



# Doula Care in Immigrant Communities

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Untapped New York by George Frey



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# Immigrant Maternal Health

Immigrant women in NYC experience higher rates of:

- “Near miss” severe maternal morbidity
- Pregnancy complications, e.g. gestational diabetes, preeclampsia

Severe Maternal Morbidity, NYC,  
2008-2012

Birth countries with the greatest number of cases		
Country of birth	Number	Rate
Mexico	1,049	300.7
Dominican Republic	898	242.8
Jamaica	475	364.7
China	391	111.8
Haiti	363	494.0
Ecuador	300	221.6
Guyana	280	307.6
Trinidad	236	340.1
Bangladesh	236	266.6
Pakistan	150	238.5
<b>U.S.</b>	<b>6,588</b>	<b>229.8</b>

Source: NYCDOMH (2016) Severe Maternal Morbidity 2008-2012

# Immigrant Maternal Healthcare Access Inequities

- Less likely to have a usual source of care
- Less likely to have a visit with a family doctor or obstetrician/gynecologist (OB/GYN) before pregnancy
- More likely to have inadequate prenatal care
- Delayed initiation of prenatal care
- More likely to lose health insurance after giving birth

# Doula Care

**Doula care** has been associated with **better birth outcomes**: shorter labor, fewer cesarean sections and preterm births, improvements in breastfeeding, birth experience, and mental health.



**Doulas** are trained to provide non-clinical **emotional, physical and informational support** for people before, during, and after labor and birth.

**Doulas** provide hands-on comfort measures, share information, and can help facilitate communication between the birthing person and their clinicians by **helping people articulate their questions, preferences, and values**.



# Community-Based Doula Care

Community-based doula care is even better suited to reduce maternal health disparities. Doulas come from the communities they serve, **provide longitudinal** social and emotional support, are **free** or low-cost, and connect birthing people with local **resources**.



# Introducing the HoPE Program

“**H**elping **P**romote birth **E**quity through community-based doula care”



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# The HoPE Program: CAB

Convened a Community Action Board comprised of postpartum community members, community-based organizations, hospital and public health stakeholders. Monthly meetings of ~30 participants.

With our CAB, we explored:

- What are the community needs?

- What do we want in a doula program?

- How can we implement it in our system?



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# The HoPE Program: Doula services

Doula training and mentorship:

30 doulas, collectively speak 8 languages

Identify as either Latina, Black, or South Asian

Monthly doula meetings, small-group mentorship

HoPE Doulas provide in-person and/or virtual support via:

4-8 prenatal visits

Continuous support during labor and birth

8-18 postpartum visits, through 1 year



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# The HoPE Program: Health System Integration

Doula policy for Elmhurst and Queens Hospitals

Provider training on doula care, implicit bias, reproductive justice, cultural humility

Meet & Greets with hospital staff and doulas

Simulation training with hospital staff and doulas

EPIC referral integration

Supplies for patient-centered care: labor balls, telemetry monitoring, position charts, white boards



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# The HoPE Program: Evaluation

142 referrals from 4/2022 to 6/2023, 50% match rate

28% medically or socially high-risk

61% English, 37% Spanish, 2% other

9% Asian, 27% Black, 31% Latina, 32% Other

65% received community resource referrals

Evaluation: Birthing participants utilization of healthcare services, doula services, and community resources; birth experiences, respectful care, mental health; acceptability, appropriateness, feasibility



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## Voices From Our Community: Accompaniment through a new system

Healthcare providers “The social work intervention doesn't get someone to the place where they will receive their services, and I think a doula can be that connecting link.”

“Going into a medical situation and unknown area... for most, you know, brand new. I think patients, you know, feel fearful. I think that's where the doulas come in to help with that.”



## Voices From Our Community: Accompaniment at home

**HoPE birthing participant** “Well, my situation was being here alone in this country. I was in the shelter alone and one of my fears was that the day of delivery would arrive. Like fears that something would happen to me, that I would get sick. I had not had pregnancies before, so everything was like with a lot of fear...

My doula was very attentive. Even when we didn't see each other, she was asking how I was all the time, how the baby was, and she even went to visit me at the shelter. When I had the baby, I couldn't see anyone. No one could tell me: “I'll come visit you,” so the only person who had access inside the shelter was my doula. So, for me to have her inside here was very helpful. She helped me bathe the baby and that interaction was very good.”



## Voices From Our Community: Accompaniment in the hospital

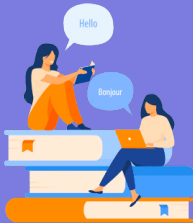
HOPE Doula “Well, so I have a client... she was bleeding really heavily while she had just had a C section, and she was laying on the bed, and she said that she felt herself bleeding. And then once they realized that she was bleeding really intensely like that, everyone was just trying to keep her stable... in that moment I was holding her hand. I was getting her to take deep breaths. I was just helping... keeping her focused... and you know my client's kind of is just lying there and feeling, you know how anyone would be feeling during this, you know? People are working on your body, and you are not even sure what is going on. So, it's, you know, it can be very, very scary. So, I said, “hey, her fundus is firm, that's a good sign, right?”, And then the doctor at that moment took the time to explain, like what that means. As she was continuing to work on her.”





