

**Holding Space for Birth with Open Arms: A Qualitative Study Exploring the Experiences of  
Community-Based Doulas Providing Perinatal Services in Washington State**

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**ABSTRACT**

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Chair of the Supervisory Committee:  
Dr. Jodie Katon  
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**SIGNIFICANCE:** Persistent racial and ethnic disparities in pregnancy-related morbidity and mortality rates in the United States continue to widen. While not the lone solution to our current maternal health crisis, community-based doulas play an integral role in reducing racial disparities in maternal and neonatal health outcomes. **PURPOSE:** This qualitative study explored the motivations and experiences of nine community-based doulas (maternal support professionals) working for Open Arms Perinatal Services, a non-profit organization dedicated to strong community-based support for women through pregnancy, birth, and early childhood. **POPULATION:** All study participants were currently practicing community-based doulas employed by Open Arms Perinatal Services providing services to laboring individuals in King, Pierce, and Snohomish counties. **METHODS:** Utilizing face-to-face, semi-structured interviews, doulas discussed their experiences providing health care services and support to low-income and/or women of color in Washington State. **ANALYSIS:** Interviews were transcribed and analyzed utilizing content analysis through a deductive and inductive process. **RESULTS:** Eighteen themes across eight domains were identified: motivations for engaging in birth work, providing equitable care, experiences of community-based doulas, the importance of the doula profession, barriers to care, facilitators driving success, the sustainability of birth work, and the future of the birth workforce. **CONCLUSION:** Community-based doulas play an essential role in confronting racism, buffering bias, and interrupting harm to improve birth outcomes. Further research is needed to continue to examine: (1) the barriers and challenges faced by community-based doulas, especially from the perspective of women of color, (2) the experiences of community-based doulas serving queer laboring individuals, and (3) the experiences of community-based doulas serving immigrants in today's political and healthcare climate.

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Forever grateful,  
Erin B. J. Lee

## BACKGROUND & SIGNIFICANCE

The United States has one of the highest rates of maternal and infant mortality among high-income countries (1). Pregnancy-related mortality and infant mortality rates have increased substantially for the past six decades, with widening racial and ethnic disparities (2). In comparison to white women, Black women<sup>1</sup> are three to four times more likely to die due to pregnancy, American Indian/Alaskan Native women are three times more likely, and Asian/Pacific Islander women are two times more likely to die due to pregnancy (2). Similarly, Black and American Indian/Alaskan Native infants are two to three times more likely to die within the first year of life in comparison to white infants (3). Although public health efforts to eliminate these health disparities have been a top priority, studies show that mothers of color and women with low socioeconomic status (SES) remain at higher risk of experiencing adverse birth outcomes including preterm birth, low birth weight and small for gestational age compared to their white and middle-income counterparts (4-7).

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*What happened on the auction block centuries ago is still unfinished business for African American women today.*

*- Dr. Gail E. Wyatt*

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Racism is the primary factor threatening the lives of women of color in the United States, and a major contributor to the health disparities in maternal and neonatal outcomes through a variety of mechanisms. Racial disparities in maternal and neonatal outcomes persist across education-level and socio-economic status, reinforcing that racism is the common denominator. For example, college-educated Black women are more likely to die from pregnancy-related causes than white women with only a high school education (8). Due to the long history of race-based mistreatment, Black women have a well-founded distrust of the medical system and may avoid or delay care (9,10). Notably, women of color continue to experience mistreatment by medical providers at higher rates than white women regardless of their sociodemographics, medical risk factors, or context of care (11). Additionally, research indicates that ‘weathering’<sup>2</sup>, accumulated experiences of oppression, and toxic stress have consequential effects for women of color giving birth (12,13). Widening income, wealth inequality, and a shrinking social safety net create additional barriers that influence a women’s ability to access the resources and services they need for healthy birthing outcomes (14).

Today’s modern obstetric care subjects those laboring to high rates of harmful clinical intervention, unfamiliar medical personnel, and zero privacy. These negative medical care experiences may also harm a laboring individual’s confidence in transitioning to parenthood. Many efforts are being made to ensure

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<sup>1</sup> Remaining in congruence with data detailing current maternal and neonatal mortality rates, the word “women” is used. In order to acknowledge and include identities, especially the experiences of queer individuals and trans women of color, varying terms are used throughout to make visible the experiences oft-overlooked in existing research and conversations of diverse birthing bodies. Terms include: laboring individuals, birthing people, etc.

<sup>2</sup> The weathering hypothesis argues that, “the health of African American women may begin to deteriorate in early adulthood as a physical consequence of cumulative socioeconomic disadvantage.” Source: (13)

that laboring individuals have empowered pregnancies, non-stressful encounters with medical professionals, and are advocated for in spaces that historically have neglected women's embodied experiences and unique health needs, especially for women of color and/or queer individuals (15). While not the lone solution, doula care has gained increased support as one means of addressing these issues. Doulas are non-medical professionals trained to provide physical, educational, and emotional support during the birthing process (16). Doulas play a major role in engaging their clients in learning more about the processes their bodies are going through and the general risk of labor (17). They encourage women to articulate their wishes to medical professionals and are a constant physical guide for families during the birthing process (16,17). Doulas often empower women to advocate for themselves in communicating their needs and desires for a healthy pregnancy, all while facilitating communications between the client and their health care provider (15-18). These facilitation skills are key in ensuring laboring individuals are able to make informed decisions about their birthing process with sympathetic support (19).

The role of a doula is not new. In almost all cultures throughout history, women have been surrounded by, cared for, and supported by other women (20). Studies demonstrate that women with doula support often avoid complex unwanted and unwarranted medical procedures and have better birth outcomes in comparison to women without doula involvement (19). Doula support is demonstrated to reduce the risk of cesarean section (c-sections), lower rates of anxiety and depression among birthing individuals, and increase communication between clients and providers (21). Mothers supported by doulas are four times less likely to have a low birth weight baby, less likely to experience a birth complication, undergo anesthesia, have negative feelings about their childbirth experience, and more likely to initiate and successfully breastfeed (15,19,22).

Community-based doulas especially fill a significant gap in addressing health disparities for laboring individuals of marginalized communities. Community-based doulas are trusted leaders of their client's community who can share a similar racial or ethnic background, culture, age group, gender, or sexual orientation. These relationships with clients are reliant on shared lived experiences and values, which are especially vital in providing culturally sensitive, holistic care. A community-based doula's role is extremely unique as they have the capacity to act as a protective barrier in challenging biases in the medical system that affect clients of historically marginalized groups at higher rates. Through constant communication, attention and positive encouragement, community-based doulas give birthing women support prior to, during, and after birth (16). Based on individual needs, community-based doulas meet with their clients to discuss their reproductive goals and support they will need to have a healthy pregnancy. Community-based doulas act as patient advocates to ensure their client's reproductive health goals are met during medical appointments and act as a sounding board for their clients to make the best-informed decisions for their medical care. A range of topics are discussed with their clients from breastfeeding, bonding, best infant sleeping practices, and more (23). Community-based doulas can work in a variety of settings, either self-employed or working for organizations offering voluntary services or for pay.

A recent report by Nora Ellmann, a representative from the Center for American Progress, details in their report that community-based doulas and midwives are key to addressing the maternal health crisis we are facing here in the United States. This report calls on policymakers to integrate community-based birth workers in evolving public health solutions to address our maternal health crisis (24). Several prior studies have explored the intentions, motivations, and experiences of women who chose to become doulas, however none have focused solely on doulas engaging in entirely community-based work (25-28).

Of central concern for this study are three questions: What are doulas' motivations for engaging, participating, and continuing in community-based doula work? As non-clinical members of a woman's health care team, what are the experiences of community-based doulas? What barriers and supports do doulas encounter/experience as they provide health services to underserved populations?

