

# Partnering with Community Douglas to Improve Maternal and Infant Health Equity in California

FINDINGS FROM THE COMMUNITY DOULA RESEARCH PROJECT



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# Introduction

Given research demonstrating numerous benefits to doula support, policymakers increasingly view doula care as a strategy to reduce racial and ethnic disparities in maternal and infant health outcomes. Lawmakers nationwide have drafted, and in some cases passed, legislation aimed at expanding access to doulas through several avenues, including Medicaid coverage of doulas. Others have focused on funding *community doula*, or community-based doula, programs.

Community doula programs typically provide low- or no-cost doula services to populations who are denied a voice in their health care, including under-resourced communities, Black birthing people, and other people of color. Although the benefits of doula care are supported by a small yet robust body of research, less research has specifically examined community doula care.

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## ABOUT THE COMMUNITY DOULA RESEARCH PROJECT

Researchers at the University of California, Berkeley and the University of California, San Francisco partnered with community doula leaders on a project designed to facilitate equitable and ethical research on community doula care in California, where the project is based. Project leaders aimed to create a shared research agenda that centers the voices of people of color and community doulas.

To accomplish this, project leaders:

- Created a Steering Committee with representatives from seven stakeholder groups: community doulas, former doula clients, clinicians, payers, advocates, researchers, and public health professionals
- Conducted a needs assessment with stakeholders to understand their needs and values around research on community doula care
- Facilitated a research prioritization process to identify unanswered questions and ethical approaches for future patient-/client-centered outcomes research
- Provided training to increase stakeholders' capacity to engage in research

This report highlights the project Steering Committee, shares findings from the needs assessment, and poses questions meant to advance future research on community doula care.

### Project leadership team



Project lead: **Cassandra Marshall, DrPH, MPH**  
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Sustainability Coach & Consultant

## ABOUT THE STEERING COMMITTEE

The Steering Committee consists of community doulas, former doula clients, clinicians, payers, advocates, researchers, and public health professionals who live and work in California. Steering Committee members agreed to adopt and operate according to shared values and principles. Members met virtually on a monthly basis, from July 2020 to February 2022, and were compensated for their time. Steering Committee members contributed to needs assessment interview guide development and recruitment, reviewed preliminary findings, and participated in research prioritization activities.

Over the course of this project, Steering Committee members and other stakeholders identified a need to increase awareness about community doula care. Below, Steering Committee members draw from their own experiences to answer a common question: **What is a community doula?**

## STEERING COMMITTEE MEMBERS

Marna Armstead	Mashariki Kudumu
Natalie Berbick	Cassandra Marshall
Starr Britt	Monica McLemore
Amy Chen	Pooja Mittal
Marlena Cohen	Curley Palmer
Ajira Darch	Sayida Peprah-Wilson
Kimberly Durdin	Ayori Selassie
Shantay Davies-Balch	Trúc Tang
Anu Manchikanti Gómez	Kimeshia Thomas

## What is a community doula?



Doulas are trained to provide non-clinical emotional, physical, and informational support to people before, during, and after labor and birth. Some doulas also support people through miscarriages, stillbirths, and abortions. Community doulas, or community-based doulas, provide culturally appropriate support to people in communities at risk of poor outcomes, according to the foundational report, “Advancing Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities.”<sup>1</sup>

Being a community doula requires creativity, resourcefulness, and an authentic desire to go above and beyond to ensure birthing people\* get what they need. Learn more about what makes community doulas special. >>

\* We use “birthing people” as an inclusive term to recognize all who give birth, including cisgender women, transgender men, and nonbinary individuals.

**Community doulas reflect their communities.** They are uniquely familiar with their clients' experiences and recognize their ability to persevere, especially under difficult circumstances. They build kinship with clients and see themselves as family. These relationships can last several months — and sometimes years.

**Community doulas serve populations who are denied a voice in their health care,** including under-resourced communities, Black birthing people, and other people of color. They listen to their clients' concerns and may facilitate communication with providers. Community doulas are uniquely positioned to mitigate the effects of racism and bias in maternity care that drive inequities in maternal health.

