



# innovation hub

**AMCHP** | *Explore. Build. Share.*



## **MCH Innovations Database** Practice Summary & Implementation Guidance

# Jackson Safer Childbirth Experience

The Jackson Safer Childbirth Experience (JSCE) was established with the hopes of improving maternal health outcomes and improving quality of care throughout pregnancy.



Location

Mississippi



Topic Area

Access to Quality Healthcare,  
Birth Outcomes, Reproductive  
Health



Setting

Community



Population Focus

Families & Caregivers, Women  
and Maternal Health



NPM

NPM 2: Low-Risk Cesarean  
Delivery



Date Added

October 2023

Contact Information

Tara Shaw, Mississippi Public Health Institute: Jackson Safer Childbirth Experience, (601)-566,1046,  
tclifton@msphi.org

# Section 1: Practice Summary

## PRACTICE DESCRIPTION

In Mississippi, the rate of maternal mortality is higher among African American women at 29% vs. 18% among white women per 100,000 live births (America’s Health Rankings, United Health Foundation). According to case reviews by the Mississippi Maternal Mortality Review Committee, maternal morbidity and mortality in Jackson are driven by two distinct but interacting forces: a high rate of cesarean delivery at 38.5 % compared to 31.9 % nationally and a high burden of chronic disease, particularly hypertension among reproductive-aged African American women (National Vital Statistics System, CDC WONDER, 2019). Evidence indicates that this higher-than-average cesarean rate may be due to several factors, such as an absence of hospitals and provider practices that favor high-intervention management of normal labor, few hospitals offering vaginal birth after cesarean section (VBAC), and limited access to natural birth education and support to women through doulas.

In the city of Jackson, there has been a growing movement advocating for natural childbirth and the involvement of doulas in the community. However, the services offered by the doulas are done so on a fee-for-service basis, making them financially prohibitive for many. The overall scarcity of labor support and the lack of comprehensive childbirth education, specifically tailored to African American and low-income women, contribute further to the disparities in birth outcomes experienced in our state. For these reasons, the Jackson Safer Childbirth Experience (JSCE) project was born. The JSCE was established with the hopes of improving maternal health outcomes and improving quality of care throughout pregnancy.

## CORE COMPONENTS & PRACTICE ACTIVITIES

The Jackson Safer Childbirth Experience practice sought to reduce unnecessary cesarean sections, enable community-based support to pregnant and post-partum women through specially trained doulas, decrease adverse maternal health outcomes associated with cardiovascular disease, and collect and disseminate data on the project's impact. Overall, this program was developed with the intention of providing a holistic approach to care, that guides participants through their pregnancy and fosters positive physical, emotional, and mental outcomes. The process for completing and assessing these goals can be summarized and grouped into the following core components: community-based doula services, data collection, community outreach, and assessment.

Core Components & Practice Activities		
Core Component	Activities	Operational Details
Community-Based Doula Services	Over the course of the project, there have been nine doulas, in	Providing the services to African American women of childbearing age, specifically those between the ages of 18 and 44.



	total, who have provided birth and postpartum services.	
Data Collection	Project-specific data were obtained through a series of data collection instruments created by the Data Analyst. These forms were administered by the doulas at each client visit throughout their enrollment in the doula services.	Providing essential measurements of the effectiveness of the JSCE project, both at the process and impact levels through a team-based approach
Community Outreach	Engaged the priority population through staff attendance at community baby showers, conferences, and speaking opportunities.	Community linkage has contributed to a growth in coordinated resources available to the project's participants such as housing, energy, clothing, and baby-specific item assistance. Such relationships have also increased opportunity for discussion of health education around topics such as cesarean sections and preeclampsia.
Assessment	Ongoing revision of the data collection forms has allowed us to have more background information on the health of program participants.	Assessing mother's needs through specific questions on the intake and postpartum forms to provide information on how to best connect them to community-based services to make their transition into parenthood more successful.