This study explores the experiences of community-based doulas committed to providing underserved, low-income women in the Pacific Northwest birthing support. The community-based doulas interviewed for this project provide cultural and linguistic matched support and early parenting education to their clients before and for up to two years after birth. Doulas are linked with clients from their community and paired based on the client's respective culture and first language. The communities served by the doulas interviewed for this study include members of the African American, Latinx, Native (American Indian/Alaska Native), Somali, and LGBTQIA+ communities. This qualitative study aims to highlight doula perspective from marginalized communities that have been left out of previous research. Further studies should be done to continue to explore further (1) the barriers and challenges faced by community-based doulas, especially from the perspective of women of color, (2) the experiences of community-based doulas serving queer laboring individuals, and (3) the experiences of community-based doulas serving immigrants in today's healthcare climate.

### **SPECIFIC AIMS**

This project seeks to understand the experiences of community-based doulas, their primary motivations for engaging in this work, both initially and over time, and the factors that support and hinder their doula work. Little to no research currently explores this line of work from a community-based doula's perspective. Current studies that do explore doula's motivations too often fail to incorporate the experiences of women of color and those identifying as queer. Thus, this thesis aims to:

**AIM #1:** Understand the motivations of people who engage in community-based doula work for low-income women in three counties of Washington State.

**AIM #2:** Understand the experiences of community-based doulas in providing health care services to low-income women and the ways in which they sustain themselves in this line of work.

**AIM #3:** Explore potential barriers and facilitators community-based doulas encounter in providing quality care and support to pregnant and laboring individuals.

With these intentions, this project hopes to inform the following: (1) Ways in which diverse community-based doula collectives should continue to be uplifted by the medical and political sphere to support

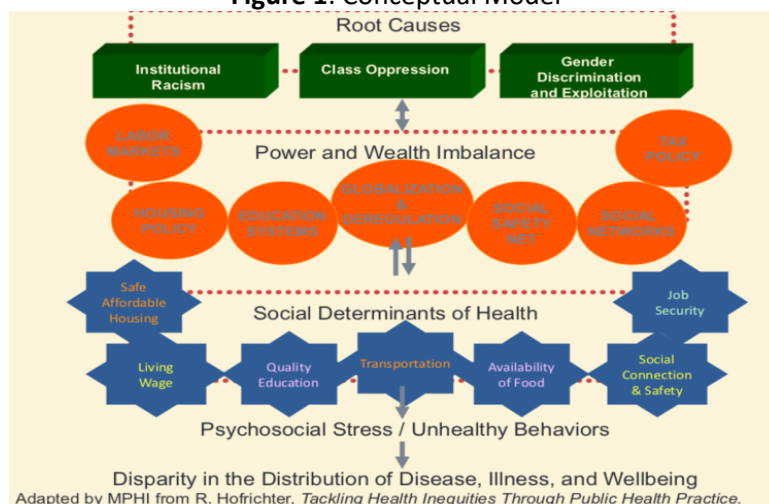
broader public health efforts to reduce racial disparities in maternal and child outcomes. (2) Provide larger audience understanding of community-based doula work and their impact on maternal and neonatal health outcomes. (3) To give insight and perspective into the challenges community-based doulas face when supporting their clients before and after birth.

### CONCEPTUAL MODEL

This study was informed by a conceptual framework (Figure 1), adapted by Richard Hofrichter in *Tackling Health Inequities Through Public Health Practice*. This conceptual model establishes that institutional racism, class oppression, gender discrimination, and exploitation are the root causes of health disparities. The conceptual model further illustrates the mechanisms and pathways that result in disparities in the distribution of disease, illness, and wellbeing. This model’s orientation aims to reestablish and reform the focus of public health practice to acknowledge and address the root causes of health inequities. A central challenge this theory posits is to “identify feasible alternative methods of organizing public health practice, organization, and culture to eliminate these inequities with the urgency it deserves” (29).

Housing policies, the educational system, social safety nets, social networks, and other factors are listed as elements that contribute to power and wealth imbalance, especially experienced by low income individuals and/or communities of color living at the nexus of racism, sexism, and classism’s effects on health. The conceptual model illustrates there is a two-way relationship between the root causes of disparities and the power and wealth imbalance category. The conceptual model further illustrates that power and wealth imbalance and social determinants of health have an interchangeable relationship. Determinants of health like housing, wages, level of education, job security, and one’s social network, depicted in the conceptual model, further explain the psychosocial stress and unhealthy behaviors that lead to widening disparities in the distribution of disease, illness, and wellbeing (29). In relation to this study, doula’s have been associated with positive birthing outcomes because of their role acting as a buffer for laboring individuals and the variety of social determinants of health that impact their overall well-being before, during, and after pregnancy.

**Figure 1: Conceptual Model**



## **METHODOLOGY**

This was a qualitative study that conducted semi-structured interviews with community-based doulas employed by Open Arms Perinatal Services<sup>3</sup>, a nationally accredited HealthConnect One<sup>4</sup> organization.

### *Study Population & Setting*

All study participants were practicing community-based doulas employed by Open Arms Perinatal Services. Open Arms Perinatal Service doulas utilize a community-based approach when supporting clients and are currently “the leading non-profit providing doula services specifically for families facing poverty in Washington State” (30). Open Arms doulas serve around 300 parents and babies annually. Their programs serve laboring individuals with substantial health and social needs living within 200% of the Federal Poverty level. With an equitable and trauma-informed lens, doulas are trained to support their clients to become their own advocates during and after birth. Doulas are culturally and linguistically matched with their clients and provide client support from the second trimester until the child reaches the age of two. Open Arms currently serves members of the LGBTQIA+ community and those of the following racial/ethnic communities: Somali, Latinx, African American, and American Indian/Alaska Native clients (30).

To be included in this study a participant had to be employed as a doula at Open Arms and have attended a birth or assisted a client within the past year. Utilizing convenience sampling (31), doulas were chosen and recruited by the following methods: print and digital recruitment flyers (Appendix A & B) and by word-of-mouth among members of the doula collective. The recruitment flyers were posted around the organization’s office and the digital version was emailed to all staff via the organization’s listserv. The University of Washington Institutional Review Board determined that this study was exempt from review.

### *Data Collection*

The goal of using qualitative methods was to develop an in-depth understanding and rich description of the motivations for and experiences of community-based doulas serving low-income women (31,32). This work provides insight and perspective on their experience providing health care services and support to low-income women within three counties of Washington State.

Data come from 50-90 minute one-on-one semi-structured interviews. A semi-structured interview technique was chosen to allow room for participants to actively shape the research and for themes not determined a priori to emerge (31-33). A standardized semi-structured interview guide was used that contained 20 open-ended questions (Appendix C) under five primary domains: motivations for becoming a community-based doula, experience of being community-based doulas, barriers and supports to

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<sup>3</sup> Open Arms Perinatal Services is a nonprofit, based in Washington, focused on strong community-based support for women through pregnancy, birth, and early childhood by pairing their clients with culturally and linguistically matched doulas. [Website: <https://www.openarmsps.org/>] Refer to citation 30.

<sup>4</sup> Nationwide, HealthConnect One supports maternal and child health organizations, social service providers, hospitals, birth workers and community-based organizations to design peer-to-peer support programs for pregnancy, birth, breastfeeding, and early parenting.

providing care, sustainability of doula work as a career long-term, and the future of the birth workforce. Questions that participants responded to included: (1) Why do you think doula work is important? (2) How would you describe your role as a doula? (3) What factors successfully enable you to engage in this work? (4) How do you believe doulas are changing the current birthing world/field? Standardized follow up questions and probes were used throughout the interview guide to move the discussion forward and deeper dependent upon the information given by the participant (19). The entire interview guide was shared with leadership at Open Arms for input and feedback and iteratively refined throughout the interview process. A pilot interview was conducted with a doula colleague to ensure the structure and flow of the interview guide was clear in steering the conversation but allowed the participants room to discuss any other relevant information freely.

