

## Health and Home Visiting Committee

### Doula, home visiting, and universal newborn support services overview

March 14, 2023

Home visiting, doula, and universal newborn support services (UNSS) are part of a continuum of supports for pregnant and new parents and their children that are backed by a substantial body of evidence. The following brief offers additional information on the core components of these services and their key maternal and child health outcomes.

#### **Home Visiting**

Home visiting is an evidence-based prevention strategy used to support pregnant and new parents to promote infant and child health and development. Home visiting services are offered on a voluntary basis to pregnant people and families with children ages birth to five years, at no cost to the family. Home visiting targets numerous outcomes, including improved maternal and child health; prevention of child injuries, child abuse, or maltreatment; reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; improvements in coordination and referrals for other community resources and supports; and improvements in parenting skills related to child development.

National and Illinois-specific research studies show that high-quality evidence-based home visiting programs result in a myriad of short- and longer-term positive outcomes for children and their families that are relevant to health system partners. These health outcomes include improved birth outcomes; increased rates of breastfeeding and immunization, increased uptake of well-child visits and developmental screenings; and reductions in avoidable hospitalizations and child injury, which translate to savings in healthcare spending.

#### **Doula services**

Doulas are trained professionals who provide education, empowerment, and support to pregnant and birthing parents from the prenatal period to several weeks postpartum. Doulas do not perform any clinical interventions or provide any medical advice: they provide continuous emotional and physical support during labor and delivery, helping the birthing person to feel comfortable, confident, and in control of the birthing process. Doulas help birthing parents and families understand the birthing process and what providers are asking them, as well as their rights and choices. Bringing parents into the conversation with providers empowers them to advocate for themselves and is critical to reducing maternal mortality and morbidity.

Studies have shown that people who receive doula services, are more likely to have spontaneous vaginal births and less likely to have any pain medication, epidurals, negative feelings about childbirth, vacuum or forceps-assisted births, and Cesareans.<sup>1</sup> Prenatal doula visits, which may encourage timely participation in prenatal care and positive health-behaviors, as well as reducing maternal stress, may also be associated with reductions in pre-term births.<sup>2</sup>

The doula service system in Illinois is diverse, and represents a range of providers, including doulas who work within home visiting programs, doulas who work within other community-based social service organizations,

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<sup>1</sup> Hodnett, Ellen D., et al. "Continuous support for women during childbirth." *Cochrane database of systematic reviews* 7 (2013).

<sup>2</sup> Gruber, Kenneth J., Susan H. Cupito, and Christina F. Dobson. "Impact of doulas on healthy birth outcomes." *The Journal of perinatal education* 22.1 (2013): 49-58.

doulas who work in other health settings as employees of hospitals or birth centers, and independent doula providers who run their own businesses or work within collectives or other birth support agencies.

### ***Doula Enhancement for Home Visiting (Model of Doulas Embedded within Community-Based Home Visiting Agencies)***

Within the array of publicly funded home visiting services (Illinois Department of Human Services, Illinois State Board of Education, and federal funding), doula services exist as a robust complement to home visiting services, operating as an intensive psycho-social intervention that transitions into longer term home visiting participation. Programs prioritize hiring doulas and home visitors with deep roots in the communities they serve. These doula services are offered at no cost to the family. IDHS refers to this as the doula enhancement for home visiting, and Start Early typically refers to this approach as Community-Based Doula services. A general overview of other doulas is included, but this overview is not exhaustive and may not include all conditions in which Illinois doulas operate.

With a combination of funds from the Illinois Department of Human Services (IDHS), Illinois State Board of Education (ISBE), and federal funding, Start Early supports a network of home visiting programs with the doula enhancement, through its Home Visiting and Doula Network (HVDN). IDHS provides funding to Start Early for these services through the IDHS Maternal Child Home Visiting program (formerly known as Parents Too Soon). **The HVDN currently includes 20 HV programs, 16 of which also have doulas (about 40 doulas in total). Start Early additionally provides supplementary funding to 7 IDHS-funded home visiting programs to allow them to add doulas. This section provides details about the doula enhancement for home visiting as implemented by Start Early.**

In this approach, doulas are hired by the home visiting program and they are trained as a specific type of home visitor who begins their work with families during the perinatal period, typically initiating services at the beginning of the third trimester and continuing their involvement until the baby is about two months old. During the prenatal period, their focus is on helping the pregnant person and baby stay healthy, supporting preparation for childbirth, and helping the parent attach to their unborn baby. These doulas provide support during the labor and delivery process, providing physical and emotional comfort, acting as a coach, and helping the birthing person to advocate for their own needs. They also assist in initiating breastfeeding, depending on parent's choices. Doulas work closely with the long-term home visitors to ensure coordination of services and provide a warm hand-off to longer-term home visiting services after the immediate postpartum period, ensuring services are tailored, attuned, and responsive support to families' needs and desires.

