


Community-Based Doula's Role Within the Birth Support System: Young Black Mothers' Perspectives

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Introduction: Doulas have been found to be beneficial to pregnant adolescents during childbirth, but little is known about their role within the larger system of people providing birth support, including family and health care providers. The purpose of this study was to examine, from the perspectives of young mothers, the role of the doula within their broader birth support system.

Methods: One hundred pregnant Black adolescents and young women (aged 13 to 21) who were provided perinatal community-based and racially concordant doula services at no cost to them were interviewed after the birth of their newborn, prior to hospital discharge. Interviews generated birth story narratives and responses to focused questions about their experiences of birth support. Thematic analysis was conducted to examine the role of the doula within the context of the broader system of birth support.

Results: Doulas functioned in 2 primary ways within the birth support system by (1) providing tandem support alongside family and health care providers and (2) filling gaps in health care not provided by family and providers. Laboring adolescents sometimes described their family members and doulas working in tandem to provide multiple types of support such as comfort measures, coaching, and help with pushing. They also identified gaps in their care or support filled by the doula, in particular gaps due to family members' physical or emotional unavailability or health care providers' many responsibilities.

Discussion: The findings highlight the ways in which doulas support pregnant adolescents during childbirth through their deft navigation of the existing support system. Well-being was enhanced by the inclusion of the doula in the birth support system. The findings align with existing research that underscores the valuable role doulas play in supporting individuals during childbirth, particularly for those most affected by processes of marginalization.

J Midwifery Womens Health 2023;0:1 © 2023 The Authors. *Journal of Midwifery & Women's Health* published by Wiley Periodicals LLC on behalf of American College of Nurse-Midwives (ACNM).

Keywords: adolescent pregnancy, childbirth, doula, psychosocial support systems, family support

INTRODUCTION

Support during the birthing process contributes to healthier outcomes for birthing people and their newborns and contributes to positive childbirth experiences.^{1,2} Birth support may be particularly important for individuals from historically marginalized populations who face elevated risks for poor maternal and newborn health outcomes.³⁻⁷ Adolescents and those who identify as Black or African American frequently experience or anticipate experiencing care from health care providers that is racist, disrespectful, or misaligned with their needs.⁸⁻¹⁵

To better meet the needs of marginalized individuals, community-based doula models were developed.¹⁶⁻²² Doulas are specially trained support persons who provide guidance, encouragement, and labor comfort measures to pregnant individuals during labor, birth, and postpartum.²³ Community-based doulas have close ties to communities, may share racial or ethnic backgrounds with clients, and work in commu-

nity settings and hospitals. Although present during labor, birth, and postpartum, community-based doulas also support mothers throughout pregnancy in family homes.

Qualitative studies have found that adolescent mothers value physical and emotional support from community-based doulas and that their doulas function as advocates, counselors, and life coaches.²⁴ Black women have reported their doula as an essential source of support¹⁴ with whom they felt understood and emotionally supported, providing a valuable experience in a health care system that can feel hostile.²⁵

In the United States, women over age 18 report an average of 2.5 support people present during birth, with partner/spouse (86.6%) and nurse (73.6%) the most commonly reported, followed by physician (46.5%), family member or friend (42.6%), midwife (8.7%), or doula (3.8%).²⁶ Likewise, pregnant adolescents reported their partners were present at birth, but also described their parents as primary sources of support.²⁷

Although multiple support people are often present at a birth, little is known about how doulas interact with others during childbirth. Dynamics between doulas and health care providers are complex.^{28,29} Some studies have suggested health care providers experience resentment and confusion regarding the doula's role.³⁰ Others report positive working relationships between doulas, nurses, and midwives,^{31,32} suggesting women are best supported when nurses and doulas complement each other.³³ Studies have also suggested that

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Quick Points

- ◆ Doulas can provide essential elements of childbirth support to pregnant adolescents during labor, but little is known about how doulas interface with others present at birth.
- ◆ Doulas can work in tandem with loved ones to facilitate their engagement and participation in providing labor and birth support to a pregnant family member.
- ◆ Doulas provide comfort, emotional support, and information to birthing people that extends beyond the support health care providers are always able to offer.

