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Addressing Racism in Medicine with Community-Based Doula Services for Black Mothers, a Narrative Review of the Literature and Historical Perspective

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ABSTRACT

Introduction: There is a significant discrepancy in the mortality rates between Black women and non-Hispanic white women in the United States. A major contributing factor to this discrepancy is thought to be systemic racism. Many advancements in early obstetrics and gynecology were made through oppression and experimentation on enslaved Black women without their consent, and it is important to recognize that inequities and biases still exist in the care of Black women today. A tool that shows promise as a strategy to fight racial inequities is doula-supported care. Doulas are trained, non-clinical professionals who provide education and support throughout pregnancy, delivery, and postpartum.

Methods: A literature review was performed to gather data on the impact of doulas on decreasing the discrepancy between mortality rates of Black and white birthing people. A historical review was also performed to examine how the history of racism in obstetrics and gynecology may continue to impact patient care and outcomes today.

Conclusion: Doula support has been shown to decrease the rates of preterm birth and low birth rates, as well as patient satisfaction with their care. Work must be done to expand insurance coverage of doula care and encourage doula training and presence in underserved areas.

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INTRODUCTION

Black women experience maternal mortality rates 2.9 times higher than non-Hispanic white women.[1] Many factors contribute to the disparity seen among Black mothers. Black women of child-bearing age are statistically more likely to have chronic health issues, such as diabetes and hypertension, contributing to pregnancy complications and poor outcomes.[2] Other contributing factors include lack of access to quality health care, implicit bias, and structural racism. The systematic disinvestment of public and private sectors in segregated Black communities led to under-resourced facilities with fewer clinicians and, ultimately, difficulty in recruiting experienced and well-credentialed primary care physicians and specialists.[3] While poor and low-income Black women are frequently the subject of adverse birth outcomes, poor birth outcomes are seen across the socioeconomic spectrum.[4] It has been shown that when studies control for education and income factors among Black women, the same rate of adverse birth outcomes persists for more educated and wealthy Black women compared to less educated and poorer white women.[4] It is evident that individual prejudice and discrimination alone are not the sole causes of the inequitable treatment of people of color. The normalization and acceptance of a flawed system has fostered these issues. It has been cited that many pregnant women of color experience racism and disrespect during pregnancy, which results in poorer outcomes such as premature birth

weight, maternal morbidity and mortality, and an increased risk of death for infants in the first 100 days of life.[5] According to the Healthcare Cost Utilization Project (HCUP), the rate of developing preeclampsia/eclampsia is 60 percent higher for Black women than for white women.[6] Statistics like this may contribute to Black women's mistrust of the medical system and push them to seek doula care.[7] A doula is a trained non-clinical professional who provides continuous physical, emotional, and educational support to clients during pregnancy, birth, and postpartum.[8] While many variables contribute to poor maternal outcomes, addressing healthcare delivery systems is critical to preventing poor maternal outcomes. The literature demonstrates that continuous labor support and doula care improve outcomes for women and infants.[9] Community-based doula services should not only be standard as part of obstetric care but funding and training should be provided to increase access to doula services for Black obstetric patients.

Doulas can advocate for pregnant women to receive necessary care by aiding with the development of birth plans. They advocate for mothers throughout labor, especially those desiring low-intervention births. They provide lactation advice and emotional support for postpartum depression.[10] They also connect families to community services to address social issues.[10] Community-based doulas are particularly well-suited to assist pregnant Black patients as they frequently share racial, linguistic, and/or cultural traits with their clients and offer services targeted to the particular needs of the communities they serve at little to no cost.[7,11] From 2019 to 2020, the number of births in community birthing centers increased by 20%, with a rise in usage among non-white birthing individuals.[12] Most non-hospital birthing options (i.e., home births and community birthing centers) use perinatal support workers (PSW), such as doulas, to assist with peripartum and postpartum care.[13] Peripartum support workers serve as a check and balance between the patients and medical providers. This literature search was conducted to review the potential impact of doulas on decreasing the disparity in maternal mortality between Black and white birthing people. A historical review was performed to gather information on the history of racism in medicine and how this may continue to impact healthcare for Black women today.

METHODS

A literature search used the keywords "Doulas, African American birthing persons, Black mothers, maternal mortality and morbidity, and peripartum support." The search was performed using the NIH PubMed database. This search resulted in a variety of resources, including both review articles and original articles. Two non-fiction books were used for the historical background on racism in gynecology, the first entitled Medical Bondage: Race, Gender, and the Origins of American Gynecology by Deidre Cooper Owens and the second Birthing a Slave: Motherhood and Medicine in the Antebellum South, by Marie Jenkins Schwartz.

HISTORICAL PERSPECTIVE

Mistrust of the medical community stems from the United States' long-standing history of racism and white supremacy, which created the foundation for the racial assumptions, microaggressions, and other barriers to effective care that plague our healthcare system. A historical review reveals that the introduction to modern-day obstetrics and gynecology was through the confines of slavery with the sole purpose of persevering enslaved women and their offspring to perpetuate a population of bonded laborers.[14] An enslaved woman's value was directly related to her fertility.[14] At the time, doctors were aware of the importance of Black enslaved persons' ability to reproduce and thus would often experiment on them in order to sharpen their expertise in "women medicine."[14] Dr. J Marion Sims, widely regarded as the father of gynecology, conducted experimental operations on Black enslaved women between 1845 and 1849.[15] His experiments led to the knowledge used for many gynecologic surgeries still done today. His most famous work was the development of a surgical technique for vesicovaginal fistula repair.[15] Many doctors during the southern antebellum era never had formal women's health education. Many experienced their first births in slave quarters.[14] Though these physicians' contributions to medicine cannot be denied, Black women also played a

fundamental role in furthering medical knowledge and often paid the ultimate price.

