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"*I can be pro-abortion and pro-birth"*: Opportunities and Challenges for Full Spectrum Care Among Doulas in Georgia

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By

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B.A., Arizona State University, 2020

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Abstract

"*I can be pro-abortion and pro-birth"*: Opportunities and Challenges for Full Spectrum Care Among Doulas in Georgia

By Alyssa Lindsey

Background: A full spectrum doula is "a non-medically trained community care worker who offers support to people during the full spectrum of pregnancy". There are evidence gaps about the scope of work for abortion doulas and how other doulas view them. The Georgia Doula Study, a community-engaged project created in collaboration with Healthy Mothers Healthy Babies Coalition of Georgia, seeks to better understand abortion, family planning, and full spectrum doula services in Georgia. **Methods:** This cross-sectional, observational study utilized concurrent mixed methods (qualitative and quantitative) exampled abortion doula care in Georgia. Data were collected in the Fall 2021 from adult participants who had been practicing as a doula in Georgia at least six months. Analysis was conducted from November 2021 to February 2022. Descriptive and bivariate analyses were calculated from quantitative data. Qualitative interview data were fidelity checked, de-identified, and coded using a semi-deductive coding structure with a constant comparative method resulting in deductive and inductive codes. The survey included demographics and doula practice information, abortion attitudes, and stigma felt by abortion doulas. In-depth interviews asked participants to elaborate on their survey answers about abortion attitudes and experiences of abortion stigma as well as abortion client stories and ways to improve doula care in Georgia. **Results:** Our data revealed three key themes: doulas of all kinds center reproductive autonomy; abortion doula services have many benefits; and abortion doula service challenges and potential solutions. Regardless of their scope of doula offerings, most participants saw the value of abortion doulas in supporting pregnant clients. Abortion doulas highlighted key benefits such as holding space for their client and offering educational resources on accessing abortion services in Georgia. However, several challenges to access were identified including affordability of abortion doula services and restrictive legislation. When asked how these challenges could be solved, abortion and non-abortion doulas cited a need for destigmatizing abortion work and advocating for pro-abortion legislation in Georgia. While it was originally hypothesized that non-abortion doulas would be disapproving of those that offer abortion services, our findings revealed the opposite. All but two participants supported the role of abortion doulas who support pregnant people through a major reproductive health decision, and many were interested in how to provide abortion support outside clinical settings. **Conclusion:** It is imperative for all doula training organizations to include abortion and to follow the lead of existing abortion doula collectives. This study's public health implications include organizational support for full spectrum doula collectives in Georgia as well as educating doulas and abortion providers on the benefits of and challenges to accessing abortion doula services. By supporting all clients through their reproductive health experiences, doulas ensure they feel adequately supported through reproductive experiences that can be isolating and stigmatizing.

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Table of Contents

Chapter 1: Introduction

A full spectrum doula, as defined by the Birthing Advocacy Doula Training (BADT) organization, is "a non-medically trained community care worker who offers support to people during the full spectrum of pregnancy – from preconception, to birth, to abortion, to miscarriage, to adoption, to postpartum" (BADT, 2021). The scope of full spectrum doula care can include supporting clients through in-home visits, hospital accompaniment, and provision of a diverse range of supports (Hodnett et al., 2013). Doula certification is a lengthy and expensive process and usually doulas must go through a combination of training courses as well as practical experience attending births or other services as a trainee (Hardeman & Kizhimannil, 2016). After certification, doulas can gain additional, more specialized training in abortion, miscarriage, or other services to broaden their clientele and skills. There are numerous evidence-based benefits of abortion doula services. Doulas provide similar techniques to their abortion clients as they would with any other client. For example, techniques often employed by abortion doulas include "hand-holding, massage, reassurance, providing guidance with breathing, educating about the nature of the procedure or engaging in conversation" (Chor et al., 2012). These techniques lead to benefits for clients and sometimes the physicians and staff providing abortion care.

Clients have expressed that their psychosocial needs were met with abortion doula care and that they felt as if they were "affirmed as moral decision-makers" as well as "able to determine their degree of awareness during the abortion" through their doula's support (Altshuler et al., 2017; Chor et al., 2015). Additionally, in studies looking at people's experiences with doula support during first-trimester surgical abortion, clients have reported feeling as if their educational needs were met, expressing gratitude for their doula's ability to educate them on abortion and post-abortion information (Chor et al., 2016; Wilson et al., 2017). For physicians and staff providing abortion care, the presence of an abortion doula in the clinic allowed them to

focus on technical aspects of the abortion procedure while knowing that their patient's emotional needs were being met by their doula (Chor et al., 2018). While a provider at a high-volume abortion clinic may see many patients throughout the day, abortion doulas focus on their single client's physical, emotional, and educational needs, offering continuous emotional support and guidance.

Despite the perspectives of clients and providers being well-documented, there is a gap in the evidence examining how doulas view and describe doula support during an abortion experience. A better understanding of abortion doula support in Georgia from the perspective of doulas that provide those services will allow for a better understanding of the ways in which abortion doulas can support abortion access for pregnant people throughout the Southeast. The Georgia Doula Study (GDS) is a project based at Emory University's Rollins School of Public Health and the Center for Reproductive Health Research in the Southeast. Moving from general examination of doula services available in metro-Atlanta, the GDS began a second round of in-depth interviews and surveys to participants to get an understanding of the following research questions: (1) How does the doula community in metro-Atlanta view doula-supported abortion services? (2) How do abortion doulas describe their services? (3) What are the facilitators and barriers to accessing abortion doula support in Atlanta? These research questions will allow for the GDS to get a better understanding of how abortion doula support benefits clients and the potential barriers to access with the goal of highlighting future research needs and necessary policy changes.

Chapter 2: Literature Review

This literature review outlines the existing data on abortion doula services and contends how the GDS fills a research gap. Nationally, abortion in the United States (US) is politicized and stigmatized by law and policymakers, the media, communities, and individuals and the Southeast remains one of the most "hostile" environments to abortion access (Rice et al. 2021). Atlanta, Georgia remains key to continued abortion access throughout the South. The area is home to several clinics that offer abortion services up to 22 weeks from last menstrual period and often provide services to many rural and out-of-state residents. However, these services exist under constraints from a preponderance state and federal of state and federal abortion restrictions including Targeted Restriction on Abortion Provision (TRAP) laws, minor parental notification laws, and the inability of Medicaid, a government-backed healthcare program, to finance abortions. Doula care, which has shown positive outcomes in obstetric services, may play a role in improving abortion experiences for pregnant people. While doula care is often considered exclusively a birth service, the full-spectrum doula movement seeks to support pregnant people at all stages of their reproductive experiences, including during abortion-seeking and access.

This literature review outlines the main facilitators and barriers to abortion doula care in Georgia. Three main search strings were selected to identify relevant literature: "(Doula) AND (Abortion OR Family Planning)," "(Doula) AND (Abortion OR Family Planning) AND (barriers OR challenges OR obstacles)," and "(Doula) AND Abortion OR Family Planning) AND (benefits OR positive outcome)." Searches were conducted on PubMed, JSTOR, and PsychINFO. These databases were chosen based on their publication of high-quality articles on the topics of public health, anthropology, sociology, and women's studies. There were no date limitations on articles as abortion doula care is a recent topic of discussion within the realm of doula literature.

The initial search resulted in 18 articles from PubMed, 242 from JSTOR, and 5 from PsychINFO. After reviewing abstracts and the full text of each article, 13 were selected. Articles were excluded if the topics of abortion or doula care were not present. Due to the lack of relevant articles, a "snowball" search was conducted using cited articles from the 13 included articles from search round 1. This resulted in 16 identified articles and 4 included after abstract and full text review. Additionally, gray literature was identified through an internet search of "abortion doula care." The selected 20 articles show a dearth in the literature around abortion doula care. These articles fit into three key themes: perspectives on support in abortion care, abortion doula scope of work, and benefits of abortion doula care. None of these articles specifically focus on the doula perspective in providing abortion services.

Perspectives on Support in Abortion Care

Abortion Patient Perspectives

The impact of doula care on abortion experiences is key to understanding the importance of doulas as an intervention strategy. Specifically, understanding the role of doulas as support personnel to improve abortion experiences were addressed in two qualitative studies. The results of these studies concluded that while abortion patients express a need to be well-informed and respected by clinical personnel during their abortion experience, services are better when they are structured to include social support persons, such as partners, family members, and friends (Altshuler et al. 2017; Altshuler et al. 2021). In these articles, patients' negative experiences were attributed to contact with anti-abortion protesters and the implementation of safety policies in clinics that depersonalized the experience. Specifically, Kimport et al. (2012) found that safety policies require support persons to stay in the waiting room, or in some cases, outside the clinic which reduced patient satisfaction with their abortion experiences.

Other studies look more closely at patient perspectives of improving their first trimester procedural abortion. A quantitative study of abortion patient experiences investigated the factors of abortion-related healthcare that influenced the overall satisfaction of patients. In this study, patients reported feeling satisfied when they were provided with education over their procedure and felt that they were being listened to and given respect (Tilles et al. 2016). Similarly, Chor et al. (2016) examined the use of doula support during a first-trimester procedural abortion among 30 patients in a high-volume abortion clinic. The patients who opted for doula support reported benefits that improved the abortion experience including distraction from the abortion procedure, physical support, education, and improved pain management (Chor et al. 2016). Doula support during a clinical abortion experience have many benefits for clients, including greater satisfaction with a procedure and adequate support during the overall abortion experience.

Abortion Provider and Doula Perspectives

The majority of literature engages with abortion doula clients to better understand benefits and challenges of care. Few studies explore the care team's perspectives on integration of abortion doulas in a clinical setting. Chor et al. (2018) explored physician, staff, and specially trained doula perspectives on doula support in a high-volume abortion clinic and revealed consensus that abortion doula support can be used as an approach to provide patient-centered care during a clinical abortion experience. Similarly, Veiga et al. (2011) explored social support in a post-abortion recovery room reported that the presence of a support person (doula or not) in the post-abortion room was received positively by patients and support people alike and supports the idea of doula support being beneficial for abortion patients. No studies were found that addressed the unique perspective of doulas in providing abortion and family planning services.

Abortion Doula Scope of Work

The Traditional Scope of Work: In-Clinic Doula Care

The literature discusses the abortion doula scope of work in the context of in-clinic abortion services. In a commentary and systematic review by Chor et al. (2012), there were no articles pertaining to the presence of doulas in the abortion care setting. Moving into 2016, Chor et al. went on to show how doula support influences women's experiences with first-trimester surgical abortion using semi-structured interviews and discovered that most people opted for doula care due to procedure concerns, prior abortion experiences and positive association with doulas from media or personal experiences. In this study, doula support looked like distraction from pain, physical support, and education on pain management. The findings from this study were supported by a randomized control trial conducted by Wilson et al. (2017) that evaluated the impact of doulas on patients' physical and emotional responses to surgical management of a first-trimester abortion. While differences in abortion experiences were not statistically significant between the doula and control groups, 72% reported that it was important to have *someone* with them during the clinical procedure, but that the support person did not have to be a doula. While these articles are relevant to the clinical abortion experience, clarity about the doula's scope of work in supporting clients outside a medical setting will inform how all abortions can be supported by doulas.

Thinking Beyond the Traditional Scope of Work

The current doula movement suggests that doula care work exists beyond clinical care. In two pieces of accessible literature which explore social justice issues such as doula and birth activism. Such literature also provides information on self-care, including how to "doula yourself" as a patient in an abortion clinic. These pieces highlight realistic issues that arise when trying to access an abortion in the US and the hurdles of trying to support those that are accessing abortion. The "Radical Doula Guide" by Miriam Zoila Pérez expresses that doula work can never be apolitical because the need for doula care arises from the medical model of birth as

well as restrictive policies over bodily autonomy in the US. Additionally, the "DIY Doula Guide", a zine from the Doula Project, seeks to educate abortion clients on how to support themselves in clinics that may not offer doula support during services. Both works suggest that doula services can be provided meaningfully when access to the clinic space is restricted and exemplify how the scope of services can be responsive to changing abortion policies. While the location of abortion doula support may differ depending on the type, timing, and location of the abortion experience, benefits and challenges to accessing doula services remain the same.

