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Mommy, Me, and We: Why Black Mothers Have Turned to Doulas

Janessa Harris

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Introduction

I want to begin this paper by questioning what medicine is and our relations to it. But first, I want to center myself within this narrative. My relationship with medicine has been a journey and something that I hope to rediscover as I write this paper. I didn't grow up going to the doctor often besides the annual visits and shots I needed in order to attend school. I've never had a primary care physician with whom I have had a relationship and have never been taught to value these sorts of relationships with any kind of health practitioner. It was only when I reached the age of eighteen and needed birth control that I began to care about who was going to be my OB/GYN. Yet, even then, I do not count this choice as my own but rather my mother's. I do not regret the decision of visiting my OB/GYN, who is a Black woman, because something there makes me feel safe. Maybe it's the fact that she's a woman because never in a million years would I go to a male OB/GYN. Or maybe it's the fact that she looks like me, and she looks *at* me and *with* me. We share something that is intimate. Although the two of us are very different people with our own unique experiences in life, we are still connected by being Black women.

I feel seen because of that.

So now what does this say about my relationship with medicine? I value being seen and heard as most would. By opposition, Western medicine does not value this same level of intimacy but rather speed and profit. I want to utilize another story from my own life to discuss the issues with the current medical system and prove my latter point. This summer I went to a five-minute doctor's appointment. Five minutes. I was battling a treacherous dry cough that would not quit despite the numerous allergy pills I swallowed to try and relieve it. I let the doctor know my situation, constantly repeating myself to let him know that the strongest OTC allergy medicine I was using was not helping. I tell you that my words meant nothing to him because I walked out with a prescription for a stronger allergy medicine. To no surprise, that medicine did nothing to help me. This is what I mean when I say that our current medical system values how fast they see you and how much money they can gain from the visit. Time and again, I hope that the next visit to the doctor will be better. That they won't make me feel

small, that they will hear me, that I'll walk out feeling confident in my doctors knowing that they care about me. So again, my relationship with medicine is rocky.

I turn to the "right way" to do medicine by going to socially reputable practitioners who are supposed to be the knowers of theoretically-backed knowledge. I do this right. I buy the medicine they tell me to and listen to what they have to say. But sometimes, I don't do the right thing. I don't go to the doctor, but I still go to the store to buy medicine or I go to my mom. She tells me to fix a runny nose by lathering VapoRub on my chest and in my nose and if it becomes worse, down my throat. In case you haven't done this, I'll tell you right now that the menthol taste at the back of your throat is something very short of the comfort bubblegum-flavored medicine provides. But it works. She makes me pots of liquid death tea full of lemons, oranges, grapefruits, ginger, turmeric, and lord knows what else she puts in there. Sounds delicious, right? Ironically, this drink is sometimes the only thing that makes me feel remotely better.

This is what the Western world casts aside as alternative medicine... now are these remedies backed by science and research? Not always. But they are backed by anecdotal stories passed down from my great-grandmother to my grandmother to my mom and now to my sister and I. Society discredits these hereditary narratives despite them being tried and true. In this paper, I will investigate the power of reclaiming and returning to these natural forms of healing for the Black community as an act of resistance.

Black mothers are dying at unprecedented rates, a reality too stark to face. However, I now don't have a choice. Here, in this moment and in this paper, I begin to come to terms with the reality that I may be enfolded within that sentence—that phrase, *Black mothers are dying*. I say that I now have no choice but to come to terms with this reality because my sister is due to have her baby at the end of this week. The excitement that came with my sister announcing her soon-to-be baby was bountiful and filled with what could come. My sister as a mother was a memory I was excited to witness, but it was my sister as a coffin plate that I could not bear to face.

