

Advocating for Birthworkers in Colorado



A report by



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Language note:

This report uses multiple words to describe what is commonly known as a “doula”, including “birthworker”, “birth attendant”, “birth support person” and perinatal support professional. The word “doula” is greek for slave, and there has been an intentional shift away from using this word, especially among BIPOC birthworkers, including those that participated in this report. At times, the word “doula” will still be used in appropriate contexts, especially as it continues to show up in policymaking and is frequently used by national entities.

This report was created through intentional community spaces with birthworkers and policymakers.



Introduction

Elephant Circle is an intersectional birth justice organization whose mission is centered around ensuring that every person can give birth within a strong circle of support, love and protection. Elephant Circle employs, trains, and supports birthworkers and birthing people across the state and country.

Soul 2 Soul Sisters is a Black Women-led organization dedicated to health, healing and joy for Black Women. Soul 2 Soul runs the Sacred Seeds Birthworker Collective, which seeks to:

- Connect with Black families who seek birth worker care.
- Share culturally reflective information and approaches with Black families to increase Black Breastfeeding, honor and save Black lives, and end the disparities in Black maternal and infant mortality.
- Increase community awareness regarding the realities of Black parents, infants, and families.
- Receive support in accessing and completing continuing education opportunities aligned with holistic approaches to the reproductive health needs of Black birthing people.
- Cultivate a network of communal support while receiving opportunities to prioritize their own healing and well-being.

Read more at soul2soulsisters.org/sacred-seeds-black-birthworker-collective-of-colorado/

Organizations such as Elephant Circle and Soul 2 Soul Sisters have lived and thrived in community with birthworkers. Through Elephant Circle’s doula services and birthworker training process, Soul 2 Soul Sisters Sacred Seeds Birthworker Collective, and both organizations’ fierce community-based advocacy for Black and brown people at the intersections of reproductive justice, we bring forth this conversation on birthworkers in our community in the hopes that you walk away with an informed understanding of their experiences and the urgent need for policy change.

Voices represented

This report seeks to represent the voices of community birth workers in Colorado, specifically Black and Indigenous people and people of color. We aim to highlight the voices and perspectives due to the additional barriers that BIPOC birthworkers face, the roots of birthwork in indigeneity, and the pressing need for BIPOC communities, especially Black Women, to have a full range to reproductive health before, during, and after the perinatal period.

Information shared in the report is based on conversations with and feedback from 15 BIPOC birthworkers from across the state. (see figure 1)

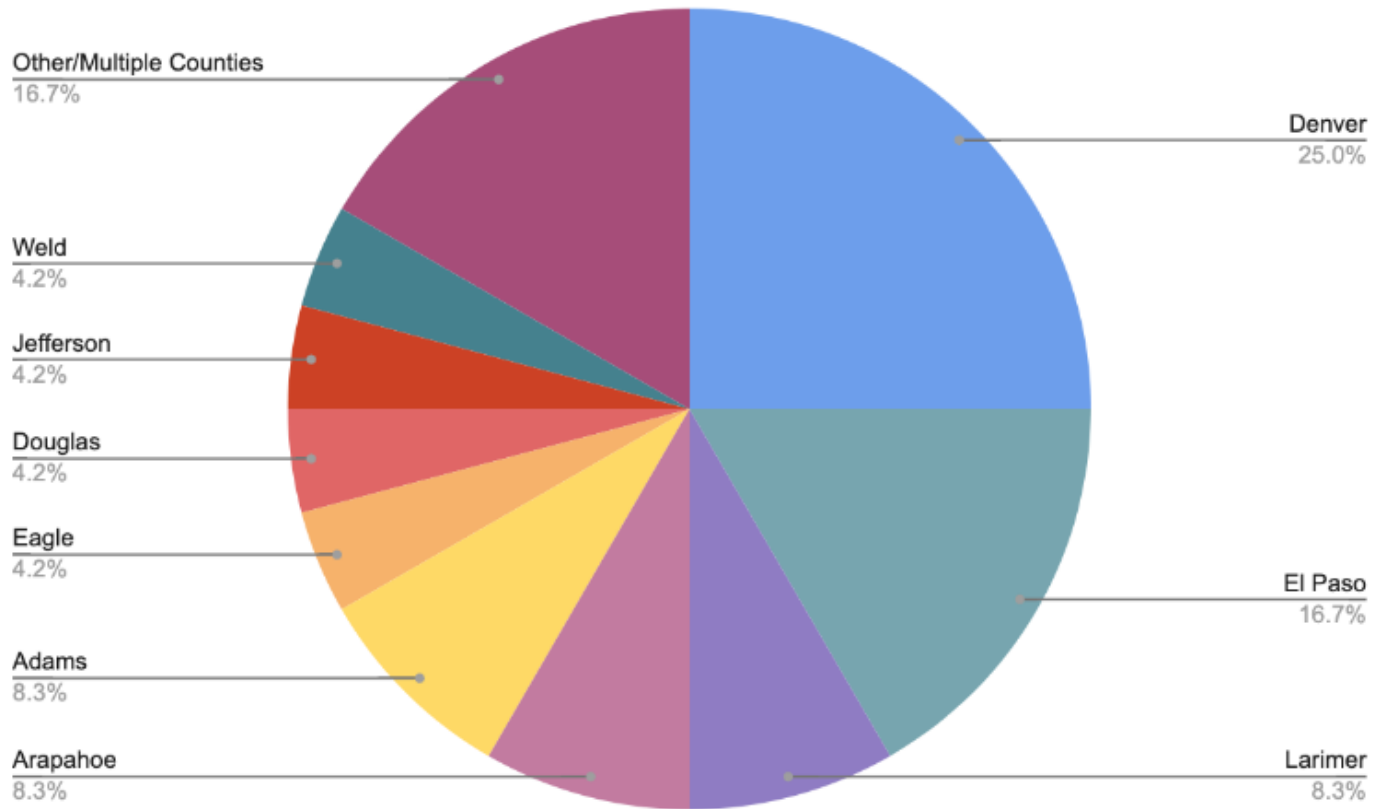


Figure 1: Counties served by birthworkers that participated in the listening sessions

Supplemental information is based on community experience and collective knowledge building, as well as academic sources. See citations and additional resources at the end of the report.



