Integrating Doulas in Maternity Care  
A Health Care Transformation Measure

A joint presentation of:

**Oregon Doula Association**: Courtney Everson, MA, PhD, Birth Doula, Jesse Remer, BDT/PDT(DONA), LCCE, Debra Catlin, BDT(DONA)

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**Introduction**

**Goal**: Collaboratively envision the role of doulas as integral members of the maternity care team and in health care transformation.

- **Key objectives**:
  - Review Oregon’s plan for THW doula care integration;
  - Summarize the research on the benefits of doula care;
  - Describe the role of the birth doula;
  - Name the first step to implement doula services for your clients.
What is a Birth Doula?

- “BIRTH DOULA means a birth companion who provides personal, nonmedical support to women and families throughout a woman’s pregnancy, childbirth, and postpartum experience.”
  (OAR 410-180-0305)

- “A COMMUNITY-BASED DOULA is a woman of and from the same community who provides emotional and physical support to a woman during pregnancy, birth and the first months of parenting.”
  (HealthConnect One, 2014)

HB 3311 (2011)

Requires Oregon Health Authority to explore ways to use doulas to improve birth outcomes for women who face disproportionately greater risk of poor birth outcomes and to report to legislative committees in February 2012.

Declares emergency, effective on passage.

Committee formed to establish scope of practice, descriptions, and education/training requirements.
Final report released Feb 22, 2012
Doula Care and the Triple Aim

- Improving the experience of care
- Improving the health of populations
- Reducing per capita costs of health care

Improving Health Equity

- Expand use of a birth doula workforce consisting of individuals:
  - From the community served
  - Who have a high level of familiarity with population served
- Cultural competency training for doulas
- Outreach to populations prioritized by OAR rule 410-130-0015
Priorities include:

- A woman with a racially or ethnically diverse background including, Black/African American, Asian, Pacific Islander, Native American, Latino, or multi-racial;
- A homeless woman;
- A woman who speaks limited to no English;
- A woman who has limited to no family support;
- A woman who is under the age of 21;
- Medically high risk clients
Oregon’s Traditional Health Care Workers

- Community Health Workers
- Peer Support Specialists
- Personal Health Navigators
- Peer Wellness Specialists
- Birth Doulas

Doula Care is now a covered service for all OHP clients
Perinatal Health Outcomes and Childbearing Experiences Associated with Doula Care

Positive Outcomes

Community-based doula programs improve birth outcomes, infant health, strengthen families, and establish supports to ensure ongoing family success, including:

- Improved prenatal care
- Reduction in preterm birth
- Improved resource usage
- Decrease interventions/Cesareans
- Increased breastfeeding success
- Improved mother-child interaction
Quantitative Research Reviewed

Hodnett et al. (2013) – Cochrane Review: *Continuous Support for Women during Childbirth*
- Decreased use of epidural and other analgesia
- Decreased average labor length
- Decreased assisted vaginal delivery (forceps, vacuum) rates
- Decreased cesarean section rates
- Decreased rates of low 5 min Apgar scores
- Improved patient satisfaction with labor and delivery experience

2013 Cochrane Review

Author’s Conclusion:

“Continuous support during labor has clinically meaningful benefits for women and infants and no known harm. All women should have support throughout labor and birth.”

(Abstract, pg 1)
“Continuous support from a person who is present solely to provide support, is not a member of the woman's social network, is experienced in providing labor support, and has at least a modest amount of training, appears to be most beneficial.”

(Kozhimannil et al. 2016 – *Modeling the Cost Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery* (in Medicaid Populations))

*Preterm Birth* 4.7 vs 6.3  (22% reduction)

*Cesarean Birth* 20.4 vs 34.2 (40% reduction)
Doula care supports near-universal breastfeeding initiation among diverse, low-income women

- 97.9% breastfeeding Kozhimannil et al. (2013) – initiation rate (compared with 80.8% of the general Medicaid population)
- 92.7% BF initiation rate among African American women (compared with 70.3% of the general Medicaid population)

Qualitative Research Reviewed

Themes include:
- Increased knowledge about childbearing
- Enhancement of self-care
- Early attachment to the baby
- Improvements in their supportive networks
- Tailored approaches, individualized and culturally-matched care
- Reassurance and encouragement (in birth, in life)

Breedlove, 2005; Campero, 1998; Koumouitze-Douvia, and Carr, 2006
Everson 2015
Oregon’s Community Based Birth Doula Care Model

- At least 4 prenatal home visits
- Attendance at the birth beginning at client’s request through the immediate postpartum period
- At least 2 postpartum home visits
- Phone contact and referrals as needed
- Back-up doula for continuity of care

Just what does a birth doula do?
Creates a Therapeutic Relationship

Extends welcome, acceptance, kindness, compassion, and positive regard.

