

DOULA TOOLKITS BRIDGING THE GAP BETWEEN BIPOC PATIENTS, CLINICIANS, AND DOULAS: A QUALITY IMPROVEMENT PROJECT

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INTRODUCTION

MATERNAL MORTALITY & MORBIDITY

Maternal
Mortality &
Morbidity rates in
USA...

BIPOC Maternal
Deaths...

Black Women
49.5

USA Women
22.3

US White
Women 19.0

US Hispanic
Women 16.9

US Asian Women
13.2

Canadian
Women 8.4

UK Women 5.5

Black Women die
3x more than
White Women...

Slavery...

Historical

Racism...

SDOH...

Implicit Bias

Doula derived
from a Greek
word meaning
Female Slave...

Provide support
during
pregnancy, labor,
and postpartum...

Popular
1970's-1980's:
Natural Birth...

DONA 1992...
Cost \$800-\$2500

EBP of
Doula Care...

-Decreased
c-section rate

-Decreased low
birth weight

-Decreased
analgesia usage

^ Increase
breastfeeding

-Shorten the
duration labor

CA SB 65...

Doula
Reimbursement
for Medi-Cal
patients

WHAT IS A DOULA

A trained professional who provides continuous physical, emotional, and informational support to their client before, during, and shortly after childbirth to help them achieve the healthiest, most satisfying experience

-DONA



PROBLEM QUESTION

In BIPOC patients receiving prenatal care, does the implementation of a doula toolkit for clinicians, compared to current practices, impact patient requests for doula services during childbirth?

