

RESEARCH REPORT

Peer Support, Cultural Competence and the role of the 'DOULA' in disadvantaged Communities.

Seminar Outcomes and Evaluation – **Final Report.**

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Seminar Sponsor: The Open University.

Introduction

Experiences of women from disadvantaged and Black and Minority Ethnic (BME) communities in the UK during pregnancy and childbirth continue to be problematic when compared to white women. There is evidence in the literature that suggests that BME access to maternity care, and maternal outcomes fall below required standards. This study set out to explore whether the role of the 'Doula' is able to address some of the shortfalls in maternity care provision and contribute to cultural competence for disadvantaged BME women. A 'Doula' is a person who is able to support a woman during pregnancy, while giving birth and during the postnatal period following birth (Mander, 2008) Doulas are trained companions, however they are not necessarily qualified as midwives, and do not have to be (Doula 2018).

Background.

Maternity services in England has been under scrutiny since the publication of the National Maternity review (2014). The review responded to the growing discontent about the quality of maternity services in England, and its failure to meet the needs of childbearing women during their pregnancy and while giving birth. The report identified that women generally felt that their voices were not being heard at a crucial time in their lives, which consequently had a major negative impact on their birthing experiences. Additionally, the report also highlighted the poor outcomes of disadvantaged BME women, who were much more likely to have negative outcomes, with higher maternal and neonatal mortality rates. Choices for BME women are limited by a range of factors, which can include, but are not limited to barriers of culture, language and negative perceptions based on racialised concepts of BME women during pregnancy and childbirth (DH, 2014, McDowell, 2016, Roberts, 2000, 2017).

Overall Aim

Through the use of focus groups, this seminar/ workshop set out to enable participants to engage in meaningful discourse to aid understandings and clarify experiences from their varied perspectives, in order to generate evidence for future exploration and contribution to a wider review.

The workshop's objectives were to:

Introduce participants to approaches in understandings and experiences of peer support, cultural competence and the role of the DOULA in antenatal reproductive health care. Encourage critical dialogue and questioning of the concepts and understandings.

Raise awareness among participants of the policy drivers and their contested implications for individual service users, their families and communities.

Identify ways of measuring support to improve on service provision to BME women within a culture of austerity and against a backdrop of policy drivers, such as the National Maternity Review (2014)..

Enable participants to share experiences and learning as individual service users, family members, community participants, Doulas, clinical practitioners and service providers in a safe environment.

Provide opportunities for participants to engage in further discourse in terms of the health impact and outcomes of cultural (in)competence and its possible implications for, and impact on, the mental health of BME women.

Signpost participants to more in-depth recognition of methodologies for measuring inclusive service design, delivery and user involvement within the wider public engagement agenda.

Generate data from the focus groups that will contribute to a literature review and feasibility study of Black women's experiences and understandings of how they may be supported by the Doula role.

Ethical Considerations

All participants were recruited by purposive sampling and self selected into this focus group by making personal contact to attend the sessions. They were given all the relevant participant information, which included details that the findings of the focus groups would be used as part of further larger research, and gave their signed consent to participate in the focus group sessions. They were also assured of their right to withdraw at any time and told that their anonymity was guaranteed, as they would not be personally identified in the study.

Outcomes

The seminar was advertised using social media outlets, word of mouth in the BME community and by the voluntary sector. Supported with funding from the Open University, it was held in the local community to facilitate access by BME women in spaces where they were enabled to feel safe and to contribute to making their voices heard. Responses were received from service users, service providers and current Doulas from the community. A total of 35 women attended the seminar, from a variety of backgrounds, and across England from London, the North of England and The Midlands. The seminar was held in the Midlands. The participants contributed to a rich and engaging review of access to maternity services by BME women, and discussed the issues that have an impact on facilitating the contribution of the Doula to bridging the gaps in maternity service provision.

All 35 attendees were divided into seven focus groups which explored topics based on understandings and experiences. Individual understandings were explored in the morning session (Session one) of the focus groups, and experiences were explored in the afternoon session (Session 2). Groups were divided to consist of a mixture of service users, Doulas, health and social care practitioner, third sector (voluntary services), and educationist or education providers.

