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Doula Support for Hispanic Women

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Doula Support for Hispanic Women

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NURS 4500: Nursing Research and Senior Capstone

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Abstract

Purpose

This quantitative study will seek to provide valuable insight into the needs and preferences of Hispanic women during labor with the potential benefit of doula support in minimizing their pain.

Methods

A quasi-experimental design study will be conducted, randomizing a convenient sample into two groups consisting of one experimental and one control group, with the objective of evaluating the efficacy of doula presence as a source for pain management in Hispanic women. One hundred Hispanic women will be recruited under the following criteria: 18 years or older, a single fetus pregnancy, gestational age 37 weeks and above, and no complications during pregnancy. At the completion of labor, the women will be asked their pain level using the Childbirth Pain Scale.

Results

The data has not yet been collected, however, the t-test is expected to result in a low p-value, determining that doula support reduces pain during labor in Hispanic women

Conclusion

Cultural proficiency plays a crucial role in providing effective care, particularly in the context of nursing, because nurses often have the initial interaction to identify cultural distinctions among patients. Hence, the importance of addressing the gap in research concerning the impact of doula support on labor pain among Hispanic women, as their preferences may be influenced by their cultural customs.

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Introduction

Labor is a painful yet rewarding experience in life. There are multiple ways to deal with the pain however, not all of them are accepted among the Hispanic community. Many times pain medications are seen as a last resort, preferring to endure the pain instead. Many Hispanic women view pain during labor as a motherly obligation and choose to decline pain medication as a way of demonstrating this commitment (Orejuela et al., 2011). Due to this devotion to motherhood, women are deterred from medical support such as a doula. Doulas are non-clinical trained perinatal workers that provide support to mothers by giving education on procedures, options on interventions, advocating for their birth plans, and helping them get social service help (HHS, 2022). Receiving support from a doula during birth may consist of agreeing on forms of pain management with the laboring women to create an equitable experience (Akbarzadeh et al., 2015). According to the American Pregnancy Association, Doulas have shown to decrease cesarean sections by 50%, length of labor by 25%, use of oxytocin by 40%, and epidural use by 60% (2021). However, doula support was not covered by Medicaid, the insurance service used by most women of minority status, until 2023, which had created a financial barrier (HHS, 2022). Women of color in poverty have a difficult time accessing the assistance of a doula during their childbirth (Thomas et al., 2017). As mentioned above, barriers that prevent Hispanic women from seeking doula support included cultural views, finances, and lack of education. This highlights how critical it is for nurses to advocate for doula support during labor for Hispanic women.

Purpose Statement

There is a lack of research on Hispanic women receiving support of a doula and its impact on labor pain. This quantitative study aims to address this knowledge deficit by

examining how Hispanic women perceive and manage their pain levels during labor when assisted by a doula in the hospital. We hypothesize that Hispanic women who receive support from a doula, including emotional, informational, and physical support are more likely to report lower pain scale ratings to their counterparts who do not receive support from a doula.

Research Question

Will receiving doula support as a Hispanic woman affect the level of pain during labor?

Literature Review

The following literature review explores cultural views on procedures related to labor, racial disparities among pain management, and the impact of supportive members on labor outcomes. The articles in this review were retrieved from the following databases: PubMed, CINAHL Complete, and the National Library of Medicine. With each database, the search terms used to find each article included “doula”, “hispanic women”, “labor pain”, “childbirth pain”, and “labor support”. The criteria for articles to be included in this literature review included published within the last 10 years, and peer reviewed. A total of 10 articles were selected for this literature review and are organized under the following subheadings: cultural views on procedures, racial disparities on pain management, and outcomes of doulas and supportive members. A Literature Review Table can be found in Appendix A.

Cultural Views on Pain

Gonzalez et al. (2021) conducted a qualitative study to investigate the views of Hispanic women on the usage of neuraxial labor analgesia. The purpose of this study was to assess labor pain management beliefs among Hispanic women and to evaluate the accuracy of the Spanish translation of the Childbirth Pain Scale. The target population for this study comprised Hispanic women preparing for labor. Volunteers were required to meet the criteria, which included being

older than 18 years of age, having a gestational age of ≥ 20 weeks, pregnant with a healthy single fetus, and anticipating a vaginal birth. After reviewing the criteria, the final sample size was determined to be 20 women. For this study, participants were interviewed after labor using an interview guide, a demographic datasheet, and the CPBS survey. The major finding of the study was that the participants believed pain medication, such as epidurals, should be avoided unless medically necessary, as they perceived pain as an integral part of the childbirth process. They expressed a preference for natural forms of pain management despite their fear of the uncertainty associated with labor (Gonzalez et al., 2021). A strength of the study was that they conducted the interviews in their native tongue. They focused on hispanic women and their beliefs on pain management. However, a limitation was that the study relied on retrospective perspectives of analgesia, rather than assessments done before labor.

