Community-Based Doula Replication

Fall 2013

Why Community-Based Doulas?

HealthConnect One’s community-based doula model is an evidence-based approach to supporting new families, particularly in underserved communities. The time immediately surrounding labor and delivery is a critical period in the development of a young family. Women in difficult circumstances – adolescents, women with language barriers, women in low-income communities, for example – are particularly vulnerable during this period, but may also be open during this time to interventions which support their new roles and competencies. Community-based doula programs demonstrate fewer labor and delivery complications, fewer medical interventions, and increased well-being for both mothers and babies. Mothers who receive emotional and educational support during pregnancy, labor, delivery and the early postpartum period are more knowledgeable and confident, and are better able to bond with and care for their children.

The Program

HC One replication programs follow Five Essential Components:

1. Employ trusted members of the community
2. Extend support from early pregnancy through the first months postpartum
3. Collaborate with community stakeholders and use a diverse team approach
4. Facilitate experiential learning through popular education,
5. Value the CHW’s/community-based doula’s work with salary, supervision and support.

History of Replication

1996: HC One conducts a four-year community-based doula pilot in Chicago for a cohort of low-income teen mothers with RWJ-LFP funding.

1996-2006: HC One develops 22 community-based doula replication sites across the state of Illinois, and in 14 other states.

2004: HC One develops and mobilizes the Community-Based Doula Advocacy Network, a vibrant Network currently over 400 members strong.

2006: HC One begins development of Doula Data – a web-based data collection tool for HC One replication sites.

2008: HC One is funded as the Community-Based Doula Leadership Institute by HRSA.

2008: HC One forms the Community-Based Doula Leadership Institute Advisory Board.

2010-2013: HC One is renewed as HRSA’s Community-Based Leadership Institute.

2012: The W.K.Kellogg Foundation supports the integration of community-based doula and breastfeeding peer counselor programs at three (later six) sites in Michigan and New Mexico.

2013: Due to federal budget cuts as part of the recession, HRSA funding for this program is cut before the end of the 3-year cycle.

2012: HC One pilots the Community-Based Doula Accreditation Program in Seattle, where Open Arms Perinatal Services becomes the first fully accredited community-based doula site in the nation.

2013: HC One mentors 50 doula sites in 18 states, with more than 44 community sites in various stages of preparation for replication.
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Community-Based Doula programs lead to Cost Savings:

- $1,200 per Epidural averted
  Lower epidural rates: 11.4% (compared to a conservative estimate of 50% nationwide)*

- $11,000 - $17,000 per C-section averted
  Lower C-section rates: 8% for single births (compared to 14.5% for US teens and 12.8% for Chicago teens)*

- $1,000 per infant exclusively breastfed
  Higher Breastfeeding Rates: 80% (compared to 47.3% for US teens, and 42% for all Illinois women)*

* 2010 aggregate data; *2001 Pilot Data

Program Funding

As a result of intense advocacy by HC One’s Community-Based Doula Network and other maternal and child health stakeholders around the country, the first federal funding stream dedicated to community-based doula programs was developed in 2008, through Special Projects of Regional and National Significance (SPRANS). Funds were distributed by the Healthy Start and Perinatal Services Division in the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health & Human Services. Grants were awarded to six rural and urban community-based doula programs, and through a competitive grant process, HRSA named HealthConnect One the Community-Based Doula Leadership Institute – to provide training, technical assistance, and cross-site evaluation to each site.

Due to federal budget cuts as part of the recession, HRSA funding for this program was cut in 2012 before the end of the second 3-year cycle – but not before a commitment was secured from the W.K.Kellogg Foundation to expand community-based doula replication in their regions.

Replication Today

As of September 2013, HealthConnect One mentors 50 community-based doula replication sites in 18 states, and an additional 44 sites are in various stages of development or preparation. With the exception of sites supported by the W.K.Kellogg Foundation cohort, all have secured funding separately from HC One, through a mixture of public and private sources.