Birth Worker Burnout

Exploring Integrative Approaches to Nurturing a Healthy Doula Workforce
Introduction

With a nationwide imperative to expand the doula workforce, there is abundant discussion about reimbursement, increasing access to education, and deploying programs to ensure more birthing people have access to doula support. Doulas are taking care of individuals and families when they are most vulnerable, but who is taking care of the doulas?

During the weekend of October 24th-26th, 2022 the Mama Glow Foundation team applied the incredible insights collected from our doula community to present on Birth Worker Burnout and possible solutions to address the structural barriers that exacerbate poor working conditions for our doula community and birth workers everywhere. Our presentation took place at the March of Dimes M-BAN (Mother and Baby Action Network) Conference in Atlanta. This brief outlines our findings and our recommendations for nurturing a healthy doula workforce.


Defining burnout

The World Health Organization (WHO) defines burnout as:

“a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. Burnout is characterized by three dimensions:

- feelings of energy depletion or exhaustion;
- increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and
- reduced professional efficacy.” [1]

Characteristics and symptoms related to burnout include: exhaustion, impaired concentration, insomnia, loss of enjoyment, detachment, isolation, anxiety, irritability, a sense of hopelessness, and more. Burnout encompasses the emotional, physical, and mental fatigue from exposure to prolonged and excessive stress.

Gendered Racism in Care Work & Its Impact on Working Conditions & Wages

The work of doulas is rooted in Black and Indigenous ancestral practices. Black midwives and doulas have been practicing in this country since the institutionalizing of chattel slavery.

Black birthing people were seen as valuable breeders during slavery as reproduction resulted in an increase in human capital and an expanded labor force for slaveowners. Enslaved birth workers tended to the well-being of other enslaved people and played a critical role in the survival and protection of Black lives, traditions and histories.

After Emancipation, Black Grand midwives continued their work for diverse groups of birthing people with limited access to reproductive care. As obstetrics and gynecology emerged as a medical speciality, the scope of midwifery practice became severely limited. When white male obstetricians began to accept insurance, Black birthing people suddenly became a more attractive clientele. This resulted in Black birthing people more frequently moving their care into the hands of doctors in hospital settings and away from midwives at home. Additionally, the over-medicalization of childbirth and credentialization of the workforce pushed many Black Grand midwives out of the workforce entirely. Trends in BIPOC representation in the birth workforce continue to remain suppressed.

However, Black women remain at the center of care work due to an exclusionary labor market driven by gendered racism and other oppressive ideologies. Black women makeup 6.9% of the labor force in the US, yet 13.7% of the healthcare workforce in jobs that require direct care and high-contact (i.e. licensed practical nurses, aide occupations, or in the long-term care sector). [2]

Modern medicine—fueled by capitalism—continues to push care work out of community settings and into institutions, exposing Black women to roles that are more likely to experience:

- Workplace-related injuries
- Longer work hours
- Physical and verbal assault from patients and staff
- Higher range of stress conditions
- Underpay

Similarly, the work of doulas includes the risks of heavy-lifting (physically and emotionally), long hours, disrespect from providers, and exposure to significant stress.

BIPOC Doulas provide holistic full-spectrum care that reflects racial, economic, political, and social identities and realities of their clients. The work of a doula interrupts systemic inequities present in biomedical systems. And yet, a significant amount of labor doulas provide is unrecognized and uncompensated.

This burden of care is shifted onto the birth worker and away from the health care systems, payers, and agencies. This uncompensated labor takes a toll and contributes to weathering and burnout impacting birth workers. Systemic racism compounds this experience for Black birth workers.
The Practicing Doula Experiences Survey

Through our Practicing Doula Experiences Survey, we captured data related to the structural barriers that account for and/or contribute to birth worker burnout. Some we have identified are:

01. The emphasis on Medicaid reimbursement models and its administrative burdens

02. The high level of need and demand among the clients our doulas serve

03. The low compensation that doesn’t reflect the demands of the job or the cost of living

04. The lack of funding for community-based programs and services

05. Unrealistic expectations from institutions (healthcare + government)

06. Experiences with discriminatory treatment and racism from healthcare actors and institutions

More often than not, these barriers become drivers that cause birth workers to leave the workforce altogether.
Our Research Findings: Barriers to Doula Practice

01

Questioned Autonomy, Authority, & Qualifications

Many providers are not used to or comfortable with doulas working in hospital settings. Even when they are, health care providers either:

1. Don’t fully understand the doula’s scope of practice or role,
2. Disrespect doulas and designate them as “friend” or “family” upon entry into L&D, or
3. Don’t allow doulas to practice fully, due to ignorance and/or bias.