Executive Summary

As birth justice advocates, policymakers, and community members seek to address the maternal mortality crisis in our country, many are understanding that community birthworkers are an important part of the solution. As we've seen from policies implemented across the country, without a solid foundational understanding of the experience of birthworkers in one's community, well-intentioned policy solutions can have unintended consequences that can contribute to the barriers that birthworkers face when caring for their clients. It is important to increase access to perinatal support professionals, especially for Black and Indigenous communities that face disproportionately high maternal mortality rates, but it must be done in a way that is sustainable for birthworkers to minimize emotional and compassion fatigue.

In order to capture the full scope of birthworkers experiences to inform policy. In August 2022, Elephant Circle gathered community birthworkers across the state to gain a comprehensive understanding of the challenges birthworkers face in Colorado and to help inform sustainable policy solutions for birthworkers of color and the communities they care for. Three listening sessions with 15 birthworkers of color were conducted. Space was created to build community, discuss barriers to birthwork, and dream about what birthwork might look like in an ideal world. These conversations were specifically held with community-centered birthworkers, or birth attendants, who take on a non-clinical role and support the emotional, spiritual, and mental well-being of the birthing person. Community-center birthworkers may support birthing people and their families in hospital settings, a community birth center, or at home. It is important to understand the difference between a "doula" and "midwife".

This report will make reference to midwives at times, in particular Certified Professional Midwives (CPMs) who may share in the role of a birth attendant, but have specialized training in community settings providing clinical support and "catching the baby". Read more about both professions at:

www.americanprogress.org/article/community-based-doulas-midwives/

Several themes involving cultural and financial barriers were discussed among birthworkers related to sustainability in providing support to clients. Cultural barriers include hostility and disconnect from and within medical environments; a culture of fear and anxiety regarding birth and a lack of emphasis on the importance of the postpartum period; systemic racism that contributes to burnout and a lack of race-explicit spaces for birthworkers to learn; and the presence of stigma towards birthworkers that prevents patients from understanding what a doula is or seeking birthworker care. Financial barriers include patients' inability to afford birthworker services, leading to a culture of birthworkers providing services for little to no cost to their own detriment; the inability to place a financial price on birthwork due to the flexibility and variation of the work; the expensive price on birthworker trainings and certifications; and the mental, physical, and spiritual burdens that come with birthwork.

As policymakers and other decisionmakers, it is important to understand the connections between the experiences of birthworkers and the approach to policy solutions. From these conversations, as well as through historical knowledge of the barriers impacting the culture of birthwork in Colorado, we pose several policy recommendations including: understanding the ecosystem of community birth and how community birthworkers work together; understanding the system and the inequities it creates for birthworkers and birthing people; how to navigate creating sustainable models of pay for birthworkers; and considering intentional processes to consult birthworkers as stakeholders in policy design and implementation.



Cultural and Historical Context

Long before the establishment of our modern healthcare systems and the American Medical Association, birthing people were deeply entrusted to navigate their pathway through pregnancy and birth. Through this process, they invited sisters, aunts, cousins, or friends to provide an intimate level of support before, during, and after the birth. This invited the sacredness of community and birth in their own traditional ways. This support community had a long history of being by the side of the birthing person and supporting them emotionally, mentally, and spiritually.¹

As the obstetrics profession advanced and birth became more surgical and moved towards hospital settings. Intentional separation between the innate ability for birthing people to give birth and for them to receive support within their communities. Birthworkers were stigmatized and over-regulated. The cultural roots of birthworkers were dismantled, increasing oppression for Black and Indigenous communities and their birthing people.

Racism within our healthcare system and the inequities we face across the country have resulted in disproportionately high maternal and infant mortality rates, the highest of any developed country (see figure 2). In Colorado, maternal mortality rates have doubled in the past ten years.² There are many moving pieces within these inequities, and the point of birth is only a small moment. Doulas are often named as key interventionists within oppressive and racist systems that put Black and brown birthing people at heightened risks. But this is not a fight that birthworkers can take on alone. This systemic issue extends far beyond the intervention that happens during the perinatal period. We cannot talk about doulas without talking about midwives. Access to community birth and policymaking must look toward long-term solutions to poor outcomes and inequities within our healthcare systems more broadly. The need to drive accessibility of community birth and community-centered birthworkers is urgent as communities of color continue to be harmed by an oppressive medical system.

