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Evaluation of the Volunteer Doula Program at Brookings Health System

A research partnership between South Dakota State University
& Brookings Health System



Executive Summary

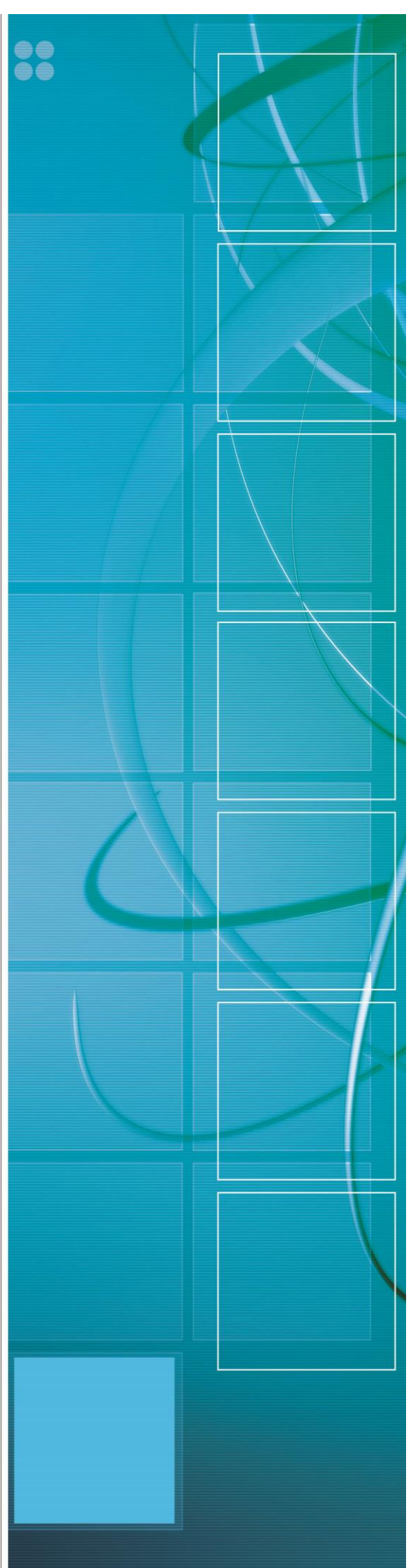
The 12-month research project included interviews and focus groups with key stakeholders, as well as an evaluation of promotional materials.

An interdisciplinary team of researchers from South Dakota State University (SDSU) partnered with OB and PR/Marketing staff at Brookings Health System (BHS) to evaluate the volunteer doula program. The team collaboratively recruited participants and developed interview questions for key stakeholders, including: OB nurses and doctors, volunteer doulas, expectant parents, and mothers. Promotional materials were also evaluated by a persuasion expert.

Our findings are drawn from interviews with 15 BHS staff, 9 doulas, 21 expectant parents, 9 mothers, and 2 fathers; and from 19 promotional texts.

Key Findings from Interviews & Focus Groups

- **Positive Experiences with the Doula Program**
 - Every person who interacted with the doulas (mothers, fathers, and hospital staff) reported positive experiences.
 - Across the board, participants reported a greater sense of calm, control, and confidence when doulas were present.
 - Staff, parents, and doulas all noted that doulas were as important and influential for fathers as for mothers.
- **Limited Use of the Doula Program**
 - Both doulas and staff recognized that the volunteer doulas are underused; doulas were especially disappointed by this.
 - Parents and expectant parents expressed reservations about using a doula that they did not know beforehand.
 - Parents were unsure about what a doula adds to the experience given the high quality of care already expected at BHS.
- **Excellent Doula Training & Experiences**
 - BHS staff appreciated the level of training and professionalism that doulas exhibited. They worked well as part of the team.
 - Doulas appreciated the training they received as it prepared them very well for their role as a doula.
 - Doulas felt their training and experiences gave them unique and marketable skills for future career goals.





