

A CRISIS WITHIN A CRISIS: PROTECTING BLACK MATERNAL HEALTH THROUGH DOULA SERVICES DURING COVID-19

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The United States is facing a public health crisis – and this was true before the novel coronavirus (COVID-19) pandemic, which continues to ravage the country and has already claimed the lives of over 200,000 Americans. Black women¹ in America are twice as likely to suffer a major life-threatening pregnancy-related complication and three to four times more likely to die during pregnancy and childbirth than white women.² Research shows these racial disparities exist irrespective of socioeconomic and educational attainment factors.³ In 2020, the pandemic has further exacerbated this public health crisis along these preexisting fault lines, with devastating and disproportionate effects on Black and other minority populations.⁴ What is clear is these crises are deeply connected by a common cause at the root of disparity: structural racism.⁵ For example, implicit bias in the medical profession means that Black women must overcome additional barriers such as disbelief of symptoms and ignorance of pain signals while simultaneously coping with a pandemic that disproportionately impacts minority populations and exacerbates population level morbidity and mortality.⁶

An increasingly popular solution to safeguard Black maternal health during the pandemic and otherwise normal times is through increased awareness of and access to doula services. Doulas are non-medical professionals that provide

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¹ This article uses the words “women” and “woman” at times to remain within the parameters of certain cited research. As such, the author acknowledges that some of the language in this article is regrettably limited and not inclusive of all individuals who give birth. *See generally* Heidi Moseson et al., *The Imperative for Transgender and Gender Nonbinary Inclusion: Beyond Women’s Health*, 135 OBSTETRICS & GYNECOLOGY 1059, 1061–62 (2020) (discussing the harms of restricting sexual and reproductive health discourse to cisgender women and the barriers unique to people of marginalized gender identities).

² Emily E. Petersen et al., *Racial/Ethnic Disparities in Pregnancy-Related Deaths -- United States, 2007-2016*, CTR. DISEASE CONTROL & PREVENTION (Sept. 6, 2019), <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>.

³ Theresa Chalhoub & Kelly Rimar, *The Health Care System and Racial Disparities in Maternal Mortality*, CTR. AM. PROGRESS (May 10, 2018), <https://www.americanprogress.org/issues/women/reports/2018/05/10/450577/health-care-system-racial-disparities-maternal-mortality/>.

⁴ *Health Equity Considerations & Racial & Ethnic Minority Groups*, CTR. DISEASE CONTROL & PREVENTION (July 24, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>; Maria Godoy, *What Do Coronavirus Racial Disparities Look Like State By State?*, NPR (May 30, 3030, 6:00 AM), <https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state>.

⁵ *See* Jamila K. Taylor, *Structural Racism and Maternal Health Among Black Women*, 48 J. L., MED. & ETHICS 506, 510–14 (2020); Leonard E. Egede & Rebekah J. Walker, *Structural Racism, Social Risk Factors, and Covid-19--A Dangerous Convergence for Black Americans*, 383 NEW ENG. J. MED. e77(1), e77(1)–(3) (2020).

⁶ *See* Michael Kenneth Lemke & Kyrah K. Brown, *Syndemic Perspective to Guide Black Maternal Health Research and Prevention During the COVID-19 Pandemic*, 24 MATERNAL & CHILD HEALTH J. 1, 2–3 (2020).

continuous physical, emotional, educational, and relational support to individuals giving birth throughout the process of pregnancy, delivery, and postpartum care.⁷ These supportive services have a long history within Black communities, particularly within the rural South. For example, Black midwives, granny-midwives, and grannies served women in their communities from the 1600s through the period of slavery, and later through the advent of modern-day obstetrics and the medicalization of birth, especially Black women's reproduction.⁸

Given the historical and present-day repercussions of reproductive abuse, discrimination, and control, doulas can provide a vital service in advocating for Black individuals giving birth within the institutional racism of medicine. Black maternal health deteriorates as a result of weathering and other social determinants of health, leading to more maternal health complications such as fibroids, postpartum hemorrhaging, high blood pressure, and preeclampsia.⁹ This higher likelihood of complications is paired with medical professional implicit bias, such that Black women cannot rely on medical professionals to listen and respond to their needs in a timely manner, or to abstain from performing potentially dangerous procedures like caesarean surgeries unless they are absolutely necessary.¹⁰ This is precisely where doula services and advocacy become a powerful intervention in a broken system.

