Better Start Bradford Innovation Hub

Bradford Doulas Final Report September 2024

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford and Bradford Doulas. The document provides an overview of 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.

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Produced for Better Start Bradford

Better Start Bradford Innovation Hub

Bradford Doulas

September 2024

Executive Summary

Project Background

Pregnancy, labour, and the postpartum period can be a challenging time when women need additional emotional and practical support. This can particularly be the case for vulnerable women, including, but not limited to, those experiencing social isolation, recent arrivals in the UK, and women who have had previous traumatic birth and other experiences. Bradford Doulas aims to address this need by delivering practical and emotional support to pregnant women six weeks before the birth, during labour, and six weeks after the birth, through highly trained and accredited volunteers.

The project aims to support women to have a positive pregnancy and birth experience and to access other support services where needed. Service users are usually considered to be vulnerable with limited or no support network. However, within the Better Start Bradford offer the project is considered universal for women over 16 years of age. Women are assessed by the project's Locality Officer (and project manager if it is a high risk case) and then supported on a weekly basis by a trained volunteer Doula, or in some cases directly by the Locality Officer. Weekly visits last up to 2 hours maximum with the intention that women receive an average of 30 hours support.

Bradford Doulas was commissioned by Better Start Bradford to deliver the service to women in the Better Start Bradford area between April 2017 and 31st March 2024. This document reports findings of the BSBIH implementation evaluation using data collected by the project across this delivery period.

Evaluation Aims

The aim of this evaluation is to provide a clear picture of project delivery, including recruitment, implementation, reach, and satisfaction of families supported by the project. This includes assessing whether the project inputs, outputs and activities are in line with the Logic Model. It also sets out to understand more about the support provided to families, as well as where families are referred on to. Finally, it aims to describe volunteer engagement with the project.

Key Findings

Recruitment

196 women matched

Recruitment refers to the number of women matched with a volunteer Doula/Locality Officer by the project. It was anticipated that that the project would match 423 women over the evaluation period. The project recorded 196 unique women matched which is 46% of the anticipated number.

Implementation

133 active volunteers

The project aimed to maintain a sufficient pool of volunteers to support anticipated numbers of women across the life of the project. Targets for this varied year on year. Overall, 133 volunteers supported women over the evaluation period.

Satisfaction

Satisfaction was measured via a project questionnaire.
It was anticipated that 95% of respondents would have a median score of 4 or more.
134 women responded (68% of those supported).
100% had a median score >4 suggesting high levels of satisfaction with the service

Better Start Bradford Innovation Hub

Bradford Doulas

September 2024

Executive Summary

Key Findings

Recruitment

- Across the evaluation period, the project consistently struggled to achieve the anticipated number of referrals, which meant rates of recruitment into the project were lower than expected.
- However, 94% of referrals were accepted, suggesting that referring organisations had a good understanding of eligibility for the service
- Around 25% of accepted referrals disengage or decline service before receiving support which is comparable with other projects

Reach

- From the available data, women recruited by the project are representative of those of Asian and Asian British Pakistani and White British backgrounds, but under representative of those of White Other backgrounds. Nearly a third of supported women are from other backgrounds which may reflect the proportion of referrals recorded as recent migrants or asylum seekers (24%).

Support

- It was anticipated that 50% of women would receive support from a Doula during labour and or birth. Data suggests around 44% of women received support during birth, just below target
- The vast majority of supported women have planned endings to their support with few women leaving the service once support has started. Remaining engaged with the project suggests women value to the support they receive
- The proportion of onward referrals made to Baby banks, Food banks, and services for women who are vulnerably housed or experiencing domestic violence suggests a number of women supported by the project are experiencing a range of complex needs

Volunteers

- A significantly higher proportion of volunteer Doulas are of White British ethnicity (33%) than we see amongst supported women and the wider Better Start Bradford population. While Asian and Asian British women are well represented, all other backgrounds are under represented.

Recommendations

Recommendations for practice

- As levels of referrals never reached anticipated numbers, strengthening existing referral pathways and exploring new ones should be considered
- Continued efforts should be made to ensure recruited volunteer Doulas are representative of the women the project aims to support. This may help to increase representation within supported women
- Data capture procedures should be reviewed on a regular basis to ensure complete data capture

Recommendations for evaluation

- Further improvements are needed to data to support any future evaluation. Future evaluation could focus on:
  - exploring barriers and facilitators to supporting women during labour and birth
  - exploring barriers to engaging those of a White Other background (both women and volunteers).

Project background

About Bradford Doulas

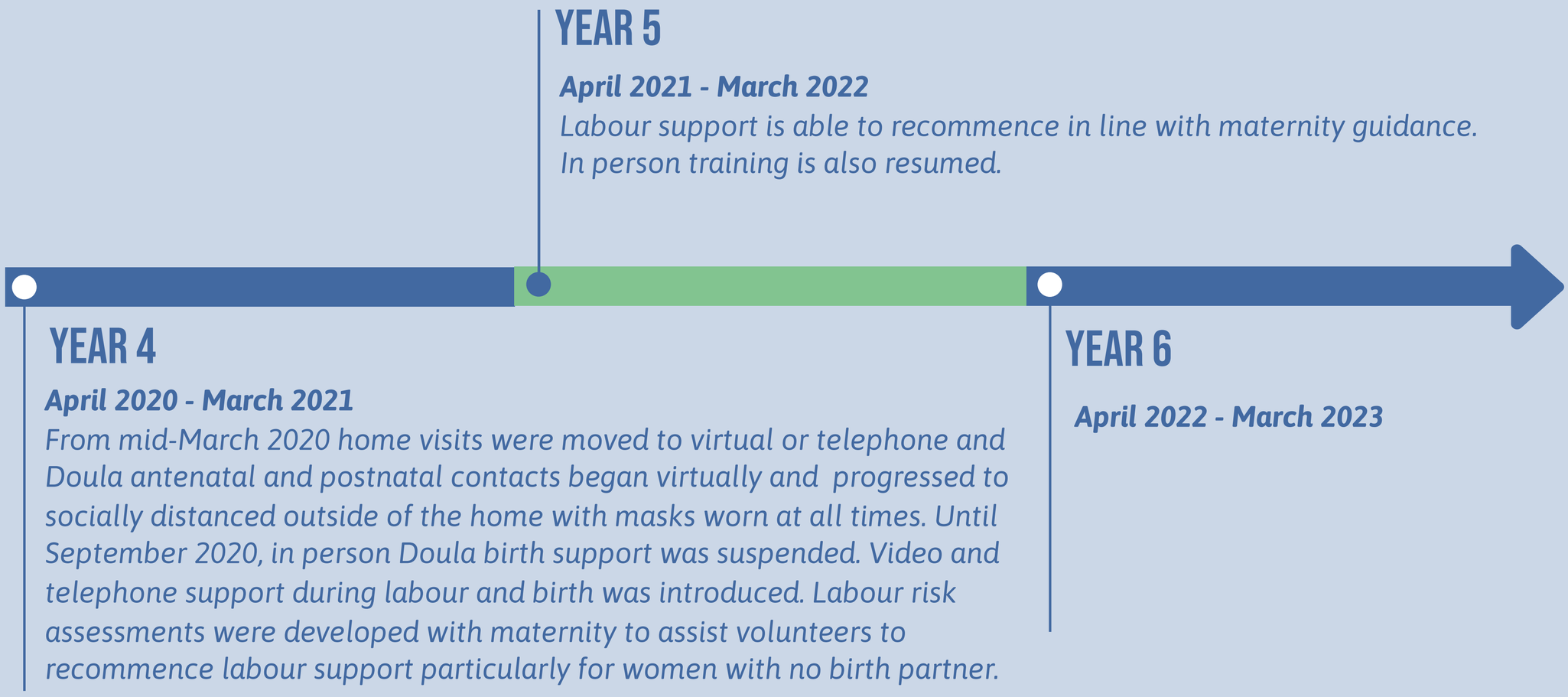
Pregnancy, labour, and the postpartum period can be a challenging time when women need additional emotional and practical support. This can particularly be the case for vulnerable women, including, but not limited to, those experiencing social isolation, recent arrivals in the UK, and women who have had previous traumatic birth and other experiences. Bradford Doulas aims to address this need by delivering practical and emotional support to pregnant women six weeks before the birth, during labour, and six weeks after the birth, through highly trained and accredited volunteers.

The project aims to support women to have a positive pregnancy and birth experience and to access other support services where needed. Service users are usually considered to be vulnerable with limited or no support network. However, within the Better Start Bradford offer, the project is considered universal for women over 16 years of age. Women are assessed by the project's Locality Officer (and project manager if it is a high risk case) and then supported on a weekly basis by a trained volunteer Doula, or in some cases directly by the Locality Officer. Weekly visits last up to 2 hours maximum with the intention that women receive an average of 30 hours support.

A review of the evidence for Doulas completed in 2017, concluded that there is evidence to suggest that support from Doulas during labour can have positive affects on birth outcomes and experiences. There is also some evidence that support from Doulas in the postnatal period can have positive affects on maternal mental health, the parent-child relationship, and breastfeeding. Despite good evidence for Doulas as an intervention, the relatively low numbers of women supported by the project and significant data issues during the first few years it has not been possible to evaluate the effectiveness of Doulas in the Better Start Bradford area. The project was identified by BSBIH as suitable for an implementation evaluation to build understanding of delivery and engagement in the Better Start Bradford area. This report describes findings from the implementation evaluation using data collected between April 2017 and March 2024.

The Impact of COVID-19

As for many Better Start Bardford projects, the impact of COVID-19 on Bradford Doulas was significant, affecting every area of their work, with particular challenges in providing support to women during labour and birth.



Evaluation

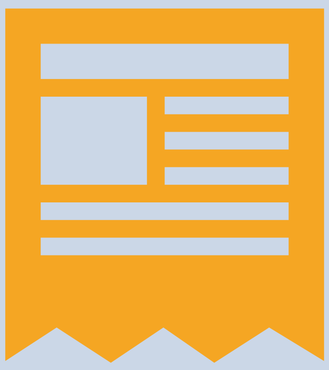
Aims of the evaluation

BSBIH identified the Bradford Doulas as a project that was suitable for an implementation evaluation, with the aim of summarising project delivery, implementation of services, fidelity, reach and engagement of women. This evaluation wanted to help establish whether the project's logic model could be demonstrated in action or whether changes to the project were necessary.

It also aimed to assess and report on several key measurable outcomes for women who had been supported by a doula: maternal satisfaction with doula, percentage of women who had caesarean sections, percentage of women who had epidurals, percentage of women who had an instrumental birth, pre- and postnatal attachment levels, breastfeeding rates at birth, breastfeeding rates six weeks after birth, engagement levels with services offered by doulas and maternal wellbeing levels. This evaluation also included the degree to which doulas help women make an informed choice about their care/treatment.