Benefits of Abortion Doula Care

Supporting Abortion Experiences

One of the main benefits of abortion doula care includes the support that doulas offer throughout the experience of seeking and obtaining a safe and timely abortion. There is a social movement highlighted throughout these support narratives to support clients of all economic backgrounds in accessing an abortion that is not just safe and timely – but also affordable, culturally inclusive, and affirming (Basmajian, 2014; Lee, 2022). The abortion doula movement and model of care has been ongoing for some time out of observation of the many obstacles that pregnant people face in the United States to seeking an abortion. For example, Ely et al. (2019) observed that in states with restrictive abortion policies such as Tennessee with its 48-hour, in-person mandatory waiting period, average distance traveled to access an abortion procedure was 41.11 miles for people in urban areas and 58.12 miles for people in rural areas. Distance traveled is just one of many barriers to accessing abortion in the South, further limiting clients from accessing the services they need.

In a policy brief, Rowlands and Wale (2020) present their "constructivist vision of the first-trimester abortion experience", asserting that doulas provide important support before, during, and after an abortion. They also recognized that this support can be effective when

coming from trained doulas, but also partners, family members, or not at all in the case that clients would rather not have a support person (Rowlands and Wale, 2020). This contrasts with literature that suggests that trained doulas and support people can be critical in supporting at-risk, vulnerable birthing people – such as Black mothers in areas with high Black maternal mortality.

Responding to Pressing Issues: Black Maternal Mortality and COVID-19

Black pregnant people are susceptible to maternal mortality and health inequities due to structural racism, implicit bias, and healthcare inequities caused by major events, such as the COVID-19 pandemic. In a criticism of current reproductive health services offered to Black women in the US and how COVID-19 has exasperated this crisis, Destine et al. 2020 discusses the vital role that doula care can play in improving reproductive health outcomes including birth, miscarriage, and abortion. As doulas work to provide person-centered care in a medical care model with roots in historical and modern oppressions of Black bodies, there is an opportunity for doula care to take a critical, intersectional approach to the sexual and reproductive health of Black pregnant people. This opportunity also exists in training and retaining doulas of color. By increasing diversity of trained doulas, broader efforts to reduce disparities in doula access and health outcomes would be achieved (Hardeman and Kozhimannil, 2016). A qualitative examination of doula care by Nash (2019) goes one step further to criticize modern doula care and the medicalization of its services. This article does an excellent job of showing that modern doula care with its emphasis on training and certification may not be the best way to care for pregnant people, especially Black pregnant people, whose needs are not met in institutions with a history entrenched in racism and eugenics (Nash, 2019). While this article argues a need to drastically change the role of a doula, there is a need to better understand how doulas describe their roles in the communities they serve, the benefits of their services, and potential barriers to access.

Conclusion

There is a small amount of literature on doula care and the abortion experience. Selected articles focus on doula care perspectives, scope of work, and the impact doulas have on the abortion experience. Further, newer literature and accessible works focus on the role doulas can play in the pressing issues of Black maternal mortality, COVID-19, and self-help during abortion. The GDS investigates the benefits of seeking abortion doula care in Georgia, the barriers, and the stigma felt by those who provide abortion doula services. GDS is a mixed methods study with doula respondents who both provide abortion care and those who do not. While the perspectives of abortion patients and providers are well-documented, there is little known about the perspectives of doulas that provide abortion services, thereby GDS fills an essential research gap.

The literature focuses on doula care perspectives, scope of work, and benefits of abortion services. Perspectives on support in abortion doula care came primarily from patients/clients with only a few articles looking at provider perspectives that included physicians, clinic staff, and trained doulas. The GDS fills this research gap by looking exclusively at the experiences of doulas to better understand the role of a doula during abortion and family planning services. Furthermore, the literature on abortion doula scope of work focuses on clinical abortion experiences despite clinic spaces being inaccessible for community-engaged doulas in most states. This research study seeks to better understand the reality of community-engaged doula care in the context of abortion and family planning services, filling an important gap. No identified literature focused specifically on the benefits of abortion doula services, but there were some articles that highlighted the importance of doulas in mitigating the Black maternal mortality crisis. This research project is important in addressing many of the gaps in the literature, including better understanding of the abortion doula's perspective as well as better

understanding the benefits and barriers to abortion doula services in a state with a history of high maternal mortality and restrictive abortion policies

Chapter 3.1: Methods

The Georgia Doula Access Working Group (GDAWG) was led by Healthy Mothers Healthy Babies Coalition of Georgia (HMHBGA) with representation from doulas, hospital administrators, clinicians, insurance payers, and policymakers. Through ongoing collaboration with the GDAWG on study design, recruitment, and dissemination, this community-engaged project was asked to investigate key questions on the state of doula care in Georgia.

Study Design and Recruitment

This cross-sectional, observational study utilized concurrent mixed methods (qualitative and quantitative) to examine abortion doula care in Georgia. Participants were recruited primarily from a first round of interviews/surveys done in Fall 2020/Spring 2021. Newly recruited doulas went through a screening process to ensure that they were eligible to participate, meaning that they have been practicing as a doula in Georgia in Georgia for at least 6 months and were over the age of 18. Three additional doulas were recruited into the study through the GDAWG as well as through local Reproductive Justice organizations affiliated with members of the research team. Some re-recruited doulas discontinued participation in the study due to the nature of questions regarding family planning, abortion, racism, and discrimination. Doulas that went through all study procedures were asked to share this research opportunity with other eligible doulas (snowball sampling), but no participants were recruited from this method. All participants were compensated for their time with a $20 gift card after completing study procedures. Our original planned sample size was 20-25 participants. We concluded data collection upon reaching thematic saturation with 13 in-depth interviews and 20 survey participants.

Procedures

Participant recruitment and data collection ran concurrently from August to November 2021. Following recruitment, the three doulas that had not participated in the GDS previously met with a member of the research team via Zoom to complete a brief consent process. After an initial screening via Zoom, participants were scheduled sent a link to complete a survey and scheduled for an in-depth interview at a later date lasting around 30-90 minutes with an average of 60 minutes/interview over Zoom. Survey data was collected using Qualtrics and no identifying information was collected, and all names were replaced with anonymous participant ID numbers. All interviews were audio recorded and transcribed using Zoom with quality assurance from the two graduate research assistants. All identifying names were redacted and/or replaced with a pseudonym.

Instruments

Survey Measures

The new participant survey measured demographic information including gender, race/ethnicity, age, economic status, highest level of education, current employment, sexual orientation, and immigration status and was given to all respondents (n=20). Gender was measured as (check all that apply) female/woman, male/man, transgender, genderqueer, nonbinary, or self-identify. Race/ethnicity was measured as (check all that apply) Black/African American, Hispanic/Latinx, Asian/Pacific Islander, American Indian/Alaskan Native/Native Hawaiian, Biracial/multiracial, White, Other (specify), or prefer not to answer. Age was measured as under 25, 25-25, 36-45, 46-55, Over 55. Economic status was measured as "difficulty affording necessities such as education costs, food, clothing, transportation, housing, and medical care" with response categories: yes, currently; yes, in the recent past (within 3 years); yes, in the past for a limited period of time (for example, while I was a student); yes, historically throughout my life;

no; or prefer not to answer. Highest level of education was measured as high school or less, some college, graduated college, graduate degree (ex: MPH, PhD), clinical professional degree (ex: RN, LPN, MD, PA), non-clinical professional degree (ex: GED), or other (specify). Current employment was measured as full-time, part-time, not employed, and not looking, and not employed and looking. Sexual orientation was measured as (check all that apply) lesbian, gay, bisexual, queer, straight/heterosexual, don't know/questioning, self-describe, or prefer not to answer. Immigration status was measured as (check all that apply) my parents and grandparents were born in the U.S.; one or more of my grandparents were born in the U.S.; one or more of my parents was born in the U.S.; I was born in the U.S.; or prefer not to answer. This was further categorized into not an immigrant (self, parents, and grandparents born in the US), first-generation immigrant (born in U.S. but not parents or grandparents), or second-generation immigrant (self and one/more parents born in the U.S. but not grandparents).

All doulas were asked to answer questions that assessed their stigmatizing attitudes and beliefs about abortion (See Appendices A and B for survey items). These questions were important in understanding the abortion stigma that all doulas might have when providing services to clients (Shellenberg et al., 2014). The survey also measured abortion stigma through a scale utilizing questions that gauge experiences as someone who works in abortion services. Doulas who identified as providing abortion services were asked to "indicate how often you have felt of experienced the following" and given various prompts (Appendix A) (Martin et al. 2018).

In-Depth Interview Domains

In-depth interviews were conducted with 13 participants. These interviews ranged from 30-90 minutes with an average of 60 minutes and were conducted by a member of the study team through Zoom. The sections of the interviews went over doula training, clientele, payment methods, changes due to COVID, payment methods, building a doula business, abortion, and

racism/discrimination (See Appendix C, D, and E for Interview Guides). Doulas that reported offering abortion services were asked to go into detail on their services while doulas that did not were asked to describe their thoughts on abortion doula care and abortion broadly.

Data Analysis

Analysis of data were conducted from November 2021 to February 2022. Descriptive analysis of quantitative data employed Stata V.14 (StataCorp, 2019). Frequencies and proportions were calculated as all variables were categorical. Qualitative interview data were fidelity checked, cleaned of errors, and de-identified by a member of the study team before coding was conducted via online, qualitative software Dedoose V.7.0.23 (Dedoose, 2016). During the data cleaning process, student researchers used memoing techniques to summarize the main content of each interview and identify the top ten emerging topics of interest from all interviews. The comprehensive list of emerging topics augmented an existing codebook from the previous round of data collection. This is a semi-deductive coding structure with a constant comparative method that resulted in deductive and inductive codes about training, doula scope of work, increasing awareness about doulas, building doula businesses, underserved populations, payment, challenges, client stories, benefits of doula care, medical outcomes, ways to improve doula care, COVID-19, and discrimination (Azungah, 2018). Two members of the study team coded 1/3 of the qualitative transcripts together before reaching consensus and individually coding the remaining transcripts separately. The group then developed analytic memos for each code in order to develop themes within and across codes. This process was supported by additional analyses within Dedoose including code co-occurrence and coverage across transcripts.

Ethical Considerations

The study protocol and materials were reviewed by the Emory Institutional Review Board (IRB) for human subjects ethical clearance, and the study was deemed exempt [see rule 45 CFR 46.104(d)(2i(2ii)].

Limitations and Delimitations

A limitation to this study is that the convenience sample used and re-recruitment of participants in a prior study decreases the generalizability of the findings. A delimitation was that participants had to be doulas that had been practicing in the last six months – limiting doulas that may have lapsed services due to the COVID-19 pandemic.

Chapter 3.2: Results

Through the mixed methods research methodology, several key results were identified. The survey results identified the participant's demographic information, their doula service characteristics and the impact of abortion stigma. In-depth interviews revealed three key themes that also served to answer the overall research questions: (1) How does the doula community in metro-Atlanta view doula-supported abortion services? (2) How do abortion doulas describe their services? and (3) What are the facilitators and barriers to accessing abortion doula support in Atlanta? All doulas, regardless of identifying as an abortion doula, described supporting the reproductive autonomy of their clients. This was further explored in the disconnect between how abortion doulas defined their services and how non-abortion doulas understood the role of an abortion doula. Lastly, several challenges to providing optimal doula services were revealed, including Georgia legislation, lack of awareness, and abortion stigma both from a state and national perspective. The qualitative data collected from both abortion and non-abortion doulas revealed key themes: doulas and reproductive autonomy, abortion doula scope of work, and challenges of abortion doula care.

