Exploring the Use of Doulas To Improve Perinatal Mood and Anxiety Disorder (PMAD) Outcomes In Rural Settings

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TODAY'S OBJECTIVES

• Assess the current use of doulas to address perinatal mood and anxiety disorders.

• Evaluate perinatal mood and anxiety disorder related barriers and resources for rural birthing people that doulas can mitigate and support.

• Identify best practices in using doulas to address the perinatal mood and anxiety disorder needs of rural groups.
RURAL MATERNAL HEALTH

Those without access due to distance and a lack of sufficient providers in their area experience negative health outcomes. 1-8
  • Higher rates of chronic illness, pre-eclampsia, eclampsia, pre-term birth, cardiac events, and infant mortality.
  • Perinatal people living in low-income areas across the US were 2 times as likely to suffer a maternal death as those in high income areas.

Social determinants of health in rural areas. 1-8
  • Lower household incomes, lower educational attainment, higher rates of uninsurance, and higher rates of public insurance.
  • Low-income people and people of color are more likely to live in areas with limited access to healthcare.

Additional factors impacting rural health. 8-9
  • Housing shortages
  • Transportation barriers
  • Rural hospital closures, especially obstetric units
  • Workforce shortages
  • Limited coordination of care
MATERNAL AND CHILD HEALTH DISPARITIES IN MONTANA

• Montana has poor maternal and child health outcomes. 10-12
  ◦ 14th highest pre-term birth rates (9.7%).
  ◦ 19.9% of pregnant people receiving inadequate prenatal care.
  ◦ 7.7 low birthweight (18 in nation).
  ◦ Higher induction rates than the national average (27.6%).

• Those living in rural areas are particularly vulnerable to poor health outcomes. 1-8
  ◦ A large portion of Montana residents live in healthcare deserts.
    ■ In Montana, all counties have a healthcare provider shortage. 5
    ■ Extreme winter weather.
MATERNAL MENTAL HEALTH DISPARITIES IN MONTANA

• Perinatal mood and anxiety disorders (PMADs) are the most common complication of childbirth.  
  ○ Associated with negative emotional, physical, social, and economic impacts for parents, children, and families.
• Montana is a predominantly rural state with a large Indigenous population and has high rates of negative MCH outcomes.
• Rural populations are estimated to have PMADs rates that are more than double those in non-rural areas, and higher suicide rates.  
• Shortage in mental health providers.  

References:  
13-15  
16-20  
21-22  
23-24
DOULAS

- Doulas, non-medically trained childbirth companions, are one potential way of supporting pregnant people, especially in the postpartum time period. 
  - Provide physical, emotional, advocacy, and informational support.
  - Research indicates that the use of doulas can improve a wide-range of pregnancy and childbirth related outcomes, including feelings about childbirth, immunization rates, length of labor, infant Apgar scores, breastfeeding initiation, chance of Cesarean birth, and many others. 
- PMAD doulas provide normal doula services in addition to providing specialized support related to mental health. 
  - Need for research exploring this expanded role and models for implementation.
CURRENT BARRIERS TO DOULA CARE

• No standardized trainings for doulas in Montana, and need for trainings specifically tailored to needs of Montana population.
  ○ Rural
  ○ Indigenous
  ○ High rates of perinatal mood and anxiety disorders (PMADs)
  ○ High rates of substance use
• Doulas not accessible for low-income people.
  ○ Need for exploration of models of paying for care.
PROJECT OVERVIEW

Objective: Develop the evidence-base for use of doulas to improve maternal and infant health outcomes in Montana.

Research Plan and Activities:
- Explore and identify existing interventions and research that include doulas.
- Focus on PMAD specialized doulas, and holistic and wrap-around service models of care, and their applicability/feasibility for use in Montana.
- Assess PMAD needs and barriers during pregnancy, childbirth, and the post-partum period, and explore the role and scope of doulas through semi-structured qualitative interviews with people with PMAD experience (n = 10), healthcare and service providers (n=10), women who have used doulas (n=10), and doulas (n=10).
SYSTEMATIC LITERATURE REVIEW

- **Process:**
  - Register protocol
  - Search 12 academic databases and google scholar with search terms
  - Review of articles by 3 researchers
  - Synthesis of key findings and recommendations for practitioners

- **Use of Doulas to Address Rural Health Disparities.**
  - 6,781 articles found, 40 included in final review

- **Use of Doulas to Address Perinatal Mood and Anxiety Disorders.**
  - 6,123 articles found, 49 included in final review

