

# EXAMINING EXPERIENCES OF DISCRIMINATION PERCEIVED BY BLACK DOULAS SERVING BLACK BIRTHING PEOPLE AND ITS IMPACTS ON WORK EFFICACY AND CAREER LONGEVITY

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## INTRODUCTION

Previous research has demonstrated the efficacy of doulas on reducing the impact of racism and health inequities for people of color.<sup>1</sup> As more hospitals begin to employ doulas to combat maternal morbidity, especially for Black birthing people, it is also important to understand the experiences of doulas so they can be properly supported within a hospital system. The Massachusetts Health Policy Commission (HPC) sought to understand the experiences of discrimination as perceived by Black doulas working

with Black birthing people, especially in health systems with predominantly white medical workforces, and the role this plays in their ability to mitigate inequities faced by their clients and their longevity in the field. This work occurred in the context of the Birth Equity through the Support and Inclusion of Doula Expertise program (BESIDE), which was developed by the HPC in response to the maternal morbidity crisis. This grant-funded doula program was implemented at two program sites in Massachusetts.

## OBJECTIVES

A goal of the BESIDE evaluation was to better understand whether and how a culture of mutual respect is developed and maintained between doulas and hospital clinicians, particularly doulas of color, and hospital culture as it relates to doula work. This program was designed 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. Institutional racism is known to be a major barrier to maternal health equity for Black birthing people, and understanding how it also impacts the Black doulas who serve these patients is a critical component of understanding the factors that contribute to doula workforce success.<sup>2,3</sup>

## STUDY DESIGN

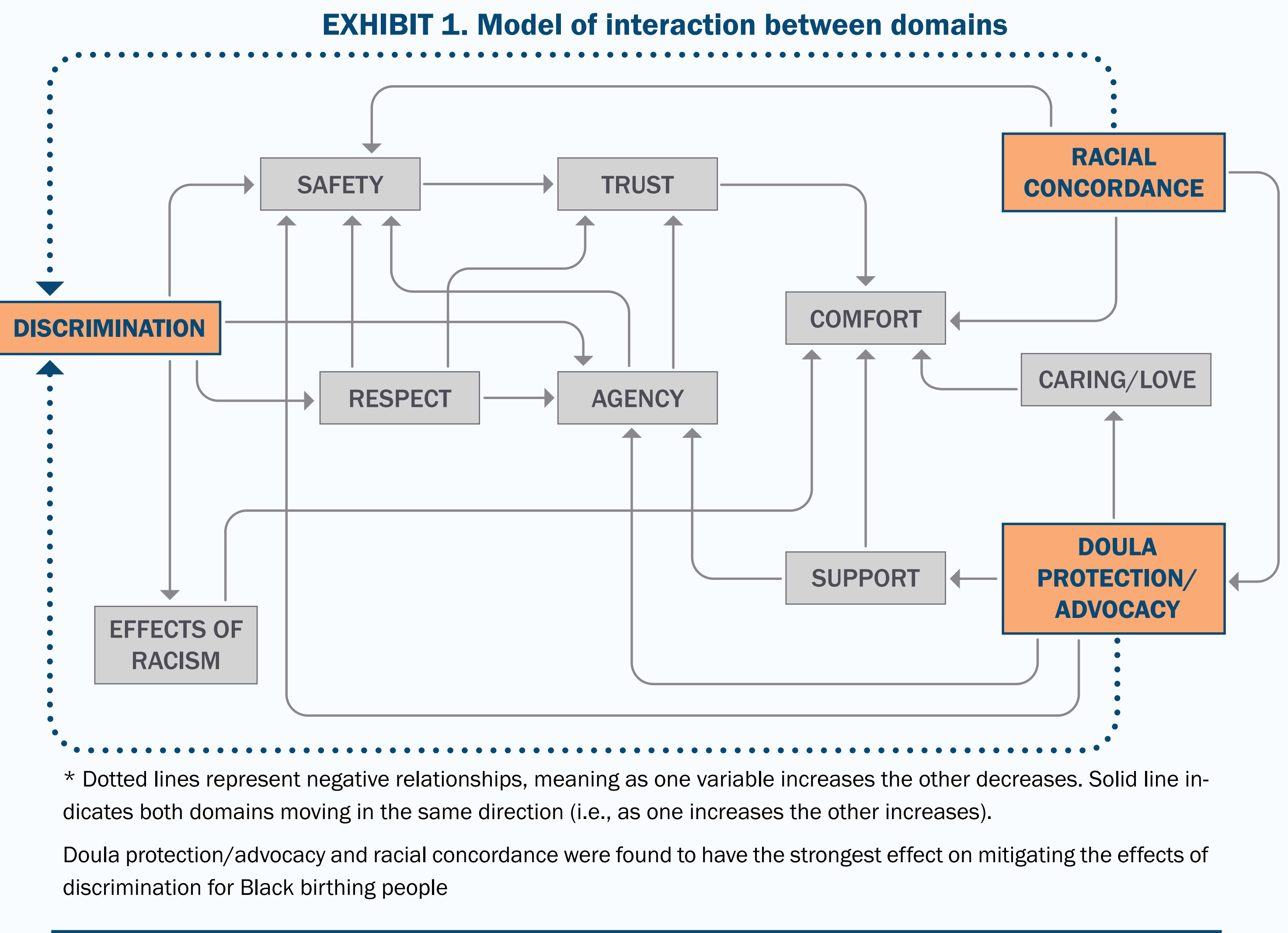
This qualitative descriptive study utilized semi-structured interviews. Interviews were conducted with 5 doulas, 21 patients, 8 clinicians, and 9 administrative staff at the two program sites for a total of 43 interviews. Non-patient interview guides were developed by the evaluation team and interviews were conducted with clinicians, doulas, and administrative staff conducted by the evaluation team. Patient interview guides were developed by a third-party contractor with input from the evaluation team and interviews were conducted by the third-party contractor. For 6 patients who spoke Haitian Creole, interview guides were translated, and interviews were conducted by a native speaker.