Hansen et al. (2017) conducted a quantitative single-blind prospective cohort study with an aim of assessing the impact of education on the use of epidurals during prenatal visits, particularly focusing on normalizing epidural use in Hispanic women. The study involved 45 Hispanic women in their second or third trimester. The women in this study were randomly placed in either of two groups, the control group or the experimental group who received the education. Following childbirth, the researchers reviewed the medical records of the participants and conducted telephone interviews to gather responses to standard questions. Once the women gave birth, their medical records were reviewed and they were contacted via telephone to answer some standard questions. Data analysis was performed using Microsoft Excel and Chi-square testing. The researchers found that there was no statistically significant difference among the two groups (p -value = 0.83). Subjective data indicated that participants expressed fears of complications associated with epidurals (Hansen et al., 2017). One limitation of this study was

the failure to consider the participants level of health literacy and if the participants truly read the information.

Sarmiento et al. (2020) conducted a qualitative study design. The purpose of the study was to learn the traditional midwifery practices in southern Mexico and their potential integration in local western healthcare practice. The study's sample population consisted of 29 indigenous midwives from Guerrero. During the interviews, the midwives used fuzzy cognitive mapping to identify factors affecting maternal health within their community. Subsequently, the midwives categorized and condensed their responses through thematic analysis. The researchers found that the midwives consistently emphasized providing support physically, mentally, and spiritually, along with identifying cultural interpretations of illness and lifestyles that affect maternal health (Sarmiento et al., 2020). One limitation of the study was the unexpected complexity of the cultural interpretations of risks, which may contribute to challenges encountered in western medicine.

Racial Disparities in Pain Management

Togioka et al. (2019) conducted a randomized controlled trial to examine the use of epidural anesthesia by Hispanic women. The purpose of this study was to analyze the impact of an educational program on epidural utilization for Hispanic Medicaid women. The target population for this research consisted of women receiving Medicaid, both Hispanic and non-Hispanic. The study involved 197 participants and was conducted at Oregon Health and Science University. Two cohorts, one Hispanic and the other non-Hispanic, were selected randomly to receive the epidural education program in a language they understood. Data on epidural anesthesia usage were extracted from health records, while knowledge of epidurals was assessed through a questionnaire administered before the education program and after delivery.

The major findings indicated that Hispanic women who received the educational program were more likely to opt for epidural analgesia compared to the Hispanic controlled group (p-value = 0.029). Furthermore, both cohorts demonstrated an improved understanding of epidurals after receiving the education program (p-value < 0.001) (Togioka et al., 2019). The study's strengths included its randomized controlled study, adequate sample size, and absence of a language barrier. However, a limitation of the study was that questionnaires were administered immediately after birth, potentially not reflecting long-term beliefs.

Badreldin et al. (2019) conducted a retrospective cohort study. The purpose of the study was to assess racial and ethnic disparities in opioid use for postpartum pain in comparison to reported pain scores. The study included 9,900 postpartum women aged 18 years and older who identified as non-Hispanic white, Hispanic, or non-Hispanic black. Data was collected from December 1, 2015 through November 30, 2016. This research involved an analysis of medical records with a focus on three outcomes: 1) patient pain score (0-10 scale), 2) opiate administration in hospital, and 3) opioid prescription at discharge. The researchers used a multivariable logistic regression model to examine the relationships between these outcomes. Badreldin et al. (2019) found that Hispanic and non-Hispanic black women reported a pain score above five but they were less likely to receive opioids in hospital and at discharge (p-value < 0.001). One limitation of this study pertained to the socioeconomic and the insurance status of the patient.

