

**Supporting the Black Birthing Community in Chicago: A Study of the Capacity Building
Needs of Black Doulas**

By: Inali Blue Hathaway



Submitted in partial fulfillment of the requirements for the degree of

BACHELOR OF ARTS IN PUBLIC POLICY

at **THE UNIVERSITY OF CHICAGO**

Preceptor: Hillary Wolff

April, 18th 2022

Acknowledgments

I would like to thank everyone who helped keep me on track and sane during this process. Thank you so much to Hillary Wolff, from whom I learned so much and who generously took the time to read through this paper multiple times and provide critical feedback. Thank you to the doulas who took the time to sit down with me for this project, and who were willing to be brave and honest in sharing their stories. Thank you to my friends (shoutout to Lauren Cole), roommate Kristen Gotsis, and dog Burton Bean (the fearless emotional support puppy) who have listened to me talk about this project non-stop for the last year. Thank you to the Svoboda Fellowship Award for generously funding this project. And finally, thank you to my parents who have supported me, read my papers, held my hand, talked me out of quitting, and been there for me throughout my college journey.

Abstract

Black birthing people and their babies have worse health outcomes than their white peers due to systemic factors such as poverty, implicit bias in medicine, and limited access to healthcare. Doulas, or continuous, non-clinical birth attendants, are a proven cost-effective means of improving birth outcomes and supporting birthing people through their pregnancy and delivery. Black doulas specifically deliver culturally relevant and community focused care to Black birthing people. In this study I utilize a qualitative approach to examine barriers that Black doulas in Chicago face in their delivery of care to Black clients. Analysis reveals a critical need for policy intervention to support the affordability of doula care for Black clients, as well as to support collaboration amongst Black doulas and with clinical care staff.

Table of Contents

INTRODUCTION	5
BACKGROUND	6
LITERATURE REVIEW	9
SIGNIFICANCE	15
STRENGTHS AND LIMITATIONS	16
POSITIONALITY	17
METHODS	17
RESULTS AND DISCUSSION	20
Features of Black Doula Care	21
Barriers to Expansion of Doula Utilization	38
Policy Recommendations	53
CONCLUSION	62
REFERENCES	64
APPENDIX	69

Introduction

According to the Commonwealth Fund, the maternal mortality rate in the United States is more than double that of any developed country, and Black birthing people bear the majority of this burden (Tikkanen, 2020). Black birthing people die of maternity-related complications at four times the rate of their white peers, and Black babies face double the rate of infant mortality of white babies. Over the past 100 years, maternal and infant mortality rates in the US have fallen precipitously, however for the first time in our history, maternal and infant mortality rates are higher today than they were 25 years ago. In short, Black birthing people are in crisis.

Many scholars have theorized about the causes of the Black maternal mortality crisis. Explanations that are generally accepted in scholarship include lifestyle considerations, differences in baseline levels of health between Black and white birthing populations, differential access to healthcare during pregnancy and the postpartum period, and structural racism in medicine (Owens, 2019). A 2019 study by Oriana Handtke found that when Black patients had access to culturally competent care – care that was delivered by clinicians who have a personal understanding of the patients’ background, experiences, and cultural values– patients had better health outcomes than other Black patients in similar clinical settings, but from a provider who lacked the shared a shared cultural background.

Through numerous studies, including a systematic review by Katy Kozhimannil, doula care has been proven to improve maternal health outcomes (Kozhimannil, 2013a). Doulas generally serve as continuous birth attendants providing support, education, advocacy, and counseling to their clients. In turn, birthing people who use doulas are less likely to have low-birth-weight babies, less likely to have expensive medical interventions such as cesarean sections

or inductions during their births, and are more likely to initiate breastfeeding than birthing people who do not utilize doula care (Kozhimannil, 2013b).

Modern Black doula practice in the United States utilizes practices that originated during slavery, during which members of enslaved communities utilized their own expertise with childbirth to assist other enslaved Black birthing people during their labor and delivery (Galle, 2016). Today, Black doulas help to build supportive birthing communities for Black parents. The care of Black doulas is essential for Black birthing people because it improves immediate health outcomes for clients, and supports the long-term strengthening of Black family units by imparting education on parenting best practices (Rivera, 2021). The care that Black doulas provide to their clients is essential to the wellbeing of Black family units, therefore, access to this care must be supported by public policy.

The use of doulas within Black communities in Chicago has not been well studied, but anecdotally in birthing communities on Facebook Black families in Chicago report having difficulty finding, affording, and utilizing Black service providers for their births due to individual and systemic issues. Public policy professionals need to consider these accessibility issues an urgent barrier to improving the health of Black birthing people and their babies. This study will investigate the ways that Black doulas in Chicago self-report being limited in their capacity to serve Black families. The research question that this study will focus on:

How can public policy interventions best support expanding access to Black doulas for Black birthing people in Chicago?

Background

Black maternal health is an issue that has been front of mind for policymakers and activists of late. On April 13th, 2021, the White House officially recognized Black Maternal Health Week (Black Mamas Matter). This recognition served to raise awareness of the prevalence of adverse birth outcomes within Black communities as well as to increase pressure on policymakers to create interventions designed to eliminate disparities in birth outcomes for Black birthing people.

A key moment in the history of Black maternal health activism was the birth of Black tennis player Serena Williams' daughter in 2018. Following this birth, Williams gave a landmark interview to *Vogue Magazine* in which she discussed the challenges of early motherhood, and most critically, shared the harrowing story of her birthing experience (Haskell, 2018). Williams nearly died following the delivery of her daughter because of a blood clot that she attempted to report to her clinical care team, but was ignored until it became a life and death issue. At the time, Williams' story resonated with many Black birthing people who had similar experiences with sharing their pain and concerns with their doctors and subsequently being ignored or turned away due to what they perceived to be racism and bias on the part of their doctors. Williams' birth story struck a chord with many because it showed that wealth, education, fame, and privilege were not enough to shelter women from the dangers of giving birth while Black in the United States.

Prior to Williams' *Vogue* interview, there were numerous exposes on Black maternal health in prominent media sources including *Since Williams' Vogue article*, there have been numerous exposés on Black maternal health in prominent newspapers including "Why America's Black Mothers and Babies are in a Life-or-Death Crisis" in the *New York Times* by Linda Villarosa and "Black Mothers Keep Dying after Giving Birth. Shalon Irving's Story Explains"

by Nina Martin for NPR (Martin, 2017). Articles like these seemed to start critical conversations about Black maternal health within scholarship, while the public pregnancy health scares of Black celebrities like Beyonce, Michelle Obama, and Serena Williams helped to bring the issue to the public fore (Glamour, 2020).

This attention to Black maternal and infant health has led to increased public interest in interventions to support Black birth outcomes. Doulas are continuous birth attendants who support their clients through pregnancy and delivery in a non-clinical capacity (Gilland, 2006). While the exact duties of the doula and the relationships between clients and doulas vary with each doula and the needs of each client, in general, birth doulas meet with their clients several times during their pregnancy to provide education and support. During these meetings, the doula may help their clients to create birth plans according to the birthing experience they want to have. Other typical services include discussions of pain management during birth, answering non-clinical questions about the birthing experience, and providing specialty services such as prenatal massage or assisting clients with traditional prenatal diets. During their client's birth, the doula will typically stay with the client for the duration of labor while other members of the clinical team filter in and out to check on the patient. While with their laboring client, doulas may help clients with motivation, breathwork, and non-medical pain management. Following their clients' birth, many doulas also assist their clients in the postpartum period with infant care advice, parental assistant tasks, as well as mental wellness checks for the birthing person. There is not comprehensive data about the costs of doula care, but New Jersey Medicaid pays doulas up to \$1,500 for their prenatal services and birth attendance (Division of Medical Assistance and Health Services, 2021). This cost is in line with the amount that the doulas interviewed for this

project charge, which ranged from \$1,000-\$3,000 for their pregnancy and birth service packages.

Scholarship has shown that the services of a doula can lead to better birth outcomes for clients and saves on healthcare costs associated with expensive interventions in high-risk births (Kozhimannil, 2016). States such as New Jersey have taken advantage of the cost-effectiveness of doula care by mandating that public health insurance programs provide coverage for doula care (Kozhimannil, 2013b). This has meant that low-income birthing people have greater access to doula care and that doulas themselves have access to the capital they need to support their businesses. The movement to cover doula care under insurance in some states has also led to a legitimization of doula care. Many birth work advocates such as Carmen Mojica are currently working to have doula care and other birth work be recognized not as a luxury add-on for the wealthy and privileged, but instead for it to be recognized as the life-saving, community-building care that it is (Mojica, 2018).

In this thesis, I will build the argument that Black doulas are necessary to ensure the safety and well-being of Black birthing people in Chicago. I will show the barriers that these Black doulas face in their delivery of care to this population, and propose policy interventions to alleviate these barriers to support Black doulas and in turn strengthen Black families and communities in Chicago.

Literature Review

Black Maternal Health Outcomes

Many studies utilize data released by the federal government about pregnancy health outcomes to argue that there are racial disparities in pregnancy outcomes between Black and

white communities. One such study by Marian MacDorman utilizes mortality data and the causes of death written on death certificates of women who had recently given birth (MacDorman, 2021). This study found that the maternal mortality rate for Black women in the United States is 3.55x higher than that of white women. The MacDorman study also found that the leading causes of maternal death are eclampsia and preeclampsia, and postpartum cardiomyopathy, all conditions that affect Black women at approximately five times the rate of white women. A study by Susanna Trost built upon findings from studies like MacDorman's to argue that two-thirds of maternal deaths in the US are preventable with proper medical care according to our current standards of care (Trost, 2021).

Some scholars have traced the causes of poor health outcomes for pregnant Black women back to their roots in slavery and systemic racism. In a study called "Black Maternal and Infant Health: Historical Legacies of Slavery," author Deirdre Cooper Owens argues that in the early history of the United States, the fertility of Black women was commodified, meaning that the value of Black enslaved women was contingent on their ability to reproduce more enslaved people (Cooper Owens, 2019). The study goes on to suggest that this commodification produced a legacy of implicit bias in medicine that ultimately leads to poor health outcomes for pregnant Black women today.

A 2021 study by Bani Saluja argues that implicit bias in medicine is the leading contributor to preventable maternal deaths of Black birthing people (Saluja, 2021). In this study, Saluja aggregates findings from existing studies on maternal mortality to argue that a failure to recognize and appropriately respond to the pain of African American patients on the part of clinicians means that serious medical conditions requiring attention are frequently missed or misdiagnosed. This study suggests that implicit bias affects the way that Black patients are

perceived by their clinicians, and that during pregnancy this perception has deadly consequences.

Black Maternal and Infant Mortality Crisis

The Black maternal and infant mortality crisis has been investigated and defined in literature through statistical analysis of the poorer health outcomes that pregnant Black women and their babies face in America. According to numerous studies including “Explaining disproportionately high rates of adverse birth outcomes among African Americans: the impact of stress, racism, and related factors in pregnancy” by C.L. Giscombe, Black women are more likely to die or experience serious complications during their pregnancy and delivery than their white counterparts; Black women’s babies face the same odds as their mothers (Giscombe, 2005). This study also sought to investigate the causes of these disparities in health outcomes. Giscombe found through statistical analysis that the outcomes are likely due to a combination of medical factors such as lifestyle considerations (smoking, drug use, alcohol use, ect.), as well as social factors, such as racism.

A study by R.L. Simmons went on to investigate the ways that racism affects the health of Black women in general (Simmons, 2021). In Simmons’s study, “The effects of social adversity, discrimination, and health risk behaviors on the accelerated aging of African Americans: Further support for the weathering hypothesis,” Simmons seeks to validate a seminal hypothesis in the field of African American studies. The study argues that the compounded stress that African American people experience daily because of the racism that they are surrounded by has a physiological impact on Black bodies, and subsequently leads to disparities in health outcomes for African American people. Simmons was able to analyze levels of racism that their

study participants self-reported to provide additional support for the weathering hypothesis and the effect that racism has on health.

Author L. Rosenberg expands upon this connection between racism and the health of Black people to apply this hypothesis to Black pregnant people (Rosenberg, 2002). In their study, Rosenberg analyzed the health outcomes of Black women who self-reported having experienced racism in their prenatal and delivery clinical care. This study found that women who perceived racism during this care were more likely to have low birth weight babies among other poor health outcomes.

Numerous studies prove that Black women and infants are in crisis, and there is some evidence that racism and implicit bias on the part of clinical care teams is contributing to health disparities. The results of these studies show the importance of focusing on Black birthing people as a unique population with a unique set of social and systemic barriers to good health. My research will utilize this information to discover how doulas can serve to mitigate the effects of racism on behalf of their clients, and therefore, the importance of culturally competent doula care.

