5-2016

Doulas could Improve Foreign-Born Women's Perinatal and Postpartum Satisfaction and Increase Health Providers' Cultural Competency in a Multicultural Urban Area of the United States.

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MAY 2016

A RESEARCH PAPER

Submitted to the faculty of Clark University, Worcester,
Massachusetts, in partial fulfillment of the requirements for
the degree of Master of Arts in the department of International Development, Community and Environment.

And accepted on the recommendation of

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ABSTRACT

Doulas could Improve Foreign-Born Women's Perinatal and Postpartum Satisfaction and Increase Health Providers' Cultural Competency in a Multicultural Urban Area of the United States.

CRYSTAL M. KAZIK

Doulas act as a cultural bridge between clients and providers through the support, advocacy, and education they provide. Unfortunately, migrant women may be at a disadvantage for accessing and benefiting from their services due to a variety of socioeconomic and cultural factors including predisposed ideas of care and structure based on experiences in native countries, language barriers, lower health literacy, and a lack of awareness and understanding from hospital/clinic staff.

A strategic multifaceted approach utilizing doulas, such as Boston Medical Center's collaborative and culturally competent model, may greatly improve foreign-born women's experience and satisfaction with healthcare when pregnant and giving birth in the United States.

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ACKNOWLEDGEMENTS

I wish to thank and commend Professor Marianne Sarkis, for her support and interest in this research; from the very beginning she provided patience, guidance, and insight that were much needed during my often overly complicated thinking and writing process. Thank you to Professor David Bell for his willingness to contribute fresh perspective and feedback which aided greatly in the structure and flow of this paper; I appreciate it! I would also like to give a shout-out to the IDCE friends and peers who provided me with feedback, read drafts, showed interest in birth work, and kept me company during research and writing sessions. Finally, I would like to say thank you to my parents and significant other, who have always supported and respected me, no matter the distance or venture; I love you all!

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DEFINITIONS

Cultural Competence: The Maternal and Child Health Bureau of the Health Resources and Services Administration defined cultural competence in a 2003 Title V Block Grant Program as, "the ability to provide services to clients that honor different cultural beliefs, interpersonal styles, attitudes and behaviors and the use of multi-cultural staff in the policy development, administration and provision of those services."[1]

Doula: A doula provides education, comfort, and support to expecting mothers and families before, during, and after pregnancy.

Evidence Based Practice: "1) being aware of the evidence that is the basis of your practice, 2) understanding the quality of the evidence, and 3) knowing whether or not you should apply the evidence to your particular situation."[2]

Foreign Born: "Anyone who is not a U.S. citizen at birth. This includes naturalized citizens, lawful permanent residents, temporary migrants (such as foreign students), humanitarian migrants (such as refugees), and undocumented migrants."[3]

Health System: A healthcare system "consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities."[4]

Midwifery: "Midwives are specialists in normal pregnancy and birth. Midwifery care is individualized and focuses on minimizing the use of obstetrical intervention when possible. Midwives provide all the prenatal care needed, and work with each woman and her family to identify unique physical, social, and emotional needs."[5]

Natural Helper: A trusted social connection, such as a friend, church leader, or neighbor, who one goes to for knowledge and advice concerning health-related issues or questions.

Satisfaction: Linder-Pelz and Struening defined satisfaction as "multiple evaluations of distinct aspects of healthcare which are determined (in some way) by the individual's perceptions, attitudes and comparison processes."[6]

[1] U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health. (2003).
[2] Dekker, R. (2012).
[3] US Census Bureau. (2010).
[4] World Health Organization (WHO). (2016).
[5] Gaskin, I.M. (2003).
[6] Sawyer, A., Ayers, S., Abbot, J., Gyte, G., Rabe, H., & Duley, L. (2013).

INTRODUCTION

The United States is a nation comprised of migrants with diverse opinions on social and cultural authority, practices and beliefs, and preferences of health care.

> The population of the U.S. is becoming increasingly culturally diverse, and demographers… predict that by the year 2050, diverse racial/ethnic and cultural groups will constitute 48% of the [United States] population... Among the 1 million immigrants to the United States each year, more than half are women of childbearing age.[7]

Research has shown that in 2012, "immigrant mothers [accounted] for 23% of all births in the United States."[8] This demographics' birth rates *have fallen* drastically, yet foreign-born women continue to give birth to a higher number of babies than U.S.-born women every year.[9] Although medical providers may expect the same from all patients- treatment understanding and compliance, the pregnancy and postpartum experiences of U.S. and foreign born women are socially, culturally, and economically distinct. Migration "stress, the rupture of previous social networks, low socio-economic status, and poor access to health care services, alone or in combination may interact to produce poorer [birth] outcomes [such as preterm birth, low birth weight, and infant mortality] in immigrant than native communities."[10] Stereotypes or prejudgments doctor's hold of women or immigrants seeking care, stemming from institutional racism and xenophobia, may also act to exacerbate these issues.

All women need assistance during childbirth and postpartum, however, when someone comes to a new country and finds themselves without a support system or

[7] Callister, L.C. (2005), p. 381
[8] Hye-Kyung, K. (2014), p. 26
[9] Livingston, G. & Cohn, D. (2012).
[10] Bollini, P., Pampallona, S., Wanner, P., & Kupelnick, B. (2009).

knowledge of available resources, it adds to the stress of an already intimate and vulnerable chapter in one's life. The lack of a strong support system gathered to assist and guide through customs and rituals one is accustomed to, can be extremely problematic for mental and physical health. The purpose of the following research is to understand how the role of a doula, a labor and postpartum support professional, can assist foreign-born women and their medical providers during the pregnancy and postpartum periods. Research will consider how the doulas ability to support, advocate, as well as provide guidance and education can contribute to alleviating various intersecting challenges mother's experience, such as communication difficulties, preterm birth, perceived racial prejudice, and postpartum depression. Through literature review and case study analysis, doulas contribution to improving women's care satisfaction and medical provider's cultural competency will be highlighted.

This paper will begin by discussing the motivation for this research and give insight into the mainstream biomedical health system and technocratic birth paradigm operating in the United States. The doula's role will then be introduced, with a discussion of various socioeconomic and cultural challenges contributing to foreign-born women's pregnancy and postpartum related experiences and satisfaction following. Next, Boston Medical Center and their multicultural doula program, "Birth Sisters" will be highlighted as a case study in 'best practice' regarding collaborative, culturally competent, and quality perinatal care for low income and/or migrant families in an urban multicultural area. Research will culminate with the provision of recommendations and critical discussion for doulas and

health providers to consider when moving forward in a competent, effective, and satisfactory way.

MOTIVATION FOR STUDY

Motivation for this study stems from passion and interest in women's rights, competent and culturally aware holistic health care, and reproductive/sexual health. As both an academic and aspiring doula, I was interested in further researching doulas and their potential relationship with foreign women birthing in the U.S. for personal and professional reasons. While serving as in Cameroon with the U.S. Peace Corps, I witnessed childbirth for the first time, and have been intrigued and fascinated by pregnancy and birth work ever since. As a health volunteer, I was able to support and care for women throughout the pre-, peri- and postnatal periods. I saw firsthand the distinct nuances and sometimes conflicts which would arise between the cultural beliefs, expectations, and social norms of my community and its female population, and the beliefs, expectations, and practices of health providers trained in a Western-centric biomedical manner. As a part of a class during my graduate studies at Clark University, I conducted social network analysis with Ghanaian women living in Worcester, MA. This research's intent was to understand immigrant women's pregnancy-related experience, knowledge seeking, and decision making behavior. Drawing from the Ghanaian women's responses, I began to assume that the conflicts I observed in Cameroon between women and providers may be occurring in the developed world also. The goal of this research is to reveal best practices for doulas and medical providers serving foreign born women. I also hope to enhance and connect already existing knowledge related to maternal and child health, culture, birth

support, and competency in biomedical systems. It is my hope that the description, findings and recommendations will benefit actual care practices and expand knowledge for future use.

HEALTH SYSTEMS & BIRTH PARADIGMS

Biomedicine, "a paradigm based on the application of the principles of the natural sciences, [namely] biology and biochemistry"[11], is a global driving medical perspective recognized, utilized, and authorized far more than all other health care or birth models in the United States. A paradigm is "a theory or a group of ideas about how something should be done, made, or thought about."[12] The biomedical paradigm "made its great advances after it had isolated the human body from its wider context and was able to concentrate on technical failures of the body-machine."[13] According to medical anthropologist Byron Good, this focus on the machine and the act of depersonalization pushes doctors to objectify patients and see, write, and speak in specific ways.

