



# EVIDENCE-BASED CHILDBIRTH EDUCATION:

*A Critical Strategy in Improving Birth  
Outcomes & Reducing Maternal Health  
Disparities*

## PRESENTERS

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- *U.S. Representative Lauren Underwood (Illinois)*
- *U.S. Representative Alma Adams (North Carolina)*
- *Melissa Harley, DONA International President*
- *Tara Owens Shuler, M.Ed., LCCE, CD(DONA) – Moderator*

# WHY ARE WE HERE?

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- *Why Are We Here?*
  - *Black PRMR is 41 (National Ave. is 17).\**
  - *Black mothers are more likely to die from preventable causes.*
  
- *Address Maternal Health Disparities*
  - *BMHC Efforts*
  - *Lamaze International Efforts*
  - *Collaboration Opportunities?*

*\*Pregnancy-Related Mortality Ratio*

[www.lamaze.org](http://www.lamaze.org)

# U.S. REPRESENTATIVE LAUREN UNDERWOOD



- *Represents Illinois' 14<sup>th</sup> Congressional District.*
- *Elected to Congress in 2018.*
- *Youngest African American woman to serve in the U.S. House.*
- *Served as a Senior Advisor at HHS and helped implement the ACA to broaden access, improve healthcare quality, and reform private insurance.*

*Co-Founder, Black Maternal Health Caucus*

# U.S. REPRESENTATIVE ALMA ADAMS



- *Represents North Carolina's 12<sup>th</sup> Congressional District.*
- *Sworn into Congress in 2014.*
- *Served 10 years in NC's House of Representatives*
- *Recipient of the North Carolina A&T State University Human Rights Medal.*

*Co-Founder, Black Maternal Health Caucus*



TARA OWENS  
SHULER, M.ED., LCCE,  
CD(DONA)

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*Current Roles*

- *Chair, Lamaze Diversity + Outreach Committee*
- *Perinatal Health Unit Manager, NC Division of Public Health, Women's Health Branch*
- *Board of Directors, NC Perinatal Association (NCPA)*
- *Co-Director, NCPA Lamaze Childbirth Educator Program*

*Past Role: President, Lamaze International*

# 60 YEARS OF LAMAZE

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*Advancing safe and healthy pregnancy, birth and early parenting through evidence-based education & advocacy.*

## *Evidence-Based CBE*

- *Aligns with perinatal quality improvement efforts.*
- *Assists individuals and families to make informed decisions about pregnancy and childbirth.*
- *Embraces value-based healthcare.*



# HEALTHY BIRTH PRACTICES

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*Evidenced-based principles  
grounded in the latest  
research and backed by  
recommendations of the  
World Health Organization*

- 1 Let labor begin on its own.
- 2 Walk, move around and change positions throughout labor.
- 3 Bring a loved one, friend or doula for continuous support.
- 4 Avoid interventions that are not medically necessary.
- 5 Avoid giving birth on your back and follow your body's urges to push.
- 6 Keep mother and baby together; it's best for mother, baby and breastfeeding.

## MATERNAL HEALTH DISPARITIES

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- *Black women more likely to give birth to low-birthweight infants.*
- *Black babies more likely to die before their first birthday.*
- *Most notable inequity in U.S. mortality rates is defined by race.*
- *Black women death rate 3-4 times higher than non-Hispanic White rate.*
- *Black women twice as likely to experience severe maternal morbidity.*

## WHY FOCUS ON EQUITY VS. DISPARITY?

### *Equity Is*

- *The assurance of the conditions needed for optimal birth for all.*
- *The willingness to address racial and social inequities in a sustained effort.*
- *Our requirement to provide everyone fair opportunities to achieve full potential.*

# CDC VITAL SIGNS

EVERY PREGNANCY-RELATED DEATH REFLECTS A WEB OF MISSED OPPORTUNITIES:

**700**

About 700 women die from pregnancy-related complications each year in the US.

**3 in 5**

About 3 in 5 pregnancy-related deaths could be prevented.