Key Findings from Promotional Materials

- **Target Audience: Expectant Mothers**
 - Material consistently use 2nd person (“you”) language, and directly target mothers in over half of the texts.
 - This focus may limit the reach in persuading *both* parents.
- **Birth Partners (e.g., Fathers) are Largely Absent**
 - Although some images do include fathers (most notably in the brochure), the birth partner is largely excluded from supporting texts that describe the doula’s role and benefits.
- **Negative Framing for Using a Doula**
 - The doula program is sometimes advertised as part of an ‘ongoing initiative to improve care,’ which implies that current (or recent past) care was subpar.
 - The motivation for using a doula focuses on the stress, worry, or anxiety of the mother—rather than the benefits of a doula-assisted birth.

Recommendations

- **Focus on the Benefits of a Doula for the Whole Family**
 - Include testimonials of the positive experiences of both mothers and fathers who have used doulas.
 - Highlight the ways that doulas support birth partners and create a strong bond between the parents during labor and delivery.
- **Emphasize the Role of the Doula as Part of the OB Team**
 - Highlight the doulas’ rigorous training and affiliation with the hospital.
 - Explain how the doula fits in with the whole OB team during the labor, delivery, and postpartum experience.

Project Team

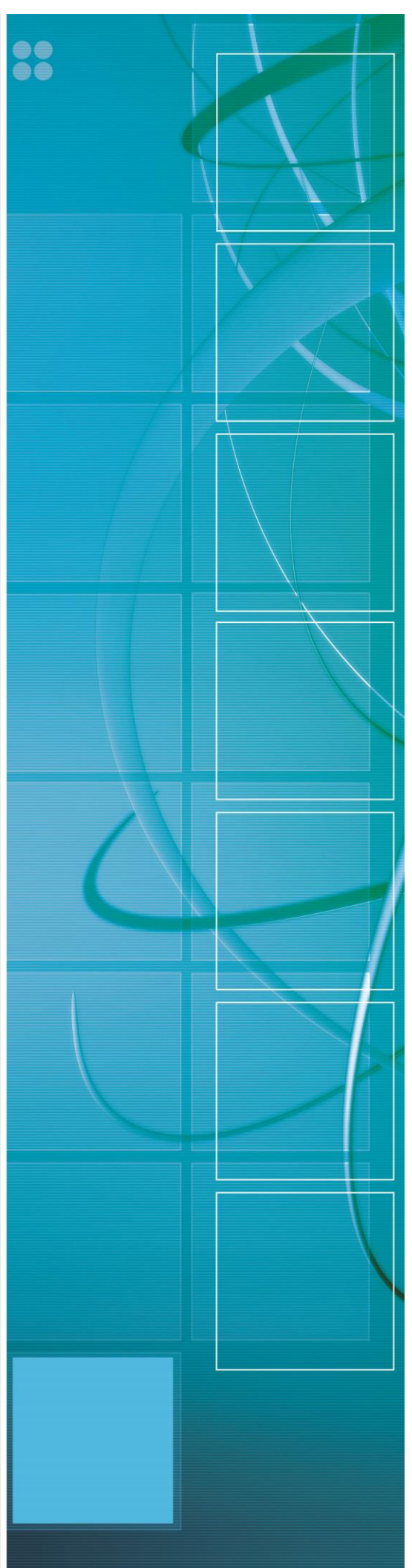
SDSU Collaborators: Jennifer Anderson, Ph.D. (Principal Investigator); SunWoo Kang, Ph.D.; Rebecca Kuehl, Ph.D.; Hilary Hungerford, Ph.D.

Brookings Health System Collaborators: Mary Schwaegerl, R. N.; Emily Delbridge, R.N., M.B.A.; Julia Yoder, M.B.A.

Acknowledgments

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The project was funded (in part) by the Seed Grant Initiative of the Rural Health Research Center at SDSU.



Full Report: Evaluation of The Volunteer Doula Program at Brookings Health System

Collaborative Team

An interdisciplinary team of researchers from South Dakota State University partnered with staff at Brookings Health System to undertake this project.