male partners of young mothers feel generally positive toward their doula and grateful she could offer support they were not ready to provide themselves.³⁴ Young mothers saw their doula as helping to navigate conflict in their relationships with their newborns' fathers and their own mothers while serving as a mother or sister figure, particularly when their own family members were unavailable or unsupportive.²⁴

Although much has been written by practitioners and researchers about the roles of doulas during childbirth, little attention has been given to understanding how the doula interfaces with others in the birthing person's birth support system, particularly within the support systems of marginalized women. This article aims to understand the perspectives of young, Black mothers regarding how doulas and others in the delivery room interacted with them and with each other in support of their birthing process. Participants' birth stories and their responses to semi-structured questions were analyzed to answer the following research question: What is the role of the doula within young mothers' system of support during childbirth?

The word *adolescent* is used throughout the article to refer to the participants in this study, whose age range was 13 to 21. Study participants are also referred to as *mothers* given the centrality of this part of their identity when the data were collected. Participants' mothers were a key source of birth support and are referred to as *maternal grandmothers*. Although all the participants in this study were female, gender neutral language has been used where possible.

METHODS

We conducted a secondary qualitative analysis of interviews with participants in a previously published randomized controlled trial (RCT) that aimed to examine the efficacy of a community-based doula intervention for 100 Black adolescents and young women, aged 13 to 21. Data were collected longitudinally from mid-pregnancy through children's second birthdays. Outcome variables included measures of breastfeeding, positive parenting, and postpartum emotional well-being and have been separately published.^{35–37}

Participants were recruited through 2 adolescent mother prenatal clinics associated with a large teaching hospital whose patient population was predominantly Black and Medicaid-eligible. Mothers in the intervention arm of the study were assigned a doula who offered weekly home visits addressing pregnancy health, childbirth education, and breastfeeding preparation. Doulas were available to support

Table 1. Birth Stories Interview Questions

Initial questions

What have the last few days been like for you?
Tell me everything about your labor and birth—from the time labor began until your baby was born—and what it was like for you.

Examples of focused questions

Who was with you in the hospital when you realized you were in labor?
What was that like having that person(s) there?
How did you feel about having them there?
What did they do while they were there?
What were some of your strongest emotions when you were having your baby?
What was the pain like during labor?

Probes as necessary

Can you say more about that?
What was that like?
How did that make you feel?

the mother in the hospital during labor and birth. Four women served as doulas for the research study. All lived in the same area of the city as their clients, and all were Black women. Three had been teenage mothers themselves, and the fourth had been the parent of a teenage mother. Doulas were full-time employees of the medical center and supervised by an experienced pediatric nurse.

In this secondary analysis, we expanded beyond the original research questions to explore the birth experiences of mothers from the intervention arm of the RCT. As part of the RCT assessment of mothers' emotional well-being and experience of labor, a semi-structured interview guide was used to facilitate mothers' telling of their birth stories (their experience of labor and birth).³⁸ Table 1 provides examples of interview questions. Interviews were usually conducted the morning after the birth and always before hospital discharge. Interviewers were a multiethnic, but majority White, team of female graduate students who participated in weekly group supervision dedicated to strategies for building trust and eliciting information from mothers. Interviews were audio-recorded with participant consent and transcribed by the interviewers.

Table 2. Characteristics of Analytic Sample of Mothers Whose Doula Was Present for Labor and Birth (N = 100)

Characteristic	Value
Mother's age in years at study enrollment, mean (SD)	17.9 (1.8)
Age, n (%)	
Age 13-17	39 (39)
Age 18-19	42 (42)
Age 20-21	19 (19)
Years of school completed, mean (SD)	11.02 (1.5)
Parity, n (%)	
First birth	87 (87)
Second birth	12 (12)
Third birth	1 (1)
Residence and relationship status, n (%)	
Live with mother or other caregiver	74 (74)
Live with newborn's father	12 (12)
In a couple relationship with newborn's father	68 (68)
Birth weight, mean (SD), g	3153 (564)
Birth weight <2500 g, n (%)	8 (8)
Gestational age at birth, wk, mean (SD)	38.9 (1.7)
Gestational age at birth <37 wk, n (%)	6 (6)
Insurance through Medicaid, n (%)	94 (94)

