



Episode #9

Let's Learn About Doulas

Host: Vicki Guinn

Guest: Stacey Marshall

Vicki Guinn:

This is Vicki Guinn with Legacy Health's Marketing and Communications, and welcome to our podcast, Engaging Our People. Can you hear the background music? It's a little bit of smooth jazz. A parent-to-be often selects music to calm them during pregnancy and delivery, and they may also choose a doula. A doula is a birth companion who provides personal non-medical support during pregnancy, labor, and birth, and even postpartum. And that's what I think is really pretty cool. They are there after the baby is born to help the parent or parents adapt to life with a new baby. And it can be your first baby, or I think it even be your 10th baby. You still need some help. We are going to hear from Stacey Marshall. Stacey Marshall is Legacy Health's Prenatal Health Coordinator who runs the program. She runs our doula program, which is offered through our Legacy Health women's services. And what I also think is pretty cool is Stacy is someone who is working her passion. So welcome and thank you for joining us for engaging our people. So I'm going to start off and let you tell me a little bit about Stacy and how did you get here?

Stacey Marshall:

Sure. Thanks for having me. Well, I have worked at Legacy for about seven years now. I started in 2015, and I started out working as an office assistant, but I was also working as a labor doula, so I was helping support patients all throughout the city in Portland. Before I was in Portland, I worked in Los Angeles. So I moved up here about 15 years ago from LA and just knew that Portland was pretty robust with providing opportunities for doulas and matching them up with working with patients. We have a very engaged community here in Portland that utilizes doulas more so than most parts of the other parts of the country.

Vicki Guinn:

So I'm going to stop you and ask you the question I should have asked you at the beginning.

Stacey Marshall:

Okay.

Vicki Guinn:

What is a doula? Okay. And if you want to share the origins of the word with us.

Stacey Marshall:

Sure. So a doula is somebody that helps support a pregnant person with informational, emotional, physical, and sometimes even spiritual support. The word actually stems from a Greek word, which is to be a servant, just saying. Also, some people find that word doula a little bit derogatory because it does have connotations to slave the word being stemmed in that slave wording. But we do still use the word doula or birth companion, which is kind of what you mentioned in the intro.

Vicki Guinn:

And what do people misunderstand about a doula? Because I learned a lot just by having a chat with you last week.

Stacey Marshall:

Yeah. So I would say one of the biggest misunderstandings, well, I'd say there's two parts to that. One is that people don't know what a doula does. They think a doula is like a midwife or an OB, which we are not, don't do anything clinical that is not in our scope of practice. And a professional doula will not blur the lines. So that is including things like interpreting heart tones during labor or anything like that. That is not in our scope of practice. We are, again, just there to support the patient in any non-clinical or non-medical way. And then the other thing that I would say is that oftentimes our patients or just the community, when you go to parties and you're doing your doula pitch, where people are like, what do you do?

Is that we aren't just, sometimes there's Saturday Night Live skits or whatever of doulas just being really kind of hippy or really only working and providing support for patients that are home births or don't want any medication birth. And I would say that's not what a doula, doula supports any and all birth landscapes. So that could be a scheduled cesarean, it could be a patient, a parent that may or may not want an epidural in labor. She's thinking about it, but she's not sure or an induction. So doulas really provides so a supportive presence in any and all births. It's not just for a patient that wants an unmedicated birth, for example.

Vicki Guinn:

So I know. Yeah, that's funny. We kind of think that about doulas just chanting and maybe burning some incense.

Stacey Marshall:

Some whale songs. Exactly. Exactly. Yep.

Vicki Guinn:

So if we have the doulas here, of course, in our family birthing centers, but if someone, they can use a doula if they're having a home birth. Is that correct?

Stacey Marshall:

That is correct.

Vicki Guinn:

Yes. Okay. I just wanted to make sure that doulas show up everywhere.

Stacey Marshall:

Yes, they do. Yes.

Vicki Guinn:

And so some of the things that just sounded so comforting, but maybe simple is rubbing a patient's back because you truly are there for comfort.

Stacey Marshall:

Yes.

Vicki Guinn:

And are moms, they're scared? Nervous?

