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

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

Languages Spoken by Doulas

<table>
<thead>
<tr>
<th>Language</th>
<th>% of Doulas</th>
<th>% HUSKY Health Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>82.26%</td>
<td></td>
</tr>
<tr>
<td>Portuguese</td>
<td>15.53%</td>
<td></td>
</tr>
<tr>
<td>Italian</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Creole</td>
<td>1.8%</td>
<td></td>
</tr>
</tbody>
</table>

Language (Values in only one group <1% were excluded)
Self-reported gender and sexuality of doulas

**Self-reported Gender of CT Doulas**

- Woman: 98.2%
- Non-binary / Non-conforming: 7.3%

**Self-reported Sexual Orientation of CT Doulas**

- Straight: 67.3%
- Bisexual: 14.6%
- Lesbian: 1.8%
- Queer: 7.3%
- Prefer not to say: 10.9%

n=55 for both graphs.
Reported Types of Doula Support

- Prenatal Appointments: 87%
- Birth Support: 91%
- Postpartum Support: 76%
- Bereavement Support: 45%
- Abortion Support: 45%
- Other: 7%
Proportion of Doulas Offering Birth Services by Service Location

- Home: 76.4%
- Hospital: 89.1%
- Freestanding Birth Center: 58.2%
- I don't attend births: 9.1%
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
Assuming you could find clients and could get paid for the services, how much more would you want to work?

- 60.4% want to take more clients.
- 30.2% want to continue serving the same number of clients.
- 5.7% want to take fewer clients.
- 3.7% are no longer taking clients at all.
Level of Interest in Serving HUSKY Health Members through Maternity Bundle
1 = not interested, 5 = extremely interested

- 72.7% of respondents are not interested (1)
- 14.5% are extremely interested (5)
- 9.1% fall into other categories (2 and 3)
Importance of Different Factors in Decision to Participate in HUSKY Maternity Bundle

- **Amount of compensation**: 69% Very Important, 31% Not Important
- **Ease of getting paid**: 73% Very Important, 27% Not Important
- **Education and certification requirements**: 40% Very Important, 44% Somewhat Important, 16% Not Important
- **Ease of finding clients and receiving referrals**: 47% Very Important, 38% Somewhat Important, 15% Not Important
- **Availability of additional training to address needs of HUSKY Health members**: 58% Very Important, 31% Somewhat Important, 11% Not Important
- **Other**: 13% Very Important, 0% Somewhat Important, 0% 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

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

*Population covered by bundle will be lower due to exclusions
### Network adequacy gaps & recommendations

<table>
<thead>
<tr>
<th>Level of Impact</th>
<th>Ease of Implementation</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Easy</td>
<td>Track referrals</td>
</tr>
<tr>
<td>Medium</td>
<td>Medium</td>
<td>Fund doula training*</td>
</tr>
<tr>
<td>High</td>
<td>~10% utilization target</td>
<td>Set market compensation</td>
</tr>
</tbody>
</table>

*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
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Length of Training</th>
<th>Number of Participants</th>
<th>Enrollment</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Partners Birth and Postpartum Doula Training</td>
<td>Birth-approx 2 months training and mentoring. Postpartum approx 1 month Training</td>
<td>Birth Doula - 4 participants per cohort. Postpartum training, unlimited</td>
<td>Birth Doula 2x/yr</td>
<td>Birth Doula-$300</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Postpartum doula- Rolling registration</td>
<td>Postpartum Doula $200</td>
</tr>
<tr>
<td>Earth’s Natural Touch</td>
<td>14 months</td>
<td>10-25 participants per cohort</td>
<td>Once a year</td>
<td>$1200-$1500</td>
</tr>
<tr>
<td>Mama Warrior Doula Training</td>
<td>Self-paced with 1 Full Day of Training</td>
<td>Unlimited</td>
<td>Rolling Registration</td>
<td>$750 for a new doula, $650 for a seasoned doula</td>
</tr>
</tbody>
</table>
# Most Common National/International Doula Training Programs