A jarring fear began to fester on the back burner of my mind. By writing this, I move this fear to the forefront. I have long struggled with deciding whether or not I want to have kids. Besides the overall responsibility that comes with raising a child, I worry about myself. I worry about whether or not I will see the light of day to see and raise my child—if my child's only memory will be a coffin plate with my name. My heart aches at the idea that they will live a life where they don't know the sound of my voice—a life where they learn about me not from the lips of my mouth that would've spoken soft iloveyous but from phones, pictures, stories and others who repeat ohyouareyourmotherschild,

shewatchesoveryoueverysecond,
shewouldhavelovedumorethanuknow.

I write these phrases without spaces because the pain they carry does not leave room for slowness that allows for true comprehension. Because maybe if we

say it faster and faster, our brain will get so confused that it won't understand what's happening—that it won't feel the pain and struggle of our reality. For so long, I separated myself from this reality by framing it as an idea, as something more theoretical, abstract, something that surely would not happen to me. But now, it is not an idea, but it is more real—in fact, more real than it has ever been. I thought about my sister dying because some shitty doctor couldn't bear to unclog his White supremacist ears to just see her. The familiar repetition of *noitllbeokay shewillbeokay itwonthappentoher* became much too overplayed. So to face my fear, I write. I write to find how we can liberate ourselves and deconstruct this reality to construct and reinvent something where this is an idea that never becomes a truth. Because of this, I argue that Black mothers are turning to natural birthing practices as an act of resistance.

Mistrust and Medicine

The Black community and medicine have always been on a very rocky footing. Experiments such as the Tuskegee Syphilis Study are prime examples of this mistrust. For those of you that do not know, the study titled, “Tuskegee Study of Untreated Syphilis in the Negro Male,” worked to research the effects of syphilis on untreated males.³⁰⁴ The issue with this research was the lack of informed consent because participants, mostly rural illiterate sharecroppers, were not told about the purpose of the research, its consequences, or given the option to quit the study once penicillin, the treatment for syphilis, was developed.³⁰⁵ These are clear ethical violations to those who participated in the study being that researchers valued their personal motivations more than the safety of their Black participants. This study shows the lack of value placed on Black bodies and how the relationship between medicine and the Black community has historically been fraught.

I want to start this off by using the words of Dr. Vanessa Northington Gamble, a historian of American medicine, in order to frame this conversation. She says that the problem with conversations regarding the Black community's mistrust and medicine is that mistrust “becomes like this inherent trait of African Americans,” when instead the scope of the conversation should be “focusing on a health care system that does not have trustworthiness.”³⁰⁶ By redirecting focus to how the broader healthcare system is untrustworthy, she believes it will encourage the medical care system to change as an institution.

Right now, I want to share experiences that members of the Black community have had in healthcare spaces to emphasize why there is mistrust. Alie

³⁰⁴ Tuskegee University, “About the USPHS Syphilis Study,” *Tuskegee.edu* (2019), <https://www.tuskegee.edu/about-us/centers-of-excellence/bioethics-center/about-the-usphs-syphilis-study>.

³⁰⁵ Tuskegee University, “About the USPHS Syphilis,” 1.

³⁰⁶ Yamiche Alcindor, Rachel Wellford, Bria Lloyd, and Lizz Bolaji, “With a History of Abuse in American Medicine, Black Patients Struggle for Equal Access,” *PBS NewsHour* (February 24, 2021), <https://www.pbs.org/newshour/show/with-a-history-of-abuse-in-american-medicine-black-patients-struggle-for-equal-access>.

Streeter shared her story with PBS about how she went to the doctor when she began to faint regularly. However, while there, she says that her first doctor disregarded everything that she said and chose to focus on testing her for tertiary syphilis. At the time, Streeter was 22: this assumption means that she would have been sexually active at 12 in order for this diagnosis to make sense. Streeter explains this to the doctor, but she does not believe Streeter and refuses to look at any other options. So, Streeter says, “I just stopped going to the doctor and I dealt with not knowing what was wrong with me.”³⁰⁷ It was only when she was suspected of having a stroke that they finally realized that she had complex migraines.