The team at South Dakota State University (SDSU) was led by Dr. Jenn Anderson (Communication Studies & Theatre) and included Dr. Hilary Hungerford (Geography), Dr. SunWoo Kang (Counseling & Human Development), and Dr. Rebecca Kuehl (Communication Studies & Theatre). By bringing together researchers from different fields, the team was able to take a comprehensive look at the volunteer doula program from a variety of perspectives.

The team at Brookings Health System (BHS) included Mary Schwaegerl, R.N. (Director of Obstetrics), Emily Delbridge, R.N., M.B.A. (Director of Volunteer Doula Program), and Julia Yoder, M.B.A. (PR/Marketing Director). As the visionary leaders of the volunteer doula program, Ms. Schwaegerl and Ms. Delbridge were instrumental in bringing the team 'up-to-speed' on the details of the program and connecting the SDSU team to volunteer doulas and staff at BHS. Ms. Yoder designed the recruitment materials for the project and promoted the partnership in the Brookings community.

The teams from SDSU and BHS collaboratively developed the interview guides and demographic questionnaires, to ensure that the results from the study would a) provide BHS with valuable feedback on the program and b) produce results that could be analyzed from a variety of scholarly perspectives.

Stakeholders

This project gathered the perspectives of 4 important stakeholder groups:

- Brookings Health System OB Staff
- Volunteer Doulas
- Mothers who Recently Delivered at BHS
- Expectant Parents

Brookings Health System OB Staff

The team interviewed $N = 15$ BHS staff, including $n = 5$ doctors, $n = 9$ nurses, and $n = 1$ PR/Marketing consultant. On average, BHS staff had been in their current positions 7.92 years ($SD = 9.57$ years), at BHS for 8.56 years ($SD = 11.13$ years), and in the health care field 13.4 years ($SD = 11.87$ years). All BHS staff considered themselves members of the Brookings community, residing

in Brookings for an average of 12.9 years ($SD = 14.11$ years). All staff were Caucasian/White. Most staff reported their income as steady and sufficient or as generous.

Volunteer Doulas

The team interviewed $N = 8$ doulas. Many doulas were difficult to reach because they had graduated from SDSU and moved to different communities. Doulas ranged in age from 23 to 62 years. Most doulas have attended very few births (range = 1 – 10 births), but many have experienced birth through their own labor and delivery.

Mothers who delivered at BHS since October 2011

The team interviewed $N = 9$ mothers.

Profile of the typical mother:

- 30 years old (range: 28 – 34)
- Married to the father of the baby
- Caucasian
- Has health insurance (employer-provided)
- 2 children
- College educated, or currently pursuing Bachelor's
- Affiliated with the university (typically through husband's career)

Mothers were split on whether they felt that their insurance covered their medical needs for prenatal care, labor, and delivery. *44% of mothers felt that their insurance was not sufficient to meet their maternal health needs.*

Expectant Parents

The team conducted 3 focus groups, two with $N = 6$ expectant mothers each, and one with $N = 8$ expectant fathers.

Profile of the typical expectant mother:

- 27 years old (range: 17 – 34 years)
- Married
- Caucasian
- In a relationship with the baby's father
- Has health insurance (typically employer-provided or private)
- Part of the Brookings community (for 6+ years)

Expectant mothers were split on level of education and affiliation with the university. Over half (58%) of the expectant mothers had not completed college; 42% had earned a bachelor's degree or higher. Half of the expectant mothers had no affiliation with the university, whereas half had some affiliation with SDSU; 2 faculty, 3 students, and 1 with a spouse who works at SDSU.

Profile of the typical expectant father:

- 30 years old (range: 23 – 37 years)
- Married
- Caucasian
- The father of the baby
- Has health insurance (typically employer-provided or private)

Expectant fathers were split on feeling a part of the Brookings community. Half (58%) of the expectant fathers felt part of the Brookings community; most had lived here for 5 or fewer years. Only 5 of the fathers provided their level of education; of these, 3 were currently pursuing undergraduate degrees, 1 had earned an associate's, and 1 had completed some high school.