An evaluation of this approach as implemented by Start Early programs was published in 2018. The study demonstrated improvements in childbirth preparation, breastfeeding initiation, safe sleep practices, and early car-seat use.<sup>3</sup> Data from Start Early's programs also demonstrate improved retention in home visiting when a family first enters services as a doula program participant. The approach used by Start Early is also employed by other agencies within the broader Illinois home visiting system, and is the model required for agencies implementing doula services with state funding from IDHS). Doulas operating within programs funded by IDHS and ISBE are not "stand-alone" providers, in that their services are intended to be delivered in conjunction with home visiting services to maximize benefits to maternal and infant health.

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<sup>3</sup> Hans, Sydney L et al. "Randomized Controlled Trial of Doula-Home-Visiting Services: Impact on Maternal and Infant Health." *Maternal and child health journal* vol. 22, Suppl 1 (2018): 105-113. doi:10.1007/s10995-018-2537-7

### **Doula provider training and qualifications**

Within the doula enhancement for home visiting implemented by Start Early, doulas are specialized home visitors who have training in pregnancy health, childbirth preparation, labor support, lactation counseling, and newborn care. Doulas are embedded within home visiting programs, and they complete required home visitor training, including model-specific training requirements. They may additionally complete a specialized certification, including certification by Doulas of North America (DONA) or additional lactation counseling certifications, but they are not required to hold a specific certification. Instead, all doulas in the Start Early Home Visiting and Doula Network (HVDN) are required to participate in birth doula training. IDHS funded doula programs and many ISBE funded doula programs receive additional training and professional development support through the Start Early Professional Learning Network, which also trains the state's publicly funded home visiting workforce.

Start Early Doula Best Practices require that doulas receive basic and ongoing training in key areas they encounter in their work with families. These include child and adolescent development, forming and maintaining an effective helping relationship, child abuse recognition and response, intimate partner violence, substance abuse, cultural competency, parent-child attachment, and community resources.

### **Services**

The doula enhancement for home visiting, which begins prenatally and extends into the postpartum period, may be more intensive than services provided by some other doulas who work in community-based settings or independent doula providers, who may only provide labor and delivery support services or may provide an abbreviated number of prenatal or postpartum visits. There may also be other community-based doulas or independent doulas who do provide more intensive services, depending on client needs, preferences, and fee structures.

- **Enrollment and Service Initiation**

- Within the doula enhancement model utilized by Start Early, there is prescribed overlap between the home visiting and doula provider in a program, which strengthens family outcomes and participant experiences. Families who enroll into a program very early prenatally may first work with a home visitor before starting to work with a doula in the beginning of the third trimester of pregnancy. Families may also enroll in doula services before working with a home visitor.
- Start Early Doula Best Practices require programs to enroll 80% of participants by the seventh month of pregnancy as programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth, in order to form a trusting connection with new parents and establish the program as a source of support and information.
- When doula services begin, the home visitor will “step back” but remain engaged with the family, decreasing their visits to accommodate the more frequent visits from the doula.

- **Prenatal support**

- As described in the evaluation of this model, while home visitors begin traditional home visits to support child development, child safety, screenings for family needs, etc., doulas focus

their visits on issues related to pregnancy health, childbirth preparation, breastfeeding, newborn care, postpartum health, and early bonding.<sup>4</sup>

