



Annual Impact Report FY2017
January 1, 2017 - December 31, 2017



Dear Ohana Doulas clients, team members, and supporters,

2017 was a year of steady growth for Ohana in the hospital consulting side of the business. The Swedish Hospital Doula Program flourished, with 589 births attended by Swedish contracted doulas in 2017, as compared to 340 in the first year of operation in 2016.

A significant area of expansion, and the most important addition to the Swedish Doula Program in 2017, was the commencement of services offered on a subsidized basis to low-income families. This aspect of the program was built-in to the structure of the program so that all proceeds retained by Swedish in the form of the 25% of revenue paid by self-pay clients that is not utilized for administrative costs is dedicated to providing these free services. The Swedish Doula Program provided doula services for free to 89 families in 2017. The doulas were compensated as determined by a leadership committee made up of a subset of volunteers from the Swedish Doula team at a rate of \$600 paid to Certified Doulas, and the same stipend for Apprentice Doulas as they receive for their paying clients.

We conducted an anonymous survey of the Swedish doulas in 2017 to assess various aspects of the doulas' satisfaction with being part of the Swedish Doula Program. The survey showed high levels of satisfaction among the doulas with being a part of the program, as well as concrete increases to their incomes and number of client interviews as a result of being a part of it. One consistent area of dissatisfaction was the low rate of the stipend of \$200 for Apprentice doulas. As a result of this feedback, we increased the stipend to \$375 for Apprentice Doulas in September 2017. Autumn also increased her own rate from \$1200 to \$1600 in October 2017 to reflect her increased experience and number of births attended.

I continued my effort to forward diversity and inclusion through the Doula Diversity Scholarship, a training led by Mahdi Davenport on Fostering Compassionate Communications in October 2017, participation in the Women's Health Diversity Committee and the Swedish-wide Equity Committee, and individual reading and trainings. I continued to be both honored and discouraged by the stories from the doulas of witnessing and experiencing racial discrimination in their work at the hospital; honored by the fact they shared their stories with me and discouraged by how hurtful these experiences are to our clients and the doulas on our team.

The direct client service area of the business was influenced by growth in another area; that is, the growth of the families of both Autumn and myself in 2017. I gave birth to a son on June 19, 2017 with Autumn as my doula. Autumn welcomed her third child, a son as well, on December 30, 2017. I was her doula as well, but sadly was not in attendance at her birth due to being overseas at the time of the delivery. These happy additions to their families caused both of us to take fewer clients in 2017, first during their pregnancies and then during our maternity leaves.

Sincerely,

Jocelyn Alt, Founder & CEO



Structure of this year’s report

This report includes the full results of the survey fielded among the Swedish Doulas about their participation in that program, as well as specifics about the direct client services of Ohana Doulas, which for 2017 was the team comprised of Jocelyn Alt and Autumn Duckworth in Seattle, Washington. Both Jocelyn and Autumn took on fewer clients in 2017 due to their own pregnancies and maternity leaves. Jocelyn attended only 3 births, and Autumn attended 13, the majority of these with doula Lisa Shire.

As it was last year, the Swedish Hospital Doula Program Annual Report from 2017 is posted on the Ohana website to share further developments and data from that program in addition to the client work of Autumn and Jocelyn described in this report.

Swedish Doula Program - Doula Survey

As mentioned in the Founder’s letter, the Swedish Doula Program facilitated the fielding of a survey of the doulas on the team. The survey was conducted under the leadership of Operations Coordinator at that time Madolyn Rubinich, and a Doctor of Nursing Practice student Aynsley Briggs. Some high level findings were: 100% of doulas who responded said they felt Satisfied (40%) or Very Satisfied (60%) with their experience being part of the Swedish Doula Program. 60% reported that their monthly income had increased by \$500 or more after joining the program. 75% reported that the number of clients they are interviewing with increased after joining the program. And 90% said that they feel integrated as part of the team within Swedish Hospital as a doula in the Swedish Doula Program. As discussed in the founder’s letter, a primary source of dissatisfaction was the low rate of the Apprentice stipend. We decided to increase the stipend from \$200 to \$375 in September 2017 as a result. Full results are below:

Swedish Doula Program Anonymous Doula Survey Results

Aggregate for all doulas – 20 total responses

Question	Response
Overall satisfaction in being part of the Swedish Doula Program:	60% = Very Satisfied 40% = Satisfied 0% = Neither Satisfied or Unsatisfied 0% = Somewhat unsatisfied 0% = Very unsatisfied
As part of the Swedish Doula program, my average monthly income from doula work has:	15% = Increased by an amount more than \$1500 45% = Increased between \$500 and \$1499 30% = Remained about the same 5% = Decreased between \$500 and \$1499 0% Decreased by more than \$1500 5% = Not applicable to me