Exhibit 1
Maternal Mortality Ratios in Selected Countries, 2018 or Latest Year

Deaths per 100,000 live births

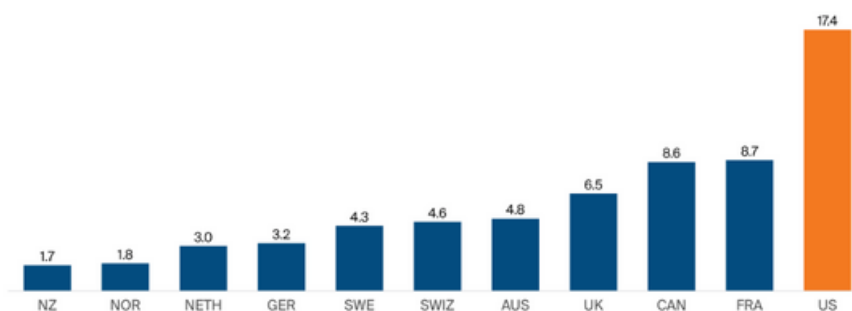


Figure 2: Maternal Mortality Rates in Developed Countries



¹ Dukehart, C. (2011, July 14). Doulas: Exploring a tradition of support. NPR. Retrieved November 23, 2022, from <https://www.npr.org/sections/babyproject/2011/07/14/137827923/doulas-exploring-a-tradition-of-support>

² Brown, J. (2021, May 3). Death rates for Colorado pregnant women have doubled since 2008. here's how the state is trying to fix it. The Colorado Sun. Retrieved November 28, 2022, from <https://coloradosun.com/2021/05/03/death-rates-pregnant-women-colorado/>

Community-Based Findings

Cultural barriers: The Medical System

Due to the medicalization of birth, there has been an increase in surgical birth, which pose additional dangers and potential for trauma during the perinatal period. The intentional movement away from community-based birth into hospital settings has sterilized and regulated birth--leaving little space for the nuance, humanization, and sacredness of birth. It has divested power away from pregnant persons and their families. The roots of our modern healthcare system are built upon racist ideologies which persist today and are consciously and subconsciously upheld by individuals within the system. As a result, giving birth in a hospital setting can be particularly harmful for people of color, especially Black people. This reality emphasizes the need for pregnant people to have a full range of options including access to community-centered birthworkers such as midwives and birth attendants and places of birth to include free standing birth centers or home.

Understandably, not every pregnant person wants, or is able, to choose to give birth outside of the hospital. Increasing access to community-based birth also requires consideration for how people who are giving birth in a hospital setting will be supported and advocated for. In 2021, Elephant Circle passed comprehensive legislation to address the birth equity gap, requiring hospitals to have a policy that allows every pregnant person to have a support person with them when giving birth, such as a doula, reiterating the doula role and scope of practice as part of the birth support team during labor and birth. In the year since this law was passed, doulas continue to report hospital policies and practices that exclude them, creating limitations for the birthing person and undue stress/anxiety when forced to choose a familial loved one over their birth support professional. Lack of accountability from hospitals and the agencies that regulate them means a pregnant person may still not be guaranteed their perinatal right to a support person. Even when a doula is able to be in the hospital, they are typically not seen as part of the hospital team or essential resource. As a result, community-centered birthworkers experience alienation, disregard, and are silenced in hospital settings resulting in additional barriers to supporting and advocating for their clients.

Studies show that simply having a birthworker present in a hospital room drastically improves birth outcomes, including fewer low birth weights, less birth complications, and a higher likelihood of being able to initiate breastfeeding.³ Birthworkers are also shown to reduce surgical birth rates and can advocate for patients who desire to have a vaginal birth after a cesarean (VBAC).⁴ Colorado's current surgical birth rate was 23%, significantly higher than the average of local community birth centers in the state, where both Certified Nurse Midwives (CNMs) and Certified Professional Midwives (CPMs) attend births with the support of birth attendants (Seasons Birth Center, for example, boasts a surgical birth rate of just 7%).⁵

3 Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of doulas on Healthy Birth Outcomes. *The Journal of perinatal education*. Retrieved November 23, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/>

4 Sausser, L. (2022, April 25). Persistent problem: High C-section rates plague the South. *Kaiser Health News*. Retrieved November 28, 2022, from <https://khn.org/news/article/high-cesarean-section-rates-plague-the-south/#:~:text=Overall%2C%2031.8%25%20of%20all%20births,%2C%20when%20it%20was%2032.9%25.>

5 Brown, J. (2022, October 25). Colorado is losing another birth center as midwifery struggles to stay profitable despite rising popularity. *The Colorado Sun*. Retrieved November 28, 2022, from <https://coloradosun.com/2022/10/25/colorado-birth-centers-closing/>

“Birthwork.. is an ancestral, spiritual undertaking and when you think about the transition of those experiences into the hospital, it created a professionalization of something that is ancestral and spiritual. If it’s regulated through government agencies or certifying organizations, it takes power away from community.”

– “Briana Simmons, Full Spectrum Life Cycle Facilitator, Owner of Unearthing Tradition, and Black Women’s Health, Healing and Joy Coordinator for Soul 2 Soul Sisters and Sacred Seeds Black Birthworker Collective”



Cultural barriers: Birth + Postpartum

The roots of birth are grounded in the elements of nature, allowing the body to move naturally from one stage to the next. The oppression of racism, patriarchy, and capitalism have stripped pregnant people of the right to move through their pregnancy and birth in the ways they want and need. Community-centered birthworkers have been providing support to pregnant people for centuries, but the reasons why someone may desire a community-centered birthworker have shifted. Due to harmful systems surrounding medicalized birth, there is a pervasive culture of fear. The desire to move through their birth in the community and connect with themselves and others in a spiritual way—a practice rooted in community birthwork, is lost in this fear. Many people may desire to have a community-centered birthworker because of their fear of what may happen when they give birth, a reality that is understandable as maternal mortality rates remain high, particularly for Black birthing people. The desire to move through their birth in the community and connect with themselves and others in a spiritual way, which is at the root of community birthwork, is lost in this fear.

