

Integrating Doulas into the Care Team

Birth Equity Initiative Monthly Webinar 7

May 21, 2024



● NEBRASKA, WHERE A GREAT LIFE STARTS WITH HEALTHY MOMS AND HEALTHY BABIES. ●

Agenda

- NPQIC Updates
- Equity Exercise
- Integrating Doulas into the Care Team
- Panel Discussion
- QI Data Corner
- Spotlight: CHI St. Elizabeth
- Team Talk
- BE Next Steps

Please enter your name and the hospital team you are affiliated with in the chat!

Monthly Webinar Topic Schedule

Title	Month
Engaging Patient Partners in QI/Birth Equity Work	April 2024
Integrating Doulas into the Care Team	May 2024
Postpartum Safety Patient Education	June 2024
Actionable Respectful Care Practices and PREM Implementation	August 2024
Achievable Patient/Community Engagement Strategies	September 2024
Strategies to Increase PREM Survey Completion	October 2024

NPQIC Updates

SUD Webinar Series

SAVE THE DATES

MONDAYS FROM 12-1 PM CST

- APRIL 22, 2024
- MAY 6, 2024
- JUNE 10TH, 2024
- AUGUST 12, 2024



ATTEND ALL 4 WEBINARS FOR A CHANCE TO WIN A **FREE** REGISTRATION TO THE NPQIC SUMMIT ON SEPTEMBER 27, 2024!



2024 Annual NPQIC Summit

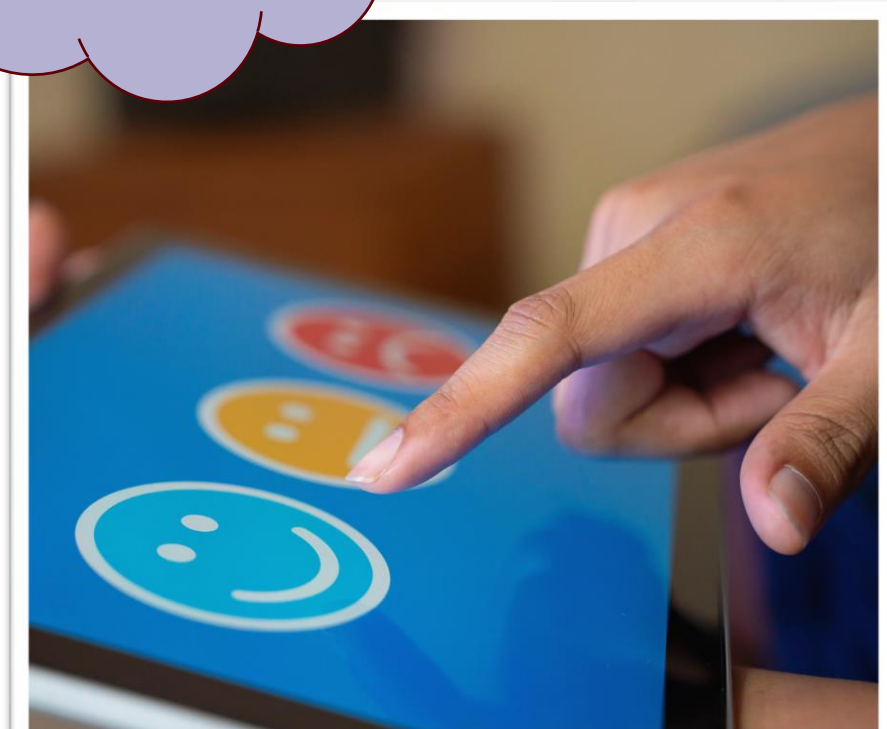


- Mark your calendars for Friday, September 27, 2024!!
- Venue: The beautiful Kimpton Cottonwood Hotel Omaha
 - 302 S. 36th St. Omaha, NE
- High caliber speakers addressing timely topics in perinatal QI

How are we doing??

- This is our PDSA!
- Please take a few minutes to complete this survey before the end of April.
- Help us understand what we're doing well and what we can improve to support your Birth Equity implementation.

4 teams have completed so far!



Birth Equity 6 Month Evaluation

Equity Exercise

Patient Voices in Nebraska

Video by I Be Black Girl



Integrating Doulas into the Care Team

AIM

DRIVERS

STRATEGIES



Birth Equity AIM:
By December 2025, more than 75% of Nebraska birthing hospitals will be participating in the Birth Equity Initiative and more than 75% of participating hospitals will have all key strategies in place to address maternal disparities and promote birth equity

Take steps to decrease inequities in maternal health care delivery and outcomes

Utilize race/ethnicity from medical record and quality data to improve birth equity

Engage patients, support partners including doulas, and communities to improve birth equity

Engage and educate providers, nurses and staff to improve birth equity

Establish doula-friendly practices, including integration of doulas into the care team and implementation of a doula policy (developed in partnership with doulas)

Implement processes and protocols for improving the collection and accuracy of patient reported race/ethnicity data

Develop and implement a process to review and share maternal health quality data stratified by race/ethnicity and Medicaid status

Implement a Patient Reported Experience Measure (PREM) patient survey to obtain feedback from postpartum patients and a process to review and share results with providers, nurses, and staff

Identify a patient advisor for hospital perinatal quality improvement team or other opportunities to engage patients or community members

Implement a strategy for sharing expected respectful care practices with delivery staff and patient (i.e. posting in L&D) including appropriately engaging support partners and/or doulas

Provide patients the recommended postpartum safety education materials prior to hospital discharge including education on urgent maternal warning signs, postpartum safety, communication with healthcare providers, and importance of early follow-up

Educate providers, nurses, and staff on the importance of listening to patients, providing respectful care, and addressing implicit bias



Sustaining Birth Equity Strategies: How Can Doulas Help?