## Voices From Our Community: Communication

**HoPE birthing participant** “During the prenatal period, there was difficulty communicating because I still don't speak English and there were nurses and doctors who spoke to me in English... During the labor, I didn't worry much about English because the doula did me the favor of translating things into English and she translated things to me in Spanish. Any medication or anything that they told me about, she would do me the favor of translating it so that I could communicate with the doctors.”

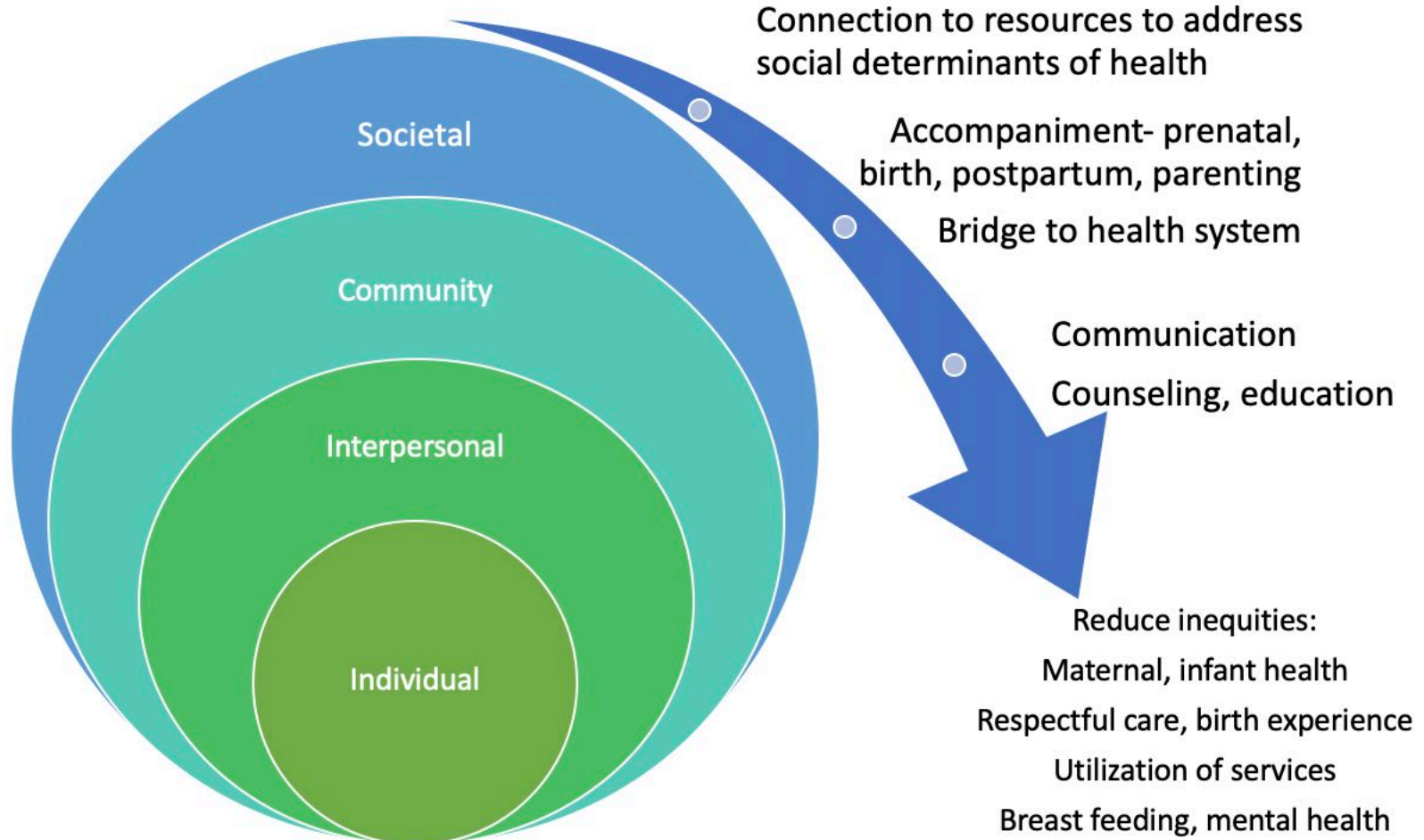


## Voices From Our Community: Counseling, education

**HoPE birthing participant** “Sometimes there were questions that I felt were really very minimal, and that were like very painful to ask a doctor... Sometimes I did not feel so trusting [with the doctor] and I would ask her [the doula], and well, she resolved my doubts, and I was a little calmer... She has explained to me how the baby is bathed, how he is fed, kind of why the baby cries a certain way. She explained because he is hungry or because his diaper is dirty. She teaches me how I should hug him. She has taught me many things. Also, how I should take care of myself in this period [postpartum]... Like personal care that I should have...”



## HoPE doula care model



# Thank you!

To our brave birthing participants in NYC, to our dedicated doulas, to our engaged CAB, to our strong leadership team, to our generous funders and to our supportive public and academic institutions.

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