**1 in 3**

About 1 in 3 pregnancy-related deaths occur 1 week to 1 year after delivery.

*Access to care. Not recognizing warning signs. Not listening to Mothers.*

# LAMAZE CHILDBIRTH EDUCATION

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*Strategy in Improving  
Maternal Health &  
Birth Outcomes*

- *Underutilized strategy to promote family engagement, patient safety, and improve patient literacy.*
- *Empowers women and their partners to make informed choices and communicate their birth preferences.*
- *Prepares women for labor and birth and results in fewer early elective deliveries.*

## LAMAZE CHILDBIRTH EDUCATION

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*Strategy in Improving  
Maternal Health &  
Birth Outcomes*

- *Influences vaginal- and cesarean-birth rates.*
- *Increases breastfeeding initiation and duration.*
- *U.S. cesarean-delivery rates were highest for Black infants (35.4%) compared to White infants (31.1%).\**

# LAMAZE CHILDBIRTH EDUCATION

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*Strategy in Improving  
Maternal Health &  
Birth Outcomes*

- *Childbirth education promotes shared decision-making (SDM).*
- *SDM is an evidence-based care standard that improves:*
  - *patient safety*
  - *autonomy*
  - *satisfaction*
- *SDM helps identify the “right” birth preference for each mother.*
- *SDM reduces healthcare costs.*

# COMMITTEES AND WORKGROUPS

- Advocacy + Collaboration Committee
- Diversity + Outreach Committee
- Research Workgroup

**EVIDENCE-BASED CHILDBIRTH EDUCATION:  
A KEY STRATEGY TO IMPROVE U.S.  
MATERNAL & CHILDBIRTH OUTCOMES**

**BACKGROUND**  
Evidence-based childbirth education plays a critical role in improving birth outcomes and reducing maternal health disparities. Childbirth education empowers women and their partners to make informed birth choices and initiate birth-preference conversations with their care teams — two actions that help decrease rates of unnecessary birth procedures. By providing individualized guidance to parents through each stage of pregnancy, childbirth education increases their confidence, helps them address pregnancy and childbirth fears, and prepares them for the labor process with individualized and informed birth plans.

Unfortunately, childbirth education is an underutilized strategy for family engagement, patient safety, and health literacy—all of which are critical to improving maternal health outcomes. Increasing access to evidence-based childbirth education is a key step payers and providers can make to improve patient care, and ultimately maternal and childbirth outcomes. Childbirth education is especially crucial for underserved populations who experience greater maternal mortality and morbidity rates.

Approximately four million births occur in the United States each year, accumulating \$98 billion in hospital costs.<sup>1</sup> Over 20% of births result in cesarean delivery, and the rate continues to increase at a greater rate when necessary to stimulate delivery.<sup>2,3,4</sup> Increase the operational efficiency of the cesarean or a forceps or a vacuum extraction procedure.

As the payers of healthcare, we have a series of choices to make. We can embrace our role as payers and encourage the use of patient-practitioner-based, evidence-based and value-based care. We can encourage the use of evidence-based childbirth education as a critical component to improving healthcare outcomes. Taking evidence-based comprehensive childbirth education classes such as Lamaze courses provides women with the knowledge and skills they need to optimally participate in SDM.<sup>5</sup>

**COMPREHENSIVE CHILDBIRTH EDUCATION IMPROVES ACCESS TO SDM**  
Despite SDM's benefits, the practice is not common in maternity care.<sup>6,7</sup> This is likely because antenatal visits are too short for practitioners to dedicate time to educating families and answering birth-related questions. Evidence shows the factor most associated with increased use of SDM is more time for patient education during healthcare visits.<sup>8</sup> Evidence-based, comprehensive childbirth education gives women and their partners the time they need to learn about the risks and benefits of options available before labor begins. Giving women time and space to ask questions and address fears about childbirth enables them to better understand the implications of elective procedures. Women equipped with this knowledge are less likely to request elective inductions.<sup>9, 10, 11</sup>