- Improve linkage of patients to needed community resources
- Promote patient-centered respectful care practices
- Improve postpartum patient safety
- Reduce disparities in NTSV cesareans/promote vaginal birth

A doula is a trained childbirth professional who provides non-medical physical, emotional, and informational support to birthing individuals and their families before, during, and after childbirth.

Guest Speaker

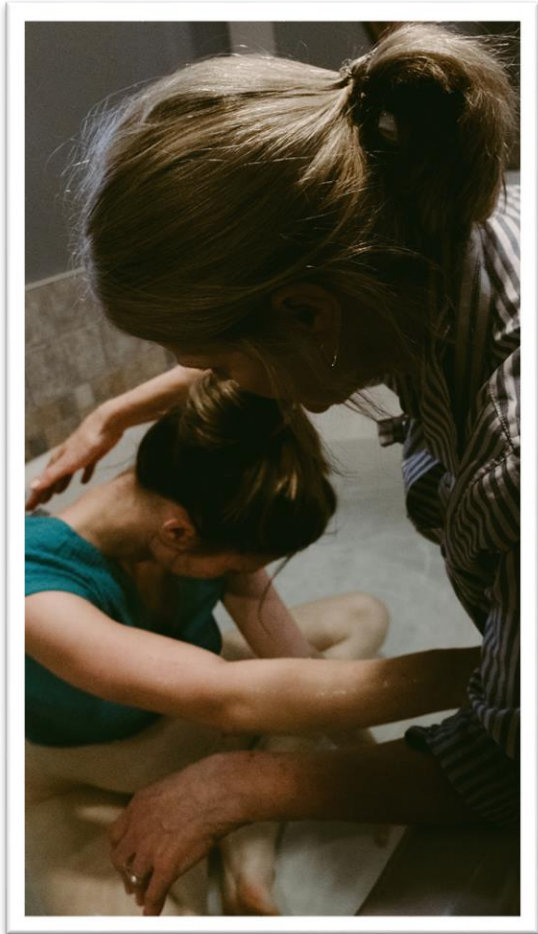
Sydney Shead, Labor and Postpartum Doula



What a Doula Does

- Offers culturally sensitive emotional/informational support to the client and her support person(s)
- Supports the client's choices surrounding birth, regardless of doula's personal views
- Facilitates positive, respectful, constructive communication between client, support person(s), and medical team
- Encourages the client to consult medical caregivers on any areas of medical concern. Does not speak for client, but may prompt client to ask questions regarding her care/treatment

What a Doula Does, continued...



- Offers help/guidance on comfort measures such as breathing, relaxation, movement, positioning, comforting touch, visualization, and if available, hydrotherapy and use of a birth ball/peanut ball
- Supports and assists with initial breastfeeding during first few hours after birth and provides postpartum support during hospital stay
- Adheres to patient confidentiality in accordance with HIPAA

What a Doula Does Not Do

- Diagnose medical conditions or give medical advice
- Make decisions for the client or project the doula's own values/goals onto client
- While in doula role, perform clinical tasks such as vaginal exams or assessing fetal heart tones
- Administer medications
- Interfere with medical treatment in the event of an emergency situation
- Doula may be present while patient gives informed consent, but the doula may not consent on behalf of patient

High Quality Research Consistently Supports the Benefits of Doula Care

- A 2017 Cochrane systemic review analyzed data from 26 studies involving more than 15,000 women and concluded that **based on the documented benefits, all women should have access to doula support**
- A review of 41 birth practices in the American Journal of Obstetrics and Gynecology in 2008, using US Preventative Taskforce guidelines concluded that **doula support was among the most effective of all those reviewed**, one of the only three US practices to receive an “A” grade.
- In Safe Prevention of the Primary Cesarean Delivery, ACOG and SMFM reported that continuous labor support is an **underutilized strategy for reducing unnecessary Cesareans, suggesting the need for policy change to increase access to Doula care, particularly for those patients at greatest risk of adverse outcomes.**

Evidence-based Benefits of Doula Support

- Reduced cesarean section rates/
increased spontaneous vaginal
birth
- Shorter duration of labor
- Increased breastfeeding
initiation
- Increased patient satisfaction/
fewer negative childbirth
experiences



(Hobel et al., 2008; McGrath & Kennel, 2008), (Elevance Health Public Policy Institute, 2022)

Evidence-based Benefits of Doula Support

- Babies less likely to have low 5-minute APGAR score
- Reduced incidence of postpartum depression
- 4x less likely to experience a birthing complication for themselves or their neonate
- In states that already provide Medicaid reimbursement for doula care, the average savings per pregnancy is \$1,675

(Hobel et al., 2008; McGrath & Kennel, 2008), (Elevance Health Public Policy Institute, 2022)



Engaging Doulas to Improve Care

- Create a Doula-Friendly L&D unit
 - Educate providers and nurses on the benefits/role of doulas
 - Hold a meet and greet event/invite doulas to a Respectful Care Breakfast
 - Build connections between providers/nurses and doulas
 - Make sure your policies include doulas as part of the care team, confirm doulas are allowed into the delivery room regardless of # of support persons met
- Identify opportunities to link patients to community doulas
 - Maintain a list of pilot programs and other pathways to connect patients with doulas



Nebraska Landscape

How Doula-Friendly are We?



Provider Survey

- In early 2023, NPQIC surveyed providers, nurses, and staff who interfaced with pregnant patients to explore attitudes, knowledge, and beliefs about doulas.
 - 238 respondents
 - 133 nurses, 58 physicians, 14 midwives, 33 other (clerks, clinical support, administrators, etc.)
 - Age 22 to 68 (average 42.7 years)
 - 87% selected White and no other race. Hispanic, American Indian, Asian, and Black or African American race groups were represented among those who did choose a non-White race.
 - 54% worked at facilities in Douglas, Lancaster and Sarpy Counties, 30% at facilities in small metro counties or counties adjacent to metro areas, 17% at facilities in rural counties not adjacent to metro areas

Provider Survey – many had experience with doulas

- 99% had heard the term "doula"
- 86% of providers said they could confidently explain the role of a doula
- 80% had attended a childbirth with a doula present
- 12% had given birth themselves with support of a doula

- Attending a birth with a doula present was *less common* among rural, younger, and less educated respondents.

