

Emory Decatur Labor Support Volunteers (EDLSV)

This paper documents an innovation from Emory Decatur Hospital which we hope will be relevant to other health system leaders across the United States. This innovation fits in the category of **Adapting Roles & Responsibilities** by expanding support capacity, such as training and employing more doulas and developing new advocate and navigation roles. We have documented the innovation developed by Emory so that you can identify the specific **core components** that might need to be set up if you want to introduce this into your setting. We have also described **how you might adapt** or flex elements of the model into your context, where there are important contextual differences.

Many of you who lead health systems will be trying to improve outcomes and tackle inequities across a range of areas. The findings from Ariadne's convenings throughout 2020 on COVID-19 and maternal health care identified a range of challenges that those involved in maternal health were facing, including the family and support available to birthing people. Particularly relevant to this innovation were specific problems identified by clinical staff, birthing people and others involved in the convenings relating to inadequate labor support, and inadequate advocacy for birthing people - particularly for more vulnerable people. Additional interviews conducted with doulas as part of this work have indicated that they see benefits to person centered support, and that doula support can increase the patient's ability to choose and direct their support. This has been even more so during the pandemic, where some doulas have reported an increase in clinical requests for medical interventions.

This innovation delivers against the opportunity identified in the Ariadne White Paper to **Adapt Roles and Responsibilities** by creating a new role that increases non clinical capacity that can provide emotional and physical support to birthing people.

Many people involved in the convenings, and wider aspects of this research, have spoken about the increased anxiety many birthing people face during COVID, and patients' access to the family and other support they might want during birth has been restricted in many States during the pandemic. But this innovation also solves pre existing problems that health system leaders faced, and can improve maternal outcomes both now and in the future.

Overview

The Emory Decatur Labour Support Volunteers (EDLSV) program is a volunteer doula program which began in January 2019. It recruits volunteers from the Emory Nursing, Pharmaceutical and Public Health programs, and trains them so that they can support birthing people coming into the Emory Decatur Hospital in Atlanta.

The EDLSV program began after Rose Horton, the Executive Director of Women and Infants, responded to an idea shared by a member of the local community. The idea was simple: “Could the hospital recruit volunteers to support birthing people in the same way a doula does?” Rose took the idea and developed it with her team, quickly identifying the School’s training programs as potential sources of volunteers who could be easily recruited and inducted.

The initial cohort of volunteers was recruited and trained within three months. Since then, the 47 volunteers have supported over 145 birthing people. Each volunteer does between one and two 12 hour shifts per month. The volunteers usually support just one patient per shift, and their support is focused on the delivery itself, rather than pre or post partum support. The support that volunteers offer is at no cost to the patient.

Outcomes and impact

For Emory, this program solved one of the biggest inequities they face as a health system: that birthing people with resources can hire their own doulas, a valued form of support that those without resources usually can’t access. The Emory Decatur birthing population is both racially and socio-economically diverse, and so the volunteer program hopes to tackle some of the most entrenched inequalities in access.

The Emory team also had very good data which showed that women who have birthing support have better outcomes. Such support can decrease C section rates and increase patient satisfaction, both important outcomes they wanted to improve.

Emory has been very intentional about the criteria of who is eligible for the volunteer program, and has used the criteria to identify those who might most benefit from the support. In doing so, they have sought to provide support to those who are more isolated or vulnerable during the birthing experience, either because it is their first time birth, they are birthing alone, or they are under 18, planning an unmedicated birth or a VBAC.

The EDLSV program has set up some robust evaluation and data collection processes to track its impact. Patient survey results show that almost 100 per cent of those who completed the evaluation felt that:

- They were listened to;
- That their ideas and choices were respected;
- That the volunteer helped them to have a more positive experience

The nurse survey results showed that the vast majority (over 90 per cent) of nurses strongly agreed that:

- The volunteer made the patient more comfortable
- Promoting a positive relationship between patients and nursing / medical staff
- Involving the family and other support people in care

The evaluations also collect birthing and baby outcomes, and a list of comfort measures utilized, which shows the types of support offered to birthing people by the labor support volunteers. The most common include conscious breathing, massage, aromatherapy, counterpressure and repositioning in bed, amongst a range of other forms of support.

Volunteers manage the evaluation process, and give out surveys and feedback forms to birthing people and nurses to fill out at the end of each volunteer shift. The Executive team reviews this data on a quarterly basis, and twice a year they share the data with physicians and midwives.

