

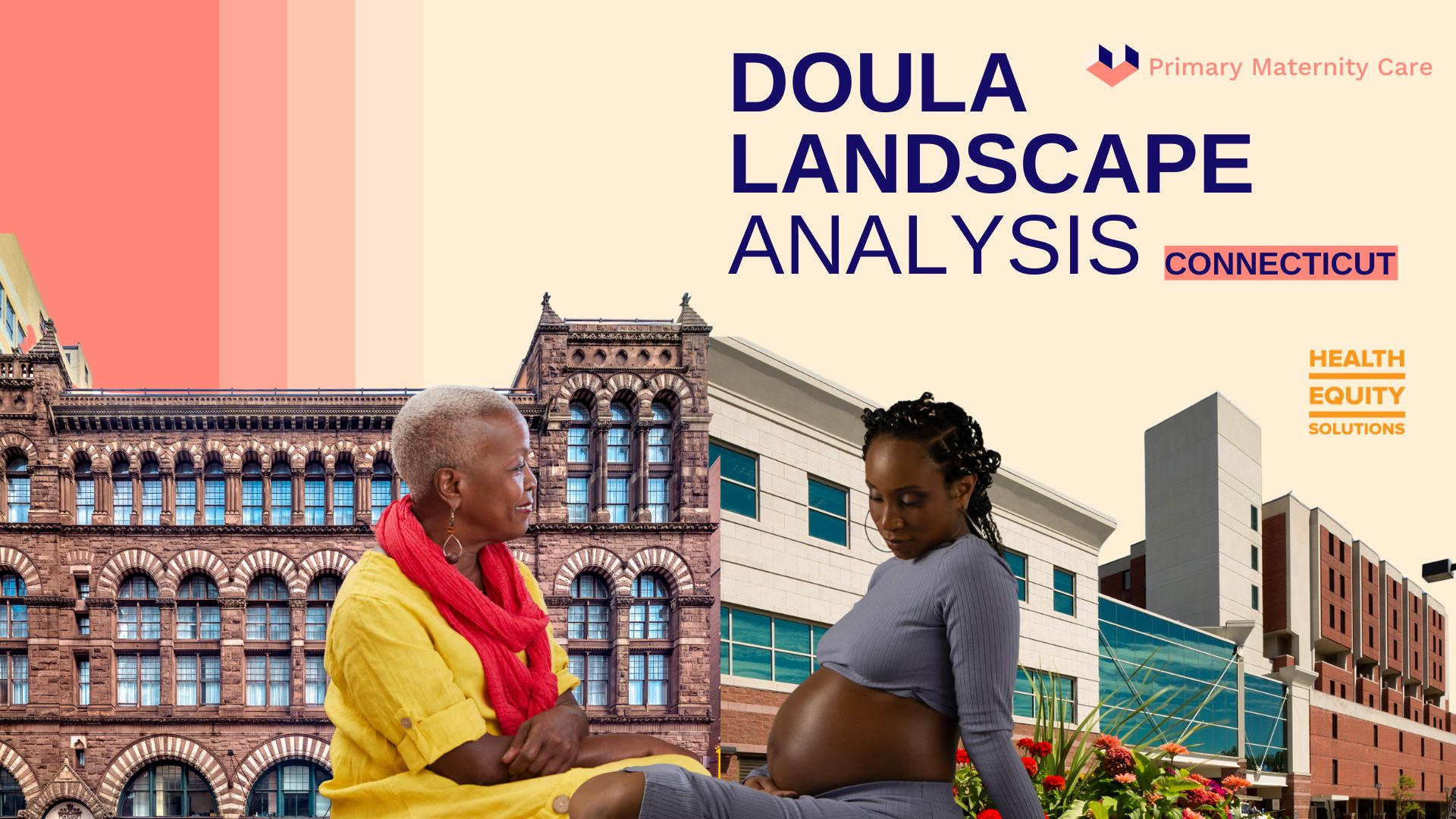
DOULA LANDSCAPE ANALYSIS



Primary Maternity Care

CONNECTICUT

HEALTH
EQUITY
SOLUTIONS



Outline

Goals, Approach, and Methods

- Goals of the landscape analysis
- Data collection
- How we centered equity

Findings

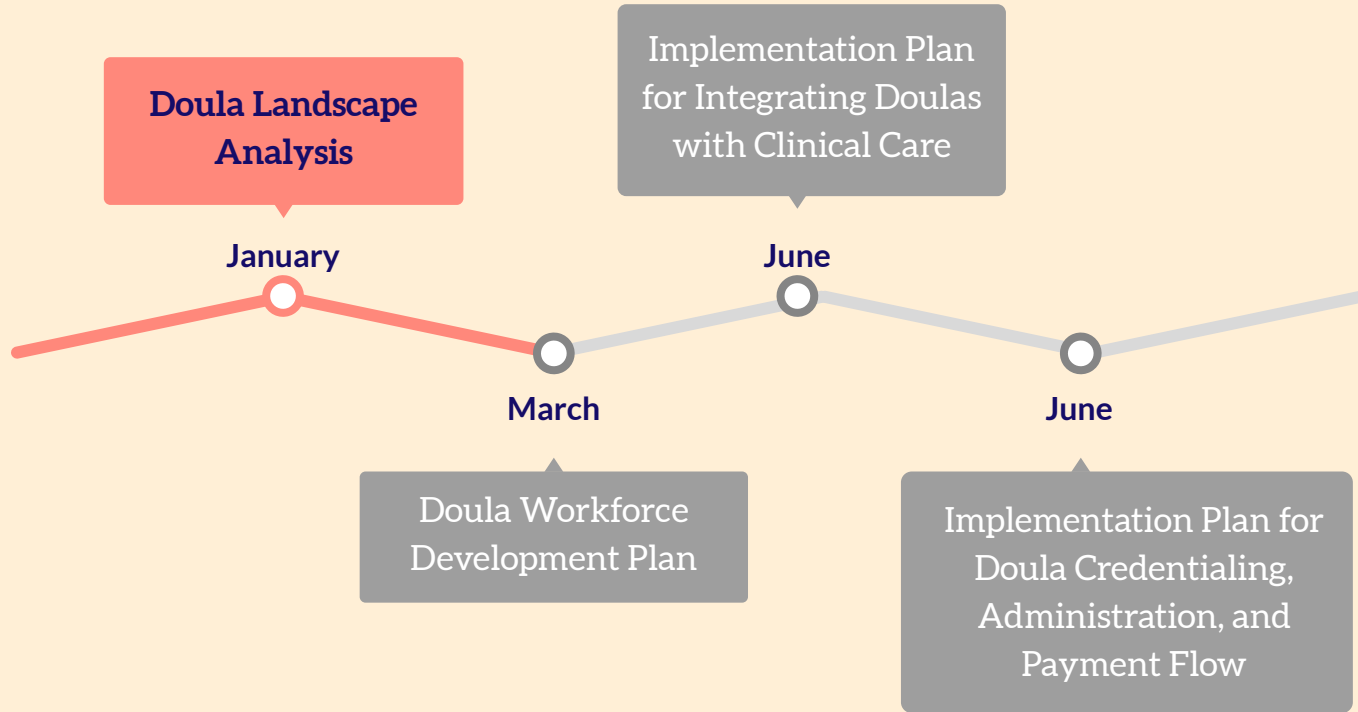
- Doula demographics
- Doula practice characteristics
- Network adequacy
- Training
- Partnerships and affiliations
- Utilization and outreach
- Administrative & Data collection infrastructure

Implications and Next Steps

Goals, Approach, & Methods



Goal of the Landscape Analysis: Assess doula practice, capacity, network adequacy, and current integration and infrastructure.