I share this story to highlight the lack of value that the Black voice holds in this space. Our feelings and thoughts are invalidated. I don’t have the words to know why our voices are invalidated, so I turn to the words of Northington Gamble to help me. She says, “there is a long history of Black bodies being seen as different within the medical sphere, that Black bodies are inferior.”³⁰⁸ Our voice, concerning our body, holds no value because we are seen as less than others. Being seen this way turns the sound of our voice down to mute. It is this silence that darkens the room and closes the door to any chance of feeling heard again until it is damn near too late.

These ideas remind me of the work of Audre Lorde which speaks about the barrier to change. She writes, “but it is not those differences between us that are separating us. It is rather our refusal to recognize those differences and to examine the distortions which result from our misnaming them and their effects upon human behavior and expectation.”³⁰⁹ I see this intertwined in the stories I read about Black bodies and medicine. Because our bodies are seen as different, we lose our humanity, our likeness, and our connection to the White body. Our race as a point of difference stems from colonial White supremacist ideology. Being viewed as people in need of guidance meant that we were inferior and we were seen as so.³¹⁰

Lorde writes how we have been trained to approach differences in three ways, one of which applies here: we destroy difference if we see it as subordinate.³¹¹ Here that difference is race.³¹² This inferiority leads to destruction. As our bodies are constructed as commodities, a vessel for nothing other than work, testing, and experimenting, the value of our voice begins to decline. And in that truth lies a science based on false ideas about the way our bodies operate. Our Black

³⁰⁷ Alcindor, Wellford, Lloyd, and Bolaji, “With a History of Abuse,” 1.

³⁰⁸ *Ibid.*

³⁰⁹ Audre Lorde, “Age, Race, Class, and Sex: Women Redefining Difference” in *Feminist Theory: A Reader, 4th ed.*, eds. Wendy Kolmar and Frances Bartkowski (New York: McGraw-Hill, 2010): 289.

³¹⁰ We were still treated because they ignored the idea that we too, like them, had an epistemology and culture of our own.

³¹¹ Lorde, “Age, Race, Class,” 289.

³¹² Additionally, gender acts as a point of difference as well.

uncivilized bodies and tongue operate so differently that when we speak, there is no noise, when we speak about the pain in our chest, there is no noise, when our time of death is announced after the cry of our baby, there is no noise.

But what if our differences were something of value? If we were to acknowledge these differences as something other than a tool for division, for categorization, then maybe there would be a health care system that wasn't based on biased research interpreted to reinforce ideas that Black bodies are inferior. Maybe this would be a cataclysmic series of events that would create a trustworthy healthcare system for the Black community. A healthcare system where we make noise is impossible to ignore.

Transitioning to Natural Birthing Methods

Now that I have spoken about the power of utilizing voice in connection to systems that do not value our bodies, I want to show how this impacted the transition to natural healing methods. A report released by the National Partnership for Women and Families “found that community births—which it defines as births at home or community birthing centers—increased by 20 percent from 2019–2020, with upticks across racial and ethnic lines,” with Non-Hispanic Black women using birthing alternatives 30 percent more.³¹³ Lateshia Beachum utilizes this report to highlight how “more are turning to options where they feel seen, heard, and cared for by people who look like them and want to see them and their babies live.”³¹⁴ I utilize this quote to highlight the value of being seen and being heard by people who look like you. You feel safe there. You are neither looked through as you are almost invisible nor are you looked at as different. You are seen. Being seen is something very different from being looked at. When you are seen, your voice matters because being seen leads to being heard. When you are looked at, you are one-dimensional, painless, different, and passive, so therefore there is no need to listen. You talk, but your words have no meaning.