Costs and sustainability

The program has six staff working on it in various ways, none of whom are full time on the program:

- Rose Horton supports daily operations and leadership for the program.
- A senior volunteer coordinator organises medical credentialing and hospital orientation and distributes volunteer uniforms and badges. She also ensures hospital compliance, such as gathering annual flu vaccination certificates and T Spot results.
- A faculty lead supports the two daily coordinators and is a liaison with the Georgia ACN affiliate.
- Two daily coordinators: their tasks include maintaining communications with the hospital and volunteers, communications with volunteers, updating the volunteer schedules, completing data entry and managing labor support supplies. These coordinators spend between 0-6 hours per week on the program each, and onboarding volunteers takes up most of this time.

The team time the recruitment of new volunteers in line with new cohorts of Emory nursing students, and run two to three recruitment cycles a year. The program is also open to members of the public, but they haven't advertised outside of the University.

What's the ask of volunteers?

EDLSV has had a high number of applications for the volunteer program, and have attracted volunteers who are passionate about providing a supportive birthing experience, and many

tend to have personal experiences and motivations (for example, through supporting family members or friends to give birth). Some have also volunteered before, and many have been involved in the Peace Corps.

Volunteers are expected to do the following in signing up to the program:

- Pay \$25 for a background check
- Submit their vaccination history, including an annual flu vaccine requirement
- Pass medical clearance
- Complete a 3 hour training module
- Complete one to two 12 hour shifts per month
- Collect data by giving out and collecting patient and nurse surveys on each shift
- Take part in volunteer sharing session twice per semester

EDLSV has benefited from having a School of Medicine and of Nursing attached to their Hospital, and identified a supply of volunteers that could be recruited through the School's training programs. However, if your health system doesn't have a training program, there are still many other ways to identify and recruit volunteers that have the right skills and commitment. We explore this in more detail in our final section on how to adapt this innovation into your context.

Implementation: Core Elements of the Volunteer Program

This guide details the process EDLSV has gone through to set up and run the volunteer program. We have documented the core elements of this process for you to learn from, if this is an innovation that would benefit your health system.

Timescales for set-up and implementation

The EDLSV team recruited, trained and started their first cohort of volunteers within three months, but this could be quicker once the core processes are established and running on a regular basis.

The sequencing of the process they developed is as follows:

1. Program set-up

- Identifying the supply of volunteers
- Agreeing a volunteer policy to support the program
- Identifying a process / company for running clearance checks
- Developing promotional materials to recruit volunteers
- Developing a recruitment process, including interview questions and scoring
- Designing and developing the training and induction materials for volunteers

- Ensuring volunteers are included in resource planning for COVID Testing and PPE
 - Agreeing placement and activities for volunteers with clinicians
 - Setting up scheduling system (e.g. Google calendar or other)
2. Advertising the opportunity to potential volunteers
 3. Shortlisting potential volunteers
 4. Interviewing volunteers (remotely by Zoom for their second cohort during the pandemic)
 5. Running clearance checks
 6. Delivering training to the volunteers
 7. Starting volunteering with an orientation shift alongside an existing volunteer

One piece of learning they applied following their first cohort recruitment was to run the clearance checks before delivering the training. Volunteers are engaged and excited to start their shifts once they have done the training, and doing the clearance and screening process at this point can dampen their enthusiasm a little. For their second volunteer cohort they have changed this sequence so that the clearance process happens before the training starts, and then volunteers can start their shifts as soon as the training is complete.

Some of the more specific activities fall into the following four categories, which are detailed in the following sections:

- People: recruitment and training
- Processes
- Culture
- Regulation

People: recruitment and training

- **Recruitment:** the EDLSV team recruited via the schools of Nursing, Medicine and Public Health, and had a high number of applications.
- **The team run information sessions** for potential volunteers which attract between 30 and 50 people per session. The invite for these sessions is sent out through student email lists.
- **They conducted interviews for all potential volunteers,** and were particularly interested in identifying volunteers who had a passion and commitment to supporting a positive birthing experience.
- **Background check:** all volunteers undergo a background check, which costs \$25 and is paid for by volunteers.
- **Training:** an initial 3 hour training induction is provided for volunteers, and then much of their learning is acquired while volunteering.

- In addition, volunteers meet twice per semester at the school of Nursing to exchange tips, share issues, and get feedback from the teams they have been working with.

Processes

- **Criteria for eligibility:** EDLSV has set out the criteria upon which patients are determined to be eligible for volunteer support during labor, in order to best direct the limited volunteer resource. This includes anyone who is under 18, those who are birthing alone, and those for whom it is their first birth.
- **Scheduling:** volunteers upload their availability to an online Google Calendar. Volunteers are encouraged to sign up for at least one shift per month, and the program's aim is to always have at least one volunteer available throughout the day and night.
 - This schedule is shared with the Labor and Delivery (L&D) charge nurse on the first day of each month.
 - The L&D charge nurse then identifies patients eligible for volunteer support on the basis of the criteria set up, and availability of volunteers.
- **Post COVID, new protocols have been put in place for volunteers,** who in the Autumn of 2020 were returning to the program after a pause. EDLSV has reassured volunteers that they won't be supporting anyone who has tested positive for COVID, although if the test results haven't come through there is a chance volunteers could be placed with someone who is COVID positive, and they have been transparent about that with the volunteers. Hand washing, distancing and mask / PPE protocols are also all in place for volunteers.
- **Evaluation:** surveys are completed for each patient after they have received volunteer support. These were originally paper based surveys, but are now using an electronic Survey Monkey and QR code.