Stacey Marshall:

Yeah, the whole point of her doula, my yes. When I'm teaching about doulas, and I've been a doula trainer for a number of years, is our goal is to provide an opportunity for the birthing parents' hormones to be in check. So oxytocin levels that love hormone, that bonding hormone, oxytocin levels are high, adrenaline is low, so endorphins, oxytocin, high, adrenaline low. So whatever that looks like for a patient. So I have worked with hundreds of families at this point in my career, and that just looks different for everybody. So I've worked with some patients and in the prenatal period, they're like, "Don't talk to me. Don't touch me, but don't leave me." That's the motto.

Vicki Guinn:

They just want you to be there.

Stacey Marshall:

They just want a doula there for them and their partner.

Vicki Guinn:

So you have that conversation initially, it's like, "What do you want?"

Stacey Marshall:

Yes.

Vicki Guinn:

Because I'm sure there are the people, families who say, rub my back or my feet. And there's others like, "Just sit in the corner so I can see you."

Stacey Marshall:

Exactly.

Vicki Guinn:

Just don't want to be alone.

Stacey Marshall:

Yeah, exactly. Or some people are very, very touch oriented and are like, it helps calm me if you do a hand massage or a back massage or just like I call it the shoulder earrings, where a patient, their shoulders are up high because they're nervous about something. And if you just simply just do a little bit of back rub on their shoulders, you just see their breath slow down, just that touch. And it comes from a familiar touch. So the beauty of Legacy's program is we really see evidence when a doula provides and supports a patient prenatally where you get to know them. So our doula program at Legacy, they do two pre-natals minimum. Some of our doulas are working with families in multiple prenatal visits, and then they're on call for the labor and the birth, and they do that wraparound care postpartum. They'll visit the patient two, sometimes three, or more times after the baby's born.

So we started at Randall, and we really wanted to do this slow and intentionally so that it was effective and efficient, and we got it right from the beginning. So we started with the clinics at Randall Maternal Fetal Medicine and the midwifery clinic here. And we worked really closely with the clinic managers and the social workers in those clinics. So they would pre-screen patients. Our doula program primarily offers and provide support for our patients with Medicaid. So we would pre-screen them clinically prenatally, and either the social worker or the provider would say, Hey, I think you would really benefit from a doula. Would you like for me to fill out this inquiry form on our website? And that gets sent to our doulas at LHS email. And then myself and the doula program coordinator, Reen Nolan, we work collaboratively to screen those inquiry forms. And then we work with matchmaking them with a doula. It sometimes it's culturally specific or linguistically specific, or both. So we have that in our pre-screen questions of how do you identify? Do you want to let us know how you identify? We have patients send us forms, inquiry forms that will say, "I'm a Black identifying patient and I want to be matched with a Black doula." And so then we'll coordinate with the doulas that are available and kind of match make them.

Yeah.

Vicki Guinn:

So tell me about our program here at Legacy Health. Are we the only ones locally with the doula program or?

Stacey Marshall:

There is one other health system in the Oregon area that works at the level that we work at. But I will say the legacy program is pretty robust. We offer now this service line at all of our locations, so it's a pretty large service area where we work with very unique service areas that have specific needs to that community. So we really try to build up the workforce within that community to serve that community. So for example, Silverton just trying to identify our Spanish speaking patient population and helping build up a robust workforce that's culturally and linguistically matched with our patients out in the Silverton service area. And

Vicki Guinn:

How do you find your doulas? Especially since you try to match them with a patient?

Stacey Marshall:

Sure. One of the qualifiers is that unique to Oregon is doulas have to be what's on what's called the traditional healthcare worker registry. So it takes a significant amount of time and training to get on the THW registry so that they have to do first before they can even apply to Legacy to become a doula. So

we do outreach efforts. Our Raven Nolan, my counterpart, she does a really great job of staying in touch with the doulas that are being trained in the state of Oregon and Washington. And she does speaking engagements. She's a part of the Oregon Doula Association, which is kind of a doula representation collective that supports state.

So you look at what low birth weights, where the indicators are, oftentimes it's preterm labor. You have a smaller baby, you got a 32 weeker that is going to be a smaller baby than a person that births that 40 weeks gestation potentially. So doulas can absolutely help make a difference in quality lifestyle. Sometimes we see doulas working with patients here where there's food insecurities, there's housing insecurities, all of these pockets of opportunity to support a patient at a real personal level. When a doula gets to know a family, they're more likely they're to trust, well, here's this food pantry, here are the resources in our community that you could tap into. So it's just providing that, just additional support that our care team already does. Our providers, our nursing teams, our social workers, doulas, just kind of add and accentuate to the care that's already in place.