The Center for Disease Control and Prevention finds that “Black women are three times more likely to die of a pregnancy-related cause than White women” which stems from factors such as “structural racism and implicit bias.”³¹⁵ This statistic is enough for me—and I'm sure many others—to fear having a child. I am nowhere near having a child, but a key factor in my fear is being at a hospital where I feel like the doctors will not care for me like they do for their other patients. This should not be a thought any mother should be having especially during a period of tumultuous change. My sister is due to have her baby at the end of this month, and she has chosen to have her child at a birthing center; this puts me at ease because

³¹³ Lateshia Beachum, “More Black People Sought Births Outside Hospitals in 2020, Report Finds,” *Washington Post* (April 28, 2022), <http://www.washingtonpost.com/nation/2022/04/28/black-people-birthing-centers-2020/>.

³¹⁴ *Ibid.*: 1.

³¹⁵ *Ibid.*

she has chosen a team that she trusts to help her through this process. Let me say that again. She has chosen. And because of this choice, she WILL be seen. I say will because it is a truth. I will hear stories of my sister's joy and support in her birthing team. I take my pain and rework it into my optimism, so I will repeat that she WILL until the end of time. In this moment that I type these words, I am coming to terms with my fear because my web ties to my sister have encouraged me to follow in her footsteps. If I ever choose to have a child, I will follow in the steps of my sister and other women who have done the same to liberate myself from American medical systems that delegitimize my pain. Here once again, I explain the power of anecdotal stories and community that create my perceptions towards birthing centers. If these centers are where I feel heard and seen, then this is where I will be. By being at a birthing center, my sister liberates herself and resists as she constructs a new environment through which she can feel advocated. She will be seen. We will be heard.

Mistrust, Medicine, and Community

I want to touch on the additional ways that mistrust within the healthcare system can begin. I want to speak about communication and the power of anecdotes when we construct our perceptions. From the words of Gloria E. Anzaldúa, she writes, "we perceive the version of our reality that our culture communicates."³¹⁶ So not only do our own personal experiences shape the way we see this system, but it is the stories of others that play a vital role in constructing these narratives. I have constructed narratives about the way I am supposed to operate within the world. But here, when I say world, I mean the White community where I was raised, radically altering the way I carried myself. Here the voices of others were the White people who endlessly praised my mother for "raising me so well" because I was one of the good ones. I tried in school. I was respectful. By being one of the good ones, I was welcomed into their community. All my friends were White, so I was attuned to the culture they created for me. I bought Chacos, I let them compliment how pretty my hair was, I tried to buy all the things they had.

It was only during my first year of college that I began to have Black friends. My friend group was one fully of women of color. My culture began to value self-reflection. I started to reflect on the ways that I had lost myself at the cost of fitting in. My ankle, gripped by the White hand, dragged me further and further down into their world. I never opened my eyes up above to see the Black hand reaching below to bring me to the breaking of the water and the sea, to breathe in a salty inhale of fresh ocean air. It was not until I met them that I was able to take a breath of fresh air. It was in these waves that I shifted between finding myself, and being authentic, vulnerable, and empathetic. These women stayed with me as I relearned who I was. The intimacy and vulnerability of sharing our joys, fears, and discomforts was a

³¹⁶ Gloria E. Anzaldúa, "La Conciencia de la Mestiza: Towards a New Consciousness" in *Feminist Theory: A Reader*, 4th ed., eds. Wendy Kolmar and Frances Bartkowski (New York: McGraw-Hill, 2010): 371.

juncture. In this juncture, their words helped to create me into the woman I am. Their strength encouraged me to persevere when I had felt alone. Stories of their pain became mine too. The stories of others who had shared the same experiences as me or those around me became a pain of mine too.

If you do not understand, here's an example. Every young Black girl grows up to question if they are beautiful. When I spoke to the girls who had grown up in White-dominated spaces that struggled to see themselves as beautiful—because the only girls that got attention were the girls with straight blonde hair, freckled faces, and blue eyes—I felt that pain because I experienced the same conflict. So now when I hear about others who have been through the same, I know their pain and feel their pain because I know the pains of myself and the others before them who yearned for that same love and validation.

