



Report on funded Doula service at  
Snowdrop Doula Community Interest  
Company.

Findings and learnings.

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## Background

Snowdrop Doula was founded in March 2011, by Michelle Bromley-Hesketh, following her own experiences with perinatal mental illness and became a community interest company in April 2014.

Current board of directors include.

Michelle Bromley-Hesketh

Michelle Plaiter

Rebecca Catterall

Roger Bromley-Hesketh

Snowdrop Doula Community Interest Company (CIC) was founded in order to support local families through pregnancy and the following two years. The philosophy is to provide free and low cost support to all families and to ensure all families who want or need support are able to access the support required.

Through the unique Snowdrop model of flexible doula support and counselling/psychotherapy the organisation aims to improve physical and mental wellbeing of parents and their family.

Doulas provide one to one, continuous, support throughout pregnancy, birth and beyond. Support offered is varied and typically includes support around what to expect at birth and life with a newborn, infant feeding support, practical help, and befriending. Snowdrop Doulas are well trained in pregnancy, birth and newborn behaviour along with perinatal mental health. Doulas are not medical professionals; they help around practicalities and emotional support.

Alongside this service, Snowdrop Doula CIC runs a baby goods bank, giving donated items to families in need for free.



Snowdrop Doula  
COMMUNITY INTEREST COMPANY

# 10<sup>th</sup> ANNIVERSARY



## 2011 LAUNCHED

Founded in 2011 by Michelle Bromley-Hesketh, Snowdrop Doula provides antenatal, birth and postnatal support in Lancashire.



## 2013 BABY BANK Birth pool/ tens machine hire

East Lancashire baby bank. Working with local agencies and services to make sure donations reach those in need. Our aim to reduce waste whilst supporting those in need.



## 2014 C.I.C. SET UP

Snowdrop Doula became a Community Interest Company in 2014 which enabled us to provide more services to families in the UK. Microbirth screening.

## 2015 FOOD SHARE & FUNDING

Awards for all funding for free Doula support.  
Female hygiene bank.  
Food sharing via our redistribution support channels of Neighbourly and Fairshare, eliminating food waste and feeding the local community.



## 2017 MORE FUNDING

Moved into the hub at Burnley. Free counselling services. Nominated for MaMia award. Young parents group. Reaching communities Lottery grant to provide employment for 5 more Doulas to help with the increase in demand.



## 2016 HUB OPENED

Moved into Valley Street community centre.  
Parents at lunch.  
Red tent.  
College courses.  
Dance class.  
Play group.  
Shop.  
Antenatal journaling.



## 2018 ENDORSED TRAINING

Our training received CACHE endorsement. Began Hypnobirthing classes. Pregnancy Pals. Cloth nappy library.

## 2019 ACCRINGTON SHOP

Zero waste products. Doula cafe/The Doula Place launch.



## 2020 NEW BURNLEY SHOP

Toddle and Tune.  
Launch of online shop.  
Open larger Burnley shop.  
Online classes.  
Walk and Talk groups.  
WRAP Food waste funding.  
CAF funding.  
Awards for all funding. Neighbourly funding. Covid funding.

## The project

In 2015, Snowdrop Doula Community Interest Company was successful gaining a grant from The Big Lottery Fund (Awards 4 All). This enabled a small pilot project to provide free Doula support to families within the area covered by BB postcodes. This project was successful in showing a positive impact and that more support was needed. The area this covers is in an area of high deprivation.

In November 2017 Snowdrop Doula CIC was successful in gaining funding, totalling £399,771, for a 3 year project to train and employ five Doulas to support more families in the area covered by BB postcodes. This funding was from National Lottery Community Fund, Reaching Communities. The Doulas trained in February 2018 and began working with families in March 2018.

The Doula training is specialist in house training covering a wide range of topics, including, debriefing and self-reflection, basic pregnancy physiology and common complications, birth physiology and common complications, postnatal expectations, perinatal mental health, listening and counselling skills, the role of a Doula.

The training became endorsed with CACHE in 2019 and is in the process of becoming an accredited Customised qualification as a level 3 Award in Perinatal support work with CACHE/NCFE. This genre of qualification is unique in its endorsement and accreditation.

A doula is a specialist support worker working with families in the perinatal period. Typically, in the UK, a Doula would work privately, charging a fee for services. The fee for this service varies from around £300 to £3000 upwards. The type of support given varies but typically the support offered is around birth preparation and practical support post birth, such as routines and feeding support.

