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# The Experiences of Black Community-Based Doulas as They Mitigate Systems of Racism: A Qualitative Study

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**Introduction:** Black pregnant individuals endure a disproportionate burden of preventable morbidity and mortality due to persistent, racially mediated social and systemic inequities. As patient advocates, Black community-based doulas help address these disparities via unique services not provided by conventional doulas. However, Black doulas themselves may encounter obstacles when providing care to Black perinatal clients. We characterized the barriers encountered by Black community-based doulas in Los Angeles, California.

**Methods:** We partnered with a Black community-based doula program to conduct semistructured interviews with its community doulas and program directors, covering the following topics: motivations for becoming a doula, services provided, and challenges faced as a Black doula in perinatal settings. Interview transcripts were reviewed via directed content analysis, with attention to the influence of systemic racism on service provision. Additionally, our research team used Camara Jones' *Levels of Racism*, which describes race-associated differences in health outcomes to code data.

**Results:** We interviewed 5 Black community-based doulas and 2 program directors, who all shared experiences of inequitable care and bias against Black clients that could be addressed with the support and advocacy of culturally congruent doulas. The community doulas shared experiences of stigma as Black doulas, compounded by racial prejudice. Interviewees noted sources of structural racism affecting program development, instances of interpersonal racism as they interacted with the health care system, and internalized racism that was revealed during culturally based doula trainings. Additionally, the doulas emphasized the importance of cultural concordance, or a shared identity with clients, which they considered integral to providing equitable care.

**Conclusion:** Despite facing institutionalized, interpersonal, and internalized forms of racism, Black community-based doulas provide avenues for Black birthing individuals to navigate systemic racism experienced during the perinatal process. However, these forms of racism need to be addressed for Black community doulas to flourish.

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## INTRODUCTION

Disparities in Black American health outcomes are rooted in racism and its attendant social and structural inequities.<sup>1,2</sup> For Black birthing individuals, these disparities are associated with severe perinatal morbidities (eg, postpartum hemorrhage, severe hypertension, venous thromboembolism, and stroke),<sup>3,4</sup> such that individuals are at greatest risk of

pregnancy-related mortality, regardless of their socioeconomic status.<sup>2,5,6</sup> These disparities can be attributed to the weathering of chronic exposure to racism and provider prejudice across all levels of the health care system.

The mounting evidence linking systemic racism and Black maternal mortality represents a public health crisis that warrants innovative mitigation strategies. Checklists and racial bias trainings are suggested solutions to promote and ensure the provision of equitable pregnancy care.<sup>7,8</sup> However, hospital-level interventions are inadequate to solve a multifaceted problem that needs to incorporate patient-level protections, such as those afforded by the inclusion of doulas. Doulas provide continuous support during labor and advocate for their birthing clients; to effectively do so, doulas must identify and mitigate conscious and unconscious variations in perinatal care, which can subsequently decrease rates of preterm, operative, and cesarean births.<sup>9,10</sup>

Community-based doulas are trained, nonmedical personnel who provide support during labor and childbirth; however, unlike conventional or white doulas, they reflect the community they serve and provide prenatal and postpartum support to historically excluded populations (eg, those in the carceral system or recovering from substance use, the lesbian, gay, bisexual, transgender, and queer community) at low or no cost.<sup>11,12</sup> Community-based doula programs are gaining momentum for their potential to reduce perinatal adverse outcomes within the Black community.<sup>13</sup> However, these

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## Quick Points

- ◆ Community-based doulas are uniquely positioned to reduce disparities in health care for Black pregnant individuals as they confront bias and systemic racism.
- ◆ Black community-based doulas and programs are themselves forced to mitigate various manifestations of racism.
- ◆ The impact of community-based doulas on Black communities may be limited by the instability and challenges to sustainability of these programs.

programs struggle with funding and sustainability.<sup>13–15</sup> The implementation and propagation of community-based doula programs requires characterizing and describing the barriers that they face. Our objective was to identify what unique services Black community-based doulas provide, and specifically what barriers are faced by Black community doulas in supporting Black communities.