Doulas

Doula care has been defined in a community-based model by author Rachel Abramson in a 2004 study entitled “The Critical Moment and the Passage of Time: Reflections on Community-Based Doula Support.” In this study, Abramson attempts to define the role of doulas through qualitative analysis of interviews with doula clients. This study found that the primary role of the doula is to serve as a source of continuous support for birthing people during labor. Another study by Amy Moffat expands on this definition of doula care to include the education support that doulas provide their clients in addition to providing physical and emotional support,

facilitating informed consent with the client's clinical care team, and assisting with postpartum care and recovery (Moffat, 2014).

A systematic review of literature on continuous support during labor and delivery by Minnie Lunda found that most laboring women who utilized continuous support during labor found the support useful and that this support was valued further when it was provided by someone with whom the mother had a relationship, such as a doula (Lunda, 2018).

The currently available literature about doula care generally focuses on doula care delivered in nonprofit and hospital settings.

Benefits of Doula Care

There is a wide body of literature examining the benefits that care from doulas has on the health outcomes of their clients. Most of these studies involve statistical analysis of maternal and infant health outcomes from participants in specific community-based doula programs as compared to the general population. One such study by Kenneth Gruber found that women who work with doulas in their pregnancy are four times less likely to deliver a low-birth-weight baby, the number one cause of infant mortality (Gruber, 2013). The study also found that these mothers are two times less likely to give birth via cesarean section, and are also significantly more likely to initiate breastfeeding than mothers who do not work with doulas.

A study by K.B. Kozhimannil found that there are additional benefits for mothers of color who choose to work with doulas (Kozhimannil, 2016). This study found that doulas can help disrupt cycles of medical racism by teaching their clients of color to advocate for themselves in clinical settings. Mothers of color in this study self-reported feeling more confident and comfortable during their birthing experience due to the presence of their doula.

Most studies on the efficacy of doula care utilized a quantitative approach to compare mothers who used doulas and their health outcomes to those who did not. My study will differ in that it will investigate the speculative benefits that doulas themselves see their clients getting from their care. It will investigate directly from the doulas themselves why they feel that the care they deliver is necessary. In utilizing this qualitative approach rather than the quantitative approaches used in previous studies, I hope to better understand the nuances of the relationships between doulas and their clients to propose policy interventions to expand and strengthen these benefits.

Culturally Competent Doula Care

Several studies have been conducted alluding to the importance of culturally competent doula care. A previously referenced study by K.B. Kozhimannil investigated why people of color chose to become doulas (Kozhimannil, 2016). This study utilized qualitative data from interviews to understand the nuances of the position that doulas of color take and the relationships that they seek to form with their clients. This study found that a common refrain among doulas of color was that they had chosen to become doulas because of their belief in the importance of their clients sharing an ethnic and cultural background with their care providers when they are giving birth. The doulas in this study pointed to their profession honoring traditional community-based models of African and African American birthing practices. The semi-structured interview process used in this study allowed the doulas to express their motivations on their terms and likely led to more authentic and in-depth answers than a more structured interview or survey process could produce.

A 2019 study by K Wint also investigated the impact of culturally competent doula care from the perspective of the doulas through semi-structured interviews (Wint, 2019). This study

asked doulas to identify the roles that they play in their clients' pregnancies. Wint found that many of the doulas saw themselves as intervening in the social determinants of health that negatively impact the health and safety of their clients' pregnancies.

Both studies chose to investigate the doula profession from the perspective of the doulas themselves rather than that of their clients as many other studies have. My study will take a similar approach but will expand upon the findings of these studies to identify gaps in the doulas' abilities to carry out the culturally competent work that has been identified by Wint and Hardeman.

Urban Access to Doula Care for People of Color

There is a limited body of research investigating the accessibility of doula care in urban areas. Several studies have proposed ideas for why there might be limited access to doula care for women of color. A 2013 study by Kozimannil hypothesized doula care is underutilized by women of color because of the high cost of care, lack of coverage by insurance and Medicare, the whiteness of the doula professional in general, and a lack of knowledge about doulas (Kozimannil, 2013b).

My study will serve to fill this gap in the literature in investigating the causes of limited access to doula care for people of color in Chicago from the point of view of Black doulas who serve this population.

Significance

Research suggests that having more Black doulas working with Black families will lead to improvements in Black maternal and infant health outcomes, saving lives. However, the Black

community in Chicago has been segregated, discriminated against, and still faces barriers in access to healthcare created by systemic racism. Public policy professionals must work to remove these barriers and improve access to Black doula services for these families. Therefore, it is critical to study the needs of currently practicing Black doulas to create policy interventions to improve the capacity of this doula network.

Strengths and limitations

A strength of this study is the broad outreach of the recruitment strategy. I was able to interview practicing doulas in Chicago that worked in a wide variety of settings including those who work with volunteer organizations that are contracted with hospitals, those who work for a company with a team of doulas, and others who are in private practice for themselves. This means that the findings of this study will speak to the experiences of a diverse group of practitioners, and therefore represents the needs of the Black doula population in Chicago at large.

There are several limitations in the scope of this study due to the truncated period in which it was completed. I was only able to speak to doulas who work with birthing people. Beyond birth attendants, many other types of doulas meet the critical needs of their clients including doulas who specialize in infant loss, postnatal care, or abortion support. The needs and experiences of doulas working in these spaces are not represented in this study. In addition, I was only able to speak with doulas themselves and was not able to speak to their clients for this study. Therefore, this study will only address the barriers to capacity building that exist from the point of view of Black doulas in Chicago. In the future, it would be valuable to hear from parents

in Black communities to learn why they did or did not choose to work with doulas and what might have held them back. This research may produce additional policy recommendations to meet the needs of clients on this end.

Positionality

As a Black woman working on this project and conducting all of the interviews, my interlocutors may have been more willing to open up to me about sensitive issues such as race and gender because of this positionality. However, as a student at a university in Chicago that is still in the process of building positive relationships with the Black community surrounding the campus, this positionality may have impacted the willingness of participants to want to work with me and to share personal experiences in their interviews.

Additionally, having never given birth or utilized doula care personally, I may have been biased in my expectations of what the relationship between a doula and their client may be and therefore may have analyzed my data with this mindset.

Methods

This study's methods consisted of semi-structured interviews with ten Black doulas currently practicing in Chicago. Existing research proves a critical need for interventions to improve the health outcomes of Black birthing people. There is a need for continuous birthing support in the form of doula care, especially for doulas who share the same ethnic and cultural background as their clients. The heavily segregated City of Chicago serves as a unique case study setting for Black birthing practices because of the large and socio-economically diverse Black population in the city. This city offers broader access to birthing services including doula care than most other places in the Midwestern United States, however, for many Black birthing

people, access to culturally competent doula care is still limited. Through my research, I will explore how systemic and individual factors limit access to doula care in communities where access should theoretically be greatest.

I recruited doulas for my study primarily through searches in a Facebook group entitled “Find a Black/BIPOC Birthworker- Doula, Birth Assistant, Midwife.” This group is populated both by expectant parents as well as birth-workers. In the group, both parents and birth-workers can post questions about the birthing process and share resources relevant to Black birthing experiences and holistic birth techniques, and birth-workers can advertise their businesses and services and connect with potential clients. In this group, I searched for posts that mentioned Chicago and then sorted out the posts advertising doula services in the city. I then reached out to the doulas who made these posts via email when their emails were publicly shared on their Facebook pages.

Additional means of recruitment for this study included an investigation of the Instagram page, “Chicago Black Doula Alliance.” On this page, I searched through the followers and doulas who were featured in posts to identify more Black doulas practicing in Chicago. I then reached out to these doulas via email where emails were available, or via Instagram direct message when the doulas’ email addresses were not available.

I chose to pay my study participants \$75 in cash via the money-sharing platform of their choice (Venmo, PayPal, or Zelle) for completing a 1-hour long interview with me. I chose to pay my participants because most of the participants in my study are small business owners who make their living by conducting meetings with their clients. By paying my participants, I hoped to show my respect for the participants’ time and experience, and not take away from the time they could be with paying clients. I believe this payment allowed for more trust between

participants and myself and led to a more equitable power dynamic in these interviews. While paying interviewees is not a common practice in qualitative research, a 2009 paper written by Emma Head called “The ethics and implications of paying participants in qualitative research” argues that in instances in which the payment is not so high as to be coercive, it ensures that more people can participate in research and does not create a significant detriment to the ethics of the study (Head, 2006).

I conducted my interviews with the doulas in password-protected Zoom meetings. I recorded these interviews using Otter.ai software through an app on my personal cellphone which is password-protected and only accessible by me. This app produced a written transcript of the interviews which were subsequently stored on the secure UChicago Box cloud.

My interviews followed a semi-structured interview guide of 20 questions broken down into five categories: basic background information, the importance of Blackness in doula work, professional training and development, cost and availability of doula care, and perceptions of doula care (Appendix 1). The questions start generally about the doulas’ experience in the field as a means of easing the interviewee into the conversation and building rapport. Other questions addressed areas in which I hypothesized a need for policy intervention to improve the accessibility of Black doulas in Chicago. These questions covered three policy areas: professional training and development opportunities for doulas, cost and availability of care, and public perceptions of doula care in the Black community. The creation of the interview guide was also an iterative process, and the language of the questions changed slightly after the first several interviews to better reflect the language that the doulas themselves used to ensure that subsequent interviewees were better able to understand the questions and their intent. Due to the small sample size as well as the differences in the interview guide between interviews, the results

of this study should not be interpreted as representative of the entire Black doula community in Chicago.

Following the interviews, data from the transcriptions was uploaded into Dedoose software on my personal and password protected computer. Within Dedoose, I conducted a round of open coding in which I read through all the transcripts and noted the broad themes present across interviews. I then developed a coding scheme and re-coded all the data accordingly producing the interview excerpts used in this paper.

Results and Discussion

Data for this project serves to show the experiences of Black doulas practicing in Chicago and the challenges that they face in delivering care to their clients. In my analysis, I divided the data into three categories each answering one of the following key questions:

1. How are Black doulas in Chicago interacting with their communities and serving their clients?
2. What factors are preventing an expansion of the usage of Black doulas by Black birthing people in Chicago?
3. What policy interventions are needed to expand the use of Black doulas by Black birthing people?

Data for this study comes from ten qualitative interviews with Black doulas. These doulas are given pseudonyms for data reporting.

Interviewees and their roles:

1. Doula Coretta: volunteer doula at nonprofit organization. (7/20/2021)
2. Doula Audre: individual practice owner. (7/21/2021)

3. Doula Zora: individual practice owner, doula network organizer. (7/23/2021)
4. Doula Toni: group practice co-owner. (8/3/2021)
5. Doula Ida: group practice co-owner. (8/5/2021)
6. Doula Harriet: individual practice owner. (8/18/2021)
7. Doula Rosa: group practice employee. (8/26/2021)
8. Doula Serena: individual practice owner. (1/15/2022)
9. Doula Michelle: individual practice owner. (1/22/2022)
10. Doula Phillis: individual practice owner. (1/24/2022)

Features of Black Doula Care

In this section, data is used to show that the care Black doulas deliver to their Black clients is unique from doula care administered by those of other ethnicities in the types of services offered, the relationships between the doula and the client, the collaborative networks among doulas, the motivations of doulas to take on this work, and the way that their work interacts with outside social dynamics.

1. Contending with Racism

Throughout their interviews, many doulas shared stories of experiences working with clients in which they had to mediate medical racism directed towards their clients, and towards the doulas themselves while attempting to conduct their work. Many doulas described difficulties in working with clinical care staff, particularly nurses, due to their attitudes towards doula work and perceived racism associated with these interactions. In response to a question about whether she had ever experienced racism while working as a doula, Doula Coretta shared the following,

It's just every time I go to the hospital [to attend a birth]... during those experiences I've had nurses come in and tell me to stop working my voodoo, whatever voodoo it is you're doing.

[The nurses are being] unprofessional... The family was taken aback but they weren't shocked. That is not the big issue right at this moment... the issue is the mom and baby. So, you know, my focus was on them, and we can unpack and talk about those types of things after the birth... In that moment, so we don't make it a big deal, we just move on honestly. [The nurses] don't know much better... She doesn't know the harm that she's doing. (Doula Coretta)

In the above quote Doula Coretta described an instance in which she was attending a birth at a hospital and a nurse tried to kick her out of the room and told her to stop practicing “voodoo” in response to Coretta’s spiritual practices. Coretta believed that the nurse reacted in this way because Coretta was Black, and the nurse was white.

In this instance, Coretta mentions that when incidents like that happen, she chooses to focus on her client giving birth rather than responding to the nurse at the moment. But the quote goes on to mention that interactions like those do cause harm to both the doula and the client. Coretta also mentions in this quote that she regularly has experiences with racism, stating that “it’s just every time I go into a hospital,” meaning that this should not be taken as an isolated incident.

As a note, there is certainly interpretation bias in this section. All the stories shared are told from the perspective of Black doulas answering questions about times when they have experienced racism in their profession, and the results were interpreted by the author as such. Clinicians in the United States are trained in the tradition of Western Medicine and therefore, the lack of knowledge about alternative practices in general cannot as a blanket statement be interpreted as racism on the part of individual practitioners. However, the dismissal of traditional birth practices that doulas and clients have chosen to incorporate into birth experiences constitutes harm for the doulas and their clients, and the stress and trauma caused by this poses a barrier to the ability of Black doulas to provide for their client’s wellbeing.

