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### ORIGINAL RESEARCH – QUALITATIVE

# Racial disparities in birth care: Exploring the perceived role of African-American women providing midwifery care and birth support in the United States

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#### ABSTRACT

**Background:** Midwifery care has been linked to positive birth outcomes. Despite the broad racial disparities in maternal and infant outcomes in the United States (US), little is known about the role of minority women in either providing or receiving this type of care. A vibrant community of minority women, who self-identify as providing these services, exists online. In this exploratory study we ask how they describe their role; view their practice; and position themselves in the broader discussions of racial health disparities in the US.

**Methods:** Using an internet mediated qualitative design we analyse online narratives from self-described African-American nurse-midwives, lay midwives and birth assistants; we found 28 unique websites. We collected and analysed narrative material from each site. We used a thematic analysis approach to identify recurrent and emergent themes in relation to the study question.

**Results:** Narratives identified a strong link to the past, as providers viewed their practice in a historical perspective linking African roots, to the diaspora, and to current African-American struggles. Providers engaged both in direct clinical work, and in activist roles. Advocacy efforts sought to expand numbers of minority birth care workers and to extend the benefits of woman-centred birth care to underserved communities.

**Conclusion:** Results demonstrate the continued existence and important role of diverse types of African-American birth care providers in minority communities in the US. Recognition, support, and increasing the number of midwives of colour is important in tackling racial inequalities in health. Further research should explore minority access to woman-centred care.

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Summary of relevance:

#### Issue

African-American women provide birth care to their communities in the United States but their current role has not yet been explored.

#### What is already known

Midwifery promotes positive birth outcomes. African-American's in the US experience disproportionately high infant deaths and could benefit from midwifery care: but little is known about their access to midwives.

#### What this paper adds

A vibrant community of African-American midwives and birth assistants exists online. This group of women seeks to expand the benefits of women-centred and culturally appropriate care practices to minority women as a way to reduce racial inequalities in birth outcomes.

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## 1. Introduction

Reducing racial disparities in health is one of the major challenges of public health in the United States. Data on infant mortality demonstrates racial disparities have endured and widened over time, even when overall rates have decreased.<sup>1</sup> African-American infants die at almost twice the rate of their white counterparts.<sup>2</sup> Studies have posited that higher rates of congenital malformation, SIDS, preterm birth, and low-birth weight among African-American infants may account for these differences.<sup>3</sup> Midwifery care, which provides woman-centred, skilled, compassionate care, has been linked to improved birth and postpartum outcomes for both mother and child in diverse populations<sup>4,5</sup> and is essential to improving maternal health.<sup>6</sup> Doula, or birth assistant, support during labour and delivery has also been associated with improved satisfaction with birth care in medical settings.<sup>7,8</sup> However, current use of midwives or birth assistants among African-American women has not been documented. Furthermore, the contemporary role of midwives and birth assistants in providing care for this population is also mostly unexplored.

The present study is a first step to address this issue. We ask how self-identified African-American midwives and birth assistants describe their practice and role in communities of colour in the United States.

### 1.1. Background

Prior studies of African-American midwives and birth assistants have mainly been historical. However a recent study by Goode,<sup>9</sup> proposes the existence of a 'midwife-problem' which negatively affects the extension of benefits of midwifery care to African-American families most in need of it. She proposes that African-American women and families are unaware of the midwifery option, lack access to it, or find it culturally discordant. Additionally, structural racism, the macro-level social forces that generate and reinforce inequalities among ethnic and racial minorities in the US,<sup>10</sup> limit African-American women's access to midwifery education.