One of the aims of this project was to offer free doula support to families who lived within BB postcodes. All the Doulas were paid a reasonable wage in which to do this. This then enabled families to access doula support who would otherwise have been financially excluded from being able to do so. It also created training and employment for local people.

In late 2018, we ran an awareness campaign with two outcomes to be achieved. Firstly, to raise awareness of our doula service and secondly to raise awareness of what a doula does. We recruited local parents and invited them to a make over and photo shoot, and then we advertised across our area. We then asked local parents to share with us what having a doula had meant to them. We then used those quotes within our advertising campaign. This enabled us to reach a large number of people and on the back of this campaign, we also celebrated our first year of the project and presented on local radio.

Our press coverage has also included Look North West and Granada Reports which covered the need of the baby bank, the latter focusing on the effect that the pandemic had on parents. Our directors were also featured on Radio Lancashire, Rock FM and 2BR, all local radio stations. This enabled us to promote our service and feedback on local families needs.

The named aims and outcomes of the Reaching Communities National Lottery Fund match the aims of the organisation, Snowdrop Doula Community Interest Company.

## Aims and Outcomes.

1. Improve birth outcomes.
2. Improve breastfeeding rates.
3. Improve wellbeing of new mothers.

These three aims of the Reaching communities Doula project were decided following feedback from mothers and parents from the previous 6 years of work with local families. Research and policies suggest that these three things, birth outcomes, breastfeeding rates, and wellbeing of new mothers and parents can have a lifelong impact upon the public health of a community. This project sought to achieve a positive impact upon families at the earliest possible opportunity.

Please note, we use the term “mother” to describe the birthing parent throughout this. All birthing parents we have supported throughout describe themselves as mothers. We use the term “partner” to describe any second parent. Not all those using this service had a second parent or birthing partner.

**"Like having an extended family taking care of you"**



Speak to one of our doulas for free

- Doula Support
- Counselling
- Groups
- Baby Bank
- Ethical Shop



**"Thank you for taking time"**



Pregnant? Find out about our free service

- Doula Support
- Counselling
- Groups
- Baby Bank
- Ethical Shop



**"With you each step of the way"**



Find out about our free service offered by our qualified doulas

- Free support & information during pregnancy, birth & beyond
- A listening ear



**"What a fantastic service - Everyone should know about it"**



- Free support & information during pregnancy, birth & beyond
- A listening ear

Find out more...




  
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#snowdropdoula  
#whatadouladoes



#snowdropdoula  
#whatadouladoes

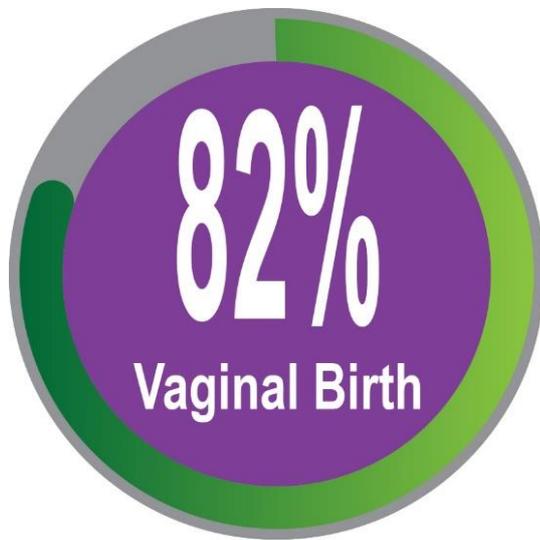


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## Statistics

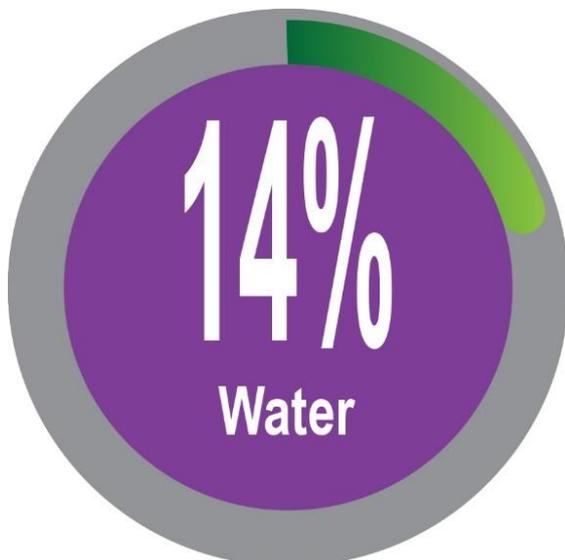


Most families coming to the service were looking to have a vaginal birth. Our results show 82% achieved a vaginal birth. Of the remaining 18% there were two emergency caesareans. This project supported a number of planned caesareans. Women wishing for support around Caesarean sections were those who had previously had an emergency caesarean and were looking for a calmer experience.