Other doulas mentioned contending with the racism that their clients face as Black patients in clinical care settings. Doula Ida mentioned that in working as a Black practitioner, she is filling a

need for her Black patients by being someone who can stand in the way of the challenges that Black patients face in healthcare settings.

Our business has grown exceptionally well under COVID and we assume it is because Black women face challenges. Under normal circumstances, when they're pregnant, and giving birth in a hospital birthing center, or being supported by white home birth midwives, [our clients] face implicit bias. We [as Black women] face being treated like we're incompetent: like we're children who are incapable of making sound decisions for ourselves during our pregnancies and our birth. And that was under normal circumstances before COVID. And so what we witnessed during COVID, was more Black women, more Black families trying to be in control of the birthing process, because under COVID there were a whole lot more restrictions, heightened racism, and heightened bias. And so our business actually thrived under COVID....These were the concerns [our clients] were expressing: how can I advocate for myself? How can you support me in advocating for myself? How can I achieve the birth that I envisioned for myself and my baby under these restrictions? (Doula Ida)

In this quote Doula Ida mentions that hospitals were instituting restrictions, such as limits on the number of people who could be present during birth, to limit the spread of COVID. Ida also mentions that the past few years have been a period of increased racial bias and tension and that she has had more Black families reaching out to inquire about her services because of their desire to give birth outside of hospitals and medical institutions that have historically harmed Black people. Other doulas expressed similar sentiments in that they have seen an uptick in interest in their services because their Black clients express a desire to not solely use white clinicians because of their past experiences with racial bias in those settings.

In another interview, Doula Harriet mentions that she chose to become a doula because of her experience witnessing Black maternal and infant mortality due to medical racism and felt a desire to intervene in these cycles through her doula practice.

I actually became a doula because of [doula agency in Chicago]. I met [a fellow Black doula] at a conference; one of the founders of [the doula agency] was facilitating a session on Black maternal mortality in the Chicago area, which was something that I was not super familiar with at the time, and didn't realize that it was something that was- I knew it was happening- but I didn't know it was a phenomenon in terms of getting a lot of traction in the in the media... And so I learned a ton about just what is happening in Chicago primarily on the South and West sides of Chicago, and how Black women are literally going in to give birth, having a normal

birth, and are not coming out with their babies. And I was in shock, and the session became this space for Black women survivors. And some of [their stories] were incredibly beautiful. A lot of them lost their babies simply because medical professionals chose not to listen, and just made assumptions. And these people were alive, thank God, but they were left with this stain on what is supposed to be a very transformational experience, and it's not all roses and daisies, trust me, but it should have been different than what they experienced. So I decided I had to be part of this in some way, shape or another, so I was an apprentice at [Chicago doula agency], and then I became certified and became a full spectrum doula. I really wanted to have a practice that focused on... how to support folks that experienced trauma. (Doula Harriet)

In this quote Doula Harriet mentions attending a conference for birth-workers and seeing a talk about Black maternal and infant mortality in Chicago. Harriet was so moved by the stories of survivors of traumatic births that she decided she “had to be part of it.” In this instance, Harriet saw herself as having the potential to intervene in cycles of racism that the clientele that she hoped to serve face in clinical care settings. In this way, the doula service that Harriet delivers seeks to directly interact with macro-social factors like systemic racism.

Other doulas mentioned racism that they felt within the general birth-worker community. Doula Audre mentions being tokenized by white birth-workers when participating in birth activism.

As time went on, the authenticity of our voices [was lost and Black doulas were] being used for photo ops... I was participating in rallies they had every Labor Day, and when I came out the first time I made this poster back saying “know your options.” [The white birth-workers] all wanted to know what the signs were, and what my organization was like. [The next year] I brought all of these [Black people with me]... [and the white birth-workers] asked, ‘would you come so we can get a photo, can you come and bring your people so we can get a photo?’ (Doula Audre)

The doulas interviewed for this project, being Black women, report experiencing racism in their daily life that limits their ability to feel belonging within the larger birth-worker community. This racism in limiting the connection between Black birth-workers and birth-workers from other racial and ethnic backgrounds, racism is a structural force that stands in the way of collaboration, growth, and learning within the birth-work community, and is especially harmful to Black doulas.

Black doulas also have to deal with racism in their delivery of care to their clients in the form of hospital policies and interactions with white clinicians that undermine their experience and relationships with clients, as well as directly limit their ability to carry out their work with clients.

2. *Relationships with Clients*

The relationship between the client and the doula is one of the most important aspects of doula care according to my interviewees. Doulas reported feeling that their clients hire them to have a long-term and trusting relationship with a professional on their birthing team. A study by Eugene Declercq called “Major Survey Findings of *Listening to Mothers*” found that Black women are more likely than their white counterparts to have never met the doctor who delivered their baby before delivery (Declercq, 2014). This means that the practitioners who are performing this intimate and vital service are more likely to not have relationships with their patients that can inform the way that the doctor will administer care during labor and delivery. It stands to reason that without an established relationship between a doctor and a patient, in a high stress scenario like the delivery room, there is more opportunity for misunderstanding each other’s communication styles, or missing important aspects of the patient’s medical history or desires for their birthing experience. Therefore, the doulas I spoke to felt that it was especially important for Black birthing people, and their mental health and comfort through the birthing process to have a doula who knew them well and understood their needs. Many doulas thus spoke in their interviews about the relationships that they have with their clients and the immense amount of time and energy that they put into forming these bonds.

[With] a lot of my clients we are talking and texting back and forth. It's hard because it's like, you want to remain professional, which is what I do, but I also want [my clients] to feel safe talking to me, and feel comfort talking to me. And so that's kind of the relationship I do try to create because once I'll tear down my walls, then we'll build a good rapport and a good relationship. And that's the feedback I've gotten from a lot of my clients like ‘oh, she's there, there was no stupid question. I felt comfortable.’ (Doula Phillis)

In this quote Doula Phillis shares that she feels that shared vulnerability is key to developing those relationships with her clients stating that “I’ll tear down my walls, then we’ll build a good rapport.” In this quote, Phillis highlights the necessity of seeking to relate to the experiences that the client is going through and that the trust that comes out of these types of relationships is what seals the necessity of the doula as the person whom one can go to with any question, and with whom they feel comfortable.

Later in her interview, Phillis specifically mentioned intentionally building trust with her clients.

I’m about building trust and friendship. [With new clients I try to] make sure our personalities fit right. We want to make sure we’re a good match, but I tell people when they hire me, by the time you go into labor, I want you to feel so comfortable calling me that after that first contraction hits [and the pain subsides] I want your next thought to be ‘let me call my doula’... I do what I call mommy checks. So I try to make sure that I’m paying attention if she says she has a doctor’s appointment on February 8, okay, on February 9, in the morning, you’re going to get a text from me. ‘How was your doctor’s appointment? How did things go? Do you have any questions?’ Then in addition to that ‘how are you doing? Are you dealing with low energy or heaviness? [I found baby bottles on sale], this is a really great deal. Did you know [Chicago nonprofit] is offering free breast pumps?’ So there’s a lot of dialogue and conversation that goes on along with in-home visits. Sure, things have changed with COVID. So it’s more virtual visits, but we’re actually talking about labor and delivery what it means to feel your first contraction, what is the mucus and we’ll get down to the nitty gritty of labor, explaining emotional connections in labor, talking about what you want to see in your journey and how we can obtain that, and talking about how to delegate, self love, self care, and get what you mean knowing when to say no and if that’s okay, when that’s okay, and then how to say it. (Doula Phillis)

In this quote Doula Phillis discusses the intimate relationships that she nurtures with her clients. She mentions wanting her clients’ second thoughts after having a contraction to be calling her. Phillis is also specific about how she builds this trust with her clients and mentions instigating ongoing dialogues throughout her clients’ pregnancies in which she checks in about their mental health and preparation for their birth.

3. Importance of matching ethnicity with clients

Many of the Black doulas interviewed for this project mentioned that while they are open to working with clients of any racial and gender identity, most of their clients identify as Black women. Some doulas expressed that sharing their gender and racial identity with their clients enables them to create deeper and more meaningful relationships with their clients than they would otherwise be able and generally provides for a different type of care to be delivered to the client because of their shared backgrounds.

Well, you know, because of Black people's history in this country, with the medical field [my ethnicity] is very important, because the first thing [the clients] see, [clients] can be pregnant, but they'll see my face, and that, unfortunately, can determine how [others] will treat you. Some people think [having a shared racial identity] doesn't matter. But the reality is, it does matter, my race matters in everything I do. Because before you get to know me, or have a conversation with me, if you are not blind, you see what I look like, and people have these preconceived notions before them. So it's very important, and that when I say, acknowledge that acknowledge in this negative way, but just know that this is the black person, who are you are going to work with and be mindful of how you speak, you should do that in general, but I think especially because a person is like, unless you're just one of those people who don't care, and are, you know, you are prejudiced or racist, and I just need that you use those signals. (Doula Serena)

In this quote Doula Serena demonstrates her understanding of the position that her clients are in being a Black woman herself. Serena has herself experienced the racism that her clients may face during their pregnancy and delivery. As a result of this understanding, Black doulas are likely able to provide a different degree of care to Black clients than white doulas. The relationship between a Black doula and a Black birthing person is unique in that they are bonded by a shared background and a unique understanding of what it means to give birth to and parent a Black child in their community. Doula Harriet expands upon the necessity of Black doulas being available to work with Black clients when explaining her motivation to become a doula in the quote below.

I come from a long line of folks who have had traumatic birth births. I come from a teen mom, and my mom's mom was very young as well. My great grandmother was 16 and she had her first child, and all of these births were shared with me as a child as I grew up as extremely traumatic. My grandmother had one child, she was like, 'I'm one and done, because it was so traumatic. And so unsupported.' My mom didn't have, I would say as

traumatic of a birth, but she didn't have any support, and it just felt wild to hear that folks are out here, going through something that is dangerous. It is dangerous and it is risky. And it's scary alone in any way shape or form, whether you have people in the room and they're not supporting you, whether you're just completely alone. My mom did not have her mother at her birth, she had like my grandfather or something like that which was not a supportive person. And so it can be, it's unfamiliar but it's still incredibly heartbreaking.

There was one particular story about an older woman, she talked about having a miscarriage, at a basketball game. You know she was experiencing this miscarriage and what is it like to lose this child that you've worked so hard to conceive in a public bathroom, and then she goes to the hospital. She's shaken up, she's completely upset, and the nurse to be frank, like just treats her like shit. And [the nurse says] 'why are you here, like what's going on, why didn't you do x y z instead of, instead of being like, can you first get me out of these bloody clothes and help me.' So it's heartbreaking, but I knew that becoming a doula provided not even a band aid of sorts, but like a very tangible solution to somebody being in a room to deal with that shit.... [Being a doula is] letting folks be able to process that in real time and be able to realize that it's all deeply connected with each other.

I still meet so many clients that I've worked with, that are coming into their pregnancy coming into their labor with the fears of their own parents and the fears of their own grandparents based on these traumatic births that folks have had. And so, it's heartbreaking to hear, and it feels good to know that being a doula is one way to cut that tie, and making sure that this next birth is not traumatic or if it is primarily because I by no means is a doula able to, you know, fix every single problem that comes up in a birth, but we are able to plan and prepare our clients to understand the risks, understand the assumptions, and also just be able to process it and we have so many folks are like, here's your baby so I read that birth, that's the less processing all of those things that happened, and I can be there to say like 'that was a really hard birth, but I'm here for you, and how can you make postpartum more successful.' (Doula Harriet)

In this quote, Doula Harriet shares that she comes from a long line of traumatic births in her own family and that in addition to her personal experiences with birth trauma she knows of similar “heartbreaking” stories in her community. This quote exemplifies the value of the doula sharing an ethnic and cultural background with their client because Harriet understands the trauma that her clients have in the back of their minds as they are giving birth. In this understanding, Harriet is better able to provide the care and support that clients need and that will help to disrupt cycles of traumatic birth stories in Black communities. Harriet mentions that she and other Black doulas working in this space can prepare their clients with an understanding of the risks of birth

and equip them to be able to advocate for themselves in risky clinical care scenarios in which they have to stand up for their health and the health and safety of their families. In this quote, Harriet mentions that this doula care is not able to solve all of the problems associated with negative birth outcomes, but instead this quote shows that there is value in thinking through the ways that generational trauma and the mindset of the birthing person going into their birthing experience affects the health and safety of pregnancy.

Taken together, the excerpts in this section serve to show that there is unique value in the relationship between Black doulas and their Black clients, and therefore support the assertion that attention must be paid specifically to supporting the capacity of Black doulas to deliver this care in Black communities in Chicago.

