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The Impact of Doula-Supported Care on Stress Levels of Women Receiving Opioid Addiction Treatment

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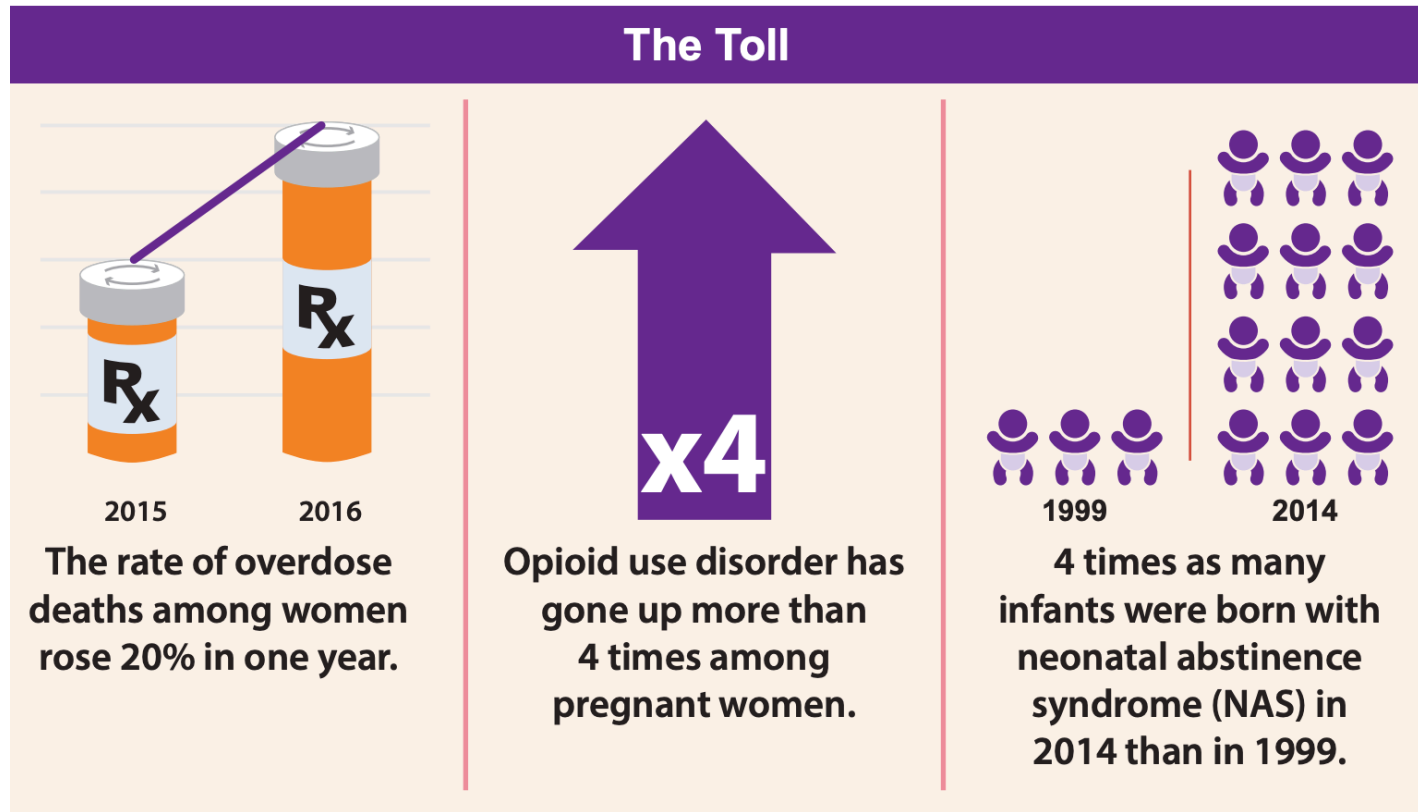
Doula Care Services in Population of Pregnant and Parenting Women in Drug Treatment for Opioid Use Disorder

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Disclosures and Acknowledgements