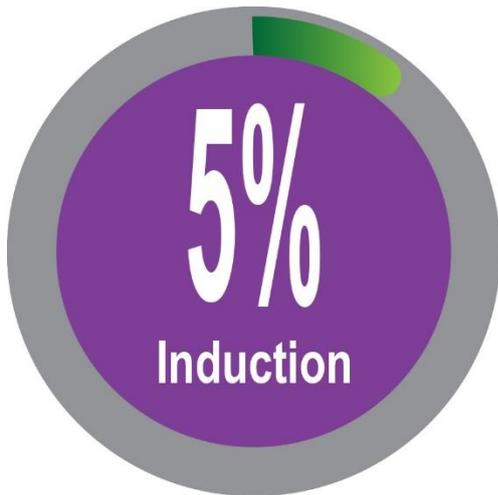
Of these vaginal births we had two vaginal births

after caesareans.

The UK rate for caesarean birth is around 1 in 4, or 25%.

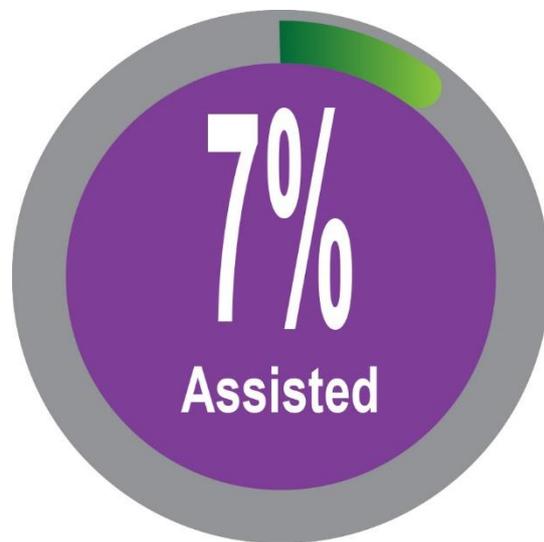


We have found that 14% of births within this project were in water. We do have a discrepancy in data here as some mothers that used water for pain relief but then got out of the pool to birth the baby have not been recorded. The UK data on water birth is 20%. Suggesting a lower rate within our service.

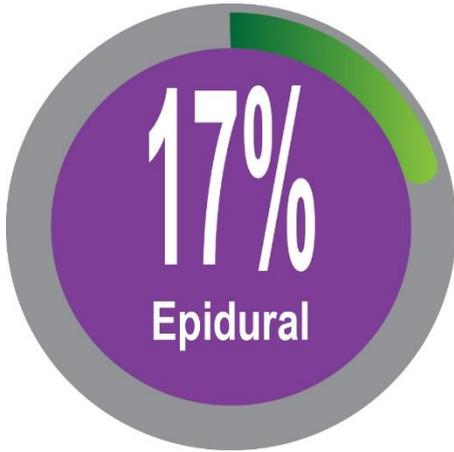


With an induction rate of 5 % this project shows a lower rate of induction in comparison with the rate of labour induction in the UK. The rate in the general population is that 20% of all births will be induced. This project shows 75% less rate of induction.

For this project we counted assisted birth to mean births where forceps or ventouse was used to aid the birth of the baby. We found 7% used this. The UK rates are around 12.5%. This would suggest a 44% reduced chance of assisted birth.



Episiotomies are usually used along with forceps or ventouse births. This is not always the case as baby can be born with an episiotomy alone. We found that some families we supported used this. 14% of births in the UK use an episiotomy.