I talk about this to show that the people who we connect with innately impacts our reality. The culture we create with them connects us and encourages us to become more empathetic to others who have been through the same. This shared reality is only constructed by speaking up, out, and with others. Dr. Gamble speaks about how “trauma has been passed down by family stories and family histories.”³¹⁷ It is not only the history of studies such as the Tuskegee Syphilis study but stories that “might be how their grandmother was treated in the hospital, how their aunt was treated by a physician.”³¹⁸ This idea of generational trauma through anecdotal stories is something very important to talk about when we speak about mistrust and medicine.

These stories are intimate and extremely powerful. When we have strong connections with our community, we unravel and intertwine ourselves with those around us. We string parts of ourselves together much like a spider strings a web. When we web ourselves, our experiences become shared. It is not one web but *our* web that sways when the wind blows. But this wind, no matter how strong, does not destroy our web but only makes it more resilient to the harder, tougher, and stronger winds to come. Our connections to our community are what make these stories more powerful. When we hear stories from our community, they hit closer to home quite literally because they are impacting those with whom we share a mental and emotional home. These ideas of the importance of community and creating webs of connection are inspired by the work of bell hooks who emphasizes the importance of communal intimacy.

hooks writes about sisterhood uncovering the power of sharing, writing that “women are enriched when we bond with one another.”³¹⁹ When we hear about a brother, a mother, a friend treated unfairly by the medical system, we begin to distance ourselves from these same institutions. But through sharing these stories, it acts as resistance to these same systems that have harmed us. hooks further

³¹⁷ Beachum, “More Black People Sought,” 1.

³¹⁸ Alcindor, Wellford, Lloyd, and Bolaji, “With a History of Abuse,” 1.

³¹⁹ bell hooks, *Feminist Theory: From Margin to Center* (New York: Routledge, 1984): 44.

explains the importance of community building in regards to the feminist movement, but it is applicable in this context as well. She writes, “one of the major issues of the Women’s Movement has been to eliminate women’s weakness and replace it with confidence.”³²⁰ Here our weakness, although not a fault of our own, is our high maternal mortality rates, yet by choosing natural birthing methods where our voices are heard, we become more confident. We are able to protect those in our community to ensure that they are safer, that they made a better choice than we did.

Communing in the Black community is an act of resistance. I say this as a critique of America’s focus on individualism that inevitably leads to loneliness and encourages pyramidal power structures where one person alone ends up having the final say. In Black spaces, I see something different.³²¹ There is always shared support in advocating for each other because we know the space we hold in society. We know to have each other’s backs. Although this may be a surface-level connection, it is a deconstruction of the competition and scarcity mentality that America’s capitalistic model continues. By choosing natural birthing methods, we get to select the community that we want to aid us in the birthing process. We speak to our support networks, our fathers, cousins, sisters, brothers, friends along with our doulas, midwives, and doctors. Instead of utilizing our power to ignore the voices of others and to tackle having a child alone, we all work together to create plans that value the needs of the mother while hearing input from all parties. We all work together to make meals for the family after the child is born. We coordinate schedules so there is always family in the house to shed light and love and to help with the newborn baby. We change Mommy&Me to Mommy&WE.

Why We Choose Doulas

Throughout this paper, I have written to you about mistrust and medicine, how our voices are silenced, and the power of community. Here is where my paper begins to culminate to combine all of these foundational principles to show why we use doulas. This part of my paper will be more research dense as I explain why Black mothers, an identity I do not embody, have made this choice.

A doula is “a trained professional who provides support to moms before, during, and after childbirth.”³²² There is an increasing trend of Black mothers using doulas and even a nonprofit organization in Oregon called Black Parent Initiative “that matches Black women with Black doulas in hopes of improving their odds

³²⁰ *Ibid.*: 88.

³²¹ I also want to note that the Black community is still subject to patriarchal constructions of power where the “man of the house” ends up being the final say so, however, this is not the focus of my paper so I will not continue to delve into that.