- Doula Home Visits take place on a schedule determined in partnership with the family and informed by the home visiting model implemented by the program. Visits are often weekly, and last between one and one and a half hours, per Start Early Doula Best Practices.
- In this enhancement model/community-based doulas embedded in home visiting programs, doulas provide childbirth education through weekly visits, and offer regular prenatal groups for participants to connect with other expecting parents. Prenatal Groups promote transition to ongoing program services such as home visiting. Prenatal groups may include:
  - The provision of information and support regarding nutrition, the female reproductive system, the process of normal labor, routine hospital practices, basic newborn care, normal newborn behaviors, feeding methods including breastfeeding and formula preparation, and the normal physiological changes of the immediate postnatal period.
  - The provision of information on the risks of HIV transmission through breastfeeding, using medically accurate materials.
  - Encouraging participants to identify a medical home for their child and share information regarding well-childcare and immunizations.
- Doula Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship. As guided by Start Early Doula Best Practices, content covered in visits include:
  - Information about prenatal development
  - Information about the benefits of breastfeeding, using medically accurate curricula and materials
  - Discussing the risks of smoking during pregnancy and providing smoking cessation materials to expectant parents or family members
  - Discussing the risks of alcohol use during pregnancy and providing materials about alcohol and pregnancy to participants as needed
  - In a manner respectful of each participant's cultural and religious beliefs, doulas engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions. Doulas provide all participants with information and support regarding the delay of subsequent births, effective family planning including birth control and abstinence (as the only 100% protection from risk), and protection from sexually transmitted infections (STIs), including HIV/AIDS, using medically accurate curricula and materials.
- **Labor & delivery support**
  - During prenatal visits, doulas help develop a birth plan with each participant to help them understand the birthing process and document their preferences to support communication with health providers and empower birthing individuals with information to advocate for themselves through labor and delivery.
  - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-

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<sup>4</sup>Hans, Sydney L et al. "Randomized Controlled Trial of Doula-Home-Visiting Services: Impact on Maternal and Infant Health." *Maternal and child health journal* vol. 22,Suppl 1 (2018): 105-113. doi:10.1007/s10995-018-2537-7

emotional experience of labor and delivery. Doula support and advocacy includes 24-hour availability for attendance during labor and delivery. Doulas provide **continuous support from the point of active labor through recovery.**

- Start Early's doula-enhanced home visiting programs have established written protocols that outline procedures when Doulas go to the hospital, when doulas call and utilize backup, and what communication is expected between the doula and the doula Supervisor while the doula is at the birth. These policies inform staffing to ensure there are sufficient staff and that caseloads are balanced to ensure there is back-up coverage for all doulas/cases should a participant go into labor.
- Doulas do not perform any medical interventions or offer medical advice. They may provide comfort measures like a back rub or talking with participants to coach them throughout the labor and delivery process. Continuous labor and delivery support is an essential part of the model and crucial to the improvements in maternal and infant health outcomes targeted by these programs.
- **Postpartum support and transitioning to home visiting for continuing support**
  - Doulas provide labor and delivery support and immediate postpartum support, and then families transition to home visiting services as their primary form of engagement at roughly 6-8 weeks postpartum.<sup>5</sup>
  - In the immediate postpartum period, visits from the doula can help to identify emergent health concerns and can also support the new parent to initiate and maintain breastfeeding, if that is what the family wants. Doulas will also screen for perinatal mood disorders, including screening with the Edinburgh Postnatal Depression Scale (EPDS). There may be overlap in screenings completed by other providers, like an OB/GYN; this is advisable, as multiple touchpoints can help to identify perinatal mood disorders or other mental health concerns while reinforcing health messaging.
  - There will often be a "joint visit" between a doula and home visitor when the participant is transitioning out of doula services. If the participant began in home visiting services, they will then return to visits with their original home visitor. If the participant first enrolled in doula services, the doula will ensure a warm hand-off and introduction to the long-term home visiting provider.
  - Programs using the doula enhancement to home visiting link families to community services. These doula and home visiting programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families. Doulas often make referrals, including but not limited to schools, alternative and vocational education, housing, financial assistance, health services, nutrition programs, recreational programs, mental health, Early intervention (IDEA Part C), substance abuse, intimate partner violence services, and childcare.

### **Staffing and Caseload**

While there may be variances in staffing patterns, there are minimum recommended staffing ratios in the doula enhancement to home visiting, to ensure that all families participating in doula services can transition to home visiting services.

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<sup>5</sup> Hans, Sydney L et al. "Randomized Controlled Trial of Doula-Home-Visiting Services: Impact on Maternal and Infant Health." *Maternal and child health journal* vol. 22, Suppl 1 (2018): 105-113. doi:10.1007/s10995-018-2537-7

In the doula enhancement for home visiting, doulas typically have a maximum caseload of 9-10 families at a single point in time. Because doula services last only five months, a doula typically serves 240% of that number (or about 23 families) over the course of a year. In contrast, home visiting caseloads vary by model, but on average, a home visitor's maximum capacity at any one time is about 15 families. With average turnover and duration of program enrollment, a home visitor may serve a slightly higher number of families per year, averaging between 18-22 families over the course of a year.