Lastly, this evaluation aimed to explore the level of engagement from project volunteers.

Data quality



During the first contract, Bradford Doulas worked closely with BSBIH in an attempt to overcome a number of challenges brought about by the lack of a suitable database. The introduction of a new database did not resolve all of the issues, including missing and erroneous data which presented significant difficulties in reporting.

The project continued to work closely with BSBIH to improve data quality, and since moving to SystmOne (April 2021) improvements have been observed. However, data relating to volunteers, which sits outside of SystmOne has never been well completed and has hindered this element of the evaluation.

Evaluation Findings

Recruitment

Were anticipated numbers of women recruited to the project?

Referrals

It was anticipated that 604 women would be referred into the project across the entire delivery period. The project recorded 340 referrals over the life of the project and these related to 334 unique women. 6 women had multiple referrals which related to more than one pregnancy.

Referral numbers did not meet anticipated levels, with the exception of Year 4 when the target was exceeded (55 referrals vs an anticipated target of 33). It is worth noting that the annual anticipated figures for referrals were not fixed and varied from year to year, ranging from 30 in Year 1 to 141 in Year6. The number of referrals received by the project did increase year on year until Year 5 and then remained reasonably stable.

Overall, the project achieved 56% of the anticipated number of referrals. Figure 1 shows performance year on year.

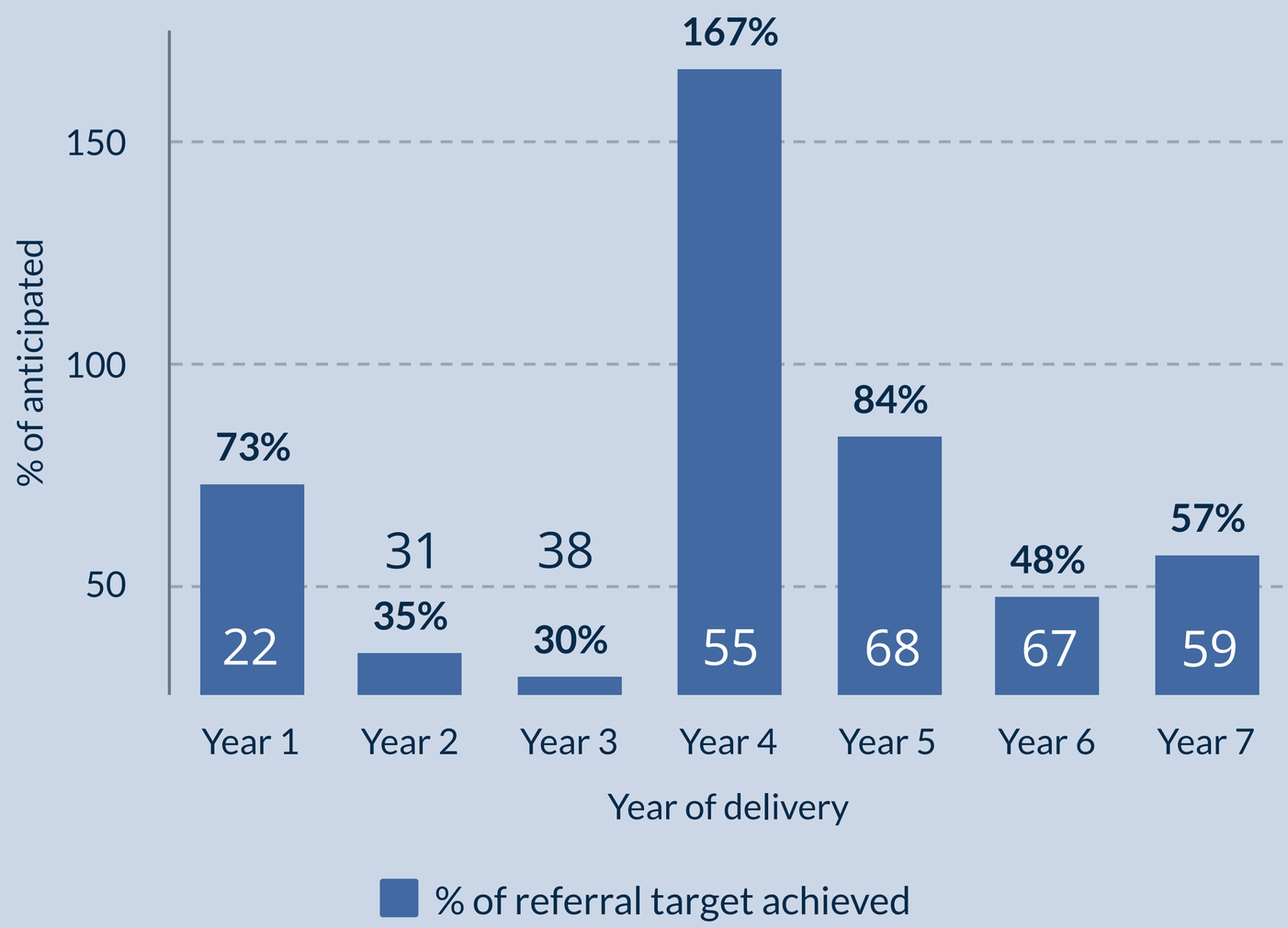


Figure 1. % of anticipated referrals achieved

Of the 334 women with referrals, 319 (94%) were recorded as accepted.

A further 15 women's referrals were recorded as not accepted. The most commonly recorded reason was that the referral was inappropriate (47%). Other reasons included that the referral was withdrawn, that the service was refused by the referral, or that support was not required.

334 unique women were referred

56% of anticipated referrals received

94% of referrals recorded as accepted

Evaluation Findings

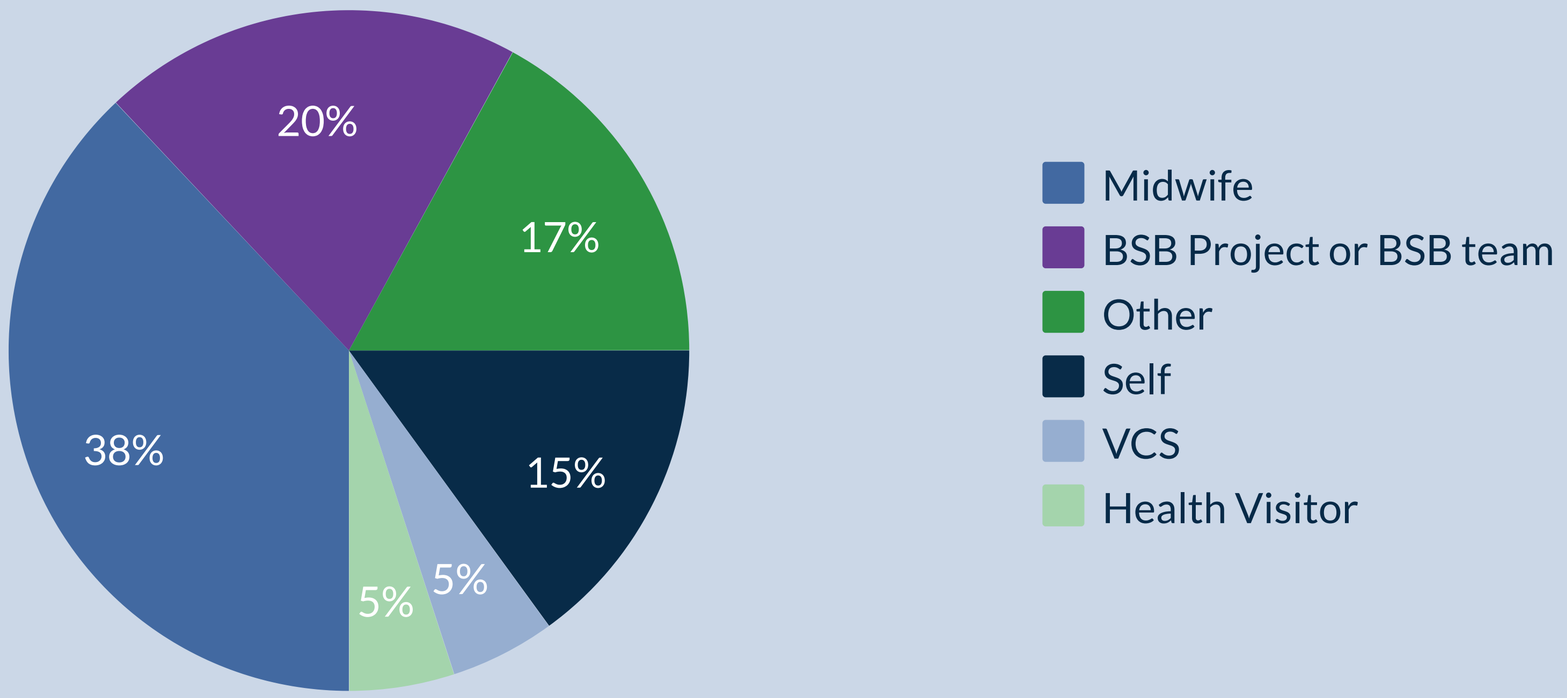
Recruitment

Where did referrals come from?

Of the 340 referrals received, referral source was recorded for 335. Referrals came from a diverse range of sources from across the system suggesting the project is well-known to a wide variety of referrers. For reporting purposes we have grouped referral sources to create categories so as to avoid accidental identification of referrals.

As might be expected, the most common referrers were midwives, accounting for 38% of referrals. Better Start Bradford projects (which includes the Perinatal Project Administrators and BiBBS) and the BSB Family and Community Engagement team accounted for another 20% of referrals. 15% of referrals were made by women themselves. Voluntary and community sector projects (VCS), which included those supporting women with homelessness and domestic violence, made 5% of referrals and Health Visitors made a further 5%. Other referral sources included Children Centres and Family Hubs, Social Care, GPs and other healthcare workers, and Community Workers amongst others. Figure 2 shows each referral source category as a proportion of all referrals made.

Figure 2: % of referrals by source



Why were women referred?

Reasons for referral were recorded for 329 women. Women were referred for a variety of reasons across the duration of the project shown below.

It was noted that the number of referrals recorded as having an 'Other' reason increased markedly from year 4 onwards.