Collaboration

Knowledge of Doula care

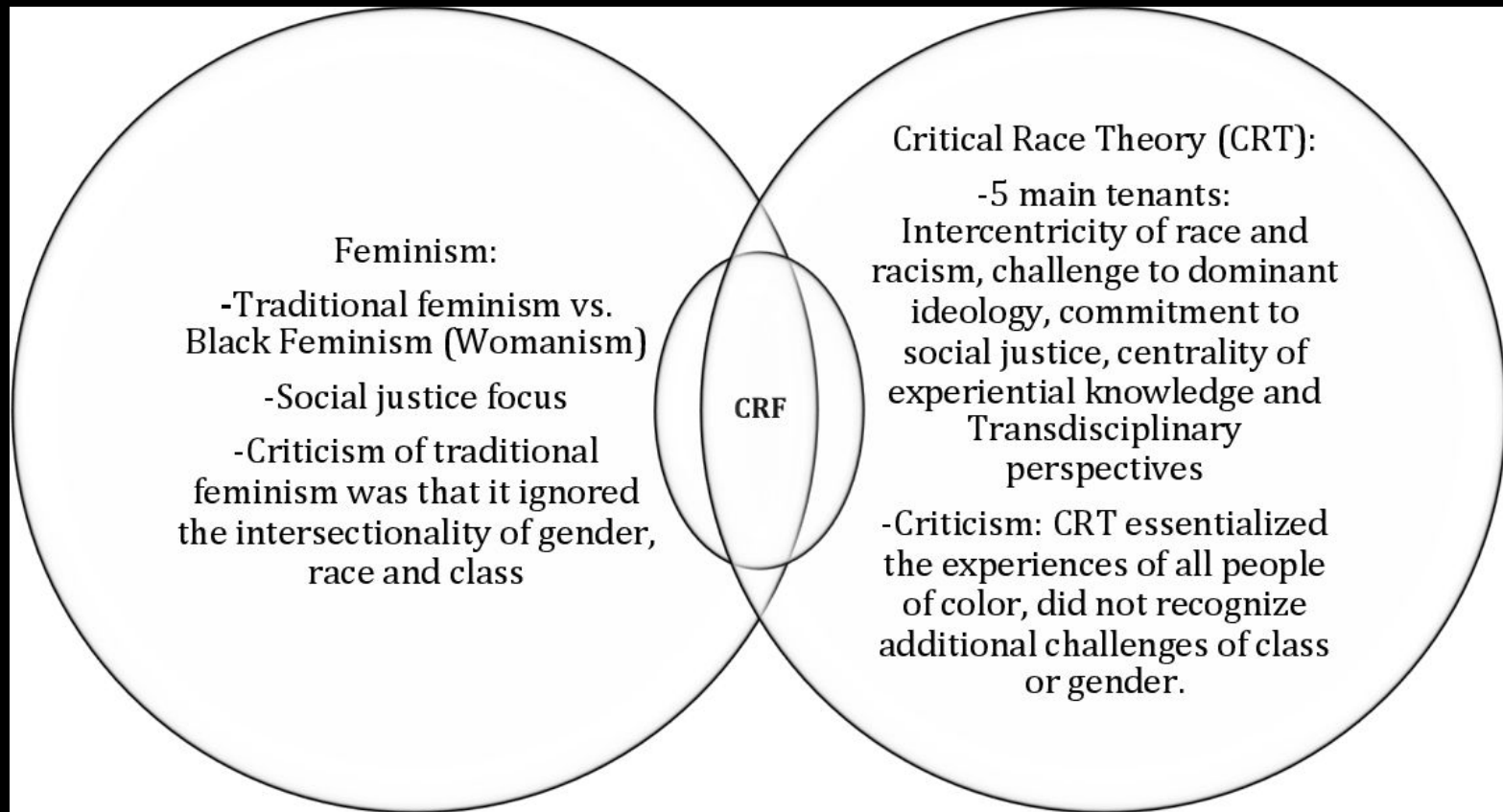


PURPOSE OF THE PROJECT



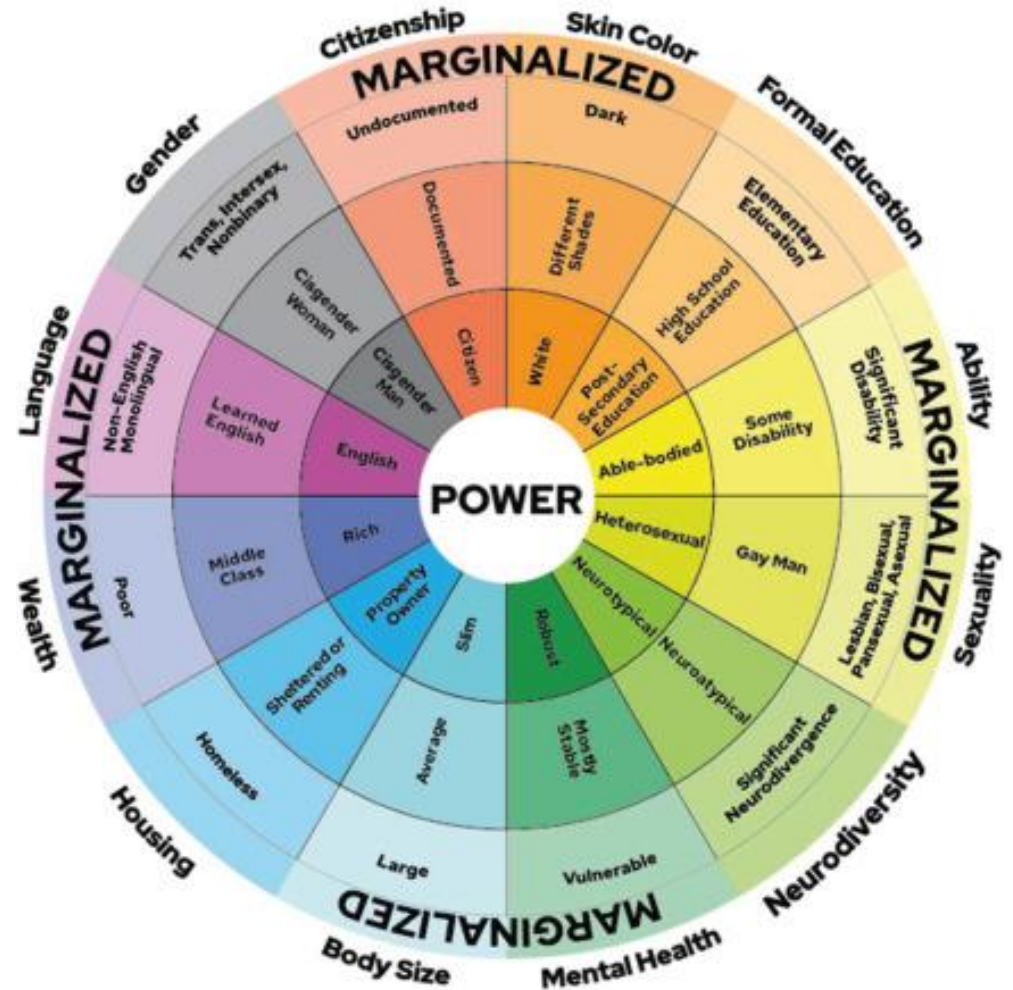
PHILOSOPHICAL FRAMEWORK

Critical Race Feminism