Uses communication skills and emotional support techniques with all interactions.

Creates safety, trust, and an unconditionally supportive dynamic

Before the Birth

The doula meets with the mother and her support team to:

- Address healthy lifestyles, discomforts, mental health, and warning signs during pregnancy
- Explore worries/fears about the upcoming birth
- Identify labor support needs and birth desires
- Provide evidence based information about childbearing options
- Develop coping strategies, communication tools, and a birth care plan
- Plan for family’s needs after the birth
During Labor and Birth

- **Physical Support**
  - Hydration, position changes, relaxation, comfort measures, pain relief, rest, privacy

- **Emotional Support**
  - Confidence building, reassurance, focus, encouragement, validation, nurturing touch, and a caring, safe, and trustful presence
- **Informational Support**
  - Evidence-informed education, support and suggestions for partner, anticipatory guidance, feedback, explanation

- **Advocacy**
  - Encouraging questions, speaking up about concerns, shared decision making, and suggesting options to consider
After the Birth

- Immediate postpartum support and initiation of breastfeeding as needed
- Home visits to:
  - Assess maternal and infant well-being
  - Give referrals for concerns
  - Troubleshoot breastfeeding and milk intake
  - Offer guidance on infant care and behavior
  - Debrief the birth experience
  - Screen for Postpartum Mood Disorders

Limits to Practice

- Doulas do not speak instead of the client or make decisions for the client.
- Doulas do not perform clinical or medical tasks such as taking blood pressure or temperature, fetal heart tone checks, vaginal examinations, postpartum clinical care, or delivering babies.
- Doulas do not “prescribe” treatment. Any suggestions or information provided within the role of the doula must be done with proviso that the doula advise her client to check with her primary care provider before using any application.
How can CCOs and Providers find and utilize state certified Doulas?

Schedule an in-depth presentation with key decision makers!

Contact Debra Catlin
debcatlin@aol.com
541-393-6380
“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”
~Margaret Mead

Acknowledgements
Oregon Doula Association
ORCHWA
Office of Equity and Inclusion
Oregon State University
MAP
International Center for Traditional Childbearing
Providence Medical Center

THANK YOU!
Doula Service Flow Chart for CCO OHP Clients

Doula meets state registry requirements → Doula applies to registry, with proof of all requirements → State contacts doula for background check

Doula approved and listed on registry. Doula applies for #NPI and Provider Enrollment Form 3113. Doula joins local team → CCOs/Payers determine claims form for doula care. Providers are educated on Doulas, client priorities, care package, and client contact. → CCOs/Payers contract with local state certified doulas on timing of payment.

Provider gives client contact info for doulas on state registry. Doula team matches doula(s) with client. → Provider notified by client of chosen doulas (primary and back-up), notes in chart → Doula conducts 4 prenatal visits in the client’s home.

Provider checks to see doula is called. Doula attends birth, presence and time of arrival and departure is noted in chart → Doula provides at least two postpartum visits in the home → Once all service is completed, Doula submits claim form to CCO/Payer.

CCO/Payer pays doula according to contract
REIMBURSEMENT FOR DOULA CARE: AN OVERVIEW

Correspondence should be directed to:
Jesse Remer, LCCE, CD/PCD(DONA), BDT(DONA)
Founder, Mother Tree Birth Service; Staff Doula/Community Outreach Providence Maternal Care Clinic
Policy & Advocacy Chair for the ODA
jesse@mothertreebirth.com or 503-407-4732

& Courtney Everson, MA, PhDc
Medical Anthropologist, Birth Doula, Oregon State University
Vice President for the ODA
CEverson@gmail.com or 360-490-0220

Supporting Authorship by members of the Oregon Doula Association (ODA)