Referral Reason	Number of referrals (%)
Single mum	87 (26%)
Experiencing mental health difficulties	51 (16%)
Recent arrival as a migrant	41 (13%)
Asylum seeker	32 (10%)
Experiencing domestic abuse	24 (7%)
Other	94 (29%)

Evaluation Findings

Enrolment

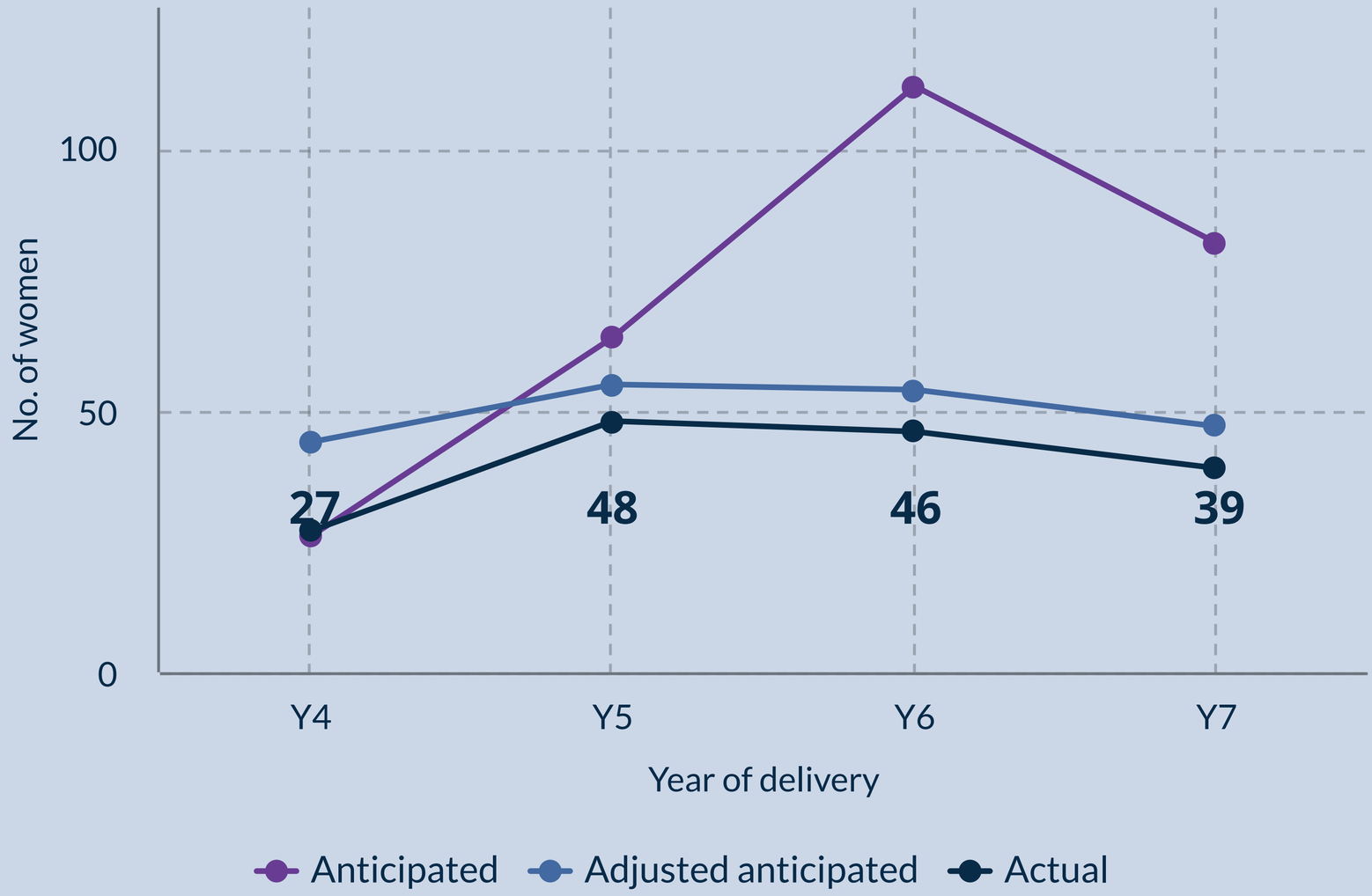
How many women received an initial assessment visit?

Enrolment in the project is defined as having received an initial assessment visit. These visits are undertaken by the Locality Officer and are an opportunity to complete a risk assessment with women and determine the most appropriate support offer.

Across all years, 233 women were recorded as having an initial assessment visit, representing 73% of those with an accepted referral.

Anticipated figures for enrolment were not introduced until Year 4 and were based on 80% of the anticipated number of referrals going on to enrol. Given that for most years the anticipated number of referrals were not received, we have included adjusted targets alongside actual in the figure below. Overall, for Years 4-7, 62% of referrals went on to enrol.

Figure 3: No. of women receiving initial visit (anticipated vs actual)

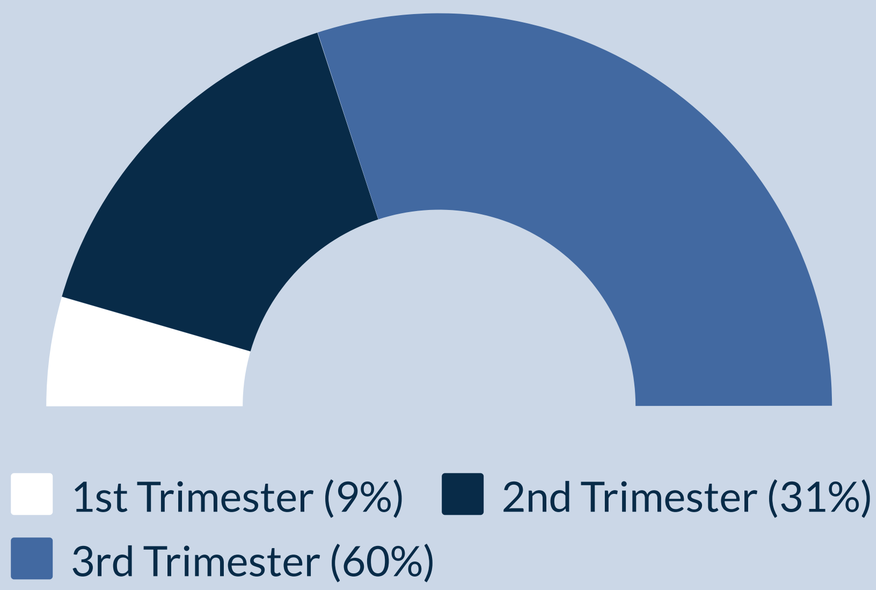


233

women had an initial assessment visit

What was the outcome of initial assessments?

Figure 4. % of assessed women by trimester at referral



Timing of access

Of those assessed by the project, 205 had data recorded that allowed us to determine pregnancy trimester at the point they accessed the service.

The vast majority were referred into the project in the third trimester (60%) with nearly a third accessing support in the second trimester of pregnancy (31%).

Very few women were referred during their first trimester.

Evaluation Findings

Enrolment

What was the outcome of initial assessments?

Support requested

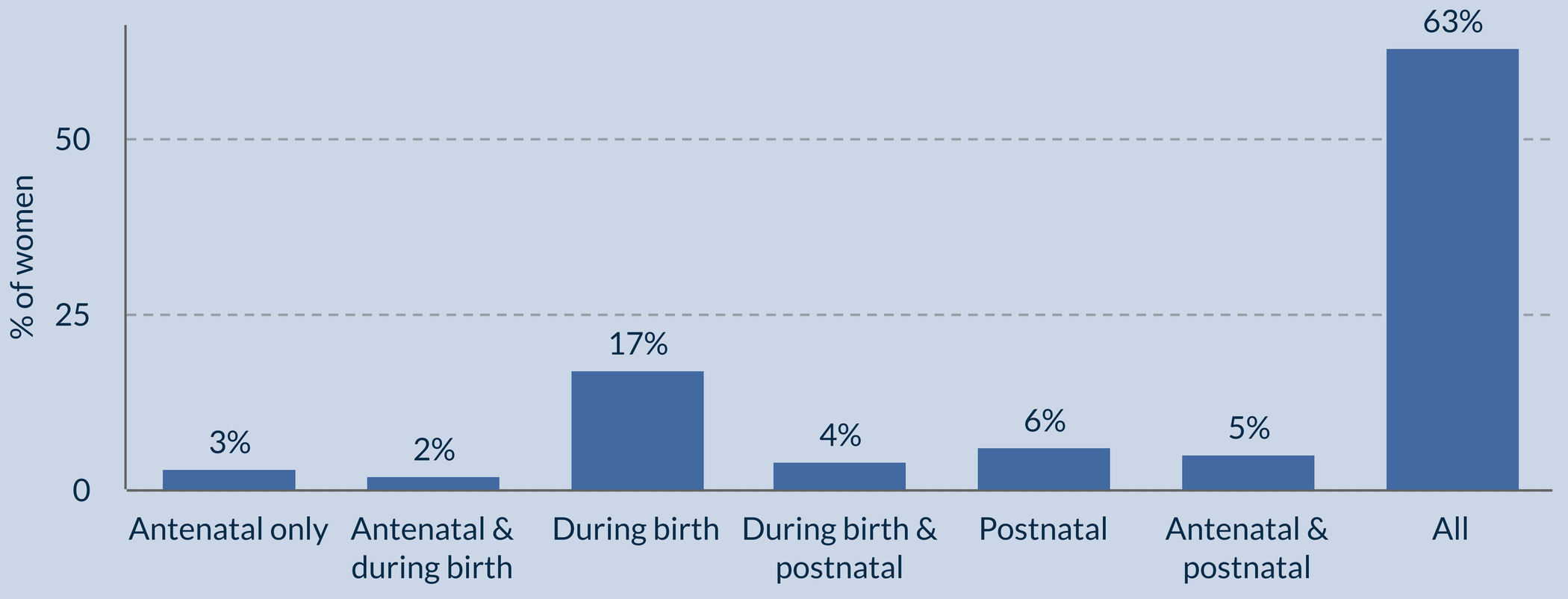


Figure 5. % of women by period of support requested

Women referred into the project were able to specify when they would like support; antenatally, during labour/birth, postnatally, or at all time points. For those women supported by the project, the requested periods of support are shown in Figure 5 (n=185).

116 women (63%) requested support at all stages of pregnancy including birth. A further 31 (17%) requested support during birth only, with 12 (6%) requesting support antenatally and during birth or during birth and postnatally. This means in total, 86% of women requested support during birth. Only 26 (14%) people did not request support during birth with 10 requesting support in the antenatal and postnatal periods, 14 requesting support in either the antenatal period or postnatal period only .

Support offered

The offer of support made was only recorded in the data for Years 4-7. From this we can see 136 women were offered support from either a volunteer Doula (n= 102) or a Locality Officer (n=34) with a further 5 offered an onward referral only. 47 were not offered any support and the reasons recorded are shown in Figure 6.