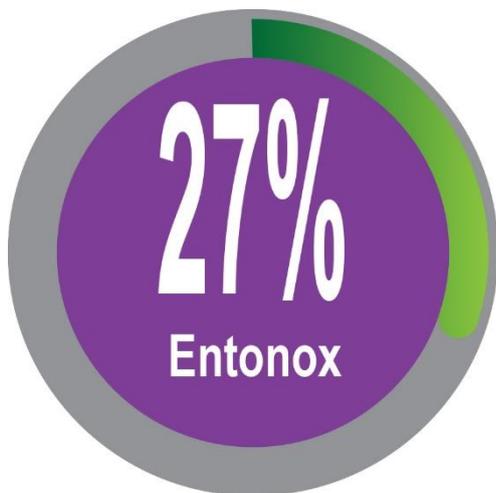
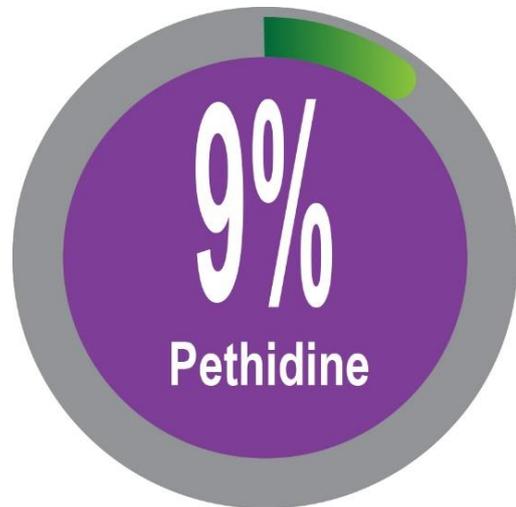


Epidural rates within the UK are said to be around 31%. We found that 17% of families we supported required an epidural in labour.

This would suggest 46% lower rate of epidural use with our Doula support.

The use of pethidine injection for pain relief in childbirth, in the UK is said to be around 25%. This project found a use of pethidine to be for 9% of families supported.

This shows that within this project we found a 64% lower chance of requiring pethidine in childbirth.



Entonox, or Gas and Air, is a commonly used drug for pain relief in childbirth. With 72% using the drug in the UK general population. Within this project we found 27% would use the drug.



We found that the majority of mothers we supported within this project breastfed their baby at birth. Those that did not were mothers who had their baby removed from their care at birth and one mother who did not wish to breastfeed. Both locally and nationally, breastfeeding rates at birth are around 81%.

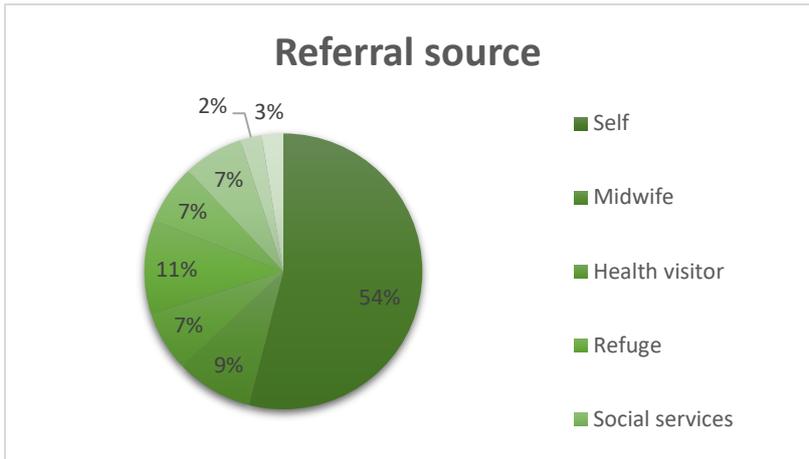
By 6 weeks post birth we found that breastfeeding rates dropped slightly to 75.4%.

This remains higher than rates overall locally and nationally which are around 24% for exclusively breastfeeding and 55% for giving some breastmilk. Our figures are for exclusive breastfeeding.



By 6 months rates of breastfeeding within the UK, and more locally, drop to around 1% exclusive and 34% mixed.

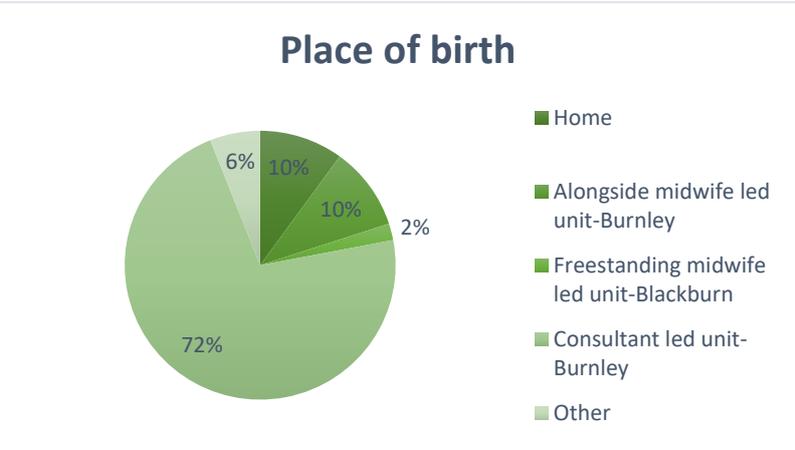
Our data cannot be sure if rates are exclusive, and we suspect not as many began to give other foods slightly before the 6 months mark.