- None

Introduction



CDC, 2020

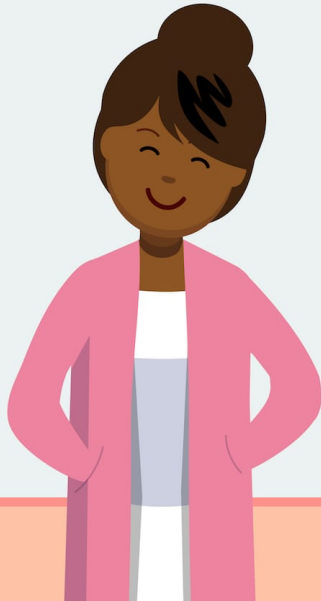
Introduction

- Maternal drug abuse is a known risk factor for parenting stress and depression
 - Bagner et al. 2009; Liles et al. 2012
- Postpartum depression (PPD) is extremely prevalent in women diagnosed with substance abuse disorder
 - Less capable to care for their infant and negatively impacts child-mother bonding
 - 43% of women with substance abuse disorder were diagnosed with PPD, compared to the 15% of the general population
 - Holbrook et al. 2012; Righetti-Veltema et al. 2002; Milgrom et al. 2006; Beck et al. 1961



Introduction

What is a DOULA?



SUPPORT THROUGHOUT PREGNANCY & DELIVERY

Doulas are professional birth coaches who provide emotional, informational, physical, and mental support to women during the prenatal, birth, and postpartum periods.

Doulas do not provide medical care, but they are extraordinarily knowledgeable about childbirth. Their major role is to provide necessary support to the mother leading up to and during childbirth. There are also specific types of doulas, such as Antepartum Doulas, who assist women who are having a high-risk pregnancy or are on bed rest during pregnancy, and Postpartum Doulas, who assist women during the postpartum periods.

Reiter & Walsh, PC
abclawcenters.com



- Doula-supportive care has been shown to have physical benefits such as a reduction in cesarean deliveries and the need for pain medication
 - Bohren et al. 2017
- Provide a psychological benefit to their patients.
 - Gordon et al. 1999; and Hodnett et al. 2002

Objectives

- Objective: To explore the effect of doula-supported services on parenting stress and postpartum depression in women in drug rehabilitation.
- Hypothesis: Women who opt into the MATER doula program will report lower levels of stress and postpartum depression than the women who do not opt into the program.

Methods

The screenshot shows the Jefferson University Hospitals website. The top navigation bar includes links for Patients & Guests, Our Locations, News, and Classes & Events. Below this is a menu with options: Home, Find a Doctor, Diseases & Conditions, Tests & Treatments, Departments & Services, Quality & Safety, and About Us. A prominent blue button says 'REQUEST AN APPOINTMENT' and a red button below it says 'CALL 1-800-JEFF-NOW'. The breadcrumb trail reads 'HOME > DEPARTMENTS & SERVICES > MATER'. The main heading is 'Maternal Addiction Treatment Education & Research (MATER)'. A sidebar on the left lists: MATER, Office Locations, Programs & Services, Comprehensive Care Services, Frequently Asked Questions, and Support MATER. The main text states: 'MATER is a program in the Department of Obstetrics & Gynecology at Thomas Jefferson University Hospitals, and includes the Sidney Kimmel Medical College departments of OB/GYN, Pediatrics and Psychiatry.' Below this is a photograph of a woman holding a child's hand. A final line of text reads: 'When you're part of our programs, you will have access to internationally and internationally recognized treatments. It will start when you meet with a MATER'.

- **MATER**
 - Treatment center for opioid use disorder
 - Implements trauma-informed, mindfulness-based care
 - In the Department of Obstetrics & Gynecology at Thomas Jefferson University
 - Includes the Sydney Kimmel Medical College departments of OB/GYN, Pediatrics and Psychiatry
- **Target Population:**
 - Women who are in treatment with MATER for opioid use disorder
 - Women are recruited from Montair or right from the ER

Methods

- Doulas connected clients with resources to assist them with...
 - Breastfeeding support
 - Resume development
 - Transportation to prenatal and pediatric appointments
 - Emotional support
 - Education about pregnancy concerns and labor
 - Involvement with DHS
 - Housing assistance
 - Physical resources (cribs, bassinets, diapers, clothing)
- Engagement was both virtual and in-person depending on the participant's comfort level (due to COVID19)

Methods

Edinburgh Postnatal Depression Scale (EPDS)

Patient Label

Mother's OB or Doctor's Name: _____

Doctor's Phone #: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today*. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *call your health care provider regardless of your score*.

Below is an example already completed.

I have felt happy:
 Yes, all of the time (0)
 Yes, most of the time (1)
 No, not very often (2)
 No, not at all (3)

This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.