> As interns, we lose why we went into medicine-whatever humanistic interest we had. It's very hard to sit there and listen to someone tell his life story when you've got six other admissions, bloods to draw, you've got to be up all night. Every second you spend being compassionate means that much less time to sleep. So you become very efficient at not really listening to people-just getting the information you need, and shutting them off. (second-year resident, quoted in Harwood 1984:70).[14]

Even during the often unpredictable and vulnerable period of pregnancy and childbirth, professionals work to simplify or guide a patient's narrative in a particularly

[11] Merriam Webster. (2016).
[12] Merriam Webster. (2016).
[13] Van der Geest, S. (1997), p. 906
[14] Davis-Floyd, R. (1986), p. 266

structured way, one which does not account for personal desires or cultural values. This is partly because biomedical providers in the United States receive very little to no training on cultural competence or holistic practices. Furthermore, a provider's focus during labor and delivery is likely not considering women's perception of the experience; rather it is more plausible their focus is outcome or 'product' driven. As anthropologist Emily Martin states,

> obstetricians are more like supervisors than mechanics, given that their primary role in hospital birth is, increasingly, the 'active management' of labor and birth. Certainly obstetricians are also highly skilled, hands on technicians: their training stresses the acquisition of the most sophisticated technical knowledge and expertise that can be brought to bear on the birthing body-machine.[15]

The predominant technocratic birth paradigm and biomedical health system in the United States can be characterized by the increased use in high risk interventions, impersonal business mentality, replacement of midwives with male obstetricians, and dependency on technology over nature. Providers within the biomedical paradigm assume that, "the baby develops mechanically and involuntarily inside the woman's body, that the doctor is in charge of the baby's proper development and growth, and that the doctor will deliver [or produce] the baby at the time of birth."[16] Because doctors in the U.S. have a set and established routine with very little time for disruption, some believe that "the laboring woman [is] someone you [work] around, rather than with."[17] This implies that there is often little choice about how a woman is treated when accessing care or what interventions occur during her labor and delivery, even with a predetermined birth plan.

[15] Ibid. p. 49
[16] Ibid. p. 28
[17] Ibid. p. 55

> Women all over the United States are subjected to a series of obstetrical interventions so standard that they are difficult to avoid in most hospitals, under the care of most obstetricians. The vast majority of women giving birth in American hospitals are dressed in a hospital gown, placed in a hospital bed, hooked up to an electric fetal monitor, and ordered not to eat. They have an intravenous needle inserted in their arm, are anesthetized to some degree, receive the synthetic hormone Pitocin if their labor is not progressing rapidly and regularly, and have an episiotomy.[18]

Although less common, Amish and Native Americans, along with non-US born individuals rely and more readily adopt traditional or folk health sectors to treat an illness or get medical advice. Traditional medicine focuses on the 'self', self-help, self-reliance, and self-care.[19] Traditional medicine incorporates plant, animal and mineral based medicines as well as "manual techniques, and exercises applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being."[20] Typical cultural rituals and practices integrate mental and spiritual elements in order to stabilize the physical tangible realm. Religion, preventive measures, and comprehensive awareness are foundations of folk and traditional medicine, but are absent in most Western institutions which tend to be secular, reactive, and specialized. In the United States, "medical procedures replace religious ones, fulfilling [in a professional's eyes] many of the same purposes and satisfying many of the same cultural and psychological needs."[21]

In regards to birth, whether it be through time, commitment, personal space, or touch, those working in a holistic manner such as midwives and notably, doulas, are invested in the therapy process and wellbeing of their clients, in ways that biomedical

[18] Ibid. p. 3 & 4
[19] Fokunang, C.N. et al. (2011).
[20] Ibid. p. 284
[21] Davis-Floyd, R. (1986), p. 68

providers are not. The family is the significant social unit, and the needs of the mother complement the needs of the baby. The apparent inability of biomedicine as a field to permit alternative, holistic, or adaptive rituals and methods, perpetuates structural and social inequalities within the industry and in local communities. Adverse perinatal health, resulting in preterm birth, low birth weight, and infant mortality, amongst ethnic/racially diverse women living in the United States may be rooted in not only biomedical culture and structure, but institutional racism and xenophobia as well. Migrant women could benefit from having an ally, such as the doula, outside of the biomedical structure for support, advocacy, and guidance to encourage empowerment throughout the pre-, peri- and postnatal period.

THE DOULA'S ROLE

While in the U.S. childbirth has become increasingly medicalized, doulas, a term for birth workers who support and help prepare women for motherhood, continue to play this role in some communities.[22] Recognition of doulas in U.S. mainstream culture is on the rise, however, foreign-born women may be at a disadvantage for accessing or benefiting from their services. This is due to a plethora of factors including, predisposed ideas of health care based on experiences in native countries, language barriers, lower health literacy, and poor cultural competency on behalf of the biomedical providers.[23,24]

The term doula originated in Ancient Greece and signifies "a woman who serves". DONA International, one of the foremost doula associations in the world, refers to doulas

[22] Sauls, D. (2002).
[23] Carolan, M. (2010).
[24] Benza, S., & Liamputtong, P. (2014).

as "trained and experienced professionals who provide continuous physical, emotional and informational support to the mother before, during and just after birth; or who provides emotional and practical support during the postpartum period."[25] A doula does not provide medical support, rather, she plays a crucial role in the birth team by providing support, advocacy, and guidance to encourage empowerment. The various aspects of a doula's role are especially beneficial for foreign-born women and families who are unfamiliar with but propelled into the United States health system. Often, doctors and nurses expect complete understanding and compliance. On the contrary, doulas believe that,

> the birth woman's needs and feelings, and the flow of her experience are important, and should supersede an institution's schedule. The institution itself, and science and technology, are there to serve the mother, not the other way around… The birth attendant's role is to nurture and empower the mother and father. [The doula's] technical knowledge and skills will supplement and support the mother's actions, intuitions, and desires.[26]

Support

Maintaining social support is essential for women during the vulnerable and transitory period of pregnancy and post-delivery. Labor and postpartum doulas, being healing professionals, are naturally empathetic, kind, and able to utilize these characteristics to benefit a woman's experience and satisfaction immensely. Because the environment of a birthing room upon active labor is often chaotic, confusing, and pulsating with energy and emotion, a doula ensures that the birthing mother (and her partner, if present) is able to handle and process the physical and emotional sensations and transitions engaging her. "Continuous support from a doula during labor provides physical and

[25] DONA International (2005).
[26] Davis- Floyd, R. (1986), p. 157

emotional benefits for mothers and health bonuses for their babies."[27] Studies have shown that benefits of continuous support include: shorter labor, lower C section rates, increase in spontaneous vaginal birth, less epidural and forceps usage, higher APGAR scores, lowered rates of postpartum depression, and increase in birth satisfaction.[28,29,30]

Support is also important because, in the United States, while "women receive a lot of attention during their pregnancy, once the baby is born, the mother is often on her own and is expected to know what to do."[31] Author and researcher in women's health and newborns, Kendall-Tackett, "suggests that a postpartum doula can provide the much needed social supports that are currently lacking in the United States."[32] Postpartum doulas assist a new mother and her family after giving birth. This may be done by completing domestic duties, providing supervision thereby allowing the mother to sleep, giving breastfeeding guidance, listening and talking with the new parents, or modeling engagement with an infant.

Advocacy

An advocate is one who argues for or supports the cause of another person. Because doulas are accessible both within a medical institution and in the community or home, they are able to spend time building an authentic relationship based on trust and respect with the expecting family. This relationship allows a doula and woman to be familiar and comfortable with one another prior to the baby's arrival, which can improve

[27] Treating Depression During Pregnancy. (2014).
[28] Ibid.
[29] Hodnett, E.D. (2002).
[30] Hodnett, E.D., Gates, S., Hofmeyr, G.J., Sakala, C., Weston, J. (2011).
[31] Colebrook, B. (2008), p. 4
[32] Ibid. p. 21

communication, feelings of empowerment, and satisfaction or ownership of pregnancy experience. This is important because in the United States of America,

> [the] fundamental technocratic belief that birth is inherently unsafe, coupled with the equally fundamental belief that technology can make it safe, provides a point of linkage between the philosophical base of obstetrics and the desires of every woman's heart so strong that the vast majority (98 percent) of American women-including even most of those who would prefer to stay at home-will go to the hospital to give birth, 'just in case something should go wrong'.[33]

A doula works to ensure a woman's opinions, desires, and worries are expressed to their health providers. The advocacy role of a doula emphasizes that the birth is about the mother rather than a set of protocols. Doulas are also helpful as they can request that consent is given in the case of sudden requests for an unexpected procedure or intervention. Advocacy makes a doula's role distinct yet complementary to midwives, and the hospital's team of physicians, obstetricians, and nurses who have been trained in the almost exclusively technocratic centered system.

Guidance and Education to Empower

The term 'empower' implies giving power or authority to a passive being. While it may seem that doulas empower women, this is not true. Doulas do not empower women, rather, they encourage the mother to look within and empower herself. Doulas recognize that women are strong and capable; they know that women have the power to give birth successfully, and that they have since humans walked the Earth. Because of this understanding, doulas work to support and advocate for their clients. Doulas provide women with resources, discuss questions, and encourage being open with providers. This positive and attentive relationship in turn leads to women's empowerment. The doula's

[33] Davis-Floyd, R. (1986), p. 177

role is to create a space for nurturing these positive, healthy and self-affirming characteristics. Doulas can help women formulate questions, understand information, normalize situations and emotions, cheer and encourage when things seem too unbearable, and guide a woman and her family through this transitory period in life, thereby enhancing confidence and self-worth.

