ➞ Active Labor ➞ Birth

- **Cost of Service to Women and Hospitals**

- **Doula Assignment Model:**
  - On-Call
  - Matched
  - Mixed

- **Doula Training and Certification Requirements**

- **Process and Outcome Evaluation**