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What It's Like to Be a Midwife or Doula Fighting Black Maternal Mortality

These birth workers are on the front lines.

By [Nina Bahadur](#)



Jessica Roach is noticing a pattern. As the founder and executive director of the Columbus, Ohio **reproductive justice** organization **Restoring Our Own Through Transformation** (ROOTT), Roach realized that black families calling the organization in search of black doulas and midwives often have similar stories to tell.

Maybe they are thinking about getting pregnant for the first time, and they are frightened by **birth inequity statistics** and the stories they hear in the news. Maybe they are expecting their second or third child and seeking a different type of birth experience after a previously traumatic one. Whatever the case may be, Roach finds that black families are increasingly seeking the services of doulas and midwives who look like them—and other black birth workers across the country tell me they're seeing the same pattern.

"We can't educate ourselves out of this," Roach, who is a direct-entry midwife, former clinical nurse, and also holds a Master's in public health, tells SELF. "We can't just get enough money. [Black maternal mortality] is steeped in institutional, structural racism."

There's no single solution to the fact that black pregnant people are dying at **three to four times** the rate as white ones and that **around 60 percent** of all pregnancy-related deaths are preventable. (These numbers don't even encompass the black people who are injured or traumatized in birth.) Activists and experts have called for a **wide range of solutions**, from legislation to data collection to expanding insurance coverage to countering implicit bias. And, on the ground, it's imperative that we recognize and promote the incredibly important work of birth workers like midwives and doulas.

Midwives and doulas help usher new life into the world (and often provide care before and after as well), but in different ways. Typically, a midwife is a clinical worker who has received formal midwifery education and became medically certified. **Common certifications include** Certified Professional Midwife (C.P.M.), Certified Nurse-Midwife (C.N.M.), and Certified Midwife (C.M.). Midwife certifications can also **vary based on your state**. For example, in California, a Licensed Midwife (L.M.) is **certified to practice** by the state's medical board.

Doulas, on the other hand, are non-clinical birth workers. **DONA International** describes a doula as someone who offers physical, emotional, and informational support to someone before, during, and after childbirth.

Plenty of families choose to work with midwives, doulas, or both in hospital settings, in birth centers, or at home, and research indicates that this can contribute to better health outcomes for

black birthing people and their babies. ([More on that here.](#))

Midwives and doulas are intimately aware of what's going on with the birthing families in their communities. They see which clients are struggling to be heard by doctors. They see which families are traumatized by past experiences. They push for [legislation](#), insurance expansion, better access to their services, and cultural changes that will support parents and babies in their communities. To better understand their integral work, read about eight of the many midwives and doulas across the United States who are working to give black families safe, joyful births.

1. “I didn’t believe the story, which [was] that we were broken.”

Jessica Roach has worked as a clinical nurse, doula, and midwife for close to 20 years. In June 2017, she and policy expert Dorian Wingard officially launched [ROOTT](#). The organization offers three branches of programming: direct service through perinatal care, policy and advocacy work, and education. Thus far, ROOTT has trained and employs 15 full-time doulas who attend around four births per month.

Through this work, Roach is carrying on a family tradition. “My great-grandmother was a black midwife,” she explains. When she was growing up, Roach remembers parents and new babies constantly coming in and out of her family’s home to receive pregnancy and postpartum care.

Roach's birth experiences have also contributed to her dedication to black birthing families. Roach had an uncomplicated birth with her first child, but her second was born preterm. For her third pregnancy, she says, care providers made her believe another preterm birth was inevitable because of her previous preterm delivery—and the fact that black parents have a [higher rate of preterm births](#) than white ones. In reality, her third child was born at home, full-term, and at a healthy weight.

After that experience, “I decided I needed to become more involved in birth care,” Roach says. “I didn’t believe the story, which [was] that we were broken.”

As well as working directly with families, ROOTT is working with Ohio's Black Maternal Health Caucus to help make policy recommendations, for example, by petitioning to end the shackling of incarcerated women during labor or advising on how perinatal support staff in the state should be trained and credentialed. They also encourage hospitals and physicians to collaborate with on-the-ground birth workers, which they hope will amplify the work of community birth organizations.

2. "We need change at the individual level."