4. Collaboration with other Doulas

One of the most ubiquitous factors of Black doula care that came up in these interviews is the importance of collaboration within the Black birth-worker community. Many doulas expressed that this collaboration is how they learned their craft and enables them to take on clients confident that they will be able to meet the clients' needs.

[Being a doula] is different from any job I've ever worked. In other fields it's very competitive. And I really don't feel like that with [doulas]. When I first became a doula... they were very encouraging. I actually did a fundraiser to become a doula just to get all my supplies and stuff and I raised initially like \$700-800 from this birth-worker community, so they are very supportive. What I really like is that we have started groups for doulas of color where it is a safe space for people of color and that is the one of the most beautiful things you will ever see... If I can't go to a birth, or if it's somewhere in, you know, North Carolina, I just, I can't get there, right? So, I will refer out, then they will also, if they see someone post, 'I need a doula in Chicago' they will mention my name. So we refer to each other. (Doula Michelle)

In this quote Doula Michelle mentions that she was able to go to groups for doulas of color for help financing her initial doula training. Michelle also states that the referral network among doulas helps her find clients with whom other doulas might have connections but for whom she might be

a better fit, as well as enables her to take on clients with the knowledge that if she is unable to attend their birth for any reason, that she will be able to call on this network to help. This collaborative network provides added security and peace of mind for doulas who have other work and family commitments and allows them to handle the unpredictable timing of births more effectively when the labor can be shared among the group. Like many other doulas, Michelle expressed that the doula network is not competitive like many other fields of business are. Other doulas shared that although they are all running businesses, it is in the best interest of all parties to help potential clients find the doula that is the best fit for them and their needs, and this is accomplished through collaborative referral networks among Black birth-workers.

This sentiment is echoed by Doula Ida who explains in this quote that collaborative networks allow for specialization and deeper knowledge for doulas.

[All doulas] have their specialty, so where one person lacks the other person has. If a client is looking for a particular service such as prenatal massage for example, we can refer to another birth-worker for that work, and vice versa. We've gotten clients from word of mouth from other Black birth-workers, [due to their scheduling conflicts] or just knowing that someone else is a better fit because really, it's about the client, it's not even about the money. So even if someone were to come to us but we know there's another doula who's a better fit then we can refer to them. Knowing who those [other Black doulas] are, and having a genuine relationship with them where you can trust that [the client] will be well taken care of, under the care of the next person is really important.

And then also just collectively having a presence [is important] because for a while, people had not known that there were Black doulas in Chicago, or people can't find us. So now having a collective presence, where it's like, yes, we're all here. We all want to see Black women uplifted, elevated, supported, and empowered during their birthing time and so now we're here together, as a resource for them. Social media has been actually a really great platform for facilitating some of these relationships [between Black doulas] and also making the presence known. (Doula Ida)

Doula Ida mentions in this quote that she is willing to refer clients to other doulas that she knows if she feels that those doulas are a better fit for the clients' specific needs. Ida goes on to discuss the importance of having strong interpersonal relationships within this network of doulas.

The quote suggests that these personal relationships that enable the trust to exist between practitioners are what allow doulas to feel comfortable referring clients to their peers. She acknowledges that all within this network have the shared goal of empowering Black births. Additionally, Ida discusses the value of the Black doula network in Chicago in terms of increasing the visibility of individuals within the network. The fact that they have a collective image, Ida argues, allows clients to find Black birth-workers more easily, and therefore helps to strengthen the businesses and practices of all Black birth-workers in the network.

Doulas also mentioned the educational value of these Black doula collaborations. Many doulas mentioned that they received training and support from others in their network.

We've attended workshops that were put on by the Chicago Black Doula Alliance. We've also hosted our own workshop, through Chicago Black Doula Alliance and so that brings out a lot of Black birth-workers. We've attended other events, barbecues, pop up shops that Black birth-workers are having, and there were several of us who came together last year during COVID to do a donation drive. We had donations given to us from people all over America, monetary and materials. (Doula Toni)

Other doulas expressed the value of the Black doula network in terms of the community-level care that the group provides.

You can't do this work without community. I think you can't do any type of organizing work without our community in general. It goes from as basic as 'I've been at this birth for 24 hours I need somebody to step in and switch it up,' so having backup for us [is critical], and [leads to] expanding the services that we can provide... It just helps because even though one doula is hired per client, usually there is a community of people that are doing that or help doing that work. And I think that's what is most important, like I said you cannot do this work without community and without building relationships with people... We have several meetups every single week, with, with different doulas all across the city, who are able to just like process and talk about what's happening and like any community in which we're sharing the same experiences that we've had, we're able to help each other and build each other up, and also educate each other. (Doula Harriet)

Overall, doulas interviewed for this project expressed the uniqueness of the doula profession in terms of the relationship between members of the Black doula community. Most of the doulas who were interviewed were running independent businesses, and in addition to other non-

capitalistic motivations, these doulas were using their businesses as a means of supporting themselves and their families. Therefore, they have a vested interest in the financial success of their work. Despite this monetary motivation, all of the doulas who spoke about collaboration did not see this collaboration as a threat to their businesses. Instead, the doulas saw this collaboration as an opportunity for learning, growth, and personal and professional support. Doulas leaned on each other to learn new skills, to get help in supporting the needs of their clients, to cover their clients due to family and work responsibilities, as well as for companionship and mental health support in light of the stresses of the job.

While there is a well-documented and large birth-work community in the City of Chicago at large, it is specifically within the Black birth-work community that Black doulas reported finding the most value. Doulas stated that they couldn't do the work that they do without that community. As I will explore in the recommendations section of this paper, the strength of this community is essential to the functioning of doula work in Chicago, and by bolstering this network, public policy can best support improving the capacity of Black doulas and enabling them to serve more clients more effectively.

5. Social Justice Motivations

When asked why they chose to become a doula, many of the interviewees for this project mentioned social justice and equity issues being a top priority in their decision to undergo doula training. Many of these Black doulas shared their understanding of the challenges that Black birthing people face during their pregnancies and in the birthing room, in terms of their access to healthcare, information, and support for their familial responsibilities. Many of these doulas saw it as their duty as Black birth-workers to be a resource to support Black families and to help Black communities, and specifically, Black women, thrive.

When I was bringing my own children [prior to my formal doula training], I was helping women [in my community give birth]. When I was doing that, it was not under the scope of what doula is said to be. I was just doing it because it felt like what I was supposed to do. I was doing it because I had heard my grandmothers. Both of my grandmothers gave birth to their children at home, [at the time, I was in] the South, and I'm a first generation born in a hospital with my sisters. So I was thinking that getting involved in birth work was like reigniting this passion, this work that, you know, my family members had told me about. Not necessarily just the birthing at home part, but just the part where birth belongs to the family, and to the community, and I thought that's what it was but it wasn't that. The way that birth work had been structured [20 years ago when I began practicing] as a Black woman, it was not easy to fit into it. [Doula care] was done predominantly by white women. The difference was that birth was something that many of us can still go to our grandmothers and whomever and talk to them about their experiences, but now we're being told that 'no this is the way we help women in birth, and this is what you have to do in order to be qualified to help with births'... They were like, 'No, this has to happen this way,' there was a narrative there. (Doula Audre)

Doula Audre shares several ideas about her motivations to start doing birth work in the above quote. The quote begins with a discussion of the fact that traditionally in the South, within Black communities, birth was a community event in which neighbors, friends, and family assisted in birth, as well as child-rearing. Audre suggests that she got involved with birth work to be able to provide that service to her community. The quote goes on to explain that once she became more formally engaged with doula work she faced resistance in the predominantly white field in terms of the qualifications that white doulas felt she needed to do the work. Audre seems to suggest that while the origins of community birth-work is in African American communities from the South, the modern birth-work industry has been co-opted by white women who appropriate the techniques of Black women while simultaneously creating education barriers barring them from doing the work. Audre then goes on to say that she chose to formally undergo doula training to diversify the field, presumably to add her voice, experiences, and cultural values to the practice.

Later in the interview Doula Audre went on to specifically express the ways that the social factors affecting Black communities and their birthing stories contributed to her desire to do doula work in a more formal capacity.

A decade ago, [health experts] were saying Black women are two to three times more likely to die [during childbirth]. That was a decade ago. I remember around that time...I started saying, along with many other Black women and birth-workers... 'we don't want to upset [our clients], but we all know that the birth can be better so let's focus on that. Let's not focus on just [the fact that Black maternal mortality rates are high].'... Being one of the ones that was fit to do [this work], we were just happy to be able to offer it to women, offer options to women. (Doula Audre)

In this quote Doula Audre expresses that at the beginning of her career she understood the rate of maternal mortality to be around 2-3x higher for Black women than their white peers. Audre went on to state that while she did not directly state her motivation to clients for fear of upsetting them, she saw her role as a doula as disrupting that cycle. In that quote, Audre stated that as one of the few people qualified to do the work that she saw as necessary, presumably to be there for Black women during their time of need to contribute to better birth outcomes, she felt it was her duty to do that work. Therefore, in this quote, Audre is specifically addressing the ways that her desire for health equity motivated her doula practice.

Other doulas expressed similar sentiments and cited statistics about Black birth outcomes as primary motivators for their doula work in Black communities.

I became a doula upon having my first daughter. I had always been interested in birth work, but essentially my midwife delivered [my daughter], and took me under her wing. So that's how I got into the work. Why I am passionate about the work is that we've noticed the huge disparities as far as African American women and women of color and babies [dying] exponentially faster than their white counterparts. That doesn't sit well with me, and so here I am trying to do the work to combat that. Basically, the goal is to improve birth outcomes for mothers of color. Having a doula at the birth usually lowers the chance of interventions that lead to those complications and problems. So, usually [there is] about 30% reduction in the chances that you'll get an epidural, chances that she'll have a C section, and then develop things like hypertension and gestational diabetes. So we cut down on those [risk factors] significantly. 30% is a lot to cut down when the C section rate is between 30 to 40% as a country, and the recommended C section rate for an area is 10%. And so we're nearly four times what is recommended to be having. And so that is why I'm very passionate again about saving Black mothers and Black babies. (Doula Coretta)

In this quote Doula Coretta explains that she understands Black women have worse birth outcomes than white women do. Coretta then cites statistics about the efficacy of doulas in

reducing birth interventions and complications; work that she feels she can contribute to in her doula practice. In this way, Coretta then expresses that she feels that her practice can help to save black women and babies and ties in her own experience of giving birth to explain why she is so passionate about her birth-work practice.

Other doulas expressed similar sentiments in terms of seeing their doula practice as helping Black communities. Doula Audre said, “at the core of it, I just wanted to help women have babies as I always had family, friends [help me].” In this quote Doula Audre suggests that she sees her birth work as giving back to a community that has been there to support her through her own birthing experiences. Audre is suggesting that as a doula she is stepping into the role that friends and family have traditionally played in African American births and in connecting it to her own experiences, she is suggesting that she sees her birthing practice as a community service towards Black families.

The presence of many quotes about the Black maternal mortality crisis in this dataset shows that this issue is front of mind for Black doulas in Chicago. Black doulas interviewed for this project demonstrate a deep understanding of and connection to issues of health disparities that affect Black birthing people.

6. Professionalization of Doula Care

Another aspect of doula care that came up frequently in interviews is the professionalization of the doula care industry. Many doulas shared similar stories of their own experiences and things they have heard from their clients about doula care being traditionally a service performed by one’s grandmother, aunt, or other community members. Interviewees explained that the Southern roots of Black birth-work in slavery involved a community-focused practice in which a woman who herself had given birth to several children would be called on to assist with the births of other

women in the community. This doula service would have relied on the personal experience and knowledge of the woman serving as a doula, and the doula would not have been paid for her work. My interview subjects described how in the past several decades, doula care has become professionalized, meaning that there is formal training required of doulas beyond their own experiences with birth. This has allowed modern doulas to provide broader services to their clients, as well as give their clients accurate and evidence-based information throughout their pregnancy and delivery. As doula care became a profession, doulas began charging for their services to make doula care their full-time jobs and to cover the costs of the training and experience that they bring to their work.

Many doulas mentioned that this shift from amateur, community-based practice, to doula work being performed by licensed professionals required a mindset shift on the part of their clients. In the quote below doula Phillis mentions that she has heard clients say that in previous generations women used their family members' free services in place of doula care and that as a result, they are hesitant to hire an outsider and pay for the service.

I've seen where people don't want to hire [doulas], because they say that 'my mom had my grandma. She basically served as a doula, so why do we have to pay for this additional cost?' That [mindset] has been hard because there are times where people want to inquire about what you do and they're in love with the idea, but they're not ready to invest. (Doula Phillis)

In the above quote, Doula Phillis explains that she sees many potential clients who are curious about doula work and see the benefits but get stuck on the idea that previous generations did not pay for this service and feel that therefore they should not pay for the service either. This mirrors quotes shared earlier about potential clients not earmarking money for doula care as they consider it a non-essential luxury. Doula Phillis and others explained in their interviews that many potential clients see the value of doula care in the abstract but when it comes to investing in these services, the mindset that it should be a community-based free service prevents their

investment. These doulas mentioned that a significant portion of their time recruiting clients is spent explaining to their clients what value doulas bring to the table and, what differences exist between having a trained professional with you in the birthing room as opposed to someone who only has their own experience to guide them.

