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The Politics of Care: An Analysis of the Lives and Stories of Black Birth Workers in New York City

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Abstract

"The Politics of Care: An Analysis of the Lives and Stories of Black Birth Workers in New York City" examines the complex relationship between Black birth workers and the state. Black birth work, traditionally, has existed as resistance to state policies and actors that limited Black women's reproductive freedom. In New York City, where Black maternal mortality and morbidity outcomes are comparable to the national average, the state has mobilized to produce the Citywide Doula Initiative, a program designed to provide free birth worker support to families in financial need. Considering the violent relationship between birth workers and the state, I investigate the ways that Black birth workers who work in New York City, negotiate their politics while engaging in imperative life-saving work. By listening to the stories of birth workers, I learned about their unique lives, dreams and passion for the crucial work that they do in addition to their limitations. I argue that Black birth workers are radical actors who engage in labor that resists medical racism and obstetric violence regardless of the terrain. I unpack the limitations and strengths of the multifaceted decision that birth workers must make, whether they work within the system or try to dismantle it.

The Politics of Care: An Analysis of the Lives and Stories of Black Birth Workers in New York City

By

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How To Measure Pain

In the woman it is a checklist:

Can you imagine anything

Worse than this?

If the answer is no, ask again

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After a long and balmy afternoon in August, I finally made it back to my bedroom at my parent's house in Canarsie, Brooklyn. Carrying cases of water to and from my car, sending directions and nervously sweating profusely, the day came to an end. Earlier that day, I organized a panel that would cultivate community conversation about Black maternal health and black doula care at the Free Black Women's Library. I was exhausted, but pleased knowing that everyone left having learned at least one thing that they could do to benefit their community.

My mother, who attended, knocked on my door and walked in. "I'm so proud of you" she said, "Are you proud of yourself?" "I am, and I'm happy you came". She leaned on the wall right next to the light switch, not fully entering my room, as if she wasn't sure whether or not she was ready to commit to it. "You know Mayannah…", she took a deep breath, "I don't think I ever told you the story of when you were born."

When I was born, my mother was 24, the same age that I am currently. She was living in

East Flatbush, Brooklyn. On a scorching July afternoon, she began to have contractions. Despite this, her water had not broken. My grandmother advised that they both go to the hospital. The two went to Brooklyn Hospital, which my mother described simply as “what her basic insurance would cover”.

“Everybody was looking at me”, she explained. When my mother arrived at the hospital to have a doctor evaluate her labor progress, she was told that it was a learning hospital and students would be in the room examining her private parts alongside the doctor. She was *told*. In Brooklyn Hospital, the protocol, at least that day, was for my mother to give birth in a room with three other women, whose families and hospital beds were separated only by curtains. “Could you hear everything going on around you? Like the other families?”, I asked. “What I heard mainly, was the sound of fear, pain and distress. I held Grandma’s hand and I told her I was scared,” my mother replied.

What my mother recalled most about this experience, was the fact that her nurse asked her to lift herself into a bedpan without assistance. “Unfortunately at that age, I couldn’t advocate for myself. I still don’t understand why they did that, but it did not make sense to me.”

The doctor came in and she was nice enough, but we didn’t have any prior connection to one another. She saw me push and said, “Hmmm okay, well, that was good. It’ll be about 10 more if you keep pushing like that.” “The message was received. I told her that I had 4in me, if that. I asked someone, “wasn’t I supposed to get an epidural?” “But the most beautiful thing happens. I was shaking, and I finally stopped when they handed you to me. I wonder what it's like for women who have cesareans, or go under, or just never come back. You know how they say the juice is worth the squeeze? It’s kinda like that.”

Keywords

Birth worker: an umbrella term used to describe experts with many roles and credentials that help in delivery, postpartum, and lactation.

Doula: a nonmedical professional that provides continuous care during pregnancy, childbirth and postpartum periods. Doulas often provide different kinds of informational support for medical and personal care

Lactation Consultant: a certified health professional who specializes in breastfeeding issues

Midwife: a trained medical professional who assists in the delivery of children

Traditional Midwife: a practicing midwife usually without formal certification; often does work without the expectation of payment

Obstetrician: a physician who specializes in reproductive healthcare, pregnancy and childbirth

OB/GYN: A term used to describe a specialist in obstetrics(pregnancy and childbirth) and gynecology (female reproductive care)

Chapter 1: Introduction to the State of Birth Work in New York City

Introduction

My mother spent two days in the hospital. Several hours of which were spent without being able to shower because Brooklyn Hospital did not have clean towels. My mom, like many other women, did not have a relationship with any of the staff that she worked with. They did not introduce themselves, and many of them were non-Black students. Medical personnel walked in and out of the shared room, tending to multiple patients. Her doctor was straightforward, interested in her delivery rather than her name and feelings about what her body was experiencing. I never knew this story until the completion of the summer externship.

Tears rolled down my mother's face as she talked about how difficult this part of her life was. This difficulty was intensified by insensitive hospital care, lack of decision capacity and general disinterest in erecting a safe and positive environment for childbirth. Unfortunately her experience is extremely common for low income Black women in New York City, both then in 1998 and today in 2023. Black women are frequently ignored, silenced and neglected in maternal healthcare wards creating an invisible site of violence.

Within the past few years, the news, birth activists, doulas, midwives and other birth workers have called out the state and its inadequate care for black mothers in hospital settings. These calls to action were in direct response to Black women dying and having other extreme complications under the care of medical staff. It has been named a "crisis".

Black Maternal Health Crisis

The Black maternal health crisis refers to significant disproportionate health outcomes that affect Black mothers, namely maternal mortality. The factors contributing to Black maternal health disparities are often unnecessary medical interventions, such as unwarranted cesarean

sections and epidurals, implicit bias in the healthcare industry and lack of access to safe and appropriate reproductive care. Disparate health outcomes are nationally recognized, but are complicated and problematized even more when focused on New York City and state specifically. Nationally, the United States maternal mortality ratio has doubled from 9.8 deaths per 100,000 births in 1999 to 17.4 deaths per 100,000 births in 2018 (Singh, 2021) Non-Hispanic Black women have a greater rate of increase in maternal deaths from 2014-2016. According to New York State's Taskforce on Maternal Mortality and Disparate Racial Outcomes, New York State continues to be challenged by increased rates of maternal mortality. The New York State Expert Panel on Postpartum Care (2021) found that Black women experience 44.4 mortalities per 100,00 live births compared to 17.3 mortalities per 100,00 live births among white women in 2014-2016.[1]

Inextricably linked to maternal health outcomes is medical racism. Medical racism refers to the systematic and wide-spread racism against people of color within the medical system (Bronson, 2020). This includes the way that racism makes Black people less healthy, the disparity in health coverage by race, and the biases held by healthcare workers against people of color in their care (Bronson, 2020). This also contributes to a vicious cycle of racial weathering, wherein people of color suffer stress related health issues due to living in a racist society(Geronimus et. Al, 2006).. Furthermore, Black people are less likely to be insured, to have access to adequate healthcare, and then are discriminated against when they do make it to the doctor's office (Bronson, 2020). The COVID-19 pandemic has worsened this cycle.

[1] New York State Expert Panel on Postpartum Care Report-January 2021. New York State Task Force on Maternal Mortality & Disparate Racial Outcomes. New York State Department of Health.

Research Question

In this thesis, I seek to understand the significance of birth work among women of African descent. I interrogate how Black birth workers envision their work, their motivations for undertaking it, and how they negotiate challenges and opportunities of carrying it out in New York City. In light of the historical separation of the profession from medical institutions, I explore relationships between Black birth workers and the state. I consider the possibilities for doing radical work within "the system" that has created and maintains structures of oppression that sustain dehumanizing and dangerous reproductive injustices.

I argue that the work of doulas and birth workers more broadly is a distinctive form of political resistance against state sanctioned black maternal negligence and obstetric violence. This analysis allows for the understanding that violence comes in many forms, including medical practices during a Black person's birth and perinatal care. Doulas, who provide emotional, informational, and physical support to pregnant people become witnesses to the crimes committed under the care of a medical provider. Furthermore, they go beyond the actual birth event, and provide support by rallying against state inaction, creating community education and raising awareness and consciousness. I argue that they are agents of empowerment and resistance to discriminatory healthcare practices, inside and outside of the state. I explain how they find ways to negotiate their work that are subversive and resistive. They pick up the slack where systems fail Black birthing people. In short, their work intervenes in and highlights the politics of care.

Obstetric Violence

Dána-Ain Davis and Karen A. Scott, Black feminist scholars, researchers and activists have pointed to the historical and political record to expose Blackness as a risk factor for birth

outcomes (Davis, Scott 2021). A history of exploitative and experimental practices targeting Black women's bodies for the advancement of gynecology followed by the decimation of traditional Black midwives by white obstetricians reflects a medical tradition of trying to control, govern, and monetize Black women's reproduction (Davis, Scott 2021). Furthermore, current analyses of causal factors in black maternal mortality and morbidity highlight poor medical care over biological concerns .

Obstetric racism is defined by Dána-Ain Davis in "Obstetric Racism: The Racial Politics of Pregnancy, Labor and Birthing" as a form of gender-based violence experienced by people giving birth who are subjected to acts of violence that result in their being subordinated as obstetric patients of color (Davis, 2019). Violence includes but is not limited to dehumanizing treatment, violations during childbearing and perinatal care and reproductive dominance asserted by medical professionals. Furthermore, she describes medical racism as a situation in which a patient's racial designation influences medical professionals' perceptions, treatments, and/or diagnostic decisions, placing the patient at risk (Davis, 2019). These definitions highlight the stigmatization of Black women in the healthcare system, specifically in reproductive care. Obstetric violence is unfortunately a regularity for Black reproductive care patients and contributes to unfavorable outcomes including mortality and morbidity.

This second class care described by D. A. Davis is connected to ideological and political mechanisms that ultimately reproduce racially stratified outcomes. This stratification is directly related to a historical legacy of racism, particularly the exploitation, experimentation, and sterilization abuses of Black women in the United States. Davis continues to say that Black women's adverse birth outcomes go ignored because they simultaneously uphold systemic racism (Davis, 2019).

Contemporary qualitative studies of Black women's experiences during childbirth show that modern obstetric racism mirrors the past. Disrespect, neglect and abuse in addition to limited health information, access and criminalization is reflective of the afterlife of enslavement. Racial bias that results in medical callousness for people of color is not a recent phenomenon and is therefore embedded in our society. Growing evidence shows that complex multilevel factors are rooted in institutionalized discrimination based on race and gender (Adebayo et al. 2021).

Critical race theory shows how societal norms work to recreate poor health outcomes for Black women. Racial inequity in the realm of obstetric care is indicative of structural racism with individual perpetrators and massive institutional, systemic buttress (Delgado, 2012). Critical race theory recognizes that racism is ingrained in American society and explains that institutions and power structures based on White supremacy perpetuate the marginalization of people of color (Delgado, 2012). Critical Race Theory exposes structural barriers in the United States, including institutionalized medical care. Racial discrimination through healthcare is explained by CRT, which asserts that there are structural factors that negatively and disproportionately impact Black women (Adebayo et al. 2021). Employing this lens helps to identify the ideologies and structures that directly impact outcomes for Black maternal patients. The Centers for Disease Control and Prevention report that African Americans receive low quality care and differential treatment when accessing healthcare as a result of characteristics others ascribe to their racial identity ("What Is Health Equity?" 2022). However, this discrimination must be addressed as bigotry and biases of perpetrators, including doctors, nurses and other medical personnel that patients come into contact with. This phenomenon includes the dismissive attitude of healthcare providers toward patient concerns. Studies have shown that the quality of interpersonal care and communication is influenced by implicit and explicit racial biases. Black women specifically

have reported poor communication through rushed interactions, ambiguous word choices, and lack of affection or empathy (Raine, R., Cartwright, M., Richens, Y., Mahamed, Z., & Smith, D, 2020).

Institutional racism is reflected in disparities in health outcomes that are produced and reproduced by the healthcare infrastructure. Systematic marginalization is initiated through policies, practices and differential access to resources and power. The racism that individuals experience on a daily basis structures along the axes of racial and gender identities must be considered concurrently with day to day experiences with healthcare professionals. The weathering hypothesis sheds light on this issue by acknowledging that African American women who face racial and gender discrimination have to contend with physiological impacts and emotional stress (Geronimus et. Al, 2006).

A primary example of this violence was the unfortunate and senseless death of Sha-Asia Washington. Sha-Asia Washington, a young woman who entered Woodhull Medical Center in Brooklyn. New York, expecting to leave with a family of three, died under the supervision of hospital staff after anesthesia was administered incorrectly. Dr. Shelckov, the physician who administered Washington's anesthesia was found to have made life threatening errors in her case, and skipped the crucial safety measure of giving a test dose, before the complete amount (Goldstein, 2023).. Dr. Shelcov's irresponsible mistake reflects the general dysfunction at Woodhull, part of the city's hospital system which services many vulnerable mothers (Goldstein, 2023). 85% of those who give birth at Woodhull are either Black or Hispanic and many of them are reliant on Medicaid (Goldstein, 2023).

The New York Times reports that Sha-Asia's death was the first indicator and investigation of medical error, despite several unreported cases of complications from epidural

anesthesia (Goldstein, 2023). While these complications are rare, Dr. Shelchov managed to be involved in several errors of similar nature causing the State Board for Medical and Professional Conduct to find him guilty of medical negligence and incompetence. Washington's death initiated demonstrations outside of Woodhull, attended by birth justice advocates and birth workers calling for the state to pay attention to the treatment and death of Black mothers and the crippling infrastructure of the resources they utilize.

