

## **External Evaluation Report**

### **Birth Companions Peterborough Doula Pilot Project**



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**Acknowledgements**

I would like to say a particular thank you to Elinor Brown of Grow Mindful for undertaking eight of the interviews and for assisting with analysis and to Kelly Rosenthal for assistance with editing the evaluation. I would also like to thank the women, doulas and midwives who so generously gave their time to being interviewed as part of this evaluation.

# External Evaluation of the Birth Companions Peterborough Doula Pilot Project

## Executive Summary

Birth Companions is a charity that supports the most vulnerable women through the perinatal period. The organisation's aims are to:

- improve the mental health and well-being of vulnerable pregnant women and new mothers
- reduce their isolation
- enable them to give their babies the best possible start in life
- improve their conditions

Birth Companions staff and volunteers work with women through groups and intensive one-to-one support in prisons and the community.

In 2013, Birth Companions joined with doulas<sup>1</sup> and other local stakeholders in Peterborough to design and deliver a pilot project to provide support during the perinatal period to the most vulnerable women in the Peterborough community and local prison. The pilot project ran between January 2014 and March 2015. Support was provided by a team of doulas who were managed by a Birth Companions Project Co-ordinator. The project supported ten vulnerable women in prison and the community.

An external evaluation of the pilot project was carried out by Fiona Kerr of Head for Success. It was carried out primarily through semi-structured interviews with the women who had received support from the project, with doulas who delivered the support and with external stakeholders who were best placed to comment on the effectiveness of the support provided by the project.

### Findings

The evaluation clearly found that the project provided a flexible, specialist service to vulnerable women with complex health and social needs that complemented the services they received from their NHS midwifery team. As a result of the support, most women felt their mental health and well-being had improved. In particular, women said they:

- had been helped to make informed, positive choices about their pregnancy, birth and early parenting

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<sup>1</sup> The term 'doula' refers to an experienced woman who offers emotional and practical support to a woman (or couple) before, during and after childbirth.

- felt less worried and more positive about their situation
- felt better prepared for the birth

Women also said they felt less isolated and more able to access other services and that they had been supported to give their babies the best possible start in life.

In addition, the following outcomes were also achieved for these vulnerable women:

- Women who chose doula support for their birth (half of the women supported) were able to access continuous birth support from a doula.
- Women had positive birthing experiences, which for most of the mothers avoided the necessity of interventions during labour.
- Families were also supported throughout the birth experience which, in some cases, led to fathers being more involved with their baby.
- Mothers felt they bonded well with their babies as a result of the positive support they received from the doulas.
- Mothers who wanted to breast feed were given specialist advice and support so that they were able to persist when they experienced problems.
- Women were empowered to speak up for themselves and their newborn babies. In some instances, this ensured their baby received the right diagnosis and care.
- Mothers and babies were supported to participate in community initiatives and utilise local services and facilities.

Feedback from the mothers we interviewed has been overwhelmingly positive, highlighting the exceptional sense of support, continuity of care, confidence and companionship that the doulas gave them. One woman said “I didn’t think that anybody can do this much for anyone.”

## **Conclusion**

This external evaluation provides compelling evidence of the value that the Birth Companions’ Peterborough Doula Project has provided to mothers and babies, families and other key stakeholders. In particular:

- The project delivers a unique service to vulnerable women which addresses needs that are not met through NHS provision and therefore complements this provision.
- The service meets many of Peterborough City Council’s strategic priorities around Early Intervention.
- The project’s expected outputs and outcomes have been clearly defined and appear to have been well met.
- The service is delivered in a very compassionate and caring way which is highly valued by service-users.

As a result, this evaluation points to the value of continuing the service and extending access to other vulnerable women in the Peterborough area in the future.

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# External Evaluation of the Birth Companions Peterborough Doula Pilot Project

## 1. Introduction

This report provides a summary of the findings from an external evaluation of the Peterborough Doula Pilot Project. The project was developed by doulas and other local stakeholders in Peterborough to provide doula support during the perinatal period to the most vulnerable women in the Peterborough community and prison. The project was set up and run by an established charity, Birth Companions, in partnership with Peterborough City Hospital and Peterborough Prison and was launched in January 2014 and ran until March 2015. The primary objective of the project was to provide comprehensive, continuous support to vulnerable pregnant women over a six-month period before, during and after the birth of their baby. The project worked alongside statutory midwifery services to support the most vulnerable women in Peterborough, including those in detention.