In the quote below Doula Audre expresses a similar sentiment about facing the expectation from potential clients that doulas should not expect payment for their services.

The way that I approached [becoming a doula] was by going to a plethora of trainings, literally five or six trainings on my money... At the first one I went to though I didn't know people got paid for this. Like, that wasn't a thing, you know. There was a lot of service-oriented trainings. Around that time people were really demonizing those who are focusing on doing the work as a means to support yourself. It was more centered on the women you were supporting. There were organizations that came up that were saying, 'Hey, how are you saying you're supporting women when you're not supporting this woman who [can't] take care of her children [due to financial limitations]. It is a very contentious thing, the expectations, financially. [In the beginning] I didn't know that it was a business, I just knew I could help. I knew I was already helping people, but I respected the craft, only to find out that there are many things that were slightly exclusionary. (Doula Audre)

In the above quote Doula Audre explains that at the first training she attended after becoming a doula 20 years ago, there was no expectation that doulas would be paid for their services. Doula Audre mentions that she attended many training sessions that she paid for herself and that when she attempted to turn her services into a business, she was demonized by others in the profession for not centering on women and not providing her services toward women who could not afford them. This is a sentiment that was echoed by other interviewees, even those who had not been in the profession for as long as Audre. Many doulas mentioned that there was immense pressure to provide their services for free despite the significant time and financial investment they made in gaining the skills and experience necessary to deliver high-quality care to their clients. This is shown in the below quote by Doula Ida.

The Advanced Business doula training [that I attended] was a three day training where we focused on how to run a doula business, because at the time when I was taking the training

back in 2016, running a successful doula business or agency was just becoming a thing. Prior to that it was kind of like, doulas should be volunteering their time, they shouldn't be asking to be paid, and if they are going to be paid, it should be very minimal. And so this advanced doula business training focused on charging what you're really worth by showing the doula profession in a different light. Whereas doula care had up until that point had been seen as something that should be done for free or very little money. But it could take you away from your family for three or four days at a time, it's like okay this is taking me forever, this takes me away from my family. This takes [time away from the job] I am using to earn a living and I have expenses, just like any other human being living in the West. And so I need to be paid and I need to be paid well, to cover my expenses and my living. (Doula Ida)

In the above quote Doula Ida explains that before taking a doula business course she faced a lack of understanding on the part of other birth-workers and clients about the necessity of doulas to be able to make a living with their work. This quote echoes the statements by Doula Audre in that Ida felt pressure to not charge for her work in the interest of supporting communities.

However, in this quote, Ida explains the toll that doing doula care takes on her family and ability to make a living in other ways due to the immense time commitment that the job requires, and therefore explains that to deliver quality care to clients while still being able to care for her own family, she needs to “be paid and . . . be paid well.” This mindset reflects the professionalization of the industry in which doulas are now expected to be knowledgeable in many different areas that free community doulas in the past were not. The move to charge enough for doula care such that doulas can make a living wage with their work is part of a cultural shift occurring around birth work that has been met with resistance from clients and is a fact of trying to make it in the doula profession that my interviewees have to contend with daily while running their businesses.

Barriers to Expansion of Doula Utilization

In this section I analyze the barriers that doulas mentioned in their interviews. As the interviews were from the perspectives of doulas themselves, these are barriers affecting the ability of the doulas to expand their capacity and more effectively serve Black clients.

1. Client Lack of Awareness about Doulas

I found that Black doulas broadly believe that clients in their target demographic lack an understanding of what doulas are and the benefits that doulas can provide to them during their pregnancy and delivery. Doula Phillis stated, “[When working with Black populations], people really don't know what a doula is. So I keep seeing the slogan:... ‘make doulas popular again.’ I think that we need to make clarity around what a doula is... the advantages of having the doula and having a one-on-one dedicated support for you.”

Doulas state that when working with Black populations many members of their communities have not heard of doulas before or do not understand what services they offer. Doula Denise explained that her goal is to “make doulas popular again,” meaning that she seeks to raise awareness among Black potential clientele about how doula care can benefit them during their pregnancy.

Other doulas expressed similar sentiments about the lack of knowledge on the part of their clientele. In the below quote Doula Zora puts the onus on primary care clinicians for failing to give Black families all the options and information that they need to make informed choices about their birthing experiences. In this quote, Zora explains that in her own experience with giving birth to her child, she felt ignored by her clinician, and in that experience came to realize the barriers to accessing doula care that is presented by the lack of education that primary care providers deliver to their Black clients.

I have two children. I have a nine year old, and I have a 10 month old, and with my nine year old, I didn't have a doula with him; I didn't know what it was. And I also had him in a hospital setting. So it wasn't an okay experience that I had. I ended up being induced a week early because I had high blood pressure two or three times throughout my entire pregnancy. And so, even though I didn't know, like what doulas did, somehow I ended up following them on social media. And so I was just scrolling Instagram one day, and I came across one of them posting about the maternal mortality rate amongst Black women. That led me down a whole rabbit hole of research. In the midst of all of that research, I realized how much

information was shared with me throughout my own pregnancy and labor and experience with [my son]. That led me to think that if my Black provider (because I specifically searched for a Black provider, because I just felt more comfortable with them.) I figured if my Black provider didn't feel it necessary to share all of my options with me, just think of how many other Black families that are out there but definitely don't [have this information]. So that's how I started this journey [to become a doula]. (Doula Zora)

One of the challenges that many doulas mentioned in getting their businesses off the ground is finding enough clients to meet their needs. This problem is likely caused, at least in part, by a lack of awareness about the services that doulas can provide among the target clientele. Many potential clients that the doulas interviewed for this project mentioned may simply have never heard of doulas at all, however I believe that an additional layer of this barrier is the racialized nature of birth work.

As was mentioned in previous sections, while modern birth-work has its roots in African American communities in the South as a result of slavery, modern birth-work is a largely white profession. Due to the high out of pocket cost of doula care, the most visible clients of doulas tend to be wealthy white women. Wint's 2019 article, "Experiences of community doulas working with low-income, African American mothers" makes a similar argument that the perception of doulas as a luxury reserved for the elite tends to scare off lower income Black clientele (Wint, 2019). Celebrity culture likely contributes to this problem. Many high profile celebrities such as Anne Hathaway, Kate Hudson, and Kelly Rowland have publicly shared that they used the services of white celebrity doula Lori Bregman (Bregman, 2022). For birthing people whose only exposure to doulas is from the Instagram accounts of celebrities with unattainable lifestyles, seeing commentary about their birth experience may work against the Black doula network as it reinforces the stereotype that only wealthy, white women use doulas.

2. *Client Inability to Pay for Services*

Nearly all the doulas I interviewed mentioned that they got into doula work to serve Black populations, however, when asked about the challenges of working with that population, many doulas answered that finances were the biggest barrier they faced in that endeavor. Doulas mentioned that the concentration of poverty within Black communities means that Black birthing people are at higher risk of poor birth outcomes due to social determinants of health. In their interviews doulas reported that the amount they must charge for their services to sustain their businesses is prohibitive for many Black families. This financial barrier therefore means that it is difficult for Black doulas to work with Black clients and to disrupt the effects of poverty on maternal and infant health.

A lot of times when you're trying to serve populations, such as underprivileged populations, there's a barrier there is that they can't afford some of the out of pocket expenses of those services. So they forego a lot of services. Just finding the ability to pay for those services [is a barrier]... So many times it's like, well, 'my mom went to the doctor and she had all her babies in hospital and she was just fine. And so this is what we do, right?' So sometimes you got to break down that generational cycle that says this is just what we do without bringing clarity to options and choice. And once we let people know their choices, we should be able to do better with the information that we have. (Doula Phillis)

Other doulas echo this sentiment, saying that they often must face the difficult decision of whether to take on clients who cannot afford their services, but feel that they would benefit from the care of a doula. Doula Ida explains that the balance of trying to provide services to those in need, while also ensuring that she can provide for her own family has been a difficult aspect of being in the doula business.

The biggest barrier has been finances. I get contacted, often by people who can't necessarily afford our services. And we've had some monetary donations made to us from other organizations or individuals who would like the money to be earmarked for doula services. But oftentimes those donations are few and far between. So it's not like we can offer [free care] regularly, you know, to people who inquire about our services. (Doula Toni)

In the above quote, Doula Toni mentions that she would like to offer free services as much as possible, but without donations from outside individuals and organizations, providing care to those who cannot afford doula fees is impossible. In the quote below, Doula Zora expands on this sentiment by explaining that the sustainability of her life and her family is based on taking clients who can afford to pay the prices that she needs to charge for her work. For Zora, this has meant that she must take on clients who fall into a different demographic than those she initially set out to work with, namely, wealthier, and older clients.

If I do want to sustain my family I have to take more families who have the resources to be able to pay. I absolutely don't say you don't have to pay me in full, all at once before I support you. I offer a super flexible payment arrangement... Initially, I started out wanting to support lower income families, mainly because I have been there, like I was considered lower income, so I know the struggles, and I get why the additional support is needed. And I get the lack of resources that are available [to support the births of lower income people]. It's just hard because I don't necessarily have the time to, (especially with a new little baby [of my own] and being in school and still trying to make some money.) I don't really have the time to set aside to support families who may not be able to afford my services at all, or my full rate. But I mean that's one of the things about living in a capitalistic society. (Doula Zora)

In this quote Doula Zora is explaining that she must balance the needs of her own family with her desire to support the women to whom she relates most, poor Black single mothers, because of the financial implications of doing so. The result of this is that poor Black women are left with gaps in their access to doula care due to their inability to pay for this care at a rate that sustains the practice of the Black doulas who seek to provide it. This mismatch of the need for care and desire on the part of doulas to deliver that care, with the inability to deliver such care to low-income clients lead to difficulty for doulas in finding enough higher-income clients to meet their business needs, and a difficulty for lower-income clients to find doulas who are willing and able to take on their cases.

3. Need for Culturally Relevant Training for Black Doulas

Many doulas, in explaining their work chose to share the training that they had undergone to gain their skills and knowledge. A recurring theme in this discussion was the need for culturally relevant training to be available and accessible for Black doulas. Interviewees expressed that to perform their work in the way that they want to, they must learn from Black practitioners. Doula Coretta said, “the white training was different from learning from a Black person.” It seems that in the same way there is importance in clients and doulas in having a shared ethnic background to facilitate relationships, there is importance in sharing an ethnic background with those from whom one is receiving training to do such intimate and relationship-focused work.

Many doulas echoed this sentiment in their interviews. In the quote below, Doula Coretta explains the importance of having training delivered by Black practitioners so that the training better reflects the traditional birth practices that she wants to incorporate into her care.

[My first doula training with a white led organization] was just the bare bones of birth versus my holistic doula training [led by a Black practitioner]. It was a lot more spiritual, there was African drum playing at the beginning of the day. I get more of a spiritual connection from that training, [and it left me feeling] more prepared. I felt more prepared to support people after that training versus the bare bones [I got from the first training]... [The white led training] did not have things like that spiritual aspect. And also, it wasn't very considerate of things like, ‘oh, there may be some barriers to the community getting to you.’ (Doula Coretta)

Doula Coretta mentioned that her initial training that she received served to instruct her on the “bare bones” aspects of this business, however, as a Black doula she did not feel prepared to conduct her work with only that perspective. Coretta states that the training she attended led by a Black practitioner included a spiritual aspect, as well as mentions of barriers that her clientele may face in accessing her care.

This quote points to gaps in the educational resources offered to all doulas, not just doulas of color. Coretta points out that without attending a training led by a doula of color, people training in this field may not have an understanding of the social context of birth-work

and the ways that social environment and health determinants are impacting clients of color. Doulas interviewed for this project shared that doula trainings are primarily paid for out of pocket by doulas themselves and can cost anywhere from \$50-\$3,000. Because trainings that prepare for doula accreditation are primarily offered by white led organizations, interviewees asserted that these trainings were not sufficient to teach them to adequately serve the needs of Black clientele. This means that Black doulas have to spend additional money to attend further trainings offered by Black practitioners to gain this knowledge. Therefore the lack of culturally relevant material in many doula training curricula poses a barrier to Black doulas and means that doulas who have not trained under Black practitioners may not be able to fully meet the needs of Black clients.

4. Lack of Self Care Resources for Doulas

A barrier that came up, often indirectly, in interviews was the toll that doula care can have on the physical and mental health of the doula. Many doulas mentioned attending births that went on for 24 or more hours. These doulas see their role as being the person who is continuous with the birthing person for the duration of their labor, and therefore feel that they must stay with their clients regardless of how long their labor and delivery takes. Many doulas mentioned the immense pressure and responsibility they feel when supporting bringing a new life into the world. As a result, many doulas utilize self-care rituals to help themselves get through these births. While many have little routines that they do to provide for their comfort in small ways during these births, others mention that the toll that being a doula has on their personal life and ability to maintain work-life balance is challenging, indicating that there is a lack of resources available for doulas to maintain their health while on the job.