Sample

Two hundred forty-eight Black adolescents and young women participated in the original RCT. Eligibility criteria included age under 22 years, gestation less than 34 weeks, plans to remain in local area, and willingness to participate in an intervention. Half were randomly assigned to receive community-doula services and half were assigned to receive routine clinic health and social services. Data from 100 of the 124 mothers in the intervention arm of the RCT are reported in this article. Three mothers were unable to be interviewed before hospital discharge. Due to communication challenges or rapid labors, 21 mothers in the doula arm did not have a doula present at birth. Table 2 provides demographic characteristics of the analytic sample.

All study procedures were approved by the University of Chicago Institutional Review Board.

Analysis

A data-driven, thematic analytical approach³⁹ was used. ATLAS.Ti software was used to organize the data and facilitate coding. All transcripts were anonymized and securely stored, accessible only by study staff. The primary coder was a graduate student researcher working closely with a supervisor experienced with qualitative methods. During the data familiarization stage, the coder and supervisor met weekly, often with the principal investigator. They read 9 transcripts in full, but focused analysis on sections in which the doula was mentioned. Each section in which the doula was discussed was assigned an initial code, based on the mother's description.

Saturation of new codes was reached after these 9 interviews, and a codebook with 29 codes was finalized. The remaining 91 interviews were coded by the primary coder, with the supervisor coding 20% of them for reliability purposes. An online random number generator was used to determine which interviews would be double-coded. Coder and supervisor met weekly to reach consensus on the double-coded interviews and to address any questions about the remaining interviews.

Coding focused on identifying the doula's role in the support system during birth. After coding was complete, codes were organized into broader categories based on similarity; simultaneously, the most frequently used codes were identified. The next level of analysis involved examining and synthesizing the text connected to each of the high-frequency codes, with specific focus on the doula's position within the mothers' support network. Through this process, major themes were identified, which eventually lead to the development of the findings presented in this article.

Author Positionality

The authors have identities and social positions that may have influenced their work on this article. All 3 are White women with social work backgrounds and professional concerns around reproductive justice. One author worked as a doula for a different program, and one established the doula program referenced in this article. The authors' investments in promoting doula work and in reducing inequities in maternal health care could lead to bias for this model of care. Additionally, this study explored the experiences of Black adolescents and young women. To minimize bias, the authors reflected on their biases during the coding process, conferred with Black study colleagues, consulted local community-based doula organizations regarding the applicability of findings to the service population, and reported participants' accounts exactly as they were spoken without altering language or dialect. The Standards in Reporting Qualitative Research (SRQR)⁴⁰ checklist is provided in Supporting Information: Appendix S1.

RESULTS

As a result of data analysis, the pregnant person's system of support was conceptualized using a model with overlapping circles (Figure 1). The overlapping circles represent 3 sources of support: (1) the doula; (2) family and friends, including but not limited to the father of the newborn, the mother's parents, siblings, in-laws, and friends; and (3) health care providers, including physicians, midwives, and nurses. Within this system of support, the doula served 2 main functions: (1) tandem support, or the doula working with other people to provide labor and birth support, and (2) filling gaps, or the doula actively addressing gaps in the pregnant person's care. The model represents tandem support through the overlapping circle and filling gaps by portions of the doula's circle that do not overlap with support otherwise offered by family and loved ones or health care providers.

