

Birth doulas working in underserved communities: Addressing systemic racism in services to improve perinatal health inequities

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What is a birth doula?

A birth doula is a trained professional who provides physical, emotional and informational support to a pregnant or birthing person before, during and shortly after childbirth.



Background

Significant disparities in birth outcomes in the U.S.

Structural racism is a major underlying factor

Community-based doulas:

- Shown to have a positive impact on birth outcomes
- Can provide support to specifically address effects of structural racism on pregnant individuals

Background

Interest in expanding access to doula services

Limited comprehension of the challenges doula organizations face in meeting demand for increased services

Lack understanding of the work conditions and experiences of doulas providing services underserved communities

Study Aims

1) To **examine organizational approaches to meet these needs and challenges, and their perspectives on what system-level changes are needed** to redress health inequities in underserved communities and expand access to birth doula services.

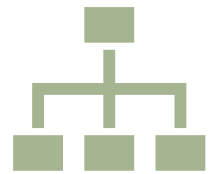
2) To **explore the work experiences, stressors, and strategies to mitigate these stressors of doulas** who work primarily or solely in underserved and historically excluded communities across the United States.

Methods

Literature and
policy review

34 key informant
interviews – 16
organizations
and 18 doulas

Thematic
analysis



Organizational-level Results

Organizational Results: Approaches

Training

- Mainstream organizations more clinically-based
- CBOs included additional topics specific to the needs in underserved communities

Recruitment

- Mainstream organizations must balance between client needs versus organizational needs in recruitment
- CBOs recruit based on match with own mission to serve underserved communities

Funding

- Both organization types struggle to secure sustainable sources of funding

Organizational results: CBOs propose systems-level changes

Acknowledge racism as the cause of pregnancy-related health inequities

*“We have to **address institutional and systemic racism... [or] we are going to continue to get the birth outcomes we are getting.** Because the risk factor...is racism. [...] And I think not enough people are paying attention to that.”*

Shift the balance of power across organizations

*Once public money is going into something... it perpetuates **systemic racism** and the people...working in the communities experiencing the highest levels of maternal mortality get locked out... a fear among those who do community-based work is that **when the system steps in and creates structures that the system already has structured racism and classism.***

Consider trade-offs of policy approaches to expand and improve access to doula services

Experiences of Individual Doulas

Engaging in specific work to advance perinatal equity

Fostering a deep connection

"...when you work with people and have a connection with them

Facilitating culturally specific birthing practices

...know what their personality is, know if they have high anxiety, or

Empowering clients

Addressing additional needs

"As a people, we have a lot of things that we would abide by before, and we have ceremonies that we do during certain interactions during the birthing activities. [In our community] birthing is sacred. [And so, there are] protocols that the families typically uphold as

"...there's often a huge issue with Black birthing people and other birthing people of color, we can go unseen and unheard in that space. It's making sure, ... they're armed with the language to remind the providers like 'I do know some things.'"

Witnessing and Experiencing Discrimination

- Witnessing Discrimination

- Experiencing Discrimination

“it’s almost something that I can expect to be met with...it’s ... the way that I’m treated versus how people who are more White-passing or are White doulas are treated.”

...You get to delivery and it's like this there's a lot of expectations of failure ... coming from the medical providers [...]. People that talk about higher maternal and infant death rates and a sense of urgency that like something bad is going to happen. It's really exaggerated in a lot of cases into patients into being compliant. There's a lot of focus on patient compliance and not as much on informed consent.”

Struggling to stay financially afloat

- Concern that raising rates would increase barriers in accessing services
- Expectation to provide services, reinforcing privilege

"Do I think I should be paid a lot more for my work? Yes, absolutely. However, the women who need me can't afford to pay me what I really should be paid.

, or do I take them?"

"I'm not gonna ever ask a Black woman to work for free. Our ancestors already did it, I already did it."

Mitigating the effects of stress

- Peer support – “doula for doula”
- Reconnecting with their motivation for the work
- Reminding themselves that their job is not to take on the full responsibility

Just seeing the impact. ...Somebody had a birth, and it didn't go exactly how they wanted, but they aren't traumatized by it because they had this person that was there unconditionally without judgment [or] their own agenda, supporting them through.