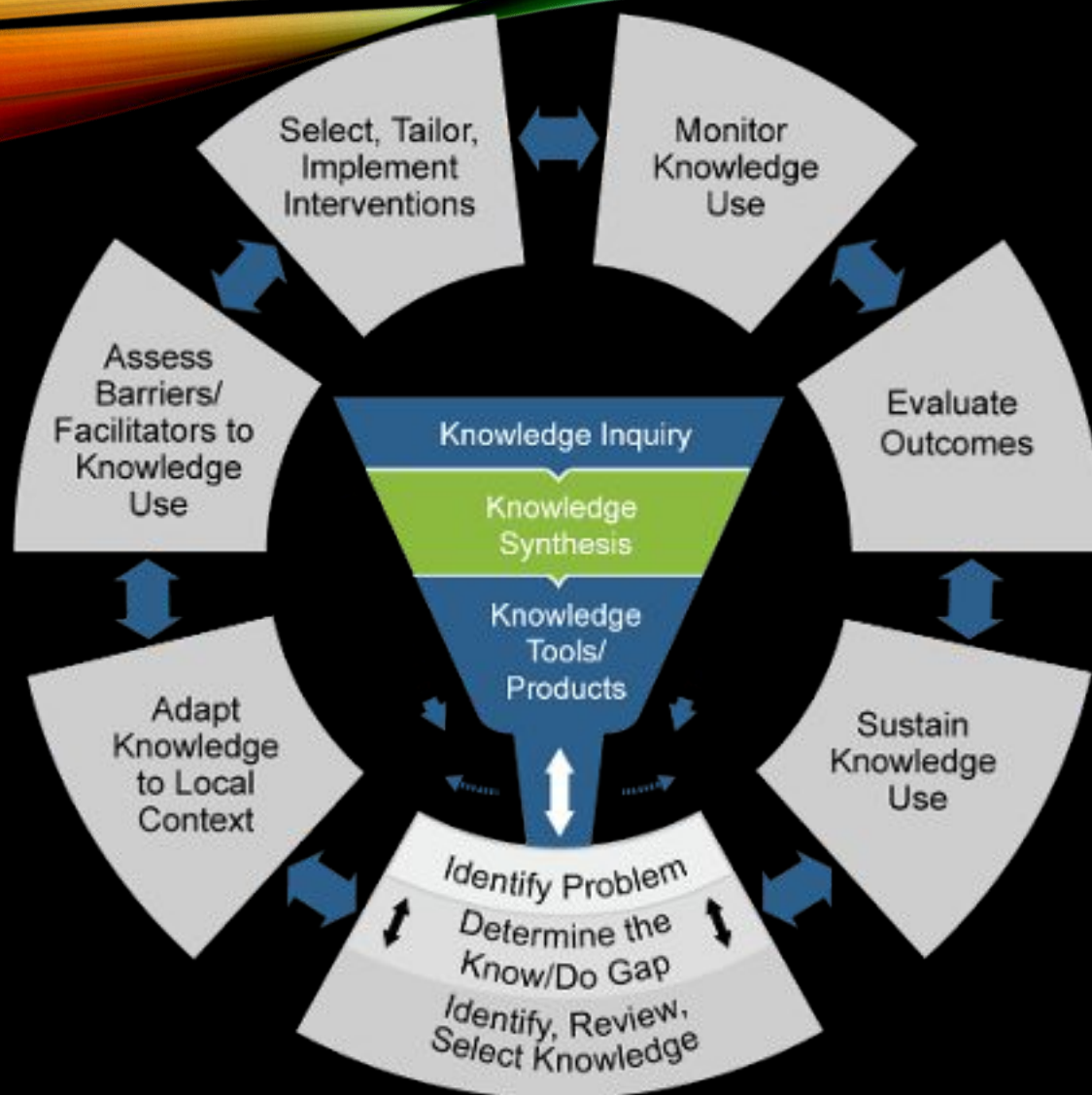


PHILOSOPHICAL FRAMEWORK

Intersectionality



Adapted from James R Vanderwoerd ("Web of Oppression"), and Sylvia Duckworth ("Wheel of Power/Privilege")



