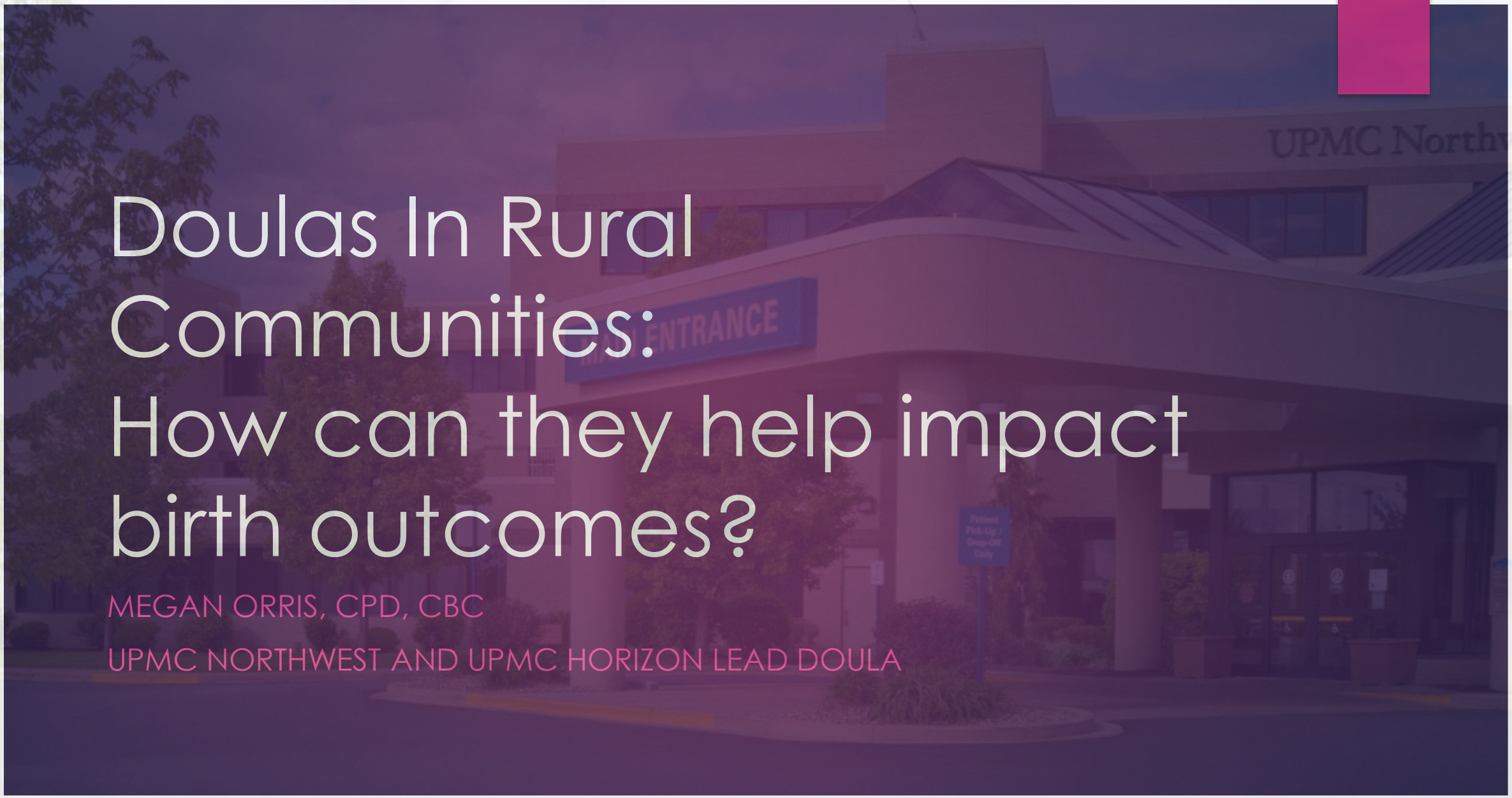


Doulas In Rural Communities: How can they help impact birth outcomes?

MEGAN ORRIS, CPD, CBC

UPMC NORTHWEST AND UPMC HORIZON LEAD DOULA

What is a doula?