This violence does not discriminate in terms of class either. Serena Williams, one of the most decorated Black female tennis players to date, nearly died in the hospital after the birth of her daughter. In a first person account of her experience in Elle Magazine, she unfolds her tale of excruciating postpartum pain: "Giving birth to my baby, it turns out, was a test for how loud and how often I would have to call out before I was finally heard" (Williams, 2022). After the birth of her daughter, Williams suffered an embolism, causing her to cough and break her C-section stitches. Her nurse dismissed her distress, claiming that her medicine made her "talk crazy". After virtually begging for a CAT scan, her doctors discovered a blood clot in her lungs that could have reached her heart.

In total, Williams had 3 surgeries (Williams, 2022). Had she not spoken up for herself, multiple times despite being disregarded by medical staff, she wouldn't have been here today. If the medical establishment respected Black women's pain, and concerns, the statistics of maternal mortality would be different. If Serena Williams, an affluent, successful world champion can have her urgent needs disqualified, it becomes clear that this phenomenon is a matter of life and death for all Black birthing women.

Birth Workers as Intervention

One of the claims that DA Davis makes is that the intervention of birth workers,

including midwives and doulas can mediate obstetric racism and stratified reproductive outcomes. She regards Black midwives and doulas, who played historical roles as community healers as a viable way to disrupt the technological and medicalized dominance of pregnancy, labor and birthing care (Rothman, 2015). Black midwives and birth attendants have strong roots in the United States as lifesaving purveyors of reproductive care. Rhetorical, legislative and state sanctioned projects have resulted in the silencing and limitation of Black midwives and birth attendants historically. However, Black birth workers continue to exist and resist disempowering medicalization of childbirth (Davis, 2019).

Doulas are also recognized as birth workers whose labor directly addresses the negative birth outcomes that Black women face as a result of obstetric racism. Doulas provide nonclinical, physical, emotional and informational support during perinatal care. The primary role of doula work is the provision of continuous labor support. Recent findings show that doula care yields positive outcomes, particularly for women of color. Doula support has been linked to shorter laboring times and a decreased need for medical interventions, such as pain medication, rate of cesarean sections and other invasive procedures (Bohren et al.,2017). The Cochrane Library's comprehensive assessment of the effects of continuous, one-to-one intrapartum support compared to usual care supports the idea that all women should have support during labor and childbirth.

For Black women specifically, the benefit of having midwives and doulas while laboring in hospitals or while receiving hospital care is to subvert the hostile and often hysteric atmosphere. Birth workers have the expertise to transmit a better understanding of the labor process and can help birthing parents exercise agency and assure informed consensual care. Doulas and midwives can minimize the likelihood of obstetric racism that often accompanies

highly medicalized births. While this is not an exhaustive solution, until the medical establishment can admit to structurally disenfranchising Black women, birth workers can understand those risks and attempt to ameliorate them (Davis, 2018).

Unlike midwives, doulas are regarded as paraprofessionals, and have a lower level of training and/or credentials that work alongside a medical professional. Generally, their specialized care is an addition to a modern maternity care team. There are doula certification programs that exist, the most popular being DONA International, but there are no regulations in the United States currently.

State Intervention: Citywide Doula Initiative

One of the ways in which New York State has publicly addressed disparate maternal health outcomes for Black women is through various kinds of city programming. Whether or not these initiatives are helpful for birth workers to do their work, is still up for debate. Using the verbiage of the official website of the city of New York, I will describe the Citywide Doula Initiative's intentions for creating a program that would employ and train doulas in response to public outcry over Black maternal health. After public protests over racial disparities and lack of access to equitable care, a multifaceted initiative was introduced with intentions of reducing negative outcomes for expectant people. In March of 2022, Mayor of New York City, Eric Adams released a statement contending that the Citywide Doula Initiative would offer free prenatal home visits from a trained doula for 500 families who would otherwise not be able to afford a doula("Doula Care", *NYC Health*). This initiative was set to meet the needs of 33 neighborhoods in New York City with the greatest social needs. By expanding and investing in birth workers, midwives and doulas, the city showed interest in taking tangible steps toward addressing health inequities for birthing people.

These messages were issued with the understanding that the COVID-19 pandemic exacerbated the needs of pregnant people of color and the shortcomings of hospital care. Families who are enrolled would be the recipients of home care, clinical visit assistance and support during labor and delivery. Screenings of additional needs and stressors would be evaluated. The Citywide Doula Initiative set out to achieve three different goals: (1)Provide equitable care, (2) Expand the doula workforce, (3) Create partnerships with hospitals. Barriers to doula care are usually experienced by low income and people of color due to out of pocket costs, lack of information about services and unavailable services ("Doula Care", *NYC Health).* This initiative was put in place in order to give such families an opportunity for a better pregnancy and child birthing experience.

Reception announcement of this program and reimbursement programs for doula coverage has been contentious. In order to clarify this controversial terrain existing literature on the inclusion of birth workers for state policies for maternal health, I turn to Dána-Ain Davis and Jennifer Nash for their scholarly contributions. D.A. Davis published "Labor of Racism" in 2018 and made the following remarks:

> While some applaud the Governor's announcement to support doulas in the state of New York to reduce Black maternal mortality, let us not be lulled into forgetting that some birth outcomes result from racism in practice. Without insisting on structural changes…such as offering better reimbursements for fewer interventions, and without supporting preventive strategies, racism will not be interrupted. (Davis, 2018)

While Davis has published extensively on the contributions that doulas and radical birth workers have made to protect Black women, she does acknowledge that the skewed life changes and negative experiences that women experience in childbirth are truly the result of racist treatment by medical professionals. She concludes by saying that offering reimbursement to birth workers cannot be the primary answer to adverse outcomes without addressing the practices of medical

professionals (Davis, 2018).

Furthermore, Nash describes the introduction of doulas via the state as a part of the "feminist birthing industry" (Nash, 2021). The feminist birthing industry is a term used to describe "How feminism has remade birthing in a myriad of ways, including the installation of the idea that birth is understood as a self-making event, one that can be crated, tailored, and planned to both safeguard maternal health and to ensure an "experience' that meaningfully marks the transition to motherhood" (Nash, 2021). Nash deduces that feminist advocacy for Black maternal health can often get co-opted by efforts to be recognized by the state and also by capitalism's tendency to champion individuals through a savior complex, often supported by some kind of compensation or sensationalism.

These two scholars pose important questions that inform my continuing analysis of birth workers as they choose whether or not to affiliate themselves with state policies and the politics that surround it.

Birth Work as Resistance

The advocacy of Black birth workers constitutes an act of resistance. Due to medical racism and obstetric violence, Black people giving birth are more likely to be forcibly induced, rushed and ignored in hospitals. Birth workers serve as professional intermediaries between nurses and doctors and their birthing patients. Black birthing people now have an additional advocate in the room who can speak for their wants, needs and expectations. When a doula, for example, is present, they bear witness to everything that their client is experiencing and can step in if necessary. In addition, nurses and obstetricians often care for more than one laboring person at a time and generally have other duties that prevent them from being there for the entire duration of the parent's birth. With a doula present, the primary emotional support is shifted, and

their contribution can greatly impact successful birth outcomes.

In addition, birth workers can help combat the stress that occurs prior to the actual childbirth. As discussed previously, Black people, and Black women in particular suffer from higher rates of chronic stress. This stress is partially due to racial weathering and the anticipation of racist and discriminatory attitudes at the institutional level (Geronimus et al. 2006). Birth workers normally attend their client's prenatal care visits for support and information regarding the parent's health status. Doulas are trained to be vigilant advocates for the preferences of their clients. In the event that their clients experience racism, discrimination, sexism, classism or a combination of these during their doctor's visits, they are there to observe and intervene. Doulas may also encourage their clients to speak up for themselves and have confidence when it comes to taking ownership of their bodies and their maternal health. There is salience in the transformative potential that comes from doula support (Hardeman et. Al, 2016).

The work of Black birth workers is inherently connected to resistance. Based on consideration of the motivations associated with entering the doula profession, most doulas of color enter their work with an activist vision. Birth workers often explicitly work to challenge the medical model that oppresses so many black people. According to Davis, radical birth workers draw on ideas of justice and view childbirth as a "site where the inalienable right to have the birth one wants should exist" (Davis, 2019). Radical doulas embrace intersectional politics and directly challenge the establishment that kills black pregnant people.

Workforce diversity in the context of clinical and supportive care during pregnancy and birth is necessary to reduce persistent racial disparities in birth outcomes. According to "Motivations for Entering the Doula Profession: Perspectives From Women of Color", Hardeman and Kozhimannil state that more than half of all women who gave birth in 2014 were

women of color, but there is still little racial diversity among midwives and obstetricians in the United States (Hardeman et. al, 2016). Their study took a qualitative approach to understand key themes related to motivation and satisfaction with doulas of color. Their findings indicate that many women of color have a strong desire to support birthing people from their own communities and that this influenced their introduction to the doula profession.

One of the overarching themes taken from this study was that the majority of women who worked as doulas felt called to do the work based on the social, historical and cultural context of their lives and lived experiences. Doulas with a shared ethnic background and collective racial memory with their clients felt that their work could inform positive birth outcomes. In a social context, the doulas felt a specific desire to ameliorate birth related challenges faced specifically by marginalized communities. An anonymous doula respondent in the study stated:

> We [women of color] are given such a negative narrative of birth by popular culture, and I think it's critical to empower women to take back our births! I think support is needed for women of color that don't necessarily have the means to get support. It's incredibly important work, and I want to be a part of it. (Anonymous Doula) (Hardeman et. al, 2016).

WOC Birth workers acknowledge their role in the politics of birthing and what it means to take up space in a white institution. People who are drawn to doula work can inherently recognize the historical and structural reasons that make birth such a sensitive time for people of color. Respondents in the study also reported wanting to create a relationship with clients that empowers them to have the birth that they want. This involves imploring their clients to ask questions and transform the conversations they have with their healthcare providers.

Doulas from the study mentioned a desire to provide their clients with the sacred nature of giving birth that was ultimately taken from them. Doulas mentioned the ceremonial nature of giving birth specifically. This shows a general comprehension of historical efforts to exploit

black births and negatively influence them. Having a doula can mean returning to the ritualistic and spiritual parts of giving birth that black people have historically been robbed of. One doula commented, “I still feel passionate about opportunities to give people back their power, and birth is a ceremony for women and that aspect has been taken from us and with the medicalization of birth we have lost our power. When I saw the opportunity to get trained [as a doula] I ran with it” (Anonymous Doula, Hardeman et. al, 2016). Another doula shared this. “Birth is a ceremony and a time for women to claim their power. In our communities we have lost that connection to the sacredness of birth and as a result have forgotten our power as women. I want to be a part of reclaiming that” (Anonymous Doula, Hardeman et. al, 2016).

Finally, doulas stressed a strong desire to provide culturally competent care. With this mindset, doulas can impact the broader social determinants of help, with one client at a time (Hardeman et. al 2016). This reflects a strong sense of social justice and responsibility to care for others in their community. In general, doulas of color are aware that Black people are not equipped with the same access to community care as white parents. This can mean speaking the same language, having the same cultural traditions or even having the comfort of someone from your community supporting you during a very precarious time in life.

Through this project, I aim to expand on this available literature with the use of stories from Black birth workers.

Methodology

By centering the stories, lives and contributions of Black birth workers in New York City, it is possible to make informed contributions to state policies surrounding birth work. Generally, birth workers are not included in conversations about maternal healthcare policies. Instead, their services and labor are used. Their input, as well as their quality of life must be

considered when crafting legislation that enlists their care. Furthermore, conversations about certification, and the use of their labor for the betterment of public health should involve them.

I use oral history as methodology in order to amplify the voices of Black birth workers. This design protects and highlights social groups whose histories are often distorted or missing. By using narrative resources, I aim to "speak with" rather than speak for the oral informants. This design was also chosen in order to provide opportunity and voice for Black birth workers to guide the conversation, speak directly to their experience and maintain the unique flow of their speech without interruption or transcription.

I chose oral history as a research method because it is at its heart, a dialogue. This dialogue serves as an opportunity for the narrators to tell their stories on their own terms. In a traditional interview, the information collected is filtered through an interviewer's questions. I chose to do an oral history in order to share authority with the narrators involved. This would foster a less restrictive and extractive atmosphere, where narrators would share what they wanted, and my questions would be guided by our conversation.

Secondly, using an oral history method allowed the narrators to expand with the inequity they experienced in order to understand the politics of Black maternal health. This was a choice because stories can highlight how personal experience as a deeply social instrument. Because I chose a project about everyday life and individual agency of birth workers, I wanted to ensure that the method I chose could be both personal, and reflective of the political and social power of the state.

Finally, engaging in oral history requires that the spoken word be respected as a medium. Oral history at its heart is a dialogue (Shopes, 2002). These conversations are impassioned and self-reflexive demonstrating the ways that history is not a mere sequence of events, but deeply

personal and filled with stories.

Theoretical Framework

I am guided Black feminist theory in my choice of methods. I use a Black feminist approach to analyzing reproduction and birth work, which excavates race and gender as the primary units of analysis. Drawing on Patricia Hill Collins, Black feminist theorizing utilizes women's lived experience as evidence and source of theory to explicate Black women's complex existences(Collins, 2000). Black feminism is an ideology of liberation rooted in Black women's experience, with the inclusive aim of disrupting oppressive social hierarchies for all people (Collins, 2000). Historically, the vast majority of birth workers serving Black communities have been Black women. Black feminist theory serves as the foundation for this work in order to center their experiences and the realm of intersecting oppressions while carrying out their work.