The advocacy of doulas has proven to lead to better health outcomes and more attentive treatment. Studies show that doula support plays an important role in lowering the incidence of non-indicated caesarean surgeries, instrumental birth,

⁷ See Maternal Health Task Force, *What Role Could Doulas Play in Addressing Black American Maternal Mortality*, HARV. CHAN SCH. PUB. HEALTH (Apr. 28, 2020), <https://www.mhtf.org/2020/04/28/what-role-could-doulas-play-in-addressing-black-american-maternal-mortality/>; *What is a Doula?*, DONA INT'L (last visited Nov. 7, 2020) <https://www.dona.org/what-is-a-doula/>. Doulas can work with individuals giving birth in any environment, including homebirths and hospital deliveries.

⁸ See Danielle Thompson, *Midwives and Pregnant Women of Color: Why We Need to Understand Intersection Changes in Midwifery to Reclaim Home Birth*, 6 COLUM. J. RACE & L. 27, 36–42 (2016); Sharon A. Robinson, *A Historical Development of Midwifery in the Black Community: 1600-1940*, 19 J. NURSE-MIDWIFERY 247, 247–50 (1984); Cara Terreri, *Black History Month: The Importance of Black Midwives, Then, Now and Tomorrow*, (Feb. 22, 2020) <https://www.lamaze.org/Connecting-the-Dots/black-history-month-the-importance-of-black-midwives-then-now-and-tomorrow-1>.

⁹ See *Black Women's Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities*, NAT'L PARTNERSHIP WOMEN & FAMILIES (Apr. 2018), <https://www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html>; Kyle Simone Nisbeth, *State of Maternal Mortality: The Inequitable Burden on Black Mothers*, UNIV. MICH. SCH. PUB. HEALTH (Feb. 28, 2020) <https://sph.umich.edu/pursuit/2020posts/state-of-maternal-mortality-the-inequitable-burden-on-black-mothers.html>. Weathering is the physical phenomenon of Black women's bodies facing the detrimental effects of aging due to the chronic stress of suffering discrimination and often socioeconomic disadvantage over the course of lifetime, and leads to riskier pregnancies.

¹⁰ Hope Lane, *Medical Bias, Weathering and the Deadly Impact on Black Mothers*, CTR. COMMUNITY SOLUTIONS (June 29, 2020) <https://www.communitysolutions.com/medical-bias-weathering-deadly-impact-black-mothers/>.

and overuse of painkillers during birth.¹¹ While women of color in the United States report higher rates of mistreatment during childbirth, including verbal abuse or refusal of treatment,¹² doulas can serve as effective advocates for those women who may be brushed aside or ignored when they voice their needs and concerns.¹³ Furthermore, doulas provide supportive services through the entire process of pregnancy and childbirth, ensuring comprehensive prenatal care and a postpartum period in which women are supported through breastfeeding and emotional distress.¹⁴ Doulas are capable of empowering Black individuals giving birth to exercise self-efficacy and achieve safer, healthier, more positive pregnancy and childbirth experiences.¹⁵ While medical professional bias cannot be solved overnight, increasing access to doula services would provide an opportunity to protect Black individuals giving birth against some of the negative effects of institutional racism. In an interview on Black maternal mortality, Darline Turner, a full spectrum doula, community activist, and founder of Healing Hands Community Doula Project in Austin, Texas said, “Because of the way that the healthcare system works and because of the biases that exist against Black women, my personal mantra is that no Black woman should go into a hospital on her own.”¹⁶

Although doula care provides a variety of benefits particularly for Black individuals giving birth, significant financial and logistical barriers currently exist to expanding access and use of doula services.¹⁷ Doula services are not covered by Medicaid in the vast majority of states and are seldom fully covered by private health insurance companies.¹⁸ Moreover, during the pandemic, the cost concerns associated with doula services may be exacerbated due to high rates of unemployment and the general economic strain felt throughout the nation, particularly in marginalized communities.¹⁹ Additionally, many hospitals have had pandemic policies limiting the number of visitors allowed for each patient in

¹¹ Katy B. Kozhimannil et al., *Potential Benefits of Increased Access to Doula Support During Childbirth*, 20 AM. J. MANAGED CARE e340, e345–47 (2014); Maternal Health Task Force, *supra* note 7.

¹² Saraswathi Vedam et al., *The Giving Voice to Mothers Study: Inequity and Mistreatment During Pregnancy and Childbirth in the United States*, 16 REPRODUCTIVE HEALTH 1, 1, 6 (2019).

¹³ Maternal Health Task Force, *supra* note 7.

¹⁴ Kenneth J. Gruber, Susan H. Cupito & Christina F. Dobson, *Impact of Doulas on Health Birth Outcomes*, 22 J. PERINATAL EDUC. 49, 49–50, 53–55 (2013).

¹⁵ *Id.* at 49–50.