Assessment Activities and Data Collection

- Survey of doulas (n=55)
- Hosting & participation in Doulas4CT meetings and doula happy hours
- Stakeholder interviews (n=32)
 - Providers in different practice settings
 - Hospital and birth center representatives
 - Other services and programs (home visiting, housing/homelessness, lactation, CHW)
 - Leaders from other states (RI, NJ, MN, OR, NY)
 - Tech platforms
- Focus groups:
 - HUSKY Health Members (n=27)
 - Providers (n=17)
 - Doulas (n=28)
- Participation in Institute for Medicaid Innovation and Every Mother Counts “Doula and Perinatal CHWs in Medicaid Learning Series”
- Participation in CT Doula Advisory Committee
- Participation in CT Maternity Bundled Payment Stakeholder Advisory group

How we centered equity

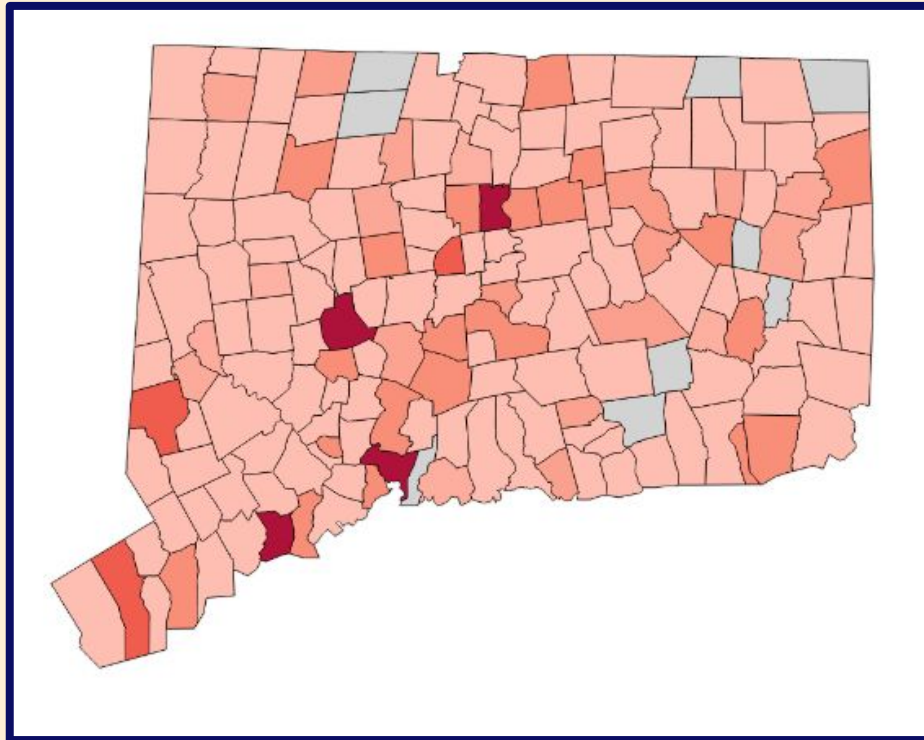
- Review of data by race and ethnicity
- Proactive outreach to leaders in the state and nationally who center their work on birth equity
- Continued engagement of stakeholders currently reaching priority populations
- Opportunities to engage in multiple languages
- Prioritization of needs and voices of doulas of color
- Ensuring member voice was included and centered