Conclusions & Implications

- Findings **affirm current research about the positive role of doulas** and the services they provide which address perinatal inequities and improve outcomes.
- Doulas engage in and are committed to equity work amidst **strenuous work conditions and without systematic financial and political support.**
- CBOs are well-positioned to engage in the systems-change work needed to increase such support
- **Medicaid can increase access** to doula services, but **comes with its own tradeoffs**

Next Steps

- **CBOs need to be placed at the center** of decision- and policy-making processes focused on expanding support for doulas and access to services
- Better compensation needs to consider **the complexities of doulas' work**
- **Systems-level changes are needed** to address root causes and create a foundation which advances equity in perinatal health outcomes
- Future research is needed **further examining what supports are needed to sustain and address the wellbeing** of this workforce

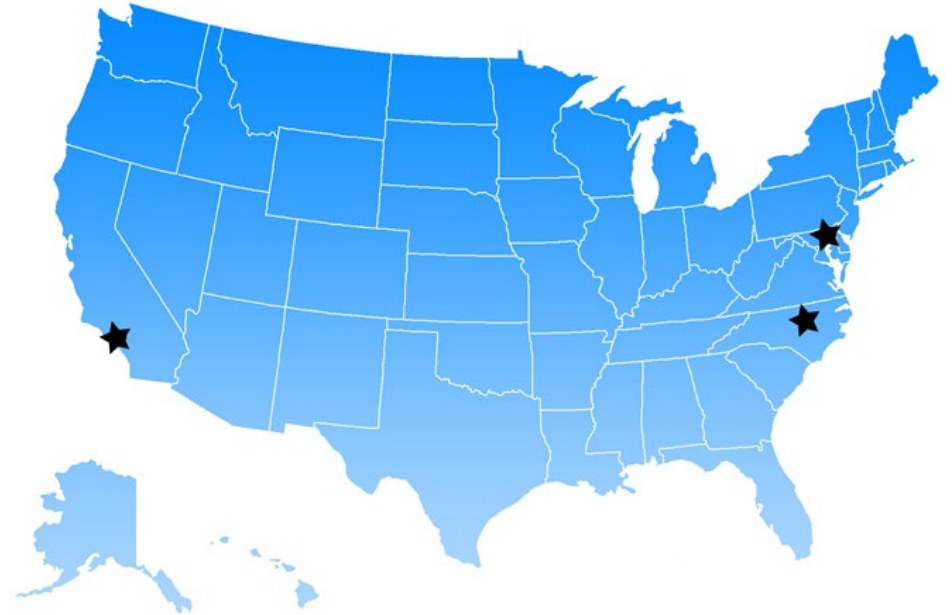
Doula Medicaid Implementation: State Updates, Challenges, and Best Practices

Health Workforce Technical Assistance Center
December 15, 2022



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- National non-profit law firm committed to protecting health care + improving health rights
- Offices in CA, NC, DC
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Doula Medicaid Project




- Access to doula care for Medicaid enrollees
- Sustainable, equitable, and inclusive programs for Medicaid coverage for doula care programs through information-gathering and information-sharing
- Focus on full spectrum doula care
- Supporting work of Black doulas, community-based doulas, doulas serving low-income clients



ALL PREGNANT AND POSTPARTUM PEOPLE DESERVE ACCESS
TO FULL SPECTRUM DOULA CARE.

2022 Landscape of Doula Medicaid Coverage

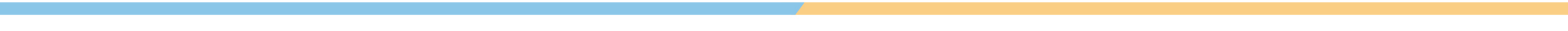


-  States actively providing coverage
-  States in process of implementation
-  States with related or adjacent action


Challenges + States to Watch

- Minnesota and Oregon: very low uptake, low reimbursement rate*, billing challenges, administrative bureaucracy
- Rhode Island: doula care in both Medicaid and private insurance, \$1500 Medicaid reimbursement rate
- Doulas must be paid a sustainable and thriving wage

Recommendations

- Take the time to get it right from the beginning
 - Community-based doula groups, including BIPOC doulas and BIPOC led doula groups, must be equal partners in the implementation
 - Doulas cannot do it all – we must still work to eradicate racism in all its forms
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Opportunities & How To Get Involved

- Follow the lead of the doulas
 - Focus on community-based doulas
 - Fund doulas
 - Planning grants
 - Doula Medicaid Information Hub
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