



# Redesigning Maternal Health: Integrating Doulas into Care Teams

Wednesday, April 2nd 12:00pm ET | 9:00am PT



# Ways to Engage



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Webinar recording will be sent to all registrants and posted to our webpage



## Who we are

Founded in 1996, we are a non-profit organization working locally and nationally to remove deep-rooted, systemic barriers to health, center power and resources within communities, and build a world where racial health equity is the standard.

## Our vision

Health, well-being and dignity for every person, in every community.

## Our mission

We partner with communities and health systems to address systemic causes of inequity and disease. We do this by removing barriers that keep people from identifying, accessing and choosing the resources everyone needs to be healthy.



## Our Approach

We work across our four strategic levers **to advance health and wellbeing** for every person in every community.

### **Shared Power & Decision Making**

Community residents, organizations, and health workers co-design aims for health and well-being, rather than health systems alone.

### **Community Investment & Learning**

Community-based organizations have capacity to design, build, test, measure, and iterate equity-anchored, solutions.

### **Equitable Data & Measurement**

People who rely on essential resources are owners and users of data – not just its subjects.

### **Sustainable Care & Care Worker Sustainability**

Paid and unpaid care workers are influencers and decision-makers, not just providers of services.



# In New York, we brought together local doulas and allies to increase access to care by **successfully advocating for Medicaid reimbursement.**

## Stage

### Advocating for reimbursement



#### Elevate Doula Voices

As the backbone organization of the New York Coalition for Doula Access, we secured meetings with elected officials, testified in front of the NYS Senate, and published an op-ed in the New York Daily News.

### Developing legislation



#### Push for a Living Wage

We led NYCDA members through the process of developing, proposing, and advocating for an equitable reimbursement rate – and continue to push for a higher rate than the benefit passed in FY24.

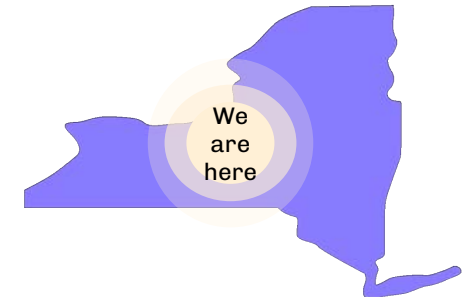
### Implementing the benefit



#### Navigate Admin Challenges

We serve as a liaison between the doula community and the New York State Department of Health to ensure doulas are centered during the design and implementation of the Medicaid reimbursement benefit.

### Integrating doulas & care teams



#### Standardize Care

To ensure doulas are fully integrated as valued members of care teams, we're working with our partners to create a set of standards for doula-friendly hospital designation for NYC and NY state.

## Our Role



## **Linda B. Hudson ScD MSPH**

*Assistant Professor, Dept of Public Health and Community Medicine  
Community Engagement Research Unit Lead, Center for Black Maternal  
Health and Reproductive Justice*  
**Tufts School of Medicine**

# What is a Doula?



Photo Courtesy of NYC DOHMH

A doula is a trained birth specialist who offers various culturally sensitive services, which may include ongoing physical, emotional, spiritual, and informational support to clients and their families before, during, and after childbirth. Doulas help their clients prepare for birth and advocate for their wishes, encourage them to take an active role in their pregnancy journey, and assist them with their transition into parenthood. (NYCDA, 2024)

Evidence proves that **doula care is uniquely effective at reducing inequities in birth outcomes** – yet it's often out-of-reach in the communities most impacted.

Women with doula care are<sup>1</sup>:

**22% less likely**  
to have a preterm birth

**53% less likely**  
to deliver via C-section

**58% less likely**  
to experience postpartum  
depression & anxiety

<sup>1</sup>See Falconi, April M., et al. "Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching." *EClinicalMedicine* 50 (2022) and Kozhimannil, Katy B., et al. "Modeling the cost-effectiveness of doula care associated with reductions in preterm birth and cesarean delivery." *Birth* 43.1 (2016): 20-27.





Despite their vital impact, doulas face **systemic barriers** to carrying out their work.

At the root of these problems is systemic racism, which impacts three deeply intertwined issues: doulas' perceived **skills**, perceived **value**, and **compensation**.

**Misconceptions and Systemic Challenges:**

Negative perceptions of doula's role, bias and negative attitudes, and turf battles that limit effective integration and respect within the maternal healthcare system.

**Gaps in Education and**

**Collaboration:** Many healthcare providers lack proper training and education surrounding doulas, and there's often limited collaboration and poor communication.

**Structural and financial**

**limitations:** Varying Medicaid reimbursement policies and/or rates and issues with workforce sustainability create financial and systemic barriers to doula access and care.

# Agenda

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Hospital Doula-Friendliness  
Guidebook

Community of Practice and  
Hospital Doula-Friendliness  
Guidebook

Supportive Birth Collaborative

Moderated Discussion &  
Audience QA

Closing



**Elysia Larson**

*Assistant Professor, Obstetrics, Gynecology and  
Reproductive Biology*  
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**Jeannette Myrick**

*Doula & Perinatal Health Researcher*  
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**NYC Department of Health and Mental Hygiene**



**Linda B. Hudson ScD MSPH**

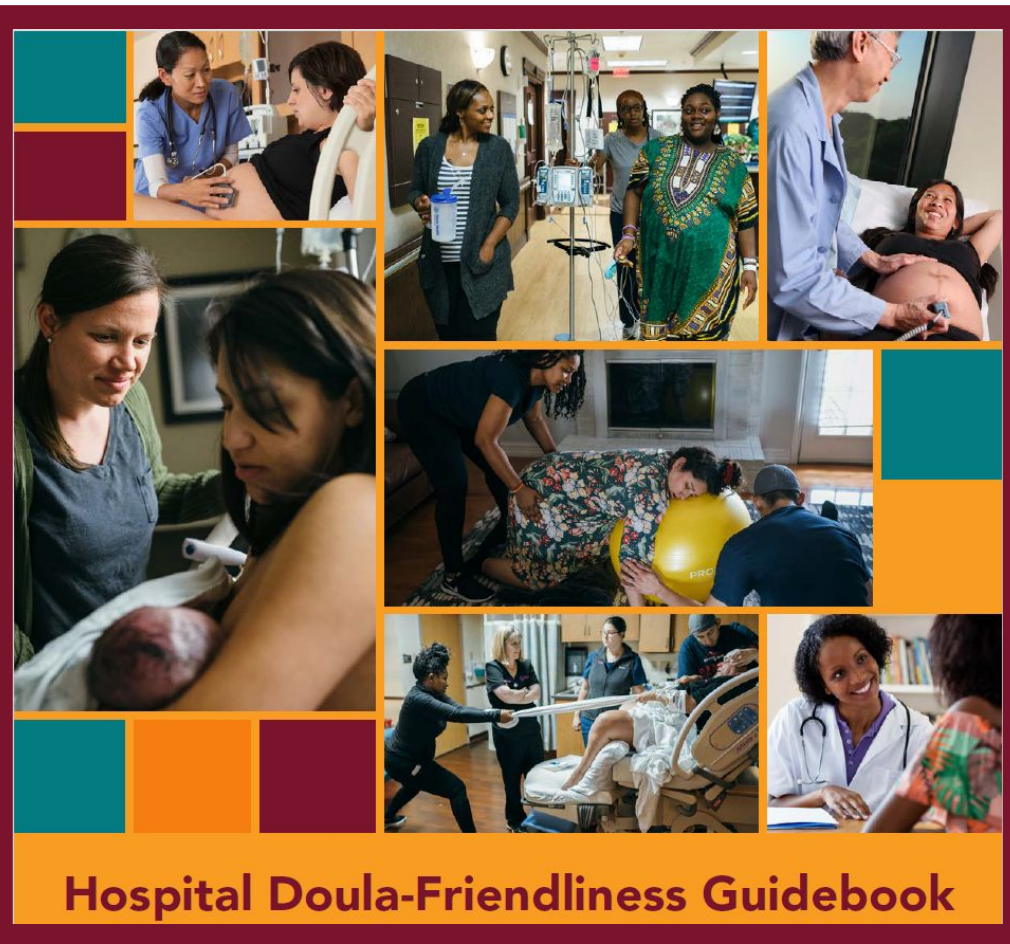
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## **Alison Whitney**

Assistant Director, Clinical & Community Partnerships,  
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**NYC Department of Health and Mental Hygiene**





## Hospital Doula-Friendliness Guidebook

Alison Whitney, MSW, MPH  
April 2, 2025



# Context

- In NYC, Black birthing people are **four times** more likely to die from pregnancy-related causes than white birthing people.<sup>1</sup>
- Doula support improves emotional and physical health outcomes and the overall birthing experience.
- Supporting organizational culture change to build anti-racist health care systems can increase access to doula support.