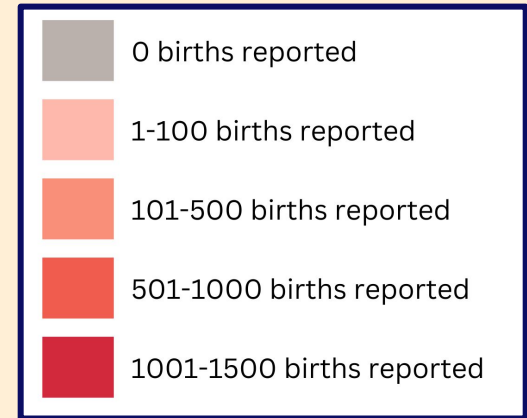
Doula Demographics



HUSKY Health Birth Locations

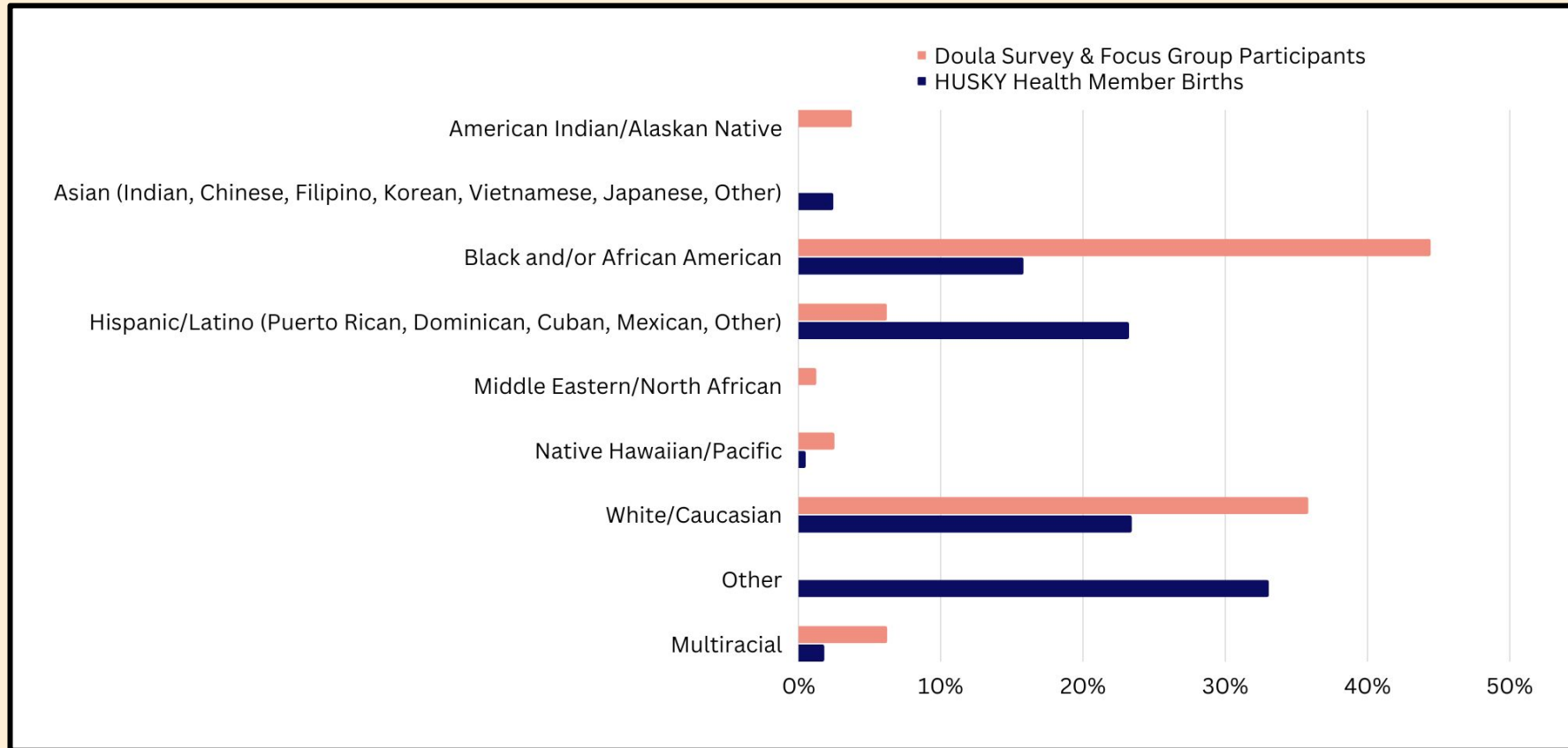


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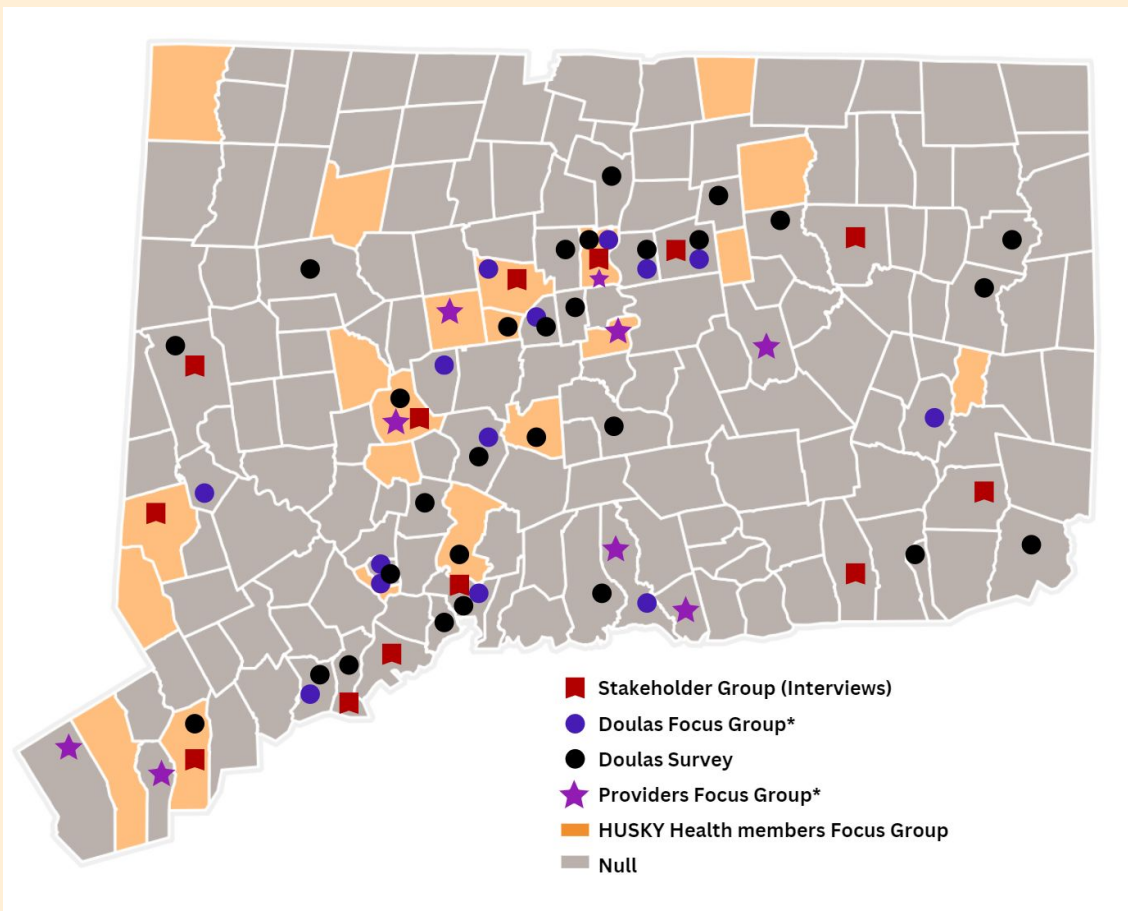
From 2021 HUSKY Health Birth Data, based on member zip code of residence

Self Reported Race/Ethnicity Comparison Doulas & HUSKY Health Member Births



HUSKY Health births from 2021 data, "Prefer not to say" was 0% for both categories

Focus Group, Survey & Interview Participants



1:1 Stakeholder Interviews

N = 13 towns/cities

15 individuals

Doula Focus Groups

N = 17 towns/cities

28 individuals

Doula Survey

N = 36 towns/cities

55 individuals

(2 also attended focus group)