This report provides an overview of the design of the pilot project, the support it provided and the outcomes it achieved. It also explores potential synergies with the Local Authority's priorities around early intervention as an effective and cost-effective means of ensuring better socio-economic, health and education outcomes for children in the long term.

### 1.1 The benefits of perinatal support to vulnerable women

The benefits of doula support are well-documented, with evidence indicating that the presence of a doula in the perinatal period, including during the actual birth is correlated with significantly lower rates of medical interventions during labour, shorter labours, better health outcomes for infants, higher rates of breastfeeding and lower incidences of post-natal depression.<sup>2</sup> A recent review of studies relating to birth support found that supportive care during labour can “enhance physiologic labour processes as well as women’s feelings of control and competence, and thus reduce the need for obstetric intervention.” (Hodnett et al., 2102). It noted that women who received continuous support were more likely to give birth ‘spontaneously’ and were less likely to use pain medications. It also found that women had slightly shorter labours and were more likely to be satisfied with their birth experiences. Furthermore, it found that their babies were less likely to have low five-minute Apgar scores. As a result, it concluded that all women should receive continuous support and that support from a person who is experienced in providing labour support appears to be most beneficial.

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<sup>2</sup> Continuous support for women during labour, Hodnett et al, Cochrane Collection, 2012

Additionally, there is evidence to show that new mothers who are provided with doula support in the period after the birth are more likely to have access to important evidence-based information, to feel supported in the adjustments and transitions of motherhood, and to feel empowered to advocate for themselves and their child. The report highlighted that this is a critical period, during which many foundations for the mother and child relationship are established, and which can have long-term repercussions for the health and social outcomes for both mother and child.<sup>3</sup>

Research has also shown that pregnant women living in poverty, or in vulnerable conditions such as detention, are less likely to have access to continuous support in the perinatal period. As a result, they are more likely to have difficult births and to struggle to breastfeed. They are also more vulnerable to maternal mental health issues, and are in general more vulnerable to feelings of isolation, pain and fear which have a negative impact on their babies and their ability to form healthy attachments to them.

## **1.2 The role of a doula in supporting vulnerable pregnant women**

When providing support to vulnerable pregnant women, a doula is able to help women make positive, informed choices about their pregnancy, labour and early parenthood and to help them cope with feelings of isolation and anxiety. They can also ensure that the information and support women receive is tailored to each woman's specific needs. Their support with breastfeeding is particularly important for vulnerable women who are much less likely to initiate or maintain breastfeeding, despite the documented benefits.<sup>4</sup>

In the prison setting, a doula can help address health inequalities such as a lack of access to antenatal classes and specialist breastfeeding support.

In particular, doulas can:

- engage women who do not engage with statutory services
- support women who are being separated from their babies to make the process as bearable as possible
- provide specialist breastfeeding support that can improve breastfeeding initiation and prevalence rates
- facilitate meaningful access and engagement with local services for new parents
- make referrals to create ongoing support pathways

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<sup>3</sup> *ibid*

<sup>4</sup> Infant Feeding Survey 2010, Health and Social Care Information Centre 2012

### **1.3 The local context and need for the project**

Peterborough is ranked 79<sup>th</sup> out of 326 local authority areas in the English Indices of Deprivation, with 22% of the population of Peterborough living in the most deprived wards in the country.<sup>5</sup> The number of children living in poverty is also higher than the national average as is the average teenage pregnancy rate. Peterborough also has a lower than national average life expectancy at birth.<sup>6</sup> As a result, Peterborough Local Authority has identified commissioning priorities in the following areas:

- outcomes of children born into poverty, including lower levels of health
- outcomes for children born to teenagers
- access to services by disadvantaged communities
- access to services by newly arrived communities<sup>7</sup>

Peterborough City Hospital has a midwifery team dedicated to supporting vulnerable women which caseloads around 150 vulnerable women a year.

Meanwhile, there is a strong and developing community of doulas working in Peterborough and the surrounding area. Given the high percentage of children born to women in vulnerable socio-economic circumstances, and the high demand for perinatal support, there was a clear opportunity in Peterborough for the Local Authority and NHS providers to partner with community organisations and local doulas in order to provide a continuity of perinatal services for vulnerable women, and in so doing to reap a considerable number of short and long-term benefits to individual families, and to the community at large.

