

## Background

COVID-19 currently stands as the third leading cause of death in the United States. With the Black community succumbing the most to the pandemic, emphasis needs to be placed on protecting the lives to come, and Black mothers specifically. With already heightened morbidity and mortality outcomes, Black pregnant women reported more concerns about a lasting economic burden, and more worries about their prenatal care, birth experience, and post-natal needs. This issue also highlights the public health concern of structural inequalities within the Black community, as well as barriers in achieving reimbursement for doula care through Medicaid.

## Objectives

1. Identifying issues that keep doula work from being more prevalent
2. Using structural initiatives to provide potential solutions
3. Create two public health deliverables that emphasized major factors that influence the in the Black birthing experience

## Methods

- Impact Surveys were distributed to clients, asking them questions regarding the care they received during their pregnancy, In addition, they were asked about their experience with a doula, or a lack thereof.
- A key informant interview was conducted with Brooklyn Perinatal Network's director of maternal and child health programs, as well as the doula coordinator, regarding areas of concern within their line of work from a structural perspective.
- The findings from the key informant interview were then used to create a quality improvement birthing model, as a template of what the culmination of Healthy Women, Healthy Futures program would look like, curtailing to CenteringPregnancy's care model.

## Results

TABLE 1

8. Did you have a doula who provided prenatal visits with you during your pregnancy?  
56 responses

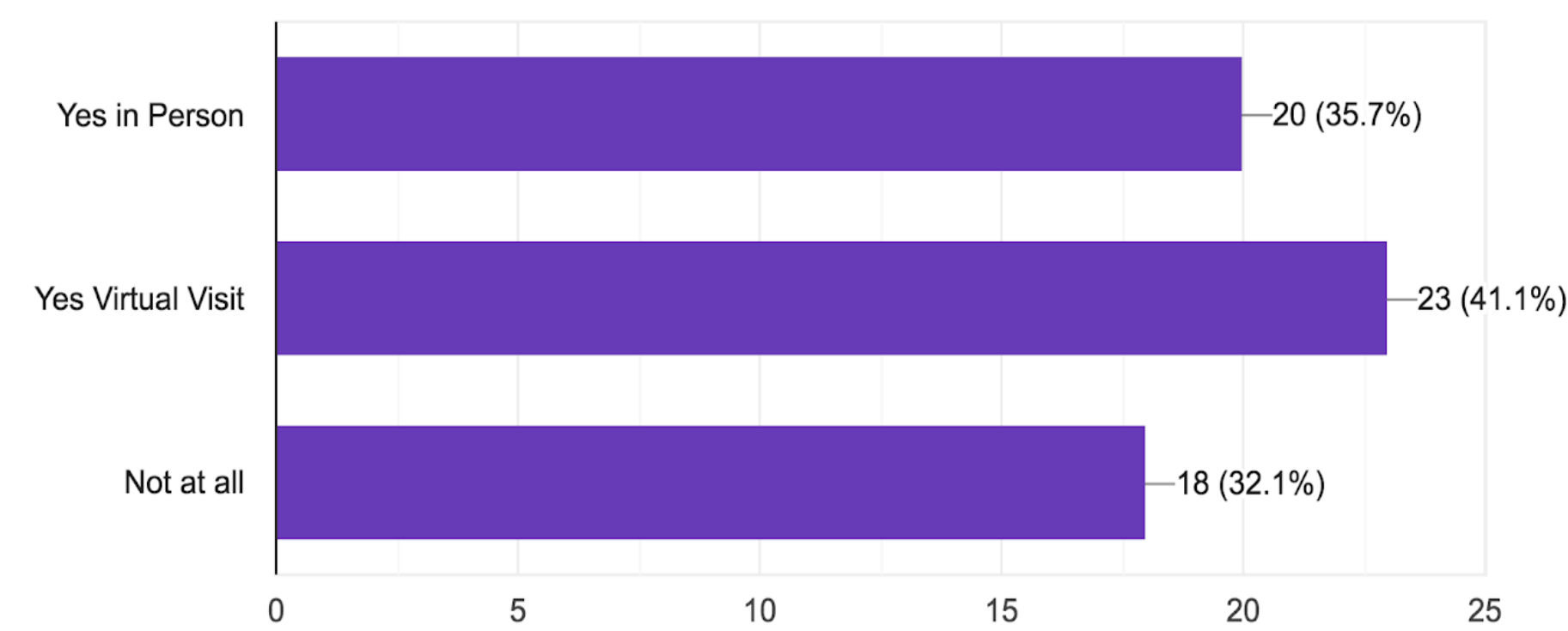


TABLE 2

12. Did you have a doula who supported you during your labor?  
55 responses

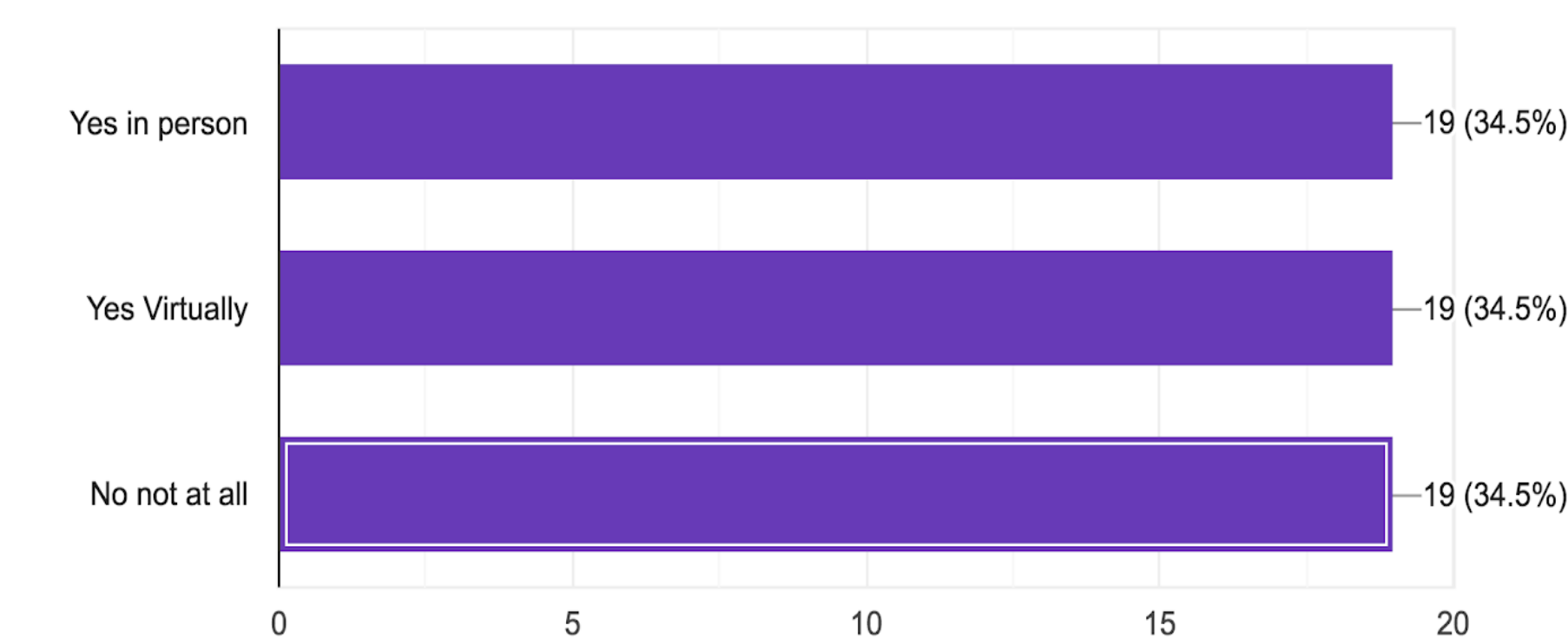
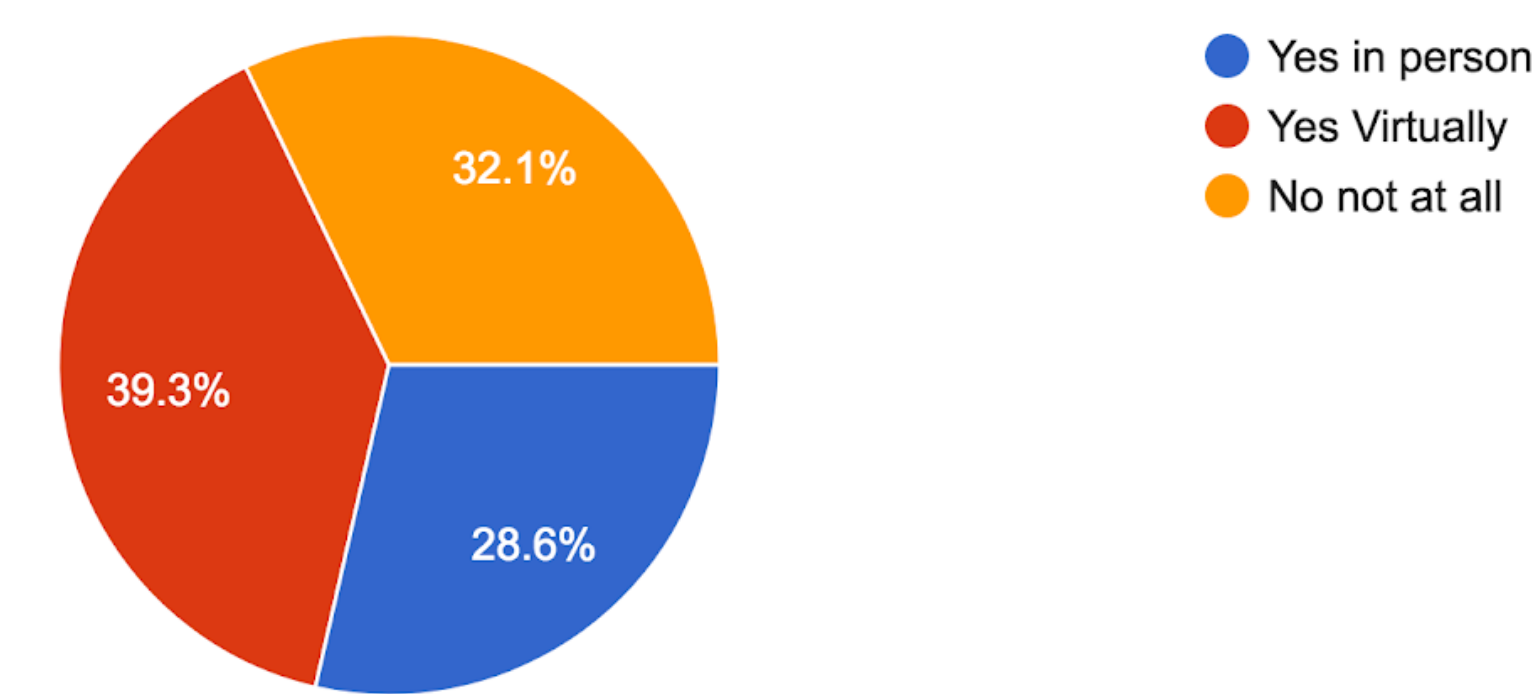


