


September 2021

DOULA PERSPECTIVES

Community-based Doula Listening Session



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We believe that through the support doulas provide, we can improve the health outcomes of Black mothers and babies. To that end, we need to build an infrastructure that prioritizes the needs of two key stakeholders: pregnant persons and doulas. We started the inquiry with doulas.

This report provides insights into the realities, including observations and challenges of Black doulas who want to serve Black communities in the Central Valley, which in our definition covers the area between Bakersfield and Stockton.

KEY INFORMATION WE LEARNED INCLUDE:

- Not all currently available doula trainings – especially the more mainstream trainings – prepare doulas, especially Black doulas, to serve Black women.
- Building professional working relationships between doulas and hospital staff often involved challenges and controversies, and the task of fostering a positive collaboration mostly falls on doulas.
- Knowledge about the services and availability of local doulas is low in the community.
- Currently none of the participants can fully support themselves only by being a doula, despite their love for the profession and strong commitment to serve Black families.



Consequently, **to transform birth outcomes, doulas must: (1) be equipped with strategies and skills** to adequately serve the specific needs of Black birthing persons at all stages of the pregnancy experiences, (2) **be more integrated into the hospital's birth team and recognized** for their contributions, (3) and **be able to prosper** while practicing doula profession.

As first steps of achieving the goal of building Fresno's culturally congruent/culturally affirming Doula Network consisting of about 300 locally trained doulas, BWPC takes these lessons and incorporates them into the doula training curriculum and the infrastructure design.

QUOTES FROM THE LISTENING SESSION:

“It sounds like lots of us are struggling with the same thing – **balancing supporting ourselves and our family** and as well as doing this work. And it seems like we have to choose sometimes (...).”

“**In the beginning, they will be very hesitant to who you are** – “- Oh you are doula, oh you are Black...”

“(...) **I do understand that there are people out there who can't afford it** [having a doula]. They need it but can't afford it. And this is something I have to work through, which is probably more of a challenge for me than it is for them.”

“I automatically did not feel comfortable advocating for Black families in the hospital after taking **my training and I was able** to recognize that right away.”

“Once we were done [with the training], I was like: **how I am gonna support Black women?**”

“(...) **I had a lot of doula questions of who I am, and why are you this room.** I just always say that I am here for the mom, I am the mom's advocate, and the mom previously hired me to be here.”

PURPOSE

The purpose of this focus group session was to learn from Black and Indigenous doulas about their training experiences, the services they provide in the Central Valley, the economic prosperity of serving African American/Black women in the area, and the support that practicing Black doulas are currently lacking.

We intended to gather information specifically about what they found to be the most/least beneficial in their training(s), what their challenges are, how they manage their business, and how they seek development opportunities to inform our work regarding the development of the BLACK doula infrastructure. We wished to test ideas/gain validation for our previous assumptions, and gain new insights. Based on our mapping, we identified and invited 11 Black and Indigenous birth workers/doulas whose service area includes the Central Valley.

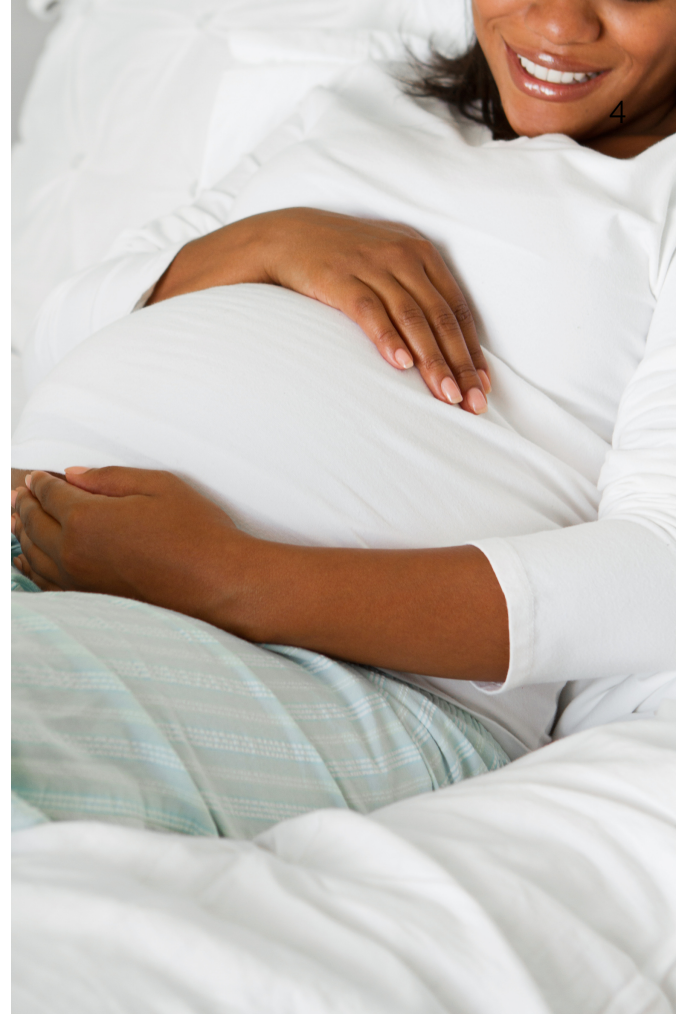
Some of these eleven doulas were already known by us, and others were identified through online doula directories and online sources. Five of the eleven invited individuals were able to attend the session. With three Black doulas who did not attend, we conducted individual discussions. Participants received a \$25 gift card.