### **1.4 Birth Companions**

Birth Companions is a London-based charity established in 1996 which offers support to the most vulnerable women across the perinatal period. Their expertise in offering support services to vulnerable women in the perinatal period was developed in the context of women in detention, and has since expanded to include women in vulnerable socio-economic circumstances who face similar challenges during and after pregnancy. Birth Companions supports the most vulnerable and isolated women, all of whom are facing severe and multiple disadvantage and have a history of trauma. The charity has developed expertise in working with offenders and ex-offenders, refugees and asylum seekers, women fleeing domestic violence, women with physical and mental health issues, women with substance misuse issues and women who are separating from their babies. The support for women in London is delivered by a group of volunteers who have undergone extensive training.

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<sup>5</sup> The English Indices of Deprivation 2010, Department for Local Communities and Government, 2011

<sup>6</sup> Peterborough Health Profile 2015, Public Health England 2015

<sup>7</sup> Prevention & Early Intervention in Peterborough – A Partnership Strategy, Peterborough City Council 2012

Their services in Holloway and Bronzefield prisons comprise a weekly pregnancy group and postnatal support. Perinatal support including birth support is also offered to vulnerable women in the community in London through referrals from statutory and voluntary sector agencies.

### **1.5 The Peterborough Doula Project**

Birth Companions worked in partnership with Peterborough City Hospital and a local doula to develop a project to meet the needs of vulnerable women in HMP Peterborough and the local community during pregnancy, birth and early parenthood.

#### ***The model***

Birth Companions recruited, trained and managed the team of ten doulas who were either experts themselves or were connected to a network of experts in a wide range of aspects of perinatal care. They were also confident and skilled in advocating for women and in empowering women to self-advocate. The team of local doulas offered consistent, nurturing and caring support and drew on their extensive knowledge, resources and access to information and services to support the women during the perinatal period. Birth Companions was also able to help cover costs and make purchases that women needed assistance with.

The doulas worked as a team and supported each other to ensure consistency of care and a high quality of care. One of the doulas described this process:

*We would have debriefings with each other, by phone or face-to-face. Sometimes we had joint visits and we wrote a report after each contact, and that would be shared amongst the group, so that everybody had some handle on where we are at, so we'd get the whole picture.*

The project was based on a model of shared care with the women, so that there were at least two doulas assigned to each woman. The doulas described their work as responsive, tailored and women-focused. For example, one doula said:

*It's about being responsive to the women at any particular point, and meeting them where they were. .. The ethos of being a doula is just to walk with the woman and try and support them with your body and your mind so they have the most positive experience they can of becoming a mother.*

Another doula described how she had been able to help women practically:

*She'd had stitches and she wasn't able to get on a bus and had limited money for taxis, so I took them to some of the Asian shops that are a bit off*

*the beaten track and difficult to get to without transport, to get provisions in, some clothes for the baby and other bits and pieces that they needed.*

At the same time, the doulas tried to empower the women they worked with. One doula described her last meeting with one of the women she supported:

*[I told her] "you're just an amazing mother, you've got this", because her own mothering experience had been very poor. So, just gentle support really, just saying "you're OK".*

The doulas also supported women through separation from their babies:

*By the end we knew each other, and I think I was able to support her well. She knew there was someone there for her, from the moment she got separated from her baby. So I'd visit her in prison in the weeks postnatally, and we did things such as helping her express her breastmilk. We helped her deal with the emotion of what was going on.*

The doulas interviewed as part of this evaluation felt that their supportive, non-judgemental and mother-centred approach was critical to creating positive relationships with the women they supported. This was reflected in our interviews with women:

*It was brilliant, it was really good.*

*I don't have the words to describe Birth Companions. To me they were amazing, just amazing.*

*She's all of the things you would want and more....I felt incredibly empowered....*

*Not a single person I've met in my life, especially in the UK, has helped me like that. The way they looked after me, I could never think, or imagine.*

They all felt positive about the impact which they had on the women in the pilot project, and believed that they had helped to facilitate better pregnancy, birth and early motherhood experiences for women who were particularly vulnerable to difficulties in those areas.

