

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

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12 **Keywords:** abortion, contraception, doula, birth worker, stigma, family planning, full spectrum
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14 Abstract

15 **Background:** The work of full spectrum doulas (i. e., non-medically trained care workers offering
16 support before, during, and after pregnancy including abortion)—is increasingly important as
17 abortion and family planning access decreases across the U.S. Few studies have examined the work
18 of community-based abortion doulas in restrictive settings. As part of the community-engaged
19 Georgia Doula Study, this sub study examines the scope of work of community-based abortion
20 doulas, the benefits of their care, and potential barriers and facilitators for access in metro-Atlanta,
21 Georgia. **Methods:** From October 2020 to February 2022, the team recruited 20 doulas to this cross-
22 sectional, observational, and mixed methods. Surveys included demographics, doula practice
23 information, family planning attitudes, and abortion stigma; they were analyzed using descriptive and
24 bivariate statistics. In-depth interviews further explored those topics along with abortion client stories
25 and ways to improve full spectrum doula care in Georgia; they were de-identified and analyzed using
26 a constant comparative method. **Results:** We found five key themes: 1) doulas of all kinds center
27 reproductive autonomy, 2) the role of abortion doulas in reproductive autonomy, 3) mixed feelings
28 on family planning services, 4) abortion doula services and benefits, and 5) abortion doula challenges
29 and solutions. All but two doulas in this study supported the role of abortion doulas, and many were
30 interested in how to provide abortion support outside clinical settings. Abortion doula care affords
31 many benefits including connection to safe abortion care and emotional support during a stressful
32 time in a stigmatized environment. Identified barriers to abortion care access include affordability of
33 abortion care and restrictive anti-abortion legislation. **Conclusion:** There are urgent needs and
34 opportunities for full spectrum doulas to offer life-protecting services to pregnant people in Georgia
35 and across the U.S. Coordination efforts for abortion care post-Roe v. Wade must include
36 community-based abortion doulas. All doula training organizations must cover abortion care and
37 contraceptive counseling—following the lead of existing abortion doula collectives, who need greater

38 organizational support. Abortion providers need education on the benefits of and challenges to
39 accessing abortion doula services. State-level doula policies including Medicaid reimbursement
40 should cover the full spectrum of potential pregnancy outcomes.

41 **1 Introduction**

42 In the Southeast United States, and specifically Georgia, abortion policy has become increasingly
43 restrictive with Georgia House Bill 481 (HB 481), a 6-week gestational age limit abortion ban and
44 other unnecessary restrictions (Clark et al. 2020). While HB481 did not take effect, it was part of a
45 movement towards increasingly restrictive policies throughout the United States, culminating in the
46 draft opinion leak from the Supreme Court of the United States that indicated an eventual vote to
47 overturn abortion rights (Gerstein & Ward, 2022). Given the pending fall of *Roe v. Wade* (i.e.,
48 federal protection of legal right to abortion) and increasing restrictions on abortion access (Redd et
49 al., 2022), the role of abortion doulas is paramount but poorly understood. A full spectrum doula, as
50 defined by the Birthing Advocacy Doula Training (BADT) organization, is “a non-medically trained
51 community care worker who offers support to people during the full spectrum of pregnancy – from
52 preconception, to birth, to abortion, to miscarriage, to adoption, to postpartum” (BADT, 2021). The
53 scope of full spectrum doula care can include supporting clients through in-home visits, hospital
54 accompaniment, and provision of education and advocacy (Hodnett et al., 2013)

55 Generally, doula certification is a lengthy and expensive process and usually doulas must go through
56 a combination of training courses as well as practical experience attending births or reproductive
57 health services as a trainee (Hardeman & Kizhimannil, 2016). After certification, doulas can gain
58 more specialized training in abortion, miscarriage, or other services to broaden their clientele and
59 skills. Notably, abortion doula training is largely de-centralized and not regulated save for a few full
60 spectrum doula training agencies like BADT and the Doula Project in New York City (BADT, 2021;
61 The Doula Project, 2019).