Demographic Information

The doulas sampled for this research project were diverse in terms of race/ethnicity, gender identity, age, and other key demographic information. As shown on Table 1, about half of the doulas were Black/African American (45%) and white (40%) with some doulas reporting their race as Hispanic/Latinx (5%) or Other (10%). While nearly all doulas reported their gender identity as cis-gender female, two doulas reported identifying as nonbinary or genderqueer. Additionally, around half of these sampled doulas reported being between 25-35 years of age (40%), never experienced economic difficulty (50%), and had attained a college degree (45%). Nearly all doulas reported being employed full-time (60%), being straight/heterosexual (80%),

spoke English as their primary language (90%), and did not identify as an immigrant (85%). Of the 15 doulas that had ever been pregnant, only 5 reported having had a doula for their births.

Table 1: Baseline Characteristics (N=20)

Variable	Frequency	Percent
Race/Ethnicity		
Black or African American	9	45%
White	8	40%
Hispanic or Latinx	1	5%
Black or African America, Other	1	5%
White, Other	1	5%
Gender Identity		
Cis-gender Female	18	90%
Nonbinary or Genderqueer	2	10%
Age		
Under 25	1	5%
25-35	8	40%
36-45	7	35%
46-55	3	15%
Over 55	1	5%
Economic Status		
Prefer not to say	1	5%
Currently experiencing economic difficulty	1	5%
Experienced economic difficulty in the past	1	5%
Experienced economic difficulty historically	2	10%
Experienced economic difficulty temporarily	5	5%
Never experienced economic difficulty	10	50%
Education		
Some college/technical degree	4	20%
Non-clinical professional degree	2	10%
Graduated college	9	45%
Clinical professional degree	2	10%
Graduate degree	3	15%
Employment		
Yes, full-time	12	60%
Yes, part-time	3	15%
No, not looking for employment	3	15%
No, looking for employment	2	10%
Sexuality		
Straight/heterosexual	16	80%
Bisexual	1	5%
Queer	2	10%
Lesbian	1	5%
Primary Language		
English	18	90%
Portuguese	1	5%
Jamaican Patrois	1	5%
Immigration Status		
Not an immigrant	17	85%
First generation immigrant	3	15%
Ever Been Pregnant	15	75%
Had a Doula Personally	5	33%

Doulas of All Kinds Center Reproductive Autonomy

All participating doulas were asked questions about abortion and family planning services in the communities that they served. Through this exploration of the role of abortion doulas and family planning services, a theme of the doula community's support of reproductive autonomy for their clients was identified. While most participants were outwardly supportive of the role of abortion doulas, this support did not translate to an interest in incorporating family planning as part of their regular doula offerings.

The participants of this study varied in their doula service characteristics from their time to serving as a doula, the type of services they offer, and whether they were certified (Table 2). About half of the participants (45%) had been serving as a doula for 1-3 years and a quarter (25%) for 3-9 years. A third of the doulas reported offering services for less than 1 year (10%) or more than 9 years (20%). The participants ranged widely in the types of services they offered. These services included preconception/fertility (35%), prenatal (45%), birth (85%), postpartum (60%), abortion (35%), full spectrum (40%), radical/justice (20%), and death/bereavement (20%). Doulas often reported that their scope of work included more than one type of care. A majority (70%) of doulas reported being certified.

Table 2: Summary of Doula Service Characteristics

Variable	Frequency	Percent
Time as Doula		
Less than 1 year	2	10%
1-3 years	9	45%
More than 3 and up to 9 years	5	25%
More than 9 years	4	20%
Type of Doula		
Preconception/Fertility	7	35%
Prenatal	9	45%
Birth	17	85%
Postpartum	12	60%
Abortion	7	35%
Full Spectrum	8	40%
Radical/Justice	4	20%
Death	4	20%
Certified	14	70%

The Role of an Abortion Doula in Reproductive Autonomy

As demonstrated in Table 1, participants varied widely in the characteristics of their doula services, with only 7 self-identifying as abortion doulas and 8 as full spectrum. Regardless of their scope of work, all participants were asked to describe the role of an abortion doula, including how the larger doula community perceived those who provided abortion services. Most surprising was the overall support of abortion services from non-abortion doulas. One such doula who offered exclusively birth and postpartum services, Brenda, stated

> "*I think there should be a doula for everything... I just feel like* [for] *everything, especially important things around family, doulas are amazing. I'm in awe of abortion doulas. I'm happy to hear that there is such a thing"*.

Despite Brenda's role as primarily a birth/postpartum doula, she voiced support for doulas that provided abortion services. Other non-abortion doulas also seemed supportive of abortion doula care and the potential benefits for clients. One such non-abortion doula, Taylor, commented on the opportunity abortion doulas had to provide all-options counseling to clients in order for them to make an empowered decision,

> "*I think that mothers need to be given all of their options before they make a decision to have an abortion. So, I feel like doulas do need to be there to support if they choose to have an abortion, but on the other hand… let's find resources of people who can support you if you're low income. Let's find an adoption agency if you want to go that route. I don't think that abortion is the only answer or the only option for a lot of people*".

This call for all-options counseling continued with non-abortion doulas describing what they thought abortion services looked like and how they personally viewed abortion doulas. Annie, a doula serving primarily birth and postpartum clients, expressed her thoughts on the abortion process and the role of the abortion doula,

"*I think it's a difficult decision to make* [having an abortion], *and that they* [abortion clients] *need support in a lot of ways during that process… holding their hand while they're making that decision, helping them get the resources and then also being there for them during and then those weeks to months afterwards*".

Several abortion doula participants affirmed this need for clients to be given space and resources to make the decision that is best for them. Bailey stated,

"*…in a person's life being pregnant or choosing to have an abortion or even going through the fertility process, that's just one small part of their life. They have 20,000 other things going on and the doula is the person that's like, 'Hey, I have this two-hour block set for us to only focus on your pregnancy'… I think that's a big piece, holding space to acknowledge the thing that's happening, whatever the thing is*".

Abortion doula participants recognized that the goals of their services were similar to the goals of a birth, postpartum, or death doula. These goals were described as holding space, providing support, and encouraging education. Nicole, an abortion doula, described this as,

"*…the same thing as a birth doula… they* [the client] *already have whatever process they're going to have lined up, whether it be a DNC, whether it be taking the pills… they already have it lined up. I just help them formulate a plan. So that way their experience is honored in the way they see fit… my goal is to provide them with an emotional and physical presence and then just being there, allowing them to process their feelings and making sure they have other resources*".

Mixed Feelings on Family Planning Services

The majority of participants regardless of scope supported some kind of abortion doula services, including all-options counseling. However, very few seemed as supportive of family planning doula services. As shown in Table 3, about half (45%) of the participants reported offering

family planning counseling, a third (30%) were trained in family planning and very few (10%) were not currently offering family planning services but were interested in the future. Doulas were mixed on when to begin providing family planning services with just under half (40%) simply stating that anytime was the right time to provide family planning support.

Table 3: Summary of Family Planning Services

Variable	Frequency	Percent
Offers Family Planning Counseling	9	45%
Trained in Family Planning	6	30%
Does not currently offer FP Counseling, but is interested	2	10%
Family Planning Services Timing		
Prenatal	5	25%
Anytime	8	40%
Client's Request	4	20%
Postpartum	2	10%
Outside Scope	1	5%

Doulas that provided family planning services were asked to describe their interactions with clients. Most of these doulas also provided abortion services. Mira described her thoughts on how these services intersect,

> "*It's not an easy decision to have an abortion by any means and most people are not just casually throwing that out there like, 'Oh it's going to be my form of birth control'. That's not a thing… It is important to talk about sexual health after those things* [abortions]. *If you've had a miscarriage or a loss, what was that journey of getting pregnant? Was that a conscious decision? Was it an accident? How do we prevent future accidents if that's not what you're looking for?*"

Other abortion doulas reported not offering family planning services but were interested in beginning that conversation with their clients. Alex, a postpartum, birth, and abortion doula, talked about opportunities to engage postpartum clients in family planning counseling,

"*I know that that's something postpartum folks have a hard time figuring out, how to prevent pregnancies after just having a pregnancy… some people believe, 'If I breastfeed, I won't get pregnant'. And it's like, well, you might!*"

Overall, participants agreed that the role of a doula is primarily to support clients in making informed, empowered decisions through major life changes including births, the postpartum period, or abortions. While this theme of support for reproductive autonomy was evident, family planning/contraceptive counseling was not a part of that support.

Abortion Doula Services and Benefits: Holding Space and Much More

All abortion doula participants were asked to walk the interviewer through their offered services and experiences with clients. While these doulas did not report many experiences supporting a client in an abortion clinic, they talked through their main services as well as how their services benefited clients overall.

The Scope of Abortion Doula Services

Abortion doulas described their services as mainly walking clients through the process of abortion by providing physical comfort, emotional support, educational resources, and holding space for clients to process their abortion experience. Nicole described her usual abortion services as first working with the client

"*…to formulate a plan. So that way they experience a reflective* [sic] *of whatever they want. Like I said, everybody's abortion is not the same… some of them are at home. Some of them are at the hospital, it just really depends on how it's done and what they need. What level of comfort they need. Sometimes they need the physical comfort and support of being there".*

Abortion doula services were described as being different depending on the specific needs of the client and the context of the abortion experience. While these services were wide in

range, Bailey, an abortion doula, talked about the experience of a doula-supported abortion being necessary because

> "*...for a lot of people abortion can be really isolating… they're the only one whose body is going through the experience of pregnancy and so, even if there is a partner or a friend or a community member who can hold their hand or be there with them, I think it can still feel really isolating. And I think the average person doesn't always know how to hold space for that or how to say the right thing… I think the holding space can be important*".

The idea of holding space for clients continued in other abortion doula's descriptions of their services. Doulas who reported offering both birth and abortion services noted how the range of emotions experienced by clients was not always so cut and dry. This made it even more important to hold space for clients to fully process their emotions, physical pain, and/or other reactions to their major reproductive experience. Alex described this as,

> "*Yes, it's about holding space for what folks are experiencing physically because it hurts… but also the range of emotion that can exist. And that's not just sadness. Folks assume typically that when folks come home with a baby, they're either through the sky, elated and happy and then if someone just comes home from having a miscarriage or an abortion that they are distraught… there are these assumptions around what emotions look like and that's not it. So, I really try to make sense of what the emotional status of my client is and help them cultivate a care plan*".

Abortion doulas all described their services as tailored to the client's abortion experience and personal needs which could include emotional, physical, or educational support. Holding space was an important aspect of their offered services, allowing for clients to be in a place that has no judgement or stigma.

<u>Abortion Doula Benefits and Client Stories</u>

While abortion doulas described their care as being personalized to their client's needs, several key benefits emerged throughout the discussion of their work. Reagan, an abortion and full-spectrum doula, discussed these benefits as,

> "*I believe that it's having that outside person that's not going to have a judgment. That you can share your real, raw emotions with and know that no matter what decision you choose to make, they're still going to be there... to be able to help you find the right clinic... helping find funding because there's a lot of people who don't have the funding to get an abortion... explaining to somebody what's going to happen and the things after".*

Reagan's overview of abortion doula care benefits is important as it shows that while abortion doulas may seem to only be serving clients in a short, time-sensitive window, the benefits of their care expand to before and after a client's abortion experience. Bailey shared a specific abortion client's story, highlighting the benefits of doula support before, during, and after a procedural abortion,

> "*My client was 24 or 25 weeks along and we had to travel to Maryland because I think the cut off in Georgia is 20 weeks or 22 weeks… we raised the money to pay for the Airbnb and all the things. I helped them fundraise to be able to cover the abortion and lodging and travel and all that, and then I also served as their abortion doula. It was a two-day procedure, so I traveled with them and then we were in the Airbnb together. I went to the clinic with them - I couldn't go in because COVID, but I was basically in the waiting room for the entire two days. They* [the abortion providers] *let me come in during the actual procedure… and hold my client's hand. And then the aftercare as far as making sure that the anesthesia wears off okay and that they have enough food and water and things like that. I made a belly oil… to rub on their belly and cabbage leaves on their*

breasts where it felt uncomfortable or felt painful and then I followed up a couple of weeks later".

