

## Women of Color, the Health Care System, and the Pregnancy Experience: A Key Insights Series from USofCare's Listening Work on Maternal Health

### **Part 2: Knowledge and Experiences with Midwives and Doulas**

Annie Yu, Jennifer DeYoung, and Venice Haynes, PhD

**Overview:** At United States of Care (USofC), we start our work toward building a better health care system by listening to people first. Using this people first approach, we arrived at our **United Solutions for Care** which are four goals and 12 solutions to improve the health care system based on what we heard over multiple years from people all across the country. Included in those 12 solutions was a call for better maternal and newborn care and increasing coverage for all of the ways people want to give birth like doula services, birthing centers, and home births.

Our health care system has failed maternal health severely. The racial disparity is especially stark: the mortality for Black women is **nearly three times** that of white women and calls into question why?

As we continue to deepen our listening work in this area our findings have revealed three overarching themes that are consistent, and in some cases go deeper into what others are hearing on this issue:

- 1) Differential treatment, dismissal and racism during the pregnancy journey
- 2) Knowledge and experiences with midwives and doulas<sup>1</sup>
- 3) Lack of postpartum support

**The second of this three part series highlights what we've been hearing from women about how midwives and doulas have and could contribute to positive birthing experiences, and the barriers they experience in accessing these support resources.**



**How we are listening:** In September of 2022, we held a few **focus groups** in rural communities surrounding Orangeburg, South Carolina where we inquired about experiences with maternal health and the health care system to include the use of doulas and midwives. In January and February of 2023, USofC did a deeper dive in partnership with Wonder Strategies for Good, to conduct a series of in-depth interviews with 20 Black, Hispanic, and Asian women across the United States to better understand their birthing experiences within the U.S. health care system.<sup>2</sup> All of the women of color we spoke with came from a variety of geographies, ages, incomes, and education levels, and had various types of insurance during their pregnancy journeys that were shared with us.<sup>3</sup>

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## What we are hearing:

- ★ Women who used midwives reported positive experiences with more personalized care. This is consistent with the [midwifery model of care](#), which focuses on personalized care, trust, and continuous support.

“ The [midwives] wanted me to get to know all of them in case -- whichever was available when you give birth. But they were very naturalistic, of course. They wanted a birth plan...They spoke to me as if they really cared. It wasn't so routine. It just felt a little more natural, like more holistic, in a way.

- Hispanic woman, Southwest

- ★ Most women had an incomplete picture of what doula are and what they do, and often confused doulas with midwives.

“ I want to say the doula is the woman who helps you through your prenatal period. A midwife is the woman after — when the woman is postpartum. No, no it is the other way around, I think.

- Black woman, Midwest

- ★ When women were provided with a definition of what doulas are and what they do, they identified specific ways a doula would have made a difference in their pregnancy experience.

“ I like the idea that it [the support] is going to be continuous like it is going to continue with you for your physical, emotional...I talk about emotional health and physical health and informational support because they can provide you informational stuff that maybe they have resources that I don't know, or they have more access to things that I'm not aware of, so that also stood out to me.

- Black woman, Northeast

- ★ While the idea of using a doula was appealing, women also identified financial, social, informational, and cultural barriers that would prevent them from using a doula.

“ It depends on how much it will cost, but yes that could possibly be a barrier. If it is not something being covered by insurance that would be...a concern, like how much they cost. How many sessions do I need? Can I afford to even move forward with one?

- Black woman, Southwest

“ I don't see this happening because not a lot of people are familiar with doulas, especially the Hispanic culture. I feel like Hispanics just go with what grandma did before and we have a lot of old, old traditions.

- Hispanic woman, Southwest

- ★ There is a stigma around the use of midwives and doulas.

“ I think there was a shift at some point in our communities, where going to a midwife was seen as less [than ideal]. I think it was an economic issue.

So if you can have your child in a hospital that denotes some type of economic status, and I think that's what having a midwife is associated with, I think, low economic status. I think it's associated with being on a plantation with slavery. Because we didn't have any other choice. We couldn't go to hospitals. So now you can.

*-Black woman, Calhoun, South Carolina*

A number of studies have shown the positive impact of doulas and midwives on maternal health outcomes, however, there is an awareness gap of what services doulas and midwives offer during the pregnancy journey as well as social and cultural barriers that needs to be understood so that these services can be accessed and utilized effectively for those that want to use them.

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<sup>1</sup> These findings capture the perspectives of the women interviewed and may not be generalizable to the overall pregnant and birthing population.

<sup>2</sup> Individuals all self-identified as mothers and women.

<sup>3</sup> All of the women interviewed were pregnant within the last three years, meaning that their responses sometimes included pregnancy and birth experiences within the context of the COVID-19 pandemic.