Membership & Certification

Birth and postpartum doulas can be found training and practicing across the United States and in over 140 countries worldwide. Elsewhere in the world, individuals who provide this type of labor and postpartum support may be recognized by titles other than doula, including lay worker, birth coach, community health worker, or traditional birth attendant. Determining the exact number of currently practicing doulas is difficult as not every individual supporting mothers during childbirth and post-delivery in this capacity is a member of an organization, certified, or formally trained. Renowned organizations in the United States which provide training, certification, and education for those interested in birth work include DONA International, Birth Arts International, CAPPA, and the ICEA (see Table A). There is no occupational standard for what constitutes quality and credible birth and postpartum support. Most organizations incorporate a comprehensive curriculum into training and offer continuing education programs which focus on theoretical and practical concepts as well as highlight the value of evidence based research and well-woman or family-centered philosophies. "Although the certification process is generally similar between the various organizations (see Tables B & C), some important variations do exist, primarily related to the scope of practice for a doula and the addition of limited

clinical skills in the educational preparation."[34] It should be noted that there is no explicit mention of culturally competent or global perspectives training in any of the organizations. After completion of training program or apprenticeship, individuals may choose to work with an already existing agency or create their own.

Upon a quick google search, I identified a sample of several doula businesses serving the greater Boston and New England area (see Table D). Each, like the certifying organizations, is similar but unique in their own ways; however, it was rare to find services catered towards foreign born or multicultural women. Doulas usually decide on a 'target audience' and use marketing and messaging tactics such as brochures, business cards, blogs, and social media pages to meet potential clients. A majority of the agencies and individuals found were targeting white women, millennials, and middle to upper class families. Materials and services, found through various internet blogs, social media platforms, and websites, were presented in English and alluded to American pop culture or social values. This is not exactly the most suitable method for reaching non-English speakers and those with a different cultural background, and limited mobility/ access to a computer.

"The concern about being able to "afford a doula" reveals one of the reasons that doula care is not available to more people."[35] Doulas are often viewed as a luxury because they are not technically needed to produce a healthy child and are usually utilized by higher class white families. A doula is typically an added expense that many immigrants and refugees simply cannot afford, or would even know about. Also, in order to make a

[34] Lantz, P.M., Low, L.K., Varkey, S., & Watson, R.L. (2005), p. 11
[35] Basile, M.R. (2012), p. 31

profit and keep a sustainable business, doulas must act competitively in the market. Because some charge upwards of $2000 per birth in the name of equitable pay for work, they tend to serve women who are similarly privileged and can easily access supplementary birth services. Costs for doula services vary according to agency or individual; doulas determine their target market and adjust business practices and prices in relation to other providers in their geographic area.

> A report published by the Medical Leadership Council… hypothesized that if a hospital with 2000 deliveries per year initiated a doula program and thereby reduced its cesarean section rate by 3% to 5% and its epidural rate by 30% to 50%, assuming a cost of $250 per birth for doula care, $1,000 per epidural, and $3,600 per cesarean section, it would save $100,000 to $180,000 per year. The report also noted that hospitals with doula programs had enjoyed increased market share.[36]

Other studies "extrapolating from these figures nationwide and assuming an average cost of $200 per patient for doula care… calculated in 1992 that providing continuous doula support throughout every delivery would reduce annual maternity health care costs in the United States by more than $2 billion."[37] Despite these findings and a plethora of research claiming doulas positive social and economic effects on hospitals and women, insurances currently do not cover doulas as an acceptable and necessary birth intervention in the United States. Nonetheless, "the vast majority of certified doulas believe that insurance reimbursement for doula services is desirable."[38] It may be many years before this idea makes traction in the policy world; however, more research is

[36] Meyer, B., Arnold, J., & Pascali-Bonaro, D. (2011).
[37] Klaus, M., Kennell, J., Berkowitz, G., & Klaus, P. (1992).
[38] Lantz, P.M., Low, L.K., Varkey, S., & Watson, R.L. (2005), p. 114

coming out about the considerable effects doulas can have on medical institutions' finances.

CHALLENGES FOREIGN-BORN WOMEN FACE

It is important for doulas and medical providers to understand that for migrant women giving birth in the US, "apprehensiveness [to accessing care may] be primarily grounded on memories of the situation prevailing in their countries of origin, where there was a high risk of maternal mortality."[39] A Swedish study found that immigrant "Somali mothers often refused or delayed emergency cesarean section, even when experiencing grave symptoms, such as hemorrhage. Fear of severe complications or even death may cause this group to avoid seeking medical care."[40] This aligns with my experiences in Peace Corps serving at the Nkor-Noni district hospital in rural Northwest Cameroon. During this time, I aided and observed nurses during pre-natal consultations and labor/delivery. Some women who attended clinics began doing so with only a few months left until their baby was due, and some were seen only once or twice, and then never again. A few women came to weekly consultations and heeded advice religiously, while others listened and complied only after getting their husband's approval. It was common to hear stories or be in a position of support for a woman who had started laboring while tending the farm, only ceasing intense physical work when childbirth pains became too much. Some women arrived in shock because they were unable to reach the hospital after suffering a miscarriage or from complications during labor. Some were left exhausted and

[39] Essen, B., Bodker, B., Sjober, N., Langhoff-Roos, J., Greisen, G., Gudmundsson, S., & Ostergren, P. (2002).
[40] Ibid.

unable to push after making the long journey from a compound in the highlands to the valley of a town in order to deliver with a trained attendant. These experiences in Cameroon made me realize that the combination of traditional and societal values, poverty, and low resource settings may cause people to prolong seeking necessary biomedical care until illness has progressed to such a point that death or great bodily harm is imminent.

Although the United States has many advances in health care, preterm birth, low birth weight (LBW), and infant mortality (IM) rates still remain alarmingly high. This could be largely due to women's access to and knowledge of available services.

> Barriers to access reported among sub Saharan populations… include poorer language skills and communication issues, limited economic resources, limited health understanding and limited knowledge of services. Unsympathetic services are commonly reported as adding to the dilemma...[41]

Race is another major analytic factor to consider when regarding unfavorable health status indicators. Women of color experience higher rates of preterm birth with babies of low birth weight than white women in the United States. "Chronic stress, inflammation, and nutrition probably are major contributors to the disparities; yet presently these three concerns are poorly addressed by prenatal care."[42] To prevent LBW and IM as well as reduce disparities in quality and access to services, "there needs to be some rethinking about the content of prenatal care so that it can better address underlying causes [of these issues]."[43]

[41] Carolan, M. (2010), p. 411
[42] Walford, H., Trinih, S., Winecrot, A., & Lu, M. (2011), p. 171
[43] Ibid. p. 171

> Pregnant sub-Saharan women present as an at-risk population related to poor prior health, co-existing disease and cultural practices such as female genital mutilation. Nonetheless, principal pregnancy complications for this population include anemia and high parity, rather than exotic disease. Higher rates of infant mortality and morbidity appear to persist following resettlement, and are not explained by maternal risk factors alone.[44]

Studies have shown that high levels of stress and poverty are associated with higher rates of infant mortality.[45] For migrant women, "limited access to care and late antenatal attendance [have also been] linked to poorer neonatal outcomes."[46] Anemia can cause fatigue and result in weakness or a slow progression of labor. Preexisting conditions such as hypertension and diabetes also affect immigrant populations adversely and can contribute to a poor pregnancy and postpartum experience. Complications resulting in premature birth, emergency interventions, and/or low birth weight may cause subsequent Neonatal Intensive Care Unit (NICU) admission. This can be a traumatic and burdening experience and may have severe physical or emotional effects on parties involved (parents, newborn, birth team) with the birth.

Research and medical attention is considering this by focusing on the topic of postpartum depression. Although postnatal depression generally begins within four to six weeks after childbirth, it could take up to one year for symptoms to appear.

> Studies in which low-income mothers were systematically screened for clinical criteria indicate that rates of depression during the postpartum period are similar among Latinas, black women, and white women—8% for major depressive disorder and 23% for all depressive disorders in the first three months after delivery.[47,48]

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[44] Ibid.
[45] Spencer, N. (2004).
[46] Carolan, M. (2010), p. 411
[47] Yonkers, K.A., Ramin, S.M., Rush, A.J, Navarrete, C.A., Carmody, T., March, D., Heartwell, S.F., & Leveno, K.J. (2001).
[48] Hobfoll, S.E., Ritter, C., Lavin, J., Hulsizer, M.R., & Cameron, R.P. (1995).

Symptoms include depressed mood, decreased interest/ enjoyment of usual activities, fatigue or lack of energy, feelings of worthlessness or excessive guilt, anxiety about the baby, and decreased concentration or ability to think. Maternal anxiety and gestational stress, especially during the last trimester when fetal brain development is susceptible to alterations, can lead to lasting impairments in infant intellectual, emotional, and behavioral well-being. Anxiety may be due to fear of what is to come or a feeling one is unable to cope with the physical or emotional pain of childbearing. Negative thinking, poorly communicated demands, or unexpected events prior to birth, can lead to a disempowered or weakened mother and subsequent delivery complications.

