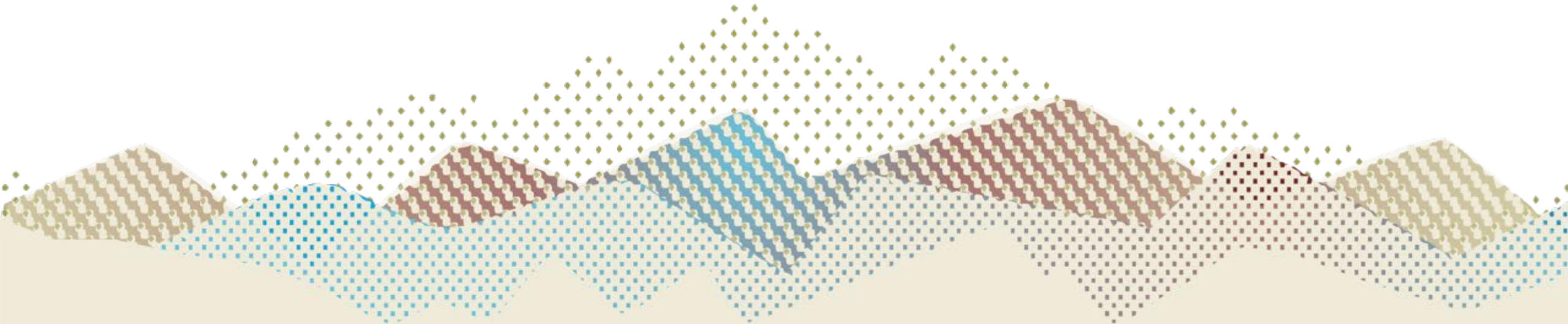




Enhancing Perinatal Support and Services

Webinar Series for Doulas and Case Managers
September 24, 2025



About Us

Regional Offices



Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Presenters

Colleen Townsend, MD

Regional Medical Director

Napa, Solano, and Yolo
Counties

Mary Baracco, CNM, WHNP

Certified Nurse Midwife

Perinatal and Lactation
Professional

*The speakers do not have any conflict of interest

Topics

- September – Basics of prenatal support
- October – Basics of postpartum support
- November – Lactation support
- December – Maternal mental health
- January – Maternal vascular disease
- February – Substance use disorder
- March – Intimate partner violence
- April – Infant care
- May – Bias and vaccination education
- June – Parenting education

**Schedule of topics are subject to change*

Other Possible Topics

1. Vocabulary, abbreviations, and medical terminology associated with maternal newborn
2. Overview of pregnancy and childbirth; the birthing person
3. Updating and honing your resource guide
4. Maternal mental health / perinatal mood disorders / pregnancy – one year
5. Documentation: helping you meet requirements so you can get paid!
6. Prenatal support, childbirth education, birth plans
7. Screenings: Edinburgh and use of the three questions option; ACES; What is the doula's role in screening?



Note: This is a tentative draft of other topics. Please select your three preferred topics by number from the list above and place in the chat box.

Introduction to Support in Pregnancy

Some food for thought as we begin:

- Being pregnant is an expectation defying event. We often underestimate the physical and emotional upheaval that is experienced.
- *Recognition* of this sensitive period, beginning in pregnancy and culminating in the first year after birth, is of the utmost importance.
- During this period, the pregnant person *reorganizes their identity*.
- This transition dynamically affects multiple domains: psychological, physical, relational, and emotional.
- The success, or lack thereof, has significant implications for the psycho-social-emotional-mental health status and well-being of themselves and their family.
- Mothers and other birthing persons are the gatekeepers of their families. Their success through this profound experience is of the utmost importance to their future health and the health of their family.

Today's Presentation

- Comfort and support during pregnancy
- Helpful lactation information in pregnancy
- Childbirth education options
- Preparation for birth: vaginal, C-section, or TOLAC (birth plan)
- Mental health support
- Why blood pressure changes in pregnancy matter
- Brief introduction to trauma-informed care and the social determinants of health
- The role of the doula: begin to explore resources available through Partnership and in your community.
- The role of a case manager and health educator



Learning Objectives

By the end of the presentation, participants will:

- Be able to describe two options for childbirth education
- Accurately describe the role of the doula, perinatal case manager, health educator
- Define the meaning of advocacy
- Name three well-established community resources



