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The First Days of Life

Adding Doulas to Early Childhood Programs

For over 40 years, early childhood providers and society-at-large have struggled to find more effective ways to reach young, at-risk parents whose children are less likely to do well in school. In communities throughout Illinois, as components of pre-existing early childhood programs, specially trained home visitors—called "doulas"— are reaching families early, during pregnancy. Their work is showing impressive results. What are doulas? Why are they needed? And how can more early childhood programs add doula services?

The Right Help at the Right Time

Despite recent national declines in teenage pregnancy, teenagers continue to become pregnant during the most inopportune times developmentally, economically and socially. Research has shown the troubling link between teenage pregnancy and the cycles of poverty, abuse and neglect. We need innovative ways to interrupt these vicious cycles and to ensure that more children are protected and nurtured and are thus, able to succeed. The months surrounding pregnancy and birth present a great opportunity to make profound and lasting differences in the bond that develops between a mother and her baby. Unfortunately, teen parents are often left to navigate this time alone, feeling isolated and unprepared. Given the special needs of this high-risk group, teenage mothers need additional support during pregnancy. Doulas provide just that.

The primary focus of a doula—a word derived from ancient Greek to describe a woman who assists with childbirth—is to support the parent-child relationship. This focus enables an early and strong parent-child attachment to be the foundation for the child's health and development, future relationships and eventual success in school. A doula also promotes the health and well-being of the teen parent. Simply, a doula is a specially trained home visitor who offers a new mother a strong, caring and trusting relationship with a knowledgeable adult. That relationship ideally serves as a model for the new mother to use as she develops her own relationship with her new child.

Spanning cultures, countries and centuries, doulas have provided support, comfort and wisdom to women during childbirth. Today, the role of doulas encompasses more. Our doulas help to strengthen the tender new relationship between mother and child by working with the mother to better understand and anticipate the progression of the third trimester of pregnancy, the childbirthing process and her baby's early development. Accumulating scientific research illustrates how powerful the benefits of modern doulas can be to new mothers. Data demonstrates the link between doulas and higher rates of breastfeeding,[i] decreased rates of Cesarean section deliveries,[ii] decreased length of labor,[iii] improved mother-infant interactions[iv] and decreased evidence of maternal depression.[v] These results highlight the doula's role in strengthening parent-child bonds and promoting healthy intellectual and emotional development for the new baby.[vi]

Why are doulas showing such promising results? In part, it is because of pregnancy and child birth that many young pregnant women and new mothers are emotionally attuned to hearing and embracing advice and messages about what is happening with their bodies, their babies and healthy development. Moreover, doulas are unique messengers. Doulas often share a similar background to the pregnant teens; they themselves might have been teen parents earlier in life. Moreover, doulas are on-call for the young mothers 24 hours a day and are physically at the teen's side during labor and delivery. These shared, intimate experiences foster a deepened level of trust and a greater sense of respect and credibility between the young mother and the doula.

While the concept of a doula is not new, the Ounce of Prevention Fund in Illinois, working in tandem with community partners,[vii] has tailored a model to address the complex needs of high-risk populations like pregnant teens. The Illinois model is built on six primary principles.

First, doulas seek to build sturdy parent-child relationships because a strong mother-infant attachment is the best way to ensure the healthy intellectual, emotional and physical growth of a child. Doulas use a structured set of activities to facilitate healthy interaction between a parent and her baby. These activities—called the Community-Based Family Administered Neonatal Activities (C-B FANA)[viii] and based on the Neonatal Behavioral Assessment Scale developed by renowned pediatrician Dr. T. Berry Brazelton—allow parents to reflect on the breathtaking abilities already present and the changes underway as their baby grows and develops, prenatally through the postpartum period.

Second, doulas use a relationship-based model of intervention—the cornerstone of all of our home visiting work in the state—and they work with families for a greater period of time than is standard for doulas employed by hospitals or individual private clients. Our doulas begin their relationship with parents-to-be during the prenatal period and continue through labor, delivery and the first months of life.

Third, doulas are embedded in comprehensive, community-based early childhood programs. As the relationship with the doula tapers off, the family transitions to again work with a home visitor or to center-based services to promote child development and school readiness. This ensures reinforcement of the intervention over time.

Fourth, doulas are primarily paraprofessional women from the community with similar backgrounds and experiences to the women with whom they work.

Fifth, doulas participate in extensive training. The best training is reflective, interactive and ongoing. Once a doula is hired by the local community-based program, she is trained as a home visitor. The doula participates in the Ounce of Prevention Fund's Doula Foundation Training which includes the DONA (Doula Organization of North America) required childbirth education hours and the three-day DONA Doula Training. This initial training is a rigorous four-month process, including classroom sessions, clinical observations, mentored births and 80 hours of direct contact. The training curriculum includes lessons on adolescence, pregnancy, birth, breastfeeding, infant growth and development, the C-B FANA and facilitation of peer education and support groups. Doulas attend bimonthly trainings during the first year of service and three times a year thereafter. A doula has regular opportunities to reflect on this work with her supervisor as well the chance to meet with health professionals to discuss clinical issues in maternal and child health.