Interviews were conducted over a two-month period. All interviews were audio recorded with participant permission and observational notes were taken. Based on participants' availability and convenience, interviews either took place at a nearby library or via video conference using Zoom<sup>5</sup> software. To ensure salience in data, grounded interview techniques and probes were used to answer primary study objectives. Each interview was transcribed in full and recordings were used for clarification and support when needed to confirm quotations. No identifiers were linked to the data collected. All interview notes and transcripts were scrubbed of identifiers and assigned a random study identification code and pseudonyms. Due to the global pandemic, COVID-19, interviews for this study were halted and it is unknown if this study's data fully reached saturation. Further research should be conducted to ensure that no new information or themes are observed in the data.

### *Data Analysis*

Content analysis was conducted to identify key themes from participant interviews. This approach was most suitable in answering the research questions in which data analysis would produce major themes and theory from the data itself, and for creating generalizable assumptions about similar populations (31,32). An initial codebook (Appendix D) was developed with a priori codes based on specified domains (34,35). Emerging codes were created inductively to capture unanticipated data and themes from interviews. Transcripts coded before addition of new codes were reexamined with the updated codebook to ensure consistency. The codebook structure included the primary code, secondary codes, and a clear description of each code. In order to ensure inter-rater reliability, a second coder independently coded four interview transcripts. All transcripts were independently coded utilizing AtlasTI software. For clarity and brevity, quotes from all interviews conducted have been altered and edited to remove pauses and repetitive phrases.

## **RESULTS**

A total of nine participants were interviewed for this qualitative study. Findings from this report were informed by six Black, two Hispanic, and one white doula. Two study participants self-identified as

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<sup>5</sup> Zoom Video Communications is a web-based communications platform providing reliable and secure video meetings, voice, webinars, and chat functions across numerous devices including, but not limited to, desktops, laptops, and mobile phones. [Website: <https://zoom.us/about>] Refer to reference

members of the LGBTQIA+ community. Eighteen themes across eight domains were addressed in this analysis: motivations for engaging in birth work, experiences as a community-based doula, importance of profession, barriers to providing care, facilitators driving success, sustainability of birth work, and the future of the birth workforce. These lessons and recommendations from frontline public health workers are especially crucial now for the health of generations today and those of the future.

### **Domain #1: Motivations for engaging in birth work**

Four themes emerged regarding motivations for engaging in birth work, including fascination with birth and recognition of the importance of the birthing process for individuals and communities, the role this ancestral practice plays in improving outcomes for laboring individuals, especially for queer or women of color, and their decision to participate in community-based work.

**Fascination with Birth and Birth Work.** Participants described how they became fascinated with birth and birth work due to its lifelong impact on parents and children and community health.

*“For me, what brought me to birth work was the fact that I've been born. I just think that if you've been born you should understand why it matters how you're born...It's a huge thing that affects everything in our life from there on...”*

*“...I really wanted babies to get here safely and to help birthing people heal and recover safely and quickly without disruption.”*

**Ancestral Origins.** Participants also described the powerful ancestral origins of doula work, and how engaging in this work honored that history and supported their community.

*“And understanding that back during slavery time, we had grand midwives and they rarely lost, a black mom and rarely lost, a black baby and to understand during that time we took care of our own community. We've gotta go back to what worked and obviously what ain't working is [our current healthcare system] this. So, I think really getting African-Americans back in touch with our roots and understanding that a lot of the things that are affecting us, a lot of these practices that we use are not ours.”*

*“I realized that this work is ancestral. And so it felt really important for me to give back to my community, to be able to heal lineages and to disrupt cycles of generational trauma because some of that starts at birth.”*

**Personal decision to participate in community-based work.** Nearly universal, each doula expressed their desires to provide these essential services to members of their own community “...people who look like you, who live like you, who work like you, who are in a similar neighborhood as you, who have similar experiences in life as you and possibly similar values... we can relate to those things in a way that people who are outside of that community would not be able to”. This ability to relate was considered essential for addressing the racial disparities in outcomes.

*"... even though collectively there are some ways that we can all help solve this, each community faces those challenges from different spaces and challenges. I'm literally talking about death. I'm literally talking about birth outcomes that are really just putting people in a lot of harm. Those types of challenges can only best in my opinion be addressed by people who know how to maneuver through those challenges in daily life."*

Doulas felt that their work within their own community was important because it helped to empower birthing people.

*"...to have somebody from a cultural standpoint...from a community standpoint to understand what someone is going through. It is easier for a person to say, 'Wow, I feel comfortable with you in the room. I feel safe with you in the room. I feel like my voice will be elevated with you in the room. I feel like I can speak up when you're in the room'. They tend to be able to feel like they can voice what is going on with them. They tend to feel like and they express that. They feel like, 'not only am I able to say what's going on in my body, but that's not being challenged by everybody in the room'. So that is comforting for folks. And I believe that a community-based doula who is a person who reflects that part of the community is able to do that."*

They also spoke about the power and importance of bringing a new generation in their community to life.

*"... I think about...who is this baby going to be? What does that mean to us as a community? This is a new community member that's coming in with infinite potential, and so the more we can preserve the sacredness that is that relationship through birth and help the birthing person receive the baby in the best way, setting that family up for a completely different trajectory is great"*

A few doulas interviewed discussed how their personal experiences interacting with the healthcare system impacted their decision to become a doula. Central to these experiences, were ways in which their unique racial, ethnic, or sexual identity, being queer or an immigrant, impacted the care they received.

*"... I identify as queer. I'm non-binary, I use they them pronouns. I've had partners that would like, they would need to access their testosterone. And you know, their insurance companies when they called them, didn't believe they were them. So I'd have to call and pretend to be their dead name to get their medication...cause it's not just about having babies, right? It's about what it looks like even before you decide to get pregnant. Like, do you have access to the care that you need for that? And if you're queer like, and you have to access IVF, do you feel safe with the care provider that you're working with? And can you even afford it? Like all this kind of stuff. So, that was like how it started and it felt very natural."*

Participants also stated their desires to participate in doula work was due to the alarming pregnancy-related health disparities for women of color and witnessing members of their inner circle having negative birthing experiences.

*"...we're dying. And our babies are dying. And even if we are not dying, we are suffering health outcomes that are completely preventable. If there's nothing in place, if there aren't policies in place, if there aren't people in place, if there are community members in place, if there aren't care providers who look like us in place, then the conversation will never be elevated and the conversation will never be something that is beneficial to our health."*

*"...I ain't know nothing about birth and babies before that doula class. I just knew I wanted to help mothers and help parents. Plus in my family, I've had just about every auntie and cousin of mine has had a baby die. So that also really motivated me to really take birth work seriously."*

## **Domain #2: Providing equitable care.**

**Filling in the gaps.** One prominent theme that emerged across all interviews was the desire to address deficits and fill in the gaps within our medical system by providing equitable care for birthing people, particularly for members of communities who have historically and still experience coercive medical practices, pain, neglect, and abuse.

*"I really want birth to be different for black women, I think black women really need a different kind of care in America than the average person just because the kind of care we've gotten prior to now has affected how our bodies are and how they function."*

*"I think it's important because of the way that our current healthcare system is. It doesn't...it has a lot of gaps and it doesn't view reproductive health holistically. And I think doulas, unfortunately, especially community doulas, we fill a lot of gaps beyond just the birth itself. Like I have a few clients now that I'm helping out with housing or helping them flee, you know, violent relationships, like things like that that often get missed."*

*"Depending on your ethnicity, people are profiling you in your medical visits or expecting certain things to come up in your pregnancies, and they are treating you that way rather or not that's true...if you are of African descent or African American, the way that someone is approaching your body and what they get to do to your body is different, and not in a positive way...I [as a doula] can bear witness and acknowledge when the trauma, obstetric violence or obstetric rape occurs."*

*"I think that oftentimes community...when we talk about community especially in the African American community there's so much racism and anti-blackness that it may be, especially in Seattle, that it may be awhile before they actually connect with community members and so you could be you know one of the few people this person has gotten to connect with in their pregnancy that sees them and acknowledges them."*

## **Domain #3: Experiences as a community-based doula**

A variety of perspectives were expressed when describing their experiences as a community-based doulas, however, several themes emerged across all interviews providing insight into their experience in this line of work, including providing patient-centered holistic care, the importance of supporting their client's partner and family throughout the birthing process, the intimate relationships they are able to establish with clients, and the impact of doula work on their personal life.