62 The existing literature on clinic-based abortion doula care shows there are numerous benefits
63 including improved mental and physical health, reproductive autonomy, and reduced demand on
64 clinicians. Doulas use similar care techniques for their abortion clients as they would with other
65 prenatal, birthing or postpartum clients. For example, techniques often employed by abortion doulas
66 include “hand-holding, massage, reassurance, providing guidance with breathing, educating about the
67 nature of the procedure or engaging in conversation” (Chor et al., 2012). These techniques lead to
68 benefits for clients as well as for physicians and clinical staff providing abortion care. Clients have
69 expressed that their psychosocial needs were met with abortion doula care and that they felt as if they
70 were “affirmed as moral decision-makers” as well as “able to determine their degree of awareness
71 during the abortion” through their doula’s support (Altshuler et al., 2021; Altshuler et al., 2017; Chor
72 et al., 2015). Additionally, in studies looking at people’s experiences with doula support during first-
73 trimester surgical abortion, clients have reported feeling as if their educational needs were met,
74 expressing gratitude for their doula’s ability to educate them on abortion and post-abortion
75 information (Chor et al., 2016; Wilson et al., 2017). For physicians and staff providing abortion care,
76 the presence of an abortion doula in the clinic allowed them to focus on technical aspects of the
77 abortion procedure, while knowing that their patient’s emotional needs were being met by their doula
78 (Chor et al., 2018). Providers at a high-volume abortion clinic may see many patients throughout the
79 day, but abortion doulas can focus on their single client’s physical, emotional, and educational needs,
80 offering continuous emotional support and guidance.

81 Less is known about community-based doulas, particularly in restrictive settings, including their
82 scope of work, the benefits of that work, and any facilitators or barriers for clients who need their
83 care. The Georgia Doula Study is a community-engaged participatory action research project
84 (Wallerstein, 2020) based at the Center for Reproductive Health Research in the Southeast in Emory
85 University's Rollins School of Public Health. Co-led by a doula-researcher and community-based
86 organization Healthy Mothers Healthy Babies Coalition of Georgia (HMHBGA), the study team
87 conducted in-depth interviews and surveys with 20 doulas in metro-Atlanta to understand: (1) How
88 does the doula community in metro-Atlanta view doula-supported abortion services? ; (2) How do
89 abortion doulas describe their services? ; and (3) What are the facilitators and barriers to accessing
90 abortion doula support in Atlanta? These research questions will elucidate the work of community-
91 based abortion doulas, the benefits of their work, and how to improve access to abortion doula care
92 through future research, practice improvements, and policy changes.

93 **2 Methods**

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

99 **2.1 Study Design and Recruitment**

100 This community-engaged participatory action research project uses a cross-sectional, observational
101 design and concurrent mixed methods (qualitative and quantitative). All aspects of the study were
102 decided and implemented with support and oversight from the GDAWG. Participant recruitment and
103 data collection occurred from October 2020 to November 2021. Participants were purposively
104 sampled and recruited through emails to the GDAWG and local reproductive health and justice
105 organizations in metro-Atlanta.

106 **2.2 Procedures**

107 Potential participants were first screened for eligibility: practicing as a doula in Georgia for at least 6
108 months and over the age of 18. Eligible participants were then consented for participation, given a
109 survey link, and scheduled for an in-depth interview lasting on-average 60 minutes. Survey data was
110 collected using Qualtrics and no identifying information was collected, and all names were replaced
111 with anonymous participant ID numbers. All interviews were audio recorded and transcribed using
112 Zoom with quality assurance from the two graduate research assistants. All identifying names were
113 redacted and/or replaced with a pseudonym. Notably, 17 doulas were initially recruited into the study
114 during Fall 2020 and then follow-up interviews about family planning and abortion were conducted
115 with 13 of those doulas along with 3 new doulas. Some doulas could not be re-contacted for
116 interview, and some discontinued participation in the study due to the nature of questions regarding
117 family planning, abortion, racism, and discrimination. All participants were compensated for their
118 time with a \$20 gift card after completing study procedures. Our original planned sample size was
119 20-25 participants. We concluded data collection upon reaching thematic saturation with 20 survey
120 and interview participants.

