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Budget Action description:

This green sheet would add \$75,000 GSF in 2015 and 2016 to the Human Services Department to administer a competitive process to contract for doula services to low income women, particularly, homeless, immigrant, refugee, women of color and limited English speaking women in the City of Seattle.

Doulas are trained and certified to provide support to women before, during and in the weeks following birth. They provide supportive home visits to women in the last trimester of pregnancy, attend labor and deliver, and provide postpartum home visits for four to six weeks after the babies are born.

Doulas are a critical piece of the maternal and child health system, although they fall outside of traditionally government funded public health services. Public Health Seattle & King County public health nurses routinely refer their clients to the community-based organization that provides doula services in King County. Birth doulas' support to women before, during and after labor are linked to healthy pregnancies, healthy births and healthy babies, reducing the medical risks and complications from low birth weight and preterm labor for both mothers and babies.

In working with vulnerable populations, doulas also serve important roles as cultural and relational brokers with public health providers, medical providers and government services. Doulas can help new mothers access federal programs like WIC and SNAP, as well as local programs such as Child Care Resources and Nurse-Family Partnership (NFP). They are also critical to supporting new mothers in attending their follow-up visits with their medical providers and/or public health nurses.

The City has not funded these services before. Contract(s) awarded by the City would be done via a competitive process and would include the following parameters:

- The provider organization(s) receiving this funding must track and report outcomes for the moms and children as deemed relevant by HSD in collaboration with other relevant agencies.
- To the extent that the provider organization using the funds from this Green Sheet has the same clients as existing City-funded Public Health programs (such as NFP), HSD must collaborate with these existing City programs to ensure that the doula services for those clients are compatible.

HSD shall report back to the City Council Committee on Housing Affordability, Human Services, and Economic Resiliency (or the successor committee that deals with health programs) by July 1, 2015 to detail initial results in implementing the program. This report should include:

- number of doulas providing birth and post-partum services and number of Seattle families served by each,
- relevant demographic information of client families,
- outcomes being measured,
- coordination with other relevant agencies and City programs,
- amount spent by the provider organization on administration vs. direct client services,
- an analysis of the provider organization's publicly available financial statements and prospects for private or other funding to confirm whether City funding is needed in 2017.

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Background: Numerous studies in the last two decades have demonstrated positive health outcomes for women who received support from doulas in the critical time just before and after childbirth. A recent 2012 review of the Cochrane Pregnancy and Childbirth Group's Trials Register found "22 trials involving 15,288 women meeting inclusion criteria and providing usable outcome data."¹

Compared to women who did not have doulas, women who had doulas were found by that study to experience:

- 31% decrease in the use of Pitocin
- 28% decrease in the risk of C-section
- 14% decrease in the risk of newborns being admitted to a special care nursery
- 34% decrease in the risk of being dissatisfied with the birth experience

Further, community doulas—women who reflect the culture and language of the women they serve—also show positive outcomes associated with birth doula services. A 2013 study in the journal *Pediatrics* showed that women who had community doulas were more likely to breastfeed and keep breastfeeding.² Numerous studies have shown the protective effects of breastfeeding on child health, including against Type 1 diabetes³ and obesity⁴, as well as against maltreatment and neglect.⁵

One randomized trial of community doula support for young mothers, published in *Infant Mental Health Journal* in 2013 found that mothers who had received doula services endorsed more child-centered parenting values, showed more positive engagement with their infants, and were more likely to respond to infant distress at four months. Their infants were less likely to show visible upset during observed interactions. They also note that impacts could be sustained when the program partnered with a longer home visiting program.⁶

¹ <http://www.ncbi.nlm.nih.gov/pubmed/23076901>

² http://pediatrics.aappublications.org/content/132/Supplement_2/S160.abstract

³ <http://www.ncbi.nlm.nih.gov/pubmed/15037991>

⁴ <https://www.sesp.northwestern.edu/docs/publications/8552772124e6bb78b1b0ff.pdf>

⁵ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2650825/>

⁶ *Promoting Positive Mother–Infant Relationships: A Randomized Trial of Community Doula Support For Young Mothers*, Hans et al, *Infant Mental Health Journal* 13 AUG 2013

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Budget Action Transactions

Budget Action Title: Add \$75,000 GSF in 2015 and 2016 to HSD for birth doula services for low-income women

#	Transaction Description	Position Title	Number of Positions	FTE	Dept	BCL or Revenue Source	Summit Code	Fund	Year	Revenue Amount	Expenditure Amount
1	Increase GSF to support HSD for birth doulas				FG	Human Services Operating Fund	Q5971620	00100	2015		\$75,000
2	Increase revenue to HSD for birth doulas				HSD	General Subfund Support	587001	16200	2015	\$75,000	
3	Increase HSD appropriation for birth doulas				HSD	Public Health Services	H70PH	16200	2015		\$75,000
4	Increase GSF to support HSD for birth doulas				FG	Human Services Operating Fund	Q5971620	00100	2016		\$75,000
5	Increase revenue to HSD for birth doulas				HSD	General Subfund Support	587001	16200	2016	\$75,000	
6	Increase HSD appropriation for birth doulas				HSD	Public Health Services	H70PH	16200	2016		\$75,000