### METHODS

We conducted a focused qualitative study consisting of in-depth interviews with Black community-based doulas and program directors between January 2020 and May 2020. Participants were selected from the Frontline Doulas Centering the Community Program, a pilot program sponsored by Diversity Uplifts, Inc., and funded by a grant from HealthNet, a Medicaid managed care organization. Frontline was approached specifically because they provide Black community-based doulas for Medicaid-insured Black patients in Los Angeles County. The program consists of 2 program directors with experience as doulas and 8 birth doulas, some who completed certification programs and others who completed professional training programs. We solicited participation from all the members of Frontline at their doula orientation and through emails to each member. All participants provided informed consent and received a \$50 gift card as compensation provided by HealthNet. This study was approved by the Institutional Review Board of the Health Sciences Campus of the University of Southern California.

We used a video conference platform, Zoom 4.0, for all interviews. Each interview was audio recorded and then transcribed verbatim. We asked each participant 10 open-ended questions (see Supporting Information: Appendix S1) with probes to delve into salient topics exploring the following themes in relation to race and the experience of racism: limitations to the growth of Black community-based doula programs, motivations for becoming a doula, and challenges faced in becoming one. In particular, we asked participants about the unique services the Black community-based doulas provide, the importance of having a Black doula providing care for Black clients, and obstacles within the health care system specifically affecting Black community-based doulas. These questions were based on preconceived themes; however, themes were further defined and coded based on the data. For example, a preidentified theme was based on the premise that Black community-based doulas provide unique services for Black clients. An example of an inductive code that emerged from the review of the transcripts was how Black

community-based doulas face the same forms of racism as their clients.<sup>16</sup>

Our research team consisted of the primary investigator (K.T.), as well as 2 expert consultants (P.M. and B.T.N.). K.T. is a female-identifying Black obstetrics and gynecology resident and former doula; P.M. is a female-identifying South Asian family medicine physician; B.T.N. is a male-identifying Asian American obstetrics and gynecology researcher. In addition to analyzing qualitative project data, P.M. supported the development of the doula program's infrastructure and health care system's relationships with the community-based doulas. K.T. performed all semistructured interviews and conducted all initial coding. B.T.N. and P.M., as experienced qualitative researchers, assisted in the initial development of themes to be examined in the structured interview guide. B.T.N. and P.M. reviewed the transcripts and independently assisted with coding and interpretation of quotes taken from the transcripts. We used a layered approach to our analysis, recategorizing codes into the overarching themes: racial concordance and the dimensions of racism framework by Camara Jones. Jones' framework provided a clear and concise description of racism and its impact on health care outcomes (Supporting Information: Appendix S2).<sup>1</sup> Additional emergent themes were discussed with 2 of the participants (F and G) to ensure their correct interpretation.

Of note, we use *individual* or *clients* as a gender-inclusive term to refer to people with the capacity for pregnancy and childbirth and use *mother* and *maternal* when discussing the results of studies that used these terms.

### RESULTS

We invited every member of Frontline to participate in the study, leading to interviews with 2 program directors and 5 community doulas. Three doulas were unable to be reached or declined to participate. The interviews lasted 40 minutes on average. The doulas were 25 to 60 years old, and their experience ranged from 6 months to 20 years. Additionally, doulas identified several external roles/occupations, including asthma/nutrition specialist, childbirth educator, reiki practitioner, lactation counselor, social worker, aromatherapy/acupressure specialist, and midwife in training. All interviewees self-identified as Black/African American women.

Review of the transcripts revealed 2 overarching themes: (1) the essential role of racial concordance in how Black community-based doulas cared for Black pregnant individuals, and (2) the challenges of being a Black community-based doula as well as the obstacles faced in sustaining and expanding programs that support them. Within the larger theme of

the importance of racial concordance, defined in this case as the shared identity between a doula and a client, we uncovered its role in overcoming the Black community's mistrust of the health care system and health care providers, as well as the unique skills and services rendered by racially concordant Black doulas. The challenges faced by Black community-based doula programs included both stigma and racism that acted as barriers to providing in-hospital care, which we systematically discuss according to the following strata: internalized, interpersonal, and institutional levels of racism.<sup>1</sup>

### Importance of Racial Concordance

Reflecting on the unique role of the community-based doulas in supporting their clients, the doulas noted the importance of acknowledging the role of race in their clients' pregnancy experiences.