Provider Survey – mixed support for Doula care

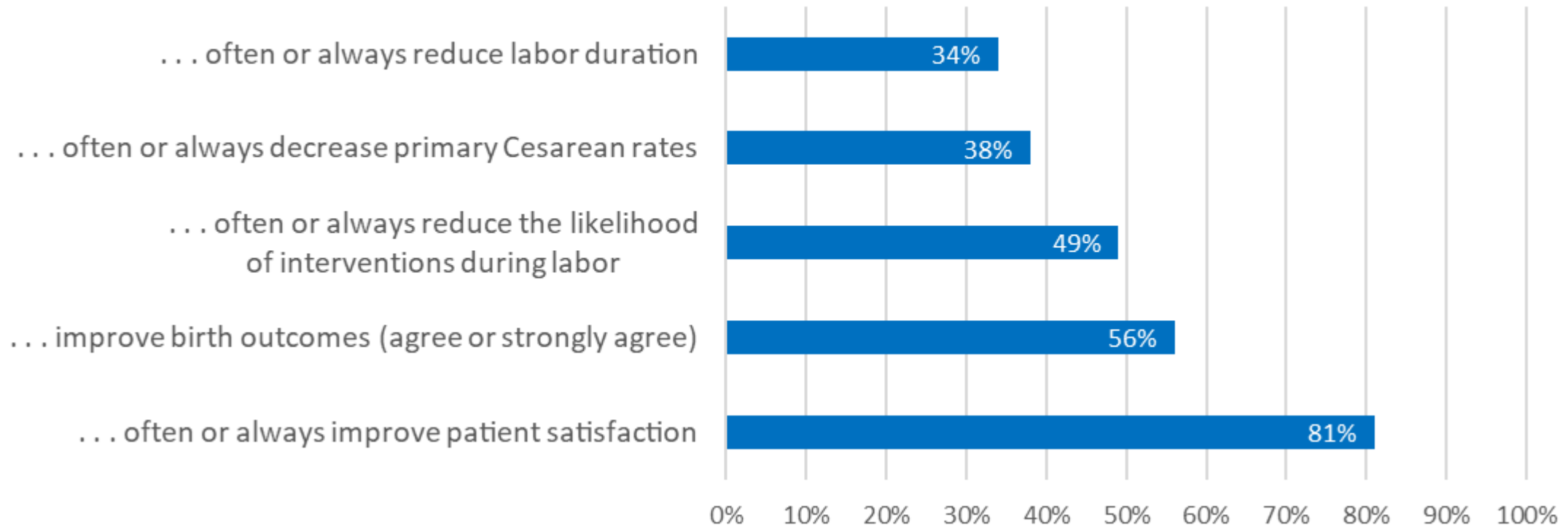
- 84% agree or strongly agree that **doulas are welcome** in their facility (less in small county and rural facilities)
- 71% agree or strongly agree that **there is a need for doula services** in maternity care

But only:

- 28% said that **they provide information** and education to their patients about the role of doula care (34% among physicians)
- 52% are **interested in learning** how to help integrate doula care into pregnancy services

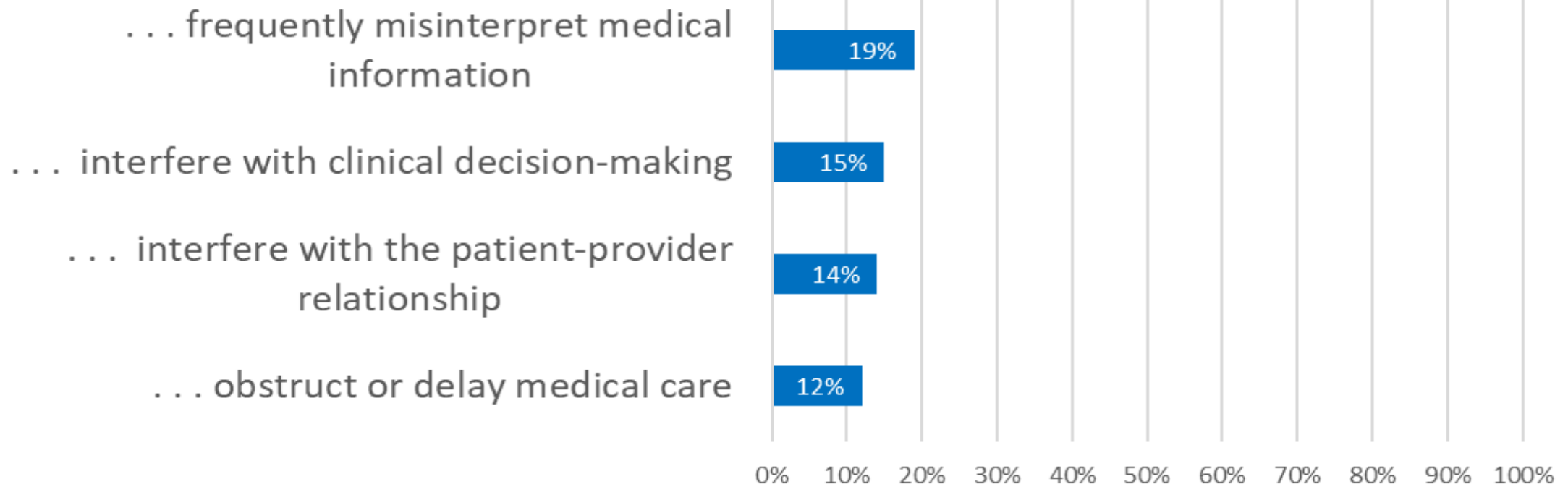
Provider Survey- knowledge/beliefs about doula benefits

Percentage who report that doulas...