Outcomes of Doula and Supportive Members

The impact of doula on their patients is a crucial aspect of this study. Thomas et al. (2023) conducted a quasi-experimental matched cohort study with the purpose to explore whether participation in Healthy Start Brooklyn's By My Side Birth Support Program, which

provided community-based doula support during pregnancy, labor, and the early postpartum period, was associated with improved birth outcomes. The study analyzed records of deliveries in Brooklyn. The sample consisted of By My Side participants from 2010 through 2017, totaling 603 participants, and three control groups of participants who also resided in the program area, totaling 1809 participants. Controls were matched based on maternal age, race and ethnicity, education level, and trimester of prenatal-care initiation using the simple random sampling method. The records were utilized to assess the impact of the doula program. The study concluded that The By My Side participants with doula support had better labor outcomes, including decreased preterm births (p-value < .0001) and low-birthweight infants (p-value = .0031) (Thomas et al., 2023). A strength of the study was its large sample size, demonstrating how doula support can positively influence the birthing experience for minority women. However, a limitation of this study was its retrospective nature, relying on records rather than real-time data.

Hubbard et al. (2023) conducted a retrospective observational study. The purpose of the study had two aims. The first aim was to explore the relationship between doula support and the patients' experience with respectful care. The second aim focused on the relationship between the lack of respectful care and desire for doula support in future births. Data was collected from *Listening to Mothers in California*, the statewide survey for women who gave birth from September 1 and December 15, 2016. The sample consisted of a total of 1,345 English speaking women. Multivariable logistic regression and chi-square tests were employed to analyze the survey responses, which were obtained through phone calls. The researchers found no statistical significance between doula care and respectful care for the English-speaking participants. However, those who did not receive respectful care expressed openness to having doula support

in their next labor (Hubbard et al., 2023). One limitation of this study was the limited number of participants who had doula support, representing less than 10% of the sample, which affected the statistical power and generalizability of the results.

Mallick et al. (2022) conducted a retrospective observational study. The purpose of the study was to identify the impact doulas have on providing respectful care for women of minority status. A group of 2,539 women aged 18 years or older who gave birth between September 1 to December 15, 2016 in a California hospital were invited to complete the *Listening to Mothers in California* survey. Through qualifications and stratified randomized sampling, 1,977 participants were selected based on vaginal delivery, race, ethnicity, presence of a doula, and insurance type. Participants completed an electronic questionnaire via a smart device or a phone call. Quantitative results were analyzed with Stata 16.0. Respectful care was classified by the participants' responses such as experiencing high levels of decision making, support, and communication during labor. The researchers found that women of color and women with Medi-Cal insurance had a stronger association between respectful care and doula support (Mallick et al., 2022). One limitation of this study was the potential for over reporting the use of doulas due to survey translation.

Fernandes et al. (2022) conducted a cross-sectional, observational study. The purpose of the study was to identify the relationship between doula care and rates of cesarean section births in women who participated in a health intervention named *Senses of Birth (SoB)*. The sample consisted of 555 Brazilian women who were 18 years or older. This intervention was done in five largely populated cities in Brazil from 2015 to 2017. The study took participants from a previous study that analyzed the correlation of doula support and a normal birth. Brazilian women engaged in the health education intervention *SoB*. After completing the course, participants filled

out a paper questionnaire on their knowledge of birth. A follow up questionnaire surveyed their most recent labor experience, use of evidence based practice during labor, and the impact of the educational intervention had on the labor. Data was analyzed using Chi-Square tests. Fernandes et al. (2022) found that doula support was associated with vaginal births and the use of non-pharmacological pain relief (p-value < 0.001). A limitation of the study was the overrepresentation of participants with high income and private insurance, limiting the generalizability to all Brazilian women.

Afulani et al. (2018) conducted a mixed-method study with the purpose of evaluating the frequency and views of having companionship during birth in a community with a population with limited resources, such as those in Western Kenya. The sample included women from the County in Kenya, aged 15-49, who had given birth in the 9 weeks preceding the study. The total sample size was 894 participants, and data were collected through surveys from 877 participants, focus groups with 58 participants, and provider interviews. The survey assessed companionship was provided during birth and the factors contributing to the presence or absence of companionship. Focus groups and interviews explored participants' perception of companionship. Findings from the study indicated that low- finances (p-value < .05), education (p-values < .001), and employment (p-value < .05) were variables in who chose companionship (p-value < .05). Companionship was found to help women make decisions about their care, feel more informed, and receive greater support during the labor process (Afulani et al., 2018). The study's strengths included its sample size and the use of both quantitative and qualitative study methods. Limitations include that data was from self-report by the participants, and that the data might not be able to generalize the rest of the population in the world. The availability of a trusted member helps them feel at ease with their labor.