As a doula in the Swedish Doula Program, the number of prospective clients I am interviewing with, per month, has on average:	20% = Increased by 4 or more 55% = Increased by 1-3 20% = Remained about the same 0% = Decreased 2-4 0% = Decreased by 5 or more 5% = Not applicable to me
As a result of being part of the Swedish Doula Program, the number of clients hiring me for my doula services has:	35% = Increased by more than 50% 25% = Increased between 25-50% 30% = Remained the same 5% = Decreased between 25% and 50% 0% = Decreased more than 50% 5% = Not applicable to me
Compared to working as an independently practicing doula, finding reliable back-up doulas to cover me has been:	20% = Significantly easier 35% = Easier 30% = Remained the same 0% = More difficult 0% = Significantly more difficult 15% = Not applicable to me
As a result of being part of the Swedish Doula Program, the amount of time I spend on marketing activities aimed at promoting my personal doula services each month has:	15% = Decreased 10 or more hours 25% = Decreased between 5 and 10 hours 40% = Remained about the same 0% = Increased between 5 and 10 hours 5% = Increased by more than 10 hours 15% = Not applicable to me
Please rate your level of agreement to the following statement: I feel integrated as part of the care team as a doula in the Swedish Doula Program, within Swedish Hospital.	40% = Strongly agree 50% = Agree 5% = Neither agree nor disagree 5% = Disagree 0% = Strongly disagree

Break-Downs by Experience Levels:

Certified Doulas with +7 years' experience

50% Very satisfied and 50% satisfied
 75% have increased their monthly income by more than \$500. 25% by more than \$1500.
 50% experiencing increased interviews AND 25% experiencing more hires
 50% finding back-up doulas easier
 50% have decreased their marketing time and expenditures by more than 5 hours a month.
 75% agree they feel integrated as a part of the care team.

Certified Doulas with 4-6 years' experience

75% Very satisfied and 25% satisfied
 60% have increased their monthly income by more than \$500.
 80% experiencing increased interviews AND 40% experiencing more hires.
 100% finding back-up doulas easier



50% have decreased their marketing time and expenditures by more than 5 hours a month.
100% agree they feel integrated as a part of the care team.

Certified Doulas with 1-3 years' experience

75% Very satisfied and 25% satisfied
75% have increased their monthly income by more than \$500. 50% by more than \$1500.
100% experiencing increased interviews AND 75% experiencing more hires.
50% finding back-up doulas easier
50% have decreased their marketing time and expenditures by more than 5 hours a month.
100% agree they feel integrated as a part of the care team.

Apprentice Doulas

43% Very satisfied and 57% satisfied
43% have increased their monthly income by more than \$500. 50% by more than \$1500.
71% experiencing increased interviews AND 71% experiencing more hires.
42% finding back-up doulas easier
86% agree they feel integrated as a part of the care team.

“If you have worked as a doula outside of the program, what is the greatest difference in working as an independently practicing doula, versus a doula in the Swedish Doula Program?”

- Big brother aspect
- The community within Swedish both as part of the program with other doulas and with the nurses and other providers
- Getting feedback from staff. This is great! When you work independently you don't get that kind of specific honest feedback, nor it is EVER two way.
- Better sense of team and teamwork and collaboration between doulas.
- I feel more integrated as part of the care team.
- Out of hospital births.
- I feel like since the program began that I've been taken more seriously/respected by many of the staff at Swedish than I was before and have felt much more included in the care of my client. Especially in cases of c-section.
- I underestimated the amount of credibility gained just by wearing a Swedish badge.
- Feeling like part of a team. More steady work flow.
- Clients are Harder to find and harder to get to know staff when you bounce around to different hospitals.
- Referrals
- having "bosses"
- Marketing, Client referrals, becoming more part of the care team.
- I receive quite a few more referrals.
- You don't worry nurse reporting you or doctor outside.

“What has been the largest drawback(s) to working in the Swedish Doula Program?”

- Feedback sometimes feels one way
- There are more people to interact with, additional paperwork and this takes more time. This is really only a very, very small thing and quite worth the trade off.

- I miss supporting clients at Northwest Hospital. So many of my referrals and hires are coming from Swedish, I haven't attended a birth in another location since late 2015.
- Because of the increase in my rate I did miss out on some niche clients, who could not afford this price.
- Frequently acting as a bridge between independent Doulas and Swedish. Proving to my Doula colleagues that I have not sold myself by joining a hospital team.
- In the very beginning there seemed to be some resistant staff and at times it felt as if you had to be very careful not to step on toes or offend. This has gotten better and I feel it forced me to become a better communicator, but due to past experience I feel that I can sometimes be overly cautious.
- Not having full autonomy over all steps in the client experience, and/or what we're "allowed" to do.
- None that I can think of
- Maybe how much they get from our fee. Having to charge people more so that you walk away with more has been tough.
- referrals may be farther away than my service area, don't always feel the match is a good one
- apprentice pay
- Largest drawback was during apprenticeship. I had more clients than mentor needed to go to so clients were paying more than 2x what I was receiving for my work. Burnout ensued as I was also trying to certify during this time. Better compensation = better support for apprentices.
- apprentice rates.
- The time commitment for the monthly meetings. While I greatly appreciate them, they are sometimes personally inconvenient. I understand however that the organization cannot take each individual doulas schedule into account.
- Nurses
- Hospital setting influences how we are evaluated and how we practice

“What has been the greatest benefit(s) to working in the Swedish Doula Program?”

