

Better Start Bradford Innovation Hub Bradford Doulas End of Contract Report November 2022

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and the Bradford Doulas project team.

The document provides an overview of the Bradford Doulas project performance and findings from the implementation evaluation including an interpretation of these findings by BSBIH. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from the BSBIH and BSB.

Authors: Cara Hammond, Aiysha Khan, Mohammed Hammad, Josie Dickerson, and the Better Start Bradford Innovation Hub

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Approved by: Josie Dickerson, Director Better Start Bradford Innovation Hub



Produced for Better Start Bradford





Executive Summary

Project Overview

Bradford Doulas offer practical and emotional support to pregnant women six weeks before the birth, during labour, and six weeks after the birth, through trained volunteers. Service users are usually considered to be vulnerable with limited or no supportive partners/families. However within the Better Start Bradford offer the project is considered universal for women over 16 years of age. Women are assessed by the Locality Officer (and Project Manager if it is a high risk case) and then supported by a trained volunteer doula, or in some cases directly by the locality officer.

This document reflects the findings of the BSBIH implementation evaluation from 1st May 2020 to 30th September 2020. Data was only available on participants up to 30th June 2020. Year 6 targets have been adjusted for the timeline data was available for.

Project performance

-  **Implementation** - In Year 6 it was anticipated that 46* volunteer doulas would be available to take on participants, 38 volunteer doulas were available (83%). In Year 4 they exceeded the target (112%). In Year 5 they were in Amber (94%), placing the project in Amber overall for this criteria.
-  **Recruitment** - it was anticipated that 91 women would be allocated to a doula. The actual number recorded was 70 (77%), putting the project in **AMBER** for this criteria.
-  **Satisfaction** - the target was for 95% of respondents to satisfaction questionnaires giving a median score of 4 or above. 100% of respondents gave a median score of 4 or above, putting the project in **GREEN** for this criteria.
-  **Data** - If Bradford Doulas is recommissioned and wishes to understand more about their volunteers then a better data set needs agreeing.

*N= $\frac{((\text{target available volunteers end of Y6} - \text{target available volunteers end of Y5}) / \text{months in full year}) \times \text{months in which data was available}}{\text{available volunteers end of Y5}}$ + target
 $46 = \frac{((60-36)/12) \times 5}{36} + 36$

Findings and Recommendations

Findings:

- The service provided by Bradford Doulas is highly valued by participants who have given consistently high satisfaction scores (100% with a median score of 4 or more) across the contract period.
 - Whilst 54 women wanted support during labour, 28 (52%) received this support. Participants reported especially valuing the presence of a doula during labour.
- Bradford Doulas made 183 referrals to nearly 40 other local services including other BSB projects, volunteer groups and statutory services.
- There is a solid base of referral into the service from other local statutory and voluntary services (41 referrals from midwives, 24 from other BSB projects, 21 from other places, 12 self referrals), however this has not kept pace with referral targets achieving 70% of the referral target.

Recommendations:

- 1** Doulas see on average 30 women per year. This is a cohort of particularly vulnerable women including refugees/asylum seekers, and those who are socially isolated or who have suffered domestic abuse. We do not know if this is the level of need or whether more referrals could be achieved with more outreach. For commissioners and Doulas to understand the level of need for this service, better data on the vulnerabilities of women across the district is required.
- 2** Doulas have not been able to meet the increased targets for training new doulas. For Doulas to become a sustainable/scalable service, appropriate staff and recruitment strategies need to be in place to achieve these targets.
- 3** Support during labour is valued by women, but is only achieved in just over 52% of cases. The ability to improve this / manage women's expectations will be important moving forward.

Progression Criteria by Year

Implementation

Year 4



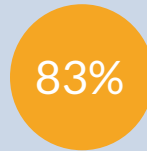
Target: 15
Available: 17

Year 5



Target: 36
Available: 34

Year 6



Target: 46*
Available: 38

Implementation refers to the number of trained and available doulas within Bradford Doulas.

The target number of trained and available doulas was set low in Year 4 with an increase in Year 5 and Year 6. Whilst the target was exceeded in Y4 they have not been met in Year 5 and Year 6. These targets were reduced in April 2021 following a review of trends.