- **Use of Doulas to Improve Substance Related Outcomes.**
  - 2,573 articles found, 39 included in final review

- **Use of Doulas in Indigenous Settings.**
  - 6,688 articles found, 38 included in final review
Qualitative Interviews

Research Approach:
Qualitative Description. 39-41

- 32 individual interviews in Montana (approx. .5 - 1.5 hours in length; average 41 min).
  - Individuals with lived experiences with PMADs
  - Healthcare and service providers
  - Individuals who have used doulas
  - Doulas

- Interview guide
  - Initial focus group to develop, refine and pilot interview guide.
METHODS

• **Data Collection:**
  - IRB approval
  - Purposive and snow-ball sampling
  - Interviews took place via zoom in May and June of 2023.

• **Data Analysis:**
  - Nvivo. Conventional qualitative content analysis.
  - Conducted member-checks and compared with previous research.

• **Rigor:**
All participants identified unique barriers experienced by people experiencing PMADs and ways doulas could support perinatal people.

**Key themes included:**

- Barriers to care and the needs of people with PMADs during the perinatal time period.
- Ways doulas could promote wellbeing.
- Barriers and solutions related to training and integrating doulas into care for this population.
INTERVIEW FINDINGS

- Stigma
- Family separation
- Barriers to accessing treatment
- Contributing risk factors
- Lack of access to providers
- Need for holistic support
- Unique needs of people during childbirth
- Unique needs of people postpartum
- Postpartum period particularly vulnerable
- Need for increased supports during this time period

Barriers to care and the needs of people with PMADs during the perinatal time period.
“In this area, this rural and western context, there is an independent spirit, I would call it, that you are not praised for asking for help. You are praised for staying busy, being too busy, keeping your head down. And so, I think that's a huge risk factor because we are told by our peers and generations before us that having kids is hard. So, welcome to the club.”
We have so many moms, especially in the eastern part of the state, who are maybe two to three hours from a provider...Being able to make those prenatal appointments or follow-up appointments is really difficult because they don't have access to a provider that's close or they may not have a reliable vehicle... I think that access to care is a big one, and the type of care available to them as well.
INTERVIEW FINDINGS

Risk factors for PMAD

- Trauma
- Previous history of a PMAD
- Lack of social support
- Breastfeeding
- Sleep
- Birth trauma
“And I lied about having past mental health issues. I had been depressed in high school. I had to be on antidepressants, and I had panic attacks...I remember seeing the question and being like, "Oh, well, that was probably just high school stuff. I don't know if I was...depressed." [I] didn't want to bring any attention, any negative attention...I felt like, "Well, what if they think I have mental health issues, then what if they take my baby away?" ...I didn't want to raise any red flags... I was afraid that they would take away my baby. And it felt crazy. Of, "I am a dedicated student, I am professional. I work." Wasn't using drugs, wasn't drinking. And I didn't have anything legally to worry about. But I still felt there would be judgement... That I was right on the line, or something, of getting my baby taken away. That felt like a real option and so I lied... Even realizing that I had postpartum depression, it's like, "Well, why did I lie about that specific thing in my past? Why did I feel so afraid?" I had nothing to worry about...Honestly, to this day, I'm afraid of CPS.”
“Births that don't go as planned. So, whether that is a complication that we knew of in the pregnancy, whether that is doing a medically indicated induction, whether it's a c-section for whatever appropriate indication, whether it's more pain of something like that. I think of traumatic births as patient defined, but definitely something that I worry about is how they view that experience and how it allows connection to their babies.”
“I think a lot of the risk factors that I’ve seen that have come into play are things like isolation, both that geographic and social isolation. In our state, we have so many people who live so far away from everybody else, and so they can’t get to care and then they can’t get to their friends either.”
"I think breastfeeding not going smoothly is a big one...breastfeeding is something that I know you can’t really prepare for the challenges until you know what they are, and there’s so much emotion around it. So when patients are struggling with feeding, that’s kind of a red flag I think for me to say, “Okay, how are we really doing? What are you doing in your life that’s helping with this?” That’s definitely one I think about.”
INTERVIEW FINDINGS

Negative impact of PMADs

- Negative impact on parent-infant attachment
- Worse physical health
- Worsens previous mental health conditions
- Increased social isolation
- Impacts later perinatal experiences
- Impacts ability to return to work
- Impacts relationships with partners
INTERVIEW FINDINGS