- Training, being a part of the landmark group
- The community as detailed above and the professional recognition
- The social cache within the hospital. Wearing the staff badge affords better interaction with the staff.
- Income, quality referrals, great support from administrators, super high-quality colleagues (I feel like I'm working with the best doulas in the city). The jacket's pretty neat, too.
- Receiving referrals without doing outreach .
- Educational opportunities, team environment and the ability to slowly make systemic change in the hospital.
- I think that the program has really opened the lines of communication with the doulas and staff. Giving a better understanding for how we all work.
- The group support and community, BY FAR.
- More work, team feeling, being viewed as professional or 'vetted' by the Swedish HCPs
- More Clients and getting to know staff is really cool because they respond and work with you better when you're a familiar face.
- Lots of referrals from the program, feeling as a part of a team, Networking, learning, and brainstorming from the other Doulas in the program. Great Support!
- mentorship, feeling like part of the care team, network and skills workshop with other doulas
- Meetings & networking



- Marketing, Client referrals, Educational Opportunities, Support, Back-up
- All the support. I feel like the peer support, managerial support, it's all fantastic and makes me feel more and more comfortable in this field.
- Everything doula lead and client referral
- Team-based model with a lot of general support

Hospital-Based Doula Program Consulting

As in 2016, Jocelyn was contacted by a number of doulas and hospital administrators outside of the Swedish system interested in creating hospital-based doula programs throughout 2017. In the summer of 2017, she was engaged to consult with one of them in the Southeast United States. Similar to the work she had done with another doula in 2016, this doula hired her to help prepare a proposal for a hospital system for starting a hospital-based doula program within that system. The doula moved forward on her own after the initial consulting work, so it is not known whether the hospital engaged the doula to create the program or not.

Clients

In 2017, Ohana Doulas received a total of 80 inquiries in Seattle. This is down from 141 in 2016, and is likely in large part due to the fact that Jocelyn and Autumn took many fewer clients in 2017 due to their own pregnancies and maternity leaves. Of the 80 inquiries in 2017, 11 of these ultimately hired Jocelyn and/or Autumn to be their doula. Autumn partnered with doula Lisa Shire for most of these clients. Jocelyn did not take clients for most of 2017 due to her pregnancy and after her own baby was born.

In 2017, we received about 5 inquiries for services in Chicago (we did not track these exactly anymore since Ohana is no longer operating in the Chicago area). We referred these potential clients to former members of the Ohana team in the Chicago area.

Clients	Total Inquiries	Percentage of Inquiries
WON	11	13.75%
LOST	64	80.00%
OTHER (Open, Abandoned, Suspended)	5	6.25%
Grand Total	80	100.00%

In 2013, 2014 and 2015, Ohana consistently won about 50% of the clients who inquired. In 2016, that number dropped to below 40%, largely due to the fact that we did not have availability for about a quarter of the clients who inquired (33/141) and thus either declined outright to serve them, or referred them to other doulas. In 2017, that dynamic increased. We declined to interview with fully 60% of the clients who inquired (49/80) due to the fact that we did not have availability to



serve them. Most of them we referred to other doulas, especially within the Swedish Hospital Doula Program.

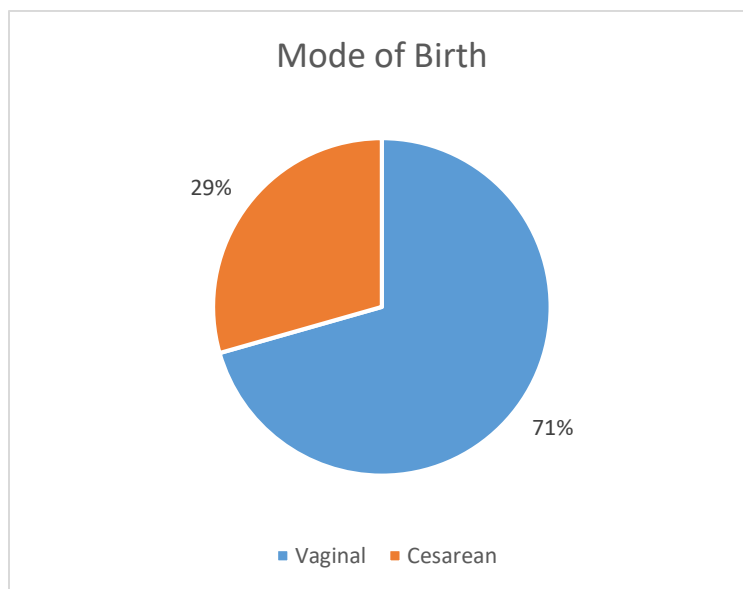
Reasons for Loss		
Did not have availability for due date	49	76.56%
Decided not to hire a doula	0	0.00%
Did not have offering desired	0	0.00%
Selected another doula	5	7.81%
Too expensive	1	1.56%
Unknown	9	14.06%
Grand Total	64	1

Combined, Jocelyn & Autumn attended 16 births in 2017. Autumn attended 13; Jocelyn attended 3. We also have the record for one birth attended by Tiffany Guenther when she was partnered with Jocelyn for one birth. A number of these births were people who inquired originally in 2016, hence why 17 is higher than the total number of clients “won” in 2017 of 11. Lisa Shire also attended some births when they were partnered with Autumn.