Provider Focus Group

N = 10 towns/cities

17 individuals

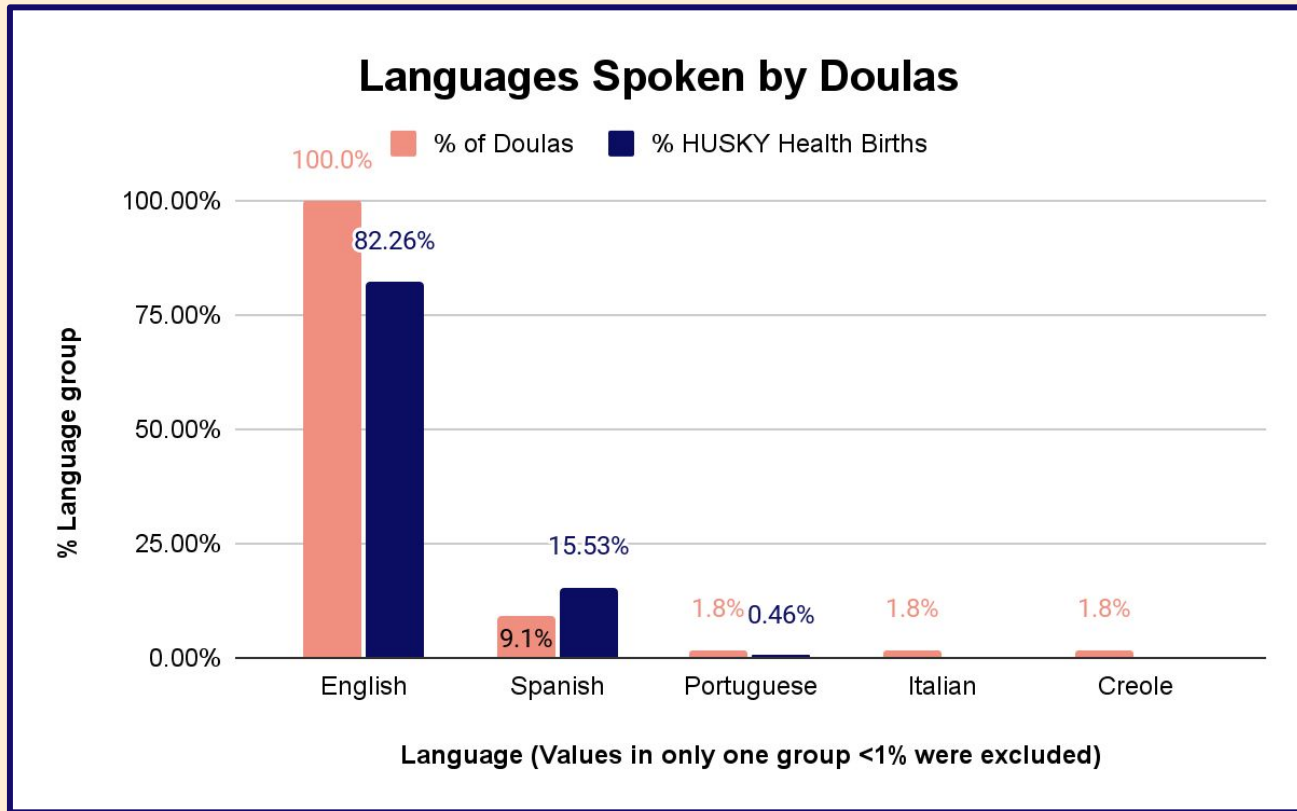
HUSKY Health Member Focus Groups

N = 24 towns/cities

27 individuals

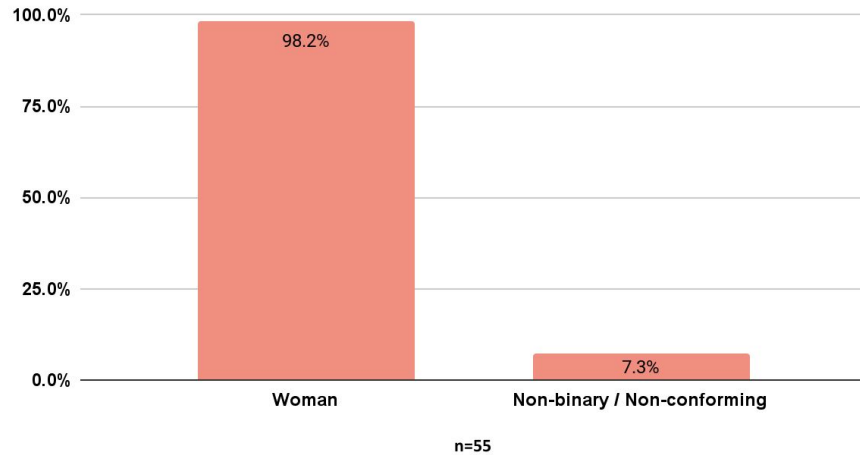
*Please note, town/city reported may be a practice setting or home location of the participant.

Languages Spoken

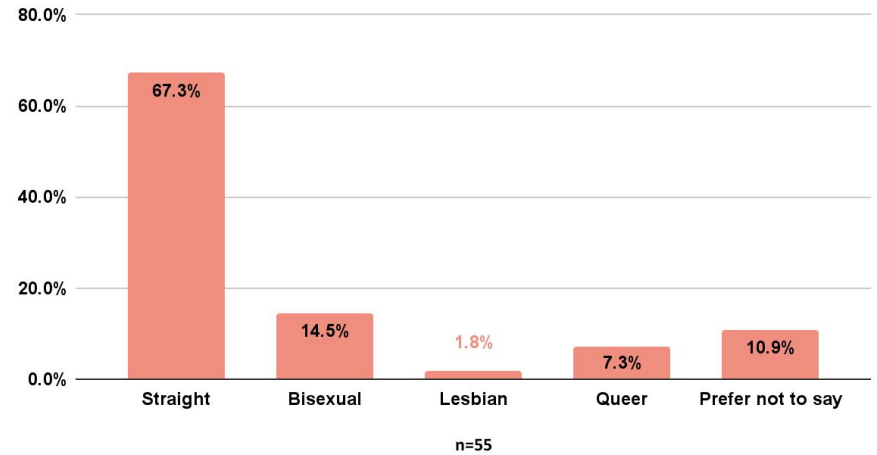


Self-reported gender and sexuality of doulas

Self-reported Gender of CT Doulas



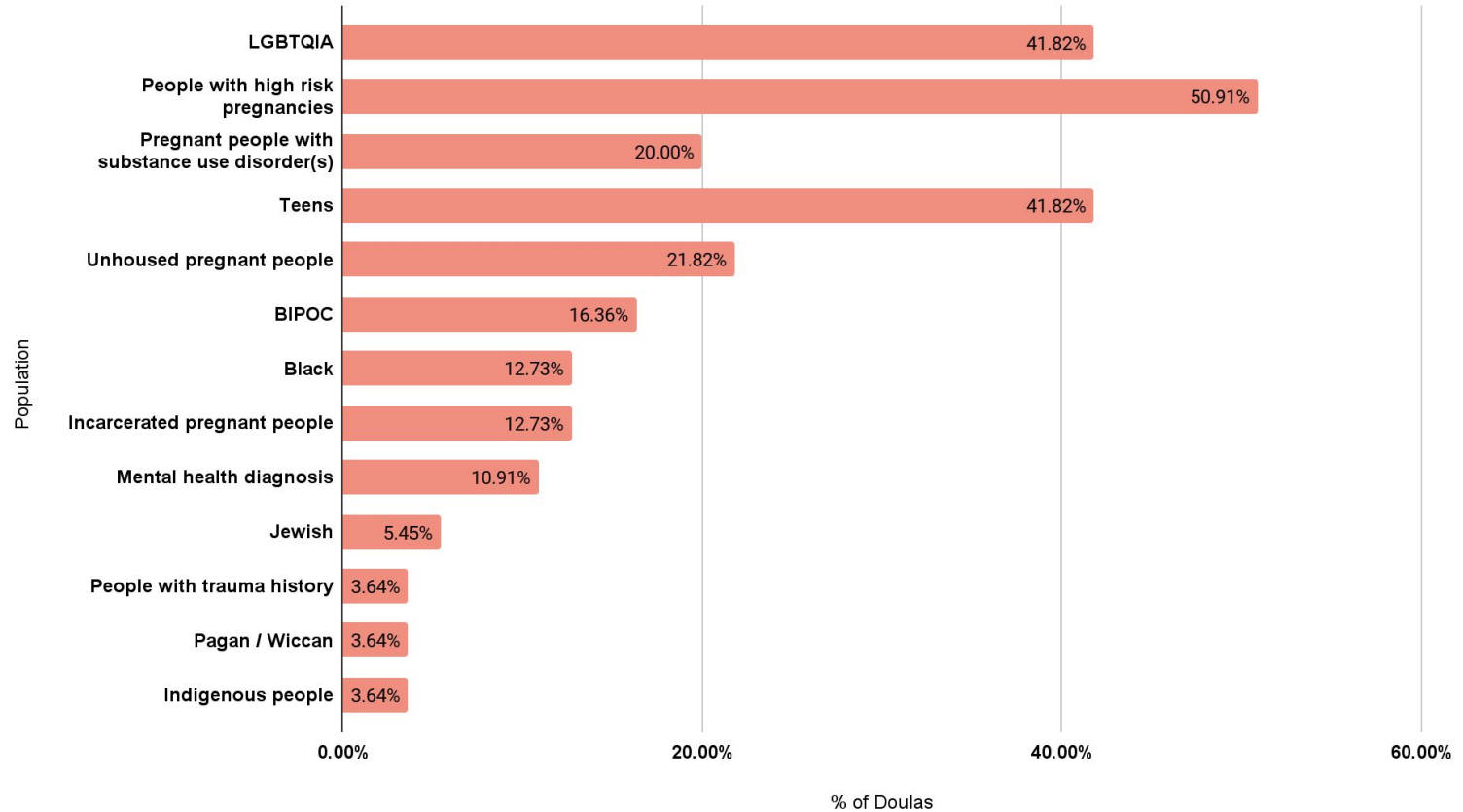
Self-reported Sexual Orientation of CT Doulas