### ***Links with priority outcomes for Local Authority Commissioners***

The Peterborough Doula Project aimed to support the Peterborough's Partnership Strategy (2012) in achieving outcomes around positive early intervention "particularly as these relate

to communication, positive attachment and social relationships, healthy lifestyle and being ready to learn and achieve.”<sup>8</sup>

In particular, the Peterborough Doula Project aimed to achieve:

- improved mental health and well-being
- reduced interventions in labour
- improved breast-feeding rates
- better informed parents who feel better able to parent
- better equipped parents – parents with access to and advice on using essential items

In addition, the project aimed to help parents to access local services in a meaningful way, thus “ensuring services are relevant and accessible”.<sup>9</sup> It also sought to facilitate community cohesion by ensuring better supported family networks.

The midwives interviewed as part of this evaluation recognised that the project provided support to women whose needs were beyond the remit and capacity of NHS services. They felt that the doulas had established a strong rapport with the women they supported and had provided high-quality support before, during and after the birth. They felt that the support the doulas were able to give was more personalised, tailored and consistent than it was possible for midwives and hospital staff to provide. They also noted that support was able to continue once women were discharged from midwifery services.

As a result, the midwives we spoke to felt that this support had resulted in women feeling much more supported and confident, that it had improved their birth experiences, and helped them to create good early connections to their babies, impacting on the quality of their bond, as well as their chances of successful breastfeeding. In particular, they highlighted “the distance they go for people” and said they were “amazed at how much they do to support.” They felt that the presence of a Birth Companions service could help to achieve early discharges, reduce midwife time and extend breastfeeding support to more mothers.

### ***Project delivery***

Birth Companions recruited and trained ten local doulas and paired them with vulnerable pregnant women who were referred by Peterborough Hospital’s Vulnerable Adult’s Midwifery Team (the Rainbow Team) in the three month period before the due dates of the women. In small teams, the doulas then provided pregnancy, birth and postnatal support for up to three months after the births. In all, ten Doulas worked with ten vulnerable women throughout their perinatal period.

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<sup>8</sup> Prevention & Early Intervention in Peterborough – A Partnership Strategy, Peterborough City Council, 2012

<sup>9</sup> Ibid

Out of the ten women assisted during the pilot, two were from the prison and eight were living in the community. The Rainbow Team identified all of these women as vulnerable (i.e. having complex health and social needs) and informed them about the service offered by Birth Companions.

Based on interviews with doulas, the Rainbow Team midwife and with six of these women, some key themes emerged in the reasons women gave for seeking support from the project:

- This was the first birth for seven of the women.
- Other women had had past bad experiences and were anxious.
- Some women were isolated. They had only come to the area recently and did not have family and/or friends locally or, in some cases, in the country.
- Some women (and their partners) felt socially excluded, as they were from other backgrounds, nationalities or faiths and had not felt welcomed or supported by people in their own communities. One of the women in the pilot was an asylum-seeker.
- Some women had disabilities, debilitating conditions and/or vulnerability to or experience of mental health problems. Five of the women in the pilot study had declared mental health issues and one had serious health issues.
- Most women had limited income and resources and some were prisoners who are not able to pay for necessities.
- Most women did not have access to or had only a limited understanding of the vast array of information available and therefore needed it to be tailored to their own needs, understanding and circumstances.
- Women had no means to access services and support in the local area such as appointments, services, facilities and groups.
- Some lacked support from a partner or relative or were in unstable or unsupportive relationships.
- At least three women had been looked-after children. They therefore lacked good role models and confidence in their abilities as parents.

The project was supported by a steering group comprising the Pilot Project Manager, Birth Companions' Director, the lead doula, Peterborough City Hospital's Acting Head of Midwifery, a Rainbow Team Midwife, the Safeguarding lead, Breastfeeding Co-ordinator and the Mother and Baby Unit (MBU) Manager at HMP Peterborough.

### **1.5 The evaluation**

The evaluation aimed to assess the difference the project had made to the women it supported. It is based on:

- semi-structured interviews conducted either by telephone or in person with six of the ten women who received services from the project

- data drawn from Birth Companions' feedback forms completed by the women who received services
- semi-structured interviews conducted with three of the project doulas
- semi-structured interviews with the Interim Head of Midwifery at Peterborough and Stamford Hospitals and with a midwife from the Rainbow Team

The authors of this report are external to both Birth Companions and the Peterborough Doula Project. Due to the small sample size, and sensitive nature of the information, all input is unattributed. Birth Companions holds case study information, interview transcripts and related permissions, as they are responsible for managing confidentiality and the use of information as per the permissions granted.