### Racial Concordance and Mitigating Medical Mistrust

With the publicization of Black maternal mortality rates in the United States, some doulas lamented that their clients sometimes attributed their pregnancy risk to their race alone rather than how their race might affect how they were treated during their pregnancy.

*They were afraid they were going to die, that it was their Blackness that was going to make them die [...] I was able to explain to them it wasn't about their race. It was about how they'd been treated because of implied biases and prejudice.—Participant C*

Most of their clients however, had already experienced such prejudicial treatment and attributed it to systemic racism within the health care system. In the most apparent case, Participant A recounted the story of one of her clients who would not have engaged with her had she been any other race, stating, "one of my clients, [...] when I showed up at her house [...] wouldn't come out. [Then her dad] went back, and he said, 'She's Black. Come out the room,' and then she came out of the room."

Three participants revealed experiences of mistreatment during their birth experience that allowed them to connect with their Black clients' fears and advocate for them: an experience that set them apart from white doulas. Participant C noted that "as a white doula, there's things that you don't understand. [A white doula] wouldn't necessarily pick up on the social things, because we have to be in a way hypervigilant to."

Additionally, the doulas acknowledged that their shared cultural identity, as well as their shared experience of racism, were assets that helped their clients overcome fears about how they might be treated or mistreated within the medical system. This was especially profound for another participant:

*I think there's a lot of historical traumas that we carry in our bodies. I've definitely had women say that there's white doulas that won't take Black clients [...] There's still this racial component about servicing a Black woman in such an intimate space. When you have a Black doula a lot of times that's removed, so you don't even have that barrier to overcome. You just have an opportunity for a woman to show up with you that al-*

*ready identifies with you, that understands that this white doctor, these nurses that are not from your race, have these possible thoughts going through their mind and [the Black doula] has her back, almost a synergetic support, because she already knows that these thoughts can be going through these people's mind.—Participant E*

She further emphasized pregnancy and the transition to parenthood as being universally vulnerable moments for clients that should not be tainted by any racial self-consciousness. By identifying with their clients and acknowledging their experiences, Black doulas can alleviate such self-consciousness as well as the hypervigilance experienced by members of the Black community and create a space of trustworthiness. Furthermore, the participants explained that their personal experiences of racism allow them to advocate for their clients' care in the medical setting when they encounter biased or racist treatment. "It's up to us to just be a safeguard in certain ways and inform our clients," noted Participant B. Black community-based doulas do this by asking clarify questions about medications, encouraging discussions of care, and calling out inequitable treatment. Participant B detailed a specific situation where she did this. A "nurse asked my client about being drug tested, I said, 'Hey, so she's declined your offer 3 times now, and I think it would be best if you just resigned from trying to pursue this.'"

Additionally, doulas recognized that their individual encounters with clients could have ripple effects beyond their interaction during birth, empowering them toward general resilience against racism.

*I'm a Black doula, and I have a Black client, and I'm trying to help empower you, your birth, just by me being there, that's empowerment. And then I can tell you about my experience of how I've overcome things, or how I know other people who have overcome things similar to what you're going through, that's empowerment. And then I can give you tools to help become those things that also empower me. So now, not only have I related to you, but I've also empowered you and then I'm giving you tools to manifest what you want.—Participant E*

### Racial Concordance and Connection With the Community

The community-based doulas specifically pointed out their ability to connect to and advocate for their clients as part of the Black community. This shared lived experience and identity were a unique quality that could not be replicated by a white doula. They subsequently contrasted the care they provided against the care that they sometimes did not observe among their white counterparts.