Vicki Guinn:

Now, you mentioned CCOs, which I know what a CCO is. Those are coordinated care organizations.

Stacey Marshall:

Correct.

Vicki Guinn:

That serve Oregon's Medicaid population.

Stacey Marshall:

Correct.

Vicki Guinn:

But you serve commercial patients as well, or?

Stacey Marshall:

We do not.

Vicki Guinn:

We do not.

Stacey Marshall:

No, our program specifically right now, only targets are patients that have Medicaid, but then also a subsection of patients that we serve is our legacy employees who do have Pacific Source. So that is our only other patient population that we work with outside of OHP patients.

Vicki Guinn:

Now, you are not a doula right now, you're kind of overseeing and managed in the program.

Stacey Marshall:

Correct.

Vicki Guinn:

Tell me a story when you were a doula, what was that like? And how much time did you have to spend with a patient? And because sometimes I think you're going in labor and it's not.

Stacey Marshall:

Yeah. Yes. I'll tell you, can I share with you my very first doula story?

Vicki Guinn:

Absolutely.

Stacey Marshall:

I learned a lot. I was in LA at the time, and it was my very first client, and she called and she's like, "I think I'm in labor. We're going to go," and I'm trying to get through traffic in LA. And I get there, and I just remember looking at the nurse and looking at the person that I was helping support, and I thought to myself, "Oh, I'm here about 12 hours too soon." I'm going to get this at some point. So that's one of my stories is how to kind of gauge a patient on the phone if they're making a sandwich. And if they need you, you'll go, right? But you can also sometimes gauge as you learn. I didn't know. And I also wore flip flops and her bag of water broke and yeah, I'll leave the rest of your imagination. Yeah. I was like, okay. Note to self wear close-toed shoes from now on.

Vicki Guinn:

Have you ever had any scary moments when you were a doula?

Stacey Marshall:

Luckily, no. I feel really, yeah, I've had definitely some challenging experiences, but for example, just working with high risk patients or twin parent who delivered really early and helping with that, and just the complexities of early deliveries and small weight babies. But every case is unique. And as a doula, you just bring your expertise, your heart, your hands, and your mind to each labor. And like I said, each labor is different, and every family is different. Every family constellation is different.

Vicki Guinn:

And you're in there watching the birth, and I'm just like, "Oh my gosh." And tell me the relationship between the doula and a midwife or an OBGYN. What actually happens is that?

Stacey Marshall:

Yeah. So the doula is, again, not there to do anything medical or clinical. So we really work collaboratively with our providers.

Vicki Guinn:

So you're holding up patient if they need it?

Stacey Marshall:

Absolutely.

Vicki Guinn:

Okay.

Stacey Marshall:

Yes. So it's sometimes the little things, for example, during the pushing phase, sometimes you'll go get wet wash cloth. She'll have on her forehead. Birth is a physical event, whether she's medicated or unmedicated with efforts and labor, sometimes women get sweaty, and it's little things like that.

Vicki Guinn:

It's not like the movies all that face full of makeup and everything given birth.

Stacey Marshall:

Well, it can be.

Vicki Guinn:

Maybe in LA, but not in ... not for me.

Stacey Marshall:

Well, one of my very last births that I worked with it, she was a repeat client. So this was our second baby. It was in February of 2020, and she was being induced. And my job as a doula, it was like, well, it was actually in January, and it was on New Year's Eve, and the only thing she wanted was to make sure as a doula, that I kept her tiera, her party tiera on her head.

Vicki Guinn:

Oh, that's worthy of a picture. I love it.

Stacey Marshall:

She just had such fun with her birth, and I was just there to support it and be a part of it, however that looked for them. So it was a celebration. It was unique to them. And I was just there to provide that, again, nonclinical support. And I got her, made sure her tiera was on and got a wet wash, cold, wet washcloth for her. And or little things like postpartum, if it's okay to go, that's where you look at the providers and it's like, "Can I go get her a little Sprite or a little something to drink?"

Vicki Guinn:

So the providers must appreciate you all being there.

Stacey Marshall:

All of our providers at Legacy have been so kind and so welcoming of our program and our doulas. It really is just so wonderful to see, and we just feel really supported. And just from every level, from the system, from the providers to the nursing staff, to our leadership, our managers, this program has touched a lot of departments. For example, prenatal happen for patients anywhere. And so we're working within our system and doing charting and doing all the right things. And one of our billing

coders emailed us and was like, "Is this real? There was a prenatal visit at a Starbucks?" Well, they were at Randall. Yeah, there's a Starbucks here. That's where the mom wanted to meet. So that's where they met. They went and had a coffee.