*N=((target available volunteers end of Y6 - target available volunteers end of Y5) / months in full year) x months in which data was available) + target available volunteers end of Y5. OR 46=((60-36)/12)x5)+36

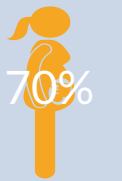
Recruitment

Year 4



Target: 22
Recruited: 27

Year 5



Target: 54
Recruited: 38

Year 6



Target: 16
Recruited: 5

Recruitment refers to the number of women matched with a volunteer doula over the contract period. During this contract period there was also an agreement that some participants may be matched with a locality officer and these matches have also been included in this data.

The target number of women matched with a doula was set low in Year 4 and increased over Year 5 and Year 6. The rate of recruitment has dropped year on year, moving from green in Year 4 to red in Year 6.

Satisfaction

Year 4



All responses* gave a median score of 4 or more for satisfaction

Year 5



19 respondents gave a median score of 4 or more for satisfaction

Year 6



4 respondents gave a median score of 4 or more for satisfaction

Annual satisfaction indicators relate to the number of women who report a median satisfaction score of 4 or more. The annual target for each year of the project was 95% of women who completed satisfaction questionnaires giving a median satisfaction score of 4 or more.

The service provided by Bradford Doulas is highly valued by participants who have given consistently high satisfaction scores (100% with a median score of 4 or more) across the contact period.

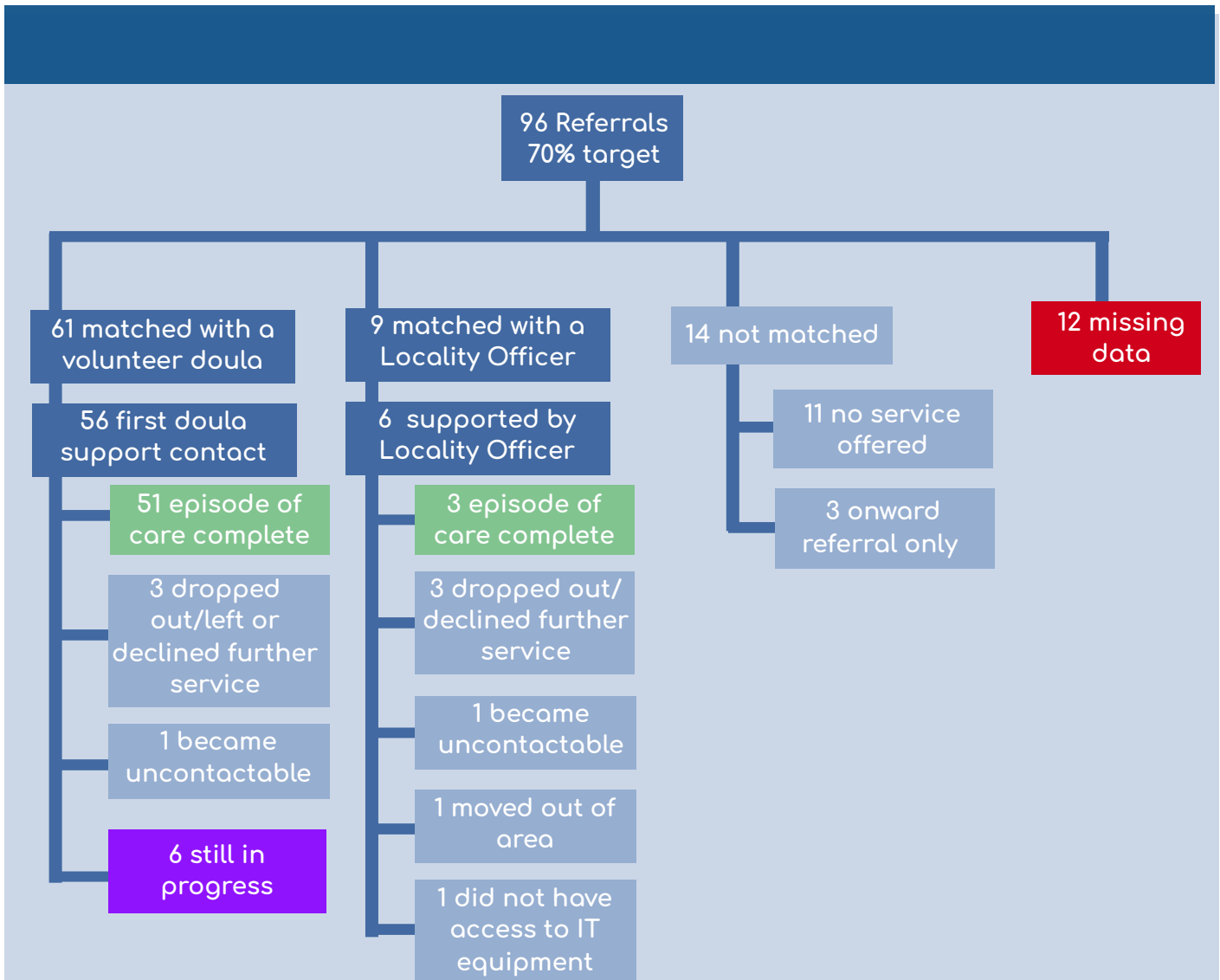
*Due the way the data has been entered in the Better Start Bradford Innovation Hub it has not been possible to confirm the number of responses in this period, however based on the data held it is impossible for the score for Y4 to be less than 100%.

