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Radical Doulas Make "Caring a Political Act":

Full-spectrum Birthwork as Reproductive Justice Activism

by

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ABSTRACT

This study, based on in-depth interviews with 30 self-identified radical doulas working in the US, describes the radical practices, positionality, and orientation towards reproductive justice that distinguish these care workers from mainstream doulas. Radical doulas provide nonjudgmental support in a full-spectrum of reproductive experiences from menarche to menopause according to the needs of their clients. As non-medically trained care workers, they provide informational, emotional, and physical support during abortion, birth and postpartum, fetal loss, adoption, or surrogacy, enacting individualized skill sets across settings from homes to hospitals and clinics. Radical doulas are paid professionals, but often offer a sliding-scale for fees, or volunteer their services in specific instances, like abortion or loss. Their willingness to serve pregnant people regardless of the outcome (i.e. abortion, birth, loss), or the context (i.e. medicated or non-medicated, in a hospital, or at home), and with attention to the mechanisms of social oppression and marginalization, make radical doulas unique care workers who defy the institutional logics of medicalized reproductive healthcare.

DEDICATION

To the Echo of my heart, who traversed the portal with me to make me a mother—I thank you, eternally.

ACKNOWLEDGMENTS

This work is offered in gratitude: to the participants who entrusted their stories with me; to my family who kept dreaming along with me; to the committee who supported me, especially my ever amiable and wise motivator, Maura; to the university for funding my degree; and, to the Indigenous peoples whose land we occupy—my most humble thanks.

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GLOSSARY

ACOG: American College of Obstetricians and Gynecologists.

Birth giver: "A person who nurtures other beings inside them and who gives birth. Birth givers may self-identify as women or any number of other genders" (Apfel 2016:102).

Birth worker: "A caregiver and advocate that supports birth givers to navigate the struggles and triumphs of their reproductive experiences" (Apfel 2016:103).

Care work: "The frequently 'invisibilized' and chronically undervalued labor that is necessary to the reproduction of life and the continuation and growth of the capitalist market. Care work remains essential to the continuation of societal functioning through providing the nourishment and support necessary to sustain and reproduce the individual and the community anew each day" (Apfel 2016:103).

DONA: Doulas of North America "an international nonprofit educational organization of doulas and educators that oversees and provides certification and accreditation to the vast majority of doula training programs in the country. It is the oldest and largest association of doulas in the world" (Apfel 2016:105).

Doula: "The word doula is derived from ancient Greek and means 'female slave.' In the mid-twentieth century, it was popularly retranslated as 'woman who serves.' Doulas traditionally provide continuous emotional, physical, and informational support to woman during labor and delivery. Today the terms spans to support persons across pregnancy outcomes as well as people who are dying or experiencing other major life transitions" (Mahoney and Mitchell 2016: 290)

Feminism: "A desire to live and thrive in a world held in common, where the reproduction of all bodies and all forms of social life are carried out with dignity and respect and where pleasure and sensuality nourish and enrich a spirit of mutual caregiving" (Apfel 2016:105).

Full-spectrum doula: "An Activist, an ally and radical caregiver. Involves support for all reproductive experiences and outcomes including, menstruation, birth, abortion, rape, stillbirth, miscarriage, or adoption. Often linked to larger liberatory and intersectional politics that critically engage the effects of sexuality, race, class, ability, citizenship, and gender-based discrimination on the unfolding of reproductive care" (Apfel 2016:105).

MANA: Midwives Alliance of North America.

Midwife: "A trained medical professional who provides care to people during pregnancy and childbirth as well as primary reproductive healthcare. A midwife practices a client-centered and empowering model of maternity care that utilizes fewer medical interventions" (Mahoney and Mitchell 2016: 293)

OB-GYN: Obstetrician-Gynecologist.

Pitocin: “A common labor induction medication, Pitocin is a synthetic version of a hormone called ‘oxytocin’ and functions by causing powerful uterine contractions to start, speed up, or induce labor. […] It is known to cause intense, painful contractions and often leads to a greater use of pain medications, like the epidural” (Mahoney and Mitchell 2016: 295)

Pregnant people: “A term we helped popularize to be inclusive of all people who may become pregnant, regardless of their gender identification” (Mahoney and Mitchell 2016: 295)

Radical: “Grasping things at the root.” (Angela Y. Davis)

VBAC: Vaginal birth after Cesarean section.

White volunteerism: “The tendency for white people from privileged backgrounds to think they know what’s best for other communities, especially communities of color. Frequently results in unsolicited advice or unwelcome intervention in which white people attempt to speak for others and to implement their own version of ‘justice’” (Apfel 2016:108).

INTRODUCTION

In a riveting *New York Times Magazine* cover story, Linda Villarosa (2018) asks "Why America's Black Mothers and Babies Are in a Life-or-Death Crisis," and suggests that doulas may play an integral role in addressing the Black maternal and infant health crisis by providing continuous support during the birthing process and postpartum period. The American College of Obstetricians and Gynecologists recently developed a new committee opinion naming doulas as an effective measure against interventions during hospital birth; they argued: "Evidence suggests that, in addition to regular nursing care, continuous one-to-one emotional support provided by support personnel, such as a doula, is associated with improved outcomes for women in labor" (2017). Sociologists since W.E.B. Du Bois sought to understand the social mechanisms of the Black/white infant-mortality divide (cited in Villarosa 2018). Black infants in the contemporary US are two to three times as likely to die in their first year of birth as white infants, and Black women are three to four times as likely to die as a consequence of birth as their white counterparts (Centers for Disease Control and Prevention 2016). Importantly, these trends cut across class and education, indicating the role of race shaping these disparities, and challenging the notion that this problem is limited to the particular habits of uneducated Black women living in poverty. Rather than blaming the victim, we must interrogate the system. Medical experts (informed by empirical research) are increasingly recognizing that doulas hold the potential to radically transform birthing experiences.

Doulas are non-medically trained "birthing companions" who provide emotional, physical, and informational support as a paid service during and after childbirth; doulas

are currently present for about 3 to 6 percent of US births (Chor et al. 2015; Morton and Clift 2014:33). Doulas are recognized for their contributions to improving birth experiences in several ways, including better pain management during labor and birth, shorter duration of labor, and decreased rate of Cesarean birth (Chor et al. 2015), as well as lower epidural rates, higher rates of breastfeeding, and increased satisfaction with care (Lesser, Maurer, Stephens, and Yolkut 2005). Unlike midwives, OB-GYNs, and nurses, doulas are not medically trained; they do not perform medical procedures, diagnose ailments, or dispense medication, for example. The "doula effect" is a puzzle for medical professionals as they attempt to explain how non-medically trained individuals are bringing tangible improvements to birth outcomes (Basile 2015; Morton and Clift 2014; Pérez 2012).

Doula care re-emerged in the US in the early 1990s as a response to the medicalized context of modern childbirth, with the aim of better serving pregnant people through "an interactional accomplishment of labor" (Morton and Clift 2014:41). Doula work is intimately connected to the tradition of care work and birthwork performed by Black "Granny" midwives, and other Indigenous traditional birthworkers (Bonaparte 2016; Rodriguez 2016). The experience of giving birth in the contemporary US presents a quandary of complexities and contradictions, as pregnant people navigate reproduction in a thoroughly medicalized context (Block 2007; Davis-Floyd 2001; Morton and Clift 2014). Although the US is a global top-spender on medical care for pregnancy and childbirth, we continue to experience abysmal rates of maternal morbidity and infant mortality—comparable to countries in the Global South (Block 2007). There is a robust

literature critiquing the medicalization of childbirth, which many scholars frame as the contextual antecedent for the disconnect between societal and monetary investment in medical support for pregnancy and birth, coupled with a lack of improvement in morbidity and mortality trends (e.g. Block 2007; Rothman 1991).

Doula work in the US, as it has evolved over the past few decades, has taken on more facets than simply the work of birth and postpartum support. Full-spectrum doulas, for example, service a wider range of birth and non-birth experiences, "during the full spectrum of pregnancy—from birth to abortion to miscarriage to adoption" (Pérez 2012:12). This research focuses on the "intimate labor" of self-identified radical doulas (see Castañeda and Searcy 2015). Radical doulas are often full-spectrum doulas who also employ a political consciousness informed by the reproductive justice movement, such that their work is guided by a commitment to serving pregnant and parenting people who experience systemic marginalization (Basile 2015; Pérez 2012). Radical doulas are often trained by mainstream doula organizations, most notably Doulas of North America (DONA). In this way, their practices are shaped by institutional norms that inform doula care. Mainstream doulas (i.e. non-radical doulas) typically limit their practice to birth and postpartum care; this can look like prenatal visits, informational, emotional, and physical support during labor, and follow-up care in the client's home. Prenatal visits give the doula time to meet the pregnant person and any other support persons in their lives to build rapport, and to offer educational information about the birth process. Support during labor can look like empathetic touch, verbal and non-verbal encouragement, physical techniques to alleviate pain, and positioning to address discomfort, but doulas

refrain from any sort of medical intervention. Postpartum care might include further information about healing and caring for a newborn, and could include myriad tasks that assist the new parent.

Radical doulas—and more broadly, those who Basile (2015) labels "reproductive justice" doulas—seek to disrupt complex systems of oppression through their work: "to address the multilayered disparities in maternity care that are tied to racism and socioeconomic marginalization, such as far higher rates of mortality for black infants in the U.S," for example (p. 228). Radical doulas may also disrupt traditional authority structures by purposively avoiding certification as a doula—another instance of radicalizing doula work in resistance to medicalized norms (Basile 2015; Henley 2015; Pérez 2012). In their commitment to serving individuals who would otherwise not be able to access their services, many radical doulas offer their services on a sliding-scale, or even on a volunteer-basis, but radical doulas also want to see care work legitimized as a paid profession. In order to analyze how radical doulas enact their care work as activism, it is important to understand how their work is informed by the ideological and political commitments of the reproductive justice movement. Drawing on the activist and resistance work of Indigenous and other women of color, a coalition of birth activists now known as the SisterSong Women of Color Reproductive Justice Collective worked to define a distinct approach to the intersection of race, health, social justice, and embodied experiences of oppression.

According to Loretta Ross and Rickie Solinger (2017), "The definition of reproductive justice goes beyond the pro-choice/pro-life debate and has three primary

principles: (1) the right *not* to have a child; (2) the right to *have* a child; and (3) the right to *parent* children in safe and healthy environments. In addition, reproductive justice demands sexual autonomy and gender freedom for every human being" (p. 9, emphasis in original). SisterSong suggests that reproductive justice directly implicates activism by 1) "addressing intersectional oppressions," 2) "analyzing power systems in order for all people to live self-determined lives," and 3) "centering the most marginalized" (2015). A key distinction has emerged denoting a shift in the rhetorical and conceptual framework guiding activist work focused on reproductive "justice," in contrast to a more narrow focus on reproductive "rights." Ross and Solinger (2017) note that this shift helps expand beyond "choice" to discuss systemic barriers to access. Radical doulas may be uniquely situated to help address the Black maternal and infant health crisis by delivering care that is informed by reproductive justice.

In this study based on in-depth interviews with 30 self-identified radical doulas in the US, I ask how radical doulas interpret their care work and birthwork as reproductive justice activism. In the following chapters, I review the key scholarship that informs this research and detail the methods used in the study; then I turn to the findings. First, I explore the unique techniques and skills sets that distinguish radical doulas from mainstream doulas. Next, I consider how radical doulas understand their positionality in relation to medical settings given their liminal role within these institutions and their ideological opposition to over-medicalized birth. Lastly, I situate radical doulas in the reproductive justice movement and examine the intersections of race, class, and ability to understand the role of identity and how it helps radical doulas make meaningful

connections and produce positive outcomes through individualized, client-centered, nonjudgmental care across the spectrum of reproductive events and in various institutional contexts. In the final chapter, I synthesize these findings within the literature and suggest implications for research and practice.

LITERATURE REVIEW

The re-emergence of doula support during pregnancy and birth in the contemporary US is noted as a "humanist" shift in reproductive care (Morton and Clift 2014). The foundational scholarship of medical anthropologist, Robbie Davis-Floyd (2001) critiques the medicalized approach to childbirth, what Davis-Floyd refers to as the "technocratic" model of birth in contrast to more "holistic" birthing models that may be achieved outside medical institutions. It is within this sphere of medicalized critique where many of the progressive changes towards re-embracing midwifery and doula care have emerged. Mainstream doulas are typically ideologically aligned with a more holistic birth model that frames the pregnant body as one that intrinsically "knows" how to give birth without invasive medical interventions (Davis-Floyd 2001; Morton and Clift 2014). However, radical doulas represent the potential to interrupt this trend with their explicit focus on honoring the birthing practices chosen by the pregnant person, whether or not this includes medicated or non-medicated birth experiences (Pérez 2012). Radical doulas, then, shift and refocus attention away from the privileging of "natural" childbirth through this commitment to prioritizing the particular birth experience sought by the individual pregnant person.

Assessing the Efficacy of Doula Support

Doulas traditionally provide support to pregnant persons before, during, and following labor and childbirth as a paid service (Morton and Clift 2014). Castañeda and Searcy (2015) employ the work of Viviana Zelizer (2010) to conceptualize doula work as

"intimate labor," exploring the complexities of paid labor at the intersection of embodied care and emotion work. Jennifer Torres (2015) also draws on Zelizer's work by examining the 'separate spheres' thinking that complicates the combination of intimacy with paid labor among doulas and lactation consultants. Emerging scholarship considers the efficacy of doula support in a range of contexts. A qualitative study by Julie Chor et al. (2015) in a high-volume, urban, first-trimester abortion clinic found that abortion doulas are highly valued by women for meeting informational and emotional needs, particularly for those who would otherwise be disallowed support during the procedure. In a program evaluation surveying 221 women in assessment of a no-charge doula service based in a high-risk, urban hospital, Pamela Lesser et al. (2005) find support for a range of improved birth outcomes, including "lower cesarean and epidural rates and greater levels of breastfeeding and satisfaction with care" among the 22 percent of hospital births attended by volunteer doulas (p. 28). In a report commissioned by the Oregon Health Authority (OHA), Tillman, Gilman, and Foster (2013) offer policy recommendations suggesting that OHA allow Medicaid reimbursement for doula services in order to improve birth outcomes for the state's most vulnerable pregnant persons. Tillman, Gilman, and Foster (2013) further describe how the Oregon example may provide a unique model for other states to expand medical coverage for doula care under the Affordable Care Act (see also Basile 2015).

Vania Smith-Oka (2015) conducted ethnographic research utilizing participant observation (including recording field notes, and participating in ten births), and interviews with clients, clinicians, and midwives who were training at an overcrowded

public hospital in Puebla, Mexico. Smith-Oka (2015) notes that the "role of the doula in these contexts seems to be of micro-support: providing a small intense space of relaxation and allowing the patient to feel cared for and supported in a chaotic birth environment" (p.166). Doulas are constrained by institutional practices that restrict access and utilization, according to Smith-Oka (2015). Megan M. Henley (2015) has also considered the role of access in meeting the goal of serving marginalized populations in their study on the relationship between doula certification and the doula's perceived expertise in clinical settings. Based on their qualitative research drawn from interviews with 25 doulas, 80 percent of whom were certified, Henley (2015) suggests that certification fosters access to potential clients, because certification is the primary criteria for established legitimacy in the estimation of the clinicians who regulate the doulas' role in hospital birthwork.