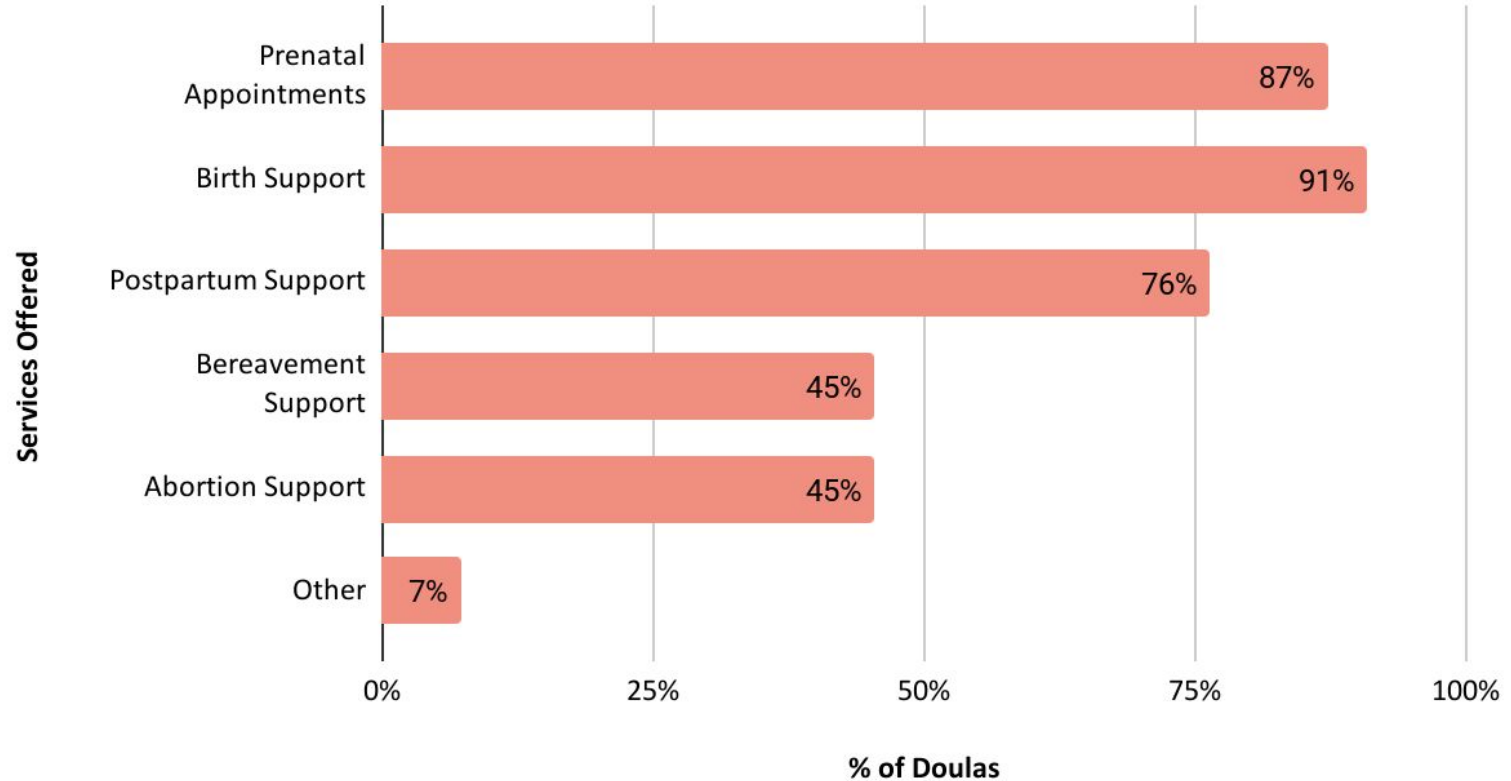
Doula Practice Characteristics



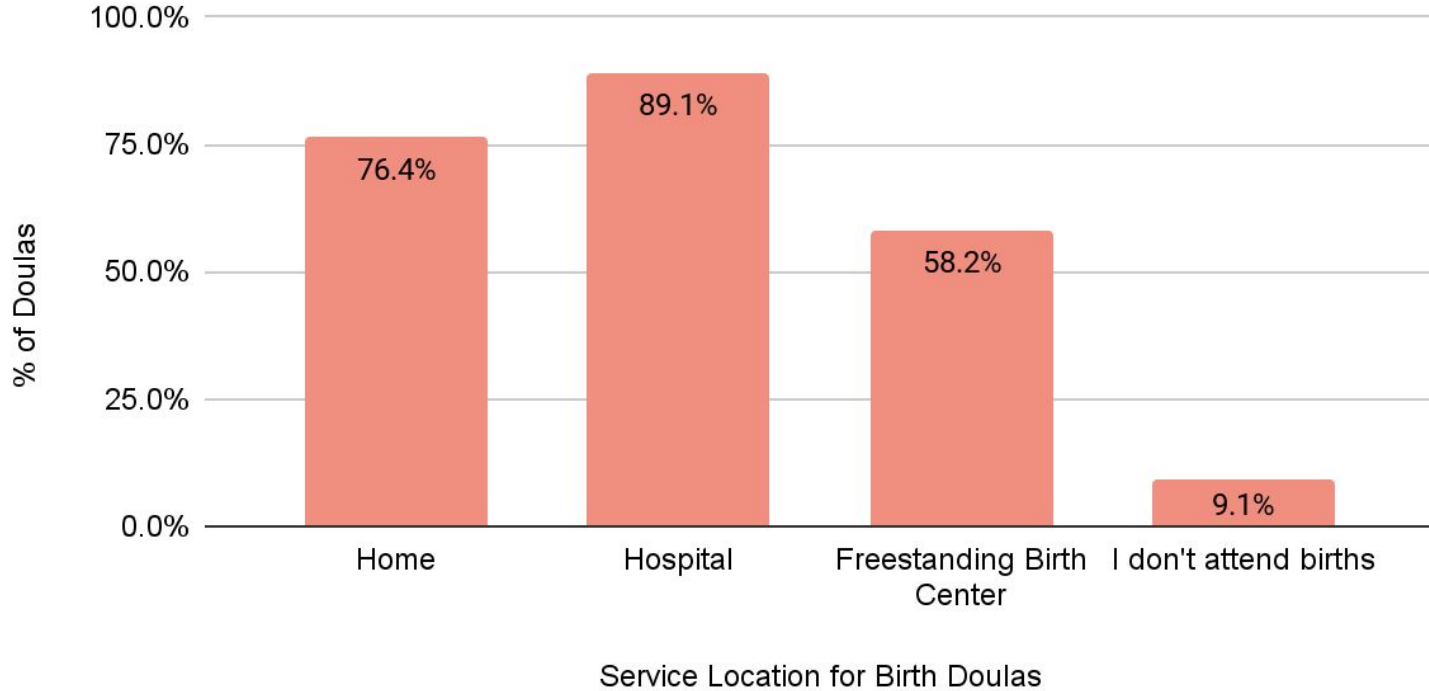
Proportion of doulas with experience serving specific populations



Reported Types of Doula Support



Proportion of Doulas Offering Birth Services by Service Location



Attitudes about doula support

- Physicians, midwives, and HUSKY Health members noted doulas provide **emotional and informational support**
- Physicians and midwives reported that patients **feel more comfortable** with doulas.
- HUSKY Health members expressed interest in receiving **education** from doulas on a wide range of pregnancy and postpartum topics
- HUSKY Health members valued: **bilingualism**, knowledge about **technology**, and **massage techniques** in doulas