The medicalization of birth introduces many challenges causing hospitals to cut costs and prioritize efficiency, while the quality of care is deprioritized. The average person may stay up to two days in a hospital after vaginal birth, or four days after a cesarean birth.

6 Thompson, H. (2022). Barriers to Medicaid reimbursement for CPMs and birth centers in Colorado. Google Docs. Retrieved November 23, 2022, from <https://docs.google.com/document/d/1U4NJBGRTEpUKyKxggeO2zID2fjNH4cgQ/edit>

7 Langdon, K. (2022, March 21). Statistics on postpartum depression - postpartum depression resources. PostpartumDepression.org. Retrieved November 23, 2022, from <https://www.postpartumdepression.org/resources/statistics/>

8 Okoloko, E. (2021, November 8). Preventing maternal mortality requires attention to mental health – and the factors that lead to disparities. Colorado Health Institute. Retrieved November 23, 2022, from <https://www.coloradohealthinstitute.org/blog/preventing-maternal-mortality-requires-attention-mental-health-and-factors-lead-disparities>

This stage in the postpartum timeframe does not mark the end of the perinatal episode. It may take up to eight weeks for the uterus to contract and shrink to its pre-pregnancy size, and up to two years for one's body to feel as it was before pregnancy (if it ever does). This period doesn't take into account birth complications or other occurrences in which a birthing experience may be deeply traumatic—in fact, 1 out of 3 hospital births result in the birthing person experiencing trauma symptoms. There is an uptake in birthing people experiencing postpartum depression—prior to the pandemic it was estimated that at least 10% of women experience postpartum depression lasting up to 6 months or longer. The leading cause of maternal death in Colorado from 2014 to 2016 was suicide (17%), closely followed by unintentional overdose (14%), and tragically, the risk of death from intimate partner violence increases during the perinatal period. The value of mental health support following the birth cannot be overstated.

Despite these deep physiological, psychological, and spiritual impacts of postpartum, our country, and more specifically capitalistic systems do not recognize the importance of moving slowly and intentionally through this time. Many people are forced to return to work before they have fully recovered, leaving less time for them to care for themselves, requiring them to shift from breastfeeding to pumping earlier, and leaving less time for them to bond with their newborns. One of the key understandings of community-centered perinatal care is that it extends beyond the birth itself. Community-centered birthworkers care for their patients before, during the birth, and also during the postpartum period. This extended model of care that community-centered birthworkers provide has been directly linked with improved birth outcomes, including fewer pre-term births & low birth weights, and a higher likelihood of successful breastfeeding. Despite the lack of cultural significance placed on the postpartum period, community-centered birthworkers recognize the importance of care during this time, including the need for more birthworkers to be able to train as postpartum doulas to provide specialized care during this time.



“[There’s a] culture of...women being pressured to get back to normal right after having a baby and they’re not really honored in that postpartum period. You don’t just heal in six weeks – it’s mental, physical, and spiritual healing.”

– Zemekia Pearson-Lockett, Certified Labor and Postpartum Doula and Owner of Blooming Lotus Birthing



⁹ Williams, M., Gillispie-Bell, V., Cruz, K., Davis, K., & Vilda, D. (2021, November). Homicide during pregnancy and the postpartum period in the United States. Retrieved November 23, 2022, from https://journals.lww.com/greenjournal/Citation/2021/11000/Homicide_During_Pregnancy_and_the_Postpartum.10.aspx

¹⁰ National Partnership for Women and Families. (2022, September). Improving our maternity care now through Doula Support. Retrieved November 23, 2022, from <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/improving-our-maternity-care-now.pdf>

“Postpartum doulas are essential and without them... I think that’s why the mortality rate is as high as it is. A lot of women...don’t have a person to be vulnerable with”

- Jasmine Ellington, Full Spectrum High-Risk Doula and Owner of Azalia’s Way LLC

Cultural barriers: Race-explicit practice

Due to barriers discussed in the barriers section of the report, there is a disparity of racial representation in the birthworker community. Communities of color were specifically targeted by policies that alienated birthing people from their community-based birthworkers.¹¹ As part of this process of alienation and internalized racism, people of color, until recently, were widely misled to believe that doctors and hospitals provided them with the best possible care and were superior to community-based providers. As a result, and despite the roots of this work, and the disproportionate need for birthworkers that are culturally congruent, birthwork is still a white-dominated space. In particular, spaces of leadership and mentorship lack BIPOC representation. Trainings and certification programs for birthworkers also face this issue—many trainings, on both the national and community level, are not race-explicit, and may even be explicitly anti-Black. These dynamics make it hard for birthworkers of color to both enter and survive the birthworker workforce. This also leads to a disconnect between policy aspirations (culturally congruent doulas as an intervention that can close equity gaps) and the capacity of the workforce. Once they have survived the white-dominated training gauntlet, birthworkers of color are even less likely to have the interest and capacity to interface with more white-dominated spaces, and often prefer to work in spaces that are exclusively led by and serving people of color. White-dominated programs and agencies are likely to have a hard time attracting BIPOC birthworkers despite well-meaning goals to match birthworkers of color with families of color.



¹¹ Cooper Owens, D.. (2017). Medical bondage: Race, gender, and the origins of American gynecology. University of Georgia Press.

