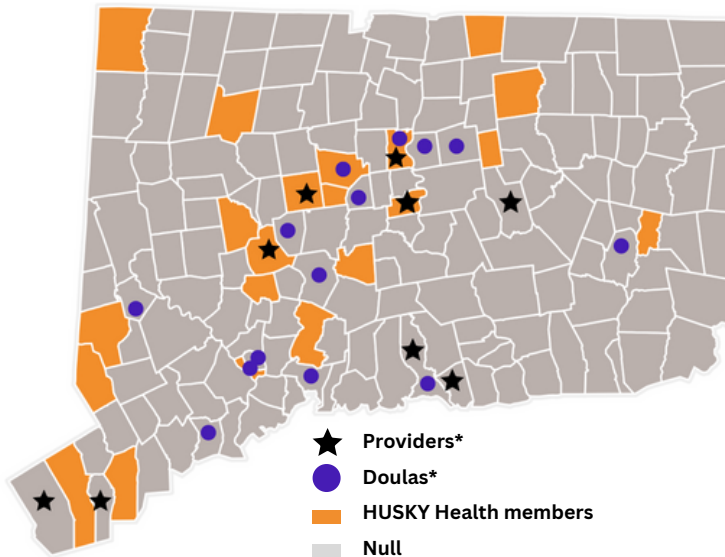


2023 Maternity Bundle Focus Groups Summary Report

OVERVIEW: Health Equity Solutions (HES) collaborated with Primary Maternity Care (PMC), and the HUSKY Health program to host **6 focus groups** to collect information that will support the design, planning, and successful inclusion of doula care services into the HUSKY Maternity Bundle program. The focus groups engaged a total of **72 total participants**, which included **17 physicians, obstetricians, and midwives** who deliver prenatal, birth, and postpartum care, **28 doulas** who provide support and information to a birthing person, before and after birth, as well as during labor, and **27 HUSKY Health members**. The focus groups included a total of 42 towns across the state. Providers and doulas must reside in CT and/or provide care to CT residents. Participants were encouraged but not required to answer every question and could utilize the chat feature in Zoom or unmute to answer a question. These focus groups will help inform strategies to include doula care services as a new benefit for HUSKY Health members who are pregnant.

Participants' Locations



*Please note, town/city reported may be a practice setting or home location of the participant.

Participants' Demographics

Black and/or African American	45.8%
White/Caucasian	16.7%
Hispanic/Latino(a) (Cuban, Dominican, Mexican, Puerto Rican, Other)	12.5%
Asian (Chinese, Filipino, Indian, Japanese, Korean, Vietnamese, Other)	4.2%
Middle Eastern/North African	2.8%
Native Hawaiian/ Pacific Islander	5.6%
American Indian/ Alaskan Native	2.8%
Multiracial	0.0%
Other	4.2%
Prefer Not To Say	5.6%

*n=72

FOCUS GROUP DISCUSSION QUESTION THEMES

Perceptions of Doulas

Benefits and Challenges of Collaboration

Information Management

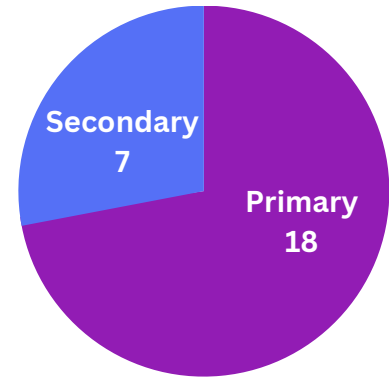
TOP PRIORITIES



2023 Maternity Bundle Focus Groups Summary Report

PERCEPTIONS OF DOULAS

- Nearly all doulas noted being received positively by providers and the community.
- Most HUSKY Health members were aware of doulas and doula support, and recognized the role of doulas in providing physical and emotional support during birth and all stages of pregnancy and delivery.
- About half of HUSKY Health members (9/19) felt it was important that their doula share their race, culture, or ethnicity. Those who found it to be important noted it was difficult to find doulas of their race or ethnicity.



*Doula work is my ___ job. ***



*"They help through the birth process, reaching lengths that nurses and doctors cannot."
- HUSKY Health member*



*"I know that doula support can be given at home. Not just in the facility."
- HUSKY Health member*



EMOTIONAL AND INFORMATIONAL SUPPORT

- HUSKY Health members expressed interest in emotional support and education from doulas on a wide range of pregnancy, delivery, and postpartum related topics such as laboring positions, postpartum depression, and lactation.
 - Members noted some of the doulas they worked with demonstrated exceptional interpersonal skills (emotional support and communication) and knowledge about childbirth.
- Clinical providers agreed that doulas provide emotional and informational support to birthing people and patients often feel more comfortable with doulas than physicians and/or midwives.
- HUSKY Health members also valued bilingualism, knowledge about medical technology, and massage techniques in their doulas.



*"She was lively and would always cheer me up. She still checks in till today to ask after my baby."
- HUSKY Health member*



BENEFITS OF COLLABORATION

“

"They act as the pregnant woman's right-hand woman, helping to make their experience happier and more stress-free." - Clinical Provider

- Clinical providers noted doulas simplify the work for providers by keeping track of patients and learning things about them that could be easily overlooked during clinical visits.