## 2. Outcomes for women supported by the project

### 2.1 Antenatal support and birth preparation

All the women interviewed who received antenatal support from the doulas reported that they found it to be helpful, informative and that it provided them with greater confidence about the birth. Many also expressed how positive the antenatal support had been not just for themselves, but also for their families, partners and other children.

The nature of the support provided during this period varied from woman to woman according to their circumstances and needs. For example, doulas provided detailed evidence-based information about the medical options involved in childbirth. One woman said:

*I was receiving emails from the NHS about pregnancy, and lots of information about pregnancy online, it was too much to get my head around... The information from the doulas was much better because they broke it down... They explained everything to me, and I could ask them questions... They made it so much more straightforward, and that's what I needed the most.*

The doulas also helped women to prepare birth plans and shared techniques for making labour easier. For example, one woman said:

*They showed me a lot of relaxation skills, and that really helped. I remember that in hospital...I was getting nervous again, but they showed me, they didn't just tell me, they showed me, demonstrated and everything.*

*It was brilliant, it was really good.*

As a result, women described how the support had helped them to feel better prepared for the birth. One woman said:

*I don't know what I'd have done, how I'd have prepared, I'd have been so lost, going to hospital, not knowing what I'm supposed to do. But they discussed it so much with me about it, broke it down and made it simple. It made me feel a lot more prepared and confident in many ways, less confused.*

Other women talked about how the support had helped them feel less anxious and afraid:

*I wasn't scared like I had been in the weeks and months leading up to it. I thought actually there's going to be people that I'm going to be able to call, they're going to help me.*

## **2.2 Birth experience**

Without exception, the women interviewed who had chosen to have a doula present during their birth experience reported that it was very helpful, that they felt supported and grateful for their presence, and that it had significantly improved their experience of the birth.

The doulas often acted as advocates for the women, allowing them to express their wishes in ways they would not have been able to do alone. In one case, a woman who had severe medical complications and who had been warned that a caesarean section was likely, felt she was able to have a natural birth due to the support of her doula. She said:

*[The Doula] made it quite clear to me that with the right breathing technique and the right support we could work through this together.*

Many of the women highlighted the importance of having consistent, personal support during their labour

*I haven't the words to express this, the way she supported me in the hospital, the way she worked with me during labour, in the hospital.*

Another described the support she had received as “another earth”, compared to her first birth experience when “not a single person came to ask if I was OK.”

Altogether, seven of the ten mothers gave birth vaginally and without medical interventions during labour. While this is a very small sample, these rates compare favourably with national rates of intervention through caesarean and instrumental delivery (39%).<sup>10</sup>

## **2.3 Postnatal support**

All of the women interviewed who received postnatal support (with the exception of those in prison who were separated from their babies) reported that the doulas helped them establish strong bonds with their new babies. 60% of all six of the women in the study said the support from the doulas had helped them to better understand and meet their baby's needs, a key foundation of mother-infant bonding. In particular, women-described how the information provided by doulas had been crucial:

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<sup>10</sup> NHS Maternity Statistics - England, 2013-14, Health and Social Care Information Centre, January 2015

*They gave me a lot of information about the bond between the mother and the child. Keeping the baby close to my chest, skin-to-skin contact.*

*They told me that breastfeeding is not only about feeding your baby, but getting your baby closer to you, having that strong connection and bond that you can never understand until you've had a baby. When I had my baby I experienced it and it's just beautiful, and I'm going to keep it going as long as I can.*

Women also valued the way in which the doulas had been available to help them whenever they needed support:

*They're always there for me and I can ask them for help for anything at any time. If I'm stuck with anything or struggling with anything I can contact them, and that's really good.*

In this pilot, seven out of nine women initiated breastfeeding, and at six weeks, four were still breastfeeding. Again, whilst this is a very small sample, the rates of initiation and duration are higher than the average for Peterborough and other comparable socio-economic groups, suggesting that the doula support had a positive impact on the likelihood of vulnerable women breastfeeding successfully.<sup>11</sup> Moreover, two-thirds of the women said that the doula support helped them to feel more confident and positive about breastfeeding and six women felt that the support had helped them to breastfeed for longer. For example, one woman described how the support had encouraged her to choose to breastfeed rather than to bottle-feed:

*The doulas encouraged me, how good breastfeeding would be for me and my baby. It was good because I was really prepared for that. I did have bottle feeding in mind, but then I wasn't interested, I was just interested in breastfeeding and I'm glad I got all the help I could get for that.*

Another woman described how she had been told to bottle-feed her baby due to her health problems:

*What happened then is that the midwife said that I should just give the baby a bottle. I had been topping up with a bottle because he wasn't latching on and I had to do that. But I wanted to persevere with breastfeeding. I'd been*

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<sup>11</sup> NHS England Statistical Release Breastfeeding Initiation & Breastfeeding prevalence 6-8 weeks Revised Quarter 4 2013/14, 25th September 2014

*given a three-week window from my rheumatologist after which I would have to start going back on medication, because I had to stop the medications because they weren't safe. I really wanted, for that short period of time, to try my very best so I'd know I'd done all I could. [My doula] calmly stood up and said "she really wants to try, we need to support her and encourage her in doing that." And just having her there saying that, instead of just me saying it, helped the midwife accept that that's what I wanted to do.*

Finally, eight of the women in the pilot indicated that the project had helped connect them to other services. For example, one doula described how the project had supported a Sikh woman who was an asylum-seeker and had a Muslim partner:

*With one mother her primary issue is she's an asylum seeker, because of race, religion and beliefs, she's Sikh and her partner is Muslim. They said that they can neither live in Pakistan or India because of that mixed relationship because neither side would accept that mixed religion relationship. That information was important for me to get my head around in terms of finding support networks for them in the community, because what became clear is that they didn't trust the Asian community, because their experience had been that they were judged in this country. So, we had to think about non-sectarian organisations that we might link them into.... Generally there'd be groups like Indian baby groups, or Muslim baby groups, or a mosque baby group, anything like that was an absolute no-no for them. We had to find generic services for them, where people wouldn't have an understanding of the issues, let alone make a judgement against them.*

Similarly, one of the midwives interviewed described how they had seen the project supporting women in accessing services:

*The doula got involved in helping them to access the Red Cross, because there were some issues around registering the baby's birth with the UK Borders Agency, which would have got them additional money and that had been stalled. The doula helped them to unstick that.*

The women also recognised that helping them access services in a meaningful way was important:

*My husband and I were going through a difficult patch. My illness had caused a lot of problems to us, problems I didn't expect to happen. You go along in a relationship and you're all happy, but when things go wrong it*

*really tests you. My being ill really tested our relationship, we were very distanced from each other. It got to a point during the pregnancy that I was in quite dark place, because we were barely speaking, he was out every night with friends, drinking. I was having to go to all the appointments by myself, seeing very happy couples, sharing their experience and I found it difficult, quite earlier on the pregnancy as well. I was on crutches as well, I could barely walk. I felt isolated, I felt pretty much alone going through the whole journey.*

*They explained to me what groups I can go to and the first time I went she was with me all the time at the group. She introduced me to the lady over there, it was such a nice group, and the lady who was the main one over there, she didn't treat me like I was just one of the ladies just joining the group. The way she treated me, she sat next to me and shared my story, and telling me tips for the baby.*

*They're always there for me and I can ask them for help for anything at any time. If I'm stuck with anything or struggling with anything I can contact them, and that's really good.*

### 3. A case study<sup>12</sup>

Birth Companions first met Dariyah in July 2014 when she was 34 weeks pregnant. Dariyah has multiple health issues including Lupus, Addison's and Hypermobility Syndrome. She is separated from her husband and has little emotional support from him. Her mother has dementia. She has brothers living locally but otherwise little in the way of support. Due to her health issues she has spent a great deal of her pregnancy at home and as a result feels quite low. She has also been unable to work for the past year due to her ill health. Dariyah described herself as being up and down emotionally and is being supported by the Community Mental Health team.

In the first meeting with her doula, Dariyah expressed her anxiety about the birth and her future. She was concerned about how she was going to cope during the birth as she had no birth partner and was unsure if her ex-husband would come. She was also concerned about how her limited mobility would affect the birth experience and about recovering after the birth. She was particularly anxious about having a Caesarean and how she would cope at home on her own after she left hospital. She was feeling low about the future and was not feeling particularly connected to the baby. She had not prepared in any way for the baby.