1. Maternal Mortality Review Committee, New York City Department of Health and Mental Hygiene. Pregnancy-Associated Mortality in New York City, 2016-2020. September 2024.

# Hospital Doula-Friendliness Guidebook

## **What is doula friendliness?**

Doula-friendliness is grounded in policies and practices that reflect an understanding of the benefits of doula care and actively create a space where patients, doulas and clinicians collaborate to ensure the best birth outcomes and experience for the patient.

## **Purpose of the Guidebook:**

This guidebook provides hospitals and doulas with guidance on collaboratively implementing policies and practices that improve collaboration between hospital staff and doulas and support integration of doulas into the maternity care team.



# Acknowledgements

**We thank the doulas, community-based doula programs, and hospitals who collaborated to develop and implement doula-friendly policies and practices:**

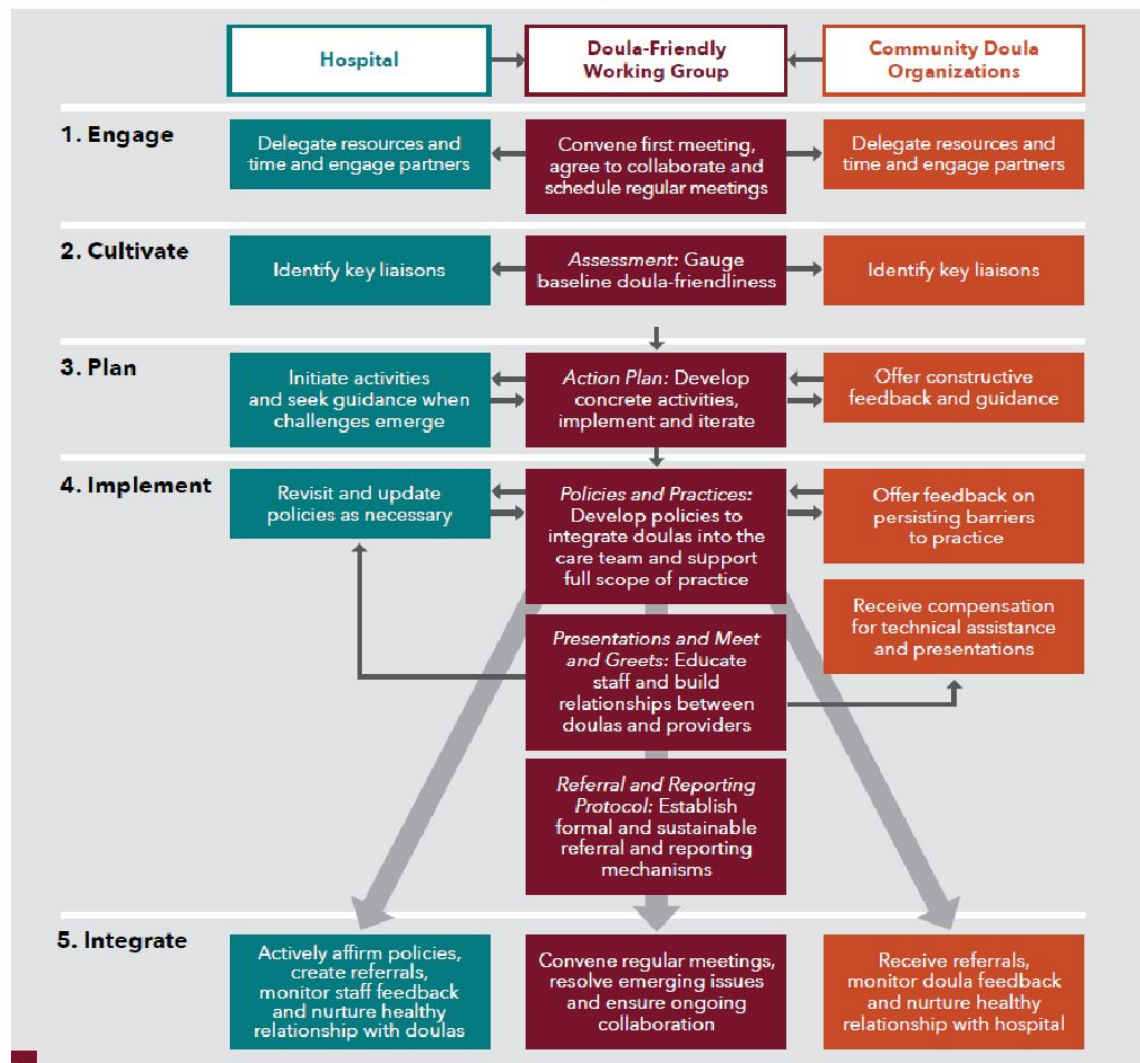
Caribbean Women's Health Association, Brooklyn Perinatal Network, Ancient Song, By My Side Birth Support Program, Bx (Re)Birth and Progress Collective, Metropolitan Hospital, Montefiore Medical Center, Kings County Hospital Center, Elmhurst Hospital Center, Jacobi Medical Center, Lincoln Hospital, and Jamaica Hospital Medical Center

**The following organizations and individuals were invited to review the guidebook. A special thank-you to all of them for their expert contributions:**

Jamaica Hospital Medical Center, March of Dimes, Montefiore Medical Center, Health Leads, The Bridge Directory, Bx (Re)Birth and Progress Collective, Ancient Song, Hope and Healing Family Center, Citywide Doula Initiative, Wendy Wilcox, MD, MPH, MBA, FACOG, Chief Women's Health Service Officer at NYC Health + Hospitals, Peter S. Bernstein, MD, MPH, System Director for Obstetrics at Mount Sinai Health System, Ashanda Saint Jean MD, FACOG, Clinical Associate Professor of Obstetrics and Gynecology at New York Medical College, Ashe Birthing Services, Daphnee Deus Guerrier, Birth Doula, Sierra Flournoy, Full-Spectrum Doula, Laura E. Riley, MD, Given Foundation Chair of Obstetrics and Gynecology at Weill Cornell Medicine, Obstetrician and Gynecologist at NewYork-Presbyterian Hospital, Northern Manhattan Perinatal Partnership

# Guidebook Feature: Process Map

**Figure 1:** Hospital Doula-Friendliness Process Map





# Guidebook Feature: Assessment Rubric

**Figure 2:** Doula-Friendliness Assessment Rubric

Key Capacity Area	Basic	Moderate	Robust
Staff Knowledge of Doula Support	Most or all staff have limited or no understanding of a doula's scope of services and the benefits of doula support	Variability in staff understanding of a doula's scope of services and the benefits of doula support	Most or all staff have a clear understanding of a doula's scope of services and the benefits of doula support
What is your current understanding of a doula's role? How would you describe their work?	Participant can only vaguely describe one or two characteristics of doula care	Participant clearly articulates at least three concrete characteristics of doula care	Participant exhibits a strong understanding of doula care and clearly articulates five or more concrete characteristics of doula care
Are you aware of the evidence-based benefits of doula care? If so, what evidence are you familiar with?	Participant can only vaguely describe one or two evidence-based benefits of doula care	Participant clearly identifies at least three concrete, evidence-based benefits of doula care	Participant clearly identifies four or more concrete, evidence-based benefits of doula care
What proportion of your staff are familiar with the role of doulas, as well as the benefits of doula support?	Participant reports that there is high variability in staff understanding, with less than 50% of staff sharing an understanding of a doula's scope and benefits	Participant reports that there is some variability in staff understanding, with between 50% and 75% of staff sharing an understanding of a doula's scope and benefits	Participant reports near universal understanding, with 75% or more of staff sharing an understanding of a doula's scope and benefits

# Guidebook Feature: Action Plan Template

**Figure 3:** Doula-Friendliness Action Plan Template

Key Capacity Area	Tasks or Action Steps What will be done?	Responsibilities Who will do it?	Timeline By when?
<b>Staff Knowledge of Doula Support</b>	Example: Provide doula presentation to all staff during grand rounds. 1. 2. 3.		
<b>Doulas as Part of the Birthing Team</b>	Example: Nurses will orient doulas to labor and delivery floor and include the doula's name on the whiteboard. 1. 2. 3.		
<b>Increasing Awareness of Doula Support Among Patients</b>	Example: Information on doula support to be provided in childbirth education classes. 1. 2. 3.		
<b>Policies and Practices – General</b>	Example: Develop and implement formal doula policy along with a one-page handout to share with doulas. 1. 2. 3.		
<b>Policies and Practices – Laboring</b>	Example: Purchase birthing balls, peanut balls and birthing bars, ensuring adequate availability and staff training. 1. 2. 3.		
<b>Policies and Practices – Doula Presence</b>	Example: Collaboratively develop policy with the anesthesia department to allow doula presence during epidurals. 1. 2. 3.		

