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Research Article

Perspectives of Doulas of Color on their Role in Alleviating Racial Disparities in Birth Outcomes: A Qualitative Study

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Introduction: The purpose of this study was to explore how doulas of color conceptualize both their work and how their racial and ethnic identities influence their work within the context of racial disparities in birth outcomes in the United States.

Methods: We conducted semistructured qualitative interviews with doulas of color who had attended at least 3 births as doulas. Participants were recruited from across the United States. The interviews were audio recorded and transcribed verbatim. Qualitative content analysis was used to derive themes from the transcribed interviews.

Results: Interviews were conducted with 8 doulas of color, ranging in age from 21 to 47 from across the United States. All participants were either current college students or had earned a college degree. Although many of the doulas identified as being of more than one racial or ethnic group, nearly all participants identified closely with being Black or African American first, and their other racial groups second. Four major themes emerged: relationship with the medical system, role of identity in the doulas' work, role of class, and divisions within the natural birth movement.

Discussion: The majority of doulas who participated in this study stated that their racial identity strongly influenced their work, particularly when working with women of the same race or ethnicity due to their shared identities. Several participants initially became doulas because of a desire to alleviate disparities in birth outcomes for women of color. This suggests a commitment on the part of the study participants to serving their communities and to bridging the gap between women of color and the health care system. Several participants also noted that they feel alienated by both the health care system and the mainstream natural birth community.
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INTRODUCTION

Racial disparities in birth outcomes between women of color (WOC), particularly Black women, and white women in the United States are well documented.[1–6] Between 2011 and 2013, the pregnancy-related maternal mortality rate was 43.5 for non-Hispanic Black women versus 12.7 deaths per 100,000 live births for white women.[7] In 2013, the infant mortality rate for non-Hispanic Black infants was 11.11 versus 5.06 per 1000 live births for non-Hispanic white infants.[8] These disparities in birth outcomes persist even after accounting for differences in socioeconomic status and education level.[6,9–11] Doulas, trained paraprofessionals who provide nonmedical support to women before, during, and after birth, have the potential to reduce racial disparities for laboring individuals and infants, primarily through a reduction in cesarean births, reduction in preterm births, and increase in breastfeeding initiation.[12–14] Various analyses and theoretical models investigating improved outcomes associated with doula-supported births have concluded that women with doula care have lower odds of unindicated cesarean births[15] and preterm births, such that reimbursement for doula services through Medicaid and other payment structures is cost-effective and likely cost-saving.[16,17]

Doulas have several roles: supporting laboring individuals and their families by offering comfort techniques, giving emotional support, working as a team with nursing staff, and advocating for effective communication between the family and health care providers.[18] A Cochrane systematic review examining doula support noted an increase with patient satisfaction with their childbirth experiences.[19] The use of doulas, however, is not yet widespread, and one survey of 2400 women across the United States found that only 6% received supportive care from a doula during labor, although far more women indicated they would have liked doula care.[20] Moreover, the majority of doulas do not come from low-income communities or communities of color. Demographic data for doulas in the United States is limited. In one survey of 626 doulas in the United States from 2003, 93.8% of doulas identified as white, 2.6% as African American, 2.2% as Hispanic, and 1.4% as other. The majority of respondents were well-educated and married women with children, and nearly all of them reported earning less than $5000 per year from their doula work.[21] This finding suggests that there are significant financial, personal, and professional barriers to entry for people who wish to be doulas, such that the population of doulas does not

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Quick Points

- As a response to awareness regarding disparities in birth outcomes, many doulas of color have chosen to enter the doula profession to support women from their own communities.
- Many doulas of color feel alienated by the medical system as well as by the larger natural birth community.
- Doulas of color are uniquely positioned to support women of color and can thus contribute to efforts to reduce racial disparities in birth outcomes.