**Providing patient-centered Holistic care.** Doulas interviewed spoke of the critical need to view and consider the whole person when providing care and the importance of withholding judgement, especially considering factors beyond pregnancy that may hinder or impede their client's ability to have a healthy, successful pregnancy and lead healthy lives postpartum.

*"I'm there to kind of say, let's address this right now. You absolutely cannot concentrate on what's at hand. If you don't have food on your table or if you're not eating you, you can't...can't possibly concentrate. Your car broke down? Let's think about how we can get you transportation. So it's really about getting the hierarchy of needs met."*

They further described their role as a "guide on the side" who could provide information and be there with the patient throughout pregnancy and childbirth "to anticipate road bumps or help... if you have a fork in the road" and provide "honest feedback, but not feedback that's gonna judge them." They also emphasized that every client was unique and the importance of showing "up in the way the client needs." Finally, they noted the importance of extending care beyond the birth itself to provide support and "create space" for the pregnant or birthing person at every stage, both prenatal and postpartum, and "to be flexible and to be malleable enough [to] support [the] client and what they need."

**Supporting the client's partner and family through birth.** Client's partners and families can play an integral role during the birthing process. However, many are unaware of ways to provide support to their birthing person. All participants mentioned their role in providing direct and indirect support strategies for a client's partner or family member to be more involved during the birthing process.

*"And I think Birth is a really big part for dad to become a part of it. They end up needing a lot of guidance because they don't know how involved they wanna be, they don't know how they're gonna take seeing the person that they love in pain. You can't be prepared when you don't know what to prepare for. You don't know how she's gonna take it, you don't know what you're gonna see, until you're in it. You take it as it comes, literally."*

*"Sometimes we will practice different positions and things where the birthing person can be leaning on the partner, or in a position that helps the baby descend or helps alleviate some pressure. Helping them with different techniques like counter pressure techniques, massage techniques, or helping them with getting into position as the baby's being born if they want to help with the baby being born..."*

**Intimate relationships & client transformation.** In all interviews, doulas acknowledged the bonds and very intimate relationships they are able to establish with clients. Doulas expressed that the nature of many conversations with clients were extremely intimate covering topics ranging from frustrations with their pregnancy, the best positions to have sex, grievances they have with the partner or family members and more.

*"It makes me really happy though because I connect with a lot of families in a very intimate way, and not every job allows you to do that. Where it's like from the jump, Mom knows that you're gonna see*

*every crack and crevice of her...this is gonna be personal. I'm very open and vulnerable with my clients, so that they'll in turn be very open and vulnerable with me."*

Seeing their clients transform throughout the birthing process and creating lasting bonds were two sub-themes all doulas acknowledged to be primary motivators for them to continue engaging in this work.

*"I think honestly the most enjoyable part is watching somebody transform right in front of your eyes, from someone who has never been a parent...to watching someone go from being a parent of one to a parent of two. It's so cool to see their life [changing and] coming across the threshold..."*

**Impact of doula work on personal life.** In discussing their experiences as doulas, one common theme that emerged across all interviews was the level of impact this profession has had on their personal lives when working in their respective communities. Each doula expressed how inherently traumatic this work can be after constantly viewing members of their community being mistreated and the ways this impacts the longevity of their career as a community-based doula.

*"This work impacts me personally, I think I receive a lot of secondary trauma that I have to work through and heal from being in an environment where you see someone that you've worked with for a few months that you actually care about, that you've created a friendship with being just blatantly disrespected with no regards. That really hurts, it really hurts."*

*"We are often subjected to experiencing vicarious trauma from what our clients are experiencing and what we watch. Sometimes it can be difficult, like where would it have been appropriate to tell a client that she was obstetrically raped and I saw that happen to her. Or how do I tell a client that their provider made a mistake or their provider did something that created a poor outcome. The postpartum space is such a tender space that oftentimes [we're] holding [this information] until someone is ready to talk about it. Or there are often times where you just might not tell someone. So I think the impact of that is, it's holding a lot of guilt. Sometimes it's holding shame. Sometimes you're holding someone else's trauma as you process with them. Community doula work has also exposed me to a lot more experiences where I've been racially targeted...where experienced care providers treat me poorly because I'm Black or because I'm a woman and it has kind of reinforced some of the trauma in my own life."*

*"Bearing witness to people's trauma and not being able to control it is really hard. Bearing witness to that grief without having an answer for people...like watching people lose trust in their bodies for reasons that have nothing to do with their bodies, and not being able to like do anything about it. It's heartbreaking. For me, those are the ones I bring home with me and I have to really be very careful about how I carry that energy with me. And I think a lot of that is directly connected to witnessing people's trauma, especially if it mirrors my own."*

#### **Domain #4: Importance of Profession**

When asked about the ways in which doulas were changing the birthing world, the participants were unanimous in the view that community-based doula work was essential in disrupting harm and advocating for clients, especially those who are members of communities that have historically and are currently mistreated, when giving birth in our healthcare system.

**Birth work as activism.** All doulas acknowledged that the current way birth is treated in our medical system is harmful and the way birthing bodies are being treated by the system and participants in the system can negatively impact the way people perceive their own capacity and ability to give birth. They frequently saw their work as a form of resistance against these forces.

*“I think the doula work is the work of activists. Birth is a battlefield. I think those who are about it, who educate themselves, and understand the weight of what we carry. [We] are responsible for positive and better outcomes for people. [We] help people avoid c-sections, [we] can help a baby avoid demise, or a person avoid demise. I think that we're changing the landscape because we're shining a light on the [negative] things that are happening and highlighting things that are being perpetuated. We're [also] holding care providers accountable. I have seen care providers choose to do something completely different because I asked a question...again, [we're able to] shift and change outcomes and [are] helping people bring more power into their own birth experiences as clients and patients in the hospital.”*

Acting as a physical and emotional buffer, doulas felt they could reduce the levels of anxiety, fear, or mistrust their clients may experience as a result of racism and bias from medical providers.

#### **Domain #5: Barriers to providing care**

Barriers to providing care included the lack of respect from medical providers for the doula profession and the negative impact this has on the ability to support their clients, the need for greater financial compensation, and the role of loss of sleep in diminishing their ability to function across all areas of their lives.

**Provider & doula relations.** Every participant expressed how medical providers and nurses were oftentimes a barrier, and how the tense relationships hindered doulas from providing adequate and quality care for their clients. Client mistreatment, provider bias, and medical staff miscommunication were a few factors that doulas interviewed believed to have a major influence on the birthing environment and experience for their client. Lack of awareness about the doula profession was also believed to be a factor that potentially has impacted the relationships they have with providers.

*“There was a time where I was advocating for a client and the care provider sought to demean me personally, but also doulas as a type of work in front of the client. They said, ‘You don't need [them]. I'm the expert in the room. I know what you need and this person knows nothing.’ It really demeaned the choice of that person because you choosing [me as your doula] ultimately means nothing to [them] cause [they] can kick me out of the room. I wasn't challenging anything medical at this moment, I was calling to the room how [my client] expressed to me what they felt. [My client] was expressing to me that they needed more clarity around some of the procedures that were going to be done to them and had a few questions. That is when the care provider challenged my presence in the room. Saying basically...why would you even ask those questions? Isn't it absurd? That you would even go down that route? And it really seemed to put a hard place in their room. It was insensitive.*

*[After this moment], the client expressed several times that this is absolutely why [they] chose my doula."*

Across all interviews, doulas mention numerous occasions where they had to intervene on their client's behalf and have difficult conversations with providers because of the way their client was being ignored or neglected. They described these situations as missed opportunities because they had to take their attention away from their clients in order to advocate for their best interests.