Provider Survey- a few report negative beliefs or experiences regarding doulas

Percentage who report that doulas often or always...



Focus Groups with Black Doulas

- Summer 2023: NPQIC partnered with IBBG to facilitate focus groups with Black doulas who serve clients in Omaha and Lincoln
- Explored their experiences to identify themes and opportunities for quality improvements in the clinical setting



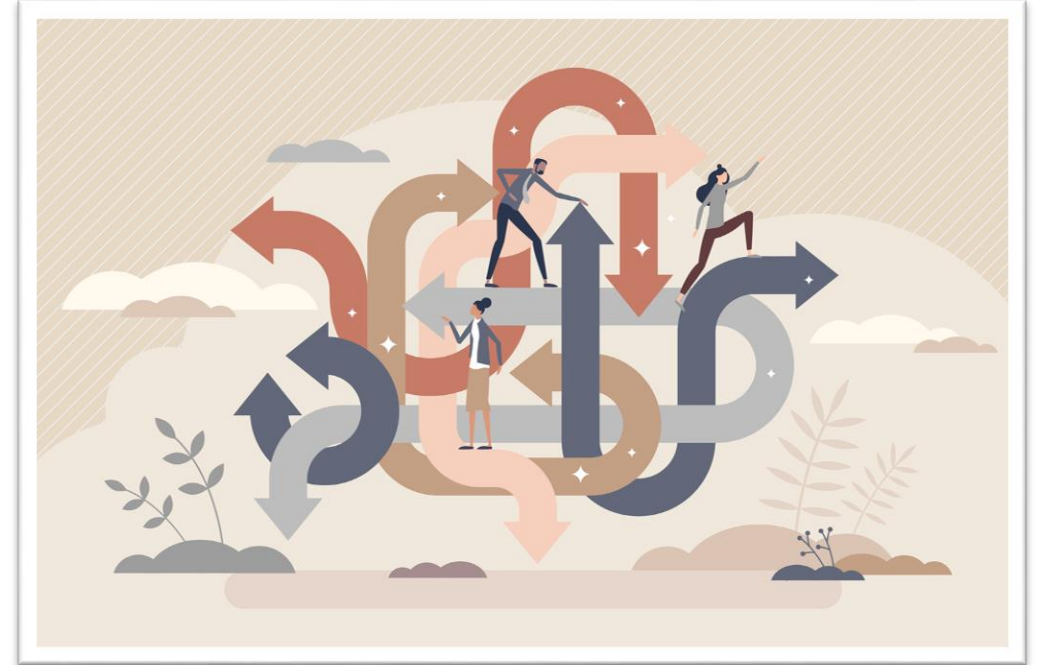
Focus Groups: Navigating Complex Healthcare Systems

Barriers to entry:

- Room entry, especially c-sections
- Asked to provide certification
- Inconsistent entry policies

Integration into the healthcare team:

- Resistance from healthcare team
- Resistance at odds with patient desires
- Stereotypes and biases



Focus Groups: Clinical vs. Community Awareness of Doula Work

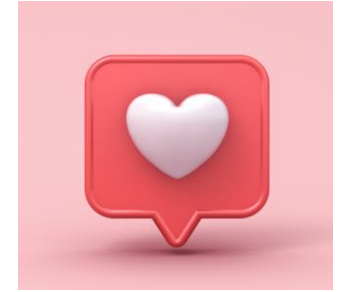
Community:

- Increased knowledge of doula's role and value
- Many new orgs dedicated to minimizing racial disparities in maternal health outcomes

Clinical:

Some medical professionals still do not understand doula's role and/or undermine the value of their participation in the patient's birthing experience

Focus Groups: Attributes of a Doula-Friendly Environment



- 1. Acknowledgement:** Being seen as a valued member of the healthcare team, being acknowledged with enthusiasm, and respectfully exchanging knowledge made doulas feel welcome and included
- 2. Patient-Centered Care:** Doulas appreciated working with providers who truly centered the needs and desires of their patients
- 3. Advocacy:** Even when faced with resistance from other medical staff, doulas appreciated having at least one member of the healthcare team vouch for their right to be present during client's delivery

Focus Groups: Doula-Friendly Hospital Policies

Care teams should work in partnership with doulas and patients to develop doula-friendly policies and maintain a doula-friendly climate

- Policies should include safeguards to protect doulas from racism and discrimination
- Hospitals should be consistent in enacting their policy (especially regarding c-sections)
- Hospitals should not require doulas to show certification
- Share policies widely and publicly so all staff, patients, and birth workers are informed
- Hospitals should have systems in place for addressing infractions by staff members

Focus Groups: Unintentional Harm

- Black doulas unintentionally absorb some of the shock of institutionalized racism experienced by their clients
- Black doulas sometimes intercept racist or biased care and actively advocate on behalf of their clients.
- Black doulas exert emotional labor by anticipating scenarios that might cause undue distress on clients, and often work to prevent potentially contentious encounters



Focus Groups: Naming Racism and Bias

- Racism and oppression faced by minoritized groups daily have a profound impact on health outcomes.
- Culturally congruent doula support is one way to combat this and improve birth outcomes for Black mothers and babies. **
- Clinical teams should own the work to explore personal biases and systemic racism, and employ mandatory, ongoing trainings to create a safe and welcoming space for all patients and their support persons.
- Health systems should establish processes to hold team members accountable to infractions.



Focus Groups: Reframing Childbirth



- The medicalization of labor and delivery can make the birth environment feel impersonal and unfriendly.
- Hostility among clinical teams can lead to discomfort and have negative impacts on the patient's birth experience and outcomes.
- Clinical care teams should prioritize the patient and honor her birth experience.
- Any power dynamics and inequities that involve doula interaction should be curbed. Interpersonal malice in the birth space should not be tolerated.

