BLACK DOULAS AND THE QUEST FOR EMPOWERMENT IN THE BLACK WOMAN'S BIRTHING EXPERIENCE

by

Sydney Mattison

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Approved by:

_____
Dr. Andrea Freidus

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Dr. Lorenzo Hopper

_____
Dr. Lydia Light

ABSTRACT

SYDNEY MATTISON. BLACK DOULAS AND THE QUEST FOR EMPOWERMENT IN THE BLACK WOMAN'S BIRTHING EXPERIENCE (Under the direction of ANDREA FREIDUS)

Doula care has proven to be an effective approach to reducing adverse birthing outcomes among women. However, less is known about doula care and birthing outcomes concerning specifically Black women. This qualitative study focused on the narratives of five Black doulas and examines their experiences in providing care. The purpose of this project was to find out (a) what motivates Black women to become doulas, (b) to fully assess what care from a doula looks like, (c) what makes that care unique, and (d) to determine if there has been an increase in demand for Black doulas, and if so, why. This project, conducted for submission to the Doulas of North America International (DONA), examines how Black doula care can be beneficial in birthing outcomes for Black women.

DEDICATION

I dedicate this thesis to all Black women with the passion to make a change.

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I would foremost like to express my appreciation for the five doulas who made this possible. Their passion and excitement for what they do gave me the inspiration for this research. Also, I would like to thank Doulas of North America (DONA) for letting me contribute my data and research in a meaningful way.

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PT. I

INTRODUCTION

Birthing, from its existence, has been a topic of both mystery and natural phenomenon. What it means "to birth" can vary across races, socio-economic status, genders, cultures, and generations. This project is focused on Black doulas and their experiences and perceptions in providing birthing support and care in a biomedical model that has historically been marginalizing and exploitative of both black women's bodies as the doulas that care for them, especially in the South. As a point of entry, I began this work participating in a DONA childbirth education workshop, and networking with the local birth workers in the area at their monthly meetings. It was important for me to have hands on experience as well as build rapport with doulas in the community.

Doulas of North America (DONA) is a non-profit organization that prides itself on being the first and leading doula organization, and emphasizes their values on diversity and individuality. While DONA has made steps in this direction, diversity can be sparse in some communities, evidenced by the lower number of Black doulas that are trained and certified through the organization. For these reasons, I undertook my research project with the goal of submitting findings and key recommendations to DONA.

In this paper, I examine how vital it is to have doula education and training specifically targeting Black women and how Black doulas today are resisting the limitations that society has placed on them. This research found that Black doulas resist spaces that do not allow them to be as they are. These are spaces that do not allow them

to have a voice when it comes to birthing. The purpose of this research was to shed light on how Black doulas empower themselves and their clients through resistance. I will approach low-key resistance and how it is often used in ways to take control of their own decisions and actions.

This data builds upon and contributes to anthropological theory, especially medical anthropology and black feminist studies, in multiple ways. This work is rooted in the approaches and theories common to medical anthropology such as the acknowledgment of the medicalization of everyday life as it intersects with black feminist studies, sojourner syndrome, and obstetric racism. Finally, resistance, as presented by James Scott, is evident in this work.

SECTION I: ANTHROPOLOGY OF REPRODUCTION

Anthropologists such as Bourdieu, and Marx placed anthropology in a historical and politicized viewpoint on how the body as an entity is placed into society. Other anthropologists such as Margaret Lock, Rayna Rapp, Emily Martin, and Nancy Scheper-Hughes (Inhorn 2007, 251) integrated anthropology and medicine into an intersectional approach which has since then resulted as a profitable sub-discipline. In turn, anthropologists have become engaged with how medical anthropology can encompass gender, disease, medical technologies, and what it means to be human under healthcare influences. Anthropologists such as Comaroff and Comaroff have taken this approach and have done essential work on the female Black body's construction in colonialism. Positioning oneself to paint a picture of the human experience and how that differs across cultures can explain how we address health and illness. In this context, it is how we

address the different experiences, beliefs, and healthcare systems that expectant mothers and other maternal care officials face. Anthropology and reproduction have a relationship that is rooted in social theory that includes reproductive justice and politics. With race in the middle of the centerfold, anthropologists look at how racism and racial differences impact the quality of reproductive care. With the growth of Medical Anthropology in the 1970's, anthropologists and other scholars had a heightened fascination with the body. It became a complex analysis of blending together medicine, history, politics, and social contexts that eventually transformed into the Medical Anthropology we see today.

One social concept stratifying reproduction describes how both the biological and social reproduction are unequal among different populations. These inequalities include the access to certain birthing technologies, birthing methods, and other forms of reproductive freedom. Biomedical technologies, for example, played a role in "managing reproduction" and essentially made the management of reproduction normal (Rapp 2001, 469). Due to the racial and social differences in birthing, biomedical technologies became readily available only to women who could afford access to them. The other side of the spectrum are mothers who have unequal access to care due to their income status. Unfortunately, many expectant Black women cannot afford the access to healthcare services. Doula 4 in particular expressed how some clients could not attend appointments during pregnancy and postpartum due to insurance issues. Mothers were more hesitant to seek services from doctors because of the fact they still had not paid services from the previous visit. There was a huge gap between wanting to receive the proper care, and not having the resources to afford it. Barriers to reproductive care and medical negligence in Black women are rooted in colonialist values. It is important to examine the root of

systemic racism against the female body. The colonial encounter is an appropriate starting point because it has been identified as an important moment when Black bodies were constructed in particular ways to justify occupation of the African continent and the enslavement of African people (Comaroff & Comaroff 1993, 216).