Literature Review Summary

The literature review explored pain management during labor, particularly focusing on cultural perspectives, racial disparities, and the effects of supportive members during labor. It is evident by the research that Hispanic women report not using pain interventions as well as the benefit of having a doula and support in labor. Overall, the findings in the literature bring attention to the importance of cultural perspective on pain management and its influence on labor methods, especially among minority populations. However, there is no current research on the use of a doula for pain management in the Hispanic population.

Theoretical Framework

Culture plays a pivotal role in the well being of an individual. It is what influences people's concepts of health and how to approach wellness (“Health Literacy Universal Precautions”, 2020). Recognizing the importance of culture in healthcare, nursing theorist Madeleine Leininger created the Culture Care Theory centered on transcultural nursing practices. Leininger focused on delivering care that aligns with a patient's cultural beliefs, practices, and values in order to provide optimal care. She highlights the importance of honoring patients' cultural distinctions by incorporating aspects like religion, social structures, and economic factors into the care process (Murphy, 2006).

Leiningers’ theory serves as an ideal framework for our research thesis, as it aligns with our core focus: exploring the cultural perceptions of pain management during labor among Hispanic women. The Culture Care Theory will guide our research on how the presence of a doula aligns with the preferences of Hispanic culture when it comes to pain management. Enhanced cultural awareness may increase the likelihood of women embracing and benefiting from the guidance of the doula.

Research Design

Method

A quasi-experimental design study will be conducted, utilizing two convenient sample groups consisting of one experimental and one control group. The objective will be to evaluate the efficacy of doula presence as a source of pain management in Hispanic women. Our independent variable will be the use of a doula and the dependent variable will be a pain score. The experimental group will have a doula available during their labor while the control group will not have a doula present. Both groups' pain levels during labor will be assessed with the Childbirth Pain Scale (CBPS). The CBPS evaluates four aspects of pain-related beliefs: 1) pain benefits, 2) the adverse impacts of pain, 3) use of medications for pain management, and 4) pain tolerance (Gonzales et al., 2021). Gonzales et al. (2021) translated the scale into Spanish, establishing its reliability and validity as a suitable instrument for this research. A high reliability coefficient is anticipated to ensure the reliability of the test.

Throughout the labor process, the doulas helping the experimental group will guide the women through different forms of pain management. Non-pharmacological management options will consist of: breathing techniques, hot showers, massages, and other techniques suggested by the patient. The doulas and nurses will also advocate for Hispanic women who opt to use epidurals if it aligns with their preferences. Labor staff will be advised to educate the women if this route is chosen to ensure that they are comfortable with their decision.

Sample

The study will be conducted at hospitals in Marin county. A convenience sample will be formed by recruiting Hispanic women who voluntarily agree to participate in the study presented to them during a prenatal visit. A consent form will be provided to this vulnerable population.

Inclusion criteria for this study will include: women over the age of 18, Hispanic, a single fetus pregnancy, gestational age 37 weeks and above, and no complications during pregnancy (eg. gestational diabetes). Exclusion criteria for this study will encompass pregnancy complications and a multifetal pregnancy. The participants who continue to meet the criteria will then be randomly assigned to either the experimental or control group.

Data Collection

At the completion of labor, the women will be asked to rate their pain level using the CBPS. Bilingual staff members will be available to ask the women to rate their pain with the CBPS in their preferred language. Women will be informed that the scale will be used at the end of labor, providing them with the opportunity to evaluate their pain throughout the birthing experience without the need to constantly intervene.

Once data is collected, statistics will be applied to analyze the demographic data. Descriptive statistics will be used to compare the experimental group who will have the doula with the control group who will not receive doula care to determine the mean. The results of the CBPS will be examined to determine effectiveness of the doula support intervention on Hispanic women. Using inferential statistics, a t-test will be used to generate a p-value, showing the statistical significance of the difference between both groups and if the hypothesis is supported. For this study, the t-test is expected to result in a low p-value. If the p-value is <0.05 , then we can determine that doula support reduces pain during labor in Hispanic women, thereby rejecting the null hypothesis.

Ethical Considerations

Once the study obtains approval from Dominican University of California's Institutional Review Board (IRB), a representative sample of 100 Hispanic women will be recruited via

brochures during their prenatal visits. The women who meet the eligibility criteria and consent to be a participant in the study will converse with a research assistant, accompanied by a bilingual and bicultural interpreter. They will be educated on the purpose, benefits and risks associated with participating in the study and educated on doula care. A consent form will be given to the volunteers with further information on confidentiality information, the right to withdraw, and usages of the data taken. This consent form will be provided in the language they understand. Once consent is received they will be included in the study.