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

*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

<table>
<thead>
<tr>
<th>Level of Impact</th>
<th>Ease of Implementation</th>
<th>Medium</th>
<th>Challenging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>Fund local orgs to fill training gaps</td>
<td>ID funds for training grants</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>Adopt Doula Advisory Committee certification standards</td>
<td>Create bundle specific training*</td>
<td></td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Employer</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community organization (not medical provider)</td>
<td>8</td>
</tr>
<tr>
<td>Doula group / collaborative</td>
<td>18</td>
</tr>
<tr>
<td>Self-employed</td>
<td>50</td>
</tr>
<tr>
<td>Hospital/health system</td>
<td>2</td>
</tr>
<tr>
<td>Private medical practice</td>
<td>1</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Level of Impact</th>
<th>Ease of Implementation</th>
</tr>
</thead>
</table>
| Medium          | Easy                   | Limit provider responsibilities  
|                 | Medium                 | Model doula policy*  
|                 | Challenging            | QR Code Searchable database  
| High            | Easy                   | Easy doula sign-up across multiple providers  
|                 | Medium                 | Easy referral process  
|                 | Challenging            | 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

  "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

- 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

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

*Clinician*
<table>
<thead>
<tr>
<th>Level of Impact</th>
<th>Ease of Implementation</th>
<th>Medium</th>
<th>Challenging</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medium</strong></td>
<td>Member education</td>
<td>Provider education*</td>
<td>Public searchable database + referral portal</td>
</tr>
<tr>
<td><strong>High</strong></td>
<td>Enable member choice</td>
<td>Broad doula/provider connections</td>
<td></td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Level of Impact</th>
<th>Ease of Implementation</th>
<th>Medium</th>
<th>Challenging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td>Ensure customizability</td>
</tr>
<tr>
<td>Medium</td>
<td>Align with Doula Advisory Committee competencies</td>
<td>Ensure doulas own their data</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>Curate evaluation measures</td>
<td>Endorse &amp; support aligned platform</td>
<td>Plan for direct reimbursement</td>
</tr>
</tbody>
</table>
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
Design approach to establish and strengthen doula and provider relationships

Surveys and 1:1 meetings ongoing

Develop workforce development plan
Appendix
<table>
<thead>
<tr>
<th>Program</th>
<th>Certification(s)</th>
<th>Cost</th>
<th>Capacity</th>
<th>Program Length</th>
<th>Curriculum Covered</th>
<th>Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>DONA International</td>
<td>Birth and postpartum Doula Certifications</td>
<td>Fees: $800 to $1200</td>
<td>Unlimited Rolling Registration</td>
<td>Self paced reading, then one weekend live or online/virtual skills training.</td>
<td>Lactation, newborn feeding, basic childbirth education, hands-on support with clients, develop a resource list for your community, business webinar</td>
<td>No standard anti-racism training or cultural humility training</td>
</tr>
<tr>
<td>Earth's Natural Touch</td>
<td>Certification as an Interdisciplinary Doula</td>
<td>Fees: $1200 to $1500</td>
<td>One cohort of 10-25 doulas annually</td>
<td>14 month training and mentoring program</td>
<td>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.</td>
<td>Black woman owned, women of color led</td>
</tr>
<tr>
<td>Madriella</td>
<td>Certification as a Birth or Postpartum Doula</td>
<td>$150 initially, then $100 every 3 years</td>
<td>Unlimited Rolling Registration</td>
<td>Self paced, no time limit, Participants must complete 10 modules with several units each</td>
<td>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.</td>
<td>No readily accessible live support, No obvious cultural humility training</td>
</tr>
<tr>
<td>Childbirth International</td>
<td>Certification as a Birth or Postpartum Doula</td>
<td>Fees: Birth Doula $720-$785 Postpartum Doula $690-$755</td>
<td>Self Paced, no time limit, it takes ~3-4 months to complete working 10hrs/wk</td>
<td>Birth Doula Training: $720-$785. Postpartum Doula Training $690-$755</td>
<td>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</td>
<td>A one-on-one teaching method</td>
</tr>
</tbody>
</table>
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