Doula support has been critiqued and minimized through attempts to frame birthwork as little more than focused, emotional support for laboring people (see Morton and Clift 2014). From the perspective of clinicians, doulas are often seen as an obstacle for the delivery of medical support during labor and birth (Morton and Clift 2014). Bari Meltzer Norman and Barbara Katz Rothman (2007) suggest that doulas, rather than affecting positive results for their clients, may be doing more to make laboring people simply "feel better" about their births. Norman and Rothman argue further that "doulas are in no position to make a revolution" (2007:263) in their liminal role during the birthing experience. Castañeda and Searcy (2015) suggest that "doula care occupies a position of liminality, one betwixt and between medical and midwifery models of care"

(p. 221), though for these authors, this positionality equips doulas with the potential for enacting forms of "embodied resistance" through their work.

Theorizing Birthwork as Reproductive Justice

The conceptual framework of reproductive justice allows for a more thorough understanding of the complexities of navigating marginalized reproductive bodies, and the intricacies of activist birthwork. Reproductive justice can help us understand "pregnancy as a site of racialization," (see Bridges 2011) indicating the important potential role of radical doulas in interrupting harmful institutional practices connected to birthing in hospitals. Zakiya Luna (2010) explored how reproductive justice discourse impacted the activist-organized "March for Women's Lives," by analyzing the shifting focus from the reproductive rights and privileges afforded to mostly white, wealthy women with access to complete and competent medical care, to an understanding that highlights the particular realities of the most marginalized pregnant and parenting people, as they face an array of potential limitations that may hinder their agency with respect to accessing reproductive options and medical care. Drawing on ethnographic research, Jessica Shaw (2013) similarly argues for a potentially empowering relationship between abortion rights and birth activism through a framework of full-spectrum reproductive justice, implicating the work of radical doulas in their valuable service to pregnant people across the spectrum of reproductive experiences.

More broadly, feminist scholars have considered how individuals navigate the tensions wrought "when feminism is your job" (Beechy 2005:117). Radical doulas

inhabit an interesting terrain in this respect, as they attempt to enact feminist praxis through their work across a variety of institutional contexts. Alana Apfel (2016) shares stories from activist birth communities in her look at birthwork as care work, suggesting that "we birth as we live," emphasizing the integral role of identity and the transformative potential of birth as a space of empowerment for birthing people and care workers (p. 100).

Christine Morton and Elayne Clift (2014) offered the first qualitative sociological inquiry into the doula role as "an emerging occupational niche within maternity care," with emphasis on the sociohistorical evolution of doula work from a cultural practice into paid caregiving (p. 41). Morton and Clift (2014) note that although the majority of doulas work as independent contractors, charging fees for birth-support services averaging between 400 to 1,000 dollars (dependent upon location), radical doulas hold the potential to interrupt the privileging power of socioeconomic status that frequently limits access to doula services to those who have knowledge of doulas, and those who can afford their fees. In fact, according to Miriam Zoila Pérez, who wrote the first guide to radical doula practice—the "political primer for full spectrum pregnancy and childbirth support"—radical doulas enact justice by "making our services accessible to those who wouldn't otherwise be able to access them," potentially by offering services based on a sliding-scale or on a volunteer basis (2012:4). "Providing free services to someone who can't pay for them is a form of activism. Providing doula care on a sliding-scale, at low-cost, or through a barter agreement is a form of activism" (Pérez 2012:7). Morton and Clift (2014) describe the potentially revolutionizing work of radical doulas who interrupt

traditional reproductive norms by claiming "affiliation with feminist praxis," by "going into a medical setting with no medical credentials and placing primary emphasis on women's emotions" (p. 290).

In their ethnographic study of abortion doulas as agents of feminist praxis, Alyssa Basmajian (2014) finds that abortion doulas are creating new narratives of compassion that empower marginalized women by "supporting women of all economic backgrounds, helping to eliminate systems of inequality and in the process defying structural constraints" (p. 50). Indeed, the sphere of birth and non-birth reproductive experiences is ripe for radical, meaningful change. Mary Mahoney and Laruen Mitchell (2016) examine full-spectrum doula work in their in-depth look at the origins of the Abortion Doula Project, an activist doula training group the authors help to found that draws on the reproductive justice framework to expand care to all pregnant people, regardless of the outcome (i.e. abortion, birth, loss, or adoption). The project was predicated on the assumption that "people having abortions should have continuous nonjudgmental physical, emotional, and educational support just like people giving birth" (Mahoney and Mitchell 2016:3). Their work can also help clarify the question of payment; "We don't disagree that it's work that deserves to be paid—it does. It's more a question of who pays: the client, a nonprofit organization, or a larger institutional structure, like Medicaid or insurance companies" (Mahoney and Mitchell 2016:50). This is an important counterpoint to the emphasis on volunteering services to marginalized communities as the best way to enact doula work as activism. Recognizing doula work as paid labor can help doulas sustain their practices and legitimate the value of their care work.

Monica Basile (2015) identifies radical doulas as falling under the larger umbrella of "reproductive justice doulas," a diverse designation that includes community-based doulas, prison doulas, full-spectrum doulas, and radical doulas. In their ethnographic work based on participant observation, one-on-one interviews, and surveys with doulas, Basile (2015) concludes that radical doulas represent a new paradigm in birthing rights activism, which connects childbirth choices to a larger reproductive justice agenda. Basile (2015) further notes how the intersectional politics of radical doulas inform their acceptance of the "multiplicity of identity" that radical doulas and their clients bring into any interaction (p. 236). Basile (2015) frames this approach to identity and marginalization as representing "a challenge to dominant conceptions of the embodiment of both 'good' mothers and 'good' doulas (white, middle class, cisgender female, partnered, heterosexual, English-speaking, etc.)" (p. 236). As noted by Basile (2015) and Morton and Clift (2014), radical doulas hold the potential to disrupt traditional reproductive paradigms, in the service of improving the bodily autonomy and embodied experience of birth and non-birth events, for those pregnant and parenting people most in need of expert assistance as they navigate the thoroughly medicalized context of modern reproductive care.

Although Basile (2015) and Morton and Clift (2014) suggest the positive potential impact of radical doulas on birthwork and beyond, neither study draws on data from self-identified radical doulas. Studies of doulas have typically focused on describing the work that they do during and after hospital and home births. Studies of radical doulas have not been empirical investigations, and none have explored the dual role of activist and

worker, leaving a gap in the literature that this study addresses. In order to explicate how radical doulas interpret their birthwork as activism, I utilize a qualitative approach to examine the narratives of 30 self-identified radical doulas working across the US. I consider the complex dynamics negotiated at the individual and institutional levels of social interaction as radical doulas make meaning out of their reproductive activism. This analysis may inform literature at the intersections of feminist scholarship, specifically related to reproductive justice, health, and work.

METHOD

Data for this study were collected from 30 in-depth interviews with self-identified radical doulas from across the US. The first phase of data collection took place in Oregon and Washington with seven face-to-face interviews scheduled at the convenience of the participants, most taking place in a private office on the university campus in Portland, Oregon. I also traveled to Salem, Oregon and Seattle, Washington for in-person interviews. Recruitment was facilitated by sharing a call for participants with online doula networks, and across personal social media. Sandy was a key informant in Portland, Oregon who connected me with their radical doula networks. Utilizing a snowball sampling technique, radical doulas referred potential participants such that the sample includes four acquaintances, two of whom work as co-owner/managers of their own doula agency. The second stage of data collection incorporated phone interviewing in order to access a more diverse sample population, broadening participation to radical doulas across the US, from New York City to Los Angeles. Seven interviews were conducted in-person, with the remaining (23) participating via phone. Data collection occurred from 2017-2018.

The criteria for participation include experience working as a self-identified radical doula. It became clear early in the recruitment process that most doulas do not market their services under the "radical doula" moniker; several doulas had initial questions about whether or not they "fit" the recruitment protocol, some asking me directly what I consider to be a "radical" doula—the answer to which, of course, being the empirical outcome of this study. In these instances, I drew on the definition first

outlined by Perez (2012) in their radical doula primer; this was most often affirmed by the participant, but in one case, was not a welcome response, leading to several email exchanges to confirm that the individual does see their work as radical even if they do not align precisely with the term as understood by Perez (2012).

The interviews were semi-structured with open-ended questions, utilizing additional prompts to aid the discussion and advance deeper reflection, as needed. Interviews were completed in approximately one hour; the shortest interview was approximately 40 minutes, while the lengthiest was over two hours. I developed a preliminary interview guide with questions on how they were introduced to doula work, and how they experienced the process of becoming "radical" in their approach to care work. I also asked how the participant frames their doula work—in relation to operating as outsiders within medical settings as non-medically trained care workers, and in terms of activism, feminism, and reproductive justice. The initial interview in 2017 with key, Portland informant, Sandy, who reflected on more than 10 years of experience as a radical doula, helped me reorganize and clarify the interview guide. Interviews were audiotaped and later transcribed for analysis. Individuals interviewed are protected by confidentiality, with pseudonyms used in place of their names (and any other individuals mentioned), and the masking of highly identifying personal information, like the names of doula collectives or businesses where they work. Demographics were self-reported by participants completing a short open-ended "face sheet;" one participant did not respond to these questions. The interview tools are presented in the Appendix.

Doulas, particularly those who attend births, have remarkably hectic schedules. I had difficulty aligning with the rapidly-changing schedules of many participants, sometimes rescheduling an interview as many as four times before successful completion; some doulas had to break mid-interview to attend to clients in-person, or by responding to text and phone messages. It became clear almost immediately that these participants who were "on-call" often had to rearrange their lives to serve their clients, and that my request to interview them asked them to volunteer their time, generously. Because I was unable to offer monetary compensation for participation, and in light of the frequency of rescheduling, I see this convenience sample of radical doulas as particularly committed to doing service with their practice by donating their time and emotional energy to share their insights. I am grateful for their stories.

Researcher Positionality

As a practice of epistemological reflexivity, I engage Nancy Naples (2003) understanding of researcher standpoint "as embodied in individual knowers' spoken experiences and social identities and produced in communities as well as sites of inquiry" (p.197). I acknowledge my whiteness, and the historical significance of the reproductive justice movement as an effort on the behalf of women of color, particularly Black women working in coalitions for birth justice, specifically the SisterSong Women of Color Reproductive Justice Collective (Ross and Solinger 2017). The majority of the participants are also white, and as such, there is the potential for the analysis of race to be meaningfully impacted by white privilege and racial bias. Through "reflective practice," Naples suggests that researchers can evaluate their methodological strategies through

self-reflection and collective assessments of power and possible bias (2003:41). One strategy to address my positionality and privilege as a researcher is to ask the participants to review the findings and consider if their experiences are accurately portrayed. This strategy does not account for the strain this may create for individual participants who may feel pressure to read and comment on a piece of academic scholarship, again volunteering their time and energy to support my research.

I also note my lived experience and identity as a queer, cis woman who experienced unwanted interventions and the violation of informed consent during a hospital birth as a Medicaid recipient. The majority of the participants are also sexual minorities, and many serve similar clients; identity saliently impacts how radical doulas relate to their clients and how they choose the populations they serve. My identity informs how I approach this research, the kinds of questions I ask, and the way that I interpret the results. My identity also shapes my interactions with the research participants and impacts how we are able to establish rapport and express vulnerabilities. I acknowledge my power in these interactions and my responsibility to authentically reflect the narratives the participants generously provided as data. I endeavor to deliver an accurate and nuanced portrayal and a critical analysis of radical doulas as care workers engaged in intimate labor and committed to social justice.

A Note on Language

Radical doulas may use gender inclusive language to discuss pregnant and parenting people, rather than limiting the conversation to woman-centric gendered

language (Pérez 2012). In this study, I will honor this use of inclusive language with respect to the reality that not all people with uteri, and thus the potential for pregnancy, identify as women. I will also use "they, them, theirs, and themselves" as singular pronouns, as appropriate, in reference to individuals who use gender neutral pronouns, and to avoid gendered pronouns in generalized statements or when an individual's pronouns are unknown. I will use gendered terms and pronouns as appropriate when known. There has been recent debate within the broader birthwork community concerning what is cast as the de-centering of women from the language of birth, since the vast majority of pregnant people are women, after all. The Midwives Alliance of North America (MANA) stirred great controversy in 2015 by updating their core curriculum standards to include the use of gender neutral language; this was swiftly met with an antagonist "Open Letter to MANA" signed by a number of influential midwives, such as world-renowned midwife, Ina May Gaskin, that denounced the protocol as potentially threatening to "woman-centered" midwifery.

According to the "About" page of the website where the "Open Letter to MANA" is posted (www.womancenteredmidwifery.org), "woman-centered midwifery" rejects the trend towards gender inclusive language usage. Midwives and doulas across North America promptly responded by calling out this position as trans-exclusionary and gender essentialist. As a feminist sociologist, I work to engage an intersectional lens in my research, which means understanding the nuances of social location and the complexities of marginalization that shape one's reproductive journey and structure their agency in reproductive decision-making, and in navigating institutional contexts with

limited power. As such, I utilize the language protocol encouraged by radical doulas, as informed by the broader reproductive justice movement, to claim space for gender-nonconforming, transgender, and queer pregnant and parenting people. The language used herein respects this inclusive position.

The Participants

Geographic range aided diversity in the sample. These 30 radical doulas work in regions across the US: 11 in the Pacific Northwest, seven on the East coast, five in Los Angeles, four in the South, and three in the Mid-west. Demographic variation was a priority during recruitment, with preference given to radical doulas who are gender or sexual minorities, non-white, or differently-able. 10 participants are non-white; three are white and Jewish. 18 participants are sexual minorities, two of whom practice polyamory; most are married or partnered. Most participants are parents; 11 reported that they do not have children. At least one doula talked about the stigma of birthworkers who have not themselves given birth, noting that there are assumptions of less capability and knowledge when a birth worker is child-free. Two doulas spoke about being differently-able, one noting their autism and the cane they use for increased mobility. The majority are cis women; four of the participants are gender minorities. In sum, four participants are gender or sexual minorities who are also people of color.

The participants range in age from 20-42. They are highly educated as a group, most having a college degree and nine with post-graduate study. Annual income varies from 12,000 to 142,000 dollars, with some of this variation emerging from the reporting

of household income. A few participants asked for clarification about income when completing the demographic "face sheet," whether to report individual or household earnings and whether to include only the portion they earn from doula work or their total earnings. They were advised to respond in whatever authentic manner they desired. Only 11 participants listed "doula" as their primary occupation; the distribution of incomes likely reflects the multiple forms of paid labor that many radical doulas preform. Table 1 (below) lists the self-reported demographics shared by the participants. Taken together, this sample of radical doulas offers insight into their work practices and the meanings attached to these practices across a spectrum of reproductive experiences and outcomes.

