

Research Study: Doula-CRSW Dual Certification

Supporting pregnant and postpartum people affected by
perinatal substance use disorder.

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Division for Behavioral Health
Bureau of Drug and Alcohol Services



NHBDAS
BUREAU OF DRUG AND ALCOHOL SERVICES

Promoting Prevention and Recovery

Overview

- NH DHHS contracted with Commonwealth Medicine (a division of the UMASS Chan Medical School) for this research project
- Work included literature reviews, environmental scan, interviews with Department of Behavioral Health staff, stakeholders, and cost analysis
- Three models were presented as possible options for implementation of a dual Doula-CRSW pilot project

Project Inception & Research

February 2021

- Governor's Commission on Alcohol and other Drugs approved funding to explore and implement a pilot program surrounding doulas and recovery supports for pregnant people affected by perinatal substance use

Literature Review

- Included 32 studies and reports: Systematic reviews, cohort studies, qualitative studies, random control studies, pre-post service studies, cross-sectional studies, and a decision analysis model

Doula-Related Findings

1. Doula benefits include lower c-section rates, lower rates of augmentation and induction, lower rates of epidural anesthesia, lower preterm birth rates, fewer hysterectomies, and fewer uterine ruptures
2. Doula care during pregnancy was also associated with fewer infant deaths, fewer pre-term births, fewer infants in NICU, and a 10-fold increase in breastfeeding, notably in African-American women
3. Higher rates of maternal satisfaction
4. Increased Mother-Infant bonding

Recovery Support Findings

1. Decrease in misuse of substances when engaged with recovery support services
2. Reduction in relapse rates
3. Increases use of outpatient treatment, fewer hospitalizations, and more likely to abstain from substance misuse for at least 6 months after engaging with a recovery support worker

Environmental Scan

- This identified certification requirements for both recovery support workers and doulas in NH and nationally
- Reviews scopes of service, workforce statistics, regulation, salaries, certifying entities, care settings, and trainings.

Interviews

- UMASS Chan conducting 16 of 32 possible stakeholders remotely
- Consisted of 8 questions, created with a professional educator and consultant
- Interviewees were also asked to provide program data either during or in writing after the interview regarding staffing, caseloads, and program expenses.

Interview Questions

1. Can you tell us about your professional and personal background in relation to pregnant and postpartum people (PPP) affected by perinatal substance use?
2. What are your thoughts on substance use in conjunction with pregnancy, birth, and parenting?
3. What is your understanding of doula services and recovery support services?
4. In your experience, what are PPP affected by perinatal substance use most in need of?
5. In your experience, what are the primary barriers to caring for PPP affected by perinatal substance use?
6. Among PPP affected by perinatal substance use, who do you consider especially high-risk and how could these groups be better supported?
7. What are some specific resources you use when supporting PPP affected by perinatal substance use?
8. Is there anything else you would like to share with us about your experience with PPP affected by perinatal substance use?

Market Research/Cost Analysis

- UMass Chan reviewed 14 programs that provide support for pregnant people with SUD.
- Reviewed budget data collected during the interview stage in combination with publicly available program cost to accurately develop a potential program model cost analysis.
- Cost and utilization data was reviewed in the following areas: Caseload, credentialing, travel, supplies, training, salary/wage/benefits, supervisory salary/wage, etc.

Program Models

Model 1:

Dually Certified Doula and CRSW

- Combines doula and CRSW services into a single provider
- That provider would provide doula services, recovery support services, and case management services.
- Smaller programs may need to contract with per-diem doulas to provide back-up for time-off and simultaneous births.

Program Models

Model 2:

Doula and CRSW/Case Manager Team

- Multiple contracted doulas working in a part-time capacity
- Separate CRSWs that provide recovery support and case management
 - Doulas and CRSWs work as a team to support the pregnant or postpartum people in recovery, throughout pregnancy, birth, and parenting

Program Models

Model 3:

Doula/Case Manager and CRSW Team

- One full-time doula who provides doula services and case management services (planning and assisting in care coordination, linkages to outpatient resources needed for sustaining recovery, health and wellbeing)
- This model has the CRSW providing primarily recovery support services and may assist doula with case management.
- As with Model #1-Smaller programs my need to contract with per-diem doulas to provider back-up for time-off and simultaneous births.

So, where are we now?

- The consultation team recommends that DHHS procure a doula and community recovery support worker program through an RFP(request for proposals) process.
- Currently, project leads at BDAS are working on securing funding and approval for such an RFP through the Governor's Commission on Alcohol and Other Drugs.

More information?

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Thank you!