

Investigating Women’s Health through a Health Equity Lens to Support Connecticut Doulas as they Combat Disparities

Ming May Zhang^{1, 2}, Kara Boninsegna^{1, 3}, Samhita Gurralla^{1, 4}, Jenna Joshi^{1, 5}

Urban Health/AHEC Scholars¹, University of Connecticut School of Pharmacy², Quinnipiac University-PA Program³, University of Connecticut School of Medicine⁴, University of Connecticut School of Nursing⁵

Background

The purpose of the UST Women’s Health Interest Group (IG) was to explore the various complexities involved with treating women of all backgrounds. The interest group included students from UConn’s School of Dental Medicine (2), Medicine (5), Nursing (2), Pharmacy (5), and Social Work (1), and Quinnipiac University’s Physician Assistant program (1), encompassing many of the professions consistently involved in maintaining women’s health.

Topics Explored	Methods of Investigation
Preventative care for women of different ages	Clinical case scenarios
Pre- and post-natal care	Guest content experts
Roles and benefits of doulas	Q/A sessions
Methods for advocacy	Independent research
	Breakout group + large group discussion

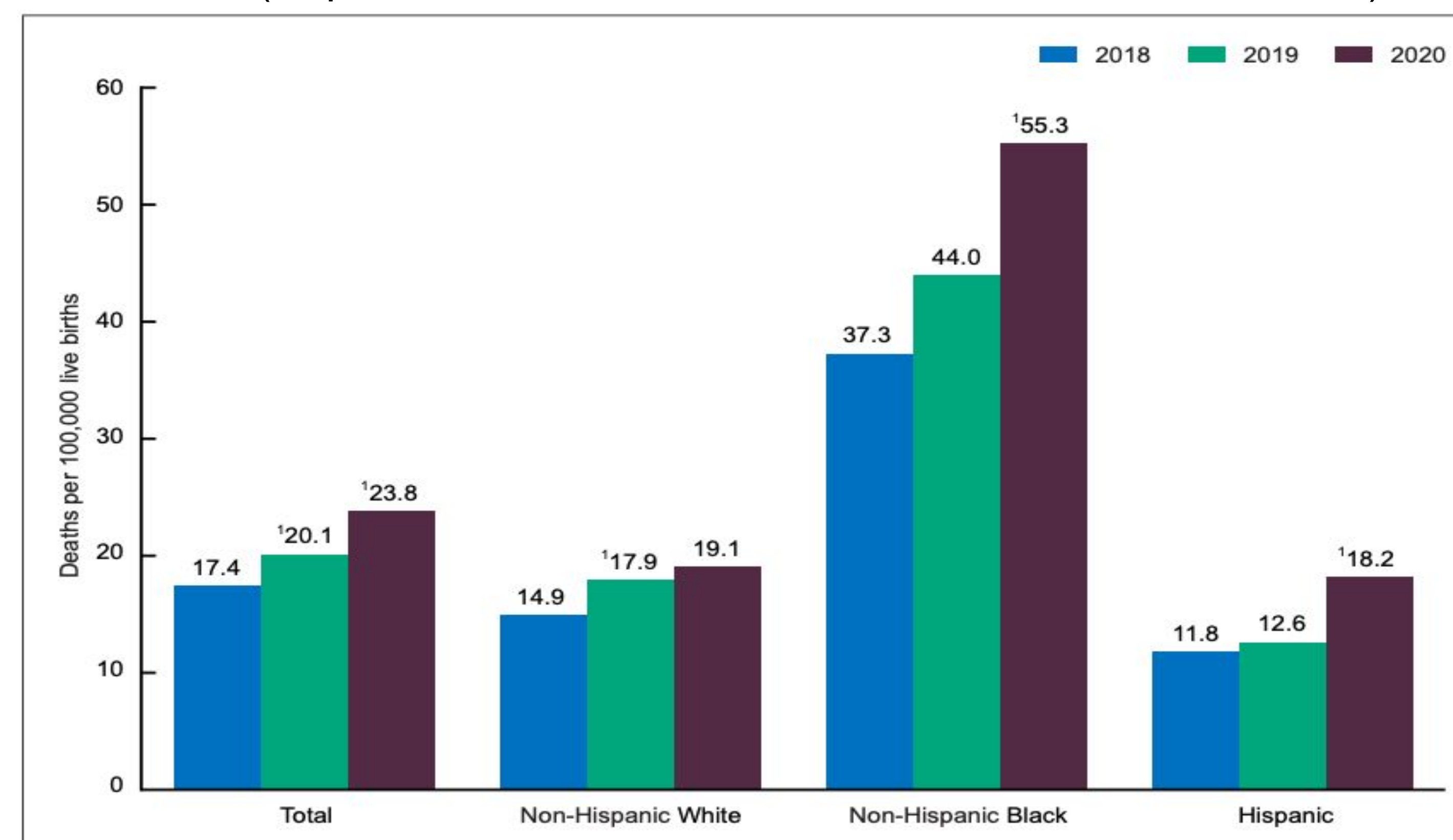
Building on the foundational knowledge gained throughout this year, we focused our advocacy on doulas and their impact on alleviating the significant social disparities in maternal outcomes. Doulas are an important part of safe and high-quality maternity care, yet they still face many barriers in practice which prevent them from providing the best care possible.