represent the population of birthing people who could benefit from doula services. A more recent study that gathered demographic information for doulas in Washington State found that 67.4% of respondents identified as white only, 11.8% identified as multiracial or multiethnic, 7.6% identified as Black or African American, 4.2% identified as Hispanic or Latino, and 3.5% identified as African.[22] This may suggest that the birth doula workforce is becoming more diverse. Furthermore, because the standard model of doula practice has been a fee-for-service model, women who could potentially greatly benefit from doula support are often unable to access these services.[23] In the survey of women cited above, Black non-Hispanic women were most likely to report that they did not use a doula but would have liked to have doula care, and they were also most likely to report that they had been treated poorly in the hospital because of racial or ethnic factors.[20] Community doula programs, in which doulas are reimbursed through an organization rather than paid by clients, and volunteer doula programs are important mechanisms for accessing doula support that would otherwise be out of reach for pregnant individuals.

Given the scarcity of doulas of color, little is known of their perspectives and their roles in supporting WOC and reducing disparities in birth outcomes. Although early studies of doula care demonstrated the value of social support during labor and birth, the focus was doula care versus no doula care, relying on the assumption that doulas were a homogenous group.[19] More recently, the conversation has shifted to the importance of race-concordant doula care and its influence on positive birth outcomes as an intervention to address health disparities and to mitigate the effects of structural racism by bridging the limited options for race-concordant care between patients and their health care providers. However, the experience of doulas of color and their sense of identity and positionality during this change in the understanding of doulas and doula work has received limited attention. One prior study examining the perspectives of newly-trained doulas of color found that they were committed to serving women from their communities by providing culturally sensitive support and knowledge, identified doula work as a "calling" and viewed their specific identities as WOC as crucial to understanding the struggles of women in their communities.[24] However, a survey of doula care in New York City found that the doula workforce was not as diverse as the population of birthing women and that access to doula care was very limited for women in underserved communities.[25] The aim of this study was to explore how doulas of color conceptualize their role as doulas (both within and outside their communities), as well as their thoughts on how their racial and ethnic identities influence their work.

Table 1. Interview Questions

Interview Questions
1. What does natural birth mean to you? What do you consider a positive birth experience?
2. Please describe how you came into the natural birth movement.
3. If you have given birth, what was it like for you?
4. What influenced you to become a birth doula?
5. What do you see as the role of and/or the representation of women of color in the popular conception of the natural birth movement?
6. What is something that you think could make natural births and/or doula work accessible to more women of color?
7. How do you identify racially/ethnically?

METHODS

For this qualitative study, semistructured interviews were conducted with self-identifying WOC over the age of 18 who had attended at least 3 births as doulas. All interviews were conducted in the fall of 2014. As formal certification can be cost-prohibitive and attending 3 to 5 births is a common requirement for certification by doula-certifying organizations like DONA international and the Childbirth and Postpartum Professional Association, attending at least 3 births rather than formal certification was used as an inclusion criterion. Participants were recruited primarily through posting in doula groups on Facebook. We recruited a convenience sample of 8 doulas of color. All doulas who responded to correspondence about scheduling interviews were included in the study. This study was approved by the Institutional Review Board at the University of Michigan.

All participants provided written informed consent prior to being interviewed. Basic demographic information such as race, age, gender, and education level was collected. Open-ended questions (Table 1) that were agreed upon by the study team guided the one-on-one interviews and were intended to allow study participants to guide the discussion into areas they considered relevant and significant. The interview questions were fixed and all were used in each interview. These questions were informed by the theoretical framework of intersectionality, which recognizes the interplay of multiple social identities and their influence on individuals' experiences

Table 2. Demographic Characteristics of Participants (N = 8)

Characteristic	Value
Age, range, y	21-47
Level of education, n (%)	
Some college	1 (12.5)
College	5 (62.5)
Advanced degree	2 (25)
Occupation, n (%)	
Medical student	1 (12.5)
College student	1 (12.5)
Student midwife	2 (25)
PhD student	1 (12.5)
Full-time doula	2 (25)
Part-time doula/homemaker	1 (12.5)
Location, n (%)	
Michigan	4 (50)
California	2 (25)
New York	1 (12.5)
Maryland	1 (12.5)
Race/ethnicity, n (%)	
African American	4 (50)
Biracial or multiracial	4 (50)