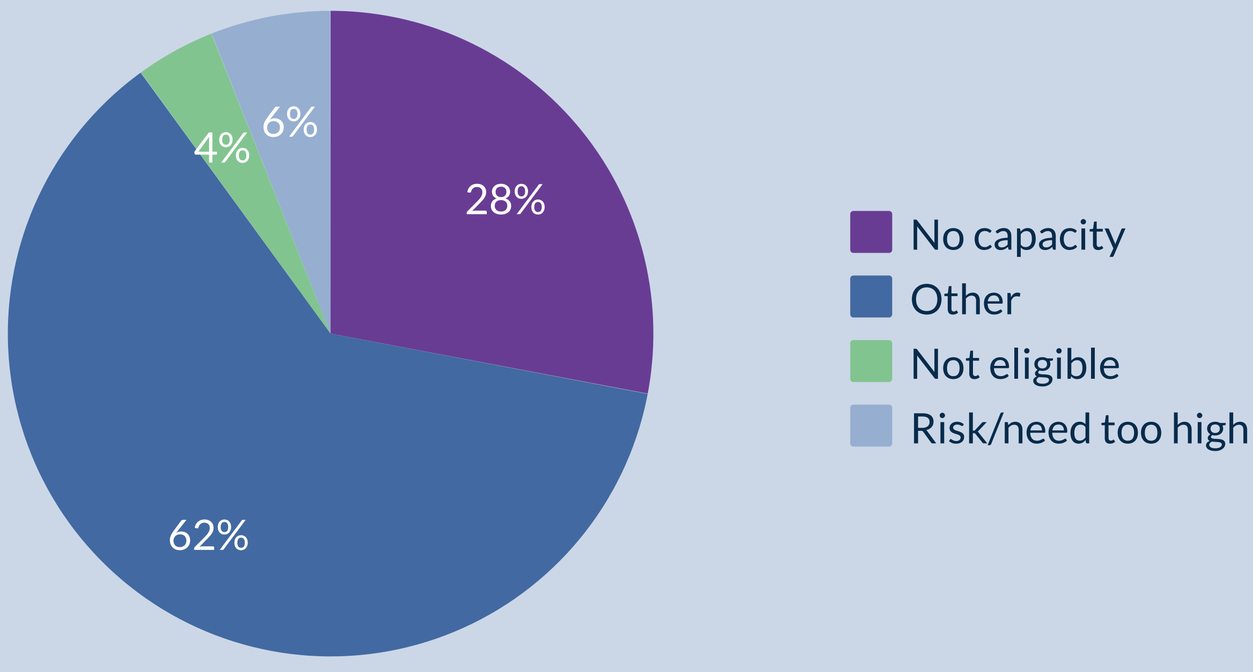


Figure 6. % of women by reasons service not offered

Evaluation Findings

Participation

How many women were matched with a Doula?

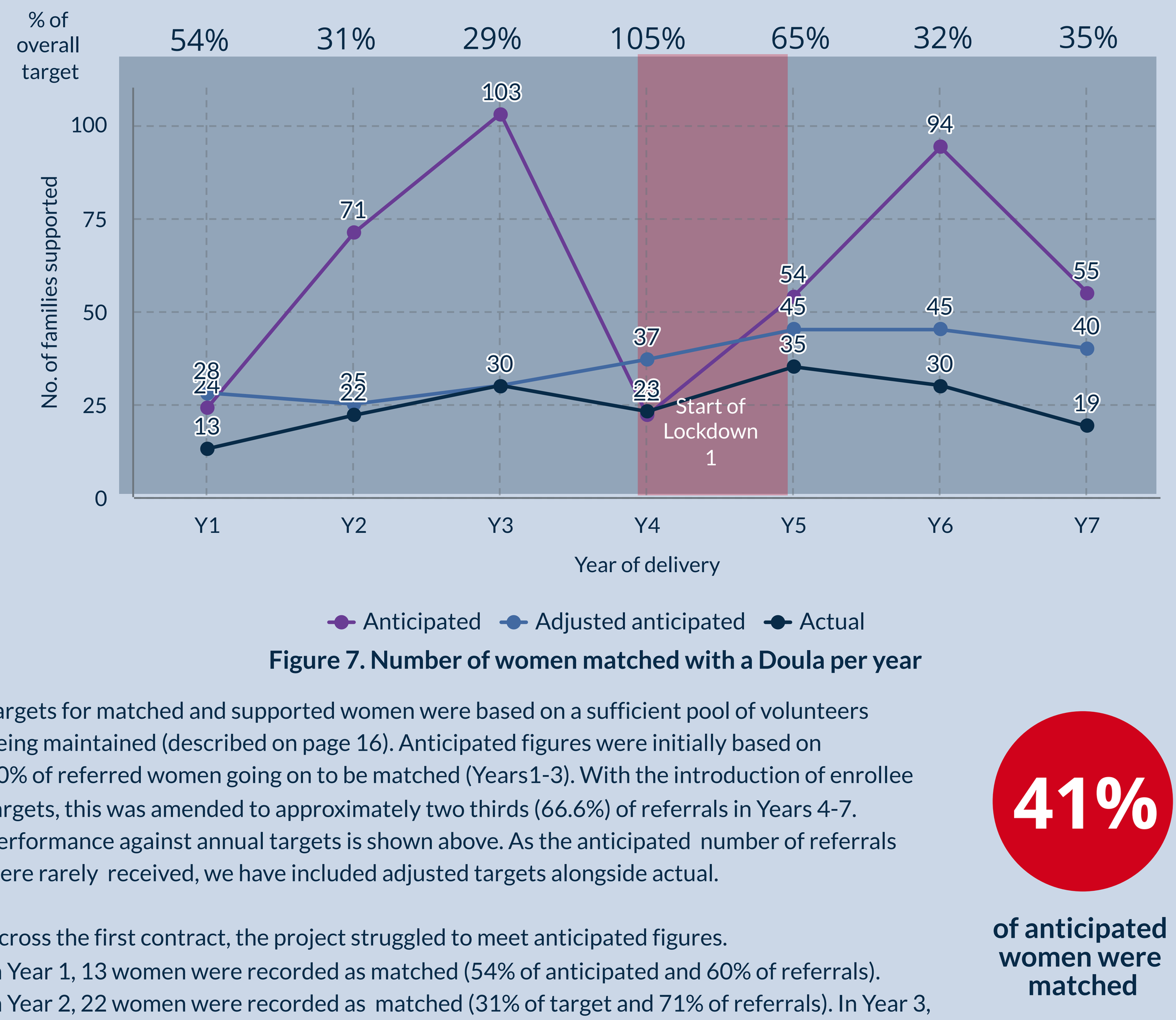


Figure 7. Number of women matched with a Doula per year

Targets for matched and supported women were based on a sufficient pool of volunteers being maintained (described on page 16). Anticipated figures were initially based on 80% of referred women going on to be matched (Years1-3). With the introduction of enrollee targets, this was amended to approximately two thirds (66.6%) of referrals in Years 4-7. Performance against annual targets is shown above. As the anticipated number of referrals were rarely received, we have included adjusted targets alongside actual.

41%

of anticipated women were matched

Across the first contract, the project struggled to meet anticipated figures.
In Year 1, 13 women were recorded as matched (54% of anticipated and 60% of referrals).
In Year 2, 22 women were recorded as matched (31% of target and 71% of referrals). In Year 3, 30 women were recorded as matched (29% of target and 80% of referrals).

Being unable to maintain the anticipated pool of volunteers in the first delivery period, anticipated figures were adjusted in Contract 2 to reflect the aspiration of increasing capacity. However, the project continued to struggle to achieve anticipated figures. This was with the exception of Year 4 when the target was exceeded, but it is worth noting that the rate of transition from referral to matched for that year was lower than other years.

In Year 4, 23 women were recorded as matched (105% of target and 41% of referrals). In Year 5, 35 women were recorded as matched (65% of target and 52% of referrals). In Year 6, 30 women were recorded as matched (32% of target and 45% of refrrals). In Year 7, 19 women were recorded as matched (35% of target and 32% of referrals).

This gave an overall figure of 172 women matched, 41% of the overall target of 423 and 54 % of accepted referrals.

Evaluation Findings

Participation and completion

How many women went on to receive support?

195 unique women had a support visit recorded, beyond an assessment or match visit, from either a Doula or Locality Officer recorded in the data, representing 58% of accepted referrals. 157 women had a support visit recorded with a Doula and 38 women had a support visit recorded with a Locality Officer or other paid staff member. Of those women with support recorded, 6 received more than one period of support, relating to multiple pregnancies.

172

women matched with a Doula

195

women with a support visit recorded

What sort of support did women receive?

It was anticipated that 50% of those women matched would received support during labour and or birth.

Support visit data around labour and births appeared to be inconsistently collected with only 24 visits recorded referencing labour or birth. However, from the birth outcomes data we were able to identify 76 births that were recorded as attended and/or assisted. 68 were recorded as attended only and 8 as assisted.

This represents 44% of those matched, 88% of the 50% target.

76

births were recorded as attended/assisted

It is worth noting that the impact of COVID-19 on maternity care during most of 2020 may have impacted on the projects ability to support women during birth and labour in that time. However, we do not have data that directly relates to this.

Support visits are not always labeled within the data as antenatal or postnatal which makes it difficult to determine how many women received support in each period. However, based on visit dates and babies' dates of birth we are able to estimate that 120 women (65%) received support in the antenatal period (excluding assessment and match visits) and 76 women (41%) received support in the postnatal period.

88%

of anticipated births were supported

Because of the quality of the data, particularly in the first contract period, we are unable to report confidently the number of women who received the support that they specifically requested. However, based on the overall figures of support requested (page 8), and the data reported here, we can suggest that fewer women received support during labour and birth than were recorded as requesting it. However, there is insufficient data to provide any explanation for this. The type of support provided by the project is described in more detail in the Implementation section on pages 14-17.