7. I have been so unhappy that I have had difficulty sleeping:
- Yes, most of the time (3)
 Yes, sometimes (2)
 No, not very often (1)
 No, not at all (0)
8. I have felt sad or miserable:
- Yes, most of the time (3)
 Yes, quite often (2)
 Not very often (1)
 No, not at all (0)



10 screening questions that can indicate if a parent has symptoms that are common in women with depression and anxiety during pregnancy and following the first year of motherhood

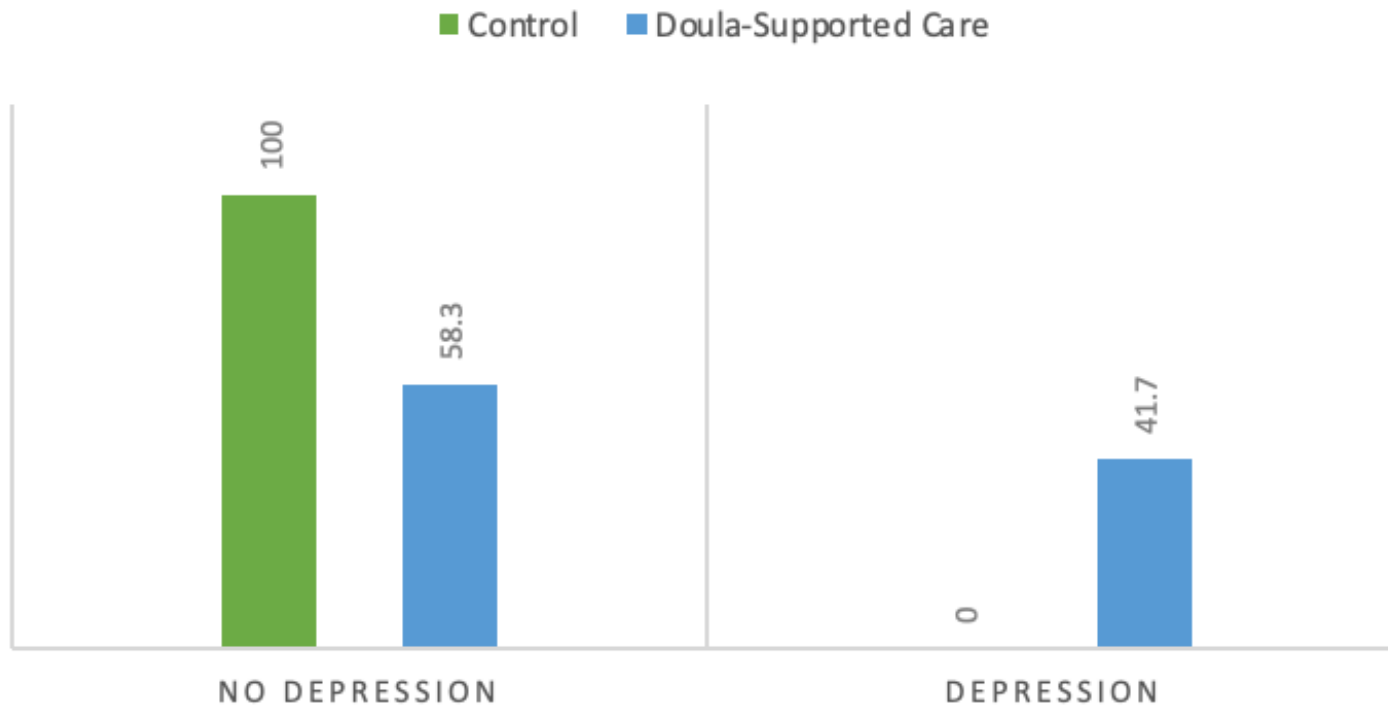
36 items with subscales of parental distress, parent-child dysfunctional interaction and difficult child

Methods

- Qualitative interviews
- Currently 33 participants with enrollment continuing through June
- Analysis
 - Quantitative → comparison of Edinburgh Depression Scale scores, subscales of the PSI as well as overall PSI score
 - Qualitative → coding and analysis on the interviews

