Bridging Gaps in Reproductive Health Care:
Narratives of Birth and Abortion Doulas

Radhika Rajan
Warren Alpert Medical School

Introduction

A doula is a trained individual who provides emotional, psychological, physical and informational support to mothers before, during and after birth. Doulas also provide services to individuals throughout the abortion process. There is a growing body of research that suggests that the use of doulas has improved health outcomes for families during childbirth and the postpartum period. Beyond clearcut cost and health outcome improvements, doula care is also associated with improved patient satisfaction. However, there has been little voice given to the actual providers of these specific reproductive healthcare services.

Goals

Inspired by the reproductive justice activist oral history collection at Smith College and David Cline's *Creating Choice* - *I* chose to conduct an oral history project to give voice to doula work in the hopes of recognizing their work and sharing their value with the physician community. My primary goal was to collect narratives from doulas to answer three specific questions: 1) What are the needs of women during the experiences of pregnancy, labor and abortion and which of these needs are not being met by physicians? 2) How are doulas able to fulfill these needs? 3) How can women from underserved communities benefit from the care of doulas?

Methods

Over the course of the summer of 2016, I collected narratives from 9 doulas working in New York City - both in hospitals and private homes. Most were full-spectrum birth doulas that also provided postpartum care. The interviews were framed by the Oral History Association's interview guidelines and protocol (1).

Benefits of Doula Care

Doula care generates significant savings in the maternal health care costs, including by:

- Lowering rates of Cesarean sections by 28%, and subsequently repeat cesareans.
- Reducing rates of epidural analgesia.
- Increasing long term rates of breast feeding.
- Shortening labor periods and the use of vacuum aspiration or forceps.
- Significantly reducing *preventable* complications and chronic conditions associated with birth (2).

Preliminary Findings

The interviews that I collected over the summer provided insights on the role of doula care in medicine, the relationship between doulas and physicians, and the importance of doula care to people of all identities.

What role do you serve in the delivery process?

"I can't tell you exactly what we do because its different for each doula and it is different for each birth. But, basically we d what is needed in the moment. The essential part is to be there, and studies have shown that being there makes a positive difference. We are the only people that are there just to support the laboring person. Doing is not as important as being there."

How can people from underserved communities benefit from doula care?

"It is the women that have the least that need supportive care the most."

"Young women and immigrant women - they need doulas because the delivery room can be one of the scariest places for them."

What has been you relationship with physicians and other healthcare professionals?

"I have had really positive and really negative experiences with physicians. I think the harm happens when the doctors are not aware of what out actual role is. I feel like I have to go into the delivery with my hands up in the air..like *I am not her to argue with you!* I am not here to argue or be an advocate for the patient…I am here to make my client feel comfortable. I am not trying to do a physician's job, and I think that that needs to be communicated to doctors more."

"Often, physicians ignore me."

"I think the best relationship I have with physicians is when they know why I am here, and they just let me do my job, and they do their's."

How can our healthcare system provide better and more accessible reproductive healthcare?

"Doctors need to see more normal births. You [the doctor] always go in expecting the worst situation, that something is definitely go wrong. Its this attitude that can scare patients. We need to change this."

Conclusions

There were several common themes that ran throughout the narratives that I documented. Doulas continually distinguished between perceived roles of a physician and their own role as a healthcare provider. Doulas emphasized that there were emotional and psychological needs that are not met by current reproductive healthcare, but that it was necessarily a gap in the care provided by physicians. Rather, they advocated for the need of a separate mode of care - provided by the doula, and understood and supported by the remainder of the healthcare team.

Future Directions

- Continue conducting interviews with doulas, incorporating narratives from those that do abortion work.
- Transcribe interviews in full and create an anthology.
- Host workshops at Alpert Medical School, by doulas, on empathetic care and touch.
- Survey collection from individuals who have received services from doulas.

References

1. Principles and Best Practices." Oral History Association. N.p., Oct. 2009.
2. Strauss, Nan, JD, Katie Geissler, MPH, and Elan McAllister. Doula Care in New York City: Advancing the Goals of the Affordable Care Act. Issue brief. Choices in Childbirth, Oct. 2014.

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