Your Voice Is a Medical Tool: Why Advocacy Can Be the Difference Between Life and Death

By Dr. Sharon Campbell, D.H.L., CD — The Architect Doula™

Here's an uncomfortable truth: in a delivery room, being right isn't always enough. You also must be heard the first time you say it, not the fourth.

That's the reality behind the second pillar of the Architect Doula™ Framework: Advocacy. It means teaching families how to ask questions, understand their rights, and speak up inside a healthcare system that, for generations, has not been designed to expect pushback from Black patients and has too often dismissed it when it came.

This isn't about being difficult. It's about closing the gap between what a family knows in their body and what a room full of professionals is willing to act on.

What Research Actually Says

The evidence on this is some of the strongest in all of maternal health research.

- **Respectful care, fewer cesareans.** Survey research shows that when a doula is present, Black patients report a meaningfully better experience of respectful care — being listened to, being treated with dignity which is linked to fewer unnecessary cesarean sections, according to research summarized in the American Journal of Public Health.
- **Shared experience builds trust.** Qualitative studies of doulas who share racial identity and lived experience with the people they support found that this shared background builds a level of trust that helps counter the effects of racism inside maternity care, according to research published through PMC (PubMed Central).
- **Fewer preterm births on Medicaid.** A 2016 study by researchers Kozhimannil and colleagues found that doula care significantly reduced cesarean sections and preterm births specifically among Medicaid recipients a population disproportionately affected by the disparities this framework exists to address.

The common thread: when someone in the room is actively watching out for you and is willing to speak up on your behalf, the system responds differently. Advocacy isn't a soft skill. It's a structural intervention.

What This Looks Like in Real Life

You don't need a medical degree to advocate for yourself or someone you love. You need a few tools, used at the right moment:

- **Ask for the "why."** "Why are you recommending this now, instead of monitoring for another hour?" is a complete sentence, and you're allowed to ask it every time.

- **Name what you're feeling, plainly.** "Something feels wrong and I need you to take that seriously" carries real weight say it, don't downplay it.
- **Bring backup.** A partner, a doula, a friend, a family member whose only job in that room is to advocate when you're too exhausted or too scared too.
- **Know that "no" is a full answer.** You are allowed to decline a procedure, ask for a second opinion, or ask to speak to a different provider.

Why This Matters Beyond One Appointment

Advocacy doesn't just change one conversation. It changes the pattern a family carries into every future interaction with the healthcare system for this pregnancy, the next one, and the ones their children will one day have of their own.

That's the whole point of building advocacy into a framework instead of leaving it to chance. Nobody should have to discover, in the middle of a crisis, that they needed to be assertive. They should walk in already knowing it and already practiced at it.

This is Pillar Two of the Architect Doula™ Framework. Pillar One was Education. Next are Preparation, Connection, Leadership, and Legacy.

> *"We don't just prepare families for birth. We help them design a healthier future one blueprint, one family, and one generation at a time."*

Learn more or follow the work: [www.thearchitectdoula.org]

Sources Referenced

- *"Role of Doulas in Improving Maternal Health and Health Equity Among Medicaid Enrollees, 2014–2023," American Journal of Public Health*
- *"Effectiveness of an Enhanced Community Doula Intervention in a Safety Net Setting: A Randomized Controlled Trial," PMC*
- *Kozhimannil et al. (2016), cited in "'We really are seeing racism in the hospitals': Racial identity, racism, and doula care for diverse populations in Georgia"*