

Healthy Start FAQ: Using Doulas as a Resource for Case Management



On April 21, 2015, Jeretha McKinley and Rachel Abramson, the National Program Director and the Executive Director of HealthConnect One, facilitated a webinar focused on the role of case management in a community-based doula program. Through their presentation, Jeretha and Rachel discussed the benefits of implementing a community-doula based program and how the instillation of this type of case-management structure can enhance Healthy Start programs.

In case you or a colleague missed the presentation, a recording can be found [here](#).

During the webinar, attendees asked several great questions, all of which have been answered below.

Community-Based Doula Program Specifics

What does the community-based doula training program look like and what are the caseload expectations? How long is the program and how much does it cost?

The training promotes experiential learning and respects the information that the learners inherently bring with them into the program. Parts of the training include a chance for participants to share what they've learned in their community, how the information from text books compare to clinical experience, and what parenting looks like in their community vs. how parenting looks in a book. As attendees move through the 20 sessions and 10 weeks of course work, they have the chance to go into the community and see how certain mothering-education courses look. These opportunities for on-the-ground experiences offer a more realistic sense of what's taking place in the "real world." Additionally, participants get to observe home visits and births.

Progress through the course is assessed by a set of competencies that participants must achieve before course closure. The curriculum is DONA approved, but it must be used by a DONA-approved trainer in order to be accepted for DONA certification.

Due to the number of visits taking place over an extended period of time in addition to lengthy and intensive visits, the caseloads tend to be small, although final caseload amount will ultimately depend on the needs of the community and on how long families are on the caseload. Typically, caseloads are capped at 17 or 18 per doula.

Jeretha and Rachel suggest that program pricing should be defined by community need and resource access.

Has the community-based doulas program led to any sustainable funding?

When community-based doulas programs are embedded in a program with sustainable funding already established the doula program then becomes sustainable. Some programs are eligible to receive insurance reimbursement, which can also contribute to overall program sustainability. Unfortunately, issues can arise when the insurance company decides to change the conversion rates for reimbursement, regardless of the doula program's success, costing the doula program unexpected increases in spending. The central focus of funding should be on building external support of people who value the both work and the outcomes in a financially viable way.



Would it be possible to build a program of Community Health Workers who are also doulas by adding a doula training component to an existing CHW training program?

Yes! Additional information about this question is available on the [HealthConnect One website here](#). Also feel free to reach out to Jeretha McKinley with any direct questions.

What techniques have been found to retain families in the program?

Rather than focusing on information collection, the relationship begins instead with the development of trust. Building and solidifying a sense of trust ensures that participating moms are much more open to sharing important contact information and become more willing to actively participate in the scheduling process. The high level of collaboration that takes place between the family and the home visitor strengthens participant retention. Through this trusting relationship and full-family involvement, often times the fathers will voluntarily reach out to the doula for assistance and support.

Can we get contact information for accessing a Doula Program trainer?

Please feel free to reach out to Rachel Abramson at rabramson@healthconnectone.org or Jeretha McKinley at jmckinley@healthconnectone.org. Assistance can also be accessed through the [HealthConnect One website](#).

The Doula's Role

Why are doulas so effective at improving delivery outcomes?

There are physiological, psychological, and evolutionary reasons for the impressive delivery outcomes from doula support. The presence and support of another woman during labor has incredibly powerful effect on women in birth. In cultures where an experienced woman is present during birth and breast feeding, new mothers tend fare better than women in cultures when such women aren't present. Doulas' skills in natural birthing techniques have been proven effective in shortening labor and avoiding medical intervention. The skill of the doula, the relationship she's developed with the mother, and the simple presence of a supportive woman at birth, during delivery, and following delivery are all incredibly powerful in promoting healthy delivery outcomes. This mother-doula relationship has been building for months preceding the birth and ensures that the mother has somebody present who's been with them for months. Knowing that the doula will be present for the entirety of the labor can offer incredible relief to the mother.

Are supervisors "on call" for the duration of the long labor or for labor starting at night or on weekends?

Supervisors are on call both as backup and as resources for answers. Home visiting doulas are only assigned two births per month, minimizing opportunities for these doulas to constantly attend to births.

Is there any data on pregnancy spacing with this model?

During the pilot project which focused on pregnant and parenting teens, significant lengthening in the space between pregnancies did occur, particularly for the young teens.

What roles have doulas played in helping moms attend post-partum health visits?

This particular case management model promotes routine contact between the family and the doula. While in other programs a mother typically loses touch with her doula 6-7 weeks following her hospital departure, the intensive involvement of the community-based doula with the mother, particularly around

the birth period, ensures that the doula won't lose touch with the mother. Community-based doulas also provide constant support and check-ins throughout the entire pregnancy and delivery process. This program reports an over 90% compliance rate for post-partum visits for both moms and babies, highlighting the benefits of such reliable follow up and contact between mother and doula.



Has there been any push back from OB providers in regards to the Community Based Doulas program?

A major component of the training is to encourage the community-based doulas to understand both their roles and their limitations. Given the program's emphasis on cultivating self-awareness, especially within the local context, there has yet to be a backlash from OBs or other physicians. Part of the program development is to engage stakeholders in conversations about existing services, what challenges birthing families face, and what the priority issues (medical and otherwise) are. Stakeholder roles also include local providers such as physicians, nurses, etc. The participants also learn about the purpose of the program, what boundaries exist as a doula, and the incredible value of working together to achieve optimal success. Although this process requires time investment, it ensures smooth and reliable collaboration and support across the mother's provider network.