of oppression and privilege. Interviews occurred either in person or via video calls, each lasting approximately one hour. The interviews were audio recorded and transcribed verbatim by the first author. The transcripts as well as written notes taken during the interviews were coded based on overarching themes and subthemes derived from the transcriptions consistent with qualitative content analysis.[26] The initial coding was completed by the first author, who also conducted the interviews. The coding process was debriefed with the research team members, and an audit trail and confirmation of the coding alignment with themes was completed by the other members of the research team during team meetings and through the text review process. The codes were regularly discussed among the study team and generated in an iterative process. The study team agreed that theoretical saturation occurred after completion of 8 interviews, as no new themes were observed in the later interviews. All quotations included appear in their original form, and clarifications are denoted by brackets when necessary. Excessive usage of words such as "like," "um," or "you know" were omitted to improve readability when their omission did not alter the meaning of the quotations.

RESULTS

Eight doulas of color from across the United States were interviewed (Table 2). Doulas interviewed reported residing and working in Michigan, New York, California, and Maryland. They ranged in age from 21 to 47, and all participants were either currently attending college or had earned a college degree. Although many of the doulas identified as being of more than one racial or ethnic group, nearly all of them identified closely with being Black or African American first, and their other racial groups second. These doulas worked with varied populations of clients, had different race and class backgrounds, and had varying levels of experience as doulas, although all participants had attended at least 6 births as doulas. Although participants were not asked directly about their practice model, the majority worked as both fee for service and volunteer doulas based on their answers to interview questions. Four major themes emerged from analysis of the interviews: relationship with the medical system, role of identity in the doula's work, role of class, and divisions within the birth movement. Relevant quotations from the interviews for each theme are included in Table 3.

In the first theme, relationship with the medical system, doulas discussed (1) the importance of agency during labor and birth; (2) the role of the doula as a liaison between women and care providers; (3) poor or hostile treatment in hospitals; and (4) distrust of white care providers. All of the participants made some reference to the importance of agency in labor and birth. "If a baby is being born into less than ideal circumstances, then you really want a birth experience that empowers the mom within her own ability to take on parenting for the next twenty-odd years" (Participant 4). Six participants discussed the role of the doula as a liaison between laboring individuals and care providers. One participant described an instance of this kind of "transfer" of trust:

The client would always come to me, "Well, what do you think about this?" I'm like, "You can talk to her [the midwife] about that. It's okay." So if they trust me, and I actually trust a different-cultured person in the medical field, it transfers over… And then I can be like a liaison…so it's not a disrespectful type of care. (Participant 1)

Five participants described encounters with hostile or impatient providers and staff, and poor treatment in hospitals:

I had a friend who gave birth…I visited her at the hospital, and it was a hospital I had gone to frequently with most of the clients I've had who have paid me to be their doula…and I saw the treatment was incredibly different…they weren't paying attention to her, they weren't listening to what she wanted, the hospital didn't really take the time to tell her what her options were…I see that more frequently…when I've supported women of color. And what's really powerful is that I'm able to have those conversations with them. As a fellow woman of color, I'm able to say, "Yeah I know, I noticed that interaction that the doctor has had with you. Let's figure out ways to have a conversation with your care provider." (Participant 8)

Three doulas referenced the distrust in the medical system that exists in many minority communities, especially in regard to participation in research. When discussing a study on progesterone suppositories and preterm birth that was being conducted at a nearby institution, one participant said:

And again, here we are, Black women being tested on…There's other issues that need to be tackled, and I think that society thinks it's too big of a task to deal with, so it's like, "We can create a medicine. That's easy to do. But we're not getting ready