121 **2.3 Instruments**

122 2.3.1 Survey Measures

123 The new participant survey measured demographic information including gender, race/ethnicity, age,
 124 economic status, highest level of education, current employment, sexual orientation, and immigration
 125 status and was given to all respondents (n=20). Gender was measured as (check all that apply)
 126 female/woman, male/man, transgender, genderqueer, nonbinary, or self-identify. Race/ethnicity was
 127 measured as (check all that apply) Black/African American, Hispanic/Latinx, Asian/Pacific Islander,
 128 American Indian/Alaskan Native/Native Hawaiian, Biracial/multiracial, White, Other (specify), or
 129 prefer not to answer. Age was measured as under 25, 25-25, 36-45, 46-55, Over 55. Economic status
 130 was measured as “difficulty affording necessities such as education costs, food, clothing,
 131 transportation, housing, and medical care” with response categories: yes, currently; yes, in the recent
 132 past (within 3 years); yes, in the past for a limited period of time (for example, while I was a student);
 133 yes, historically throughout my life; no; or prefer not to answer. Highest level of education was
 134 measured as high school or less, some college, graduated college, graduate degree (ex: MPH, PhD),
 135 clinical professional degree (ex: RN, LPN, MD, PA), non-clinical professional degree (ex: GED), or
 136 other (specify). Current employment was measured as full-time, part-time, not employed, and not
 137 looking, and not employed and looking. Sexual orientation was measured as (check all that apply)
 138 lesbian, gay, bisexual, queer, straight/heterosexual, don’t know/questioning, self-describe, or prefer
 139 not to answer. Immigration status was measured as (check all that apply) my parents and
 140 grandparents were born in the U.S.; one or more of my grandparents were born in the U.S.; one or
 141 more of my parents was born in the U.S.; I was born in the U.S.; or prefer not to answer. This was
 142 further categorized into not an immigrant (self, parents, and grandparents born in the US), first-
 143 generation immigrant (born in U.S. but not parents or grandparents), or second-generation immigrant
 144 (self and one/more parents born in the U.S. but not grandparents).

145 All doulas were asked questions that assessed their abortion stigma (See Appendix A for survey
 146 items). Abortion stigma was measured using a revised version of the Stigmatizing Attitudes, Beliefs,
 147 and Actions Scale (SABAS) with 37 items (Shellenberg et al., 2014). The survey also measured
 148 abortion provider stigma (Martin et al., 2018; Harris et al., 2011) through a revised Abortion Provider
 149 Stigma Scale (APSS) with 13 items where doulas who were identified as providing abortion services
 150 were asked to “indicate how often you have felt or experienced the following” and given various
 151 prompts (Appendix A) (Martin et al. 2018). Additionally, our revised APSS measured 3 subscales:
 152 “*disclosure management*” (6 items), “*discrimination*” (2 items) and “*resilience*” (5 items). Higher
 153 scores on the overall APSS and the “*disclosure management*” and “*discrimination*” subscales
 154 indicated higher levels of stigma while a high “*resilience*” subscale score indicated resilience towards
 155 stigma (Martin et al. 2018).

156 2.3.2 In-Depth Interview Domains

157 In-depth interviews covering the topics of abortion and contraception were conducted with 13
 158 participants. The domains included abortion doula training, clientele and payment, abortion and
 159 family planning services and stigma, and experiences of racism or other discrimination (See
 160 Appendix B). Doulas that reported offering abortion services were asked to go into detail on their
 161 abortion and contraception services, while other doulas were asked to describe their thoughts on
 162 abortion doula care, abortion, and contraception broadly.

163 2.4 Data Analysis

164 Data analyses on the 13 interviews and 20 surveys covering abortion and family planning were
 165 conducted from November 2021 to February 2022. Descriptive and bivariate analyses of quantitative

166 data employed Stata v.14 (StataCorp, 2019). Frequencies and proportions were calculated for
 167 categorical variables (ex: type of care provided), while means with standard deviations were
 168 calculated for continuous measures (ex: abortion provider stigma). Independent t-tests were
 169 conducted to analyze group differences (e.g., abortion attitudes by type of doula). In-depth interview
 170 transcripts were cleaned of errors and de-identified before coding was conducted via online,
 171 qualitative software Dedoose v.7.0.23 (Dedoose, 2016). Team members used memo-ing techniques
 172 to summarize the main content of each interview and identify the top ten emerging topics of interest
 173 from all interviews. The comprehensive list of emerging topics augmented an existing codebook
 174 from the previous round of data collection. The team used a semi-deductive coding structure with a
 175 constant comparative method (Azungah, 2018) that resulted in both deductive and inductive codes
 176 about abortion, contraception, training, doula scope of work, building doula businesses, underserved
 177 populations, payment, challenges, client stories, benefits of doula care, medical outcomes, ways to
 178 improve doula care, COVID-19, and discrimination. Two members of the study team coded 1/3 of
 179 the qualitative transcripts together, met to reach consensus and clarify the codebook and its
 180 application, then individually coded the remaining transcripts separately. The coding group then
 181 developed analytic memos for each code in order to develop themes within and across codes. This
 182 process was supported by additional analyses within Dedoose including code co-occurrence and
 183 matrices.