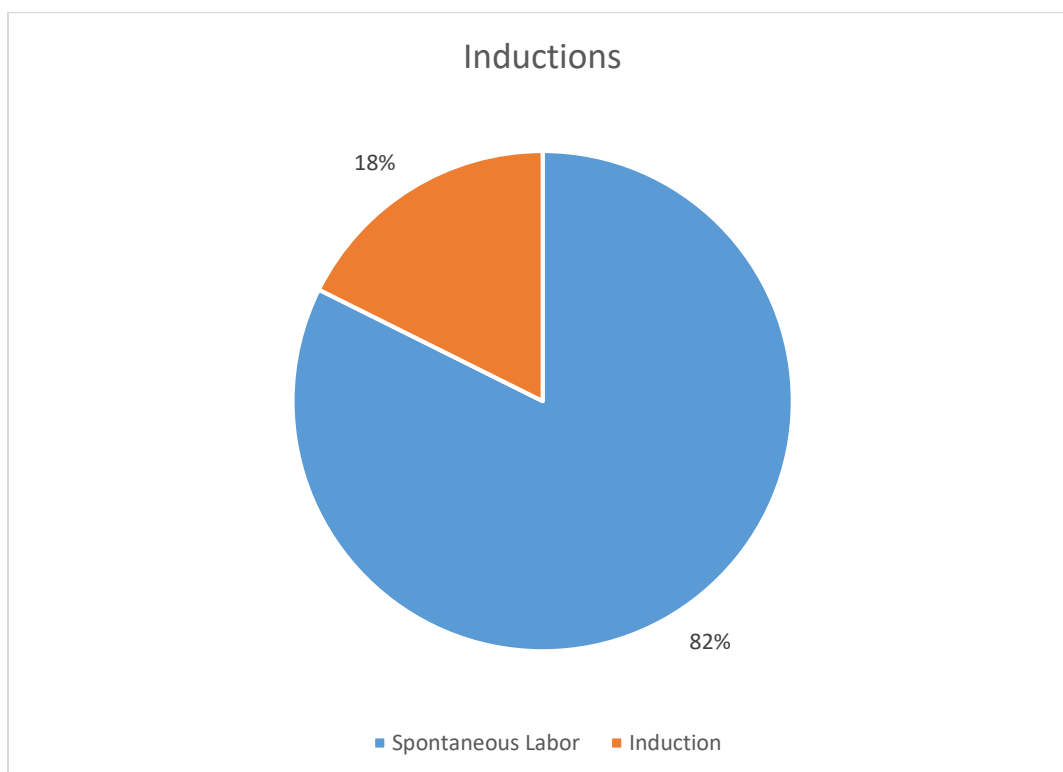
Ten clients submitted feedback through the Swedish Hospital survey for either Autumn and/or Jocelyn in 2017. Every client rated us with 5 out of 5 for their overall experience, and “Very Likely” to recommend our service to other expecting parents. Our average rating for how well we met the client’s emotional needs was 4.9 out of 5.

Outcomes

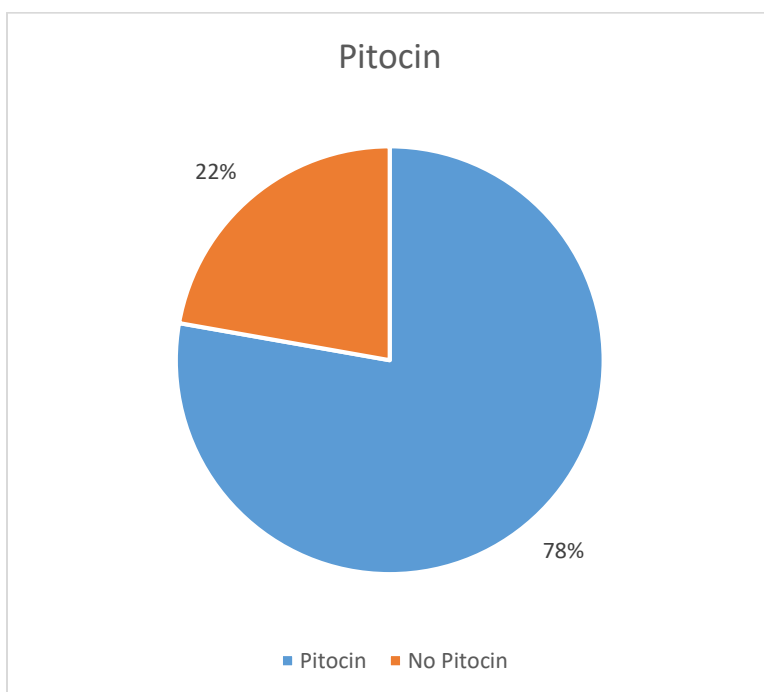
In 2017, 5 out of 17 (30%) of the births Autumn or Jocelyn attended ended in Cesarean, a higher proportion than in other years. In 2014, the rate was 14%; in 2015 20% and in 2016 it was 15%. However, the sample is much smaller this year than for any previous years, so the data are likely not as robust.