”

- Doulas shared that working more closely with clinical providers would help them provide collaborative support to families, broaden their knowledge and skills, and market their services through referrals and networking; as well as providing collaborative birthing support to families.
- Clinical providers noted that collaboration among doulas, medical practices, and hospitals could lead to smooth delivery and post-delivery procedures, lower mortality rates, and parents being better informed regarding infant care.

“

"Making my job easier-- By keeping tabs out of the facility, reporting back. These things go a long way in the practice." - Clinical Provider

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"...going through the reports, learning things about them and then being able to relate with them during sessions." - Clinical Provider

”

CHALLENGES OF COLLABORATION

- Although collaboration with providers is conducive to problem solving, doulas noted it also can slow decision making and be arduous when the doula and clinician have differing approaches.
- Providers raised concerns about unhealthy power dynamics and doulas lacking adequate training and experience.
- Doulas also foresaw potential challenges related to lack of respect and understanding, lack of team cohesion, and reduced intimacy in the birthing experience.
 - A few (3/23) doulas shared that they sometimes feel intimidated by providers.

“

"Different philosophies: We and other health care providers may have different philosophies about how to manage labor and delivery, which can be a source of tension between us. Doulas may have to work hard to find compromises and common ground with other providers in order to provide the best care for their clients." - Doula

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TRAINING AND PROFESSIONAL EDUCATION

- Doulas expressed a desire for increased access to training on emotional management, financial literacy, information management, and pre/postnatal care, including:
 - techniques for following up with clients and navigating tertiary trauma
 - financial and health insurance literacy
 - information management, project management, digital health programs and medical equipment.
- HUSKY Health members expressed uncertainty about the level of health care training that doulas receive.
- **Barriers to accessing educational opportunities** for doulas included cost, time, and limited knowledge of training options.

DATA REPORTING AND MANAGEMENT

- Almost all doulas reported charting visits with patients using electronic systems such as an EHR, other healthcare technology platforms, proprietary software, and/or handwritten notetaking.
- Most doulas noted they report de-identified outcomes data annually to contractors, funders, and doulas within their organization's service area as well as at conferences and for grant funding purposes.
 - 3/16 did not report outcomes to any external organization.
- Providers recognized the importance of doulas using an EHR system for efficiency. However, opinions were divided on whether **doulas should use the practice EHR, their own EHR, or both.**
 - **Using the practice EHR would** mitigate risk during an emergency by providing access to all hospital staff. Using their own EHR/ system would allow doulas to have easier access.

Doulas manage client data & track outcomes using:

- Excel spreadsheets;
- notebooks;
- cloud-based storage;
- and/ or data management software such as:
 - DoulaBiz,
 - Zoho, and
 - Mobile Doula EHR.

MARKETING

- Doulas reported primarily relying on social media (17/25) and word of mouth (10/25) to market their services. Some doulas also saw clients referred by clinical providers and other doulas (4/25) and networking opportunities (6/25).
- Clinical providers noted education about doulas would be **necessary** for them to sponsor doula care and services.
- Clinical providers also envisioned supporting doula services by employing more doulas, asking doulas to be guest speakers for birthing classes, and establishing in-hospital doula offices and online platforms for doula access to patients.

“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

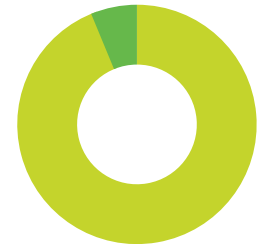
“By having in-hospital doula office....sometimes I feel like if these practices (doula and clinical) could merge as one.” - Clinical Provider

ACCESSING DOULA SUPPORT

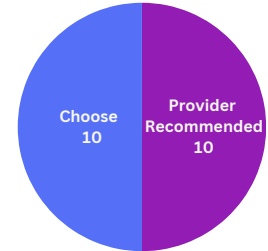
- 16 HUSKY members knew someone who had doula support during pregnancy, labor and delivery, or postpartum; 8 of these members received doula support themselves.
- **Cost** was the primary factor preventing HUSKY members from having doula support.
 - Other factors include having family members available to support, concern over doulas having inadequate health care training and difficulty finding a doula.
- 17/24 HUSKY members said doulas were available in their area.

Referrals:

- Current provider partnerships with doulas occur through referrals and supporting patient needs post-delivery.
- 3/5 providers did not have any partnerships with doulas.



15/16 HUSKY members would prefer to work with one doula rather than a team of doulas **



Would you prefer to choose your own doula or to be assigned to one by a clinical provider? **

“

"For now, we don't have (a doula policy), but I will introduce the idea to the hospital." - Clinical Provider

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- None of the clinical providers' practices and/or hospitals where they practice reported having a doula policy; about half of the providers were **open to introducing the idea to the hospitals they work with.**



Would you want doula support if it were available as covered benefit? **

FINANCIAL CONSTRAINTS

- 21/24 HUSKY members would want doula support if it were available to them as a covered benefit.
- Clinicians noted that financial support for doula services would be necessary to sponsor doula services.

QUESTIONS / COMMENTS

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** Participants were encouraged but not required to answer every question and could utilize the chat feature in Zoom or unmute to answer a question.