# Guidebook Feature: A Tale of Two Hospitals

## A Tale of Two Hospitals

Jessica realizes she is in labor, and after a quick call with her doula, Ashley, she decides to head to the hospital. Jessica arrives first and heads up to the labor and delivery floor. Ashley is not far behind.

### Tale 1

Jessica introduces herself to the security guard, who welcomes her and gives her directions to the labor and delivery floor. When Ashley arrives at the nurses station, she is greeted warmly and asked to sign in. The nurses tell her that Jessica is in triage, and one of them walks Ashley to her client's bedside. Jessica has been frightened and tense – it is her first time giving birth – but Ashley's arrival puts her at ease. The resident on duty comes over to say hello and explains that all the patient rooms are full right now but that Ashley is welcome to stay with Jessica while she is in triage. The only exception will be a few questions that have to be asked of Jessica in private, but that should only take a few minutes. Jessica says, "Oh, no, I'd rather she stay with me the whole time." The nurse agrees, and Ashley settles in to rub Jessica's hands and help her breathe through her contractions as they wait for a room to open up.

### Tale 2

Jessica introduces herself to the security guard, who says, "A doula, huh?" and asks to see proof that she is certified. Ashley explains that she does not have her certificate with her, but that certification is not required to practice as a doula. The guard says, "Well, you cannot go up without it." Ashley texts Jessica to let her know what is going on. Jessica replies, "I hope you can come soon; the contractions really hurt, and I'm scared." Jessica calls her husband at home, tells him where her doula certificate is, and asks him to scan it and text it to her. She shows it to the guard, who lets her go up to the labor and delivery floor. When she walks in, one of the nurses says, "Where do you think you're going?" Ashley explains that she has come to meet her client. The nurse says that because Jessica is still in triage, Ashley will have to wait in the waiting room. Ashley texts Jessica to give her an update. An hour goes by. Jessica texts that she is thinking of getting an epidural because the pain is so intense. Ashley asks again if she can join her client but is told no, she cannot join Jessica until she gets to a room.



# Guidebook Feature: Policy Example

## Appendix 3: Sample Doula Policy

Subject: Doula Policy  
Date: January 4, 2021

**Definition:** A doula is a trained birth assistant, requested by the pregnant patient (the doula's client), who supports the pregnant person prenatally, during labor and birth, and/or during the postpartum period. Hospital [Name] recognizes the advantages of doula services and the positive impact that they have on the birthing experience and on maternal and neonatal outcomes.

**Policy:** A doula is not to be considered a staff member and has no medical role or responsibility, but rather is to be considered an important support for the mother. The doula will provide continuous labor support, which includes fostering the mother's physical comfort, providing emotional guidance, sharing information (nonmedical) and advocating for their client's choices surrounding birth preferences.

Elements of continuous labor support include but are not limited to:

1. Enhancing physical comfort, including by comforting touch, and guiding with movements and positioning
2. Providing emotional support by praise, reassurance, encouragement and continuous presence, as well as providing guidance and emotional support for the laboring person's partner or loved ones
3. Sharing information (nonmedical), explaining procedures and assisting in navigating hospital protocols
4. Facilitating communication between the laboring person and hospital staff to assist in making informed decisions
5. Encouraging patient to consult the medical team about any care concerns

A doula may not:

1. Perform clinical or medical tasks, such as taking blood pressure or temperature or performing fetal heart tone checks, vaginal examinations or postpartum clinical care
2. Give medical advice
3. Document in a patient's medical record
4. Participate in or perform lab tests
5. Make medical decisions for the patient
6. Interfere with medical treatment plans or any emergency intervention
7. Share patient information unless patient gives permission

**Purpose:** To outline doula services on the labor and delivery unit and to provide staff with knowledge of the role and scope of doula services for holistic care for patients who are identified as in need of continuous support throughout the birthing process and the immediate postpartum period.

**Procedure:** Doulas must identify themselves to the patient's health care team and must wear a visible ID badge stating their name and the name of the doula group they represent. In case of an emergency where the doula does not yet have an ID badge, they should provide a state or city ID.

Actions to be performed by the responsible staff primary registered nurse:

1. On admission to labor and delivery, inquire from the patient about presence of doula and/or family support.
2. Review expectations with patient, family and the doula on the labor and delivery process, operating room guidelines, and postpartum care.





# Additional Appendices

- Sample Fetal Monitoring Policy
- Principles of Doula Support in the Hospital
- NYC Standards for Respectful Care at Birth

# Lessons Learned

- Shifting Organizational Culture

- **Challenge:** Changing the practices of staff who have been entrenched in previous culture and policy could take years

- **Solutions:**

- Implement a pre- and post- labor culture survey
    - Prioritize action items that focus on improving staff knowledge of doula support

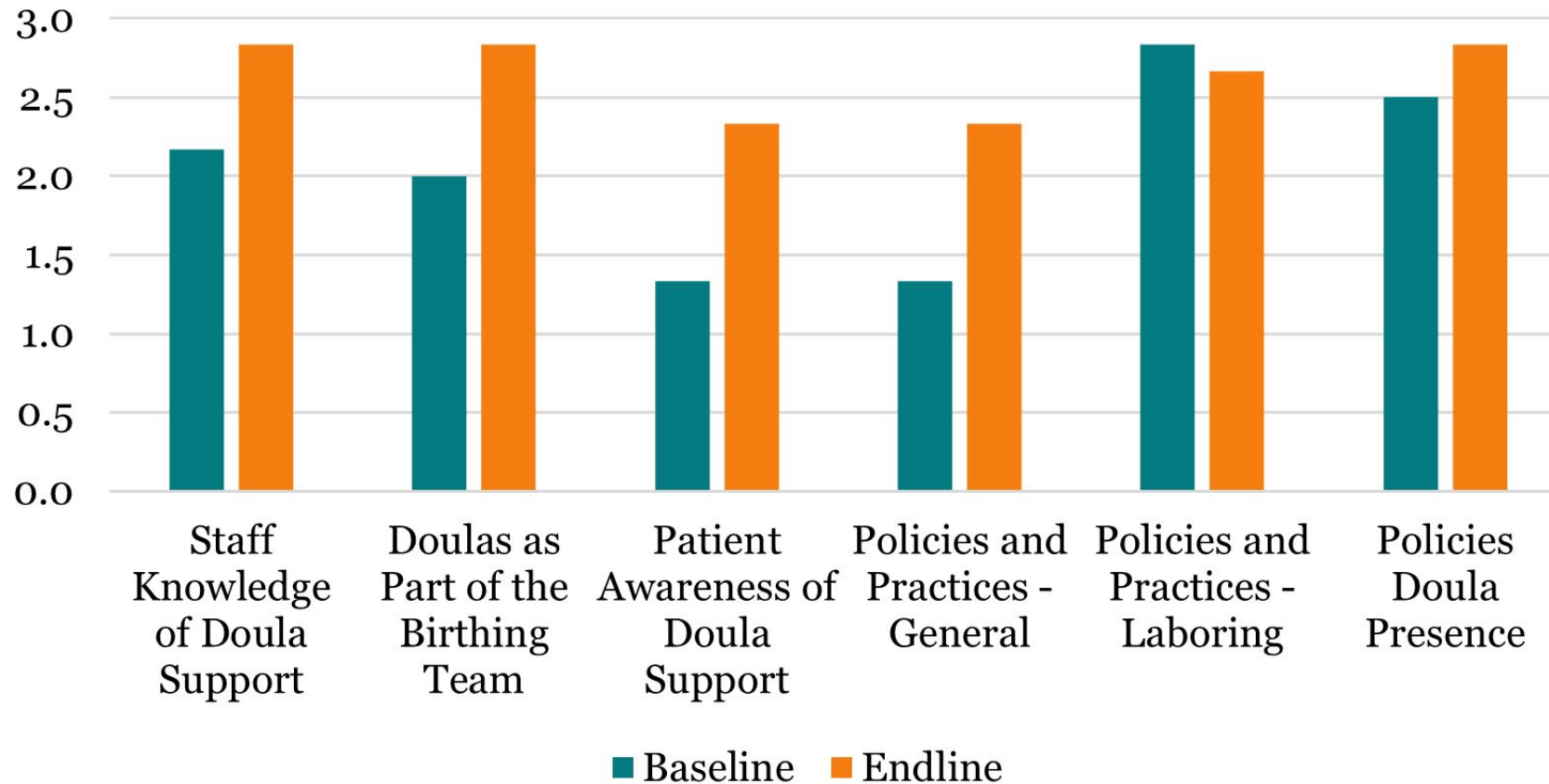
- Developing Asynchronous Trainings

- **Challenge:** With staff turnover and limited capacity, staff knowledge of doulas support can decrease over time.