Table 1. Participant demographics.

Name	Location	Gender	Sexuality	Race, Ethnicity	Age	Income	Education	Work Category
Yael	Portland, OR	woman	bisexual	white, Jewish	24	18k	College grad	Full-spectrum
Holly	Portland, OR	woman	pansexual	white	33	95k	College grad	Full-spectrum
Leah	Portland, OR	woman	*	white	*	*	*	Trauma-informed
Sonia	Portland, OR	Gender-queer, femme	queer	white, Jewish	28	25k	Master	Full-spectrum
Sandy	Portland, OR	GNC	complicated	white	37	60k	College grad	Full-spectrum
Charlotte	Astoria, OR	woman	*	white	33	120k	College grad	Birth & post-partum
Vanessa	Salem, OR	woman	hetero	white	37	24k	High school	Birth & post-partum
Nancy	Salem, OR	woman	hetero	white	41	85k	Some college	Birth & post-partum
Reyna	Seattle, WA	Two-Spirit	bisexual	American Indian, Tecuexe, Mexican	34	36k	Some college	Birth
Tamika	Seattle, WA	woman	queer	African American, AfroLatina	28	25k	College grad	Full-spectrum
Silvia	Seattle, WA	woman	hetero	white	29	31k	College grad	Abortion

Kyle	Los Angeles, CA	woman	pansexual	White, Jewish	27	50k	College grad	Full-spectrum
Alma	Los Angeles, CA	Non-binary	queer	Mixed (white-passing)	33	36k	Master	Full-spectrum
Peyton	Los Angeles, CA	woman	hetero	white	22	30k	College grad	Birth
Lisa	Los Angeles, CA	woman	pansexual	Mixed Latina and white	32	35k	Some college	Full-spectrum
Teya	Los Angeles, CA	woman	*	Xikana, Mexican	38	65k	Some college	Full-spectrum
Tina	Colorado Springs, CO	woman	bisexual	white	41	50k	Some college	Birth & post-partum
Devin	Boulder, CO	woman	bisexual	white	26	15k	Some college	Full-spectrum
Rose	Peoria, IL	woman	pansexual	white	34	30k	Master	Birth & postpartum
Sydney	Austin, TX	woman	hetero	white	21	50k	College grad	Birth & post-partum
Ruth	New Orleans, LA	woman	complicated	white	29	30k	Master	Birth & post-partum
Amelia	Jacksonville Beach, FL	woman	hetero	Mexican American	20	30k	Some college	Birth & post-partum
Deb	Louisville, KY	woman	hetero	white	29	12k	Some college	Full-spectrum
Jamie	Silver Springs, MD	woman	queer	white	32	35k	College grad	Full-spectrum
Ellen	Baltimore, MD	woman	pansexual	white	28	12k	Master	Full-spectrum
Jacqueline	Baltimore, MD	woman	hetero	African American	33	25k	College grad	Post-partum
Catherine	Bethel, CT	woman	queer	Latina	33	120k	Master	Birth & post-partum
Bryn	New York City, NY	*	queer	white	33	134k	Master	Full-spectrum
Ayana	Washington, DC	woman	hetero	African American	42	118k	Master	Birth & post-partum
Nic	Washington, DC	woman	queer	Hispanic	34	17k	JD	Full-spectrum

*unreported.

Data Analysis

My approach to data analysis included drawing on previous sociological research on doulas and birthwork, as well as the inductive coding of interview transcripts for emergent themes. I utilized Dedoose coding software for qualitative analysis of the interviews in order to understand how radical doulas navigate their work as activist, feminist, and connected to the broader reproductive justice movement. I started by engaging the process of close reading to understand the scope of the narratives; close reading allows the trends that emerge across the data to make sense in the context of the sample, by highlighting the tensions where differing experiences, approaches, and opinions become visible. This process assisted in the development of a coding scheme, whereby salient and repetitive topics are identified for further analysis. I coded the transcripts for discussion of identity and emotional labor; trajectory into radical doula work; how they conceptualized the meaning of "radical doula;" how they navigated medical settings and talked about medicalized birth; their understanding of "the doula effect;" the relevance of feminism and activism connected to birthwork; tensions around care work as paid labor; how they talked about race, related to abuse in medical settings and the reproductive justice movement; and, birthwork as reproductive justice. Coding allows for an in-depth analysis of the connective themes across the narratives; the codes helped me understand how to synthesize this information into thematic findings that elucidate the experiences of the participants, highlighting the tensions that distinguish particular narratives, with attention to demographic variations across the sample and the role of identity shaping experiences.

I then worked through a conceptual mapping exercise with my dissertation chair to organize the emergent themes into a cohesive framework for analysis. This helped me to situate the findings in conversation with one another, and within the existing scholarship, and to identify how the primary findings would shape each chapter around a cohesive set of interrelated thematic elements. The data describe the work practices of radical doulas, and explore how they see their work as a form of activism connected to the reproductive justice movement. Individual and institutional patterns of interaction were examined to better understand the relationship between radical doula work in connection (and opposition) to mainstream doula work and the context of medicalized versus non-medicalized birth experiences, always centered on the radical doula's conceptualization of their work and how they create and interpret meaning in these interactional contexts. I utilize narrative analysis to link individual experiences to social structures.

In the following chapter, I describe the practices of radical doulas and how they differentiate from mainstream doulas. Radical doulas work in contexts across the reproductive spectrum, utilizing unique skill sets that prioritize individualized, nonjudgmental, client-centered care. Their willingness to serve pregnant people regardless of the outcome (i.e. abortion, birth, loss), or the context (i.e. medicated or non-medicated, in a hospital, or at home), and with attention to the mechanisms of social oppression and marginalization, makes radical doulas unique care and birthworkers.

Then, I explore how their work can meaningfully impact birthing experiences in hospitals, focusing on radical doulas as outsiders within, and noting how their liminal

positionality shapes their ability to traverse institutional boundaries through their intimate labor. Next, I examine the connection between radical doula work and the reproductive justice movement. The intersections of identity inform the specific populations that the radical doulas serve, many providing care in their own communities such that their salient identities overlap with their clients; this pattern emerged across race, gender, sexuality, ability, and class. Lastly, I synthesize these findings to indicate the unique skills, positionality, and orientation toward justice that characterize radical doulas.

FINDINGS: PART ONE

"Being a doula is an act of radical love." –Jamie, full-spectrum

Radical doulas provide information, emotional support, and utilize physical techniques to manage pain and release fear during birth and abortion; they hold hands, use massage, and practice verbal and non-verbal forms of encouragement. They advocate for their clients and support them through whatever reproductive experience they may be navigating. In this chapter, I describe how the participants engaged in a range of practices across the reproductive spectrum in their work as radical doulas. The participants vary in their occupational emphasis and services offered, 10 of 30 working in birth and postpartum, two primarily in birth, two specialized in trauma-informed birth and postpartum care, one in abortion, and 15 identifying as full-spectrum doulas, who support pregnant people in all reproductive experiences and outcomes (e.g. birth, abortion, loss). A majority of the sample receive payment for their services, although many offer a sliding-scale for fees, while others volunteer in specific instances like abortion or loss. Most participants are employed in multiple forms of paid labor; 11 identify doula work as their primary occupation. These radical doulas enact vastly different practices but are linked by their commitment to serving parenting and pregnant people with nonjudgmental care and compassion rooted in their understanding of social justice.

Radical doulas often work in contexts beyond birth, enacting a framework of justice to potentially expand the boundaries of paid care work. Bryn, a full-spectrum doula, said "Radical doula work opens up the idea that any kind of suffering, any kind of

struggle, any kind of transformative process deserves support. With that lens, doula work has been cropping up in so many different environments—in tests, in birth, in just seeking healthcare or transport. There are so many different areas. And so, it's looking even beyond reproduction." Another full-spectrum doula, Sandy, lamented not having a doula to quell her fear during dental procedures, and several participants mentioned how trans folks navigating medical settings might benefit from patient advocacy in the form of a radical doula. Many participants emphasized the essential role of caring and empathy in their work, and expressed the value of clients "being seen" in situations that may be uncomfortable for some or traumatic for others. The participants who are engaged in trauma-informed care work provide targeted support for specific populations; Ayana offers postpartum care to Black women who have experienced sexual or domestic violence, and Leah works with pregnant persons who are opioid-dependent. Radical doulas may draw on lived experience that directs their training toward understanding the barriers to reproductive care and support specific to unique, marginalized populations. Jamie, a full-spectrum doula, described the intersection of personal care work and political praxis: "A doula to me is a carer, is an empath, is an advocate, and a radical doula says I'm going to do all of those things and I'm doing it fully aware of and engaged with the ways in which doing this work can change the world. It makes caring a political act. It makes empathy a political act." Jamie's understanding of radical doula work underscores how reproductive justice has transformed the parameters of traditional doula work.

Becoming a radical doula

Nearly all the participants are certified as doulas—either as birth doulas, birth and postpartum doulas, or full-spectrum doulas. Most mainstream doulas serve birth clients, or birth and postpartum clients, while those certified as full-spectrum doulas may provide support during any reproductive event. There are many routes to certification; they all involve some form of specialized training program varying from 500 to 3000 dollars in expenses, with certification costs of 250 to 1000 dollars. The participants had varying experiences but most identified the best-known training programs in the US as shaping their educational backgrounds in birthwork. Most participated in multiple trainings and received extended education through the certification and continual recertification processes. The participants explained that the mainstream training was often the beginning of a care work career that would evolve as they became more experienced birthworkers. Kyle, a full-spectrum doula, described the trajectory of their practice: "I started my training as a birth doula and I had a birth practice for about a year before I added postpartum and then I slowly started taking more courses and added full-spectrum support." Full-spectrum doula training prepares doulas to provide competent, compassionate care in a holistic framework that shifts to meet the needs of the client; this can include support for abortion, birth, stillbirth or loss, postpartum, adoption or surrogacy. Several participants opted for doula training programs that specialize in culturally-competent care to serve specific marginalized populations.

Many radical doulas suggested that the mainstream training programs promote "natural" childbirth as the ultimate goal of their work; this is an emphasis on non-

medicated birth, typically attended by midwives, in the pregnant person's own home or a birthing center. Tina trained as a birth and postpartum doula under this model that stresses "no interventions whatsoever." Tina critiqued this approach and has moved away from this ideology through further training that emphasizes the reproductive autonomy of the individual clients. Tina identified the savior discourse emergent in this approach; "It was definitely about convincing clients of the care that they needed, rather than supporting them in their choices. So, it was very much about saving women from their providers, instead of working with their providers." Radical doulas seek knowledge about birthing in different contexts so they understand the complexities unique to settings such as laboring at home, then birthing in a hospital, for example. Rose, a birth and postpartum doula, described how her own "interrupted" home-to-hospital birth experience shaped her perspective:

> My background coming in to this was that I took a twenty-seven and a half hour natural childbirth class that made me, quite frankly, fucking terrified when I transferred from a homebirth after fifty-one hours of labor to the hospital and had to accept their help. And the only thing I had been taught about their help is that it's scary and it will ruin your birth and your baby. (Rose, birth and postpartum)

Rose suggested that the mainstream, "gold-standard" doula training program had not prepared her "for anything other than one type of birth experience." This model may privilege a discourse of naturalness that some birthing persons find limiting or alienating, particularly when they birth in medical settings, by choice or necessity. Radical doulas focus on the individual client to meet their needs in specific contexts; their practices are flexible and responsive in order to provide the best service across various settings. This is an evolution in modern doula care.

According to Jamie, distinguishing herself as a "radical doula" indicates who she serves: "I use it specifically as a marker that I'm interested in bringing the work of doulas to communities that are traditionally underserved by the medical community, underserved by birth community, underserved by the abortion rights community." Radical doulas connect justice to care work by focusing on the needs of marginalized communities; I'll explore this further in the third section of findings.

The practices of radical doulas

Practices among these radical doulas include some of the same services as mainstream (non-radical doulas), including support for fertility planning and "conscious conception;" prenatal and childbirth education; birth and postpartum services; lactation consults. Many participants offer full-spectrum services, providing support for abortion, pregnancy release or "radical fertility maintenance;" loss or stillbirth; adoption and surrogacy; placenta encapsulation; "free births" at home without medical supervision; and a number of ceremonies and rituals. Radical doulas work with pregnant people who birth in hospitals, birthing centers, or at home. They work with people who choose medicated or non-medicated births (e.g. induction with Pitocin, epidural pain management), plan or unplanned C-sections, or home water births; the emphasis is on fulfilling the specific needs of the client, regardless of the context. In birth settings, they may use techniques to alleviate pain through positioning or massage, and offer encouragement and emotional support throughout the experience. Postpartum doula work may include offering insights on lactation to a new parent, or providing a culturally-significant "sealing ceremony" to mark the end of the postpartum period. Radical doulas

are not trained as medical assistants; the care they provide is primarily delivered through touch, verbal and non-verbal communication, and focused attention on the client.

Abortion doula work often looks like emotive support throughout the process, from clinic intake to discharge, although some clients only request support during the procedure. Most participants who worked with clients seeking an end to a pregnancy worked within medical settings (e.g., Planned Parenthood), but two full-spectrum doulas discussed how "pregnancy release" may be possible through "radical fertility maintenance." These doulas framed the current political climate as antagonistic to abortion access and voiced concern that an erosion of reproductive autonomy may inflict greatest harm on marginalized communities. One of these doulas was guarded in discussing their direct experience with radical fertility maintenance, noting the illegality, but was nonetheless compelled to share their ardent stance on a pregnant person's right to end a pregnancy in the context of one's own choosing. Several radical doulas volunteer their services to abortion clients, either as part of their (otherwise paid) independent doula practice, or by serving in not-for-profit doula collectives.

One-fifth of participants utilized alternative techniques in their care, some connected to cultural traditions and ethnicity, and others the product of scholarship and occupations outside doula work. Some doulas taught clients yoga, or reiki energy healing, or "fear-release rituals" to prepare them for birth after trauma. Teya, a Xikana, Mexican, full-spectrum doula and "Medicine Woman," employs an array of practices including placenta-encapsulation, sealing ceremonies, and the rebozo (a fabric sling traditionally used by indigenous Mexicans for positioning and comfort during pregnancy and birth, as

well as binding postpartum). Teya, who has attending over 90 births, noted that her knowledge comes from her ancestors: “This is embedded in my blood; it’s a genetic memory that’s inside of me.” For Teya, full-spectrum reproductive care extends across the life cycle, serving clients from menarche to menopause. She also draws on cultural knowledge and tradition with her standard postpartum practice:

> The *cuarentena* is basically where a woman is taken care of for forty days after she gives birth. Meaning, the community comes together, and really honors her, and takes care of her—not just her physical being, but her well-being, her emotional being, her food intake, her household chores, and, again, her mental state. (Teya, full-spectrum)

These “holistic” supports are part of a cultural attitude towards pregnancy, birth, and postpartum that may produce very different outcomes than the contemporary “technocratic” model (Davis-Floyd 2001). Reyna, a Two-Spirit, birth doula, whose ethnic heritage is American Indian, Tecuexe, and Mexican, described the roots of her practice as *curanderismo*, a Mesoamerican folk tradition of shamanic healing. Patrisia Gonzales (2012) explored this history in their work, *Red Medicine*, with a claim that these practices may bring an integral element of “spirit” to birth work through *curanderos* or midwives. Postpartum doula services may also include providing a culturally-significant “sealing ceremony” to mark the end of the postpartum period.