Cultural and financial barriers: Lack of access

A key piece of birth justice is ensuring that pregnant people are equipped with the information they need to give birth in a way that is empowering and safe. While there are many birthworkers across our state that provide important support for pregnant people, pregnant people often don't know what community-centered birthworkers do or how to access one. Many may not even know that having a community-centered birthworker is an option. For some populations, this disconnection from resources can be compounded by distrust of clinical healthcare providers rooted in previous experiences with racism, homophobia, transphobia, and the stigma associated with things like poverty, substance use, or immigration status. Community-centered birthworkers are often better positioned to build trust with pregnant people who've experienced bias and stigma than more formal providers, facilities or agencies. When community-centered birthworkers are also alienated from those formal providers, facilities and agencies, their ability to be a bridge to information, safety and support is also limited. It is hard, if not impossible, for white-dominated facilities and agencies to develop culturally relevant outreach and messages that will effectively reach communities of color, which is why investing directly in birthworkers of color is important in overcoming lack of awareness of the potential benefits birthworkers can provide.

Barriers to access for patients may also stem from issues with referral processes for birthworkers. In states where Medicaid reimbursement has been applied to doulas, direct supervision referrals created numerous barriers for doulas who struggled to find healthcare providers that understood and were willing to work with community birthworkers.¹² There are concerns that even with a provider referral model, the cultural barriers named above may preclude many healthcare providers from referring as often as they should.

“Everyone who wants a doula should have access to one. It would be great if there were more money out there for people who want doulas, and for people to learn about what a doula is”

- Dezel Shallenberg, Birthworker and owner of Black Lotus Healing Arts



¹² Guarnizo, T., & Clark, M. (2022, October 18). Doula services in Medicaid: Pathways and payment rates (part 3 in a series). Center For Children and Families. Retrieved November 23, 2022, from <https://ccf.georgetown.edu/2022/10/06/doula-services-in-medicaid-pathways-and-payment-rates/>

Financial barriers: Putting in the time

A lack of understanding of the amount of time that it takes for a birthworker to show up for a client during the perinatal period has led to a financial undervaluing of birthworker services (this coincides with a general undervaluing of care-work, which is also, often performed mostly by women of color).¹³ Some states have created compensation models for Medicaid in which birthworkers were receiving as low as \$450 for the birth and all additional visits.¹⁴

This number does not take into consideration several factors:

- 1 The length of the birth itself, which can vary widely and take up to two days.**
- 2 The amount of time that a birthworker spends with a person.** While a nurse in a hospital provides support for an average of 6-10% of the time of the birth, birthworkers may remain by the client's side for the entirety of the birth, 100%.¹⁵
- 3 The on-call nature of birthworker work,** which may preclude birthworkers from having a healthy work-life balance as they may have to be with their patient at a moment's notice. This also means they can't take on other work that may limit their flexibility. This may also cause strain on a birthworkers ability to care for and connect with their family
- 4 The variables involved with visits.** There is no singular number that can be assigned to the number of times a birthworker may need to visit with a client, as their support services extend far beyond the birth itself and are individualized to meet each client's needs. There is also no uniform amount of time that a birthworker will visit before or after the birth - in some cases they may not have any prenatal visits at all, or may visit multiple times before and after birth.
- 5 The time spent outside of visits and the birth.** It is estimated that about 25% of a birthworker's time is spent doing administrative work.¹⁶
- 6 The amount of money that might be taken out of the fee to cover things like taxes, phones and internet service, transportation, and child care.**

To the fourth point, there is a significant amount of time and energy that is spent by a birthworker to support a pregnant person, and high-risk pregnant people require additional case management beyond simple pregnancy/postpartum support. This includes postpartum care, which, as illustrated above, can be complex and may range over a long spectrum of time. There is also a desire within the birthworker community to provide more support and preparation for the birthing person's partner.

Communities that benefit most from birthworker services include rural communities that don't have the same access to health services as some have on the Front Range. Many birthworkers serve clients in multiple counties (see figure 1) and are required to travel long distances, frequently, to care for them. The costs of gas and other transportation-related costs add to the costs named above.

¹³ Gould, E., Sawa, M., & Banerjee, A. (2021, July 16). Care workers are deeply undervalued and underpaid: Estimating fair and equitable wages in the care sectors. Economic Policy Institute. Retrieved November 23, 2022, from <https://www.epi.org/blog/care-workers-are-deeply-undervalued-and-underpaid-estimating-fair-and-equitable-wages-in-the-care-sectors/>

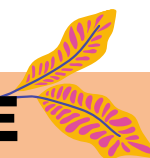
¹⁴ Guarnizo, T., Dwyer, A., Lawson, N., & Brooks, T. (2022, July 7). Doula services in Medicaid: State progress in 2022. Center For Children and Families. Retrieved November 23, 2022, from <https://ccf.georgetown.edu/2022/06/02/doula-services-in-medicaid-state-progress-in-2022/>

Financial barriers: Supporting low-income communities

It is essential that people within the birthworker profession are able to make a living wage – when this is not possible, it creates disparities across race and income within the profession. This is particularly problematic as we consider the value of birthworkers having similar socio-demographic backgrounds to their clients. In an effort to support as many clients in need as possible, many birthworkers will sacrifice their own needs and charge low-income clients less or help them for free. In a national survey of birthworkers of color, most engaged in both compensated and uncompensated birth work,¹⁷ and Native American birthworkers with a tribal affiliation performed the highest percentage of uncompensated birthwork. While many of the community-centered birthworkers who took the survey reported doing community birthwork weekly, a larger proportion of the support they provide goes un- or undercompensated.