The group session lasted for approximately 2.5 hours. We used guided questions organized into three main groups – exploring motivation and training, workload and doula practices, and collaboration/work relations. The session was recorded.



KEY INFORMATION WE **LEARNED FROM BOTH INDIVIDUAL AND GROUP DISCUSSIONS INCLUDE:**

- Several participants mentioned that **their own birthing experience** was one of the main factors for them becoming doulas.
- **Not all the currently available doula trainings – especially the more mainstream trainings – prepare doulas**, especially Black doulas, to serve Black women.
- Participants talked about the importance of “meeting people where they are, not just physically and emotionally, but financially as well”. On the one hand this means that **doulas need to be multi-skilled to serve various clients and at multiple points of their pregnancy experiences**, thus almost all of them became full spectrum/full circle doulas. On the other hand, because of the explicit desire to **support Black women and the realities of what their clients can afford**, it might also mean that prices at times require flexibility even if it is sometimes not profitable for the doulas.



- A couple of participants mentioned that the **level of recognition of the training was important** to them when they chose the program.
- **Those who had WOC/Black trainer talked about greater satisfaction** with their training.
- **Teaching doulas how to run their business is useful**, however, even if learned, it still takes lot of work.
- **When designing training content, participants talked about the importance of inclusiveness** – inclusiveness of race and ethnicity, and inclusiveness of gender identities. They also described doula work as a field that needs to encompass life-long education – what doulas need, must be pieced together, through self-study, taking several courses, and keeping up with the literature.
- Doulas typically offer wellness and care **services in combined packages**.
- **Doula work entails the risk of burnout**- aspects such as the stress of running the business and uncertainties around work schedule might contribute to this burnout.
- **Mentorship**, a doula community, a “doula alliance”, a **local doula directory**, and coordinated promotional efforts in the community – **a sort of community referral system – are currently missing**.
- **Currently none of the participants can fully support themselves only by being a doula**. Doula work has been described as unpredictable. While the participants are passionate about being a doula and talked about making different adjustments to serve low-income Black women in need, they talked about the dilemma whether to choose a job that provides financial sustainability or to face financial insecurities as a full-time doula.

VALIDATED INSIGHTS

Our understanding is that the following assumptions gained validation, and the following considerations would be amendable when devising recruitment and implementation strategies:



Doula infrastructure could benefit from a strong partnership with hospitals – permanent liaisons could help with building collaborations between doulas and clinician staff.



Building a doula infrastructure to be interpreted broadly with a number of related doula-benefits/services.

Desirable benefits include: health care coverage; back-up-doula systems; support in running the business; outreach and promotional activities.



Recognition of the training matters – BWPC to consider certification or focus on the branding/reputation of our doula training.



Professional development and professional networking opportunities to become an integral part of the infrastructure.



Training content/curriculum and the instructor must be mindful of the Black maternal health experience. It is essential that topics such as preterm birth are thoroughly discussed. Cultural sensitivity should be foundational. Developing advocacy skills should be heavily built into the training.



Our training needs to take a holistic approach – inclusive of all stages and various outcomes of pregnancy experiences – this will provide not only a higher quality service for the client but also diversifies the services.



In order for the infrastructure to be sustainable in the Central Valley, the **minimum prices must range between \$1,000 and \$1,500** with a workload of 4-7 clients per month - depending on individual circumstances.

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