184 **2.5 Ethical Considerations**

185 The study protocol and materials were reviewed by the Emory Institutional Review Board (IRB) for
 186 human subjects' ethical clearance, and the study was deemed exempt [see rule 45 CFR
 187 46.104(d)(2i)(2ii)].

188 **2.6 Limitations and Delimitations**

189 A limitation to this study is the use of a purposive sample of only 20 doulas, which decreases the
 190 generalizability of the findings. A delimitation was that participants had to be doulas that had been
 191 practicing in the last six months – excluding doulas that may have lapsed services due to the COVID-
 192 19 pandemic.

193 **3 Results**

194 Through the mixed methods research methodology, several key results were identified. The survey
 195 results identified the participant's demographic information, their doula services regarding abortion
 196 support and contraceptive counseling, and the extent of experienced or general abortion and
 197 contraceptive stigma. In-depth interviews revealed five key themes that also served to answer the
 198 overall research questions: doulas of all kinds center reproductive autonomy, the role of abortion
 199 doulas in reproductive autonomy, mixed feelings on family planning services, abortion doula services
 200 and benefits, and abortion doula challenges and solutions.

201 **3.1 Demographic Information**

202 The doulas sampled for this research project were diverse in terms of race/ethnicity, gender identity,
 203 age, and other key demographic information. As shown on Table 1, about half of the doulas were
 204 Black/African American (45%) and white (40%) with some doulas reporting their race as
 205 Hispanic/Latinx (5%) or Other (10%). While nearly all doulas reported their gender identity as cis-
 206 gender female, two doulas reported identifying as nonbinary or genderqueer. Additionally, around
 207 half of these sampled doulas reported being between 25-35 years of age (40%), never experienced

208 economic difficulty (50%), and had attained a college degree (45%). Nearly all doulas reported being
209 employed full-time (60%), being straight/heterosexual (80%), spoke English as their primary
210 language (90%), and did not identify as an immigrant (85%). Of the 15 doulas that had ever been
211 pregnant, only 5 reported having had a doula for their births.

212 **3.2 Doulas of All Kinds Center Reproductive Autonomy**

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

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

228 **3.2.1 The Role of an Abortion Doula in Reproductive Autonomy**

229 As demonstrated in Table 1, participants varied widely in the characteristics of their doula services,
230 with only 7 self-identifying as abortion doulas and 8 as full spectrum. None of the abortion doulas
231 were based in clinics, but rather worked as private, community-based doulas that found their clients
232 through social media, word-of-mouth, or knowing them personally. Regardless of their scope of
233 work, all participants were asked to describe the role of an abortion doula, including how the larger
234 doula community perceived those who provided abortion services. Most surprising was the overall
235 support of abortion services from non-abortion doulas. One such doula who offered exclusively birth
236 and postpartum services, Brenda, stated

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

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

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

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

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

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

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

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

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

274 **3.2.2 Mixed Feelings on Family Planning Services**

275 The majority of participants regardless of scope supported some kind of abortion doula services,
276 including all-options counseling. However, very few seemed as supportive of family planning doula
277 services. As shown in Table 3, about half (45%) of the participants reported offering family planning
278 counseling, a third (30%) were trained in family planning and very few (10%) were not currently
279 offering family planning services but were interested in the future. Doulas were mixed on when to
280 begin providing family planning services with just under half (40%) simply stating that anytime was
281 the right time to provide family planning support.

