UNDERSTANDING PERINATAL EXPERIENCES OF BLACK HAITIAN CREOLE SPEAKERS IN A CONCORDANT DOULA PROGRAM

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INTRODUCTION

Doulas can serve as important bridges between patients and health care systems, especially for patients with lower levels of health literacy or who are unfamiliar with the U.S. health care system.[1] In the Massachusetts Health Policy Commission's (HPC) Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) Program, an investment program that aimed to address inequities in maternal health outcomes and improve the care and patient experience of Black birthing people by increasing access to and use of doula services, Haitian Creole-speaking patients formed 48% of the patient population at one of the two program sites. These patients were matched with a racially and, when possible, linguistically concordant doula to provide support during the duration of their pregnancy, labor and delivery, and through six weeks postpartum.

OBJECTIVES

The BESIDE Program aimed to address maternal health inequities among Black birthing people by increasing access to and use of doula services and prioritizing racial concordance between doulas and patients. For Haitian Creole-speaking patients specifically, existing literature suggested that having a racially concordant doula who additionally spoke their language would further improve their perinatal experience. Many of the Haitian Creole-speaking participants were enrolled through refugee clinics, and existing research suggests that linguistic concordance would provide these patients with a trained support person who could also facilitate bilingual communication between the patient and care team.[2] The BESIDE Program evaluation team sought to explore the experiences of Haitian Creole-speaking patients to gain a better understanding of how linguistic concordance can also impact a patient's experience with a doula and with pregnancy.

STUDY DESIGN

Six BESIDE participants whose preferred language was Haitian Creole completed a survey and interview as part of the evaluation of the BESIDE Program. The English survey and interview guide were translated into Haitian Creole, and interviews were conducted by a Black native Haitian Creole speaker, who also participated in the interpretation of interview findings. Primary themes explored in surveys and interviews with patients included the patients' experiences with feelings of respect, trust, safety, and agency with their health care team, their relationship with their doula, how having a racially and/or linguistically concordant doula impacted their pregnancy and labor experience, and experiences with discrimination in medical settings. Interviews were coded and analyzed thematically

A patient experience committee comprised of Black doulas and Black former patients who had given birth at the awardee hospitals was consulted periodically for additional insight and cultural context regarding the findings. As data from Haitian Creole-speaking patients was collected and distinctions between Haitian Creole and English-speaking patient populations emerged, a Haitian Creole-speaking participant was added to the evaluation's patient experience committee to provide additional insight and cultural context to the findings.

RESULTS

Haitian Creole-speaking patients reported high levels of satisfaction with their doula and with their care, which aligned with the experiences reported by non-Haitian Creole-speaking Black patients in the BESIDE Program. Most Haitian Creole-speaking patients who were interviewed described having pregnancy complications, low levels of social supports, and other stressors in their life while pregnant. All of the Haitian Creole-speaking patients who responded to the survey reported that they were treated respectfully by their care team, and that their doula's care enhanced their pregnancy experience.

Linguistic concordance was highly valued by Haitian Creole-speaking patients in the BESIDE program. Interviews suggested that for this population, linguistic concordance with care team members may be more important than racial concordance. These patients reported feeling more comfortable and safer when working with a doula who spoke the same language as them. Even if a doula was not fluent, patients appreciated their efforts to communicate in a common language. Patients felt that being able to express themselves in their native language to their doula led to improved experiences.

Compared to other Black patients surveyed, Haitian Creole-speaking patients reported experiencing less or no discrimination in medical settings and reported no feelings of stress due to racism. Members of the patient experience committee, which included a Haitian Creole-speaking doula, and the Haitian Creole-speaking interviewer suggested this may be due to Haitian cultural norms which treat medical professionals with high levels of deference and respect; as a result, Haitian Creole-speaking patients may have been less likely to be critical of clinician behavior.

FIGURE 1. Demographics of BESIDE patients

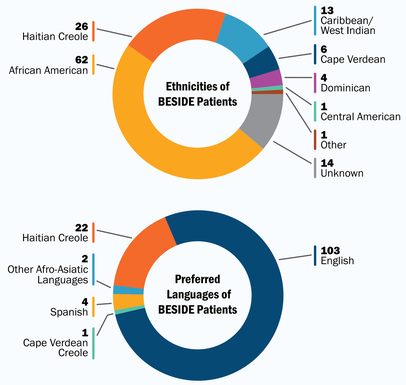

FIGURE 2. Selection of quotes from Haitian Creole-speaking patients in the BESIDE Program

"One of [the doulas] was Haitian, and I felt **more at ease** with her because of her language. I find that sometimes it's **hard to express myself** in English, so I say things in Creole instead."

– BESIDE PATIENT

"[Linguistic concordance] was **important to me** because I'm not fluent in English. The Haitian doula was **present**... if she (wasn't), I would have had to use my phone to translate."

– BESIDE PATIENT

"Despite [the doula's] little command of my language, she made an **effort to comprehend** who I was **speaking** to and what I was trying to **communicate**."

– BESIDE PATIENT

CONCLUSIONS

Results from the BESIDE program evaluation indicate that working with a racially, ethnically, and/or linguistically concordant doula can help to create positive pregnancy experiences for Black patients whose primary language is not English. The BESIDE Program evaluation found that with a linguistically concordant doula, Haitian Creole-speaking patients reported the same benefits of increased feelings of respect, safety, trust, and agency as by Black birthing people whose primary language is English.

Accommodating patients whose primary language is not English is an important aspect of providing care to diverse patient populations. BESIDE program participants were appreciative of efforts that care team members made to work with patients in their preferred language, even if care team members were not fluent.

Patients from refugee or immigrant populations did not report as many experiences of discrimination in medical settings as non-immigrant patients in the BESIDE program. Additional research is needed to understand how differing cultural perceptions in immigrant/refugee patient populations may impact their understanding of discriminatory behavior in medical settings, especially in situations where there is a language barrier.

It should be noted the sample of Haitian Creole-speaking patients who participated in the evaluation interviews was very small (n=6), and conclusions drawn from these interviews may not be representative of Haitian Creole-speaking patients or immigrant/refugee patients in general.

POLICY IMPLICATIONS

Ensuring that patients have the ability to communicate clearly with providers in their preferred language, especially during pregnancy and postpartum care, should be prioritized. Provider organizations should consider how implicit bias and systemic racism may affect delivery of care for immigrant and refugee patients, even if patients are not reporting experiences of discrimination. Additional research into interventions that provide racially and linguistically appropriate support for non-English speaking patients would be a valuable addition to the understanding of immigrant maternal health.

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