Evaluation Findings

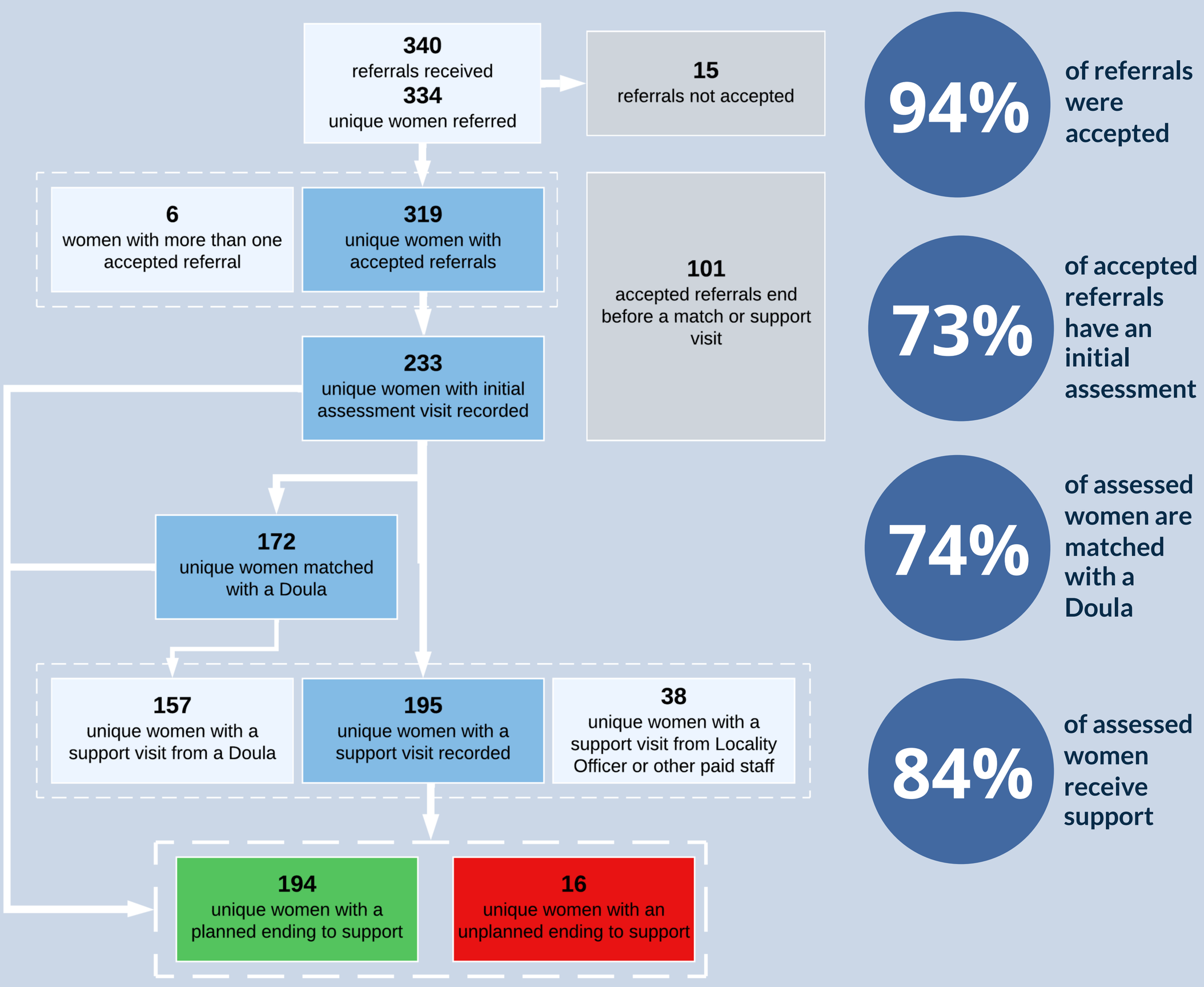
Completion

How many women had a planned ending to their support?

Off the 233 women with an initial visit, 210 had an ending to their referral recorded. 194 (92%) had 'Support period completed' recorded as their referral end reason. This is considered a planned ending to support. A further 16 women (7%) could be considered as unplanned based on the reasons recorded. The most commonly recorded unplanned ending reason was some variant of opting out, dropping out, or declining further service (76%). Other reasons included being unable to engage, not having access to IT equipment, and being an inappropriate referral.

When we consider this as a proportion of all accepted referrals (n=319), 60% had a planned ending to their support and 5% had an unplanned ending to their support. A further 32% (n=101) women had an end to their referral recorded before receiving a match or support visit. 70% opted out, dropped out, or declined further service. A further 14% were uncontactable. Other reasons included pregnancy loss, moving out of area or the service being withdrawn due to identified risk.

Participant Flow Diagram

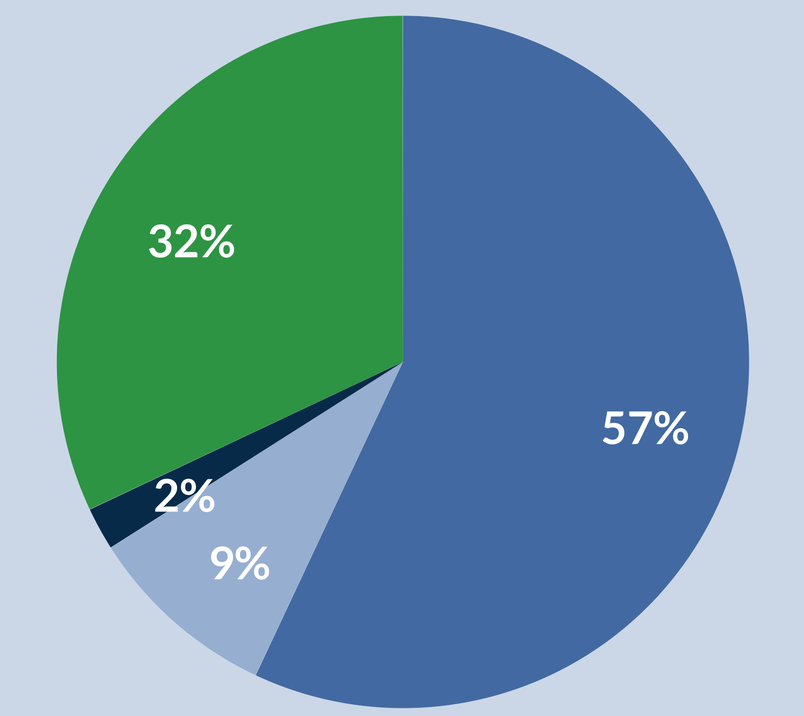


Evaluation Findings

Reach

Who were the women supported by the service?

Figure 8. Percentage of women per ethnic background



Ethnicity

Ethnicity data was recorded for 182 (78%) of assessed women, with 51 recorded as 'Unknown' or simply missing.

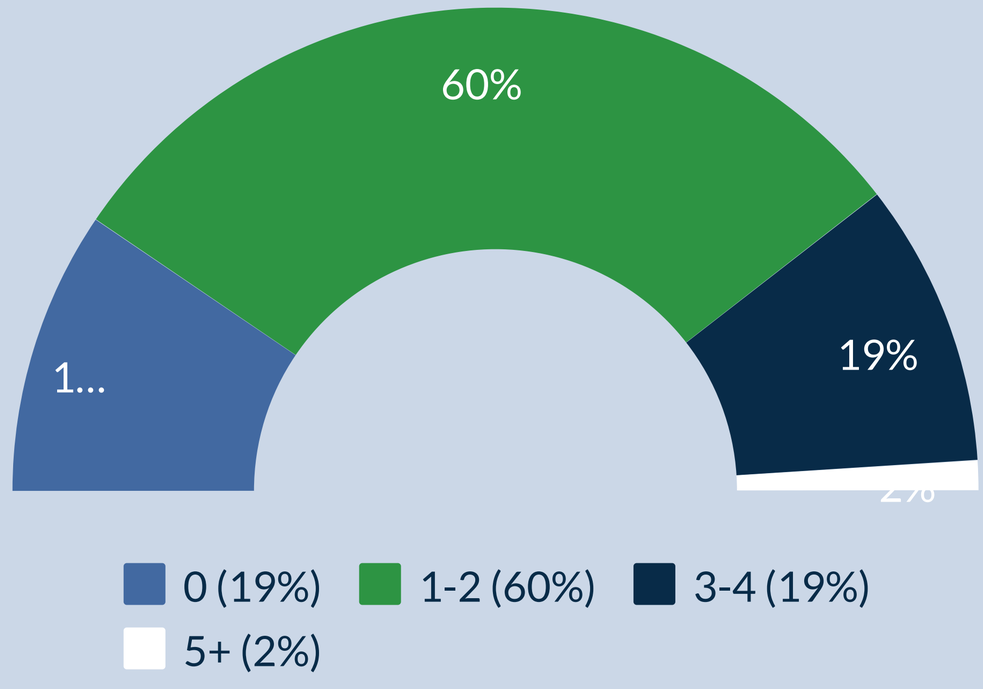
Of those with ethnicity data 57% were Asian/Asian British Pakistani, slightly over representing this group. White British women accounted for 9%, close to the proportion seen in the maternal population. Women of White Other backgrounds were under represented (2%). However, nearly a third of women were from other minority backgrounds which may reflect the number of referrals recorded as recent migrants or asylum seekers.

Language

First language data was recorded for 220 of assessed women. 62% of these had English recorded as their first language. 16% had Urdu (including Hindi) recorded and 5% spoke Punjabi. Other first languages recorded included Pashto, Bengali, Arabic and 'Other'.

81% of women were recorded as having some basic English and 27% were recorded as needing an interpreter.

Figure 9. Percentage of women by gravidity status



Pregnancies

Nearly 20% of assessed women were experiencing their first pregnancy. The majority had had 1-2 previous pregnancies although some women had had 5 or more pregnancies.

