

The Community-based Doula Program Initiative –The First Project Period

MCHB / DHSPS Webcast

April 26, 2011

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The Community-Based Doula Leadership Institute

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HealthConnect One

- A leader in training and technical assistance, HC One assists organizations in developing and implementing innovative, evidence-based initiatives that directly impact health disparities, including community-based doula programs.

Since 1986, HC One has targeted racial and socioeconomic disparities in perinatal outcomes. Our nationally recognized programs have resulted in fewer complications during births, rates of c-section births, increases in breastfeeding rates, and improved infant health and decreased costs.

How did this happen?



- MCHB conceived this program to follow a doula model.
- Leadership was needed. Including: anticipatory guidance, skills, technical support, a reporting mechanism, and a network.
- Leadership to monitor the progress toward the goals of healthy first time mothers and babies in diverse rural and urban settings.

WHY?

Maternal and Child Health in the U.S.



- Low income, minority and younger women are at risk for poor health, educational and social outcomes
- Few public programs provide a continuum of care to mother and child.
- Limited access to community health workers for birth, breastfeeding and early parenting

HC One 5 Essential Components

1. Employ women who are trusted members of the target community
2. Extend and intensify the role of doula with families from early pregnancy through the first months postpartum.
3. Collaborate with community stakeholders/institutions and use a diverse team approach
4. Facilitate experiential learning using popular education techniques and the HC One training curriculum
5. Value the doulas' work with salary, supervision and support

The Leadership Institute



- Provided a program implementation plan and evaluation
- Provided technical assistance to each of the 6 sites in the cohort
- Provided templates and curriculum
- Conducted an Orientation, DONA Doula training, Training of Trainers, and other workshops
- Provided a web based data collection tool for Community-based Doula services
- Assessed/reported progress of cohort

So what's the story?



MCHB Federally Funded Sites

- Access Community Health Network, Chicago, IL
- Georgia Campaign for Adolescent Pregnancy Prevention and Families First, Inc., Atlanta, GA
- Migrant Health Promotion, Brownsville, TX
- Mille Lacs Band of Ojibwe, Onamia, MN
- Queen of Peace Center, St. Louis, MO
- Tewa Women United, Espanola, NM

We learned...



- There are unique challenges for established versus newly created programs.
- Preparation time for newly created programs should be built into the grant.

Exceeding HRSA 2008 Common Objectives



- 100% of the children in the program had a medical home
- 80% of the postpartum mothers initiated breastfeeding in the first 48 hours of birth
- Only 18% C-sections to women attended by a doula

More Success!



- National Advisory Committee
- DONA Birth Doula Course
- National Recognition and Presentations

For more information
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Migrant Health Promotion

**Amor de Madre Community Doula Rural
Program**

**Lizette Pacheco
Regional Director**



Mission

Migrant Health Promotion has worked for over 25 years to help farm workers and border communities live healthy lives. We train Promotores(as) de Salud to be leaders in their own communities. Migrant Health Promotion has 5 locations Michigan, Ohio Washington, Florida and Texas.

Using the Promotor(a) model, Migrant Health Promotion provides culturally-appropriate health education, outreach and sustainable community development to farm workers, migrant, border, and/or other underserved or isolated communities throughout the nation. Through increased knowledge and skill building, individuals and families will be empowered to live healthy lives.

Amor de Madre



Migrant Health Promotion's *Amor de Madre* Program provides Doula support services to first time pregnant women living in rural *colonias* in the Rio Grande Valley. The lower Rio Grande Valley is a four-county area that forms the southernmost tip of Texas and includes Cameron, Hidalgo, Starr, and Willacy Counties. Our target county is Cameron County .

Best Practices

- **Promotora Model**(Community Outreach Worker)
Culturally sensitive educator from local community provide health education.
- **Outreach**- Door-to door contact with residents of local *colonias*. Utilize flyers and community organizations for recruiting participants.
- **Popular Education** – March of Dimes curriculum, use of activities during sessions to increase knowledge and participation.
- **Data Collection**- Collect information from participants to analyze birth outcomes, satisfaction with program, and in order to monitor program goals.

Outreach Services



Promotora Doulas, also outreach door to door in rural *colonias*. During outreach they promote the importance of prenatal care, breastfeeding, and Doula support services.



Prenatal Classes

Prenatal classes are informal either individual or in a group and are facilitated by Doulas. The focus of the classes consist of the importance of prenatal care. Classes were developed utilizing the “Comenzando Bien” curriculum developed by March of Dimes. First time mothers and women with small children are encouraged to participate in 5 sessions and are provided with a certificate of completion.



March
of Dimes®

Luchamos por tu bebé



Prenatal Classes



Outcomes

- Participants have usually not received prenatal care. We ensure that they establish a medical home.
- All of our participants are encouraged to breast feed their infants. Because of our advocacy for breast feeding, community partners are accommodating mothers who are breast feeding.
- Vaginal Births- Doulas provide participants with techniques to cope with labor. This increases their likelihood of having a vaginal birth, as well as a memorable birth experience.
- Data Collection (Health Connect One/Leadership Institute)- Utilization of this software system has given us the ability to track our progress to ensure goal completion and helps us identify needs to better serve our rural participants.