By listening to the everyday stories, legacies, hopes and dreams of various Black birth workers in New York City, it becomes possible to witness consistencies between their separate lives and interpret what lies in their collective memory. Feminist research has created space for the listening and telling of stories of women as legitimate and necessary components of research and epistemology (Nadar, 2014). I draw on stories as a methodology and make use of a framework introduced in Nadar's article, "Stories are data with Soul "- Lessons from Black Feminist Epistemology." This informs the analysis of the stories that were told to me by the narrators She describes the ways that narrative research is rooted in the epistemological foundations of Black intellectualism and Black feminist theory:

- **S**uspicion of master narratives of knowledge
- **T**ool of knowledge gathering as well as knowledge sharing
- **O**bjecting to objectivity by privileging subjectivity

- **R**eflexive of our positioning as researchers
- **Y**earning for and working for change.

These elements are used in an attempt to speak back to power, and validate the knowledge conveyed in the interviews with birth workers.

My thesis is informed by a reproductive justice framework because the political labor of the birth workers I highlight is in its simplicity a quest for reproductive justice. This framework is how I conceive equitable care and bodily autonomy that birth workers address. In addition, Because the initiative I am analyzing claims to be an attempt to help women from marginalized communities carry out healthy pregnancies. This framework is guided by a mission to afford the most vulnerable populations access the resources and full human rights to live self-determined lives without fear, discrimination, or retaliation.

Reproductive justice is defined by SisterSong, the largest national multi-ethnic Reproductive Justice collective as a human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities (Sistersong).This framework is not simply about choice, but extending analyses to consider interconnected systemic oppressions (Morison, 2021). A reproductive justice framework is an effective tool for transformative social justice work regarding sexuality and reproduction (Morison, 2021). A reproductive justice framework brings reproductive issues for women of color from margin to center.

Research Methods

This study was conducted over the allotted time during the summer externship which lasted from June 2022-August 2022. To recruit participants, I used various birthworker listing websites such as the Queer Doula Network, DONA International, The Black Doula Network etc.

I reached out to potential participants through the emails that were listed. In my emails I described my inquiry for Black birth workers who have practiced in New York City for a study at Syracuse University.

I also searched for participants through Instagram. When I found one participant, I easily found more potential participants through their public following list. In addition, I used the snowball method. After interviewing one participant, I asked if they had colleagues who fit the parameters of the study and obtained their contact information when applicable.
Interviews were conducted via Zoom. These interviews lasted approximately 1-1.5 hours. Zoom was chosen as the most effective option for interviews as many of them were conducted during breaks at work, before and after meeting with the birth workers' clients and while tending to children. This was the most accessible measure that fit in with the busy schedules of birth workers.

In order to ensure the privacy of the birth workers, their names were changed when they are referred to in Chapter 3. This choice was made to keep their statements in confidence.

Research Benefits

The benefits of this research are a look into unsought testimonies of Black birth workers in New York City. Generally, birth workers' livelihoods, financial circumstances, emotional lives and scope of care is not attended to when prescribing their services to mitigate the disproportionate outcomes for maternal health. This work may serve as a guide for creating initiatives and policies with their lives and health in mind. At last, this work will exist as evidence of their existence and contributions to healthcare outcomes in New York City.

Significance of Research

The significance of this research is to show a few different things. First and foremost, this

research seeks to show and validate traditional birthing methods as a source of valid knowledge making. In recent years, midwives and doulas have been criticized for their levels of training, particularly doulas as “paraprofessionals' '. However, birth work, birth attending and birth care, was at one point done solely learned through apprenticeship. Secondly, this research seeks to explore the individual experiences of doulas, and their stories. Their experiences in hospitals are important, and documenting an oral history validates this work. Because knowledge is often stored and validated through anecdotes, taking down the histories and stories of doulas in the present political moment is important. Their opinions matter.

In addition, Black birth workers are at risk for being overworked and burned out. Their communities need to be supported and they need to be supported too. When state policies fail, there are other ways that they can be supported through community. Finally, this research is significant because while the birth workers are often employed to help fix the shortcomings of the state, and social determinants of health, they are just one part of the equation. Furthermore, their experiences and opinions on state policy that impact them, should be considered when the city/state is coming up with plans to compensate them, care for them and create changes for the future.

"Arbitrary violence or premeditated violence conducted by the state is integral to our first experiences in the New World. The idea that that's all over with" is not only naive but dangerous, because we then deny the very connective tissue of our historical realities"

(Ntozake Shange, If I Can Cook/You Know God Can)

Chapter 2: Mothers of Gynecology: A Brief History of the Demise of Black Midwifery and Medical Mistrust

Extensive work has been done on the contributions of Black granny midwives to the field of obstetrics. In this section, I would like to expound upon this work under a framework that investigates the politics of knowing that the granny midwives were denied for countless years. Rather than using the state as a standard for proper knowledge through certification, I validate the ways of knowing of the gran midwives and therefore, modern birth workers who choose not to embrace certification as a standard.

In order to understand the injured relationship between birth workers and state institutions of healthcare and regulation, we must examine the genesis of mistreatment of African American women's health and wellness, the dismissal of their pain, and the treatment of community healers and birth workers that served their communities.

Imperative to this analysis is also an understanding that the actions of state institutions have contributed not only to a general consensus of fear of medical care, or iatrophobia, but one wherein birth workers are also hesitant to trust state initiatives, policies and workers. Beyond this, it has made many African Americans forced to rely on the ways of knowing that have been passed down for generations orally.

This analysis contributes to a broader conversation that concerns the ways that Western colonization has contributed to the capture and transformation of Indigenous knowledge. In this concluding section, I draw on Indigenous Feminist Thought, specifically "Decolonizing Methodologies" by Linda Tuhwai Smith, in order to interpret the collection and dismantling of African American community healing through white medicalized institutions and the

professionalization of childbirth.

Iatrophobia

In the 19th century, African Americans generally associated western medicine with punishment, loss of control over their bodies and degrading public displays (Wells, Gowda, 2020) An additional layer of this relationship was forced experimentation without informed consent. Enslaved African Americans were not given the liberty of consent to experimentation for the advancement of the U.S. medical system. Regarded as inhumane property, clinicians used this justification to experiment on enslaved Africans. The rhetorical project of African slavery caused society to African Americans and their ways of knowing and caring as inferior.

The climate of distrust is worsened by historically infamous examples of this. A notorious example is the medical experimentation completed by Dr. James Marion Sims. Sims, often regarded as the "Father of Gynecology" once had a statue erected in his honor in Central Park in New York City. The statue was often vandalized amidst public consciousness surrounding his abuse through operations on enslaved Black women in the 1800s. He was credited for pioneering tools and surgical techniques for the advancement of women's reproductive health, but his methods of experimentation are often overlooked. The women that he experimented on were unable to consent and were subject to non-therapeutic, agonizing and traumatic experiments without anesthesia.

Sims' ability to carry out these experiments was partially substantiated by the myth that Black people could not feel pain. Medical ethicist and author of *Medical Apartheid*, Harriet Washington, has recounted the ways in which racism, embedded in slave society and validated by pseudo-science that pathologized Black people allowed for medical racism to run rampant.

Dr. Sims is just one example of the ways in which U.S. medical institutions have

discriminated against and exploited Black Americans. Harriet Washington elaborates on how this has impacted Black Americans' health seeking behavior due to a distrust of research and medical institutions more broadly:

> Historically, African Americans have been subjected to exploitative, abusive involuntary experimentation at a rate far higher than other ethnic groups. Thus, although the heightened African American wariness of medical research and institutions reflects a situational hypervigilance, it is neither a baseless fear of harm nor a fear of imaginary harms. A "paranoid" label is often affixed to blacks who are wary of participating in medical research. However, not only is paranoid a misnomer but it is also symbolic of a dangerous misunderstanding. That is why I refer to African American fears of medical professionals and institutions as iatrophobia, coined from the Greek words iatros ("healer") and phobia ("fear"). Black iatrophobia is the fear of medicine. (Washington, 2007)

This information is important to this project, because it reflects the mistrust that Black birth workers have for Western medicine and for medical institutions in the U.S. in general. This is further complicated by the replacement of BIPOC granny midwives from the healthcare industry with white obstetricians.

Granny Midwives

Using the work of Alicia Bonaparte in "The Persecution and Prosecution of Granny Midwives in South Carolina, 1900-1940", I would like to draw attention to the way that white physicians worked to eliminate the granny midwife using racist and sexist biases, the grannies' lack of formal education and their alleged spiritual practices (Bonaparte 2007). Granny midwives existed on slave plantations as spiritual healers, and revered community advisors for health. Midwifery for Black women has historically existed at the nexus of healthcare, social work, therapy. Their roles as community health workers was essential to Black families with no other options for perinatal care and remedies and one of the spaces that white supremacy has not yet superseded.

Medicine in the United States became professionalized during the late 1800s and early

1900s. Medicine became recognized as “an esoteric body of knowledge, requiring extensive training and being entitled to exclusive rights protected by law” (Bonaparte, 2007). This period of time is integral because it represents the shift from birth work changing from something that was divinely ordained or achieved through apprenticeship, to something that was only accessible by “professionals”. Medicine became controlled by an occupational elite that could only be practiced by those with a medical degree (Bonaparte, 2007). According to Bonaparte, medical schooling became “harbingers of improved American healthcare. As a result, the professionalization of medicine imposed minimum standards and strong limitations on ‘unqualified’ individuals (such as grannies) practicing healing”(Bonaparte, 2007).

With this professionalization, came the task of convincing society that granny midwives and other lay midwives that they were unqualified to perform the birth work that they had done traditionally. Physicians were able to spread the narrative that grannies used antiquated technology and practices in comparison to the more modern and advanced medical birthing procedures such as forceps (Bonaparte, 2007). Bonaparte analyzes the ways in which male obstetricians, gynecologists and general physicians worked together to target granny midwives through sexist and racist means. Her studies illustrate how informative pamphlets and medical journals were used to create smear campaigns against ethnic granny midwives (ethnic and black women) (Bonaparte, 2007).

Physicians like James Marion Sims contributed to the castigation and chiding of Black granny midwives. This in combination with experimentation, public outcry against Black midwives and legislative barriers, discredited and erased wisdom that Black women had gathered for generations (Aron, 2018).

Onnie Lee Logan, an Alabama midwife was known for her “motherwit”, or a spiritual

calling from God to practice midwifery. Logan was a semi-literate woman with little formal education. Childbirth and midwifery existed outside of law and medicine, as there were no training programs or other forms of regulation (Logan, 1999). Her autobiography and obituary describe her role as a victim of historical 'progress' after being told that her calling was no longer needed (Aron, 2018). She is quoted in her obituary as stating how, despite the state's attempt to abolish midwifery, she would not let her gift go to waste. "They're not going to stop me from doing the gift that God give me to do. I don't be going there on no license. I be going there as a friend to help that husband deliver his baby" (Aron, 2018). Logan's persistence displays the ways in which Black birth workers have a legacy of resisting state institutions that challenge traditional methods of healing and care.

Politics of Knowing

Findings from the oral history interviews demonstrate a ubiquitous awareness that knowledge from granny midwives, and African American women in the United States during enslavement has been colonized, destroyed and replaced by white medical institutions. That being said, we can recognize the ways in which knowledge that was adapted by white obstetricians was a colonial act. According to Linda Tuhwai Smith in *Decolonizing Methodologies,* "The production of knowledge, new knowledge and transformed 'old knowledge, ideas about the nature of knowledge and the validity of specific forms of knowledge became as much commodities of colonial exploitation as any other natural resource" (Smith, 1999) As mentioned before, the ways that white obstetricians learned from granny midwives, in addition to the medical experimentation enacted on Black women's bodies was done for the advancement of American medicine. This ultimately stemmed from the Western idea that Black and Indigenous people were dirty, savages and not capable of making medical decisions for

themselves. Furthermore, it supports the idea that White western science has worked to dehumanize Black people and commodify findings from their non therapeutic treatments.

> The objects of research do not have a voice and do not contribute to research or science. In fact, the logic of the argument would suggest that it is simply impossible, ridiculous even, to suggest that the object of research can contribute to anything. An object has no life force, no humanity, no spirit of its own, so therefore 'it' cannot make an active contribution. This perspective is not deliberately insensitive; it is simply that the rules did not allow such a thought to enter the scene (Smith, 1999).

This critical lens used to interpret the colonization of people of color is relevant to this study because it shows the ways in which modern birth workers are aware of different kinds of knowledge. For example, many of those in this study demonstrated a distrust of the City of New York beginning to require certification for the kinds of work that they do. Many of them were aware that being regulated by the city would alter the way that they are able to do their community work, and by legitimizing some knowledge, would ultimately delegitimize other knowledge. This is the universalizing of knowledge that Smith points out. "The globalization of knowledge and Western culture constantly reaffirms the West's view of itself as the center of legitimate knowledge, the arbiter of what counts as knowledge and the source of 'civilized' knowledge" (Smith, 1999). Thus, we can observe the ways in which modern birth workers engage in radical acts of subversion that acknowledge traditional ways of understanding birth and birth attendance. The historical background elucidates justifiable reasons for birth workers in New York City to be discontent with state policies.

Chapter 3: Comparative Analysis of Dána-Ain Davis and Jennifer C. Nash

Introduction

I undertake a comparative analysis of two authors who have published extensively on birth work as it pertains to Black women and women of color. The authors I have chosen have relatively opposing views on the benefits of birth workers, specifically doulas of color. The purpose of this exercise is to describe the current political landscape of reproductive justice work for Black birth workers and the way that it overlaps with state policy. The authors and texts that will be discussed in the following pages are “In the Room" by Jennifer C. Nash and “Beyond Birthing " by Dána Ain Davis.

