

Community Based Doulas – Lavish to Essential Support



Cohort:
2020-2023

Team Members:

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Location:
Buncombe County, North Carolina

Focus Areas:
Maternal & Infant Health
Racial Justice
Social Determinants of Health

I. Short Project Summary

As clinical practitioners providing safety-net obstetrical and well-woman healthcare to the women of Western North Carolina, we acknowledge structural and institutional racism as the root cause for inequities in maternal and infant mortality rates. Our Wicked Problem Impact Project seeks to eliminate these infant and maternal mortality inequities in our region, across the state, and beyond by supporting Sistas Caring 4 Sistas (SC4S), an established community-based doula program. These community partners work to provide racially/ethnically/culturally concordant doula services free of charge to women of color during their prenatal, intrapartum, and postpartum periods. Literature shows that doula support are more likely to have vaginal deliveries, shorter duration of labor, and less likely to have negative birth experiences, cesarean deliveries, instrument assisted deliveries, and lower 5 minute Apgar scores. Heretofore, doula services in our area have historically followed a fee-for-service model, affordable to and utilized by mostly upper middle class White families. SC4S strives to reduce infant and maternal mortality by dedicating themselves to provision of doula support to women of color to ensure healthy, equitable birth outcomes.

II. Wicked Problem Description

High infant mortality (IM) and maternal mortality (MM) rates continue to reflect the poor health of our nation. The US ranks poorly in this statistic with higher rates than most other

industrialized nations. Over the past several years, the MMR is following the same disparaging trend. The US now claims the highest MMR in the industrialized world, with African American (AA) women having MMRs 3-4 times higher than their White peers regardless of education, income, or other socioeconomic indicators. Marked and persistent racial and ethnic disparities in IM/MM exist, disfavoring AA women and infants. In many areas of the US, IMR for AAs is twice as high as those rates for White counterparts. The 2013-2017 IMR in Buncombe Co., NC was 19.6--nearly four times the IMR of White infants.

The mechanisms that lead to racial disparities in IM and MM are complex and multifactorial, and toxic stress seems to be a key mediator. Reasons for the wide racial disparities are not fully known, but institutional racism and implicit bias of providers are key factors. We must address explicit and implicit biases and structural forms of discrimination to reduce these racial inequities. To change outcomes and close the gaps in health conditions like IM and MM, racism must be dismantled. While many organizations undertake this type of work, there have been barriers to scaling up and spreading evidence-based strategies to reduce IM/MM. Some models only address the individuals' social needs while others initiate interventions that are not informed by the women and communities experiencing the poor outcomes.

III. Strategies

SC4S was born from many months of picnic table conversations with members of our local African-American (AA) community. Our clinical and community partners met with local AA stakeholders to establish trust, foster communication regarding perceived health needs, address structural causes of inequity, and identify potential solutions for their community. These women expressed a community-driven desire for better experiences and better outcomes for their own births. These pioneering AA women drove the innovation for our intervention—SC4S.

SC4S doulas offer pregnant and postpartum women physical, emotional, and educational support (including continuous labor support), and advocate for their holistic healthcare needs. Through the prenatal period, doulas build relationships and provide evidence-based information to their clients and their communities. MAHEC and SC4S provides this free doula service to clients who meet the evidence-based criteria (AA, previous low birth weight infant/preterm birth/infant death, lives in public housing, and/or Medicaid recipient). Research demonstrates that this continuous labor support decreases the risk of c-section by 39%, lowers infant risk of low 5-minute Apgar score by 38%, and is supported by the American College of Obstetricians & Gynecologists. Thirty four percent of doula clients report fewer negative birth experiences, and increased breastfeeding rates are observed in women utilizing doula services—beneficial, protective outcomes for a population experiencing inequitable outcomes.

In WNC, doulas have typically been White women employed by White clients from middle income families. Doula fees typically range from \$500-\$1200—a cost-prohibitive expense for many AA women in our region. By recruiting, training, and employing AA women from their own communities, these community based doulas possess social capital, garnering fondness and the respect of the women and communities they so diligently serve. Doula participation in this proposed program is integral as their involvement enhances trust, communication, and participant compliance throughout the course of the intervention. These SC4S doulas may be

better accepted by AA mothers because they share similar backgrounds, life experiences, and neighborhood social networks.