Primary themes explored in the interviews included program successes and challenges, feelings of respect, safety, and agency, doula and patient relationships, doula and clinician relationships, doula workforce issues, systemic racism, discrimination, hospital culture regarding doulas, and the sustainability of doula programs. In addition to the development of mutual respect, the evaluation also sought to answer how the knowledge and attitudes of clinicians regarding doulas changed over the course of the program, how racial/ethnic concordance between patients and doulas impacted care, and what strategies were most successful in creating a positive working environment for doulas.

## RESULTS

Despite extensive groundwork laid at program hospitals to build positive relationships between doulas and clinicians, hospital culture was slow to show significant change and doulas faced resistance throughout program implementation. Black doulas reported several instances that they perceived to reflect discrimination during their work with Black birthing people, including assumptions by clinicians that doulas were family members, doulas being prevented from entering the operating room during C-sections, and doulas being dismissed when making requests for patients. Many of these occurred in the presence of their patients and were overt enough that clients also reported them when asked about their birth experience. These negative working experiences contribute to the barriers to building and maintaining a robust doula workforce. To address these incidents, program teams developed conflict reporting structures for the doulas; these were helpful in providing workplace support for doulas and ensuring they felt protected if conflicts with other hospital staff arose.

Despite these challenges, patients consistently reported high satisfaction with their doulas and often credited their doulas for creating a positive pregnancy and delivery experience by improving patient/clinician communication and providing physical and emotional support, additional education, and other services. Racial concordance between patient and doula was repeatedly noted to be a major contributing factor to these positive outcomes. Racial concordance and doula protection/advocacy were the two variables most likely to reduce discrimination perceived by a patient. Doulas acknowledged the difficulty of their work but also viewed it to be fulfilling on a personal as well as professional level and described being able to help other women of color through pregnancy and birth as a personally gratifying experience. Doulas cited their own birth experiences with doulas, or lack thereof, as a reason they wanted to be able to support other women through pregnancy.



### Selection of Quotes from BESIDE Interviews

“I think [doula work] is important because it is really needed in the Black community. We are taught to be strong and resilient as Black women, but I can let her know, ‘it’s ok to ask for help; it’s ok for you not be able to handle this; it’s ok to need support; you are doing a good job.’...I can say all of that because their struggles have been my struggles. We form a trusted bond. This is the essence of our work.”  
–Doula

“We talk about things, and everyone expresses being on board...but action is what I’m about...Is this implementation strategy actually addressing the concern...Is this suitable, a strong enough strategy to combat what we’re up against? Which is racism. This is not any small, lightweight kind of force...Everybody seems to be against this upsurge of racism, but nobody is willing to hold people accountable when it shows up.”  
–Doula Program Coordinator

“It’s pretty heavy work...the type of clientele that we see is so medically and socially high risk that I think some of that was wearing on the Birth Sisters...they really internalize the things that they were seeing and feeling, but feeling a bit of frustration because they couldn’t do everything that they wanted to do for clients...The intensity of the higher risk...is at its height in the past five years.”  
–Doula Program Director

“Is a Black doula being in the room helping break up that systemic racism? I don’t think so. I don’t think it’s helping right now and maybe it’s because it’s the beginning stage and it’s all new. But right now, I don’t think it’s helping. I think people are stuck in their ways and it takes a lot of work and a lot more than just a Black doula coming in and supporting a woman of color during birth. I think it takes more than that.”  
–Doula

## CONCLUSIONS

Having a racially concordant doula can be effective at improving patient experience for Black birthing people, but doulas’ experiences of racism in the course of their work can create undue stress for Black individuals in these roles. The disparity between patient satisfaction and doula experience suggests that while doulas are able to shift the effects of racism in the medical system away from the patient, these effects are not completely negated and may be redirected to the doula in different ways. This results in an additional emotional and mental burden to doula work that can be discouraging to new doulas and contribute to burnout. This, combined with additional factors such as

unpredictable hours, low pay, and tension with hospital clinicians can make sustaining a stable doula workforce difficult.

Groundwork that educates hospital staff about doulas ahead of the introduction of doulas into a hospital system can be helpful in shifting attitudes and knowledge on an individual basis but is not enough to change hospital culture or address systemic racism on its own. Building robust doula support systems into program infrastructure is also a helpful strategy for ensuring a doula workforce can be properly supported in a potentially harmful work environment.

## POLICY IMPLICATIONS

Doulas occupy a unique role in the health care system, and their services are increasingly utilized in hospitals and included as a covered service under many insurance plans, including state Medicaid programs. Understanding the needs and experiences of Black doulas, and providing supports to mitigate experiences of racism, is important to ensuring the sustainability of this workforce. Development of new doula programs should not be undertaken without

a complete understanding of the potential harm that Black doulas may be exposed to in the medical system. Doulas’ experiences of perceived racism indicate that more action is needed to address the root of systemic racism in medical institutions, and further protections should be considered to safeguard the well-being of the individuals who take on this important work.

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