There are very few examples in which birthworkers have made a consistent living wage, and the ability to sustain oneself in the profession is pushed further out of reach as birth workers do everything they can to support low-income clients in their community. Many birthworkers remain lower-income due to a societal undervaluing of their work and their chosen career pathways which often remains within the caregiving dimensions of birthwork. This is, of course, mirrored in other helping professions that are dominated by women and women of color, and remain undervalued, under-resourced, and under-invested in.¹⁸

CARE WORK IS VALUABLE



It is also important to note that community birth remains out of reach for many low-income communities despite the fact that it offers many potential benefits. Midwives (specifically CPMs) and doulas must be considered together in the removal of these barriers. Even if low-income communities can access doula services through Medicaid, in order to access community birth they would have to choose to self-pay for the care of a Certified Professional Midwife (CPM). This is already happening in Colorado. This could lead to both under-utilization of doulas and a misunderstanding of the needs of Medicaid clients who may be categorized as noncompliant with or late in initiating care from medical providers. Other Medicaid clients may think that doula services are substantially similar to, better than, or a replacement for community birth by virtue of its being covered by Medicaid, despite the fact that this is not accurate. Improving access to birthworkers but not to CPMs means pushing more birthworkers and low-income pregnant people into the hospital setting, even when that may not be the best option for them.

15 Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of doulas on Healthy Birth Outcomes. *The Journal of perinatal education*. Retrieved November 23, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/>

16 Doula TV: Sisterweb: San Francisco. SisterWeb. (n.d.). Retrieved November 23, 2022, from <https://www.sisterweb.org/doula-tv>

17 Centering the Voices of BIPOC Birthworkers: A Review of Recent Data on Connecting BIPOC Birthworkers. (2021). Retrieved November 28, 2022, from <https://static1.squarespace.com/static/57126eff60b5e92c3a226a53/t/6189a09bc4bc9603a3bcbe44/1636409513693/bipocsurveyreport06.11.21dist.pdf>

18 Rendón, A. G. (2022, September 1). A case for federal labor legislation to protect underpaid home care workers. *Journal of Ethics | American Medical Association*. Retrieved November 27, 2022, from <https://journalofethics.ama-assn.org/article/case-federal-labor-legislation-protect-underpaid-home-care-workers/2022-09>

Financial barriers: Supporting low-income communities *continued*

Furthermore, since being a birthworker is often a stepping stone to other roles in the perinatal care system, it is important that those other roles be economically viable as well. As reflected in Elephant Circle's national survey of birthworkers of color, the vast majority are also pursuing training to become certified professional midwives (a lower proportion also pursue training to become childbirth educators and lactation support professionals among other things, source).

Taking the whole economic landscape into account, both in terms of birth setting and workforce, is an important step to addressing financial barriers to supporting low-income communities.

“As birthworkers, it’s hard to put ourselves first. We are passionate about this work and.... it leads us to do a lot of free work. It leads us to serve community in ways that leave us underserved.”

– Birdie Johnson, Full-Spectrum Birth and Postpartum Doula
and Owner of Mama Bird Wellness

Financial Barriers: Professional development

It is imperative that birthworkers to have access to race-explicit professional development opportunities during their training. There are national bodies that provide trainings for birthworkers, but there are also many local organizations that are rooted in the community and have an understanding of the training needs. Birthworkers need better access to hands-on classes and real-life experiences with trainings. Resources related to birth that are representative of communities of color are important as well. Accessing all of these resources is costly and time-consuming, especially when considering the requirements for a birthworker to gain continuing education credits throughout their practice.

There are a number of important skills that birth workers have that allow them to care for their clients. Birth attendants typically have hands-on childbirth experience, knowledge of pre-and post-natal care, the ability to bring a calming presence, trauma-informed expertise, and strong communication skills. National certifying bodies may have additional requirements, which can be costly and time-consuming, with some certification programs costing up to \$750, not including yearly membership fees. Placing emphasis on certification for doulas creates more barriers, especially for birthworkers of color who are seeking race-explicit, culturally rooted professional development opportunities. Well-known certifying bodies are white-led, and by legitimizing and prioritizing these organizations over BIPOC-led, community-based trainings, birthworkers of color may be forced to train in spaces of harm in order to be seen as legitimate by governing bodies.

There is also a need for different types of trainings for birthworkers. As named above, approximately 25% of birthworkers time is spent doing administrative tasks, such as calling clients or dealing with billing requirements. Many community-based birthworkers are self-employed and need to work hard to reach potential clients. There is a gap in the training to support birthworkers in marketing themselves to the community, and there is a lack of understanding of the time and money that must go into finding a sustainable amount of clients.

“I would love to see healthcare covering doula work so that more people can get access, but I’m afraid to say that because I feel like the government is only going to look at white organizations and say you’re a ‘real birthworker’ because you trained under [them]”

- Celeste Pegues-Rios, Full Spectrum Doula and Owner of Light as a Feather



Other barriers: Hidden costs

While there are numerous financial barriers and factors involved in the birthwork profession, there are many costs not related to finances that weigh just as heavily on birthworkers and lead to emotional distress and burnout, which is exacerbated for birthworkers of color. These hidden costs include but are not limited to:

- **Limited space for recovery time.** The wage that a birthworker makes is related to how many clients they take on. Birthworkers may be forced to choose between being stretched too thin and making a living wage or having a smaller number of clients and barely scraping by. This has long-term impacts on one’s wellbeing and contributes to higher rates of burnout.
- **Poor access to wellness resources.** As key supporters of wellness for pregnant people, birthworkers themselves must have access to wellness resources. However, mental health support and wellness such as massage therapy, acupuncture, sensory deprivation and more can be extremely expensive and inaccessible for many birthworkers
- **Lack of team structure.** Unlike nurses, who typically work in a hospital setting with a full care team, community-centered birthworkers often support a client alone. This requires them to be on call and limits their ability to take care of themselves, take vacations, or have supporters or mentors to confide in. When seeking mentorship or teammates, community-centered birthworkers of color have a harder time finding other birthworkers who hold their identities.