Colonialism

The Black body in a post-colonial context has been explained as being a symbol of promiscuity, sexual deviancy, and incivility, among other adjectives that caste the Black body as an icon for savagery (Settler 2015, 129). One of the most famous depictions of this is the story of Saartjie "Sarah" Baartman, a young Khoisan woman who was transformed into a symbol of inferiority and sexual savagery. Baartman, taken against her will from South Africa to Europe, became part of a Picadilly circus and placed next to other bodies that were deemed deviant such as the “bearded ladies” and those with dwarfism. They were also displayed alongside circus animals and some were also caged. Baartman symbolized the natural world, and the amount of curiosity was heightened due to her large buttocks and genitalia. Subjected to exploitation and a form of violence, Baartman had audiences that were allowed to touch her, and her performances even include the addition of dancing and musical instruments. The display was meant to justify and perpetuate racist attitudes towards Africa that placed them below whites in the hierarchy of humans and even somewhere situated between primates and humans. It was also a reflection of the significance of how Black women's bodies are influenced through a number of powers that manipulate human agency, with the main form of control being through labor and reproduction. With the absence of regulation, the Black woman's over-sexualization could become something that threatens society's social

order. Regulation keeps moral values at bay and helps maintain the hierarchy that would otherwise be dismantled.

Biomedicine emerged alongside colonialism in Africa. In many ways, biomedicine required Africa – a "diseased" continent – to solidify itself as a legitimate profession. David Livingston, one of the most well-known missionaries to travel to Africa, was motivated by bring the three Cs to the continent: Christianity, Commerce, and Civilization (Vaughan 1991). Anthropologists Comaroff and Comaroff (1993) demonstrate that the overwhelming narratives to justify colonialism were about the white man's moral obligation and mission to "help" the "dark" continent of Africa. In the process, they also became obsessed with the physical dimensions of Black bodies and began measuring and testing. This process is comparable to Sarah Baartman, when entire parts of her body were measured, and used as a way to differentiate between whites and blacks, and to also create an argument for why the white man was naturally superior. Black bodies in Africa had become focused on how the exotic Black body was a white male discovery (Comaroff & Comaroff 1993, 311).

Similarly, 19th-century French physician Georges Cuvier viewed Black women's bodies as a means for experimentation. Cuvier had posthumously dissected the "Hottentot Venus" Sarah Baartman's body, pickled her genitals and brain, and created body casts. When European anthropologists were defining the line between human and animal, Sarah Baartman's anatomy posed the question of if the Khoisan people were human or subhuman (Tobias 2002,108). Although it was later concluded that she was human, Cuvier compared her body anatomy to that of monkeys and apes.

My data demonstrates the violence and silences faced by Black women and the doulas that support them. Black women's lack of sufficient reproductive and birthing education and persistent disempowerment discussed by doulas is also consistent with their client's fear and mistrust of the system and a root of continuously being silenced, as stated in the detailed history above. One major way doulas are silenced are through health care facilities, such as hospitals, and their health officials. Doula 5 explained how the nurse and medical staff see's doulas as someone who "doesn't know what they're talking about" or assumes that the doula is forcing the mother into a birthing decision. The nurse reacted towards the doula as being another individual in the room, who would not acknowledge her, nor listen to what the mother's wishes are for her birth. Exacerbating the disempowerment of Black birthing is the lack of respect Black doulas face. Women in the birthing room are subjected to be silenced with the absence of a Black doula. Their lack of leadership in doula organizations, which is apparent through the differences between the historical differences in white and black doula care and the system barriers to becoming doulas such as cost, travel, etc., is all a part of a system. This system suppresses women's voices and allows for the continued violence against Black women's bodies within the biomedical model, which is reflected through substantially different maternal and infant mortality and morbidity rates. This legacy of exploitation is also prominent in the historical South, where a continuous cycle of reproductive violence and oppression was relevant well into the mid 20th century. While the violence and silences evident among Black women and the few Black doulas that serve them are ubiquitous, the context for this research project, the South, is unique in how health has been racialized and has historically approached the bodies of Black women in particular ways.

SECTION II: THE HISTORICAL SOUTH

Birthing within North Carolina specifically has had a long and complicated history. Forced sterilization associated with eugenics or "the theory that intelligence and other personality traits are genetically determined and therefore inherited" (Roberts 1997, 59) was commonplace among African American women in the U.S. At the time, Blacks were considered inferior and, in an effort, to regulate the population. It is important to note that this research occurred in North Carolina, home to one of the most extensively documented sterilization programs. The original sterilization law of 1929 identified the targeted population as "mentally ill, mentally retarded, and epileptic" and included individuals who would become disabled if they were to become parents (Paul 1965, 421). Black citizens were often placed under this category although they did not meet any of these characteristics. After WWII, the racial situation in North Carolina became heightened. White citizens became nervous about extending welfare relief. Sterilization became the solution to decreasing the number of welfare benefits distributed to Black women with illegitimate children. Over 8000 authorized sterilizations of black women occurred between the late 1920s and late 1970s (Schoen, 2001; Price and Darity, 2010). Blacks represented 38.9% of sterilizations, and the Black community did not openly discuss this.

The root of forced sterilizations stemmed from figures such as Dr. J Marion Sims and Cuvier. Sims, known as the Father of Modern Gynecology, performed experiments on Black slaves from 1845 to 1849 (Ojanuga, 1993). Black slaves were preyed upon

since they were a vulnerable population who were often coerced into surgeries without consent, or with consent from their master. Still a controversial topic to this day, the slaves lacked the body autonomy to oppose the unethical principles surrounding Sims' experimentations. Although his medical achievements did include a successful method to fixing vesicovaginal fistulas, the suffering that the women endured was unspeakable, without anesthesia, and often had multiple surgeries with unsuccessful attempts. There is the assertion that Sims believed that Black women did not feel pain and therefore did not need anesthesia (Wall, 2006). This concept roots from the mindset that white and Black populations differed developmentally. Different forms of violence and racism reproductively and historically led to violence not only during surgical procedures, but also during the birthing process; Specifically, violence that includes threats or neglect towards a birthing or expectant mother.

Due to this long-rooted history, there are continued differences between the perceptions and desire for care that white and black women have during the birthing processes. In my research, doula 2 states that white women are less fearful about birthing because they have been educated on their bodies. Black women who are both educated and less educated have some level of fear and a need for protection from medical providers. Similarly, doula 1 stated that creating the most beautiful experience for her white clients is a "joyous occasion," and the most significant decision for their birthing is if they want a male or female doctor. Meanwhile, her Black clients are often fearful of entering the hospital because of Black birthing statistics and concerns over whether they will survive. This fear pushes Black women to seek alternative birthing methods to feel

safe, secure, vulnerable, and have a medical provider who is similar in cultural background.

