

# Recommendations for Developing a Training Curriculum for Doulas Providing Care for HIV-Positive Pregnant Women

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## OBJECTIVES

- Provide an overview of HIV and pregnancy in the United States
- Present evidence on the innovative role doulas could play to impact the health and well being of mothers living with HIV and their infants
- Identify the learning needs of new and practicing doulas who receive limited education on HIV maternity and pediatric care
- Present evidence-based recommendations to inform the development of an HIV curriculum for new and practicing doulas

## METHODS

- Review of the allied health professional literature on the components, delivery strategies and outcomes of HIV education curricula
- Conversations with experts in perinatal HIV care and a founder of a doula program that serves pregnant and parenting women living with HIV

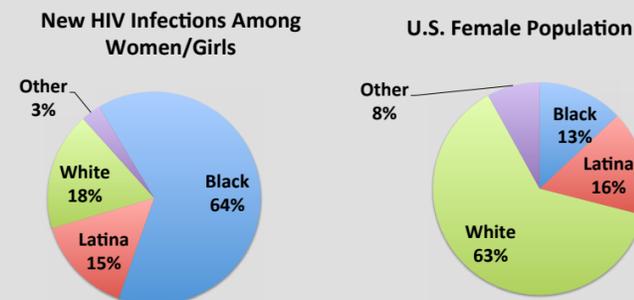
## BACKGROUND



- Women account for 1 in 5 (20%) of new HIV infections.<sup>3</sup>
- Majority are among women who are of reproductive age and who are infected via heterosexual sex.<sup>3</sup>
- 1 in 4 women is diagnosed during pregnancy.<sup>1</sup>
- The number of HIV-positive women giving birth increased by 30% between 2000 and 2006.<sup>2</sup>
- Maternal antiretroviral treatment and medication after delivery for the newborn combined with breastfeeding avoidance reduce the risk of HIV transmission to babies to less than 1%.<sup>2, 3</sup>
- A healthy mother and an undetectable viral load are critical for optimizing the best health outcomes for mothers and infants.<sup>2</sup>

## CHALLENGES

Women living with HIV face difficulty in receiving the time-sensitive services and information they need.<sup>2,3</sup> Barriers include poverty, lack of access to quality health care and housing, stigma and discrimination, violence, immigration status, substance abuse and depression. HIV disproportionately affects women of color, particularly Black women.<sup>2,3</sup>



## OPPORTUNITIES

As professional care givers who serve as community health workers, doulas who receive training in HIV care would be well placed to enhance service delivery to expectant women living with HIV. The skilled social, emotional and informational support provided by doulas could greatly optimize the health and well being of HIV-positive mothers and their newborns over the life course and contribute to the elimination of health disparities across generations.

## FINDINGS

- Training in HIV care positively impacted self-reported knowledge, skills and behavior of allied health students and professionals in dentistry, nursing, medicine, pharmacy, social work and among people living with HIV serving as peer educators. Interprofessional HIV training in which mixed care providers learn together and involving people living with HIV in curriculum development and delivery are ideal instructional methods.
- Experts said doulas could impact patient outcomes by extending the mother/doula care relationship time period to include prenatal and postnatal home visits, provide social support, foster trust, increase patient knowledge and understanding of the illness, and improve retention in care and adherence to treatment.
- Experts recommended doula trainings provide fundamentals of HIV transmission and maternal and newborn medical care management, and address the mother's psychosocial and mental health needs, particularly in the postpartum period.
- Experts recommended training HIV-positive women to become doulas, and prior to providing care to HIV mothers, to pair all newly trained doulas with an HIV nurse to learn the differences in HIV maternity care.

## REFERENCES

1. CDC. (2011). Enhanced Perinatal Surveillance—15 Areas, 2005–2008. *HIV Surveillance Supplemental Report*, 16(No. 2), Table 3, 13.
2. CDC. (2013). *HIV among pregnant women, infants, and children in the United States*. Retrieved from <http://www.cdc.gov/hiv/topics/perinatal/>
3. Kaiser Family Foundation. (2013). *Fact Sheet: Women and HIV/AIDS in the United States*. Retrieved from <http://www.kff.org/hiv/aids/6092.cfm>

### Women, Girls, and HIV: Age Matters

#### THE IMPACT OF HIV ON YOUNGER WOMEN IN THE U.S. IS PARTICULARLY NOTABLE.

In 2009, more than 6 in 10 new HIV infections among Black American women and Latinas occurred in those 13 to 39 years of age.



But more than 3 in 10 were 13 to 29 years of age.<sup>2</sup>

### Impact of HIV/AIDS on Minority Women and Girls in the U.S.

BLACK AMERICAN WOMEN REPRESENT **13%** OF THE U.S. FEMALE POPULATION



## RECOMMENDATIONS

- Create a multi-stakeholder curriculum advisory board that includes women living with HIV and representatives from AIDS Education and Training Centers
- Develop and integrate HIV education into standard and continuing doula curricula
- Recruit women living with HIV to train and certify as birth and postpartum doulas
- Use interprofessional education approaches in which doulas learn together with people from other health disciplines
- Conduct research on doula care and HIV-positive mothers' health outcomes, including adherence, retention and satisfaction with birth experience



## CONCLUSION

An interprofessional HIV curriculum designed for doulas may be an ideal model from which to build future trainings to help increase knowledge and capacity of current and future doulas so they may better meet the complex needs of expecting and new mothers living with HIV in the U.S.

## ACKNOWLEDGEMENTS

Lauren Poole, Shannon Weber and Rebecca Schwartz:  
Bay Area Perinatal AIDS Center (BAPAC), San Francisco

Lisa Kane Low: Doulas Care, Ann Arbor, Michigan

Juliana E. Van Olphen, Ph.D., and Michele Eliason, Ph. D.:  
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