Historically, African-American women providing birth support have been an important fixture of both minority and white communities until the 1960s.<sup>11</sup> African-American lay midwives, sometimes called granny midwives, were women who provided birth services in rural and urban settings for generations. They were located primarily in the Southern US, where large African descendent communities lived, they tended to be older (past their childrearing years) and came to practice due to a spiritual calling.<sup>12</sup> Following passage of the Sheppard-Towner Act of 1921, the first to provide federal funds for maternal and child care, states moved to license, supervise, and instruct lay midwives.<sup>13</sup> Increased regulation limited the authority and scope of midwifery practices; shifting control of birth-care to the State.<sup>11,13,14</sup> Later in the twentieth century birth in the clinic under a physician's care became the norm.<sup>15</sup> These changes especially impacted African-American women providing birth care: few could make the transition into regulated clinical practice. In the wake of these changes African American women's participation in birth care in their communities seems to have waned.

Midwives are the main providers to childbearing women around the world but in the United States childbirth practices are presently dominated by hospitals and obstetricians<sup>4,16</sup>: over 90% of births in the US come under the care of a physician compared to Europe where midwives are the main providers to 75% of births.<sup>16,17</sup> Midwives represent a small percentage of the health care workforce.<sup>18</sup> Additionally, various categories, certifications, licensing, and regulations exist and confer differing legal status and responsibilities. These categories include Certified Nurse Midwives

(CNMs), Certified Professional Midwives (CPM), Certified Midwives (CM), and lay midwives. Only CNMs practice legally in all 50 states, whereas CPMs are legal in only 28 states, and CMs in 3 states.<sup>19</sup> The majority of CNMs practice in hospital or physician-owned settings.<sup>20</sup>

In the last decade midwifery care practices have experienced a re-emergence in the United States and worldwide.<sup>21,22</sup> Doulas, nonmedical practitioners who provide continuous physical, emotional, and informational support to women during labour and birth, and in the immediate postpartum, have also increased in number.<sup>23</sup> Doulas may not necessarily reflect the woman-centred philosophy of midwifery care. Indeed some critiques have been levied at their participation as non-midwifery support in highly medicalised births; at their lack of regulation; and their diversity in training.<sup>24</sup> An examination of these differences escapes the objective of this paper. However, we recognise their existence, referring to doulas as birth assistants or lay support; except where it would change self-identification by website authors.

Mainstream research on midwifery and other lay support care seldom feature women of colour in the provider or patient role. African Americans comprise over 13% of the general population in the US but only 3.6% of registered members of the American College of Nurse-Midwives.<sup>20,25</sup> Diversification of the health care workforce and increasing the number of African-American midwives has been proposed as a way to ameliorate health inequalities.<sup>26,27</sup> African-American women are marginalised in multiple domains of life including their reproductive health care: their desires have been obscured in discussions pertaining to their own bodies and birthing experiences.<sup>28</sup> A nascent reproductive justice movement aims to bring African-American women's voices into the centre of birth care, taking into account particular birthing traditions and histories.<sup>29–31</sup> However, little published research is currently available.

Despite their absence from the literature African-American women who self-identify as midwives or doulas (birth assistants) in the US are active, and are using the internet to promote their services, advocate, educate and inform their communities. Yet how they present their practice and view their current role in providing maternal and infant-care is poorly understood.

## 2. Methods

Our study was an internet-mediated qualitative research study exploring how African-American midwives and birth assistants (doulas) present their practice, articulate their role in their communities, and link to broader concerns of racial disparities in maternal and child health outcomes. We are both female researchers (LH is a PhD student in Health Behaviour and LGR a PhD medical anthropologist and assistant professor) with prior training and experiences conducting qualitative research. We are interested in understanding and addressing racial inequalities in birth outcomes in the US.

Our turn towards the internet was a result of our chagrin at not finding peer-reviewed journal studies on the current practice of African-American midwives in the US. Online we found multiple sites from self-identified midwives and birth assistants: lone providers and organisations of midwives of colour offered their services, reflected on their experiences and engaged in advocacy. We approached this qualitative online research study with the knowledge that data was limited both by the medium and by the fact that we could not engage website owners in dialogue. Nevertheless, the websites selected presented a rich source of information, furthermore authors were geographically disperse and relatively small in number; indicating internet-mediated qualitative research methodology was appropriate.<sup>32</sup>

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