Table 3. Themes and Exemplars

Themes	Subthemes	Exemplars
Relationship with the medical system	Agency in labor and birth	"Another really wonderful birth outcome is if family, if a mother, if a partner felt fully supported, so at no point did they feel alone, did they feel voiceless, did they feel like their needs weren't being met. And I think…most of the families who feel like they've had a successful birth feel like…they've been treated like human beings instead of feeling like another number." (Participant 8)
	Doulas as liasons	"What I've noticed there is that the women of color feel very comfortable talking to me and trying to find ways to relate in the room there, and they feel less comfortable talking to the white nurses or the white doula, and so I think there's something to be said about having someone who looks like you, and being able to open up in a different way and not feel uncomfortable or embarrassed by something because you know that someone there, even if they're not going through the same thing, that maybe they've had a similar experience or at least know what your background might be like." (Participant 8)
	Poor treatment in hospitals	"And also, you don't have very good relationships with your doctors when you go to the hospital for anything else…sometimes people aren't respected or they're not treated well, so to think to have a baby [in the hospital], they don't quite trust that." (Participant 7)
	Distrust of white care providers	"Sometimes we fear the hospital setting…that's a generational thing…we grew up learning or hearing those stories, like, 'Oh, you don't go to the hospital. They're going to try to kill you.' It's crazy thinking, I do know that now, but that's how you're reared…As an African American, we tend to trust other African Americans if they're in [positions of] higher power…and so that means that if we're having babies, we need to have babies with Black women." (Participant 1)
Identity in the doulas' work	Influence of WOC identity	"You can see things and hear things about, 'Oh there's a disparity,' and a lot of times it's kind of dismissed as, 'Well if they just…If they just got prenatal care. If they just didn't get pregnant. If they just, if they just, if they just'…If you're a woman who's been through that, you're a lot less likely to dismiss the validity of the challenges…I remember trying to figure out childcare so I could go give birth…If I only have the bus, and that bus isn't able to get me to my appointment until 10 minutes after the appointment begins and the doctor is going to not see me because by the time I get upstairs we're 15 minutes past my appointment time now, or when I get there and they say, 'You can't have your kids here,'…so I think there's a part of being a doula of color that's holistic." (Participant 4)
	Disparities in birth outcomes for WOC	The health disparities, in terms of the infant mortality rate and the maternal mortality rate, greatly influenced me in this work because I feel like mothers of color need special attention because of these numbers, and that they need culturally appropriate care." (Participant 6)
	Narratives of birth in the doulas' families and communities	"I think a lot of it is epigenetically linked in my DNA, or something in me that knows about this sort of thing and knows that this is normal and this is not…I think that people tend to trust women of color, not only because of this supposed place of servitude, but I also think that when you're looking at people who are doing things in a natural way, birth in particular, you look to the women of color." (Participant 5)
	Sense of intuition surrounding birth	"With regards to having a doula at one's birth if you are a woman of color, sometimes I think that you connect with the whole mother-sister energy, and you look across the room and you see another woman that looks a lot like you, or looks like your mother or a lot like your sister or your best friend, sitting there calmly, who knows what's happening, you have a higher likelihood of having success and having your unmedicated vaginal delivery." (Participant 5)

(Continued)