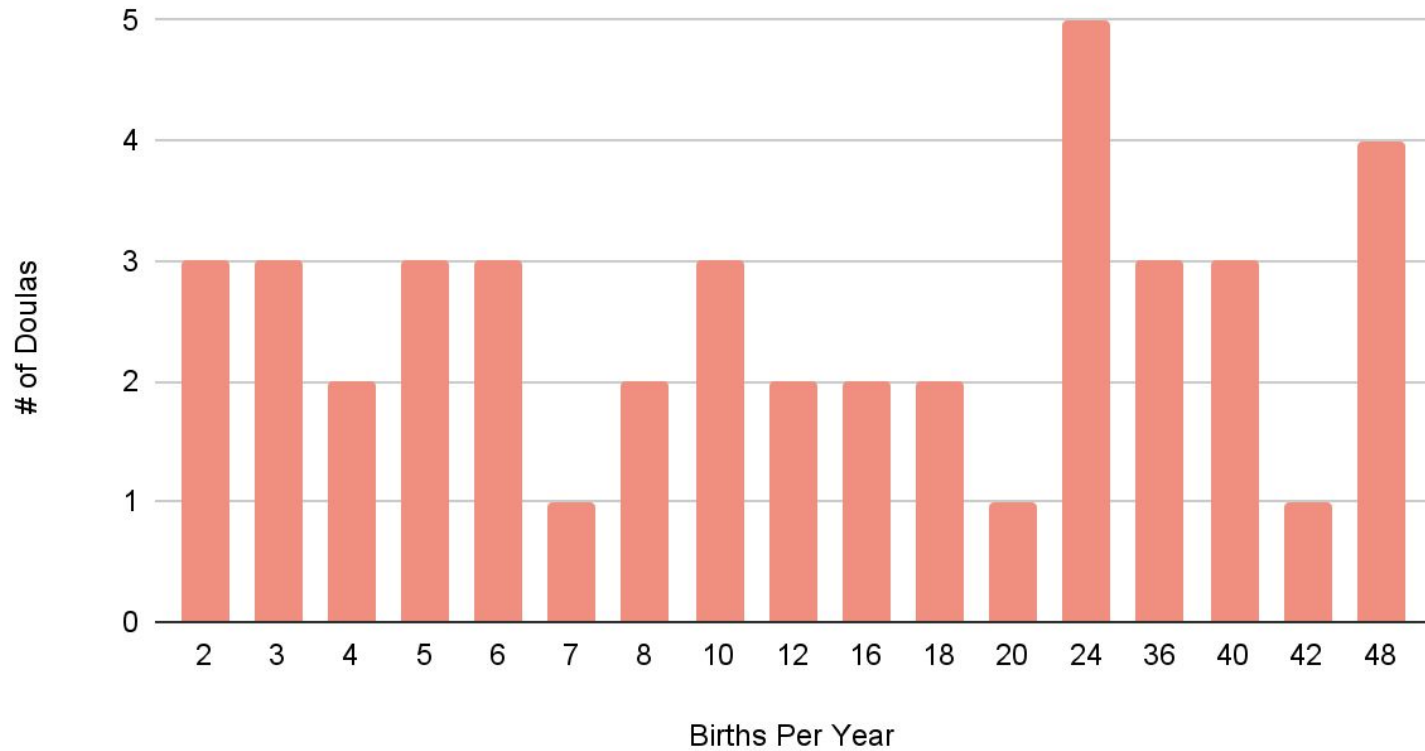
“She was lively and would always cheer me up. She still checks in ‘til today to ask after my baby.”

HUSKY Health member

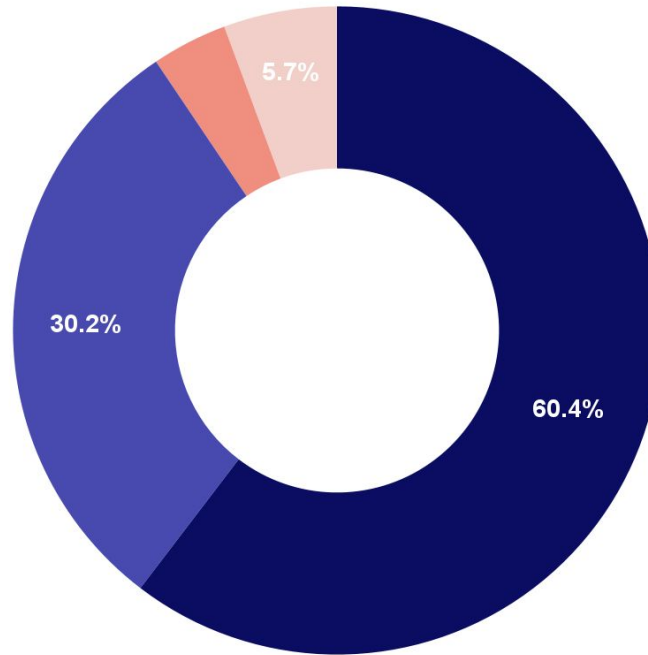
Network Adequacy



Annual Volume of Births Per Doula



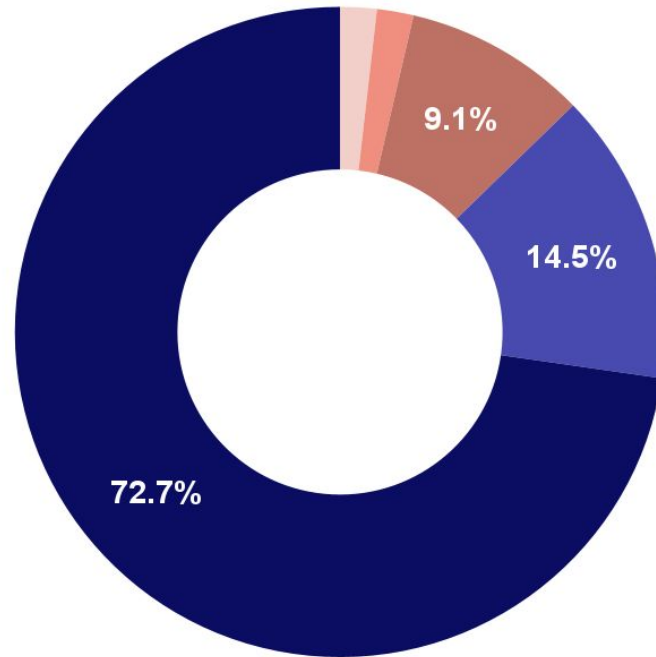
Assuming you could find clients and could get paid for the services, how much more would you want to work?



- I want to take more clients.
- I want to continue serving the same number of clients.
- I want to take fewer clients.
- I am no longer taking clients at all.