*"She's paying me to get her through this labor...to help her be comfortable. That's not what I end up being able to do and for me it's really frustrating. I end up not being able to physically comfort my [clients] giving them reassurance when they need it because I'm sitting here [fighting with their medical provider] so [they] stop offering her an epidural...so you stop telling her that she needs to hurry up...or her birth is going too slow."*

Doulas interviewed believed establishing stronger relationships and ties with hospital providers and nurses were imperative to improve the experiences of birthing people and to achieve their common goal: an empowered, healthy and safe birthing and postpartum experience for their clients.

*"[In the hospital, between] the doctors and nurses and doulas, the relationships aren't right yet...a stronger connection needs [to be] made. One experience I had recently was in the hospital at a birth and the nurse said, 'No, you can't allow this person...or no you can't [record] video in the room.' And then the doctor's like, 'Yeah, you can!' So it's just like that communication isn't there."*

Shared understanding of the doula role and increased communication between members of the client's healthcare team improved patients' birthing experiences and promoted positive, long-term health outcomes.

*"I think [providers] having more understanding around doula work helps...when some providers know what exactly doulas do well, [we can] provide better care for our clients and be working together. So that helps to better care for our clients."*

**Financial compensation.** A major barrier to providing care cited across all interviews was the low rate of compensation for doula work, especially for low-income clients and clients of color, and how this potentially made such work non-sustainable.

*"Top doulas out there are making \$2000-\$3000 per birth/person per month. Most doulas aren't making that kind of [money], maybe \$700-\$800 per birth. When you think about how many hours you're putting in, that's less than minimum wage. You're spending time at the hospital, you're paying for parking, you're going to get yourself meals during the day when you're doing prenatal visits or postnatal visits, you're rocking babies, you're not going to sleep. With the amount of hours that you're actually spending with a person, seven or \$800 really isn't a lot."*

**Lack of sleep.** Another reported barrier to providing adequate and quality care consistently for patients was the lack of sleep and rest doulas are unable to get because of their extreme and oft-uncertain workload. and the toll that the on-call schedule takes on their bodies. One doula stated, "...really

*listening to my body and sometimes it's hard, 'cause I'll be on call and I'm like, 'All I wanna do is sleep right now because I feel really sleep-deprived. I can't get anything done, because I just feel so exhausted.'*

#### **Domain #6: Facilitators driving success in providing care**

A variety of factors enabled doulas to be successful in providing quality care to their clients before, during, and after birth, including Open Arm's organizational structure, relationships with doula colleagues, having a supportive personal community, and having healthy relationships with medical providers.

**Doula organization structure.** Across all interviews, doulas mentioned how monthly meetings with the entire organization, resources available to both doulas and their clients, and existing partnerships with other organizations in the community were helpful factors enabling them to provide quality care for their clients.

*"I'm so thankful for Open Arms. Even just the little things like different resources we have, partnerships with organizations...[like] for folks who have experienced domestic violence. We can get flex funds to pay for things that [clients] need. It could be housing things or baby supplies....so we were able to get [clients] a bus card or a phone card. I can't imagine Open Arms not existing. We have another partnership with West Side Baby, which allows us to order baby supplies for all of our clients. Having a director or staff...and other doulas...like our network of support...I was able to call my director and get support."*

*"After working with Open Arms for three years, this is an incredible community...they offer a lot of education and resources for [us doulas] to learn more about how to care for our clients well and that feels really fitting cause I feel like that's the only way to do it...[it's] to constantly be learning."*

In choosing to participate in community-based doula work with Open Arms Perinatal Services, doulas interviewed collectively agreed that they were excited to be a part of a collective organization that is able to make doula care accessible to their community.

*"Open Arms gave me the opportunity to work with my community. Because of them, I am able to provide a strong basis for families and their kids in my community, and to give them the confidence to be great parents in a new country. Especially with a new language, because English does not need to be a barrier. I think [Open Arms] is a bridge for them".*

**Doula Community.** Nearly universal, all doulas interviewed expressed how grateful they were for the supportive colleagues a part of the larger doula community, especially those working for Open Arms Perinatal Services. Having this community provided critical logistical and emotional support.

*"We will drop everything to help a doula who has two clients in labor...we support each other, we back each other up. I never feel like I'm alone in this work with my Open Arms community. I know that if I've had a hard birth, I know there are five people who would be waiting in the wings to support and help me. I know that if I have a family emergency and a client is in labor, that I can go and choose my family [because] one of my doulas [has] my back and [can] help my client. Also we*

*get it, this work is so heavy and hard and beautiful and will wreck you. We are always checking in on each other and taking care of each other. Sometimes calling each other out in a way of like...you need to not take that client and you need to go somewhere with your family or you need to not take that client and you can move on from taking too many on [because] you are one person. There's a lot of accountability there because I think that the doula community can be very martyrdom centered and that shit will burn people out really fast...so we really [try] to help each other kind of reel it in."*

*"...processing is huge for me and I saw that we have opportunities for that...process with my director. process as a group. We have a [monthly] meeting for all the doulas to come together and build community. And [use that time] to talk about what they're seeing in the community and like what we can do to support."*

**Supportive familial community.** Alongside having supportive doula colleagues to lean on, across all interviews doulas expressed the importance of having supportive partners, friends, and family members to rely on for their physical, mental, or emotional needs.

*"I'd say that I have like a wonderful doula community and friends, [a] really supportive family and understanding loved ones. People that genuinely understand...people that are close to me genuinely understand the importance of the work. So there's no need to justify it and also have the capacity to hold when it's like emotionally I need something."*

However, there were negative impacts from this line of work on relationships.

*"I think [doula work has] also had a deep impact on my partnership because of the time I spend away and when I do have time usually it's me trying to recover...[sometimes] not just being awake at all from experiencing really hard shit. Community-based doula work has brought a lot of meaning, but it has also brought with it a lot of heaviness and sadness and a lot of anger. [It's] just kind of demanded everything."*

## **Domain #7: Sustainability of birth work**

Themes related to the sustainability of birth work included uncertain schedules, secondary trauma (mentioned previously), and fulfillment from the work.

**Uncertain schedules.** Across all interviews, doulas discussed the negative toll the on-call schedule takes on their physical, mental, and emotional well-being.

*"I get a call maybe from my client...maybe from their partner, maybe from their mom [saying,] 'Yeah, they're in labor, we're here...could you get here now?' So everything kind of stops when that person is in labor. Then I'm there to support them throughout the time they're giving birth from when they call me. So my day stops from there, and now I'm supporting that person until that baby is here...which could be an hour from now. Sometimes the baby beats me [to the hospital]. Sometimes it can be two or three days from now. It just kind of all flows that way."*

*"The challenging part is when you have been told that the due date was such and such and you based your life around that. When can I go out, when can I drink? If I wanna smoke, when can I do that? If I want to see friends, if I want to be more than an hour away and just go to the mountains*

*with no reception and just be out in the mountains. I can't always do that without some sort of backup plan."*

**Finding fulfillment in doula work.** Finding fulfillment in this line of work was mentioned as a key factor that impacted the longevity of their careers as doulas.

*"It's very, very personal because it's like...I'm not your aunt and it's like you're more than a friend. I think to really come in and help a family transition from being two being three, to being one more...you meet a whole different bunch on the other side of that birth. And I think to help to fix that... whether they come out and this was the most horrible experience they ever had or this was the best experience [they] ever had as a family we've never been closer. To be able to help to sway that one way, it is really fulfilling. It's a very fulfilling feeling and I think it's really a gift of work that a lot of people don't know exists out here that you can literally help a family add another member..."*

One doula in particular described how fulfilling it was that they were able to incorporate aspects of their indigenous culture into their work as a doula for other members of the community here in Washington State that share the same cultural heritage. They stated,

*"I'm indigenous from Mexico, so from my side I have some knowledge culturally and now I feel the confidence to show up [and use] some skills that my culture already give me. So I am indigenous...from my culture, I'm using my rebozo [a lot]. I was using my rebozo for everything, for my doula work and for carrying my son...So it's one thing that I feel confident and I feel respected...and I don't feel any judgment around. or, well, I don't, I don't trust and, um, and yeah, and I think being in this role gives me the satisfaction that nothing else can provide me."*

#### **Domain #8: Future of Birth Workforce**

Themes regarding the future of the birth work included a growing respect for doula work and the way doulas are currently changing the birth landscape.