Who radial doulas serve

In addition to offering services beyond the scope of mainstream doulas, radical doulas often differ in the populations they serve and their motivations for service. It is, perhaps, primarily these latter fields that differentiate radical doula work, as there is such

variation in individual practices. Ayana specializes in trauma-informed care work with birth and postpartum clients who have experienced domestic or sexual violence. "Trauma-informed services are those in which service delivery is influenced by an understanding of the impact of interpersonal violence and victimization on an individual's life and development" (Elliot et al. 2015:462). Ayana noted that practices may not be the primary point of departure for radical doulas:

> It's not necessarily someone who's practicing in a nontraditional manner, but I think it's someone who sees their role as a birth worker as being more expansive than that one-on-one relationship that they may have with their client, but they also see their work as impacting systems and changing culture and shifting norms. (Ayana, birth and postpartum)

Here, the emotive connectivity of doula care in building compassionate working relationships with clients is qualified by a necessary acknowledgement of systemic marginalization and individual trauma affecting reproductive outcomes. Radical doulas are changing the idea of who "should" have a doula, according to Holly, a full-spectrum doula; "for me, it really looks at how to be inclusive and holistic in a couple of different realms, one being reproductive experiences and pregnancy experiences. So, not just saying doulas are only for people who get pregnant, stay pregnant, and intend to parent." As noted by Basile (2015) and Morton and Clift (2014), radical doulas may hold the potential to disrupt traditional reproductive paradigms by improving the bodily autonomy and embodied experience of birth and non-birth events for those pregnant and parenting people most in need of expert assistance as they navigate the thoroughly medicalized context of modern reproductive care.

Radical doulas are not just for women. Although most people who give birth identify as women, some do not, and these folks all need compassionate and competent care. Most participants were cognizant and considerate of this reality and used gender-neutral language to talk about pregnant and parenting people. For example, full-spectrum doula, Jamie, offered a summary stance; "I hope that the experiences of pregnancy and termination and birth and parenting become defined by the humans doing them and not the body parts that they have that make them possible." For a small number, woman-centric language was preferable when talking about pregnancy and birth, and this pattern is largely connected to marginalization by race or ethnicity. Nearly all the radical doulas understood gender to be a potential category of diversity with their clients, much like race, religion, age, or sexuality. Some doulas who didn't advocate for gender-neutral language, nonetheless noted the importance of using language that didn't offend same-gender couples or single parents. All the radical doulas agreed that they use the terms requested by their clients—"not everyone wants to be Mama," as Teya noted. I further explore the intersection of race and gender in reproductive language in the third section of findings.

Doulas are also not just for the people who can afford them. The participants varied on the issue of payment, although most receive money for their services. Miriam Zoila Pérez, who wrote and self-published the first guide to radical doula practice—*The Political Primer for Full Spectrum Pregnancy and Childbirth Support*—claims that radical doulas enact their radicalism by "making our services accessible to those who wouldn't otherwise be able to access them," potentially by offering services based on a

sliding-scale or on a volunteer basis (2012:4). There is tension between a desire to serve everyone who needs a doula, while being a worker exploited under capitalism. Non-profit organizations and Medicaid reimbursements may help alleviate the issue, but the divide between non-profit workers and independent contractors continues to impact doula work as a legitimate and sustainable profession.

Two birth and postpartum doulas, who work as business partners heading their own doula agency, suggested that their commitment to being paid (and ensuring that the doulas they employ are paid) for their efforts has the potential to make doula work more sustainable as it's seen as a legitimate profession. For these doulas, Nancy and Vanessa, being paid for doula work is, in fact, a radical practice. Nancy offered this reflection on their practices as departures from the norm:

> Having doulas work with us who actually get paid and can support their family is a radical idea in this area. And having relationships with the providers; walking into a hospital room and having them say 'Oh, good, it's you. I'm so glad it's you.' That's radical around here, because that's not what it's been. My goal is to improve birth, and that's by having good relationships with the community, and that is different, and different can be seen as radical sometimes. (Nancy, birth and postpartum)

Nancy critiques the doulas who eschew hospital settings altogether, suggesting that the discourse of naturalness can negatively impact working relationships with medical providers. Vanessa echoed her business partner's perspective on the importance of respectful doula work in medical settings, and emphasized their role in this context; "I'm not here to save the situation. There's nothing I could have done personally to make this experience better for her, except for remind her that she has a voice, and empower herself to make those decisions." Radical doulas may help individuals navigate medical settings

in meaningful ways by helping them understand the birthing process and their rights related to informed consent. I'll explore this issue in depth in the second section of findings. Other participants voiced similar concerns about sustainability, both as paid labor, and as a job with the potential for immense drain on one's emotional and physical faculties.

While many radical doulas who worked with clients who sought them out as independent contractors or through local organizations were likely to provide services to an array of different people, other doulas were specific in their emphasis. For example, two participants provided childbirth education classes in local prisons; one worked as a peer recovery mentor in a treatment program for pregnant people with Substance Use Disorder (SUD). Leah was a heroin-user before her work with the treatment program, and that lived experience is invaluable in her methodology and outcomes with her clients. Identity may provide a salient point of empathetic connectivity for radical doulas enacting care work. Some participants sought clients who had a shared characteristic, such as those who are neurodivergent, or those who have experienced some type of trauma, either sexual, or violent, or being unhoused, or dealing with SUD. Sonia spoke about the importance of her identity in her approach to this work; she's a full-spectrum doula with multiple disabilities who is also genderqueer, polyamorous, and Jewish. Sonia described her own birth experience and the difficulty she felt navigating medicalized birth as a person at the intersection of varying forms of marginalization; she said, "I've had some very guarded clients, and birth can be hard for them. I can be a very guarded person. Birth has been hard for me for that reason." Sonia's narrative suggests that shared

experiences may elucidate meaningful strategies for radical doulas working with populations who have similar identities. In some cases, these radical doulas found their niche and remained, while others tried a number of different doula practices and/or populations, often completing multiple trainings in differing specializations at various points in their work trajectory as doulas.

How Radical Doulas Understand the Doula Effect

I asked the participants to explain their understanding of "the doula effect," the positive outcomes related to the presence of a doula during a hospital birth that have puzzled empirical attempts to measure precise impact and posit causality (Morton and Clift 2014). Some participants spoke of the significance of client-centered support, or interrupting unnecessary interventions, while others spoke of empathy, energy, and magic. The radical doulas suggest that their presence alters the medicalized environment of hospital birth to allow the birthing person to "tune in" to the birth process and proceed without fear. Jacqueline is a trauma-informed postpartum doula in Baltimore, Maryland who works specifically with Black women who have premature infants, utilizing strategies to reduce stress and release fear. As an African American woman, Jacqueline noted that her lived experience assists her in caring for this population, one that is vulnerable to rising maternal mortality rates in the contemporary US. She spoke about the doula effect as positively changing the impact of stressors in the specific context of hospital birth:

> So, in a space where you have someone who you know, and you trust is going to listen to you, and is going to honor you, and is going to protect you as much as they can. You can let that guard down so that stress doesn't buildup, and that

> stress does not start to affect you physically. And so, of course that's going to positively affect a birthing outcome, because you're not as stressed out. You're not in fear. (Jacqueline, postpartum)

Jacqueline believes that radical doulas can be trained to assist Black women through the birthing process to transform their reproductive experiences across medical settings. She also invoked the emotive energy of birth to describe her care work: "You go to the gates with someone. You're literally sitting in spirit with someone. It takes a special type of sensitivity to unravel that with grace in a way that's not abandoning, in a way that is not harmful, in a way that's healthy for me." Jacqueline emphasized that this care work can be emotionally-charged for her, requiring that she keep personal boundaries in place to ensure she cares for herself so that she can continue to care for others.

Devin is a full-spectrum doula in Boulder, Colorado who talked about the magic of transforming the birth environment:

> I really think that it's some witchy shit just that we need each other. We need each other to do this, and when we have a sterile, fluorescently-lit hospital room with white men in white lab coats, we are not supported -- the being of us is not supported. The risk factors of all of the shit that can go down in birth that might be supported. Thank goodness so many lives have been saved because of western medicine, but this base, primal human soul level of self is not supported in that environment. So, when we bring in these amazing doulas that know exactly how to nurture into these rooms, everything else fades away because women are seen, they feel heard, they feel loved, and they feel supported, and then they can actually feel safe enough in their bodies to do something miraculous and difficult and amazing. So, I definitely think that that's the doula effect. I think about this a lot because I think it's really magical the way that we get to support each other in these thresholds, and there is something to it. There's some magic for sure. (Devin, full-spectrum)

For Devin, the radical doula meets the client where the medical staff cannot – at the "soul level," and this is but one of the ways they impact their client's reproductive experiences with practices that cannot be neatly organized under the medical model which work to

mediate the potentially antagonistic space of medicalized birth. Lisa echoes the role of the radical doula in transforming the atmosphere by actively managing fear: "The birthing person has to feel safe and they have to feel protected. And they need to be able to enter the safe – the brain literally switches to a different portion of the brain, to a more animalistic portion so that the process can just happen—because birth is not an intellectual event. You can't think a baby out." Lisa emphasizes that the power of the radical doula is in focusing on the client to transform their understanding of the birth process as something that they are in charge of, rather than something that is happening to them.

When clients feel supported by nonjudgmental care, the birthing experience may become an empowering one. Holly, a full-spectrum doula in Portland, Oregon, helps demystify the role of the radical doula in this process:

> I just think having the nurturing of somebody whose sole purpose is to show up and to be present and to hold space and to be next to you walking through whatever comes up. Some of the things we can affect. I mean, I have you know, tips and tricks for baby positioning and how to deal with back pain and all these different tools, but really what I most care about is at the end of a birth, how do you feel about the experience? Not meaning that you have to feel perfect. It's okay to have mixed feelings, but that you didn't feel like you were disconnected this entire experience. You didn't feel that you were disrespected or that you know you are in the driver's seat, even if the car – even if you ran into some road that was a little wonky, that you were in the driver's seat for the whole birth. (Holly, full-spectrum)

Holly wants the birthing person to achieve autonomy in their decisions by empowering them with information to make informed choices towards their desired outcome. This approach can be a departure from the contemporary medical model that, in many ways,

demands acquiescence to the hospital's birthing policies and practices. Bryn also described the way that they impact the birthing person's experience:

> Especially when you see somebody who is getting in their head, who is starting to scream, who is starting to clench, who is starting to tighten their entire body. Who is resisting the pain and the sensations that they're having, and then you come in and you transform that and you bring their attention to you. And you show their partner how to relax their shoulders. And you soften their brow. And you say something that makes them laugh a little bit in a time when they never in a million years expected to be laughing. Any provider of birth services knows that those things are positive for being able to get a baby out. And so, it feels to me like the immeasurable doula effect is loving, pain management. It doesn't feel so complex. (Bryn, full-spectrum)

This approach to "loving, pain management" differs from the conventional environment of preventative medicine, even when their clients choose a medicated birth. In this way, radical doulas' attention to the specific context of the individual helps them provide compassionate and competent care in a way that conventional medicinal settings may not. Lisa critiqued the preventative approach to birth:

> What we need is for a provider to be trained in a way to be able to just sit on their hands and not do anything until it's absolutely needed. But right now, everything is so preventative and so it's so, "give them the fluids, give them…" You know, do all of the things. When really, birth doulas—a lot of being a doula is not doing—a lot of it is being in the room and just being there. You know, just being a presence, just watching. And just being present and just remembering that. It's not a doctor that delivers the baby. It's not a midwife. It's not the nurse that does the work. It's the mother or the birthing person that does the work. And putting the power back in their body and in their hands is ultimately what is gonna create better outcomes." (Lisa, full-spectrum)

She suggests that by shifting the focus from prevention to actively respecting the individual's holistic needs, we can better support birthing persons in their own power for embodied birth.

Charlotte is a birth and postpartum doula in Astoria, Oregon who integrated these themes of emotive energy or "spirit" and material conditions to encapsulate the radical doula effect:

> Doulas are classified in the medical community as an intervention because it's come to mean just something that you do, and that's true. But it's not an intervention because it's not something that interrupts the process. It's not something that changes the process. It's literally having the physical presence of a human. And it answers a need which is not a medical need. But as it turns out, people are not strictly medical beings. We are spiritual beings and physical beings, and emotional beings, and sexual beings. And like all of those types of things, our medical need is just a part of the path. And so, it's the doula effect because it's not something that—you can't replicate it without a human. You can't give it intravenously; you can't perform doula. You just have to have one. (Charlotte, birth and postpartum)

Radical doulas can affect positive changes during the birth experience, and may provide some margin of protection against the force of the medicalized model of birth. Ellen, a full-spectrum doula, is part of a radical doula collective in Baltimore. She shared an important example of a community member who requested service from the collective:

> For example, we just got an email from a mom who is on medical assistance and her only option is to deliver at the same hospital where she had her two previous babies and she's like, 'I would love to birth outside of the system, but I can't afford it, and I'm really concerned about my health. The only thing I know I can do is get a doula.' It's maybe the only intervention that's available up against so much. (Ellen, full-spectrum)

This serves as reminder that birthing "outside of the system" may not be an option for pregnant people without economic privilege. Radical doulas may help bring care to populations that would otherwise lack access to such services. Ellen notes that radical doulas can offer mediating strategies to help individuals navigate settings that may be hostile or antagonistic toward birthing persons of color, for example. Ellen described her

work with the collective as a form of activism that seeks to alleviate some of the potentially harmful effects of medicalized birth on marginalized communities.

Two participants of color described the link between their ethnicities and their approach to understanding the impact of this kind of birthwork. Reyna draws on her cultural heritage as an American Indian, Tecuexe, Mexican, Two-Spirit person, naming the doula effect *curanderismo,* the traditional healing of Mesoamerica that Gonzales (2012) describes as rooted in Indigenous knowledge and health traditions. Reyna refers to the medical literature that frames the doula effect as an unknown, indicating the liminality of the doula's role in the medicalized context: "Those rates are essentially proving that's energy work, like our own medicine from our culture, *curanderismo*. This is why they don't understand it." Bringing outsider knowledge within the medical setting, the radical doula can enact positive outcomes through practices that defy the conventional medical model of birth. Teya is a full-spectrum doula in Los Angeles, who credits her Xikana, Mexican ancestral knowledge as the basis of her care work. She spoke of the birthing experience as a space of liminality, the radical doula walking in spirit with the birthing person from one portal to another, creating an intense connection for a brief but meaningful time; "Birth is a ceremony and you have to have complete trust with everybody that's around your sacred area. So, I think that's really the magic touch behind doulas is that we're that familiar face. We're that smile behind your thigh, because we've been there before." Teya acknowledges the liminal role the radical doula occupies as they accompany the client through the transitory and often emotive experience of birth.