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

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

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

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

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

301 **3.3 Abortion Doula Services and Benefits: Holding Space and Much More**

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

306 **3.3.1 The Scope of Abortion Doula Services**

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

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

315 Abortion doula services were described as being different depending on the specific needs of the
316 client and the context of the abortion experience. While these services were wide in range, Bailey, an
317 abortion doula, talked about the experience of a doula-supported abortion being necessary because

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

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

328 *“Yes, it's about holding space for what folks are experiencing physically because it hurts...*
329 *but also the range of emotion that can exist. And that's not just sadness. Folks assume*
330 *typically that when folks come home with a baby, they're either through the sky, elated and*

331 *happy and then if someone just comes home from having a miscarriage or an abortion that*
332 *they are distraught... there are these assumptions around what emotions look like and that's*
333 *not it. So, I really try to make sense of what the emotional status of my client is and help them*
334 *cultivate a care plan”.*

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

339 **3.3.2 Abortion Doula Benefits and Client Stories**

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

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

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

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

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

368 *“I think being able to process is really important, like being able to just take time and space*
369 *to process. And sometimes that looks like saying nothing and literally saying nothing. I don't*
370 *think that my client and I spoke much at all that night, like with everything that we were doing*
371 *in the space and we sat together. She got a back massage from me... We did yoga, we*

372 *painted, we created a fort in the living room and engulfed ourselves in things that were*
373 *stress-relieving and comforting. I think it's having a container to process and hold emotion”.*

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

376 **3.4 Abortion Doula Challenges and Solutions: Overcoming Stigma**

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

380 **3.4.1 Financial Challenges**

381 Doulas discussed the main challenges to accessing optimal abortion services. One of the main
382 challenges, especially for clients who need to pay out-of-pocket for their abortion, was finances. On
383 average, all abortion doulas provided their services pro bono. Imani, a long-time abortion doula,
384 discussed this in more detail,

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

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

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

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

400 **3.4.2 Lack of Awareness**

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

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

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

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

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

420 *“I had already been a doula and training and stuff, and I had never met... someone who was*
421 *an abortion doula and [they talked] to me about that [abortion doula support] and I was just*
422 *like, ‘Oh my gosh’... So yeah. I definitely think not a lot of doulas are offering this type of*
423 *service”.*

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

427 *“I do volunteer at a place called the help the Hope Center, it’s technically an anti... I teach*
428 *classes, I don’t do the counseling side of it because they’re a pro-life clinic. But they gave me*
429 *little tidbits and things like that, I’m not trying to convince them [clients] not to have an*
430 *abortion, so we [Annie and the Hope Center] don’t necessarily align there”.*

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

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

437 **3.4.3 Abortion Stigma**

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

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

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

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

452 In the accompanying survey, all doulas were asked to answer questions that assessed their
453 stigmatizing attitudes and beliefs about abortion (Appendix A). Survey results indicated an overall
454 low SABAS score with a mean of 22.29 compared to a highest SABAS score of 90 (Table 4). Higher
455 scores indicate more stigmatizing attitudes and beliefs about abortion. Abortion doulas reported
456 slightly lower mean SABAS than other kinds of doulas (20.8 vs 23.1), but these differences were not
457 statistically significant ($t=.65, P=.53$) Abortion doulas also answered questions that measured their
458 perceptions of stigma and its impact on their personal and professional lives (Appendix A). Survey
459 results revealed a relatively low overall APSS score with a mean of 24 compared to a highest APSS
460 score of 60 (Table 4). When examining the different stigma domains, abortion doulas had a relatively
461 higher APSS disclosure management mean score of 10.86 when compared to discrimination (5.86),
462 resilience was moderately high after reverse-coding (7) (Table 4).

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

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

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

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

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

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

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

487 *“There’s an active attempt to rid our country of the ability to end a pregnancy or to have an*
 488 *abortion. And that is very scary. I think that abortion care is going to be looking different*
 489 *soon and again, like I started off saying, I think that abortion care and sexual reproductive*
 490 *health care is honestly something that should be community based. It’s not something that has*
 491 *to happen in a hospital or medical setting... you don’t have to go through all the obstacles of*
 492 *getting health care... for something that could be very vulnerable... they [clients] deserve to*
 493 *be respected through that and held with integrity”.*

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

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

501 **4 Discussion**

502 The Georgia Doula Study is a unique community-engaged participatory action research project in
 503 that explores the topic of abortion doula care from the perspectives of all types of doulas in a
 504 restrictive abortion context. This mixed methods study identified important themes and
 505 recommendations for improving practice and policy as we move toward an increasing restrictive U.S.
 506 abortion la

507 A majority of the participating doulas supported the role of an abortion doula as a way to support
 508 pregnant people through a major reproductive health decision. In fact, most participants discussed
 509 how the role of a doula is to provide support during all major life transitions – some even expanding
 510 that definition to outside reproductive health experiences, such as grief and death. This work aligns
 511 and augments recently published media articles and commentaries which have briefly discussed the
 512 impact of abortion doula services, typically in response to issues such as COVID-19 and the rise of
 513 several restrictive abortion laws in the US. Lee (2022) argues that abortion doula services can
 514 overcome stigma by providing factually correct educational materials to their clients and supporting
 515 them in finding an accessible and quality abortion. COVID-19 has made it even more necessary for
 516 community care workers like doulas to provide support during a potentially isolating and
 517 stigmatizing abortion experience, especially in areas where restrictive abortion laws are being
 518 introduced into state legislature (Onyenacho, 2021).