“I ended up having severe lucid dreams about people breaking into the house and trying to steal my baby and these horrible, intrusive thoughts about getting in car accidents.... I would talk to my husband about it, but mostly it was just me crying and it always seemed worse at night. Sun's coming down, my husband's coming home from work. I knew I wasn't going to get any sleep and I would just break down.”
“When we think about what healthy attachment looks like between caregivers and infants and young children, it’s so much about attunement and being able to read the child and meet their needs...when you have a depressed new mama...[it is] very hard to do anything in the world really because clinical depression can be intense and just getting out of bed is difficult. Just doing the basic survival for self is very difficult. So to have another being, to take care of, to be really needing to be attuned to needs and meeting them, you really lose the capacity to do that when you’re really depressed.”
INTERVIEW FINDINGS

“I remember I said something to a nurse at one of my daughter’s checkups about just, I was like, this sucks. How do people enjoy this? How do people do this more than once? I honestly am not enjoying this at all. And she looked at me like I was a monster.”
INTERVIEW FINDINGS

Additional barriers experienced by perinatal people with PMADS:

- Need for trauma informed care
- Housing insecurity
- Intimate Partner Violence (IPV)
- Lack of insurance
- Historical trauma and mistrust of medical institutions
- Need for community and group support
- Gaps in care
- Need for continuous and integrated care

Rural specific needs and barriers:

- Lack of privacy and confidentiality
- Lack of transportation
- Lack of providers
- Long distances

Barriers to care, and the needs of people with PMADs during the perinatal time period.
INTERVIEW FINDINGS

“I worked...as a pediatric case manager, and we had so many kids and adults at our organization who didn't want to come in and seek care because everybody knows what that office is. And so if you're seen going into there, what's wrong with you? What are you doing?”
“Especially in our rural areas, we have a lot of primary care providers who are doing all of the mental health care and maternal healthcare, and that's maybe not their specialty. I think some of the issues we run into also is we have a lot of moms who may deliver in a critical access hospital that doesn't do a lot of births a year...So then if there is something that goes wrong or there's a concern, they don't have the expertise and the availability there to meet those mom's needs.”
“When I became pregnant again, and learned that I was having twins, and had no health insurance, I really honestly considered just showing up at the emergency room before I found out I was having twins because we didn't qualify for any health insurance, couldn't afford it. So I was like, I mean, I've been pregnant before. We really just need someone to deliver the baby.”
INTERVIEW FINDINGS

Ways doulas promote wellbeing.

• **Emotional**
  ◦ General emotional support
  ◦ Social support
  ◦ Self-Efficacy

• **Physical**
  ◦ Pain management
  ◦ Comfort measures

• **Informational**
  ◦ Education
  ◦ Referrals

• **Advocacy**
  ◦ With providers
  ◦ Rights during childbirth

• **Partners/Family**
"Someone who has expertise in how to manage emotions, knows what a pregnant person is going through and what a postpartum person's going through, I think would've been helpful to have someone to acknowledge and validate, but also to just, I don’t know, offer compassion and potentially [offer] alternatives. I think it even might have been nice if I had had someone to say, hey why do you need to be exclusively pumping? Is this really serving you?"
"So I think a huge, huge benefit to having a doula is all of those other steps, physical support, emotional support, the education piece. And then being able to take all of that and working alongside the birthing person to help them advocate for what they need and what they want. Empowering them. It's their body, it's their baby. They're allowed to say no, they're allowed to decline. They're allowed to accept, they're allowed to ask for five minutes before they make a decision. I would say that if I had to pick something that was, I don't want to say the most important, but definitely needed, especially in this demographic, is that advocacy piece."
INTERVIEW FINDINGS

- **Additional Types of Support:**
  - Cultural traditions
  - Mental health screening and coordination
  - Specific packages of care

- **Doulas differ from other providers.**
  - Consistent person with parent

- **Lived experience of doulas is beneficial.**

- **Birth Justice**

- **Birth Experiences**

- **Doula trainings and types of doulas:**
  - Recommendations for trainings
  - Cultural competency/safety
  - Mental health training
"...I ask questions and I listen, and being present and sitting with them. And I just think time spent, you end up seeing a lot more. And that's the thing, if you're going to your prenatals and your doctor's visits, you only see them for those 25 minutes, and then what they tell you. You don't go into their home. You don't see what's happening at the house...the fact that I actually get to go into their home and be with them in that space is so much more revealing of how they are actually doing."
"We're already trained in the screenings. We're trained to ask the questions, pay attention, get them plugged into the resources, when and if we're seeing it at all, and to try and normalize and help parents understand this is something that just can happen with anybody's body, that is any person that's had a baby or is having a baby."
“Everyone’s there to see the baby, everyone’s there to hold the baby, but a doula’s there for the mom to support the mom how she needs. And it’s vital that the moms are being seen and being taken care of just as much as a baby, if not more, because the mom’s body is changing, her hormones are all over the place, and now we’re navigating how to take care of a new human. And having a person that’s dedicated to taking care of the mom is so important because I think that someone that may not have a good partner or may not have a family that is here to help postpartum with doing a load of laundry, with helping make a meal, with holding the baby so you can take a shower that’s more than just a quick one while your baby’s screaming. Just giving that extra care that a mom truly does need after having a baby.”
INTERVIEW FINDINGS

Barriers and solutions related to training and integrating doulas into care for this population.