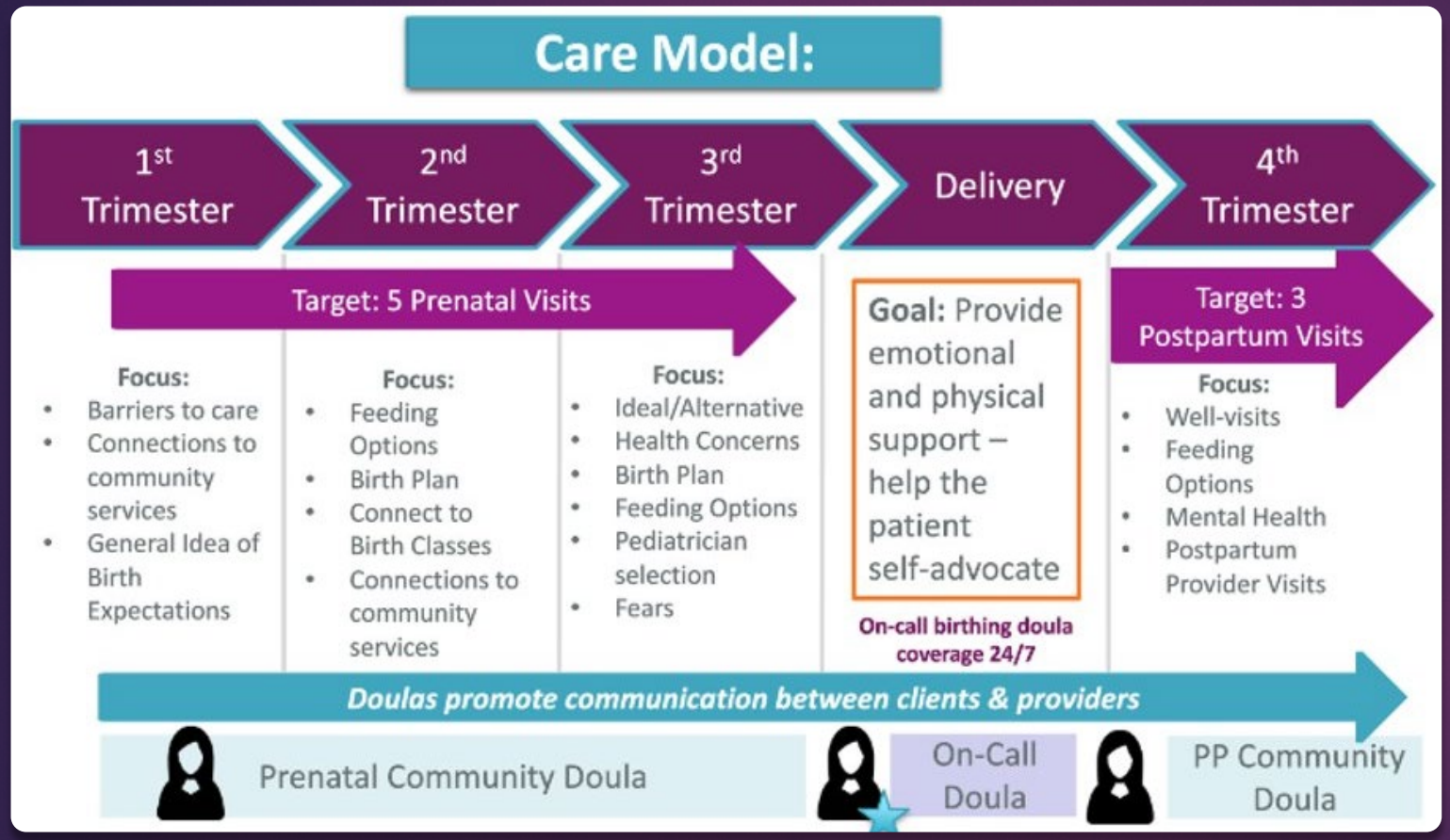
A doula is a trained professional who provides informational, emotional and physical support continuously to the client – before, during and after childbirth.

Doulas can encourage the birthing person and their support person to advocate for themselves to better interact with the health care team

What can a doula do?