Limitations

A limitation of this study may stem from the use of a convenience sample, possibly resulting in selection bias. Due to the focus of the study being on a specific group of women without outstanding variables, the sample is limited in variation therefore decreasing generalizability. Another potential limitation may be the variability in the provision of doula care. The study requires adaptable doula care to meet the preferences of each woman to ensure their comfort and satisfaction.

Conclusion

Cultural proficiency plays a crucial role in providing effective care, particularly in the context of nursing, because nurses often have the initial interaction to identify cultural distinctions among patients. Hence, the importance of addressing the gap in research concerning the impact of doula support on labor pain among Hispanic women, as their preferences may be influenced by their cultural customs. This research aims to provide evidence for reducing those pain levels, as well as empowering nurses to make informed decisions in offering doula support to improve the overall birthing experience. The results of this study can further support efforts to expand access to doula services by integrating it into standard prenatal care, exploring

educational initiatives, and providing evidence-based alternatives to reduce pain in Hispanic women during labor.

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Mallick, L. M., Thoma, M. E., & Shenassa, E. D. (2022). The role of doulas in respectful care for communities of color and Medicaid recipients. *Birth*, 49(4), 823-832. 10.1111/birt.12655

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Appendix A: Literature Review Table

Citation: <https://doi.org/10.1111/birt.12655>

Mallick, L. M., Thoma, M. E., & Shenassa, E. D. (2022). The role of doulas in respectful care for communities of color and Medicaid recipients. *Birth*, 49(4), 823-832. 10.1111/birt.12655

Title of Article: The role of doulas in respectful care for communities of color and Medicaid recipients

Purpose/Objective of the study: The purpose of this study was to identify the effect doulas have on respectful care for women of minority status.

Sample: There were 1,977 participants who were pregnant people of color with Medicaid insurance. The control group was pregnant white people with private insurance.

Study Design: A retrospective observational design.

Study Methods: A group of 2539 women who gave birth were selected to fill out the Listening to Mothers in California Survey. Through qualifications and a stratified randomized sampling, the group was narrowed down to 1977 participants. The participants completed an electronic survey via a smart device or a phone call. The quantitative results were analyzed with Stata 16.0.

Major (stats) Findings: Women of color were more likely to receive respectful care with the presence of a doula. Doula supported care results in respectful care, especially for women of color. Doulas help close the gap between the provider and the patient.

Strengths: A strength was the use of stratified randomized sampling to obtain the population. Another strength was the use of a control group to compare to.

Limitation: The time frame to complete the survey and how long after the delivery. The hospitals and the services they offer.

Citation: <https://doi.org/10.1111/birt.12677>

Hubbard, E., Gómez, A. M., & Marshall, C. (2023). The association of doula support and patient experiences with hospital staff during birth in a sample of California women: An exploratory analysis. *Birth: Issues in Perinatal Care*, 50(3), 546-556. 10.1111/birt.12677

Title of Article: The association of doula support and patient experiences with hospital staff during birth in a sample of California women: An exploratory analysis

Purpose/Objective of the study: The purpose of this study is to explore how hospital births are affected by doula support and acceptance of doula support for future births on birth experience.

Sample: There were 1345 participants. These participants were English-speaking women who gave birth between September 1, 2016 and December 15, 2016.

Study Design: Retrospective observational study

Study Methods: Multivariable logistic regression and chi-square test were used to analyze the responses from *Listening to Mothers in California*, a statewide survey. The survey was completed via a phone call. This exploratory analysis looked at two theories. The first study focused on doula support and patients experiencing respectful care. The second theory focused on unfair treatment and the desire for a doula in future births.

Major Findings: Doula support does not impede all negative interactions with hospital staff however, patients desire for doula support increased.

Strengths: The sample was statewide so it shows variety.

Limitation: Statistics were limited because less than 10% of the participants had doula support. The results were not representative of the outcomes and a bigger study is necessary for accuracy.

Citation: <https://www.doi.org/10.1186/s12884-022-05069-0>

Fernandes, L. M. M., Mishkin, K. E., & Lansky, S. (2022). Doula support among Brazilian women who attended the senses of birth health education intervention - a cross-sectional analysis. *BMC Pregnancy & Childbirth*, 22(1), 1-9. 10.1186/s12884-022-05069-0

Title of Article: Doula support among Brazilian women who attended the senses of birth health education intervention

Purpose/Objective of the study: The purpose of this study is to identify the relation between doula support and rates of cesarean births.