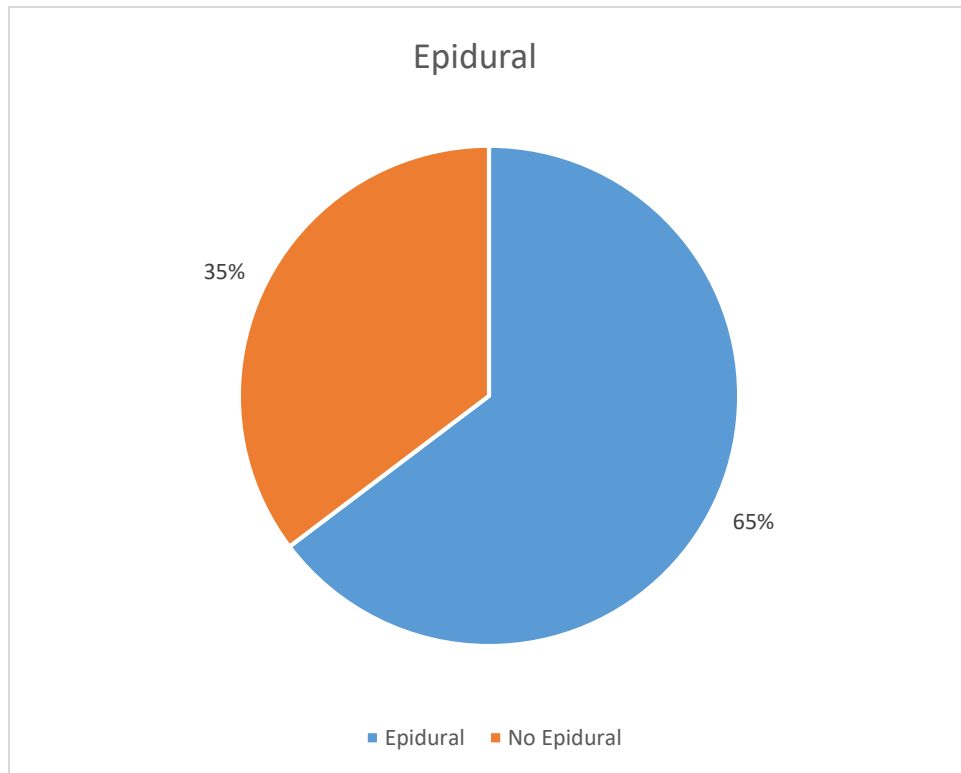
In 2017, only 3 of the 17 labors were induced, amounting to 18%. This is the lowest rate of induction we have seen in the Ohana practice. In 2016, eight out of the 27 labors, or 30%, were induced. In 2015, 21% were induced. In 2014 the figure had been 27%.