The majority of referrals into the funded Doula project came from self referrals. These came for a number of reasons. Some were told of the service via their midwife or other service and self referred.

Others had heard of the service from a friend who had used the service and wished to have the same experience for themselves. Some service users had simply searched for additional support in pregnancy online and come across our services. The service did experience some resistance from some midwives in the early days. However, with continuously working together this has now, mostly, been overcome.

Reasons for referral varied, with mental health and anxiety cited mostly by health professional referrals. Referrals from social services and refuge included domestic abuse and/or parenting skills and support post removal of a child. Self referral reasons were around wanting to know options and rights and after a previous negative experience and wishing for things to be different this time.



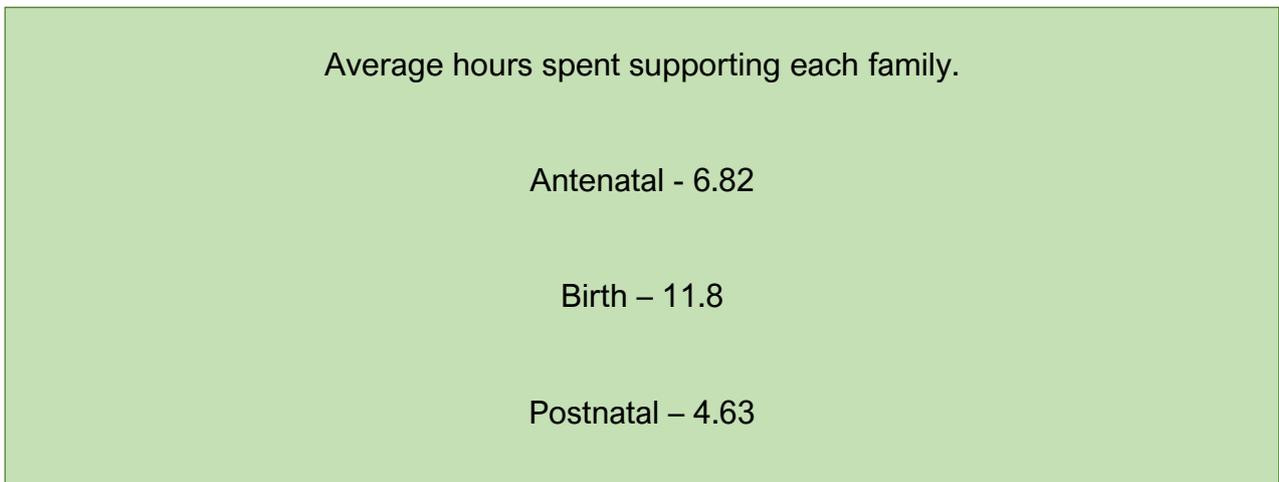
This service found that most births we supported took place in the local consultant led unit. This appears to be for a number of reasons. Lots of those referring to our service had additional medical needs that required

additional support at birth. They came to us wanting to know more about options, what

might happen and what to expect. Families then reported feeling more confidence about options available and more relaxed about what may happen.

We found a similar rate of home birth to that of the alongside midwife unit locally. At two home births the Doula caught the baby before the midwives or paramedics had chance to arrive. We also caught a baby at the side of the road whilst awaiting paramedics.

In the first two years of the project, we supported 150 families. In the 3<sup>rd</sup> year, 2020, the pandemic hit and so the service changed slightly in nature though over 150 were supported in this year alone.



The box above shows the average amount of hours this project spent with each family during each part of their perinatal experience. This does vary hugely across families, some having a total of 60 hours of support and others simply a 2 hour antenatal session. In looking at the birth hours it shows a slightly less than average length of birth.

## Case studies

X first came to the service in early pregnancy to her first child. The referral came via a local midwife who was concerned around the mental health of X. Support was given around birth choices and Calming techniques. X also received support via our baby bank to provide items for the baby.

X had decided a home birth was her chosen birthing method, but this was met with some resistance by her midwife. X felt confident enough to converse and voice her reasoning for this plan which meant a change in midwife and choices supported. X had a successful home water birth. This service supported X post birth with things such as feeding, routine, baby items and emotional support. X attended other groups offered by the organisation. X has also had a second pregnancy supported by the same Doula and another home birth. X is now a volunteer with the organisation.