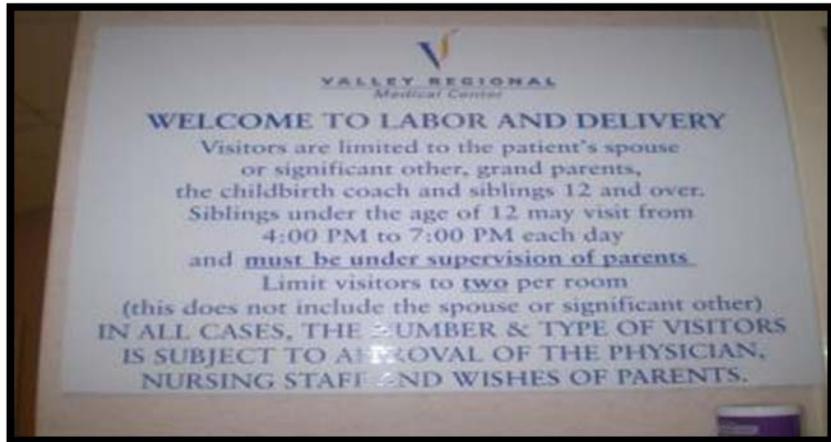
Participants Served 2009-2010

- 45 First time mothers, received Doula Support Services
- 180 Referrals were made
- 45 Established medical homes
- 43 Breastfed
- 39 Vaginal Births
- 5 Cesarean (Due to Medical Conditions) high blood pressure, gestational diabetes, and HIV
- 128 Women participated in prenatal classes
- 46 Healthy Infants were born, including one set of twins

Community Change

- Improved Relationship with Providers
 - Participants are provided prenatal care at two local physicians offices.
 - Providers support Doulas efforts in caring for future mothers.
- Hospital Support
 - Educated the staff on the importance of the Doula role during labor.
- Breastfeeding Friendly Establishments
 - Restaurants and Day Care Facilities

Accomplishments





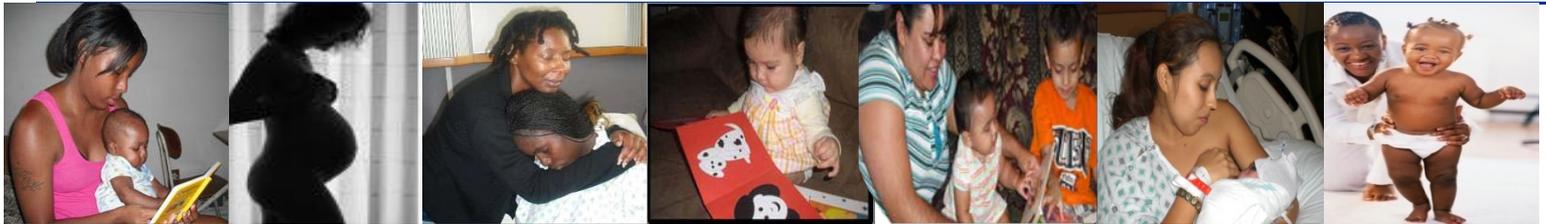
For More Information Contact

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Community-based Doulas

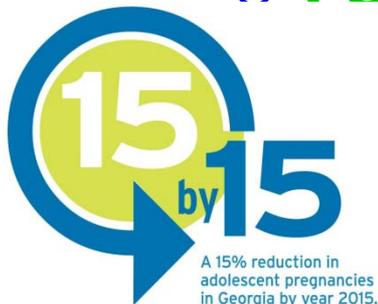


Tia Demery, MA

**Georgia Campaign for Adolescent
Pregnancy Prevention**

Who is **G-CAPP**?

- statewide **teen pregnancy prevention organization**
- mission: Eliminate teen pregnancy in Georgia
- **15 by 15**
- **replicate, educate, and advocate**



What is a **Community-based Doula**?

- a woman from the **community**
- sensitive to **cultural norms**
- provides **emotional** and **physical support**
- **linkages** to services
- labor **coaching**
- **breastfeeding** education
- **parenting** and **life skills**



Purpose

- improve **birth outcomes**
- decrease **unnecessary medical interventions**
- increase **mother-child bonding**
- increase **breastfeeding**
- enhance **post-natal health** among infants

G-CAPP's Program



- replication of HealthConnect One

- started in **2002**

- 4 **paid** fulltime doulas

- subcontract with



Who We **Serve**

- **first time** mothers
- **South Fulton County & East Atlanta Dekalb County**
- **African American & Hispanic**

HealthConnect One

- technical **assistance**
- orientation/**training**
- doula **database**
- **staff** development/conferences

Achievements/Outcomes

9/2009-8/2010 data

- **80 women** served
- **65** births
- **9% c-section**
- **69%** initiated **breastfeeding**
- **80% skin to skin**
- **3% low** birth weight
- **0% very low** birth weight

One Challenge

- o clients multiple issues not related to pregnancy & services of a “doula”
 - sexual **abuse**
 - lack of **housing**
 - **depression**
 - unhealthy **relationships**



A Best Practice

- o culturally diverse
 - **women from the community**
 - **Hispanic and African American** doulas



Community **changes** as a result of **doula**

- **repeat** pregnancy rates **delayed**
- **return to school**
- increased services to **first time** mothers



What We Learned

- **HC1** technical assistance **increase knowledge**
- **HRSA funds** provided **more** first time mothers
- going **beyond** the call of a **doula**

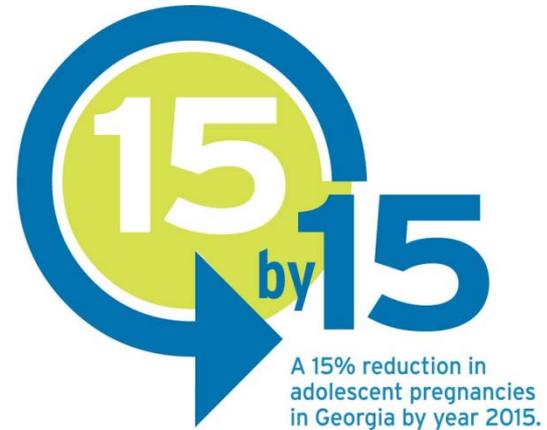
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Q & A Session

Thanks for joining us today.

Please complete the evaluation following the conclusion of this webcast.