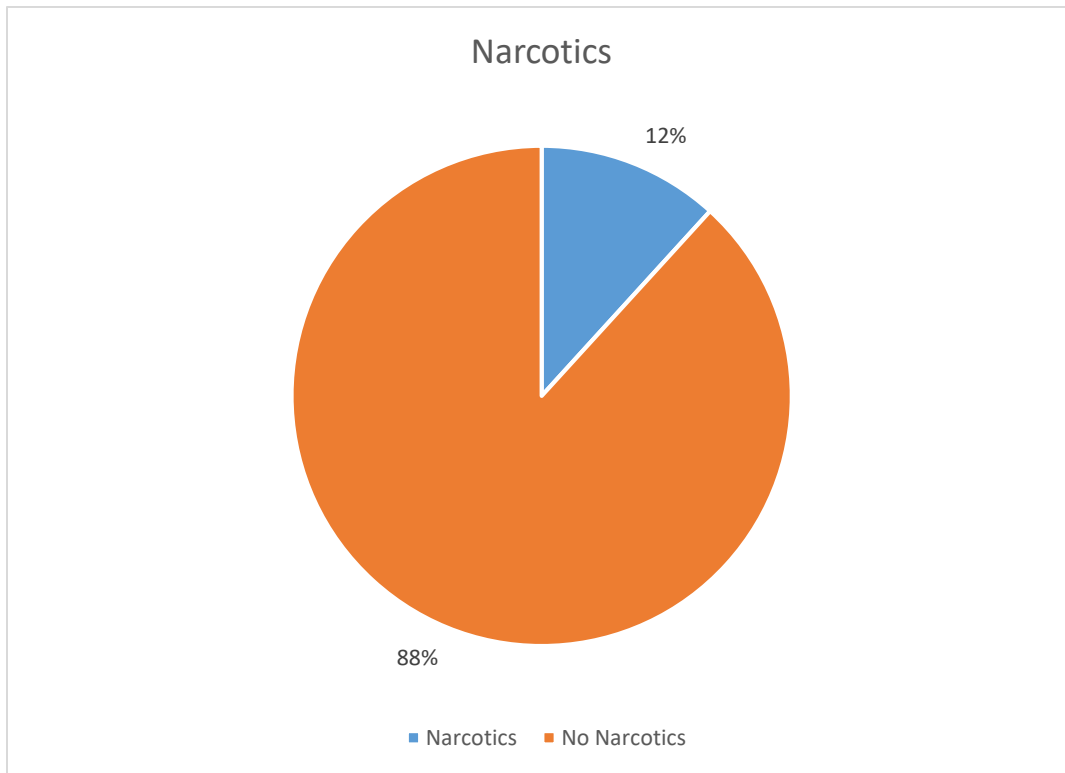


An additional 2 labors had Pitocin for augmentation in 2017, meaning that only 18% had Pitocin either for induction or augmentation together. This figure is much lower than in previous years. In 2016, fully 78% of the labors had Pitocin for induction and/or augmentation. In 2015 half of our clients received Pitocin, and 35% received it Pitocin in 2014.

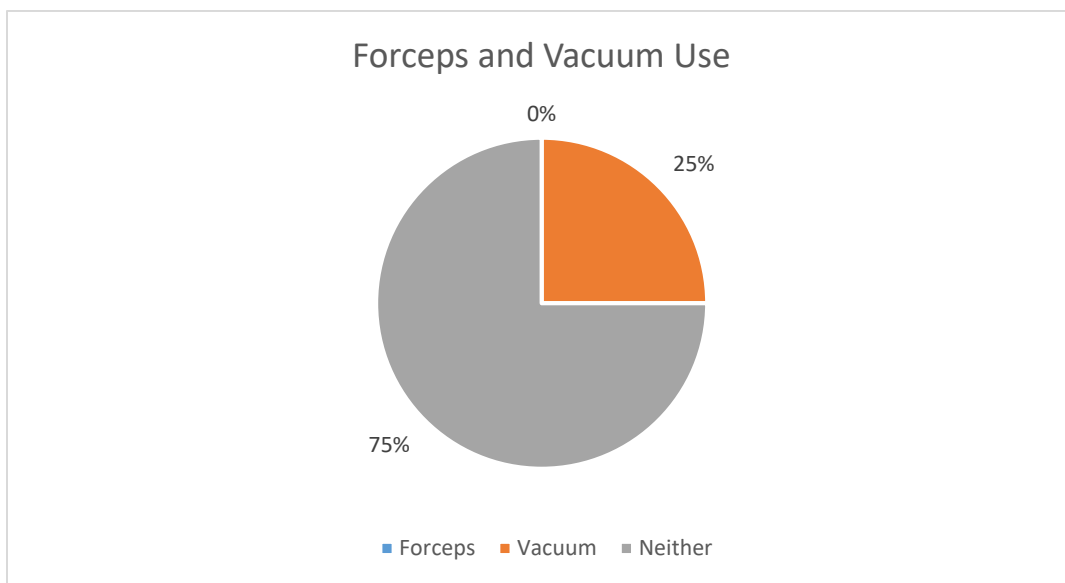


Regarding pain medication: 10 clients chose an epidural only, 1 had narcotics only, 1 had both narcotics and an epidural, and 5 had no pain medication. The epidural rate of 65% was on par with the percentage in 2016, but higher than among Ohana clients in previous years. In 2015, it was 52% and in 2014 it was 36%. The narcotics rate of 12% was lower than in previous years. In 2016 it was 22%, having remained fairly steady from 2015's level of 18% and 2014's level of 20%. The higher epidural rate may again be in part a result of the wider spectrum of clients hiring doulas through the Swedish Hospital Doula program in which 44% say they probably or may not have hired a doula if the hospital program didn't exist.