Data



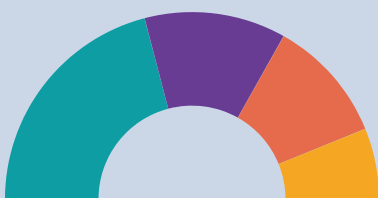
The project have worked to improve data quality, and we can see an improvement in the data coming through from SytmOne. However the volunteer data which has been a part of the data requirements from the start, has never been fulfilled to a good standard. This has had a great effect on the evaluation process for this reason the project are rated **AMBER** for data.

Participant Flow Diagram



Referral to service

Referral Source



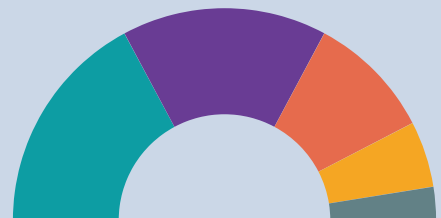
- Midwives (41.84%)
- BSB or associated project (24.49%)
- Other (21.43%)
- Self referrals (12.24%)

This data represents the 96 women referred to the service.

'Other' referral sources included, GPs and Health Visitors, housing, perinatal coordinators, and social services.

Two women were referred under more than one criteria. One woman was referred to the service twice.

Reason for referral



- Single mother, no support (34.34%)
- Other (31.31%)
- Asylum Seeker/Refugee/Recent migrant (19.19%)
- Mental health/PND (10.1%)
- Domestic abuse/safeguarding concern (5.05%)

