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***“We Really are Seeing Racism in the Hospitals”*: Racism and Doula Care**

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Abstract

Introduction: Poor birth outcomes are more prevalent for Black birthing people and their babies. Strong evidence shows that doula care, during labor and delivery, improves maternal and child health outcomes. Yet little is documented about racial differences, discrimination, and equity in doula care.

Methods: Between November 2020 and January 2021, 17 surveys and in-depth interviews were conducted with doulas in Georgia as part of the community-based participatory Georgia Doula Study, co-led by Healthy Mothers, Healthy Babies Coalition of Georgia and academic researchers. The study objective was to describe the challenges and facilitators of providing doula care in Georgia. In the fall of 2021, additional measures on racism and discrimination in doula care were added to the survey and interview guide and previous participants were re-contacted.

Results: Doula participants were diverse in age-(41% 25-35, 35% 36-45, and 24% 46+) and race/ethnicity (53% white, 41% Black, 6% Latinx). Six of the seven (86%) Black doulas reported that more than 85% of their clientele is Black, while all of the eight white doulas reported that 50% or less of their clientele is Black. Three (18%) of the doulas indicated more than 10% of their clientele is Latinx, while only two (12%) indicated more than 10% of their clientele is Asian-American or Pacific Islander. Discrimination scores were 51.5 for Black doulas (standard deviation 7.55) 46.7 for white doulas (standard deviation 7.48). Doulas noted that the alarming maternal mortality rate for Black women and not always being listened to causes Black clients to be less trusting of medical staff, leaving them in need of advocates. Black doulas were passionate about serving and advocating with Black clients. Doulas also described how language and cultural barriers, particularly for Asian and Latinx birthing people, reduce clients' ability to advocate for themselves, increasing the need for doulas.

Conclusion: Black doulas are an essential tool for improving birth outcomes for Black women. Increasing access to doula care for Asian and Latinx communities could address language and cultural barriers that can negatively impact their maternal and child health outcomes.

Introduction

Maternal mortality, or the death of a person from a pregnancy related cause, is a major health issue globally and disproportionately affects women of color. The United States has a very high mortality rate when compared with other countries (Small, Allen, and Brown, 2017). Within the US, the maternal mortality rate is worst for non-Hispanic Black women, who have a maternal mortality rate that is more than three times the rate for white women (CDC, 2020). This disparity is also present for infant deaths, with non-Hispanic Black infants two times more likely to die than non-Hispanic white infants (CDC, 2019). The state of Georgia has been identified by the Centers for Disease Control and Prevention as having one of the highest infant and maternal mortality rates in the country (CDC, 2018). The racial disparities in birth outcomes seen nationally are also present within the state of Georgia, with Black mothers in the state being three times more likely to die from a pregnancy related cause than white Georgia mothers (Platner et al., 2016).

Doula care has been shown to improve birth outcomes for mothers and babies, including gestational age at birth, birthweight, and method of delivery (Deitrick and Draves, 2008). Doulas are birth support personnel who provide physical and psychosocial comfort to birthing people (Deitrick and Draves, 2008). The continuous birth support they provide has been shown to reduce unnecessary medicalization of births and ultimately improve birth outcomes (Bohren et al., 2017). A 2016 study by Kozhimannil et al. compared doula assisted births to those without a doula throughout the central United States and found that doula care significantly reduced cesarean sections and preterm births in Medicaid beneficiaries. Kozhimannil et al. (2016) had previously found that doula care was similarly beneficial to Medicaid beneficiaries in

Minneapolis. Neither of the studies of doula care with Medicaid beneficiaries used a community-based approach.

Community based participatory research is important because it centers the needs of the community in the development and execution of a research project (Israel et al., 2013). In a community-based approach, members of the target research population are consulted as the study is being designed and research findings are shared with community members for their benefit. Community based studies on doula care can target the marginalized groups are often left out of research but are most vulnerable to poor birth outcomes (CDC, 2020). A community-based approach indicates that the researchers shared power with the population being researched (Israel et al., 2013). Shared power can lead to increase buy-in from community members and increased capacity to address public health issues (Israel et al., 2013).