Y came to the service via social services. Y had recently had all of her children removed from her care and was in her late second trimester of pregnancy with the potential for this child to be removed at birth. A lot of emotional support was needed and help for Y to understand what social services' rationale and criteria was. Y's new baby was removed shortly after birth at the hospital and Doula support was able to be with her as this happened which helped to keep a level of calm in what is an emotional and tense time. Support remained with Y for a few months afterwards as Y attended contact visits and continue to express milk for the baby whilst in foster care. The child has not returned to the care of Y; however, Y remains optimistic about life and reports Snowdrop Doula CIC support through the process has helped her to understand what has happened and why and she continues to make positive changes in life.



**"More confidence as a first time mum"**



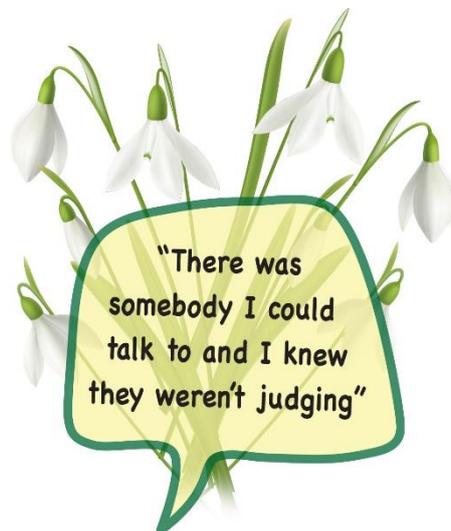
**"The support helped a lot with my self esteem"**



**"It made me feel so much better, happier & more confident that yes we are doing our best in these hard times"**



**"Less stress"**



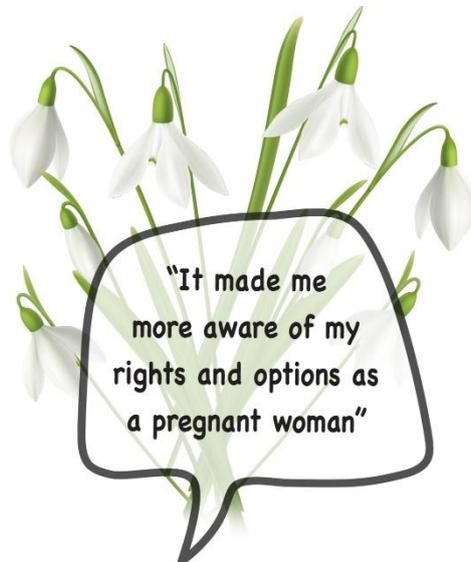
**"There was somebody I could talk to and I knew they weren't judging"**



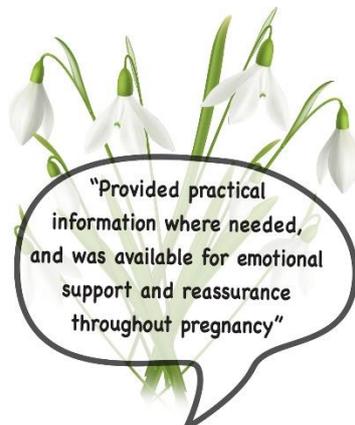
**"Snowdrop changed everything for the better!  
I was so anxious after a previous traumatic experience"**



**"Made my experience amazing and I felt so empowered"**



**"It made me more aware of my rights and options as a pregnant woman"**



**"Provided practical information where needed, and was available for emotional support and reassurance throughout pregnancy"**

## Findings

### 1. Improve Birth outcomes.

This first outcome looks as improving outcomes. This can be in relation to mother and infant mortality as well as harm, as well as lower use of interventions in labour and birth. From the statistics it can be seen that this project of providing free Doula support to local families does lower the rates of birth interventions.

The rates of use of pethidine and/or epidural were lower in this project than that within the general population of the UK. (9% and 17% vs 25% and 31%) It is known amongst medical professionals that these drugs can have a short term effect on both mother and baby and increases the chance, or risk, of needing further interventions such as instrumental or surgical birth.

Within this project we can see a lower rate of the need for instrumental, or assisted birth, such as those with forceps or ventouse. (7% Snowdrop vs 12.5% UK). The Snowdrop Doula project shows a lower caesarean section rate of 18% in comparison to that of the UK general which is 25%.