Policy Recommendations for an equitable Colorado



**Stakeholder
processes**

Sustainability

**Certification
and training**

Midwives

**Inequitable
Systems**

Policy Recommendations

Stakeholder processes

There is a long and complex historical ecology of birth and birthworkers in our state, and the most valuable tool policymakers have to understand this landscape is by engaging birthworkers as key stakeholders in policymaking. Some key considerations upon doing this are:

- **Engage birthworkers first.** Do not make policy recommendations for the community and then bring them in after the fact. It is much easier to build something together, rather than to fix a policy that was poorly conceived.
- **Recognize that this conversation isn't new.** Birthworkers and the community groups that advocate for them have been discussing how to work together to fill the large gaps in our perinatal healthcare system for a long time, often in spite of being ignored and disregarded by powerful institutions. Take the lead from these communities when making policy.
- **Compensate them.** Do not treat birthworkers as unpaid consultants that can drive forward your own political gains. Recognize that their capacity is stretched thin because they are front-line workers responding to an epidemic of poor perinatal care.
- **Avoid transactional relationships.** Keep people in the conversation, reflect back on what you're hearing, be open to ongoing feedback, and be honest about what policy options exist and what the costs may be (including the costs of interfacing with white dominant spaces). Be authentic and build intentional relationships. If you don't have the capacity for this, lean on organizations that have built these relationships.
- **Appreciate their perspective.** Not every birthworker is equipped with the language to navigate political spaces, but this doesn't devalue their insight. Rather, they are able to see issues pertaining to birth from a different perspective. If they don't speak your language, literally or figuratively, find a translator not so that they can hear you but so you can hear them.

Sustainability

A potential path forward to ensure that low-income communities have better access birthworkers may be through Medicaid Reimbursement. There are many moving pieces when it comes to implementing this policy, however. If it isn't implemented properly - in a way that is rooted in community and with a deep understanding of the cultural and historical significance of birthworkers - there is potential to create additional barriers, as exemplified in other states that have attempted this. If exploring Medicaid coverage for birthworkers there are two key factors to consider:

1- Rates of reimbursement

Due to the numerous costs of the work, including being on call and having unpredictable and inconsistent hours, naming a specific reimbursement rate is challenging. However, we recommend policymakers do not consider a rate less than \$1,500 (based on recent updates to the Oregon model)

Sustainability

2- Reimbursement models

A. Consider how a patient may access birthworker services. Due to the historical context of birthworkers and of the healthcare system, patients may face barriers to accessing birthworker care if a licensed provider referral is required. It also requires birthworkers to be more integrated into the medicalized healthcare system than they actually are, which is also contradictory to the intention of community-based birth work. This begs the question of whether a state or medical institution can or should successfully leverage this resource.

- We envision and advocate for a self-referral model in which a patient can advocate for their own need to access birthworker services, or a birthworker can refer to themselves for their client.

B. Consider the types of services that a birthworker may be reimbursed for. To allow for flexibility within the birthworker's role - as it ebbs and flows with the needs of each birth - we recommend constraining this aspect as little as possible.

- Avoid allocating a certain amount of visits or how much pre- or post-partum care must be provided - every pregnancy and birth are different. Part of what makes birthworkers effective is their ability to be responsive to the individual needs of each client.
- Ensure that billing codes are not restrictive and allow for the full range of care that a birthworker provides.

C. Data suggests that an hourly or salaried compensation is better than a flat fee for doula services. The fee-for-service model is common within the healthcare system, but it does not apply well to community birthworkers. Flat fee reimbursement models are shown to undercompensate birthworkers and fall short when it comes to providing benefits, while salary models created sustainability and flexibility for birthworkers.

19 Health Systems Division. Oregon Health Authority : Health Systems Division : Health Systems : State of Oregon. (2022, June 8). Retrieved November 27, 2022, from <https://www.oregon.gov/oha/HSD/pages/index.aspx>

20 National Partnership for Women and Families. (2022, September). Improving our maternity care now through Doula Support. Retrieved November 23, 2022, from <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/improving-our-maternity-care-now.pdf>

Certification and training

A. Advocate for a definition of birthworker that is broad and captures what trainings are truly important for this support person, including trauma-informed care and cultural competency.

- Keep trainings within the community, rather than giving power to national organizations. There are many amazing organizations that train birthworkers (such as Elephant Circle), who recognize what the need is in the community.

B. Do not create policies around the certification of birthworkers. Certification is not the same as training and does not speak to the qualification of birthworkers.

- Remember that the origin of the birthworker profession was based in a pregnant person's community supporting them - requiring state or national certifications divests power from the community.
- There is an important distinction between a payor's need to identify "qualified" birthworkers and the communities' ability to identify who they trust and want supporting them. The nature of this work relies on trust, so solutions that prioritize community trust over administrative convenience are important.

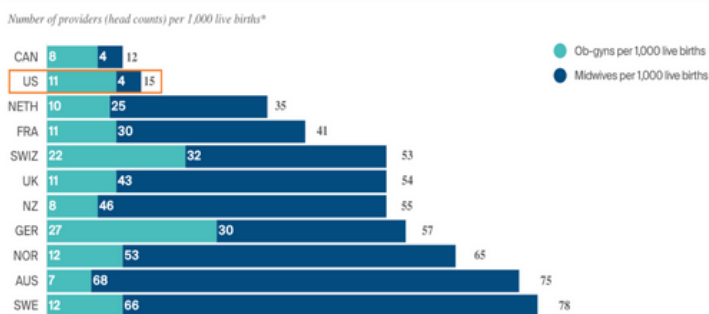
Certification and training

Birthworkers can realistically take on 2-4 births per month, with less capacity when they care for higher-risk pregnant people (who are overrepresented within Medicaid). At a rate of 2 births per month, birthworkers are not making a sustainable living wage. For this reason, and many more, we reiterate the recommendation of considering a salary model for birthworkers, based in community organizations and not social service or medical institutions.