Beyond the benefits of doula care observed for birth outcomes, there is evidence that doula care has benefits specific to marginalized women, who are most at risk for poor birth outcomes (Gruber, Cupito, and Dobson, 2013; CDC, 2020). A 2013 study of mostly Black low-income mothers in North Carolina found that mothers who chose to have doulas had fewer birth complications and fewer low birth weight babies (Gruber, Cupito, and Dobson). An additional study in 2013 from Minneapolis found that mothers who received doula care were significantly more likely to breastfeed than those who did not, an effect most strongly seen in Black mothers (Kozhimannil et al). The study by Gruber, Cupito and Dobson (2013) had a community-based approach, while the Kozhimannil et al (2013) study did not. Edwards et al (2013) conducted a study in Chicago with African American women and doulas and found that mothers with doulas were more likely to breastfeed and breastfeed for longer, which is associated with better infant health outcomes than bottle feeding. Thomas et al (2017) conducted a similar community-based

study with Black mothers from New York City and found that doula care was associated with higher birth weight in infants.

A qualitative study with 13 racially/ethnically diverse mothers in Minneapolis found that mothers described doulas as protectors from negative social determinants of health (Kozhimannil, Vogelsang, Hardeman, and Prasad, 2016). Social determinants of health are predisposing factors that influence health outcomes, like racism and income level (Kozhimannil, Vogelsang, Hardeman, and Prasad, 2016). The mothers detailed how the support and advocacy that doulas provide increased their comfort and self-efficacy during birth (Kozhimannil, Vogelsang, Hardeman, and Prasad, 2016). This study shows that doula care is especially important to women who are most affected by racism and poverty, particularly Black women and low-income women who are at relatively high risk of birth complications (CDC, 2020; Kozhimannil, Vogelsang, Hardeman, and Prasad, 2016).

Black women stand to benefit greatly from doula care but there are barriers to access, particularly for low-income Black women (Strauss, Giessler, and McAllister, 2015; Sperlich, Gabriel, and St Vil, 2019; Kozhimannil et al., 2014). A 2014 study of 2,400 women who had recently given birth in the U.S found that Black women were more likely than white women to want a doula but not have one (Kozhimannil et al., 2014). Another study conducted at three midwestern health clinics found that Black women were less likely than white women to have heard of doulas; this difference was greatest between wealthy white women and low-income Black women (Sperlich, Gabriel, and St Vil, 2019). Additionally, doulas in New York City reported that they struggle to find clients who can afford their services, leading them to service few low-income women (Strauss, Giessler, and McAllister, 2015).

Qualitative studies with doulas have shown that Black doulas are passionate about serving Black clients (Hardeman and Kozhimannil, 2016; Karbeah et al., 2019; Nash, 2019). Hardeman and Kozhimannil (2016) interviewed 12 women of color doulas as part of a study conducted in Minneapolis. They found that the doulas were passionate about providing culturally competent care to members of their communities (Hardeman and Kozhimannil, 2016). These findings were supported by a similar study conducted in North Minneapolis in 2019 (Karbeah et al.). Ten birth workers, seven of whom were Black, described their commitment to social justice and how they used a culturally centered approach to meet the needs of their clients (Karbeah et al., 2019). A 2019 study from Chicago dove deeper into the experiences of Black doulas, finding that low pay is a major barrier (Nash). Black doulas expressed a desire to mostly serve Black clients but found this model to be difficult financially because Black clients were less likely to be able to afford doula care (Nash, 2019). This left many Black doulas working multiple jobs to supplement their doula income (Nash, 2019).

Current research on race and doula care suggest that Black doulas are essential to providing culturally competent doula care to Black mothers (Hardeman and Kozhimannil, 2016; Karbeah et al., 2019; Nash, 2019). This is because Black doula have shared lived experiences, cultural values, and health concerns as the Black women they serve (Hardeman and Kozhimannil, 2016; Nash, 2019). The aforementioned studies on race and doula care were primarily centered in the midwestern United States, with only one having participants from the Southeast (Gruber, Cupito, and Dobson, 2013). Further research is needed to explore the experiences of Black doulas in the Southeast, where some of the worst birth outcomes in the country are found (CDC, 2018; CDC, 2019). Additionally, prior studies that include doulas as participants have been mostly qualitative and not quantitative, so further quantitative research on

doula care is especially needed. Additional quantitative research could strengthen existing evidence from qualitative studies by supporting stories with validated measures of constructs like discrimination in the workplace. Lastly, there is a gap in the literature regarding community-based research on doula care.

Research Questions and Objectives

The aim of this study is to add mixed methods community-based evidence from the Southeast to the literature surrounding Black doulas. The research questions addressed in this study were:

1. What are the experiences of Black doulas when providing doula care?
2. What challenges do Black doulas face when providing doula care?
3. What communities do Black doulas serve?