- **Solution:** Develop educational videos for providers that mirror Grand Rounds series (Doula 101, Comfort Measures, Integrating Doulas into the Care Team) and require staff completion of modules

# Program Data

Figure 2. Average Baseline and Endline Scores Across Hospitals by Key Capacity Area





## Looking Forward

- Add hospitals to second Cohort, and ultimately provide TA to all 38 maternity hospitals in NYC
- Continue to present on model and Guidebook at local and national level
- Medicaid coverage of doula support in New York – expanding access and supporting workforce development





**Stephanie Kennedy**  
Senior Project Manager  
Louisiana Public Health Institute



# Doula Collaboration Community of Practice

Stephanie Kennedy  
Senior Program Manager  
Louisiana Public Health Institute



# Overview

Organizational History

Project Overview

Doula CoP Planning & Implementation - Cohort 1

Doula CoP Planning - Cohort 2

Next Steps

Acknowledgements







**The Louisiana Public Health Institute (LPHI) is a statewide, non-profit organization that utilizes technical expertise, data, and advocacy to build awareness and increase capacity for the improvement of Louisiana's public health issues.**

## **MISSION STATEMENT**

**LPHI leads and partners with communities to ensure that everyone has fair and just opportunities to be healthy and well.**

## **VISION STATEMENT**

**A Louisiana where all people will achieve their full potential for health and wellness.**

# Family Health Program

**26.6%** of Louisiana's parishes are considered maternal care deserts

**16.2%** of pregnant people reported receiving inadequate prenatal care

The Family Health Program works to ensure the health and well-being of Louisiana's women, children, adolescents, and families.



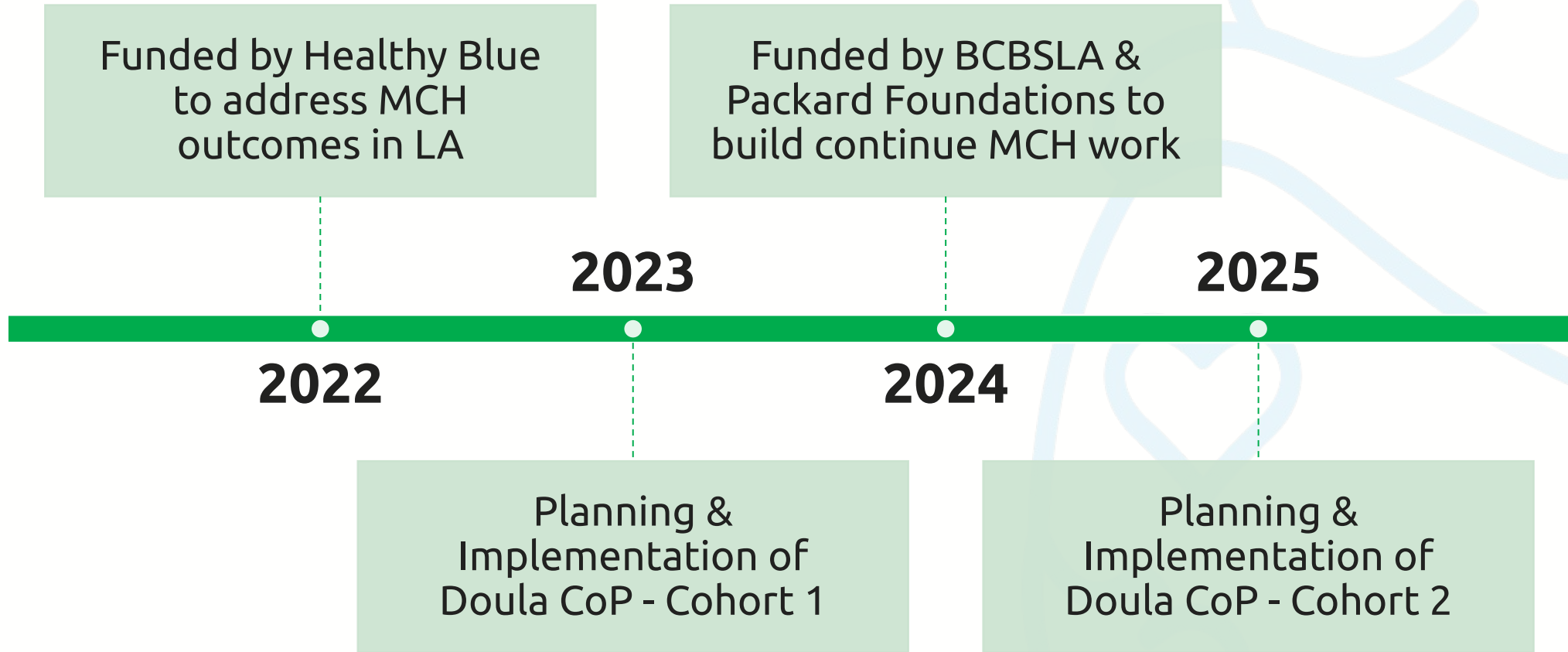
Build and support strong community networks

Expand access to high quality health care across the life course

- MCH Data & Research
- Doula Collaboration
- Contraceptive Access



# Doula Community of Practice History







# **Doula Collaboration Community of Practice COHORT 1**

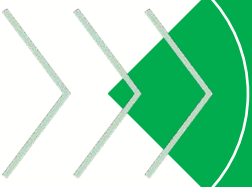
# Doula Collaboration CoP Goals



Improve participants' ability to describe how collaboration between doulas and medical providers can improve maternal health outcomes and reduce disparities.



Improve participants' ability to identify and implement strategies that can improve collaboration between doulas and medical providers.



Improve participants' ability to develop processes that facilitate care coordination across the continuum of maternal care.

# Recruitment

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Hospital & Clinic Administrators

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Clinical Providers

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Doulas

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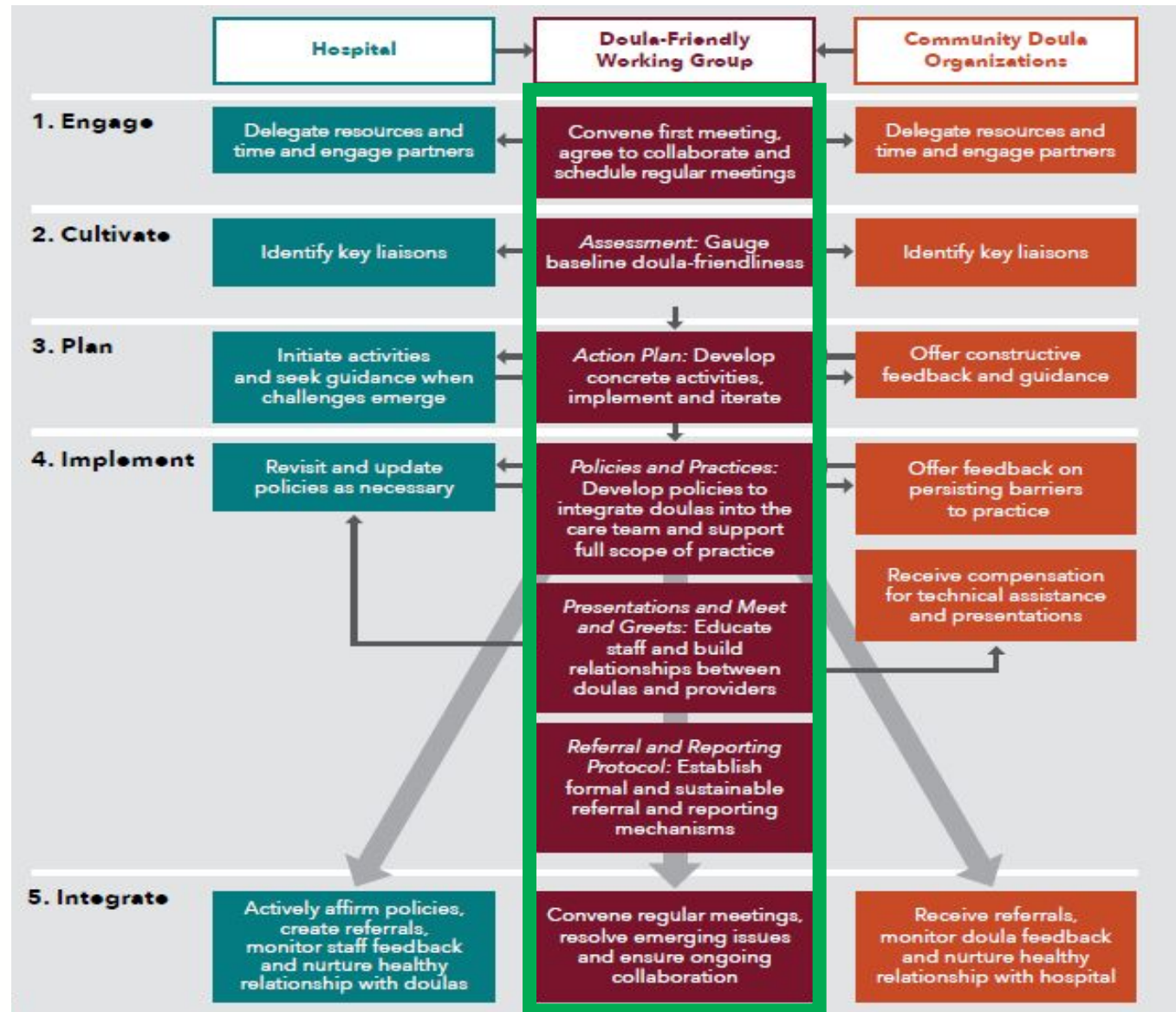
Other Birth Workers