Level of Interest in Serving HUSKY Health Members through Maternity Bundle

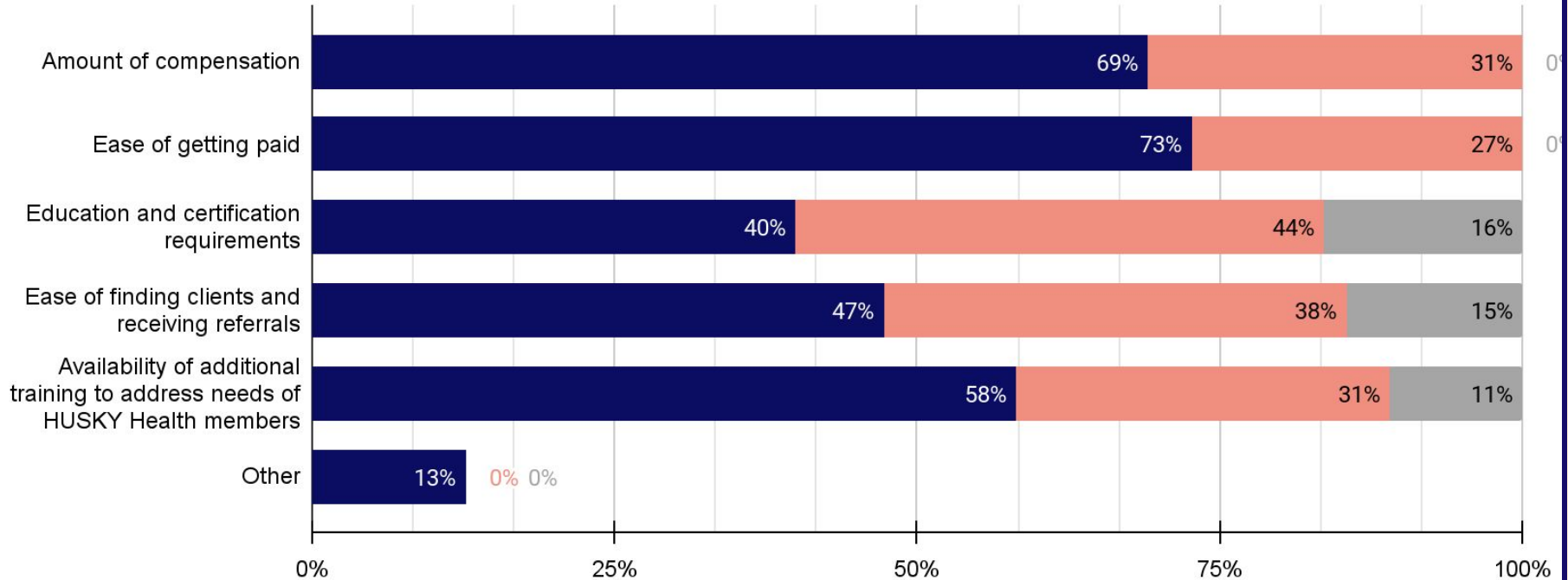
1 = not interested, 5 = extremely interested



1 2 3 4 5

Importance of Different Factors in Decision to Participate in HUSKY Maternity Bundle

■ Very Important ■ Somewhat Important ■ Not Important



Workforce assumptions



- ~100-150 doulas work in CT
- Not all doulas will serve HUSKY Health members
- Doulas who serve HUSKY Health members will **optimize their payor mix** based on financial or personal needs
- ~50 existing doulas will participate in bundled payment
- HUSKY Health volume is dependent on **ease of participation**
- Average doula caseload of **36 births/year**

Workforce scenarios

			1 birth/month HUSKY Health caseload		2 births/month HUSKY Health caseload	
Target Doula utilization	Doula attended births n=15,000*	Estimated current doulas	Total Doulas Needed	Doula deficit (addit. workforce need)	Total Doulas Needed	Doula deficit (addit. workforce need)
10%	1500	50	125	75	63	13
12%	1800	50	150	100	75	25
20%	3000	50	250	200	125	75

*Population covered by bundle will be lower due to exclusions

Network adequacy gaps & recommendations

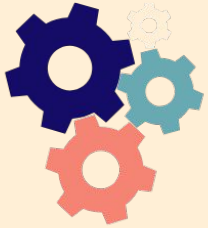
Level of Impact	Ease of Implementation		
	Easy	Medium	Challenging
Low			Track referrals
Medium		Fund doula training*	
High	~10% utilization target	Set market compensation	Fund doula platform

**Project team will identify specific groups to include, with goal of diversifying doula population*

Doula Training



Training & Professional Education Survey Findings



100% of doulas received formal training

- 42% of doulas received >1 doula training or certification

55 doulas listed 26 different doula training programs

- Most common programs
 - DONA (24/55)
 - Earth's Natural Touch (10/55)
 - Madriella (7/55)
 - Childbirth International (4/55)
- 87% received **doula certification** from a training organization

Connecticut Based Doula Training Programs

Program Name	Length of Training	Number of Participants	Enrollment	Fee
Birth Partners Birth and Postpartum Doula Training	Birth-approx 2 months training and mentoring.	Birth Doula - 4 participants per cohort.	Birth Doula 2x/yr	Birth Doula-\$300
	Postpartum approx 1 month Training	Postpartum training, unlimited	Postpartum doula- Rolling registration	Postpartum Doula \$200
Earth's Natural Touch	14 months	10-25 participants per cohort	Once a year	\$1200-\$1500
Mama Warrior Doula Training	Self-paced with 1 Full Day of Training	Unlimited	Rolling Registration	\$750 for a new doula, \$650 for a seasoned doula

Based on publicly available information on organizations' websites

Most Common National/International Doula Training Programs

Program	Cost	Admissions	Length of Training
DONA International	\$800 to \$1200	Unlimited, Rolling Registration	Self-paced reading, then one weekend live or online/virtual skills training.
CAPPA	Live Training \$750, includes CAPPA Membership. Online Training \$925, includes membership, books and materials.	Unlimited, Rolling Registration	Self-paced, up to 2 yrs to complete training
Madriella	\$150 initially, then \$100 every 3 years.	Unlimited Rolling Registration	Self-paced, no time limit, Participants must complete 10 modules with several units each
Childbirth International	Fees: Birth Doula \$720-\$785. Postpartum Doula \$690-\$755	Self-paced, no time limit, ~3-4 mos to complete working 10hrs/wk	Birth Doula Training: \$720-\$785. Postpartum Doula Training \$690-\$755

Based on publicly available information on organization's website

Training & Professional Education

Focus Group Findings



- Doulas desire **increased access** to training on:
 - Emotional management
 - Financial literacy
 - Information management
 - Pre/postnatal care
- Barriers to accessing educational opportunities included **cost, time, and limited knowledge of training options**
- HUSKY Health members **uncertain of level of healthcare training** that doulas receive

“Sometimes I connect with other new doulas in my community and from my training to support each other, refer to each other, and back each other up.”

Doula

Training Recommendations

Level of Impact	Ease of Implementation		
	Easy	Medium	Challenging
Medium		Fund local orgs to fill training gaps	ID funds for training grants
High	Adopt Doula Advisory Committee certification standards	Create bundle specific training*	

**PMC will create as part of the integration scope of work*

Partnerships & Affiliations



Collaboration Benefits & Challenges

BENEFITS

Doulas:

- provide collaborative support to families
- broaden own knowledge and skills
- market services through referrals and networking

Clinical providers:

- simplify work by doulas keeping track of patients
- smooth delivery and post-delivery procedures
- lower mortality rates
- parents better informed regarding infant care

CHALLENGES

Doulas:

- slow decision making
- differing approaches
- lack of respect and team cohesion
- reduced intimacy in the birthing experience

Clinical Providers:

- concerns about doulas lacking adequate training and experience
- unhealthy power dynamics

Doula Affiliations



Doula Perspective

- Limited affiliations with hospitals and medical practices (Danbury Hospital, Manchester Hospital doula programs)
- Receive referrals from some practices more than others
- Interest in developing more affiliations

Clinical Provider Perspective

- Informal referral lists
- No affiliations
- Generally unfamiliar with programs available in their area, may know specific doulas
- Interest in developing more affiliations

Employer	Number
Community organization (not medical provider)	8
Doula group / collaborative	18
Self-employed	50
Hospital/health system	2
Private medical practice	1

Doula Affiliations

- Clinical provider partnerships with doulas occur through **referrals and supporting patient needs post-delivery**
- Most providers had **no partnerships** with doulas
- **No doula policies existed** among any clinical practices and/or hospitals
- Clinicians noted that **financial support for doula services** would be necessary to sponsor doula services
- Providers identified **a lack of administrative infrastructure** and time as barriers to adopting a doula program



Does your practice and/or hospital have a doula policy? If so, are you willing to share it with us?