Doulas: A Conduit of Respectful Maternity Care



All moms deserve respectful and equitable maternity care that:

- Maintains dignity, privacy, and confidentiality
- Ensures freedom from harm and mistreatment, and
- Allows for shared decision-making and continuous support during labor and childbirth

Panel Discussion

Panelists

Sydney Shead

Doula & Birth Justice Program Associate at IBBG

Cydney Gaines, MA

Doula & Assistant Director of Malone Maternal Wellness

Candace Giles, DO, FACOG

OBGYN @ Immanuel

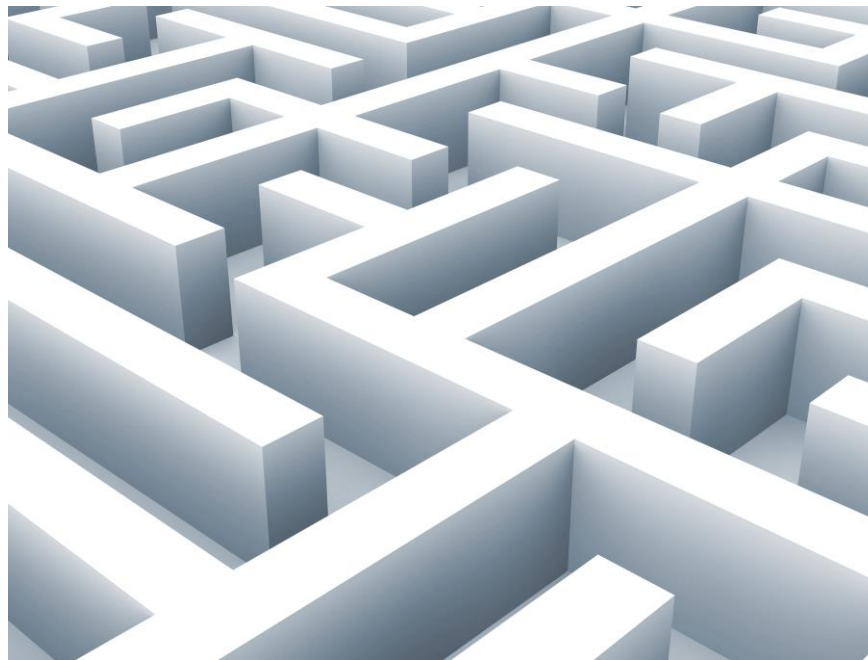
Rachel Romshek, BSN, RNC-OB, C-ONQS, C-EFM

L&D Nursing Manager @ Bryan Health



#1 (All panelists):

- What are some of the biggest barriers in creating doula-friendly birthing spaces and what are some solutions to combating them?



#2 (doula panelists):

- How can doula-friendly policies/environments impact your experience as a doula supporting clients in labor?



#3 (clinical panelists):

- One challenge we have heard from clinical teams is that it can be difficult to see things through a non-clinical lens. For example, it can be challenging for those with clinical backgrounds to be accepting of the unstandardized doula training/licensure requirements. Tell us about how you have reckoned with this difference or helped your teams navigate it.





#4

- (doula panelists): Can you share about a time when a positive interaction with a provider left a lasting impact on you/your client?
- (clinical panelists): Share about a time when a positive interaction with a doula made a lasting impact on you/the way you practice.