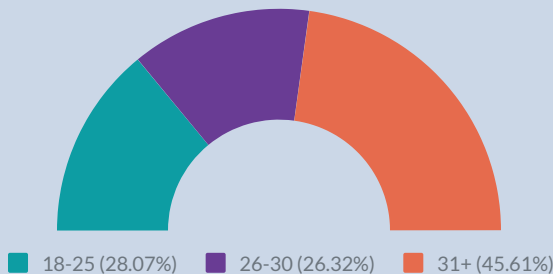
Participants

Demographics and language

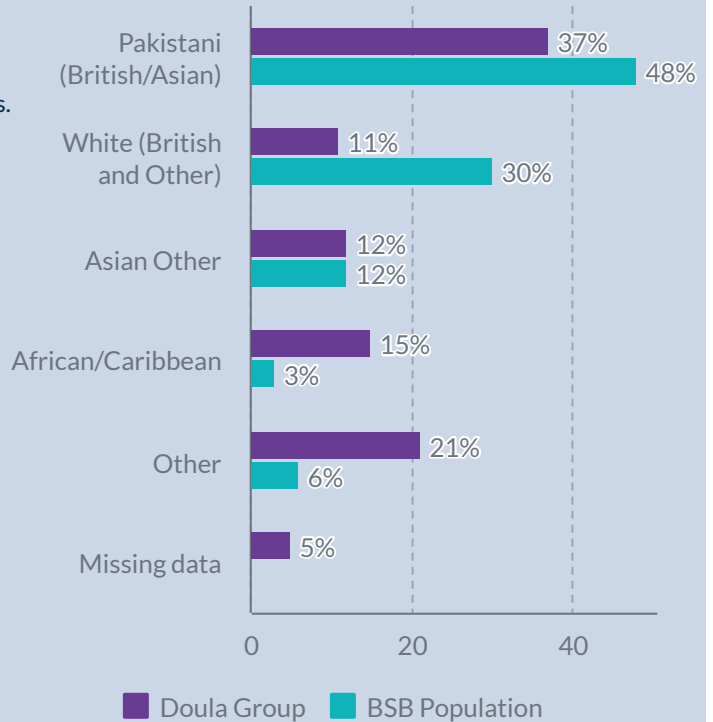
Here ethnicity of Doula participants is compared to the BSB population. Doula sees a high proportion of women from Black African / Caribbean ethnicity and from a range of other ethnicities.

54% of the women supported in this period had English as a main language, however 10 other main languages were spoken by participants with between 1 and 6 participants per language. 16% of women did not have a basic level of English and 11% of women were assessed as needing an interpreter.

Participant age

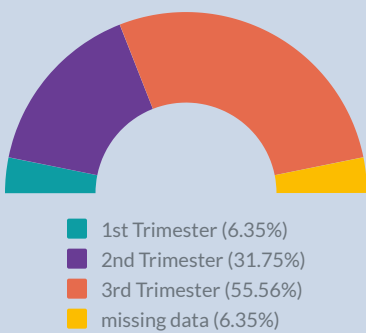


All the women who participated were aged between 18-45. 45% of women seen by a doula were aged >30.



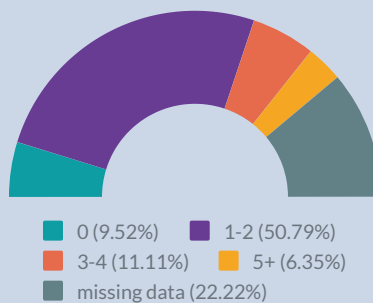
Current and previous pregnancies

Trimester on referral



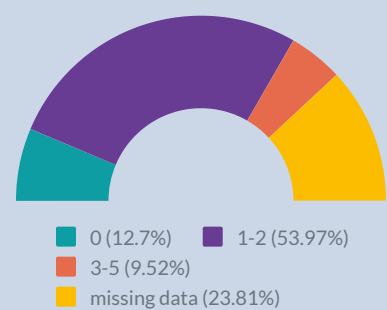
Most women were referred to Bradford Doulas in their 3rd trimester, most frequently in weeks 28-29 of pregnancy, although referrals were received as early as 6 weeks and as late as 38 weeks.

Gravidity



While most women had had 1-2 previous pregnancies some were on their first pregnancy and the maximum number of previous pregnancies was 11.

Parity



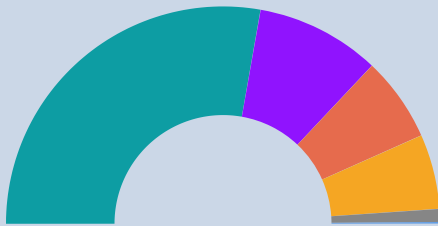
Most commonly women had one previous live birth. Five women were reported as having been supported for consecutive pregnancies meaning they were matched with a doula for two or more pregnancies.

Most participants, 76%, had no specific birth risks recorded. The listed risks could be broadly divided into housing/circumstances (such as risk of homelessness), a concern about the baby's health (such as an abnormality spotted on a scan), a concern about the mother's health (such as gestational diabetes), a difficult/caesarean birth previously, and Female Genital Mutilation.