Overview
As of January 1, 2014, Oregon Medicaid will give eligible mothers access to doula care in the intrapartum (labor and delivery) period.1 Qualified, certified doulas will be able to seek reimbursement through state-outlined pathways, as specified in OARs 410-130-00151 and OARs 410-180-0300 through 410-180-0380.2 This document serves to provide background information to make reimbursement decisions with the goal of consistency across health plans. These OARs resulted from the 2011 legislative passage of HB3650, which “mandates that members enrolled in Medicaid have access to Traditional Health Workers (TWHs) [including doulas] to facilitate culturally and linguistically appropriate care.”1

Definition
Definition of a birth doula from OAR 410-180-0305(3)2: “Birth Doula” means a birth companion who provides personal, nonmedical support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience.

Certification & Continuing Education
A qualifying doula is certified and registered with the Oregon Health Authority (OHA), as specified in OAR 410-180-0315 and OAR 410-180-0375:

To be certified in Oregon as a birth doula, an individual must:
1. Successfully complete an approved birth doula training program (http://www.oregon.gov/oha/oei/Pages/approved-thw-training.aspx); or
2. Have successfully completed all birth doula training requirements as described in OAR 410-180-0375 through one or a combination of non-approved birth doula training programs and meet the cultural competency course requirements through an approved training program for doulas. Completion of training currently includes:
   - 16 contact hours in labor training
   - 4 contact hours in breastfeeding training
   - 12 contact hours in childbirth education training
   - 6 hours in cultural competency training
   - Read 5 books from an authority approved reading list
   - Write an essay on the value of labor support
   - Create a resources list
   - Attend at least three births and three home visits
   - Submit evaluations from work with three families
   - Be CPR-certified
   - Have a valid food handler's permit.
Doulas will engage in continuing education and recertification pursuant to their professional associations and OAR 410-180-0320, which states:

1. To maintain certification status, all THWs must complete at least 20 hours of continuing education during every three year renewal period.
2. Continuing education hours taken in excess of the total number required may not be carried over to the next renewal period.
3. The Authority shall award continuing education hours for:
   a. Additional THW training offered by a training program; and
   b. Any other Authority approved training or event.
4. Requests for approval of continuing education may come from the hosting organization or from a certified THW attending the training or event.

Scope of Work

Defined Support Period: 2 prenatal visits; continuous support during the intrapartum period, including the onset of labor (as defined by the mother) to a minimum of 2 hours after delivery; 2 postpartum visits.

Average length of work: 24 hours per birth for the intrapartum period; this number is highly variable because each mother and course of labor unfolds differently. 24 hours is an average that accounts for standard deviation on both sides. Average prenatal and postpartum visits will last for one to two hours.

Type of work: On-Call. The doula goes on-call for a mother at 37 weeks (term, or earlier if indication arises) through the time of delivery (40 – 42 weeks, on average). Prenatal and postpartum visits are scheduled with the mother on a timeline conducive to her needs. Doulas are required to secure back-up to insure coverage of client in case of emergency or unforeseen illness/circumstance. Partial fees are shared with back-up.

Doula has accountability to the provider to uphold her professional scope of practice in accordance with her professional associations, and to uphold standards of professional conduct as outlined in OAR 410-180-0340:

a. Acquire, maintain and improve professional knowledge and competence using scientific, clinical, technical, psychosocial, governmental, cultural and community-based sources of information;

b. Represent all aspects of professional capabilities and services honestly and accurately;

c. Ensure that all actions with community members are based on understanding and implementing the core values of caring, respect, compassion, appropriate boundaries, and appropriate use of personal power;

d. Develop positive collaborative partnerships with community members, colleagues, other health care providers, and the community to provide care, services, and supports that are safe, effective, and appropriate to a community member’s needs;

e. Regardless of clinical diagnosis, develop and incorporate respect for diverse community member backgrounds including lifestyle, sexual orientation, race, gender, ethnicity, religion, age, marital status, political beliefs, socioeconomic status or any other preference or personal characteristic, condition or state when planning and providing services;

f. Act as an advocate for community members and their needs;

g. Support self-determination and advocate for the needs of community members in a culturally competent, trauma informed manner.
(h) Base decisions and actions in support of empowerment and respect for community member’s culture and self-defined health care goals using sound ethical reasoning and current principles of practice;