³²² Katie Kindelan, “Black Women Turn to Doulas as Maternal Mortality Crisis Deepens,” *Good Morning America* (2022), <https://www.goodmorningamerica.com/wellness/story/black-women-turn-doulas-maternal-mortality-crisis-deepens-76896108>.

during pregnancy and delivery.”³²³ I utilize this quote to show how the support of doulas is a necessity. The Black maternal mortality rate is a crisis. Having a doula does not eliminate this crisis, but it does help to address it. Tracie Collins, CEO of the National Black Doula Association, says, “Black women hire doulas because they want to make sure that they live (...) It’s not a status quo for us.”³²⁴ We choose doulas to survive. We create a team that helps us beat the odds stacked against us.

Think about how important a doula is for a first-time mother who is unfamiliar with the experience of having a child. Embarking on a journey where you are unfamiliar with the twists and turns ahead is terrifying. Because of the greatness of the unknown, you are forced to rely on the medical system and the people said to help you. You do as you are told, and you trust their words, their course of action, and let them do what doctors do. The fear never subsides, but when we have a doula we now have a supportive friend who is “an extra layer of support where [Black mothers are] able to ask more questions about their birthing experience and explore all measures to ensure a healthy outcome.”³²⁵ We are able to feel some sense of tranquility. I think of a doula as a really good best friend. One of those best friends where just being around them grounds you. They are a breath of fresh air. That feeling of spilling out what’s been overflowing in your mind and having them help to wipe it up is beautiful. Even if they do not solve the problem, them being there to help is the most powerful thing they can do. We choose doulas because they hear us.

We choose doulas because they support us.

We choose doulas because they help us

Live.

An Ideal World

Some may argue that within this paper I propose choosing a doula as an accessible option when indeed it is not, but here is where I address these concerns. In an ideal world, having a doula would be accessible for everyone, but that is simply not the case. Doulas are expensive and “can cost upwards of \$1,000 per birth” so access to doulas is not equal even despite attempts to have doulas funded by more insurance plans.³²⁶ Comparatively, having a child at a hospital with health insurance is on average \$2,854, yet without insurance, the average cost is \$18,865, with vaginal delivery averaging \$14,768 and Cesarean averaging \$26,280.³²⁷ You and I have both learned about the importance of doulas for Black mothers, yet this

³²³ *Ibid.* 1.

³²⁴ *Ibid.*

³²⁵ *Ibid.*

³²⁶ *Ibid.*

³²⁷ Elizabeth Rivelli, “How Much Does It Cost to Have a Baby? 2023 Averages – Forbes Advisor,” *www.forbes.com* (2023), <https://www.forbes.com/advisor/health-insurance/average-childbirth-cost/#:~:text=How%20Much%20Should%20You%20Expect.>

ends up being a luxury and privilege that divides the community. In an ideal world, mothers would have the option to choose doulas for no cost. This would make it more equitable as there would be greater access to utilizing Black doulas that make Black mothers feel supported. It would be unrealistic to say that having a doula will solve the maternal mortality crisis, but it will certainly work to address it. As doulas become more popular, I can only hope that birthing centers become more popular and more affordable. As the Black community continues to prioritize and advocate for Black mothers, programs that work to increase the number of Black doulas and match them with Black mothers will increase. As we congregate together and share, we continue to resist American models of medicine. We work together, so that is never just Mommy and Me but instead we make sure that it will always be Mommy and We.

Postface

I want to write a brief postface to say thank you to my sister for being a guide and inspiration for this paper, whether she knows it or not. I could not have written this paper without the help of my peers and professors who guided me along the way and taught me how to find myself within my writing. Finally, I would like to thank the editors of this journal for allowing me to have this piece be my first—and hopefully not last—published work and for providing me with guidance to create the paper that stands before you today. Thank you. I cannot wait for the day that I get to meet my nephew and witness the beauty of love and liberation.

What a beautiful thing it is to be alive. But what a beautiful thing that I get to be a part of

Mommy

Me

&

We

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