The History of Racialized Midwifery in the South

The climate in the American South has been rooted in the control of Black bodies. Although controlling, Black women did have a considerable part in midwifery well into the 20th century by observing others in their community who were mostly family members (Smith 1995). Once medicalization arose, Black women's contributions to birthing became overshadowed by white women's introduction into the field (Oparah and Bonaparte 2015; Goode 2014). As the only assisted birthing option at the time, midwives were receiving compensation through an exchange of goods or a small amount of money outside of the formal economy without an actual salary. Black midwives, or "granny" midwives, were seen as respected and prestigious members within the community and acted as spiritual leaders and advisers (Smith 1995, 120). With the continuous demand for such alternative birthing methods, doula 4 hoped that the conversation for Black doulas will be normalized. However, she also brought up the difficulty of becoming part of that conversation as a Black doula. Many women who look to procure a doula are not aware that there is a difference between a midwife and a doula.

Midwives were essentially acting the role of a doula before the term was formed. Smith illuminate’s health officials' negative sentiments about black midwives, stating, "They [health providers/health officials] perceived midwives as ignorant, unclean, and superstitious. They blamed midwives' unsanitary techniques and folk medicine for high infant and maternal mortality rates" (Smith 1995, 124). The south began to regulate

midwifery's freedom by implementing strict qualifications and other factors that made it difficult to gain access. Eventually, this led to the decline of Black midwifery. The 20th century saw a shift from midwife-attended home births to the rise of obstetrician intervention (Radosh 1986) and the majority of women birthing in hospitals. Mostly in the U.S, there has been a shift in childbirth practices in response to critiques of the medicalization of birthing, which is considered a natural process (Lantz, et al. 2005). This shift has called for the inclusion of midwives in the delivery process. Nurse-Midwives (CNMs), Certified Midwives (CMs), and Certified Professional Midwives (CPMs), for example, are among the practicing professional midwives who are increasingly popular. They have completed an educational program and additional training (Goode 2014). Many doulas are also well associated with midwives and some of their protocols. Doula 2 specifically explained her knowledge on the need to have a licensed midwife to have a home birth in North Carolina. She explained that this barrier for home birthing in the state is similar for Black women who would like the same option to alternative home birthing and unfortunately it is almost impossible to find a doula who can attend a home birth.

In terms of this project, Black women, specifically the Black doula's collective memory and culture, manifest resistance towards medicalization. Researchers believe that women who use a midwife, for example, are consciously choosing to resist the medicalization of women's bodies (Parry 2008, 786). A study done by Diana C. Parry examined the utilization of midwifery as an act of resistance. She concluded that midwifery was indeed an act of resistance and identified eight ways women's decisions to pursue a midwife are resistant to medicalization and resulted in empowerment as an

outcome of resistance (Parry 2008,801). Concerning this project, the pursuit of alternative birthing options every day and cultural resistance results in the quiet and small birthing behaviors that resist medicalization. In the following section, I discuss the violent interactions that Black women often face in the birthing room, resulting from a long history of racism. Due to these violent interactions, women look towards these alternative options, such as midwifery, to avoid and resist reproductive powers' controls.

Obstetric Racism

Another form of stratified reproduction is obstetric violence towards Black women in the birthing room. Dána Ain-Davis proposes the term "obstetric racism" to depict Black women's encounters during the birthing process, including racism and interaction with medical staff (Valdez and Deomampo, 554). The theory analyzes how these interactions and experiences cause harm resulting from reproductive dominance. Davis states, "Medical racism occurs when the patient's race influences medical professionals' perceptions" (Davis 2018, 2). Historically Black women's bodies have been a central point for abuse. Stratified complications during pregnancy and birth among Black women result in threats towards neonatal outcomes and post-partum complications. Obstetric racism encompasses mothers' passive behaviors such as dismissing pain, causing pain and performing nonconsensual procedures (Davis 2018, 3). Mothers, as a result, will try and cope with their encounters believing that obstetric racism was not avoidable, and unfortunately, would be normal and expected. Davis calls this 'racial reconnaissance,' which explains the effort Black women put into avoiding racist encounters, explicitly dealing with fertility, although they still recognize it as racism (Davis 2020, 60). She uses an example of an African American lesbian couple who

sought out IVF who were met with physicians who were silent towards them and assumed that the partner planning to carry the child could conceive quickly based on race. The couple believed that race played a huge factor in why they received so little attention and disservice when seeking an ART (Assisted Reproductive Technology) clinic for their pregnancy. Racial reconnaissance, also being another form of obstetric racism, can help Black women understand how obstetric racism was a part of their experience. Of course, these experiences with fertility while being Black can also be rooted in the historical viewpoints on Black fertility and the policies that are put in place today (Roberts 1997). Fertility has been seen as being an entity that ultimately controls the reproductive powers of Black women. As a result of the controls placed on Black women, resistance is often used as a strategy to combat a long history of oppression and neglect. Reproductive resistance among Black doula's specifically is a reflection of resisting through mobilization efforts and learning how to move through medical spaces. For example, doula 5 experienced a time where a mother wanted to prolong cord clamping. When the nurse was notified, she asked for the mother's reasoning behind the decision and later stated, "Oh, I thought you wanted it because your doula said it." Attempting to move through medical spaces can pose a difficulty for doulas because they constantly break barriers and re-position their role within the birthing room.

SECTION III: RESISTANCE

The Sojourner Syndrome, developed by anthropologist Leith Mullings, is a testament to the resistance towards systematic oppression and the intersectional approach

towards health and racism. Historically, the birthing roles assumed by Black women facilitated a survival strategy that spanned through years of slavery and discrimination. When using Sojourner Syndrome to understand Black women's reproductive health struggles, it is essential to think about the struggle of also being underrepresented. A combination of everyday microaggressions with systemic oppression leads to crisis within the body of the Black woman.

