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Episode 22: The Social Science of Doulas with Dr. Jennifer C. Nash

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DI **Dr. Ian Anson** 0:04

Hello and welcome to Retrieving the Social Sciences, a production of the Center for Social Science Scholarship. I'm your host, Ian Anson, Associate Professor of Political Science here at UMBC. On today's show, as always, we'll be hearing from UMBC faculty, students, visiting speakers, and community partners about the social science research they've been performing in recent times. Qualitative, quantitative, applied, empirical, normative. On Retrieving the Social Sciences, we bring the best of UMBC's social science community to you.

DI **Dr. Ian Anson** 0:41

It's an incredible feat of athletic performance that takes the better part of a year to prepare for. It's physically grueling, causing your body to undergo dramatic changes. It requires tremendous endurance, strength, and pain tolerance. But despite the massive challenge that it presents, around 3.7 million Americans do it each year. No, it's not an Ironman race or a Tough Mudder or American Ninja Warrior. It's childbirth, a miraculous process that just happens to be the origin story of every single human who has ever lived.

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22:21

[Download on Android, iOS](#)[Log in](#)**DI Dr. Ian Anson 1:41**

On today's episode of Retrieving the Social Sciences, we hear from Professor Jennifer C. Nash of Duke University. Dr. Nash is the Jean Fox O'Barr Professor of Gender, Sexuality and Feminist Studies at Duke University. She earned her PhD in African American Studies at Harvard University and her JD at Harvard Law School. In Dr. Nash's recent Korenman Lecture at UMBC, presented by the Center for Social Science Scholarship and the Department of Gender and Women's Studies, we hear about the critical role of doulas in helping make the childbirth process safer and more equitable. Dr. Nash explores the work of women of color doulas laboring at Chicago in an era where doulas are increasingly hailed by the state and by activists as precisely the innovation that can save black mother's lives. Let's listen into an excerpt from Dr. Nash's lecture, which explores the complicated tensions surrounding doulas and the ongoing effort to eradicate black infant and maternal mortality.

DJ Dr. Jennifer C. Nash 2:43

In April 2019, aspiring Democratic Party presidential nominee Elizabeth Warren participated in Shaping the People, a forum for women of color voters. Warren, who had developed a reputation for her detailed policy recommendations, unveiled her newest innovation. If Black women are three to four times more likely to die during childbirth, Warren suggested that the state provide hospitals with financial incentives to improve health outcomes for black mothers. She said, "Doctors and nurses don't hear African American women's issues the same way that they hear things from white women. We got to change that. And we got to change it fast because people's lives are at stake." Warren was hailed for making black maternal health a campaign issue and for her investment in offering a clear policy intervention designed to safeguard black maternal life. Over the course of 2019 other presidential candidates also wielded the specter of black maternal death as a sign of their commitment to the multiply marginalized. Kirsten Gillibrand reminded viewers of one democratic debate, quote, "I sat down with Eric Garner's mother, and I can tell you when you've lost your son, when he's begged for breath, when, you know, he said, "I can't breathe" so many times, that person should be