THEORETICAL FRAMEWORK

Knowledge To Action Framework (KTA)

REVIEW OF THE LITERATURE

Cooper Owens & Felt, 2019 state how the “legacies of slavery today are seen in structural racism that has resulted in disproportionate maternal and infant death among African Americans (p. 1341).

Mallick et al., 2022 states, “mistreatment was more common among women of color including Black, Hispanic, Indigenous and Asian women and especially low-income women of color” (p. 824).

BIPOC birthing persons with a doula can have low rates of cesarean section, decreased rates of low-birth infants, and increased initiation of breastfeeding (Ogunwole et al., 2022).

According to Arteaga et al., 2023, the “participants expressed satisfaction with the doula care they received and generally described the care as beneficial to their birth experience” (p. 261).

Knocke et al., 2022 stated, “The high cost associated with cesarean versus vaginal deliveries can make coverage reimbursement for doula services cost-effective for state Medicaid programs” (p. 5).

The article reports 71,090 fewer cesarean surgeries, 35 fewer uterine ruptures, nine fewer hysterectomy surgeries, 16 fewer maternal deaths, 2,673 quality-adjusted life years (QALYS (meaning years of optimal health)), and a saving of \$364 million (Greiner et al., 2019).

Lucas & Wright, 2019 mention that “more education is needed for members of the maternity care team to fully understand each other’s roles and the importance of collaboration” (Lucas & Wright, 2019, p. 37).

Capacity barriers include limitations in understanding roles and an inability to establish rapport related to brief interactions and meetings at birth (Khaw et al., 2023).

METHODS

Maternal Mortality & Morbidity Questionnaire

Clinicians: MD, NP, RN, MA

- Pre & Post Implementation
- Assess knowledge of BIPOC MMM
- Assess knowledge of Doula
- Assess knowledge of CA SB65
- 5-point Likert Scale

Doula Toolkit

Clinicians: MD, NP, RN, MA

- Baseline chart review
- Educational Intervention:
 - MMM video
 - Evidence-Base Doula
 - ACOG stance on Doula usage
 - Doula roles
 - Doula Flyer for Patients
- 6-week Implementation
- Post Implementation chart review

DOULA FLYER

Inclusion Criteria
prenatal 18-40
BIPOC
English speaking
Medi-Cal recipient



A doula is a trained, non-clinical birth professional available to support pregnant mothers and families. Doulas support during pregnancy, birth, and postpartum.



Expecting a Baby

Have you considered a Doula?

Doulas build a trusting relationship and encourage positive collaboration with your care team. At the same time, decreasing the risk of pregnancy and birth complications.



Prenatal



Delivery



Postpartum

As of January 1, 2023, Medi-Cal covers Doula services.
scan QR code for links



DISCUSSION

- Maternal Mortality & Morbidity Questionnaire

pre-implementation: 68 questionnaires given

24 returned: 20 utilized

post-implementation: 68 questionnaires given

18 returned: 16 utilized

- Implementation Doula Flyer

baseline chart review: 2 charts

implementation: approx. 1200 visits: 97 charts : 8 charts

- Doula flyer given by RN 88%, NP 7%

SPEARMAN'S RANK ORDER

Pre-Implementation Questionnaire

		Riskfactors_MMM	Role_doulapregnancy (2)	CLS_birth	Educate_ptdoula	Refer_ptdoula
Riskfactors_MMM	Spearman's rho	—				
	df	—				
	p-value	—				
Role_doulapregnancy (2)	Spearman's rho	0.305	—			
	df	18	—			
	p-value	0.191	—			
CLS_birth	Spearman's rho	0.345	0.859***	—		
	df	18	18	—		
	p-value	0.136	<.001	—		
Educate_ptdoula	Spearman's rho	0.120	0.137	0.010	—	
	df	18	18	18	—	
	p-value	0.614	0.565	0.968	—	
Refer_ptdoula	Spearman's rho	0.030	-0.062	-0.123	0.552*	—
	df	18	18	18	18	—
	p-value	0.899	0.796	0.605	0.012	—