Bailey's client story highlighted the wide range of benefits that abortion doula care offers clients during their abortion experience. From navigating state abortion restrictions, raising funds, and even physically supporting where possible, the benefits are impactful and crucial to ensuring a client has access to a safe and timely abortion. Alex also shared an experience supporting an abortion client and what the benefits of doula care looked like,

"*I think being able to process is really important, like being able to just take time and space to process. And sometimes that looks like saying nothing and literally saying nothing. I don't think that my client and I spoke much at all that night, like with everything that we were doing in the space and we sat together. She got a back massage from me… We did yoga, we painted, we created a fort in the living room and engulfed ourselves in things that were stress-relieving and comforting. I think it's having a container to process and hold emotion*".

Bailey and Alex's client stories highlight the ways in which abortion doulas are able to effectively meet the needs of their clients and benefit their overall abortion experiences.

Abortion Doula Challenges and Solutions: Overcoming Stigma

Accessing abortion doula services and benefits do not come without challenges. When asked to describe the challenges clients may face in accessing their services, abortion doulas overwhelmingly agreed on three major challenges: affordability of services, lack of awareness, and abortion stigma.

<u>Financial Challenges</u>

Doulas discussed the main challenges to providing optimal abortion services. One of the main challenges, especially for clients who need to pay out-of-pocket for their abortion, was finances. Imani, a long-time abortion doula, discussed this in more detail,

> "*The major challenge, I would say, is just them* [the client] *being able to pay for it… the client's ability to afford it, to pay for it, and to count it as a necessity…it's tough… like I said, every abortion doula client that I've had was pro bono… and of course I did that so that I can get the experience, but also because the need was there and I don't like to turn people away just because they can't pay*".

This challenge to afford abortion doula services was even more difficult when considering the cost of an abortion procedure and particular client circumstances. Reagan highlighted the factors contributing to the issue of funding by stating that

> "*…a lot of young people don't have, like, an extra $250 to $500 or whatever laying around, especially if they've already had to access care related to the thing. Like if they've needed to go and get an abortion… I think it's definitely financial because I know right now, if I got pregnant, I wouldn't be able to afford a doula. And I am one*".

Reagan points out that most people, even doulas, would not be able to afford an abortion procedure and doula support. This is a major challenge to accessing abortion doula support, especially for low-income, young, or otherwise impacted clients.

<u>Lack of Awareness</u>

Another main challenge was lack of awareness of abortion doula services. Abortion and full-spectrum doula, Mira, described this challenge in the context of the client accessing care,

> "*…most people who are getting abortions aren't looking for abortion doulas. That's the big thing… it's not a common practice, it's not something that's easily advertised or sold as a service".*

Abortion doulas went on to describe how this lack of awareness existed for abortion providers. Lisa discussed abortion provider lack of awareness as,

> "*I've never spoken with providers who provide abortion services. I'm not sure that it's in their lexicon of what an abortion doula is… I'm just guessing that it's not in their lexicon because I think that most doctors who provide abortion services are not really providing birth services as well. And that might be more in their lexicon would be a birth doula… when I go to a hospital, nobody ever says 'Oh, this is my birth doula.' It's just like 'Oh, this is my doula.' And, so, when you even say the word 'abortion doulas' they* [abortion providers] *would probably say, 'It's not anything I've ever heard'".*

Abortion provider lack of awareness can impact the abortion experience of clients, especially when looking for ways to be supported during their abortion experience. Even more challenging is the lack of awareness that doulas and birth workers have regarding the ability to support clients during abortion experiences. Alicia, a doula interested in providing abortion services, described her first time meeting an abortion doula as,

> "*I had already been a doula and training and stuff, and I had never met… someone who was an abortion doula and* [they talked] *to me about that* [abortion doula support] *and I was just like, 'Oh my gosh'… So yeah. I definitely think not a lot of doulas are offering this type of service*".

Lack of awareness also led to misconceptions of abortion doula support by non-abortion doulas. Annie, a birth and postpartum doula who expressed interest in learning more about abortion doula support, talked about the volunteering she does related to abortion,

> "*I do volunteer at a place called the help the Hope Center, it's technically an anti… I teach classes, I don't do the counseling side of it because they're a pro-life clinic. But they gave me little tidbits and things like that, I'm not trying to convince them* [clients]

not to have an abortion, so we [Annie and the Hope Center] *don't necessarily align there".*

Faith-based doulas, like Taylor, also expressed an interest in abortion doula work but focused instead on assisting clients only after their abortion experience,

"*It* [abortion doula work] *is something that I'm interested in. I, obviously as a Christian, I don't agree with abortion. But I would like to be in a professional place and be able to assist if somebody is struggling after what happened… after they made that decision, something like that".*

Abortion Stigma

Misconceptions around what abortion doulas do stem from larger abortion stigma. Abortion stigma often is represented in abortion ban policies such Texas's SB 4 and SB 8 bills and Georgia's 22-week abortion ban. When asked about additional abortion doula training, doulas reflected on wanting to keep up-to-date on restrictive bans in order to ensure their own safety. Imani stated,

"*… with all the legislation that's being passed… maybe trying to figure out the workarounds and making sure that we don't get in trouble or sued. How we will be able to help people and not endanger our own selves… I'm really concerned about that. I don't want to – if we* [Georgia] *turn into Texas, I don't want to be sued by some random John walking down the street for $10,000 because of my job*".

Georgia also has a history of restrictive abortion bans that impacts the way that abortion doulas interact with clients and abortion providers. Lisa explained this by stating,

"*… there are very few providers that could give any information or even would give any information for fear of retribution or backlash on abortion services, especially here in Georgia*".

In the accompanying survey, all doulas were asked to answer questions that assessed their stigmatizing attitudes and beliefs about abortion (Appendix A and B). Survey results indicated an overall low SABAS score with a mean of 22.29 compared to a highest SABAS score of 90 (Table 4). Higher scores indicate more stigmatizing attitudes and beliefs about abortion. Abortion doulas reported lower mean SABAS than other kinds of doulas, but these differences were not statistically significant. Abortion doulas also answered questions that measured their perceptions of stigma and its impact on their personal and professional lives (Appendix A and B). Survey results revealed a relatively low overall APSS score with a mean of 24 compared to a highest APSS score of 60 (Table 4). When examining the different stigma domains, abortion doulas had a higher APSS disclosure management mean score of 10.86 when compared to the mean scores of APSS resilience (7) and discrimination (5.86) (Table 4).

Table 4: Abortion Provider Stigma Scale and The Stigmatizing Attitudes, Beliefs, and Actions Scale

Variable	Obs	Mean	Std. Dev.	Min	Max
SABAS Total	14	22.29	6.27	18	40
APSS Total	7	24	3.32	17	27
APSS Disclosure Management	7	10.86	3.34	7	15
APSS Resilience	8	7	2.67	4	11
APSS Discrimination	8	5.86	.83	5	7

When doulas reflected on the possible stigma perpetrated by the larger doula community, most believed that their doula community was accepting of abortion doulas. However, when asked how abortion doulas were perceived by the larger doula community, Annie stated,

> *"Probably not well… because a lot of doulas are, although some doulas are very open, I think a lot of doulas come from like upper middle-class families that are… you know. They just wouldn't do that in our area*".

This stigma was not just felt from the doula community, but also from the participant's larger community of friends and family. Regan described an experience with a community member,

> "*I got a phone call from my spiritual teacher, "Oh my gosh, you cannot say that! You cannot say that you're promoting abortions!". And I said, I'm not promoting anything! I am saying, if you are in that situation, I am here to help*".

Reactions to Stigma from the General Public to Other Doulas and a Need for Change

Despite stigma felt by abortion doulas, participants described their desire to continue working in the abortion space as both a doula and advocate. Alex described this desire in the context of their work as both an abortion and birth/postpartum doula,

> "*... there are just too many reasons that abortion care should be accessible. You're not going to change my mind about that. And I think what really confuses people with me in particular is when I go from saying that abortion care should 10,000% be accessible, and I'm like, oh, yes, but natural birth should also be 10,000% accessible… I can be pro-abortion and also be pro-birth*".

In stating that doulas can work both in abortion and birth services, Alex and other abortion doulas once again expressed that the doula's role is to support a person's reproductive health experience even in the face of considerable stigma. When asked about how about how doula work can improve in Georgia, many acknowledged the stigma and obstacles to healthcare that many pregnant people face in the United States. Alex states,

> "*There's an active attempt to rid our country of the ability to end a pregnancy or to have an abortion. And that is very scary. I think that abortion care is going to be looking different soon and again, like I started off saying, I think that abortion care and sexual reproductive health care is honestly something that should be community based. It's not*

something that has to happen in a hospital or medical setting… you don't have to go through all the obstacles of getting health care… for something that could be very vulnerable… they [clients] *deserve to be respected through that and held with integrity*".

This need for change is echoed in other doula's responses. While this question is asked with the intention of seeing how doulas can best support their clients, some doulas envisioned doula work to fully empower clients to make the decisions necessary for their sexual and reproductive health. Bailey describes this vision of how doula work can change as,

"…*people want to take control of their own health. I think people know that doulas are important, and doulas are great, and people also want to take back their own health and we need to think about what are the ways we can equip people to do that*".

Chapter 4: Discussion and Recommendations

Few studies explore the role of a doula in abortion support from the perspective of doulas themselves. The GDS in unique in that it explores the topic of abortion doula care by including the perspectives of all doulas and addresses that data gap. To date, no other study exploring abortion doula services from the perspective of all doulas has been conducted and mixed method projects over abortion doula services are nonexistent. This project is unique as it captures the perspectives of both doulas that provide abortion services and those that do not. While it was originally hypothesized that non-abortion doulas would be disapproving of those that offer abortion services, findings from the both the survey and in-depth interviews revealed the opposite. A majority of the participating doulas supported the role of an abortion doula as a way to support pregnant people through a major reproductive health decision. In fact, most participants discussed how the role of a doula is to provide support during all major life transitions – some even expanding that definition to outside reproductive health experiences, such as grief and death. This work aligns and augments recently published media articles and commentaries which have briefly discussed the impact of abortion doula services, typically in response to issues such as COVID-19 and the rise of several restrictive abortion laws in the US. Lee (2022) argues that abortion doula services can overcome stigma by providing factually correct educational materials to their clients and supporting them in finding an accessible and quality abortion. COVID-19 has made it even more necessary for community care workers like doulas to provide support during a potentially isolating and stigmatizing abortion experience, especially in areas where restrictive abortion laws are being introduced into state legislature (Onyenacho, 2021).

While many participants asserted that a doula's role is to support reproductive autonomy, many did not extend services to family planning/contraceptives and there was little interest in

supporting clients through contraceptive/family planning counseling. Some referenced experiences of Black and brown clients being targeted for family planning sooner than others and mentioned a mistrust of the medical system in general due to the history of coercion for Black/brown communities, especially around reproductive health decisions such as long-acting reversible contraception and sterilization. As a result, many doulas of color were hesitant to bring these topics up with their clients or receive further training on contraceptive counseling. However, family planning services are a pillar of broad reproductive autonomy in SRH and data suggests that people accessing abortion services want to know their contraception and family planning options after their abortion (Kavanaugh et al. 2011). Doulas could play a key role in facilitating that conversation by educating their clients on potential options and holding space for their client to ask questions.

The majority of abortion doula literature discusses the abortion doula scope of work in the context of in-clinic abortion services. Previous studies primarily focused on how doula support in abortion clinics can mitigate pain and discomfort during a first trimester procedural abortion (Chor et al., 2016; Wilson et al., 2017). Participants in this study reported providing abortion doula support primarily outside of the clinic. This looked like supporting clients with securing funds, talking through all of their options prior to their abortion experience, and post-abortion support at home. Non-abortion doulas also expressed interest in supporting abortion clients outside of the abortion clinic and it was unclear if this was because of a lack of awareness of opportunities to engage or stigma around working with an abortion clinic.