519 While many participants asserted that a doula’s role is to support reproductive autonomy, many did
 520 not extend services to family planning/contraceptives and there was little interest in supporting
 521 clients through contraceptive/family planning counseling. Some referenced experiences of Black and
 522 brown clients being targeted for family planning sooner than others and mentioned a mistrust of the
 523 medical system in general due to the history of coercion for Black/brown communities, especially
 524 around reproductive health decisions such as long-acting reversible contraception and sterilization.
 525 As a result, many doulas of color were hesitant to bring these topics up with their clients or receive
 526 further training on contraceptive counseling. However, family planning services are a pillar of broad
 527 reproductive autonomy in sexual and reproductive health, and data suggest that people accessing
 528 abortion services want to know their contraception and family planning options after their abortion
 529 (Kavanaugh et al. 2011). Doulas could play a key role in facilitating that conversation by educating

530 their prenatal, birth, postpartum, and abortion clients on potential options and holding space for their
531 client to ask questions.

532 The majority of abortion doula literature discusses in-clinic abortion doula services, while the current
533 study focuses on community-based abortion doulas. Previous studies primarily focused on how doula
534 support in abortion clinics can mitigate pain and discomfort during a first trimester procedural
535 abortion (Chor et al., 2016; Wilson et al., 2017). Participants in this study reported providing abortion
536 doula support primarily outside of the clinic. This included supporting clients with securing funds,
537 talking through all of their options prior to their abortion experience, and post-abortion support at
538 home. Non-abortion doulas also expressed interest in supporting abortion clients outside of the
539 abortion clinic and it was unclear if this was because of a lack of awareness of opportunities to
540 engage or stigma around working with an abortion clinic. In the future, doula training and certifying
541 organizations must include abortion care and contraceptive counseling. Similarly, efforts to
542 coordinate abortion care nationally must include prenatal, birth, postpartum, and abortion doulas who
543 are connecting patients to information and care.

544 The results of this mixed methods study highlight important benefits of abortion doula services,
545 including physical, emotional, and educational support before, during, and after an abortion
546 experience. The rise of volunteer abortion doula collectives, sometimes out of clinics or
547 undergraduate organizations, have been instrumental in supporting the abortion experiences of people
548 throughout the US regardless of age or economic background (Wesleyan Doula Project, 2022;
549 Basmajian, 2014). While study participants did not report being a part of any such collective or
550 volunteer organization, many expressed the desire to connect with other full spectrum/abortion
551 doulas in Georgia, especially as restrictive abortion policies continue to be introduced and
552 implemented throughout the country.

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

568 Overall, the role of abortion doulas in providing support during an abortion experience has many
569 perceived benefits as well as barriers to access for potential clients. In discussing how to improve
570 doula work in Georgia, many abortion and full spectrum doulas spoke about doula work in general
571 changing greatly to allow client's greater autonomy in making reproductive health decisions.
572 Specifically, this would look like teaching clients how to "doula themselves" and empowering
573 abortion clients especially to be their own advocates. This overall need to reevaluate the role of doula
574 work in the medicalization of reproductive health experiences is critical and has been discussed in

575 various gray and scientific literature (Rowlands & Wale, 2020; Pérez, 2012; The Doula Project,
576 2012). As the movement towards full spectrum and abortion doula services continues, it will be
577 important for doula training organizations, abortion doula collectives, and training doulas to be
578 intentional about how they serve abortion clients.