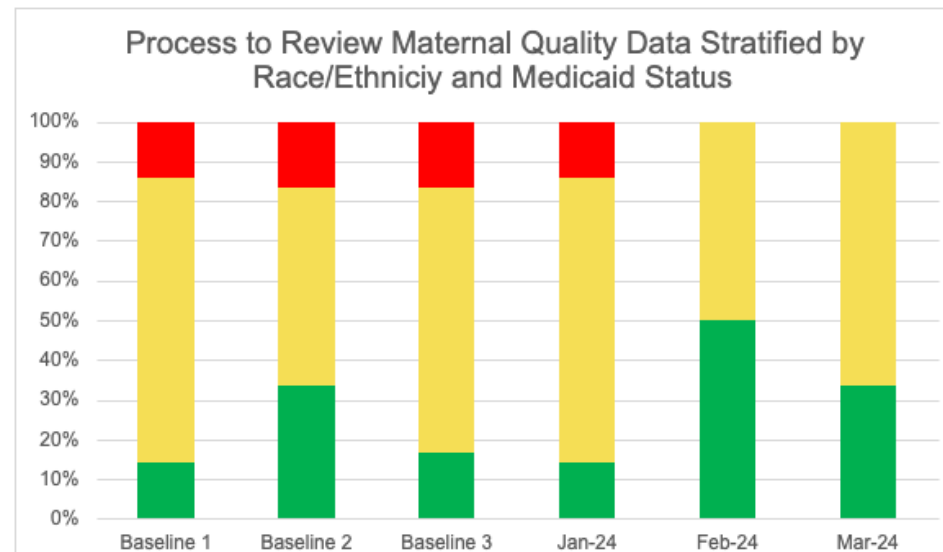
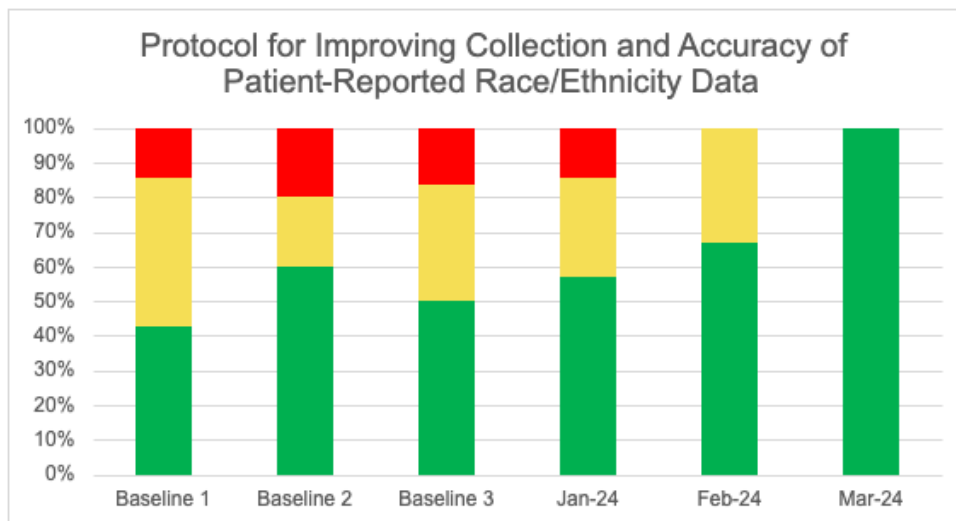
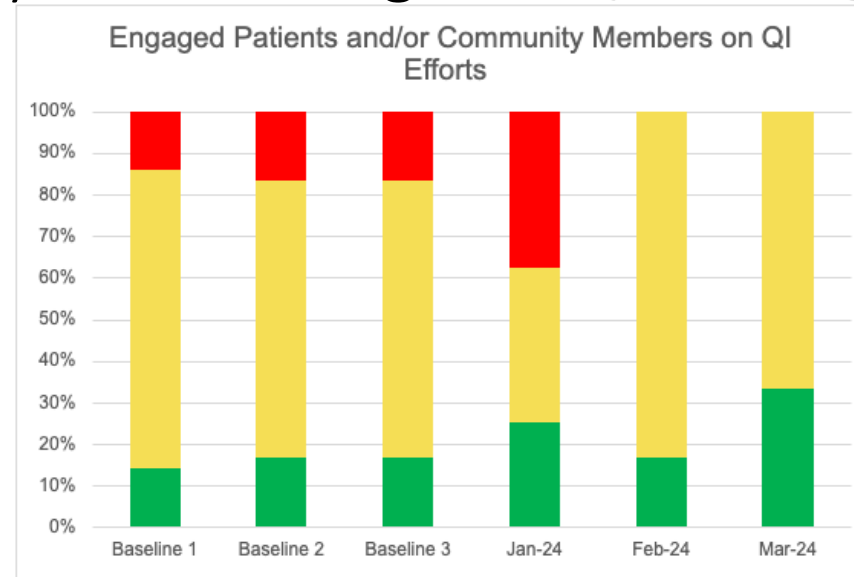
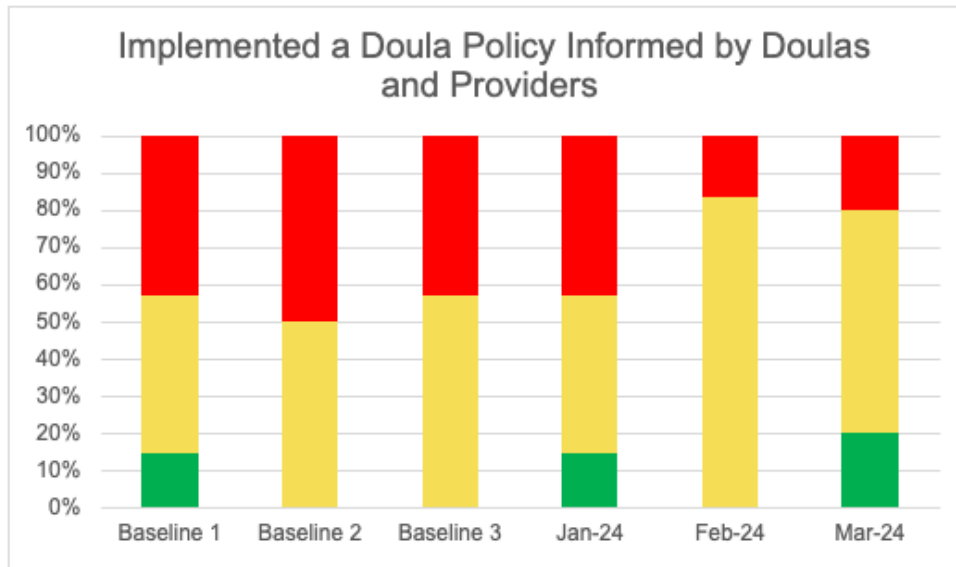
QI Data Corner

Birth Equity Structure Measures

Structure Measures	
 % of facilities that have implemented a doula policy which was informed by doulas and providers	% of facilities that have a standardized system to provide all patients the recommended postpartum patient education materials prior to hospital discharge including education on urgent maternal warning signs postpartum safety and tools to improve communication between patients and their healthcare providers
% of facilities that have engaged patients and/or community members to provide input on quality improvement efforts	
 % of facilities that have adopted the principles of a doula-friendly hospital	
% of facilities that have implemented a protocol for improving the collection and accuracy of patient-reported race/ethnicity data	% of facilities that have developed a process to review maternal health quality data stratified by race/ethnicity and Medicaid status
% of facilities that have implemented a Patient Reported Experience Measure (PREM) survey to obtain feedback from postpartum patients and a process to review and share results	% of facilities that have a strategy for sharing expected respectful care practices with delivery/postpartum staff and patients (i.e. posting in L&D rooms) including appropriately engaging support partners and/or doulas