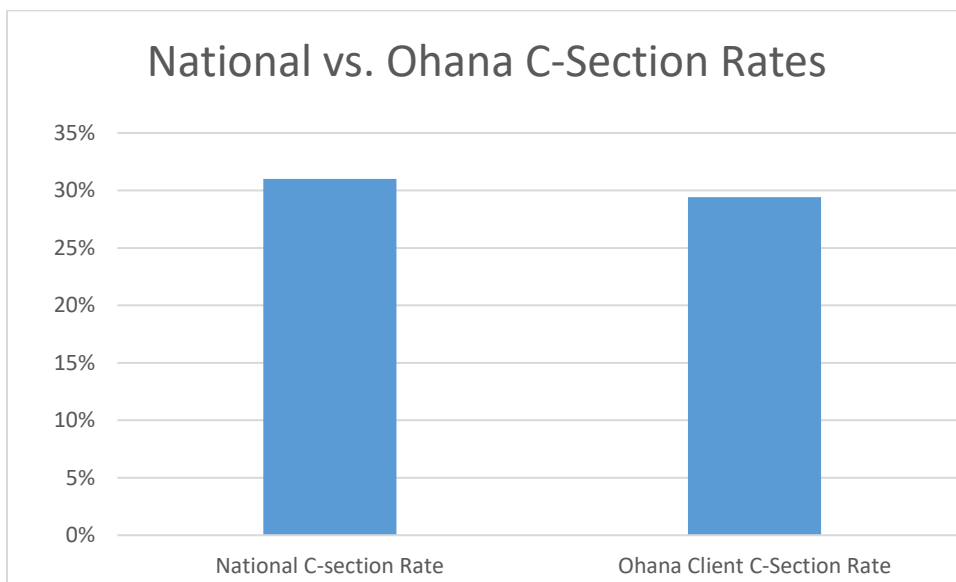


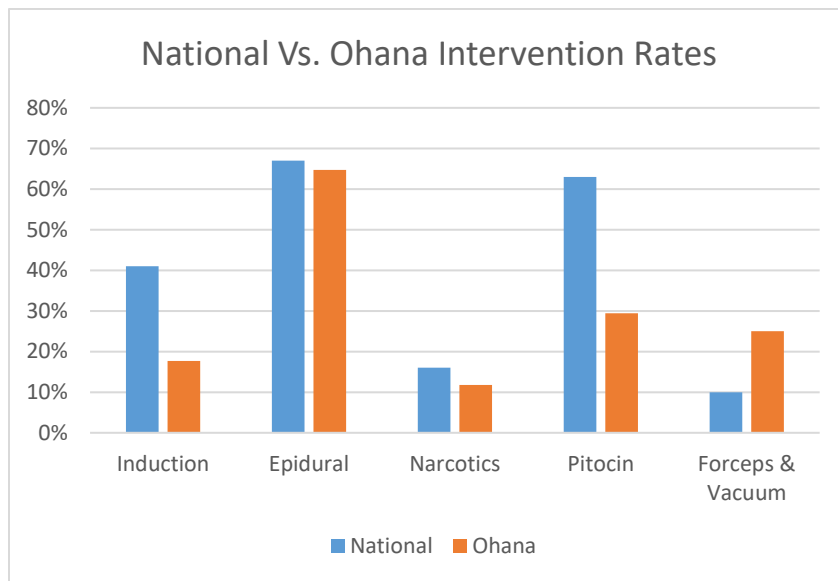
Three births in 2017 had a vacuum vaginal delivery, bringing the percentage to 25% of the vaginal births. There were no forceps assisted births. In 2016 the vacuum rate was 4%, though together with the 15% forceps rate it was 21% assisted vaginal delivery. The 2017 rate is the highest since Ohana started, considerably higher than the 2015 rates of 2% and 3% respectively, and the 2014 rates of 2% and 4%. But again is likely skewed by the total low numbers of births.



In 2017, 6 of the 17 clients (35%) were delivered by midwives and the rest were delivered by doctors. In 2016, the number of midwife deliveries was the same (6), though the percentage was much lower (6 out of 27 total deliveries, or 22%).

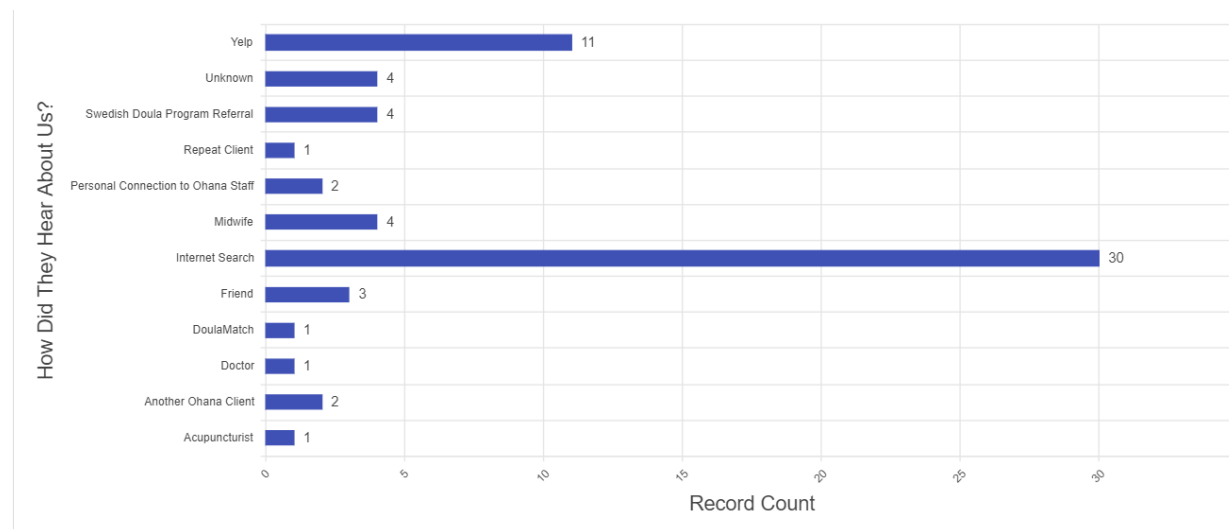
With regard to Ohana versus national comparisons, the data is below. The rate of clients receiving C sections was much closer to the national average than it has been in previous years, but the low overall numbers of clients, with 5 Cesareans among 17 clients, makes this number not very reliable. The induction and Pitocin use rates were significantly lower than the national rates; the epidural rate was almost exactly the national average this year; and the vacuum/forcep use rate was much higher than the national rate.