## HEALTH EQUITY

JSCE strives to provide individualized care for mothers as they progress through pregnancy and give birth. Its efforts are both intimate and specific to each client and provide the client with information not only regarding health education but also parenting. As mentioned previously, this approach is done using a community-based effort, which helps to foster a unique birthing and pregnancy experience. Additionally, the program allows the mother to have control, as much as possible, over their birthing experience by being accommodating of various birthing methods, laboring techniques, etc.

## EVIDENCE OF EFFECTIVENESS

Our initial data findings demonstrate overwhelmingly strong support for the doula project. The support and services provided by the doulas, based on the findings suggest that they are exceedingly helpful to the mother during all periods of her pregnancy – prenatal, during birth, and postpartum. Program participants have



switched careers into maternal health work through advocacy, volunteering, and policy because of their experience working with our doulas. Our data also show that we have mothers who have had multiple births with us because of positive experiences. Not to mention, most of our referrals have been through word-of-mouth and social media.

In addition to this, the data presented by our practice clearly demonstrates a need for doula-support services during pregnancy, as shown by the maternal morbidity and mortality rates of African American women and more specifically, by the participants' stated reasons for seeking a doula and their prior adverse pregnancy conditions. While any overgeneralization of findings should be cautioned among such a small subpopulation of mothers (n=97), it can be presumed that the doulas' support delivered to these women, especially those with high-risk pregnancies, positively impacted the trajectory of their pregnancies, perhaps even by preventing some of these adverse conditions previously experienced. Of the enrolled mothers, 93.8% were retained from their time of enrollment through their postpartum period.

We have begun to see success in program participant's accomplishments as parents and people. The work that our doulas are doing goes above and beyond the birth itself and helps to provide support for and empower mothers throughout their pregnancy and in their parenting journey.



## Section 2: Implementation Guidance

### COLLABORATORS AND PARTNERS

Practice Collaborators and Partners			
Partner/ Collaborator	How are they involved in decision-making throughout practice processes?	How are you partnering with this group?	Does this stakeholder have lived experience/come from a community impacted by the practice?
Black - Woman owned Public Health Organizations	To receive insight on how we're navigating decision making, and services for African American families.	Partnering with them to help us recruit participants and conduct focus groups with participants and community members.	Yes, we serve the same priority population and commonly collaborate to represent maternal health innovations in the Metro area.
LGBTQ+/ Non-Traditional Families	To learn how to better provide dignified care that values and respects the complex issues that they face in their pregnancies, births, and parenthood journeys.	Listening to their stories and making it a priority to allow them to help us steer some of our marketing, and services to the community.	These partners are often participants in our program or have received training through our DONA doula trainings.
Mom.me (Postpartum Focus Organization)	To better aid clients in transitioning to parenthood after families have "completed" their time with our program.	Advising, referring to each family that comes through our program to connect with this organization to receive therapeutic and support group services.	Yes, after suffering from postpartum psychosis the owner was inspired to establish this organization that is one of the only organizations in our area that caters to family's specific postpartum needs.



## REPLICATION

Though doula programs and practices are now common across the nation, this is still considered grass roots work for the state of Mississippi. There has been no replication of our practice though we are seeing bigger entities such as the Health Department throughout our state considering implementing doula practices. This has led to dynamic conversations on how we can best keep this work community based while considering all parties involved. If the practice is replicated suggestions we have proposed are making the practice self-governed by birth workers to avoid reversing/rectifying any policies and procedures that can be potentially harmful to the community due to lack of understanding of the work. Also, we would encourage an intentional framework that aligns more with who doulas are and their scope of care of doulas including objectives, contractors, programmatic activities, and landscaping of the needs of the community.

## INTERNAL CAPACITY

The practice required a team consisted of a program director, program manager, program specialist, and community doulas. The program director supervised the manager, and the program specialist managed most of the practice's operations. Together, the program specialist and the contracted doulas established a program that focused on understanding unique needs and expectations of families during the prenatal, delivery, and postpartum stages. They collaborated to create a "resource network" supported by internal and external grant funds, as well as personal relationships with community-based organizations and champions of our work, including those in traditional and nontraditional medical settings. This network provided referrals and resources, including mental, prenatal care, and social support.