Methods

The Georgia Doula Study was conducted in conjunction with Healthy Mothers Healthy Babies Coalition of Georgia's Doula Access Working Group which served as the community advisory board for this study. The Georgia Doula Access Working Group has representation from health professionals, doulas, researchers, policy makers, and community leaders. The purpose of the advisory board was to ensure stakeholder engagement in the development of this community-based research study.

We conducted a cross-sectional mixed methods observational study. All study procedures were approved by the Emory University Institutional Review Board, with exempt status. The study team consisted of two Faculty Researchers, a Lead Graduate Student Researcher, three Graduate Research Assistants, and a Community Member from Healthy Mothers Healthy Babies Coalition of Georgia.

Participants were recruited through emails to the Georgia Doula Access Working Group. All doula members of the working group were encouraged to participate and to share the opportunity to participate in the study with their networks. Participants were given \$20 for their participation in the study. Inclusion criteria included being over 18 years of age, self-identifying as a doula, having worked as a doula in Georgia for at least 6 months, and proficiency in English.

The research team originally surveyed and interviewed 17 doulas between October 2020 and February 2021. The surveys asked about doula demographics, client demographics, doula practice, changes to services during COVID, doula reimbursement, and beliefs about doula services. The interviews included questions regarding doula training, practice, clientele, doula reimbursement, client stories and challenges to providing care. In-depth interviews were

conducted to collect more detailed information on survey domains as well as to elicit information regarding client stories and challenges to providing care.

In the fall of 2021, additional measures on racism and discrimination in doula care were added to the survey and interview and previous participants were re-contacted. Fourteen previous participants were re-surveyed and re-interviewed. Participants were given an additional \$20 for completing the additional survey and interview. Questions were adapted from the Chronic Work Discrimination and Harassment Scale developed by Williams and colleagues (Williams, 2021; Bobo, 1995; McNeilly, 1996). Survey questions included: “How often does the medical team use racial or ethnic slurs or jokes?” and “How often have you been unfairly humiliated in front of others at work?” The response options were: Once a week or more (1), A few times a month (2), A few times a year (4), Never (5). All items were reverse-coded as needed so higher scores indicate higher discrimination.

Surveys were analyzed using descriptive statistics in Microsoft Excel and Stata v 14. Descriptive statistics were used to calculate demographics of the sample and the overall mean and standard deviation from the total scores on the discrimination scales. Group differences were assessed, calculating a mean and standard deviation for white and Black doulas. These differences were tested using a t-test.

Interviews transcripts were thematically coded using Dedoose. Transcripts were carefully de-identified, and interviewers completed an interview debrief form including ten topics of interest and opportunities for reflexivity. These topics were combined to form a codebook. The Lead Graduate Researcher and the two Graduate Research Assistants coded the transcripts in Dedoose. Each transcript was coded by two Graduate Researchers. Analytic memos were created

for major codes of interest including racism. The Graduate Researchers met bi-weekly with the Research Mentor to establish consistency across coders and to discuss emerging themes.

Results

Participant demographics are presented in Table 1. The 17 doula participants were 53% white, 42% Black, and 6% Latinx. Participants were diverse in age with 41% between 25 and 35, 35% between 36 and 45, and 24% 46 or older. Most (71%) of the doulas had at least a bachelor's degree, while 29% had less than a college degree. The majority (88%) of the doulas were not immigrants and, similarly, 88% identified as heterosexual.

Table 1: Demographics of the Doula Sample (n=17)

Variable	Frequency	Percent
Female*	17	100
Race/Ethnicity*		
White	9	52.94
Black	7	41.18
Hispanic/Latinx	1	5.88
Age		
25-35	7	41.18
36-45	6	35.29
46+	4	23.53
Economic Status*		
Prefer not to say/Currently experiencing economic difficulty	2	11.76
Experienced economic difficulty in the past/temporarily in the	5	29.41
Never experienced economic difficulty	10	58.82
Education*		
Technical degree/non-clinical professional degree	2	11.76
Some college	3	17.65
Graduated college	8	47.06
Clinical professional degree	2	11.76
Graduate degree	2	11.76
Employment*		
Yes, full-time	10	48.82
Yes, part-time	3	17.65
No, not looking for employment	3	17.65
No, looking for employment	1	5.88
Sexuality*		
Straight/heterosexual	15	88.24
Bisexual/Lesbian	2	11.76
Immigration Status		
Not an immigrant	15	88.24
First generation immigrant	2	11.76

*Note: All categories were checked all that apply

The percentage of doula clientele that were Black are presented in Table 2 by race of the doula. The majority (86%) of Black doulas reported that over 75% of their clients are Black. This is contrasted with the majority (78%) of white doulas reporting that less than 25% of their clients are Black.