Doula Support

Contact

Contact Method

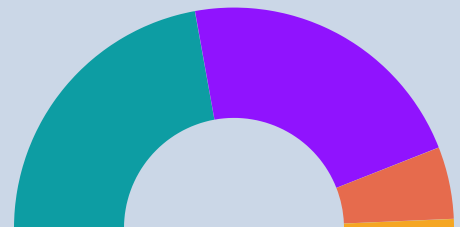


- Telephone (55.57%)
- Home visit (18.52%)
- Other Face-to-face (12.61%)
- Video call (11.14%)
- Accompanied to appointment (1.93%)
- Text (0.23%)

880 support contacts and 891 activities were recorded over the contract period as any contact may have involved one or more activities.

It is noted that there are 94 records of 'support during birth', these could have been via phone / video call, or face-to-face.

Activities

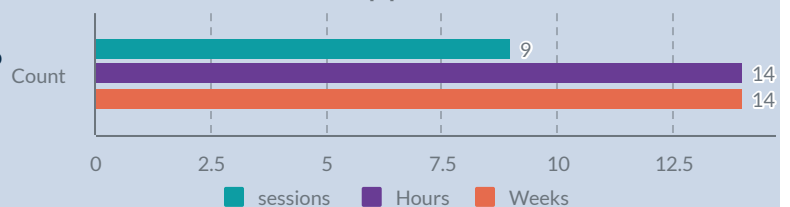


- Antenatal Contact (44.33%)
- Postnatal contact (43.77%)
- Support during birth (10.55%)
- Other (1.35%)

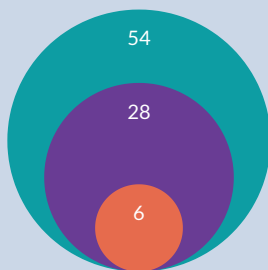
Most frequently women had 9 sessions with their doula typically receiving 14 hours of contact over 14 weeks. The range on all these measures was large, reflecting that some women were matched for consecutive pregnancies. sessions: 1-44; hours: 1-27; weeks: 1-92. In all, Doulas provided 571 hours (>23 days) of support to women.

Only 24 visits were recorded as cancelled with the vast majority of these being either cancelled by the woman (9) or reported as a no access visit (10).

Modal average sessions, hours, and weeks of support



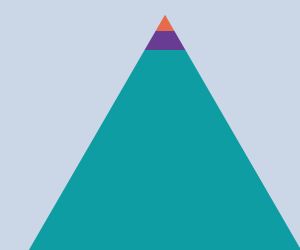
Attending labours



54 women recruited to the Doula project requested a doula be present during their labour, however during this contract period only 28 women are recorded as having had a doula attend their labour (61% of target), 6 women had neither a doula nor a birth partner recorded. This may be for a variety of reasons including lockdown restrictions, although there is no data to explore this possibility.

Endings and onward referrals

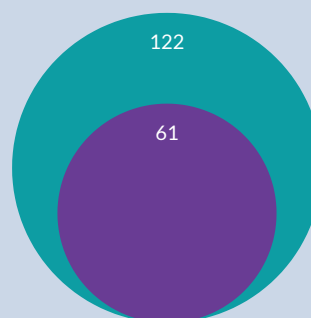
Recorded endings



- Episode of care complete (85%)
- Dropped out (8%)
- Other (7%)

Most 'others' dropped out or left and the remaining records include 'uncontactable', 'moved out of area', 'declined further service', 'does not have access to IT equipment', and 'pregnancy loss'.

Onward referrals



Bradford Doulas recorded 61 referrals onto 8 other Better Start Bradford projects and 122 referrals to nearly 30 other organisations or individuals with by far the most common one being the Gianna Project baby bank to which at least 28 women were referred.

Births and Breastfeeding

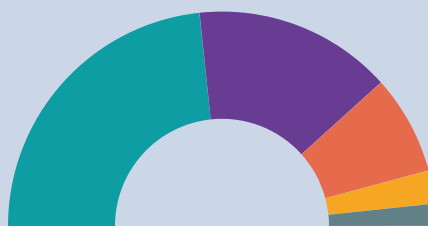
Labour

Birth Place



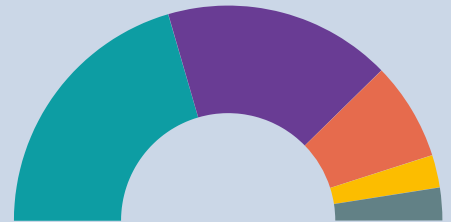
- Labour ward (78.69%)
- Birth centre (11.48%)
- Home (8.2%)
- Missing data (1.64%)