(i) Maintain individual confidentiality; and

(j) Recognize and protect an individual’s rights. Individuals being served have the right to:

- Be treated with dignity and respect;
- Be free from theft, damage, or misuse of personal property;
- Be free from neglect of care, verbal, mental, emotional, physical, and sexual abuse;
- Be free from financial exploitation;
- Be free from physical restraints;
- Voice grievances or complaints regarding services or any other issue without discrimination or reprisal for exercising their rights;
- Be free from discrimination in regard to race, color, national origin, gender, sexual orientation, or religion; and
- Have their information and records confidentially maintained.

Duties: Birth doula services include the following activities that support physiologic birth practices and informed choice during childbearing:

- Initiates relationship with client to establish birth preferences and support desires;
- Joins the woman upon arrival at the birth facility, at her request for continuous support, and stays through labor, delivery and through the immediate postpartum period;
- Provides emotional, physical and non-pharmacological pain management and comfort measures, including, but not limited to: breathing techniques, use of focal points (visualization), positioning, comfort massage, counter pressure, hot and cold therapy, hydrotherapy, and verbal reassurance;
- Offers informational support and education to the woman and her support team in accordance with the provision of evidence-based, informed choice during childbirth and personal empowerment;
- Helps to communicate the clinical care team’s instructions and recommendations to the mother, as well as the mother’s birthing desires to the clinical care team;
- Aids and encourages the mother and her support team to communicate with the clinical care team about any questions or concerns they may have;
- Assists with building positive and thorough communication between the patient and care team;
- Assists in initiating and sustaining breastfeeding postpartum;
- Screens clients for perinatal mood disorders and provides appropriate referrals; and
- Supports the client in navigating community resources and social services, as needed

Anticipated Outcomes: improved health, decreased interventions, and associated cost-savings.

In 2013, Hodnett and colleagues published an updated Cochrane Review on the effects of continuous intrapartum support compared with standard care. The review included all randomized controlled trials that compared support during labor with standard care from the Cochrane Pregnancy & Childbirth Group’s Trials Register. In total, twenty-two trials accounting for 15,288 women were included in the review. Significant main findings are as follows:

- Increased likelihood of spontaneous vaginal birth
- Decreased likelihood of epidural and other analgesia intrapartum
- Shorter average labor length
- Decreased likelihood of cesarean birth or instrumental vaginal delivery (forceps, vacuum)
- Decreased likelihood of low 5 min Apgar scores
- Decreased likelihood of dissatisfaction with labor and delivery experience

Multiple other studies have demonstrated the efficacy of doula care, including improved maternal confidence, increased breastfeeding rates, and improved mother-infant bonding. References available upon request.

Compensation
Currently in Oregon, there are a number of organizations providing doula care, particularly in the Tri-County area where the examples below come from. There is a range of payments from no payment (pro bono) to $1400+. Women contact doulas through various resources such as doula agencies, online referrals, or provider recommendations, and then hire them as private contractors or via community-based agencies.

Market pricing for doula care varies widely based on several factors, including the setting in which the doula is working, the demographic of the women she serves, the experience of the doula, the add-on services she provides before and beyond intrapartum care, and the market demand and availability for doula care.

a) Community-based Doulas: (free or average of $200/birth via grant funding). These are doulas working in a non-profit or volunteer programs, and providing pregnancy, birth and postpartum support or just intrapartum support. Examples include: International Center for Traditional Childbearing (ICTC), PDX Doulas, Gateway Doula Project.

b) Private Doulas: Hired by the mother and/or expectant family ($300 - $1400) with a range of experience from 3 (standard certification minimum) to 1000 births. Examples: Mother Tree International, Doula Love, Renaissance Doulas, Portland Doula Association

c) Hospital-based Doulas: hired by the hospital to provide intrapartum care. Average hourly cost is $30.55, including FTE benefits, with ten 24-hour shifts a month and an average of one birth per shift. Example: Providence MCC Staff Doulas

d) Medicaid of Oregon currently reimburses $75 for intrapartum services only, pursuant to OAR 410-130-0015, and this rate only applies to fee-for-service (“open card”) clients. This rate was established as a starting point after examining projected cost-savings associated with intrapartum doula services in terms of two outcomes (cesarean section, epidural use) and associated Medicaid fee structure and claims history. Reimbursement rates for clients covered by the Oregon Health Plan and whose care is managed by Coordinated Care Organizations (CCOs) are under negotiation. The recommendation below is for Medicaid clients whose care is administered via CCOs. Additionally, we recommend additional investigation of the $75.00 rate for fee-for-service clients with possibility for increase.