Table 2: Black Clientele Percentage

	<25%	25-75%	>75%
Black Doulas (7)	1 (14%)	0	6 (86%)
White Doulas (9)	7 (78%)	2 (22%)	0

The average discrimination scores for the 14 doulas who completed the additional survey is presented in Table 3. Black doulas had a higher mean discrimination score than white doulas (51.5% versus 46.7%, respectively). The difference was not statistically significant, likely due to the small sample size, particularly that of Black doulas.

Table 3: Discrimination Score

	Overall	White	Black	t-statistic	p-value
Average Discrimination Score	48.71429	46.66667	51.5	1.0722	0.3066
Stand. Dev.	7.549107	7.483315	7.549834		
n	14	9	4		

Medical Racism Causes Distrust Among Black Birthing People

Doulas described how Black clients experience racialized mistreatment in the medical system. Not only have many Black clients had these experiences in the past, those who have not are aware that they are susceptible to mistreatment. This causes a great deal of mistrust.

“Well, let's just start with the Black community. I mean we really are seeing racism in the hospitals and there's a huge divide in the way a white Caucasian person going in, that's pregnant and complaining of chest pains or something versus if you had a Black woman

who's complaining that and really just like being ignored or not taken seriously like that is not okay.”-Alicia¹, Birth and Postpartum Doula

Doulas also gave details on how the high maternal mortality rate for Black mothers causes Black clients to see doula care as a necessity. Doulas noted that Black clients see themselves as vulnerable to mistreatment and poor birth outcomes and believe doulas can provide protection.

“Early in the pandemic, I would say that I lost quite a few of the clientele that I had, um, until and this is very unfortunate to say until that black maternal [mortality] rate started going up. And it seemed like every week, a black mom was dying in childbirth. When, when a lot of my clients were seeing that or just anybody on my social media, that's when they kind of started noticing, okay, I need more support in the hospital than just my partner that knows nothing about birth, or just my mom.” –Brianna¹, Full Spectrum Doula

Black clients' mistrust of the medical system has led many to feel it is safer to give birth outside of the hospital. Additionally, Black clients desire a non-judgmental kind of support they feel uncertain they will receive from medical birth support personnel in a hospital.

“That's a change in maternal mortality, like every time I get a family, especially families of color choosing to birth at home and hire birth support at home. That is the biggest impact because we know the highest death rate for people of color is birthing in the hospital. So, every time that happens. It's a huge impact. Like, man, I'm just grateful that every time I get to..... work with our families of color. You get to see the impact by just being able to support them and then having somebody that's not trying to tell them what

¹ Pseudonyms were used to protect participants' identities

to do, but just really provide them with those tools that we oftentimes don't get unless we get support.”- Nicole¹, Full Spectrum Doula

Black Doulas are Passionate About and Focused on Serving Black Clients

When asked what communities they would like to serve, Black doulas expressed their passion for serving and advocating with Black clients.

“Um definitely [want to be a doula for] black birthing people, post, Black postpartum people.”-Imani¹, Full Spectrum Doula

In their survey responses, 86% of Black doulas reported that more than 75% of their clients were Black. In their interview responses, Black doulas expressed satisfaction with being able to do most of their work with Black clients.

“My demographic was Black and African American, ... So, I'm grateful for being able to serve my community, the community that I specifically when out to serve.”-Nicole¹, Full Spectrum Doula

Black doulas also described their passion for making sure that Black birthing people have access to doula care. This led some Black doulas to expand on their role as doulas and become advocates for policies that promote access to doula care.

“Me being a Black doula...I am specific to making sure that I am advocating and I'm you know staying up to date on legislation and politics and how that all affects access to having a doula and the level of concern that your elected officials have for the fact that mothers, especially Black mothers are dying, or Black people are dying when they're giving birth. So, my advocacy comes in the form of not really being hired as an advocacy doula, but the advocacy is a part of being a doula and then just the justice part of it.”-

Imani¹, Full Spectrum Doula

Asian and Latinx Birthing People Have Specific Cultural Needs and Language Barriers Doulas Can Address

Doulas described how their clients with language barriers greatly appreciated their advocacy and needed someone to relay information to the medical team. The following quote is from a doula with a Japanese speaking client who struggled with English. The doula did not speak Japanese but was able to work with the client and understand that her birth plan included keeping her placenta. The medical team did not understand the client and the doula was able to step in and advocate for her client.