The health disparities between Black and whites have been explained through maternal mortality rates and birthing complications. Social structures have prevented Black women from having full access to healthcare, childcare, and other means of mobilization. This demonstrates how cultural structures have interacted on multiple levels as a form of oppression. Nevertheless, Sojourner Syndrome is a strategy that recognizes the obstacles Black women face that influence health outcomes. What is most notable about the theory is the aspect of looking at all determinants together. One cannot understand race, sexism, classism, etc. without looking at them as one and observing how they are all intertwined with one another. Influences therefore, do not exist as separate entities. The utilization of resistance among marginalized populations is the joint opposition towards oppression. Some forms of resistance include ways rooted in the idea that disguised discourses and transgressions could be more beneficial for everyday functioning.

Anthropologist James C. Scott wrote extensively about "everyday forms of resistance" (Scott 1985). He defines everyday resistance as invisible, quiet, and often on a small scale (Scott, 1985). According to Vinthagen and Johansson, everyday resistance includes the ways people undermine power structures based on their actions (2013).

These everyday resistance techniques, according to Scott, are to avoid notice and detection (1990). Using the example of Black chattel slaves in the United States, Scott argues that other forms of everyday resistance can be successful for marginalized groups (1990). Additionally, cultural resistance in relation to this theoretical concept of everyday resistance is rooted in the idea of contesting dominant power to maintain a shared culture and history. According to Scott, "It is one of the ironies of power relations that the performances required of subordinates can become, in the hands of subordinates, a nearly solid wall making the autonomous life of the powerless opaque to elites" (Scott 1990, 132). Black doula care is unique due to its ability to resist regardless of the difficulties that arise in the profession. Doulas resist and navigate barriers according to the needs of their clients and what needs to be advocated for. For example, doula 4 stated,

"I would say, in times where I cannot always control the scenario, I can offer suggestions, I can tell your options, I can help you to advocate for yourself and help you to ask questions of your provider and things of that nature."

She also stated that it was emotionally tolling on her when she noticed blatant coercion from providers while trying to best advocate for her client and help them ask questions or suggest taking time to think over their options. It can become particularly hard too on the doula if a client does not resist but gets influenced by the provider to do an unnecessary C-section.

Black doula care as resistance

Leith Mullings's "Sojourner Syndrome" accounts for the hundreds of years Black women have had to survive. During birth, this alternative support is a form of resiliency and resistance that opposes the historical oppression that has shadowed the Black

community. A large portion of this resistance by Black doulas is used to create and enter spaces that are focused on Black birthing and the rejection of medicalization. Therefore, black doulas are moving into spaces that are reclaiming birthing, allowing their voices to be heard, and giving back a voice to the historically oppressed. Sojourner Syndrome, as Mullings coins, is the term that conveys how race and class interact with the lives of Black women and how this, in turn, results in health results (Mullings 2005, 79). Like Sojourner Truth, Black women had to endure a significant amount of resilience and strength in their reproductive rights and health. This approach emphasizes how Black women and Black doulas have filled multiple social identities necessary to survive under systemic oppression. Due to social injustices in current society, it has created an environment that has contributed to health conditions that burden the Black community. Black women's experiences have also made it possible for them to promote healthy birthing within their communities.

A prime example of resistance is mobilizing their knowledge and power and sharing it with other Black women. Empowering those mothers and giving them the tools to make informed decisions through education rejects the control that health officials usually hold. Everyday resistance, although very situational, has the opportunity to be used in order in covert ways to communicate knowledge with mothers that is not fully known to the physician or the health official. The very act of reviewing what to ask or what to say during a doctor's appointment is a way of resisting complacency. Instead, doctors are being challenged in a way that is covertly undermining their medical intentions' legitimacy and motivations. As a result, the power if shifted back to the mother. Similarly, demanding specific actions or information during labor and birthing is

resisting and creating a way to take control of their lives and bodies. For example, doula 3 explained how doulas step in and provide information and resources that other healthcare professionals lack. She explained how she was able to empower, talk, and advocate for those missing things, which is essential to helping a Black mother find her voice.

CONCLUSION

Doulas have the power and opportunity to be agents of change in the Black birthing process. DONA, and other individual doulas are taking actionable steps in the right direction to be advocates for mobilizing that change. I have examined the experiences and perspectives of 5 Black doulas which resulted in a plethora of findings. In this paper, I reviewed how anthropology fits into the narrative of reproduction within the colonial and historical contexts, the relevance of Medical Anthropology, in addition to the application of resistance and obstetric racism in the birthing process. It is my hope that this research contributes to Black birthing and shines a light on Black doulas. The continuous abuse towards Black bodies has resulted in actions taken to protect expectant mothers' well-being and satisfaction during the birthing process. By illustrating how Black doulas are resisting spaces that attempt to regulate or oppress their clients' birthing, it was apparent that through acts of service, doulas feel connected and empowered by their work. More importantly, they have made a space for themselves in the narrative of Black birthing.

PT. II
EXECUTIVE SUMMARY

This project examines the narratives of five Black doulas and their experiences with providing care. It also seeks to identify their perceptions of how the embodiment of empowerment and the application of education can help improve birthing outcomes among Black women. As doula care continues to increase, the emergence of Black doulas has made an impact on the current way Black women are viewing their birthing options. The goals of this project were three-fold. First to find out what motivates Black women to become doulas. Second, to fully assess what care from a doula looks like, and what makes that care unique. Lastly, to determine if there has been an increase in demand for Black doulas, and if so, why. The research has been conducted to give useful recommendations to DONA (Doulas of North America) since they are the first, leading, and largest doula organization internationally. Some of the doulas in this study and other acquittances have earned their certifications through the organization.

Qualitative analyses were based on five in-depth interviews with Black doulas who are based in Charlotte, North Carolina (NC) and surrounding NC cities. Interviews took place from January 2020 to the beginning of March 2020 in each doula's local city. For recruitment, all participants were found using the snowball method, which includes participants recruiting other participants into a study. All participants then underwent a pre-screening to explain the project and establish initial camaraderie prior to the interview process.

The project data indicated that Black doulas are all motivated by different factors due to diverse backgrounds. However, each doula did address that part of their

motivation is their passion for helping Black mothers feel educated or empowered. They also indicated some key barriers that are preventing Black mothers from being able to make informed choices. The data further revealed that doula care among Black women provides an array of emotional and physical care, with the addition of education and cultural connections. Other themes, such as generational impact, were commonly discussed among a majority of the doulas who often compared current birthing trends to traditional ones that are found among older generations. All doulas appear to have most of the same ideals, except when dealing with my last research question, examining their sentiments on whether or not doula care is on the rise. The answers reflect an optimistic look at the future, yet also offer a realistic glimpse at the present and past.