Our goal is to eliminate the infant and maternal mortality inequity in our county and our state by strengthening the established SC4S doula program. The goal of this project is to continue to support SC4S by assisting with their efforts for capacity building and sustainability.

Future Actions

- Updating project budget so that expenditures more fully support SC4S programmatic expenses and better align with project goals
- Increase social motivation for and patient awareness of availability of doula services (e.g., increased publicity/marketing, providing clients with gift with doula logo to promote visibility in community)
- Report quantitative data collected and create infographics for SC4S to create and disseminate an Annual Report for their key stakeholders and funders.
- Fund doula subsidies to supplement current reimbursement structure to ensure equity and fair-market value for service provision.
- Contract with Medicaid PHPs for doula reimbursement.

IV. Outcomes

Completed Outcomes

- Participated in MAHEC African American Health Symposium (Amanda Murphy introduced SCS4 Doula team/presenters and Crystal Cene gave separate presentation entitled “Advancing Equity & Dismantling Structural Racism: The Courage to Lead”
- UNC partners received \$10 million PCORI award for a project entitled “Accountability for Care Through Undoing Racism and Equity for Moms (ACURE4Moms). Amanda Murphy, Dolly Pressley Byrd, and SC4S doula Cindy McMillan named co-investigators for subaward. This award will fund interventions to evaluate improvement in health outcomes for infants of color in NC and will pair racially/ethnically/culturally concordant community based doulas with 20 practice site partners across the state.
- Improved/refined referral processes for providers and staff to use to request doula services for patients meeting criteria. Also implemented processes where patients can self-refer. Interdisciplinary team members (e.g., Pregnancy Care Managers) may also place referrals.
- Trained recently/newly hired Program Manager to support work of SC4S doulas.

Anticipated Future Outcomes

- Increase number of deliveries with doulas present
- Hospital healthcare team incorporates doulas into deliveries as valued members of healthcare team
- Provide information/data for future funders and grant submissions.
- Create Annual Report for community partners and stakeholders.
- Doulas receive direct payment/insurance reimbursement for services provided.
- Disseminate information/spread education related to racial health equity and fostering key stakeholder/community engagement

- Advocate policy change for doula reimbursement through medical insurance
- Use data to inform policy change at the state level
- Impact long term change in the healthcare system

V. Timeline

Year Three

- Conduct educational training sessions on health inequities and structural racism through partnership with UNC partners through PCORI award
- Disseminate information/spread education related to racial health equity and fostering key stakeholder/community engagement
- Advocate policy change for doula reimbursement through medical insurance
- Use data to inform policy change at the state level

VI. Partnerships

Team Member	Agency	Role
Cindy McMillan	SC4S	Dir of Education & Marketing, certified doula, will travel as “expert” for replication
Nikita Smart	SC4S	Dir of Operations, certified doula, peer breastfeeding support specialist
Wakina Norris	SC4S	Dir of Mentoring, certified doula, peer breastfeeding support specialist
Chama Woydak	MAHEC	Program Manager
Mothering Asheville steering committee	Individuals & community organizations	Align work to eliminate inequities in infant/maternal mortality

VII. Evaluation

The proposed intervention strives to demonstrate marked improvement in IMR/MMR over time, diminishing disparities in IMR/MMR between AA program participants and their White counterparts. Currently, MAHEC incorporates several validated health assessments and measurement tools for extensive data tracking on maternal, infant, and birth outcomes including preterm deliveries, birth weights, neonatal intensive care unit (NICU) admissions, breastfeeding and cesarean section rates, as well as contraceptive methods to ensure optimal pregnancy spacing. Similarly, doulas document number and types of interventions employed while patients labor as well as cesarean section rates and NICU admissions.

In addition to collecting maternal and infant outcome data, we will track data related to health equity and implicit bias trainings. For example, we plan to record the number of meetings held and attendees present as well as types of racial equity trainings conducted; document total number of advocacy efforts/events (letters written, forums held, phone calls made); and monitor specific policy change resulting from this work.

VIII. Contact Person Information:

Name: Amanda Brickhouse Murphy, CNM

Title: Certified Nurse-Midwife, Medical Director of Mothering Asheville

Dept/Unit/Office: OB/GYN Division

Organization: Mountain Area Health and Education Center (MAHEC)