Nicole Deggins, founder and CEO of [Sista Midwife Productions](#) in New Orleans, began training doulas in 2013. "For me, being a doula or birth sister is about giving families the information they need to make the best decisions," Deggins, C.N.M., M.S.N., M.P.H., tells SELF. "From preconception all the way through postpartum."

After realizing how many families were seeking [black birth workers](#) through social media and word-of-mouth, Deggins launched the [Sista Midwife Directory](#), which allows black midwives, doulas, and lactation specialists to list their information for prospective clients free of charge.

Deggins is hopeful that "systemic change at a hospital, policy, and legislative level" is coming soon. Until then, she says, black birth workers are on the front lines.

"We need change at the individual level, where nurses, physicians, admissions staff, clerks, are ... able to make changes in how they treat families," she says. "In our culture, we hand over our situations to the supposed expert. We hope that expert has our best interests in mind, but sometimes they don't."

3. "We take care of our black and brown families in our local community, and we serve LGBTQIA families as well."

Demetra Seriki, founder of [A Mother's Choice Midwifery](#) in Colorado Springs, actually began doing unofficial birth work when she was 16. After giving birth to her first child as a teenager, she began helping friends and peers welcome their own children. "I had no formal training or experience outside of my own birth," Seriki, C.P.M., R.M., tells SELF. "Back then, folks who attended births for emotional and physical support were called coaches; today we would be called [doulas]. I spent hours getting cold towels, massaging backs, holding hands, wiping tears, holding legs, changing sheets, walking halls, and encouraging breastfeeding for my friends."

Seriki trained to become a certified professional midwife when her children were slightly older, after years of working as a nurse's assistant, medical coder, medical manager, and medical auditor. She now runs a clinic that allows families in Colorado Springs "to receive prenatal and postpartum care by registered midwives regardless of their insurance or their ability to pay," she says. "We take care of our black and brown families in our local community, and we serve [LGBTQIA families](#) as well."

An important part of Seriki's work has involved forging professional relationships with local physicians. "It's been important to establish really good relationships with our transfer hospital

... There's something to be said about the institution trusting you to some degree and you also trusting that institution."

When clients first come in, Seriki says, "We talk about what we need to do and things that we need to change to improve their outcomes. Education is key in order to begin to change the tide."

4. "We need to help people feel empowered to use their voices but also to take action without feeling paralysis."

Latham Thomas, a doula, doula educator, and founder of [Mama Glow](#) in Brooklyn, strongly believes that birth workers can be a vessel for change in the birthing world. She originally launched Mama Glow in 2011 as a media destination where expecting parents could find information and support. The organization has grown and shifted and now offers doula trainings, corporate consulting, lifestyle coaching, and meetups. In November, Mama Glow hosted their first Continuum Conference, with panels and discussions touching on everything from [menstruation](#) and pregnancy to breastfeeding and menopause.

For Thomas, it's important to help clients understand what a physician may be recommending—and to give them the time to process and make their own decisions. "Ask questions, demand information. Recognize when something doesn't feel right and [when] you need to switch providers," she says. "We need to help people feel empowered to use their voices but also to take action without feeling paralysis." ([Here's advice](#) from a range of experts on how exactly to do this.)

Thomas is also pushing to reframe the conversation about black maternal mortality and morbidity to focus more on solutions—and joy. "Find the people who are your people, your tribe of people, who resonate and have similar values," she says. "And also the practitioners who see you [and] validate you, your needs, [and] the things that you say are happening."

5. "I am aware of the very complex nature of birthing in a medical system that has historically inflicted harm on our people."

When Nicole JeanBaptiste became pregnant with her first child, who was born in 2008, she remembers feeling like her medical providers weren't listening to her or taking the time to explain things. "I was looking forward to laboring, having my baby, and experiencing birth the way that I knew it from the stories shared by the women in my family, from what I'd seen and read about childbirth, and from what I intuitively [thought] the experience to be like: vaginally

and without [emotional] trauma,” JeanBaptiste, a doula, certified lactation consultant, and founder of [Sésé Doula Services](#) in the Bronx, tells SELF. “But I was informed I needed to have a C-section because of my child’s position, which was breech. That was devastating and put me into a [depression](#).” JeanBaptiste wishes she’d received help processing her feelings and thinking through any alternatives. (While cesarean births are sometimes required for breech pregnancies, [they aren’t always](#).)

