Mothering the Mother

A revival of the ages-old ritual of “mothering” the mother during pregnancy and childbirth is helping healthy babies to be born to mothers in disadvantaged neighborhoods of Pittsburgh’s East End and eastern suburbs.

By Gregg Ramshaw
Photography by Karen Meyers

nce more, Michelle Versaw gathers her waning strength to push as she is encouraged and comforted by Pamela Wilson’s calming voice. The baby’s father, Adam, is there in the hospital room; but it is Wilson who suggests different positions to ease the labor pains.

In her role as a birth “doula,” Wilson breathes with Versaw and applies pressure to the pregnant woman’s hips. Months later, Versaw, a 23-year-old stay-at-home mom, recalls that it felt at times “like she was holding me together during the contractions.”

Although Wilson, 26, of Pittsburgh’s East End, is not a mother herself, her background includes serving as a Lamaze-trained childbirth educator. She also is an obstetrics coordinator for two branches of the East Liberty Family Health Care Center in Pittsburgh, which offers birth doula services.

After little Isaac was born, Versaw, who’s from Penn Hills, a suburb east of the city, was weary but grateful for the additional support provided through this contemporary version of a timeworn tradition.

“We three birthed this baby together,” she says.

The word doula has Greek origins and means “a woman who serves” or a woman who “mothers the mother,” as a current doula training guide describes it. Modern-day doulas hold the laboring mother, feed her ice chips, fan her during the sweaty exertion and whisper reassuring words in her time of pain. They are reviving ages-old practices to bring a mother safely through childbirth and try to ensure that her baby is healthy.

“You have to allow a woman to draw on that ancient power that women have to give birth,” says Lupita Telep, a doula and a 50-year-old mother of four.

In Pittsburgh, a Heinz Endowments–supported doula program known as The Birth Circle is being credited with helping healthy babies to be born to mothers in disadvantaged neighborhoods of the city’s East End and eastern suburbs. Seventy percent of the program’s clients live below the poverty line.

“The Endowments has been fantastic,” says Dr. Irene B. Frederick, an obstetrician and the program project manager. “There’s no way we could have accomplished what we’ve done without them. It’s allowed me to follow my passion to ensure that pregnant women have a positive birth experience.”
Silvia Silva (standing) will provide support and encouragement to Ana Auxume when she delivers her baby. As a doula, Silva, who is bilingual, works with pregnant Hispanic women, translating for them during appointments, finding materials about pregnancy and childbirth for them in Spanish and helping them network with other Hispanic mothers in the city.
Endowments Senior Program Director Marge Petruska has spent much of her career in search of ways to improve maternal health. In 2002, she learned of a community-based doula project in Chicago that showed improvements in healthy birth rates. She thought the program would be a good fit for Pittsburgh.

“In the 1980s, Pittsburgh had the highest black infant mortality rate in the country,” Petruska says. “It stood in stark contrast to the world-class hospitals and physicians available here.”

The city’s East End had led Allegheny County in infant mortality and low-birth-weight babies for years. The rate among underserved African-American mothers was often several times the rate for white mothers.

“We wanted to see if we could replicate the outcomes of the Chicago program here, and we believe we have,” Petruska says.
The idea was to reach out to pregnant women where they lived, in natural settings and local health centers, rather than through impersonal medical institutions. The Birth Circle provides services to obstetrics practices at the two East Liberty Family Health Care Centers and at Metro Family Practice in Wilkinsburg, a borough east of Pittsburgh.

The program’s name evolved from a drawing made by an artistic client to reflect the organization’s mission statement: “Working with our community to build an integrated circle of care that addresses the needs of childbearing families.”

As The Birth Circle’s primary source of support, the Endowments has awarded $260,000 in grants in the last three years. The program also has received $50,000 from the Highmark Foundation, $54,000 from the United Way and $25,000 from the March of Dimes.

The first phase of the Endowments’ funding was in October 2003 and was used to enlist “ambassadors”—trusted neighborhood women who would go out into the community to reach expectant mothers, some of whom were teenagers without supportive parents, reliable partners, income, health insurance or even a basic knowledge of human biology.