The results of this mixed methods study highlight important benefits to abortion doula services, including physical, emotional, and educational support before, during, and after an abortion experience. The rise of volunteer abortion doula collectives, sometimes out of clinics or undergraduate organizations, have been instrumental in supporting the abortion experiences of

people throughout the US regardless of age or economic background (Wesleyan Doula Project, 2022; Basmajian, 2014). While study participants did not report being a part of any such collective or volunteer organization, many expressed the desire to connect with other full spectrum/abortion doulas in Georgia, especially as restrictive abortion policies continue to be introduced and implemented throughout the country.

These restrictive abortion policies, such as gestational age limits and restrictions on accessing medication abortion services through telemedicine greatly impact the accessibility of timely and quality abortion services for many patients, especially Black, brown, and low-income patient (Redd et al., 2021). These restrictive policies are a direct result of the stigma against abortion in the US and this stigma is felt not just from abortion patients, but providers and doulas that support the abortion experiences of their clients. Additionally, while non-abortion doulas valued abortion doulas and saw a place for their services stigma still exists. This research is the first to measure stigmatizing attitudes of doulas towards abortion using the SABAS scale as well as the stigma felt by doulas that provide abortion services using APSS. While neither abortion or non-abortion doulas had very high SABAS or APSS scores and the differences between the two groups were statistically significant, it is important to recognize the implications of these relatively low SABAS and APSS scores. Unlike the hypothesis that abortion doulas would have much lower SABAS scores and higher APSS scores, these results show that overall doulas are supportive of their clients making the best decisions for themselves, regardless of pregnancy outcome. This was reinforced by the qualitative data that shows doulas overall support of reproductive autonomy.

Overall, the role of abortion doulas in providing support during an abortion experience has many perceived benefits as well as barriers to access for potential clients. In discussing how to improve doula work in Georgia, many abortion and full spectrum doulas spoke about doula

work in general changing greatly to allow client's greater autonomy in making reproductive health decisions. Specifically, this would look like teaching clients how to "doula themselves" and empowering abortion clients especially to be their own advocates. This overall need to reevaluate the role of doula work in the medicalization of reproductive health experiences is critical and has been discussed in various gray and scientific literature (Rowlands & Wale, 2020; Perez, 2012; The Doula Project, 2012). As the movement towards full spectrum and abortion doula services continues, it will be important for doula training organizations, abortion doula collectives, and training doulas to be intentional about how they serve abortion clients.

Recommendations

Doulas are instrumental in providing support throughout a person's life transition, especially through reproductive health experiences such as birth, postpartum, abortion, or miscarriage. The doula community and general public have a need to better understand what full spectrum doula care can look like as well as how to access abortion and family planning doula support. Full spectrum doula collectives based out of universities and communities have begun to become implemented throughout the United States in response to this need, but more action is necessary from doula communities to ensure access to abortion and family planning doula support (Wesleyan Doula Project, 2022; The Doula Project, 2012).

The public health implications of this study include organizational support for full spectrum doula collectives in Georgia as well as advocating for policy that lowers abortion stigma in Georgia. Barriers to accessing supportive full spectrum doula services, especially abortion and family planning services, could be greatly mitigated by collectives of doulas being formed to support clients throughout Georgia. These collectives would serve as a space to train doulas in abortion and family planning services as well as a space to be in community with other doulas that are interested in ensuring reproductive autonomy for their clients, regardless of

pregnancy outcome. By supporting all clients through their reproductive health experiences, doulas can ensure that clients feel adequately supported through life transitions that can be, especially in the case of abortion, isolating and stigmatizing.

This study highlights important lessons and potential opportunities for future research. While this study is the first to engage full spectrum, birth, abortion, and other doulas in exploring the topic of full spectrum, abortion, and family planning doula services, future studies need to further explore the perspectives of clients. Specifically, future studies would need to demonstrate the benefits and barriers to full spectrum doula support from the client perspective. Understanding how clients viewed their experiences can impact how abortion doula support will change moving into the next few years.

It is also important to recognize that abortion/full spectrum doula care might change significantly in the next few years depending on the upcoming Supreme Court of the United States' decision regarding Roe V. Wade. Self-managed abortion using medication can be safe and effective given the right amount of support. Abortion doulas, while not medical providers, may be able to provide emotional, educational, and physical support during a self-managed medication abortion. These all need to be evaluated with further research.

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Appendix A. Follow-up Survey Instrument

Study ID: _____

Survey Introduction

1. Please enter your name (First and Last)

2. What kind of doula do you identify as? Check all that apply
☐ Birth doula
☐ Postpartum doula
☐ Prenatal doula
☐ Abortion doula
☐ Full Spectrum doula
☐ Radical/Justice doula
☐ Death/Grief/Loss/Bereavement doula
☐ Prison doula
☐ Other (Specify): _____

Racism/Discrimination Questions

Here are some situations that can arise at work. Please tell me how often you have experienced them during the LAST 12 MONTHS.

3. How often are you UNFAIRLY given the jobs that no one else wants to do?

- ▢ Once a week or more……1
- ▢ A few times a month……2
- ▢ A few times a year……3
- ▢ Less than once a year……4
- ▢ Never……5

4. At work, when different opinions would be helpful, how often is your opinion not asked for?

- ▢ Once a week or more……1
- ▢ A few times a month……2
- ▢ A few times a year……3
- ▢ Less than once a year……4
- ▢ Never……5

5. How often are you watched more closely than other doulas?

- ▢ Once a week or more……1
- ▢ A few times a month……2

- ▢ A few times a year……3
- ▢ Less than once a year……4
- ▢ Never……5

6. How often does the medical team use racial or ethnic slurs or jokes?

- ▢ Once a week or more……1
- ▢ A few times a month……2
- ▢ A few times a year……3
- ▢ Less than once a year……4
- ▢ Never……5

7. How often do members of the medical team direct racial or ethnic slurs at you?

- ▢ Once a week or more……1
- ▢ A few times a month……2
- ▢ A few times a year……3
- ▢ Less than once a year……4
- ▢ Never……5

8. How often do other doulas use racial slurs or ethnic jokes?

- ▢ Once a week or more……1
- ▢ A few times a month……2
- ▢ A few times a year……3
- ▢ Less than once a year……4
- ▢ Never……5

9. How often do other doulas direct racial or ethnic slurs or jokes at you?

- ▢ Once a week or more……1
- ▢ A few times a month……2
- ▢ A few times a year……3
- ▢ Less than once a year……4
- ▢ Never……5

10. How often do you feel that you have to work twice as hard as others work?

- ▢ Once a week or more……1
- ▢ A few times a month……2
- ▢ A few times a year……3
- ▢ Less than once a year……4
- ▢ Never……5

11. How often do you feel that you are ignored or not taken seriously by the medical team?

- ☐ Once a week or more……1
- ☐ A few times a month……2
- ☐ A few times a year……3
- ☐ Less than once a year……4
- ☐ Never……5

12. How often do others assume that you work in a lower status job than you do and treat you as such?

- ☐ Once a week or more……1
- ☐ A few times a month……2
- ☐ A few times a year……3
- ☐ Less than once a year……4
- ☐ Never……5

13. How often has a doula with less experience and fewer qualifications gotten more clients than you?

- ☐ Once a week or more……1
- ☐ A few times a month……2
- ☐ A few times a year……3
- ☐ Less than once a year……4
- ☐ Never……5

14. How often have you been unfairly humiliated in front of others at work?

- ☐ Once a week or more……1
- ☐ A few times a month……2
- ☐ A few times a year……3
- ☐ Less than once a year……4
- ☐ Never……5

Family Planning Attitudes

15. Please read each of the following statements and indicate how much you disagree or agree:

a. People behave differently toward a teen whom they know has used modern family-planning methods
b. Young women who use modern family planning are promiscuous
c. Teens who use modern family planning are viewed as bad girls
d. Modern family planning is not acceptable for unmarried women
e. Modern family-planning methods have bad effects on a woman's health

- o Agree (1)
- o Neutral (0)
- o Disagree (0)

16. Please tell me whether or not you think it should be possible for a pregnant woman to obtain a legal abortion if...

a. If there is a strong chance of serious defect in the baby?
b. If she is married and does not want any more children?
c. If the woman's own health is seriously endangered by the pregnancy?
d. If the family has a very low income and cannot afford any more children?
e. If she became pregnant as a result of rape?
f. If she is not married and does not want to marry the man?
g. The woman wants it for any reason

- Yes (1)
- No (2)
- Don't Know (3)

17. Do you personally think it is wrong or not wrong for a woman to have an abortion...

a. If there is a strong chance of serious defect in the baby?
b. If she is married and does not want any more children?
c. If the woman's own health is seriously endangered by the pregnancy?
d. If the family has a very low income and cannot afford any more children?
e. If she became pregnant as a result of rape?
f. If she is not married and does not want to marry the man?
g. The woman wants it for any reason

- Always Wrong (1)
- Sometimes Wrong (2)
- Neutral/Don't Know (3)
- Wrong Only Sometimes (4)
- Not Wrong At All (5)

18. Please read each of the following statements and indicate how much you disagree or agree:

a. A woman who has an abortion is committing a sin
b. Once a woman has one abortion, she will make it a habit
c. A woman who has had an abortion cannot be trusted
d. A woman who has an abortion brings shame to her family
e. The health of a woman who has an abortion is never as good as it was before the abortion
f. A woman who has had an abortion might encourage other women to get abortions
g. A woman who has an abortion is a bad mother
h. A woman who has an abortion brings shame to her community
i. A woman who has had an abortion should be prohibited from going to religious services
j. I would tease a woman who has had an abortion so that she will be ashamed about her decision
k. I would try to disgrace a woman in my community if I found out she'd had an abortion
l. A man should not marry a woman who has had an abortion because she may not be able to bear children

m. I would stop being friends with someone if I found out that she had an abortion
n. I would point my fingers at a woman who had an abortion so that other people would know what she has done
o. A woman who has an abortion should be treated the same as everyone else.
p. A woman who has an abortion can make other people fall ill or get sick
q. A woman who has an abortion should be isolated from other people in the community for at least 1 month after having an abortion.
r. If a man has sex with a woman who has had an abortion, he will become infected with a disease.

- o Strongly Disagree (1)
- o Disagree (2)
- o Neutral/Don't Know (3)
- o Agree (4)
- o Strongly Agree (5)

Family Planning Doula Services

19. Do you counsel your clients on family planning?

- o Yes (1)
- o No (2)

If yes, Explain and give an example (open answer)

_____

If no, would you be interested in counseling your patients?