"For now we don't have, but I will introduce the idea to the hospital."

Clinician

Recommendations to foster affiliations

Level of Impact	Ease of Implementation		
	Easy	Medium	Challenging
Medium	Limit provider responsibilities	Model doula policy*	QR Code Searchable database
High	Easy doula sign-up across multiple providers	Easy referral process	Single platform for all necessary services

**PMC will create as part of the integration scope of work*

Utilization & Outreach



Accessing Doula Support

Focus Group Findings

- 16/24 HUSKY Health members either received doula services or knew someone who did
- 17/24 HUSKY Health members said doulas were available in their area
- 10/24 HUSKY Health members would prefer to choose their own doula
- 10 would prefer a doula recommendation from a clinical provider
- All HUSKY Health members preferred the option of working with one, rather than a team, of doulas



Would you be more inclined to use a doula if your provider recommended one to you? Do you prefer to choose your own doula or to be assigned to one?

“I used a doula because I was recommended them but would prefer to choose myself.”

HUSKY Health Member

Accessing Doula Support

Focus Group Findings, continued



- **Cost** was the primary factor that prevented HUSKY Health members from having doula support.
- 21/24 would **want doula support** if it were available to them as a covered benefit

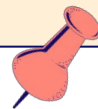
If you haven't had doula support, would you want doula support if it were available to you as a covered benefit?

"The price is challenging. I know their worth, so yes, I'll be happy to have their support again, I already have had it in the past."

HUSKY Health member

Current Utilization in CT

- **Estimated <1%** for HUSKY Health members
- **Practice specific utilization for all CT births ranges from <5% to 25%**
- **Varies** based on practice characteristics
- **Low referral rate** from providers overall & specifically within HUSKY Health population



What's happening nationally?

- MN and OR are the 2 states with most seasoned Medicaid doula programs
- Very low utilization
- Barriers:
 - low participation from doulas
 - low reimbursement
 - difficult/complex registration
 - costly/complicated billing
 - gatekeepers
- Early success in RI

Marketing and Outreach

- Doulas market their services primarily with:
 - **Social media**
 - **Word of mouth**
- Some doulas use:
 - **Referrals from providers** and other doulas
 - Other **networking** opportunities
- Clinical providers need **education about the doula role and availability** to sponsor doula care and services



“They act as the pregnant woman’s right-hand woman, helping to make their experience happier and more stress-free.”

Clinician

- Clinical providers envisioned:
 - **Partnering** with more doulas
 - Asking doulas to be **guest speakers for birthing classes**
 - Establishing **in-hospital doula offices**
 - **Online platforms** for doula access to patients

Member Utilization & Outreach Recommendations

Level of Impact	Ease of Implementation		
	Easy	Medium	Challenging
Medium	Member education	Provider education*	Public searchable database + referral portal
High	Enable member choice	Broad doula/provider connections	

**PMC will create as part of the integration scope of work*

Administrative & Data Collection Infrastructure



Administrative & Data Collection Infrastructure

Charting & Record Management



Highly varied, dependent upon type of organization, ranged from:

- None
- Notebook
- Spreadsheet (e.g. Excel, Google sheets)
- Cloud-based platform
 - Apricot/Social Solutions
 - Maternity Neighborhood
 - Mahmee
 - The Doula Network
 - UniteUs
 - Other doula focused platforms, some proprietary
- Clinical providers agreed with importance of doula use of electronic charting
- Providers want to see notes if patient had a clinical need
- Do not want responsibility of reviewing all doula charting
- Mutual concern related to administrative burden of new programs

Administrative & Data Collection Infrastructure

Outcome Tracking & Reporting

Differs across organizations

- Measures collected driven by:
 - Funding source requirements
 - Professional interest
- Report **de-identified outcome data** annually to:
 - Contractors
 - Funders
 - Doulas within their organization's service area
 - Provide outcomes for conferences
 - Use for future grant funding



Administrative & Data Infrastructure Recommendations

Level of Impact	Ease of Implementation		
	Easy	Medium	Challenging
Low		Ensure customizability	
Medium	Align with Doula Advisory Committee competencies		Ensure doulas own their data
High	Curate evaluation measures	Endorse & support aligned platform	Plan for direct reimbursement

Technology platform needs

- Doula registration
- Doula credentialing
- Doula/member matching
- Encounter forms & assessments
- Outcome tracking
- Data aggregation and analysis
- Referrals
- Client satisfaction survey
- Revenue cycle management

Next Steps





**Design approach
to establish and
strengthen doula
and provider
relationships**



**Surveys and
1:1 meetings
ongoing**



**Develop
workforce
development
plan**

Appendix

Doula Training Programs Attended by Most Connecticut Doulas

Program	Certification(s)	Cost	Capacity	Program Length	Curriculum Covered	Additional Details
<u>DONA International</u>	Birth and postpartum Doula Certifications	Fees: \$800 to \$1200	Unlimited Rolling Registration	Self paced reading, then one weekend live or online/virtual skills training.	lactation, newborn feeding, basic childbirth education, hands-on support with clients, develop a resource list for your community, business webinar	No standard anti-racism training or cultural humility training
<u>Earth's Natural Touch</u>	Certification as an Inter disciplinary Doula	Fees: \$1200 to \$1500	One cohort of 10-25 doulas annually	14 month training and mentoring program	Preconception and Fertility, Antepartum Care, Labor/Birth Doula Support, Postpartum Doula Support, Birth Justice, Lactation Support, Grief and Loss Support, Radical Liberation Training, additionally, nutrition, toxic relationships, trauma informed care, toxic relationships, birth justice, research, advocacy.	Black woman owned, women of color led
<u>Madriella</u>	Certification as a Birth or Postpartum Doula	\$150 initially, then \$100 every 3 years	Unlimited Rolling Registration	Self paced, no time limit, Participants must complete 10 modules with several units each	Basics of supporting as a Madriella Doula, Birth prep and home exercises, Birth Preferences, The physiology of birth, Relaxation techniques, Hospital procedures and protocols, The Doula in the birthing space, The doula after the births, Certification exam.	No readily accessible live support, No obvious cultural humility training
<u>Childbirth International</u>	Certification as a Birth or Postpartum Doula	Fees: Birth Doula \$720-\$785 Postpartum Doula \$690-\$755	Self Paced, no time limit, it takes ~3-4 months to complete working 10hrs/wk	Birth Doula Training: \$720-\$785. Postpartum Doula Training \$690-\$755	Multiple modules covering birth and postpartum support, communication, Diversity/equity/inclusion, anatomy and physiology, C-section and VBAC, Infant care and feeding, grief and loss, doula business principles	A one- on- one teaching method

Other Doula Training Programs Connecticut Doulas attended

Birth Advocacy

CAPPA

ProDoula

Birth Arts International

Birth Partners

Doula Training International

International Doula Institute

Mama Glow

Anuar

BEST Doula Training

Birth Doula International

Birth Tribe

Embodied Doula Training

HealthConnect One

International Doula Services

Mamatoto Village

Matrona Birth Doula Training

National Association to Advance Black Birth
(NAABB)

Newborn Mothers Collective

Planned Parenthood

StillBirthday

While most doula training programs covered the basics of birth and postpartum support and comfort measures, there were WIDE variations in training curricula, duration of programs, how many people a program could train at a time, live v. online training, one day v. several months, self paced v. directly mentored.

Additional Doula Platforms

- Zoho
- Mobile Doula
- eDoulaBiz
- Mahmee
- Maven
- Proprietary software