Structure Measures: Implementing Systems Change

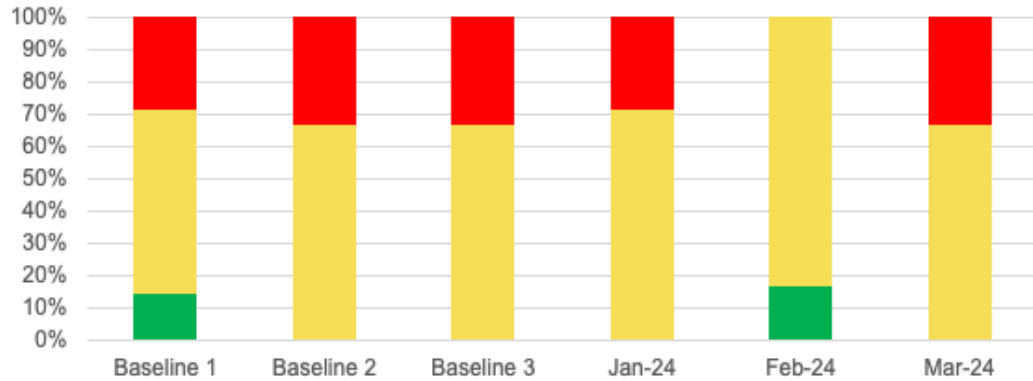
■ In place ■ Working On It ■ Not Started



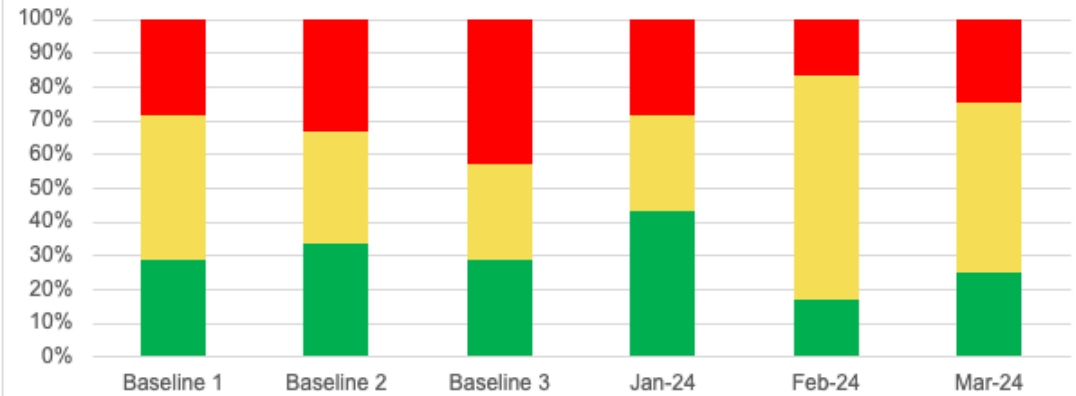
Structure Measures: Implementing Systems Change

■ In place ■ Working On It ■ Not Started

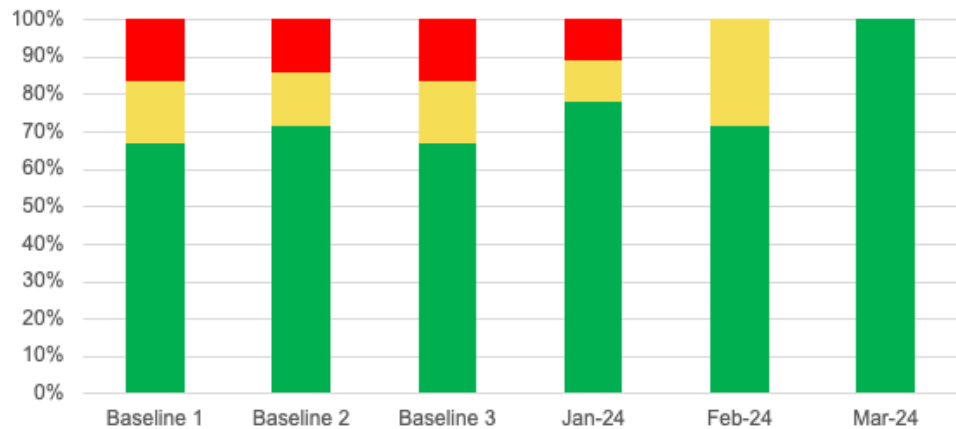
Strategy for Sharing Expected Respectful Care Practices with Delivery Staff and Patients, Including Support Partners and/or Doulas



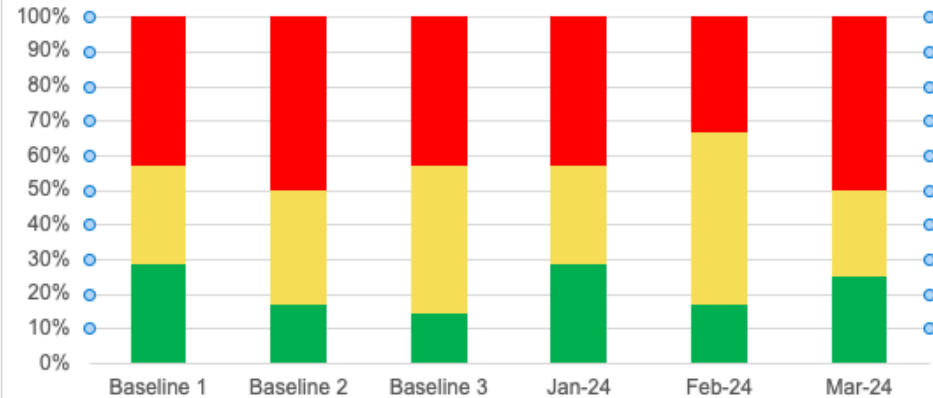
Implemented a Patient Reported Experience Measure (PREM) Patient Survey



Standardized PP Safety Education



Adopted Principles of a Doula Friendly Hospital



BE Hospital Team Data Submission (8 teams total)

Month	# of Teams Reporting
Baseline 1	7
Baseline 2	7
Baseline 3	6
January	6
February	6
March	5
April	3