Birth Type



- Spontaneous (46.67%)
- Induction (30%)
- Caesarean (15%)
- Assisted (5%)
- Missing data (3.33%)

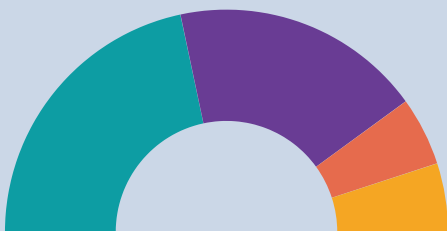
Pain Relief Used



- Gas and Air (40.98%)
- Epidural (34.43%)
- None/Other (14.75%)
- Pethidine (4.92%)
- Missing data (4.92%)

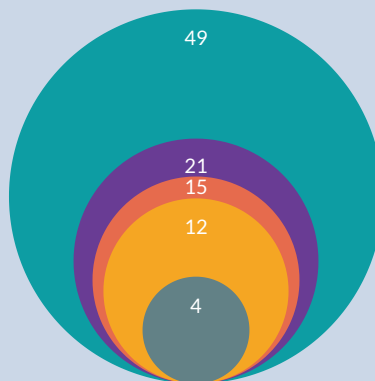
Experience

Who supported women during birth?



- Just Birth Partner (43.33%)
- Doula and Birth Partner (36.67%)
- Just Doula (10%)
- Neither (10%)

Birth Plans



49 had a birth plan
21 completely followed birth plan
15 partially followed birth plan
12 had no birth plan
4 missing data

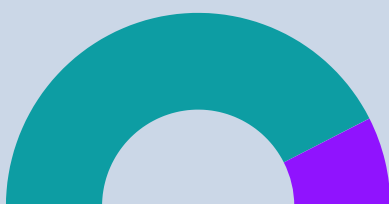
Birth Experience



- Positive (69.81%)
- Negative (20.75%)
- Not recorded (9.43%)

Postnatal

Skin-to-Skin

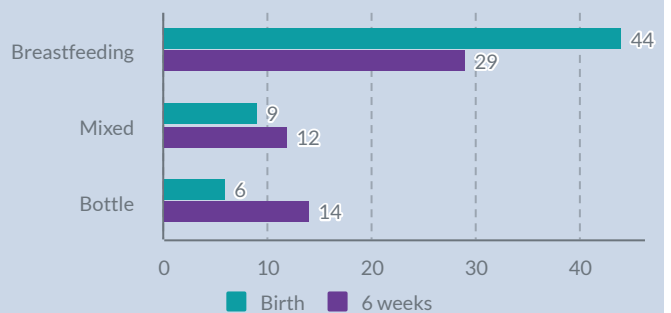


- Yes (85%)
- No (15%)

The majority of women had skin-to-skin contact with their baby/babies immediately after birth across all kind of birth and location.

Skin-to-skin data is missing for 1 woman and feeding data is missing for 2 women at birth and 6 women at 6 weeks.

Breastfeeding rates

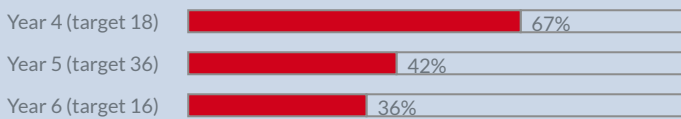


Volunteers and Staff

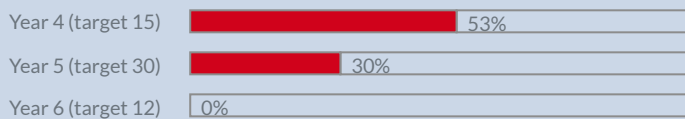
Recruitment and availability

Volunteer data has continued to be challenging throughout this contract period and this element of the evaluation is based on incomplete data, however it does include information up until the end of September 2022 and targets have been calculated accordingly.