Some clinicians appreciate the supportive, patient-centered care that doulas provide, but conflicts can emerge from the cultural divide between obstetric and institutional culture and patient/client-centric birth culture and the lack of understanding of the value of community-based doulas.

77% of respondents reported feeling unwelcome + disrespected while practicing in hospital settings.
“I have been mocked by nurses and in one instance escorted out of the room to speak to the director just because one of the nurses didn’t think having a doula was even necessary. Most of the hospitals have required that I pre-register with the hospital and send my certification via email in order to be put on an “approved doula list” but actually getting a response from them has been quite difficult in my experience.”

“I attended a birth there and throughout my client’s pregnancy I was included in her birth plan and her doctor was aware. Once we arrived at the hospital for delivery I was told that I cannot operate as a doula but as a support person...”
Our Research Findings: Barriers to Doula Practice

02

Lack of Communication within the Care Team

Effective communication is crucial in the quest to provide optimal care. Enhanced communication is the foundation for building strong relationships and trust with clients, providers and caregivers alike. Part of the doula scope of service includes supporting client self-advocacy, navigating informed consent and empowered decision making. Doulas are valuable non-clinical members of the care team and should be included in discussions centering client care.

Hospital environments are at times unsafe for doulas, which directly impacts the level of care coordination and communication that happens between doulas, providers, and birthing people.

48% of respondents reported issues feeling heard, seen, and/or listened to.
“there is often an underlying tone of disregard towards my opinion, support, and presence, and a passive exclusion of my presence without communication or acknowledgement. A power move rather than a dynamic engagement or discussion.”

“Sometimes staff ignore you. I more so want better communication for the client to feel welcome and safe and respected. It’s not about me, because I’m there for the birther. What would make me feel welcome is a staff honoring the birth person’s autonomy and wishes.”
Our Research Findings: Barriers to Doula Practice

03

Unpaid Labor & Poor Working Conditions

Medicaid billing was created to support a fee-for-service and managed-care option for physicians to use with the support of billing specialists. Community-based care workers, such as birth workers, have difficulty following the procedures and providing documentation necessary for reimbursement. Several state and local initiatives are modeled after this reimbursement structure, meant to replicate this process, and have been challenging for our community with limited Medicaid familiarity.

The administrative burden associated with billing, record-keeping, and reporting can be tedious and difficult to understand. Language and questions that are not relevant to non-clinical providers are commonly used, and there are huge technological learning curves and troubleshooting issues, leading some doulas to never complete the process.

37% of responses were related to unpaid labor and poor working conditions.
“I will say that hassles with scheduling, being underpaid, and clients who have unrealistic expectations can be very nerve wracking. I find I have pretty high expenses per client which I didn’t expect.”

“The most unsatisfying is truly the toll it takes on the body and the cost of physical recovery.”

“The pay is unsatisfying, also the 24/7 birth doula life - always being on call and not knowing how long I will be away from my home.”

“It’s unsatisfactory to have to watch hospitals over medicalize birth and disrespect the birthing body.”
A Reflection On Survey Responses & The Need For Birth Worker-Driven And Centered Policy Change

The responses from our doulas highlight the need to intentionally incorporate doulas in every stage of policymaking.

Community-based doulas are currently being spotlighted as a solution to the maternal health crisis in the U.S. The expectation is that doulas will solve the problems created within the current racist medical framework that has marginalized them.

Increased regulation, medicalization and surveillance of childbirth has created a culture where medical providers rely on unnecessary medical interventions for low-risk births, (C-sections, inductions, pitocin augmentation, epidural, etc.) which contributes to an increase in negative birth outcomes – which overwhelmingly burden BIPOC birthing people. Doulas are not the solution to these problems, an institutional culture shift is necessary. Doulas provide holistic community, family, and birthing person-centered care. Doulas support the mental, physical, spiritual and emotional well-being of the birthing person, they help protect the sanctity of the birth experience.

As we reflect on the maternal health crisis in the U.S, it is critical to support policies that not only increase equitable access to birth workers, but also provide sustainable wages and benefits for birth workers themselves. Beyond that, the mental, emotional, and physical well-being of birth workers must be preserved as they bear witness to disrespect, dominance and violence enacted against BIPOC birthing people while they face institutional and structural violence themselves. Policies must reflect the humanity in the birth practice, rather than regarding doulas and other birth workers solely as “interventions” or “tools” to be used in the quest to eradicate the maternal health crisis.