This analysis has led to recommendations that focus directly on actionable changes. First, DONA needs to implement marketing promotion into their doula trainings in order to help new doulas form a business, gain clientele, and find ways to generate an income. Second, the implementation of more diverse leadership and recruitment of more Black doulas would ensure that everyone has a voice.

Focusing on marketing promotion can help set up doulas with the materials that are needed to begin a business. This business start-up portion should be included in the fees during the childbirth-education part of the certification process, and other resources available afterwards. Since Black women have historically been underpaid for their labor, there should be an emphasis on how to make a fair income based off their services. In addition to this, active recruitment of Black doulas in leadership and in the communities will give them a seat at the table in decision making. Recruitment, specifically, will help increase the number of Black doulas within communities.

SECTION I: BACKGROUND

This report was research conducted for Doulas of North America International (DONA). It examines the impact of Black doula care in birthing outcomes in Black women. DONA is a doula-based organization founded in 1992 by five maternal-child health experts who examined the benefits of continuous support on labor outcomes. The organization prides itself on being the world's first and largest doula certifying organization and has since certified thousands of doulas DONA). Being a non-profit organization, they advocate for birthing mothers and families by promoting quality care, support, and research-based efforts surrounding doula care benefits. Within the past decade, they have seen a substantial amount of growth in evidence-based studies such as *Safe Prevention of the Primary Cesarean* (Caughey et al. 2014). For this study, I collected and analyzed qualitative data that included five in-depth interviews. The results showed that Black doula care could make birthing a safer and more empowering experience for Black mothers. Currently, becoming a doula in the Black community can prove to be difficult. The outcome of Black birthing is related to the resources and support that are offered to expectant mothers.

What is a doula?

According to the Doulas of North America (DONA) International, a doula is referred to as, "A trained professional who provides continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible" (DONA International). Furthermore, the term "doula" was coined as being "mothers' caretaker" (Kitzinger 1995)

and are referred to as "those individuals who surround, interact with, and aid the mother at any time within the prenatal period, which includes pregnancy, birth, and lactation." (Deitrick and Draves 2008; Raphael 1973). The most important distinction is that doulas are not clinical but can help the mother in all stages of pregnancy, labor, and post-partum by providing continuous support.

The role of a doula has been hard to fit into the narrative of birthing because of the lack of research and knowledge. According to Horstman et al., “As a whole, doulas are often absent from birthing practices and their presentation in popular and academic discourse, which affects and reflects the content of the U.S master birth narrative” (2017, 1512). Most women do not acquire a doula, in part, because they lack information and the availability of resources (Thomas et. al 2017). Horstman et. al (2017) analyzed interviews and focus groups of mothers on understanding how doulas fit into these birthing narratives. Doulas existed between borders (Liaison, advocate), crossing borders (family, fill-in), and outside borders (stranger) (Horstman, et. al 2017). Other findings related to the doulas narrative can be found in other literary works such as Ballen and Fulcher (2006). According to Gilliand (2002), there are five key aspects of the role of the doula: 1. Providing specific labor support skills, techniques, and strategies; 2. Offering guidance and encouragement to laboring mothers and their families; 3. Building a team relationship with the nursing staff; 4. Encouraging communication between patient and medical caregivers; and 5. Assisting mothers to cover gaps in their care.

A primary source of literature for doulas is the Mothering the Mother (1993), by Klaus, et al., which has since been renamed to The Doula Book (2002). It is used for instructional and educational purposes and details topics such as types of doula emotional

support, birthing experience enhancement, and long-term benefits of doula care. Social and or emotional support continuously throughout pregnancy, labor, and post-partum is critical because it can result in a decrease in birthing interventions. Klaus, et. al., studied the comparison between intermittent and continuous emotional support and showed a decreased use of Pitocin during labor in continuous labor support compared to intermittent support (2002, 76). The presence of a doula during labor can result in encouragement towards the mother while she copes with childbirth. The essential lesson in this for the mother and the doula is verbalizing the mother's efforts and the mother's trust in her doula to guide her (Gilliland 764).

The mother's attitudes and satisfaction towards her birthing experience is something that is long term. This kind of satisfaction includes the mother participating and having a voice in the decisions surrounding her pregnancy and birth, and more importantly, her view of herself as a woman and a mother. Whether the birth experience is considered harmful or positive, it will change how the mother views birthing long-term. Simkin conducted research to see the mother's long-term memory of their first childbirth. He concluded that women's memories of their births are accurate even after years have passed (1991, 210). These perceptions of longevity are important because birthing experiences are tied to emotional well-being. The way a woman is treated during her birthing experience by professionals will be a direct determinant of how she feels about it for the rest of her life (1991, 210). It is also important to note that the lingering memories and feelings of the birth tended to fluctuate over time, and positive aspects remained consistent.

Doula care is re-emerging today because women lack the necessary social support and care in the hospital setting (Beets, 2014). Within this re-emergence, the literature on Black doula care remains insufficient yet necessary as there is an increase in education around birthing within the black community. Today, Black doulas are serving women from all different ethnicities and backgrounds. According to Kozhimannil, et al., "Most doulas are White middle-class women serving White middle-class women…recruiting a diverse population of trained doulas, however, may be difficult in the current environment" (2013, 119). WBTV interviewed two black women who were recently trained in a DONA (Doulas of North America International) workshop directly aiming the Black maternal health crisis. According to Brigida Mack from WBTV, "Robinson was instantly on board and said, 'before when you think of doulas, honestly, I always thought of just white women having doulas,'. She continued to say, "Not Black women. So, when I saw the doula class come, when she was telling me about it I was like, yes - I would love to be one of the doulas that's out there for our people" (Mack, 2019). Although many doulas serve several different communities, some women of color decide to focus their services and efforts on helping their communities.