**Geographic Focus Area:**  
Rural Communities in  
Regions 2 & 4 in Louisiana



# Hospital Doula-Friendliness Process Map



# Overview of Activities



**4** 90-minute  
Virtual Learning  
Sessions



**4** 30-minute  
Virtual Coaching  
Sessions



**2** Assessments  
(Pre & Post)



**8** Post Session  
Satisfaction  
Surveys

**Stipends offered to participants**

# Curriculum Outline

**Learning Session & Coaching Call 1**

**Evidence-based Benefits of Doula Care**



**Learning Session & Coaching Call 2**

**Doula Friendly Healthcare Spaces**



**Learning Session & Coaching Call 3**

**Respect and Valuing Doulas**



**Learning Session & Coaching Call 4**

**Care Coordination**





# Assessments and Outcomes

COHORT 1



**Hospital Clinical Staff:**  
How would you rate your current understanding of a doula's role?

**Doulas/Birth workers:**  
What proportion of the medical staff you encounter are familiar with the role of doulas as well as the benefits of doula support?



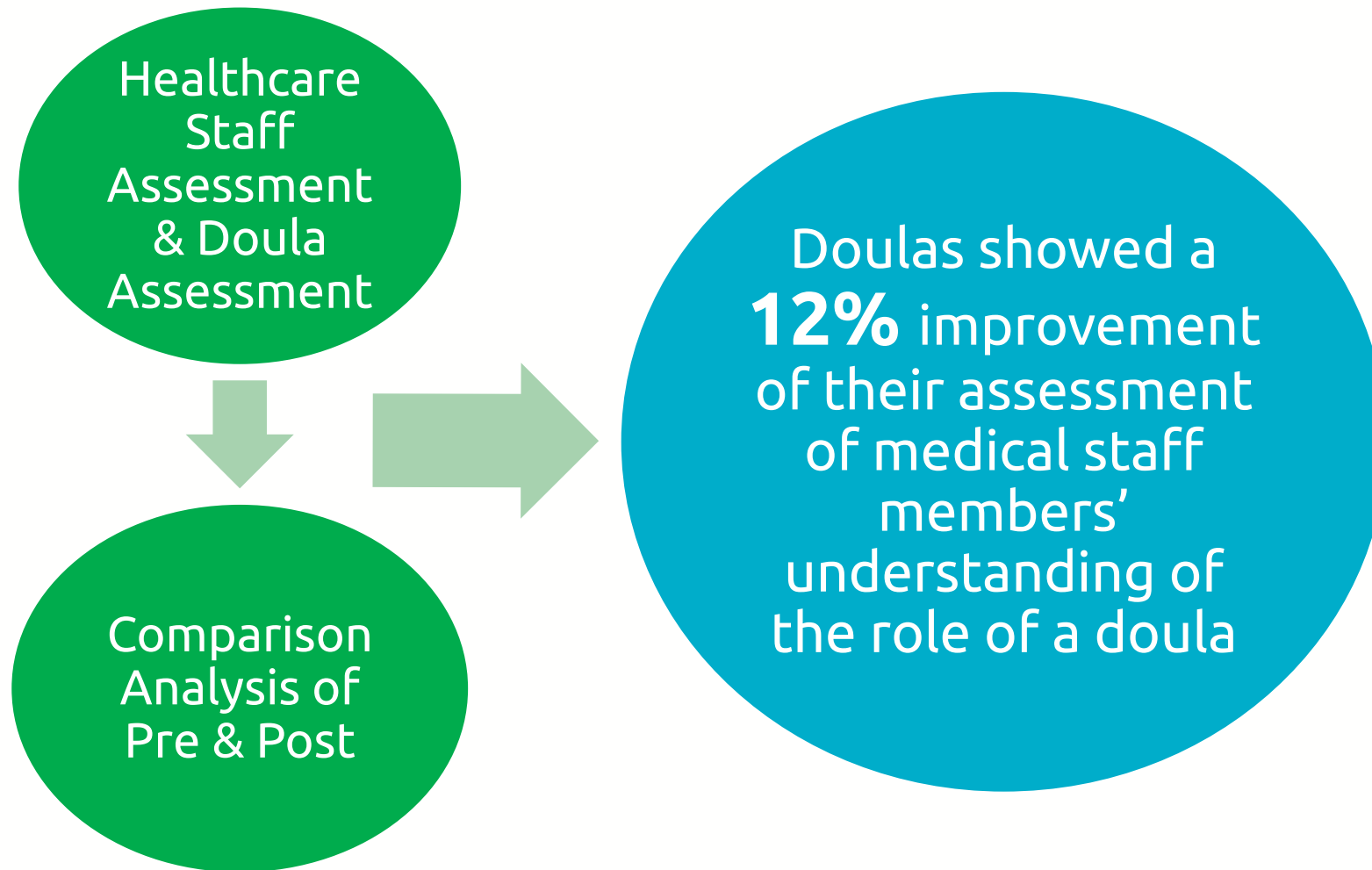
## Hospital Staff Pre & Post Assessment

- ◆ Current Understanding of a Doula's role
- ◆ Staff training on the role and the benefits of doula support
- ◆ Staff consensus
- ◆ Informing Sharing Practices
- ◆ Formal or informal referral relationships with doulas
- ◆ Doula permission to accompany client at all times during labor and delivery

## Doula Pre & Post Assessment

- ◆ Perception of medical providers' understanding of doula roles
- ◆ Medical staff familiarity with the role and benefits of doula support
- ◆ Consistent approach to collaborating with doulas
- ◆ Formal or informal referral relationships with medical providers
- ◆ Permission to accompany your clients at all times during labor and delivery, triage, Cesarean births, and/or other procedures

# Pre & Post Assessment Outcomes





# Satisfaction Survey Outcomes

- Completed after each learning and coaching session
- Feedback was overwhelmingly **positive and supportive**

**Participants  
Valued**

Hearing Various  
Perspectives  
Shared Ideas  
Open  
Communication  
Efforts to  
Implement  
Change

# Participant Experience

**“Loved hearing  
the perspective  
from the doula  
community  
first-hand”  
–Participant**

**“This has been a great  
way to work through  
barriers that each face. It  
was great to have the  
network and see faces. I  
look forward to the  
opportunity to work with  
the members of our  
group.” – Hospital Staff**

**“Thank you for  
the opportunity  
to use my voice to  
better assist my  
clients.”  
– Doula**

# Doula Collaboration Community of Practice COHORT 2

Funded by:



THE DAVID & LUCILE  
*Packard Foundation*



Louisiana  
FOUNDATION

# Doula Collaboration CoP Goals



CoP participants will be able to describe how collaboration between doulas and medical providers can improve MCH outcomes and reduce disparities



CoP participants will identify and implement strategies that can improve collaboration between doulas and medical providers.



CoP participants will pilot and optimize processes that facilitate care coordination across the continuum of maternal care

- # of formal collaboration agreements addressing doula healthcare team collaboration.
- # of information sharing agreements/policies/procedures developed
- # of bi-directional referral policies developed



# Recruitment

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Hospital & Clinic Administrators

---

Clinical Providers

---

Hospital & Clinic Support Staff

---

Doulas

---

Birth Workers

---

MCH Community Health Workers

---

Birthing People & Families

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**Geographic Focus Area:**  
Rural Communities in  
Regions 4, 5 & 6 in Louisiana



**In the chat, please answer:**

In what ways have you previously engaged those with lived experience in project planning/implementation? What strategies have made engagement successful?

