UC San Diego Medical Center’s Volunteer Doula Program:

The Role of Hospital-based Doulas in Improving Maternal and Neonatal Health Outcomes

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Did Meghan Markle use a doula?!?!

Amy Schumer used a doula!!!
Objectives

• Define *Labor Support* and the role of doulas
• Identify the impact of doulas and non-medical labor support on clinical outcomes
• Describe a variety of models of doula care in the US
• Review the experiences of UCSD’s volunteer doula program working with a diverse patient population
In a nutshell

• Interest in doula care and labor support is growing in healthcare systems where lowering cesarean rates and increasing patient satisfaction are emerging as priorities

• Families’ utilization of doula care varies widely

• Healthcare professionals’ opinion of doulas varies widely

• Our program is one model that provides awareness and access, and emphasizes collaboration with the healthcare team
  • Growing and thriving since 2000
  • Great statistics/outcomes on >5,600 doula-attended births to date
  • No downsides, concerns or adverse outcomes; high patient and staff satisfaction
Birth (and Postpartum) Doulas

Defining the Roles
Birth (and Postpartum) Doulas

Defining the Roles

There is a great need for an increase in culturally-appropriate doula care.
What is a Postpartum Doula?

Postpartum doulas mostly assist new parents and their newborns at home.

- Emotional and physical recovery from childbirth
- Education on newborn care and coping skills for new parents
- Information and support on lactation and breastfeeding
What is a Birth Doula?

A supportive companion (other than a friend or loved one) who is professionally trained to provide non-medical physical and emotional care to the birthing mother.

Continuous, one-to-one support regardless of how long labor takes and regardless of what pain medications are used, the type of delivery, or whether or not complications develop

- *reduces fear and anxiety*

Expertise in comfort measures such as relaxation, breathing, massage, and maternal positioning

- *aids in descent & rotation of baby, in addition to easing pain*

Liaison between the mother, family, and healthcare staff

- *assists with communication in ALL directions; doulas can help explain things in words the mother/family can more easily understand, repeat important information, and clarify or encourage questions*
Benefits of Doula Care

And non-medical labor support
Why Use Doulas?

• *Obstetric Care Consensus on Safe Prevention of the Primary Cesarean Delivery*, (2014) published by ACOG and the Society for Maternal Fetal Medicine
  ➢ Recommendations include: **Incorporate Labor Support**
    ("Continuous Labor and Delivery Support. Published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula")

• *Collaborative to Support Vaginal Birth and Reduce Primary Cesareans*, (2016) part of the California Maternal Quality Care Collaborative
  ➢ Recommendations include: **Incorporate Labor Support**
    ("Encourage use of doulas and work collaboratively to provide labor support")
Benefits of Doula Care

Research (a dozen+ RCTs) shows…

- length of labor
- Use of intrapartum interventions
- Use of epidurals and other pain medication
- C/S rate lowered by as much as **28% or more**
- NICU admissions

- maternal (and paternal) satisfaction with the birth experience
- parenting and breastfeeding
- patient, staff satisfaction
What is Professional Labor Support?

- **Individualized** care for a laboring person, using:
  
  - Understanding of the components of labor
  - Knowledge of techniques that help labor progress
  - Expertise in offering care and comfort that helps the mother feel safe and confident
What is Labor Support?

Hours of this....
What is Labor Support?

Or this….
• Supports (does not replace) partner/family
• Helpful during labor with epidurals
• Comforting emotional support in the OR
• Can assist with breastfeeding in the immediate postpartum period

Doula care is appropriate for all types of deliveries.
Basic Premise

The state of the psyche influences physical function and healing.
Fear is worse than Pain

Women who fear birth have longer labors and a greater risk of postpartum depression.
The Value of Emotional Support

Women may feel:

- Lack of control
  (to make decisions, etc.)
- Lack of trust
  (in their bodies, family, healthcare system)
- Not heard/listened to
- Loss of dignity
- Alone
  (going through this by herself even with other people nearby)
- Fearful about many, many things
The Value of Physical Support

- To help her remain comfortable, able to cope (relax her body, especially muscles)
- To sustain her energy (or to help her focus it)
- To help labor progress (help her change positions to aid in the descent and rotation of the fetus)
The Value of Physical Support

Clinicians don’t notice the rest of the scene when there’s a head coming out of a vagina.
Misconceptions About Doula Care
Misconceptions About Doula Care

Nurses already give labor support to birthing women
Misconceptions About Doula Care

Women laboring with an epidural do not need a doula
Misconceptions About Doula Care

Women who have supportive partners do not need a doula
Misconceptions About Doula Care

Women delivering in the OR do not need a doula

Clinicians don't notice the rest of the scene when there's a baby coming out of a surgical incision
Models of Birth Doula Care