For marginalized individuals who may be vulnerable in medical settings due to institutionalized racism, cissexism, and gender-bias, the individualized, client-centered care of a radical doula can be an invaluable resource. Because of their potential role in disrupting systemic oppression, the desire to institute doula care in hospital settings is an emergent concern. Oregon, for example, is leading the US by implementing Medicaid reimbursement for doulas, and by offering doula-on-call services at a large hospital in Portland, Oregon. Questions remain about the efficacy of such on-demand doula services, since a cornerstone of doula care is individualized attention built on empathetic rapport. However, radical doulas who serve in abortion clinics, for instance, suggest that establishing this emotive connectivity is not contingent on the duration of their interaction with a client. More information is needed to see how radical doulas might extend this idea of on-demand care to individuals seeking reproductive services across the spectrum of care, in multiple settings.

Discussion

Radical doulas are birthworkers and care workers who distinguish themselves from mainstream doulas in a number of ways. They enact unique practices by focusing on client-centered care to provide individualized service. These practices have the potential to positively impact birthing in hospital settings. They also differ in the populations they serve, with several drawing on their identities and lived experience to provide care to specific kinds of clients who may be marginalized in institutional settings. Radical doulas have diverse motivations for service, but often frame their work as activism and a form of paid, intimate labor. These findings inform existing literature on

the doula effect and birthwork as care work, contributing insights on the practices utilized by radical doulas across various reproductive events, in different settings, and with potentially vulnerable clients.

The breadth of the reproductive justice movement can be seen in the diversity of narratives among radical doulas. As Ellen, a pansexual, full-spectrum doula states, "what's radical about it is every issue is a reproductive justice issue, whether it's families being separated at the border or women giving birth while they're incarcerated." Radical doulas situate their clients within social, political, and institutional contexts to understand their clients' unique lives, needs, and desires; this is the basis of their client-centered approach to care work. Radical doulas enact care work and birthwork as reproductive justice. Their unique approaches and specialized techniques allow them to support pregnant and parenting people across the full spectrum of reproductive experiences and outcomes.

In the next chapter, I discuss the space of liminality radical doulas occupy, as they bring extra-institutional mechanisms into the institutional context of medicalized settings. I will consider the role of the certification process and examine differing perspectives among the participants on its ultimate utility. Radical doulas also bring unique perspectives on the role of justice in questions about access. Next, I synthesize the themes of radical practices and institutional liminality to explore how radical doulas fit within the reproductive justice movement. Some radical doulas enact reproductive justice when they serve clients who would not traditionally have access to this kind of care. Some enact reproductive justice through the use of gender-neutral language, and in supporting people

of color by affirming their role as a “mama.” Together, these themes help us to understand radical doulas engaged in caring as a political act with the potential to transform experiences across the spectrum of reproduction.

FINDINGS: PART TWO

"My Hands are Not Tied:" Radical Doulas In and Out of the Medical System

Radical doulas occupy a space of liminality (i.e. betwixt and between) in their capacity as outsiders within various medical settings, serving clients birthing in hospitals or birthing centers, and those utilizing abortion clinics. As non-medically trained care workers, radical doulas are positioned outside the institutional logics of medicine that produce the "technocratic" model of birth which dominates in the contemporary US (see Davis-Floyd 2001). Their intimate labor with pregnant and birthing persons brings them into medicalized contexts, creating a unique positionality from which to view the birthing process—as outsiders within (Castañeda and Searcy 2015). Morton and Clift (2014) note that doulas play a liminal role in the client's reproductive experience by providing brief yet empathetic care work. With the recognition of the positive role of doulas in medical settings, the question of standardization of services arises, sparking debate about training and certification processes. Although the majority of the participants are certified doulas, some radical doulas suggested that certification as an institutional practice does not align with their orientation towards justice, and furthermore, may present an economic barrier that limits doula work to those who can afford the cost and have the time to participate in training programs and navigate bureaucratic obstacles. In these ways, radical doulas demonstrate liminality as the cross over institutional boundaries and move through transitory experiences in their clients' lives.

Responding to Medicalized Birth

Radical doulas' focus on providing client-centered care often leads them to spaces where they encounter medical providers and clinical staff. Most participants serve clients in hospital settings; although some differed on the role of the radical doula, it is apparent that their presence inherently challenges the medicalization of birth. Radical doulas alter the environment of the hospital birth as outsiders within—as non-medically trained care workers with intimate access inside medical settings. They bring specialized knowledge about undisturbed birth, and techniques to support medicated birth, according to the needs of their clients. Sometimes this looks like providing information to birthing clients about interventions as a precautionary measure, or utilizing specific techniques in response to certain interventions to alleviate discomfort and encourage labor.

The participants vary in their critiques of the doctors, nurses, and staff they interact with in their care work, most praising the individuals they see as allies in the service of birthing persons. Many radical doulas actively work to achieve positive relationships with medical providers, suggesting that their success in client service depends upon mutual respect between the doula and the clinicians. This rapport is sometimes hard-fought, as Nancy recounts: "this is my seventh year; it has taken me this long to develop good relationships in the hospital, because they think we're coming in to protect our clients from them. They think we're on opposite teams. And so for me to have good relationships with that hospital is important." Nancy described a potential for distrust that other radical doulas also hinted at, particularly in interactions with nurses or other medical support staff, who may see the presence of the doula as an indication that

the birthing person will resist medical authority. Nancy suggested that mainstream doulas may emphasize the discourse of naturalness to advise their clients to resist medical interventions, biasing some medical staff against doula support. But the radical doulas emphasized that their role is to support the individual regardless of their choices about the kind of birth they desire. As co-owner of a doula agency, Nancy also shared that her reputation for working well with the local hospital is paramount to the success of her business.

Tina, a birth and postpartum doula in Colorado Springs, believes that cultivating positive working relationships with medical providers can transform the client's experience:

> Doctors and midwives seeing that support for their clients, and seeing that you can support clients in their choices and not just tell them what to do, I think makes a much bigger difference. Doctors are much more willing to have us in the labor room with their clients because they know we're not going to fight them. And I've personally seen doctors become much more open with their clients, and become much better at informed consent and really starting to give their patients more autonomy in the way that they birth, even if they don't agree with it. And they'll still let you know if they don't agree. But they don't fight so hard. They don't push so hard when there's a witness in the room who is not on anyone's side, who's there to care for the client. And that's our job. We're not there to fight anybody. And that puts the doctors more at ease, honestly, and gives them the opportunity to listen to their patients more. (Tina, birth and postpartum)

Tina's insights highlight how the presence of a radical doula may elicit attentiveness to client-support among healthcare workers. Tina is optimistic about transforming this relationship: "I feel like we're going to make more strides and more change in the way that birthing people are treated by supporting our clients in their choices and showing the providers that we're not there to do battle. We're not trying to wage war against them or fight them. That's not our job." As an advocate for the client, the radical doula may play

an important role in changing the way the client relates to medical providers, potentially impacting future healthcare decisions.

Nearly all participants discussed the narrative constructed in the most mainstream, "gold standard" training program: doulas must "save" birth from medicalization. This sample of radical doulas often framed their role as the antithesis of the mainstream doula, many explicitly stating that they are not, in fact, there to save anyone. Medicalization nevertheless shapes the majority of the reproductive events attended by radical doulas. The rising rate of C-sections is an outcome of the medicalized approach to birth (Block 2007), and contributes to restricting the ongoing reproductive autonomy of birthing persons who desire vaginal birth after Cesarean (VBAC). Liability concerns lead many hospitals to preemptively ban VBAC. Amelia is a birth and postpartum doula in Jacksonville Beach, Florida. She shared a difficult experience where her client's desired birthing outcome was not achieved:

> For example, when I was at that VBAC for the second client and it ended up turning into a repeat C-section. Women are in a different world when they're in labor, especially when they're about to have their baby and when they are in transition. They are completely not able to respond, able to understand. When it came time for that doctor, who had no place being in that birth room, who was telling her what to do, who was telling her that the baby's heart was decelerating when it clearly was not and doing everything wrong – watching the dad not be able to stand up for himself and his wife – and it's my job to get involved. But, I'm not the husband. I'm not the birthing mother. So, what I say only goes so far. They have to make that choice for themselves. I give them options. It obviously was crazy. And, the doctor was crazy. But, seeing her suffer postpartum because they did not know as much as they could have, they were scared by the medical world. Who's gonna argue with a medical professional? That's definitely heartbreaking because my whole job is to be able to advocate for them so that they can get the best outcome. (Amelia, birth and postpartum)

Amelia felt that she was unable to assist her client due to the institutional politics of the hospital setting. Her client's reproductive autonomy was restricted as a consequence of a previous birth experience, and Amelia was restricted by a scope of practices that warns her not to intervene against medical authority. A radical doula's ability to enact protective approaches in medical settings is circumscribed at the individual and institutional levels, and may be limited by the training or certifying-bodies scope of practices. It may, however, be the unique positionality of the radical doula that allows them to traverse institutional boundaries to deliver client-centered, individualized, and culturally-competent care that can meaningfully impact the reproductive experience.

Medical settings can be antagonistic spaces for birthing persons in other contexts. Kyle noted witnessing gender-based discrimination: "Another thing is just very sexually explicit things being said to my clients while they're birthing, about their bodies and about the way that their bodies look. And sometimes it's really positive, which is bad; positive like I mean 'oh, you have like a really good body,' and other times it's been bad like 'oh, your vagina looks like it went through a meat grinder.' Lisa also works as a full-spectrum doula in Los Angeles and noted this trend: "I've heard doctors use gross sexualized language with birthing women. I mean, there are a lot of horrific things." Doctors and medical staff can reinforce harmful stereotypes about birthing bodies when they comment on appearance and social desirability in situations where individuals may feel intense vulnerability and deserve respect. Such encounters can contribute to an atmosphere of hostility, one where the birthing person feels disempowered in the process. There may be implications for future relations with medical providers based on continued

distrust. Historical marginalization, including patterns of forced and coerced sterilization, shapes interactions between pregnant and birthing people and the question of medical authority (Roberts 1997). In the third section of findings, I'll discuss Jacqueline's insights on the intersection of race and gender in relation to this issue and the potential for transforming antagonistic relationships within medical settings.

Several doulas spoke about the problems involved with providing care in medical institutions, and one doula stated vehement opposition to hospital birth due to witnessing "obstetrical violence." After witnessing what she perceived as targeted "abuse" in a hospital, Peyton said she'll never attend hospital births again. Peyton recounted attending a woman of color during labor whose informed consent was violated by antagonistic medical support staff who performed interventions without detailing the potential side effects or offering alternative approaches. Peyton provides a unique example among the small number of the participants who revealed deep distrust of medical providers rooted in their observance of obstetrical violence, as well as racial- and gender-based discrimination.

Reyna is a radical doula who serves as an interpreter to Spanish-speaking birthing persons in a large, Seattle hospital. She sees her role, in part, as directly interrupting systemic violence against immigrant women of color by providing information about informed consent. Reyna feels that radical doulas can enact strategies to protect birthing persons from the medicalized context of hospital birth: "Because they don't know really what the Latino community is facing in the hospitals. Just to be a doula working in the hospital is radical because it is traumatic." She shared her observance of numerous

experiences of racial bias and discrimination enacted by hospital staff; for instance, recalling an intense interaction with a nurse who exhibited extreme disdain for a Latina birthing person by verbally berating her physical effort during labor: “So, mom was pushing. And the nurse is saying, ‘you don’t know what you’re doing, you need to push harder,’ and just being really rude and even being really rough with her physically.” Reyna felt that the nurse’s actions revealed racial bias, and although she did speak up for the client by asking the nurse to be more respectful, the interaction was intensely unsatisfactory for Reyna and indicative of the difficulties Spanish-speaking immigrants may encounter birthing within the US system. For Reyna, she is the last defense against doctors who attempt to coerce consent for “unnecessary” procedures (e.g. induction with Pitocin, fetal monitoring, amniorrhexis, episiotomy, C-section). Reyna is herself an immigrant who was previously undocumented, and she attempts to interrupt systemic marginalization by speaking up for the bodily autonomy of the pregnant people she serves. Here, Reyna sees no room for acquiescence to the authority of the medical professionals in light of “scare tactics” used to frighten and intimidate non-English speakers giving birth in the US.

Reyna’s liminal role in the birthing person’s experience complicates her positionality within medical settings as an outsider to the institutionalized processes. She reflects on the difficulty this creates for her when she witnesses instances of violence or discrimination, highlighting the role of doctors as decision-makers who intervene upon the individual autonomy of the birthing person: “But I’m not intervening yet because it’s a very thin line between me being the savior and me like leveling the playing field a little

bit, if that makes sense. I'm not in there trying to save the woman or make choices for them because that's what *they're* doing." Reyna indicates a conflictual stance in her desire to assist the birthing person while respecting their individual autonomy, something she intimates that the medical providers fail to do. Other radical doulas were direct in their diagnosis of obstetrical violence, like Kyle, a full-spectrum doula in Los Angeles.

> In terms of actual violence, nonconsensual episiotomies and manual tearing are two things that happen heavily in our community. I've only seen one nonconsensual episiotomy, which I think is pretty low of a number for how many births I've been to, but I've seen more than five or six instances of nonconsensual manual tearing. And manual tearing is basically like a manual episiotomy, which is never medically indicated for any reason; that's in fact, against ACOG guidelines in all situations. And episiotomy would be an emergency situation thing that could happen in rare situations, but manual tearing is just straight up violence. (Kyle, full-spectrum)

Kyle notes knowledge of the American College of Obstetricians and Gynecologists (ACOG) guidelines on episiotomy, a procedure that exemplifies the type of medical interventions that many doulas stress as unnecessary. Episiotomies are part of what Jennifer Block (2007) calls the "cascade of interventions" that manifest in medicalized birth settings and contribute to the detrimental state of maternal health in the contemporary US.

Negative encounters in medical settings may also alter the work dynamics for radical doulas. Peyton is a birth doula in Los Angeles who has shifted her focus to the (re)emerging phenomenon of "free birth" which takes place in a pregnant person's own home without the assistance of medically trained individuals. Peyton shared her reflections on this decision:

> I'm at the place where I've had experiences in the hospital as a doula that have led me to change my path, so, now, I refuse to be a doula in the hospital. I will only take homebirth clients. As much as we do need doulas to be with women in the hospital, I know I won't be a good doula in the hospital. I can't see that kind of abuse happen. Ultimately, I won't be able to prevent it from happening anyway. That's why I decided to only do home births. (Peyton, birth)

Peyton's frustration with the medicalized context of birthing in hospitals rests on her observations of the "intimidation" of poor birthing persons who receive subsidized health insurance. Peyton's was the sole narrative among the participants of complete dissolution of working relationships with medical providers.