Note. * p < .05, ** p < .01, *** p < .001

Post-Implementation Questionnaire

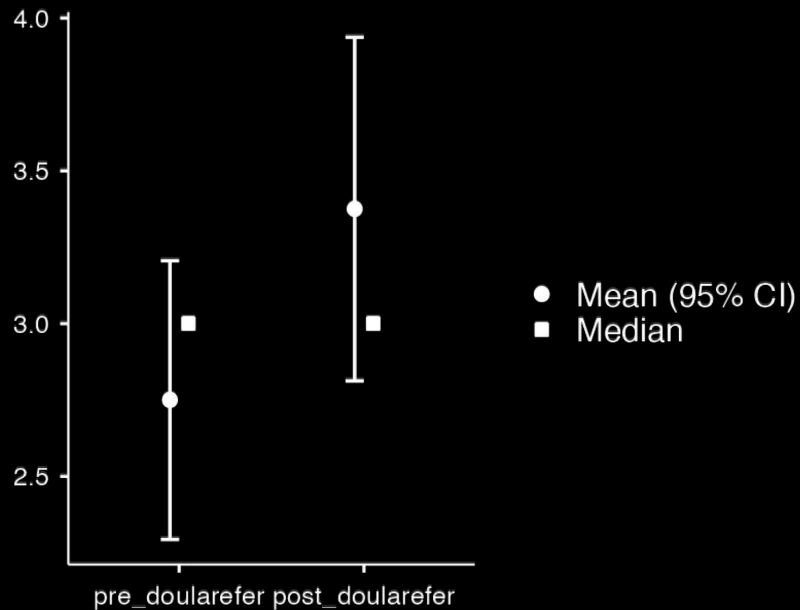
		Riskfactors_MMM	Role_doulapregnancy	CLS_birth	Educate_ptondoula	Refer_pttodoula
Riskfactors_MMM	Spearman's rho	—				
	df	—				
	p-value	—				
Role_doulapregnancy	Spearman's rho	0.471	—			
	df	14	—			
	p-value	0.066	—			
CLS_birth	Spearman's rho	0.382	0.736**	—		
	df	14	14	—		
	p-value	0.145	0.001	—		
Educate_ptondoula	Spearman's rho	0.130	0.588*	0.408	—	
	df	14	14	14	—	
	p-value	0.632	0.017	0.117	—	
Refer_pttodoula	Spearman's rho	0.148	0.503*	0.319	0.964***	—
	df	14	14	14	14	—
	p-value	0.585	0.047	0.229	<.001	—