When she spoke with other friends and realized that they’d had similar encounters, JeanBaptiste remembers thinking, *There’s something wrong here*. “It really engendered in me this urge to support other people going through this and prevent it,” she says.

JeanBaptiste trained as a doula in 2014 and now focuses much of her work on helping her clients feel educated and informed. “We do things like practice or review different labor positions. We discuss any complaints or concerns that might be brewing in my client’s head. We try to navigate how to solve those things or make a decision on them, always with the understanding that this is the client’s experience, not mine,” she says. “Beginning here and now, throughout the entire experience, especially in a hospital setting, this is your call.”

She is also dedicated to representing people in her home community of the Bronx, many of whom have lower incomes. “Here I am, a person in the Bronx, who is very committed to working primarily from within this borough,” she says. “I am present. I am aware of the very complex nature of birthing in a medical system that has historically inflicted harm on our people.”

6. "One way I support my clients is by providing evidence-based data and information."

“I’ve always had a fascination with birth, even as a young child,” Jessica Easter, a member of the [National Black Doulas Association](#) and owner of [Abounding Grace Birth Services](#) in Nashville, tells SELF. She began her doula training in February 2018.

“I have definitely had clients hire me because they had learned of birth outcomes for women of color,” Easter says. “As a doula, one way I support my clients is by providing evidence-based data and information from the [American College of Obstetricians and Gynecologists](#) so [my clients] will feel confident enough to discuss certain topics related to their pregnancy with their care providers.”

Easter works with seven or eight clients per year on top of her full-time job as a customer service representative for a bank and caring for her family. When she first meets her clients, they

talk about various things that can happen during birth and what **potential procedures** they might encounter in a hospital setting.

“I like to help them to learn how to use the power that’s in their words,” she says. “Once we are in labor, we are there to advocate for a mom or help her to advocate for herself ... a lot of moms feel more comfortable in that setting having the presence of a doula.”

7. "If my client does feel uncomfortable ... I have permission to step in."

“I’m always hearing these horror stories that happened to these parents of color and these queer parents in the hospitals,” Ashley Finley, who opened Salt Lake City’s **Sacred Sister Doula** in 2018, tells SELF. “We can be an advocate for them in the birthing space. If my client does feel uncomfortable or feels like maybe their voice is not being heard, their [voice isn’t] being respected, generally speaking, I have permission to step in and advocate for them with the staff.”

Finley says that this work typically begins long before labor. She meets with clients to talk about different **birth outcomes** and medical procedures they might encounter and to learn about any preferences or specific worries they have.

“We want to be confident in our choices when we are in this [hospital] space, so when questions or suggestions come up from hospital staff, we’re educated and know what our options are and how we feel about those options,” she says.

Finley has found that many people are discouraged from having a doula because they believe they can’t afford it, so she and many other birth workers offer sliding scale fees for their services to accommodate those families. “The system is neglectful and can also be kind of insidious to people on the margins,” she says.

8. “I found myself with my own children tied to my back going to births all over California.”

“We have a legacy of black midwives in my family, and it’s normalized,” Racha Tahani Lawler, C.P.M., L.M., founder of **Crimson Fig** in Los Angeles, tells SELF. “It’s not odd or strange for us, it’s not something we make a big fuss about. It’s just what we do.”

After training as a midwife in 2004, Lawler found her services were in high demand among families who did not want to give birth in a hospital setting, sometimes because someone they know and love had a traumatic or fatal childbirth in a hospital. “Clients would say, ‘Well, my

cousin died in the hospital last month ... My sister's baby died in the hospital two days postpartum, and nobody knows why," she says.

"I found myself with my own children tied to my back going to births all over California," Lawler explains. "It felt like a necessity."

Lawler helps train other midwives and continues to champion other community organizations that are addressing birth inequity and **structural racism** in health care on the ground.

"The black midwives doing this work, no matter how exhausting, challenging, [or] difficult it is, we're going to keep doing it," Lawler says. "We don't want to see babies die in our community. We don't want to see mothers die."



Nina is a writer and editor based in NYC. She covers health, wellness, and culture, specializing in health disparities, reproductive rights, sexual assault, and sleep. She's written for Women's Health, SHAPE, SELF, Refinery29, Glamour, Cosmopolitan, Teen Vogue, the New York Times, and more. She holds a B.A. in cultural anthropology... [Read more](#)

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