Table 3. Themes and Exemplars

Themes	Subthemes	Exemplars
Class and the accessibility of the natural birth movement	Financial barriers to accessing doula support	"I had a situation with a mom and [at the hospital] she said she had a volunteer birth doula…and the nurse midwife…said to her, 'Well, you know, you get what you pay for. Volunteer birth doulas, you don't want to get a volunteer birth doula because they just take up space. You get what you pay for, so you really need to be careful.' So she gives her a packet of doulas that start at $1000, not taking into any consideration if this mother can even afford that, or how she would feel, or what relationship she had with her doula." (Participant 7)
	Financial barriers to doula work	"There definitely is a struggle within the birth world…knowing that it's very difficult to make a lot of the Black birth workers—well, birth workers in general, using that as a general term—many of them make less money because their constituents and the people that they're trying to serve have less money. And for many of them, also feeling like it's a calling and part of it is service to their community. But as a result of that, I think the money pool is smaller." (Participant 6)
	Feeling like "the help"	"In this country, there's still a vision of people of color in roles of servitude, and so I think that that is potentially the way that I can be seen by almost all of my clients, because almost all have been Caucasian." (Participant 5)
	Policy changes	"I'm really big on making sure that doulas do get paid for their work…because most of the time it is women doing this work…even if they are volunteering their time, then I think it's important that there's compensation in other ways, through the government, at least. We do have states that are doing that…there are some places that are really starting to recognize the importance of birth workers, and they're starting to validate the work." (Participant 8)
Divisions within the natural birth movement	Divisions between professional doulas and community doulas	"It goes way beyond birth. You can't even get to the birth until you've settled all her other needs…And if you know that when you go to see this mom and help her practice her birth positions, her kids might be hungry, you might be the doula that shows up with peanut butter and jelly sandwiches for the little ones so that you have a break to work with mom and take a little bit of that stress off her….And I would imagine that there's a huge portion of the birth culture that doesn't have to deal with that, but as community doula there's just some stuff that's very real." (Participant 4)
	Cultural appropriation within the natural birth movement	"I think naturalness has been very familiar to people of color for a very long time and seeing how whiteness and white people capitalize on it…is very problematic to me. And it kind of makes me sad, because along with structures of power and different things like that, people who then have access to these things, like to natural things, tend to be privileged. And the very people who actually probably invented these things are left on the outskirts, because they don't have access to it…I think it started with us because we were forced to use natural methods because we weren't allowed…access to other things." (Participant 7)

Abbreviation: WOC, women of color.

to deal with your chronic stress and your no transportation." (Participant 1)

The second theme, the role of identity in the doulas' work, included 4 subthemes: (1) the influence of their identities on their work; (2) the impact of health disparities on whom they choose to work with; (3) strong birth narratives within doulas' families and communities; and (4) the role of intuition in their work. Seven doulas stated their identity as a WOC influenced their work. "The ladies there, they definitely felt a sort of a bond with me, because they felt that I could offer them something, I don't know, different because I was a Black woman…I gained a lot of respect from them" (Participant 1). Four doulas referenced the prevalence of poor birth outcomes for African American women:

I made it kind of clear that I wanted to work with Black women from the moment that I started my doula training just because of the things that I saw happen in my family with women in general when it came to things like birth and the intersections of class and how that affects birth, as well as race, and seeing how Black women a lot of times have babies with really low birth weights. (Participant 7)

One doula was not sure whether or not her identity as a woman of color influences her work as a doula. She noted that all but one of her clients had been white, and that, in her

experience, religion (she is Muslim and wears a headscarf) had played a larger role than race.

Four doulas described strong narratives of unmedicated or home births in their families and communities:

My mom…when she talked about birth, she was never scared. She always said her births were just amazing…She had a huge influence on me, and then looking at her and other women in my family and…I don't even think they realized how deeply spiritual they were when they came to things about women and holistic health, but…they were really southern Black women who were like, "I took from the land and I gardened in order to feed my family and help in birth too." (Participant 7)

Several doulas described a sense of intuition surrounding pregnancy and birth, which they related to their identities as Black women:

I think women of color are very crucial to the natural birth movement…We were midwives for a really long time, and we were doulas even if we didn't know what a doula was. We were the sisters, the mothers, the family members who had to deliver another Black woman's baby because she wasn't allowed to be in the hospital because she was Black…Birth and birth interventions were very much so targeted towards the majority in the history of gynecology, because once again, women of color were left on the outskirts. (Participant 7)

The third theme that emerged was the role of class in the accessibility of the birth movement, and it included 3 subthemes: (1) financial barriers to doula training and to access to doula support, (2) feeling like "the help," and (3) payment structures and policy changes relating to coverage of doula services. Seven participants referenced finances as being either a barrier to becoming a doula or to accessing a doula:

Statistically speaking, women of color and minorities are paid less than their white counterparts in a lot of places still, unfortunately. So that would affect the insurance coverage they have…so to be a volunteer doula to low-income women, to be a free doula or anything like that I feel would help me serve people who, you know, either share the same DNA as me or have a similar background as me. (Participant 3)

Several of the participants also discussed feeling like "the help" in their work with white clients:

I wonder if the families view me…because I'm African American, as "the help" because primarily in New York City and the clients that I take, most of them are…upper-middle class, sometimes kind of in the 1%, and they usually tend to be white. (Participant 8)