SDM in maternity care is especially important because many care decisions are preference-sensitive and have no single “right” choice.<sup>9</sup> In practice, physicians’ recommendations, even for preference-sensitive decisions, often dominate the decision-making process.<sup>12, 13</sup> The preference-sensitive information that childbirth education provides enables women and their healthcare team to use their time during antenatal visits to integrate women’s preferences into their care plans. Once

*In our childbirth class we learned exactly what to expect, to the point where I was completely calm when I went into labor and knew exactly what to do. Because I had all the great information from class, I was only at the hospital for two hours before our son was born.  
-Kelsey B.*

*I certainly felt very empowered during my labor experience to speak up and ask questions. I know without a doubt that my ability to do so was the result of taking a Lamaze class.  
-Lisa*



**EVIDENCE-BASED CHILDBIRTH EDUCATION:  
AN ESSENTIAL STEP IN SHARED  
DECISION-MAKING FOR MATERNITY CARE**

**BACKGROUND**  
Shared decision-making (SDM) in pregnancy is a low-cost, low-risk process in which clinicians and parents make informed decisions about pregnancy, childbirth, and postpartum care together. As a National Quality Forum-endorsed measure, SDM is an evidence-based care standard that improves patient safety, autonomy, and satisfaction, as well as reduces healthcare costs. The Agency for Health Care Quality and Research, the Joint Commission, the Substance Abuse and Mental Health Services Administration, the American College of Nurse-Midwives, and the Centers for Disease Control and Prevention promote SDM as a critical component to improving healthcare outcomes. Taking evidence-based comprehensive childbirth education classes such as Lamaze courses provides women with the knowledge and skills they need to optimally participate in SDM.<sup>1</sup>

*This class will change your life. I felt so good and so prepared going into my birth. It took away so much anxiety. I also think the hospital staff took us much more seriously because we knew what we were talking about. I just loved the class. It was invaluable.  
-Macalyn*

*I certainly felt very empowered during my labor experience to speak up and ask questions. I know without a doubt that my ability to do so was the result of taking a Lamaze class.  
-Lisa*



# LAMAZE INITIATIVES

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*Diversity + Outreach  
Committee's  
Demographic Survey*

## *Lamaze Membership*

- *Almost 90% identify as White.*
- *Less than 10% identify as Black.*

## *CB Educator-Reported Class Attendees*

- *Educators reported almost 75% of attendees to be White.*
- *A combined 25% of attendees to be Asian, Black, and LatinX.*

# WORKFORCE DIVERSITY

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*Critical Strategy to  
Addressing Inequities in  
Maternal Health Care*

- *Black people are more likely to visit medical professionals who look like them.*
- *Black providers are also more likely than White providers to practice (teach) where Black and Brown people live and work.*
- *SDM increases when providers and patients share the same race or ethnicity.*

# LAMAZE INITIATIVES

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- *Provided equity, diversity, and inclusion training to Lamaze leaders and members to enhance equitable policies, programs, and practices.*
- *Convened Lamaze Meet-Ups in various cities with local communities of color.*
- *Continued advocacy for maternal health policy that ensures CBE access to all.*
- *Offering low-cost, accessible online Lamaze education for parents.*
- *Diversifying the Lamaze educator workforce with targeted outreach and scholarships.*

# WHERE DO WE WANT TO BE?

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- *Evidence-based CBE deemed a critical tool for practitioners, hospitals, and communities.*
- *Evidence-based CBE recognized as a contributor to lower maternity care costs.*
- *Evidence-based CBE recognized in value-based healthcare.*

# HOW DOES CHILDBIRTH EDUCATION SUPPORT HEALTHY BIRTH OUTCOMES?



## MOTHERS AND BABIES FACE CHALLENGES.



**4 million** women give birth every year in the U.S.



**\$98 billion** is spent in hospital care each year, with 40% covered by Medicaid



**31.9% of babies** are delivered by cesarean, with overuse of procedures increasing the risk of complications



**U.S. mothers** face a higher risk of pregnancy-related deaths than mothers in **44** other high-income countries<sup>1</sup>



**Black mothers** are **2-3 times<sup>2</sup>** more likely to die from pregnancy-related causes than white women in the U.S.