Results

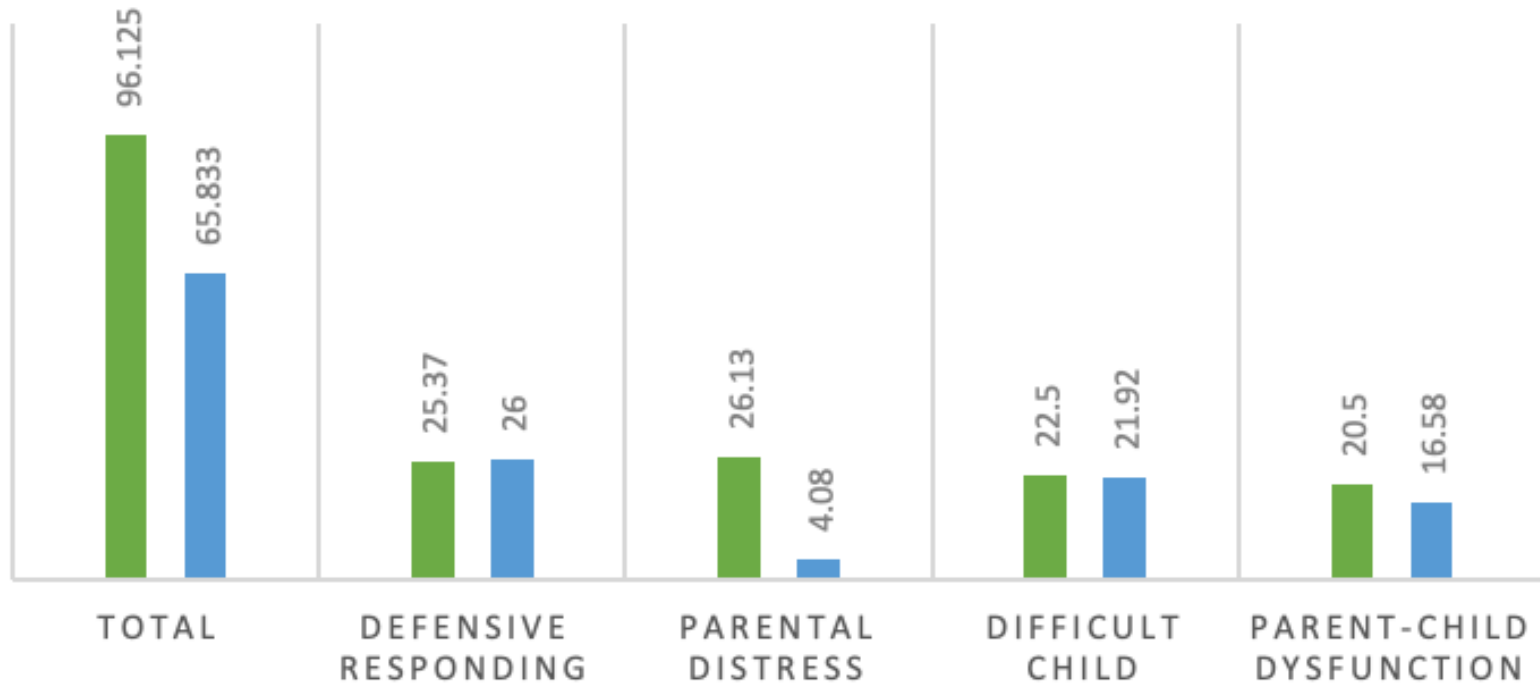
EDINBURGH DEPRESSION SCORES



Results

PARENTING STRESS INDEX

■ Control ■ Doula-Supported Care



Preliminary Interview Data

- Doulas offered non-judgmental support of their client
 - Significant considering the stigma felt by this population
- Doulas acted as a health liaison during the labor and delivery by advocating for the client and her birth plan
- All clients planned on continuing to work with their doula as long as possible (funding is up to one year)

Conclusion

- Depression may be lower in women who do not use a doula
 - Possible selection or recall bias
- Use of a doula reduces parenting-related stress
 - Less overall stress and less parent-child dysfunction
- Limitations
 - Follow-up is through 3 months post-partum
 - COVID-19
 - Cancelled certain measurements (ex: parent-child attachment style observations)
 - Not all mothers received the same method of doula care

Conclusion

- Data suggests that the implementation of doula-supported care may positively benefit women in substance abuse rehabilitation by reducing parenting-related stress
- Results from this study will aid in the development of future grant proposals to study the impact of doula care services, as well as provide additional funding for the doula program
- Future exploration may aim to identify *specific* parenting stressors that doulas can mitigate

Timeline

- Now - June: Continue enrollment and data collection.
- Now- April: Code and analysis of interviews. Plan to submit manuscript on “Maternal Perceptions of Receipt of Doula Care Services”.
- Summer 2021: Analysis on larger data set around the effect of doula engagement on recovery retention, effect of doula engagement on maternal child birth outcomes, and impact on maternal doula care services on maternal-child dyad relationship.

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Questions?



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