2025 NPQIC BRIEF: ROOTED DOULA CARE AND SUPPORT PROGRAM

BACKGROUND

The Rooted Doula Care and Support Program was created through a partnership between *United Healthcare (UHC), I Be Black Girl, A Mother's Love, Nebraska Medicine,* and the *Nebraska Perinatal Quality Improvement Collaborative*. Funding from UHC provided 30 Black pregnant patients insured by Nebraska Medicaid with doula care and resources at no cost to the patient. Participants had to reside in Douglas or Sarpy Counties and deliver at Nebraska Medicine. The program launched June 2023 and concluded January 2025. Survey responses were collected from participating patients, doulas, and providers at each of the following stages: Prenatal, Labor and Delivery, and Postpartum.

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KEY FINDINGS

- USEFULNESS OF DOULAS
- CARE TEAM INTEGRATION
- SATISFACTION
- PATIENT CONFIDENCE

CATEGORY	DATA	
Maternal Demographics	Average age at delivery 24 years (18-42) 10 were first-time mothers 38% were insured by UHC	
Maternal Risk Factors	15% Obesity 23% Gestational or chronic hypertension 23% Pre-eclampsia or eclampsia 46% Mental health or substance use	
Gestational Age	3 preterm births <37 weeks	

CATEGORY	DATA	
Delivery Type	20 Vaginal 6 Cesarean (3 repeat, 3 medically indicated)	
Breastfeeding at Discharge	80.8% were breastfeeding at discharge	
Postpartum Visits by Doula	Average of 5.3 postpartum visits	
Infants living at discharge		

USEFULNESS OF DOULAS

- 100% of patients agreed that having a birth doula was helpful to their birthing experience and the time their doula spent with them in the hospital was sufficient in providing birthing support
- 84% of patients agreed having a doula during pregnancy was helpful during the prenatal clinic experiences
- 79% of patients agreed having a doula present was helpful to them and their partner/support person during their postpartum experience

CARE TEAM INTEGRATION

- Over half of providers felt the presence of doulas made their job easier, and they learned something from them during the prenatal, labor and delivery, and postpartum periods
- 40% of providers reported positive impacts of doulas including reduced need for medical interventions during labor and delivery
- 75% of providers stated that doulas allowed them more freedom to focus on medical and clinical responsibilities in postpartum
- 93% of doulas agreed facility staff were welcoming and knowledgeable about the doula role

SATISFACTION

PATIENT CONFIDENCE

- **100%** of providers stated they would recommend doulas for any patient
- 100% of doulas agreed that the healthcare facility and team responded to patients and doulas in a positive manner
- Both patients (89%) and doulas (83%) agreed that the process of being matched with a doula was smooth
- 100% of patients agreed their healthcare team and doula worked to give them the best possible care
- **89%** of patients stated they would choose to have a doula in the future
- Patients (89%) agreed doulas helped them feel confident in communicating their needs with their healthcare provider

OPPORTUNITIES FOR IMPROVEMENT

Patient-Identified Areas for Improvement:

- Smoother process for scheduling visits with their healthcare team
- If the doula is unreachable, have an alternative number to call
- Clearly communicate doula services and expectations

Provider-Identified Areas for Improvement:

- Improved coordination between doulas and medical teams to enhance collaboration
- Communication and dissemination of doula-friendly policies with staff, doulas, and patients, and adherence to those policies
- There was at least one instance of a patient's doula being absent or unreachable before and during labor and delivery

Doula-Identified Areas of Improvement:

- More than 70% of the time doulas were not given the healthcare team's doula policy/guidelines
- Providers practice active listening to patients, and when wishes can't be met, explain why
- Improvements to the client matching and data management process to make them smoother

ADDITIONAL NEEDS MET BY DOULAS

- Connected patients with WIC services and local resources for housing/rent assistance.
- Advocated for patients by contacting authorities or housing/financial assistance after physical domestic violence was reported during postpartum.
- Helped patients with housecleaning, meal preparations, and infant/childcare while patients were able to shower, nap, or perform other selfcare.
- Sourced necessary infant care items during home visits including baby bassinets, baby baths, car seats (infant and toddler), and clothing.
- Helped provide patients with GED resources
- Assisted with DNA testing/results.

For more information on NPQIC's Doula Initiative, scan the QR code.