“I think with when she seen that I was able to stand up for her advocate for her even though she knew that they wasn't understanding anything that she was trying to say. But she knew that I did. She ended up writing me up an awesome review, um in Japanese on social media and posting it and it was in Japanese, so I had to translate it, and it was just absolutely beautiful. I can just tell that she was just so thankful for me being there.”

-Brianna¹, Full Spectrum Doula

Doulas understood that birthing people from immigrant communities may not have access to their extended family networks, leaving them in need of birth support.

“I would say that the Latin culture is very big on family and having that familial support and I would say that Latin women who have come here without all of their family; there would be that huge gap in kind of that support and that's what I would like to provide. If they can't have a sister or a mom there to support them, I would like to be in that role just for a short time and be able to support them emotionally.”-Jessica¹, Full Spectrum Doula

All of the doulas reported that less than 15% of their clientele was Asian or Latinx. When asked what communities they would like to serve that they have yet to reach, doulas frequently answered Asian and Latinx communities. Doulas also described how language and cultural barriers reduce Asian and Latinx clients' ability to advocate for themselves, increasing the need for doulas.

“Um, I definitely want to get more into trying, being able to train to work for the Latino community because I feel like they definitely need like advocates for them there. And I would love to be a doula for them. So, what I'm working on right now is, before I moved to Georgia, I was very fluent in Spanish. However, I didn't use it, so I lost it. I still have some key words that I understand, but there are some where I'm still like, “uh, let me look this up on the phone”. So, right now, I'm focusing on trying to find a program that is going to allow me to learn a little bit more Spanish so that I could go out to the Latino community and be able to be of service to them as well.” -Andrea¹, Birth and Postpartum Doula

Discussion

Black doulas' explicit desire to service and advocate for Black clients supports findings from a study conducted in Minneapolis that suggests doulas can protect clients from the negative social determinants of health, like racism and poor economic stability (Kozhimmanil, Vogelsang, Hardeman, and Prasad, 2016). Our Black doula participants wanted to shield their clients from mistreatment through education and support. Black doulas specifically wanted to help Black clients in order to reduce disparities in birth outcomes. The differences in discrimination scores between white and Black doulas were not significant, meaning further research with a larger sample size is needed to determine discrimination presence and its impacts.

Our survey data suggests that Black clients in Georgia are mostly being serviced by Black doulas. Previous research has pointed to financial issues that doulas encounter when servicing mothers from marginalized groups (Strauss, Giessler, and McAllister, 2015). Our findings suggest that this burden is mostly being carried by Black doulas. This means that Black doulas also stand to benefit the most from programs that provide financial assistance to birthing people who cannot afford doula care. Studies suggest that Medicaid coverage for doula care would significantly improve health outcomes and ultimately reduce Medicaid spending (Kozhimmanil et al., 2013; Kozhimmanil et al., 2016; Strauss, Giessler, and McAllister, 2015).

Our findings regarding doula care for Latinx and Asian clients suggest that these communities could benefit from expanded access to doula care. Particularly, there is a need for bilingual doulas to service clients with varying levels of English proficiency. In our study, there was a doula that was able to assist her Japanese speaking client without speaking Japanese. This situation resulted in a positive outcome for the client, but it would have been ideal for the client to have had a Japanese speaking doula. In 2012, researchers reviewed a program at a midwestern

hospital where doulas were bilingual and acted as translators and found that it had positive effects (Maher et al.). The program was well received by both patients and medical providers because it eased communication between the Spanish speaking patients and mostly English-speaking staff (Maher et al. 2012). Similar programs may be helpful if implemented in other areas with communities that experience language barriers.

The primary strength of this study is the community-based approach and the primary limitation is the small sample size. The study was designed with input from the Georgia Doula Access Working group; giving health professionals, doulas, researchers, policy makers, and community leaders buy-in. The sample size of 17 (14 for the discrimination scales) did not allow for statistically meaningful inferential statistics to be performed.

There are several implications for practice and research based on our findings. More community engaged research with doulas is needed to add to the literature surrounding doula experiences. Future studies could measure racism against doulas in a more representative sample that would allow for more conclusive results. Lastly, opportunities are needed for more doulas of color, especially Latinx and Asian, to be trained in doula care for their communities. This needs to include free training, support for building their businesses, and opportunities for networking-aiding these doulas in reaching those in their communities who are most in need of support and advocacy.

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