> Culture can influence [not only] the perception of depression in women, [but also the] expression and interpretation of symptoms, the definition of stressors, the nature of the social support system, and the relationship between healthcare provider and patient. Culture also dictates whether certain expressions of symptoms are socially acceptable... Displays of emotion may be encouraged in some cultures and discouraged in others.[49]

Culture, society, and mental health intersect in a way that shapes women's experiences and rationale for decision making. "Factors that facilitated seeking help for PPD included formal support and services provided by health care providers and other community resource agencies… Challenges were difficulties accessing health care services, lack of information about PPD, and poor relationships with health care providers."[50] Foreign-born women may fear being labeled mentally ill or are influenced by religion, family beliefs, or misconceptions to not reveal worries or negative feelings post birth. Cultural risk factors for postpartum depression include the following: loneliness,

[49] Wile, J. & Arechiga M. (1998).
[50] O'Mahony, J., Donnelly, T., Bouchal, S., & Este, D. (2012), E47

stress, fear of failure, helplessness to fulfill traditional role, lack of knowledge, trauma, inability to carry out rituals, high expectations for the new mother, or having a female infant.[51,52,53] Health providers have a responsibility to look out for the wellbeing of a woman and her newborn; and doulas have a responsibility to encourage the mother to not only be her own advocate but to also find the power and will to give birth and to parent from within herself.

> Harriet Rosenberg shows that the twenty-four-hour-a-day job of mothering a newborn is not culturally vacations, no time off-for its incessant demands. "Motherwork" in American society, performed within the narrow confines of the nuclear family, is often accompanied by financial dependence on mates, intellectual dependence on "experts", physical limitations on the mother's activities, which she must structure to accommodate the needs of the newborn, and emotional isolation.[54]

In the United States, some health care providers fail to recognize and address various social determinants of health which factor into a foreign-born woman's help seeking and decision making behavior during pregnancy. Aspects such as gender, education, language, and socioeconomic status affect an individual's access to services and quality of health and wellbeing. Gender analysis is particularly useful in understanding the impact that the intersectionality of being both a woman and an immigrant or refugee has on pregnancy care and birth outcomes. Strict gender roles can affect a woman's access to money, stunt negotiation and decision making abilities, limit mobility, and render high levels of stress due to balancing childcare with other domestic duties. Acculturating to a new country, having a stunted social network, and dealing with mental illness (whether or

[51] Gardner, P.L. et al. (2014).
[52] Kendall Tackett, K. (1994).
[53] O'Mahony, J., & Donnelly, T. (2013).
[54] Davis-Floyd, R. (1986), p. 42

not it is recognized) makes it difficult to trust others or find culturally sensitive guidance that is helpful. Wage inequality, limited time, and few transportation options make acquiring medical care and attending scheduled appointments difficult for women trying to make ends meet. A mother may be forced to balance child care, school, multiple jobs, and domestic duties in order to provide for the family and succeed both personally and professionally in the United States. Regardless of education and professional experience, it is often difficult for an incoming citizen to obtain superior or equitable employment in the United States because degrees/certifications earned in native countries may not be recognized by federal or state standards. These factors have created an environment which is "perceived by health care providers as a lack of commitment among the mothers and have resulted in the health care of these migrant women not being met."[55]

It can be denoted that these factors have socially constructed a disempowering notion that women, notably foreign-born women, are incapable of fulfilling their own needs and abilities during pregnancy and childbirth; this is simply not true. Instead, foreign-born women's issues during the pregnancy and postpartum period could be due to more institutional rather than individual factors.

> The birth process itself can generate extreme stress. The pain, strength and intensity of contractions can leave a laboring woman floundering. This natural and sometimes chaotic process is also stressful for medical personnel. Obstetrical routines can structure the birth process to fit accepted cognitive categories and to make birth happen in an orderly way, thereby providing cognitive anchors for both laboring women and their hospital attendants.[56]

[55] Spencer. N. (2004), p. 6
[56] Davis-Floyd, R. (1986), p. 13

This gives some explanation as to why a culturally competent individual, such as the doula, may be useful in supporting, advocating, educating, and guiding to empower non US born women giving birth. Biomedical culture has forced medical providers to abide by the belief that,

> any change in the rituals through which hospital birth is reduced to such homogeneity is thus equivalent to a reduction in certainty. Whereas, continued performance of the rituals affirms, in the hearts and minds of the medical personnel involved, the technocratic model of reality upon which these procedures are based.[57]

Encouragingly, Boston Medical Center (BMC) is challenging this systematic structure by successfully reorganizing its maternity unit and properly serving foreign-born patients. Health professionals at Boston Medical Center actively work to overcome language barriers and biases, understand cultural presentations of illness, and commit time for women to ask questions or have answers explained in a clear and appropriate manner. Due to the potential impact and inspiration this model may serve for doulas and other biomedical providers in multicultural urban areas, Boston Medical Center will be detailed in the following portion of this paper.

CASE STUDY

"Boston Medical Center (BMC) is an urban, academic, 508 bed tertiary care center serving a diverse population of approximately 2000 childbearing families per year."[58] The "maternity unit includes 8 labor and delivery rooms, 5 triage beds, 7 high-risk antepartum beds, 2 operating rooms, and 2 post anesthesia recovery beds."[59] The maternal population

[57] Davis-Floyd, R. (1986), p. 259
[58] Mottl-Santiago, J., Walker, C., Ewan, J., Vragovic, O., Winder, S., & Stubblefield, P. (2008).
[59] Pecci, C.C., Mottl Santiago, J., Culpepper, L., Heffner, L., McMahan, T., & Lee Parritz, A. (2012).

utilizing Boston Medical Center services "is 45% African American, Afro Caribbean, Haitian, and African; 30% Latina; 15% White; and 10% other, including Asian and Middle Eastern."[60] One may better understand or conceptualize these demographics differently when compared with the city of Boston's population overall.

> Although nearly half of all Boston residents are White (47%) in 2010, there is substantial variation in the racial and ethnic diversity stratified by neighborhood. For example, in the North End, South Boston, Back Bay, Charlestown, West Roxbury, Fenway, and Allston/Brighton, over two-thirds of residents are White (66.1%-88.1%). In contrast, Mattapan, North and South Dorchester, Hyde Park, and Roxbury are predominantly Black communities (41.7%-81.1%); whereas the majority of East Boston residents (52.9%) and nearly a quarter of Jamaica Plain's population (24.6%) are Hispanic.[61]

BMC is committed to providing superior quality care to anyone regardless of cost. It is "the largest safety net hospital in New England, with 85-88% of maternity service deliveries paid for by public sources."[62] This commitment is also reflected in the establishment of a network of 10 neighborhood health centers which provide community health and prenatal services for the city's diverse population. BMC also provides translation and interpretation services which is useful because "while English [is] the most common language spoke at home in Boston (65.0%); other languages [spoken include] Spanish (15.0%), French (5.0%), Chinese (4.0%), Portuguese (2.0%), and Vietnamese (2.0%)."[63] The fact that "in 1999, BMC became a WHO/UNICEF designated Baby Friendly hospital through implementation of breastfeeding promotion strategies"[64], also exemplifies this biomedical institution's commitment to superior quality care for the given

[60] Ibid. p. 324.
[61] Brigham and Women's. (2013).
[62] Mottl-Santiago, J., et al. (2008).
[63] Brigham and Women's. (2013), p. 10
[64] Mottl-Santiago, J., et al., (2008).

population. Referring to an online reference, *Ten Reasons to Have Your Baby at Boston Medical Center* include: exceptional doctors, midwives and nurses; respectful and culturally sensitive care; 'they speak your language'; high risk pregnancy care; comfort in childbirth; prenatal education; breastfeeding support; Neonatal Intensive Care Unit (NICU); convenient and excellent prenatal/ postpartum care[65] BMC's dedication and appreciation for collaborative and culturally competent care is exemplified in structure and services, and reflects the needs of the multicultural population it serves.

Collaborative Model

Today at Boston Medical Center, a team of obstetricians, midwives, and family physicians work together by sharing unique skills, providing cross coverage, and communicating frequently to better serve area families. However, it was not always this way; in fact, the process of creating a collaborative model began in 2005 after noticing that the maternity unit was functioning in an unhealthy and negative manner. Mistrust, disrespect, and anger were growing due to the differing philosophies and practices of midwives and obstetricians, family physicians, and residents. A multidisciplinary group began meeting in 2006 to define values that would help to permanently resolve these conflicts. It was also the hope that this restructuring would improve the maternity unit's mission of providing efficient, safe, and high quality care to patients while also strengthening interdisciplinary knowledge of young residents. Midwives, obstetricians, nurses, family physicians, residents, and Birth Sisters doulas were consulted.

[65] Boston Medical Center. (2014).

> [The model evolved] from 3 silos of individual professional practices characterized by interdisciplinary mistrust, inconsistent communication, and variable skill sets, to a high functioning, collaborative maternity care team with a clearly defined practice, structure, sustainable systems that promote a culture of safety, and interdisciplinary education that integrates the skills and expertise of each profession.[66]

These collaborative principles ensure the unit now exemplifies: "team focus, clarity of responsibility, citizenship, acceptable case load, maximized continuity, frequent communication, good documentation, high efficiency, evidence based care, and excellence in education."[67] One of the main changes to the system because of the model was the distribution of patients in labor and delivery. "This new algorithm increased the volume of vaginal deliveries for family physicians and allowed obstetrics to focus on patients at high risk and operative deliveries. Because the midwifery group already carried a substantial antenatal patient panel, their delivery volume remained stable and robust."[68] Instead of care coming from one specific provider, BMC now applies a team approach with obstetricians, midwives, and family physicians collaboratively caring for patients or making referrals to another provider on a case by case basis. By meeting on a regular basis to review patient history and determine care plans, "skill sets of each provider group are maximized"[69] and recognized.