Doula Coretta explains her self-care rituals in the quote below.

[When on long births, you keep your toothbrush or your deodorant with you. And other than that, I just kind try to make sure I'm eating. But it's tough. It's really hard to make sure I'm eating when I'm trying to make sure someone else's life is okay. (Doula Coretta)

In this quote, Doula Coretta reveals that being forced to balance her health and ensuring that she is eating during long labor with the health of the birthing person means that often her own health takes second place. In the quote, the only comforts that she claims for herself during these births are bringing a toothbrush and deodorant, meaning that anything else that she might have just for herself is foregone in favor of serving her client's needs. One can imagine that on a 24-hour long birth, during which you are working, providing physical and emotional labor to clients, this is not sufficient self-care.

In the quote below Doula Harriet explains the self-care resources that she uses to get through the mental anguish of confronting medical racism in her job.

Interviewer: Do you have self-care techniques that you're using to care for your own mental health while you're around all of this racism and trauma?

Doula Harriet: It's a really great question. I think it's been a lot of trial and error, as a doula. You provide a lot of emotional, physical and mental support for people, and often folks, especially pregnant people, I think, they deserve it feels like it's their world for nine months and that this person is hired specifically to handle your needs. But I think what has been most helpful for me is addressing expectations before I take on a client, so letting them know like this is how I communicate. This is how I am utilized as a doula so I think a lot of folks have used doulas just as their primary crutch for everything. And it's very important for me especially, I can't say for others, but for me to, to name those expectations. I am not the person who's going to provide you medical advice, because I'm not a medical professional, but I can be there to remind you to seek out your medical professional. If you are experiencing something that's extremely traumatic within the context or outside of the context of this pregnancy, in this birth, I will more than likely refer you to other resources and others in the community where you can process those things: therapists, groups, all of those different things, because there's no expectation that I am to hold all of that, in addition to, you know all of the other stuff I am. I'm very empathic.

And so, like people throw things at me all the time and I have to be very clear on my boundaries of like if you give that to me I will take it and it will be detrimental on my body and on my spirit, and so it's just, for me it's just putting those expectations beforehand, and then also taking time in between if I've had a particularly stressful or

traumatic birth. I have already made it in a part of my system where I don't have more than two moms or two parents, a month, or, those types of things so I would say just being very stringent on my boundaries, and also resting and taking time for breaks if there is, if I have a prenatal and one weekend like that's the only prenatal being that weekend so that I can have the rest of the time to decompress, do all of those things. And then I also write a ton. So I write down everything that's happening. And I have a very strong community of doulas here in Chicago, that if something is particularly stressful or traumatic or anything like that I have so many folks that I can process with, like, easily just call on the phone and talk to, and a lot of the time it's like, oh yeah, I've been there like that stuff, and it's very helpful to hear like somebody else has already experienced. (Doula Harriet)

In this quote Doula Harriet mentions that many of her clients try to share their mental health concerns related to their pregnancy with her. Harriet states that the sharing of anguish with her clients is detrimental to her mental health and her body, and as a result, Harriet enforces strict boundaries with her clients in terms of what her role is as the doula as opposed to a therapist or medical professional. In the quote, Harriet also mentions that she is forced to limit the number of births she can take on because to do more would be to neglect her mental health. While this limit she enforces is a means of self-care, it also feeds into the barrier discussed in the next section of the difficulty of being able to make a living as a doula. To make a living as a full-time doula, one would have to take on many more clients than Doula Harriet does, and consequently, sacrifice their own physical and mental health to do so. Harriet mentions that she wants her pregnant clients to feel like the world is theirs for the nine months of their pregnancy, and many other doulas interviewed for this project seem to share a similar sentiment in that they strive to meet all their clients' needs despite the toll that it takes on them personally. This attitude towards client care is part of what makes doula care so valuable and essential for clients who may not otherwise receive that personal attention, empathy, and understanding from the clinical professionals working on their case, however, this attitude is also an aspect of the doula-client relationship that may make being a doula an unsustainable lifestyle in the long term.

5. *Inability to Make a Living in the Doula Profession*

For the doulas I spoke to for this project, a concern that was front of mind was their ability to make a living, and to support their families with their work. Given that the majority of the doulas explicitly mentioned a desire to work with low-income Black clients, they faced a dilemma of charging enough for their time that they are able to meet their own needs while not pricing themselves outside of the budget of their desired clientele. Many of the doulas had regular 9-5 jobs that they used as their primary source of income and ran their doula businesses in their free time. This was problematic for many of the doulas, however, because of the unpredictable timing of birth. Being a doula has the potential to cause major disruptions to one's day job and family life. Doula Rosa speaks about the challenges of this balance in the quote below.

Even at work, I try not to let [my doula business] interfere with my work. One is how I maintain my livelihood. But my coworkers are happy if like I'm coming in a little late, or I'll be like, 'I'm tired, I had a birth, but I'm here.' You know, things like that. I try my best so [my doula business] doesn't interfere with my work. So having that support team really really helps. I have to let my clients know: my goal is to be there with you [when you give birth]. But if I am not, I want you to have the tools." (Doula Rosa)

In this quote, Doula Rosa mentions that there have been instances in which she was late or not able to perform her work at full capacity because she was tired from her doula work. In Rosa's case, she had a job that was understanding of this and willing to accommodate her schedule to allow her to also work as a doula. Rosa states that her day job is her primary means of supporting herself, therefore if she has work duties that she must attend to, she is not always able to be there for her clients at the time that they give birth. Because her doula business is not her primary source of income, it must sometimes take a lower priority to work that does provide her with a steady income.

In the following quote Doula Harriet echos the need to take on secondary work to support one's self and family as a doula in Chicago and states that her inability to make a living at this work poses a barrier to being able to provide quality care for her clients.

I think in an ideal world, in a dream world, I would be a doula full time, so that it wouldn't be as restrictive. I think that's one thing also is doulas don't make enough money to do that; it's not enough. It's just not enough money, and folks who are often building sustainable businesses and sustainable practices have more doulas and more just capacity. So, I think I have a very flexible job at [Chicago nonprofit] that allows me to, you know, clear my meetings for a day in case somebody goes into labor... There are certain months that I just do not take births because I know that I need to dedicate time to rest or family, and then also restrict how many births I take per quarter. (Doula Harriet)

In this quote Doula Harriet shares that she has the desire to become a doula full time, but that the amount of money she can make from her business is not sustainable. Similarly to Rosa, Harriet shares that she is only able to make this arrangement work because of her day job which allows her to be flexible in arranging her schedule to accommodate her clients' births. Harriet also mentions that she limits the number of doula clients that she will take on in a given period to make time for her family to rest. In taking this time for self-care Harriet is further limiting her income coming from her doula business.

Doula Serena explained that she feels the need to quit being a doula in favor of a more lucrative birth-work profession because the amount of money that she can make as a doula is not sustainable for herself and her ability to support her family in the long term.

[My choice to shift my work to midwifery instead of doula care] may have a little bit to do with finances, because I don't think that like in the long term like this would be sustainable, because you don't have various things that I want to do for my family. So long term, I'm sure if I stuck it out and did the necessary like marketing or promotion or you know, or continue to build my Doula business that eventually it could be [sustainable], but just in me wanting to have more of an impact in a little more consistency financially is the most important reason [to change careers]. (Doula Serena)

Doula Serena shared she feels as a midwife she will be able to make a living that is more consistent and is better able to finance the goals she has for her family. This quote shows that

some Black doulas in Chicago are being pushed out of the profession because they cannot afford to be a doula.

Overall, the doulas interviewed for this project shared that they feel restricted in growing their doula businesses and taking on more Black clients because of their limited ability to make a living doing this work. If they charged more for their services, more Black clients would not be able to afford this care, however, if doulas lower the prices for their services, they limit the sustainability of their businesses and the amount of time that they can afford to dedicate to their clients. Doulas are also forced to balance their rest and self-care with the needs of their clients and businesses. Doulas state that they simply don't make enough money to be able to make their businesses a full-time job, which therefore severely limits the capacity of the Black doula network in Chicago. The amount of money that doulas can make from their businesses does not appropriately reflect the amount of training required to take on this work and the amount of time and labor that doulas put into their work with clients. The living that Black people can make as a doula serves as a deterrent for people considering entering the profession as well as forcing those who have already invested to become a doula to choose between their own well-being and supporting their clients.

6. Lack of Work-Life Balance for Doulas

Following the conclusions in the previous section, the limited ability of doulas to run their businesses while attending to their families and their mental health poses a barrier to the expansion of their care. Every doula interviewed for this project had children of their own and served as the primary caretaker for those children in addition to their doula work and secondary work in many cases. Most doulas I spoke with ran their businesses from their homes, which while being beneficial in reducing the need for them to make alternative childcare arrangements,

meant that the doulas had limited amounts of uninterrupted work time to meet with their clients and perform their business administration tasks. The challenges of balancing childcare with doula work are demonstrated in the following quote by Doula Ida.

Interviewer: How have you balanced having your kids and your family responsibilities with running your business? What's that been like?

Doula Ida: It's been a juggling act. I'm sure the kids are in the background [of the zoom call] now. So, my husband has been helpful with that. I've definitely been able to rely on him more often, and the pandemic brought on a lot of that reliability because it made him be more present in the home instead of always being out at work, so that was probably a big part of it. And then also, you know like letting it be known like that this is a thing for me. Like this is a business; this is not a hobby... Honestly, it's still very difficult finding time in a day to work on the business undistracted and then, you know, still having the children, I have not achieved what I would like, what I'm working toward, which is where I have really more balance in my home business life where I can dedicate like undivided attention to the children and the family during certain periods, and then equally undivided attention to the business side. I haven't been able to do it, it's still kind of all over the place. (Doula Ida)

In this quote, Doula Ida shares how difficult it has been to have uninterrupted time to be with her family, meaning that Ida's doula business needs to bleed into her family life. Because her business is run out of her home, Ida has the constant need to assert herself and her business needs as not being a hobby but instead something that needs time and attention separate from her childcare responsibilities.

Many other doulas made statements about the benefits of being a doula and being able to work from home while raising their children. Doula Toni said, "I'm a mother first, always, you know, no matter what. So, that's also one of the benefits of working for myself, you know, I get to remain present for my children." Toni went on to explain that her biggest challenge in getting her business off the ground has been having consistent childcare. In fact, during one of my interviews, the doula I was speaking with was interrupted by her child's snack time needs and had to cut the interview short to be with her child.

One of the reasons that doula care is so important and effective is that it relies on family and community to support birth and parenthood. Doulas themselves, being members of this support system often bring their own families and experiences into their work. This means that there is often little separation between the doulas' lives and their work. Doulas are therefore limited in their ability to provide for their self-care and rest as there are constant demands on their time. Additionally, the overlap between their responsibilities as parents and their care for other parents through their work means that each job is only getting a portion of their attention. Therefore, the lack of separation between family life and work life for the doulas interviewed in this project acts as a barrier to them being able to run their businesses effectively.

7. Lack of Business Skills Training for Doulas

A barrier for doulas who run their businesses delivering care is learning the skills necessary to run a successful business. Doulas must know how to price their services, how to find clients, how to manage their schedule, and when to invest in additional training or infrastructure for their businesses. All doulas in this study went through a comprehensive birth doula training at the beginning of their careers that taught them the basics of birth and how to support a client. However, most doulas mentioned that these trainings did not include instruction on how to turn their skills into successful businesses. Doula Coretta explains in the quote below how she learned to run her business.

Many [of my trainings] touched on [business skills], just a few sentences on the topic but [my knowledge is] kind of from life... Everything that I've figured out, it's just been trial and error. And really, you can literally YouTube how to grow your business. And I just take those tips and steps... That's how you learn, you look at the people who are most successful in the field that you're in, and then you model that. And that's all I did.”
(Doula Coretta)

In this quote Doula Coretta mentions that she learned to run her business through trial and error as well as by watching YouTube videos of successful doulas explaining how they run

their businesses. While this method was effective for Coretta, it involved her doing significant amounts of research, in addition to the time that she spent in training learning the hands-on aspects of her work. The additional time and research know-how required to learn business skills represent a barrier to entry for new doulas seeking to enter the field. If formal doula trainings themselves were more comprehensive and taught doulas how to effectively monetize their businesses, doulas would not need as much costly trial and error to establish their businesses, and therefore it may make the creation of businesses more accessible for Black doulas.