Because of these experiments and abuses, Black enslaved persons naturally feared physicians. Slave owners often used an enslaved person's fear against them by telling stories about "night doctors" to dissuade them from attempting to escape at night.[16] "Night doctors" were doctors who kidnapped slaves for research purposes.[16] During this time period, most cadavers studied by medical students in the South were those of Black slaves.[14] The thirst for knowledge was so intense that some physicians would excavate the corpses of Black children.[14] Whether or not "night doctors" existed is debatable. However, events such as the Tuskegee syphilis experiment, which examined the natural history of untreated syphilis in Black participants without their informed consent, contributed to a greater mistrust and fear of doctors in Black communities.[17] Historical events and folklore from the antebellum period have reinforced Black patients' dread of doctors. Similarly, slavery contributed to the perpetuation of stereotypes in the medical industry, such as the pain tolerance of Black patients. In the southern antebellum period, anesthetics were not frequently employed, and many experimental treatments on slaves were conducted without anesthesia.[15] A study examined the beliefs associated with racial bias in pain management.[18] This study revealed that medical students and residents retain erroneous assumptions regarding biological differences contributing to pain tolerance between Blacks and whites.[18] Similarly, pregnant Black women's complaints of pain may be disregarded and minimized.

IMPACT OF DOULAS

The relationship between some Black patients and their doctors may frequently be characterized by a lack of acknowledgment, distrust, and outright disregard. When a doctor visited enslaved persons, it was uncommon for the doctor to speak directly to them.[14] Medical choices were made exclusively by slave owners.[14] It was common practice to accept whatever diagnosis and treatment was offered.[14] Slaves were unable to advocate for themselves. Although many efforts have been made to transform patient-doctor interaction into one that resembles collaboration, a power dynamic still frequently prevails between medical providers and marginalized populations, including people of color, making it more difficult for patients to ask their clinicians questions and advocate for themselves. In addition, health illiteracy hinders patients' ability to advocate for themselves effectively. This dangerous dynamic can potentially be addressed in obstetrics by creating a multidisciplinary birthing team that includes doulas. According to studies, women who receive ongoing assistance during the prenatal and postnatal periods have better birth outcomes and reported greater satisfaction.[19] Black women who use doulas report that doulas help them understand and feel seen and heard by medical providers during their prenatal appointments.[13] This deep level of trust that doulas create with their patients helps to facilitate a more trusting relationship between the patient and the medical provider, making patients more likely to trust and follow their provider's recommendations.[13]

Black infants in the United States experienced the greatest preterm birth rates between 2018 and 2020.[20] There is evidence that doulas can lower this figure.[21] A Healthy Start's doula support program in Brooklyn, the "By My Side Birth Support Program," found that among roughly 500 infants delivered to non-Hispanic Black women over 5 years (2010-2015), doula-supported moms had decreased rates of preterm birth and low birth weight. Participants in this program were predominantly Black and Hispanic and came from one of New York City's neighborhoods with the highest rates of infant mortality, preterm birth, and low birth weight.[21] According to this study, doula services can aid in addressing birth disparities among higher-risk groups, including women of color and those who are poor.[21]

DISCUSSION

Despite the growing popularity of doulas, these services are not widely available to everyone. Insurance does not usually cover doula services, and their services can be cost-prohibitive.[19] Secondly, there are not enough trained doulas to service these women.[19] Of the doulas in the United States, 60% are Caucasian. In contrast, 15.18% identify

as Hispanic or Latinx, and 9.8% as Black.[22] These figures do not accurately reflect the population of expectant mothers who might gain the most from doula support. This suggests that there might be some personal, financial, or professional obstacles to becoming a doula. We are failing to address the Black maternal mortality rate as a nation. More funding should be allocated to local community programs to increase the number of doula trainees, especially ones from ethnically, racially, and socioeconomically diverse communities. Insurance providers should cover doula services, as it could reduce overall hospital costs.[23] Although there is growing momentum at the federal and state level, with initiatives like the Black Maternal Health Momnibus Act, Medicaid coverage of doula care varies widely across states.[19] To make doula care more accessible and affordable, federal policies should designate doula care as a mandated Medicaid benefit. At the state level, state funds should be allocated to increase access to community-based doula training and cover the cost of doula services for high-risk mothers.

CONCLUSION

Access to doulas during the antepartum, peripartum, and postpartum periods has improved outcomes for birthing women in the United States. Surveys of Black birthing women show that doulas help build trust and improve access to care. Access to doulas, in general, is limited in many underserved areas, and only a fraction of doulas identify as Black in the United States. More original research is needed to demonstrate the improvements in outcomes for neonates and birthing people. This will help encourage funding of doula programs and training in underserved areas. Research is needed to continue identifying factors contributing to the discrepancies in maternal mortality. Doulas alone are not enough to address the Black maternal mortality rate fully, but it is a step in the right direction.

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