Only two babies required support in Neonatal unit post birth. Unfortunately, one baby died a few days post birth, however we do not have the data on whether this baby was in Neonatal intensive care.

Looking at this we can conclude that the project funded within Snowdrop Doula Community Interest Company does reduce the use of opioid and anaesthetic drugs as well as the need to use forceps/ Ventouse/ episiotomy. Alongside this the need for caesarean birth is lowered by around 28%.

This project does improve birth outcomes in comparison to the general population in the UK.

## 2. Improve breastfeeding rates.

Research suggests that improving breastfeeding rates should overall improve public health. Studies suggest that around 80% of new mothers give up breastfeeding before they want to. Snowdrop Doula project wishes for all parents to be able to birth and parent in their chosen way.

We can see that the rates of breastfeeding at birth, 6 weeks, and 6 months are significantly higher than the rates within the rest of the UK.

There is decline in figures between birth, 6 weeks, and 6 months. This is also shown in the local and national rates. There can be various reasons for this. Between birth and 6 weeks parents report feeling tired and sometimes baby and mother may have other issues that mean breastfeeding can be difficult. Things such as tongue tie can mean there are problems and delays in cutting of tongue tie can mean breastfeeding can stop, of which our project saw this in a few cases. Other parents reported weight loss in the baby as a reason to stop.

The project was also able to give support around safe formula feeding where applicable.

### 3. Improve wellbeing of new parents.

As the quotes show, families reported an improvement in wellbeing through feedback given anonymously.

In those who came to the service after a previous negative experience of birth, 100% said they felt this experience was positive. Some of these also had counselling from our specialist service alongside the Doula support.

The families appreciated the one to one support and there was a high level of trust that developed between the doula and the parent. This was reported back through feedback both through quantitative on a scoring system and through qualitative feedback.

Feedback received showed a high level of trust in the doulas and mothers appreciated and valued the support given. This support enabled mothers to feel more empowered in making decisions in relation to their birth, feeding choices, being able to access additional services and it also had an impact on their wider relationships. One mother shared that she had re-connected with her own mother after a time of estrangement. Others said that relationships with their partner had improved and that information that they had received, they had been able to pass onto to friends. This improved their sense of wellbeing and feeling of value.

The Walk and Talk support groups, in response to client feedback and the COVID crisis have proved invaluable. We have had mothers who have not left the house alone for three or four months and expressed that the group was the first time they had left the house with the baby alone. Some of the babies that have attended, at ages four or five months, had not seen another baby, due to COVID restrictions. Parents attending the

groups are forming friendship groups which are being continued outside of the support group.

The statistics we found within this project suggests a lower rate of use of drugs for pain relief. We may have expected a higher rate of use of gas and air as this seems to be the first point of pain relief. We also expected a higher rate of water birth. However, this does not seem to be the case. We did find that mothers preferred to use alternative methods such as hypnobirthing, meditation, breathing, aromatherapy, and homeopathy. Another reason that could suggest the low water birth rate is that the majority of births within this project were in a consultant led unit, which has a limited number of birthing pools so there was a lack of ability to use one.

### Additional and unexpected findings

Due to the nature of this project, in that it is financially free at the point of contact, Snowdrop Doula Community Interest Company is able to support families that would otherwise be financially unable to do so if the service had been a private service. This has opened the service to be able to offer support to that would not typically be offered by doulas. This has included support offered through the baby bank service, support during child protection proceedings, domestic violence support and mental wellbeing support.

We found the range of ages of the mothers that came to the services were from 19-47, with the mean average age being just over 30 years old. The median age of mothers was 32. Suggesting that the need for Doula support in pregnancy and beyond is not age dependent and seems to be across all ages.

A similar wide range is found amongst timing of referral. This project found expectant mothers referring from preconception to 40 weeks pregnant. Postnatal referrals came within the first month of birth and were around infant feeding and emotional support for the new mother. Reasons for antenatal referral did vary but the overarching need was around birth and postnatal preparation and wanting to understand rights in birth.

During this project Snowdrop Doula Community Interest Company has deepened relationships with other local, and some national, services. Within this project we have been invited to many strategic meetings within NHS services as well as councils and continue to attend these meetings to feed in ideas and suggestions around strategic development of services, in order to benefit the local community that we serve.

Working closely with many other agencies outside of maternity such as social services and local refuges, has enabled the organisation and the project to be able to offer further services to those families. There are often more complex needs in addition to wanting to know about birth expectations and we have been able to offer a more varied and flexible approach.