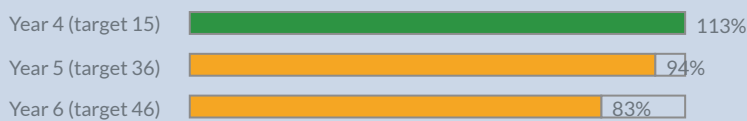
Initiated training



Completed training



Available doulas

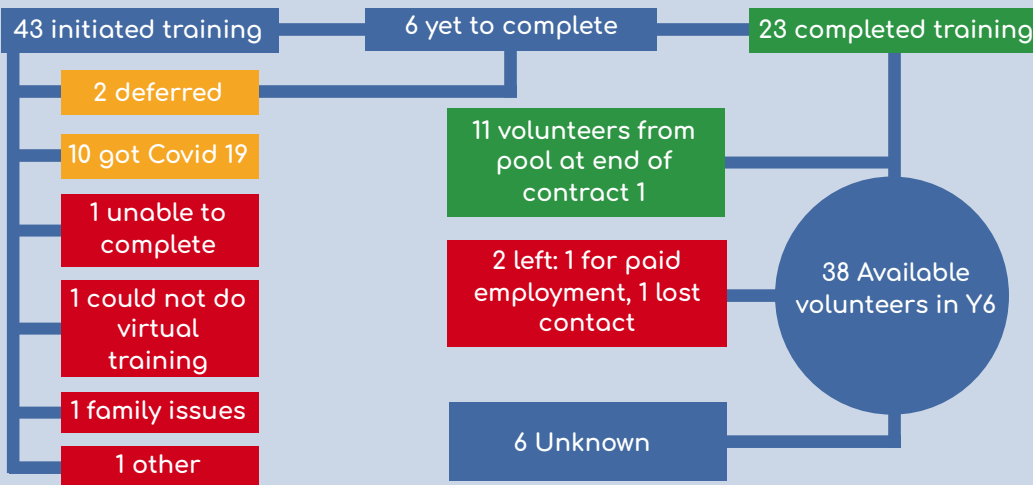


The project has continued to train and recruit doulas throughout this contract period, but has remained consistently below target. The six volunteers who have initiated training in Y6 are all due to submit portfolios, thus completing their training and becoming available doulas November-December 2022.

Current paid staff are:

- Project manager: 1
- Locality officers: 4
- Lead locality officers: 2
- Administration and monitoring officer: 1
- Recruitment officer: 0

Volunteer journeys



It is noted that nearly a quarter of potential volunteers were impacted by Covid 19.

Volunteer retention appears to be very high, with a loss of just 5% over the period. Common motivations for taking on the volunteer role include: progression into FE or employment; spare time; passion for supporting pregnancy; and giving back to the community. Volunteers are reported as highly valuing that the training is comprehensive and accredited.



Other/None (57.14%)
5+GCSEs/Equivalent (21.43%)
Bachelors (21.43%)

Other (51.16%) White (32.56%)
Pakistani (Asian/British) (16.28%)

Demographic data represents all those initiating training as no division for those completing was provided.

Satisfaction

What did women say about the support they received?



Data from 58 BSBIH Project Satisfaction questionnaires has been examined to produce this. For satisfaction data all the data available in the contract period (up until 30th September 2022) has been used.

100% of respondents had a median score of 4 or more

97%

of respondents agreed or strongly agreed that the project was helpful to them

97%

of respondents agreed or strongly agreed that they were satisfied with the support they received

96%

of respondents agreed or strongly agreed that the project gave them useful information

92%

of respondents agreed or strongly agreed that the project was easy to access

99%

of respondents agreed or strongly agreed that they would recommend the project to family or friends

97%

of respondents were happy with the project overall

It was a beautiful and great experience and the support provided to me is more than I imagined and I felt and they were my family by my side.

I was so worried about covid and being alone... Having her help was so reassuring, it really helped me at a time where I felt very isolated and alone.

I needed the support more than I realised and they were fantastic. Would highly recommend!!

There were 23 positive comments provided and only 2 negative comments, these are provided for detail.

My doula was not available all the time due to working, so sometimes I had to do things on my own when I expected the doula to be there with me to support me

I was referred during pregnancy and was told that I would see a doula from 32 weeks pregnant, I did not meet a doula until my baby was born [early] and was one week old.