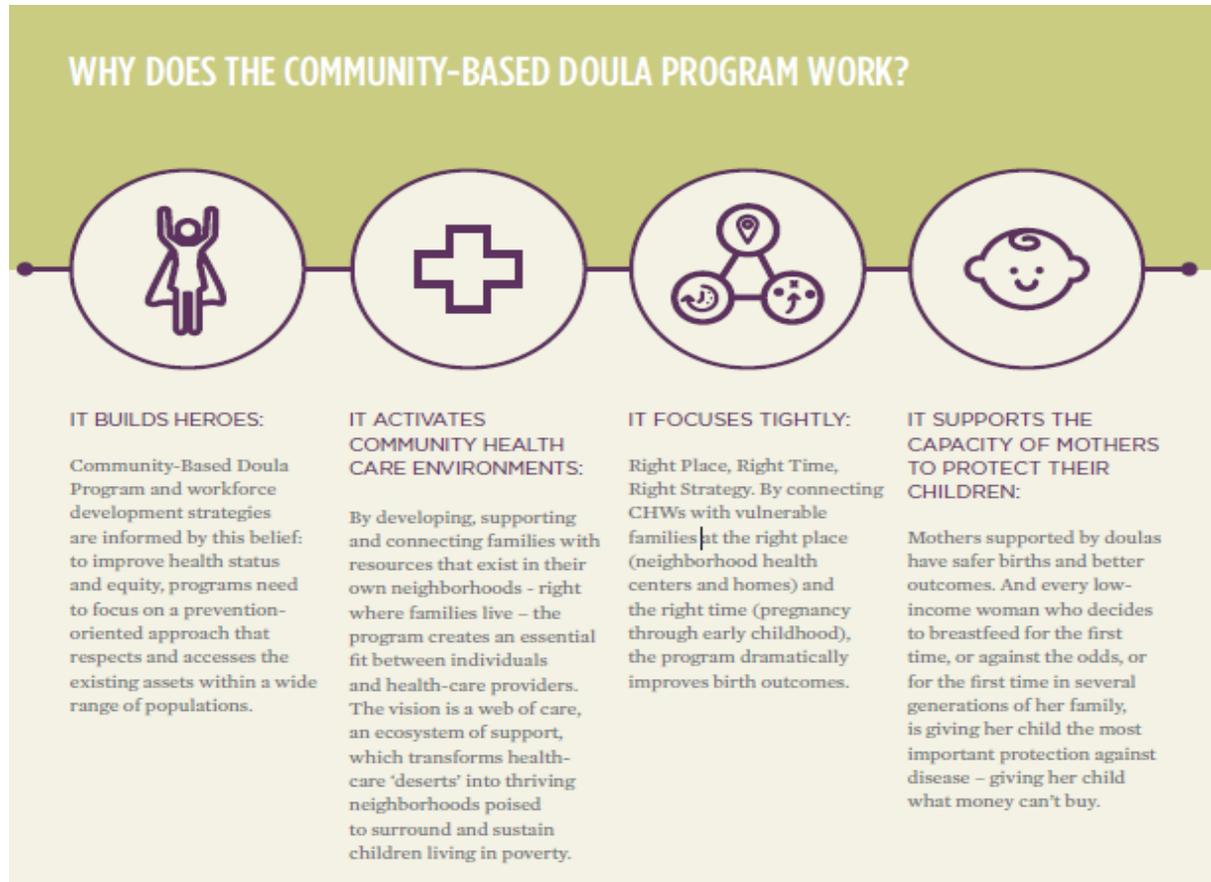


The Case for Support: Community-Based Doula Replication



Program Summary

Since 1986, HealthConnect One has worked with maternal and child health organizations, hospitals, and grassroots organizers to design community-based, peer-to-peer support programs. Our Community-Based Doula (CBD) Program is the only home visiting program with a commitment to support birthing families prenatally, during labor, and postpartum to assist with breastfeeding, attachment, and early parenting. The CBD program has been replicated in more than 100 communities across 27 states. Here's how:

- Developed the first CBD program in a 4-year successful pilot in Chicago.
- Funded by HRSA, 2008-2012, as the national CBD Leadership Institute.
- Funded by Kellogg Foundation, 2012-2018, to replicate CBD in four states over six years.
- Created BELA, the Birth Equity Leadership Academy, 2017-2019, a leadership and advocacy network and the Doula Incubator (2019-present) as ways to nurture, train and support community-based birth workers.

Five Essential Components of our CBD Model:

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

Why Now? Maternal and Child Health In Our Nation Is In A Crisis

- Rates for maternal death more than doubled between 1990 and 2013, giving the US a higher rate of maternal death than most high-income countries (Agrawal, WHO, 2015).
- The *Report from Nine Maternal Mortality Review Committees* (2018) suggests that 60% of maternal deaths could be prevented.
- The disproportionate mortality rates for Black women largely accounts for the dire maternal health ratings in the US (WHO, 2015).
- According to the Centers for Disease Control (CDC) Pregnancy Mortality Surveillance System, Black and Native American women die in association with pregnancy and birth related complications at 3 times the rate of white women (2019, data from 2011 – 2014). This is true regardless of their socio-economic status.
- Infant mortality rates are 2.2 times higher for Black infants, and close to 2 times the rate for Native infants, than for white infants in the US (US Department of Health and Human Services, Office of Minority Health, 2014; CDC, 2017).
- While our maternal child health outcomes are abysmal, the US spends more than any other developed country in the world on health care (Organization for Economic Co-operation and Development, 2018).
- In a report entitled *Health Equity to Address Black Infant Mortality* (2017), the National Birth Equity Collaborative suggests health equity, and particularly birth equity, as key to reducing infant mortality within the Black community.

The CBD program has been demonstrated to significantly reduce C-sections, dramatically increase breastfeeding rates, and lead to lower epidural use, increased skin to skin contact after birth, and lower costs.

Programs experience outcomes like these: “Over the course of three years, when NEMS was fully funded, we saw a 99 percent breastfeeding rate in the mothers we supported. We also saw the number of C-sections and inductions drop, and only two of 500 babies were born preterm.” (NEMS - Northeast Mississippi Birthing Project).

The implementation of community-based doula (CBD) programs provided within an equity framework reduce maternal and infant mortality and morbidity in communities of color, as detailed in The Perinatal Revolution (HC One, 2014).

More recently, we are proud to share these outcomes—shared by our nonprofit partners—

- Longer breastfeeding duration among Hispanic mothers who were Community-Based Doula participants 65 percent after six months among Hispanic women, vs. 33 percent in the PRAMS survey.
- Greater breastfeeding exclusivity among Hispanic mothers — 62 percent vs. 13 percent in PRAMS.
- Longer breastfeeding duration among Black/African American mothers who were Community-Based Doula participants — 37 percent after six months, vs. 17 percent in the PRAMS survey.
- Greater breastfeeding exclusivity among Black/African American mothers — 39 percent after six months vs. 7 percent in PRAMS.
- Less use of c-sections among all Community-Based Doula participants than among PRAMS subjects (24 percent vs. 30 percent).
- Less use of epidurals among Hispanic women than among PRAMS subjects (26 percent vs. 48 percent).