Sixth, doulas possess unique qualities. They must be able to form trusting and nurturing relationships with the young mothers. Only when the doula is capable of doing this, will she be able to have a positive impact on the young mother and effect change in the mother and subsequently in the outcomes for the children.

The work is demanding. The hours are grueling. It requires the ability to both master content knowledge about pregnancy and child birth and the ability to draw boundaries. While doulas are often called on to explain medical information or to provide intense family-like emotional support, doulas do not replace medical professionals or family members of the new mother. They must be perceptive about the scope of their responsibilities and respectful of other peoples' boundaries. Doulas do, however, experience what few others in the early childhood field experience because they are present when a new life enters the world. That experience brings rewards that will be carried throughout a lifetime, by several people.

Doulas Yield Promising Results – For Parents and Programs

Years of research underscore a variety of benefits to using doulas. The findings noted here are based on the experiences of more than 250 high-risk women who participated in the Chicago Doula Project.[ix] The participants, who had an average age of less than 17 years, were enrolled in pilot doula programs at Alivio Medical Center, Christopher House and Marillac Social Center. The Chicago Doula Project was a collaboration of these sites, the Chicago Health Connection, the Irving Harris Foundation, the Robert Wood Johnson Foundation and the Ounce of Prevention Fund.

The project highlighted a number of important outcomes, including increased breastfeeding and fewer Cesarean section deliveries. Some 80 percent of doula participants initiated breastfeeding at birth as compared to 45 percent of U.S. teens. What's more, 22 percent of doula participants were still breastfeeding six months after birth in contrast to only 12.2 percent of U.S. teens. Such figures are encouraging given the link between increased breastfeeding and strong parent-child attachment. In addition, only 8.1 percent of doula participants in the Project had Cesarean section deliveries. During the same time in Chicago, the Cesarean section delivery rate for other teens was 12.8 percent.

Results from the Project evaluation also contained helpful findings for program leaders, showing that longer interventions and greater program stability lead to more positive parent-child interactions. The NCAST (Nursing Child Assessment Satellite Training) feeding protocol was used to measure maternal-infant attachment among doula participants. The NCAST takes place during infant feeding and it is a scientifically valid and widely used tool to assess how the mother and child interact, focusing on how the mother talks to, reads to and responds to the infant's cues. Programs that had longer interventions —those that started several months before birth and continued for three months after birth—had higher scores on the NCAST compared to those that continued just a few weeks after birth.

In addition, staff recruitment and agency stability were highlighted as key to the success of this doula model. Over the course of the evaluation, selection criteria and the training of doulas were continually refined to ensure appropriate staff selection and strong training and support for the doulas. Placing doula services in established agencies and stable programs helped provide more consistent and high-quality services.

How Our Doulas Work

In our work with teen parents, we embedded doula services in our early childhood home visiting programs, Parents Too Soon, Healthy Families and Early Head Start. These programs begin working with the pregnant teens months or weeks before the doulas meet the teens, typically in their seventh month of pregnancy. The meetings usually take place in the teen's home or somewhere in the community, whichever is appropriate and convenient. It is important to stress that, in this model, doulas are home visitors, specialized in pregnancy and child birth. They are a crucial piece of a large and comprehensive home visiting team that provides a continuum of services and support to at-risk teens and their very young children.

At every stage of the relationship—from the initial meeting on—doulas focus on promoting a greater sense of competency within the young mothers, reinforcing their responsibilities to their children while cultivating skills that can be generalized to other domains of their lives. At first, doulas spend time getting to know the mother and gaining a better understanding of the teen's hopes and dreams for her child. The doula also describes the range of services that are available to support the mother: home visits, prenatal education groups, help with planning for labor and delivery (often a main source of worry), individualized support during childbirth and referrals for other resources.

During the six or more structured prenatal home visits, a doula helps the family to build a sense of awareness and interest in the developing baby. The doula not only gives the teen information about her pregnancy, the needs of her fetus and the impact of her behavior on fetal development, but also uses the C-B FANA as a vehicle to focus the emotional connection between the mother and the baby. The visits are organized around six infant capacities and parent-child connections that doulas also explore with the mother during their post-partum visits: movement, hearing, behavioral state, touch, smell/taste and vision. For example, a prenatal discussion and set of activities that are focused on the baby's developmental capabilities to hear correspond to a postnatal visit that explores maternal speech and ways to engage the baby through speech.