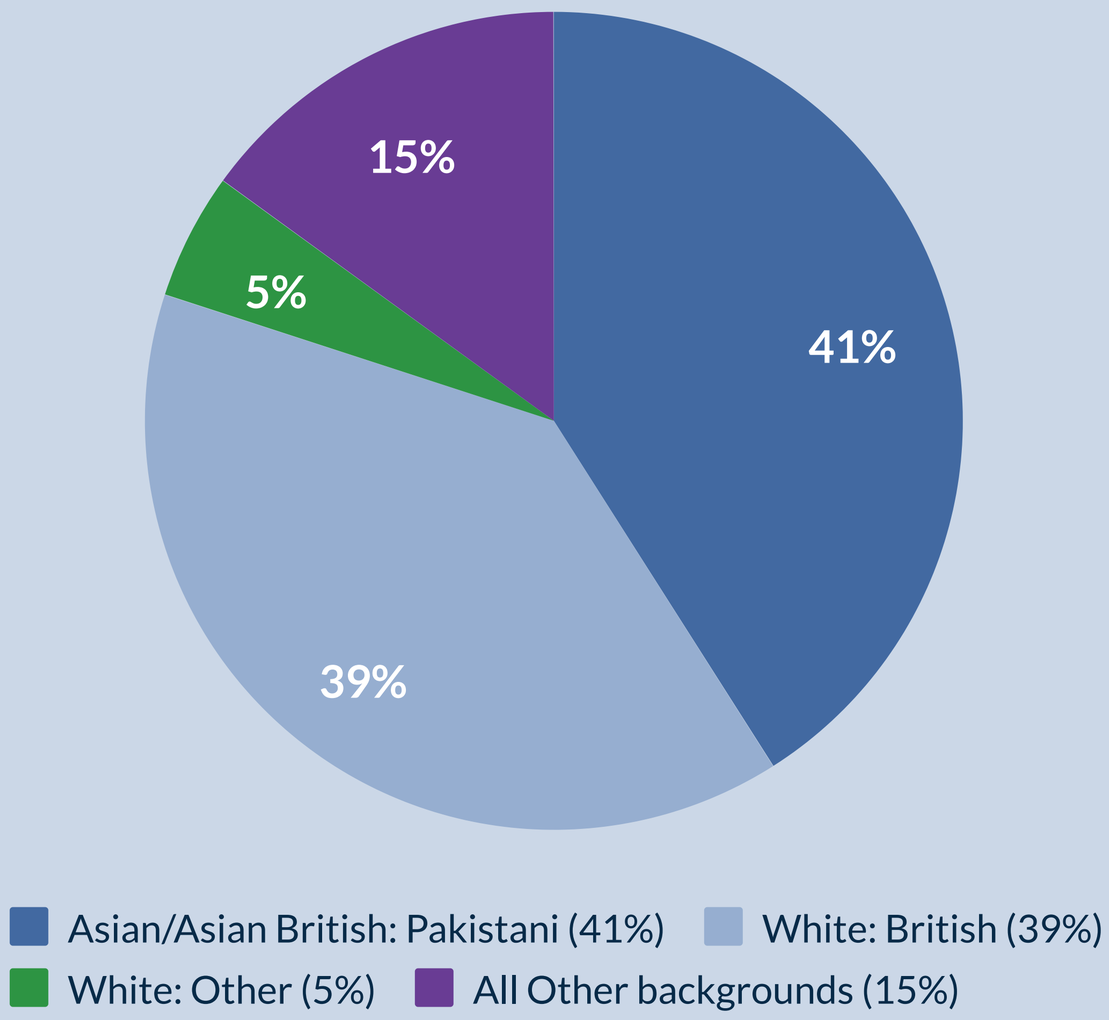
Evaluation Findings

Reach

How representative were volunteers of the women they were supporting?

Of the 133 volunteers who were recruited to the project, demographic data was available for 113 *85%). 20 were recorded as 'Unknown'.

Figure 10. Percentage of volunteers per ethnic background



Ethnicity

Volunteers were significantly over representative of White British women (39%). Those of Asian and Asian British Pakistani backgrounds were well representative.

While women of White Other backgrounds were under represented (4%), a larger proportion of volunteers were of this ethnic group than supported women.

Around 15% of volunteers had other ethnic backgrounds recorded. Fewer than seen in the supported group of women.

Language

First language data was recorded for all 133 appointed volunteers. 88% of these had English recorded as their first language. Other first languages recorded included Urdu, Spanish and 'Other'.

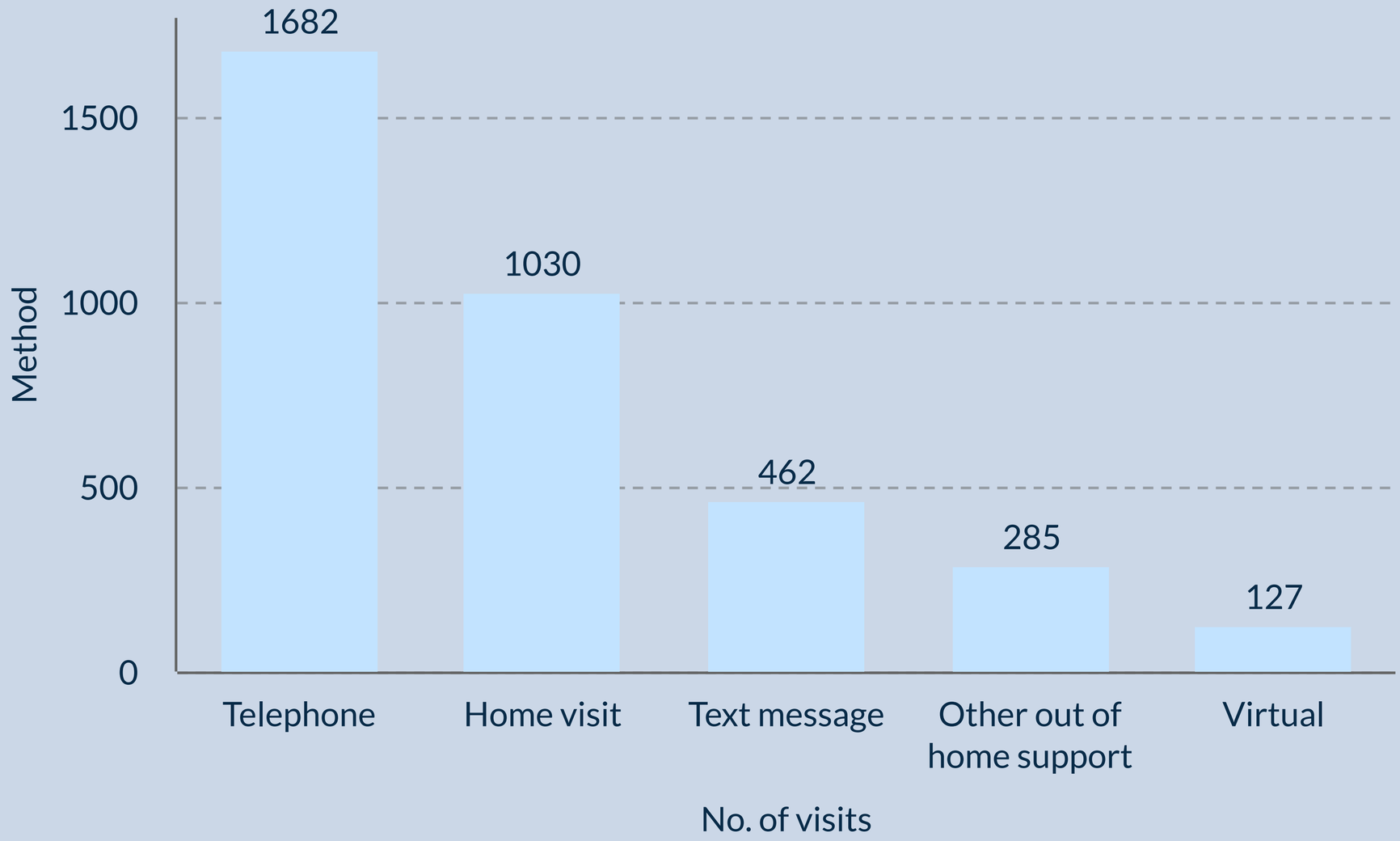
It is worth noting that this data presents first language only, and it's possible a number of volunteers had additional community language skills but consider English their first language.

Evaluation Findings

Implementation

How was support provided to women?

Figure 11. No. of visits recorded by method



3,723
support visits recorded

The project provides support 'visits' to women using a number of different methods.

Across the evaluation period, 3,723 support visits were recorded. The most frequent method of support was telephone support (45% of visits). Home visits accounted for 28% of visits. 12% of support visits were text messages and 8% were 'other out of home support' visits. Other visits recorded were virtual face to face (3%), emails/letters (2%).

What was the focus of the support women received?

Type of visit activity	Number of visits
Attending appointments	1,350
Attending or assisting birth	24
Birth preparation (birth plan or hospital bag)	6
Other	4

From the visit activity recorded, the vast majority related to attending appointments with women. Other activity included attending or assiting birth, birth preparation such supporting women around their birth plan or preparing their hospital bag, other community appointments and baby care.

How long did support visits last?

Support visits for women varied in length and were categorised into <15 minutes, 16-60 minutes, 60-120 minutes and >120 minutes.

48% of visits were found to last between between 16-60 minutes (1,342 visits), with 1,098 visits (39%) found to last <15 minutes. 192 visits (7%) lasted between 60-120 minutes and 155 visits (6%) lasted over 121 minutes (2 hours).

Evaluation Findings

Implementation

How many visits were cancelled and why?

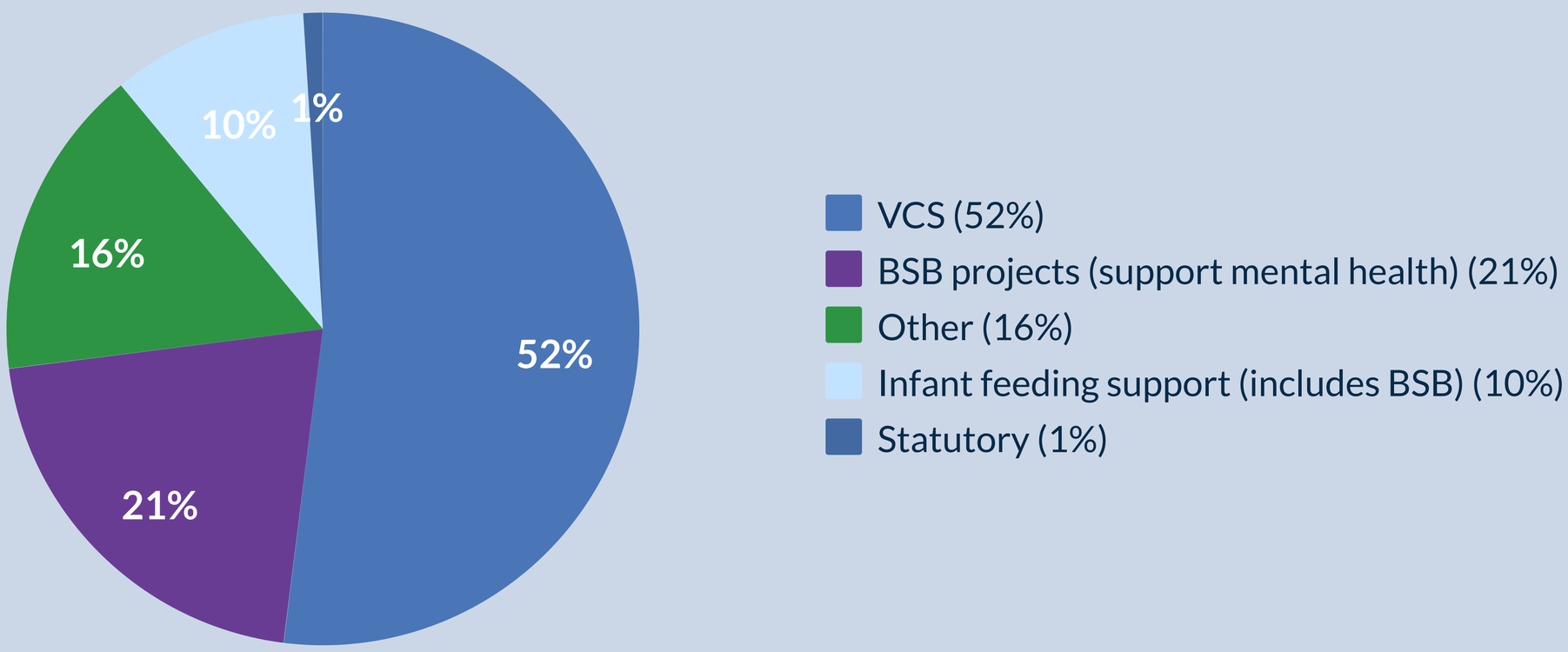
In total, 201 visits were recorded as cancelled across the duration of the project.