Individual understandings of the terms and issues being addressed were discussed:

- As an individual Service User
- As a DOULA/ Care giver
- As a Health and Social Care Practitioner/midwife
- As a provider of services to marginalised groups
- As an educationist or education provider

Understandings were explored in the context of the Evidenced base, whether it was realistic, achievable and measurable. Participants were encouraged to provide reasons for their thinking and consider and discuss the issues that could impact on their understanding, for example within the context and relevance of cultural competence, its necessity and implications.

Session two of the focus groups explored experiences of reproductive care and services within a similar context, and only disclosing what they feel safe enough to share. The question asked, was as follows :

How in your view, is reproductive care currently experienced by Individual BME Service Users?

They were also able to share their observations based on:

Personal Experiences (with further details)

Evidence from the literature.

Information from service users.

Information from care providers/ Doulas/ others.

Comparisons with other community groups.

Information from community support teams/Voluntary Sector.

Other possible factors that would impact on the above issues.eg

Race/Ethnicity/Discrimination.

Access to services/ Advocacy and implications.

Summary of key Findings from focus groups-Understandings

1. Intersectionality-different levels/layers of oppression, affecting perceptions of disadvantaged women in society.
2. Navigating services – difficult for BME women/families.
3. The issue of pay- who can or cannot afford?? Emerging middle classes and Doula services, a controversy.
4. Tapping into funding for Doula Service provision- whose responsibility?
5. Involving men- Male voices/BME fathers- side-lined not included nor acknowledged.

6. Educating children during puberty
7. Lack of awareness of cultural practices/cultural competency/discrimination.

Summary of key Findings – Experiences

1. BME women are forced to find ways to support themselves in maternity care.
2. Continuous stereotyping/racialisation of women and families
3. Choices of care denied- BME women denied home birth choices.
4. Traumatized by birthing experiences.
5. Shutting down- denial of the black voice -lack of advocates- Doctors/midwives protect Trusts. Women's voices are not listened to.
6. Emerging black middle classes- fighting back
7. Lack of support for women, BME male partners not usually included.

Discussion

It is clear from the above findings that the problems of access to maternity care continue to be a part of the lived experiences of disadvantaged BME women. Both focus groups have identified that these problems are pervasive and need to be addressed. However, participants also identified that data has already been collected by many Trusts, but that no actions appear to have been taken. The role of the Doula in supporting women is still problematic because of issues relating to funding, pay, lack of choices and quietening of women's voices. Particularly, the inclusion of BME male partners in the discourse is still not consistent and in some areas, is absent.

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Much more research is needed to consider a larger cohort from a national and four nations perspective (UK) to further explore the issues and address continued stereotyping of disadvantaged women from all backgrounds. This could contribute to the discourse and work towards ensuring that choice is prioritised so that BME women can understand their options and make informed decisions about their care and who supports them throughout their maternity period.

Evaluation

Evaluations of the sessions identified that participants found the opportunity to express their views was a very important aspect of this seminar. Participants who responded also added that further actions need to be taken to ensure that more women and their partners are able to get support and help to deal with the continued issues of poor access to care and high mortality rates among the BME community. Additionally they expressed the wish that research data should be acted on rather than simply shelved for the accumulation of more of the same, as they think, appears to be the case with some studies done by Health Care Trusts and national bodies with the power to take action.

Conclusion

Based on the findings from this research seminar, Doula services could play a more consistent role in improving care for all women, and specifically disadvantaged women, during their reproductive years. Currently some women are able to pay for this service and have private access, however, women who are unable to afford to do so, still have inconsistent access depending on affordability. Access to funding remains an important consideration for disadvantaged women. Exploring ways of mainstreaming this service so that all women can benefit without having to self fund the service continues to be an important area of concern, which requires specific action and further research exploration going forward.

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Mrs Natasha Smith – Doula and Service User.

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