Key Findings from Stakeholders

Looking across interviews and focus groups with all the stakeholders, we found that three major themes emerged: 1) Positive Experiences with the Doula Program, 2) Limited Use of the Doula Program, and 3) Excellent Training and Experiences for Doulas.

Positive Experiences with the Doula Program

Mothers and fathers had very positive experiences with volunteer doulas at BHS. First, the doulas provided multiple forms of support for the mothers. Second, the doula provided support for the partner (husband).

“[The doulas] were awesome. I just, there’s no, there’s no other word for it. They were, they were great.”

Mother 2

“I wanted to tell people about having doulas, because it was perfect. It was everything I could’ve wanted.”

Mother 3

Multiple Forms of Continuous Support for the Mother

Half of the doulas interviewed pointed out that one important, unique aspect of the doula is that she is present through the whole birth. Unlike nurses, who change shifts, and doctors, who are present sporadically, the doula is present with her birthing client during the entire hospital component of the birth. Mother 1 explains, *“It really is a nice thing to have that consistent person. Because you don’t really see your doctor that much until the end. And the nurses come and go.”* Expectant Mother 1 also observed that nurses are sometimes *“really preoccupied with entering their data in the computer”* and are unable to provide continuous, individualized care to the mother.

Many BHS OB nurses also noted that doulas often take on some of the support responsibilities that nurses are unable to provide due to other responsibilities. As one nurse mentioned, *“the doulas, I mean, they typically stay the entire process, so it’s not like at 7:00 when shift change occurs and you get a new nurse. You always have that same person there, which I think is really beneficial.”* This presence during the whole birth was an important aspect of the support the doulas provide to the birthing woman. Doulas provided emotional, tangible, and informational support.

Emotional Support

Many mothers and doulas spoke about the emotional support that a doula provides. Mother 2 describes how her doula comforted and calmed her, “[The doula was] just talking to me, and talking me down and you know just **calming me and relaxing me.**” The consistent presence of the doula allowed for genuine and continued support.

Doulas identified emotional support as their most important role. Two doulas stated they believed having another woman in the room, specifically a woman not focused on medical care, had positive correlations with birth experience. Doula 1 stated that she saw her role as mothering and caring for the birthing mother much the way a mother cares for her child. An important part of this emotional support was appealing to a larger idea of womanhood. In particular, Doula 7 stated that one of the most powerful ways to show emotional support is to help the mother understand that what she is experiencing is typical of childbirth. She stated that she repeatedly tells women, “*This is normal. Everything is going Okay. You’re doing great,*” despite there being no “normal” to childbirth.

Doulas also provide emotional support through listening, endeavoring to intuit what the mother needs, being present with their full selves, and helping mothers work through any potential fears. Fear repeatedly emerged through interviews with doulas as a powerful human emotion that many mothers experience during childbirth. For doulas, finding ways to support and work through these fears is an essential part of helping women have the births they envision.

Tangible Support

Doulas employ a variety of methods and practices to assist mothers during childbirth. Doulas used massage, changing positions, focusing, and relaxing as their primary practices during childbirth. Doula 4 explained that an important part of training is to learn “*how to be intuitive about mom going through this stage of labor*” in order to know what “*are some comfort measures that we can provide.*” Sometimes, tangible support went beyond labor and delivery: “*Even just **having [the doula] there to take the pictures.** So we have pictures of [my husband], me, and the baby. Whereas it would have just been me and the baby if it had been [my husband] with the camera,*” (Mother 1).

Informational Support

Many of the doulas interviewed explained that one of their primary roles is to make sure women are educated about their choices in childbirth. The doulas

“The doula should be educated and prepared to provide evidence-based information to those families.” Doula 2

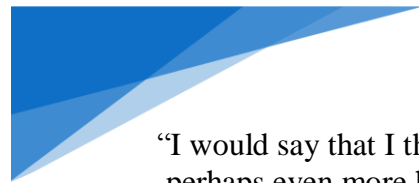
expressed that their role was to make sure a mother had all the information needed to make choices about the birth. Mothers appreciated the information that doulas provided. “[My doula] was able to say, ‘Here’s some different things to try and here’s some suggestions,’” said Mother 3.