Mothers' birthing experiences are just as important as the experiences of the women who support them. Literature suggests various themes and other significant ways doulas view their work, such as the enhancement of medical professional backgrounds (Lantz, Low, Watson 2004). Doulas' experiences with childbirth and their clients have been listed under several themes, including empowering women, choice/control, and personal development (Campbell-Voytal et al. 2010).

Methodology

To prepare for this work, I worked closely under the former Eastern Division Membership Director of DONA (Doulas of North America) International. Under that guidance, I recruited five black doulas for the study through email and phone calls that are affiliated with DONA and other doula certification programs. I had been made aware of DONA through my interest in the topic. This sample included participants from North Carolina across the major urban areas of Charlotte and Raleigh-Durham and surrounding areas. Each doula was contacted through snowball sampling with the criteria that they were (1) a doula, (2) an African American, and (3) above 21 years of age. Snowball sampling , which is the act of recruiting more participants through another's acquaintances was used because of the network the doulas were a part of. All doulas were familiar with and able to refer at least one other Black doula in the surrounding areas.

I began with one initial doula contact who then introduced me to the majority of the other participants by providing their name and phone number. Each doula that was recommended was contacted via email and/or phone and explained (a) What the project was about, (b)What the study involved, and (c) How they would be potentially involved in the study. Part of this pre-screening was also to evaluate my fir in being able to express the doula's experiences, from both my perspective and theirs. After that initial conversation and the agreeance to an interview, I set up a date and time for an interview and sent a consent form via email for reference.

Data collection

All five doula's semi-structured interviews took place in a public location with either a private room or space with minimal background noise or other human access according

to what was a convenient location for them between January 2020 and March 2020. Before the interviews began, each doula received a second brief overview of (1) the purpose of the study, (2) why they were being recorded using an audio-tape, (3) who had access to the information, and (4) their option to stop the interview at any point. They received a consent form to sign before beginning the interview that also assured anonymity and confidentiality to the best of the researcher's ability. Each interview was recorded, and all questions were open-ended and semi-structured to allow the doulas to express their thoughts however they saw fit (See appendix). To keep the identities of the women private, each woman was assigned a number; (e.g., D#1 (Doula 1), D#2 (Doula 2) according to the order in which the interviews took place. The recordings and transcriptions were transferred onto a password-protected laptop. Interviews ranged from 23 minutes to 45+. Collectively, there were 74 minutes transcribed.

I used manual content analysis in Microsoft Excel to analyze the data. Using a grounded, inductive approach, I created codes as key themes emerged across interviews (Bernard 2006). Once an initial coding session occurred, codes were condensed into central themes, followed by sub-codes within each theme.

Results

The data presented below are organized in two sections. Section two discusses the role of the doula in relation to her clients. Specifically, I report on how Black doulas empower pregnant Black women through personal relationships, addressing generational perspectives, and education. Black doulas are shown to be invaluable in these data, yet this research also demonstrates that they are not as accessible to Black women as they

would like to be. Section three examines the factors that limit their ability to serve Black women and includes issues related to licensure/training and professionalization.

SECTION II: THE DOULAS ROLE

Rather than giving a list of the primary services, I think it is essential to focus on what a Black doula can provide that is not always acknowledged or seen. The majority of the themes intertwine with empowerment, including being seen, heard, and given agency over their bodies, feelings, and concerns. This is also not limited to the importance for Black women to feel empowered during pregnancy, birthing, and post-partum to create positive results for a safer and fulfilling birthing experience.

Empowerment through Camaraderie

Many doulas included how they advocate for their clients whether it be communicating to their physicians, or advocating in the sense of making sure physicians are delivering all the care and options to ensure that the mother is being heard and that she has agency over her body and choices. This is not surprising in light of the historic marginalization Black women have faced, especially in regard to the lack of autonomy they have had over their own bodies. Black doulas believe that working with and supporting the voices and desires of black women through the birthing process can create a sense of empowerment through partnership. Working together, according to Black doulas, provides an opportunity for birthing mothers to exercise their agency when communicating with health officials. Doula 3 stated:

> “But it's more of a, almost like a friendship type thing, and I kinda like that. I like that, that they look at me as, I'm not gonna say a mother, but almost like a sister, a close friend. And I think that empowers them because it's almost like, "Okay, if this is somebody I trust and this is somebody who's experienced it, and who's well

> versed in it and who's credentialed and in who people know if she tells me something, then I can trust this and I can feel comfortable going in tomorrow."

One of the essential factors in empowering mothers is the level of relationship that the expectant mother has with her doula. Racial solidarity and bonding have made it comfortable for mothers to speak on topics relating to their pregnancy, or also on personal matters. Doula 5 expressed that a professional tone could lead to a place of hesitancy for mothers and the possibility that they will “tell you what you want to hear versus what you need to hear.” A sense of friendship empowers mothers to become more vocal about their needs and desires.

In particular, the doulas expressed how they are available for contact throughout the day for things professionally related and personal. In the absence of familial support, the doula often takes on the role of a friend, something that happens naturally. Through racial solidarity, the doula and the mother bond through cultural similarities and the collective knowledge surrounding Black birthing. The shared communication between the two can be reflected through a specific vernacular and requires a certain level of trust and comfort. In turn, friendship creates a healthy environment for both the mother and doula to communicate how to have the best birthing experience.

Friendship can also encourage and lead to empowerment. The role of encouraging mothers to voice their desires as well as be clear about how they were feeling with their physicians was a common theme among interviewees. This empowerment and the ability to communicate across what have been traditionally inequitable power relations is likely to have positive outcomes for women, including lowering maternal complications as well as increasing overall birthing satisfaction. Black doulas state that their role is to create a

general sense of reassurance about a mother's concerns which can instill the confidence that they need to have their voices heard by doctors and other birth attendants.

While Doula 3 explained "giving voice" to these Black women was an important component of her work, she also stated that she "felt called" to Black women and women of color. She felt this calling was a result of these women's silencing and that many Black women continue to struggle with when and how to express their wants, needs, and concerns. Therefore, she explicitly worked with women on *how* to be heard in their encounters with the medical staff. This suggests it was not just empowerment in numbers and being physically present, but there was an overt effort to encourage direct engagement between the birthing mother and healthcare staff. The majority of the doulas interviewed specified that they did speak with their clients about how to go about this, and what to say prior to a visit with their physician. Since physicians are not as receptive to Black women's health concerns, this has to be done in a way that encourages them to inquire without feeling silenced or rejected. A voice in the birthing room for Black women is a goal that is not easily achieved, which can be directly reflected in maternal mortality rates. Women are encouraged to be more direct and upfront with their wants, needs, and concerns with their physicians.