Tandem Support

Family and Friends

The majority of mothers gave examples of their family and friends and the doula working in tandem. Most commonly

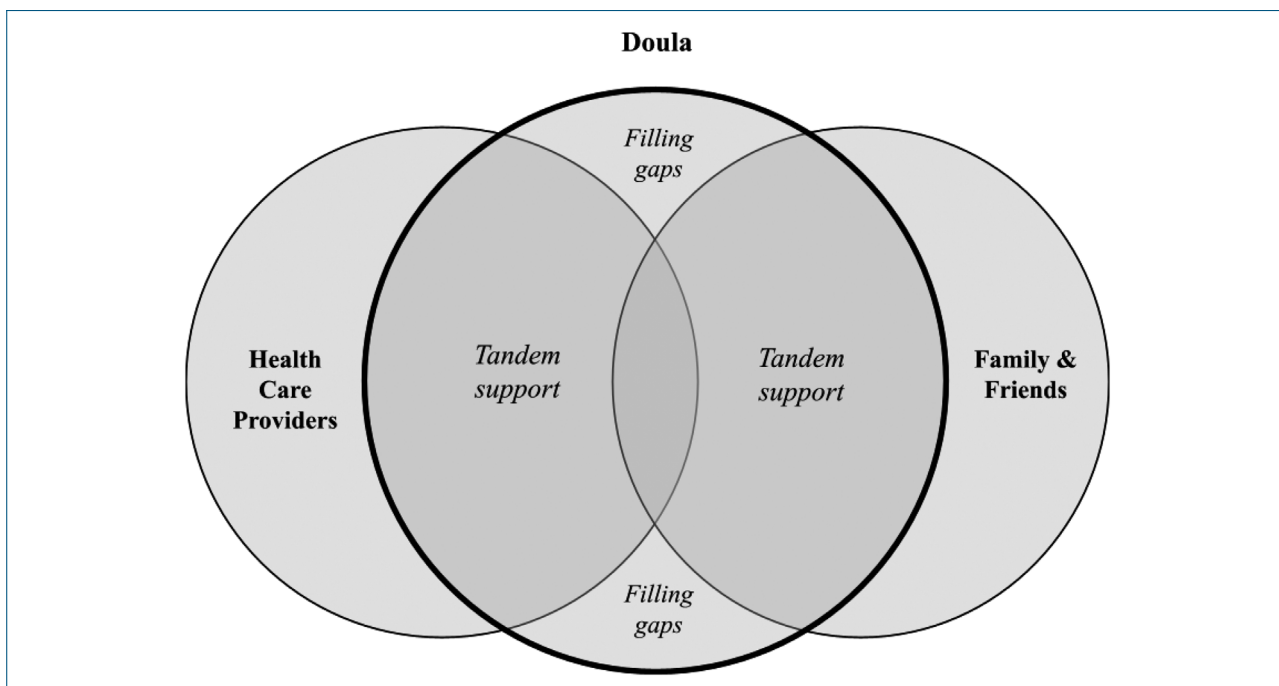


Figure 1. Mothers' Birth Support System

they mentioned doulas and loved ones working together to provide joint physical support.

[I] felt like [the baby] was coming down. So, when the doctor came back in... she said I could push. So... it was me, my mom, [Doula], and my auntie, they—we pushed the baby out... They, she held my legs. The doctor didn't come in until after the baby head was almost out... Right, so they was helping me push and push her out... [Doula] and my auntie [were holding my legs]... And then I pushed... and then the doctor, that's when the doctor ran in and helped me pull her out... So, they were helping a little bit more than the doctor was, it seemed like.

Several identified the strength and cohesion of their support system as an aid in pain management.

I think I handled the pain pretty good for my first time 'cause I had help... Every once in a while, I would flip out and I start to panic... But they [doula, family members] was like, "there don't panic, don't push, give me your hand, I will hold your face, I am breathing with you, it will be all right." All that kind of stuff. So, I felt twice as good as the girl across the hall [who was screaming]... I felt his head coming down.... they told the doctor that, and they was like she ready.... [Doula] grabbed my leg and my mama grabbed my other leg, my best friend grabbed my face, the daddy peeking in behind the doctors. Then he just popped on out.

Doulas in Tandem With Maternal Grandmothers

Several mothers described the doula and their own mothers (maternal grandmother) working jointly to coach them through their birth experience. Tandem support often presented as emotional, verbal, or physical support in which there was no distinction between the maternal grandmother and

the doula, or in which the doula and maternal grandmother offered distinct but coordinated support.