## WHAT DOES EVIDENCE-BASED CHILDBIRTH EDUCATION ADD?

### Evidence-Based Practices

- 1 Let labor begin on its own.
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### Shared Decision-Making



- ↑ Health literacy
- ↓ Healthcare costs
- ↑ Family engagement
- ↓ Health disparities
- ↑ Patient safety

### Shifts From Volume To Value-Based Care

- ↓ 35% requests for elective cesarean
- ↓ 28% unplanned cesarean
- ↓ Post-partum complications
- ↑ Breastfeeding initiation and duration
- ↑ Satisfaction with care
- ↑ Mental health during and after pregnancy



## WITH SO MANY BENEFITS, WHY ISN'T EVERY MOTHER ACCESSING EVIDENCE-BASED CHILDBIRTH EDUCATION?



Classes not consistently covered by health insurance, including Medicaid<sup>3</sup>



Education not always encouraged by health care providers



"Short-cut" classes can crowd out high-quality, certified education

Learn how Lamaze's evidence-based childbirth education can help achieve:



**Healthier** mothers and babies



**Reduced** health disparities



**Better value** for the health care system

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# DOULAS & CHILDBIRTH EDUCATORS; COLLABORATION IS KEY

*Melissa Harley, LCCE, AdvCD/BDT(DONA),  
CLC FACCE*

*President, DONA International*

# MELISSA HARLEY

DOULA, CHILDBIRTH EDUCATOR  
PRESIDENT, DONA INTERNATIONAL



- *DONA Intl Certified Doula (2003)*
- *Lamaze Certified Childbirth Educator (2004)*
- *DONA Intl Doula Trainer (2010)*
- *Adv. Birth Doula (2016)*
- *Certified Lactation Counselor (2017)*
- *DONA Intl Board of Directors (2015-Present)*
- *Maternal Health Advocate: Various committees through Lamaze, DONA, March for Moms and the state of Florida*
- *DONA Intl President (2020)*

## TODAY'S TOPICS

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- *Why doulas?*
- *The CBE and doula connection.*
- *How doulas and childbirth educator collaboration improves outcomes.*





## WHAT'S A DOULA?

*- a trained professional who provides continuous physical, emotional and informational support to a family before, during, and shortly after childbirth to help achieve the healthiest, most satisfying experience possible.*



# DOULAS MAKE A DIFFERENCE!

*Benefits include:*

- *Fewer cesarean births*
- *Increase spontaneous vaginal delivery*
- *Less need for medical interventions (forceps/vacuum)*
- *Increase patient satisfaction.*

*Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD003766. DOI: 10.1002/14651858.CD003766.pub6.*

# ACOG & SMFM OBSTETRIC CARE CONSENSUS: SAFE PREVENTION OF THE PRIMARY CESAREAN DELIVERY

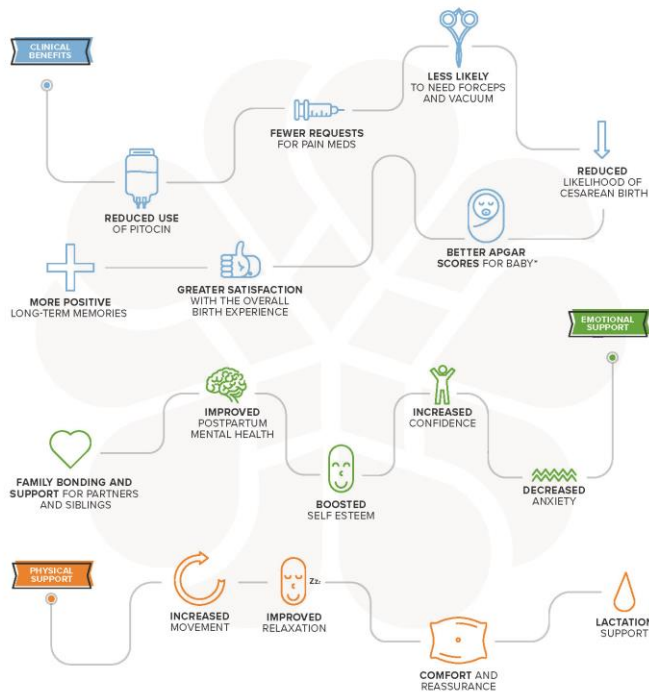
*“Published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula.”*