*When I worked with those other communities, [white doulas] would just be very cut and dry about what they were offering. [...] They just did not have a clue about the kinds of issues that the Black community is really dealing with in order to provide the full scope. It's like being a doula for Black women, it's not just being a labor support assistant. It's not just doing 3 prenatal and 3 postpartums, and you just sit down and educate them about pregnancy. It's like really, you're building a relationship with them. You're building a bond with them. You're teaching*



*them how to step out of womanhood into motherhood and giving them the confidence and empowerment to do that. And also, to release these ideas about fear pertaining to birth and painful birth and a stereotypical birth.—Participant B*

One doula attributed the unique sensitivity and commitment of the community-based doulas to their having come from the same community:

*If you've never been in a hood, and you have to go in and deal with Black women who live [there, white doulas] may not feel comfortable going there [...] We have these experiences because either we see them in our community or have a relative or friend experiencing them.—Participant B*

Black community-based doulas recognized that the experience of their communities and the sensitivities developed from that background are unique. Additionally, Participant C recognized that lack of concordance with clients is a factor that needs to be taken into consideration, stating, “if I’m an African American woman working with a Latina woman, I need to understand what the dynamics are for her culturally that may be different.” It is when these aspects are ignored or underplayed that adverse health outcomes are liable to occur.

Black community-based doulas recognized that their work was not just about pregnancy or birth but additionally included the community into which these events take place. They distinguished themselves as caretakers for their community, with the provision of emotional and spiritual support. Essentially, they viewed their role as one part of dismantling systemic racism.

*Representation matters, and it makes things a lot easier, it helps people to relax and put their guards down. So as a Black woman who's providing care for Black birthing people, Black women, we're able to relate to them. First of all, being relatable is really important. Secondly, when you understand the causes of these birth outcomes, you're also able to advocate for them differently. And then when you experience both causes, you're able to advocate for them differently. You can hold space deeper. That's really important [...] because basically we're talking about dismantling systems of racism, but we're starting with the babies.—Participant E*

## Challenges for Black Community-Based Doulas

### Levels of Racism: Internalized Racism

The Black community-based doulas revealed that their own experiences with racism often primed them for their roles advocating for Black pregnant individuals. As stated by one doula, their experience gave them the ability to recognize racism at multiple levels. Yet, she acknowledged that had someone not trained her to identify and label the racism that she experienced, she would have viewed negative experiences as her fault.

*I'd never saw when people talk about infant mortality and all the issues with African American women being higher than any other group. I didn't understand that because I saw it as almost like a flaw for us, but then it was explained that the issue really is racism. When I found that out, it was like a bell went off because*

*I've seen it. I just thought it was providers being rude. I thought it was providers being insensitive.—Participant C*

Black doulas who obtain traditional doula training from the national accrediting organization may internalize and accept the status quo, never becoming aware of the importance of their identity in addressing the role of racism in the Black maternal birth experience at its multiple levels. One doula acknowledged these limitations and remarked on how fortunate she felt to be aware of the inadequacy of national training, which led her to seek alternative training opportunities.

*I ended up going to a Latina organization so I could get my doula training. Because [the organization Doulas of North America (DONA)...] was predominantly white. It wasn't very culturally competent. It wasn't really addressing the needs of the women that I have a heart to serve.—Participant E*

### Levels of Racism: Interpersonal Racism

Doulas often face challenges being accepted as part of the care team in hospital settings. Community-based doulas face the additional challenge of performing the role of a doula while also being Black. As a part of their role, Black community-based doulas worked to mediate relationships to support their clients. Yet in advocating for their patients, Black community-based doulas faced racialized microaggressions from hospital staff, with participant A recounting, “the nurse just turned to me and was like, ‘You know what? I don’t like your attitude and you’re being very aggressive with me.’”

By referencing the known stereotype of the “angry Black woman,” whether knowingly or unknowingly, the nurse used a social control mechanism that prevented the Black community-based doula from advocating, and instead pushed her to be passive.<sup>17</sup>

Upon recognizing their experiences and their clients’ experiences of racism, the Black community-based doulas noted its insidious presence within the medical system and recounted several episodes ranging from racial insensitivity to differences in the provision of treatment with regard to adequate consent. They noted that some providers may have not recognized their inappropriate biases about Black pregnancy, as noted by participant C, saying such snide statements as, “How many more kids are you going to have?” She further recounted another insensitive interaction where:

*A young lady was delivering, and she had to have an emergency C-section [...] so, she's meeting with the anesthesiologist and [the anesthesiologist] asked her, 'Where's the baby's father?' And did it in a real rude way [...] That wasn't the appropriate question to ask somebody who's just found out they're going to have a C-section. – Participant C*

Other Black community-based doulas, such as Participant D, recounted seeing their clients’ bodily autonomy discounted with staff not fully informing their clients of interventions: “I’ve been in [the hospital] with some of the nursing staff where you don’t know that they’re putting medicine in your IV. They will just do it.” For Black community-based doulas having to balance their role as patient advocates and health care allies, witnessing microaggressions and bias created significant challenges to supporting pregnancy and birth,

as well as supporting their clients. Fortunately, Frontline developed a system of internal mentorship whereby the doulas could check-in with supervisors who could debrief situations and help them discuss racially charged situations and navigate their roles.