These authors were considered due to their timely and valuable contributions to reproductive politics in America, specifically as it pertains to the role that birth workers take. Nash is concerned with the danger of the rhetoric of crisis used to describe the immensity of Black women dying and how this rhetoric becomes pervasive material for movements regarding the “mattering” of Black life. She believes that referring to Black women in crisis creates an investment in Black grief, rather than holding structural systems of inequality accountable. Davis in contrast, is concerned with the doula response to the bettering of black life beyond support during childbirth and how it is one strand of the thread of Black women’s political activism through community care.

Dr. Jennifer C. Nash is a professor of Gender, Sexuality and Feminist Studies at Duke University. Her most recent publication has been *Birthing Black Mothers*, published by Duke University Press. Her research interests are Black Feminist Theory, intersectionality, and in her most recent work, the current state of Black maternal health. Dr. Nash has already begun this dialogue by speaking directly to Dr. Davis in her essay, “In the Room: Birthwork by Women of

Color in a State of Emergency." In this essay, Dr. Nash seeks to undermine the pervasive Black feminist notion that Black pregnant women should be regarded in crisis. While Davis argues that WOC doulas are radical birth workers, Nash regards them as "foot soldiers" of the state's healthcare system. She writes in response to Davis's work which affirms doula care as radical and necessary:

> Dána Ain Davis describes women of color (WOC) doulas as "radical birth workers" who "seek to ensure that birthing parents are treated respectfully and understand the consequences of the procedures to which they might be subjected. Along with working toward facilitating informed decisions, they actively engage in advocacy, care, and medical practices that seek to shift adverse birth outcomes" (5). In this chapter, I turn sustained attention to woc doulas, but I read them quite differently than Davis, examining them as actors who have become foot soldiers in a birth justice movement that is rooted in Black feminist praxis and increasingly supported by both state actors and nonprofit organizations invested in eradicating—or at least downplaying—the crisis. (Nash, 2021)

Immediately, Nash establishes a stance on WOC doulas as agents of state sanctioned initiatives to address Black maternal health. She defines the birth justice movement as one that has been flagged as a Black feminist agenda reproduces an ongoing rhetoric of crisis and Black grief. In addition, she probes whether being "in the room" as a doula, is an effective system for transgressing disparities of maternal health, or simply a symbolic move that the state makes to quiet the crisis that feminist movements create rhetorically.

Nash interprets the political limitations of birth workers in terms of radicalism. She is critical of birth workers' tendency to call their work subversive because some of them work for the state. Additionally, she is critical of the popular rhetoric that Black doulas and midwives can safeguard the health of Black women and is reliant on a group of women who are already marginalized.

Dána Ain Davis is currently a professor of Urban Studies and Anthropology at CUNY. She is also the director for the Study of Women and Society at the Graduate Center. In the past

ten years, her research has been dedicated to the relationships between race, reproduction and the technologies that assist women in reproduction. She has also served on the New York Governor's Task Force on Maternal Mortality and Disparate Racial Outcomes in New York City. Dána-Ain Davis writes, not to Nash specifically, but those with similar conceptions of doula care in her own essay. In "Beyond Birthing: The Labor(s) of Doula Activism", Davis states:

> The goal of this chapter is to explore what doulas do, beyond birthing. Fully aware that tensions exist around doula practice including concerns over standards, certification, and the view of their labor as being on the low end of the scale of importance in the realm of maternal health, I instead argue that doulas' labor addresses more than birthing needs and hospital- based crises of Black maternal health. (Davis, 2022)

Davis's approach is antithetical to Nash's both physically and conceptually. While Nash is concerned with the political limitations of being in the room, Davis acknowledges the dismissal of doula care's virtue in the room and extrapolates to show that doulas do social justice work that is sustained *beyond* the event of childbirth and the physical space of the hospital.

It is evident that each of these chapters establish contrasting intentions for the discussion of doula care amidst black maternal health disparities. While Nash is insistent on how Black feminist praxis can cause harm by uplifting birth work, Davis argues that Black feminist anti-racist political praxis has always included the labor of Black women speaking back to power through different types of supportive care work.

In the Room

Dr. Jennifer Nash's most recent publication, *Birthing Black Mothers,* is concerned with the rhetorical framing of Black maternity in crisis. Nash's claim is that Black mothers in recent years have been labeled as symbolic icons of state sponsored anti-Black violence. In her second chapter of the book, "In the Room", Nash is critical of birth workers, namely WOC

doulas, and their crisis mitigation efforts from “simply being in the room” (Nash, 2021). Nash identifies that in the realm of reproductive justice, Black feminists have coded the Black female body to be a site of violence in an era marked by racial disparities and often deathly outcomes for Black birthing people. She claims that while Black feminists have created elasticity for the word violence, it has made it acceptable for Black doulas to secure a rhetoric of violence that makes their work necessary.

Nash’s point of departure in this chapter actually begins with some of the claims made by Davis. She acknowledges that Davis describes WOC doulas to be radical birth workers who seek to ensure that their maternal patients are respected, informed and supported through every step of their maternal journey. It is Nash’s opinion that birth workers, doulas, are not only medical missionaries employed by the state, but not the radical workers that they are presumed to be in Black feminist rhetoric.

Nash’s primary concern with this chapter is the sustained reproduction of the Black woman in crisis. It is clear that she seeks to see representations of Black motherhood and birthing beyond what she calls the temporality of crisis. Beyond this, she makes it clear that this rhetoric is co-opted by the state in its programming to employ women of color as doulas. This is where she produces the “foot soldier” label of WOC doulas (Nash, 2021). Nash achieves this analysis with three main tensions that undergird the temporality of crisis that WOC doulas represent. These three tensions are questions about training and professionalization, meanings of medicalizations, exceptionality of birthing.

Physical Presence

Beginning with the nature of being in the room, Nash establishes her skepticism about what exactly makes doula care “transformative” (Nash,2021). She complicates this

alleged transformative stance of doulas by questioning what being in the room achieves. This is accomplished first by highlighting Davis's insistence on the benefits of being "In the Room."

> As Davis suggests, "Doulas provide care that can shift the terms of the medical commodification of birthing by offering an alternative to the systems that may perpetuate racism." Yet woc doulas are more than medical missionaries, more than bodies who, by simply being "in the room," tend to birthing Black mothers. Being "in the room" is imagined to be a practice of intramural care that remakes Black social life, making "the room" a metaphor for the transformative possibilities of Black collectivity more generally (Nash, 2021).

Nash takes issue with the concept of being in the room. It is her opinion that doulas act as glorified bodyguards. By describing the hospital space as a racist, misogynist site of violence, doulas can use masterful rhetoric to reassure the public that their presence is necessary:

> But the crisis is also described through a taxonomy of violence that calls attention to the space of the room as a primal site of anti-Black misogynistic violence that woc doulas mitigate. woc doulas and birth workers have been instrumental in developing and circulating terms that describe the violence of the room, and of institutionalized medicine, and thus make clear the necessity of their intervention, the life-saving work of doulas (Nash, 2021).

Nash sees this occurrence as violent, because it yokes Black women's bodies to experiences of pain, trauma and neglect. This additionally, secures urgency of doula presence "in the room" as foot soldiers. In totality, Nash appoints blame to the feminist birthing industry for the rhetoric of crisis and WOC doulas who have assumed the responsibility of addressing birth violence through paraprofessional "transformative" work.

Certification

Nash takes issue with the state's interactions and employment of birth workers, especially when certifications for doulas are contested, unregulated and disorganized. Nash explains:

> As feminists continue to map our institutional entanglements, it is worth us rigorously

> interrogating what it means for the solution to what has been deemed a "crisis" in Black women's healthcare to be an increased state reliance on a politically committed group of laborers who are organized, at least at times, around a rejection of formal certifications and professionalism staged in the name of feminism and Left politics. We might, then, ask how the state's embrace of doulas' fugitive and paraprofessional practices might actually stand as evidence of the state's deep divestment in Black maternal health (Nash, 2021).

In this section, Nash sees the state's interest in employing birth workers without medical certification as a testament to their lack of interest in Black maternal health. Not only does Nash interrogate the concerns around doula certification, but she also questions how the answer to the state violence can be state sponsored doula care. This statement also reflects a distrust in the value of doula work, which does not require medical training.

> Indeed, I want to sit both with how doulas' labor is hailed as urgent, necessary, and life-saving and with how it is unregulated, with doulas' training experiences vastly differing. In highlighting the paraprofessionalism of the field, I am interested both in how woc doulas flag this as a deeply political and even fugitive component of their work and in what it means for the state to rhetorically invest in Black mothers' health by encouraging care administered by largely unregulated actors (Nash, 2021).

In this scenario, Nash defines the quality of care by the level of certification that doulas have. This is a disputed terrain, as some doulas and other birth workers believe that their work does not need to be validated by official certification. This is due to the knowledge held by granny midwives in the past, who delivered and tended to babies of entire black communities without an official certification. This tension will continue to come up in this project as an arena where many scholars and birth workers disagree.

Medicalization

Nash outlines the tension regarding birth work's anti medicalization stance on birth. It is not uncommon for modern WOC birth workers to support unmedicated birth as an opportunity to realize a parent's strength and potential for transformation through the pain that

is normally averted with medication. Numbing the process is often seen as a missed opportunity for "their embodied strength and wisdom" (Nash, 2021). Nash, however, believes that this preference serves as aesthetic and political preoccupations for WOC doulas. She explains,

> For some doulas, the experience of enduring pain and coming through it stands as a metaphor for the kidneys of emotional and psychic reserves required of Black mothers generally, and thus unmedicated birth is a kind of metaphor and training ground for the faith in what "can't be seen," precisely the kind of faith that mothering in the midst of crisis requires." In this regard, unmedicated birth is cast as a crucial preparation for Black motherhood and as a central metaphor for Black mothering in crisis (Nash, 2021).

Here, Nash articulates the way that doulas uplift a birth without medicine reaffirms the notion of mothering in crisis. It appears that Nash views unmedicated birth as a "maternal practice rooted in strength, endurance, and internal reserve" (Nash, 2021) This differs from other discourses, such as Davis, which explore unmedicated birth as an important life event.

Exceptionality: A Birth Like No Other Birth

Finally, in this section, Nash regards doula work as a contribution to what she believes is a "boutique" birth experience, or one where the maternal client can shape their birthing experiences down to the details. It is this specificity and insistence that every birth is unique, that Nash believes that birth workers have created to sell a certain dream to their clients. Nash argues that this tailoring is why the labor of birth workers is seen as "transformative" , namely because of how it can be uniquely curated. "It is this notion of birth as a space of wishing, as a site of projecting personal and political fantasies, as a practice that is self-consciously shaped and tailored that doulas have successfully championed as a Black feminist practice" (Nash, 2021). This section lends itself to Nash's belief that Black birth workers push a political category of mothering in crisis, which birthing with a doula can fix.

Beyond Birthing

Dána-Ain Davis takes a different approach to the topic of birth work regarding its purpose, validity and significance in relation to Black maternal health. Davis highlights the fact that because "Black bodies endure unjust burdens of traumatic medical encounters, diagnostic lapses and racialized medicine, access to doula care is often prescribed as a viable option to add to one's birth team" (Davis, 2022). Various long-term studies have found that doula care does produce positive birthing outcomes. However, despite recent research's focus on how doula care improves outcomes for the process of childbirth and other forms of hospital based perinatal needs, Davis highlights the sites of resistance that doulas occupy that are not in the hospital.

The priority of this essay is to explore what doulas do *beyond birthing.* While doulas engage in work that addresses birthing needs and what she describes as "hospital-based crises of Black maternal health" they also do the often-invisible labor of acting collectively for social change (Davis, 2022). This labor is usually a conglomerate of activities that are done to prevent health outcomes for broader concerns of healthcare access, food access, transportation and employment.

Davis references the ways that historically, "the dissolution of traditional childbirth, US development of obstetrics and gynecology and exploitation of black women's bodies and defamation of granny midwives", contribute to global manifestations of racism (Davis, 2022). Much of her work puts globalized antiblackness into perspective alongside birth work. She often references the way that historical patterns of racism and discrimination are followed to hospitals and informs the ways that Black people are treated. In direct resistance to the ways that racism penetrates the medical industrial complex, doula work is radical work. Davis

states that doulas, who are normally women of color, have historically been advocates for health for women of color, and have taken various measures to support their communities. She states:

> In some ways, inclusion of doulas comes as no surprise, particularly if we situate Black doulas and radical birth workers within the long history of Black women's role in supporting communities of care and developing alternative kin relations to ensure health care, food access and childcare. (Davis, 2022)

Davis argues that doula work, and birth workers more generally have always done unpaid work that supports the health and wellness of women of color. Despite there being obvious tensions over standards and certifications, she uses the essay *Beyond Birthing* to describe the ways that doula work addresses more than hospital based birthing needs. In addition, she addresses the ways that doula work is often regarded as on the lower scale of importance when it comes to black maternal health. This is refuted by the multiple responsibilities that doulas have.

Physical Space

Similar to Nash, Davis uses the metaphor of doula work as it pertains to physical presence as a way to articulate her perspective on the value of doula care. Where Davis differs, is by explaining how she believes that doula care extends beyond the room that Nash discusses. Davis asserts that doula work is necessary concerning their general attendance at a birth, however, aside from hospital-based crisis, doulas also act collectively for social change. These actions include each of the activities that emerge out of prenatal care, pregnancy, labor and postpartum care and also, another labor process of anti-racist political praxis. It is Davis's opinion, that whether it be paid or unpaid, doulas do political work that "Sustains the continuation of society through such activities as securing food and housing, providing emotional support and ensuring educational opportunities' ' (Davis, 2022) which is generally

socially stratified. In contrast to Nash, Davis recognizes that doulas operate in multiple spaces and participate in many different forms of labor, both in and out of the room.