8. Hostile Hospital Policies

For doulas who work in hospital settings, hospital policies about the ways that doulas are allowed to interact with their clients can pose a barrier to them being able to conduct their work. Many doulas shared instances in which they were barred from the delivery room because the doctors and nurses did not want an additional person who might be in the way. Other doulas shared that COVID policies limiting the number of people allowed in the delivery room meant that birthing people had to decide between having their partner in the room and having their doula. In several interviews doulas shared that they lost business because their clients were unsure if they would be allowed to have their doula in the delivery room with them, and therefore decided that the expense of hiring a doula was not worth it for them. In this way, hospital policies about doulas influence not only the birthing experience of patients, but also the ability of Black doulas to serve their clients and make a living. In the quote below, Doula Toni shared her experience navigating clinicians who do not want doulas in the delivery room.

Interviewer: Have doctors ever said anything about your presence as a doula in the delivery room?

Doula Toni: Yes, ‘she doesn't need to be here. Are you sure you want her here? I think we can manage this without your doula’s presence.’ And I’ve had to have clients tell them ‘I hired her. I’m paying her, she’ll stay. I’ve also had nurses push me away. A nurse pushed me

out the way and it was the doctor surprisingly to speak up on my behalf. Because at this point my client was pushing, and I didn't want to upset the energy in the room, because my client didn't even notice what that nurse had done, but the doctor actually spoke up and she was like 'you know that's her doula right? The client wants her here.' (Doula Toni)

In this instance, Doula Toni was told to leave the delivery room by a nurse who didn't understand the need for her presence in the room. It took both the client and the doctor speaking up for her and her work for Toni to be allowed to remain in the delivery room working with her client. In this case, the hospital where Toni was working did not have policies that explicitly allowed for doulas to be in the delivery room, and her ability to work was therefore at the discretion of the clinicians on shift at the time of her clients' delivery. While the lack of doula-friendly policies posed a barrier in this case, other doulas shared instances of deliveries in which hospital policies specifically barred them from being in the room, particularly in relation to COVID limitations on the number of people allowed to be in the hospital.

Policies that bar doulas from being able to do their work serve to undermine the doula profession by not treating them like the birth work professionals that they are. Hospital policies must reflect the value of doulas as more than just one more person in the way during birth.

Policy Recommendations

1. Increase Financial Accessibility of Services

An aspect of doula care that came up in every interview for this project was the doulas' concerns about the financial accessibility of doula care for the clients that they wanted to work with. Most of the doulas stated that they got into doula care to work with low-income Black women as many of the doulas mentioned that they belong to or relate to this demographic. However, in working with this population, the doulas mentioned that the ability of clients to

afford to pay doulas for their services was the most significant barrier to being able to work with this population.

When working with historically disenfranchised and under-resourced populations, the financial accessibility of healthcare is a fundamental issue. This is a particular barrier with doula care as it is often seen as a luxury. Therefore, when clients are forced to choose between paying for a doula and paying for other household necessities, doula care often does not top the list of priorities.

In literature about the accessibility of doula care, the primary recommendation to increase the financial accessibility of doula care has been to force health insurance companies to provide coverage for doula care (Strauss, 2016). Doulas have been proven to be a very cost-effective option as they reduce the incidence of expensive birth interventions, such as cesarean sections, and the time birthing people spend laboring in the hospital by an average of 40 minutes. Some states such as New Jersey and Minnesota take advantage of this cost-saving by mandating that doula care be covered by Medicaid. This means that low-income patients can access doula care with limited out-of-pocket expenses. This is a critical development in increasing the accessibility of doula care. I recommend that the state of Illinois expand upon this policy model and require that all private and public insurance plans offer some coverage for doula care for birthing people. A study by Kozhimannil on a Medicaid reimbursement program in Minnesota found that if doula usage lowers the rate of cesarean sections by 40%, then the state could save up to \$9 million when reimbursing for doula care at a rate of just \$100 per birth (Kozhimannil, 2013a).

An insurance reimbursement mandate will lower the cost of care to the patient, as well as legitimize and normalize the use of doulas. By standardizing the amount of money that doulas receive for working with clients, it would also increase the financial viability of the doula

profession. Doulas would no longer have to decide whether they should lower their costs to provide for clients who cannot afford their services and therefore make it possible for more Black people to be able to make a living as a doula.

Insurance coverage for doula work is not a magic bullet for solving all financial accessibility issues, however. Black birthing people are less likely to have insurance coverage in the first place (Artiga, 2021). Additionally, using one's health insurance to receive coverage for doula care requires a degree of health insurance and medical literacy on the part of both clients and doulas themselves. To have their services covered, doulas would have to submit to more regulations and administrative hurdles that could limit the ability of already time-strapped doulas to conduct work with their clients.

Therefore, in addition to increasing insurance coverage for doula care, I recommend the creation of community doula funds to ensure that doulas are paid for their work and that more birthing people can access doula care regardless of their health insurance coverage. These community doulas could follow the model of community abortion funds which utilize grant coverage as well as community donations to directly provide funding for applicants. Studies have shown that abortion funds are utilized by and helpful to young people and people of color. I anticipate that community doula funds would primarily serve a similar demographic of birthing people who are most in need of doula services to keep them safe and healthy during their pregnancy but have a limited ability to pay for these services out of pocket (Ely, 2016). By creating community funds, this measure will also serve to keep doula services rooted within community care models, thereby paying homage to the traditional African American birthing processes upon which contemporary doula care is based.

2. Collaboration Between Black Doulas

As was discussed in prior sections, a defining feature of Black doula work in the City of Chicago is the relationships between the doulas themselves. Throughout interviews for this project, the value of this community and collaboration was expounded upon to a great degree. The Black doula network in Chicago as it currently stands is a result of the community-building work of these doulas themselves. The network is supported by the interpersonal relationships between doulas that serve as mentors, provide emotional support, training, and other business support functions. These relationships exist both offline, primarily when the doulas personally know each other outside of work and thus have a more than professional relationship, as well as in social media spaces, primarily Facebook and Instagram.

On Facebook and Instagram, there are pages and groups for Black doulas in Chicago that are founded and operated by the Black doulas themselves. In these spaces, a newcomer to the Black doula scene can ask questions of more seasoned birth-workers, doulas can advertise their mentorship and training services, and potential clients can search for doulas who will best meet their needs. These social media hubs of collaboration are vital, however, these groups can be laborious to build and maintain.

Under the current model, doulas themselves must take time away from their families and their income-generating business to put together Black doula networks for the good of their community. Through my research I have found that these collaborations are one of the most meaningful ways of supporting the work of Black doulas and their ability to provide care to their clients; supporting Black doula collaboration will save the lives of Black birthing people. Therefore, I recommend that funds earmarked for supporting birthing outcomes be used to formalize collaboration between Black doulas. According to a 2021 study by Lee Prina, many of the largest philanthropic foundations in the United States have made birth equity projects a top

funding priority, and are thus putting large amounts of money into projects supporting Black maternal health (Prina, 2021). I posit that these foundation dollars can best support Black birth outcomes by financing Black doula collaboration. I envision this formalization of support taking the form of nonprofit organizations paying doulas for their community-building work to eliminate the issue of doulas having to conduct free labor that takes away time and money from their businesses and family.

Another key issue that Black doulas mentioned facing is the lack of resources available to help them learn how to effectively run a doula business. When asked about their formal doula training, many doulas mentioned that the courses they took did not include any instruction on how to find clients, how to price their services, or how to manage their time as small business owners monetizing their doula services. Doulas mention that they primarily learn these skills through their trial and error or by emulating the businesses of successful doulas in their networks. Formalizing collaborative networks among Black doulas could help to reduce the burden on doulas to learn how to run successful businesses independently. If doulas are compensated for their community building and educating services within the Black doula community, they would be incentivized to support others in building their businesses, therefore expanding the capacity of the overall network to serve Black birthing people in the City of Chicago.

An additional benefit of sponsoring business skills learning between Black doulas is that in learning from peers in their same communities, this education is likely to be culturally relevant in addressing the specific barriers that Black communities face in accessing business-building capital and credit and therefore more likely to be incorporated into new practices. When building their businesses, Black doulas face different barriers than doulas of other racial backgrounds, and

by learning from each other in formal collaborative environments, Black doulas are more likely to get advice that will serve their specific needs.

To go further, another issue that has come up throughout this project is the difficulty associated with running a business from one's home. All of the doulas I spoke with who were independent practitioners operated their doula businesses primarily from their own homes, traveling to clients when necessary. Most of the tasks required to run their businesses had to be performed in between their childcare responsibilities and other tasks and distractions associated with running their households. Several doulas mentioned that this work from home model limited their productivity, but that they were forced into this arrangement due to a lack of childcare and affordable workspace from which to run their businesses. I propose the creation of collaborative community workspaces for doulas.

In a community workspace, I envision childcare for the doulas' children, spaces where they can meet with clients, spaces for collaborative work and learning, as well as spaces for doulas to work independently on their business. These spaces could function similarly to a co-working space but be designated specifically for Black doulas and be based in predominantly Black communities which have traditionally not had the same access to business-building capital, credit, and resources as white neighborhoods and white run businesses (Robb, 2004).

In our capitalist society, women, specifically Black women are often tasked with performing labor that while necessary to the functioning of families, communities, and societies, is not valued or compensated (Jones, 2009). Black women are disproportionately burdened with childcare and housekeeping but are not paid for this work. This pattern carries with Black doulas in Chicago who are providing a vital service to their communities through their doula work, and many to their own families as well as parents and caregivers. On top of this labor, many of these

exceptional doulas also choose to take on the work of building a community of doulas to bolster the network of birth-workers and strengthen the skills and connections of all. This work is important and necessary, and therefore those who take it on deserve to be compensated for it. There is an abundance of grants, academic, and government funding designated to supporting community health, and some of this money must be allocated to build the strength of Black communities through doula care.

3. Collaboration Between Doulas and Clinicians

The nature of the relationship between doulas and clinicians came up numerous times throughout the interviews for this project. Doulas in particular mentioned working closely with nurses, as nurses are the clinicians who have the most continuous contact with pregnant patients during their labor and delivery. Through my research, I recommend two ways in which strengthening collaborative relationships between doulas and clinicians can work for the benefit of Black birthing people. I recommend the creation of referral networks between doulas and clinicians, as well as dialogue sessions between these groups to discuss the ways that each of their respective duties for the birthing person can support the other.

Several doulas mentioned in their interviews that one of their methods of recruiting clients was to leave their marketing materials in doctor's office waiting rooms. In this way, the doulas are utilizing a space where they know pregnant people will be present and seeking support in their pregnancy. One of the doulas even mentioned that some hospitals, such as the University of Chicago Hospital disseminate information about what doulas are and referrals for doulas in their communities. Situating doulas within medical settings serves to legitimize the practice. As was discussed in the barriers section, a key factor preventing many birthing people from hiring doulas is the perception that a doula is something "trendy" and non-essential

(Mojica). But by placing information about doulas in doctor's waiting rooms, or having doctors themselves supply the information, they lend the legitimacy of their profession to the doulas they are referring. Additionally, for patients who are unfamiliar with what a doula is and the role that they could play within their care team, a doctor could be an important point of entry into the world of traditional birth practice.

Therefore, I recommend an expansion of referral programs between clinicians and doulas. In addition to other literature that is provided to pregnant people during their wellness checks, clinicians should provide information about what doulas are and make connections between their patients and doula networks in the city. This will help to increase the accessibility of doula care for these patients by eliminating the need for patients to do their research, or to have their own prior knowledge about these practices.

In addition to referral networks, a collaboration between doulas and clinicians could go further in the pursuit of better health outcomes for birthing people. In the course of her interview, Doula Phillis recommended a formalization of collaboration between physicians and doulas.

I would really love to see [collaboration in the form of] hospital town hall meetings... so that we can collaborate with the doctors and the nurses and the midwives. I think it's important to put a name to a face and things like that. So [the clinicians will] see that there's no competition. That I'm not coming in here to do [their] job. I'm not coming to be disrespectful to [them]. I'm not here to make a negative energy. I'm here to help and support you in any way that I've seen.

And so maybe that will just decrease the barriers [to working in a hospital setting] if we could just have, maybe once a month, a town hall to talk about new issues. 'Doctors, what are y'all seeing? People not going to doctor's appointments? Okay, so now we don't know how to address that issue in our community.' I'm always about [saying to my clients], 'Did you attend your appointment? Did you do this? Did you have your ultrasound?' And so that'll make for better care for them too when they go to the [clinicians] because it's not just your doctor telling them, it's us following through. (Doula Phillis)

Doula Phyllis suggests the use of town hall meetings to formally collaborate with clinicians regarding patient care. In this quote, Phyllis suggests that there are certain issues related to patient care such as ensuring that birthing people consistently attend their prenatal appointments. Doulas, in likely having more constant contact with their clients than doctors do with their patients, can provide necessary non-clinical follow-ups to doctor's appointments for their clients. Doctors are likely to recognize patterns of behavior among the patients in their practices, and having the ability to inform doulas of the patterns that they are seeing and get their support or advice on how to handle those issues could be a means of improving patient care experiences.