“Reproduction is still loaded with myths, especially among the young,” says Frederick. “Our job is to communicate without proselytizing, and our ambassadors give out information only about the availability of and necessity for maternal health care, not medical advice.”

The next phase of funding, provided last October and December, financed the hiring and training of a multiracial, multinational, multilingual group of doulas, most of whom were already experienced in providing support to women in childbirth.

Wilson says the program now has 19 trained doulas. Ten are African American, four are Hispanic and five are white. Ten more women are in training.

No official government licensure exists for doulas, though nationally, several organizations certify them. The largest is DONA International, which has about 6,300 members. About 2,300 doulas in the United States are certified through the group, including about 100 in Pennsylvania. Doulas must complete at least 16 hours of course work and meet several on-the-job requirements before they are certified through DONA.

There are two types of doulas: birth doulas who coordinate prenatal visits and provide labor and delivery support, and postpartum doulas who help to take care of the entire family after the baby is born. The Birth Circle uses birth doulas, but, for the most part, they do not make house calls or conduct off-site interventions with troubled, expectant women.

If an expectant mother comes into one of the East End health centers for a prenatal visit, she will be told about the doula program when she has her first meeting with a doctor.

“During pregnancy, doulas try to create a birth plan for an expectant mother,” says Wilson. “They ask the question, ‘What do you want to happen the day you give birth?’ Doulas want to empower them so they are in control of that day and feel positive about an event they’ll remember for the rest of their lives. It can be empowering or it can be devastating.”

The doula is also the mother’s advocate to doctors, nurses and even family members. Sometimes she’s a gatekeeper of the birthing room door, asking noisy or unhelpful friends or family to celebrate elsewhere.

Frederick explains that a mother’s experience during childbirth can affect how she reacts to her baby. “If the mom has a positive experience in delivery, she’ll feel more positive about the baby. If she goes home in a euphoric state, there should be less incidence of postpartum depression. If she’s not depressed, she’ll interact with the baby and the family more effectively. If she’s a breadwinner, she can go back to work sooner, and a healthy family unit results.”

Because of the physical and emotional intimacy involved and the unique bond women make with one another, men do not serve as doulas. A few have gone through informational training, including an obstetrician and a massage therapist, says Kathy McGrath, a doula and Birth Circle doula trainer.

So, what kind of women become doulas — “Birkenstock” types? There’s a sense of that among them. But some are struggling single mothers; some are just single. They’re in their 20s to their 50s. The common thread is their belief in the sisterhood of mothers — that women must be in control and confident as they bring the next generation into the world.

McGrath is one such believer. A pioneer in the doula movement, the 52-year-old mother of three was one of only two teacher-trainers nationwide when DONA was founded in 1989.

“A doula plants seeds of encouragement,” she says. “Women can be hard on themselves and critical of their own behavior. ‘I whined too much; I was a baby,’ are common self-criticisms. It’s a vulnerable time. If it’s positive, it sticks.”

Birth Circle doulas have attended 132 successful births since 2003. About 30 expectant women are enrolled in the program each year. The clientele is
65 percent African American, 25 percent Caucasian and 7 percent Hispanic.

While the program is too new to have made a measurable difference in “bio-
statistics” maintained by the Allegheny County Health Department, it is making noticeable inroads.

In 2003, the latest year for which figures are available, Pittsburgh had a
citywide infant mortality rate of 14.8 per thousand live births. Wilson says there
has been no infant mortality among Birth Circle mothers in three years.
The rate of low-birth-weight babies —
those with weight below five-and-a-half pounds — is 4.8 percent among
Birth Circle women, compared with
11.4 percent citywide.

The rate of premature births among
Birth Circle moms is 7.2 percent, says
Wilson, compared to a rate of 14.5 per-
cent in Pittsburgh and 11.6 percent in
the rest of Pennsylvania. Premature infants are born before gestation has
reached 37 weeks; normal pregnancies run 38 to 42 weeks.