Medicalization

In her essay, Davis offers a brief genealogy of the term doula, where it comes from and its outgrowth from practice of midwifery by Black granny midwives in the southern United States. She makes the argument that doula practice emerges from a history of advocacy, social justice and community care:

> As the fields of obstetrics and gynecology colonized pregnancy and birth during the 1800s, midwifery, along with the traditional birth support, declined. Indeed, modernization, technological advancement, and reproductive capitalism facilitated the entrenchment of medicalized pregnancy and birth. Between 1900 and 1940, health officials and doctors in the US ostracized midwives, chipping away at their legitimacy and authority. The persecution— and prosecution— of Black grand midwives (Davis, 2022)

With that being said the resurrection of doula labor according to Davis cannot be romanticized, but also should not be narrowly regarded as helpmates. She elaborates on the capaciousness of doula labor as social production and the union between compassion and advocacy. She warns readers against reductive interpretations of doula work.

Certification

Davis regards the issue of certification as a point of contention for the standardization of doula care. Davis notes that standardization creates disparities between community-based doulas and certified doulas is reminiscent of the disavowed legitimacy of Black midwives in the early 20th century.

Furthermore, she discusses the ways in which doulas use skills that can only be learned from living through crisis and an antiracist world that is beneficial to clients. She describes the work of one doula, Angela, who was inspired by the murders of black men by

police to further examine the disposability of Black life.

> Angela's politics and analysis of racism inform her compassion. She, like so many other doulas, possesses skills and commitments that accrued from multiple contexts including her own experiences of personal agency or societal control, histories of advocacy, case management, community work, and/ or organizing. The skills acquired in these contexts accentuate and expand those offered through official doula certification training (Davis, 2022)

Davis also adds that certification struggles may create a racial divide between community-based doulas and certified doulas (Davis, 2022). Because certification is an additional cost, this could have destructive consequences for Black and brown women who are unable to obtain an official certification. Davis concludes by saying that certification requirements should not eliminate non-certified doulas from providing care (Davis, 2022).

Included in the conversation about certification are strategies that are used to develop a relationship between doula work and the state. Davis acknowledges that there is an issue with the way that the state engages with doula work. Her opinion is formulated based on scholarly work but also from her participation on the Governor of New York City's Taskforce on Maternal health. She describes the ways that some of the doulas she interviewed are opposed to working for state initiatives because their work is part of a greater struggle for liberation. Other doulas find it beneficial to participate in the state interests, by critiquing bulls and legislation in order to directly address anti racism in medicine and push for the system to address adverse birth outcomes. Both perspectives are valid in Davis's opinion.

The labor(s) of social reproduction and activism

Davis encourages readers to examine different sites of political labor. In doing so, one can recognize that doula labor by women of color, is an extension of community work that has been evident in these communities traditionally. Davis supports her arguments by drawing on Mullings to interpret the ways that African American women have always engaged in

radical work despite socio-political and economic setbacks. She states,

> restrained by the hierarchical arrangements upheld by society, engage in work that sustains the communities of which they are a part. They do so by utilizing women-centered networks and alternative family forms, and deploying individual and collective efforts to resist structures of domination. Their activities— the interrelatedness of work, household, and community— are what Mullings called transformative work, which threads the needle, weaving together local struggles and the building blocks of larger political actions (Mullings 1995). In a similar vein, radical, Black, and women of color historians and sociologists also generated. (Davis, 2022)

To this end, Davis illustrates the ways that historically. Women have gone against the masculinist structure of labor, dismantled the ideologies of labor sustained by white supremacist patriarchy and integrated their labor with social change and community world. This is evident through the ways in which Black women have organized against reproductive control over their own bodies. Davis uses the 1960s political landscape of Black women mobilizing for reproductive health as an example of this overlap between community work and social change to become transformative labor.

This is an important point to make because doulas are often regarded as workers with no formal training. Davis reflects the importance of giving credit to birth workers who were not formally trained but offered significant benefits to their communities. Thus, the contemporary labor of doulas must be read in relation to this history. Davis's ongoing analysis is interested in "locating Black doulas' work in the realm of social production with attention to how their labor intersects with social justice (Davis, 2022).

Dána-Ain Davis describes the way that doula labor takes place in a variety of settings. She describes the way that feminist anthropological scholarship altered the terrain of what constitutes labor. Labor could be extended to include community activism and organizing. Doula labor similar extends to homes, hospitals, communities, activist and

policy arenas, which all contribute to the survival of a community (Davis,2022)

Conclusion: In the Room and Beyond

Nash and Davis hold opposing viewpoints concerning the political and radical potential of doula work. Nash on one hand finds it difficult for doulas to be tasked with the exercise of protecting Black mothers without official certifications and grandiose visions of transforming birth. For Davis, there are limitations of doula work pertaining to consistency of certification; however, there is tremendous merit in the political labor of doulas. It appears that much of this debate is over whether or not the political labor of doulas is justified and if it actually impacts the outcomes of Black maternal health patients.

Furthermore, this debate also defines the current tension in the next part of this project, certification. Nash shows the ways that certification is used to qualify and disqualify doulas as advantageous workers. According to Nash, the state employing doulas through various forms of sponsored programs, shows that state agents truly do not care about the health of women giving birth in hospitals. However, Davis believes that enforcement of certification may cause disparities between who can and cannot become a doula. Additionally, Davis draws on the legacy of Black midwives in the United States who served many roles in their communities without recognition from the state. This specific point shows the importance of recognizing the politics of knowledge. While Nash is coming from the understanding that being recognized by the state insinuates validity, Davis believes that just like their antecedents, Black and WOC doulas need not be recognized or state officiated in order to do lifesaving, radical work.

Finally, I would like to attend to the word “crisis”. Nash uses the word crisis negatively. In her opinion, woc doulas propagate their own roles, by defining black women facing poor birthing outcomes as “in crisis”. Davis, on the other hand, believes that there is a certain

necessity in identifying the crisis of racialized outcomes in public health. While each of these arguments is defensible, it is questionable what can be gained while taking the risk of ignoring or limiting the severity of such significant inequalities in healthcare. Researchers studying doulas in the future should continue to expand this conversation.

"Everything I do is for my community or my tribe and for the healing of my lineage. I believe that when we ultimately heal, that is when we will be the most free. That is my life's purpose."
- Aaliyah, doula

Chapter 4: Doula Stories

Nine Black women who identify as birth workers, spoke to me in their homes, while tending to children, on lunch breaks, while caring for elders and between births. Each of them shared their stories of what they've seen, heard and felt as birth workers in the concrete jungle of New York City. Their stories are like threads, sometimes intertwined by shared feelings, neighborhoods, hospitals and streets. But still, each piece has an account of its own. In this chapter, I show the ways that each birth worker has a story to tell and how it speaks to the common struggles, labors and loves that they experience and perhaps many others do.

The stories regarding their entry point into birth work were varied. For some of the women that I spoke to, birth work was their first professional form of employment. For others, it came after several career transitions. What binds all of them together, was an experience that felt intuitive and "right". Birth work, in all its capacities and varieties is considered in this section, revealing the numerous terrains that these women have traversed. Many of them continue to be fluid in their practices of birth work, allowing their interests, trauma, survival needs and life experiences to guide their work.

The narrators in this chapter have different levels of specialization and experience. Birth work is an umbrella term to describe the different kinds of labor specializations used to support birth givers before, during and after childbirth . Doula care refers to continuous emotional, physical and informational support during pregnancy, birth, and the immediate postpartum period (Bepler, 2017). Midwives are trained health professionals that assist with labor and delivery of children (Bepler, 2017). Traditional midwives are generally

involved in labor, delivery and many other iterations of care during pregnancy and are unlicensed. Lactation consultants advise parents with breastfeeding. Other forms of care are placenta encapsulation, wherein the placenta after birth is transformed into pills for the birthing parent to take postpartum. Many of the narrators have occupied different roles over time, sometimes all at once.

Motivation for Joining the Profession

A common thread in the narrators' journeys into birth work involved an unfavorable experience at the hands of hospital staff in a birthing context. Whether it was the narrator's themselves, or a family member, a patient or a friend, there appeared to be a similar trend of wanting to prevent a negative birth outcome from happening to more people.

The following is a collection of stories of how each of the narrators were introduced to their careers, callings and passions for birth work. The aim of this is to display the shared experiences, dreams and challenges that they underwent in order to do the work that they currently do. The impression of these narratives reflects the ways in which Black women presently react to social injustice in their communities by engaging in birth care.

Aaliyah discussed how her mother and aunts had traumatic experiences in the hospital leading to a distrust of hospitals, particularly for giving birth. She expressed her hope of being an advocate for other Black women who are vulnerable to racist experiences in the hospital. According to Aaliyah,

> Black women and women of color deserve the opportunity to give birth in safe spaces, to be heard, to be advocated for, to have their needs met. So however I can support in that way, that was always gonna be my obligation and the path I traveled. And that led me here, and it has been a beautiful journey (Aaliyah, 2022)

Destiny, an abortion doula, discussed how her own negative experiences in New York City led to her interest in birth work. As an abortion doula, she provides mental, physical and

emotional support before, during and after an abortion. Additionally, she provides an accessible explanation of abortion procedures and helps to set expectations for those looking to terminate a pregnancy. Destiny had two terminations in her early twenties. She discussed the alienating nature of this process, and the lack of care and humanity she experienced in attempting to access reproductive care. She reflects on this experience, knowing that she deserved a dignified and supported environment. She explained, “So much of birth work is creating safe spaces so that they can release and surrender” (Destiny, 2022).

Jada has a long history of experience in the medical field beginning with temporary work in a women’s healthcare clinic at a women’s health clinic. One of her first clients was a young woman seeking an abortion. Jada recalls that her patient did not have anyone to support her, and Jada was instructed to leave her alone with a vacuum aspiration machine, a suction device or a suction machine gently empties your uterus. Jada commiserates with women that entered this clinic. She stated that it was a government-funded hospital and that many of the patients were non-English speaking immigrant women, who did not know their rights. Many of them, she laments, were subject to “routine exams” which she expressed with air quotes suggesting that they were not always necessary or by consent. Jada decided that women needed someone like her to help them understand their protections against medical violence.

Her journey through the healthcare field was a combination of chance and discovery. She moved to another hospital in New York working with cancer patients, where she was placed in birth surgery. It was here that she decided to become a doula. She stated, “I kept stumbling into places unknowingly, which I can confidently say, conservatively, is my actual passion.” Jada is currently a full spectrum doula and undergoing training to become a certified community health worker. At the end of our time together, we talked about the unique nature

of Black doula care. She discussed how Black women have always been caring figures for their communities through difficult experiences. At the end, she shared with me: “Looking back on my own labor and delivery, I wish I had a me”.

Kiara also has a background in medical studies. She was a student of medical anthropology and veterinary medicine. Her work explored reproductive health in the United States as compared to other countries. Kiara told me that she became pregnant at 27, accidentally, and did not know anything about birth despite being a specialist, or at least educated on the subject. She endured a racist encounter with a white midwife in a hospital in Manhattan, the same one that Jada currently works at, discouraging her from utilizing the hospital.

Emilie later met a homebirth midwife in the Bronx, and had an extremely empowering spiritual birthing experience. During the birth of her child, she felt her ancestors speaking to her through the enduring process of labor. After telling me this story Emilie explained that she knew she could make a difference with this kind of work. She stated, “My people need support and care, and they don’t know that it exists, they may think it's inaccessible.” She later started a doula collective with a friend, employing Black and Brown doulas to provide physical, emotional, mental, informational, and spiritual support to parents in New York City. The collective that Emilie started is dedicated to services rooted in a balance between evidence-based research and ancestral practices. Through her work, she connects to her great grandmother, a baby catcher from the south and hopes to create communities built on support, sustainability and love.

Ebony’s journey into birth work began in 2010 when she won the WIC lottery. This lottery put nursing mothers in a lottery for a peer counselor program, where Ebony was trained

in lactation support, and became a certified lactation counselor. She was curious, and took it as an opportunity to educate herself. She was fascinated by the anatomy portion of the training and the bonds that are created between a breastfeeding parent and their child. In our conversation she expressed how eager she was to learn more about the extraordinary bodily processes that take place during the perinatal process. After this program, she was called in for hire at a multiservice center that was partnered in the WIC division. She worked with a variety of mothers and became part of stories about how women nursed, and issues they faced when nursing. Ebony was fascinated by the way that women had difficulty breastfeeding due to stress and their lifestyle, and how she played a role in helping them establish connections with their children.

Ebony's personal experiences with the medical system informed her decision to become a birth worker. During the birth of her first two children, Ebony endured two very violating experiences during labor. When Ebony was 19, she went to Kings County Hospital. She was visited by countless doctors and medical student. She recalled seeing "all these faces coming in and talking to her like she's ignorant." Unfamiliar faces would enter and stick their fingers inside of her. Ebony describes feeling like she was in a zoo, or like an experiment. When she delivered her son, the doctors took him away to another room without explanation. She was young, alone and intuitively felt like something was wrong throughout the entire time.

During the birth of her second child, Ebony was again entered vaginally without consent. She recalls feeling like the doctor did not respect her pain and denied it. After this experience, Ebony decided not to ever give birth in a hospital again. She worked as a doula independently, using her WIC network of clients. She actually didn't refer to herself as a doula until someone named the type of work she was doing. She learned about traditional midwifery after a friend

introduced her to an elder who had practiced for decades. She has been working as a midwife ever since.