The doulas envisioned their role as an educational support, but were adamant about the choices of action falling to the birthing mother. For example, Doula 5 stated, “*It’s their birth. And you’re just there to provide them support and information. **If they’re gonna make a decision you don’t agree with, that’s their decision to make.***” Informed choice for the mother was a primary concern for

doulas, and they saw themselves as an advocate for the mothers in their position as educated, non-medical support person. Mothers echoed this sentiment, Mother 2 said that a doula is “*someone there just to kind of help you coach through anything – knowing that **they’re not going to make any decisions for us**, you know they can tell us the pros and cons and go from there.*” BHS staff, too, observed that doulas were a great source of support who were “*very open-minded to what the patient wants.*”

Support for the Partner (Husband)

Doulas emphasized that one of their primary roles in childbirth was to help the father or support person become actively involved in the birth. Doula 5 explained that the doula’s job is “*to help [the father] help Mom.*” Doula 1 stated similarly, “*I want to have the best environment for mom and I want her birth partner to feel like they’re bonding through all of that and not just hanging out on the edge.*” All of the doulas interviewed expressed similar ideas and insisted that one of their primary roles is to engage those support people to be more active participants.



“I would say that I think a doula is perhaps even more helpful for the partners than for the patients.”

Mother 1

Many mothers spoke about the crucial role that the doula played in helping the father to both cope with labor and provide meaningful support to the mother. They were also relieved that they did not need to care for their husbands during the birthing process. Mother 2 explained, “*There were a couple times where [my husband] was close to passing out himself. So **one of the doulas actually turned her complete attention to [my husband].***”

One expectant father welcomed this type of support from a doula, saying, “*[The doula] knows more about the birthing process. <Laughter> So if we pass out, she’s there.*”

Mothers also explained that the doulas did not take the place of the father during the birth experience. Mother 2 explained, “*[The doula] didn’t take my husband’s place at all of course. You know it’s our first baby so he didn’t really know what to do, but [the doula] didn’t take over my husband’s job.*”

The doulas are able to provide consistent support and advice for fathers during labor. This was especially helpful for first-time parents, as mothers and doulas noted that first-time fathers can often feel lost and not sure about how to support their wives—despite attending childbirth classes. And the fathers appreciated this support, as Mother 2 states: “***Even my husband just thought [the doulas] were great.***”

“*I think it’s **comforting for dads, too.** And sometimes, maybe even more so, to know that there is a support person that is there to help mom, so it kind of **takes some of the stress off of them.***”

Limited Use of the Doula Program

Lack of Connection with Doulas Prior to Labor

The most common reason for expectant mothers to be hesitant about using a doula was the lack of personal connection with the doulas prior to labor. Many expectant mothers and fathers referred to doulas as “strangers.” Expectant Mom 6 said, *“I’m not sure I want a stranger that I don’t really know. They might make me mad or something...”* For other women, this was an issue of expecting labor and delivery to be a very private experience involving just the mother and father, so adding another person that they had not met was daunting. For example, Expectant Mother 4 said, *“I’ve just always envisioned it would just be me and my husband...There will be nurses and doctors coming in and out but **to envision someone right there beside me that I don’t know that just really weirds me out.**”* Many mothers felt that there would already be “enough people” in the room or “in their business,” so they did not want to add another person to the mix.

Most doulas, too, found the lack of personal connection prior to labor was one of the drawbacks of the volunteer doula program. Doula 1 stated, *“You know, I think **I like the opportunity to visit with a mom in advance** because you do get a feel for their past experience. You know, um, had there been issues in their past that leave them apprehensive about the whole birthing process.”* Having a relationship with a mother before birth was one thing for which the volunteer program left no room; however, the flexibility of the volunteer schedule was appreciated by the doulas. In addition, because of limited use of the program, some doulas noted that there would be months when they were not called in for a birth, and they felt their skills could use more practical experience.