93 (46%) visits were cancelled for an 'other' (unspecified) reason and 67 (33%) were cancelled by the woman. Only 20 visits (9%) were cancelled by a Doula or Locality Officer.

Where were women referred onto?

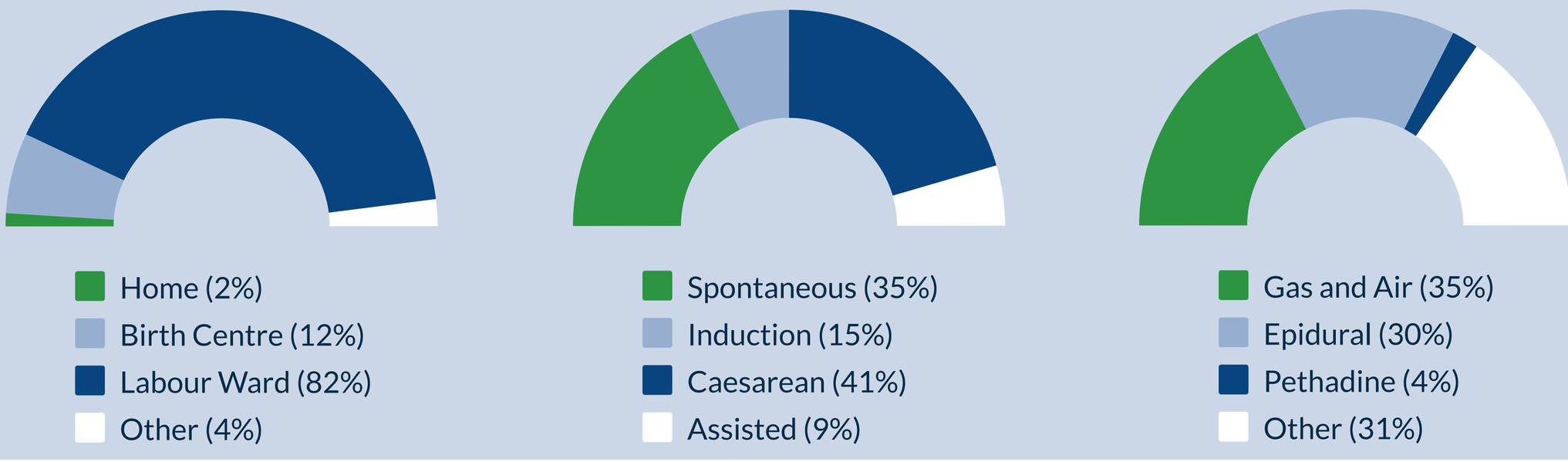
While a relatively small number of women had onward referrals recorded, for those that did they had typically been referred to several different services. There were 126 separate referrals made across the duration of the project.

Figure 12. Percentage of onward referrals by service



Organisations included under VCS include Baby banks, Food banks, and services those who are vulnerably housed demonstrating the complex needs of some of the women supported by the service. Services included under infant feeding support include any service that helped support feeding a young child.

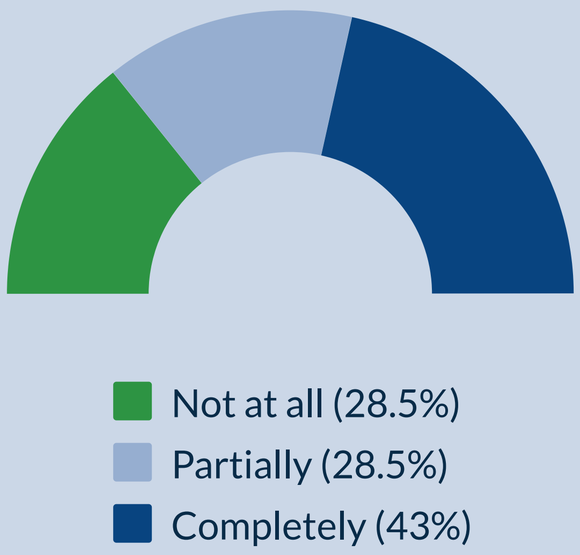
Births and infant feeding



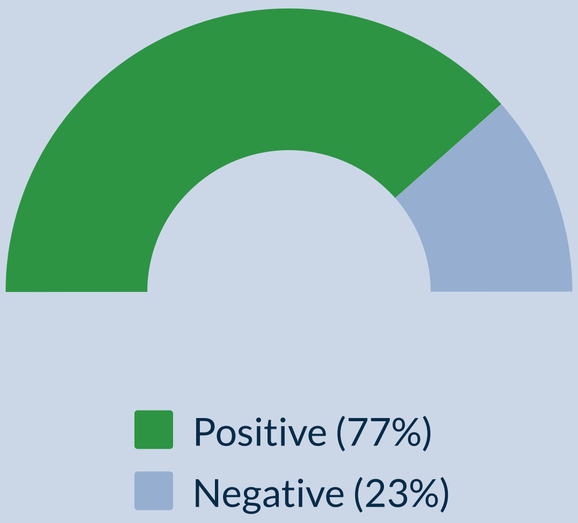
Evaluation Findings

Births and infant feeding

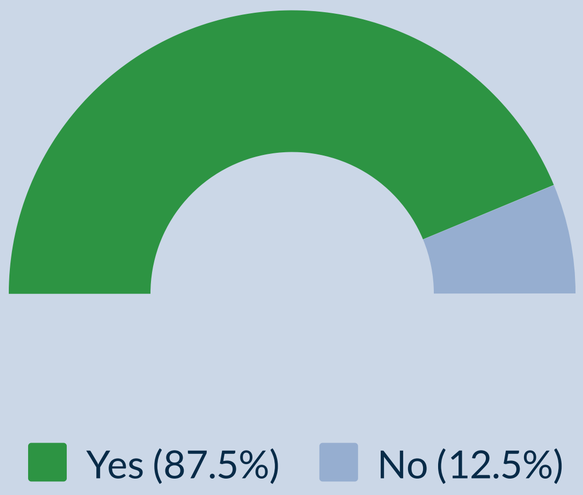
Birth plan followed



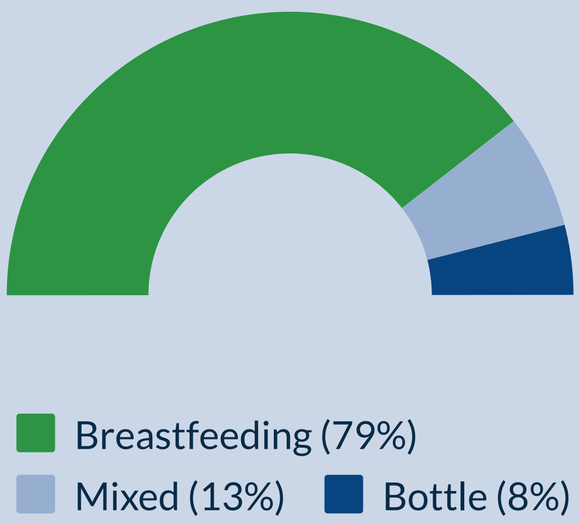
Birth experience



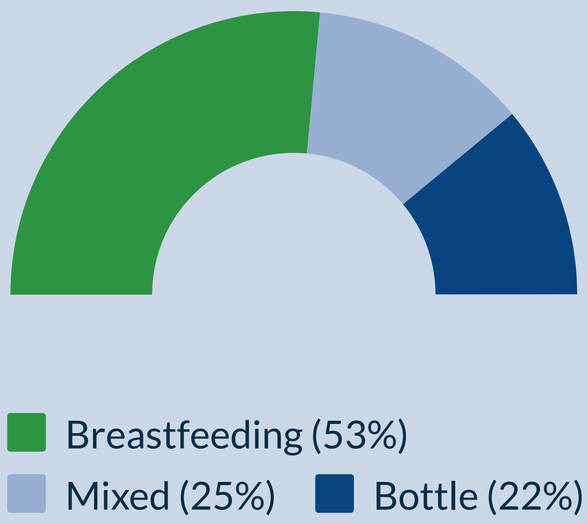
Skin to skin



First feed



Feed at 6 wks



Evaluation Findings

Implementation

Were enough volunteers recruited and active?

As a peer support model it is important that the project is able to maintain a sufficient pool of volunteers to provide the capacity to support anticipated numbers of women in need of support. The project collected data a relating to volunteer applications, training, and activity post training. However, as previously reported, the quality of the volunteer was inconsistent and sometimes difficult to interpret.

How many people applied to be Doulas and how many were trained?

Over the evaluation period, the project recorded 176 applications to be a Doula.

Of these 133 (76%) attended training. This is 85% of the target for the evaluation period (156). All of these went on to be be appointed which exceeds the target of 129 for the evaluation period (103%).

43 (24%) did not complete the necessary training.
Amongst those who did not complete the training, 24 (56%) were recorded as being unable to complete the course. Other reasons for non-completion included an unforeseen circumstance which prevented them from attending training, opting out, and being unable to commit to a timescale for training dates.