- o Yes (1)
- o No (2)

20. Have you received any training in family planning?

- o Yes (1)
- o No (2)

If yes, describe

_____

21. When do you think is best for doulas to provide family planning counseling? (ex: prenatal, postpartum, immediately after delivery)

_____

Skip Pattern: Continue to Abortion Doula questions if YES to providing abortion doula care, skip to end if non-abortion doula

Abortion Doula Questions

Please consider your experiences as someone who works in abortion services. Indicate how often you have felt or experienced the following:

22. People's reactions to my being an abortion worker make me keep to myself

- ☐ All of the time [1]
- ☐ Often [2]
- ☐ Sometimes [3]
- ☐ Rarely [4]
- ☐ Never [5]

23. I feel marginalized by other health workers because of my decision to work in abortion care

- ☐ All of the time [1]
- ☐ Often [2]
- ☐ Sometimes [3]
- ☐ Rarely [4]
- ☐ Never [5]

24. I feel like if I tell people about my work they will only see me as an abortion worker

- ☐ All of the time [1]
- ☐ Often [2]
- ☐ Sometimes [3]
- ☐ Rarely [4]
- ☐ Never [5]

25. I worry about telling people I work in abortion care

- ☐ All of the time [1]
- ☐ Often [2]
- ☐ Sometimes [3]
- ☐ Rarely [4]
- ☐ Never [5]

26. It bothers me if people in my community know that I work in abortion care

- ☐ All of the time [1]
- ☐ Often [2]
- ☐ Sometimes [3]
- ☐ Rarely [4]
- ☐ Never [5]

27. I avoid telling people what abortion care I do for a living

- ☐ All of the time [1]
- ☐ Often [2]

- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

28. I am afraid that if I tell people I work in abortion care I could put myself or my loved ones at risk for violence

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

29. I am proud that I work in abortion care

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

30. I feel connected to others who do this abortion care work

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

31. By providing abortion doula care I am making a positive contribution to society

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

32. I find it important to share with people that I work in abortion care

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

33. Newspapers/television take a balanced view about abortion care

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

34. I feel that patients use me as an emotional punching bag

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

Appendix B. New Participant Survey Instrument

Study ID: _____

Demographics

1. With which of the following races/ethnicities do you identify? Check all that apply:

☐ Black or African American (1)
☐ Hispanic or Latinx (2)
☐ Asian or Pacific Islander (3)
☐ American Indian, Alaskan Native, or Native Hawaiian (4)
☐ Biracial or Multiracial (5)
☐ White (6)
☐ Other (specify) (7) _____
☐ Prefer not to answer (8)

2. How old are you in years?

☐ Under 25 (1)
☐ 25-35 (2)
☐ 36-45 (3)
☐ 46-55 (4)
☐ Over 55 (5)

3. Have you had difficulty affording necessities such as education costs, food, clothing, transportation, housing, and medical care? Check all that apply

☐ Yes, currently (1)
☐ Yes, in the recent past (within 3 years) (2)
☐ Yes, in the past for a limited period of time (for example, while I was a student) (3)
☐ Yes, historically throughout my life (4)
☐ No (5)
☐ Prefer not to answer (6)

4. Are you currently employed? Check all that apply

☐ Yes, full-time (1)
☐ Yes, part-time (2)
☐ No, not looking for employment (3)
☐ No, looking for employment (4)

5. What is the highest level of education you have completed?

☐ High School (1)
☐ Some college (2)
☐ Graduated college (3)
☐ Graduate degree (e.g., MPH, PhD) (4)
☐ Clinical professional degree (e.g., RN, LPN, MD, PA) (5)
☐ Non-clinical professional degree (e.g., GED) (6)
☐ Other (specify) (7) _____

6. With which of the following genders do you identify? Check all that apply:

☐ Female/woman (1)
☐ Male/man (2)
☐ Transgender (3)
☐ Genderqueer (4)
☐ Nonbinary (5)
☐ Self-identify (please specify) (6): _____
☐ Prefer not to answer (7)

7. What is your sexual orientation? Check all that apply:

☐ Lesbian (1)
☐ Gay (2)
☐ Bisexual (3)
☐ Queer (4)
☐ Straight or heterosexual (5)
☐ Don't know/questioning (6)
☐ Prefer to self-describe (7) _____
☐ Prefer not to answer (8)

8. What language do you primarily speak at home? Check all that apply:

☐ Arabic (1)
☐ Chinese (Cantonese, Mandarin, others) (2)
☐ English (3)
☐ French or French Creole (4)
☐ German (5)
☐ Hindi (6)
☐ Korean (7)
☐ Spanish (8)
☐ Tagalog (9)

☐ Vietnamese (10)
☐ Other (Specify) (11): _____

9. What is your immigration generation status? Check all that apply

☐ My parents and grandparents were born in the United States (1)
☐ One or more of my grandparents were born in the United States (2)
☐ One or more of my parents were born in the United States (3)
☐ I was born in the United States (4)
☐ Prefer not to answer (5)

10. In which Georgia county do you reside? _____

Pregnancy Information

11. Have you ever been pregnant?

☐ No (1) → Go to introduction to doula work and training
☐ Yes (2) → Go to 11.1

11.1. How many times have you been pregnant?

☐ 1 (1)
☐ 2 (2)
☐ 3 (3)
☐ 4 (4)
☐ 5 or more (5)

11.2 How many live children do you have? _____

11.3 For any of the pregnancies you mentioned above, did you have a doula?
☐ No (1) → Go to introduction to doula work and training
☐ Yes (2) → Go to personal experiences with doulas section

Personal Experience with Doulas

For these questions, consider the last time you had a doula:

12. What type of doula services did you receive? Check all that apply

☐ Birth doula (1)
☐ Postpartum doula (2)
☐ Prenatal doula (3)
☐ Abortion doula (4)

☐ Full Spectrum doula (5)
☐ Radical/Justice doula (6)
☐ Death/Grief/Loss/Bereavement doula (7)
☐ Prison doula (8)

13. How satisfied were you with those doula services?

☐ Very unsatisfied (1)
☐ Unsatisfied (2)
☐ Neutral (3)
☐ Satisfied (4)
☐ Very satisfied (5)
☐ Mixed feelings (6) (Explain: _____)

14. How valuable were their services?

☐ Not valuable at all (1)
☐ Mostly not valuable (2)
☐ Neutral (3)
☐ Somewhat valuable (4)
☐ Very valuable (5)

15. How did the doula affect your anxiety about the pregnancy?

☐ Negatively affected, increased anxiety (1)
☐ No effect (2)
☐ Positively affected, decreased anxiety (3)

16. How did the doula affect your pain during childbirth?

☐ Negatively affected, increased pain (1)
☐ No effect (2)
☐ Positively affected, decreased pain (3)

17. How did the doula affect your empowerment during the pregnancy?

☐ Negatively affected, decreased empowerment (1)
☐ No effect (2)
☐ Positively affected, increased empowerment (3)

18. Did you have any negative experiences with your doula?

☐ No (1)

☐ Yes (2): Please explain _____

19. Would you want a doula again?

☐ No (1)
☐ Yes (2)

Introduction to Doula Work and Training

20. How long have you been a doula? (Check all and type amount)
- ▢ _____ Years (1)
- ▢ _____Months (2)

21. What kind of doula do you identify as? Check all that apply

☐ Birth doula (1)
☐ Postpartum doula (2)
☐ Prenatal doula (3)
☐ Abortion doula (4)
☐ Full Spectrum doula (5)
☐ Radical/Justice doula (6)
☐ Death/Grief/Loss/Bereavement doula (7)
☐ Prison doula (8)
☐ Other (Specify): _____

22. How many clients (of each kind) have you been a doula for? (Check all and type amount)

☐ Birth doula (1) _____
☐ Postpartum doula (2) _____
☐ Prenatal doula (3) _____
☐ Abortion doula (4) _____
☐ Full Spectrum doula (5) _____
☐ Radical/Justice doula (6) _____
☐ Death/Grief/Loss/Bereavement doula (7) _____
☐ Prison doula (8) _____
☐ Other (Specify) (9): _____

22. What, if any, doula training have you completed?

☐ Doulas of North America (DONA) International (1)
☐ CAPPA Childbirth and Postpartum Professional Association (2)
☐ ALACE – Association of Labor Assistants and Childbirth Educators (3)
☐ BirthWorks International (4)
☐ Childbirth International (5)

☐ HypnoBirthing (6)
☐ N/A (7)
☐ Other (Specify) (8): _____

23. What, if any, doula certification have you completed?

☐ Doulas of North America (DONA) International (1)
☐ CAPPA Childbirth and Postpartum Professional Association (2)
☐ ALACE – Association of Labor Assistants and Childbirth Educators (3)
☐ BirthWorks International (4)
☐ Childbirth International (5)
☐ HypnoBirthing (6)
☐ N/A (7)
☐ Other (Specify) (8): _____

Family Planning Attitudes

24. Please read each of the following statements and indicate how much you disagree or agree:

f. People behave differently toward a teen whom they know has used modern family-planning methods
g. Young women who use modern family planning are promiscuous
h. Teens who use modern family planning are viewed as bad girls
i. Modern family planning is not acceptable for unmarried women
j. Modern family-planning methods have bad effects on a woman's health

- o Agree (1)
- o Neutral (0)
- o Disagree (0)

25. Please tell me whether or not you think it should be possible for a pregnant woman to obtain a legal abortion if...

a. If there is a strong chance of serious defect in the baby?
b. If she is married and does not want any more children?
c. If the woman's own health is seriously endangered by the pregnancy?
d. If the family has a very low income and cannot afford any more children?
e. If she became pregnant as a result of rape?
f. If she is not married and does not want to marry the man?
g. The woman wants it for any reason

- o Yes (1)
- o No (2)
- o Don't Know (3)

26. Do you personally think it is wrong or not wrong for a woman to have an abortion...

a. If there is a strong chance of serious defect in the baby?
b. If she is married and does not want any more children?
c. If the woman's own health is seriously endangered by the pregnancy?
d. If the family has a very low income and cannot afford any more children?
e. If she became pregnant as a result of rape?
f. If she is not married and does not want to marry the man?
g. The woman wants it for any reason

- Always Wrong (1)
- Sometimes Wrong (2)
- Neutral/Don't Know (3)
- Wrong Only Sometimes (4)
- Not Wrong At All (5)

27. Please read each of the following statements and indicate how much you disagree or agree:

s. A woman who has an abortion is committing a sin
t. Once a woman has one abortion, she will make it a habit
u. A woman who has had an abortion cannot be trusted
v. A woman who has an abortion brings shame to her family
w. The health of a woman who has an abortion is never as good as it was before the abortion
x. A woman who has had an abortion might encourage other women to get abortions
y. A woman who has an abortion is a bad mother
z. A woman who has an abortion brings shame to her community
aa. A woman who has had an abortion should be prohibited from going to religious services
bb. I would tease a woman who has had an abortion so that she will be ashamed about her decision
cc. I would try to disgrace a woman in my community if I found out she'd had an abortion
dd. A man should not marry a woman who has had an abortion because she may not be able to bear children
ee. I would stop being friends with someone if I found out that she had an abortion
ff. I would point my fingers at a woman who had an abortion so that other people would know what she has done
gg. A woman who has an abortion should be treated the same as everyone else.
hh. A woman who has an abortion can make other people fall ill or get sick
ii. A woman who has an abortion should be isolated from other people in the community for at least 1 month after having an abortion.
jj. If a man has sex with a woman who has had an abortion, he will become infected with a disease.

- Strongly Disagree (1)
- Disagree (2)
- Neutral/Don't Know (3)
- Agree (4)
- Strongly Agree (5)

Family Planning Doula Services

28. Do you counsel your clients on family planning?

- o Yes (1)
- o No (2)

If yes, Explain and give an example (open answer)

_____

If no, would you be interested in counseling your patients?