### Compensation Recommendation: $600 one-time fee per client, to include: 2 prenatal visits, continuous support at the labor/birth, and 2 postpartum visits.

Based on community standards for the doula profession in Oregon and the importance of professional sustainability, we recommend that CCOs administering Oregon Medicaid health plans reimburse doulas a fee of $600/client. Rationale: The doula profession follows an on-call structure and aims to support normal physiologic birth and a woman’s personal autonomy, in conjunction with the recommendations of her clinical care team and evidence-based practices. As a traditional health worker (THW), the provision of doula care to all women is an essential ingredient for achieving reductions in documented health disparities and improving maternal-child health outcomes for all families. Further, the reimbursement rate for doula services must be a sustainable living wage commensurate with the private professional realm of doula care and associated THW fields. The recommended fee of $600/client will help to insure long-term sustainability and viability of a professional workforce of doulas that are reimbursed through Medicaid health plans, in commitment to health equity for all and concurrent cost-savings in maternity care systems.
Compensation Structure

Provider Payment for Oregon Medicaid fee-for-service clients: Clinical provider will recommend a doula, or the mother will hire a doula from the certified registered doulas list maintained by the OHA. The provider will bill on behalf of the doula via a U-9 modifier, as specified in OAR 410-130-0015 and summarized below:

- The licensed obstetrical practitioner may be eligible for an additional payment, as remuneration for the attending doula providing the doula services;
- Doulas shall not receive direct payment from the Division;
- To be considered for the additional payment, the professional claim for the delivery services must include the unique Medicaid modifier –U9 appended to the appropriate obstetrical code billed at the time of delivery;
- This modifier may only be billed once per pregnancy. Multiples (i.e. twins, triplets) are not eligible for additional payment for the doula’s services;
- Only one additional payment shall be made for the doula services regardless of the number of doulas providing the services;
- Only providers with a provider type designation of 34 or 42 may bill the U9 modifier.
- Doula services at the time of delivery are the only services eligible for payment under this rule.

Payment structures for Oregon Medicaid clients managed by CCOs should be established ASAP.

The Provider has accountability to pay the doula in a timely manner.

Disputes will follow an established Grievance Process, as specified in OAR 410-180-0380, summarized below:

- Any individual may make a complaint verbally or in writing to the Authority regarding an allegation as to the care or services provided by a certified or provisionally certified THW pursuant to OAR 410-180-0305 or that an approved training program has violated THW statutes or these rules.
- The identity of an individual making a complaint shall be kept confidential to the extent permitted by law but may be disclosed as necessary to conduct the investigation and may include but is not limited to disclosing the complainant’s identity to the THW’s employer.
- If a complaint involves an allegation of criminal conduct or that is within the jurisdiction of another local, state, or federal agency, the Authority shall refer the matter to the appropriate agency.
- The Authority shall investigate complaints and take any actions that are necessary for resolution.

Recommendations & Summary

We concur with Hodnett and colleagues (2013) who conclude their Cochrane Review of continuous labor support with this recommendation: “Continuous support during labour should be the norm, rather than the exception. Hospitals should permit and encourage women to have a companion of their choice during labour and birth, and hospitals should implement programs to offer continuous support during labour...Given the clear benefits and absence of adverse effects of continuous labour support, policy makers should consider including it as a covered service for all women.” Therefore, given the documented benefits and associated cost-savings of doula care and continuous doula support, we recommend that doulas who meet established state requirements be eligible for a per client reimbursement payment of $600 by all Oregon Medicaid health plans.