There were wide-ranging opinions expressed in the interviews about whether doulas should always be paid for their work and, if they should, what the source of those funds should be. One doula referenced these discussions, stating:

In the birth world…there's this big debate now about whether doulas should gift their services to anyone, whether they should do births for free …the majority of women I wish to service, quite a few of them are not going to be able to pay for a full-priced doula. Quite a few of them aren't going to be able to afford a doula at all. So that's not even a question for me, whether or not someone should be able to gift their services to a mother. (Participant 6)

Many of the participants shared the hope that, as the benefits of having a doula during labor and birth become more widely acknowledged, it will become more common for insurance companies or government programs to reimburse doulas for their work.

Finally, participants discussed divisions within the birth movement, particularly the division between *community* doulas (who either volunteer their time or are reimbursed for their work by community programs) and *professional* doulas (who engage in a fee-for-service relationship with clients and are paid directly by the client) based on race, class, and the different populations of women that they work with. During the interview process, participants referred to the natural birth movement as part of the context of identifying a position of contrast as a doula of color. The mainstream natural birth movement was generally characterized as being centered in the experience of white, highly resourced, privately insured, educated heterosexual couples. This differed from the experience of doulas who were both positioned initially on the margins of the natural birth movement and who also had embodied the experience of racism and or discrimination as a result of their racial or social identities. Several participants expressed concerns about how discussions of marginalized communities are often left out of the mainstream birth movement:

There are two groups of doulas. There are professional doulas and there are community doulas. And community doulas tend to show up with women who don't necessarily have the financial background to hire a professional doula…I am in several doula groups and you definitely see the difference between the doulas who support the Britneys and the doulas who support the Shaniquas, but we network. We network. A lot of it is underground. (Participant 4)

Two of the doulas discussed the issue of cultural appropriation within the natural birth movement:

Often we don't feel like our voice is heard, and then things that are indigenous to our culture are then appropriated or rediscovered by white birth workers who then teach them to other people, or teach them to other white birth workers and charge them money for it. That can be a point of contention within the community. (Participant 6)

DISCUSSION

The main themes derived from interviews with participants in this study demonstrate the ways in which doulas of color position themselves in relation to their clients and to the natural birth community in general. Nearly every participant stated that their racial identity strongly influenced their work, and several participants were initially drawn into doula work because of a desire to alleviate disparities in birth outcomes for WOC.

Every participant referenced the importance of agency in childbirth, informed consent, and having an empowering birth. Absence, or perceived absence, of these features of a positive labor experience can engender distrust of the medical system and create feelings of distress and helplessness for

patients. The positive effects of doulas on patient satisfaction after birth have been well documented.[14,19] Several of the doulas in this study described the importance of supporting their clients of color in environments that they perceive as dismissive and sometimes hostile. Disrespectful perinatal care has been cited as a critical contributor to health disparities and as a component of structural racism that has been pervasive.[27] The ability of doulas to act as liaisons between health care providers and patients can offset these tensions and create an environment in which women feel supported and have increased self-efficacy, leading to lower rates of adverse perinatal outcomes and higher rates of breastfeeding initiation.[14] The efforts of the doulas of color in this study, and the doulas of color surveyed in the literature,[24,28] may contribute to population-wide efforts to alleviate disparities in birth outcomes for WOC. The majority of participants in our study cited a commitment to supporting women from their communities and several referenced having a personal understanding of the struggles these women face in accessing care. Their narratives connect the present-day experiences of communities of color with past mistreatment by the medical establishment. They also describe how doula support can be inserted into this complex milieu in order to improve the experiences of WOC during pregnancy and birth. Doula support, however, is not a panacea for disparities in birth outcomes, and the responsibility of eliminating these disparities must be placed on society and the health care system as a whole rather than on affected WOC.

