

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 Brenda Reyes

I. EXECUTIVE SUMMARY

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

This white paper shares recommendations from an Expert Panel regarding the Community-Based Doula Program model as carried out by the Health Resources and



Photo by Flint Chaney

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Services Administration (HRSA) Maternal and Child Health Bureau (MCHB). This document contextualizes the Panel's third-party recommendations (Part V) with background, definitions, and Panel-approved data findings. The Expert Panel was convened in September of 2012 as a result of an inter-agency collaboration initiated by the Centers for Disease Control and Prevention (CDC) and HRSA.

Officially named the "Promotion and Support of Community-Based Doula Programs" Expert Panel, this body was facilitated and staffed by HealthConnect One (HC One), a non-profit agency funded by HRSA as the Community-Based Doula Leadership Institute. The Expert Panel's goal was to review the literature and non-traditional sources and to analyze evidence and outcomes from the four years (2008-2012) of HRSA funding of Community-Based Doula programs. The Expert Panel consists of 20 national experts who evaluated, discussed and identified both key lessons learned and recommendations for moving forward.

The most compelling data findings were the high breastfeeding rates and low c-section rates achieved by the Community-Based Doula Programs implementing this model. Women supported by a high-quality Community-Based Doula Program breastfed their babies at dramatically higher rates, with women in the program sometimes breastfeeding at twice the rate of the comparison group. These data reinforce equally strong findings from the original pilot of this program led by HealthConnect One in Chicago. The fact that community-based doulas work with very disadvantaged populations makes these findings even more significant.

The Panel reviewed the literature and nontraditional sources, examined data and outcomes of Community-Based Doula Program participants, solicited feedback from experienced program staff, supervisors and administrators, and considered the implications of the findings for a variety of health policy issues and systems. On the basis of these deliberations, the Expert Panel provided the following summary recommendations.



THE EXPERT PANEL PROVIDED THE FOLLOWING SUMMARY 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;
- The most compelling data findings were the high breastfeeding rates and low c-section rates; further research funded at the federal level is essential to deepen the evidence base and to clarify best practices;
- 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.

Detailed recommendations are provided in Part V, on page 37.