References Cited


## Supportive Actions and Benefits of Doula Care

*Debra Catlin, Oregon Doula Association*

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<thead>
<tr>
<th>Prenatal Visit Supportive Actions</th>
<th>Benefits</th>
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<tbody>
<tr>
<td><strong>Home visits</strong> in which the doula establishes a therapeutic relationship with client by extending welcome, acceptance, kindness, compassion, and positive regard. Uses communication skills and emotional support techniques with all interactions.</td>
<td>Creates a therapeutic relationship with client that carries into the labor and birth and postpartum periods; Increases sense of self-worthiness; Instills confidence; Promotes trust; Client more likely to ask for and utilize help; Improves maternal mental health and may avoid birth trauma</td>
</tr>
<tr>
<td>Coordinates with service providers, health plans and community resources involved in client care</td>
<td>Enhanced continuity of care, Effective utilization of services based on client/family need</td>
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<tr>
<td>Elicits client birth priorities and preferences and fosters ways to manifest them</td>
<td>Helps client to articulate priorities and take more responsibility for their birth</td>
</tr>
<tr>
<td>Reviews past pregnancy and birth experiences, identifies helpful aspects, areas for improvement, and previous difficulties/trauma</td>
<td>Care is tailored to individual needs-increased patient satisfaction; Improved maternal mental health</td>
</tr>
<tr>
<td>Explains Doula’s role and scope of practice; Doula does not project own values or goals upon client</td>
<td>Creates boundaries by clarifying doulas role, responsibilities, limits to practice, and differences among care team members; Clients feels support is unconditional</td>
</tr>
<tr>
<td>Assesses labor and birth support needs in regards to safety, trust, respect, communication, encouragement, autonomy, and nurturing</td>
<td>Care is tailored to individual needs; Decreases stress and anxiety; Mother feels more secure and in control; Increased patient satisfaction; Improved maternal health</td>
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<tr>
<td>Provides a counter-narrative of labor and birth as compared to negative images and stories clients often hear. Creates a coping mindset about labor pain, and relates factors that facilitate a positive birth experience.</td>
<td>Reduces maternal stress and fear; Instills confidence in ability to birth; Decreases need for pain medication and interventions; Shortens labor; Reduces complications and re-hospitalization of mother and newborn</td>
</tr>
<tr>
<td>Explains birth process in relation to physiology, hormonal orchestration, sensations, and emotions.</td>
<td>Normalizes birth process; Facilitates client’s knowledge of factors that enhance or inhibit physiological birth; Improves birth outcomes</td>
</tr>
<tr>
<td>Addresses any client disclosed special needs including history of abuse, trauma, or previous difficult birth</td>
<td>Identifies needs for professional help; Care is tailored to special needs-increased patient satisfaction; Mother feels more secure and in control; Improved maternal mental health</td>
</tr>
<tr>
<td>Educates client on ways to enhance physiologic birth such as calming techniques, mental focusing, mobility, hydrotherapy, massage, etc.</td>
<td>Optimizes hormonal output for mother and baby resulting in shorter labors, less intervention use, breastfeeding success, enhanced bonding, and improved maternal mental health</td>
</tr>
<tr>
<td>Reviews warning signs and preterm labor signs, refers as needed; Offers pregnancy comfort measures</td>
<td>Timely referrals for early intervention in potential complications: Improves birth outcomes; Reduces hospital admissions</td>
</tr>
<tr>
<td>Identifies any challenges to healthy lifestyle practices; offers supportive measures, resources; Offers referrals; Screens for antepartum mood disorders</td>
<td>Better compliance with healthy behaviors; Reduces health complications; Early identification of mental health issues</td>
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<tr>
<td>Assesses and personalizes labor coping strategies</td>
<td>Facilitates better coping with labor; less or later pain medication use; Fewer interventions</td>
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### Supportive Actions and Benefits of Doula Care