The benefits of Boston Medical Center's updated model more than made up for any disgruntled opinions, disbelief, anger, or lack of enthusiasm experienced at the start of the process. A collaborative approach has resulted in a culture of safety, patient focused care,

[66] Pecci, C.C., et al., (2012), p. 323.
[67] Ibid. p. 326
[68] Ibid. p. 327
[69] Ibid. p. 327

increased capacity building, and interdisciplinary education. Other "benefits of [BMC's] collaborative care includes a more robust workforce with a better work life balance, improved access to care and choice of providers, as well as appropriate care providers for individual patient needs."[70] The change to a collaborative model has leveled out hierarchy and increased a sense of partnership at Boston Medical Center. This could ultimately increase patient satisfaction, trust in the biomedical/technocratic system, and number of women and families who choose to give birth at this facility.

Cultural Competence through Plain Language Prenatal Education

> A culturally competent health care system has been defined as one that acknowledges and incorporates -at all levels- the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that the result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs.[71]

One of the biggest barriers towards patient satisfaction and culturally competent health care, is communication. Communication affects a patient's understanding of treatment decisions and how they relate to personal beliefs and desires. "For many migrant women, language barriers prevent them from gaining knowledge of services available for them in a new country and their limited language skills also impact their assertiveness to express needs and preferences."[72] Language barriers and cultural misinterpretations can create confusion and misunderstanding during maternal health visits, therefore putting women and their babies at higher risk for complications. Studies suggest "that the lack of assertive skills for some migrant women [result] in them agreeing to any instructions given

[70] Ibid. p 323
[71] Betancourt, J., Green, A., Carrillo, J., & Ananeh-Firempong, O. (2003), p. 294
[72] Spencer, N. (2004), p. 9.

by health care givers, even if the instructions were against their traditional beliefs and cultural practices."[73]

Health care institutions using culturally sensitive approaches, such as Boston Medical Center, provide language assistance through interpreting services and linguistically informed services. This helps to increase foreign-born women's health seeking behavior, comprehension and compliance with treatment, and satisfaction with care. "Culturally and linguistically appropriate services… [are] not only a patient's right but also a determinant for safety and quality."[74] Boston Medical Center saw and addressed the need for providing "standardized prenatal education materials that would be accessible and usable for [the] diverse population of women"[75] utilizing their health services. In order to build health literacy, "which includes the ability to access, understand, and make use of health related information"[76]; a plain language and culturally sensitive prenatal education resource called *Hey Mama!* was created. Plain language implies that the design, layout, and text of written health materials matches the reading and comprehension level of a wide audience. "Across the larger scope of medical care, health literacy affects the utilization of health care, participation in preventive health care programs, chronic disease management, and disparities in health care outcomes."[77]

The goal of collaborative *Hey Mama!* planning meetings which involved BMC midwives, obstetricians, family physicians, and nurses was "to create [a] woman centered

[73] Benza, S., & Liamputtong, P. (2014).
[74]Akhavan, S. & Lungren, I. (2012).
[75] Mottl-Santiago, J., Shepard Fox, C., Pecci, C.C., and Iverson, R. (2013).
[76] Ibid.
[77] Ibid. p. 271

language [book] that addressed broad range needs… [This meant] including information about high risk birth… breastfeeding…relationships and sexuality… and interconception care."[78] Content was developed using guidelines from the Agency for Healthcare Research and Quality, National Institutes of Health, and the American Medical Association; as well as through feedback from BMC program staff. Recommendations used for developing the plain language resource included:

- writing clearly, with words less than 3 syllables,
- using common words, and avoiding medical jargon,
- presenting material as if talking to a friend,
- using culturally and age appropriate illustrations,
- and, using headings and subheadings. [79]

The book was sustainably integrated into the flow of prenatal care through compiling a plethora of useful material into one book and training staff and clinicians in its proper use. Success of this innovative resource requires continual updates and deep reflection on how to best address the needs of a multicultural urban area. The *Hey Mama!* development team has considered creating other resources, such as portable flip charts and a generic book, to increase reach of prenatal information and improve health literacy. There is demand from women interested in learning more about their bodies and the nuances of pregnancy and childbirth in a clear and culturally relevant manner. *Hey Mama!* Has been largely successful and popular amongst women birthing at Boston Medical Center. It has even begun to be a sought after resource and is being diffused to interested women, medical professionals, and birth workers, including Birth Sisters doulas.

[78] Ibid. p. 273 & 274
[79] Ibid. p. 273

The Birth Sisters Program

The multicultural population Boston Medical Center serves, and Birth Sisters targets, could greatly benefit from the unique support and innovative approach of a hospital based doula program. In 1999 Boston Medical Center established an innovative hospital-based multicultural doula program entitled "Birth Sisters" within its committed and well organized maternity unit. The Birth Sisters program, which had an annual budget of $180,401 in 2012[80], serves low-income families in the Boston metro area and is applicable to newly arrived immigrants and foreign-born women. Families primarily reside in the Roxbury, Mattapan, East Boston, South Boston and Dorchester neighborhoods. These are neighborhoods, which research has shown, have disproportionately high rates of low birth weight babies, pre term births, and infant mortality.

> South Dorchester (13.1%), Roxbury (12.1%), and Mattapan (11.6%) experienced [preterm birth] rates above the citywide level. Consistent with preterm births, Mattapan (12.9%), Roxbury (12.4%), and South Dorchester (12.4%) reported the highest percentage of low birth weight babies (less than 2,500 grams). Roxbury experienced the highest infant mortality rate (9.3 per 1,000 live births), at nearly twice the rate of Boston overall, followed by North Dorchester (8.5 per 1,000).[81]

Ingenuity of the Birth Sisters doula program comes from its vision to "bring historical traditions of female social support into the modern childbirth setting, strengthen community support, and promote cultural humility in the maternity care system."[82] Tenants of the program include translation, advocacy, and support. BMC medical providers recognize and understand the importance of pairing trained and culturally competent doulas with families being served. "A referral coordinator matches the mother with an

[80] City of Boston. (2012).
[81] Brigham and Women's Community Health Needs Assessment Report 2013. (2013), p. 20
[82] Mottl-Santiago, J., Walker, C., Winder, S. Outline of Presentation.

individual Birth Sister according to the language and cultural preference of the woman."[83] In this program, "thirty different ethnic groups and twenty different languages"[84] are represented and spoken. This gives doulas from shared or similar cultural backgrounds the opportunity to offer women and families "sister-like" non-medical, emotional, and evidence based information, support, and assistance at no cost to the mother. The program offers prenatal home visits, continuous labor support, and help at home after the baby comes. Birth Sisters use methods such as "verbal encouragement and physical comfort measures to women during labor, delivery, and postpartum."[85] The doulas are also trained to give social support in the community by connecting new and expecting mothers to appropriate resources and services. These components "assist low-income [and multicultural] expectant and new mothers at risk for complications due to medical or social factors. [Issues include] social isolation, domestic violence, infants with anticipated significant medical problems such as … low birth weight, and families with complex psychosocial issues."[86] Doulas are a "crucial link between the family and health care system."[87] Because they are privileged with time and can afford to be flexible when meeting with families, doulas are able to build relationships, confidence, trust, and respect in a more genuine and swift manner.

The Birth Sisters doula program is not merely about providing pregnant families with support, rather it can also be regarded as a workforce and community development

[83] Ibid.
[84] Ibid.
[85] Mottl-Santiago, J., et al., (2008).
[86] City of Boston. (2013).
[87] Ibid.

program. “BMC trains Birth Sisters, typically unskilled women, and provides them with a certificate upon successful completion of the program. The women are paid an hourly wage for their services, helping them economically. As stated in a Birth Sisters job description, applicants must “participate as a liaison with clinical care providers involved in the woman's prenatal, birth and postpartum care.”[88] Position requirements include the following:

- A minimum of a HS diploma or GED is required. Prior education/training in childbirth education and support services preferred but not required.
- Ability to speak and read English. Bilingual or multi-lingual skills (beyond English) appropriate to the patient population served may also be required.
- Completing training program offered by the Birth Sisters Program.
- Cultural sensitivity and comfort with a wide range of social, racial and ethnic populations.
- Excellent interpersonal skills to instill confidence and advocate for patients and their family.
- Knowledge and experience in Boston neighborhoods.
- Flexibility with time and available for on-call. Ability to conduct at-home visits.
- Achieving Basic Birth Sister Training Program certification within 90 days of hire and maintaining standards of certification for duration of employment in position.

Birth Sisters may offer foreign-born women an entryway to the workforce; and many women who have trained as “Birth Sisters have gone on to become nursing assistants, interpreters, nurses, midwives and public health professionals.”[89] A former Birth Sisters doula, now studying midwifery at the International Center for Traditional Childbearing described her experience at Boston Medical Center in the following positive and empowering manner.

[88] Climber. (2015).
[89] City of Boston. (2013).