Gabrielle worked as a high school guidance counselor in Harlem when she started doing “secret” doula training on the side. She did some patient charting for a midwife in the city as a part of a barter arrangement. In exchange for this work, she was able to participate in an advanced doula training program and find community amongst other doulas. She listened to the birth stories of doulas enrolled in this program, helping them to process and make sense of the emotionally and physically arduous work they did. Gabrielle explained how it was the best of both worlds, being mentored by a midwife who had medical training and doulas who provided other kinds of care. There were monthly meetings where they would all sit and talk and get very familiar with one another. This showed Gabrielle the power and importance of having a community to fall back on. She currently works at the doula collective that Emilie started.

Laila is a wife, mom and doula. Like Gabrielle, she spent the first half of her professional career also doing college counseling. She worked with high school students on their personal educational journeys. One to one work came naturally to her and proved to be an easy transition into doula work. This was a switch that she made after she became pregnant and was forced to take that journey without much support. She described how being pregnant alone in New York City was much more complicated than getting into college. Being in New York city, and hearing all of the statistics overwhelmed her, her doulas guided her through the healthcare system, similar to how she would guide her students through the college system. She didn't intend to change careers, but it “just made sense”.

Imani is originally from Houston, Texas and moved to New York City to pursue birth

work full time. Prior to that she worked as a third-grade teacher and also in human resources in the medical field in Houston. Imani found midwifery a few years after pursuing doula care. She sought out a reproductive birthing justice framework and hoped to work with Black clients. This framework that Imani was searching for grew out of a movement against reproductive oppression, and specifically aims to dismantle birth related inequalities of race, gender and class that lead to negative birth experience for women of color.[1] She was introduced to midwifery after participating in a home birth. She later went on to birth assisting. She began her midwifery training in 2019.

She moved to Brooklyn with $800 in her bank account and two suitcases and a duffle bag of books. She worked at a coffee shop from 6am-12pm and then spent the rest of the day volunteering at Ancient Song, a well-known national birth justice organization that offers full spectrum doula services and trains doulas. Ancient Song offers comprehensive training on sexual and reproductive justice and birth justice to medical providers and other stakeholders operating in Black and Latinx communities. Their training is intended for community members to engage in culturally relevant and affirming aspects of birthing. This was important to Efe, who was passionate about supporting Black clients. She spent her summer networking and learning about birth justice informed doula care while acquiring her training.

Emily is a reiki practitioner who became doula certified after her sister became pregnant. Reiki, a healing technique that uses energy channeling through touch is used to promote relaxation, as well as physical and emotional healing. She always had an interest in herbalism, healing and energy work, and doula work was a way for her to tie all of her interests together. She explains that much of her work can be credited to teachings from her grandmother and ancestral practices from her family in Puerto Rico and the Dominican

Republic. She was never reliant on medication and learned to take care of herself using herbs. Her intentions for doula care are to help women heal from their pregnancy with a holistic approach to care.

Perspectives on the Citywide Doula Initiative

In the following pages, I locate three central themes that were observed across all nine interviews. The first is surveillance and control, a general concern that working with the state initiative would give the city the power to determine what their care looks like. The second is an analysis of the sustainability of birth work financially situated in the context of New York City. Finally, I discuss their varying perspectives on the importance of certification in birth work.

The aims of the citywide doula initiative are to provide professional, no-cost doula care to residents of neighborhoods that have been impacted by COVID-19. Many of these neighborhoods are home to BIPOC families, who suffered the greatest consequences of the pandemic both financially and medically. In order to enroll in the program, a family should live in one of the neighborhoods, or a shelter or foster home in New York City and be income eligible for Medicaid. Several programs across the 5 boroughs offered doula support for this program.

Surveillance and Control

One of the concerns about being employed by the Citywide Doula Initiative for many narrators is a distrust of policy makers to defend their rights and a hesitance to surrender their autonomy to perform birth work *their* way. This standpoint is not without rationality, as the United States healthcare system has historically experimented on Black bodies and been the perpetrator of violence in the form of racial bias and negligence. The perspective is exacerbated

by personal negative experiences among Black people daily as they work to have their health issues mitigated. Most of the narrators interviewed revealed that their choice not to participate in the Citywide Doula Initiative was due to distrust and concerns of surveillance. Kiara, who co-founded a doula collective servicing families in New York City, communicated her disdain for the initiative. She explained that, at its inception, the program's organizers reached out to her and asked if she would like to be a part of it. She declined and defended her reasoning, despite other doulas she knew, being willing to participate:

> Most of the organizations were like no thank you, because we know what that means. Some people also argue that we could put our stuff to the side but like no…I have no interest in working with white organizations anymore. There is something to say, which is another tactic, that these white organizations set standards for everybody, to say" I'm going to work from the inside to dismantle the system". Both are really important. It's complicated (Kiara, 2022).

Kiara's unwillingness to work with the Citywide Doula Initiative is reflective of a culture of skepticism of relinquishing standards of Black birth work to the bureaucracy of the city. This culture of medical mistrust is expounded upon in Harriet Washington's *Medical Apartheid*. In this text she argues that medical abuse of African Americans in the United States by white healthcare institutions has resulted in a culture of Black *iatrophobia*, or an extreme fear of medicine and medical institutions (Ekundayo, 2007) Furthermore, the history of demonizing and persecuting Black granny midwives in the American South to professionalize gynecology as a white medical practice plays a role in this collective skepticism.

Aaliyah, a newer doula, spoke with a similar distaste for being affiliated with state initiatives that provide doula care:

> The city is always going to politic. The same state that makes it hard to become a midwife. So you still want us in your hospitals. There's still an agenda behind everything…I genuinely hope our community benefits from it. But it's something I'm not going to touch (Aaliyah, 2022).

Aaliyah's rejection of the Citywide Doula Initiative is related to her knowledge of the indictment of Black granny midwives. She stated during the interview that her doula training involved videos about the granny midwives who served their communities before being pushed out. Clearly, this information is what empowers many birth workers to work independently of the state.

Destiny, who is currently enrolled in a Women's Studies Master's program at CUNY, described the way that state initiatives are often performative in nature. Her stance on the state initiative has been informed by an academic background rooted in the history of reproductive justice in the United States. She understood the employment of birth workers by the state to be a call to address disparities that have been called out by birth workers for generations. Her opinions are guided by her historical background:

> If I am to take history as a lesson and state initiatives as a lesson… I think the state may come around to having such initiatives, where they're calling doulas and midwives back into this space because birth work activists and reproductive justice advocates have been shouting them down for decades. Reproductive justice movements have been born by black women…We have been saying for 100 years or more that we have been dying. You've criminalized us. You've pushed us out of hospitals. You've appropriated our traditions without giving us credit, without paying attention to the bodies that the laws are going to affect….I don't want to be a part of the structure….that causes these disparities in the first place. Like don't try to recruit me now (Destiny, 2022).

Similarly, Efe's discontent with the program was due to her belief that it encouraged state surveillance and control:

> The beauty of birth work is that we have our own autonomy of how we like to function with our community. And the large goal at the end of the day is that the state provides the funding directly to the clients or directly to pregnant people and their families and they get to choose what they do with the money for their services, not the other way around. Not the state hiring us or contracting us to tell us how much they're going to pay us and then families have to go to the state to find us (Efe, 2022).

Efe's belief that birth work is something that should be regulated by birth workers who are actively working in their communities indicates the ways that Black communities have always

been self-reliant in the realm of birth work.

When I asked Gabrielle about her opinion on the Citywide Doula Initiative, she immediately lifted her hands as if to signify "money" in silence. She went on to say,

> I know there are lots of birth workers who feel hopeful. That's like, oh we can make this thing available to more people. I'm not. I don't look to be a part of things in that way. And maybe that's a sign of privilege… that I don't need to go through the city to get clients but I also understand that doing things like that allows them to regulate when and how I do my work. I don't wanna check in with y'all (Gabrielle, 2022).

At the core of the issue the historical roots of African American interactions and experiences with white medical institutions reveals the depth of many birth workers' distrust of the U.S. healthcare system. The way that this history has impacted the work of Black granny midwives emboldens many birth workers who choose not to support or participate in state initiatives.

Sustainability of Birth work in New York City

Figure 1: "Medicaid Coverage of Doula Services: Pilot Design." *Taskforce on Maternal Mortality and Disparate Racial Outcomes*, Department of Health, Sept. 2018

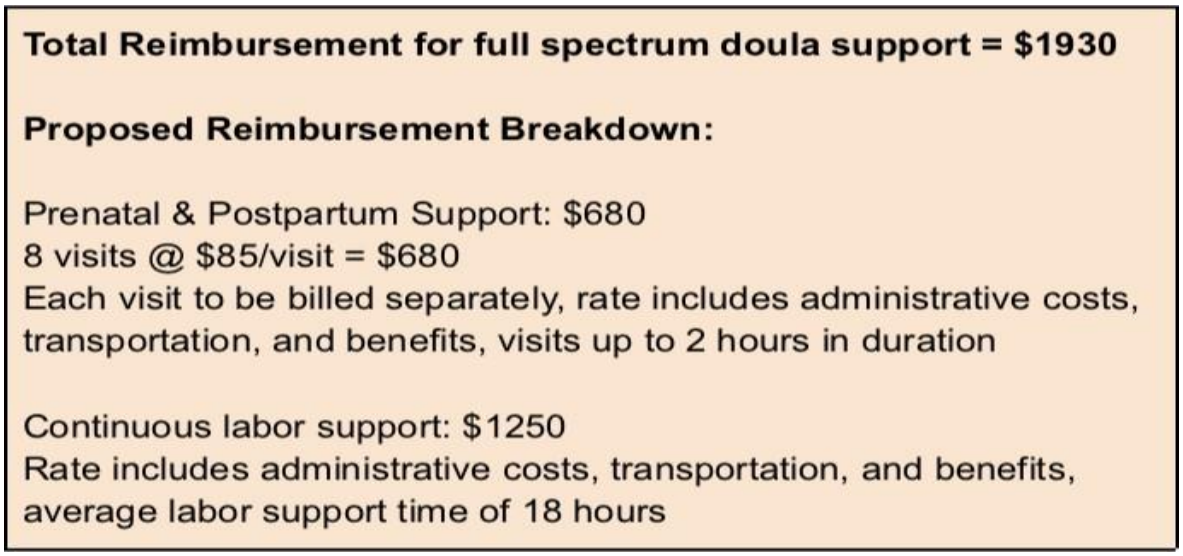
Doula Fee Schedule (Fee-for-Service)

Service	Payment
Prenatal Care Visit	$30
Labor and Delivery	$300
Postpartum Visit	$30

The sustainability of doula care in New York City has been a key point of discussion for several years. New York City is one of the most expensive places to live in the United States. The city is also home to one of the largest public transportation networks. Birth workers spread across the five boroughs are often required to travel great distances for healthcare appointments, home visits and of course labor and postpartum support. In this section, I analyze how the low wage reimbursement of the city initiative has been a barrier to birth

worker participation and a financial strain on birth workers who have chosen to participate in the program. In 2018, a pilot program for Medicaid coverage of doula support was proposed to address similar concerns of maternal inequality in New York City. Among the concerns for this program, the most outstanding was a call for an increase in the reimbursement rate for doula care. At the time, doulas would receive $300 for labor and delivery and $30 for prenatal care visits. This program was reported to have extremely low participation by birth workers due to the cost of travel and the amount of time spent with birth workers. In 2019, a collaboration among Ancient Song Doula Services, Village Birth International and Every Mother Counts, "Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities" investigated the amount of time and money that community-based doulas spend on travel (cite). They found that considering the amount of time it takes on average for a doula to reach an appointment via public transportation, time spent at the appointment, and the time to return home was equivalent to approximately $5 per hour.

Figure 2: Senate Hearing on Medicaid Reimbursement and Integration of Doula Services in NY State, 2023



This program was delayed for 3 years ``due to a lack of doula participation". This claim

was made by The New York City Department of Health and Mental Hygiene in "The State of Doula Care in NYC 2020". While low participation for this program contributed to its delay, the reasoning behind it was the lack of adequate compensation. This report also acknowledged that setting rates of reimbursement so low, would minimize the effectiveness of health outcomes by attracting inexperienced doulas who would have to meet a high volume of clients. The more recent expansion of the Citywide Doula Initiative is another attempt at addressing maternal disparities without the inclusion of Medicaid. This time around, improvements have been made to the rates for labor and continuous support. According to a recent hearing from the New York Coalition for Doula Access, NYCDA, the reimbursement breakdown has been increased to $1930 to meet the equitable demands of the doula workforce.

However, during the time period that I spoke to doulas who were employed by the program (July 2022), neither of the doulas had been paid despite having worked for several months. Despite having an increase in pay, it does not contribute to the sustainability of the doula workforce if compensation occurs much later.

This inability to make a livable wage is often complicated by a desire to provide care for families that would otherwise not be able access it. According to Jasmine, who worked for the Citywide Doula Initiative, "A lot of people in our community don't know what a doula is and don't know what their experience could be with a support person there." Despite wanting to be of service to her community, she also articulated how difficult it was to do this kind of work without being paid yet. "I'm not gonna lie, it's been hard… They're not paying. We've been providing service for months and the organizations have received funds to pay us…That's not sustainable."

Jada currently works for the CDI and believes that it helps low-income families gain

access to the care that they need. Her work is rooted in caring for others and enjoyed being a part of this effort. However, when I asked her about changes she would make to the program, one of the most significant was an adjustment to the payment schedule. She expressed looking forward to receiving retroactive pay, but also understood that if this was a doula's sole form of employment, it would be very difficult to survive.

Gabrielle, who works for a private doula organization described how the unique challenges of living in New York City complicate the already draining experience of being a birth worker.