Note. * p < .05, ** p < .01, *** p < .001

PAIRED T-TEST

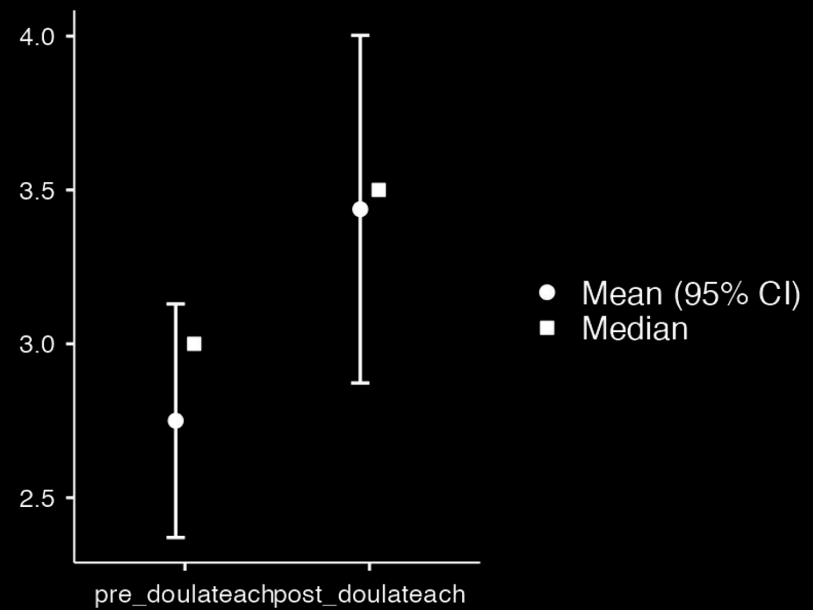
Referring

$T(15) = -1.74, p = .102$



Educating

$T(15) = -1.62, p = .126$

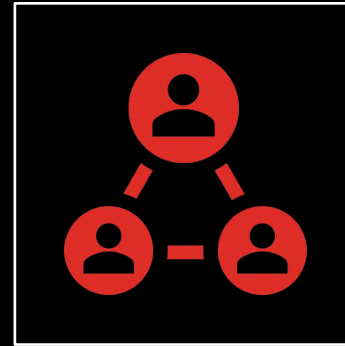
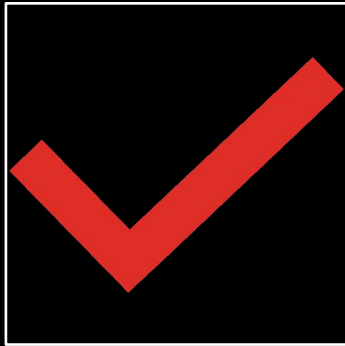


CHI-SQUARED TEST OF INDEPENDENCE

Contingency Tables: Chi-Square Test of Independence				
		Interest in Doula		
		no	yes	Total
doulas given prenatal education	Observed	8	0	8
	Expected	7.20	0.800	8.00
	% within row	100.0%	0.0%	100.0%
no doula education given	Observed	1	1	2
	Expected	1.80	0.200	2.00
	% within row	50.0%	50.0%	100.0%
Total	Observed	9	1	10
	Expected	9	1	10
	% within row	90.0%	10.0%	100.0%

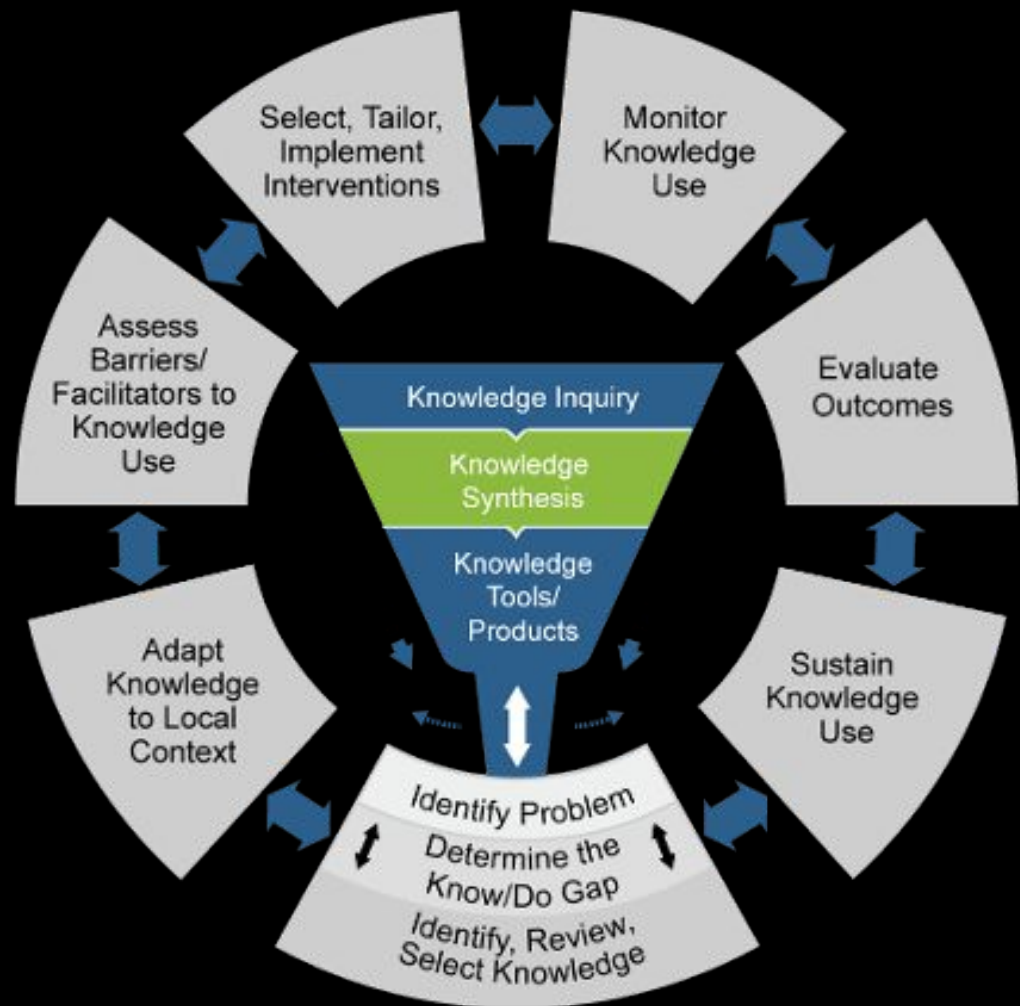
Chi-Square Test Results			
	Value	df	p
χ^2	4.44	1	0.035
Fisher's exact test			0.200
N	10		