From an unknown term to commonplace word in one generation
Where Birth Doulas Work

Independent Doulas:

• Hired privately by families; mostly at a flat rate

• May be affiliated with local doula associations/businesses

• Often certified (not required); wide variation in training

• Wide variation in fees and services

• Many birth doulas are considering related fields (nursing, midwifery, medicine)
Where Birth Doulas Work

Doula Programs

- Community-based programs:
  - generally grant-funded, target low-income/immigrant/minority-specific populations, use “peer” models

- Hospital-based doulas:
  - may be working as volunteers, or are compensated through grants, hospital budgets, or user fees

Services may be free or discounted to families
UCSD’s Doula Program
CMQCC Webinar - August, 2017

https://stanfordmedicine.app.box.com/s/2skc5mtz2ug13axoemu17lzmxd2t51n
Snapshot of UCSD’s Doula Program

- Established by the hospital’s Midwifery Service and Volunteer Services Department as a grass-roots effort
- Funded by two grants after the first two years; now self-sustaining
- Offers free service to all families in two hospitals (Birth Center and the L&D Units) >3,200 deliveries annually, including: low- to high-risk; low-income; minority; targeting special populations – e.g. teens, incarcerated, HIV+, demises etc
- Provides hands-on experiences to nursing, midwifery and pre-medical students as well as private doulas who volunteer. Some volunteers stay with H&H for many years
- Consistently gets “rave reviews” from patient families, staff, and doulas themselves
The UCSD Hearts & Hands Volunteer Doula Program

• Established in late 1999; a mostly on-call service, free to any family
• >5,700 doula-attended births to date (>100,000 volunteer hours)
• ~600 potential doulas trained
• Volunteers have gone on to private doula work, and careers in nursing, midwifery and medicine
• The doula program is financially self-sustaining, except for 1.5 FTE salary – $ comes from:
  ➢ training fees
  ➢ annual fundraiser
  ➢ donations from happy patient families, happy volunteers, and happy staff
Where Our Doulas Work

- UCSD is an academic medical center: education, research, tertiary care - a “teaching hospital”

- Within the same walls is also a true in-hospital Birth Center: the Nurse-Midwifery Service is responsible 1/3 of all the vaginal deliveries

- Doulas attend the gamut of L&D situations: Including cesarean births, demises…especially appreciated for medically complicated situations where staff need to be clinically focused, or for women without good social support
Use of Volunteer Doulas at UCSD:

• Birth has its own common language – our doulas are seen as a bridge
• Free, available to ANY family
• Serve special-needs mothers:
  • Language, culture and social barriers
    • Immigrants
    • LGBTQ families
  • Teens
  • Mental health challenges
  • Incarcerated
• Low-high medical risks (maternal and/or fetal complications)
  • Planned cesarean births
  • Multiples
  • Substance abuse
  • Infectious disease (e.g. HIV+)
  • Fetal anomalies/demise
76% with CNM pts / 24% with low- to high-risk MD pts
40% Multips / 60% Primips

- 15.4% Cesarean Delivery rate (including planned high-risk deliveries)
In the same population:

- No pharmacological pain methods used - 38%
- IV narcotics and/or nitrous oxide only - 17%
- Epidural only - 23%
- Narcotics/nitrous, then epidural - 22%
How Our Doulas Work

• **Volunteers are vetted**, trained and work with mentors until they are ready to solo.

• **Doulas are on call day and night**, and can be called in for an admitted patient at any point in their labor, or even for a planned cesarean birth.

• **Group text paging** is used when no doula is scheduled, or the on-call doula is already in use.

• **Client Referral Doulas** who will meet the patient prenatally, are sometimes requested by social work or providers where there are special circumstances
SKILLS NEEDED BY A DOULA

Flexibility in the face of different
- Polices/practices/preferences
- Personalities of care providers, nurses, clients (patients) and their families
What else can we do?

- **Access to care**
  - Create/support more in-hospital and community-based doula programs
  - Continue to lobby for insurance coverage for doula care – private and Medicaid
  - Increase awareness regarding private doulas

- **Teambuilding between healthcare professional and lay birth supporters**
  - Increase awareness and labor support training for nurses and other care providers
  - Increase communication between medical care providers and lay support (childbirth educators, birth doulas, postpartum doulas, lactation educators, etc)
Our findings provide current evidence of a nearly threefold variation in the NTSV cesarean birth rates across labor and delivery nurses at the same institution. These findings highlight the potential influence of the individual nurse practice on mode of birth outcomes.
Goals of UCSD’s Doula Program

• Increase number of doula-attended births
• Recruit a more diverse team of doulas
• Help other hospitals develop programs
• Build on the “nurse + doula = magic” concept
Labor Support begins during Prenatal Care

And continues until mother and baby are content together
Selected References:


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