**Growing respect for doula work.** Growing respect for the doula profession was mentioned repeatedly as something that was gradually happening and as a priority for the future.

*"I think that doulas are becoming more like a thing that people know about. We're becoming more common knowledge and [an] included expert in the birthing room. I think there's still a lot more work to be done in terms of taking doula work seriously, and not just because of the research that shows that we help. [And] actually [because] our clients feel like they had agency at their births and feel like they knew more of their options, and felt seen. That in and of itself is incredibly valuable. I want people to see the value in all the different types of birth work and also inherently see the value in pregnant people and their capacity to make amazing families and [have] beautiful lives for themselves, and have incredible resilience. That all comes with respecting doulas."*

**The way doula work is changing the birth landscape.** A recurring theme amongst all interviewed was that doulas are and have the ability to continue influencing the ways in which individuals seeking care are treated in the medical system.

*“I think that doulas have the capacity to bring birth a little bit further out of the medicalization that is happening and start bringing the conversation around client centered care. Also kind of opening up the conversation about the natural process that birth is and if the system that’s already set up is actually conducive to that natural process of birth. There’s all these studies on how doulas change birth outcomes, which is a reflection of how doulas support the capacity of the body and the healing spirit, in a way that’s different from western medicine. I think there’s a real opportunity to have things like human connection translate into outcomes that aren’t really seen in a lot of other places. I think that human connection is also kind of really devalued and doula work highlights how valuable it is in changing lots of different things.”*

## **DISCUSSION**

This study presents key perspectives and lessons learned from nine community-based doulas that provide greater insight into their experiences providing health services for laboring individuals in the Pacific Northwest. The results of this study illustrate the motivations of women engaging in community-based doula work, the complexity of their community-based engagement, and factors influencing the feasibility and sustainability of this profession long-term.

This study’s findings suggest that doulas entered this profession with restorative intentions honoring the history and ancestral origins of birth work while providing healthful care to members of their respective community that have and continue to endure negative health outcomes that can be prevented. A growing body of work highlights the violence, mistreatment, and inequities that birthing individuals, especially birthing individuals of color, experience in our health care systems (13, 36, 37). These experiences when coupled with other inequities, resulting from racist policies and practice, underlie the stark racial disparities in health outcomes. While doulas cannot address the root causes of health disparities, evidence indicates that they are an effective buffer for laboring individuals at risk of experiencing negative birthing outcomes. Against many of these forces, doulas are proven to be effective in improving outcomes for low-income women, especially for women of color (17, 28). Evident in the birthing experiences and health outcomes of those with continuous doula support, this study’s findings are consistent with prior findings suggesting that doulas are making lasting impacts in the birthing world as activists confronting current systems of care that continue to mistreat members of the most marginalized communities (15, 16, 19-22, 38). In relation to the conceptual model this study used, evidence shows that doulas positively influence pathways between social determinants and health outcomes (28).

Findings also illustrate, from the perspective of community-based doulas, how the current birthing landscape is not conducive to providing quality, holistic care for laboring individuals, especially for queer and/or birthing people of color (24). Doulas mention the essential role they play filling social and economic voids for clients well beyond birth, which is evidentiary of the holistic support needed beyond clinical support. In this regard, doulas addressed issues such as supporting clients experiencing homelessness, supporting client’s partners and families during the birthing process, domestic violence, and clients with specific cultural and linguistic needs.

Community-based doulas working for Open Arms Perinatal Services here in Washington state play a crucial and vital role in providing quality perinatal services for low-income women seeking support. However, navigating interactions with medical providers, the low rate of compensation, and the physical, emotional and mental toll this line of work takes on both their personal life and partnerships remain challenges for individuals engaging in community-based doula work. This study's findings suggest training for medical providers in hospital settings need to be mandatory or re-evaluated to ensure that clients are being treated fairly when seeking provider support in hospitals here in Washington state. Similar to suggestions from other studies, training focused on implicit bias, systemic racism, cultural humility, structural competency, and trauma-informed care need to be made mandatory to ensure that unbiased, culturally salient, quality care is given to all laboring individuals seeking pregnancy-related support in hospital and birthing centers across Washington state (36, 39-42).

Findings also suggest that efforts need to be made to improve the relationships and lines of communication between medical providers, nursing staff and community-based doulas. All providers should be trained on the evidence-based impacts doula care has on birthing experiences and outcomes, especially for members of marginalized communities most affected in our current maternal health crisis. Due to the lack of knowledge regarding the role of a doula, facilitation and training regarding the positive health outcomes they are associated with can help reduce current tension and increase collaboration among providers to improve birthing experiences and pregnancy-related outcomes. Building upon limited existing literature, further research should be conducted exploring the current state of relationships between medical providers and doulas in order to develop informed strategies for coordinated maternity care (43,44).

Doulas across all interviews shared how inadequate funding was a persistent issue hindering their ability to sustain this line of work long-term. Community-based doulas and organizations providing low-cost perinatal services, like Open Arms, need increased funding support in order to allow them to continue supporting clients who lack the ability to pay, provide extensive mental and social supports for doulas, expand their services and increase capacity for clients, and to ensure their doulas are making a livable wage. These findings are consistent with current studies exploring the cost-effective benefits of states expanding Medicaid coverage for doula care, especially for low-income laboring individuals (21, 45, 46). Washington state government can provide increased funding in the forms of grants or Medicaid reimbursement to support the current vital work and expansion of the model of care set by community-based doulas.

## **LIMITATIONS**

Limitations of this study include a relatively small sample size, COVID-19's influence on data collection, and the potential lack of generalizability for community-based doulas working independently and outside of this geographic region of this study's focus. Further research is needed that examines: (1) a more in-depth analysis of the experiences of community-based doulas, (2) client's perspective of community-based doula care, (3) the impact community-based doulas have for immigrant laboring individuals seeking medical care in the US and for individuals of the LGBTQIA+ community, and (4)

medical provider and doula relations and the impact their coordinated care has on birth outcomes.

## **CONCLUSION**

Community-based doulas interviewed shared common motivations for entering birth work and a desire to provide culturally salient, holistic care for clients before, during, and after birth. Although a variety of opinions were expressed, doulas agreed in their approach to providing care that centered parent-led decision-making. While not the lone solution to our current maternal health crisis, community-based doulas interviewed demonstrate the essential role they play in confronting racism, buffering bias, and interrupting harm so their clients may have empowered pregnancies.

It is imperative the community-based doula model of care is amplified, and policymakers collaborate with community-based doulas as they seek to develop and implement solutions to reduce pregnancy-related racial health disparities. Most importantly, policymakers must include the voices and experiences of individuals most affected by our current maternal health crisis in the decision-making process.

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## APPENDICES

### Appendix A – Recruitment Flyer (Print Version)



Greetings Open Arms doulas—

I am writing in search of participants for a research study on community-based doula care. My name is Erin Lee and I am a second-year Master's student at the University of Washington and I am conducting this research study as part of the thesis component of the School of Public Health's program. **It is my hope that this research will contribute to a greater understanding of community-based doula care and will inform ways that programs and policies could better support community-based doulas and the health care services you provide.**

As a Black woman, I am deeply committed to pulling from the margins the experiences of women of color within a healthcare context. I have centered my studies on the social interactions and experiences of Black women in America and focused my research on varying aspects of reproductive health and justice. I was extremely drawn to this organization and the communities you serve.