- **Informational support**
- **Physical support**
- **Emotional support**

Doula Flight Plan



Prenatal care:

- Understanding the stages of pregnancy
- Nutrition, movement and healthy behaviors
- Mental and emotional preparation for birth
- Newborn care and basics
- Lactation education
- Signs of labor and what to expect while in labor

Intrapartum care:

- Positional support
- Utilizing tools (Yoga or peanut balls, rebozos, etc.)
- Emotional support – Maintaining a calm supportive environment, dissuading fears or doubts, encouraging support persons to be involved in care.
- Informational support – Explaining what is happening in easy-to-understand ways, understanding options, creating space for decision making
- Supporting partner or family members in times of emergency

Postpartum Care:

- Newborn care help – demonstrating basic newborn care like diapering, swaddling, soothing
- Adherence to medication and appointment reminders
- Feeding support – Help with breast feeding or bottle feeding, help with finding comfortable feeding positions, often giving pts referrals to lactation support specialists
- Sharing information on normal physical recovery after delivery and loving their new postpartum body
- Warning signs to look for and when to call their provider

Rural needs for implementation of doula care

- Rural areas are more likely to be maternity care deserts
  - Eight counties in Northwest PA do not have their own delivering hospitals
  - Only five ***hospitals*** in Northwest PA have maternity care or birthing facilities
    - ***UPMC Magee Women's Hospital at Hamot*** (ERIE)
    - ***AHN Saint Vincent Hospital*** (ERIE)
    - ***UPMC Northwest*** (SENECA)
    - ***Meadville Medical Center*** (MEADVILLE)
    - ***UPMC Horizon*** (FARRELL)
- Long distances mean fewer options for support
- Understanding of local culture and challenges clients may face
- Limited access to lactation support
- Limited access to childbirth education courses

Research supporting outcome improvement

- The American journal of public health cites the inclusion of doula care improves outcomes by:
  - Reduction of primary cesarean by up to 47%
  - Lowered preterm delivery by 29%
  - Adherence to postpartum checkup increased by 46%
- The American Journal of Gynecologists (Quantifying the association between doula care and maternal and neonatal outcomes A UPMC study) cites the inclusion of doula care improves outcomes by:
  - Increasing VBAC deliveries by up to 34%
  - Increase in exclusive breastfeeding by 22%

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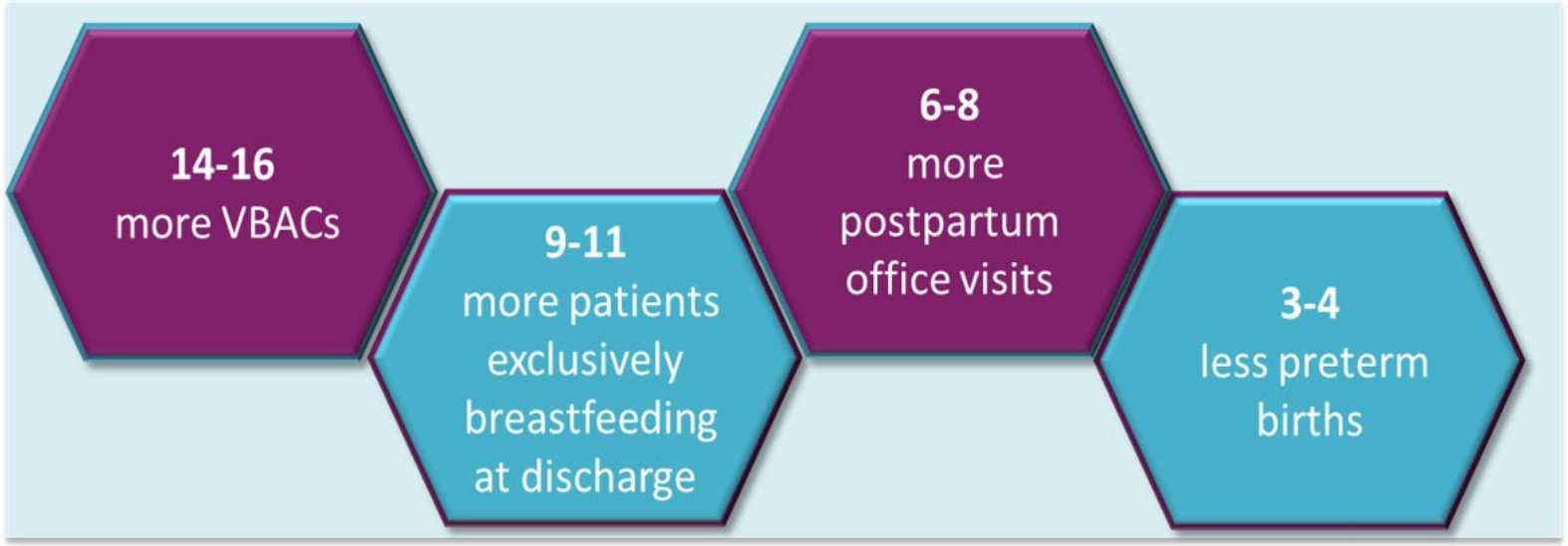
Outcome Results

For every 100 deliveries under doula care, we can expect...