Comfort and Support in Pregnancy



Understanding



Positive communication



Anticipatory guidance



Talking about developmental stages and phrases



Talking about the baby within



Life partners



Outside influences



Physical comfort



Psycho-emotional wellbeing



Navigation of significant events



Reconciliation of expectations



Relational model



Comfort and Support in Pregnancy

- Think about: what week of gestation did you enter their care? Where are they in their pregnancy?
 - How many visits overall do you have to spend with them? Your first visit is longer for a reason; make the most of it.
- Suggestions for the first visit:
 - Listen to their birth story from a previous pregnancy.
 - Ask about the relationship with their obstetrical care provider.
 - How are they feeling emotionally?
 - What concerns do they have about their family?
- If you don't have a follow-up phone call policy, it might be a good time to create one.
 - Ask who to contact first.
 - How late is too late to call? What about weekends? Understand the difference between an information call and telehealth.

Comfort and Support in Pregnancy (continued)

Be careful with texting sensitive information; it is not the best place (or best practice) to share it.

You will have multiple opportunities to provide suggestions on resources. Try not to overwhelm them. Here are a few suggestions that might be the most helpful at this time:

- Do they have a PHP case manager? Are they through Partnership, a perinatal services program, enhanced case management, a county-based health / behavioral health program, or a public health nurse?
- Are they set up with women, infants, and children (WIC) services?
- Have they attended childbirth education classes or toured the hospital?
- Are there lactation education classes nearby?
- Do they have a history of, or any concerns about, mental health?
- Be familiar with the resources available from Partnership and locally.

For follow-up, you could attend a prenatal medical appointment with them:

- Doulas
- ECM case managers

Lactation Information in Pregnancy

- What is their feeding choice?
- How have they prepared?
- Ask what their experience with feeding a baby has been.
- Have they been around other friends or family members?
- If this is their second or more baby, did they breast or formula feed before?
- Were there challenges with feeding their last baby?
- What were the successes with feeding their last baby?
- What would they like to be different this time?
- When do they plan to return to work?
- What is their expectation for themselves?
- Assure them you will be there to support them.
- Why are the early days so important?



Academy of Breastfeeding Medicine: Breastfeeding Protocols <https://www.bfmed.org/protocols>

These protocols cover extensive breastfeeding topics – several are focused on early lactation. Please take some time to review a few. They are an excellent source for you to use as anticipatory guidance.

Options for Childbirth Education

- What have they explored? Online, in-person, website information? Offer some resources.
- Are they attending a class?
- Explain why classes are helpful.
- Meet other people giving birth, know what to expect, tour the birthing facility, hospital or birth center.
- Would they like you (Doula or ECM case manager) to attend a class with them?
- Share and review local options / information. Identify some no-cost options that may be available within the prenatal care practice.
- Are they planning a home birth?
- Are they planning for a vaginal birth, C-section, primary or repeat, or TOLAC?



Preparation for Birth

Have they been seeking information on their own? Results?

- Do they have a favorite website(s), books, or social media sites?
- Where do they get most of their info?
- Are they seeing a doctor or midwife?
- Have they started a birth plan? Look at it together and formulate a birth plan using resource materials.
- Who will their support person be?
- What to pack in their go-to hospital bag. Keep it simple.

Most of this can be a springboard for meaningful conversations.

Support for Mental Health Issues

- Mental health issues and mood changes are common during and after pregnancy.
- Some individuals are at higher risk: history of depression and/or anxiety, little social support, complications in pregnancy and childbirth, and lower socioeconomic status.
- Education about managing mood disorders can help prevent worsening symptoms – pregnant people with risks may benefit from education and health coaching.
- **Talk about baby blues**: Feeling worried, unhappy, extra tired? Baby blues are normal, and no treatment is needed – just rest, support, and reassurance. If it lasts longer than two to three weeks, encourage them to talk with their doctor or health care provider.
- **Postpartum depression**: Feeling angry or irritable, lack of interest in the baby, sleeping too much or not enough, crying or feeling sad, feeling guilty and hopeless, loss of happiness?
- May include a more serious situation like possible thoughts of harming themselves or baby* – need immediate referral
- Previous experiences?
- Remind them: help is available and recovery is possible
- *Excellent resource – <https://postpartuminternational.com>

Mental Health Issues in Pregnancy and Postpartum

Adapted from Postpartum International

Baby Blues

- Feeling worried
- Feeling unhappy
- Feeling tired or low on energy
- What to do: Baby blues are normal
- They should only last two to three weeks
- If they do not fade away, please contact your health care provider

