

Doula support as a strategy to improve health equity for Black birthing people: a formative qualitative analysis

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BACKGROUND

Black birthing people across socioeconomic strata in the US disproportionately experience poor maternal health outcomes.^{1,2} Doulas have been proven to help Black birthing people on Medicaid. This formative qualitative research explored the role that doulas play in supporting Black birthing people with private health insurance.

METHODS

Study design:

- Semi-structured interviews were conducted with 1) **doulas** and 2) Black women with private health insurance who used a doula during their pregnancy (i.e., **clients**).
- Drawing on their experiences with virtual and in-person support, clients and doulas described reasons for doula use by Black birthing people and how support provided to Black clients differs from that provided to other clients.
- Transcripts were coded in Dedoose and thematically analyzed.

Study sample:

- Black clients who had at least 1 session with a virtual doula on Maven, a comprehensive digital health platform for women’s and reproductive health. They may also have met with in-person doulas.
- Doulas who provide support on Maven and have experience providing both virtual and in-person support.



Doulas help privately insured Black pregnant people by **advocating for the birthing person, identifying situations that require escalation, and mitigating systemic racism.**

CONCLUSIONS

As we work toward building an equitable health care system free of systemic racism, it is important that doulas are trained on how to best support Black birthing people, including people with private health insurance.

RESULTS

- Interviews were conducted with 5 doulas (2 white, 3 Black) and 6 Black clients (5 nulliparous; 4 used both an in-person and virtual doula).
- Three key reasons emerged as to why Black pregnant people use doula services that are specific to the Black birthing experience:

1. ADVOCATING FOR CLIENTS

“It helped me, especially with being Black. So often, we’re not seen or heard. And you’re kind of, you kind of get used to it, but when your life is on the line, it’s kinda like I need better. I need to be heard this time, if not any other time, I need to be heard this time. So yeah, having a doula when you’re Black is, I recommend it for everybody.” (Client 3)

2. IDENTIFYING SITUATIONS THAT REQUIRE ESCALATION

“One of the questions that I’m asked is to spot things in the postpartum that may or may not need to be escalated. And by that I don’t necessarily just mean like postpartum depression...like, Hey, like is this normal? Should I be feeling this? Should I still be swollen? What can I do to help with this?” (Doula 3, Black)

3. MITIGATING SYSTEMIC RACISM

“Most of them, their first question is, they’re worried about the Black maternal mortality rates and what can they do? So that’s a difference [compared to non-Black clients]. Nobody else asks anything like that, right? So that is the number one question from a Black [client].” (Doula 5, Black)

¹ Sacks, T. (2019). Invisible Visits. Oxford University Press. 2 Taylor, J. K. (2020). Structural Racism and Maternal Health Among Black Women. The Journal of Law, Medicine & Ethics, 48(3), 506–517.