The team supporting the practice consisted of contractors, including data analysts, OBGYN consultants, educators, trainers, maternal health firms, and others, as well as external communications personnel. However, except for doula contractors, many contractors were not retained for the entire duration of the practice. Therefore, the program specialist had to manage and implement many responsibilities. In the second year of the practice, the organization design altered based on the evaluation carried out by the program specialist, who had experience as a community doula. This change impacted doula support delivery, data collection, increased community outreach, and meeting program participants where they were. Efforts then included more personalized support to families in their communities, hospitals, and clinics.

For those interested in implementing a similar practice, we recommend having a Patient Care Coordinator oversee the intake forms of everyone entering the program, direct participants to resources as needed promptly, schedule visits throughout the program, and document program participants' concerns. A Social Worker should manage the often complex needs of families, particularly in childcare, housing, and job assistance. A Therapist should handle families with empathy and understanding to better assist doulas in ensuring successful transitions into parenthood. A Community Outreach Coordinator should schedule and coordinate classes with facilitators, organize events for participants, attend partner meetings and trainings, and collaborate with agency partners to understand and provide better services to patients and their families. Finally, a Maternal Health Evaluator should support the introduction, scale-up, and further development of the role of doulas in the maternal health care system, including programmatic approaches to effectively deliver care, decrease c-sections, and raise awareness/education while advocating for sustainable work practices.

It's worth noting that our practice was conducted with the minimum required to successfully run a doula practice, which we would advise against since this work can be all-consuming and ultimately lead to a lack of morale and burnout by the team.



## PRACTICE TIMELINE

For more information on this practice's timeline and specific practice activities, please contact Tara Shaw directly at [tclifton@msphi.org](mailto:tclifton@msphi.org).

## PRACTICE COST

For more information on this practice startup costs and budgets, please contact Tara Shaw directly at [tclifton@msphi.org](mailto:tclifton@msphi.org).

## LESSONS LEARNED

There were several lessons that were learned through this project's implementation. First, we learned the difficulty of facilitating and overseeing the care provided to the clients by the doulas. This may seem trivial, but coordinating and working with people posed the greatest challenge in this project. The main takeaway that we gleaned from this experience is that individuals working or involved in the birthing or pregnancy processes need to do so with humility. It is imperative that team members strive to be sensitive to the needs of others and work to support them, as oftentimes people are juggling several responsibilities in this setting. Second, our team efforts extend beyond the office into real-life care. In this process we help to support clients and their families with their various needs, including housing, transportation, and food/water. This will remain a vital part of our practice. However, we learned that we cannot expect our efforts to "save families" or drastically alter their social/economic circumstances. Rather, our purpose is to attempt to help them in their daily life and hope that we provide them with the necessary tools for being good parents and community members.

We faced major challenges with data collection over the course of this study. The doulas with whom we work are mostly unfamiliar with data entry and its importance. We learned through engaging with them that data can seem mundane and far removed from their work, when they are focused on serving families with very high-level, time-sensitive needs. The business of birth is messy, and adding a layer of data collection required us to be creative. We created focus groups for the participants and the doulas to see what types of questions they were most interested in us collecting, so that they would be directly involved in this process as well. We also explored different ways to highlight data by highlighting stories, most notably a documentary was created. This documentary serves as a qualitative piece highlighting program activities and includes current and previously contracted doulas and program participants. The documentary also featured champion providers and community partners. Lastly, the standard data collection procedures were revamped and restructured to enhance data quality.

We would've talked with more people early on when holding discussions about implementation procedures. Our work plan was revised upon realization that some of our initial objectives were unrealistic based on the amount of people we could physically serve in a project year. Also, we didn't realize that the idea of "doulas" not only required the education of community and medical professionals, but also a certain level of patience and buy-in when waiting to see successes. We would recommend building this understanding into the program at the front-end, by simply reminding individuals that this process takes time. Lastly, we would have leaned more strongly into our collaborations. This work could not have been done in solitude and it, therefore, required an in-depth level of communication, emotional intelligence, and willingness to keep creating solutions to ongoing issues.