Sample: There were 555 Brazilian women, 18 or older, who participated in this research. This intervention was done in five largely populated cities in Brazil from 2015 to 2017.

Study Design: A cross-sectional, observational.

Study Methods: The study took participants from a previous study done from 2015 to 2017 which analyzed the correlation of doula support and a normal birth. Brazilian women partook in a health education intervention called the Senses of Birth (SoB). Once the women completed the course, they took a paper questionnaire on their knowledge of birth. There was an additional follow-up questionnaire that surveyed their most recent labor experience, use of evidence-based practice during labor, and the impact the educational intervention had on the labor. Chi-Square tests were used to analyze the data.

Major Findings: Doula support resulted in vaginal births and the use of non-pharmacological pain relief.

Strengths: There is a big sample size.

Limitation: The majority of the participants were educated with high income and private insurance therefore the study is not representative of all Brazilian women.

Citation: [10.1111/birt.12420](https://doi.org/10.1111/birt.12420)

Neel, K., Goldman, R., Marte, D., Bello, G., & Nothnagle, M. B. (2019). Hospital-based maternity care practitioners' perceptions of doulas. *Birth: Issues in Perinatal Care*, 46(2), 355-361. 10.1111/birt.12420

Title of Article: Hospital-based maternity care practitioners' perceptions of doulas

Purpose/Objective of the study: The purpose of this study is to identify the knowledge hospital-based maternity care teams have on doula care and its effects on birth.

Sample: The participants were 47 maternity care practitioners spread over 3 hospitals in Rhode Island.

Study Design: Qualitative design

Study Methods: This study was conducted with semi-structured in person interviews with the maternity care practitioners. They were asked 15 open ended questions that focused on the perception of doula care. The interviews were recorded then analyzed using the Template Organizing Style approach.

Major Findings: This study showed that the maternity care team see doulas as a person for support and comfort while only half of them associated doula support with “natural” births. A majority of nurses and midwives stated that doulas played a role in upholding the laboring mothers birth plan.

Strengths: The strength is that the study can be used in other systems because it correlates with national maternity care discussions.

Limitation: The limitation of this study is the small sample size of the group and that it is all based in one state.

Citation: [10.1097/AOG.0000000000003561](https://doi.org/10.1097/AOG.0000000000003561)

Badreldin, N., Grobman, W. A., & Yee, L. M. (2019). Racial Disparities in Postpartum Pain Management. *Obstetrics & Gynecology*, 134(6), 1147-1153.
[10.1097/AOG.0000000000003561](https://doi.org/10.1097/AOG.0000000000003561)

Title of Article: Racial Disparities in Postpartum Pain Management

Purpose/Objective of the study: The purpose of this study is to assess racial/ethnic differences in opioid use for postpartum pain in comparison with pain scores.

Sample: The study was conducted on 9,900 postpartum women who identified as non-Hispanic white, Hispanic, or non-Hispanic black and were 18 years old or older. The information was gathered from December 1, 2015 through November 30, 2016.

Study Design: Retrospective cohort study

Study Methods: This study consists of analyzing medical records while focusing on three outcomes: 1) patient pain score (0-10 scale), 2) opiate administration in hospital, and 3) opioid prescription at discharge. A multivariable logistic regression model was used to assess the relations of these outcomes.

Major Findings: The findings showed that Hispanic and non-Hispanic black women reported a pain score above five but they were less likely to receive opioids in hospital and at discharge.

Strengths: The strength of this study is the large sample size with comparisons within different races and ethnicities.

Limitation: The limitation of this study is the socioeconomic status of the patients along with their insurance status.

Citation: [10.1186/s12874-020-00998-w](https://doi.org/10.1186/s12874-020-00998-w)

Sarmiento, I., Paredes-Solís, S., Loutfi, D., Dion, A., Cockcroft, A., & Andersson, N. (2020). Fuzzy cognitive mapping and soft models of indigenous knowledge on maternal health in Guerrero, Mexico. *BMC Medical Research Methodology*, 20(1), 1-16.
[10.1186/s12874-020-00998-w](https://doi.org/10.1186/s12874-020-00998-w)

Title of Article: Fuzzy cognitive mapping and soft models of indigenous knowledge on maternal health in Guerrero, Mexico

Purpose/Objective of the study: The purpose of this study was to learn the traditional ways of midwifery in southern Mexico to help incorporate them in local western healthcare practice.