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because I too, met with his mother.” And just to remind us of earlier models before 2019. In 2016, Hillary Clinton invited the Mothers of the Movement to appear on stage with her at the Democratic National Convention and to confer their endorsement upon her. So black mothers were again and again figured, as the memory keepers of slain black children, particularly black boys and men, and as always braced for inevitable future loss. They were icons of trauma, grief, heroism, and death, trotted out by an array of figures on the US left as in Angela Harris’ his words “the ultimate example of how bad things are.” And black mothers emphatically placed themselves in the public sphere to speak about the anti black conditions that were killing their children and to advocate for their needs, including perhaps the most basic need, what Joshua Chambers-Letson has called more life. In so doing they rendered motherhood a powerful vehicle for making visible a set of conditions that have long been and continue to be holding unlivable for black people. *Birthing Black Mothers*, my new book, argues that if black mothers have become politically legible because of their newly visible but long standing proximity to their dead children, they have also recently entered the public consciousness in a new way. Not simply proximate to their children’s anticipated death, black mothers are now imagined as themselves occupying death worlds because of their distinct vulnerability to a decidedly not new condition: medical racism and obstetric violence. The last five years have seen an outpouring of journalistic work in the New York Times, PBS, NPR, Mother Jones, Democracy Now to name just a few sources that have taken up this issue. All of them have spotlighted staggeringly high black maternal and infant mortality rates and the myriad ways that institutionalized medicine fails its black mothers. So my new book probes a moment where the long standing conditions of the ordinary have become newly framed as a crisis. And where black motherhood itself has become a site of cultural interest, empathy, fascination, support, and seemingly benign regulation, both by the bio political state and by black feminists as they have collaborated to figure black mothers as living in crisis. In this talk, I treat women of color doulas as actors who have, by being in the room, put into practice and brought into institutional visibility, a set of black feminist frameworks, including allegiances to reproductive justice, a commitment to black life, and an investment in care and love as radical world-making forms of being together.

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Moreover, I treat women of color doulas as instrumental in recasting the perinatal black body, not as a medical or an embodied category, but a political one. For women of color doulas, the pregnant black body is invulnerable and precarious, subjected or potentially subjected to myriad forms of anti black violence. The role of the doula is to protect the fragility of black maternal life and to ensure the safe arrival of black infant life. Yet the rhetoric of the urgency of being in the room can produce the temporality of crisis that doulas attempt to ameliorate. In the book, I've traced three tensions that undergird contemporary doula practice. Questions about training and professionalization, questions about the meaning of medicalization, and questions about the exceptionality of birth. My analysis today draws on 23 interviews I conducted in 2018 with birth doulas, most of whom identified as women of color, all of whom worked in the Chicago metro area. For the doulas whom I interviewed the specificity of practicing birth work in Chicago, in a city described as basically inventing modern segregation, and as marked by equally intense, intensely segregated patterns of gun violence was paramount to how they describe the urgency of their work. Though my interlocutors all identified as birth doulas, they labored under vastly different conditions. One works full time as a doula in an agency she runs with two business partners. Two work full time through a combination of solo practice and agency work. And all of the other doulas that I interviewed were engaged in part time birth work, and other full time work, generally in feminized fields like childcare. Moreover, the number of births they had attended, and the amount of training they had completed varied significantly. And the nature of their trainings was quite different, with some extensively knowledgeable about the physiology of birth, and others describing their training as rooted in the spiritual aspects of birth. I take this variation in training, certification and experience as evidence of the para professionalism of doula work. And I argue that the para professionalism of the work, its capacity to evade standardization, is precisely what enables many doulas to describe their labor as politically transformative. Indeed, I want to sit both with how doula's labor is held as urgent and with how it is unregulated, with doulas training experiences vastly differing. In highlighting the para professionalism of the field, I'm interested in both and how women of color doulas flag this as a deeply political and even fugitive component of their work, and in what it

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term paraprofessional I do not mean it as evaluation or devaluation of the tremendous physical, emotional, and spiritual work that doulas perform, as advocates, healers, guides, witnesses, and travelers to use a few of the terms my interlocutors deployed to describe their jobs. Instead, I mean it to describe the lack of regulation and organization of a birthing profession that is increasingly hailed as the touchstone of reproductive justice and as precisely the birthing innovation that will save black women and children's lives. I also use para professionalism to capture the fact that while doulas emphasize that they are not medical practitioners, and often define themselves against conventional medical institutions, they remain actors who perform the majority of their labor in medicalized spaces, namely hospitals, and alongside workers whose professions are not at all paraprofessional, including midwives, lactation consultants, nurses, and obstetricians. Doulas capacities to reside in medical spaces while maintaining minimal if any medical training can make murky the relationship between birth work and medical care. A murkiness that is perhaps most profound, and I would argue most potentially most dangerous, for birthing mothers who are at once reminded that doulas are not medical professionals, yet they encountered them in medical centers, in medical settings.