# Steering Committee Engagement

## Who

- ◆ Maternal Health Partners
- ◆ Doulas, Midwives
- ◆ Clinicians
- ◆ Individuals w/ Lived Experience
- ◆ Emphasis on Geographic Focus Areas

## ◆ Goals

- ◆ Curriculum Adaptation
- ◆ Participant Recruitment
- ◆ Subject Matter Expert/Facilitator Recruitment



**Steering Committee members are compensated for the time and expertise**

# Steering Committee Feedback

## **Compensation**

Who should be compensated for participation?

## **Integration**

Is Doula integration the goal?

## **Healthcare “Professionals”**

How do we dismantle power dynamics within our project?

## **Lived Experience**

When and how are we elevating lived experience in the CoP?



# Curriculum Adaptation

COHORT 2

## Community of Practice Kickoff

Learning Session 1	Coaching Call
What is a Doula? (exercise) Shared Goals, Values, & Priorities Pre-assessment Survey Patient Experience*	Reflections Survey Results Homework: Policy Audit

## Respecting Doulas & PSE Change to Support Doula Collaboration

Learning Session 2	Coaching Call
Defining Respect – review from last year Doula and Provider Experience Policies Promote Collaboration & Respect Policy Deep Dive	Updated Definition of Respect What barriers & facilitators have you seen in creating a more respectful and welcoming environment for Doulas?

## PSE Change to Support Doula Collaboration Pt 2

Learning Session 3	Coaching Call
Re-grounding in Respect Policy Development Exercise	Re-grounding - Respect Volunteer Policy Share Out

## Collaboration & Care Coordination

Learning Session 4	Coaching Call
Collaboration in Care teams Process of developing referral relationships/MOU's/Workflow changes Presenting Doulas as Care Options (Role Play)	What opportunities have you identified for policy, data sharing, and referral relationship improvements? What's your plan moving forward to implement and sustain these changes?



**In the chat, please answer:**

What else needs to be captured in the evaluation of this project? What else would you want to know from our participants?

# Next Steps



**Identify SME's for  
Facilitation**

**Complete Strategic  
Outreach to Priority  
Audiences**

**Finalize Pre & Post  
Assessments**

**CoP Launch  
May 2025**



# Acknowledgements

## Steering Committee

**Birthmark Doulas** - Victoria Williams (Project Advisor)

**Community Birth Companion** - Divine Bailey-Nicholas

**LAMMICO** - Kenneth Brown, Medical Provider

**Full Circle Doula** - Cassandra CJ Johnson

**Sista Midwife** - Nicole Deggins

**Saul's Light** - Kimberly Novod



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*Packard Foundation*



**Louisiana**  
FOUNDATION



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**Thank you!**

**Questions?**



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**Jeannette Myrick**

Doula & Perinatal Health Researcher  
**Beth Israel Deaconess Medical Center**





# In support of doulas: a supportive birth collaborative for hospital improvement

Elysia Larson, ScD, MPH  
Jeannette Myrick, MPH

# Coming together to achieve excellence in care

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- Local context
- Doula integration for quality improvement



# MA Policy changes

Since late 2023, **ALL MassHealth members** are eligible to receive doula services as a covered benefit from pregnancy through 12 months postpartum

Doulas are considered part of the care team

# Hospitals may interact with doulas in several ways



Doula employed by the hospital



Doula organization paid by the hospital



Third party pays for doula



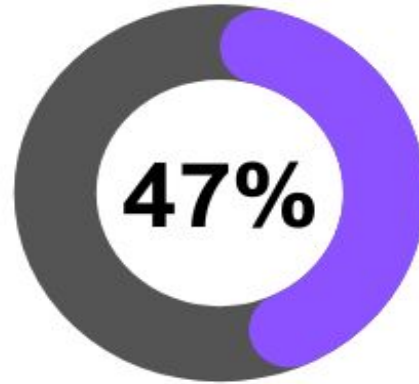
Pregnant person directly pays the doula





# Value is not consistently appreciated

n = 102



Doulas are important on maternity care teams




“Great! Someone to help support the patient in their labor”

“I hope that the doula and my approach to care are compatible”

“I often dread taking care of patients that have doulas.”

## Challenges with interacting with the health system

# Hospital-based maternity care practitioners' perceptions of doulas

Kira Neel BA<sup>1</sup>  | Roberta Goldman PhD<sup>1</sup> | Denise Marte BA<sup>1</sup> | Gisel Bello BS<sup>1</sup> |  
Melissa B. Nothnagle MD, MSc<sup>2</sup>

<sup>1</sup>Warren Alpert Medical School, Brown University, Providence, Rhode Island

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## Funding information

## Abstract

**Introduction:** A birth doula provides continuous informational, physical, and emotional support during pregnancy, labor, and immediately postpartum. Existing data on the benefits of doulas, especially for low-resource, high-need patients, do not address how and why individual practitioners decide to recommend this model of care. This project aims to describe best practices of integrating doulas into hospital-based maternity care teams to facilitate access to this evidence-based service for improving maternal health outcomes.



# A Qualitative Study of Hospitals and Payers Implementing Community Doula Support

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**Introduction:** The impact of doula care on birth outcomes is well-established; however, doula support remains underutilized. Identifying barriers and facilitators to implementation is integral as the demand for doula care increases. The primary objective of this study was to examine doula program implementation across hospitals and payers at varying stages of implementation.

**Methods:** Representatives from 4 hospitals and 2 payers participated in focus group discussions. The doula programs were categorized as anticipated, initial, and advanced implementation statuses. Coding and thematic analysis were conducted using a deductive application of the Consolidated Framework for Implementation Research.

**Results:** There were 20 participants across 5 focus group discussions. Participants were mostly female, and nearly all had worked at their organization for at least 2 years. Salient themes shared across participants included valuing internal outcome data or peer-reviewed literature to support doula care as well as anecdotal stories; the reality of the resource-intensive nature of doula care implementation that goes beyond funding for doulas; and both the need for individual champions for change, such as midwives, and a supportive organizational culture that values health equity.

**Discussion:** The findings of this study highlight 3 contextual aspects that should be considered when implementing doula programs. These recommendations include: (1) use of a combination of research evidence and anecdotes when eliciting stakeholder support; (2) consideration of resources beyond funding such as program implementation support; (3) critical evaluation of organizational culture as a primary driver in influencing the implementation of doula care. The future of the doula workforce in United States hospitals rests on the crux of intentional buy-in from hospital administration and clinical providers as well as the availability of requisite resources.

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**How can hospitals work with doulas in a way that optimizes health, improves experiences, reduces costs, and supports workforce well-being?**

# Implementation Mapping

1. **Identify** implementers and implementation needs.
2. **State** outcomes, determinants, and objectives.
3. **Choose mechanisms** of change/design implementation strategies.
4. **Produce** implementation protocols & materials.
5. **Evaluate** implementation outcomes.

# Step 1: Identify implementers & implementation needs



Supportive Birth Collaborative

Consists of 20+ relevant stakeholders:

