

# The Community-Based Doula Model

## *Benefits and Barriers*



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# DEFINITIONS

## Traditional (Standard) Doulas

Per DONA (2019) provide:

- Continuous physical, emotional and informational support
- Before, during and shortly after childbirth
- \*Typically independent business practice, direct payment from client/family

# DEFINITIONS

## Community-Based Doulas (CBD)

Per Advancing Birth Justice report by Ancient Song Doula Services (2019) provide:

- Expanded model of traditional doula care
- Programs and organizations situated in the community
- More home visits
- Wider array of services and referrals
- Most community-based doulas are members of the community they serve
  - Share same background, culture, and/or language
  - Have additional training that supplements the traditional doula education
  - \*Payment low or no cost. Generally paid through funding, not client/family.

# WHY DO WE NEED COMMUNITY-BASED DOULA PROGRAMS?





# MATERNAL HEALTH DISPARITIES IN THE US

- Black women (2-6x), American Indian and Alaska Native women (~2x) more likely to **die from pregnancy-related causes** than white women
  - Even after controlling for socioeconomic status (AA)
  - Hemorrhage, Pregnancy-induced hypertension, Embolism
- **Preterm birth** is 50% higher for Black infants in the US (CDC, 2016/APHA, 2019), followed by American Indian, Alaska Native and Puerto Ricans with ^ average rates.
- **Black infants 2x as likely to die** before 1<sup>st</sup> birthday. American Indian, Alaska Native infants with ^ rates than white infants as well.
  - 43% of black infant deaths were due to complications associated with preterm birth nationally (March of Dimes, 2010)

# MATERNAL HEALTH DISPARITIES IN THE US

- Black women more likely to have **C-Section**, less likely to have successful VBAC in many states
- Black women have a higher rate of **perinatal mood disorders** (~44% compared to ~31% for white women with PD).
- The CDC noted that “from 2011 to 2015, the percentage of women who initiated **breastfeeding** was 64.3% for African American, 81.5% for Whites, and 81.9% for Hispanics (NIMHD, 2017).”



# COMMUNITY-BASED DOULA MODELS





# COMMUNITY-BASED DOULA PROGRAMS/PILOTS





# COMMUNITY-BASED DOULA PROGRAMS/PILOTS

- Office/Center located within the community
- Community-based doulas
  - From the community/shared culture
  - Experience with community/culture
  - Dedicated/passionate about servicing the community
- Doula Trainings
  - New Doula Training
  - Orientation/Refresher training
- Funded by grants, insurance companies, county, state, private funders or agencies
- Referral systems in place or \*in house
- Birth Coverage
  - On-Call Schedules/Shift changes
  - Traditional back up doula
- Services:
  - Childbirth Education
  - 3+ Prenatal visits
  - Childbirth and immediate post partum support
  - 3+ Postpartum visits
  - Services in all settings **hospitals**, birth centers, homebirths

Note: This is a summary from various programs, not an exclusive or all inclusive list

# OTHER GROUP DOULA MODELS

- Organic communities of doulas
- Hospital-based doulas
- Prison doulas

Note: This is a summary from various programs, not an exclusive or all inclusive list

# BENEFITS TO COMMUNITY-BASED DOULA PROGRAMS

- Individualized care
- Continuity of care
- Leverages natural support systems within communities
- Reduces risks for PMADs
- Cultural congruence, competence, inclusivity and empowerment
- Influences generational narratives around obstetric violence or indifference in affected communities
- Focuses on wellness and healing, not fear of current disparities
- Prenatal, Birth, Postpartum advocacy
- Encourages provider support/integration/understanding of clients rights, needs, culture

# BARRIERS TO COMMUNITY-BASED DOULA PROGRAMS

- Adequate funding
- Adequate doula pay/reimbursements
  - Too low
  - Consistency
  - Unaccounted for time
    - Transportation
    - Mileage
    - Community outreach/engagement
    - Client support/needs
- Adequate support of doulas
  - Emotional
- Resources/Referrals
- Doulas as the Solution to all Maternal Health and Societal Problems ex.
  - Mental Health
  - Domestic Violence
  - Social Services
  - Child Protection Services
  - Substance Abuse
  - High risk medical cases
  - Homelessness
  - Lack of childcare/family support
  - Lack of medical care/access





# KEY RECOMMENDATIONS

(ANCIENT SONG DOULA SERVICES,  
ADVANCING BIRTH JUSTICE, 2019)

**States planning or providing Medicaid (Medi-cal) coverage of doula care should:**

- **Adjust reimbursement rates** to ensure that doulas have the opportunity to earn a living wage.
- **Collaborate with and invest in community-based doula programs** to ensure that doulas enrolled in Medicaid reimbursement programs are equipped to serve communities of color and low-income communities.
- **Support best practices** through the pilot design, including ensuring **adequate training, certification (or standards), supervision, mentorship and peer support** to appropriately serve communities of color and low-income communities.



# KEY RECOMMENDATIONS

(ANCIENT SONG DOULA SERVICES,  
ADVANCING BIRTH JUSTICE, 2019)

- Develop a comprehensive approach to wellness and support by **ensuring organizations or agencies are equipped with the structure**, relationships, and processes in place to **provide a coordinated network of referrals**.
- **Provide funds to train** and certify **a diverse doula workforce**, specifically from underserved rural and urban low-income communities, communities of color, and communities facing linguistic or cultural barriers.
- **Incorporate community engagement** as an essential component to improve health equity.
- Take active steps to **raise awareness about the benefits and availability of community-based doulas**.
- Understanding the limitations of efforts underway **opens the door to** identifying strategies to make the pilot program and other **future programs** as successful as possible.

# KEY RECOMMENDATIONS

Include the Community-Based Doulas and maternal-health-focused community members in development of program structure, policies and procedures, to ensure cultural congruence and feasibility of implementation.



**Diversity Uplifts, Inc.**

**“Fostering Diversity & Supporting Communities  
and the Providers who Serve them.”**

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