Debra Catlin, Oregon Doula Association

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<tr>
<th>Intervention</th>
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<tr>
<td>Teaches pre-labor positioning to encourage optimal fetal positioning</td>
<td>May facilitate anterior fetal positions, shortening labor and reducing mal-presentations</td>
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<tr>
<td>Discusses pain management options and their effects; Supports client’s choice</td>
<td>Informed decision making; Maximizes benefits of pain medication use while reducing side effects</td>
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<tr>
<td>Works out role with partner/helpers so as to maximize their participation at their comfort level</td>
<td>Supports partner/helpers role; Enhances father/partner’s birth experience</td>
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<tr>
<td>Explores parent’s pregnancy experience, including readiness for parenthood and relationships with family</td>
<td>Fosters more positive relationships with the family’s support system; Identifies needs for professional help</td>
</tr>
<tr>
<td>Identifies cultural practices/language considerations in regards to childbearing</td>
<td>Culturally appropriate care and communication; Identifies need for interpreter services</td>
</tr>
<tr>
<td>Assists client to create strategies to address fears and concerns about birth, especially when they feel frightened, ashamed, and overwhelmed</td>
<td>Reduces stress and anxiety; Mother feels more secure and in control; Enhances physiologic birth; improved birth outcomes; Increased patient satisfaction; Improved maternal health</td>
</tr>
<tr>
<td><strong>Empowerment support- Teaches communication strategies and tools for shared decision making with care team; Educates in general about benefits/risks of common interventions and Cesarean birth;</strong></td>
<td>Informed decision making, reduces non-medical use of interventions; Active participation improves client satisfaction; Reduces complications and hospitalization of mothers/newborn; Decreases possibility of obstetrical violence and birth trauma; Improves maternal mental health</td>
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<tr>
<td>Develops a birth care plan for several contingencies, includes a newborn care plan</td>
<td>Enhances communication with care team; Facilitates patient-centered care; Improves patient satisfaction</td>
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<td>Offers local resources for education on birth, breastfeeding, infant care, early parenting Fills in any gaps in education</td>
<td>Education is proven strategy for enhancing birth and infant outcomes</td>
</tr>
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<td>Provides parents with a postpartum care plan and information on maternal mental health</td>
<td>Facilitates family adjustment; Early identification and treatment of postpartum mood disorders</td>
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<td>Arranges a back-up doula in the event of illness, emergency, or primary doula’s unavailability</td>
<td>Facilitates continuity of care; Promotes security and trust with client</td>
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<tr>
<th><strong>Labor and Birth Supportive Actions</strong></th>
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<tr>
<td>Client contacts doula at beginning of labor, reminds clients of reasons to contact caregiver</td>
<td>Review signs of true labor and active labor; Client contacts provider and goes to hospital as directed, reducing hospital triage use</td>
</tr>
<tr>
<td>Doula with client during established early labor Keeps calm, reminds to rest, hydrate, nourish Recommends coping strategies for early labor Make sure family is ready to transport</td>
<td>Client in good physical and emotional state with entry into active labor; Fewer complications of long labors; Reduces possibility of unattended birth</td>
</tr>
<tr>
<td>Review signs of active labor with client</td>
<td>Client contacts provider and goes to hospital or birth center as directed</td>
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<tr>
<td>Provides continuous companionship with high quality emotional care</td>
<td>Reduces maternal stress; Less disruption in hormonal output, Increases spontaneous vaginal birth; Improves</td>
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<table>
<thead>
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<th>Action</th>
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<tr>
<td>Encourages mobility and pelvic opening positions throughout labor</td>
<td>Improves labor progress and reduces mal-presentations; Less intervention use; Reduces complications</td>
</tr>
<tr>
<td>Uses comfort measures, massage, pressure, hydrotherapy and other pain relief techniques</td>
<td>Reduces pain-less need for pain medication or delayed use</td>
</tr>
<tr>
<td>Supports client and partner in using relaxation, breathing, focusing and rhythmic guidance techniques to cope with labor</td>
<td>Improved coping; Less need for pain medication or delayed use; Positive perception of self and partner; Enhances bonding</td>
</tr>
<tr>
<td>Knows, supports, and facilitates client’s preference on use of pain medication</td>
<td>Improved communication with staff, better patient satisfaction</td>
</tr>
<tr>
<td>Reassures, validates, gives feedback, keeps up confidence, encourages, checks in</td>
<td>Emotional support helps mother to cope, reduces stress and anxiety, reduces pain, shortens labor</td>
</tr>
<tr>
<td>Roadmaps the birth process, explains to mother and helpers as needed</td>
<td>Reduces stress and anxiety</td>
</tr>
<tr>
<td>Encourages upright pushing positions and guides effective pushing techniques</td>
<td>Increased progress in second stage; Reduced instrumental delivery; No or less tearing of perineum; decreased Cesarean birth</td>
</tr>
<tr>
<td>Supports information gathering and shared decision making if needed</td>
<td>Informed decision making; Reduces non-medical use of interventions; Enhances communication with care team; Active participation improves client satisfaction; Mother feels more secure and in control; Reduces possibility of obstetrical violence and birth trauma; Improved maternal mental health</td>
</tr>
<tr>
<td>Helps parents cope with changes in plans</td>
<td>Reduces stress; Improves patient satisfaction</td>
</tr>
<tr>
<td>Helps with coping techniques for uncomfortable or painful procedures or dealing with unpleasant side effects</td>
<td>Reduces stress and anxiety; Greater comfort; Improves patient satisfaction</td>
</tr>
<tr>
<td>Cesarean birth support</td>
<td>Reduces stress and anxiety; Improves patient satisfaction; Improves maternal mental health</td>
</tr>
</tbody>
</table>