The doula also helps the mother to imagine and prepare for labor and delivery, fostering a greater sense of self-esteem by informing, reassuring and preparing the teen to become a more effective advocate for herself and for her child. Importantly, during these prenatal home visits, the doula not only provides education and support but also models a caring and nurturing relationship similar to the one the expecting mother is developing with her fetus. The doula's success is rooted not just in what she does but, as importantly, in how she does it.

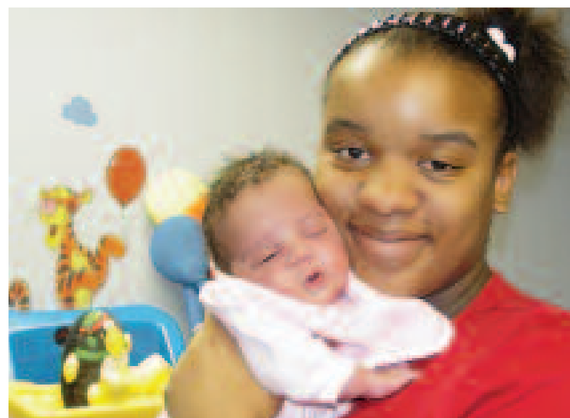
Along the way, the doula continues to learn about the mother's strengths and needs. Together, they set goals and determine which other social services might be helpful. The doulas also engage the teen mother's natural support network, including the father and other family members. Most parents also participate in prenatal group sessions, which provide opportunities for peer support and additional education.

Once a program is well-established, the doula often invites former participants to attend a group and share their experiences with the new mothers. Some of the new relationships forged in these sessions will continue to serve the mother long after her baby is born.

When the time comes, the doula provides hands-on emotional and physical support throughout labor and delivery. At the hospital, she provides comfort to the mother and acts as a liaison between hospital personnel and the teen parent. The doula also assists the new mother to initiate breastfeeding, promoting bonding and attachment between mother, father and their child during the critical first hours after the child's birth. Sometimes a doula works with the family and hospital staff to immediately identify and begin addressing any concerns or problems, such as hearing loss in the baby. Other times the doula serves a function that does not appear on any job description: Witness. "I was the only one there to see the father's support in the delivery room," a doula from central Illinois recalled. "I saw things that even the mom couldn't see about how supportive he was. Later, when I shared my story with her, she was grateful that I could tell her what I had witnessed."

Once the new family is back home, the doula continues to visit, focusing their discussions on parent education and support, including the continuation of breastfeeding. The doula assists the young parent or parents to identify and respond effectively to their baby's cues, cries and other signals. The doula also continues to promote reading to the baby as a way to spend quiet time cuddling together. While the doulas themselves end their work with the family approximately six weeks after birth, other home visitors continue the critical work of fostering a strong attachment between the mother and child for the next three years.

The Ounce of Prevention Fund firmly believes that the best approach in working with high-risk families is one that occurs early, is intense and continues for a long time. For this reason, it is critical that doulas are a part of other home visiting services. Doulas are not a 'quick fix' but rather a vital component of a continuum of much needed services and support that all aim to strengthen the parent-child relationship.



Adding Doulas to Your Program

Doulas must use their hands, head and heart to help new parents and their children receive the best possible start in life. Similarly, program leaders must be comprehensive in their approach to include doulas in the work of their organization and community.

Adding doulas as a perinatal component allows a program to reach families much earlier and to have a more significant impact on the health and well-being of the children and families they serve. As with the addition of any new service, program leaders considering adding doulas to their work should conduct a thorough needs assessment and engage in a careful planning process. At a minimum, the process should address the following considerations and questions:

Assessment: What are the needs of your eligible population with respect to doula services? How will you outreach to them to assess their receptivity to outside people becoming involved in the pregnancy and birthing process of their community members? Similarly, how receptive are the local maternal and child health providers (e.g. health departments and clinics, area hospitals, obstetrical service providers, private physicians, nurse midwives) to the idea of having doula participation in the birthing process? How many families will be served? Is there specific demographic information about the families in your community that you need to be aware of and prepared to address (e.g., cultural beliefs and attitudes about birth, language barriers or considerations)?

Linkage: How will you connect doula services to other existing early childhood programs? How will the perinatal component be integrated into your agency's existing program or other programs in the community? How will participants be identified and enrolled in the perinatal component? How will transitions take place between doulas and center-based or home visiting staff? Will all participants in the perinatal intervention also be enrolled in your organization's early childhood program? What will the structure of peer support and education groups look like? How many groups will you hold, with what frequency and which topics will you cover?

Collaboration: After assessing how receptive other community health providers are to doula services, how will these relationships be initiated and cultivated? How will procedures be worked out in advance with hospitals where deliveries will take place?

Training: What will the training component look like? What training resources are currently available in your community? What training will have to be developed by your organization or sought from existing doula training programs? How will ongoing supervision and training opportunities be identified and offered?