There is a tenuous balance between radical doulas who frame their role as client-advocate and those who feel they should refrain from any interference with the doctor's care. Nic is a full-spectrum doula in Washington, DC who described this delicate equilibrium: "I keep very quiet and try to respect the medical professionals in the room by listening and that's sort of my job as a translator to the patient so that they can advocate for themselves. That's my role." Radical doulas go between, existing within and without the institutional boundaries of medicalized birth. This is part of their power—their liminality, i.e. their ability to cross thresholds. According to Sydney, a birth and postpartum doula in Austin, Texas, "It's this whole kind of messy cycle where their hands are really tied. But, *my hands are not tied*. My hands are very much open and willing to walk into a room with empathy and with a desire to a kind of labor-focused vision on this person who is giving birth. That's the only thing I care about." By focusing on the specific needs and desires of individual birthing persons as clients in a system that sees birth as an inherently medical event, radical doulas can lead their clients through an antagonistic institutional space with dignity and respect.

Questioning the Role of Certification

As described in the previous chapter, certification and training vary markedly among the participants. These steps all entail a monetary component, thus prompting some radical doulas to eschew certification altogether or, more commonly, to decline ongoing certification. All of the participants received some form of doula training, and most obtained certification; five out of 30 radical doulas opted to forgo certification. Many radical doulas described the training process as ongoing over their careers as care and birthworkers in terms of amassing education on new information and skill sets to support their clients. Several suggested that the ongoing re-certification process is an unnecessary cost and bureaucratic procedure without a meaningful benefit to their continuing work in this field. Nearly all participants shared that their clients typically don't inquire about certification, such that it's a non-issue; staff and clinicians they encounter in medical settings don't ask them about their credentials. A small number of doulas, particularly those who manage doula collectives and employ other doulas expressed that certification is one way to ensure the quality of care associated with the doula group. Charlotte works as a birth and postpartum doula in Oregon; she ensures that the doulas she employs are "uniformly trained and certified, so that when they get anybody that has my brand or the facility that's with me walking in there, they know what they're getting." Charlotte refers to both the families that they serve, and to the hospital staff they work alongside.

Charlotte spoke about the potential for radical doulas to enact meaningful change, and grappled with the institutionalization of care: "I certified because if doulas are ever

going to be integrated into the standard of care—in order to be taken seriously, there has to be a basic degree of competency that can be expected of every person who calls themselves a doula." Charlotte believes that the integration of doulas into the standard of care has the power to positively impact medicalized birth settings. Importantly, doulas who seek Medicaid compensation through programs like Oregon's must comply with training and certification guidelines, including a mandatory training program newly instituted and regulated by the state. None of the Oregon participants had yet received Medicaid reimbursement; more information is needed about how these funds are distributed to independently-contracted doulas.

Radical doulas differ in their perspectives on institutionalized certification; some indicated that they see the practice is a form gate-keeping that potentially makes the work inaccessible to marginalized individuals who lack the economic privilege to purchase entry into the field. Jacqueline spoke of her identity at the intersection of multiple forms of marginalization and how this shapes her view on the importance of being certified to practice doula work:

> For me, it's like, I'm an overweight, Black woman—loud, opinionated. There's so many reasons why someone can swipe me off of the table; I'm not going to add an extra thing. I do think that certification is somewhat of a way to gate-keep for those in the birth community, and I've seen that, and it's very unfortunate that that happens. (Jacqueline, postpartum)

Jacqueline frames certification as a form of protection, to ensure that she has a place in the room and that her voice is heard—in service to her clients on their reproductive journeys. Doulas have traditionally been middle class, white women, and to interrupt the patterns of discrimination that feed the Black maternal health crisis, for instance, we must

insist on supporting communities of color in training and organizing culturally-competent care workers who can enact change in their communities. Tamika, a full-spectrum doula in Seattle, explained how her African American, Afro-Latina background shaped her decision not to certify:

> No, I'm not certified, and I'm on the fence about certifying in the future, because to me, it's just another barrier. Studies have shown that people of color work better with other people of color, and given that and the history of the Western medicine model, it just seems kind of backhanded to have these doula trainings and these certifying organizations kind of determining who can and cannot become a viable doula by their terms, because Black southern midwives and doulas that were pushed out of their communities, they weren't certified, and they had amazing maternal and infant health rates in their communities, so to me, it's just kind of, like, another form of gentrification… It's like, you come in, you hijack our skills, you hijack all the knowledge and the things that we've done in our community, and you say 'hey, well, if you can't pass these Eurocentric literacy tests, you can't do what you've been doing for hundreds of years,' and so Black southern midwives and doulas were forced to stop practicing. And then all of a sudden, you have middle class white women saying, 'oh, well, you can't do that because you're not certified.' So it's just, like, gatekeeping, and to me, certifying is just, like, another extension of the Western medicine model, which I'm not a fan of. (Tamika, full-spectrum)

Tamika reflects on race and class as she recounts how Black midwives and traditional birthworkers were pushed out of practice through the institutionalization of reproductive services in medical settings. Scholars have noted the role of the emergence of obstetrics as a field in connection to the discontinuation of community services provided by practitioners like the granny midwives of the Southern US (Bonaparte 2015).

Mainstream doulas certified by the best-known organization in the contemporary US are limited in their care work by the scope of practices designated by the credential granting-organization. Some radical doulas suggested that this is an unacceptable limitation. Kyle connected their stance on certification to their personal interpretation of a

reproductive justice imperative: “I’m also radical in that I’m vehemently pro-choice and that encompasses not just abortion, but with just body economy in general. And I also will and have spoken up in the face of obstetric violence, which is against certification, but that’s something that I regularly do and will continue to do.” As a full-spectrum doula, Kyle serves clients at any point in their reproductive experience, and suggests that speaking up for vulnerable clients is a vital part of the care work they’ve enacted in abortion clinics and birthing rooms. Kyle notes that the scope of practices indicated by mainstream certifying-bodies suggests that it’s inappropriate for a doula to speak against a doctor’s orders, and that to do so may be risking the loss of their certification. Devin connected the limitations on the scope of practices to patriarchal authority:

> There's this limitation that feels to me very masculine. It feels very patriarchal. It feels like the western model of medicine, controlling something that is uncontrollable, because birth is uncontrollable. No matter which way you look at it, it's just unpredictable and mysterious, and of course in our society, we try and put that into a tiny little box and put a bow in it, and that just doesn't work. So, I think that there's this intention to mass-produce doulas that are going to fit into the western medicine’s model of care for pregnancy and birth, and I radically disagree with that. I think that it doesn't serve women. It doesn’t serve anyone birthing or in the family dynamic… Even if they want a highly medicalized birth with all of the interventions and they want a highly medicalized doula, that's great to have that skill, but to mass-produce these doulas that are so separate from what the wise-woman way is around birth, the wise-woman tradition of holding each other through this rite of passage, through this threshold that is ancient and sacred, and here we are mass-producing these doulas that will comply with the system, and I just really disagree with that. (Devin, full-spectrum)

The participants agreed on the necessity of training to inform their care work, but the radical doulas shared differing ideas about the quality of individual training programs, as well as certifying bodies. Some, like Charlotte, felt that cultural-competency in care work may not be best achieved by the mainstream training programs. Training programs are

uniquely varied, but the question of standardization of services may mean that a greater regulatory force becomes felt if doulas are to be integrated into the standard of care. Radical doulas may continue to exist in liminality, inside and outside of institutional norms and transposing boundaries between care workers and justice-seekers, themselves uniquely positioned to enact change as outsiders-within the medicalized context of birth and reproductive care in the contemporary US.

Discussion

Radical doulas provide continuous support for birthing persons, often serving their clients as labor begins at home and then attending them in hospitals for delivery and the postpartum period—where they then cross institutional borders again as they travel from hospital to home. As non-medically trained support persons, radical doulas enact care and birthwork that falls outside the institutional logics of the medical sphere, positioning them as outsiders with intimate access to a space that privileges insider knowledge, i.e. medical expertise and authority. Radical doulas also navigate the issue of certification as another permeable institutional boundary; most choosing to certify but many declining the bureaucratic process of ongoing re-certification.

Because radical doulas negotiate institutional boundaries so effectively, they may be a particular asset for birthing persons in hospitals who receive interventions to facilitate labor. They can work as advocates by helping their clients understand the processes and procedures, while offering continuous emotional and physical support; this can help some birthing persons release fear and manage their pain, contributing to better experiences and outcomes. Radical doulas also support pregnant people in abortion

clinics, and at homebirths, and in each setting, they engage a skill set that takes a holistic approach to support the informational, emotional, and physiological aspects of reproductive events. These findings contribute to further elucidating the doula effect by demonstrating how radical doulas navigate medical settings as outsiders within—crossing institutional boundaries and sometimes subverting bureaucratic norms.

In the next chapter, I situate the participants within the reproductive justice movement by analyzing their care and birthwork as a form of activism, and ask how feminism motivates and informs radical doula work. I take an intersectional approach to the issue of gender-neutral reproductive language, and explore the role of marginalized identity and lived experience in shaping participants' desires to enact justice through their intimate labor. Then, I synthesize my findings in conversation with the existing literature to elucidate the role of radical doulas in the reproductive justice movement as activist care workers, and conclude with suggestions for research and practice.

FINDINGS: PART THREE

"Birthwork is Activism:" Radical Doulas Enacting Reproductive Justice

As described in the previous chapters, radical doulas are care workers who provide intimate labor and work to enact change through the reproductive justice framework by honoring their clients' needs, wherever they may be on the spectrum of reproductive support. The participants explained the integral connection between their work and the goals of the reproductive justice movement, one that fosters bodily autonomy and promotes a holistic understanding of the quality of life needed to make reproductive choices that are not shaped by fear and lack of access. Radical doulas suggest that by enacting a framework for justice in their care work—by offering a sliding-scale for services, by volunteering services and working in radical doula collectives, and through culturally-competent training to serve specific communities, such as opioid-dependent pregnant persons, or incarcerated pregnant persons, for example—they engage in reproductive justice activism.

I asked the participants to describe their understanding of their radical doula work in relation to reproductive justice; as one participant described:

> It implies that this doula is working under a social justice framework. This doula recognizes that all people are not born equal under the law and that even this effort at equity isn't happening, and so we need to strive to create a more just world. And a radical doula does that, kind of, espouses a practice that recognizes that we need to work on justice on all of these levels. So, not just in terms of race, class, gender, but also in terms of where someone is on a spectrum of pregnancy and recognizing that everything – a radical doula, in my mind, always includes abortion and miscarriage. Kind of serving a person along the Rubicon of what it means to experience a pregnancy, and then whatever else happens. And that's radical work. (Ruth, birth and postpartum)

Ruth's response highlights the intersectional perspective that informs radical doula work. Based on the historical origins of reproductive justice among women of color, specifically the SisterSong Women of Color Reproductive Justice Collective, the group credited with the original designation of reproductive justice (Ross and Solinger 2017), one participant suggested that radical doula work is a form of reproductive justice only when it is performed *by and for* women of color. The other participants utilized a less literal interpretation, suggesting that they enact a form of activism by offering services to populations who would not traditional have access to this kind of care. Although, it's important to note, many radical doulas of color purposively serve specific racial groups, drawing on their own identities and lived experience to provide culturally-competent care.

Care Work as Feminism

Radical doulas come from differing backgrounds and have different experiences with medical systems that shape their motivations for care work. Most participants described an orientation toward social justice as driving their desire to enact systemic change. Rose is a birth and postpartum doula in Illinois who grappled with the role of activism in defining the radical doula:

> I struggle with that because I can take radical doula as two different meanings. I can take the "radical" as the person who is on the hospital's lawn picketing with signs and yelling 'peace on Earth begins with birth.' [chuckles] That's what we've traditionally defined the radical doula as. However, I believe that right now the true radicals are those of us who see this for the bigger picture, who see this not as just an event that happens in a person's life that is really important, meaning birth. But people who see this as a whole continuum of—our genetic information is being encoded prior to our parents even conceiving us. And so

> looking at this in terms of the effect that doulas have on the next generation and the world, I think that's what a radial doula is. It's taking all of that into account and providing care that sets that up in the best way possible. And not just for the people who can afford us, but having the trickle down to the people who could really benefit from this. (Rose, birth and postpartum)

Rose notes that radical doula care is too valuable to be restricted by economic privilege because of the transformative potential inherent in this approach to continuous, compassionate client-support.

Ayana works as a birth and postpartum doula in Washington, DC; she emphasized the role of radical doulas in positively impacting the client's experience with reproductive health care, and notes how feminism contributes to this framework for support: "Often times, people who have a feminist lens do the work that they do to change the dynamics of what happens with people who are pregnant and laboring and postpartum—who want to change those dynamics with their care providers and how they engage with the healthcare system in general." Ayana suggests radical doulas are motivated by a feminist desire to enact social change, potentially by helping marginalized individuals navigate medical settings that may inspire fear and trepidation.

Not all participants identify with the label "feminist," but most frame their work as related to a feminist understanding of intersectional social justice as the basis for delivering intimate labor through care and birthwork. Sonia said, "I also think it's feminist to value emotional labor and healing work and nurturing work, because those things are all maligned." Sonia calls attention to the cultural devaluation of feminized labor, highlighting the historical marginalization of care work. In this way, radical doula work may be inherently feminist, as the reclamation of practices that center caring and

emotive labor in institutionalized spaces that privilege hegemonic identities and practices. Sydney addressed the transformative power of radical doula work as driving her motivation:

> When I became a doula, I really wanted to use this job to help people. I looked for organizations, and I looked for ways to use doula work to serve specifically women of color, women in kind of underprivileged-communities, women who are on Medicaid, or women who can't traditionally afford to pay a lot of money for a doula or who have previously been incarcerated. All of the research I did on that led me to look into all these things about birth as this kind of active revolution for women reclaiming our bodies and reclaiming birth for us and birth as an act of feminism. (Sydney, birth and postpartum)

Sydney is motivated by feminism to serve diverse clients who would not traditionally have access to the quality of care that radical doulas can provide. She described these populations and her work in Austin, Texas:

> I work with an organization that offers free doula services to help women who don't have support or who are in situations where their life situation is a little bit less than ideal. We work with refugee women. We work with immigrants. We work with single moms. We have a part of the organization that works with the Sheriff's Office and does pregnancy support for them. (Sydney, birth and postpartum)

Radical doulas engage in reproductive justice when they utilize a feminist lens framing their care work as service to individuals marginalized by systemic oppression. They work to enact change across stratified systems, often by focusing their practices on the needs of specific groups, such as undocumented immigrants, for example.

Charlotte described the particular populations she serves: "Specifically women of disadvantaged socioeconomic standing; women who are recovering from drugs; women who are leaving abusive relationships, or who are still in them, and who are often times victims of their circumstances." In Charlotte's birth and postpartum doula work, she

focuses on serving individuals who experience myriad barriers when navigating institutionalized settings. She suggests that individualized, nonjudgmental care is imperative in shaping their experience: "The people that I work with—justice for them often looks like not being judged, being met from where they're at, and being treated the same way that anyone else would be treated." Charlotte's clients often exhibit distrust in medical settings, fearing racial profiling, for example: "When they go into a hospital, nobody just looks at them and says, 'Well, I'm gonna call CPS because you look like someone I should call CPS on.' That's a huge fear." Charlotte invokes the "scare tactics" that other radical doulas also noted as a threatening specter of institutional authority, such that Child Protection Services (CPS) represents.