- o Yes (1)
- o No (2)

29. Have you received any training in family planning?

- o Yes (1)
- o No (2)

If yes, describe

_____

30. When do you think is best for doulas to provide family planning counseling? (ex: prenatal, postpartum, immediately after delivery)

_____

Skip Pattern: Continue to Abortion Doula questions if YES to providing abortion doula care, skip to client demographics if non-abortion doula

Abortion Doula Questions

Please consider your experiences as someone who works in abortion services. Indicate how often you have felt or experienced the following:

31. People's reactions to my being an abortion worker make me keep to myself

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

32. I feel marginalized by other health workers because of my decision to work in abortion care

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

33. I feel like if I tell people about my work they will only see me as an abortion worker

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

34. I worry about telling people I work in abortion care

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

35. It bothers me if people in my community know that I work in abortion care

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

36. I avoid telling people what abortion care I do for a living

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

37. I am afraid that if I tell people I work in abortion care I could put myself or my loved ones at risk for violence

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

38. I am proud that I work in abortion care

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]

- ▢ Rarely [4]
- ▢ Never [5]

39. I feel connected to others who do this abortion care work

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

40. By providing abortion doula care I am making a positive contribution to society

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

41. I find it important to share with people that I work in abortion care

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

42. Newspapers/television take a balanced view about abortion care

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

43. I feel that patients use me as an emotional punching bag

- ▢ All of the time [1]
- ▢ Often [2]
- ▢ Sometimes [3]
- ▢ Rarely [4]
- ▢ Never [5]

Client Demographics: For the answers to each of these questions please estimate a percent for each demographic group (scroll over for 100% option)

44. Estimate the racial/ethnic breakdown (in percentage) of your clients (total in column should add up to 100)

	10	20	30	40	50	60	70	80	90	100
Black or African American										
Hispanic or Latinx										
Asian or Pacific Islander										
American Indian, Alaskan Native, or Native Hawaiian										
Biracial or Multiracial										
White										
Other										

45. Estimate the age breakdown (in percentage) of your clients (total in column should add up to 100)

	10	20	30	40	50	60	70	80	90	100
Under 25										
25-35										
36-45										
Over 45										

46. Estimate the socioeconomic status breakdown (in percentage) of your clients (total in column should add up to 100)

	10	20	30	40	50	60	70	80	90	100
Upper										
Upper Middle										
Middle										
Lower Middle										
Lower										

47. Estimate the highest level of education breakdown (in percentage) of your clients (total in column should add up to 100)

	10	20	30	40	50	60	70	80	90	100
High School										
Some college										
Graduated college										
Graduate degree (e.g., MPH, PhD)										

Clinical professional degree (e.g., RN, LPN, MD, PA)										
Non-clinical professional degree (e.g., GED)										
Other										

48. Estimate the number of pregnancies breakdown (in percentage) of your clients (total in column should add up to 100)

	10	20	30	40	50	60	70	80	90	100
1										
2										
3										
4										
5										
Over 5										

Racism/Discrimination Questions

Here are some situations that can arise at work. Please tell me how often you have experienced them during the LAST 12 MONTHS.

49. How often are you UNFAIRLY given the jobs that no one else wants to do?

- ▢ Once a week or more (1)
- ▢ A few times a month (2)
- ▢ A few times a year (3)
- ▢ Less than once a year (4)
- ▢ Never (5)

50. At work, when different opinions would be helpful, how often is your opinion not asked for?

- ▢ Once a week or more (1)
- ▢ A few times a month (2)
- ▢ A few times a year (3)
- ▢ Less than once a year (4)
- ▢ Never (5)

51. How often are you watched more closely than other doulas?

- ▢ Once a week or more (1)
- ▢ A few times a month (2)
- ▢ A few times a year (3)
- ▢ Less than once a year (4)

- ▢ Never (5)

52. How often does the medical team use racial or ethnic slurs or jokes?

- ▢ Once a week or more (1)
- ▢ A few times a month (2)
- ▢ A few times a year (3)
- ▢ Less than once a year (4)
- ▢ Never (6)

53. How often do members of the medical team direct racial or ethnic slurs at you?

- ▢ Once a week or more (1)
- ▢ A few times a month (2)
- ▢ A few times a year (3)
- ▢ Less than once a year (4)
- ▢ Never (5)

54. How often do other doulas use racial slurs or ethnic jokes?

- ▢ Once a week or more (1)
- ▢ A few times a month (2)
- ▢ A few times a year (3)
- ▢ Less than once a year (4)
- ▢ Never (5)

55. How often do other doulas direct racial or ethnic slurs or jokes at you?

- ▢ Once a week or more (1)
- ▢ A few times a month (2)
- ▢ A few times a year (3)
- ▢ Less than once a year (4)
- ▢ Never (5)

56. How often do you feel that you have to work twice as hard as others work?

- ▢ Once a week or more (1)
- ▢ A few times a month (2)
- ▢ A few times a year (3)
- ▢ Less than once a year (4)
- ▢ Never (5)

57. How often do you feel that you are ignored or not taken seriously by the medical team?

- ▢ Once a week or more (1)
- ▢ A few times a month (2)

- ▢ A few times a year (3)
- ▢ Less than once a year (4)
- ▢ Never (5)

58. How often do others assume that you work in a lower status job than you do and treat you as such?

- ▢ Once a week or more (1)
- ▢ A few times a month (2)
- ▢ A few times a year (3)
- ▢ Less than once a year (4)
- ▢ Never (5)

59. How often has a doula with less experience and fewer qualifications gotten more clients than you?

- ▢ Once a week or more (1)
- ▢ A few times a month (2)
- ▢ A few times a year (3)
- ▢ Less than once a year (4)
- ▢ Never (5)

60. How often have you been unfairly humiliated in front of others at work?

- ▢ Once a week or more (1)
- ▢ A few times a month (2)
- ▢ A few times a year (3)
- ▢ Less than once a year (4)
- ▢ Never (5)

Clients, Cost, and Other Logistics

61. How do you primarily find your doula clients? Check all that apply:

- ▢ Fewer than preferred (1)
- ▢ Actual number preferred (2)
- ▢ More than preferred (3)
- ▢ Don't know (4)

62. How do you primarily find your doula clients? Check all that apply:

☐ Personal website (1)
☐ Professional doula organization website/registry (2)
☐ Word-of-mouth (3)

☐ Other online forums (4)
☐ Telephone (5)
☐ Health care providers and institutions (6)
☐ Community-based programs (7)

63. What type of doula practice are you a part of? (check all that apply)

☐ Solo practice (1)
☐ Group practice with 2-4 doulas (2)
☐ Group practice with 5+ doulas (3)
☐ Hospital-based practice (4)
☐ Clinic-based practice (5)

64. How often do you charge clients for your doula services?

- ▢ Always (1)
- ▢ Sometimes (2)
- ▢ Never (3)

65. How much do you currently charge ($USD) per client for (check all and type amount):

☐ Birth doula (1) _____
☐ Postpartum doula (2) _____
☐ Prenatal doula (3) _____
☐ Abortion doula (4) _____
☐ Full Spectrum doula (5) _____
☐ Radical/Justice doula (6) _____
☐ Death/Grief/Loss/Bereavement doula (7) _____
☐ Prison doula (8) _____
☐ Other (Specify) (9): _____

66. Do you plan on charging for your doula services in the future?

- ▢ Always (1)
- ▢ Sometimes (2)
- ▢ Never (3)

67. How much do you think you should be paid (ideally, in order to reach standard of living) per client for (check all and type amount):

☐ Birth doula (1) _____
☐ Postpartum doula (2) _____
☐ Prenatal doula (3) _____
☐ Abortion doula (4) _____
☐ Full Spectrum doula (5) _____

☐ Radical/Justice doula (6) _____
☐ Death/Grief/Loss/Bereavement doula (7) _____
☐ Prison doula (8) _____
☐ Other (Specify) (9): _____

Doula Services During COVID

68. In what ways have you and your work been affected by COVID-19? (Check all that apply)

☐ Stopped taking on clients (1)
☐ Unable to accompany clients in the delivery room (2)
☐ Limited prenatal and postpartum visits (3)
☐ Increase in client home births (4)
☐ Use of protective equipment (i.e. masks, gloves) when working with clients (5)
☐ My work has not changed as a result of COVID-19 (6)

69. Are you interested in providing doula services virtually (i.e. video and phone calls)?

☐ Yes (1)
☐ No (2)

70. Have you provided virtual doula services?
☐ Yes (1)
☐ No (2)

71. Have you provided doula services virtually during the COVID-19 pandemic?
☐ Yes (1)
☐ No (2)

Skip Pattern: Continue to Virtual Doula questions if YES to providing virtual doula care, skip to Beliefs about Doula Services if NO

Virtual Doula Services During the Pandemic

72. How many clients have you served virtually since the onset of the pandemic? _____

73. Do any of your clients have difficulties accessing the internet?

☐ Yes (1)
☐ No (2)
☐ Unknown (3)

74. How do you connect with your clients virtually? (check all that apply)
☐ Video calls (Zoom, Microsoft Teams, Facetime) (1)
☐ Phone (2)

☐ Other (3): Specify _____

75. (If Video Calls is selected) What platform do you use for video calls?
☐ Zoom
☐ Skype
☐ Teams
☐ Other: Specify _____

Beliefs about Doula Services

76. For each of the following, mark the answer that you most closely agree with.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I believe current pricing of doula services helps me to provide doula services.					
I believe current pricing of doula services helps my clients access doula services.					
I believe current insurance coverage of doula services helps me to provide doula services.					
I believe current insurance coverage of doula services helps my clients access doula services.					
I believe current doula training helps me to provide doula services.					
I believe current doula training helps my clients access doula services.					
I believe current doula certification requirements help me to provide doula services.					
I believe current doula certification requirements help my clients access doula services					
I face challenges in starting my doula business.					
I face challenges in building my client base for my doula business.					
I face challenges in making enough profit to continue my doula business.					

Possible Changes for Doula Service Reimbursement

77. How interested would you be in Medicaid reimbursement for your doula services?

☐ Not interested at all
☐ Mostly uninterested

☐ Neutral
☐ Somewhat interested
☐ Very interested
☐ Mixed feelings (Explain: _____)

78. How interested would you be in Georgia doulas being classified as Community Health Workers who are reimbursed through Department of Public Health?

☐ Not interested at all
☐ Mostly uninterested
☐ Neutral
☐ Somewhat interested
☐ Very interested
☐ Mixed feelings (Explain: _____)

Appendix C. Follow-up In-Depth Interview (IDI) Guide

I, Opening Questions

1. It's been several months since you were first interviewed for this study. What, if anything, has changed about your doula practice since then?
    a. Probe: How are things changing around COVID-19?
    b. Probe: What new client stories, if any, do you have to share?

II. Doula Roles in Family Planning

2. What needs do your clients have related to contraception?
    a. Probe: Do they need more information, can't afford it, don't know where to get it?

3. What, if any, training have you received in contraceptive counseling?
    a. Probe: What kind of (additional or new) family planning training would you need or want?

4. What, if any, counseling do you provide your clients about contraception and birth control?
    a. Probe: If none, would you be interested in providing family planning counseling in the future?

If participant indicated they provide abortion services, continue to Section III. If the participant does not provide abortion services, skip to Section IV.

III. Abortion Care Counseling Questions <u>for abortion doulas</u>

5. Why did you become an abortion doula?
    a. Probe: What kind of additional, or new abortion training would you like to receive?

6. Can you describe in more detail the services you provide as an abortion doula?

7. Where do you provide abortion services?

8. What are the benefits of having an abortion doula?

9. How do you feel you are perceived from the larger prenatal, birth, and postpartum doula community?

10. How do you think abortion care providers perceive you as an abortion doula?

11. What challenges do you face in providing abortion doula care?
    a. General probes:
        i. What are some challenges to building a sustainable doula business?
        ii. How is your dynamic with your client's medical care providers?

iii. Do you feel there are adequate supports from your doula community? (mentorship opportunities, networking, etc.)

b. Probe based on survey answers:
   i. On your survey you mentioned that you feel marginalized by other health workers because of your decision to work in abortion care. Can you tell me more about that?
   ii. On your survey, you mentioned that it bothers you if people in your community know that you work in abortion care. Can you tell me more about that?
   iii. On your survey, you mentioned that you feel abortion clients use you as an emotional punching bag. Can you tell me more about that?

12. Do you know any doulas in Georgia that provide abortion services and would be interested in participating in this study?

IV. Abortion Care Counseling Questions <u>for non-abortion doulas</u>

13. What needs do your clients have related to abortion care counseling?

14. What, if any, training have you received in abortion care counseling?
    a. Probe: What kind of additional or new abortion care training would you need or want?

15. What, if any, counseling do you provide to your clients regarding abortion services?
    a. Probe: If none, would you be interested in providing abortion services counseling in the future?

16. There are some doulas that provide abortion care services to their clients. How do you feel about these abortion doulas?
    a. Probe: How does the larger doula community perceive abortion doulas?