**Community doulas fill gaps.** Appointments with health care providers tend to be short. Community doulas help their clients understand the information they receive from clinicians and spend time discussing what questions they still need answered.

**Community doulas are resource-miners and doers.** They connect clients to a range of resources related to food, housing, transportation, health care, including mental health, and more. When their clients' needs fall beyond the scope of their expertise, community doulas make it their job to find answers to questions and facilitate access to resources.

**Community doulas are uniquely collaborative.** They learn from and respect elder birth workers. Community doulas are often embedded in community networks. They rely on their network's knowledge, wisdom, and connections to support their clients.

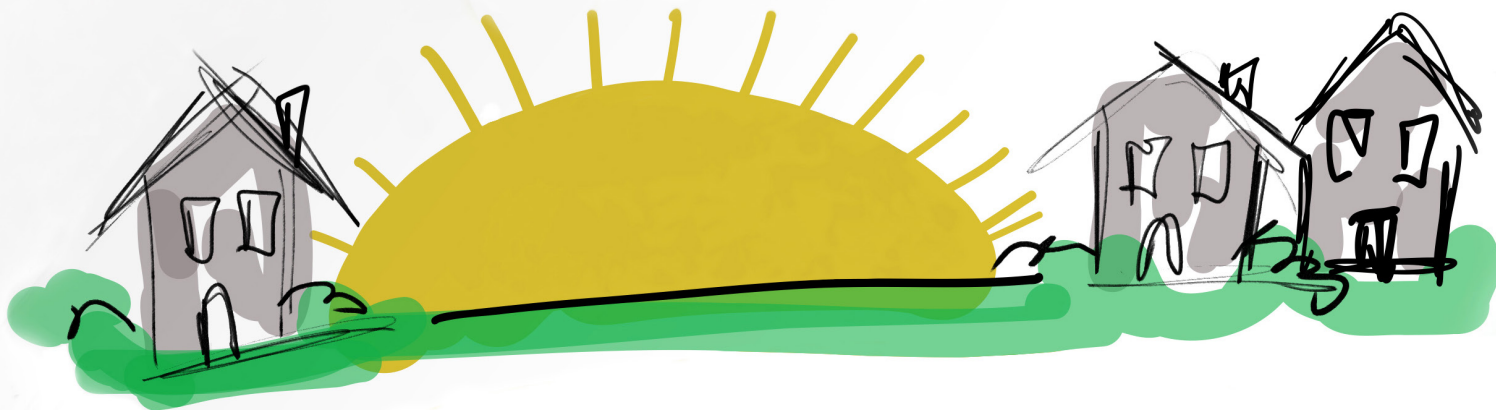
**Community doulas are trained** through multigenerational relationships, lived experience, and/or doula training programs.

**Some community doulas work for or with community organizations** that provide no or low-cost care to clients. Other community doulas work independently.

**Community doula work is valuable and merits societal investment and dignified compensation.** Although community doulas sometimes provide uncompensated care, this is not sustainable: Community doulas may struggle to make ends meet, take on multiple jobs, and/or experience burnout.

**Some people may not call themselves “community doulas,” but they are still doing community doula work.**

“When you add ‘community,’ it’s almost like a self-proclaimed obligation that you show up authentically to support your folks.”



# Needs assessment

Stakeholder engagement is a critical first step to informing future research on the impact of community doula care. The project team interviewed 29 stakeholders — including doulas, former doula clients, public health professionals, clinicians, policymakers, and researchers — to identify their needs and values regarding research on community doula care. A majority of stakeholders lived and worked in California when they participated in an interview.

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## STAKEHOLDER PERSPECTIVES

### Knowledge of community doula care

- Many stakeholders reported that there is a general lack of knowledge around what doula care is and how it benefits birthing people and their families.
- Stakeholders familiar with community doulas described them as being members of the community they serve. Additionally, stakeholders said community doulas typically serve anyone who needs support, regardless of their ability to pay, and provide connections to resources.
- Community doulas have a broader scope of work than regular doulas.

