

Developing a training curriculum for doulas providing care for HIV-positive pregnant women

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May 9, 2013



Overview



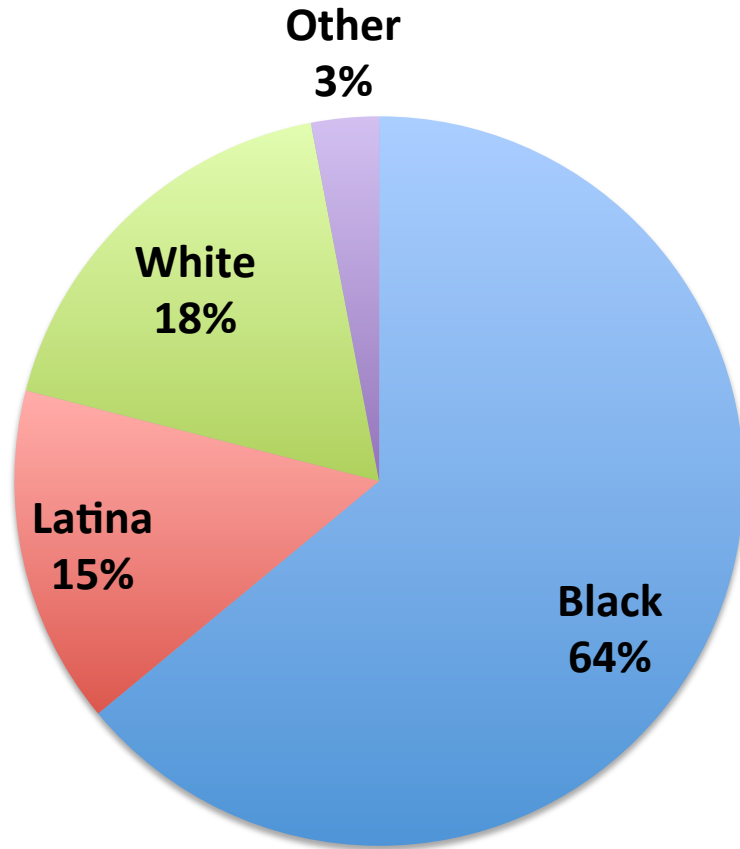
- HIV and U.S. women
- HIV & mother & baby
- Benefits of doulas
- Purpose & questions
- Findings
- Recommendations
- Limitations
- Acknowledgements

HIV and Women

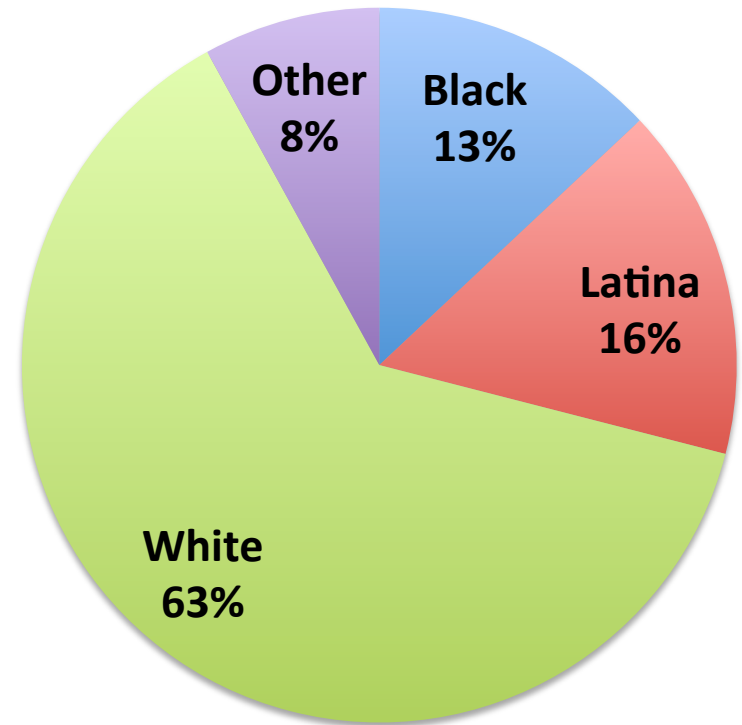


- account for 1 in every 5 new infections
- Heterosexual sex transmission most common
- Majority are of reproductive age
- *Good news: 21% ↓ in new infections among women overall between 2008 & 2010*

Female HIV Population by Race/Ethnicity (2010)



New HIV Infections Among Women/Girls



U.S. Female Population

HIV and Pregnancy

- A healthy mother & an undetectable viral load lead to the best outcomes for mom & baby
- Estimated **# of HIV+ women giving birth**
↑ **by 30%** between 2000 and 2006
- 26% of women received their HIV diagnosis in pregnancy, 2005-2008



Challenges



poverty distress
RNA disclosure
sadness shock depression anger loss HAART ART
le violence stigma adherence
fear CD4 motherhood
SHAME resilience

HIV and Pregnancy

- Risk of perinatal transmission is **< 1-2%** with
 - ARV therapy: antepartum, intrapartum & after delivery for exposed newborn
 - Planned cesarean if necessary
 - Formula feeding
- Maternal viral load determines ARV treatment & mode of delivery per HSS guidelines

IF YOU HAVEN'T BEEN TAKING ANTIRETROVIRAL DRUGS, YOU CAN START TAKING THEM AT THE START OF YOUR SECOND TRIMESTER.



Public health benefits of doulas



- Doula services:
 - reduce complications (↓ cesareans 28%-40%)
 - improve birth outcomes (↓ LBW & pre-term)
 - ↑ mother's satisfaction
 - reduce costs (Oregon reimburses doulas & Minnesota legislation pending)
- HIV care not part of doula training

Purpose



To make evidence-based recommendations for an HIV curriculum for doulas via a **review** of the allied health **literature** and **conversations** with HIV and doula experts

Research questions



How could doula care enhance service delivery for pregnant and parenting women living with HIV?

What are the learning needs of doulas?

Findings



- Interprofessional teaching approaches
- Pair newly trained doula with nurse
- Good evidence that HIV training impacted allied health professionals'
 - Knowledge
 - Skills/behavior

Findings



- Psychosocial needs paramount
- ↑ duration and frequency of doula/ mother care relationship
- Postpartum period greatest challenges
- Home visits
- Train women with HIV to become doulas

Recommendations



- Integrate HIV education into standard and continuing education curricula
- Conduct more research
- Create curriculum advisory board including women with HIV
- Use interprofessional education approaches
- Recruit women with HIV to train and certify as doulas

Limitations

- Not inclusive of all HIV curricula resources or of other chronic illnesses
- No consultations with women living with HIV



Thank you!



**Lisa Kane Low, Lauren Poole,
Rebecca Schwartz, Shannon Weber**

Juliana E. Van Olphen, Ph.D.

Michele Eliason, Ph.D.

Friends, family and *doulas!*