> I have always had a passion to serve women, and children. After I completed the Birth Sisters program, I knew that one day hopefully it would all come full circle. A few years ago I ran into one of my clients from the Birth Sisters program, and she told me how much she really appreciated me supporting her through her labor, delivery and the home visits before and after her baby's arrival. It meant a lot to me to know that I had left a lasting impression on her during her most precious, and vulnerable moments laboring and delivering her first child.[90]

Throughout its 17-year existence Birth Sisters has had many successes, unfortunately, it has also been subjected to obstacles thwarting the program's future success and impact. Nonetheless, the dedication and efforts made by Boston Medical Center exemplify an innovative best practice model for those working in urban multicultural health care settings. "Program evaluation suggests that culturally competent, lay perinatal support is an important component of care for multicultural populations of childbearing women."[91] The "Birth Sisters [initiative] has been credited with BMC having fewer caesarian deliveries and an exceptional breastfeeding [intention and early] initiation rate."[92] Despite impressive results, "budget cuts were made [and] the number of births assisted by a Birth Sister in one year decreased to 200 from about 1,200."[93] It may be that this service is not as highly prioritized as other aspects of the medical center's functioning, or that not enough research has done to determine its effectiveness. The average cost of providing a Birth Sister to a low-income expectant mother is about $650."[94] Therefore, Birth Sisters are compensated $650 per woman, which is average to well below what independent non-hospital affiliated doulas make in Boston, MA. This is problematic for

[90] The International Center for Traditional Childbearing. (2016).
[91] Mottl-Santiago, J., et al., (2008).
[92] Boston Medical Center. (2015).
[93] Ibid.
[94] Ibid.

the individual Birth Sister who could potentially be making more money if she practiced independently as a business owner. It could also be regarded as a deal for the mothers because they do not have to pay for this service or seek out and hire a doula themselves. "The Birth Sisters Program does not have resources to serve all women who would like a Birth Sister. [They] are currently able to meet approximately 20 percent of the demand."[95] This had unfortunately led to inequalities when defining eligibility.

A current study entitled, *Best Beginnings for Babies Birth Sister Program Evaluation*, is hoping to enhance capacity, expand resources, and develop further innovation. The study, which has been running since July 2015 and lasts until December 2016, is aiming to

> enhance the capability of the Birth Sisters Program to impact social determinants of perinatal health in a low-income population, the program evaluation will include the addition of Medical Legal Partnership for Children's (MLP) training and referral services. This program will be described as the Birth Sisters Best Beginnings services (BBB). The evaluation will compare the effects of BBB compared with no Birth Sister support for women receiving maternity care at Boston Medical Center.[96]

Participants will be randomly assigned to the Birth Sisters care group or the usual care control group; outcomes regarded are rates of cesarean sections and preterm births. The study is currently recruiting women ages 18 to 64 who are pregnant, first time mothers, single, on public insurance, and have no known fetal anomaly. Women under the age of 18 or who have been classified as high risk are not eligible.

[95] Smart Patients. (2016).
[96] Ibid.

RECOMMENDATIONS FOR DOULAS SERVING FOREIGN-BORN WOMEN

"Disparities in birth outcomes are the consequence of not only differential exposures to stress during pregnancy but to differential developmental trajectories over the life course that result from chronic accommodation to stress (Lu & Halfon, 2003; McEwen, 1998)."[97] For women who are integrating into a new culture without a strong support network, doulas could positively affect birth outcomes and satisfaction regarding pregnancy and postpartum experiences. This is largely because doulas are solely there to attend to the mother and her needs, rather than the baby. Doulas take the time to nurture a relationship, understand the families they are working with, and build trust and respect. Doulas and other natural helpers, when culturally competent, strengthen maternal health and agency by enhancing health literacy, encouraging the mother to voice her opinions and desires for the birth plan, and encouraging attendance of antenatal clinics and adhering to treatment.

An article focusing on midwives' opinion and experience of doulas working with immigrant women provided several insights into the value of working collaboratively in this manner. One midwife explained the reasons why she needs and appreciates doulas.

> It is difficult work with women who cannot speak the language, have been traumatized, isolated, and are unaccustomed to the system. Doulas can help to prevent women from becoming depressed after the birth… women feel cared for. [Our city has] taken in many immigrants..., the doulas are worth every penny. A good start for a new life.[98]

Another midwife stated that, "a doula has cultural competence, which means that she understands the woman's perception of life based experiences, her customs and practices,

[97] Jonson, M.A., & Marchi, K.S. (2009), p. 107
[98] Akhavan, S. & Lundgren, I. (2012), p. 3

which may be relevant to the woman giving birth."[99] Doula's provision of support, advocacy, education, and guidance to empower, can meet unfulfilled needs and alleviate the foremost issues experienced by foreign-born women as well as their health care providers.

Support

Doctors in America spend very little time with each patient, and without the proximity and guidance of relatives and friends, foreign-born women birthing in the United States, must often go through this intense transition on their own. Women experience the loss of assistance and support they would have received had they still been in their native country; this also means a loss of culture and sense of one's self. The lack of cultural familiarity and valued support within the biomedical system makes transitions surrounding pregnancy, delivering a baby, caring for a newborn, getting back to work, and resuming a sense of grounding in a new country that much more difficult to handle. Inevitably, these troubles can leave women isolated, lonely, and unable to cope, rather than feeling positive or empowered. Enter the doula, who could form a much needed bridge between clinic and community in order to educate, clarify, strengthen, and support the entire context of pregnancy and post-partum care.

"Doula support is one way of countering dissatisfaction, expanding the comfort of childbearing immigrant women, and increasing levels of satisfaction and trust in the health care system."[100] This is because doulas serve to fill a void during the pre-, peri-, and postpartum periods by providing physical, educational, and emotional support to women

[99] Ibid. p. 3
[100] Hye-Kyung, K. (2014), p. 5

and their partners. Because they work in the community and the health institutions, "doulas may be particularly pertinent for perinatal immigrant women, especially those who are limited English speakers or [have] limited resources."[101] During labor and delivery, a doula can use comfort techniques and explore traditional practices and cultural beliefs to create a relaxing, familiar environment. This may help to create familiarity and therefore alleviate a birthing woman's stress and pain. Techniques commonly used to support women in the delivery room may include: massage, assisted stretching, acupressure, guided breathing, repeating a mantra, trying out different positions, and various emotional support methods. Amy Gilliland, a Certified Doula and Childbirth Educator who now teaches Psychology in Madison, Wisconsin, describes five different emotional support methods birth doulas can use to alleviate discomfort during labor and delivery.

They are as follows:

- Mirroring: A verbal and nonverbal strategy where the doula describes the situation that is occurring calmly and concisely and echoes back to the mother her same feelings and intensity.
- Acceptance: A verbal and nonverbal emotional support strategy that takes in the response of the mother or facts of the situation without attempting to change the mother's response or feelings.
- Reinforcing: A comment or action designed to support and encourage something the mother is already doing or feeling.
- Reframing: A verbal dialogue between the doula and the mother designed to shift the mother's perception of herself or the labor situation to a more positive outlook.
- Debriefing: Focusing attention on the mother in an empathetic way so that she can talk about her feelings and feel listened to.[102]

A doula can address a foreign-born woman's needs in a way that complements and strengthens the biomedical birth team. By discussing traditional concepts prior to

[101] Ibid. p. 25
[102] Gilliland, A.L. (2010).

childbirth providers would gain insight and competence regarding pregnancy desires, birth and postpartum practices, and norms regarding nutrition and expression of pain/emotion in other cultures. "Migrant women [have] expressed preference of giving birth naturally and the use of more traditional methods to relieve pain such as walking or drinking hot or cold tea."[103] A doula could support and advocate for a woman to be able to do these things while birthing in a biomedical institution.

Advocacy

By advocating for the mother, encouraging her to use her voice, and helping to ensure respect and collaboration from every member on the birth team, doulas represent a great asset to foreign-born women. However, there is a long way to go in order to ensure desirable health care is accessible and culturally competent for all.

> Many foreign-born women report that they received a test, procedure, or even underwent a cesarean surgery without knowing the reason why it was administered. Not only do the women feel isolated and confused in this foreign environment, but the medical staff often lacks the knowledge, patience and humanizing bedside manner to know how to make it a more positive experience for them.[104]

In the midst of these far too common situations, both parties need someone to stand in the middle, a person able to take the time to work through the barriers presented by language and culture. A doula would be able to step in and ask the doctors to explain certain interventions in plain language, along with risks and benefits, to the woman. Medical providers are to abide by a code of ethics, one which highly emphasizes consent; however, if that is not happening, doulas can advocate for women by demanding that doctors avoid manipulating and forcing unwarranted procedures. It is a woman's right to

[103] Benza, S., & Liamputtong, P. (2014).
[104] Kagay, L. (2014).

refuse an intervention, but if that discussion never happens or is rushed, her no is likely to be surpassed by biomedical culture and protocol. In terms of rights and ethical care, it is very important that a translator or culturally competent advocate is present in the labor/delivery room to ensure consent and avoid potential misconduct.

Doulas are perfect for serving foreign-born women, as they are able to address conflicts between maternal needs, desires, and culture, with that of biomedical and Western attitudes and practices. Foreign-born women utilizing doulas during pregnancy, labor, and postpartum experiences would benefit from the honest dialogue and sharing of information and resources doulas provide. A doula's guidance and ability to clarify questions outside of the medical institution would help increase a multicultural woman's understanding. Recommendations and community resources could also be discussed during prenatal and postnatal consultations. Overall this advocacy may influence a woman's frequency of clinic visits, trust in providers, satisfaction with experience, and feelings of maternal competence.

