DOULA CARE FOR LOW INCOME AFRICAN AMERICAN AND LATINO MOTHERS IN A HOSPITAL SETTING

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ABSTRACT: In the United States, African American and Latina women are 148% more likely than white women to experience birth complications such as cesarean sections and low birth weight babies. Implementing more support for birthing mothers during their hospital stay might decrease these outcomes. This support might be best found in a hospital based doula program that provides individual emotional and physical support to women throughout pregnancy and childbirth. This proposal will look at the current research on doulas and their positive impacts on low-income African American and Latina mothers.

Introduction

The World Health Organization currently recommends the country wide cesarean rate to be below 10%, though the United States' rate is currently at 32% (CDC, 2014). Of this frighteningly high number, low-income African American and Latina women are 148% more likely to undergo a C-section than white women (Bryant, Washington, Kuppermann, Cheng, & Caughey, 2009). High cesarean rates and low birth weight babies can lead to many other health complications for mother and baby that contribute to the dramatically high infant mortality rate in the United States (CDC, 2014). Implementing support for birthing mothers during their hospital stay might decrease their chances of having a poor birth outcome. Based on the high-risk factors for low income African American and Latino mothers, would the implementation of hospital staff doulas decrease their chances of birth complications, including cesarean-sections, low birth weight, and probability of breastfeeding? The existing research does not specify in what setting doula services could be most utilized, so this proposal will look at the role doulas play in positive birth outcomes and how their implementation might decrease negative birth outcomes for high-risk African American and Latino women.

Background

A doula is someone who provides emotional and physical support to pregnant women throughout pregnancy and childbirth. They are typically not healthcare providers and do not assist with clinical tasks, but are trained and experienced in navigating hospital systems (Simkin, 2012). Predominantly women, doulas are usually unaffiliated with hospitals or other organizations besides certification boards, and promote their services independently (Ahlemeyer & Mahon, 2015).

Most doulas are certified through DONA (Doulas of North America) International, an organization that upholds the ethics and standards of care for practicing doulas. Through DONA's training intensive, students learn how to communicate with laboring mothers, develop an understanding of the psycho-emotional experience of childbearing, and study breathing techniques, positioning, and other measures to reduce pain and enhance labor progress (Simkin, 2012). As well as attending the certification intensive, potential doulas are required to attend a breastfeeding class, read extensive materials on maternity and childbirth, and attend three births with positive evaluations from mothers and hospital staff (Simkin, 2012).

Scientific studies have found that doulas play an extremely positive role in healthy birth out

comes. In a study published in the Journal of Perinatal Education in 2013, Gruber et al. found that doula-assisted mothers experienced significantly higher newborn birth weights and breastfeeding rates, and experienced half as many childbirth complications than mothers without doula care (Gruber et al., 2013). An evaluation of disadvantaged women who were given the option of using a doula throughout pregnancy were significantly less likely to need a cesarean section, as well as less likely to smoke during pregnancy (Spiby et al., 2015). A 2008 study at Boston Medical Center also found doula support to significantly decrease the rate of cesareans, while increasing breastfeeding initiation rate (Mottl-Santiago et al., 2008).

Methods

Study Design

A cross-sectional design would be used to research this topic. Cross-sectional could be easily applied to mothers who recently gave birth in order to collect information about their birth outcomes and experience with a doula, which would only need to be collected once. It would be the least invasive for the mothers, who recently gave birth and do not have much time to be involved in research, as well as keeping them anonymous. It would also be the least expensive form of research, and could easily be accomplished by a single survey.

Population

This proposal will study women between the ages of 20-50 who are Latina or African American. They will have had to give birth using the services of a doula, in a hospital that has a volunteer doula program or offers free services of doulas, so that cost of using doula's services is not a variable. This research will look at this population of women, who gave birth in a hospital, in three different free doula programs in the Seattle area, University of Washington Medical Care Doula Care, Open Arms Perinatal Services, and Sea Mar Community Health.

Sampling

This research would use a purposive sampling method to conduct data about the mothers. The research would be based on women who have previously used the services of a doula while giving birth, and from Latina or African American backgrounds.

Ethical Considerations

Ethical considerations that will be accounted for are keeping the mothers anonymous. This will be easily accomplished by collecting data through a survey, so their identity is not needed. They will be providing personal information about their birth experience and their experience with a doula, they will not need to fill out a consent form. This research will need to be reviewed by the IRB (institutional review board) because the study will be collecting data from human subjects. Participation in this research will be voluntary and the mothers can chose to fill out as much of the survey as they deem appropriate.