Medical System
- Tension between providers and doulas
- Need for integrated care
- Institutional barriers

Burnout
- Resource sharing and community building among doulas

Payment
- Need for insurance coverage
- Medicaid
- Sustainability

Capacity
“People are in the field because they love it, and they have this caring heart and want to help. But it needs to be something that people are able to live off of, to where they're not doing a full-time job, and a doing a doula. So they're not burning out.”
“...I just know that that is such a huge motivation for people when they're accessing services, that they want to be able to maintain custody of their kids. And so by doing this, by accessing more support, by being able to really celebrate their pregnancy and then having a plan for how they'll care for their child they're born, too... I just want to acknowledge that there are people who just never access services and I'm sure it's a result of symptoms of their co-occurring disorders...and probably negative experiences with of all of these systems that are supposed to be there to support them. And of course that makes sense that they would be afraid to access.”
INTERVIEW FINDINGS

Barriers and solutions related to training and integrating doulas into care for this population.

Clients
- Lack of knowledge about doulas
- Disparities in access
- Misconceptions about doulas
- Need for good fit between doula and client

Scope
- Unclear understanding of role of doulas
- Concerns about expanding scope or role

General Recommendations for integrating doulas.
“...They're just safe people to talk to and they just have a better understanding of the communities they're working within... In particular some of the, whether it's tribal communities or rural communities, that they're trusted people. They have an existing reputation or an existing relationship that they can draw from. So, I think there's a lot of benefits, especially in Montana, to having doula care.”
“...I think that a lot of people don't really know about doulas or why they would be something you would want to have... I think education around that and around why you would want support, and just maybe helping people to see overall just the ways that doulas are actually a support.”
“I know probably the most common reason I hear patients who would be interested in doulas, who end up not using them, is cost.”

“...we've had a lot of new families, too, that are not sure about it. Then once we get in there and provide the birthing education and talk about what a doula actually is, they're in, they're sold on it.”
RESULT SUMMARY

• The maternal health care disparities experienced by perinatal people in rural settings are complex and require innovative approaches to build up a workforce to address these needs.

• There is a desire from perinatal people for increased doula services in rural settings.

• Healthcare provider buy-in and relationship building is necessary.

• Doula role and scope of work should be clarified for doulas, providers, and clients.

• Challenges to providing doula care to those most in need include cost of providing services.
• There is a need to challenge stereotypes that doulas are only for wealthy White people.

• Doulas want more specialized training in how to work with people experiencing PMADs, but feel this is not currently part of standard trainings.

• Providing extended care into the postpartum time period may be particularly important for people experiencing PMADs.

• Doulas are an important part of holistic and wrap-around perinatal care models.

• Doulas are a unique way to develop the workforce in low-resource and rural settings, where the resources available in urban and higher-resourced areas are unavailable.
CONCLUSIONS & IMPLICATIONS

• These findings highlight the importance of empowering community-driven interventions and research to improve health outcomes for rural birthing people.

• Our findings indicate that postpartum support is particularly important for those experiencing high social isolation and those with high rates of PMADs or substance use disorder, which all disproportionally impact those in rural areas.

• Findings demonstrate relatively limited scholarship exploring the use of doulas to improve health outcomes for rural birthing people, but our research indicates that doulas may be an important way to address existing health inequalities and gaps and help promote wellbeing for rural parents and their families.
CONCLUSIONS & IMPLICATIONS

• The doula workforce development being explored in Montana is also unique in focusing on the use of doulas to provide postpartum support, as most existing research has primarily focused on the role of doulas during pregnancy and childbirth, with less scholarship exploring the role of doulas in improving long-term outcomes and wellbeing through continued support during the postpartum time period.

• Doulas trained in support, detection, and connecting people to care are a potential tool for improving outcomes for perinatal people experiencing PMADs.

• Findings are currently being used to develop and implement additional trainings and interventions using doulas in Montana.
QUESTIONS?

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