DJ Dr. Jennifer C. Nash 11:20

All of the doulas I interviewed had participated in a two or three day intensive training, though the content of that training varied tremendously. Some classes are led by formal organizations like the Doulas of North America, or Childbirth and Postpartum Professional Association, or toLabor, or ProDoula. Others are facilitated by community organizations, or even by campus initiatives specifically designed to train women of color doulas. Most of the doulas I interviewed identified strongly with our training institution, particularly those who had elected community based doula training, which were often imagined to index a commitment to women of color birthing bodies. For most doulas the training was an experience of self transformation, community building, and solidarity much more than it was an orientation to the physiology of labor, or the physical experience of birth. Faith, for example, described her training as organized around in her word spiritual and emotional connection. And she noted that her training transformed a group of

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exchange affirming messages. Morgan described her training as quote "centered in traditional black practices from the black midwives." She said, "it was all just very centered in blackness. It was very centered in traditional black practices that have gotten lost throughout time from when the granny midwives would come from Africa and bring a lot of those practices here. We are the women who birthed an entire country. We have raised white babies, we birthed white babies, we birth our own babies." For Morgan, doula training was a return to a kind of native practice and a recognition of black women's long and powerful birthing histories. If professionalization debates constituted a battle over the ethics of the work itself, doulas also debated the lack of standardization in the field. Doulas are outliers in the larger field of birth work. Midwives and lactation consultants, the birth professions often associated with doulas, require substantial training, certification, and licensure, and thus they are expensive to enter. And many doulas noted that the costs associated with meeting credentialising mandates have made those professions unavailable to women of color. Miriam, who began her career as a lactation consultant, noted the impossibility of finding a black lactation consultant in Illinois because of the cost of certification, and the demands that she felt had been imposed only to the benefit of the fields credentialising bodies. Indeed, for some doulas, including Miriam, the growing visibility of doulas led to anxieties around possibilities for standardization, for uniform certification requirements that could exclude women of color, unleash further competitiveness, and make impossible what many women of color doulas I spoke to had been doing long before they even got trained, practicing doula work. Miriam suggested that any push towards standardization would simply serve the field's professional organizations, not birthing people, and especially not birthing black mothers. She said, "What happens with standardization is the one who can make the most money is the one who ends up on top. The one who has the highest credentials ends up on top. Making everybody ascribe to one standard is oftentimes the enemy of true equity." For those doulas who viewed birth work as a calling, the field's radical para professionalism affords them the opportunity to select clients who match their ethics, namely those who are imagined as most vulnerable to forms of birth violence. A number of women of color doulas articulated a preference for working with women of color clients or just guide their pro black orientation, a

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don't feel safe with white women." Sydney suggested that women of color and white clients come to birth work with different agendas and aspirations, and that her practice aligned with the priorities of her women of color clients. She said, "Women of color and queer birthers need a doula for birth justice. White birthers use doulas because they want boutique birthing experiences." And Imani, who split her work between her solo practice and laboring for an agency, described her dislike of the agency's primarily affluent suburban white clients, even as she appreciated the steadiness of the work. She said, "The owner of the agency has completely catered to people in the suburbs. She's catered to that demographic, that socio economic status. Those are the clients. Those are their attitudes about who I am and what I am there to do, especially for postpartum clients. It tends to be like I'm there for servitude."

DJ **Dr. Jennifer C. Nash** 16:12

One of the benefits of solo women of color doula practice then is the ability to assue professional and medical norms of distance and to embrace the possibility of friendship and intimacy with clients. All of the women of color doulas I talked to describe birthing together as the beginning of a long lasting friendship. And for man,y the friendships formed through birth constitute the radical possibility of of doula work to remake black mothers and black communities. Imani said, "I see it as building that community. You have more and more people. A doula becomes your friend, your midwife becomes your friend. Then you have this vast network of people who are constantly looking out and supporting you, especially when it comes to the health disparity. Because if you can have a sister come with you every time you go to the doctor, things are very different, just having another person there." For Imani, the capacity to select black clients allows her to nurture precisely the transformations she imagines birthing together to make possible. Granting black mothers access to a nurturing and caring community. So Audrey, who is trained as a social worker, told me, "I incorporate a lot of mental health services in my doula work. My first prenatal visit is usually around anxieties, a lot of concerns, because I feel like whatever mental blockage you have is going to come out in your birth. If you have fears around giving birth, if you have some kind of trauma you've experienced, it really blocks you from