# BENEFITS OF DOULA SUPPORT

## — BENEFITS OF — BIRTH & POSTPARTUM DOULAS

### EVIDENCE-BASED INFORMATION AND ADVOCACY

- + Assist with planning: help parents make informed choices based on what they value
- + Provide resources: connect families with additional resources and support
- + Facilitate effective communication between families and healthcare team



Hodnett GD. Pain and women's satisfaction with the experience of childbirth: a systematic review. *Am J Obstet Gynecol* 2002; 186(5): 960-72.

Hodnett GD, Gates S, Hohnhey G, Sakala C, Weston J. Continuous support for women during childbirth [PDF]. *Cochrane Database Syst Rev* 2011, Issue 2.

\*Based on clinical research data (outcomes limited to trained doulas – not hospital staff or family/friends)



## INTERESTING FACT:

*According to the Listening to Mothers III survey, only 6% of birthing people use a doula.*

*Childbirth Connection is a program of the National Partnership for Women and Families. The L2M III Survey was conducted in 2012.*





# IMPORTANT QUESTION:

*If we know through solid research that doulas help improve outcomes, how do we increase access to and the use of doulas?*

# DONA INTERNATIONAL ACTIONS

*What are some action steps DONA International is doing to address the inequity and disparity for Black and Brown families and improve outcomes?*



# INTERNAL AUDITS, INCREASING DIVERSITY, IMPROVING ACCESS TO DOULA SUPPORT, COLLABORATING WITH ORGANIZATIONS AND LAWMAKERS THAT SHARE A COMMON GOAL.



- *Increase access to culturally congruent doula support through the Birth Equity Committee and IMPACT Scholarship Program*
- *Task force preparing our doulas for community centered doula support*
- *Working on projects to further diversify our membership, trainers, leadership and new doulas*
- *Building strategic partnerships with organizations such as Lamaze, and The March for Moms*
- *Support and advocate for legislation that prioritizes Black Maternal Health Issues*



## H.R. 6142: BLACK MATERNAL HEALTH MOMNIBUS ACT

*The 2020 Momnibus mentions and includes the use of doulas and childbirth education as tools to better Black Maternal Health outcomes.*

## WHAT'S THE CONNECTION?

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*Doulas & Childbirth Educators, working together for healthier, safer birth!*

EDUCATORS  
TEACH IN  
HOSPITALS,  
OB OFFICES,  
COMMUNITY  
PROGRAMS, &  
PRIVATELY

CORE  
CURRICULUM  
SUPPORTS  
DOULAS USE

BUILDING  
RELATIONSHIP  
WITH, &  
TEACHING  
PARENTS ABOUT,  
DOULAS  
INCREASES USE



[www.lamaze.org](http://www.lamaze.org)

# CHILDBIRTH EDUCATORS OFTEN REFER PARENTS TO DOULAS!

- *Parents are more likely to take childbirth education if recommended to by their healthcare provider.*
- *The LCCE credential is recognized by most hospitals and healthcare professionals as the Gold Standard for childbirth education.*



# THE LAMAZE CURRICULUM

*Healthy Birth Practice #3:  
Bring a Loved One, Friend or Doula  
for Continuous Support*