Limited Awareness of the Program and/or Doula’s Role

“A doula sounds like a sandwich. The first time I heard the word I didn’t know what to make of it.”

Expectant Father 7

Mothers, and expectant parents, also expressed a limited awareness of the doula program, and more specifically, the role of the doula. Many expectant parents first learn about the doula program at the childbirth education class, which typically takes place during the later stages of pregnancy—after expectant parents have developed a fairly complete ‘vision’ of what labor and delivery might be like. Mother 4 suggested that *“**the doctor should’ve brought [the doula] up as an option.**”* In general, mothers and expectant parents seemed to be aware that doulas were available, but had not personally engaged with this information or investigated it further.

Expectant fathers, especially, were not clear about the role of the doula. For example, Expectant Father 3 said, *“So does the husband just stand there and...watch? Or what? I mean, what’s she there for? I don’t understand. I don’t get it.”* In general, fathers were open to their partners choosing to include a doula, but they did not understand what a doula might do or how that would affect the birthing experience for themselves or their partners. Many expectant mothers, and mothers who did not use doulas, often expressed doubts that doulas could provide substantially more—or better—support than what a husband or birth partner could provide.

Excellent Doula Training and Experiences

Overall, doulas reported very positive experiences with the program. The three major themes that arose from their experiences were 1) beneficial training, 2) positive birthing experiences, and 3) personal benefits from being a doula.

Beneficial Training

Doulas emphasized that their training had prepared them adequately. Some doulas also suggested that being a doula was a nice way to become involved with birthing without getting a medical degree or going to extra schooling. Doula 1 stated, *“I was able to go in with no medical experience and provide the emotional and physical support that a doula provides.”* Many doulas spoke of the volunteer doula program and associated training as an easy and productive step in their career path. Doula 8 said, *“I thought that was like a **win – win situation** so I could get experience with being a doula. And really what I wanted to do with my educational goals.”* These educational goals differed amongst the doulas interviewed, with nursing and midwifery being the two most common career goals of volunteer doulas.

Positive Birthing Experiences

All doulas expressed satisfaction and comfort with Brookings Health System, and described how they felt like a valuable part of the birthing team. Two doulas described bad experiences at other hospitals in the region, but emphasized that they had no negative experiences at BHS. Doula 3 stated clearly, *“I think the Brookings Health System is doing a tremendous job with the volunteer program. I feel a valued member of their healthcare team.”* Two other doulas noted that doulas are allowed in to the OR (for caesarian births), and that this policy distinguished BHS from other health centers in the region.

“[The doula] is just another part of our care team to make sure that the patient gets the delivery that she wants.”

BHS OB Nurse

BHS staff also reported positive experiences with doula-assisted births, noting that doulas were non-intrusive team players, respectful of hospital policy and norms, helpful in supporting staff (especially nurses), and a calming presence for patients. These positive staff experiences were expressed despite some initial skepticism from a few staff.

Personal Benefits of Being a Doula

Doulas benefitted from their roles and experience in myriad ways. First, most doulas expressed a personal sense of fulfillment and joy of being part of the childbirth process and particularly the moment when the child is born. One doula stated, *“I feel like it’s one of the most **empowering** jobs*

“I just always say it’s a privilege. It’s an incredible experience to see somebody become a mother or father.”

Doula 2

I've ever had" (Doula 3). Another doula stated: "***it leaves you with a feeling of some kind of peace that you brought some comfort to a woman***" (Doula 1). Some doulas noted that there was even a more spiritual and cosmic aspect of being a doula, and that this has impacted their lives in positive ways. One stated, "*I feel most connected to myself. And to God. And to others when I'm helping other people*" (Doula 4).