Depression

- Feeling angry or irritable
- Lack of interest in the baby
- Changes in appetite
- Sleep – too much or not enough
- Feelings of guilt, shame or hopelessness
- Possible thoughts of harming yourself or your baby

Anxiety

- Constant worry
- Sense of doom
- Unable to stop negative thoughts
- Appetite changes
- Sleep issues
- Mental and physical restlessness
- Feelings of panic and chest pain (serious)
- Anxiety can be treated

Mental Health Issues in Pregnancy and Postpartum

Adapted from Postpartum International

Obsessive Compulsive Disorder (OCD)

- Feeling the need to clean, check, or count things over and over
- Being overly protective of the baby
- Scary images and thoughts of your baby being harmed
- Moms with OCD know their thoughts are strange and are not likely to act on them.
- Encourage them to call the health care provider and to self-refer to Carelon Behavioral Health **(855) 765-9703**

Post-Traumatic Stress Disorder (PTSD)

- Often the result of a traumatic birth or past trauma
- Reoccurring thoughts about what happened
- Flashbacks or nightmares
- Anxiety
- Sleep disturbances
- Panic and chest pain
- Encourage them to call the health care provider and to self-refer to Carelon Behavioral Health

Postpartum Psychosis

- Delusions
 - Hallucinations
 - Hearing voices telling them to do bad things
- Postpartum Psychosis is the most serious and dangerous condition of all. The mother and her baby or children may be in immediate danger.
- Do not leave the mother
 - Call **911**
 - Contact the health care provider and give an update

Perinatal Mood Disorders Case Study

Lexie is a 27-year-old G3, now P3, who gave birth about ten days ago. The birth was a normal spontaneous vaginal birth. She came home on day two. The other children are 2 and 3 years old. The household is happy, although somewhat chaotic. You are here today for the second time since discharged home. Last week, two family members were helping: Lexie's sister and Lexie's husband. Lactation was going well. The baby had plenty of poops and pees and was feeding about eight to ten times each day. At that time, her milk had come in, and the engorgement was resolving.

Today she is alone. She states today that feeding the baby is going well, but she has a hard time keeping an eye on the two toddlers while feeding. As soon as the baby starts to nurse, they go to another room and become very quiet. She has to keep getting up to check on them. She says she feels unhappy, mostly because her help seems to have “disappeared”. She states she is super tired – more so than she thought she would be and it's starting to make her feel overwhelmed.

How can you offer support and validation? Identify where she is on the spectrum of postpartum moods.



Case Review: Perinatal Mood Disorder

Initial observations

Explain to Lexie that she is most likely experiencing **baby blues**, a common occurrence in the first 2–3 weeks postpartum due to hormonal shifts.

Support strategies

Emotional support

- Normalize her experience and reassure her it's temporary.
- Offer more frequent visits and clarify what support you can provide during those visits.

Practical help

- Explore options for additional help:
 - Can relatives or friends visit for a few hours each afternoon?
 - Can her husband adjust his work schedule?
 - Include her husband in the problem-solving conversation.

Monitoring mental health

- Discuss signs of worsening emotional state:
 - Persistent guilt or worry about being a bad mother
 - Irritability, anger, or lack of interest in the baby
 - Appetite loss, insomnia, or thoughts of self-harm

Managing older children during baby feeding

- Designate a safe space (e.g., a child's bedroom) for feeding time.
- Ensure comfort and safety:
 - Comfortable seating
 - Phone nearby
 - Favorite toys or activities
 - Table with snacks

Action plan

- If concerning thoughts arise, she should contact:
 - Health care provider
 - Case manager
 - Her doula (You!)
 - Emergency services (911)

A Short Introduction to Cardiovascular Conditions in Pregnancy

- Vascular problems and heart conditions are common causes of death and complications related to pregnancy
- Individuals with a history of high blood pressure or those with blood pressure problems in prior pregnancies, diabetes, obesity, > 35 years old, and twin pregnancies are **at risk** for problems with high blood pressure including: pre-eclampsia, eclampsia, HELLP syndrome.
 - We will discuss normal expectations for blood pressure
- Aside from high BP what else might the pregnant woman experience....
 - Swelling – especially of the face can be a serious indicator
 - Headache
 - Visual disturbances
 - Excessive protein in her urine. She will only know this if she is told at a Prenatal appointment
 - If she complains about any of these symptoms, she must be medically evaluated that day
- Deep dive: Hypertension in Pregnancy: The American College of OB/GYNs, Women's Health Care Physicians.