BE Team Spotlight: CHI St. Elizabeth's

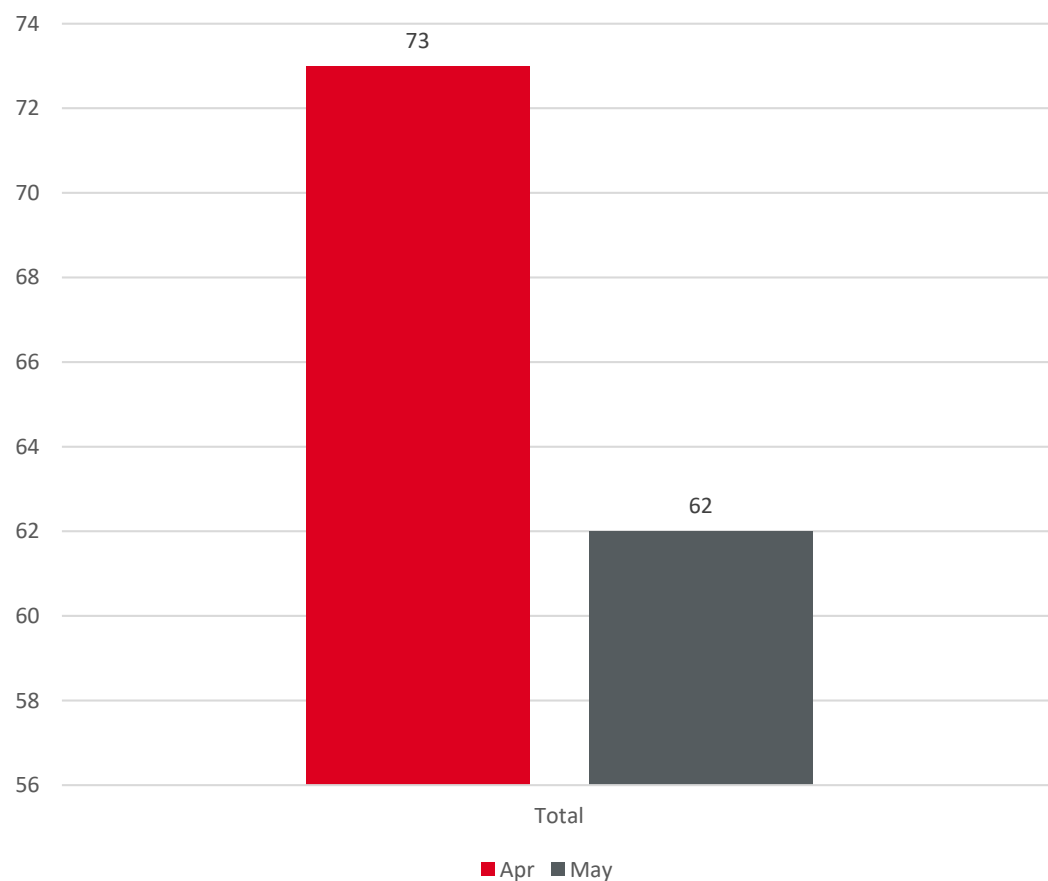
Team Talk

Updates in REDCap

- We have clarified the terminology of “deliveries” to “birthing people.”
- We have added a field to capture total # of doulas, under total deliveries for the month.
- This month, there will be a modification to the geography section. Instead of deliveries to patients who reside in your facility’s county, you will enter patients by residence
 - Urban (Douglas, Lancaster, Sarpy)
 - Rural (all other counties)




PREM Survey Completions



- PREM Surveys submission began April 1
- Total completed to date: 139
- Currently, 5 hospitals have received PREM submissions
- Counts for those reporting range from 2 to 114

BE Next Steps

Preparation	Getting Started	Early Implementation	Throughout Year 1	Year 2
Meet with colleagues to establish buy-in and determine co-leads	Schedule regular meetings with team to review data and PDSAs and make improvements	Work with IT and data team to make system changes	Establish stakeholder group including doulas and patients	Continue reviewing PDSAs
Complete participation agreement	Attend the data call	Collect baseline data (Jan, Feb, March 2024)	Implement strategy for sharing REC practices in L&D	Continue reviewing PREM data
Complete Readiness Survey (Microsoft Forms)	Attend Kickoff Call	Create a draft 30-60-90 day plan	Implement doula-friendly policies 	Continue reviewing equity data
Review your hospital's data and identify opportunities for improvement	Review Data Collection Form with your team; identify needed systems changes in order to collect equity variables	Plan first PDSA cycle to address 30-60-90 day plan	Standardize system for sharing urgent maternal warning signs	Additional equity trainings for providers (film screening, modules, etc)
	Review Birth Equity Toolkit	Schedule kickoff meeting/grand rounds	Implement implicit bias training	Continue meeting with provider/ doula/patient group
		Create plan for implicit bias training	Implement PREM survey and regularly review PREM data	

Birth Equity Timeline- Next 3 months

May	June	July
<p>Monthly Webinar: Integrating Doulas Into the Care Team May 21, 12-1pm</p> <p>Office Hours May 17, 12-1pm</p> <p>May Data Due by June 15</p> <p>Schedule June Coaching Calls</p>	<p>Monthly Webinar: Postpartum Safety Education June 13, 12-2pm (NEW DATE)</p> <p>Office Hours <i>No office hours in June!</i></p> <p>June Data Due by July 15</p>	<p>Monthly Webinar: NO monthly webinar in July</p> <p>Office Hours <i>July 12, 12-1pm (new date)</i></p> <p>July Data Due by Aug 15</p> <p>ALL DATA UP TO DATE BY AUG 15 to be eligible for awards at Summit!!</p>

BY NEXT TUESDAY

- Drop in the chat or say out loud one thing your team is committed to accomplishing by next Tuesday.
- Ideas:
 - Invite team members from other specialties
 - Equity Exercise
 - Draft a press release
 - Schedule Grand Rounds
 - Engage patient/doula partners
 - Get your data entries up to date
 - PDSA or 30/60/90 day plan

Please complete this survey!

- Takes less than 3 minutes to complete!

[Birth Equity 6 Month Evaluation](#)