Culture

- The Emory program places a big emphasis on team culture and patient centred care. They want volunteers to feel part of the team, but it's also important for them not to be confused with the clinical staff so volunteers do not wear scrubs, and are encouraged to wear comfortable street clothes / khakis. The program doesn't want volunteers to be confused with clinical staff, and the clothing the volunteers wear is one key way to differentiate.
- The volunteers also have different badges to help distinguish them from clinical staff.
- A buddy system between nurses and volunteers on each shift works well as a way to build relationships and support volunteers.

Regulation

- The EDLSV program has classified their trainees as volunteers, which means their activities are covered under volunteer policies rather than contractor policies.

Please contact us at deliverydecisions@ariadnelabs.org for access to original resources, including:

- Evaluation forms for staff and patients
- A patient handout
- A volunteer checklist
- A volunteer protocols document
- A volunteer reporting form
- Interview form

You can also view a webinar about the Emory program [here](#).

Areas for adaptation depending on your context

The EDLSV is about to run its next recruitment round, having paused since the Spring of 2020 due to Covid. For context, the Hospital where this innovation was developed has:

- 18 birthing suites
- 3,800 births a year
- 80 nurses

There are a number of ways in which the EDLSV program could be adapted to fit with different contexts.

- **Expanding the pool of potential volunteers:** Emory has recruited labor support volunteers from its teaching programs, but Rose has indicated that the volunteers could be recruited from the wider community and local population. The most important thing the Emory team were looking for when they recruited their volunteers was passion people showed for birthing people, and supporting a positive birthing experience.
- **Expanding criteria for which patients are eligible for a labor support volunteer:** due to the limited number of volunteers, Emory introduced needs based criteria for the allocation of volunteers to birthing people. But, if a larger number of volunteers was available, this criteria could be expanded.
- **Transitioning to virtual or remote volunteer support:** as many other doula programs have shown during COVID, birthing support can be delivered virtually if needed. The

Emory volunteer team didn't make the transition to online support during the pandemic, but Rose has indicated that this is something they would consider in the future. Some of the activities delivered by volunteers (such as massage and aromatherapy) would be limited, but much of their training would still be relevant for virtual support. Insights from other interviews we have conducted with doulas delivering support online have indicated that they still provide valuable support to individuals remotely, including supporting them with breathing techniques, physical direction and advocacy support.

Readiness assessment

The questions in the table below are designed to help you think through some of the main factors that are likely to affect you and your team's readiness to implement a volunteer labour support model.

This doesn't necessarily mean that without these factors in place you aren't well positioned to set up a similar program, but it might provide some helpful pointers to direct your attention to.

Considering your objectives and context, what are some steps you could take to put these factors into place?

Specific Enabling Factors	Readiness Reflection Questions
<p>Demand from birthing people for doula support</p>	<p>What evidence do you have that birthing people in your context will want additional support from volunteers?</p> <p>Do you have existing data on demand for birthing support in your clinics that will help you address how many volunteers to recruit?</p> <p>Is there a quick and easy way for you to gather data, or test your assumptions about the demand?</p>
<p>Supply of volunteers</p>	<p>Emory has a strong relationship with its teaching schools and has been able to draw on this in its recruitment of volunteers. The teaching schools also provide a regular cycle of new volunteers.</p> <p>Do you have an obvious clinical, educational or community based partner who could provide a route into a large number of potential volunteers?</p>

	<p>If not, do you have the capacity within your organisation to set up a volunteer recruitment program that can recruit via multiple channels?</p>
Staff engagement	<p>How supportive are clinical staff of the involvement of volunteers and additional support for birthing people?</p> <p>How involved do staff want to be in the training and induction of volunteers?</p>
Supportive policies and processes for volunteers	<p>Do you have an existing volunteer policy which would cover the volunteer program, or would you need to create one?</p> <p>Are there any other policies in place that would enable or support the program?</p>
Criteria for access	<p>What are the most important criteria for your setting? Which groups of birthing people might benefit most from volunteer doula support?</p>
Volunteer support	<p>Do you have existing or potential resources in place to support volunteers with their training, induction and supervision?</p> <p>Do you have clear team structures within which to place volunteers?</p>
COVID specific	<p>Is your hospital / clinic supportive of in person support? Does the volunteer presence detract from the total number of people a birthing person is allowed to have with them during birth</p>