

GRANT ANALYSIS FORM

OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department/Maternal and Child Health (MCH) Division**

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Category of Request

- New Grant
- Grant Continuation
- Change in Previously Approved Grant

Previous Council File No. 181754

Previous Council File No.

Project/Program Title: **BOMB Doulas - Community Based Doulas**

Grantor Agency: **Milwaukee County Department of Health and Human Services (DHHS)**

Grant Application Date: **N/A**

Anticipated Award Date: **1/1/2022**

Please provide the following information:

1. Description of Grant Project/Program (Include Target Locations and Populations):

The City of Milwaukee Birth Outcomes Made Better (BOMB) Doula Program staffs 4 1.0 FTE Doulas that serve City of Milwaukee birthing residents. In conjunction with the City's program, the Department of Health and Human Services is funding the Community Based Doulas (CBD) component that utilizes the HealthConnect One (HCO) community-based doula model to recruit and train independently contracted doulas from 53206, and surroundings zip codes; identifying trusted members in the community to serve families in the 53206 zip code given the high rates of infant and maternal mortality, particularly in Black mothers and babies. This contract has the goal of serving 50 pregnant mothers in the 53206 zip code within the grant cycle.

Doulas are trained professionals who provide non-clinical emotional, physical and informational support for birthing people, before, during and after labor and birth. During the prenatal period doulas share resources and information about the labor process, facilitate positive communication and self-advocacy. During labor and birth doulas provide hands-on comfort measures to assist with pain management. According to the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine, "One of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula." In the postpartum period doulas help with breastfeeding, infant care, emotional and physical recovery from birth, and appropriate referrals as necessary.

Community-based doulas offer a culturally appropriate, evidence-based support to birthing people; "community-based doulas look like, talk like and have the same lived experiences as the families that they provide support to. This strength allows community-based doulas to be able to help families navigate the institutional racism that they face in the healthcare system and mediate the negative experiences during pregnancy, birth, and in the postpartum period. This reduces stress, which is associated with poor birth-outcomes." (HealthConnect One Issue Brief: Creating Policy for Equitable Doula Access). Overall, having Doula support has shown statistical outcomes in decreasing the need to use of pain medications, decreased likelihood of Cesarean births, increased education and awareness of the birthing parents on pre and postpartum cares and overall more positive childbirth experiences. This is particularly impactful for birthing people of color given the cultural competency and trusting relationship approach to birthing support outside of traditional Western obstetric cares.

*This grant was extended between 2020-2021 due to impacts of COVID on being able to implement the Community Based Doulas program (i.e. staffing, training, onboarding, etc.). 2022 will be the first full year of demonstrated service to the community.

2. Relationship to City-wide Strategic Goals and Departmental Objectives:

Infant mortality is a pervasive issue with the City of Milwaukee – impacting specific zip codes and BIPOC populations the most. The City of Milwaukee has a specific focus on curtailing the infant mortality crisis in conjunction with its declaration of racism as a public health crisis in 2019. The BOMB Doula program was created as a result of this declaration and is built to target the specific gaps in cares for BIPOC birthing persons; particularly Black mothers and babies as they are 3x more likely to die or suffer poor birth outcomes than any other race.

3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):

This program is an incredibly valuable, necessary layer of maternal and child health services; closing the disparity gaps in our traditional westernized/segregated/antiquated medical servicing while informing the practices of health providers. More importantly, doulas can provide a direct service that most PNCC/CCC/Home Visiting programs can't – to be a direct advocate/support during the birthing process, to provide direct contact breastfeeding support, to support home births, and overall increasing the culturally competent, client-driven, empowering, holistic approach that has been shown to statistically improve birthing experiences and provision of informed and ongoing cares. This program compliments existing MCH programs that serve at risk birthing people; adding a comprehensive and needs-based safety net around those that have historically fallen in the cracks of various systems (i.e. educational, health, legal, etc.). The BOMB Doula Community Based Doulas can increase the community's trust in public health servicing while supporting the growing industry of Doulas becoming an incorporated/integral medical model that has not historically been funded through federal monies.

4. Results Measurement/Progress Report (Applies only to Programs):

Reporting Templates have not been finalized though MHD and DHHS have agreed to standardize a quarterly reporting structure agreeable to both parties.

The Program's Metrics are as follows:

- a) Number of families enrolled/registered
- b) Client demographic information: Name, age, zip code, household income, etc.
- c) Doula presence at labors
- d) Infant deaths among enrolled families (babies born alive who die before age 1)
- e) Overall birth outcomes (i.e. Birthweight and Gestational Age)
- f) Breastfeeding Initiation and Duration

- g) Retention and Attrition of clients
- h) Client experience surveys
- i) Any other evaluation deemed meaningful through the partnership

5. Grant Period, Timetable and Program Phase-out Plan:

1/1/2022 – 12/31/2022

6. Provide a List of Subgrantees:

N/A

7. If Possible, Complete Grant Budget Form and Attach.

See attachment