TABLE 3

13. Did you have a doula who provided support to you during the postpartum period? (After you gave birth)  
56 responses



A total of 60 clients were called for impact surveys, with results regarding access to before, during and after birth (Tables 1-3). During the pandemic, clients were encouraged to "shelter in place/social distance. Prenatal visits were offered virtually to prevent risk of exposure to Covid 19. During this time, many doulas lost contact with their clients as concerns about risks increased. Accessibility and effectiveness of virtual doula support was also a challenge. Clients reported not being allowed have their doulas present physically or virtually while in labor by hospital staff. In addition to this, members of Brooklyn Perinatal Network addressed key themes (Table 4) that have also played a significant role. Table 5 represents a logic model of a resolution, shown through combining the Healthy Women, Healthy Futures program tasks, while also including doula care within the CenteringPregnancy model.

TABLE 4

### Themes Presented:

- Building capacity
- Virtual barriers
- Bridging meaningful client interactions
- Language barriers
- Lack of autonomy
- Hospital quality
- Respect for doulas
- Doula accessibility in healthcare
- Postpartum care and resources

TABLE 5

INPUTS	ACTIVITIES	OUTPUTS	OUTCOME	
			Short-Term	Long-Term (Impact)
Prenatal Doulas	Prenatal exams	Surveys at the beginning of each trimester of pregnancy, as well as every 3 months for the first year	To reshape and improve the birth experience of Black mothers during COVID-19	To increase autonomy when making birthing decisions
Postpartum Doulas	Focus groups aimed at learning about what to expect, as well as options depending on pregnancy scenario	Number of referral sheets for women who opt to receive doula support	To increase the occurrence and quality of prenatal care and doula access	To create better doula-friendly environments
Expectant Black mothers	Focus groups conducted regarding prenatal care	Attendance log/ number of women joining the in doula workshops	To improve childbirth education	To increase doula access to Medicaid patients
Mothers who gave birth	Vitals aimed at teaching mothers how to measure high/low blood pressure	Attendance log/ number of providers who partake in competency training		
Interns	Postpartum check-ins			
BPN coordinators				

## Limitations

- Mandated Implicit Bias Training needed
  - Especially important for doulas who are not within a minority background.
- Health Literacy classes
  - Done in different languages with interpreters present
- More research needed in addressing doula care with lower-income/minority women specifically
- More research addressing doulas in collaboration with other providers

## Conclusion

- Despite providing a host of potential benefits, doulas often go unknown and underutilized. In addition, cost is the greatest barrier to doula services, with doula support traditionally limited to birthing persons with the financial means to hire them. Once viewed as a privilege for the wealthy, it should be an accessible option in, low-income Black communities.
- Community doula programs have been the solution to fill these voids, providing doula support for free, or reduced cost. While traditional doulas provide support only during birth, community doula programs include traditional birth support, while adding prenatal and, at times, postnatal home-visiting services. These instances are essential in bridging the gap of concerns Black pregnant women have faced during COVID-19
- Having the essential funding through revised Medicaid policies for doula coverage is a necessary step.

## Acknowledgement

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