Not all home visiting programs have the doula enhancement. In addition, not all families who enroll prenatally in a home visiting program using the doula enhancement will choose to participate in doula services. On average, 72% of participants who enroll in Maternal Child Home Visiting services (formerly Parents Too Soon, administered by Start Early) also receive doula services. Likewise, not all families who begin with doula services will choose to continue on to participate in home visiting services, though retention/enrollment into home visiting is improved when families begin with prenatal doula services.

**With at least a 2:1 ratio of home visitors to doulas, programs can ensure that every doula participant has access to long-term home visiting services.** Additionally, programs should have at least two doulas on staff to ensure there is backup coverage for labor and delivery support, in the event the primary doula is unable to attend the birth.

#### ***Other Doula Providers outside of the Doula Enhancement for Home Visiting***

Doula services exist in a long tradition of community birth and parenting support by non-medical professionals. Within Illinois, there are numerous independent doula practitioners who operate as independent business owners. In addition, doulas are employed by some hospitals and birth centers and community-based organizations, and there are some who volunteer these services within their communities. There are various international and national certification entities for doulas, which may include specific scopes of practice or requirements for training and continuing education. However, at present in Illinois, there is no singular training or credentialing entity used by the entire doula practitioner community, nor is there a singular scope of services. Doula services may begin at various points across the prenatal period and include any number of prenatal and postpartum visits, or may only include support during labor and delivery, and the intensity and duration of doula supports may also vary depending on the practitioner. Fee structures are unique to the provider, and doulas may choose who they work with outside of the community-based social service agency structure. The complexity and diversity of the independent doula and birth worker community brings unique benefits to the communities they serve. These nuances additionally create unique challenges for the integration of health systems and payers, including Medicaid and private insurance.

#### **Universal newborn support services**

Universal newborn screening and support (UNSS) systems provide voluntary short-term screening and referral services to every family at the birth of a new baby to make connections to the supportive services and resources they may need and want, at no cost to a family. UNSS approaches may look different depending on local contexts, but typically, a nurse home visitor, community health worker, or other trained professional will connect with families at the hospital shortly after birth and offer to visit families in their homes at around three weeks following childbirth. During this visit, the UNSS home visitor will complete a brief maternal and infant health screening and talk with the family to identify interest in any additional supportive services, including medical care, household needs, early childhood education, emotional supports, or other community resources.

UNSS approaches are not duplicative of any of the existing services that families benefit from and choose to participate in, including primary health care, case management services, Early Intervention, or home visiting. Instead, these UNSS approaches operate as a coordinated intake and referral system to increase the alignment of local family-support services and improve uptake of these services by families with young children. By collecting data on family needs and outcomes, as well as the availability of other local services (infant and maternal health, mental health, early learning, economic supports, etc.), UNSS approaches help streamline coordination across family-facing services and supports and ensure these are accessible within the local community. Ultimately, state funding can be used more effectively when services are coordinated and accessible to families, and UNSS approaches are central to building a more efficient, coordinated prenatal-to-three system of support in Illinois.

Illinois is making significant progress on community implementation of UNSS and alignment of prenatal-to-three systems and services, including through the Early Childhood Comprehensive Systems federal planning grant (ECCS) and efforts to establish Medicaid reimbursement for components of UNSS. As outlined in the 2021 "[Creating a Universal Newborn Support System \(UNSS\) in Illinois: An Assessment of Opportunity Based on Wisdom and Experience from the Field](#)" report and accompanying [policy brief](#) from the Health & Medicine Policy Research Group, bringing UNSS to scale will require government commitment and leadership, a mindset shift encompassing cross-sector, multi-disciplinary involvement to facilitate alignment across state agencies and systems, as well as local communities, and a robust and diversified funding base to launch and sustain UNSS services.

### ***Family Connects Illinois***

After an extensive exploration of available models by home visiting leaders in Illinois, Family Connects, a UNSS model, was launched in pilot sites in Peoria and Stephenson Counties in May and June of 2017. Federal and state public funds through the Maternal Infant and Early Childhood (MIECHV) Program and the Illinois State Board of Education support Family Connects in these two communities as a referral source to intensive home visiting services. Start Early continues to support implementation of the model in these two sites.

### ***Family Connects Chicago***

In 2019, Family Connects Chicago was launched as a public-private partnership between the Illinois Department of Public Health's Maternal and Child Health Services Title V Block Grant program, the City of Chicago, Rush University Medical Center, the Illinois Department of Human Services, and private philanthropy. The Chicago Department of Public Health aims to scale the service to all 17 Chicago birthing hospitals over the next five years, eventually reaching the families of approximately 38,000 babies born in Chicago each year.