### Value of research on community doula care

- Most stakeholders felt that research on community doula care is important and useful. It can be used to:
  - Increase access to doula care by informing funding decisions and policy changes
  - Help doulas be more welcomed in medical settings
  - Provide education for various audiences around what doula care is
- One stakeholder expressed a fear that increased research and attention to doula care may lead to regulation of the profession, which may make it inaccessible to community doulas.
- While many stakeholders knew about research on doula care, most did not know of any research on community doula care, specifically.
- Notably, a few stakeholders clarified that research should not be needed to “justify” doula care, as they felt that this type of care should not need justification.

**“That’s the difference I think as far as community doulas. We’re more like case managers, so to speak. We try to stay in the scope of doula work. But the clients have other needs that kind of supersede the pregnancy. So we have to address like food insecurity, so we can’t focus on the pregnancy. I can’t expect a pregnant person who has not eaten all day to want to talk about medications used during labor or a postpartum plan.”**

## According to stakeholders, research is...

USEFUL when:	NOT useful when:
It provides rationale for funding and increased access to doula care	It perpetuates negative racial stereotypes, narratives, and dangerous biases
It centers the voices of a diverse range of doulas and clients, particularly Black and other BIPOC communities	It does not center the voices of BIPOC doulas and clients
Findings are disseminated widely	Researchers are not inclusive and transparent

### Suggested topics for research

- Payment and compensation models for doula care, including Medi-Cal coverage of doula services.
- Interactions between doulas and care teams in hospital settings and how to best integrate doulas into these care teams.
- Generally, stakeholders thought there weren't enough studies that examined racism in the hospital setting and racism in the doula profession.
- A few stakeholders wanted to see more studies about doula support for non-birthing partners.

### How research is conducted

Stakeholders shared their **concerns** about how research is typically conducted:

- Research being exploitative or extractive
- Biases affecting studies and results
- Whether findings are adequately disseminated to communities
- Research being conducted with a Western, white supremacist framework
- Research on Black communities not being led by Black people

Stakeholders also shared **suggestions** for how future research studies should be conducted:

- Utilize focus groups, which give doula clients opportunities to share their experiences and allow for community healing
- Incorporate more community members into research from the start
- Create opportunities for Black people to be involved in research in a leadership capacity and to be funded for their own research
- Be transparent about who is conducting the research

### Research participation

Most stakeholders expressed being open to participating in research about community doula care in order to:

- Make their voice heard
- Contribute to the knowledge base
- Provide new perspectives

Several stakeholders thought that their peers would be open to participating in research. However, some stakeholders described hesitancy about their peers' willingness to participate in research. Reasons for hesitancy included:

- Concerns about research participants being compensated fairly for their time
- Who the researchers are
- Who is included in the research
- Overall distrust in research as an institution



**“Research tends to be short-lived and focused, whereas these community organizations and community members are engaged in a lifelong journey. And so they are our greatest experts. So if we engage directly with community and include community, I think it will yield the highest positive outcomes for both research and the community itself.”**



# Research prioritization



## QUESTIONS TO ADVANCE FUTURE RESEARCH ON COMMUNITY DOULA CARE

After reviewing stakeholders' perspectives from the needs assessment, the project Steering Committee participated in a research prioritization activity.

The Research Prioritization by Affected Communities (RPAC) protocol<sup>2</sup> is meant to facilitate patient and public involvement in research agenda setting. The project team adapted the RPAC protocol to guide the research prioritization process. Over several interactive sessions, the project Steering Committee generated more than 170 questions about community doula care that are important to answer through research.

The goal of generating these questions was to establish a starting point for researchers, doulas, and clients to develop thoughtful studies that may fill important gaps in the literature. Here are the Steering Committee's priority questions, organized under **10 themes**:



### Scope of community doula care

- What is the difference between the scope of work of a community vs traditional doula?
- What are the core competencies that every doula should have?

