

What?

- No cost doula like support for birthing persons on L&D unit at ECU Health
- 40 volunteers serve 2 x 8hr shifts per \bullet month
- Provide continuous emotional, physical and informational support
- Use non-medical pain relief techniques
- Support patient within medical plan of care determined by their medical team.
- Stay with the birthing person throughout labor and birth giving reassurance, encouragement, and comfort.
- Aid with skin-to-skin contact and breastfeeding initiation in the immediate postpartum period









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Expansion and Development of Birth Partners at ECU

2019

Marriam Azam



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37.3

2018

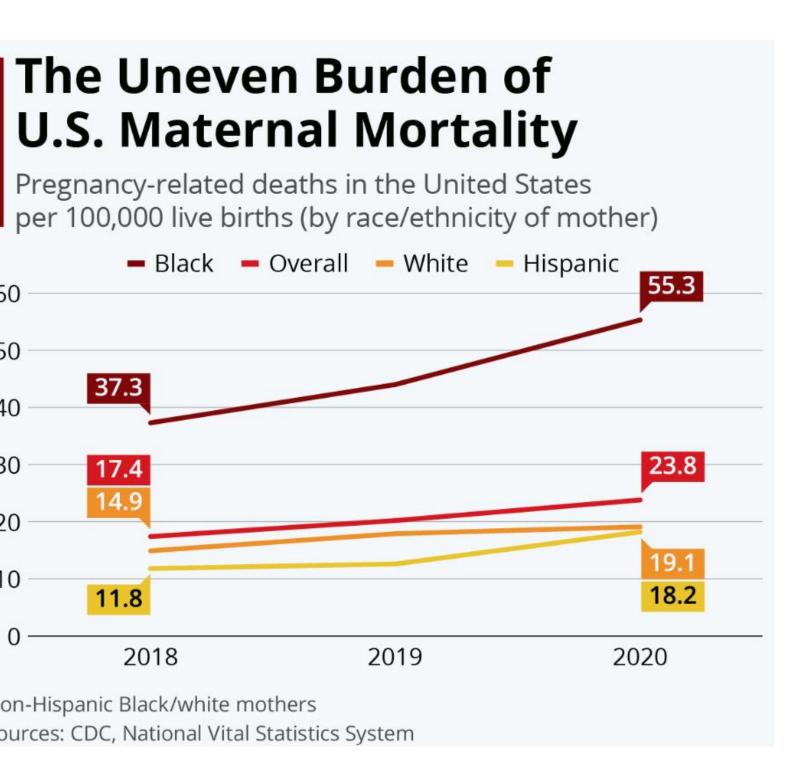
-Hispanic Black/white mothers

Sources: CDC, National Vital Statistics System

- **Promote positive birth outcomes to address** disparities in maternal and Infant mortality rates in Eastern NC
- CDC reports NC Maternal Mortality Rate of 20 deaths per 100,000 live births compared to US MMR of 17.5 deaths per 100,000 live births
- Free doula support for those who face financial barriers and most at risk of poor birth outcomes

\bigcap	Maternal Vulnerability		2022 MARCH OF DIMES REPORT CARD FOR NORT		
 Very High High Moderate Low Very Low 			6.8 5.4	Infant mortality ra	RTALITY RATE tes are an indication of overall health. Leading causes of in term birth, low birth weight, maternal complications and su
		ina 68 79 93	71	Rat 7.4 7.0	e per 1,000 live births
Reproductive healthcare	Durham, North C 43.2 Moderate 8 53 19 Physical health	36 70 86 Mental healt substance ab		General healthcare	Socioeconomic determinants

The MVI assigns each county a relative maternal vulnerability score (where 0 = the least vulnerable and 100 = the most) Sources: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics 2021. Natality public-use data 2007-2020 and Underlying Cause of Death, 1999-2020. Accessed on CDC WONDER Online Database 10/26/2020. MMRs were calculated using 2016-2020 data



of infant death include d sudden infant death	CDC distribution of pregnancy-related deaths by timing of death in relation to pregnancy, data from Maternal Mortality Review Committees in 36 US states, 2017-2019.			
		Ν		
	During pregnancy	216		
	Day of delivery	132		
	1–6 days postpartum	120		
	7–42 days postpartum	233		
6.8 6.8 6.8	43–365 days postpartum	301		

Physical environment

- of volunteers
- professional students
- and outpatient setting
- awareness of program



21.6

13.2

12.0

23.3

30.0

With many thanks to founders of the program Uma Gaddamanugu, Shantell Mclaggan, and my co-director Alexis Moore as well as program manger Rachana Charla.. We are also thankful to ECU Health leaders Leslie Coggins, Angela Still and Chad Tucker and our wonderful Lactation specialists Donna Brooks and Heather Bazemore. The program is very grateful for the continued support and guidance of Dr..Cunningham. Also, a huge thanks to our dedicated volunteers who make the program possible.

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Now What?

Strengthening program foundation

Continue to develop education and training

• Expand and develop program to provide prenatal and postpartum support

Recruit more pre-health and health

Continue to expand connections at hospital

 Connect with local and state networks committed to infant and maternal health

Increase community presence and



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