Several mothers described the doula as a trusted source of expertise that complemented the maternal grandmother's wisdom and emotional connection to the mother. One participant said that she felt good having her own mother there and felt "even better" with her doula present "cause my mom... she kept saying stuff... from old times from when she was pregnant and having kids. She thought they was still doing them things, but they wasn't." Mothers reported a certain tactfulness on the doula's part in explaining complex medical procedures in a way that everyone in the room could understand. These explanations empowered family members to step fully into physical, verbal, and emotional support roles once they understood what was occurring in labor. One mother talked about how her doula and her own mother supported her during her cesarean birth.

I felt better knowing that my doula... was in there because she knows the procedures and everything, and my mother was in there just, you know, to support me, to hold my hand, so I was very relaxed.

Doulas in Tandem With Fathers of the Newborn

One of the primary ways fathers related to the doula was receiving her coaching.

Doulas often called young, nervous fathers to action and gave them specific direction, allowing them to participate in the birthing process and including them as active players in the mother's support system. One woman said her newborn's father and her cousin were so nervous that "they was going to leave," but the doula "was trying to get both of them to want to help." Once the doula began coaching the father, "He

was standing next to her [the doula], he was holding my hand, helping to support my neck... He was right there.”

Health Care Providers

It was much less common for mothers to mention the doula working in tandem with health care providers. A few mothers described hospital staff and doulas working in tandem during the second stage of labor as the newborn was born. One mother described everyone coming together during the birth, with her boyfriend

...holding one leg, the nurse was holding the other, [Doula] was holding my arm and pushing my head and my chin down... when it got where they could see her head, the doctor wanted me to pull a towel... towards my chest and hold my head down and push.

Other descriptions of tandem support with the doula and health care providers were similarly technical, such as counting time between contractions and reminders to breathe. The descriptions did not convey as frequently the enhanced sense of well-being that was more commonly described regarding tandem support with family and friends, although a few mothers commented on the praise they received from hospital staff and their doula. “My doula and doctor was like, ‘you did real good, you did the pushing.’ And all that so.... That made me feel real good.”

In some situations, the doula provided informational support in tandem with the mother’s health care team, acting as a bridge between the mother and her team and facilitating their communication.

[Doula] always answered all my questions... [Doula] was asking me any questions I had and... she was telling me how to talk to them, how to talk to the doctors... she was saying how do you feel about them inducing your labor and what’s the point of it and everything which...those were questions I had... The doctors was helpful too, they answered all of my questions....

Filling Gaps

Several mothers characterized the doula as stepping in to provide support that they did not receive from their support system.

Family and Friends

Family Members’ Emotions

Fear, anxiety, and other strong emotions often prevented family members from being physically or emotionally available to the birthing mother.

Just having someone calm there... my mom and with the baby’s father, they’re going to get emotional, ‘cause they know me. She [doula] was able to stay calm and supportive... My mom, she’s not really like a touchy-feely kind of person... And she was just really nervous... So, it was good to have somebody else there that could step up, when, you know, she was emotionally shut down.

Although the doula’s support comforted the mother and helped regulate her mood, it also freed other members of the

support circle to have their own emotional experiences without negatively affecting the mother.

Unavailable Family and Friends

In some cases, the doula filled a very large gap in which the mother had no family members or friends present to support her. Some family members could not be present during the birth because they were providing essential familial and logistical support outside of the hospital.

[Doula] came. We didn’t have anybody to watch my daughter so... she was with her daddy. So, he couldn’t come because he had her. So, my sister didn’t show up and my mother told me she wasn’t coming. So, it was just me and [Doula]... for the whole time, yeah.

When the doula acted as their sole support, participants described uniquely profound connections to their doulas.

I didn’t want to do it by myself... Every time they [health care providers] go out of the room, I be like don’t leave me, don’t leave me, don’t leave me. And [Doula] be like I’m not going nowhere; I’m not going nowhere. I’m like just don’t leave me, don’t leave me... She like made me feel like everything was going to be okay.