For the purpose of this research, I am mainly interested in learning more about you! I want to learn more about your motivations for becoming a doula, your current experience as a community-based doula, the joys and challenges of your work, and how you foresee the future of the doula profession changing. I hope to conduct 15 interviews that may take place at a coffeeshop, a restaurant near your office, or over the phone. Interviews will last between 30–60 minutes.

**Interested?** Please fill out this Google Form:  
<https://forms.gle/4EftGQhMmJ2DPzgP6>.

**Do you have any questions about this research or about myself?**  
Please contact me, you'll find my information listed below!

.....  
Contact me: Erin Lee  
ebjl722@uw.edu  
216.640.4241

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ebjl722@uw.edu  
216.640.4241

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ATTENTION: OPEN ARMS DOULAS  
**RESEARCH  
PARTICIPANTS NEEDED**



Greetings Open Arms doulas—

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If you are interested in taking part in this study, or have any questions about this research or about myself, please contact me.

I looking forward to meeting you!

Respectfully,  
**Erin B. J. Lee**  
ebjl722@uw.edu  
216.640.4241

Appendix C – Semi-structured Interview Guide

Semi-structured **Interview Guide** |

*Interviewer Name:*

*Study ID & Title:*

*Date:*

*Mode:*

- In-Person
- Phone
- Video Conference

*Interview Start Time:*

*Interview End Time:*

Greetings \_\_\_\_\_ ,

Thank you for taking the time to speak with me today. Again, my name is Erin Lee and I am a second-year Masters in Public Health student at the University of Washington working on my thesis. I do appreciate your taking the time to speak with me today. Data gathered here today from our conversation will be used for a qualitative research project I am conducting to complete my thesis.

My goal is to understand your motivations as a woman of color for becoming a community-based doula. I hope to explore together why you continue to work as a community-based doula and understand potential facilitators and barriers you may face in providing health services to underserved populations. Together, I hope these results will support Open Arms' programming, policy, and advocacy recommendations that support community-based doula work.

In order to fully capture all of the information stated here today, I would like to record this conversation. Is this okay with you?

- Yes
- No

This interview will take approximately anywhere from 45-60 minutes. This interview is completely voluntary and can be stopped at any point you feel necessary.

Please note that your responses to these questions will be audio-recorded for transcription purposes only and will be immediately erased. Any identifying information in the manuscript will be erased so that no one will be able to identify you. Your willingness to participate will not affect your employment. I will not be sharing any identifiable information with your employer without your permission. I will only share general themes from the interviews after the study has concluded.

Do you have any questions or concerns before I begin recording?

- Yes
- No

**Grounded Probes:** [Reminder: Probes are completed using only verbatim participant words or phrases]

- What do you mean by...?
- Can you tell me more about...?
- Can you give me an example of...?
- Can you tell me about a time when...?
- Can you tell me who...?
- Can you walk me through...?
- When...?
- Where...?

Category/Topic	Question(s)
Motivations for Becoming a Community-Based Doula	Tell me about your path to birth work. <ul style="list-style-type: none"> <li>- Potential follow-up question: What sparked your interest in becoming a doula?</li> </ul>
	Why do you think doula work is important?
	Tell me about your decision to participate in community-based work/organization.
	How has this work impacted you personally?
Experiences of Community-Based Doulas	Can you describe the patient population you serve as a community-based doula? <ul style="list-style-type: none"> <li>- Potential follow-up question: What are their particular needs throughout their birthing process?</li> </ul>
	Tell me more about your day to day. <ul style="list-style-type: none"> <li>- What does your schedule look like?</li> </ul>
	How would you describe your role as a doula? <ul style="list-style-type: none"> <li>- What do you believe you do well?</li> </ul>
	Please describe how you typically help/support your clients through the birthing process.
	Tell me about the most enjoyable aspect of your work.
Barriers & Facilitators to providing care	Tell me about the most challenging part of your job as a community-based doula.
	As a woman of color, community-based doula, how do you believe you are perceived as a member of your client's health team?

	Tell me about how you are compensated or rewarded for your work.
	What factors successfully enable you to engage in this work?
Sustainability of Doula Work as a career	What motivates you to continue engaging in this work?
	How do you manage a work/life balance?
	Tell me about ways you avoid burnout in this line of work. - Do you prioritize and practice self-care? If so, how?
Future of Doula Professionals in our Medical System	How do you believe doulas are changing the current birthing world/landscape?
	How would you like to see doulas regarded by the birth world/field in the future?
	What recommendations do you have for other women of color interested in this work?
	Do you see your work as a doula changing over time?

Those are all the questions I have for you today. It's been a pleasure speaking with you!

Do you have anything else you'd like to add before we end today? Any questions for me?

Thank you very much for your time and participation.

Appendix D- Initial Codebook

Primary Code	Descriptions
Motivations for Community-Based Doulas	The drive/reasons why each doula entered this profession.
Emotional Experiences of Birth	
Social Justice	Justice in terms of the distribution of opportunities and privileges within a healthcare context.
Reproductive Justice	Doulas belief in reproductive justice framework emphasizes that women of color should have the right to maintain bodily autonomy, have children, not have children, and exist in safe and sustainable communities.
Healthcare	Interest in providing care, services, and support to individuals or a community
Satisfaction	Satisfaction with general impact their service has on the individuals and community they work with
Community-Based Participation	Desires and decisions to work within the communities they self identify to be a part of.
Experiences of Community-Based Doulas	Mention of general experience and encounters with clients and medical staff when providing care and support to client
Patient Population	Location and/or demographics served by doula.
Doula Role	Detailing the role doulas take on as members of their client’s health care team.
Approach to Supporting Clients	<p>How the doula approaches an interaction/support with their client who belongs to a marginalized community</p> <ul style="list-style-type: none"> <li>- How each doula provides support (emotional, physical, mental, resources, etc.) for their clientele during the birthing process (pre, during, and after)</li> </ul>
Advocacy	The ways in which doulas support clients receive respectful, quality care throughout and after their birthing process.
Variety in Daily Schedule	Doulas mentioning variety in their day-to-day work schedules
Perceptions	Mention of how doulas believe they are perceived by their client's medical team

Barriers	Factors that keep a doula from providing adequate, timely, and quality service to their clients/community. Applies to persons, places, or things that inhibit doulas from providing care.
Financial Challenges	Particular financial barriers that doulas find challenging to provide adequate and quality care to clients.
Structural Oppression	Mentions of systems that currently and have historically oppressed marginalized communities;
Facilitators	Factors that enable doulas to provide adequate, timely, quality, and successful care to their clients/community. Applies to persons, places, or things that inhibit doulas from providing care. (Other organizations, organizational structure, etc.)
Sustainability	Mention of how sustainable doula work is as a long-term career and the factors that inhibit/help its longevity
Self Care	How doulas practice self-care and avoid burnout
Work/Life Balance	The ways in which doulas maintain a work/life balance and prioritize themselves in this line of work
Future of Workforce	Mention of how doulas should be regarded by birthing professionals in the future
Interesting	An excerpt that is interesting but no other codes apply