### Awareness of doula care

- How do we educate clinicians and health systems about doula care?

### Doula trainings and certification

- How are most community doulas trained and by whom?
- Do doulas need continuing education courses? If so, on which topics and how often do they need to take the courses?

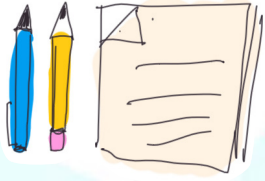
### Workforce development

- How do we envision and reimagine the birthing workforce that people want, desire, and deserve?
- How can we give doulas the professional development they need (e.g. financial literacy, capacity building, ins and outs of operating a business, referrals, and consultations)?
- How do we provide pathways to birth work, including opportunities for youth?

### Ethics

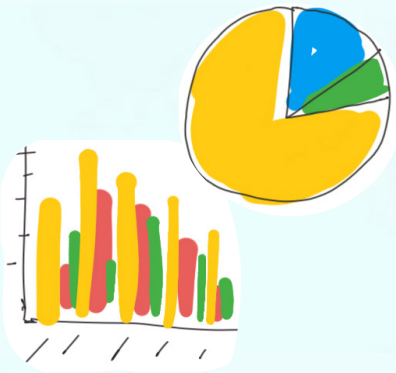
- What do equitable/fair/just labor conditions look like for community doulas?





## Compensation and funding

- What is the range of compensation for community doula care?
- What are appropriate rates for Medi-Cal reimbursement for doulas?
- How can we redesign the social safety net and have doulas be a central part of it?
- Does funding for community doula programs include the true cost of programming (e.g. legal counsel, insurance for the organizations and the doulas, marketing, evaluation, and administrative support needed to run the programs)?
- What are the different funding models for community doula organizations?
- How do we establish reimbursement models that support doula work as a profession and not a side job?

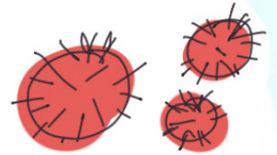


## Metrics, outcomes, and mechanisms

- What are the metrics we should use to understand the impact/efficacy of community doula care?

## COVID-19

- What did we learn from the COVID-19 pandemic regarding community doula care that we can leverage to make it more sustainable?



## Policy and standardization

- How will government involvement (Medi-Cal reimbursement) impact the community doula space?
- How can we build trust and foster respectful conversations with doulas who are resistant to regulations?

## Integration and interactions with health systems

- How can doulas and clinical teams have mutually respectful relationships that support clients?
- How can health insurance companies contract with doulas in a human-centered and collaborative way that works in the long run?



*These questions have been edited for clarity. [Click here](#) to see the full list of questions generated during our research prioritization process.*

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## ABOUT THE COVER ART

With the Steering Committee's input, artist and visual scribe Ashanti Gardner created an illustration meant to educate the public about community doula care. If you would like to use this illustration or share it on social media, click [here](#).



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## ADDITIONAL CONTRIBUTIONS

**Project lead:** Cassandra Marshall

**Art:** Ashanti Gardner

**Graphic design:** Ison Design

**Project support:** Stephanie Arteaga, Erin Hubbard, Ashley Nguyen, and Clara Yang

**Additional support:** Linda Jones and Azraa Muhammad also contributed to the description of community doulas on p. 4 to 5.

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**Disclaimer:** The statements presented in this report are solely the responsibility of the author(s) and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute® (PCORI®), its Board of Governors or Methodology Committee.

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## REFERENCES

- 1 Ancient Song Doula Services, Village Birth International, and Every Mother Counts. (2019). Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities.
- 2 Franck, L. S., McLemore, M. R., Williams, S., Millar, K., Gordon, A. Y., Williams, S., Woods, N., Edwards, L., Pacheco, T., Padilla, A., Nelson, F., & Rand, L. (2020). Research priorities of women at risk for preterm birth: findings and a call to action. *BMC pregnancy and childbirth*, 20(1), 10. <https://doi.org/10.1186/s12884-019-2664-1>