

# An investment in perinatal health equity

# **Birth for Humankind Investment Proposal**

May 2024

#### 1. About Birth for Humankind

Birth for Humankind (BFH) is the only provider of community-based doula support and training in Victoria. BFH aims to help reduce barriers for women and gender diverse people created by systemic discrimination and disadvantage during pregnancy, labour and birth, early parenting and when accessing abortions. With a distinctive and focused service model, and through broad sector collaboration and advocacy, BFH has established itself as a leader in the delivery of this evidence-based continuity of maternity support model. Our knowledge and expertise would be critical in the expansion of the model's reach and impact across Victoria.

2. <u>The Evidence Base - The role of community-based doulas in the perinatal period for priority populations</u>

National and international research shows that continuity of care/support<sup>1</sup> models, and specifically community-based doula support, can support better birth and early parenting outcomes and experiences, including maternal-child attachment, higher confidence/agency during pregnancy and early parenting and knowledge and connections in the postnatal period. This is especially beneficial for women and gender diverse birthing people who have previous experiences of trauma and are socially or systemically marginalised.<sup>2,3</sup>

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<sup>&</sup>lt;sup>1</sup> Continuity of care/support refers to consistent access to the same health professional, or group of health professionals, throughout the maternity experience. This approach is recognised by the World Health Organization (WHO) as evidence based best practice in maternity care as it contributes to better birth experiences, and better maternal child health outcomes across the lifespan. To differentiate from clinical care, BFH refers to 'continuity of support', which is used to describe the personalised support provided by non-clinical professionals, such as doulas.

<sup>&</sup>lt;sup>2</sup> O'Rourke, Kerryn, Jane Yelland, Michelle Newton, and Touran Shafiei. 2022. "How and When Doula Support Increases Confidence in Women Experiencing Socioeconomic Adversity: Findings from a Realist Evaluation of an Australian Volunteer Doula Program." Edited by Sharon Mary Brownie. PLOS ONE 17 (6).

<sup>&</sup>lt;sup>3</sup> Khaw, Sarah Min-Lee, Rana Islamiah Zahroh, Kerryn O'Rourke, R Dearnley, Caroline Homer, and Meghan A Bohren. 2022. "Community-Based Doulas for Migrant and Refugee Women: A Mixed-Method Systematic Review and Narrative Synthesis." BMJ Global Health 7 (7).



Community-based doula support can enhance overstretched public maternity services and play an important role in mitigating the effects of the social determinants of health and reducing barriers faced within the health system. A recent academic paper exploring culturally responsive maternity care also found that BFH doulas and clinical maternity providers often formed positive, collaborative relationships that enhanced the support provided to clients.<sup>4</sup>

### 3. Birth for Humankind's Service Model

BFH's continuity of support model complements clinical care provided in the public maternity system and centres trauma-informed, culturally sensitive practice. Our doulas promote health system navigation and engagement and provide support for clients to build capacity, confidence and knowledge for informed decision-making – so they can experience the best outcomes for themselves and their child. Embedded in the model is a comprehensive intake and assessment process and specialist staff with expertise in supporting the provision of trauma-informed support, workforce supervision and client case management. Importantly, BFH's unique role in case management is to provide a tailored outreach service that responds to the cultural and social needs of clients at one of the most vulnerable and challenging times in their lives.

Last year, 69% of all BFH referrals came from staff at public maternity hospitals in Melbourne, with further referrals from community, social support and family violence service providers or self-referrals.

In 2023, BFH commenced a pilot that introduced employed doulas into their workforce, to support people with shared lived experiences of our clients to transition into paid employment. The pilot outcomes led BFH to establish a program delivery model that includes volunteer and paid doulas and provides greater capacity to meet service demand. The pilot evaluation report is available on request.

BFH's broader process and impact data collection is informed by a multi-modal monitoring, evaluation and learning (MEL) process and supported by robust quality governance processes.

<sup>&</sup>lt;sup>4</sup> Khaw, Sarah, Caroline Homer, R Dearnley, Kerryn O'Rourke, Shahinoor Akter, and Meghan A Bohren. 2023. "Collaborative Relationships between Doulas and Maternity Care Providers When Supporting Migrant Women during Labour and Birth." Midwifery, August, 103791-91.



#### 4. Service Delivery and Client Profile

BFH provides services to clients in greater Melbourne. All clients meet an eligibility criteria, which includes economic disadvantage and at least one other form of social disadvantage.

#### In Financial Year 2022-2023:

- 81% had no other birth support person
- 76% were experiencing/at risk of perinatal mental health issues
- 73% had experiences of family violence, trauma or abuse
- 36% had a primary language other than English
- 22% were experiencing or at risk of homelessness
- 22% were under 25.

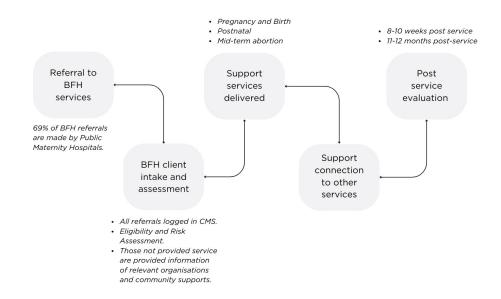


Figure 1: BFH Client Journey Map

Each year, BFH provides approximately 120 doula support services to 100 clients.<sup>5</sup> Due largely to the resource and capacity restraints of a majority volunteer workforce, BFH do not actively seek referrals; despite consistent demand, BFH only have

<sup>&</sup>lt;sup>5</sup> Some clients may access more than one service, for example full birth support and full extended postnatal support, hence more services are provided than clients.



capacity to provide services to ~70% of clients referred. Given BFH is the only service to provide such comprehensive support, it is reasonable to suggest that clients BFH cannot support will not receive specialist support with a focus on personal capacity/confidence building, system navigation and continuity of support.

With the support of philanthropic funding partners, BFH has been delivering these life-changing services for 10 years. With increasing costs and demand for services, greater investment is required for BFH to sustain its vital contribution to the Victorian community and health system.

#### 5. Investment Ask

BFH is seeking investment in core service delivery to ensure we sustain (with a strategic intent to increase) service delivery capacity and continue providing trauma-informed and culturally sensitive perinatal support to priority populations across greater Melbourne.

BFH Budget (FY 2025)	
BFH core service delivery	
Program delivery	\$708,192
Personnel, Operations and Management	
Funding Sources	
<ul> <li>Secured funding through philanthropic funding partners</li> </ul>	\$365,000
Other income	\$71,000
Government Investment Ask	\$272,192

#### 6. <u>Impact of investment</u>

- Continued delivery of doula support services to priority populations.
- Strengthen BFH's existing relationships within the health and social support sectors to scale service model into new locations and settings, where priority populations are often overrepresented.
- Support the implementation of the Victorian Women's Sexual Reproductive Health Plan 2022-2030, particularly across priority areas focusing on improving access, health outcomes and workforce capacity.
- Recognition and representation of lived experience in perinatal support models through a supported employment pathway.



## Contact us

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