Sample: The sample population consists of 29 indigenous midwives from Guerrero.

Study Design: Qualitative study design

Study Methods: The midwives were interviewed in which they mapped out factors that affect maternal health. Their responses from the fuzzy cognitive mapping were categorized by the midwives and then condensed with thematic analysis.

Major Findings: The midwives had a common theme of providing support physically, mentally and spiritually. They also identified cultural interpretations of illness and lifestyles that affect maternal health.

Strengths: The use of fuzzy cognitive mapping allowed for a variety of ideas to be summarized and analyzed.

Limitation: The maps turned out bigger than anticipated because there are different ways to interpret risks culturally. Some traditional risks are thought to be the cause of problems we see in western medicine.

Citation: 10.4103/joacc.JOACC_22_17

Hansen, Daniel A.; Measom, Reuel J.1; Scott, Barbara1. Epidural Analgesia in Hispanic Parturients: A Single-Blinded Prospective Cohort Study on the Effects of an Educational Intervention on Epidural Analgesia Utilization. *Journal of Obstetric Anaesthesia and Critical Care* 7(2):p 90-94, Jul–Dec 2017. | DOI: 10.4103/joacc.JOACC_22_17

Title of Article: Epidural Analgesia in Hispanic Parturients: A Single-Blinded Prospective Cohort Study on the Effects of an Educational Intervention on Epidural Analgesia Utilization

Purpose/Objective of the study: The purpose of this study is to assess if providing education on epidurals during a prenatal visit will normalize the use of epidurals in Hispanic women.

Sample: The study was conducted on 45 Hispanic women in their second or third trimester.

Study Design: Single-blind prospective cohort study.

Study Methods: The women in this single-blind cohort study were randomly placed in either of two groups, the control group or the groups that received education. Once the women gave birth, their medical records were reviewed and they were contacted via telephone to answer some standard questions. This data was analyzed using Microsoft Excel and Chi-square testing.

Major Findings: There was no statistical significance among the two groups. The subjective data showed that there was fear of complications from epidurals.

Strengths: The strength of this study is the randomization and single-blind procedure.

Limitation: The limitation of this study is that they did not take into account the level of health literacy and if the participants truly read the information

Title: Birth equity on the front lines: Impact of a community-based doula program in Brooklyn, NY

Citation: [10.1111/birt.12701](https://doi.org/10.1111/birt.12701)

Thomas, M., Gomez, T. K., Ammann, G., Onyebeke, C., Lobis, S., Li, W., & Huynh, M.

(2023). Birth equity on the front lines: Impact of a community-based doula program in brooklyn,NY. *Birth*, 50(1), 138-150. <https://doi.org/10.1111/birt.12701>

Purpose/ Objective of the study: The purpose of the study was to explore whether participation in Healthy Start Brooklyn's By My Side Birth Support Program which provided community-based doula support during pregnancy, labor, and the early postpartum period, was associated with improved birth outcomes.

Sample- population of interest and sample size: The samples were chosen from By My Side participants from 2010 through 2017 (n=603) and the three control participants who also lived in the program area (n=1809). Controls were matched on maternal age, race/ethnicity, education level, and trimester of prenatal-care initiation, using the simple random sampling method.

Study Design: The study used a quasi-experimental matched cohort design

Study Methods:. It was a retrospective look at the use of doulas to not using one.The experimental groups record was compared to three other control groups for a ratio of one experimental to 3 control records. They used the chi square test to analyze the distribution of the births while using a t-test to analyze the outcomes.

Major Findings: The By my side participants with doula support had better labor outcomes such as decreased preterm births and low-birth weight babies.

Strengths: It shows how the use of support of a doula helps minority women with their birthing experience by using a random sample. Another strength was the large sample size used.

Limitation: The study is retrospective while also not focusing on pain levels of the mother.

Title: Companionship during facility-based childbirth: results from a mixed-methods study with recently delivered women and providers in Kenya

Citation: <https://doi.org/10.1186/s12884-018-1806-1>

Afulani, P., Kusi, C., Kirumbi, L., & Walker, D. (2018). Companionship during facility-based childbirth: Results from a mixed-methods study with recently delivered women and providers in kenya. *BMC Pregnancy and Childbirth*, 18(1).

