

Open Arms Perinatal Services Annual Spring Luncheon

Keynote Address

March 24, 2010

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I am honored and delighted to be here with you in Seattle, the birthplace of the doula movement. I bring you warm greetings from Chicago, the birthplace of the community-based doula movement.

I'm so impressed that so many of you have taken time out of the middle of your busy days to support Open Arms Perinatal Services. But this is much more than another annual fundraising luncheon. This is an enormously important moment we are all spending together. It's a moment of transition.

Yes, it's spring. The snow we got in Chicago last weekend melted away. And -- President Obama signed the Health Reform bill yesterday morning, the first step in a national decision that's been 100 years in the making. In a fierce, contentious process in a politically divided population, our legislative process has brought us to the beginning of a national commitment to providing health care for all our people. In addition, the bill contains critical elements that support health promotion and prevention. There is a particular focus in this bill on the fundamental components of Open Arms' program here in Seattle -- major sections of language that support evidence-based home visiting programs and community health worker programs. It is a new day for the community-based doula model, and you, standing with Open Arms, are part of setting the foundation for the future of how we support families in this country.

We are living in a time of explosion of research-based knowledge in the fields of maternal and child health and early learning, particularly knowledge of how our brains develop and what kinds of environments support infant health and development, parent-infant attachment, and maternal mental health and personal development.

We sit together today at the forefront of a new understanding of how to grow secure, resilient children, strong families, and empowered communities.

- Thanks to brain imaging and research on stress hormones, we know much more about the neurobiological systems related to resilience and vulnerability to stress.
- We know that when babies experience consistent nurturing care in response to discomfort or stress, over and over again, day and night, these nurturing human interactions become powerfully connected with pleasure. Dr. Bruce Perry describes this as the mechanism for how we create the healthy capacity to get pleasure from future human connection – the basis for success in human communities.
- We know that skin-to-skin contact between mother and baby is associated with improved breastfeeding, regulation of sleep, and measurable brain development.

- We know that breastfeeding is associated with improved mother and child health, increased IQ, and life-long decreases for mother and baby in the risk of chronic disease and obesity.
- We know that community-based programs, those in which services are delivered by trusted, trained and supported members of the community being served, are able to achieve improved health, decreased costs of expensive health care like ER visits, and decreases in health disparities that have not been demonstrated by other traditional health promotion models.

Let me tell you a bit about the community-based doula model, the foundation for Open Arms' Outreach Doula program. This evidence-based model has been cited by the Center for American Progress as one of five important national evidence-based home visiting models began with a four-year pilot serving low-income African-American and Latina pregnant and parenting teens in Chicago from 1996 – 2000. With 254 mothers in the evaluation, we saw

- 80% breastfeeding initiation rates, including 65% initiation rates at an agency with practically no breastfeeding in their home visiting program before the doula piece was integrated
- 8.1% c-section rates
- 11.3% epidural rates
- Increased pregnancy spacing for young teens
- Significantly enhanced maternal scores on the NCAST scale to rate videotapes of maternal-infant interaction
- Decrease in preterm births
- Cost savings including \$750 per person in c-sections and epidurals not performed, approximately \$500 per breastfed baby in savings on formula, and broader savings from shorter hospital stays and less illness among breastfeeding babies.

These outcomes have held up over time and with replication in a variety of underserved communities across the country. We have seen consistent high breastfeeding rates, consistently lower c-section and epidural rates, increased use of birth control, increased practice of skin-to-skin contact after birth, and lower preterm and low birth weight babies. There are now 40 community-based doula replication sites in 14 states, 6 of which are funded through the new HRSA Maternal and Child Health Bureau funding stream. We have rolled out this year a robust and user-friendly data collection system designed to continue the process of evaluating these programs and researching the outcomes and processes of community-based doula program.

After 10 years of replication, and a successful national grassroots advocacy campaign to develop a federal funding stream for community-based doula programs, HealthConnect One defines 5 essential components for successful replication of the community-based doula model:

C-B doula programs -

- Employ women who are trusted members of the target community
- Extend and intensify the role of doula with families from early pregnancy through the first months postpartum.
- Collaborate with community stakeholders/institutions & use a diverse team approach
- Facilitate experiential learning using popular education techniques and the HC One training curriculum

- Value the doulas' work with salary, supervision and support

What makes this program important is the combined focus on the two essential process of serving community-identified needs and focusing on support for the critical childbearing year, when families are most open to growth and change, and investments in nurturing that healthy development have the greatest payoff. We start the process by going out and finding out what communities need and how they want to help themselves – asking them what are the issues facing birthing families in your community? What resources are there supporting those needs? Would a project like this work for you and your families?

This work is in its purest form all about relationships. It's really about love. The health and future of our children, our families and our communities depend on the quality of the relationships that nurture us, respect our integrity and our strength, and connect us to others. The community-based doula model uses the parallel process that links the trusting relationship between mother and doula, between mother and child, between family and friends helping to raise this child, between collaborating agencies that support this web of nurturing relationships.

This is a community-based process, an evidence-based process, a political process and an intimate one. I thank you for your support of Open Arms Perinatal Services, and your support of the broader work that helps us expand the support for birthing families facing an increasingly challenging world. I look forward to a future of exploration, celebration, and a world where all families in this community and every community have the support they need to grow to their fullest potential.