In addition, the younger doulas indicated that serving as a volunteer doula was a step on their professional path towards midwifery. None of the younger doulas mentioned going for a traditional medical degree, but rather pursuing the midwife model of care. Other doulas described how being part of the doula program helped them navigate their new, chosen profession of nursing. Doula 4 stated: "***I feel a lot of clarity regarding what I'm doing. I feel like often as a new nurse it can be overwhelming to try and see where you fit in the puzzle. And being part of the doula program really helped me to determine early on.***"

Analysis of Promotional Materials

We analyzed **19 texts** to examine how the doula program was being marketed to potential OB patients. We found three major themes across the promotional materials: 1) Expectant Mothers as the Target Audience, 2) Absence of Fathers/Partners and 3) Negative Framing for Using a Doula.

Expectant Mothers as Target Audience

In roughly half of the texts, the use of 2nd person ("you"), specifically moms-to-be or mothers, are the target audience. The use of moms-to-be as the primary target audience might limit the reach in persuading parents to use a doula, especially since one of the benefits of a doula is their support of the partner or father, as reported by moms who had previously used a doula.

Absence of Fathers/Partners

The absence of partners or fathers in deciding on using a doula is important, especially given the benefits of a doula for the partner. Although the images in the doula brochure do use some visuals with male partners, the text emphasizes expectant moms as the target audience. The theme of "creating a family," as in the doula testimonial, could be used to emphasize the role of fathers or partners throughout the promotional documents. The doula plays a critical role in helping the entire family form through the birth experience. In the Inspiring Health newsletter, for example, highlight that an expectant mom or dad could decide to use a doula at any time – this fact remains unclear across all of the promotional materials.

By the Numbers: Analysis of Promotional Materials

- **19 total texts analyzed**
- 9 doula program press releases
- 2 "Inspiring Health" newsletters
- 2 doula program brochures
- 2 print advertisements
- 1 Facebook advertisement
- 1 Facebook promo video
- 1 TV advertisement
- 1 e-newsletter
- The OB patient handbook



Negative Framing for Using a Doula

The promotional materials primarily used negative framing to establish a need for a doula during the birth experience. Some of the consistent language included the doulas as part of an “ongoing initiative to improve care;” this phrase was used in at least six of the texts and insinuates that the current care is perhaps not its best. Worry, stress, and anxiety were often used specifically as the causes for deciding to use a doula, rather than the benefits and statistical support for having a doula be part of family-centered care and part of the team, along with the doctors and nurses.

Recommendations

The volunteer doula program at Brookings Health System offers many benefits to mothers and fathers, but remains underused. Given our findings from key stakeholders, and an analysis of the program’s promotional materials, we provide recommendations for how to conceptualize and promote the program to families in Brookings.

Focus on the Benefits of the Doula for the Whole Family

One of the most striking characteristics of the program, expressed by all the stakeholders, was the tremendous impact of the doula on the birthing partner (e.g., the father) in addition to the mother.

When discussing or promoting the choice of a doula, communications should highlight that:

- a) Doulas provide specific emotional, tangible, and informational support to mom *and dad*.
- b) Doulas offer guidance and support to dad so that he can support mom and enjoy the experience.
- c) Doulas do not replace dad during the birthing experience.

Emphasize the Role of the Doula as Part of the OB Team at BHS

Doulas, and mothers who used doulas, felt that establishing a connection between mothers and doulas prior to labor would be beneficial. While one-on-one connections may not be possible with the volunteer program, certain strategies could help expectant parents become more comfortable with the idea of a doula and envision a doula as part of their birth experience.

One promising strategy for developing a doula-expectant parent connection is to emphasize the doula as part of the OB team at BHS. This emphasis can be communicated in the following ways:

- a) Images in brochures or advertisements that feature an “OB team,” including a physician, a nurse, an anesthetist, and a (BHS trained and DONA-certified) doula.
- b) Physician-patient discussions during 2nd and 3rd trimester prenatal care visits that preview the birthing experience, including an overview of how the doula fits with the whole team.
- c) “Meet and greet” events (like ‘Building Blocks to Baby’) where doulas can interact with expectant parents and demystify the process of using a doula.