<https://doi.org/10.1186/s12884-018-1806-1>

Purpose/ Objective of the study: The purpose of this study was to evaluate the frequency and views of having companionship during birth in a community with a population with reduced resources such as those in Western Kenya.

Sample- population of interest and sample size: The sample comprised women from the County in Kenya. The women had to be between the ages of 15-49 years old and had delivered in the 9 weeks ahead of the study, n=894.

Study Design: This study used mixed methods.

Study Methods: The data was collected through the usages of surveys from 877 participants, focus groups from 58 participants, and interviews with providers. The survey looked into if companionship was provided during birth and reasons or factors of lack/having companionship. The focus groups and interviews they had discussed perception of companionship.

Major Findings: Finding of this report included that low- finances was a factor if companionship was available (p-value less .05) , educated women also chose to have companionship (p-values less than .001) and those employed also chose companionship more than those not (p-value less than .05). They found that having companionship helped the women make decision on care, feel more informed, and feel more supported through process.

Strengths: Strengths include the sample size and the usage of both quantitative and qualitative study methods.

Limitation: Limitation include being that data was from self-report by the participants, and that the data might not be able to generalized to the resort of the population in the world.

Title: Education Program Regarding Labor Epidurals Increases Utilization by Hispanic Medicaid Beneficiaries- A Randomized Controlled Trial

Citation: DOI: 10.1097/ALN.0000000000002868

Togioka, B. M., Seligman, K. M., Wernitz, M. K., Yanez, N. D., Noles, L. M., & Treggiari, M.

M. (2019). Education program regarding labor epidurals increases utilization by hispanic medicaid beneficiaries. *Anesthesiology*, 131(4), 840-849.

Purpose/ Objective of the study:The purpose of this study was to analyze the effect of educational programs on epidural utilization of hispanic medicaid women.

Sample- population of interest and sample size: The target population was hispanic medicaid women. The two groups were eligible hispanic and non-hispainc medicaid pregnant mothers (n=197).

Study Design: This was a randomized controlled trial.

Study Methods: This study was set at Oregon Health and Science University. Two cohorts of participants (hispanic and non-hispanic) were randomly chosen to receive the epidural education program in a language they understood.

Major Findings: Major findings included that Hispanic women receiving the educational program were more likely to choose epidurals analgesia compared to the Hispanic controlled group. Those who received the education on epidurals had a better understanding on epidurals in both cohorts.

Strengths: The strength of this study was that this study was a randomized controlled study, its sample size, and that it did not have a language barrier.

Limitation: Limitation includes that questionnaires were done immediately after birth and might not reflect beliefs at a later time.

Citation: (DOI): doi: [10.2147/IJWH.S270711](https://doi.org/10.2147/IJWH.S270711)

Gonzalez, B., Gonzalez, S. R., Rojo, M., & Mhyre, J. (2021). Neuraxial analgesia in pregnant hispanic women: An assessment of their beliefs and expectations. *International Journal of Women's Health, Volume 13*, 87-94. <https://doi.org/10.2147/ijwh.s270711>

Title of Article: Neuraxial Analgesia in Pregnant Hispanic Women: An Assessment of Their Beliefs and Expectations

Purpose/ Objective of the study: The purpose of this study is to assess labor pain management beliefs among Hispanic women and to evaluate the Spanish translation accuracy of the Childbirth Pain Scale.

Sample- population of interest and sample size: The target audience was hispanic women going into labor. The volunteers had to meet the following criteria: older than 18 years of age, ≥ 20 weeks gestational age, pregnant with a healthy single fetus, and anticipate a vaginal birth. After looking through criteria the sample was finalized at $n=20$.

Study Design: The design of this study was qualitative.

Study Methods (any other information about how they conducted the study): For this study the participants were interviewed after labor using an interview guide, a demographic datasheet, and the CPBS survey.

Major (stats) Findings: (is it stat significant): The major finding of the study was that the participants believed pain medication such as epidurals should be avoided unless medically necessary as the pain

was seen as part of the process of childbirth. They stated that they preferred for natural form of pain management even if they had a fear of not knowing what was going to happen during labor.

Strengths: A strength of the study was that they interviewed the women in their native tongue. They focused on hispanic women and their beliefs on pain management.

Limitation: A limitation of this study was that it had a small sample size. Another limitation is the retrospective look the women had on analgesia rather than if done before labor.