Age: Generational Impact on Birthing Experiences and Expectations

More recent shifts in the birthing model that seek to de-medicalize the birthing process and allow women more agency, for example creating birthing plans, deciding where to give birth, under what circumstances to use artificial interventions (Petocin, c-section, etc.) have not necessarily impacted Black women's birthing experiences. There

can be many reasons for these discrepancies in choice and awareness. However, one factor doulas noted was the role of generational influence as older Black women can impact how younger, Black women think about and approach birthing. Doula 4 alludes to these generational influences that Black Doulas have to navigate:

> Our mom and our grandma and our auntie, may not have a clue about that [modern maternity care and options] 'cause it's been 20-30 or 50 years, since they had a child. And a lot of what I see is amongst African American women. We're not as trusting of our bodies. We're dependent upon the medical society to fix it. Do something about it. Give me this. Give me that, and everything"

With the absence of knowledge on current birthing practices and options, some women continue to birth based on what they have learned from the women in their families, which frequently is a very medicalized, disempowering birthing model. This can suppress the agency of expectant mothers that are already marginalized by the broader birthing system but is also perpetuated by their family members that may not support or understand their birthing preferences.

Black doulas are aware of their need to address some of these historically rooted birthing practices and misconceptions, but they also noted that with their younger clients they were also tasked with providing basic education around birthing. Doula 3 relates how generational influence, lack of education, and the young age, 16, of one pregnant Black woman could have limited the woman's choices and agency, but did not because of the Doula's involvement. She explained:

> "And so I really started mentoring that one, one student, and I said, "once you get to the hospital just make sure that you're asking these questions, even though you're 16 you still have some choices that you can make". And so her grandmother didn't wanna go with her to the hospital 'cause she was like, "I don't

> know what to ask or what to do or how to help her" and so they ended up calling me and said, "Okay well, you're a teacher, you're a teacher, you've been helping her through this whole pregnancy can you just come and sit with her?

With a lack of education and the timidity of her grandmother, most likely due to a long-standing mistrust of the biomedical model and its exploitative relationship with the Black community, this student turned to Doula 3 as her main point of information and support during a stressful time.

Limited knowledge, sustained marginalization

This lack of awareness and basic knowledge about birthing was a common theme across several interviewers. In addition to the narrative above, Doula 4 also relayed concerns and experiences about how her Black clients lack education and information on birthing and their bodies to make informed decisions. This points to structural issues concerning the lack of education and ability to disseminate information in the Black community concerning options, including doula services.

Too often, there are stories of Black mothers who were younger giving birth and did not know all of the options that were readily available to them, which is likely tied to their longstanding disempowerment in a system known to silence or ignore them which leads many young pregnant mothers to not ask questions or challenge the practices and procedures of their physicians. Since the hospital and physicians do little to empower or encourage autonomy in Black mothers, especially younger Black mothers, the Black doulas will step in to educate and support these women. Doula 4 notes this issue in relation to racial inequity:

> Some of the same things that we may notice, just amongst the population in general, among all races, but might be a little more exacerbated in the

> African American community is just there's just a lack of information of being educated on your options, or your choices, why certain people are looking into doula services, kind of blind trust of a system that has been known to not really treat us right or not always have our best interest at heart." [D4]

One of the doula's primary roles has become educating mothers on what a doula is, what one can provide for them, and how they can transfer their knowledge in the birthing room with their physicians. This emphasis on education is essential due to the simple fact that Black women cannot possibly communicate concerns with their providers if they are not educated on their bodies. Education could mean contacting their doula throughout their pregnancy to ask questions about what is normal and what isn't. The mother and the doula then work together to find solutions to these problems, whether within the doula's role or a more urgent matter for a physician.

SECTION III: WHERE ARE THE BLACK DOULAS AT?

Certification and Training

There are currently an unknown number of Black doulas in the United States and an undisclosed amount in the state of North Carolina who are certified and practicing. Obstacles to this are the steps to becoming a doula, and having a system by which there are counted and identified as such . Doula 1, in particular, spoke about how difficult it was to become certified because of the barriers that existed. Price seems to be one common issue that the majority of the doulas noted as being a reason as to why there are not a large amount of Black certified doulas. Doula one stated:

> And I found a few different organizations they were some of them were very, very expensive. And at the time, I was a stay at home mom. I did not have my

> own income, we just had our family income and I didn't wanna take a large chunk of that to become a doula, so I kind of kept searching and I started looking at scholarship opportunities and I did run across an organization that offered a partial scholarship and the other obstacle I had was that I didn't want to leave my small children to go to doula training." [D1]

The cost of doula training was a large obstacle for doulas who were trying to become certified. I found that the importance of certification was also dependent on the amount of compensation and respect that they received pertaining to their services. A great deal of concern over compensation may be tied to the historical background behind Black birthing concerning midwifery. The majority of Black midwives were either not paid or underpaid for their services during the Antebellum period specifically in the South. Due to a period of racism and discrimination, Black midwives were not equally recognized as being clinical professionals among the community. Instead, Black midwives became known for their amount of dedication and service to birthing without the proper amount of compensation. A great deal of this is tied into the relevant racial and political climate at the time.

Another obstacle that was apparent for the same doula was attempting to complete training and obtain the criteria required for certification that was specifically tied to the barrier of familial responsibilities. She stated:

> I didn't want to put that big of a burden on my husband, I had three kids, three kids and they were all back-to-back very young, and I didn't want to leave them to go for two days of training there were no trainings offered where I live, so it would require we to travel. So I was really glad when I found the opportunity to do my doula certification online at my own pace and with a scholarship." [D1]

Some of the criteria that is mandatory for certification from DONA follows as:

- Attendance of a DONA approved birth doula workshop (price varies)

- A $100 membership deposit
- $45-$55 purchase of a DONA International Birth Doula Certification Packet
- $110 fee for certification packet submission
- Additional reading lists/classes
- Three in person labor experiences

(DONA)

Some of these certification criteria can be difficult to obtain depending on the amount of time and money an individual has to dedicate. According to different doula organizations, certification can take anywhere from a few months to over a year. In relation to doula number 1 above, she found a doula program online that she could do on her timing and schedule. This is important because of the availability of hours and dates for childbirth education courses, which can last up to two 8-hour days, which could be difficult for a mother with younger children.