Important note: *All the above is physician care. If the doula “notices or hears” anything, their responsibility is to make sure the physician is informed, and the client is seen.*

The Trauma-Informed Approach

Why is this important?

“A trauma-informed approach emphasizes choice and empowerment and creates a safe and trusting environment for the birthing person.”

Obstetrics and Gynecology Vol, 141, No.6, June 2023
Sarah Johnson MD, Nadine Kasparian PhD, et al.

What does a trauma-informed approach look like in pregnancy and postpartum?

- Trauma-informed approaches look different from person to person, in individual situations, and with different care providers. It is helpful if the following elements are included.
- It would be ideal if the approach in each situation included recognition of past trauma, known or perceived, of the person being supported by their doula.
- The doula does not need to be an expert in trauma-informed care or need to know all the nuances of what trauma and abuse can look like. They need to be a supportive facilitator.

Brief Introduction to Trauma-Informed Care and the Social Determinants of Health

What is trauma-informed care?

According to the Centers for Disease Control (CDC) and in collaboration with SAMHSA, trauma-informed care is guided by six principles.



1. Safety



2. Trust and
transparency



3. Peer support



4. Collaboration
and mutual
respect



5. Empowerment:
voice and choice



6. Cultural,
historical, and
gender issues

Let's view this from a case study perspective

These case studies are compilations of several individual events. Some real and some fictional.

Case Study #1

- Yolanda is a 19-year-old G2 P1. Her first child is a 2-year-old girl. She is a single parent. She is not with either FOB. The first FOB treated her badly and she is afraid that may happen again.
- She had a DUI just before she became pregnant the first time at 17 years old.
- She answered questions honestly at the first PN visit with her first child and she was reported to CWS. She was surprised as the DUI happened before she got pregnant the first time.
- She went into labor at 40 weeks 2 days. She thought she was doing well and then the nurse suggested she get an epidural. After the epidural everything slowed down, her BP got really low 90/50, and the baby's heartbeat slowed down to the 90's. Her Dr. said she needed a C/S section. She was very scared. After the birth, the baby was separated from her for 24 hours.
- She would like to have a vaginal delivery this time but admits she is scared to ask.

Let's talk about things that might trigger a stress response in this pregnancy, based on the perceived trauma during her first pregnancy and what you, as her Doula, can do to advocate for and support her.

Review Case Study #1:

Yolanda is young and on her own. She has a history of a DUI. She states she is afraid to be honest. The thought of another epidural and C/S fills her with anxiety. She needs coaching and support to ask for a TOL. She will need lots of continuous support in labor.

1. Explain to her the provider's legal obligation to report. Probably in part because of her age at the time of the DUI. CWS needed to confirm she and the baby were safe. **(support)**
2. Talk to her about the risks and benefits of epidurals and how you will be there to support her in labor for as long as necessary. **(advocacy and support)** And, that if she needs another epidural, it won't necessarily act the same way. **(informed choice)** She can have a conversation with the nurse anesthetist or anesthesiologist and explain what happened. **(voice)**
3. Tell her that you will "practice" with her about how to ask for a TOL. Be sure she understands you can't ask for her, but you will practice with her and be there when she does ask. **(support, advocacy, and voice)**
4. Assure her that you will go over comfort and management techniques for labor and birth. That you will have plenty of time to do that with her. **(choice, support, and advocacy)**

Social Determinants of Health (SDOH)

The Social Determinants of Health (SDOH) have been identified by SAMHSA (Substance Abuse and Mental Health Services Administration). They were included in Healthy People 2020, a national health initiative, and will continue to be reviewed and included in Healthy People 2025 and 2030. These are the non-medical factors that affect a person's health and well-being:

1. Economic stability
2. Education and quality
3. Health care
4. Social and community support systems
5. Neighborhood and built environments (think safe housing / access to healthy foods)
6. Access – think transportation and health care

Case Study #2



- Mona is a 24-year-old recently widowed mother of two children. She is six months pregnant and met you just before her husband (a truck driver) died in a work-related vehicle accident.
- She is overcome with grief and doesn't know what to do next.
- She does not know how she is going to pay rent. Or, if she can afford groceries.
- She works part-time, and her children are in licensed childcare.
- She has family close by who are helping her at the moment by making the funeral arrangements.