Funding: What are the potential funding streams in your community or state to fund perinatal services? Have you considered public and private sources and blending multiple funding streams? Have you explored accessing maternal and child health, Early Head Start or education funding?

Financing Strategies: The Illinois Model

Since 1996, the Ounce of Prevention Fund's doula model has been conceived, planned, piloted, evaluated and embedded in 18 community-based programs across Illinois. We situated our doula services in a variety of pre-existing long-term family support program models that work with families during the birth to three years. Among those most appropriate to house successful doula services are home visiting programs and center-based programs. Our doulas are now working in a range of programs housed in public health departments, federally qualified health centers, community agencies and public schools.

Stable and ongoing funding are critical to the success of the doula model. In Illinois, we followed the Ounce of Prevention Fund's model of leveraging strong public-private partnerships to secure the most stable funding over the long run for our doula services. We use a diverse mix of public and private funding from federal, state and local sources, including several private foundations, the Illinois Department of Human Services, the Illinois State Board of Education, Chicago Public Schools and the U.S. Department of Health and Human Services.

In 1996, with funding from the Irving Harris Foundation and the Robert Wood Johnson Foundation, the Chicago Doula Project was initiated as a collaborative effort of the Ounce of Prevention Fund, Chicago Health Connection, the Irving Harris Foundation and three community partners. Informed by several studies of earlier doula interventions that showed positive results with respect to lowered rates of Cesarean section deliveries, shortened length of labor and higher rates of breastfeeding, we worked with our partners to develop a doula model specifically to serve low-income teen parents in Chicago. We ensconced doulas within our long-term home visiting program, Parents Too Soon, so parents would have the opportunity to access additional support and services.We began the doula intervention at three sites, starting in the mother's third trimester of pregnancy and continuing through the first months of the infant's life. With positive outcomes demonstrated through an evaluation of this initial work, the Ounce of Prevention Fund worked with the Illinois Department of Human Services to begin providing public funding for doula services in 1998.

In 2000, we strengthened this public-private partnership with the addition of three new sites offering doula services, including one new site in Chicago and two outside of Cook County, where Chicago is located. At the same time, we attracted a new public funding partner, the U. S. Department of Health and Human Services, Administration for Children and Families. This marked the introduction of doula services in another type of long-term early childhood program, Early Head Start.

Throughout 2001 and 2002, we continued our growth by attracting two new private funding partners, the Harris Family Foundation and the Oprah Winfrey Foundation, as well as additional funds from existing public partners. With this funding in place, six new sites throughout the state began offering doula services, including three Healthy Families programs, further expanding the diversity of programs offering doula services.

Once again in 2004, despite a tight state budget, the Ounce of Prevention Fund was able to expand the doula model in terms of funding sources, number of sites offering services and types of programs administering the model. The Illinois State Board of Education and the Chicago Public Schools, through Illinois's innovative set-aside for birth to three services in the Early Childhood Block Grant, joined the mix of funders, bringing six more sites into our family of doula providers. These doulas are working through home-based and center-based family support programs.

Conclusion

The time surrounding pregnancy and birth is a critical period when lasting differences can be made in the ways parents and children grow together. Doula services are a powerful and innovative approach to improve what it is that so many early childhood programs already do—home visiting, family support and education. Our experience in Illinois has shown us that our doulas are helping us to reach and engage at-risk teen mothers earlier than ever before and have a meaningful impact on the relationship they develop with their babies. Doulas play a profound role in facilitating the early development of bonds between parent and child; bonds that will last a lifetime and have a lasting impact on the healthy development and school readiness of countless children.

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[vi] Klaus, M.H., Kennel, J.H., & Klaus, P.H. (2002).

[vii] Our community partners include:
Alivio Medical Center, Aunt Martha's Youth Services Center, Catholic Charities of Chicago, Center for Children's Services, Children's Home Association of Illinois, Christopher House, Easter Seals Development Center, Fayette County Health Department, Greater DuPage MYM, Kanakakee Community College Dr. King Education Center, La Voz Latina, Lydia Home Association, Marillac Social Center, Ounce of Prevention Fund/ Early Head Start, United Methodist Children's Home, University of Chicago/ Friend Family Health Center, Visiting Nurse Association of Fox Valley, Will County Health Department

[viii] Developed by Ida Cardone, Ph.D., Linda Gilkerson, Ph.D. and Nick Wechsler, MA.

[ix] Altfeld, Susan, The Chicago Doula Project Final Report, March 10, 2003.

For information and trainings, contact the Ounce of Prevention Fund, www.ounceofprevention.org, The Harris Doula Institute of the Chicago Health Connection www.chicagohealthconnection.org, International Childbirth Education Association (ICEA) www.icea.org or Doulas of North America (DONA) www.dona.org.

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