Nic provides insight on their work in abortion support services, reflecting on the rhetoric of the antichoice political movement:

> It's so frightening to be in the doula position and see these people, who are there for a lot of different reasons and who—you know, it's nobody's favorite day. It's nobody's best day to be at the abortion clinic. And to think, why are people even saying like, "They have a choice. They have a choice. We want to take that choice away." It's like these people don't have a choice. A lot of people who are making the decision to have an abortion don't have the choice, to say like, "Well, I could have this baby, but I'd rather not," you know? They're in a position where this is the decision that they have had to make, and it is a hard decision. And so, it feels disrespectful and it feels terrifying to think that there are people outside of the circumstances—there are people with plenty of money and plenty of choice who are trying to take that away from marginalized populations. (Nic, full-spectrum)

Nic recalls the reproductive justice perspective on abortion, a discourse that insists we shift the political focus on "choice" to an analysis of access, because as reproductive justice activists have pointed out, choice is meaningless without access to services. Other radical doulas emphasized how supporting pregnant persons through any reproductive

event was motivated by reproductive justice, such as Jamie's reflection on providing abortion support:

> These are pregnant people making choices that they want to make to live the lives they want to live. How can we not – how can a person who loves Earth not understand or not support a person for whom birth would not be the amazing, perfect, desired experience either, you know? Gosh, it makes me love a birth more when I know that it's a person or a family that dearly wants it, and it makes me respect the hell out of an abortion knowing that it's a choice that is liberating the patient to be a better parent to the kids they do have, or better student so that they can get the job they want and live the life they want. (Jamie, full-spectrum)

Jamie emphasizes how abortion can help individuals achieve a better quality of life by enacting their bodily autonomy in this reproductive decision. Radical doulas are motivated to assist individuals in achieving their desired reproductive outcomes, and this may be particularly salient in stigmatized contexts such as abortion. As Ellen reflected, "It's not a situation where people have had compassionate care available to them and we want to make that care available where it historically hasn't been available." Radical doulas demonstrate that abortion support is reproductive justice.

Ellen learned about reproductive justice while training as an abortion doula and has utilized this framework to extend the scope of her motivation for justice. She noted the importance of radical doulas serving in contexts beyond birth and abortion:

> That's why I think radical doula work is so powerful, because it does go beyond just the experiences of pregnancy and postpartum. I had a friend reach out to me recently saying that her friend was a drug user and had just been raped and needed to get PEP and just go to a provider and she was concerned because she was a drug user and she felt like she was going to be mistreated by the medical care system. I was like, 'I have plenty of doulas that could go with her. Any of our doulas could go.' If someone just needs an advocate in a healthcare system that is going to dehumanize them, I can definitely make our doulas available for that. (Ellen, full-spectrum)

By extending the lens of reproductive justice, Ellen and other radical doulas see the potential for meaningful change in service to those individuals who may be vulnerable to various forms of institutional authority and abuse encountered in medical settings.

The participants discussed the importance of highlighting the range of people who require reproductive care, including those across the spectrum of ability. Nic discussed how all individuals deserve the freedom to manage their fertility, making their own decisions about their bodies rather than having their autonomy restricted by medical practitioners who may deny them certain services. Many participants spoke about their commitment to serve any person having a reproductive experience, noting their understanding of gender diversity and connecting this to social justice. Sonia is a full-spectrum doula in Portland, Oregon who discussed their identity as a disabled, genderqueer person informing their radical doula work:

> For me, it's just doing work that's grounded in an anti-oppression framework. I would say the number one thing—I bring my whole self to all my interactions with clients. So, I'm very open. I'm autistic. I have multiple disabilities. Those are things that I share with my clients. Because I feel that in being vulnerable to them, it's easier for them to be vulnerable. And in that space it's always hard to be vulnerable. (Sonia, full-spectrum)

Sonia frames this vulnerability as a quality of their care work, and this unique positionality may help define the potential impact of radical doula work as responding to a range of specific circumstances that require individualized attention and care. In this way, radical doulas enact reproductive justice in service to diverse clients with unique experiences of oppression in institutionalized settings and navigating everyday life.

Importantly, this care work may often be reflective of the radical doulas' own marginalized identities.

Experiences of interlocking systems of oppression

Most participants addressed race and class in their responses outlining reproductive justice—this intersection of identity and institutional marginalization being a primary focus of the movement; many participants noted the Black maternal and infant health crisis, like Lisa: "The color of a person's skin affects how likely they are to die from giving childbirth and that's absolutely a reproductive justice issue. The fact that black women are three to four times more likely to die from childbirth, is just staggering, like a mind-blowing statistic to me." As an advocate of "free birth," Lisa suggested that the medicalized context of birthing in the contemporary US may be more harmful than helpful, especially for vulnerable birthing persons. Jacqueline spoke about her own birthing experience as a Black woman navigating a "high-risk" premature birth and her son's extended stay in the NICCU (Newborn and Infant Critical Care Unit). Jacqueline was reflective and expansive in her definition of reproductive justice:

> It means that, if I do decide to bring life into the world, that I can do it in a safe, supportive fashion, that I will be respected, and that I will be honored in the process. And, I definitely think that reproductive justice is connected to my work. A lot of the work and the engagements that I deal with around the maternal health crisis, and its connection to our birthing outcomes with our black babies – there's definitely a correlation…but I also think that it's access and creating an environment where those decisions are not based on fear, and neglect, and lack of access. So, things around nutrition, things around access to quality care, continuity of care, access to respectful staff and respectful medical support, the ability to choose and say, "I don't want medical support." (Jacqueline, postpartum)

Jacqueline also notes that vulnerable birthing persons may turn to extra-institutional contexts to birth with dignity. “Free birth” may have the potential to interrupt systemic oppression if it’s accessible across the intersections of marginalized identities.

Jacqueline highlighted the antagonistic context of contemporary reproductive politics, suggesting, “Birth work is activism, especially in a time—now—where we are so blatantly under attack.” But she cautioned against the “white savior complex,” a response typical in the feminist field of reproductive discourse that sparks distrust rooted in patterns of institutional racism that have historically shaped reproductive politics in the US (see Roberts 1997). Jacqueline sums up this stance: “Black people don't need a savior. Black people don't need to be saved. They need the resources and the access.” On white privilege and removing barriers to access, Jacqueline notes the way privilege can be harnessed in service to the principles of reproductive justice by removing systemic barriers that restrict access: “You don't have to fix it. You don't have to apologize profusely, but if you have access to somebody at a hospital because your grandfather was friends with somebody who was friends with somebody that owns that hospital, and I need to get into that hospital, you can help me get into the hospital.” Jacqueline draws on her lived experience to deliver specialized expertise as a postpartum doula supporting Black women with infants receiving critical care. This work gives her unique insights on the Black maternal and infant health crisis and the ways that radical doulas can enact social change through the reproductive justice framework for activism.

Radical doulas are often motivated to serve those most likely to be impacted by systemic oppression. Like Jacqueline, Amelia reflected on how her identity informs her

desire to serve racially marginalized clients. Amelia is a Mexican American birth and postpartum doula working with low-income clients in Florida. She shared the story of a client's journey through fetal loss as a woman of color:

> For example, the client I have right now, she is Black and this is her seventh pregnancy, and she has no babies. And she has been trying for almost ten years. And she was completely vulnerable to me and told me that, "I really believe that because I'm Black, I have not received the most adequate care." It was only about a year ago that she found out why she was having so many losses and why she had so many stillborns. And she said, "It's ridiculous to me that it took them this long to figure it out when I could have had my baby years ago." (Amelia, birth and postpartum)

Unfortunately, Amelia's narrative was not unique among the participants, and instead, reveals a pattern of discrimination that motivates radical doulas to engage in this work as a form of reproductive justice activism. Scholars have noted the difficulties that may arise when "feminism is your job," as activist burnout accompanies the emotive stress of care work (Beechey 2005). Reyna suggested that this evaluation is faulty in accessing one's potential impact on stratified systems:

> I'm not going to gauge my worthiness as a radical doula, or as an activist or as somebody doing this work on getting things done or changing the system. It's a nice dream. But I think it's really important for new doulas and people getting trained--it's like, pace yourself, and just go with the moment, right? Like, if you can change one woman's perspective on birth and help her out—that is fucking enough, because it can be so daunting. And you can have, truly, a breakdown. It was like I wasn't able to change fucking shit. And I just wasted like seven years working on this shit and it's still the fucking same. (Reyna, birth)

Reyna reminds us of the intensity of emotion that often characterizes care work and the importance of self-care in the context of an on-going struggle for systemic change. Radical doulas enact boundaries that help them navigate the intimate terrain of care work while maintaining personal practices that ensure they can continue to serve their clients.

These strategies vary on an individual basis but represent a trend toward protecting self-care practices in the face of ongoing antagonistic institutional interactions that may be demoralizing.

White doulas may be motivated by reproductive justice to serve racially marginalized pregnant persons, but not all the participants agreed that this is an appropriate response. Jacqueline offered her perspective rooted in historical reflection:

> I feel like Black women can serve Black women. I feel like Black women can serve white women. I do not feel that white women can come back and serve Black women, and I can explain that in the way that—historically, Black women have been the caregivers for everybody in this country. We have been the wet nurses, and the nurses, and the midwives, and the grannies, and the mama for everybody, and so, I believe that that ancestral memory—that memory that has been sewed into our DNA as caregivers—is something that can adequately be shared with the full breadth of mothers on the cultural spectrum. But unfortunately, again, given the history of race relations in this country and where white women have stood generally in that relationship, personally, I don't believe that it would be a safe place for them to step into. (Jacqueline, postpartum)

Understanding reproductive justice in the US is to understand the role of racism in shaping contemporary trends of continued oppression. Jacqueline's view on whiteness may seem extreme but it is nonetheless rooted in a sociohistorical analysis of systemic violence against Black women. Roberts (1997) suggests that "while racism has perverted dominant notions of reproductive freedom, the quest to secure Black women's reproductive autonomy can transform the meaning of liberty for everyone" (7). Radical doulas are sensitive to specific manifestations of institutional marginalization, and can benefit from culturally-competent training to ensure they are equipped with the best practices to serve their own communities. If we can transform access for Black women

by providing culturally-specific care, we can potentially encourage systemic change to protect other vulnerable communities, thereby raising the standard of care for everyone.

Race, Gender, and Gender-Neutral Reproductive Language

Language structures our experiences and helps give shape to reality, but it is also informed by power/knowledge to create discourse the can reify patterns and practices of systemic oppression (Foucault 1980). Language can be a tool to elucidate the lives of marginalized individuals and communities, and bring new ideas into form. Foucault (1980) notes how power/knowledge both constrains our agency while also offering the potential to expand the boundaries of action and understanding. Gendered language plays a powerful role in the reification of essentialist discourse that limits our cultural knowledge concerning the range of expressions of gender difference related to reproductive capacities and practices. In *The Radical Doula Guide*, Pérez (2012) suggests that radical doulas use gender-neutral reproductive language rather than speaking only of women as possessing bodies that reproduce. The participants concurred that they use gender-neutral terms when a client requests that they do so, and they agreed to a lesser extent that they use non-gendered terminology interchangeably in their everyday workplace speech. Rose framed her approach as an inclusive one that allows potential clients to validate their individual family structure and reproductive autonomy:

> My preference would be for all of our language to be gender neutral. I also understand that where most people are, they don't connect with the term birthing person. They don't connect with the term partner, so I'm in this process of I'll flip back and forth because I want people to start equating woman, or mother, with birthing person. I like to purposely use the language interchangeably so that people can have a little bit of permission to do that. I think inclusivity is really

> important. I believe that the use of woman and husband and labor coach and the very assumption that there would be two people involved in this process—I believe that that is a barrier for people who don't fit that mold to seek out care that would benefit them and their baby. It's for the best start. Whether it's a lesbian couple, whether it is a trans person, whether it is someone who, no matter the fact that they have a uterus and grow a baby in it and push it out, they're never going to call themselves a mother. I think that it's really important to kind of use these terms and start to make the shift. (Rose, birth and postpartum)

Rose highlights the transformative power of language in acknowledging the shifting landscape of the spectrum of reproductive clients who can benefit from radical doula care. Most participants shared similar sentiments, and in this way, radical doulas can support the individual autonomy of reproductive bodies.

A small number of the participants of talked about the potential for erasure when gender-neutral language is the norm. Tamika primarily serves African American women as a full-spectrum doula in Seattle; she offered this reflection on race:

> African American women, historically, have constantly been stripped of their femininity. So, I can definitely understand why a lot of African American women would kind of be a little taken aback by kind of being pushed to use gender-inclusive language, because a lot of African American women feel like 'Jesus, I've never been able to fully embrace my womanhood; I've been robbed of my femininity since I've been born.' (Tamika, full-spectrum)

Tamika's lived experience helps her serve Black women for whom reproductive autonomy may be a difficult achievement and an expression of their individual liberty and freedom (Roberts 1997). Leah echoed the role of institutional marginalization in shaping the care that her clients need as pregnant persons experiencing opioid-dependence. Leah reflected on how gender-neutral language may impact her clients:

> I think to do that might almost be less empowering to the majority of our women. Because for so long their womanhood has been – I don't want to say a crime, but they have been treated badly because they are women. They have been treated

> badly because they are weak by society's standards. Or they end up with violent significant others, or whatever. And they aren't empowered as women. And so, I think that women's empowerment is a big deal to the people that I serve. (Leah, trauma-informed)

Leah speaks to the issue of maternal legitimacy, central to the reproductive justice goal of validating the parenthood of socially stigmatized individuals for whom parenting is regulated or disallowed (Ross and Solinger 2017). One participant, Peyton, suggested that although they support gender-neutral language "as a feminist," they also believe that "if we don't keep using the word 'women' regarding birth and pregnancy, I almost feel like it plays into the patriarchy a bit, just because birth does belong to women." Peyton's narrative is shaped by observing obstetrical violence that prompted her to shift her practice outside of medical institutions and into the realm of "free birth." She sees her work as intimately connected to an ongoing struggle for "women's rights," because women are not able to safely acquiesce to the medical model of birth without risking potential interventions that may be harmful and not in line with bodily autonomy (Block 2007).