Review of Case Study #2

1. She does not know how she will pay rent and groceries. You are aware that there are services and agencies in your community that may be able to help her, but you aren't sure where to start.
 - Ask her if she attends a local church, if so, help her make contact with someone who helps parishioners with social challenges. **(Social support systems)**
 - Ask her to let her PN provider's office know what has happened. Ask them to refer her to a Social Worker or a Case Manager within her Prenatal Health Care system or at the local hospital. **(Healthcare)**
2. Find out if she has a family member who can accompany her to the local Social Security office (death benefits for her children and herself) and/or can call her husband's employer and ask about Worker's Compensation benefits. Did he belong to a Union? (Economic Stability) Look at your own Resource list – refer her to WIC and the local food bank. **(Community Support Systems, Neighborhood Built Environments)**
3. Know that she will need extra support throughout the rest of her pregnancy and throughout labor, delivery, and postpartum. You might want to consider teaming up with another Doula to ensure that you will be able to provide her with the support that she needs. **(Education, Community Support Systems)**
4. See if the Social Worker/Case Manager will help coordinate family members to transport her children to and from childcare. **(Access-Transportation)**

The Role of the Doula: Why is the Doula Important?

- The Doula is in a unique position / role to interact with and support the birthing person/family.
- The Doula does not have to be an expert; she just needs to have an awareness, **be an active listener**, an advocate who has empathy.
- She is in a position of trust.
- She has frequent interactions with the birthing person / family.
- The Doula has knowledge and access to helpful information; thus, she can provide current, effective resources. She has networking and peer-building capacity.*
- The Doula and Case Manager act as facilitators.
- What does a relational model include: Support, trust, facilitates communication and information, advocacy etc. The doula model is very much a relational model.
- Her hands on skills include: positions for labor, pressure point techniques* relaxation, and breathing techniques.

*Being a Birth Doula: Knowledge, Skills, and Topics.

Childbirth International – Training Without Boundaries, Birth Doula Syllabus, pg.17

The Role of the Perinatal Case Manager

- A relational model includes: Support, trust, facilitates communication and information, advocacy, etc.
- *The CPSP model of care: **Obstetric Care > Nutrition > Health Education > Psychosocial**
 - Health services are client-centered and based on their prioritized needs and individualized for the client.
 - Services are culturally sensitive, client strengths are incorporated in the care plan, and a multidisciplinary approach is used.
 - Client participation in all CPSP services is encouraged yet voluntary.

**Information from the CDPH / CPSP Provider Handbook 2018*



Partnership & Community Resources: Develop a Guide

- Let's explore what Partnership has to offer and make a list:
 - Growing Together Program
 - <https://www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/Pregnancy--Breastfeeding.aspx>
 - Care coordination
 - <https://www.partnershiphp.org/Providers/HealthServices/Pages/Care-Coordination.aspx>
 - Community-based resource guides on the website
 - <https://www.partnershiphp.org/Community/Pages/Community-Resources.aspx>
- Explore what your county offers and add that to your list
- Ask your client if they'd like you to meet their perinatal case manager

Understanding Key Terminology and Phrases

Best practices

Anecdotal information

Evidence-based practice (EBP)

Trauma-informed care

Social Determinants of Health

Takeaways

- Questions and answer time
- Thoughts to share



Please type your questions / comments in the chat box

In Closing

We hope you found this introduction to Partnership's Enhancing Perinatal Support and Services Webinar series interesting and helpful.

We truly appreciate your feedback and ask you to fill out the survey after the webinar. Once you have completed the survey, you will get credit for attending the webinar presentation. Thank you!



Next Webinar: Wednesday, October 22, 2025

Time: Noon – to 1:30 p.m.

Topic: Basics of Postpartum Support



References

- DONA International - <https://dona.org>
- ACOG - <http://www.acog.org/>
- CDC – The Social Determinants of Health - <http://cdc.gov/sdoh>
- SAMHSA - <http://www.samhsa.gov/>
- Postpartum Support International - <https://postpartum.net/perinatal-mental-health>
- Academy of Breastfeeding Medicine - <https://bfmed.org>
- Partnership resources, Doulas, Case Managers, and Perinatal Health Educators - <https://www.partnershiphp.org/Community/Pages/Community-Resources.aspx>
- CDPH / CPSP Provider Handbook
- Being a Birth Doula: Knowledge, Skills, and Topics.
 - Childbirth International - <https://childbirthinternational.com>
 - Birth Doula Syllabus, pg.17

Thank you!