Racial Disparities in Maternal Care^{1, 2}

The World Health Organization defines maternal death as “the death of a woman while pregnant or within 42 days of termination of pregnancy...from any cause related to or aggravated by the pregnancy or its management.” In the United States (U.S.), **Black, Indigenous, and People of Color have disproportionately worse maternal health outcomes.** For instance, Non-Hispanic Black women are up to four times more likely to die from pregnancy-related causes than Non-Hispanic White women, a gap that continues to widen (Figure 1). In some areas of the U.S., maternal mortality rates in Black women rival those of developing countries.

The racial and ethnic disparities in the U.S.’s maternal outcomes highlight its underlying inequities. **These outcomes are ultimately rooted in systemic racism, which influences gaps in social determinants of health including education, literacy, social network, poverty, built environment, and healthcare access.** These non-medical factors can only be fully addressed by non-medical, humanistic means, such as the utilization of doulas: non-medical professionals who play a key role in the pregnancy and post-partum process.

Figure 1. US maternal mortality rates, by race and Hispanic origin: 2018–2020. (Reproduced from the National Center for Health Statistics)²



Doulas and Their Role in Women’s Health^{3, 4}

What is a doula? Doulas are trained professionals who provide continuous emotional, physical, and logistical support during the perinatal period. Similar to community health workers, they do not provide medical services, but have a complementary and essential non-medical role. Depending on their model of care, a doula’s role may involve education, childbirth preparation, labor support, lactation counseling, newborn care, home visits, emotional support, and advocacy. Many doula models also attempt to match doulas to patients based on shared background, socioeconomic factors, and experiences.

Impact of doula services on maternal outcomes: Multiple studies have demonstrated that doula care helps to overcome barriers to a healthy pregnancy and childbirth. In addition to narrowing disparities in non-medical care and support, doulas also impact traditional medical measures of pregnancy.

- Doula care is associated with lower epidural use and cesarean delivery rates, shorter labors, higher rates of spontaneous vaginal birth, and higher levels of satisfaction.
- Doulas increase patients’ agency and personal security by providing socioemotional support and facilitating interactions with clinicians.
- Doulas improve patients’ knowledge base by personally imparting knowledge, “translating” provider language, and empowering patients to self-study in order to have a well-informed birth.
- Doulas connect patients to community and social resources, in addition to serving as personal humanistic resources due to their shared experiences and backgrounds.

Of note, **low-income women and women of color are at the highest risk of poor birth outcomes and are the most likely groups to report wanting, but not having, access to doula services.** This speaks to the patient-perceived importance of doula care and reiterates the theme of disparate access to healthcare services, including the non-medical care that doulas provide.

Group Impact and Future Directions^{5, 6}

Although doulas have proven to have a positive impact on their clients, there are still numerous barriers they face in practice. Hospitals throughout the U.S. practice inconsistent policies that do not align with guidance from the state and legislature, leading to discrepancies in doula credentialing and certification. Doulas also experience interprofessional challenges, as many providers and nurses do not understand their scope of practice and complementary role. Finally, despite being essential parts of many birthing teams, doulas are not equally compensated for their role. Many states do not appropriately reimburse doulas for the continuous and extensive support they provide during the birthing process, which represents a significant time commitment. These are important barriers that prevent doulas from providing optimal care to their clients and sustaining their essential profession.

This IG has decided to advocate for doulas in the upcoming Connecticut (CT) legislation session by supporting a bill that will help establish an official scope of practice for CT doulas. Such clarity will empower doulas to overcome barriers to their practice, allowing them to provide optimal care to their clients and community. Our interprofessional team will create a group testimony to the CT legislature, declaring our support for the doula community and its importance in creating health equity for Populations of Color. We will urge the committee to support the proposed bill, which ultimately will allow us to provide superior, team-based, comprehensive maternal healthcare to all patients in the future.

Our written group testimony is ready to be submitted to the committee through our partners at CT4Doulas Coalition when the bill is presented in the coming weeks.

References

1. Howell EA. Reducing Disparities in Severe Maternal Morbidity and Mortality. *Clin Obstet Gynecol.* 2018;61(2):387-399.
2. Hoyert DL. Maternal mortality rates in the United States, 2020. *NCHS Health E-Stats.* 2022.
3. Kozhimannil KB, Vogelsang CA, Hardeman RR, Prasad S. Disrupting the Pathways of Social Determinants of Health: Doula Support during Pregnancy and Childbirth. *J Am Board Fam Med.* 2016;29(3):308-317.
4. Gruber KJ, Cupito SH, Dobson CF. Impact of doulas on healthy birth outcomes. *J Perinat Educ.* 2013;22(1):49-58.
5. Marshall C, Arteaga S, Arcara J, et al. Barriers and Facilitators to the Implementation of a Community Doula Program for Black and Pacific Islander Pregnant People in San Francisco: Findings from a Partnered Process Evaluation. *Matern Child Health J.* 2022;1-10.
6. Gonzalez J, Gelman M. Barriers and opportunities: Doula care in the age of the pandemic. *Health Leads.* Published June 10, 2021. Accessed March 12, 2022.

Acknowledgements

Special thanks to our group leads, faculty, and guest speakers for supporting the Connecticut AHEC and its student projects.