Those numbers hold great promise,”
says the Endowments’ Petruska. “We’ll
continue to evaluate them to be sure it’s
a success.”

Frederick adds that because The Birth
Circle results are still anecdotal, harder
data is needed to prove their worth.

“We need to get doulas recognized as
medically significant, with an impact on
outcomes that crosses health plan goals,”
she says.

Proving the impact doulas can have
is an important next step because their
services are not covered by private or
public health insurance. Doulas work voluntarily, or their services are covered
by grant money or private payments that
many prospective mothers in the East
End cannot afford.

In the Pittsburgh area, the going rate
for a private doula to attend a mother at
birth is $450 to $550. The Birth Circle
pays its doulas $200 for a 10-hour labor
and delivery, plus $20 for each additional
hour up to a maximum of $350.

Because the goal of the doula move-
ment is to have health insurance cover
these services, The Birth Circle, Magee-
Womens Hospital, the UPMC For You
Health Plan and UPMC Braddock
Community Hospital have embarked on
an 18-month study to determine the via-
ability of having insurers cover doula ser-
cices as part of a maternity package. The
UPMC Health Plan will pay the fees of six
to 10 doulas who will assist an estimated
125 to 150 mothers during the study.

Dr. Dennis English, vice president
of medical affairs at Magee, said it was
“more than likely” that the study will
prove the value of adding doula services
to the coverage, especially if — as doulas
claim — it leads to shorter labors, fewer
c-sections and fewer babies needing
costly neonatal intensive care treatment.

“We think this is the way to go, but
we’re doing it as a pilot to be sure it
makes clinical sense,” says Dr. Michael
Culyba, the health plan’s vice president
of medical affairs.

On an unusually warm March after-
noon, McGrath and Wilson sit in a stuffy
room at UPMC Braddock and describe
some of their clients to a group of
doula-in-training.

When Wilson met “Tonita,” the
16-year-old was alone, sullen, huffy and
eight weeks pregnant. Her partner was
24 and in and out of jail. Her mother
was an addict. Then, at 36 weeks, she
went into labor prematurely.

“Her mother was in the room and
watched me massage and comfort her
daughter,” Wilson recalls. “Her mother
began to inch forward to see what I was
doing. Then I urged her to take over.

“The girl in labor got to see her
mother come through for her in a way
she’d never done before,” says Wilson.

“Sometimes we get to ‘re-parent’ the
older family member. It was a tough
birth, but there were beautiful moments
for the girl and her mother.”

But it’s not easy to know whether the
mothers who use The Birth Circle doulas
live happily-ever-after. Some move on
after healthy deliveries and don’t stay
in touch. Others go wrong from the
beginning.

One cocaine-addicted mother in her
20s could not stay off the drug during
her sixth pregnancy. Eventually, it spiked
her blood pressure, and she delivered a
two-and-a-half-pound baby who tested
positive for the drug. The child was
placed immediately in protective custody.

Other infants may go to adoption
agencies, even after a successful labor
and delivery, because of the overwhel-
mong adversities the at-risk mothers face.
And that could be the best decision for
everyone, says Wilson.

“Just because a mom won’t be par-
enting doesn’t mean she should not have
a positive childbirth experience. Chances
are she’ll get pregnant again someday,
and she will have vital knowledge and
experience to draw on the next time.”

It’s because of the needs of women
such as these that the doulas of The
Birth Circle contend that their services
ultimately have a value you can’t put
a price tag on. Theirs is a calling, not
a career; a passion, not a paycheck; a
commitment to treasuring the gift of life,
from conception to birth and beyond.

“Being a doula is not just what I do,”
says McGrath. “It’s what I am.”
Doula Pamela Wilson reaches to take 7-month-old Isaac from the arms of his mother, Michelle Versaw. Michelle and her husband, Adam, are newlyweds, and Wilson met with them several times during Michelle’s pregnancy for childbirth preparation and education sessions. In addition, Wilson, who also is an obstetrical coordinator for East Liberty Family Health Care Center, was on hand when Isaac was born.