### Levels of Racism: Institutional Racism

Being a Black community-based doula means providing care for marginalized communities. These communities often cannot compensate community-based doulas for the care they provide at the same rate as conventional/white doulas. Thus, Black community-based doulas often work for organizations that can supplement wages. These programs face racism on an institutional level because of lack of advocacy, funding, and organizational support. Although the participants remarked on the value of their supervisors, mentors, and program, the directors highlighted the lack of support that warranted systemic interventions. In regard to advocacy, one director, Participant G, stated, "Our program has a lot of strong mentoring support in how to appropriately advocate [...] but we can't be the only resource. There must be legal and medical support, and even higher-level advocacy support for doulas."

One of the program directors additionally explained the importance of having protection as a community-based program, which can allow doulas to advocate for their clients in ways unavailable to a hospital-based doula program:

*The problem is when unethical things happen. And for our community this is what we are trying to protect people from. So, this is not just about helping a mom push her baby out without intervention. It's about preventing harm that is done by medical people. People are disrespectful to clients, and me needing to be free to handle that with my client, and needing to be able to talk directly to you if I need to, because I don't work for you. Who's the supervisor for doulas [in a hospital-based program]? [...] If she has a problem with the nurses, how will she be protected from retaliation?—Participant F*

Additionally, the program directors explained the impact of their group's services becoming linked to an insurance provider and the role of funding in the effectiveness of a Black community-based doula program. Participant G remarked, "There's something to be said by not having [to worry about] the socioeconomic problem of supporting Black mothers." She noted that when Black community-based programs and Black doulas are adequately compensated it allows them to "reinstat[e] the power that we have to give our sisters support during birth."

Ultimately, both directors emphasized that inadequate training, insufficient funding, and lack of structural support are barriers that Black community-based doulas face in providing adequate support for members from the Black community.

## DISCUSSION

We sought to ascertain and characterize the barriers that Black community-based doulas face. Our interviews with the community doulas revealed that as culturally and racially concordant providers, they focus on combating systemic racism

that Black birthing individuals face and attempt to prevent negative health outcomes. Often their goal is to help their clients' combat bias, alleviate concerns about their personal risk of becoming a Black maternal mortality statistic, protect the sanctity of their clients' pregnancy and birth experience, and empower them to become advocates for themselves. Multiple studies demonstrate improved perinatal outcomes, particularly within the Black community, because of these interventions.<sup>13,15,18–21</sup> However, our data also highlighted that community-based doulas face and attempt to navigate bias and racism within the health care system themselves. Our interviews with community-based doulas and program directors provide greater insight into the nature and mechanisms behind these challenges on an individual and organizational basis, and we categorized these experiences according to *Levels of Racism*, a framework described by Dr Camara Jones.<sup>1</sup>

The causal relationship between racism and increased morbidity and mortality in perinatal care is underpublicized/unknown in the Black community. A survey of Black women in California observed that the Black community at large was unaware of the link between poor birth outcomes and racism.<sup>22</sup> Our interviews echoed this concept and highlighted how Black community-based doulas help to combat this misinformation when they receive cultural-based training as part of their certification.

As Black community-based doulas, they also encountered bias from health care providers and attempted to intervene on behalf of their clients. Specifically, when prejudicial treatment or assumptions occurred, Black community-based doulas were able to identify the situation and advocate for their patients; however, our interviews revealed instances where they also needed advocates of their own. This support may or may not be provided by the programs they work for.