> So many New Yorkers and birth workers don't have cars…when i think about what that struggle might be for other birth workers, taking a two hour ride to see a client or in the middle of the night it's 4am and you're going to a birth, it's not safe to hop on a train. So you're then having to pay an Uber or a Lyft…It cost $70 for me to get to Brooklyn and I'm just in Harlem. When you aren't getting paid very much, it's a lot of money (Gabrielle, 2022).

Gabrielle's account of the unpredictability of labor and doula care highlights the need for higher reimbursement rates and consideration of the physical demands that birth work necessitates when these kinds of programs are created. She also expressed feeling like the city did not care to reconcile with the burnout that happens to people working in the care profession. "It's wildly disrespectful, in a place especially like New York City. You can't pay your rent with that. You can't pay insurance and a car not with that" - Gabrielle

The weight of the narrators' comments suggests that policy makers should 1. Be more mindful of how continuous labor support requires much more paid time and 2. Birth Workers need to be included in conversations about the support that they need (finance, transportation, coverage) in order to successfully do their jobs.

Certification

In the previous chapter, I discuss how certification has been a disputed terrain for birth workers. The consensus is that because birth work in the form of continuous support is a

historically unregulated field for Black women, certification should not be required to work as a doula in New York City. It has also been argued by several doula certifying organizations that creating a standard of care through state required certification, will create barriers for Black and Brown people who would like to pursue doula care. Efe, for example, discussed the frustration of the state's pressure to regulate doula care: "There's no national certifying body for doulas because doulas are not medical providers. But the state is constantly trying to push us into that space, and it goes against our entire scope and it kind of gaslights us"

Efe's comment that certification goes against doula scope is held by many birth workers. Because continuous birth support has always been a community practice, and not a medical practice, many birth workers do not see the necessity of having a required training. Kiara, who is not certified, described the ways that certification is problematic, as it leaves the power to determine who is a doula to the state rather than communities:

> We're unregulated. We don't require certification. We don't even require training. You could walk in and say I'm a doula and that's that. I think its twofold, the state is trying to regulate doulas to make money from us and to have some level of control over who's a doula and who's not a doula which is already super problematic because these organizations gatekeeper who gets to call us doulas, who can afford $300 per year to receive certification because certification means nothing about anything. I'm intentionally not certified for that reason and I have hundreds of births of experience. And then there's people who have three birth experiences who are certified (Kiara, 2022).

Jasmine also shared her aversion to a regulated Black doula workforce.

> I am of the belief that there are certain things that should not require a piece of paper to tell me I am capable of doing it. I believe that anything that is ancestral work, like being a support person...This is stuff that has been done for generations, it was just called different things… So for me, an official certification feels so ridiculous. I am just doing something my ancestors have done (Jasmine, 2022).

These examples highlight the ways in which state sponsored programming can often undermine the traditional nature of birth work. An additional point made by several birth

workers is that most certifying bodies, including Doulas of North American International (DONA International) do not provide culturally affirming training. DONA, one of the larger certifying bodies who would likely be the basis for certification would then not be able to provide the unique care that Black people require.

In the Room

In this section I would like to elaborate on some of the claims made in the previous chapter concerning the location of doulas in the room as resistance to the site of violence that hospitals in the United States can create. The year 2020 was extremely significant for birth work. The COVID-19 pandemic revealed the shortcomings of state institutions' ability to provide adequate healthcare. Furthermore, it called to action many birth workers who heightened the necessity of healthcare literacy, advocacy and justice for birthing Black women specifically. The rhetoric of having a doula “in the room” was heightened as a necessary intervention that could ultimately save many Black women’s lives.

Many of the birth workers I spoke with were overwhelmed with inquiries about their care during the pandemic. This period is important to the analysis because it explains the pervasiveness of the lifesaving rhetoric of doula care. While doula care and birth work is lifesaving work, marketing it as such does put a tremendous amount of pressure on birth workers.

This factor is complicated by the massive fear that Black maternal clients often have of being slighted, abused or mistreated by medical staff. Several of the birth workers I spoke to discussed the panic that many Black women experienced and expressed to them, hoping that the birth workers would protect them. While this is true, sensationalizing birth workers put an unjust amount of responsibility on them to provide the ethical care work that hospital

employees are not forced to do. One example comes from Kiara, who shared the experience of taking in doula inquiries amidst widespread panic: “Getting phone calls like, ‘I heard you’re a Black doula and I don't wanna die.’ And I was like, this is an awful way to find black doulas, in 2020” (Kiara, 2022).

Jasmine also shared the way that doulas often have to coach women out of the mentality that they will die. “If you get pregnant and all you hear about is other people’s horrible birth experiences, you’re going to operate from that place… traumatized by everything that you hear” (Jasmine, 2022).

What I have gathered from the testimonies of Black birth workers is an understanding that being “in the room” is both a real and accurate portrayal of the current state of American maternal healthcare, but not an end all or be all prescription for the end of obstetric violence. Having a doula to vouch for a client’s health concerns, informed consent, pain tolerance and history of trauma and abuse ultimately will not do the work of dismantling the racism that is embedded in the medical industrial complex.

Having a doula “in the room” will not end the deviance of ethical care that happens to Black maternal clients. It will not guarantee a perfect birth that goes according to plan. What it will do is provide a client with continuous, culturally informed support that may reduce poor maternal health outcomes. To address issues of obstetric violence and racism during childbirth in American hospitals, doctors, all medical staff must be held accountable and brought to justice. Having doulas, particularly the labor of birth workers of color, bear the responsibility of ensuring quality healthcare during the perinatal process is injustice. It is a misguided appointment of responsibility, relegating labor to already marginalized women of color.

Beyond Birthing

Davis's argument that birth workers are radical in nature due to their historic role in supporting their communities is substantiated by the testimonies of the narrators. According to Davis, the labor of Black women, and birth workers specifically has been deployed to help black communities navigate life beyond and outside of institutions and systems of oppression.

Most of the birth workers in this study have employed community-based models of care. The birth workers in Kiara's organization raised over $140 thousand through GoFundMe to cover people of color in New York City who otherwise could not afford doula care. Kiara is also one of the founders of The Bridge Directory, a nationwide referral network made up of professionals of color who offer high-quality services aimed at addressing healthcare disparities. The network is made up of a wide variety of professionals including childbirth educators, chiropractors, doulas, lactation consultants, massage therapists, mental health therapists, midwives, obstetricians, pediatricians, and others. (The Bridge).

Ebony, who is a traditional midwife, does not require her clients to pay for her services. Her belief is that birth work is service work, and therefore birthing clients should be able to rely on their communities for it, free of charge. The doulas at Gabrielle and Kiara's organization offer sliding scale and circumstantial care to meet the needs of more families in New York city. Imani also discussed being referred clients from social workers and often taking on the duties of a social worker: "We became their social workers. I was going to court for clients to help them keep their children. I was going to shelters to help advocate for different things. I was going to Rikers to advocate for water" (Imani, 2022).

Each of these instances were forms of unpaid labor that the birth workers did in service to their communities. Each of them has been involved in volunteer work, activist labor (attending protests and town halls and community conversations). Jasmine criticized the absence of

community models of care due to the demands of capitalism. She discussed the ways in which home births of the past were attended by multiple women and were designed for birthing parents to rest. By relying on community, both parents and birth workers operated in a balanced system wherein care could be split between the entire community. “Back then we had a village. It took a village, and we forgot that along the way. It's funny because that’s what my business was rooted in-the desire to bring back that village” (Jasmine, 2022).

The stories of Black birth workers expand the lens of sites of labor. It shows that the scope of their work with individual women extends into the realms of social justice and community care for the collective betterment of Black life.

Chapter 5: Conclusion: Community Care as Black Feminist Political Praxis

Birth worker stories intervene in the competing narratives of Davis and Nash analyzed in the previous chapter. They add new voices to discussions of structures of care and well-being info Black communities. The accounts of my narrators' experiences illuminate the importance of factoring in birth workers' experiences and needs in efforts to understand and promote the movement for birth justice. Their contributions show the way that the birth workforce engages in different kinds of radical political labor. The narrators provide bodily, spiritual and informational support systems that do not exist for Black women in many formal medical care systems.

Community based birth workers provide extensive care that falls outside of the basic responsibilities of birth workers. In order to exhibit the ways that they provide tremendous support for their communities, I worked in partnership with the Free Black Women's Library in Brooklyn, New York. The FBWL is a literary hub and community space housing a collection of texts dedicated to the amplification of Black female and non-binary authors. In August 2022, I held a community conversation there, called the *Politics of Care: A Black Feminist Perspective*. This was an opportunity for the local community, residents of the Bedford Stuyvesant neighborhood, Brooklyn, and online digital community of the FBWL's followers to learn about the state of mothering and birth care in New York City. The intention behind this was to explore the ways in which birth workers engage in community accountability, resistance and discussion as workarounds for systems that fail them.

The event began with a group care exercise, inspired by a cartoon published by Deanna Zandt called "The Unspoken Complexity of "Self-Care". In this comic, four different kinds of care are illustrated and explained. These four categories of care are: 1. Self care, 2. Self soothing,

3. Community Care and 4. Structural care (Zandt, 2020). To begin this activity, I passed around printouts of this cartoon and proceeded to explain each of the types of care and how each is very different. These are the descriptions that I provided verbally:

Purpose: To introduce conversation on different kinds of care.

1. Self-Soothing
    a. Activities that provide distraction and/or comfort in difficult
2. Self-Care
    b. Activities that help you find meaning and that support your growth and groundedness
3. Community Care
    c. Workarounds for systems that don't inherently support care (i.e.. capitalism)
4. Structural Care
    d. Systems that support community care, self-care and self-care

After this, each person was asked to take 4 post-its and a pen, and contribute to a wall with their own examples for each type of care. Everyone was given some time to come up with their own example, and time to stick their post-its to the wall. Everyone was given a few minutes to reflect on the activity amongst one another, which also was a way for people to introduce themselves to one another. We came back together as a group and reflected on our options.

One person who participated in this activity brought up the ways structural care has a direct impact on personal care. This was the perfect full circle moment for a discussion about how birth workers are employed through structural systems even though they do not always inherently support care. We proceeded to take a break in the garden area before returning for the panel section.

The results of this conversation were quite impactful. The panel included four birth workers. A "newbie" doula, a doula turned midwife, a practicing traditional midwife, and a doula that works for the citywide program. I chose these birth workers to articulate their variety of experiences and affiliations. An example of some of the questions that were asked are:

1. What is self-care to you?
2. What is community care to you?
3. What are your thoughts on the City's plans to include doulas to address black maternal mortality?
4. How is care work unique for black folx in New York City?

Each of the birth workers answered the questions and responded to one another accordingly. Finally, towards the end of the event, each of the women took questions from the audience. The audience seemed to be most interested in ways that they could continue to help and engage with mothers and support midwives and doulas.

I moderated the panel, inquiring about ways that the local community can support the work that they do. Furthermore, it offered them a platform to discuss in more detail, the issues that the city proposes for birth workers and for birthing parents. They exposed the realities of medical racism and obstetric violence that they have witnessed in hospitals. Finally, they engaged in a lively debate and discussion about the Citywide Doula Initiative. Respectfully, Jada and Imani came to a disagreement about who the city serves and whether one can be affiliated with the state and still do important work. In the end, they came to the agreement that both of their roles both inside and outside of the system, are important and necessary.

This intervention is simply one demonstration of how radical care can exist in a community based model rooted in Black feminist ethics and thought. Furthermore, the birth workers attend to Black community health as a site of rallying to contest state inaction. They also gathered for this occasion for community education, by raising awareness and consciousness. Their work also inspired others to take up the call. This experience opens up possibilities for more research that centers the voices of those doing extensive labor for the betterment of Black maternal health.

Some of the implications for this work are more localized efforts to recognize doula

employment as a public health issue but also one of employment. Birth worker support is needed for communities to receive the support that is needed when structural healthcare systems fail them. An example of this effort is that of the Sankofa Reproductive Health and Healing Center in Syracuse, New York. Sankofa is a community-led reproductive care effort that centralizes the health of BIPOC families in Syracuse. Sankofa is a Twi word from the Akan people of Ghana which translates into “go back and get it”. Sankofa does its chosen name justice by using ancestral practices in order to initiate generational healing for communities of color.

I worked with Sankofa over the past year to produce content to inform the Syracuse community about the crisis of Black maternal health facing Onondaga County. This was in the form of an open letter that highlights doula care as a community practice as an imperative for the state to fund in order to save Black lives. This effort is ongoing, as Sankofa searches for funding and support while demanding that Onondaga County policy makers recognize Black maternal health as a severe issue and birth worker support as life saving work.

Birth worker support is inextricably connected to reproductive justice. If reproductive justice is the right to have children and raise families in healthy communities, birth workers are at the front lines of the endeavor. Birth workers of color specifically, do unpaid political labor that ensures that parents who lack support and information are aided on multiple levels. Future researchers should continue to center the voices of Black birth workers and consider their labor to be for the pursuit of justice. In addition, researchers should expand upon this work to include analyses of labor as a political act.

Bibliography

Amnesty International. Realizing Sexual and Reproductive Rights: A Human Rights Framework© Amnesty International 2012. https://www.amnesty.org/en/wp-content/uploads/2021/06/act350062012en.pdf

Aponte, Claudia Irizarry. “Brooklyn Doctor under Investigation in SHA-Asia Washington's Death during Childbirth.” THE CITY, THE CITY, 30 Apr. 2021, https://www.thecity.nyc/health/2021/4/29/22411019/brooklyn-doctor-investigation-sha-asia-washington-childbirth-death.

Aron, Nina Renata. “Meet the Unheralded Women Who Saved Mothers' Lives and Delivered Babies before Modern Medicine.” Medium, Timeline, 13 Jan. 2018, https://timeline.com/granny-midwives-birthed-rural-babies-and-saved-lives-33f12601ba84.