Health Care Providers

Availability

Many mothers noted that the doula was there for them when hospital staff were unavailable. Many mothers expressed frustration with the lack of attention they received from physicians and nurses. “[The doctors] wasn’t even really in the room. They just kept comin’ in and checkin’ on me really, and she [doula] was in there, she was stayin’, stayin’ in there wit me.” Another echoed, “And the nurses they say something to you. They tell you to breathe and walk out... I was more comfortable with someone [the doula] there.” Another mother talked about receiving support from her mother and the doula while a nurse was busy: “that was [maternal grandmother and doula] like the only two that were, ‘cause the nurse that was there, she was like doing paperwork....”

Focus on Medical Interventions

Some mothers described ways that the doula offered a sense of comfort and safety when medical interventions were a source of discomfort or fear or when providers were focused on technical procedures. The doula was unique in this way, straddling the line between loved one and health care provider.

I felt safer having [doula] there. I felt real, real comfortable knowing she was there and when they took me into the other [operating] room everything was like a big old blur because there were so many people walking around with masks on and I couldn’t see my doula and I turned around and she was standing there the whole time and so I looked up and I was like ‘I thought you weren’t here.’ I thought she was like one of the doctors or nurses, but I turned around and she was standing there the whole time and I didn’t know it. I was surprised when she touched my eyebrow... and so then I realized it was her and I felt more comfortable with it...

Although doulas were careful not to offer medical advice, which was beyond their scope of practice,⁴¹ the doula filled a

gap as a source of information when providers were unclear or focused on the task at hand. Mothers relied on the doula's expertise in order to better understand labor progression, surgical procedures, and medications. "She [doula] walked me through a lot of stuff and... Since I didn't understand the doctor, she was telling me what he was doing 'cause I didn't understand what he was doing." Another mother said her doula's experience helped her understand her risk of infection by clarifying what her physician had told her:

She [doula] made me feel extremely comfortable, she was helping me... understand what the doctors were saying.... my water bag was open, I didn't know it was a high risk for infection 'cause they didn't explain it, and she explained that for me, you know, she was just telling me... what I was experiencing and the stuff that we went over as far as dilation... Stuff that we had went over during home visits.

Medical Procedures Misaligned With Mothers' Preferences

Several mothers described the doula as empowering them to advocate for themselves, helping to fill a gap in the mothers' health care by centering the mothers and their wishes. Instead of advocating for specific approaches such as natural birth, doulas took the mother's individual birth plan into consideration and encouraged her to ask the hospital staff for support. In this way, the mothers' own voices and priorities were elevated with doula support.

[Doula] was making sure that the nurses did what they were supposed to and all that... Because... most nurses, once you get getting them intense contractions, and you get to moaning real loud and hollering, they get kind of nervous, and they ask do you want an epidural and stuff like that. And she was letting them know that, you know, that I'd been practicing, so ain't need it... And then she was letting them know... questions that I couldn't answer why I was in contractions, she was doing it for me...

In this example, the doula reminded hospital staff that the mother did not want epidural analgesia; the mother recalled this instance using language that affirmed her self-efficacy.

DISCUSSION

Although previous studies have looked at the types of support doulas offer to birthing people during labor and birth,^{38,42,43} this is the first study to examine how doulas interact with the entire birth support system. Using data from the birth stories of pregnant Black adolescents receiving community-based doula services, we identified 2 broad ways in which doulas functioned within the system: working in tandem with others and filling gaps in support not being met by others.

When working in tandem with family, the doula primarily cooperated with the father and the maternal grandmother of the newborn, the 2 family members mostly likely to be present in the labor and delivery room with young mothers.³⁸ The many opportunities for the doula to interact with the mother and her family throughout pregnancy may have set the stage for working together during the birth. It is also important to note that trust may have been enhanced because the mothers in this study were receiving support from a program in which doulas shared race and other background experiences with the mothers.¹⁶ Black community-based

doulas have reported racial concordance as a critical element of their work, facilitating trust in their relationships with patients and allowing for a more equitable experience of health care.⁴⁴ Elsewhere in health care literature, it has been shown that racial concordance generally facilitates better patient-provider communication.⁴⁵