Midwives

- Understand the connection between Certified Professional Midwives (CPMs), birthworkers, and community birth.
 - Many birth attendants may choose to become CPMs later in their career. Opening pathways for all types of professions within perinatal care for communities of color is essential.
 - Read more at www.elephantcircle.net

Exhibit 3
Maternal Care Workforce: Supply of Midwives and Ob-Gyns, 2018 or Latest Year



- Policies that improve accessibility for birth attendants must also include plans to improve accessibility for CPMs. All birthworkers are needed to support the community birth infrastructure and midwives must be part of the conversation, especially as evidence shows their ability to significantly improve birth outcomes.

Figure 1 and figure 3 illustrate how countries such as Sweden, Germany, and Norway have significantly lower maternal mortality rates and significantly higher rates of midwives per 1,000 births, compared to the US

Inequitable Systems

- **Don't frame birthworkers as the key interventionists in an inequitable system.** Birthworkers do not exist to fix our oppressive systems, they exist to care for their community, and must be supported to do so sustainably.
 - While evidence shows that birthworkers can mitigate those harms, the focus should be on the system's responsibility for those harms, and systemic solutions.
 - There must also be accountability systems in place for birthworkers who may have a grievance or conflict with a medical facility - recognizing that there is still a lot of work to be done to ensure that birthworkers are incorporated into the care team, and treated with respect.
- **Recognize that some birthworkers do not identify with the word "doula" and may be put off by programs that exclusively categorize their role with that word.** Recognize that shifting to the word "birthworker" may be more accurate and requires consideration of other birthworkers like midwives. Many birthworkers intentionally use this more inclusive term because they see themselves as linked, and philosophically aligned as care providers who prioritize autonomy and respect for pregnant people.
- **Focus on policy that divests energy and resources from our systems and puts it back into the hands of birthing people and their communities.** Ensure that birthing people, their families, & their support people are able to fully advocate for their needs and understand their rights are throughout the perinatal period.

Further Reading

Barriers to Medicaid Reimbursement for CPMs and Birth Centers in Colorado

Elephant Circle
November 2022

Centering the Voices of BIPOC Birthworkers: A Review of Recent Data on Connecting.

BIPOC Birthworkers
Elephant Circle, The National Association to Advance Black Birth (NABB), The National Black Midwives Alliance, Groundswell Fund

Community-Based Doulas and Midwives

Center for American Progress
April 2020

Current State of Doula Medicaid Implementation Efforts in November 2022

National Health Law Program
November 2022

Doulas: Exploring A Tradition Of Support

NPR
July 2011

Improving Our Maternity Care Now Through Doula Support

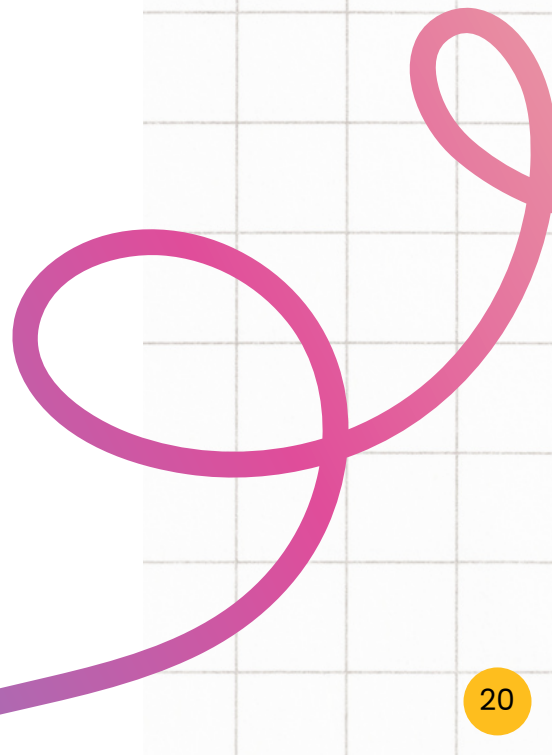
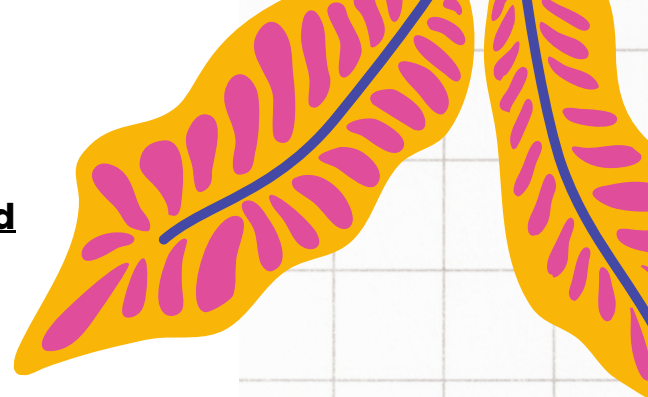
National Partnership for Women and Families
September 2022

Midwife Medicaid Reimbursement by State

National Academy for State Health Policy
April 2022

Sacred Seeds Black Birthworker Collective of Colorado

Soul 2 Soul Sisters



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Advocating for Birthworkers in Colorado