Guidance and Education to Empower

Because motherhood and pregnancy extends before and after the birth, doulas are in a position which appeals to both providers and women desiring help. Through support and advocacy, a doula shows a woman that she is capable and strong, she has the power within herself to handle and succeed at being a new mother. While doulas strengthen capacity and provide useful knowledge and individualized support, the purpose of the doula is to ultimately encourage women to base decisions on their own belief systems and actions. Doulas encourage the mother to voice her needs and opinions regarding the kind

of birth she would like to have; this is often discussed prior to delivery. Some migrant women expressed their "confidence in capacity to give birth naturally; ability to deal with pain and self-control; reluctance to ask questions regarding care from health workers who appear rushed; preference for silence during childbirth to demonstrate stoicism; and [experience] delaying going to hospital… for fear of cesarean section."[105] Doulas should sit down with mothers to discuss the hospital's protocols and create a birth plan. This plan would define details regarding fears, desires, priorities, requests, or anything that the mother and family may think will improve and facilitate a happy and healthy pregnancy and childbirth. Depending on hospital protocol, birth plans may or may not be followed, however this is an opportunity for doulas and their clients to really consider and think through the process of what things will be like at the hospital.

For multicultural and foreign-born women, a healthy and collaborative relationship between the hospital team and a doula can greatly improve birth outcomes, quality of care experience, and access to community resources. Having genuine and culturally competent support in a country that is foreign and new is crucial to the wellbeing and smooth transition of a growing family. A birth and postpartum doula can help to ensure a family is on the right track towards many years of health, happiness, and wellness. In case of difficulties, doulas would be able to steer the family in the direction of resources to ensure needs were met. To increase awareness, knowledge, and sensitivity of multicultural clients, doctors should focus on empathizing with mothers and understanding that women may have dominant beliefs and practices that do not match their own. Everyone is unique,

[105] Benza, S., & Liamputtong, P. (2014).

regardless of where you are from, it is impossible to truly understand every culture and society in its entirety. Nor is this required, however medical providers should attempt to understand dominant traditional practices (in both the U.S. and native country) which impact women and their families, such as diet and pregnancy/postpartum rituals. Biomedical providers can learn much from the more holistic role a doula plays to a woman and her partner.

> Humanistic obstetricians… offer their patients some real alternatives. These include the utilization of doulas… for labor support (Perez and Snedeker 1990), nurse-midwives for prenatal care, for labor support, and for delivery; the options of limited monitoring, no IV, drinking juices and eating their own foods during labor, walking and/or relaxing in water throughout labor, perineal massage instead of episiotomy, and of choosing to squat, stand, or lie on their sides for birth.[106]

Besides the practices and attitudes of providers within the hospital, extending "education about available [doula] and health care services, at community level, is also important." Currently, families in the United States interested in obtaining doula services can either conduct an internet search, ask local health providers, or discuss and get referrals from members of their social network. For non-U.S. born or low income women, ability and access to these resources may be limited. Therefore, further steps should be taken to reach women who would not be able to afford or were not previously aware of the availability of doula support. "To reach foreign born populations in an effective and reliable way, venues such as maternal and child health centers, refugee agencies, and general practitioners' should be well informed about available [doula] services."[107] These stakeholders should then work to create an effective referral protocol. This cooperation can

[106] Davis-Floyd, R. (1986), p. 274
[107] Carolan, M. (2010).

have a tremendous impact on the quality and effectiveness of the health system and every member of the birth team. Referral systems are especially important since economic reform has caused a greater demand for and provision of curative medicine rather than preventive support.

DISCUSSION

Foreign born women experience high rates of preterm birth, LBW, IM, perceived racial prejudice, and feelings of postpartum depression. Migrant women deal with distinct socioeconomic, cultural, and political factors which may affect access to and satisfaction with health care. "When migrant women settle in a new country, they bring with them embedded cultural values and traditional beliefs of pregnancy and birthing practices."[108] They also bring with them an understanding and preference of health and medicine in accordance with the quality and experience of care resources in their native country.

Doulas and natural helpers tend to resonate with both personal and communal needs, and fill a gap in medical services by providing support, attention, and care which typically goes beyond a biomedical professional's role. Although, Boston Medical Center provided a strong and successful model of how to provide effective culturally competent care with doulas in an urban setting, further research and efforts are needed. A collaborative model of hospital planning and development ensures that several types of expertise are involved in creating comprehensive and inclusive policies for practice and standards of care. A holistic approach to pregnancy would strive to increase agency and confidence, ease discomfort and ameliorate stress, promote empathy, and prioritize

[108] Benza, S., & Liamputtong, P. (2014).

capacity building and collaboration amongst health care professionals. Therefore, quality of services and model of care should be assessed to understand the capabilities, practices, and knowledge of health institutions and personnel. The incorporation of traditional knowledge and beliefs would increase trust and relatability amongst providers and foreign-born families. Furthermore, the development of a positive psycho-social approach, which stresses respect and understanding of cultural social and spiritual values, could improve childbirth outcomes and strengthen infant and maternal health in foreign-born women giving birth in the United States. With proper support, awareness, and prioritization, (funding) the role of a community or hospital based doula could be readily adopted into the United States healthcare system to help low income or multicultural families.

Unfortunately, the relationship between specific hospitals, providers, and the doula adds even more nuance to the experience and satisfaction of multicultural women giving birth within a biomedical context. It is common for doulas to face several barriers when attempting to be recognized as a vital member of the biomedical team. "In order to gain entry into American birthing rooms, doulas must fit neatly into existing hospital structures, dealing with the occasionally conflicting needs of birthing women and doctors through complex combinations of resistance and acquiescence."[109] Doulas are allowed to support the mother's agency only until the point that it is required they give medical advice or are contradicting hospital policies. This becomes complicated because "the doula's job is focused on assisting families on an individual level"[110]. The doula more likely has a relationship based on cultural relatability, trust, and respect with women and their families.

[109] Basile, M.R. (2012), p. 8
[110] Ibid. p. 8

These are essential characteristics, yet, not often found in the relationship between women and their biomedical providers.

"Midwives, nurses and doulas must respect and appreciate the complex skills each brings to her role in the labor room. Part of this is appreciating the complexity of the emotional support function and the strategies that doulas employ." [111] Doulas have the ability to provide support, advocacy, and guidance to empower migrant women in a culturally competent and quality manner. This role could help to increase satisfaction, knowledge, collaboration, and quality of care amongst birthing women and medical providers in a technocratic maternity unit. The doula improves communication with providers, addresses social and cultural barriers, reassures the mother, and provides information and guidance to alleviate issues such as perceived discrimination, preterm birth, or postpartum depression.

Reframing the doula prototype into one which is identifiable and relatable to all, can address both cultural competency within health institutions, as well as issues pregnant foreign-born families face in the United States. A major problem for professional doulas involves actually spreading awareness about what a doula is and letting people know their services are available for hire. To meet migrant or low income women who may be interested in doula support services, doulas could conduct outreach and education at local churches, refugee centers and nonprofit organizations. Efforts to reframe, market, and advertise doulas could increase the awareness and demand for doulas in a greater multicultural community. Doulas could also work to incorporate males into conversations

[111] Gilliland, A. (2010), p. 6

about birth and parenting, and encourage them to support the mother. This will be more effective if doulas are members of the community they are serving, or at least in some way relatable and credible to the population.

Research regarding the direct influence of culture and religion on values, social norms, communication styles, and decision making should be conducted to get a better grasp of women's cultural beliefs and decision making factors during pregnancy. Besides this, capacity and skill building through hands-on-training is essential for community health workers, particularly doulas, to staying relevant and knowledgeable about providing care to multicultural and foreign-born women. This training may diminish prejudice and stereotypes, and ease concerns about providing for multicultural populations. Health systems could be organized and redirected by increasing the frequency and diversity of trainings for health care providers. Encouraging policy which cultivates strong links within the community, via natural helpers, could also build health literacy and treatment compliance amongst multicultural populations. Furthermore, rather than being regarded solely as a luxury, this paper reviews and analyzes the doula's efforts to support, advocate, and educate women in a way that shows impact is far more vital and complex than previously thought.

CONCLUSION

"Every time we rely on technology to get us out of one predicament we have created, a whole new set of problems gets generated by that technology for which another set of technological remedies must be constructed, which generates yet another set of problems."[1] This speaks to the health professionals are in ever more need of a deeper

analysis and understanding of a holistic and collaborative approach to maternity care. While recognition of doula birth support is on the rise in mainstream U.S. culture, foreign-born women may be at a disadvantage for accessing or benefiting from their services due to socioeconomic and cultural factors. These factors include: lower income or job opportunity, predisposed ideas of health care based on experiences in native countries, language barriers, lower health literacy, and poor cultural competency on behalf of biomedical providers.