Professionalism

Although doulas have made their way into the birthing model, they are not always respected or seen as figures essential to birthing. In particular, some health professionals do not hold the same respect or hold them in the same professional realm as other birth related profession. This results in some potential clients not considering doula care a profession in its entirety. In fact, this leads to the lack of awareness that it is a legit, and paid, profession.

This lack of recognition in the community can prove to be frustrating for doulas who interact with individuals who think they offer their services for free, or at a discounted fee because they are not considered clinical professionals. Since this stems

from the beliefs of health officials, doulas are usually required to educate mothers on why they are professionals, and why they have the right to charge for services.

Furthermore, this lack of support from physicians and other health officials can create tension and barriers in the hospital during birth. Both parties can either work as a team or create an environment with a lack of communication and collaboration for the mother's birth.

CONCLUSION AND RECOMMENDATIONS

Finding a Voice

Mentioned by the doulas was the lack of having a voice in areas of birth as a Black woman. In light of current social justice reforms and research, it would be productive for the board to expand their curriculum that includes birthing issues within the Black community, as well as hire more diverse voices to have leadership roles, which is essential to this cause. Reflection in leadership is tied to how women feel about potentially becoming a part of an organization or an ideal. Black women have been moving towards doula organizations that are Black-owned or based instead of organizations whose trainings and programs do not include a plethora of information about birthing issues within the Black community. The expansion of curriculum may be a way to serve Black women who do not have access to attend a Black doula program or make the personal decision to do so.

DONA should also be actively recruiting more women of color to be doulas. The results of this study indicate that this could be accomplished by offering more scholarship opportunities for training Black women in this area. Another option would be training

fees at a reduced cost or a more flexible payment plan/ability to utilize loans. As stated earlier with training fees and costs, this fixed price cannot be met by every individual and has alienated women from certain socio-economic statuses. The total cost of becoming a doula can also be impossible for those who have families and other financial obligations.

Although it is ideal for the organization to generate an income, there should be certain things put in place that may take factors into consideration when creating prices. These women who cannot necessarily afford these high prices could possibly be the change that is required for birthing in the Black community. Too many possibilities go unknown because Black women do not get an equal opportunity to become doulas.

Marketing Promotion

The research presented suggests that some doulas are not being provided with materials or workshops to help promote marketing. Multiple doulas expressed how generating a steady income from their services were difficult due to not having the proper resources. These resources such as business and/or marketing start up should be included in DONA training as a way to promote doulas to begin providing services. This should include pricing, marketing online and in person, how to network with other professionals and doulas, and how to create content that will attract all kinds of women to their business, and especially Black women.

Research also suggests that doulas do not know how much to charge their clients. This is largely dependent upon what kind of doula they are, what services they are providing, certification, which state/area they are serving, and personal preference. Since doulas mostly function independently, they can choose which forms of payment to take whether it be cash, credit, or through forms of reciprocation. However, there should be

information or workshops on how to come to these compensation agreements with clients. Promoting this idea of compensation for services as a professional could also attract other women to become doulas who may not know that it is a profession that can generate an income. Overall, marketing doula care as a profession has been difficult and contingent upon these certain expectations. Historically women have been undervalued and underpaid for labor with Black women specifically not being paid for their work. Women require income and specifically a fair earned income in order to functionally survive.

Further Research

Overall, this research had important findings and leaves many related questions unanswered. DONA was an important source to look at since it is the largest doula organization internationally who has the power to give a voice to Black doulas. From doing in-depth interviews with 5 Black doulas, the data reflected how much influence Black doulas have on their clients. Major themes found were how empowerment from a doula could encourage mothers, and the impact age has on the current perceptions and education levels on the birthing process. Furthermore, reasons as to why Black doula care has struggled to find a place in the birthing process. Some of these factors included barriers to certification and training, and not being included as a professional in some settings such as hospitals. From those findings I made suggestions to DONA (Doulas of North America International) that included the effort to make training and certification more accessible for Black women, and introducing more diverse voices into the organization. In addition, I suggested incorporating marketing tools into trainings so Black doulas may have a better chance of generating an income. There is still so much to

learn about Black doulas and further research between Black doula's and learned generational patterns may reveal a key component on how Black women view birthing. This may include intergenerational interviews and surveys. Some unanswered questions are related to how Black doulas are specifically decreasing the maternal mortality rate among Black women? And how can health care system address the Black maternal crisis and ensure that doula services are more accessible?

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Appendix A: Interview questions for doulas

1. Why did you decide to become a doula? What role, if any, did race play in deciding to be a doula?

2. What steps did you take in order to become a doula? And, are you certified?

3. Do you have a career outside of being a doula? If so, what is it? How do you balance both occupations?

4. What are some unique things you do to support mothers compared to other health officials such as nurses, midwives, physicians?

5. What are some of the challenges you face when providing services?

6. Do you notice a difference between the desires for care between white women and women of color or between lower and upper income mothers? . And do you also see differences between lower income women of color and upper-income women of color?

7. Can you discuss the gaps you notice in healthcare during pregnancy for those in impoverished communities and doulas help fill that gap.

8. Are any tasks you do especially physical or emotionally difficult? if so tell me about those.

9. The maternal mortality rate for black mothers are higher than those of our white counterparts. So why do you think that is?

10. By your best estimate where percentage of your clientele is African-American. And what do you think explains this number?

11. Tell me about any differences you face when dealing with mothers who are your same race, or mothers who are a different race.

12. What makes black doula care unique from traditional medical care? And also from white doula care?

13. What barriers do you think exist prevent black mothers from being able to hire black doulas and why?

14. Do you think the demand for black doulas is on the rise, if so why, and if not, why not?

15. Is there anything else about being a black doula you'd like to share with me?