Appendix E – Final Codebook

Codes:	Sub-Codes:	Definition(s):
Accountability		Mention of <b>how doulas hold providers accountable</b> for providing quality and appropriate care to their clients
Affirming Trauma		How doulas openly <b>acknowledge and affirm their client's traumatic experiences</b> during and after birth
Age of Doula		Mention of how their age has impacted their work and is of some importance
Approach to Shared Decision-Making		Doula balancing scientific evidence/fact versus patient preference/decision and patient capacity when deciding on a plan of care/birth plan.
	Evidence-based	
	Patient preference	
Approach to Supporting Clients		<ul style="list-style-type: none"> <li>- How the doula <b>approaches an interaction</b> with their client</li> <li>- How each doula provides support (emotional, physical, mental ,resources, etc.) for their clientele during the birthing process (pre, during, and after)</li> <li>- <b>Mechanics of how they are supporting their clients</b></li> </ul>
	Emotional Labor	<ul style="list-style-type: none"> <li>- Doulas discussing the amount of emotional labor birth work takes and the <b>emotional space they hold for their clients</b></li> <li>- Mention of the <b>emotional capacity doulas do/don't have for family and friends</b> after caring for clients</li> </ul>
Barriers		<ul style="list-style-type: none"> <li>- <b>Factors that keep a doula from providing adequate, timely, and quality service</b> to their clients/community. Applies to people, places, or things that inhibit doulas from providing care.</li> </ul>
	Financial Challenges	- Particular financial barriers that doulas find difficult to provide adequate and quality care to clients.
	Awareness	<ul style="list-style-type: none"> <li>- Mention of <b>lack of understanding and awareness about birth</b></li> <li>- Mention of people's <b>lack of awareness about the doula profession</b></li> </ul>
Bias		<p>Doulas mention being aware of:</p> <ul style="list-style-type: none"> <li>- Their <b>own implicit/explicit bias</b></li> <li>- <b>Medical provider and nursing staff bias</b> (based on client's racial/ethnic identity) that influences how their clients are treated</li> </ul>

Birthing Environment		Mention of <b>how the birthing environment/atmosphere influences health outcomes</b> for mother and child; whether positive or negative
Client Experiences		Doula providing <b>examples of client experiences</b> giving birth in hospitals and interacting with medical staff
Community Based Participation		- Mention of <b>desires and decisions to work within the communities they self identify</b> with (racial/ethnic/gender/sexuality identities)
Compensation		How doulas are financially compensated for their work
Continuity of Care		Mention of the client having access to medical professionals for a long period of time; ongoing health care management up until birth and during
Direct Partner/Familial Support		- Mention of <b>providing support (emotional, mental, or physical) directly to client's partner or family member</b> before, during, and after birth - Mention of involving partners/family in support of client's birthing plan & decisions.
Doula Community		Mention of the <b>support they receive from other doulas</b> in organization and in the community
Doula Organization		Mention of the support that Open Arms gives their doulas and clients (positive or negative) - What sets Open Arms apart from other doula organizations
Doula Role		- Detailing <b>the role doulas take on as members of their client's health care team</b> (advocate, educator, support system, etc.) - Doula perception of how they support their clients
	Advocacy	- The <b>ways in which doula supports client to receive respectful, quality care throughout and after their birthing process</b> - Mention of guiding client through the healthcare system - Mention of <b>helping clients communicate their needs and wishes</b> to hospital staff and medical providers
	Educator	Mention of the role doulas take on <b>educating their clients about different aspects of the birthing experience</b>
	Empowerment	How doulas <b>uplift/empower their clients</b> to make the best decisions for their bodies and birthing experience

Experiences of Community-Based Doulas		<ul style="list-style-type: none"> <li>- Mention of general experience and encounters with clients and medical staff when providing care and support to client</li> <li>- Mention of specific birthing experience and work history (caesareans, natural births, etc.)</li> </ul>
Facilitators		<ul style="list-style-type: none"> <li>- <b>Factors that enable</b> doulas to provide adequate, timely, quality, and successful care to their clients/community. Applies to persons, places, or things that inhibit doulas from providing care. (Other organizations, organizational structure, etc.)</li> <li>- Factors that keep doulas safe, healthy, and sane in order for them to continue providing care to clients</li> </ul>
Fulfillment		<b>Satisfaction/happiness with the general impact their work/service has</b> on the individuals and community they work with
Future of Workforce		<ul style="list-style-type: none"> <li>- Mention of <b>how doulas should be regarded</b> by birthing professionals in the future</li> <li>- Mention of <b>where doulas foresee the profession changing in the near future</b></li> </ul>
Healthcare		<b>Mentioned as a motivation:</b> Interest in providing health care services and support to individuals or a community
History of Birth Work		Mention of <b>origins of birth work and birthing practices</b> (specifically midwifery and doula work)
Importance of Profession		Doulas mention of why they believe their work is important
Indirect Partner/Familial Support		Mention of <b>providing support strategies to partner/family</b> to provide a positive pregnancy experience and outcome for client
Interesting		An excerpt that is interesting but no other codes apply
Knowledge/Qualifications		<ul style="list-style-type: none"> <li>- Doulas <b>discussing their level of training and expertise</b> in birth work</li> <li>- Mention from doulas about <b>how medical staff/providers have questioned their level of expertise</b></li> </ul>
Mistrust		Acknowledgement and mention of their own or client's general mistrust in providers and the healthcare system doulas notice
Motivations for Community-Based Doulas		The <b>drive/reasons why</b> each doula entered this profession.
Oppression		- Doulas mention of systems that <b>currently oppress</b> marginalized communities

	Historical Significance	Doulas acknowledging the historical significance/importance of marginalized communities past and current experiences and interactions (positive or negative) with the healthcare system and hospital staff
Path to Birth Work		Participants discussing their journey to the doula profession (including traditional & non-traditional paths?)
Patient Population		Location and/or demographics of population served by doula.
Perceptions		- Mention of how doulas believe they are perceived by their client's medical team
	Patient Experience	- Mention of client examples where doula expresses the feelings of their client's and they perceive the care they are receiving (whether positive or negative)
Personal Impact		Doula mention of being personally impacted by this line of work (whether positive or negative)
Personal Trauma		Mention of <b>doula experiencing second hand trauma and triggering events</b> while supporting clients
Population Needs		General/specific needs of the specific population each doula encounters with clientele
Professional Ethics		- <b>Moral/ethical issues related to their approach in counseling/supporting clients.</b> - Referencing training offered by Open Arms Perinatal Services for doulas.
Provider/Medical Staff Relations & Treatment		- Doulas <b>mentions interactions with client's hospital/medical staff</b> ; whether positive or negative.
Recommendations		Advice doulas have for others interested in entering the doula profession or birth work field
Relationships with Clients		Mention of examples detailing relationships with clients
	Intimacy	Mention of how doulas characterize their relationships with clients as intimate
	Transformation	Mention of witnessing <b>how clients are transformed/change</b> emotionally, mentally, and physically during and after giving birth
Resilience		
Respect		Level of respect perceived to be given to doulas and/or clients by medical providers

Responsibility		Detailing the <b>daily/general responsibilities</b> of practicing community-based doulas (meetings, emails, client intake, etc.)
Self Care		How <b>doulas practice self-care and avoid burnout</b> (activities: sleep, eating well, candles, sage, etc.)
Social Justice		<ul style="list-style-type: none"> <li>- <b>Mentioned as a motivation</b> for becoming a doula; Wanting justice in terms of the distribution of opportunities and privileges within a healthcare context.</li> <li>- <b>Emphasis on community needs</b>; not necessarily focused on the ‘gaps’ doulas are trying to fill</li> <li>- <b>Positive</b> aspects mentioned that relate to social justice</li> </ul>
	Agency/Autonomy	Mention of supporting client’s <b>control and agency over their own reproductive health and body</b>
	Equity	<ul style="list-style-type: none"> <li>- Mention of <b>filling in gaps/disparities to tailor education, support and resources</b> for individual client and community</li> <li>- <b>Motivation</b> for becoming a doula; desire to fill in the gaps for clients from marginalized communities oft-neglected from our healthcare system (historically and currently)</li> <li>- Mention of <b>general issues/problems</b> doulas see when interacting and treating clients</li> </ul>
Sustainability		Mention of how sustainable doula work is as a long-term career and the factors that inhibit/help its longevity
Variety in Schedule		Doulas mention of variety in their day-to-day schedules
Vulnerability		Mention of how vulnerable marginalized communities are when interacting with the healthcare system
Witnessing		Mention of how doulas serve as a third party witness and account of interactions/events occurring (whether positive or negative) while their client is in labor
Work/Life Balance		The ways in which doulas maintain a work/life balance and prioritize themselves in this line of work (i.e. boundaries)