

# NPQIC BRIEF: FINDINGS FROM FOCUS GROUPS WITH BLACK DOULAS

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## BACKGROUND

In Nebraska and the nation, racially minoritized communities experience a disproportionate burden of maternal morbidity and mortality. Research shows that racially concordant doula support can positively impact birth outcomes for patients who identify as non-white. We sought to explore the experiences of Black doulas practicing in the Omaha and Lincoln metropolitan areas to identify opportunities for quality improvements in the clinical setting.

***The data revealed 3 main themes regarding the experiences of Black doulas in Nebraska: navigating complex healthcare systems, differences in community vs clinical awareness of doula work, and the attributes of doula-friendly clinical environments.***

## NAVIGATING COMPLEX HEALTHCARE SYSTEMS

### BARRIERS TO ENTRY

- Room entry, especially C-sections
- Requiring certification documentation
- Inconsistently enforced entry policies

### INTEGRATION INTO THE HEALTHCARE TEAM

- Resistance from healthcare team members
- Resistance at odds with patient desires
- Stereotypes and biases

## COMMUNITY VS. CLINICAL AWARENESS OF DOULA WORK

Doulas described increased community awareness of the importance and value of doula work, resulting in new organizations dedicated to minimizing racial disparities in maternal health outcomes and providing additional support to Black mothers and doulas. However, this growing awareness has not been equally reflected in the medical community, as some medical professionals do not understand the role of doulas and undermine the value of their participation in a patient's birthing experience.

## ATTRIBUTES OF A DOULA-FRIENDLY ENVIRONMENT

### 1. Acknowledgement

Doulas highlighted the importance of being seen and recognized as valued members of the healthcare team. Being acknowledged with enthusiasm and respectfully exchanging knowledge made them feel welcome and included.

### 2. Patient-Centered Care

Doulas appreciated working with providers who truly centered the needs and desires of their patients.

### 3. Advocacy

Even when faced with resistance from other medical staff, doulas appreciated having at least one member of the healthcare team vouch for their right to be present during their client's delivery.

## DOULA-FRIENDLY HOSPITAL POLICIES

Care teams should work in partnership with doulas and patients to develop doula-friendly policies and maintain a doula-friendly climate

- Policies should include safeguards to protect doulas from racism or discrimination
- Hospitals should be consistent in enacting their policy regarding doulas in the OR for C-sections
- Hospitals should not require doulas to show certification, as doulas are not licensed practitioners employed by hospitals
- Share doula policies widely and publicly so that all staff, patients, and birth workers are informed
- Hospitals should have systems in place for addressing infractions by staff members

## DEVOTION TO COMMUNITY

Many Black doulas enter their profession to combat inequities experienced by Black mothers. Deep care and consideration for the Black community was expressed by doulas who were interviewed. Participants spoke kindly of their clients and desire to honor the needs of Black birthers and their families in Nebraska.

## UNINTENTIONAL HARM

- Black doulas unintentionally absorb some of the shock of institutionalized racism on behalf of their clients as a result of interacting with the healthcare system.
- In exchange for improved birth outcomes for clients, Black doulas intercept racist or biased care and actively advocate on behalf of their clients.
- Black doulas exert emotional labor by anticipating scenarios that might cause undue emotional distress as a result of bias or racism and often work to prevent potentially contentious encounters by doing things such as asking clients to mention to their providers that they have a doula.

## NAMING RACISM AND BIAS

- Racism and oppression faced by minoritized groups on a daily basis have a profound impact on health outcomes.
- Culturally congruent doula support is one way to combat this and improve birth outcomes for Black mothers and babies.
- Clinical teams should work to explore personal biases and systemic racism, and employ mandatory, ongoing trainings to create a safe and welcoming space for all patients.
- Health systems should establish processes to hold team members accountable to infractions.

## REFRAMING CHILDBIRTH

The medicalization of labor and delivery can make the birth environment feel impersonal and unfriendly. Hostility among clinical teams can lead to discomfort and have negative impacts on the patient's birth experience and outcomes. Clinical care teams should prioritize the patient and honor her birth experience. Any power dynamics and inequities that involve doula interaction should be curbed. Interpersonal malice in the birth space should not be tolerated.

**The results and recommendations from the focus groups should be utilized by hospitals to identify opportunities for quality improvement.**

All moms deserve respectful and equitable maternity care that:

1. Maintains dignity, privacy, and confidentiality
2. Ensures freedom from harm and mistreatment, and
3. Allows for shared decision-making and continuous support during labor and childbirth