Though we have partnerships, we should have made stronger efforts to strengthen our partnerships and used them to our full advantage, rather than try and reinvent the wheel when searching for solutions.

## NEXT STEPS

The Mississippi Public Health Institute has plans to replicate this project in the immediate future. While past and current efforts have focused upon community-based doulas, future plans include integration of doulas into FQHC's. While work will continue within communities, such integration will foster improved clinical outcomes and more comprehensive maternal care. MSPHI will also recruit and train more doulas throughout the state of Mississippi, which will include those of a variety of ethnic backgrounds who are bilingual. This will allow MSPHI to better meet the needs of MS mothers and their families.

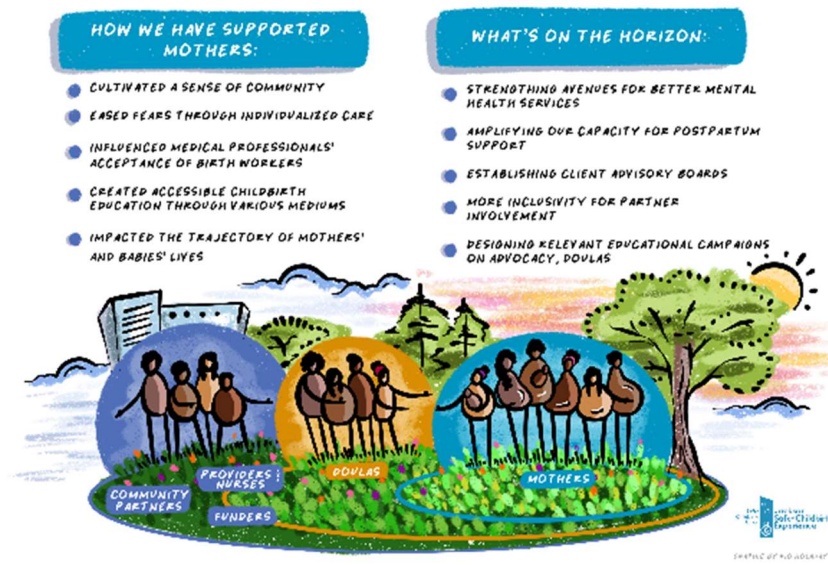
It is our hope that through our work in MS, doula practice will become common throughout the state at the community and clinical level. This will help to reduce the burden of maternal health deserts and promote better maternal care in MS.

## RESOURCES PROVIDED

- <https://pubmed.ncbi.nlm.nih.gov/28681500/>
- <https://evidencebasedbirth.com/the-evidence-for-doulas/>
- MSDH Office of Vital Records and Public Health Statistics (Please refer to your state's local offices)
- America's Health Rankings, United Health Foundation
- Mississippi Maternal Mortality Review Committee (Please refer your state's Maternal Mortality Review Committee for Information specific to your state)
- National Vital Statistics System
- MS Perinatal Quality Collaborative



## — FLOURISHING THROUGH COLLECTIVE CARE —



This is a study piece created by Rio Holiday for the practice’s future goals that maybe useful for those considering republication our practice. It is the project team’s hope to serve this priority population with critical maternal health improvement and doula-engaged initiatives. Fathers have voiced their desire to be more involved in the doula-mother relationship. Further collaborations with the MS Perinatal Quality Collaborative (MSPQC) and birthing hospitals are needed to implement best practices for hypertension and cardiovascular disease management in pregnant women. Unmet goals such as seeking longer-term impacts on the greater metro area cesarean section rates and implementing related strategies for healthcare provider education require a focused effort, for which the project team is well prepared. Quality improvement measures specific to the data collection process will ensure accurate and reliable data to better inform the project’s outcomes.