Black community-based doulas may be at risk of taking on a greater emotional toll from their advocacy and self-identification with their clients that merits a deeper support network, thereby warranting the strengthening of networks of mentors and peers who can understand their experience. From a practical perspective, this requires funding to develop structured mentorship and support programs. Additionally, greater financial and infrastructural support for Black community-based doula programs ensures programmatic sustainability and provides the opportunity to further support their staff. Of note, Black community-based doulas often provide birthing individuals with support and resources beyond birth; providing care for marginalized communities requires more resources that are often uncompensated.<sup>14</sup> As a result, financial limitations play a direct role in the number of Black doulas community-based doula programs can hire, the type of education and training they provide, and the level of mentorship they can offer for their community doulas.

For example, the Frontline Doulas Centering Community Doula Program was funded by a Medicaid insurer in California that recognized Black pregnant patients' need for community-based doulas. Without their funding, the doula program would be unable to train the doulas to provide the services described in this research. The need for supporting and expanding community-based doula programs is recognized broadly, and a bill to provide a Medicaid-funded

pilot program for community-based doulas throughout California, AB 2258, was in process but halted by the COVID-19 pandemic.<sup>23</sup>

## Implications

Access to Black community-based doula support improves Black maternal and child health, yet the impact of these community doulas remain limited by the stability and sustainability of these programs, which suffer from rapid turnover and unstable financial support.<sup>9,10</sup> Our interviews with Black community-based doulas revealed that their racial concordance and efforts to develop community with their clients can help to overcome bias and encourage empowerment. Yet in order for community-based programs to thrive, Black community-based doulas need, at the individual level, to be trained to identify and address racism that both they and their clients experience. Additionally, they need to be taught to link such racism to poor perinatal outcomes among minority groups, receive assistance with certification (when certification status exists as a barrier to competitive compensation or access to work in certain hospitals), and be provided ongoing mentorship and a network of health care referral resources. At the programmatic level, the positive contributions of Black community-based doulas need to be discussed and their impact disseminated to dispel stigma and garner greater morale and financial support, which are both necessary for sustaining and expanding community-based doula programs. Ways to address these limitations include better wages or Medicaid and insurance reimbursement for community-based doula services. These recommendations will synergize with the efforts of organizations, such as Ancient Song Doula Services, Village Birth International, and Every Mother Counts, who are all working to affect disproportionate rates of Black maternal mortality in the United States.<sup>12</sup>

It is important to recognize how the pandemic has exacerbated racial inequities in the health care system, contributing to Black maternal mortality. Although Black community-based doulas can help to ensure that Black client's concerns are taken seriously and that they are treated with equity in the hospital setting, the pandemic has limited the number of people who can provide support to laboring individuals.<sup>24</sup> By considering doulas as an essential component of the care team, hospitals can help ensure optimal, equitable birth outcomes.

## Strengths and Limitations

To our knowledge, this is one of the few studies to investigate the perspective of Black community-based doulas, identifying systemic racism as a barrier to providing care for the Black community. However, we are unable to estimate the prevalence and quantify the impact of this barrier. We acknowledge that our interview sample of providers was from a single organization in Los Angeles. Consequently, our findings on racial concordance and medical mistrust may not be generalizable to the experiences of other groups that may vary by race or region, among other demographics. Additionally, findings may differ among a population with both racial and gender diversity. Nevertheless, the representation of our participants' experiences across all 3 of Jones' levels of racism framework

suggested that their experience may not differ significantly from that experienced by racial minorities more generally.<sup>1</sup> Lastly, our data do not reflect the opinions/experiences of the clients themselves; therefore, conclusions about the community doulas effectiveness are limited and warrant further investigation via studies that incorporate patient experiences.

## CONCLUSION

Community-based doula programs are uniquely positioned to support Black pregnant individuals as they confront bias and systemic racism that increase their risk of poor outcomes. Yet in order to grow, or even sustain themselves, Black community-based doulas and programs are forced to mitigate the various manifestations of racism themselves. By investing in community-based doula programs for Black pregnant individuals, and ensuring that they are financially, logistically, structurally, and sustainably supported, we can build on their success and the movement toward equity in birth outcomes for Black birthing families.

## CONFLICT OF INTEREST

In the spirit of community-based participatory research, both S.P. and K.R. acted as participants in the research and authors on this article.

Each author has confirmed compliance with the journal's requirements for authorship.

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## SUPPORTING INFORMATION

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

Appendix S1.

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