Vicki Guinn:

Whatever makes the mom comfortable, that's where you go.

Stacey Marshall:

Exactly. Exactly.

Vicki Guinn:

So tell me how this works with the prenatal education program that we have.

Stacey Marshall:

Yes, so that's my other arm. And my other hat that I wear at Legacy is helping coordinate our prenatal ed program. We have online and in-person classes. And sometimes these programs do overlap because patients aren't aware of what a doula is or how they might be supportive. And sometimes partners are skeptical of, are they going to step on my toes? Who is this person? This is some stranger. And so in our classes, we really are able to just break it down and explain the birth process if they're taking a childbirth prep class, or newborn and breastfeeding class, and really how doulas can be effective in the prenatal period to help support breastfeeding, to help support newborn care and bonding. So we just try to integrate both the programs and talk about doulas in all in our classes, and just explain, I'm a doula. I am a human, and here's my skillset, and here's what doulas do. We don't overstep on anybody's toes in the birthing suite. The partner, the providers, the nurses, the grandma, if they're there, we're really there just to scaffold the support that's already in place.

Vicki Guinn:

I wish I had you when I gave birth years ago. Only thing I had was What To Expect When You're Expecting.

Stacey Marshall:

Yup, very popular book.

Vicki Guinn:

But I'd much rather have a person.

Stacey Marshall:

Yeah.

Vicki Guinn:

Where do you want to see the program in five years?

Stacey Marshall:

In five years? Well, I will say I'm just really proud of the support and the work that we've done in the last two years. We've grown by leaps and bounds, and that's been so wonderful to see. To your point, I think it would be cool to see commercial pay, recognize doulas, and so insurance companies, private pay insurance companies, having this be a billable, reimbursable line item for a service line that I think in five years, that would be our goal, is to be able to, for all patients to be able to access this type of care, because we know, especially with our black and brown and indigenous people of color, socioeconomic brackets do not matter. That is evidence based knowledge. And every person could generally benefit from a doula. So no matter if you're commercial, pay with a commercial insurance or have Medicaid insurance.

Vicki Guinn:

I can see that when you start to talk about the program during the prenatal classes. And if someone hears that, and I assume that it'll be driven by external forces saying, we want this.

Stacey Marshall:

Yes.

Vicki Guinn:

Everyone should ask access to a doula.

Stacey Marshall:

Patient demand, right? Yes, because a private pay doula in Portland area, Seattle area, Ia, it's kind of all comparable, can be thousands of dollars out of pocket.

Vicki Guinn:

You're kidding.

Stacey Marshall:

No. So yeah, because doulas need to make a livable wage and a wage that is dignified. And so if you think about a doula doing prenatals, postpartums 24/7 for four weeks, two weeks before and two weeks after a due date, that's a lot on average. You look at some of the research that California did, our neighbors to the South, on average doulas, it's about 50 hours per patient. So that's a overtime work week.

Vicki Guinn:

And how, what's their patient load? A doula?

Stacey Marshall:

Well, most doulas, if they're active, our doulas, we don't have a specific, you have to do a certain number of births a month or year, because we really want to see this workforce sustain itself. You sometimes, you'll see, I've done this work where as a trainer, you'll see doulas train, then they want to take a bunch of births a month, and then they miss their kids' birthdays. They miss their anniversaries because they're out of birth. So some doulas, I would say in on general, about three births a month. So you can't take that many because you also don't want to miss a birth because you're at another birth.

You know, always have backup in place just in case. But, so you know, want to be able to pay your rent, pay your mortgage, and still provide quality care for the patients that you're working with.

Vicki Guinn:

How could someone become a doula? What would you tell them?

Stacey Marshall:

Yes. Take a training. And if you're wanting to work in a health system like Legacy, you have to take a state approved training. So you can go online. Oregon Health Authority has the listing of those trainings. That's your first step. And then with Oregon Health Authority, you have to then do several births and verify that you've attended several births. And then from there, there's other CEUs. You have to take local oral health training. And for us, you have to take BLS, you have to do CPR, different types of trainings. So it takes about a year for a doula from year training to fully on the THW registry about a year.