*Lamaze International States “Doulas:  
Experts in Labor Support”*



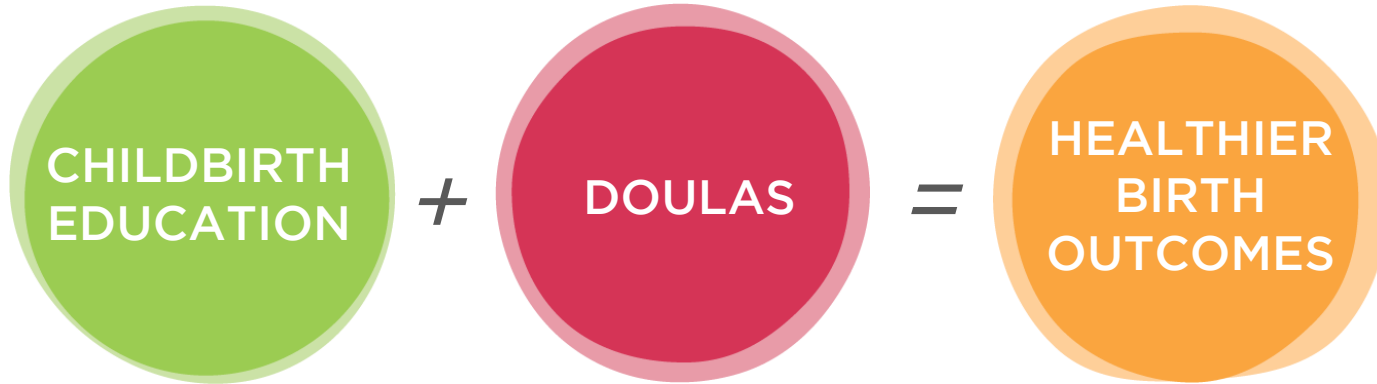
# RELATIONSHIPS & EDUCATION MAKE A DIFFERENCE

*Childbirth Educators often build a trusting relationship with expecting parents, which opens the door for sharing resources that lead to better outcomes.*



# CHILDBIRTH EDUCATORS AND DOULA COLLABORATION IS KEY!

*When doulas and childbirth educators collaborate, we have better outcomes.*





## INTERESTING FACT:

*Doulas often become childbirth educators – they see the importance of both complementary roles.*



# IMPORTANT QUESTION:

*How do doulas feel about their clients taking childbirth education?*

# MOST DOULAS LOVE WHEN THEIR CLIENTS HAVE QUALITY CHILDBIRTH EDUCATION!



*Most doulas recommend that clients take quality childbirth education as it leads to more informed clients, better communication with healthcare providers, and more awareness of area resources.*

# THE BOTTOM LINE

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*When childbirth educators and doulas work together, families:*

- *Receive vital (and potentially life-saving) information and support*
- *Build confidence and relationships*
- *Feel more prepared and supported*
- *Report better health outcomes*
- *Have an easier transition to parenthood.*

## THE BOTTOM LINE

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*Supporting legislation that prioritizes maternal healthcare practices and includes **childbirth education and doula support** helps address the rising Black Maternal Mortality rate and will create action steps around the inequity in birth outcomes.*

I CAN BE REACHED AT:

*Melissa Harley*

*President@дона.org*



# I CAN BE REACHED AT:

*Tara Owens Shuler*  
*thebirtheeducator@gmail.com*





# DISCUSSION – ASK US!



*A SPECIAL THANK YOU TO REPS. ADAMS & UNDERWOOD, MELISSA,  
TARA, JACK DIMATTEO, KICHELE WEBSTER, AND THE BLACK  
MATERNAL HEALTH CAUCUS*



Trusted leader from pregnancy to parenthood  
.....  
Celebrating 60 years!

Find a Class      Shop for a Cause

Begin Your Journey  
.....  
Our goal is simple; we want all parents to feel confident, supported and powerful.

Parents      Educators and Birth Professionals      Doctors and Midwives

*Learn More about Lamaze: [www.Lamaze.org](http://www.Lamaze.org)  
Questions? [info@lamaze.org](mailto:info@lamaze.org)*