having a successful birth. You stop yourself from having that full agency to do

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thinking about how to hold space for black life, considering black tenderness and black love as necessary preconditions for ushering life into the world. That it involves understanding the intimate connections between the gun violence epidemic, mental health services, environmental justice, and parenting. This talk argues that the rhetoric doulas mobilize to make visible the importance of being in the room, participates in remaking the category of black mother, transforming birthing black women's bodies into highly politicized spaces. At once women of color doulas' labor interrupts the crisis facing black mothers by placing doulas' bodies alongside birthing black mothers' bodies in the site of the crisis, the delivery room. And yet women of color doulas work on behalf of black mothers often reproduces the ongoing cultural tendency to endlessly yoke black women's bodies to trauma, injury, and suffering in the service of uplifting them, shoring up the notion of black mothers' bodies as the scene of the crisis. As doulas, particularly women of color doulas, are increasingly held by the state and by nonprofits as evidence of a commitment to eradicating maternal and infant health disparities. Black feminists must struggle with how and why the state has invested in paraprofessional women of color birth worker labor, rather than a wholesale reimagination of institutionalized medicine as a solution to black maternal and infant mortality. I'm equally invested in having black feminist struggle with a moment in which our own tools, analytics, and investments in love, care, and spirituality have been harnessed by the state and other institutions in the creation of a low wage care work industry populated by women of color, who are often juggling other low wage feminized jobs, as they engage in a community service of affirming black life. This is a moment where the struggle for black children and mothers to quite literally live is still exclusively and entirely in our own hands. This is of course an older black feminist lesson. In 1974, the Combahee River Collective noted, or perhaps warned us, that quote "The only people who care enough about us to work insistently for our liberation are us." Despite the discursive explosion of the rhetoric of crisis, politicians gesturing to the need to eradicate maternal health disparities, and journalists writing about medical apartheid, it remains the case, thanks largely to efforts by women of color birth workers to make visible the benefits of

doulas that the only people laboring for black mothers' health are black

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CC Campus Connections 20:29

Campus connections, campus connection, connect campus connections, campus connections.

DI Dr. Ian Anson 20:37

Now it's time for Campus Connection, a part of the podcast that connects today's feature to the work of other scholars at UMBC. Today's Campus Connection takes us from the role of doulas at the beginning of life to the role of support personnel in far later stages of life. Dr. Nancy Kusmaul, associate professor in the Department of Social Work at UMBC has recently co-authored an article in the journal Gerontology and Geriatric Medicine that takes a close look at who's in the house when it comes to long term care staffing before and during the COVID-19 pandemic. This research highlights the fact that many long term care workers were deemed non-essential during the pandemic, resulting in absences and gaps in care that diminish the quality of the complex care that long term care home residents require. Together with Dr. Nash's insights about doulas, it seems increasingly clear that, at its very foundations, our society relies on dedicated care workers to ensure that our most vulnerable members receive the care, dignity, and safety that they so urgently deserve. That's all for today's episode. Until next time, keep questioning.

DI Dr. Ian Anson 21:45

Retrieving the Social Sciences is a production of the UMBC Center for Social Science Scholarship. Our director is Dr. Christine Mallinson, our associate director is Dr. Felipe Filomeno, and our production intern is Jefferson Rivas. Our theme music was composed and recorded by D'Juan Moreland. Find out more about CS3at socialscience.umbc.edu. And make sure to follow us on Twitter, Facebook, Instagram, and YouTube, where you can find full video recordings of recent UMBC events. Until next time, keep questioning.

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