Vicki Guinn:

So I know this wasn't your first career choice, and you have such a passion. I wish people could see you. You're glowing about this work. And so what did you do prior?

Stacey Marshall:

I lived in LA and I was a coordinator for film industry, so I did, I was a coordinator for movie sets. We did videos, music videos, and photo shoots for major magazines.

Vicki Guinn:

And who was your most famous person?

Stacey Marshall:

Oh, gosh.

Vicki Guinn:

You say Prince. I'm just going to take my [inaudible 00:24:43]

Stacey Marshall:

No, but I did a still photo shoot with Michael and Janet Jackson.

Vicki Guinn:

Close enough.

Stacey Marshall:

Yeah, that was pretty cool. But yeah, I worked with a lot of early two thousands, late nineties hip hop artists and musicians and actors and actresses, and it was lovely. It was really fun. It was a really, really fun time. But then we had kids and wanted a little slower life. And I joked that I went from working in production in LA, working long hours to doing doula work and working long hours, but wouldn't change a thing. Wouldn't change a thing. And came to Portland. And I'm so happy and thankful to have moved

here and raised my kids here, and to be at Legacy with all the support that we have in place. It's just I, you're right, I do have passion for this. It's exciting. It's exciting work, and we know that our patients have better experiences because of this program, and we're just looking forward to the future and just having more and more patients learn about it, and our employees tapping into this. We just started with the employee benefits in January, but we already see a huge inquiry, just a lot of emails of people going, tell me more about this. So I could talk about doula work all day.

Vicki Guinn:

I know, I know.. It's just sitting here looking at you. You're living your best life.

Stacey Marshall:

Yes.

Vicki Guinn:

You're working your best life. Yes. And you really believe in what you're doing.

Stacey Marshall:

Yes.

Vicki Guinn:

And it's kind of cool that you work for an organization who allows you to do this.

Stacey Marshall:

Extremely cool. yes. Yeah.

Vicki Guinn:

Well, again, Stacy, thank you for your time. Thank you for sharing your story. Thank you for enlightening. It enlightening us about the doula program. I mean, I knew what it was, but I didn't know what it was. Yes. And I hope it grows and expands, so everybody who wants one needs one. Yeah.

Stacey Marshall:

Everybody that wants one can have one.

Vicki Guinn:

Can have one.

Stacey Marshall:

Yes. Yeah. Thank you for having me.

Vicki Guinn:

Oh, absolutely.

The best stories come when the mic is off and when the interview is over. Well, Stacy and I thought the mic was off. Here's an outtake.

Stacey Marshall:

Pre pandemic, I joke., I worked with a single mom by choice, and it was a party. We had 17 people in the room.

Vicki Guinn:

No, you didn't.

Stacey Marshall:

1-7. 17 people in the room.

Vicki Guinn:

Watching the birth?

Stacey Marshall:

Yes, people were videotaping it. People had it on their phones. It was a party. It was a birthday party.

Vicki Guinn:

That was a Black person, wasn't it?

Stacey Marshall:

They had so much fun in that birth, and it's so memorable. You know what I mean? Because it was-

Vicki Guinn:

We got to do that.

Stacey Marshall:

Yeah. It was so, she made it fun, and she made it unique for us herself.

Vicki Guinn:

Celebrate our birth.

Stacey Marshall:

And they were so excited to welcome this baby into their family.

Vicki Guinn:

That must be exciting to see that, because as a doula, that baby's going to be loved and taken care of and people are waiting on that baby to come.

Stacey Marshall:

Those are the fun stories.

Vicki Guinn:

I'm laughing because I think I have more people in my delivery room. Well, again, I want to thank Stacey Marshall for sharing her passion for being a doula or a birthing coach, and managing Legacy's doula program. Legacy offers many options to help parents prepare for births, including five family birth centers, a midwifery program, and childbirth preparation courses, all to help deliver a healthy baby should complications arise. We do have the Maternal Fetal Medicine program. Well, this is another episode of engaging our people. This podcast is for all of us at Legacy. It was created to share stories, build connections, and learn about one another. If you're hearing this message, you've listened to the episode, to the end, we value you and your feedback. Please take a moment and send us an email podcast@lhs.org. Let us know if you have ideas for stories or how we can better engage our people. This is Vicki Gwinn with Legacy Health Marketing and Communications. Thank you. Be safe and be well.