Some participants drew on feminism to help explain the "woman-centric" language question. Devin described their enthusiastic approach: "I'm passionate about educating others on the topic, especially doulas and midwives and people that are extremely attached to this whole journey being attached to the feminism. Really see that this is a human experience, and the feminine is often associated with it, but it is not limited to that. I just see it being a human thing." Devin demonstrates the liberation of reproductive experience from the exclusive realm of the feminine, noting the inherently

human nature of birthing—a process all living humans have survived. Devin plays with this universalizing approach in their birthing support circle and informational workshops:

> So many people think that it's for the mothers and they aren't welcome there if they're not identifying as a woman, if they aren't a mother. Men often think that they're excluded from coming, and the name is to the Great Mother. It's to the great feminine energy that encompasses everything and everyone. We all have feminine and masculine principles inside of ourselves, so we often facilitate these conversations at the Mother Center. We have pregnancy circle and postpartum circle and meditations and things like that, but we also do workshops and a lot of the workshops we've been hosting recently have been on gender, and one of the things that we pose in these workshops is what's possible beyond the limitations of gender? Who can we be without these confines? (Devin, full-spectrum)

Devin's attitude of questioning the confines of gender is representative of most participants' willingness to engage with gender as a potentially limiting social construct that is likely to hold different culturally-specific meanings at the intersection of interlocking systems of oppression. Holly reinforced the role of the radical doula in fighting against the cultural devaluation of birthwork marked "feminine," suggesting that "It's not to disregard people who feel strongly about the connection between the feminine and birth or how important that can be to their identity of womanhood, but I just feel like for me personally, I wanted to prioritize a community that's really struggling to get supportive care in pregnancy, whether that's abortion or birth or postpartum or bereavement." Through birthing, women may be empowered as women, but radical doulas also recognize that people with other gender identities require culturally-competent care to support and affirm their roles and identities as parents, birthing people, people experiencing fetal loss, and people seeking to end a pregnancy.

Nic offered a nuanced response to the call for inclusivity in language, noting the shifting landscape of socially-acceptable terminology as a potential problematic:

> I understand the heart of it. And the heart of it is to continue to embrace marginalized populations and to be a part of this general more inclusive movement towards having people feel heard and served… I'm a little bit older and so I have some issues with this kind of Millennial call-out culture, where people are being made to feel bad or guilty if they don't always use neutral language like that. I think that the effort is important, the effort to continue to include and embrace other populations or more so, not to exclude people, but I think that in itself it's very exclusionary to draw a line and say, "Well, if you're not using gender-neutral language, then you're not a feminist" or "You're not an activist. You don't know. You don't understand the struggle."… It excludes older generations when we say, "This kind of language is the only acceptable language." (Nic, full-spectrum)

Individuals who lack access to social justice networks or educational contexts that offer analytic tools for understanding oppression and systemic marginalization may not be equipped with updated knowledge of vocabularies. The participants emphasized that acceptance is key—acceptance of the diversity of individual experiences and identities that they may encounter, and acceptance among radical doulas of their occupational counterparts who may come from differing cultural and educational backgrounds.

Radical doulas meet their clients wherever they are on their reproductive paths, and these paths may include a birth experience with someone who does not identify as a woman or frame birth as an inherently 'maternal' event. This does not invalidate the reproductive experiences of women, as Deb stated, "No one is taking anything away from you, you weirdos." Deb's critique of gender essentialist thinking was a common narrative among the participants who see this as an artifact of the past. Rose addressed some of the well-known and vocal opponents of gender-neutral language by connecting this pattern to

upholding racism: “I look at Ina Mae [Gaskin] and Penny Simkin the same way I look at my racist, old grandpa. Things have changed and they have not evolved with the times. And that doesn’t negate the contributions that they have made to our field. And it’s also time to evolve beyond that.” According to Sydney, “Every time you give birth, you’re permanently changing the fiber of the universe.” Perhaps radical doulas help us envision an evolution of social justice through the transformation of reproductive experiences. Perhaps in the process, creating little activists everywhere—united by the ultimately humanizing experience of crossing the portal of birth.

Discussion

Radical doulas enact birthwork as activism by providing services to marginalized populations; some address economic barriers to access by offering a sliding-scale for services, or volunteering care to clients needing specific reproductive support, during loss or abortion, for example. Doulas of color often provide culturally-competent care to pregnant and birthing persons from their own racial or ethnic communities. The participants discussed their work in relation to feminism and the reproductive justice movement; identity informs how radical doulas connect with the specific populations they serve. Lived experience typically shapes this connection between individual radical doulas and their clients, like those who are differently-able, queer, or have experiences with addiction, for example.

The intersections of identity impact differing opinions on gender-neutral reproductive language, with some radical doulas suggesting that existing marginalization

may be intensified for clients who are attempting to connect with mothering as a respected, rather than socially devalued, aspect of their identities as women. All participants support their clients by respecting the terms, pronouns, and reproductive language that makes sense for the individuals they serve. A small number of radical doulas expressed gender essentialism related to the feminist discourse of naturalness, i.e. suggesting women's bodies "naturally" know how to birth.

These findings help situate radical doulas within the reproductive justice movement, and suggest that the proliferation of culturally-competent radical doula support holds the potential to transform reproductive experiences and outcomes to marginalized communities.

DISCUSSION

"The act of serving a person through pregnancy—no matter what happens—is a kind of peaceful protest in their community." Ruth, birth and postpartum

Radical doulas hold their clients' hands, using the power of touch to communicate support and encouragement. They integrate a holistic perspective that sees birth, for example, as a potentially emotional, physical, and deeply social process that is culturally situated. This means that radical doulas utilize individualized techniques to provide the best possible supports across multiple spheres of influence. Radical doulas use massage and healing energy rooted in Indigenous birthwork and passed through ancestral knowledge. They bring outsider perspectives inside the medicalized institution of reproductive health care—boundary crossing as they shift through energetic portals to transform the realm of possibility for their clients. Radical doulas grasp the root of care work by identifying the transformation possible through liberatory social justice practices that treat all reproductive bodies and events as inherently worthy of compassionate and competent support. This care work spans the categories of identity—across race, gender, sexuality, ability, region, age, and class—and the spectrum of possible reproductive outcomes—abortion, birth, loss—traversing the thresholds of life and death.

In the first section of findings, I described the participants' radical practices of care and birthwork as intimate labor. Part two situates radical doulas as outsiders within medical settings with the radical ability to negotiate institutional liminality. The third section of findings explores how radical doulas enact reproductive justice through their

radical paradigms for care work shaped by a desire to radically transform systemic oppression. These findings demonstrate the radical doulas' unique practices, positionality, and potential for transformative impact through reproductive justice.

Medicalization

Researchers have suggested that the continuous support provided by doulas in medical settings may positively impact birthing experiences and outcomes (ACOG 2017; Chor et al. 2015; Lesser et al. 2005; Morton and Clift 2014; Tillman, Gilmer, and Foster 2013). They transform the medicalized space with healing energy and compassion, helping their clients release fear and embrace the portal that is birth. Radical doulas also bring transformative techniques and approaches to care work to abortion clinics, and to homebirths, meeting their clients where they are in the trajectory of reproduction. Radical doulas have the potential, then, to cross institutional boundaries as they shift through these spaces, and to expand the parameters of doula work beyond birth.

Radical doulas expand the understanding of reproductive bodies by acknowledging the spectrum of genders that require competent and compassionate support inside a range of medical settings and across the spectrum of reproductive events. Systemic marginalization and oppression means some clients may particularly benefit from radical doulas who enact reproductive justice through their care work. Attention to the Black maternal and infant health crisis, for example, reveals the potential effects of medical racism, and demonstrates where radical doulas might act as agents of change (see

Apfel 2016; Villarosa 2018). It is particularly inside of medicalized settings that radical doulas may offer the most protective support through continuous care and advocacy.

Reproductive Justice

Scholarship on reproductive justice has elucidated the lasting impact of institutional racism on medical settings, and how the intersections of race, class, gender, sexuality, and ability impact the care pregnant and birthing people receive (Roberts 1997; Ross and Solinger 2017). Radical doulas meaningfully distinguish their work from mainstream doulas by drawing on the reproductive justice movement to frame their care work as activism. Payment for services does not necessarily obscure their orientation toward activism; radical doula work is vital and should be legitimated as a paid profession that has inherent value. Although radical doulas like Pérez (2012) suggest that volunteering and offering a sliding-scale for services are important parts of radical work, this should not be understood as a requisite component to identify activism or an orientation toward social justice. Mahoney and Mitchell (2016) highlight that the key question is who pays, intimating that justice may not need to come at the expense of individual radical doulas who have the economic privilege to donate their time, energy, and services to marginalization pregnant and birthing persons. Radical doula care works, and to best serve those most vulnerable, we need to shift the burden of expense off the client and the doula and onto institutional providers and insurance companies.

Reproductive justice can look like a pregnant person receiving compassionate and competent educational, emotional, and physical support through the experience of an

abortion, a right continuously under attack in the political and cultural spheres. Sometimes reproductive justice means a birthing person gets to choose a vaginal birth after a C-section, a right constrained by institutional practices to protect the liability of doctors and hospitals that doesn't prioritize the bodily autonomy of the birthing person. Or, reproductive justice may be a postpartum birthing person receiving ongoing information and support to encourage healing during a period of potentially increased vulnerability and isolation. Each reproductive event belongs to the person experiencing it, but their journey can be meaningfully impacted by the support as a radical doula who enacts care work as activism.

Implications for Research and Social Change

The work of radical doulas has not been previously researched through sociological inquiry. Recent qualitative dissertations, such as Christine Morton's work on the re-emergence of doulas as "birth ambassadors" (see Morton and Clift 2014), and Monica Reese Basile's (2015) work on doulas as potential "agents of social change," offer the best attempts at capturing the complexities of doula work in connection to the tenets of reproductive justice. This study contributes the first empirical analysis of self-identified radical doulas, with the potential to meaningfully inform literature at the intersections of work, gender, and reproductive health. The primary limitation of this study hinges upon the common critique of qualitative sociological inquiry with respect to a lack of generalizability, as compared to the societal trends gleaned from quantitative analyses of randomized, representative samples, for instance. What this research endeavors to achieve, however, is an elucidation of the meanings that this particular

convenience sample of radical doulas bring to their work as activists. For these 30 individuals, this inductive inquiry highlights their voices and experiences as they navigate and make meaning within their social worlds and the work they do in greater service to the ideological commitments of the reproductive justice movement. The focus, then, is limited to the meanings that these radical doulas bring to their work; this is not an empirical endeavor to discern the perspective of radical doulas' clients, nor is this an inquiry into birth outcomes, although both of these issues may be addressed in the process of learning how radical doulas conceptualize their birthwork as activism.

Since recent research has demonstrated the efficacy of doula programs for improving birth outcomes (Chor et al. 2015; Lesser et al. 2005; Tillman, Gilmer, and Foster 2013), this study has the potential to lend policy makers a more detailed and nuanced understanding of the services offered by radical doulas across the spectrum of pregnancy, which may then inform the expansion of medical coverage to provide a greater range of doula services in an effort to better serve the community's most marginalized pregnant and parenting people. Policy implications related to this expanded definition of doula work hold the potential to give underserved pregnant and parenting people greater access to the personalized, transformative work of radical doulas. There are also important implications for the radical doulas, themselves, particularly related to the issue of compensation through state-subsidized service, which has the potential to affect how radical doulas negotiate professional certification, and legitimate radical doula work as paid labor. This study brings light to the work that radical doulas do—detailing

how their work is informed by activism—while also describing how their work is being shaped by broader trends across the medical and sociopolitical landscape.

Radical transformations

The radical doula is also radically authentic in expressing their identities—they bring their "whole self" to client interactions. By consciously choosing to engage the world through a lens of vulnerability, radical openness and honesty, they are creating space for the people they support to be authentically themselves during a potentially transformative and meaningful reproductive experience. As Devin reflected, "I think it's really magical the way that we get to support each other in these thresholds." To transform birth is to attend to the most humanistic connective thread of existence—the threshold of life, a radical boundary that in some way touches us all. Radical doulas are portals that reflect this human connectivity, and this powerful approach to healing reproductive care is radically transformative medicine.

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APPENDIX: INTERVIEW MATERIALS

Verbal Informed Consent

INFORMED CONSENT FOR INTERVIEW

You are invited to participate in a study exploring people's thoughts about experiences about working as a radical doula conducted by JaDee Carathers in the Department of Sociology at Portland State University. The purpose of the study is to examine the experiences of radical doulas working across the U.S.

If you decide to participate, you will be asked to complete one interview. You will be asked about your experiences working as a radical doula, and some descriptive information about yourself. We are interested in how radical doulas see their birth work as connected to the broader reproductive justice movement, and how they may frame their work as activism. The interview will be conducted at your convenience. The interview will take approximately 1.5 hours to complete. The interview will be audio recorded for transcription purposes. However, any information that is obtained in connection with this study and that can be linked to you will be kept confidential. Only the PSU researcher conducting the project will know you participated in the study. Any reports or publications based on this research will not identify you as having been a participant.

Benefits of participation in this research study include the knowledge that you are playing an important role in a study aimed at understanding how radical doulas enact social change through birth work framed by reproductive justice. Some potential risks of participating in the study could be anxiety and/or distress caused by reflecting on negative experiences. Please remember that participation in the research project is completely voluntary. If you do decide to participate, you can stop at any time.

If you have concerns or problems about your participation in this study or your rights as a research subject, please contact the Portland State University Office of Research Integrity (503) 725-2227 / 1877-480-4400, email hsrrc@pdx.edu. If you have questions about the study itself, contact JaDee Carathers at jadee@pdx.edu or 1721 SW Broadway, Department of Sociology 263 Cramer Hall. Portland OR, 97201.

Your verbal agreement constitutes your consent to participate, recorded as part of the interview. Your consent indicates that you understand this information and agree to take part in this study. Please understand that you may withdraw your consent at any time without penalty, and that, by consenting, you are not waiving any legal claims, rights or remedies. The researcher will provide you with a copy of this form for your own records.

Demographic "Face Sheet" Completed by the Participant

1. Please describe your gender.
2. What is your race and/or ethnicity?
3. What is your age?
4. What is the highest level of education you've completed?
5. What is your primary occupation?
6. Please describe your approximate annual income.
7. What is your relationship status?
8. How do you define your sexuality?
9. Do you have any children? If yes, how many?

Interview Guide

1. What does it mean to be a radical doula?
    a. What's most important/critical component?
    b. Personal versus professional definitions
2. What does reproductive justice mean to you?
    a. Do you see your work as aiding or being motivated by reproductive justice?
    b. Why or why not?
3. How did you begin to work as a radical doula?
    a. How long?
    b. Under what circumstances?
    c. How did you first hear about radical doula work?
4. Tell me about your doula training
    a. Were you first trained as a traditional doula?
    b. How did your doula work become "radicalized"
5. Are you certified?
    a. How do you negotiate this with clients? With clinicians? With other doulas?
    b. Pros and cons; cost-benefit
    c. How does certification "fit" with radical doula work?
6. What is the best/most rewarding aspect of your work as a radical doula?
7. What is the most difficult aspect of your work?
    a. Compare mode of birthwork: abortion, adoption, miscarriage, birth, postpartum
    b. Negotiating intimacy and boundaries
8. Are you familiar with the phrase "the doula effect"?
    a. What does this mean to you?
    b. How do you explain/account for the cause of this phenomenon?
9. Do you feel that radical doula work is activist work?
    a. Is it feminist?

b. Role of marginalization/marginalized identities (of clients; reflexively)
c. Are you paid for your services? Why or why not?

10. Do you use gender neutral language with clients and/or clinicians concerning pregnant people?
    a. Why or why not?
    b. How might this disrupt traditional maternity? Is that a goal?