176
applications

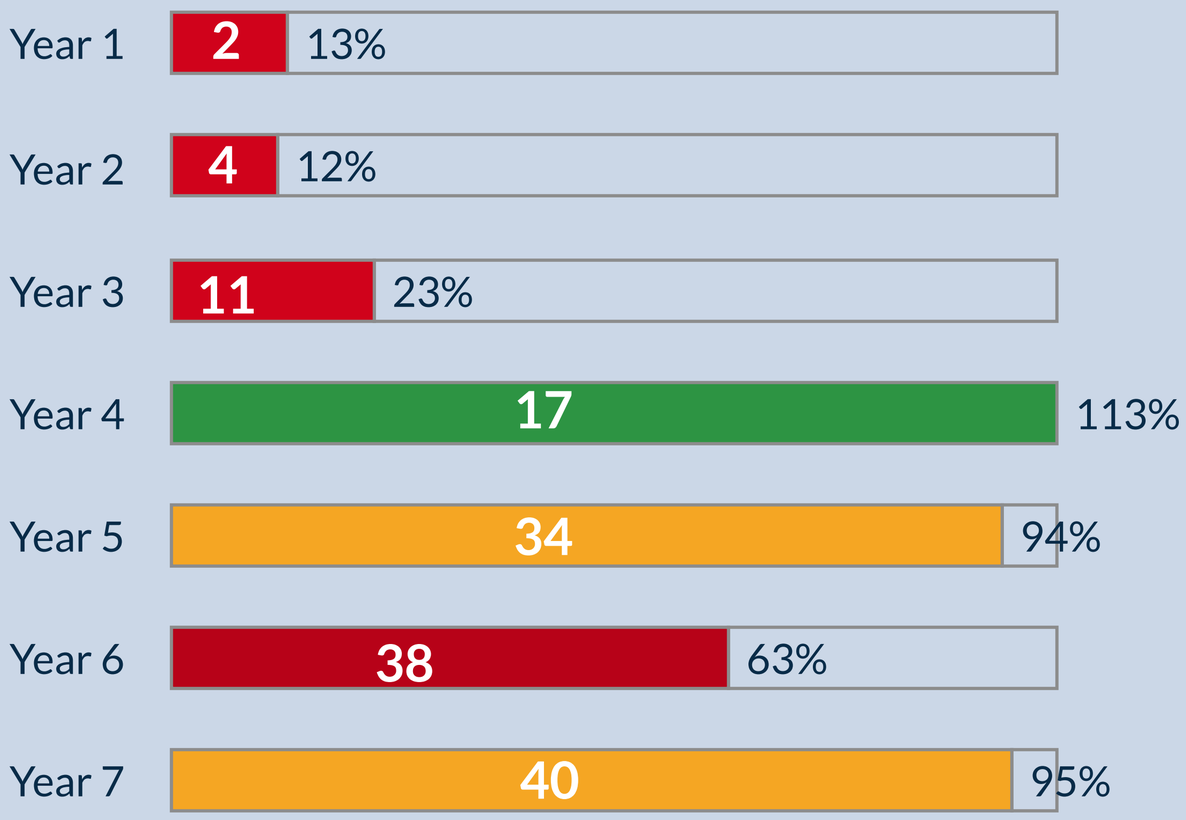
133
trained and appointed

approx 67
matched

How many volunteer Doulas were active?

There were difficulties is differentiating between available, active and matched Doulas in the data. However, as the key progression criteria for the project related to available/active we have presented performance against targets from available data below.
During the first contract the project struggled to achieve the anticipated pool of volunteers. However, volunteer recruitment activities significantly increased the pool in Year 5, 6 and 7 when the project came much closer to achieving targets and maintained a reasonably stable number of active Doulas. Approximately 70 volunteer Doulas were matched with women across the evaluation period.

Figure XX. % of anticipated active volunteers achieved



Why do volunteers leave the project?

Of the 133 appointed volunteers, 94 were recorded as having left the project. Of these, only 28 (30%) had a reason recorded. This makes it difficult to draw conclusions about why volunteers leave the project.

Around half of volunteers moved into paid employment. Other reasons include family commitments, leaving the area, ill health, no longer wanting to volunteer, and losing contact.

Evaluation Findings

Satisfaction

Over the course of the evaluation period, 134 women responded to the satisfaction survey - this is 40% of women who received support. Respondents rated their level of satisfaction across 6 domains described below. The vast majority of respondents reported high levels of satisfaction across all domains. However, these findings should be interpreted with caution given a relatively low response rate.

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

98% 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

98% of respondents were happy with the project overall

Bradford Doula was amazing. Helped me in my journey throughout. I could not have done it without her. Thank you.

I am so grateful for Bradford Doulas! I needed the support more than I realised and they were fantastic. Would highly recommend!! Thank you so much.

It was a pleasure having a doula especially as I was giving birth at the peak of the pandemic it was comforting knowing I had extra support.

Very lovely, kind service and everyone has been extremely friendly.

I had no family here and the Doulas support was invaluable. Everyone should have this support.

Evaluation Findings

Conclusions

Across the evaluation period, the project consistently struggled to achieve the anticipated number of referrals, which meant rates of recruitment into the project were lower than expected for all years with the exception of Year 4.

Rates of referral acceptance (94%) suggest that referring organisations have a good understanding of eligibility for the service and while the majority of referrals come from maternity, there were a range of other referring agencies suggesting there is broader awareness of the service.

Around 25% of accepted referrals disengage or decline service before receiving support and while this a reasonably large proportion, it is comparable with what has been observed across other projects

Available data suggests women recruited by the project are representative of those of Asian and Asian British Pakistani and White British backgrounds, but under representative of those of White Other backgrounds. Nearly a third of supported women are from other backgrounds which may reflect the proportion of referrals recorded as recent migrants or asylum seekers (24%). However, 22% of women had missing ethnicity data or were recorded as unknown ethnicity which makes it difficult to make strong conclusions.

It was anticipated that 50% of women would receive support from a Doula during labour and or birth. Data suggests around 44% of women received support during birth, just below target. The proportion of women receiving support at birth exceeded the target in the first contract but dropped in the second. It is unclear whether this is a direct result of the impact of COVID-19.

The vast majority of supported women have planned endings to their support with few women leaving the service once support has started. Remaining engaged with the project suggests women value to the support they receive and this is supported by high rates of response to the project satisfaction questionnaire and the high levels of satisfaction recorded.

The proportion of onward referrals made to Baby banks, Food banks, and services for women who are vulnerably housed or experiencing domestic violence suggests a number of women supported by the project are experiencing a range of complex needs

A significantly higher proportion of volunteer Doulas are of White British ethnicity (33%) than we see amongst supported women and the wider Better Start Bradford population. While Asian and Asian British women are well represented, all other backgrounds are under represented.

Evidence for Bradford Doulas

Evidence Review and Rating

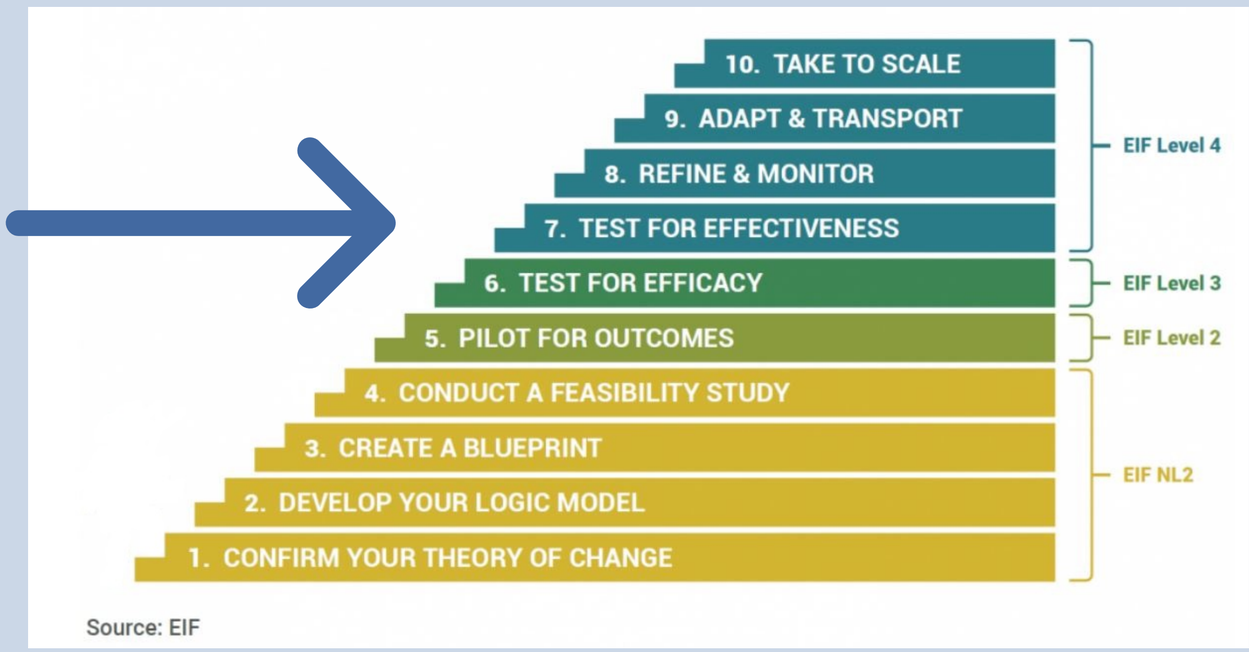
During the development of this project BSBIH conducted an evidence review of Doula interventions. The review updated an earlier systematic review (Hodnett et al., 2012). It concluded that the provision of support *during labour* by Doulas or people in a similar role is associated with a lower likelihood of C-sections, a higher chance of having a spontaneous vaginal birth, less use of synthetic oxytocin and analgesia/anaesthesia and a lower risk of postpartum depression. In addition, women supported by a Doula (or similar) report a better experience throughout pregnancy and birth.

From recent studies focusing on Doula support before, during and after birth there are suggestions of benefits regarding a shorter duration of labour, reduced use of augmentation (speeding up labour), breastfeeding, preterm birth and the parent-infant relationship. These studies are not as high-quality as the systematic review of support during labour, many were published by the same authors, and there was no convincing UK evidence. In countries where the health care system is less equipped to support women during pregnancy, or where very limited antenatal care is available, a Doula might be more effective.

Although evidence for long-term child benefits is limited at present, all of the identified effects can be expected to affect child health and wellbeing. For example, reductions in c-section rates can lead to increases in breastfeeding rates (Rowe-Murray, 2002), a negative birth experience caused by a more instrumental and less natural birth can lead to poorer maternal wellbeing (Waldenström, 2004, Fisher, 1996), post-partum depression is related to socio-emotional wellbeing of the child (Sinclair, 1998), and preterm birth is associated with poorer cognitive development and socio-emotional wellbeing of the child (Bhutta, 2002).

While we have been unable to evaluate the effectiveness of the Doula project in Bradford, the Innovation Hub suggest that the evidence for Doula support during birth is equivalent to EIF level 4 (high quality evidence of effectiveness) regarding impact on birth outcomes

Level 4



Recommendations

Recommendations for Practice

- As levels of referrals never reached anticipated numbers, strengthening existing referral pathways and exploring new ones should be considered

- Continued efforts should be made to ensure recruited volunteer Doulas are representative of the women the project aims to support. This may help to increase representation within supported women

- Data capture procedures should be reviewed on a regular basis to ensure complete data capture to support better understanding of implementation

Recommendations for Evaluation

Further improvements are needed to data to support any future evaluation. Future evaluation could focus on:

- exploring barriers and facilitators to supporting women during labour and birth

- exploring barriers to engaging those of a White Other background (both women and volunteers).