

THE PERINATAL REVOLUTION

New research supports the critical role Community-Based Doula Programs can play in improving maternal and child health in underserved birthing populations.

Photo by Flint Chaney

The Community-Based Doula Program is a unique, innovative program model that provides extended, intensive support to families throughout pregnancy, during labor and birth, and in the early months of parenting in communities that face high risks of negative birth and developmental outcomes. The community-based doulas are of and from the communities being served. This program model combines culturally appropriate peer-to-peer support with a life course approach that focuses on the perinatal

year and the early months of parenting, a sensitive period in which families have a unique openness to change, learning and growth. It represents a new approach to perinatal support: one that makes use of the power of relationships and the power of birth.

The presence and involvement of the community-based doula at birth distinguishes this program from all other home visiting models.

WHY DOES THE COMMUNITY-BASED DOULA PROGRAM WORK?



IT BUILDS HEROES



IT CONNECTS FAMILIES WITH HEALTH CARE RESOURCES IN THEIR OWN NEIGHBORHOODS



IT FOCUSES TIGHTLY ON A CRITICAL TIME IN A NEW FAMILY'S LIFE



IT SUPPORTS THE CAPACITY OF MOTHERS TO PROTECT THEIR CHILDREN

HealthConnect One has published a white paper which shares recommendations regarding the Community-Based Doula Program model as carried out by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB). The white paper is a result of an inter-agency collaboration initiated by the Centers for Disease Control and Prevention (CDC) and HRSA.

Overcoming Tremendous Challenges

A high percentage of Community-Based Doula Program participants (42.38%) experienced substantial socio-economic challenges and health conditions associated with adverse pregnancy and birth outcomes, including overweight/obesity, diabetes, depression, high blood pressure, heart disease, respiratory illness or asthma and sexually transmitted diseases. Given these challenges, the strong outcomes of the program are remarkable.

Strong Outcomes

The breastfeeding rates of mothers served by a Community-Based Doula Program, across 8 sites, are impressive.

AT 6 WEEKS:

- **87% of community-based doula participants were breastfeeding at 6 weeks, as compared to 61% of a similar sample.***

AT 3 MONTHS:

- **72% of community-based doula participants were still breastfeeding, as compared to 48% of the broader sample.***

LOWER C-SECTION RATES:

- **24% of community-based doula participants experienced c-sections, while c-sections were performed on 30% of the broader sample.***

*Using 2008-2010 data from the Pregnancy Risk Assessment Monitoring System (PRAMS) as a benchmark, and focusing on Black, Hispanic, and American Indian, WIC-eligible women in states where the 8 community-based doula sites were located.



Photo by Flint Chaney

It has been said that the newest idea is 5,000 years old.

The Perinatal Revolution—promote and expand the Community-Based Doula Program with federal funding. Why? Due to...

- the uniqueness of the model
- the significant and important outcomes demonstrated in this analysis
- and the substantial community impact of the program

RECOMMENDATIONS:

- HRSA should continue to promote and expand the Community-Based Doula Program with federal funding, based on the uniqueness of the model, the workforce development implications, and the data analysis which identifies significant and important program outcomes;
- High quality implementation of the model is critical to achieve strong positive outcomes; replication sites should seek community-based doula program accreditation to ensure quality programs;
- Sustainability of this model requires integration of the program into a variety of systems and venues.

THE COST OF WAITING:

- Poor birth outcomes cost \$26.2 billion annually or \$51,000 for every preterm infant.
- Each avoided C-section provides \$4,459 in medical care savings.
- More than 2 of every 5 births in the U.S. are to women on Medicaid. These costs are significant for state and federal governments.
- The cost of suboptimal breastfeeding is estimated to be \$13 billion per year for pediatric costs and an additional \$18.3 billion per year in maternal health costs.

For a copy of the full white paper, please visit www.healthconnectone.org or call 312.243.4772.