Birth workers must be seen, heard and respected, and their practices must be sustained. For birth workers to provide the full scope of their practice and for clients to receive the robust benefits they provide, governments, insurance agencies, and hospital system policies must respect and preserve the autonomy and self-determination of birth workers in all settings. Any policy that falls short of these considerations will compromise the health and integrity of care provided by birth workers in any setting.
Our Recommendations:

Educating Providers on the Role of Doulas & Fostering Relationships Between Providers

There should be more opportunities for providers and healthcare leaders to attend professional training programs, educational sessions, continuing education including, but not limited to, doula training programs outlining the work, scope, and value of doulas and physiological birth to increase acceptance and limit biases which prevents integration of doulas on the maternity care team.

However, we are not advocating for doulas to be totally integrated into the healthcare system. Doulas work for communities, families, and birthing people and are not working for the hospital, midwife, or doctor. Doulas are effective because they are able to build trust and rapport with their clients in intimate, domestic settings. We do not advocate for recommendations that compromise or disrupt this critical aspect of doula care.

It is critical to stress the importance of non-clinical input as the current practice of obstetrics in maternity care has led to negative health outcomes which overly burden birthing people of color, especially Black birthing people. There is little done to address the racism, provider bias, and over-medicalization of the birth process for low-risk births. Embracing doulas within the care team and understanding and respecting their role will help alleviate gaps in care and provide trusted, culturally-competent, comprehensive, community-centered care.
Our Recommendations:

Streamline Medicaid Processes and Increase Rates for Doula Services

Medicaid programs have been utilized to facilitate enrollment and compensation for doula services and multiple states are beginning to adopt this model or starting adjacent programming to support policy later down the line (i.e., the expansion of The Citywide Doula Initiative in New York City).

It is important to improve the Medicaid enrollment process and either simplify the requirements and procedures or create partnerships with community-based doula organizations and billing specialists to ensure the task is completed thoroughly while minimizing the administrative burden on doulas and organizations. Oregon and Rhode Island passed robust reimbursement packages totaling up to $1,500 per birth, according to the National Health Law program’s tracking of state legislative action. [3]

Adequate compensation should reflect that a doula’s time spent serving clients can vary significantly by case. Health insurance plans and States should be considering the time that doulas invest in providing services and all other commitments associated with managing client caseloads to more accurately represent reimbursement rates and reflect the cost of living associated with the State.

3 Doula Medicaid Project, the National Health Law. https://healthlaw.org/doulamedicaidproject/
Our Recommendations:

Provide Sustainable, Thriving Wages and Doula Benefits

As policymakers and other stakeholders pursue the promotion of community-based doula care, it is important that sustainable and equitable compensation models are presented to preserve and expand a healthy, thriving doula workforce.

Insurance reimbursement for doula services is one component, but opportunities for full-time employment as well as employee benefits are necessary to combat burnout. Research finds that doulas who receive consistent pay, compensation for all time worked, health insurance, and sick leave feel a greater sense of financial security and well-being.[4] A sustainable wage and healthcare benefits can help to maintain and expand the doula workforce by ensuring that doulas are adequately compensated for the physical, emotional, and mental labor required to do this work. This would also improve mental health by minimizing stress related to economic insecurity.

Access to licensed mental health providers and low cost or free group therapy should be available to doulas especially considering the high-touch support they provide. This could help prevent burnout.

Who is Mama Glow & The Mama Glow Foundation

Mama Glow is a Brooklyn-based, Black, female-founded organization that trains and supports a global community of 2,500+ doulas. The Mama Glow Foundation, our philanthropic 501c3 non-profit, is committed to advancing reproductive justice and birth equity through education, advocacy, and the arts.

The Foundation strives to improve maternal health outcomes in three primary ways.

1. Providing educational scholarships to aspiring doulas and midwives,
2. Engaging in robust workforce and professional development pathways for our doulas, and
3. Working with educational partners and engaging in research and advocacy.

The Foundation provides pro-bono doula services in 5 major U.S cities. The Mama Glow Foundation is one of the largest providers of pro-bono doula services in New York City as part of the expansion of the Citywide Doula Initiative.
Gratitude to the Mama Glow Doula community for participating in the survey and to the Mama Glow Foundation Research Lead, Salma Mohamed, MPA.

Learn more about our work at Mama Glow Foundation.
Support our research efforts.
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