**These benefits persist regardless of race or insurance type*

Key Positive Impacts per 100 Births

Outcome	With Doula	No Doula	Difference	1-in x impact
VBAC	34.3	18.7	+15.6	+1 in 6
Postpartum visit adherence	85.0	82.2	+6.8	+1 in 15
Exclusive breastfeeding	53.4	43.6	+10.1	+1 in 10
Preterm birth (PTB)	6.8	10.8	-4.0	-1 in 25
Indicated PTB	3.3	5.5	-2.2	-1 in 45

Other notable outcomes

Outcome	With Doula	No Doula	Difference	1-in x impact
Cesarean Delivery	30.7	33.3	-2	-1 in 38
Hypertension diagnosis	17.5	20.1	-2.6	-1 in 38
ED Visit Postpartum	10.4	8.8	+1.6	+1 in 63
NICU Admission	13.7	16.3	-2.6	-1 in 38
Readmission Postpartum	5.5	5.1	+0.42	+1 in 238
Preeclampsia	8.1	8.6	-0.53	-1 in 190
Spontaneous Preterm Birth	3.9	5.3	-1.4	-1 in 71
NTSV	28.6	27.4	+1.2	+1 in 71

Client 1- M.W. G1P0

- First time mom – family anecdotal trauma/pressure
- Partner not overly supportive, but was present in the birth space
  - Support person (Pt's mom) was very pessimistic, discouraging, controlling and anxious throughout labor
- IOL – stopped and restarted multiple times due to fetal intolerance
  - Contraction pattern irregular, inconsistent – required IUPC placement, patient had no pain with contractions. but wanted pain relief with IUPC.
  - Patient continued to make small progressions over 30 hours to deliver healthy baby boy – meconium stained fluid at delivery.
- After delivery, patient breastfed undisturbed - with help from doula for golden hour.

Client 2 – L.M. G1P0

- Late referral – 2 PNV before delivery
- Very anxious as a first-time mom, not knowing what she was to expect
- Had long early labor at home >24h, arrived at hospital morning of due date for evaluation after painful contractions became regular and hard to cope with at home.
- Traumatic delivery - Cord was insufficient and broke upon delivery of baby girl.
- OR was needed for removal of placenta due to discomfort at bedside attempts.
- Supported mom until OR, supported DAD while mom was in OR and was present upon her return to PACU for comfort and nursing assistance

Client 3- G.O. G3P1

- Traumatic first delivery – failed epidural, intense and long induction of labor at 34w due to extreme features of preeclampsia. Postpartum Positional headache caused by spinal anesthesia – hoped to avoid with this pregnancy.
- Chose a doula for her second delivery with the hopes of feeling more supported in labor due to not being heard through the process of her first delivery.
- EIOL 39w to avoid possible Pre-E (Pre-eclampsia) development – expectant management plan from providers.
- Successful spontaneous vaginal delivery without spinal anesthesia of a healthy and rambunctious baby boy, 4.5 hours of active labor.

Citations

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  - https://pubmed.ncbi.nlm.nih.gov/40418422/ [lifescience.net]

- **Client Privacy & Consent Disclosure**
- *All birth stories were shared with the expressed consent of the parties mentioned. Names may or may not have been changed or altered to protect client identity and confidentiality in accordance with HIPAA privacy standards. Any identifying details have been modified as needed to ensure the utmost respect for client privacy.*

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In support of improving patient care, the University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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The University of Pittsburgh School designates this live activity for a maximum of 6.75 AMA PRA Category 1 Credits . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Other health care professionals: Other health care professionals will receive a certificate of attendance confirming the number of contact hours commensurate with the extent of participation in this activity.

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