Beets, Violet D. The Emergence of U.S. Hospital-Based Doula Programs, University of South Carolina, Ann Arbor, 2014. ProQuest, https://libezproxy.syr.edu/login?url=https://www.proquest.com/dissertations-theses/emergence-u-s-hospital-based-doula-programs/docview/1614189460/se-2?accountid=14214.

Bepler, Mark. “Dictionary of Birth Workers and Family Support - ABC Doula & Newborn Care Postpartum Doula Portland Oregon.” ABC Doula & Newborn Care, ABC Doula & Newborn Care,2Feb.2017, https://www.abcdoula.com/blog/2015/07/30/dictionary-of-birth-workers-and-family-support.

Braithwaite, Patia. “The Stress of Racism Is Killing Black Mothers.” SELF, 30 Sept. 2019, https://www.self.com/story/weathering-and-its-deadly-effect-on-black-mothers.

Bronson, By: Eric, et al. “What Is Medical Racism?” YWCA Seattle | King | Snohomish, 21 July 2020, https://www.ywcaworks.org/blogs/firesteel/what-medical-racism.

Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD003766. DOI: 10.1002/14651858.CD003766.pub6. Accessed 06 May 2023.

Cancelmo, C.M. (2021), Protecting Black mothers: How the history of midwifery can inform doula activism. Sociology Compass, 15: e12867. https://doi-

org.libezproxy2.syr.edu/10.1111/soc4.12867

Comfort Tosin Adebayo, Erin Sahlstein Parcell, Lucy Mkandawire-Valhmu & Oluwatoyin Olukotun (2022) African American Women's Maternal Healthcare Experiences: A Critical Race Theory Perspective, Health Communication,37:9, 1135-1146, DOI: 10.1080/10410236.2021.1888453

Daniels, N. M. (2022). Book Review: Birthing black mothers by Jennifer C. Nash. Feminism & Psychology, 32(4), 592–596. https://doi.org/10.1177/09593535221122558

Davis DA. Obstetric Racism: The Racial Politics of Pregnancy, Labor, and Birthing. Med Anthropol. 2019 Oct;38(7):560-573. doi: 10.1080/01459740.2018.1549389. Epub 2018 Dec 6. PMID: 30521376.

Davis, D. (2019). Reproductive injustice racism, pregnancy, and premature birth. NYU Press.

Davis, Dána A. "The Labor of Racism." Anthro{Dendum}, 8 May 2018, https://anthrodendum.org/2018/05/07/the-labor-of-racism/.

Davis, Dána-Ain. "Beyond birthing: The labor (s) of doulas and Black birth workers." The Routledge Handbook of the Anthropology of Labor. Routledge 372-384.

Davis, Dána-Ain. "Reproducing while Black: The crisis of Black maternal health, obstetric racism and assisted reproductive technology." Reproductive Biomedicine & Society Online 11 (2020): 56-64.

Davis, Dána-Ain. "Obstetric Racism: The Racial Politics of Pregnancy, Labor, and Birthing." Medical anthropology vol. 38,7 (2019): 560-573. doi:10.1080/01459740.2018.1549389

Delgado R. Critical Race Theory: An Introduction (2nd ed.). New York, NY: New York University Press; 2012.

"Doula Care." *Doula Care - NYC Health*, https://www.nyc.gov/site/doh/health/health-topics/doula-care.page.

Ekundayo, Bukola. "'Medical Apartheid.'" Colorlines, 2 Mar. 2007, https://colorlines.com/article/medical-apartheid/.

Ellmann, Nora "Community-Based Doulas and Midwives." Center for American Progress, 28 June 2019, https://www.americanprogress.org/article/community-based-doulas-

midwives/

Every Mother Counts. (2020). A national call for birth justice and accountability: How many Black, Brown, and indigenous people have to die giving birth?.

Ford CL, Airhihenbuwa CO. Critical race theory, race equity, and public health: toward antiracism praxis. *Am J Public Health*. 2010;100:S30-S35.

Fraker, Carolyn A. Doulas for the State: Intimate Labor on the Margins of Welfare, University of Minnesota, United States -- Minnesota, 2020. ProQuest, https://libezproxy-syr-edu.libezproxy2.syr.edu/login?url=https://www-proquest-com.libezproxy2.syr.edu/dissertations-theses/doulas-state-intimate-labor-on-margins-welfare/docview/2423570171/se-2.

Geronimus, Arline T et al. “"Weathering" and age patterns of allostatic load scores among blacks and whites in the United States.” *American journal of public health* 96,5 (2006): 826-33. doi:10.2105/AJPH.2004.06074

Gilliland, Amy L. “Beyond holding hands: the modern role of the professional doula.” *Journal of obstetric, gynecologic, and neonatal nursin*g 31, 6 (2002): 762-9.

Goldstein, Joseph. “Pattern of Mistakes and a Deadly Epidural at a Brooklyn Hospital: National Desk,” *New York Times*, 23 January 2023.

Hardeman, Rachel R., J’Mag Karbeah, and Katy B. Kozhimannil. "Applying a Critical Race Lens to relationship-centered Care in Pregnancy and Childbirth: An Antidote to Structural Racism." *Birth (Berkeley, Calif.)*, vol. 47, no. 1, 2020, pp. 3-7.

Hardeman, Rachel R., and Katy B. Kozhimannil. "Motivations for Entering the Doula Profession: Perspectives from Women of Color." Journal of Midwifery & Women's Health, vol. 61, no. 6, 2016, pp. 773-780. ProQuest, https://libezproxy.syr.edu/login?url=https://www.proquest.com/scholarly-journals/motivations-entering-doula-profession/docview/2158590965/se-2, doi:http://dx.doi.org/10.1111/jmwh.12497.

Hill Collins, Patricia. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Routledge, New York, 2009;2000;2002;1999, doi:10.4324/9780203900055.

Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. Continuous support for women during childbirth.

Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD003766. DOI: 10.1002/14651858.CD003766.pub5. Accessed 13 April 2023.

Inyang, Glory. *African American Maternal Mortality in the United States: A Quantitative Analysis of Chronic Disease and Maternal Deaths*, ProQuest Dissertations Publishing, 2020.

Judd, Bettina. *Patient: Poems.* Black Lawrence Press, New York, 2014.

Kozhimannil KB, Attanasio LB, Jou J, Joarnt LK, Johnson PJ, Gjerdingen DK. Potential benefits of increased access to doula support during childbirth. *Am J Manag Care.* 2014 Aug 1;20(8):e340-52. PMID: 25295797; PMCID: PMC5538578.

Lantz, Paula M., et al. "Doulas as Childbirth Paraprofessionals: Results from a National Survey." Women's Health Issues, vol. 15, no. 3, 2005, pp. 109-116.

Lekan D. Sojourner syndrome and health disparities in African American women. *ANS Adv Nurs Sci*. 2009 Oct-Dec;32(4):307-21. doi: 10.1097/ANS.0b013e3181bd994c. PMID: 19934837.

Mattison, Sydney. Black Doulas and the Quest for Empowerment in the Black Woman's Birthing Experience, The University of North Carolina at Charlotte, Ann Arbor, 2021. ProQuest, https://libezproxy.syr.edu/login?url=https://www.proquest.com/dissertations-theses/black-doulas-quest-empowerment-womans-birthing/docview/2549216941/se-2?accountid=14214.

Meadows-Fernandez, A. Rochaun. “The Unbearable Grief of Black Mothers.” *Vox*, 28 May 2020,
https://www.vox.com/first-person/2020/5/28/21272380/black-mothers-grief-sadness-covid-19.

Morison, T. (2021), Reproductive justice: A radical framework for researching sexual and reproductive issues in psychology. Soc Personal Psychol Compass, 15: e12605. https://doi.org/10.1111/spc3.12605

Nash, Jennifer C., 1980. Birthing Black Mothers. Duke University Press, Durham, 2021, doi:10.1515/9781478021728.

Nash, Jennifer C.. "Introduction: The Afterlives of Malaysia Goodson, or Black Mothering in Crisis". Birthing Black Mothers, New York, USA: Duke University Press, 2021, pp. 1-30. https://doi.org/10.1515/9781478021728-002

"New York State Expert Panel on Postpartum Care Report- January 2021." *New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes & New York State Department of Health*, Jan. 2021, health.ny.gov/community/adults/women/task_force_maternal_mortality/.

NYS Taskforce of Maternal Mortality and Disparate Racial Outcomes; "Recommendations to the Governor to Reduce Maternal Mortality and Racial Disparities"; March 2019. Available from: https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/maternal_mortality_Mar12.pdf and: https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf

Oparah, Julia C, and Alicia D. Bonaparte. Birthing Justice: Black Women, Pregnancy, and Childbirth. , 2015. Print.

Oparah, Julia Chinyere: "Birth Matters: Black Women and Research Justice as Transformative Praxis". 26 October 2017. University of California Berkeley. Lecture. https://www.youtube.com/watch?v=awZtAKcdNy0

Raine, R., Cartwright, M., Richens, Y., Mahamed, Z., & Smith, D.(2010). A qualitative study of women's experiences of communication in antenatal care: Identifying areas for action. Maternal Child Health Journal, 14(4), 590–599. https://doi-org.libezproxy2.syr.edu/10.1007/s10995-009-0489-7 [Crossref], [PubMed], [Web of Science ®], [Google Scholar]

Rivera, Mariel. "Transitions in Black and Latinx Community-Based Doula Work in the US During COVID-19." Frontiers in sociology vol. 6 611350. 11 Mar. 2021, doi:10.3389/fsoc.2021.611350

Roberts, Dorothy. Killing the Black Body. Vintage Books, 2000.

Rothman, B. K. 2015 A Bun in the Oven. New York: New York University Press.

Sarojini Nadar (2014) "Stories are data with Soul" – lessons from black feminist epistemology, Agenda, 28:1, 18-28,DOI: 10.1080/10130950.2014.871838

Singh GK. Trends and Social Inequalities in Maternal Mortality in the United States, 1969-2018. Int J MCH AIDS. 2021;10(1):29-42. doi: 10.21106/ijma.444. Epub 2020 Dec 30. PMID: 33442490; PMCID: PMC7792749.

Scott, K.A. and Davis, D.-A. (2021), Obstetric Racism: Naming and Identifying a Way Out of Black Women's Adverse Medical Experiences. American Anthropologist, 123: 681-684. https://doi-org.libezproxy2.syr.edu/10.1111/aman.13559

Shange, Ntozake. *If I can Cook, You Know God can.* Beacon Press, Boston, 1998.

Shird, Author: Shannon. "The Sojourner Syndrome: An Intersectional Approach to Health Inequality." Everyday Democracy, 29 Feb. 2016, https://www.everyday-democracy.org/news/sojourner-syndrome-intersectional-approach-health-inequality.

Shopes, Linda "Making Sense of Oral History," History Matters: The U.S. Survey Course on the Web, http://historymatters.gmu.edu/mse/oral/, February 2002.

Snejana Farberov For. "NYC Anesthesiologist Investigated over Woman, 26, Who Died during Childbirth." Daily Mail Online, Associated Newspapers, 30 Apr. 2021, https://www.dailymail.co.uk/news/article-9529549/NYC-anesthesiologist-investigated-woman-26-died-childbirth.html.

Smith, Linda T., 1950. *Decolonizing Methodologies: Research and Indigenous Peoples.* Zed Books, London, 2021.

Taylor, Jamila K. "Structural Racism and Maternal Health Among Black Women." *The Journal of law, medicine & ethics: a journal of the American Society of Law, Medicine & Ethics* vol. 48,3 (2020): 506-517. doi:10.1177/1073110520958875

Thangavelu R, Bakthavatsalam Eat, Venkatesh RR, George SK. A case of cardiac arrest during insertion of an epidural needle and before the administration of any epidural medication. *J Curr Res Sci Med* 2017;3:115-7

Villarosa, Linda. "Why America's Black Mothers and Babies Are in a Life-or-Death Crisis." *The New York Times,* 11 Apr. 2018, https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html

Washington, Harriet A. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*, New York: Doubleday, 2006.

Wells, Lindsay, and Arjun Gowda. "A legacy of mistrust: African Americans and the US healthcare system." Proceedings of UCLA health 24 (2020): 1-3.

Williams, Serena. "How Serena Williams Saved Her Own Life." *ELLE*, 5 Apr. 2022,

https://www.elle.com/life-love/a39586444/how-serena-williams-saved-her-own-life/

Zambrano, Michelle. Senate Hearing on Medicaid Reimbursement and Integration of Doula Services in NY State. https://www.nysenate.gov/sites/default/files/ny_coalition_for_doula_access_n.pdf

Zandt, Deanna. "The Unspoken Complexity of 'Self-Care.'" *Medium*, 11 Nov. 2020, medium.com/@deanna/the-unspoken-complexity-of-self-care-8c9f30233467.

Interviews

Aaliyah by Mayannah Beauvoir, Brooklyn, NY July 19 2022

Destiny by Mayannah Beauvoir, Brooklyn, NY July 18 2022

Ebony by Mayannah Beauvoir, Brooklyn, NY July 25 2022

Gabrielle, by Mayannah Beauvoir, Brooklyn, NY July 21 2022

Imani by Mayannah Beauvoir, Brooklyn, NY July 18 2022

Jada by Mayannah Beauvoir, Brooklyn, NY July 14 2022

Jasmine, by Mayannah Beauvoir, Brooklyn, NY, July 22 2022

Kiara by Mayannah Beauvoir, Brooklyn, NY July 12 2022

Laila, by Mayannah Beauvoir, Brooklyn, NY August 5 2022

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