#### ***Dariyah's story in her words***

I had a lot of hospital appointments, a lot of scans because I (also) had polyhydramnios so I was measuring massive. It was constantly uncomfortable. I was anxious a lot of the time and quite nervous as to what it meant, having a lot of health conditions. Probably some of it was just nerves, really. But I was lonely. I didn't really talk to anybody. It was a specialist midwife who mentioned the doulas. She recognized that I wasn't leaving the house very often, and had a lot of appointments and there wasn't anybody there to support me. I was having to do it all by myself, and struggling a bit.

With support during labour I gave birth naturally and did not need the planned c-section. It's actually such a lovely memory that I've got. Afterwards, the doula took the baby from my husband and she put him on my chest, and that was just lovely, and she took the pictures. I think that helped me bond, it made me think "you're mine!".

I'm not saying that I would have been depressed, but I think I was a candidate for post-natal depression, I ticked all the boxes. They were actually, the hospital, telling me to take anti-depressants and I haven't. I don't feel that I need them. The doula always made time to come and see me, whether it was Sunday or an evening she was there all the time to help me latch on. It was brilliant, she was absolutely brilliant. She helped with my nerves. I

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<sup>12</sup> Please note that all names have been changed to protect confidentiality.

discussed with her the fact that I was starting to get depressed. She relieved me of all the bad feelings that I had. The support that they showed was amazing.

I feel as though not only did I get emotional support from them, I've learned from them. I've learned the most important bits, what is important what isn't important, to trust my judgement. They've been part of the most important experience in my life. I'm always going to be indebted. I was in a heap, a complete and utter mess, and now I'm not in a dark place, I'm in a happy place.

## 4. Conclusion

This external evaluation provides compelling evidence of the value that the Birth Companions' Peterborough Doula Project has provided to mothers and their babies, to families and to other key stakeholders.

The women supported by the project were in need of specialised, tailored support, due to the varied nature of their backgrounds of severe disadvantage, and multiple, complex needs. From problematic personal relationships with partners to complex health challenges, many of these women faced a series of compounding challenges in pregnancy and childbirth which NHS services are generally not equipped to address. The support provided by doulas, based on a continuous relationship with one or two trained individuals, is therefore uniquely positioned to provide this specialised service. Above all, the service is delivered in an extremely compassionate and caring way which is clearly highly valued by service-users.

In addition, the evaluation has shown that the service meets many of Peterborough City Council's strategic priorities around early intervention as it has been demonstrated to improve mental health and well-being, reduce interventions in labour, improve breast-feeding rates and help parents become better informed and better equipped as parents. In addition, the service can be seen to have contributed to achieving the NHS Outcome Framework Domain 4 of 'ensuring that people have a positive experience of care'.<sup>13</sup> This evaluation also reflects the findings from the evaluation of a Department of Health-funded doula project for disadvantaged women which states:

*"The majority of women who accepted Doula support valued it highly for its continuity and Doulas' availability and flexibility, being listened to by someone who was non-judgemental and having fears allayed, together with building self-esteem. Women also appreciated volunteer Doulas for the knowledgeable companionship, relief of isolation and help with accessing services."*<sup>14</sup>

As a result, this evaluation points to the value of continuing the service and extending access to the service to other vulnerable women in the Peterborough area.

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<sup>13</sup> The NHS Outcomes Framework 2015/16

<sup>14</sup> Multisite implementation of trained volunteer Doula support for disadvantaged childbearing women: a mixed-methods evaluation, Spiby et al, Health Services and Delivery Research, March 2015

## **5. Appendix: The interview schedule for interviews with women**

- How did you first come into contact with the Birth Companions Project?
- Why did you then choose to use the Birth Companions service?
- Were you expecting anyone else to support or assist you before, during or after the birth?
- Had you been pregnant and given birth before?
- [If yes] Had you been supported last time?
- [If no] How did you think support could assist you?
- Where and when did you have your baby and how was that experience?

### ***Reflecting on the period of Birth Companions support:***

- How supported have you felt before, during and after the birth?
- What has been your experience of access to services or advice received?
- How has Birth Companions assisted you in commencing your relationship with your baby?
- Would you recommend Birth Companions to others?
- Were you treated with dignity and respect in terms of language/culture/beliefs?
- To what extent do you feel you received support from your Birth Companions emotionally and practically?