The young mothers' descriptions of their doulas working in tandem with family members were largely positive and devoid of tension. However, research and practitioner anecdote have indicated that the interactions between doulas and family members or partners can be more nuanced and strained than this study's findings suggest.^{24,34} Fewer mothers mentioned the doula working in tandem with health care professionals, although those descriptions were also largely positive, contrary to findings from other research.^{28,30} Black doulas have reported challenges navigating systemic racism in the health care system, including microaggressions from providers.^{44,46} Other research suggests that collaboration between doulas and health care providers has gradually increased in recent years, although racism as a salient factor was not addressed.^{29,30}

Doulas also filled gaps in the support system when a family member was unable to be present. The doula's presence offered security for the mother, consistent with previous research reporting the importance of doula support when loved ones are unavailable.²⁴ In the present study, mothers also perceived doulas as filling emotional gaps. In cases when the family member was experiencing fear or high emotions, the doula stepped in, freeing family members to tend to their own emotions without detracting from the mothers' birth experience.

Doulas also filled gaps in the support mothers experienced from providers. Many participants expressed relief at having a doula present who possessed a complex understanding of maternal health, had a close personal relationship with them, and spent time with them. The doula often acted as a translator between mothers and their health care providers, explaining procedures and terminology to mothers who felt confused or rushed by hospital staff. Notably, the gaps as described in this article are from the mother's perspective and lack the broader context, such as competing demands on hospital staff.

Strengths and Limitations

A strength of the study is that mothers narrated their birth as they experienced it, highlighting what was important to them in the support they received during childbirth. However, a limitation of the study is that mothers were not specifically asked about how support people interacted with each other. It is also possible that mothers' positive reports about their experiences with their doulas may have been influenced by knowledge that interviewers were connected to the doula program. Another limitation is that the original RCT data collection took place over a decade ago. To address the age of the data, this article was reviewed by colleagues in the doula profession, including leaders at nationally recognized doula organizations. They felt that the findings were consistent with the current state of perinatal care and doula support and noted that the findings regarding filling gaps with respect to health care providers may only have become more salient

during the past decade, in parallel with increased reliance on sophisticated technology in health care and nursing shortages. Finally, although it is important to elevate the experience of the birthing person, another limitation of the study is that it does not provide the perspectives of the doulas, family members, or health care providers.

Implications for Practice and Policy

Mothers' birth stories indicated that their birth experiences were enhanced by the ways that the doula effectively navigated their support team, including providing tandem support alongside others and filling gaps when necessary. Doula training can provide greater emphasis on the importance of providing space and support for family members to fully participate during childbirth and on attending to the emotional availability of loved ones. Efforts to enhance the collaboration or tandem support between doulas and health care providers could occur through doula-provider trainings that clarify roles and perspectives on birthing support.

Although mothers in this study did not explicitly describe experiences during labor of racism or bias due to their age, they described having unmet health care needs, loss of autonomy, and stressful interactions with hospital staff that echo other research on the experiences of Black women during pregnancy and childbirth.^{10,11,47} The support of doulas, particularly those from community-based models, where doulas may also be women of color, may be a means to address health care inequities experienced by women of color.^{46,48-50} Future research could expand on those findings by exploring the impact of doula support on birthing people affected by marginalization due to intersecting identities.

CONCLUSION

In summary, birth stories indicated that quality of mothers' care was enhanced by the doula's navigation of the mother's support system, including ways that doulas encouraged family members to engage in caring for the mother and filled gaps with supportive interventions that were not provided by family or hospital staff.

ACKNOWLEDGMENTS

The authors thank the study participants, doulas, interviewers, and Linda Henson, who supervised doulas and data collection.

This research was supported by grant R40 MC 00203 awarded by the Maternal and Child Health Bureau Research Program, Health Resources and Services Administration; the Harold A. Richman Postdoctoral Fellowship Program at Chapin Hall and the University of Chicago, Crown Family School of Social Work, Policy, and Practice. Program implementation was supported by grants from the Irving B. Harris Foundation, the VNA Foundation, the Michael Reese Health Trust, the Blowitz-Ridgeway Foundation, and the Prince Charitable Trust.

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

Appendix S1. Standards for Reporting Qualitative Research (SRQR)

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