OUTCOMES



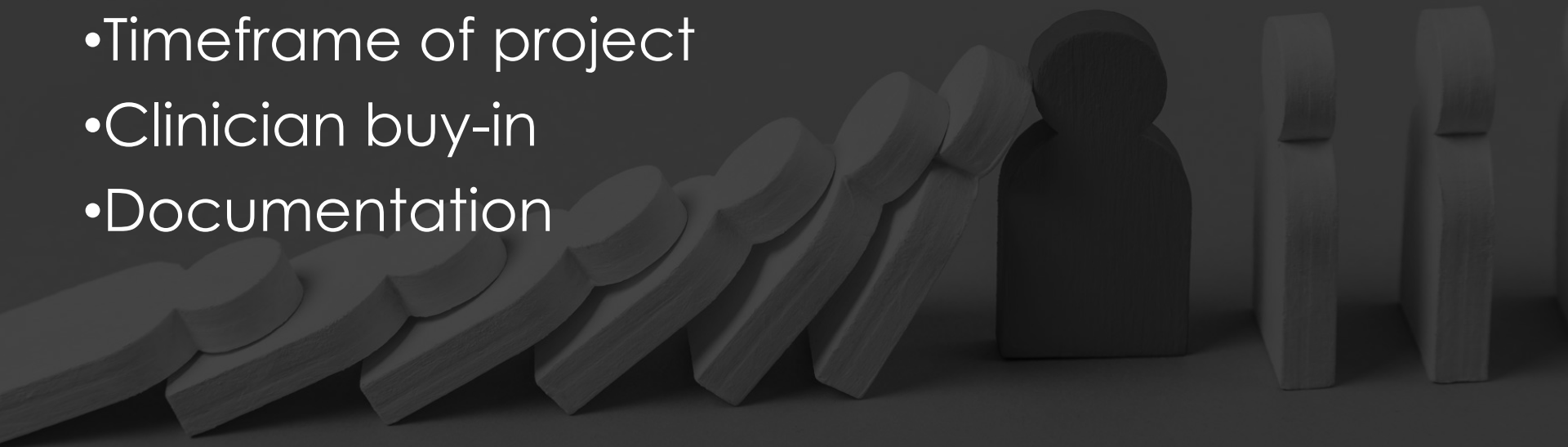
CONCLUSION

- Clinician barriers to doula collaboration improved with/ kta framework.
- With continued (kta) usage of the doula toolkit for clinicians, there will be open communication with patients... patients will know about doula services and be able to make decisions to have doula care and coverage.



LIMITATIONS

- Sample size BIPOC Medi-Cal patients
- Sample size power analysis
- Timeframe of project
- Clinician buy-in
- Documentation



WHAT IS NEXT...

- Doula Flyer

OBGYN office continues to give out doula flyers for 27-34-week classes.

- California AB 904

Doula coverage: address racial health disparities in maternal and infant health equity program

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