This collaboration could be especially beneficial when doctors do not share the racial, class, or geographical neighborhood backgrounds of their patients. This means that the doctors may not have a personal understanding of the barriers that their patients face in receiving health care, having access to healthy food and a safe environment, or any number of other barriers that affect the patient's ability to follow a doctor's orders. Black birthing people are more likely than those of other racial backgrounds to live in resource-poor areas, meaning that they may have to travel long distances to attend their doctor's appointments, they may lack childcare for their other children, they may live in a food desert and have trouble accessing food recommended for a pregnant person. In these cases, having a doula who has taken the time to build a relationship with the client, who understands the context they are coming from, and who is a member of the same community, can be an asset to the clinician as the doula likely has the experience, recommendations, and an enhanced ability to connect with the clients about the particulars of their pregnancy. Utilizing the expertise of doulas could also help doctors to circumvent the barriers presented by the doctor-patient power dynamic and the constraints on doctors' time by

outsourcing some non-clinical aspects of patient care to doulas. By formalizing collaboration between clinicians and doulas, clinicians will be able to utilize this expertise for the benefit of the patients.

As doula Phyllis said, an additional benefit of this face-to-face interaction between clinicians and doulas is an increased level of familiarity between the groups. As shown in the barriers section of this paper, poor interactions between clinicians and doulas in hospital settings present a significant hurdle for doulas to work with their clients during labor and delivery. Town hall meetings could serve as a dedicated time and place for doulas and clinicians to build personal relationships and gain a deeper understanding of the work that each of them is doing for their respective clients and patients.

Conclusion

Black doulas in Chicago are filling a vital need in the Black community. These doulas work to ensure that Black birthing people have positive birth outcomes and good birth experiences. Black doulas in Chicago are helping to disrupt the cycles of structural racism that contribute to disparities in maternal and infant death rates associated with Black pregnancies and helping to disrupt cycles of perceived and inherent structural racism that contribute to disparities in maternal and infant death rates associated with Black pregnancies.

There are however unique barriers that Black doulas in Chicago face in seeking to deliver their care to this clientele. When working with a systemically disenfranchised and systematically impoverished population, these doulas are forced to balance their own need to support their families with the desire to support the birthing people most in need of their services. The doulas that I interviewed for this project faced hostile hospital policies, challenges in accessing the

training that they needed to successfully build their businesses and serve their clients, and pushback on the ways that they incorporated cultural Blackness into their work.

To support the essential work that these doulas do, policy-makers need to invest in ensuring the vitality of this community. Reproductive rights and social justice have been hot-button issues in the last several years, and are issues for which large amounts of money in grants and donations have been allocated. In the interest of supporting Black communities and the health of Black birthing people, some of this money should be directed towards supporting formal collaboration in the Black doula community. My data shows that the Black doulas in Chicago are motivated and desire to serve the needs of the Black birthing community. If their collaboration were formalized such that resources and partnerships were easy to find, and support for moving their businesses outside their homes was available, doulas would be able to help each other reach more birthing people, perform community education, and increase their capacity to take on more clients. There already is a strong community that exists via social media and interpersonal relationships between doulas—an investment in this community would mean that outsiders could more easily enter the field and immediately find the support that they need to successfully run their business and best serve their clients.

The policy interventions proposed in this paper can help ensure that Black birthing people in Chicago have birth outcomes more equal to those of their white peers.

References

- 6 Celebrities Who Have Spoken out about Black Maternal Health. (2020). *Glamour*.
- Abramson, R. (2004). The Critical Moment and the Passage of Time: Reflections on Community-Based Doula Support. *International Journal of Childbirth Education*, 19(4).
- Artiga, S. F. (2021). *Health coverage by Race and ethnicity, 2010-2019*. KFF. Retrieved April 16, 2022, from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-by-race-and-ethnicity/>
- Black Maternal Health Week*. (n.d.). Black Mamas Matter Alliance. Retrieved April 16, 2022, from <https://blackmamasmatter.org/bmhw/>
- Declercq, E. R., Sakala, C., Corry, M. P., Applebaum, S., & Herrlich, A. (2014). Major survey findings of Listening to MothersSM III: Pregnancy and Birth. *The Journal of Perinatal Education*, 23(1), 9–16.
- Division of Medical Assistance and Health Services, Medicaid, & NJ Family Care. (n.d.). *Coverage of Doula Services*.
- Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries | AJPH | Vol. 103 Issue 4*. (n.d.). Retrieved April 16, 2022, from <https://ajph.aphapublications.org/doi/10.2105/AJPH.2012.301201>
- Ely, G. E., Hales, T., Jackson, D. L., Maguin, E., & Hamilton, G. (2016). The undue burden of paying for abortion: An exploration of abortion fund cases. *Social Work in Health Care*, 56(2), 99–114. <https://doi.org/10.1080/00981389.2016.1263270>
- Gilliland, A. L. (2002). Beyond holding hands: The modern role of the professional doula. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 31(6), 762–769.

- Giscombé, C. L., & Lobel, M. (2005). Explaining disproportionately high rates of adverse birth outcomes among African Americans: The impact of stress, racism, and related factors in pregnancy. *Psychological Bulletin*, *131*(5), 662.
- Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of Doulas on Healthy Birth Outcomes. *The Journal of Perinatal Education*, *22*(1), 49–58. <https://doi.org/10.1891/1058-1243.22.1.49>
- Handtke, O., Schilgen, B., & Mösko, M. (2019). Culturally competent healthcare—A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. *PloS One*, *14*(7), e0219971.
- Hardeman, R. R., & Kozhimannil, K. B. (2016). Motivations for Entering the Doula Profession: Perspectives From Women of Color. *Journal of Midwifery & Women's Health*, *61*(6), 773–780. <https://doi.org/10.1111/jmwh.12497>
- Haskell, R. (2018). Serena Williams on motherhood, marriage, and making her comeback. *Vogue*, *10*.
- Head, E. (2009). The ethics and implications of paying participants in qualitative research. *International Journal of Social Research Methodology*, *12*(4), 335–344. <https://doi.org/10.1080/13645570802246724>
- Jones, J. (2009). *Labor of love, labor of sorrow: Black women, work, and the family, from slavery to the present*. Basic Books.
- Kozhimannil, K. B., Attanasio, L. B., Hardeman, R. R., & O'Brien, M. (2013). Doula Care Supports Near-Universal Breastfeeding Initiation among Diverse, Low-Income Women. *Journal of Midwifery & Women's Health*, *58*(4), 378–382. <https://doi.org/10.1111/jmwh.12065>
- Kozhimannil, K. B., Hardeman, R. R., Alarid-Escudero, F., Vogelsang, C. A., Blauer-Peterson, C., & Howell, E. A. (2016). Modeling the Cost-Effectiveness of Doula Care Associated with

Reductions in Preterm Birth and Cesarean Delivery. *Birth*, 43(1), 20–27.

<https://doi.org/10.1111/birt.12218>

Kozhimannil, K. B., Hardeman, R. R., Attanasio, L. B., Blauer-Peterson, C., & O'Brien, M. (2013).

Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries. *American Journal of Public Health*, 103(4), e113–e121. <https://doi.org/10.2105/AJPH.2012.301201>

Lunda, P., Minnie, C. S., & Benadé, P. (2018). Women's experiences of continuous support during childbirth: A meta-synthesis. *BMC Pregnancy and Childbirth*, 18, 167.

<https://doi.org/10.1186/s12884-018-1755-8>

MacDorman, M. F., Thoma, M., Declercq, E., & Howell, E. A. (2021). Racial and Ethnic Disparities in Maternal Mortality in the United States Using Enhanced Vital Records, 2016–2017. *American Journal of Public Health*, 111(9), 1673–1681. <https://doi.org/10.2105/AJPH.2021.306375>

Moffat, A. (2014). *The Labor of Labour Support: How Doulas Negotiate Care Work* [UC Merced].

<https://escholarship.org/uc/item/03c1s1kq>

Mojica, C. (n.d.). *Midwives and doulas aren't a luxury. They're a necessity.*

<https://www.thelily.com>. Retrieved April 16, 2022, from <https://www.thelily.com/midwives-and-doulas-arent-a-luxury-theyre-a-necessity/>

Owens, D. C., & Fett, S. M. (2019). Black Maternal and Infant Health: Historical Legacies of Slavery.

American Journal of Public Health, 109(10), 1342–1345.

<https://doi.org/10.2105/AJPH.2019.305243>

Prina, L. L. (2021). GRANTWATCH: Maternal health: What funders have been supporting. *Health Affairs*, 40(4), 675–676. <http://dx.doi.org/10.1377/hlthaff.2021.00350>

- Rivera, M. (2021). Transitions in Black and Latinx Community-Based Doula Work in the US During COVID-19. *Frontiers in Sociology*, 6.
<https://www.frontiersin.org/article/10.3389/fsoc.2021.611350>
- Robb, A., & Fairlie, R. W. (2004). Why are black-owned businesses less successful than white-owned businesses? the role of families, inheritances, and business human capital. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.588142>
- Rosenberg, L., Palmer, J. R., Wise, L. A., Horton, N. J., & Corwin, M. J. (2002). Perceptions of Racial Discrimination and the Risk of Preterm Birth. *Epidemiology*, 13(6), 646–652.
- Saluja, B., & Bryant, Z. (2021). How Implicit Bias Contributes to Racial Disparities in Maternal Morbidity and Mortality in the United States. *Journal of Women's Health*, 30(2), 270–273.
<https://doi.org/10.1089/jwh.2020.8874>
- Simons, R. L., Lei, M.-K., Klopach, E., Beach, S. R. H., Gibbons, F. X., & Philibert, R. A. (2021). The effects of social adversity, discrimination, and health risk behaviors on the accelerated aging of African Americans: Further support for the weathering hypothesis. *Social Science & Medicine*, 282, 113169. <https://doi.org/10.1016/j.socscimed.2020.113169>
- Strauss, N., Sakala, C., & Corry, M. P. (2016). Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health. *The Journal of perinatal education*, 25(3), 145–149. <https://doi.org/10.1891/1058-1243.25.3.145>
- Testimonials*. (n.d.). Lori Bregman. Retrieved April 16, 2022, from
<https://www.loribregman.com/testimonials>
- Tikkanen, R., Gunja, M. Z., FitzGerald, M., & Zephyrin, L. (2020). Maternal mortality and maternity care in the United States compared to 10 other developed countries. *Issue Briefs, Commonwealth Fund*.

- Trost, S. L., Beauregard, J. L., Smoots, A. N., Ko, J. Y., Haight, S. C., Moore Simas, T. A., Byatt, N., Madni, S. A., & Goodman, D. (2021). Preventing Pregnancy-Related Mental Health Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008–17. *Health Affairs*, *40*(10), 1551–1559. <https://doi.org/10.1377/hlthaff.2021.00615>
- Wilkie, L. A. (2004). Granny Midwives: Gender and Generational Mediators of the African American Community. *Engendering African American Archaeology: A Southern Perspective*, 73–100.
- Wint, K., Elias, T. I., Mendez, G., Mendez, D. D., & Gary-Webb, T. L. (2019). Experiences of Community Doulas Working with Low-Income, African American Mothers. *Health Equity*, *3*(1), 109–116. <https://doi.org/10.1089/heq.2018.0045>

Appendix 1

Interview Guide

Background questions:

1. Briefly introduce yourself including the nature of your practice, how long you have been a practicing doula, and why you chose to become a doula?

Question category: importance of Blackness

1. When you were training for this role who did you want to serve?
 1. What are the challenges you have experienced in working with that population?
 2. What do you wish were different?
2. How does your identity as a Black doula influence the way that you provide care to your clients?
3. Describe your relationship with your clients
4. In what ways have you seen Blackness as an important factor affecting both you and your clients during the birthing process?
5. How does doula care interact with systemic racism your clients may face during their birthing experience?

Policy bucket: professional training and development

1. Describe the formal training you received for your current role
 1. Did that training include any information on how to run a business? If not, where did you learn the skills that you have?
2. Since completing your formal training have you done anything to increase your knowledge/skill set (i.e. reading books, attending workshops, networking with other doulas, ect.)?
3. Describe the resources that you know of that are available to you and other Black doulas to increase your knowledge and skills
4. What professional development resources do you feel are missing for Black doulas in Chicago?
5. Do you regularly engage with others in the Black birth-worker community? If so, what is the nature of that engagement and how does it impact your work?

Policy bucket: Cost and availability of care

1. How do you price your services?
2. How do your clients find you?
3. Do you have difficulty finding and attracting clients?
4. How has covid impacted your business
5. Do you have additional work that supplements your doula income?
6. Do you find that it is difficult to make a living as a Black doula?
7. Do your clients typically pay for your services out of pocket or by using insurance?
8. Have clients ever expressed that they have difficulty affording or accessing doula care?

Policy bucket: perceptions of doula care

1. Have you encountered negative stereotypes about doula work among your potential client base?
2. Have you encountered negative stereotypes or policies from other healthcare providers on birthing teams you have worked with?
 1. What do you do in those scenarios?
3. What do you think makes your clients choose to work with you?