The role of class in the accessibility of doula services was also an important theme in our study. Because doula services are often conceptualized as *alternative*, women with fewer financial resources may not have the means to hire a doula or familiarity with doula services. Similarly, there is the problem of access to the education and training necessary to offer these services for WOC. Some participants relied on scholarships to attend doula training and discussed the difficulty of supporting their families on a doula's income, particularly when serving lower income women. The participants in this study were college educated, which may have also contributed to their ability to become doulas and to continue doing birth work. Several of the participants advocated for insurance reimbursement and government programs to pay doulas for their work with women who cannot afford to pay for their services. Thus far, only Oregon, Minnesota, Indiana, and areas of New York offer Medicaid compensation for doula services as part of their efforts to improve birth outcomes, although several other states have introduced legislation related to Medicaid coverage of doula services.[29,30] Models that prioritize training and adequate reimbursement of doulas of color who serve their communities are a critical consideration as these programs become more widespread.

The doulas in this study described the development of divisions in the natural birth movement between professional and community doulas. Such divisions may serve to reproduce existing inequalities based on the intersections of race, class, and gender oppression in a movement that is meant to empower women to trust their bodies. Frustration with divisions among birth workers was echoed in several interviews. The categories of professional doulas and community doulas are not mutually exclusive and present a false dichotomy, as the doulas in this study worked with women from a variety of backgrounds, and the majority of participants alternate between offering free services and working with clients who paid a fee for their services. Furthermore, the terms *professional* and *community* may lead to the devaluation of doulas who work in primarily low-income or nonwhite communities by implying that their work is less professional than that of their counterparts who engage in fee-for-service work. Doulas of color and their clients of color may feel alienated within the mainstream natural birth movement as a result of perceived cultural appropriation (eg, rebozo workshops lead by non-Mexican birth workers who profit from such workshops). This is a particularly important consideration within the context of historically limited access to medical services for communities of color, which has resulted in strong traditions and narrative histories of nonmedicalized births passed down in families and communities, as seen in our study.

Limitations of this study include that study participants self-selected to contribute to a qualitative study on doulas of color and were predominantly Black, as well as the small number of participants. Therefore, themes that emerged from our sample may not be generalizable to doulas with different racial or ethnic identities or to doulas who do not conceptualize their race as being important to their work. Data were not collected regarding the specific number of births attended by the participants. Exploring how doulas' identity formation is related to the depth of experience and numbers of births attended and socialization during doula training would be a valuable area for future research.

The participants as a group were also highly educated, which may limit the generalizability of the study themes, as many community doula programs recruit local community members with varied levels of formal education. Using Facebook as a primary means of recruitment may have lead to the exclusion of doulas with limited internet access. However, the large geographic range of communities served by the participants is a strength of this study. The intent of this study, as hypothesis-generating qualitative work, was not to make empirical claims regarding presence of a doula of color and improved satisfaction or outcomes for WOC but rather to begin to gain insights and improved understanding of the experiences of doulas of color in a flawed perinatal care system. A further limitation is that the interviews were conducted in 2014, and in the intervening years, the number of doulas of color may have increased and there has been more focused attention on work intended to address health disparities. However, structural racism; accessibility of doula services for Black, indigenous, and people of color; remuneration of doula services, and cost of certification persist as ongoing issues that require attention.

CONCLUSION

Participants in this study described how their social locations as WOC allow them to better contextualize and understand the issues that their clients of color face. This reinforces the hypothesis that doulas of color are uniquely well suited to support WOC and that tensions surrounding race discordance between women and providers can be alleviated by the presence of a doula from a similar background to the woman.

It would be valuable for future research to assess the utility of cultural sensitivity training for white doulas, as well as for doulas of color who serve WOC from communities other than their own. Exploring the experiences of doulas as a group and comparing with doulas of color or other subgroups of doulas (eg, doulas who are gender and sexual minorities) would also provide an opportunity to better understand embedded differences and biases in the wider community that need to be addressed. Furthermore, with increasing recognition of the benefits of doula support, we are hopeful that more states will adopt policies that allow for reimbursement for doula services. As this occurs, it will be critical to study the experiences of women most at risk for having poor birth outcomes and the recommendations of the doulas who care for them to guide policy changes.

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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