Measures and Materials

The independent variable in this study is doula use. Women in this study will all have used the services of a free doula program in a hospital setting and will be selected based on that criterion. The dependent variable in this study will be birth outcomes. This will be measured in a survey based on if the mothers received medical interventions such as cesarean sections, forceps use, or induction. Women initiating breastfeeding will also measure birth outcomes.

Procedures and Analysis

Data will be collected by a survey using qualitative and quantitative questions. The survey will be distributed via an online survey host, which is more convenient for mothers who are busy with children, than a mail or phone survey. Mothers will be asked questions about prior to their birth, for example, if they were at risk for any complications or medical interventions as well as their age, ethnicity, annual income, and

if they had insurance or used Medicaid. They will be asked questions about their overall birth experience: did they use pain management, such as epidurals, induction, or forceps? As well as the final outcome of their birth: did it end with a cesarean section or a natural birth? They will be asked questions about the use of their doula: did the doula make them feel more empowered about their birthing experience, was the doula knowledgeable about the birthing experience, and if so, did she help you with coping measures regarding pain, fear, and breathing techniques?

Discussion

Significance & Implications

This research is important because implementing doulas into the healthcare system could dramatically decrease the need for medical interventions during birth for the women who are at the most risk of interventions: Latina and African American women. These women, according to the CDC, are almost twice as likely to lose a baby in the first year of life than a Caucasian woman (Willams, 2013). Implementation of doulas into the healthcare system could not only potentially decrease medical interventions, but could also decrease infant mortality rates.

An analysis of women who gave birth during 2011 and 2012 found that black and Latina, primarily Medicaid funded women, were twice as likely to want a doula but were unable to access one because of financial reasons (Kozhimannil et al., 2014). An analysis of birthing mothers undergoing chronic financial stress was done and found that low-income status was significantly associated with delivery of low birth weight babies (Borders, Grobman, Amsden & Holl, 2007). The most at-risk group of women, those who would benefit from a doula's services the most, do not have access to them. Furthering the research done on the benefits of doulas will encourage hospitals to adopt doula programs.

On average, giving birth in a hospital with insurance costs $37,000, which is mainly covered by the insurance company. Giving birth with Medicaid costs $35,000, which is paid for by the government (Truven Health Analytics, 2013). Many women giving birth in this population use help from government assistance, in the form of Medicaid. If doulas could decrease the need for medical intervention, the overall cost of birth would be less. A study found that on average, total maternity costs were 40% lower for vaginal births when compared to cesarean births for both Medicaid and privately insured people (Truven Health Analytics, 2013). This study also found that both insured and Medicaid members paid 100% more for cesarean than vaginal births (Truven Health Analytics, 2013).

States have started to realize the tremendous cost of women giving birth in hospitals and ways they can decrease this cost, especially if they are paying for it through Medicaid. Oregon is the first state to start reimbursing women for their services as doulas, which is in the direction of doulas being covered by Medicaid ("Oregon Health Authority", 2015). The doula has to be certified through an accredited program and has to be working under the authority of a Medicaid provider ("Oregon Health Authority", 2015). The more states start to realize the savings and benefits of doulas, the more they will start on the path to reimbursement and the more women can reap the benefits of doula services.

Limitations

Using a cross-sectional study design works fairly well for gathering data for this research proposal. Some limitations from it might be not controlling all the variables. For example, women who chose to utilize the doula services at these hospitals had to self select into the group of women choosing doulas. There is no way to force a woman to use a doula during birth because it is a very personal experience. The women who chose to have a doula present might be predisposed to not use pain medication and want more of a natural birth experience which could skew the data.

Another limitation might be that the study is

only looking at three free doula programs in the Seattle area. This may lead to a smaller sample size of women of color using free doula services, as opposed to other parts of the country where there is a larger population of African American and Latina women. One last limitation is that I would be looking at three different free doula programs. Since these programs are not identical, the services they are providing could lend for different experiences for the mothers.

Future research

Doula work is an emerging area of care that is quickly spreading as women and medical providers are realizing the benefits. While a significant body of work exists on the emotional effects of doula care on the birthing mother, potential further research could be done on other positive birth outcomes associated with doulas. One of these under-researched areas is on increased doula support throughout pregnancy, not just during birth, and the positive outcomes that may be associated. Research could also be done on the benefits of a doula visiting mothers multiple times following birth, known as a post-partum doula. Both of these research topics could look at the doula's role in affecting infant mortality rates in the United States.

With regard to the previously discussed financial benefits of natural birth over caesarian sections (Truven Health Analytics, 2013), financial savings from the reduction of caesarian sections may incentivize doula care. Cost comparisons may yield pathways towards using doulas as a means of financial savings for medical institutions. As medical systems shift towards recognizing the benefits of doula care, we may see more hospitals implement doulas in the birth team, which would open doors for future research to be done on their benefits.

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