### Immediate Postpartum Supportive Actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports delayed cord cutting and immediate skin-to-skin contact with mother</td>
<td>Promotes successful breastfeeding; Improved newborn transitioning; Promotes seeding of infant’s microbiome; Improves parent-infant attachment- mother has higher regard for newborn, increased sensitivity and responsiveness toward newborn</td>
</tr>
<tr>
<td>Support provided with any post birth problems or complications, or NICU admission</td>
<td>Reduces stress and anxiety; Improves patient satisfaction; Improves maternal mental health</td>
</tr>
<tr>
<td>Early Breastfeeding support measures</td>
<td>Facilitates good positioning and latch, early and frequent feeding; Promotes adequate infant weight gain</td>
</tr>
<tr>
<td>Helps parents get to know their newborn-appearances and behavior</td>
<td>Parents understand infant’s cues; appropriate and immediate responses; facilitates parent-infant attachment</td>
</tr>
</tbody>
</table>
## Supportive Actions and Benefits of Doula Care

**Debra Catlin, Oregon Doula Association**

<table>
<thead>
<tr>
<th>Postpartum Visits Supportive Actions</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assesses physical recovery of mother; Offers comfort measures; Reviews warning signs and refers to provider as needed;</td>
<td>Timely referrals for early identification and treatment of complications; Reduces hospital readmissions</td>
</tr>
<tr>
<td>Reviews warning signs for infant, refers to provider as needed</td>
<td>Timely referrals for early identification and treatment of complications; Reduces hospital readmissions</td>
</tr>
<tr>
<td>Assess and troubleshoots breastfeeding; Refers to professional help for problems beyond the scope of the doula</td>
<td>Breastfeeding problems are addressed immediately; Milk supply and infant weight gain problems are reduced; Improves breastfeeding success and duration; Improved infant health</td>
</tr>
<tr>
<td>Address any infant care and behavior questions, and teaches infant soothing techniques</td>
<td>Parents more responsive to their infant’s cues; increases parent’s confidence in the role; Reduces parent’s stress and improves their mental health; Reduces chance of shaken baby syndrome</td>
</tr>
<tr>
<td>Assesses parent-infant attachment dynamics</td>
<td>Identifies need for professional help; Reduces incidence of child abuse</td>
</tr>
<tr>
<td>Assesses emotional status and adjustment of parents; Offers tips for self-care</td>
<td>Differentiates between normal transitions of early parenthood and mental health concerns; Improves parental adaptation and self-care, thus reducing stress and improving mental health; Timely referrals for professional help</td>
</tr>
<tr>
<td>Uses screening tool to identify signs of Postpartum Mood Disorders</td>
<td>Timely referrals for early evaluation and treatment; Improved maternal mental health; Reduces incidence of child abuse</td>
</tr>
<tr>
<td>Debriefs and processes the birth experience with the parents</td>
<td>Facilitates mother’s and partner’s integration of the birth experience; Identifies any negative repercussions or possible birth trauma; refers for early evaluation and treatment; Improved maternal mental health</td>
</tr>
<tr>
<td>Elicits feedback on the doula’s role and service</td>
<td>Continuous improvement of doula care</td>
</tr>
</tbody>
</table>

Debra Catlin

debcatlin@aol.com

541-393-6380

Oregon Doula Association

www.oregondoulas.org