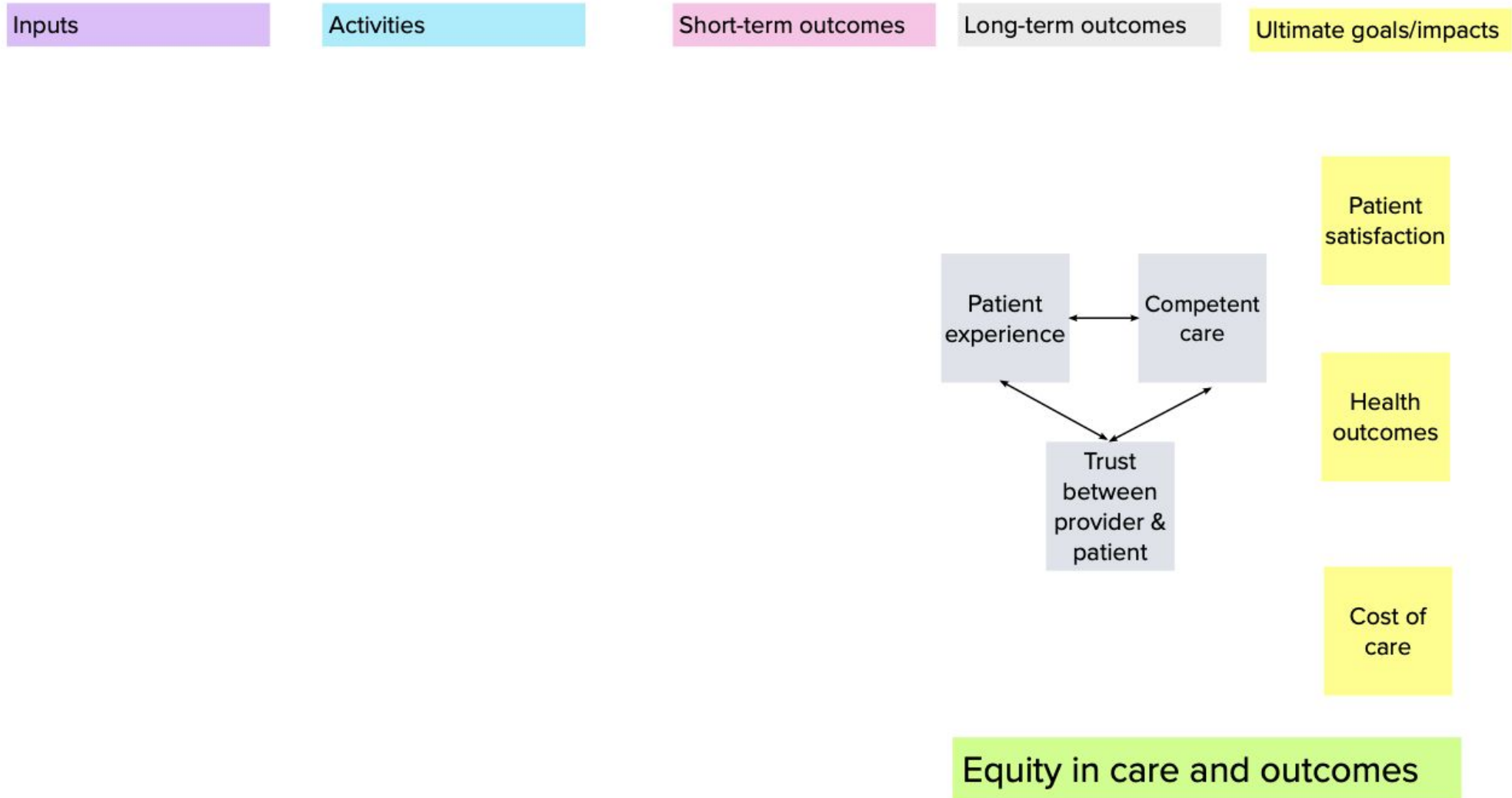
- Obstetricians, Anesthesiologists, Nurses, Doulas, Social Workers, Patients, Researchers

Overall goal is to identify, implement, and test interventions that aim to:

- Integrate doulas into labor and delivery unit
- Strengthen the relationship between clinicians and doulas
- And thus: improve patient experiences and maternal outcomes



# Step 2: State outcomes, determinants, and objectives



# Step 3: Choose mechanisms of change/design implementation strategies

Implementation Strategy
Change record systems
Mandate change
Change physical structure
Conduct educational meetings
Model or simulate change
Make training dynamic
Develop and distribute educational materials
Involve patients/consumers and family members
Audit and provide feedback

[Explore more strategies here](#)



Reference: Powell et al. “A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project” Implementation Science 2015:10:21

# Step 3: Choose mechanisms of change/design implementation strategies

Implementation Strategy	Practical application
Change record systems	1. Update EMR
Mandate change	2. Update doula policy
Change physical structure	3. Doula information on patient whiteboard 4. Doula name badges
Conduct educational meetings	5. Faculty grand rounds 6. Resident didactics 7. Nurse/doula co-education events
Model or simulate change	8. Medical student simulation with doulas
Make training dynamic	
Develop and distribute educational materials	9. Patient engagement materials
Involve patients/consumers and family members	
Audit and provide feedback	10. Collect and share doula feedback

# Step 4: Produce implementation protocols & materials

ALL doulas  
are  
welcome

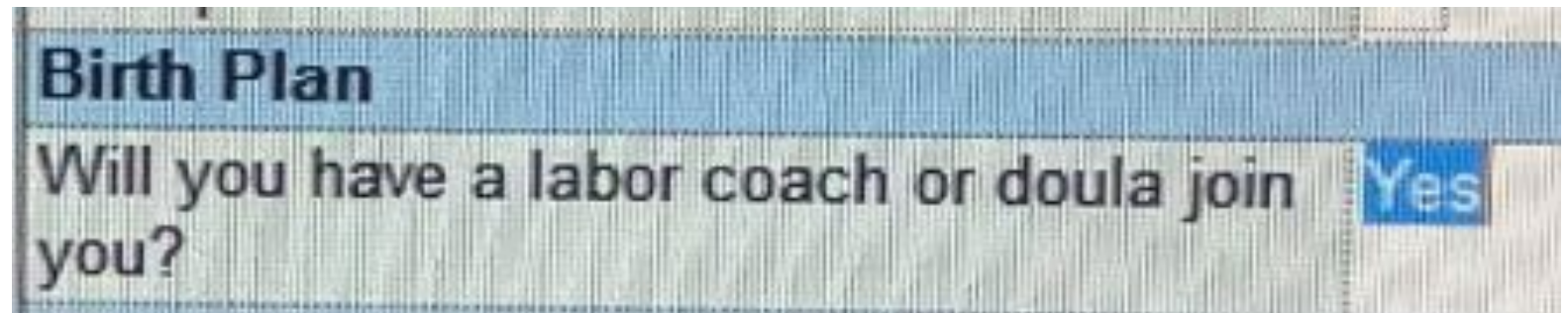
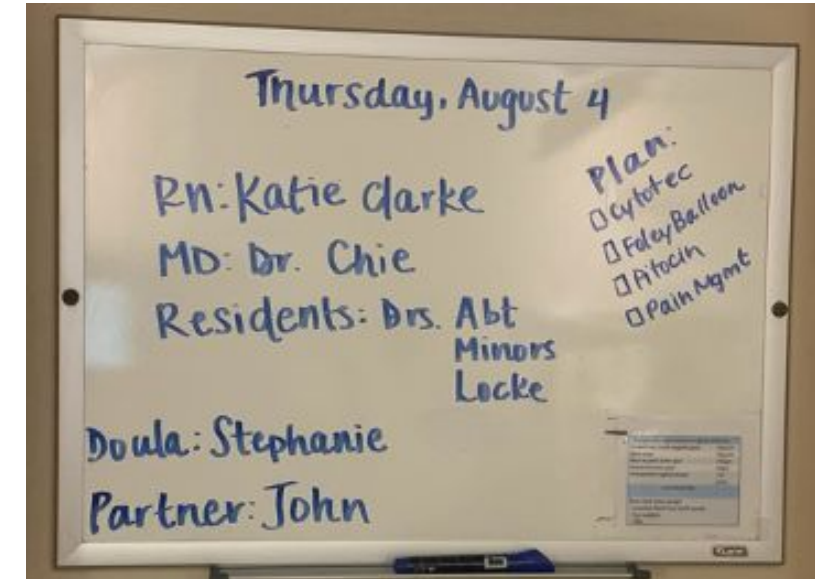
Beth Israel Lahey Health   
Beth Israel Deaconess Medical Center

## Doula – REISMAN 10

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This ID is valid only for the date listed above and allows access to REISMAN 10 only.

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# Relationship building



In-service

Trainees



# Updated Doula Policy at BIDMC

## Doulas as part of the team

### Purpose:

To provide guidelines for collaborative support of the laboring patient on Labor & Delivery by a labor coach or doula.

### General Information:

A labor coach or doula is a trained professional who is contracted directly by the patient or serves as a vendor of the hospital or payer. That person may be anyone designated to that role by the patient regardless of their relationship to the patient.

Doula care is an evidence-based practice that can enhance childbirth outcomes and is an intervention that complements today's clinical obstetric nursing care. The terms "labor coach" and "doula" will be used interchangeably within this document. AWHONN and ACOG recognize that childbirth education and doula services contribute to the birthing person's preparation for and support during childbirth and supports consideration of these services as a covered benefit in public and private health insurance plans. Doulas/labor coaches serve as co-agents of reproductive justice advancing birthing persons' health and empowerment through three means: improving health outcomes, promoting control over their health, and reducing health and racial disparities.¶

Evidence suggests that, in addition to regular nursing care, continuous one-to-one emotional support provided by support personnel, such as a doula/labor coach, is associated with improved outcomes for patients in labor. Benefits described in randomized trials include shortened labor, decreased need for analgesia, fewer operative deliveries, and fewer reports of dissatisfaction with the experience of labor.¶

The goal of the doula/labor coach is to be an advocate for the patient and to ensure that the patient feels confident in making informed decisions around their care, in their ability to navigate the birthing experience, and that their desires and preferences are heard and heeded so long as the health of the birthing individual and infant are not at risk. Knowing the connection among labor and birth experience, a patient's self-esteem and their medical outcomes, the doula/labor coaches work with health care staff to support a patient in having a safe and satisfying childbirth experience.

A doula/labor coach responds to the emotional, informational, and comfort needs of a laboring patient, and stays by their side continuously throughout labor, birth, and the immediate postpartum period.