A multifaceted approach, such as the collaborative and culturally competent model adopted by Boston Medical Center, can improve foreign-born women's experience and satisfaction with healthcare when pregnant and giving birth in the United States. One important aspect of this approach requires medical providers and birth workers to increase cultural competency and consider difficulties and barriers women experience when transitioning from a traditional birthing system into a technologically medicalized system. Another method of a multifaceted approach, the ultimate focus of this paper, involves identifying and utilizing birth allies and natural helpers, such as doulas, who can help alleviate some of the aforementioned pertinent issues. Doulas are a perfect service for foreign-born women, because not only do they support, advocate, and provide education and guidance to empower clients, they also improve communication and increase biomedical professionals' knowledge of cultural beliefs and practices. While doulas have faced some difficulty when traversing biomedical culture and hospital policy, the incorporation of their role in the birth team could strengthen a woman and provider's relationship as well as improve women's health literacy, care adherence, and satisfaction.

Women, all women, deserve more from their providers during the pregnancy and childbearing period. Nonetheless, U.S. born and foreign-born women's pregnancy and postpartum experiences are socially, culturally, and economically distinct. "Women who are immigrants have the right to receive adequate and sensitive health care during the childbearing and child rearing times regardless of their social status."[112] Women deserve respect and dedication from their providers. Women deserve options and for their voices to be heard and recognized as important. Even if traditional and biomedical practices are not functioning within the same capacity, women deserve transparency and collaboration- which can be facilitated by a doula. Implementing doula services would benefit the biomedical system, health provider's effectiveness, as well as the satisfaction and wellbeing of mothers, regardless of race or ethnicity.

[112] Benza, S., & Liamputtong, P. (2014), p. 9

TABLE A: Sample of National Doula Certification Organizations

Organization	Members/Location	Certifications/ Services	Mission/ Vision
Birth Arts International; 2000 www.birtharts.com	Reidsville, NC (headquarters) and worldwide membership.	Certified Doula; Postpartum Doula; Childbirth Educator; Breastfeeding Educator; Midwifes Assistant *online and/or distance learning available* In 2014, BAI trained over 20,000 birth workers worldwide.	"The birthing woman deserves to be honored and supported as she embarks on this most challenging, heart fulfilling and expressive journey. Birth Arts educational programs are for those who want to get to the heart of what it means to be "with woman". Being a doula is truly being with women, where they are emotionally, spiritually and physically."
Childbirth and Postpartum Professional Association (CAPPA); 1998 www.cappa.net	Georgia, US (headquarters) and branches in Canada, Latino America, India, and Israel.	Birth Doula; Postpartum Doula; Childbirth Educator; Lactation Educator	"CAPPA certified professionals aim to empower, connect and advocate for families in the childbearing year. CAPPA seeks to forge positive and productive relationships between organizations that support healthy, informed family choices. The organization consists of a leadership board, regional representatives, trainers, mentors, advisors and its membership."
Childbirth International (CBI); 1998 www.childbirthinternational.com	Students and graduates in over 100 countries worldwide.	Birth Doula; Postpartum Doula; Childbirth Educator; Breastfeeding Counselor	"With a global outlook and a strong belief in the "education is power" philosophy, CBI provides training for doula, childbirth educator and breastfeeding counselor students all over the world. CBI is committed to establishing the international standard for birth professional training."
DONA International ; 1992 www.dona.org	Chicago, IL (headquarters) and worldwide membership in 50 countries. As of 2012, had 6,154 members.	Birth Doula; Postpartum Doula; Childbirth Educator Workshops available across the US. In 2013, DONA certified over 10,000 doulas.	"DONA International's mission is to promote high quality birth and postpartum support by setting the standard for the doula profession through evidence-based training and certification for doulas of diverse backgrounds."
The International Center for Traditional Childbearing (ICTC); 1991, non profit 2002, doula program founded www.ictcmidwives.org	Portland, OR (headquarters)	Full Circle Doula; Breastfeeding Educator; African American Childbirth Educator	"The ICTC mission is to increase the number of midwives, doulas and healers of color, to empower families, in order to reduce maternal and infant mortality. ICTC outreaches, recruits and trains women, men, and young girls in traditional and current birth practices as a strategy for improving birth outcomes, increasing breastfeeding rates, and capacity building."
The International Childbirth Education Association (ICEA); 1960 www.icea.org	No membership requirements other than commitment to families and ICEA philosophy.	Birth Doula; Postpartum Doula; Childbirth Educator; Lactation Care; Prenatal Fitness Educator	"ICEA is a professional organization that supports educators and other health care providers who believe in freedom to make decisions based on knowledge of alternatives in family-centered maternity and newborn care."
ProDoula; 2013 www.prodoula.com	Peekskill, NY (headquarters), trainings throughout the US.	Birth Doula; Postpartum Doula; Placenta Encapsulation; Advanced Business Trainings; Consulting	"The goal of ProDoula is to elevate the role of doulas to a professional level in the eyes of expectant parents, medical professionals, and doulas themselves while providing people of all demographics a rewarding career opportunity."

TABLE B: Birth Doula Certification Requirements: Organizational Comparison*

Certification Requirements	Birth Arts International	CAPPA	CBI	DONA International	ICTC**	ICEA	ProDoula
Exam	Yes	Yes	Yes	None	None	None	Yes
Assignment	Yes	No	1 essay	Yes	Yes	None	Yes
Written Training Materials	Yes	Yes	Yes	Not Stated	Yes	Not Stated	Yes
Observe Childbirth Classes	Yes	Yes	Not required	Yes	Yes	Yes	No
Readings	10 books	5 books	3 books	5 books	5 books	9 books	1 book
Attending Births	5 births	3 births	2 births	3 births	5 births	3 births	3 births
Time Limit	None	2 years	None	2 years	Not Stated	1 year	Not Stated
Other	Yes (Not Stated)	Yes	Yes	Yes	Yes	None	Yes
Total Cost:	$400-$500	$615-$715	$495	$760-$1,060	$850	$545-$745	$650

*adapted from Childbirth International charts.[113]
** The ICTC Full Circle Doula training is a prenatal, labor, AND postpartum course.

[113] Childbirth International. (2015).

TABLE C: Postpartum Doula Certification Requirements: Organizational Comparison*

Certification Requirements	Birth Arts International	CAPPA	CBI	DONA International	ICTC**	ICEA	ProDoula
Exam	Yes	Yes	Yes	No	None	No	Yes
Assignment	Yes	No	1 essay	1 essay	Yes	No	Yes
Written Training Materials	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Observe Classes	Yes	Yes	Not Required	Yes	Yes	Yes	Not Required
Reading	Not Stated	5 books	3 books	6 books	5 books	10 books	1 book
Support Clients	4 women	3 women	3 women	3 women	5 women	3 women	3 women
Time Limit	None	2 years	None	2 years	Not Stated	Not Stated	Not Stated
Other	Not Stated	Yes	Yes	Yes	Yes	Yes	Yes
Total Cost	$400-$450	$596-$696	$495	$660-960	$850	$645-$845	$450

*adapted from Childbirth International charts.[114]
** The ICTC Full Circle Doula training is a prenatal, labor, AND postpartum course.

[114] Childbirth International. (2015).

TABLE D: Sample of Local (MA/New England) Doula Businesses/Organizations

Business/Organization	Location	Services	Mission/ Vision	Professional Trainings Offered
Birthing Gently; 2001 www.birthinggently.com	Bradford, MA (headquarters), Greater Boston area, and New York City	Birth Support; Postpartum Support; Prenatal Education; Lactation Support	"Since inception, Birthing Gently has been committed to supporting families through their labor and birth, and assisting them as they transition into early parenthood. Birthing Gently believes that every family should have a satisfying birth experience. They also believe that knowledge is power and education is key to that knowledge."	DONA Int. Birth Doula Workshop; Postpartum Care Seminar; Breastfeeding Workshop
Warm Welcome Birth Services; 2000 www.warmwelcomebirth.com	Northampton, MA (headquarters) and Western MA	Birth Support; Homebirth; Postpartum Support	"Warm Welcome Birth Services provides highly experienced, holistic doula care to women and families throughout the childbearing year, as well as comprehensive training for new and experienced doulas."	Birth Doula Workshop; Postpartum Doula Workshop; Better Cesarean/VBAC Workshop; Mentoring
Green River Doula Network; 2003 www.greenriverdoulas.org	Northampton, MA (headquarters) and New England	Resource; Networking	"The Green River Doula Network's mission is to facilitate access to doulas for women in the childbearing year. GRDN is committed to providing doula support to all women, including women who may not be able to afford a doula. GRDN believes that healthy parents raise healthy children and that parents are most effective when they receive the support they need. This belief underlies the unique approach to serve the entire family by focusing on the needs of the mother."	Association of independent birth doulas, postpartum doulas and related care providers.
Birth Song Doula; 2014 www.yourbirthsong.com	Eastern MA: Boston, Greater Boston Area, Metrowest, North Shore, and South Shore communities	Birth Support; Postpartum Support; Placenta Encapsulation; TENS Unit Rental	"Every woman deserves to be supported in her childbirth choices. Every woman has the right to be supported in the way she needs during birth. My role as a doula is to provide women and their families with gentle, nurturing, cooperative support which enables them to be present, empowered, and to feel safe. I am utterly blessed to be a part of birth experiences and to help families welcome their newborns."	N/A
Birth Your Roots; 2013 www.birthyourroots.com	Jamaica Plain, MA and Greater Boston area	Birth Support/ Birth Photography; Expectant Mama's Group	"My goal as your doula is to help you have the best possible birth experience. I provide continuous physical and emotional support during your labor and birth."	N/A

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