¹⁶ Black Excellence, *Black Women Dying from Pregnancy: Why? | OURS* (Oct. 30, 2018), https://www.youtube.com/watch?v=uUmLRtdRJY&ab_channel=BlackExcellence.

¹⁷ See Katy B. Kozhimannil, *Health Plans Should Consider Paying for Doula Services*, AM. J. MANAGED CARE (Aug. 12, 2015), <https://www.ajmc.com/view/removing-financial-barriers-to-evidence-based-maternal-support-health-plans-should-consider-paying-for-doula-services>.

¹⁸ *Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health*, NAT’L PARTNERSHIP WOMEN & FAMILIES (Jan. 2016), <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/overdue-medicare-and-private-insurance-coverage-of-doula-care-to-strengthen-maternal-and-infant-health-issue-brief.pdf>.

¹⁹ See Mark Hugo Lopez, Lee Rainie & Abby Budiman, *Financial and health impacts of COVID-19 vary widely by race and ethnicity*, PEW RES. CTR. (May 5, 2020) <https://www.pewresearch.org/fact-tank/2020/05/05/financial-and-health-impacts-of-covid-19-vary-widely-by-race-and-ethnicity/>.

labor and delivery units in an effort to control the spread of the virus.²⁰ These policies can force individuals giving birth into the difficult position of having to choose between their partners and family members and their doula, despite the maternal health benefits of integrating doulas into a healthcare team.²¹

Advocates fighting against racial disparities in maternal health have long recognized policy solutions as an effective avenue to increase access to doula services.²² Some states have implemented innovative solutions to creating health insurance coverage of doula services, including through Title V Maternal and Child Health block grants,²³ expansion of Medicaid “mandatory benefits,”²⁴ and “value-added service” classifications.²⁵ Health insurance coverage is an integral component to increasing affordability and more states should follow suit. Affordability, however, is only one part of increasing access during a pandemic. States should also adopt legislation that exempts doulas from hospital delivery support person limits. Although doulas are non-medical professionals, they can be essential to the maternal healthcare team’s efforts of achieving positive medical outcomes. Only California, New Jersey, New York, and Oregon explicitly exempt doulas from the birth companion limitation policies.²⁶ These legislative efforts affirm that doulas are “considered an essential part of the support care team,” both for physical and mental health reasons.²⁷

Although the barriers to accessing doula services are significant, doula care could prove to be a formidable tool in the fight against racial disparities in maternal morbidity and mortality. Particularly during the course of the COVID-19 pandemic, society owes Black individuals giving birth the full array of possible support against structural racism within the medical profession and healthcare at large. States should pass legislation that actively affirms and facilitates access to doula care for individuals giving birth of all races, genders, and socioeconomic status. This is especially true when the pandemic has forced so many individuals giving birth into dangerous and compromising labor and delivery environments. Medical institutions can begin to address the interplay between the structurally

Kavita Shah Arora, Jaelyn T. Mauch & Kelly Smith Gibson, *Labor and Delivery Visitor Policies During the COVID-19 Pandemic: Balancing Risks and Benefits*, 323 JAMA 2468, 2468–2469 (2020).

²¹ See, e.g. Amanda Michelle Gomez, *The Unintended Consequences of Hospital Visitation Restrictions During the COVID-19 Pandemic*, WASH. CITY PAPER (July 8, 2020), <https://washingtoncitypaper.com/article/303936/the-unintended-consequences-of-hospital-visitation-restrictions-during-the-covid19-pandemic/>.

²² *Creating Policy for Equitable Doula Access*, HEALTHCONNECT ONE (Oct. 2019), https://www.healthconnectone.org/wp-content/uploads/bsk-pdf-manager/2019/10/HCO_Issue_Brief-final_102419.pdf.

²³ Taylor Platt & Neva Kaye, *Four State Strategies to Employ Doulas to Improve Maternal Health and Birth Outcomes in Medicaid*, NAT’L ACADEMY STATE HEALTH POL’Y 3–4 (July 13, 2020), <https://www.nashp.org/four-state-strategies-to-employ-doulas-to-improve-maternal-health-and-birth-outcomes-in-medicaid/#toggle-id-4>.

²⁴ *Id.* at 4–6.

²⁵ *Id.* at 7–9.

²⁶ Henci Goer, *COVID-19: Some State Regulations Allow Doulas at Birth*, CHILDBIRTH U (Aug. 20, 2020), <https://childbirth-u.com/covid-19-some-state-regulations-allow-doulas-at-births/>.

²⁷ *Id.*

racist outcomes of the COVID-19 pandemic and the deep structural racism of maternal mortality and morbidity in the United States by allowing Black individuals giving birth to equip themselves against discrimination by securing trained and professional advocates like doulas.