17. Prenatal/birth doulas: What happens if your birth/prenatal doula client experiences complications during a pregnancy?
    a. Probe:
       i. A miscarriage
       ii. Decides to terminate their pregnancy
       iii. Stillborn or dies shortly after birth

V. Racism and Discrimination Qs for all doulas

18. Can you tell me a time you witnessed or experienced discrimination as a doula?
    a. Probe based on their survey answers:
       i. you've been watched more closely than others in your work as a doula
       ii. you've been humiliated during your work as a doula
       iii. you've heard racial slurs or ethnic jokes in your work
    b. General probes:
       i. Racial discrimination (of yourself or the client)
       ii. Discrimination because you're a doula

iii. Age discrimination (of yourself or the client)

19. How does your race influence the interactions you have with the medical team?
    a. Probe: Can you provide examples of when you felt your race was a factor in how the medical team treated you?

20. How does the race of your client influence your experience with the medical team?

21. How does your race influence the interactions you have with your clients?
    a. Probe: For clients of your race?
    b. Probe: For clients of a different race?

22. What training, if any, did you receive about providing culturally competent care?
    a. Probe:
        i. For example, care specific to the needs of a racial/ethnic group?
        ii. What additional training would you like to receive?

VII. Conclusion

23. What is your advice for reducing discrimination that doulas face?

24. How can doulas help reduce racial/ethnic disparities in maternal and infant health?

Appendix D. New Participant IDI Guide (Abortion Doula)

I. Opening Questions

1. Why did you become a doula?

II. Training

2. On the survey you mentioned you received X,Y,Z training. Tell me more about your training experience.
    a. Probe:
        i. If abortion training is listed:
            1. Where did you complete abortion doula training?
            2. What topics were covered in your training?
        ii. If abortion training is not listed:
            1. Without specific training in abortion doula care, how have you developed the skills needed to support abortion clients?
    b. Additional Probes
        i. How did you pay for doula training you received? (ex: out-of-pocket, funded by an organization, grant-funded, etc.)
        ii. What training have you received around working with diverse populations including Black, Latinx, non-English speaking, refugee, and LGBTQ clients?
        iii. What additional training would you like to receive?

III. Practice and Clientele

3. On the survey you mentioned you provided X,Y,Z doula services (prenatal/birth, post-partum, abortion). What do those services typically involve?
    a. Probe: Can you walk me through your typical services with X clients?
    b. Probe: Can you walk me through your typical services with Y clients?
    c. Probe: Can you walk me through your typical services with Z clients?

4. How did you build your doula practice?
    a. Probe:
        i. How did you develop your client base? (social media, word of mouth, website, established doula practices/programs, physician or midwife referrals)
        ii. What relationships (maternal health organizations, physician practices, community doula organizations) helped you start your practice?

5. Where do you provide services?
    a. Probe: Are they affiliated with a clinic, hospital, or community-based organization? Does she go to where the client is receiving care? etc.

6. Are there any demographic groups you wished you could be a doula for but have not been able to reach?
    a. Follow-up: What do you think are the challenges for these groups in accessing doula services?
    b. Follow up: What could make it easier for these groups to access doula services?

IV. Payment

7. Non-volunteer doulas: On the survey you said you do not work as a volunteer doula. In general, how do you work with clients to ensure they can afford doula services—if at all?
    a. Probe:
        i. Do you use a sliding scale?
        ii. Do you make referrals to other doulas?

8. Volunteer doulas: On the survey you said you are a volunteer doula. Why did you decide to volunteer your doula services as opposed to charge for them?
    a. Probe: What motivates you to be a volunteer doula?

V. Doula Roles in Family Planning

9. What needs do your clients have related to contraception?
    a. Probe: Do they need more information, can't afford it, don't know where to get it?

10. What, if any, training have you received in contraceptive counseling?
    a. Probe: What kind of (additional or new) family planning training would you need or want?
11. What, if any, counseling do you provide your clients about contraception and birth control?
    a. Probe: If none, would you be interested in providing family planning counseling in the future?

VI. Abortion Care Counseling Questions for abortion doulas

12. Why did you become an abortion doula?
    a. Probe: What kind of additional, or new abortion training would you like to receive?

13. Can you describe in more detail the services you provide as an abortion doula?

14. Where do you provide abortion services?

15. What are the benefits of having an abortion doula?

16. How do you feel you are perceived from the larger prenatal, birth, and postpartum doula community?

17. How do you think abortion care providers perceive you as an abortion doula?

18. What challenges do you face in providing abortion doula care?
    a. General probes:
        i. What are some challenges to building a sustainable doula business?
        ii. How is your dynamic with your client's medical care providers?
        iii. Do you feel there are adequate supports from your doula community? (mentorship opportunities, networking, etc.)
    b. Probe based on survey answers:
        i. On your survey you mentioned that you feel marginalized by other health workers because of your decision to work in abortion care. Can you tell me more about that?
        ii. On your survey, you mentioned that it bothers you if people in your community know that you work in abortion care. Can you tell me more about that?
        iii. On your survey, you mentioned that you feel abortion clients use you as an emotional punching bag. Can you tell me more about that?

VII. Racism and Discrimination Qs for all doulas

19. Can you tell me a time you witnessed or experienced discrimination as a doula?
    a. Probe based on their survey answers:
        i. you've been watched more closely than others in your work as a doula
        ii. you've been humiliated during your work as a doula
        iii. you've heard racial slurs or ethnic jokes in your work
    b. General probes:
        i. Racial discrimination (of yourself or the client)
        ii. Discrimination because you're a doula
        iii. Age discrimination (of yourself or the client)

20. How does your race influence the interactions you have with the medical team?
    a. Probe: Can you provide examples of when you felt your race was a factor in how the medical team treated you?

21. How does the race of your client influence your experience with the medical team?

22. How does your race influence the interactions you have with your clients?
    a. Probe: For clients of your race?
    b. Probe: For clients of a different race?

23. What training, if any, did you receive about providing culturally competent care?
    a. Probe:

i. For example, care specific to the needs of a racial/ethnic group?
ii. What additional training would you like to receive?

Client Stories

24. Tell me a story about a time when you had a lot of impact on a client, or when a client had a lot of impact on you.
    a. Probe: For example, a life-changing story?
    b. Probe: For example, a story you can't forget?
    c. Probe: For example, a story highlighting the value of doulas?

25. Describe a time when your doula services impacted maternal and infant health.
    a. Probe: emotional wellbeing around pregnancy and delivery
    b. Probe: empowerment during pregnancy and delivery
    c. Probe: birth outcomes and complications

Concluding Questions

26. How can we improve doula services in Georgia?
    a. Probes:
        i. Awareness of doula services and their benefits
        ii. Reimbursement through insurance
        iii. Training
        iv. Mentorship
        v. Integration into clinical services, improving dynamics with L&D staff (Note: some do not want it clinically integrated and prefer home births)

27. In an ideal world, what would doula work look like in Georgia?
    a. Probe:
        i. community health worker models
        ii. insurance reimbursement
        iii. hospital doulas
        iv. community-based doulas
        v. partnerships at the state-level and local-level

28. Do you know any doula in Georgia that provide abortion services and would be interested in participating in this study?

Appendix E. New Participant IDI Guide (Non-Abortion Doula)

I. Opening Questions

1. Why did you become a doula?

II. Training

2. On the survey you mentioned you received X,Y,Z training. Tell me more about your training experience.
    a. Probe:
        i. How did you pay for training?
        ii. What training have you received around working with diverse populations including Black, Latinx, non-English speaking, refugee, and LGBTQ clients?
        iii. What additional training would you like to receive?

III. Practice and Clientele

3. On the survey you mentioned you provided X,Y, and Z doula services (prenatal/birth, post-partum, etc.). What do those services typically involve?
    a. Probe: Can you walk me through your typical services with X clients?
    b. Probe: Can you walk me through your typical services with Y clients?
    c. Probe: Can you walk me through your typical services with Z clients?

4. How did you build your doula practice?
    a. Probe:
        i. How did you develop your client base? (social media, word of mouth, website, established doula practices/programs, physician or midwife referrals)
        ii. What relationships (maternal health organizations, physician practices, community doula organizations) helped you start your practice?

5. Where do you provide services?
    a. Probe: Are you affiliated with a clinic, hospital, or community-based organization? Do you go to where the client is receiving care? etc.

6. Are there any demographic groups you wished you could be a doula for but have not been able to reach?
    a. Follow-up: What do you think are the challenges for these groups in accessing doula services?
    b. Follow up: What could make it easier for these groups to access doula services?

IV. Payment

7. Non-volunteer doulas: On the survey you said you do not work as a volunteer doula. In general, how do you work with clients to ensure they can afford doula services—if at all?
    a. Probe:
        i. Do you use a sliding scale?
        ii. Do you make referrals to other doulas?

8. Volunteer doulas: On the survey you said you are a volunteer doula. Why did you decide to volunteer your doula services as opposed to charge for them?
    a. Probe: What motivates you to be a volunteer doula?

V. Doula Roles in Family Planning

9. What needs do your clients have related to contraception?
    a. Probe: Do they need more information, can't afford it, don't know where to get it?

10. What, if any, training have you received in contraceptive counseling?
    a. Probe: What kind of (additional or new) family planning training would you need or want?

11. What, if any, counseling do you provide your clients about contraception and birth control?
    a. Probe: If none, would you be interested in providing family planning counseling in the future?

VI. Abortion Care Counseling Questions for non-abortion doulas

12. What needs do your clients have related to abortion care counseling?

13. What, if any, training have you received in abortion care counseling?
    a. Probe: What kind of additional or new abortion care training would you need or want?

14. What, if any, counseling do you provide to your clients regarding abortion services?
    a. Probe: If none, would you be interested in providing abortion services counseling in the future?

15. There are some doulas that provide abortion care services to their clients. How do you feel about these abortion doulas?
    a. Probe: How does the larger doula community perceive abortion doulas?

16. Prenatal/birth doulas: What happens if your birth/prenatal doula client experiences complications during a pregnancy?
    a. Probe:
        i. A miscarriage
        ii. Decides to terminate their pregnancy
        iii. Stillborn or dies shortly after birth

VIII. Challenges

17. What is the most challenging part of your job as a doula?
    a. Probes
        i. What are some challenges to building a sustainable doula business?
        ii. How is your dynamic with your client's medical care providers?
        iii. Do you feel there are adequate supports from your doula community? (mentorship opportunities, networking, etc.)

IX. Racism and Discrimination Questions

18. Can you tell me a time you witnessed or experienced discrimination as a doula?
    a. Probe based on their survey answers:
        i. you've been watched more closely than others in your work as a doula
        ii. you've been humiliated during your work as a doula
        iii. you've heard racial slurs or ethnic jokes in your work
    b. General probes:
        i. Racial discrimination (of yourself or the client)
        ii. Discrimination because you're a doula
        iii. Age discrimination (of yourself or the client)

19. How does your race influence the interactions you have with the medical team?
    a. Probe: Can you provide examples of when you felt your race was a factor in how the medical team treated you?

20. How does the race of your client influence your experience with the medical team?

21. How does your race influence the interactions you have with your clients?
    a. Probe: For clients of your race?
    b. Probe: For clients of a different race?

22. What training, if any, did you receive about providing culturally competent care?
    a. Probe:
        i. For example, care specific to the needs of a racial/ethnic group?

ii. What additional training would you like to receive?

Client Stories

23. Tell me a story about a time when you had a lot of impact on a client, or when a client had a lot of impact on you.
    a. Probe: For example, a life-changing story?
    b. Probe: For example, a story you can't forget?
    c. Probe: For example, a story highlighting the value of doulas?

24. Describe a time when your doula services impacted maternal and infant health.
    a. Probe: emotional wellbeing around pregnancy and delivery
    b. Probe: empowerment during pregnancy and delivery
    c. Probe: birth outcomes and complications

Concluding Questions

25. How can we improve doula services in Georgia?
    a. Probes:
        i. Awareness of doula services and their benefits
        ii. Reimbursement through insurance
        iii. Training
        iv. Mentorship
        v. Integration into clinical services, improving dynamics with L&D staff (Note: some do not want it clinically integrated and prefer home births)

26. In an ideal world, what would doula work look like in Georgia?
    a. Probe:
        i. community health worker models
        ii. insurance reimbursement
        iii. hospital doulas
        iv. community-based doulas
        v. partnerships at the state-level and local-level