Outreach

Our referral sources for inquiries in 2017 were as follows:





Referral Source	Chicago 2014 Percentage	Chicago 2015 Percentage	Chicago Number	Seattle 2015 Percentage	Seattle 2016 Percentage	Seattle 2016 Number	Seattle 2017 Percentage	Seattle 2017 Number
Internet								
Internet Search	23%	28%	23.00	5%	30%	42	47%	30
Yelp	7%	10%	8.00	9%	11%	16	17%	11
DoulaMatch	2%	6%	5.00	26%	4%	6	2%	1
BirthLink		0%	-		0%		0%	
Doctor or Midwife					0%		0%	
Doctor	5%	5%	4.00	5%	2%	3	2%	1
Midwife	18%	20%	17.00	24%	4%	5	6%	4
Word of Mouth					0%		0%	
Ohana Client	6%	10%	8.00		2%	3	3%	2
Friend	6%	2%	2.00	2%	4%	6	5%	3
Personal Connection to Ohana Staff	5%	12%	10.00	2%	2%	3	3%	2
Community Partner (Yoga Teacher, Acupuncturist, Other Doulas)					0%		0%	
Yoga Teacher	8%	1%	1.00	0%	0%	0	0%	0
Another Doula	1%	6%	5.00	28%	10%	14	0%	0
Another Childbirth Teacher					2%	3	0%	0
Acupuncturist		0%	-		0%	0	2%	1
Swedish Doula Program Referral					25%	35	6%	4
Repeat Client							2%	1



Other or Unknown						5	6%	4
Grand Total	100%	100%	83.00		96%	141	100%	64

Internet searches and Yelp together accounted for 64% of inquiries in 2017, the highest proportion by far in all the years. However, this number must be seen in context of the reductions in other areas driven in large part most likely by our not taking clients for much of the year and these other sources being aware of our lack of availability. Referrals from the Swedish Doula Program saw the most dramatic reduction (from 35 in 2016 to 4 in 2017) because the program had access to our calendars and knew that Jocelyn and Autumn were not available for a good portion of the year. Similarly, DoulaMatch referrals were low, likely because our availability on our profiles was greyed out. There were no referrals from other doulas in 2017, as compared to 14 in 2016, perhaps due to Jocelyn not taking clients for most of the year. Referrals from the other sources stayed fairly consistent on a percentage basis from the previous year and were overall low.

Benefit Corporation

Most for-profit companies are required to prioritize generating profit for owners above all other interests when making decisions. As a registered benefit corporation, Ohana has selected instead to be required to consider the interests of a broader range of stakeholders listed below in adherence with 805 ILCS 40/Art. 4.01 subsection (a):

In discharging the duties of their respective positions, the board of directors, committees of the board, and individual directors of a benefit corporation in considering the best interests of the benefit corporation:

- (1) Shall consider the effects of any action upon:
 - (A) the shareholders of the benefit corporation;
 - (B) the employees and work force of the benefit corporation, its subsidiaries, and its suppliers;
 - (C) the interests of customers as beneficiaries of the general public benefit or specific public benefit purposes of the benefit corporation;
 - (D) community and societal considerations, including those of each community in which offices or facilities of the benefit corporation, its subsidiaries or its suppliers are located;
 - (E) the local and global environment;



(F) the short-term and long-term interests of the benefit corporation, including benefits that may accrue to the benefit corporation from its long-term plans and the possibility that these interests may be best served by the continued independence of the benefit corporation; and (

G) the ability of the benefit corporation to accomplish its general public benefit purpose and any specific public benefit purpose.

Ohana is also required to appoint a Benefit Director that oversees these responsibilities. The Benefit Director may be the CEO or another employee of the company. Below are the disclosures and certifications as required by Illinois State Law of adherence to the company's public benefit:

Ohana Parents, Inc. has performed an assessment of social impact through the B Lab Impact Assessment. The company selected this assessment because of its broad application across a variety of business areas and its acceptance as a gold standard among socially conscious businesses.

To publicly record the requirements of 805 ILCS 40/Art. 5.01 subsection (a) (3), the Ohana Parents Inc. Benefit Director is Jocelyn Alt. To publicly record the requirements of 805 ILCS 40/Art. 5.01 subsection (a) (4) and (5), the Benefit Director Jocelyn Alt receives no additional compensation for holding the position of Benefit Director of Ohana Parents, Inc., and she owns more than 5% of Ohana Parents, Inc.

To publicly record the requirements of 805 ILCS 40/Art. 5.01 subsection (a) (7); there is no connection of any kind between B Lab and Ohana Parents Inc. that would affect the credibility of the use of the B Impact Assessment as a third party standard.

To publicly record the requirements of 805 ILCS 40/Art. 5.01 subsection (a) (6); Jocelyn Alt provides the following certification:

It is my opinion that Ohana Parents, Inc. has acted in accordance with its general public benefit purpose under the Illinois Benefit Corporation Act and that the directors and officers of Ohana Parents, Inc. have complied with their duties under Sections 4.01(a) and 4.10(a) of the Act, respectively.

Jocelyn Alt

Founder and Benefit Director

1819 23rd Ave #508

Seattle, WA 98122