### Labor Coach/Doula's Role:

1. Supports birthing patient and works with the healthcare team.
2. Has continuous presence and stays with one patient throughout labor, birth, and immediate postpartum periods, which may include during the placement of an epidural. May accompany the laboring patient to the OR for cesarean if at the discretion of the anesthesiologist.
3. Keeps patient informed in lay terms of the progress of labor, what is normal, and what to expect.

## Patient Support in the Operating Room

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Medical Center

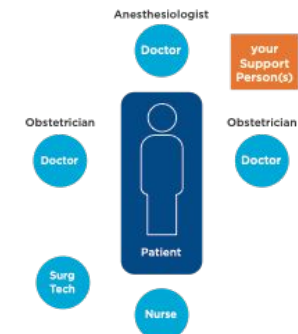
### Who is in the operating room (OR)?

Your care team consists of a multidisciplinary team of compassionate clinicians committed to your health and safety.

- **Attending Physician:** Your primary obstetrical provider
- **Resident Physician:** Obstetrical provider assisting the Attending Physician
- **Attending Anesthesiologist:** Your primary Obstetrical Anesthesiologist
- **Resident Anesthesiologist:** Anesthesia provider assisting the Attending Anesthesiologist
- **Surgical Technician:** Certified Surgical Technician that assists the surgical team
- **Circulating Nurse:** Your primary nurse caring for you and assisting the surgical team
- **Baby Nurse:** Second nurse to assist with the newborn after delivery
- **NICU Team:** Neonatal providers that support newborn, if needed

The need for addition personnel may be discussed in advance.

### Operating Room Layout



### Patient Support Responsibility

- **Be present for your partner.** Your support during this event is immeasurable.
- **Respect the sterility of the OR.** Support person/s are given an OR suit, shoe covers, and hair covers to wear prior to OR entry. Stay clear of anything blue as it is part of the sterile field.
- **For safety, remain seated during the procedure.** After delivery, a nurse will assist you in meeting your baby.
- **Take photos of your baby!** We are excited for you to witness birth. Refrain from phone and video calls and video recording in OR.

### FAQ

**When am I able to join the patient in the OR?**  
We ask that you remain in a designated waiting area until safety is confirmed before entering the OR. A clinician will escort you in as soon as possible.

**How long will a cesarean section take?**  
Every procedure varies. Expect to be in the OR for approximately 75 minutes.

**May skin-to-skin start in the operating room?**  
The care team will discuss your specific birth plan goals with you. We will do our best to meet your needs.

### Virtual Tour

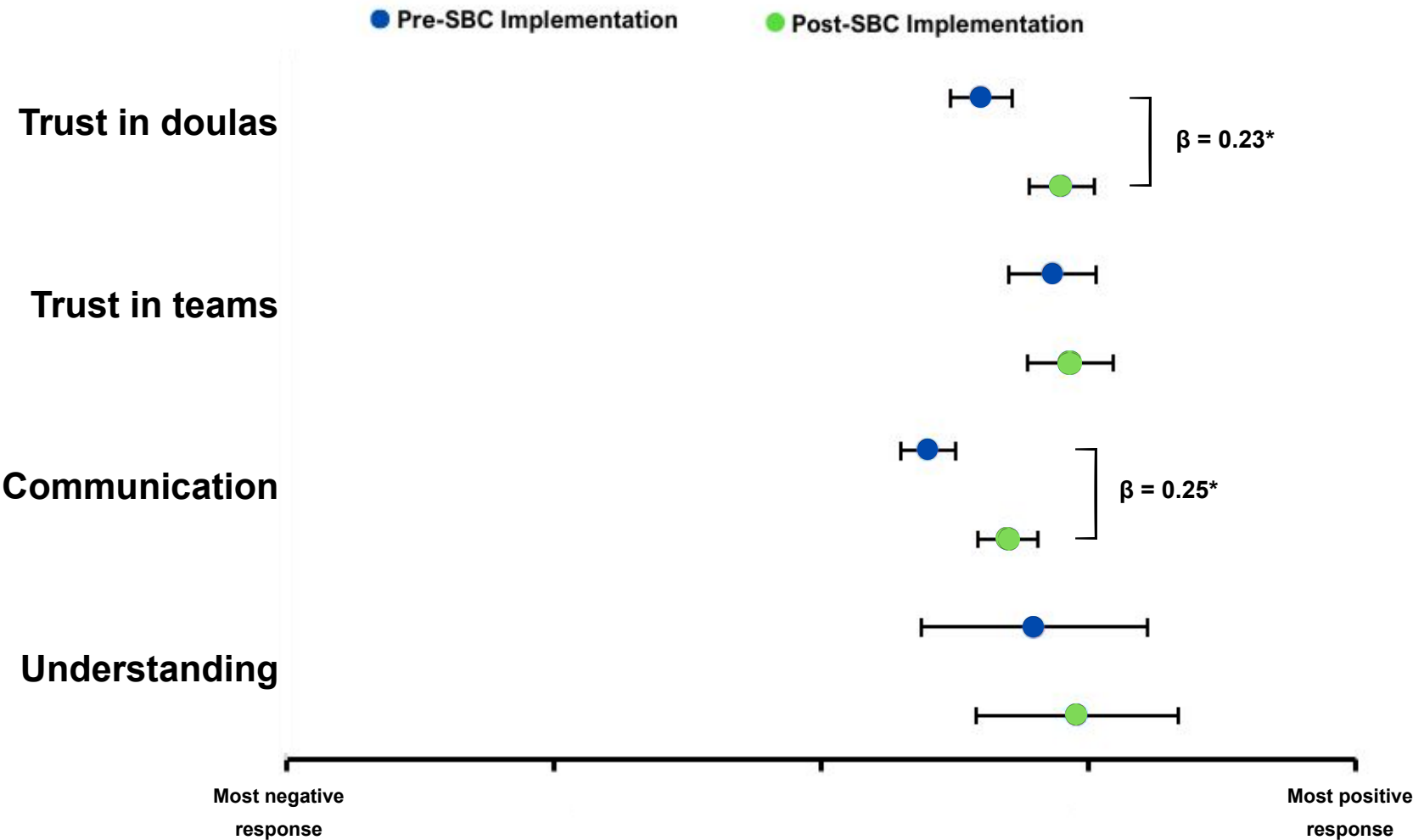
Scan the QR code to view a virtual tour of Labor & Delivery, including a look inside a BIDMC OR.



SCAN ME

Support people in the OR is subject to change at the discretion of the care team in the interest of patient safety.

# Step 5: Evaluate implementation outcomes



VARIABLES	EXPLANATION
Trust in doulas	Clinician trust in doulas
Trust in teams	Clinician trust in care teams with doulas
Communication	Perceived level of doula-clinician communication
Understanding	Clinician understanding of a doula's role

# Challenges & Next Steps

- Limited clinician understanding of the doula role
- Institutional and cultural barriers to doula integration
- Need for more interactive education strategies
- Doula and patient feedback has yet to be assessed

# An implementation science lens: four questions

## Four key questions to ask

1. **Who are the experts?** Are they able to share their knowledge and contribute to decision making?
2. **Why** is there a practice gap? What are the **facilitators/barriers** for the intervention?
3. **How** will the practice gap be overcome? What **implementation strategies** should be tested?
4. **What are the outcomes of implementation?** Are the strategies acceptable? Who does implementation reach?

### References

- Proctor E, et al. Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda. *Adm Policy Ment Health* (2011) 38:65–76.
- Michie S, et al. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science* (2011)6:42.



# Thank You!



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## Learn more about the Supportive Birth Collaborative

**Funding Acknowledgements:** Center for Community Health Education Research and Service, Inc.; Boston BRI...DGE Promising Partnerships; Members of the BIDMC Ob/Gyn Task Force and other individual donors; NIMH: 1K01MH133966

**Acknowledgements:** Our clients, patients, SBC members, and research participants; collaborators including Lily Schneider, Katie Clarke, Christina Gebel, Chloe Zera, Stephanie Crawford, Lucy Chie, and Karen Emmonds

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# Additional Resources



8th Annual Black Maternal Health Conference  
hosted by the Center for Black Maternal Health &  
Reproductive Justice at Tufts University

April 4th & 5th

Registration is open until 3pm ET on April 2nd



Increasing Doula Medicaid Reimbursement Rates Webinar

April 17, 2025 01:00 PM ET

Hosted by National Health Law Program (NHeLP)

# Thank you for joining us!

1. Please take the brief evaluation poll that will appear on your screen shortly.
2. Stay up to date on the latest Health Leads maternal health work and upcoming events via our newsletter.
3. To learn more about maternal health partnership opportunities, reach out to [Tigee Hill](#), Executive Director East

## Support this work!

Scan the QR code below to donate to Health Leads or visit <http://supportdoulaaccess.com>