Throughout the project we have listened to parents and their needs and adjusted, as necessary. We do this through feedback forms, our social media channels and listening to parents as we support them. The walk n talk groups we now run are due to such feedback. We continuously look to adapt to the needs of families. We now have a number of ex service users now volunteering within the organisation. They offer to help out and to “give back”.

## COVID-19

The COVID 19 pandemic hit two months into our 3<sup>rd</sup> year of Reaching Communities National Lottery Funding. This meant we had to respond to client need, staff requirements and the pandemic to readjust how we worked. Due to childcare issues and vulnerability, many of our Doulas were furloughed for a number of months. This meant a change in service. We became a phone or video service for women and families in the perinatal period.

This phone service has become popular, and we receive, on average, five calls a day to a dedicated helpline. Within the height of the pandemic one member of staff was also doing an average of one video call a day. Our online content has been accessed 150 times during the year of the pandemic.

Calls to the service have tended to be one off support needed around things such as feeding and routines. Those calling for antenatal support tended to consist of wanting information around rights with Covid restrictions and concern and panic around their partner may not being able to attend appointments and the birth of the baby. Reassurance and discussions were offered to those clients. Signposting to online video content around antenatal sessions was very effective, especially where video calls were limited due to signal issues. Each family pointed towards video content was able to come back to us for further support. Around 75% of families came back for further support.

Once staff could return, we have offered walk and talk support groups in order to reach more people in a short amount of time. We started by running three of these groups a week. Within days, these groups we are oversubscribed. We have now added an additional three groups with a mix of social prescribing funding and volunteer hours. This now means we can offer 12 hours per week through this model and support an additional 54 families. We ensure that our walk and talk groups are covid compliant.

## Forward planning and recommendations

Continuity of care within maternity, is an important part of the agenda within NHS maternity care. Following birth, the MBRRACE (2020) Reports and the Ockenden report (2020) this has been noted as something that, not only, expectant mothers and parents wish for, but also improves outcomes. Many NHS hospital trusts have now implemented continuity of care teams, with East Lancashire having two such teams. However, these teams often have strict criteria, such as one of the East Lancashire teams being purely for those with diabetes. Within these teams it is not always the case that it is the same midwife seen through the whole perinatal period as it could still be another midwife present at the birth.

Snowdrop Doula Community Interest Company offers 1 to 1 support parents throughout the pregnancy, birth and postnatally for as long as is needed. This project found that support after 6 weeks postnatal was not often needed. Those that required support after 6 weeks tended to request one off support sessions to address issues such as feeding in a growth spurt, teething, weaning.

Mothers and parents who received doula support from this project particularly like the non medical and flexible nature of the support given. This approach enables a more tailored support to each individual family which is relevant to their needs and wishes without “box ticking”. Mothers and their partners report that this enables them to be able to open up more and talk about a wider range of things.

Within the team at Snowdrop Doula CIC, we have a range of backgrounds and specialities which has enabled a wider range of knowledge to support each other in times when complexities may be involved within a family. Within those skills we have breastfeeding, mental health, nursing and domestic abuse knowledge and expertise backgrounds. These additional skills have helped the team, as a whole, develop and therefore enable a deeper level of understanding for those supported within the project.

As this report shows, the project within Snowdrop Doula Community Interest Company improves birth outcomes, breastfeeding rates, and wellbeing in new parents at the earliest possible opportunity. The additional services offered alongside this, such as baby bank, counselling, groups and more enable a wider offer of support within one place. We are now training more people across the UK who have recognised a need for this support in their area.

We feel we have been able to adapt our model in response to client need and also in response to the pandemic. In moving forward, current feedback from parents is that they feel isolated from others, including close members of the family and friends. Lots of babies born in 2020 have yet to meet their grandparents. This has resulted in an increase in anxiety in new parents and a worry around the lack of socialisation that a generation of babies have and are experiencing. With this in mind, have spent time to look at how to react to this feedback.

We currently run two pre-loved shops in our area, where we accept donations of baby items from the public which we can then sell on to generate an income for our work or to provide items through our baby bank to help families in need. We are looking to continue with this service and will be looking to trial its success, whilst also providing employment through the Kick Start employment scheme. This scheme aims to get 16-25 years old back into employment and is at no cost to our organisation.

We recommend our model of support be commissioned and offered wider across the country to further enhance the perinatal experience of more families. Within this a larger study can be done to look at the benefits of such a model of support upon a larger number of mothers and families.