579 **4.1 Recommendations**

580 The practice implications of this study include 1) increased opportunities for doula training in
581 abortion care and contraceptive counseling, 2) increased organizational support for existing full
582 spectrum doula collectives in Georgia and other restrictive settings across the U.S. (and
583 internationally), and 3) abortion de-stigmatization efforts at the community-level. Doulas are
584 instrumental in providing support throughout a person’s life transition, especially through
585 reproductive health experiences such as birth, postpartum, abortion, or miscarriage. The doula
586 community and general public need to better understand what full spectrum doula care can look like
587 as well as how to access abortion and family planning doula support. Full spectrum doula collectives
588 based out of universities and communities have begun to become implemented throughout the United
589 States in response to this need, but more action is necessary from doula communities to ensure access
590 to abortion and family planning doula support (Wesleyan Doula Project, 2022; The Doula Project,
591 2012). Barriers to accessing supportive full spectrum doula services, especially abortion and family
592 planning services, could be greatly mitigated by collectives of doulas being formed to support clients
593 throughout the U.S. and in other restrictive settings internationally. These collectives would serve as
594 a space to train doulas in abortion and family planning services as well as a space to be in community
595 with other doulas that are interested in ensuring reproductive autonomy for their clients, regardless of
596 pregnancy outcome. Doula training and collective organizations must work to include abortion and
597 contraceptive counseling in their scope of education for all doulas. By supporting all clients through
598 their varying reproductive health experiences, doulas can ensure that clients feel adequately
599 supported through life transitions that can be, especially in the case of abortion, isolating and
600 stigmatizing.

601 The Georgia Doula Study has been instrumental in the Healthy Mothers Healthy Babies Coalition
602 Medicaid Doula Pilot project, which is currently enrolling over 200 Medicaid patients to receive
603 prenatal, birth, and doula care. As states like Georgia and others move forward with Medicaid doula
604 coverage, advocates must insist this include full spectrum doula care. Notably, while this is in direct
605 conflict with the Hyde Amendment which outlaws the use of federal Medicaid funds for abortion
606 except for the cases of rape, incest, or life of the pregnant person, providing care support for people
607 seeking any pregnancy outcome is critical. Additionally, there must be an expansion of pro-
608 Reproductive Justice policies in states where they can be enacted. For example, progressive states
609 where abortion care is protected can work to include abortion and full spectrum doulas in their work
610 force – connecting with abortion doulas in more heavily restricted states and providing them legal
611 protection as they support and escort clients to abortion care in other states.

612 This study highlights important lessons and potential opportunities for future research. Primarily, this
613 study demonstrates the value and importance of community-engaged participatory action research,
614 particularly in the realm of abortion and contraception care. Second, future studies need to further
615 explore the perspectives of clients who are served by abortion and full spectrum doulas. Specifically,
616 future studies would need to demonstrate the benefits and barriers to full spectrum doula support
617 from the client perspective. Understanding how clients viewed their experiences can impact how
618 abortion doula support will change moving into the next few years. Third, while this study included

619 diverse doula perspectives from metro-Atlanta, future studies must explore full spectrum doula care
620 in rural areas and with immigrant communities.

621 Finally, it is also important to recognize that abortion/full spectrum doula care might change
622 significantly in the next few years depending on the upcoming Supreme Court of the United States'
623 decision regarding Roe V. Wade. Self-managed abortion using medication can be safe and effective
624 given the right amount of support (Moseson et al. 2020). Abortion doulas, while not medical
625 providers, may be able to provide emotional, educational, and physical support during a self-
626 managed medication abortion. These all need to be evaluated with further research.

627 **5 Conflict of Interest**

628 *EAM works as a consultant for Healthy Mothers Healthy Babies Coalition on the Medicaid Doula*
629 *Pilot Project. The remaining authors declare that the research was conducted in the absence of any*
630 *commercial or financial relationships that could be construed as a potential conflict of interest.*

631 **6 Author Contributions**

632 EAM conceptualized the Georgia Doula Study and secured funding. AL, DT, and AS conducted all
633 surveys, interviews, and qualitative data coding. AL wrote the first draft of this manuscript. EAM
634 and SN provided research mentorship to AL and AS throughout data collection and analysis
635 including training in qualitative and quantitative methods. EAM and SN provided comments and
636 edits on the first draft of this manuscript. KL assisted with recruitment, instrument development,
637 community engagement, convening the Georgia Doula Access Working Group, and dissemination of
638 findings.

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729 **10 Tables**

730 **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 Patois | 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% |

731 *Table 2: Summary of Doula Service Characteristics (N=20)*

| 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% |

732 *Table 3: Summary of Family Planning Services (N=20)*

| 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% |

733 *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 |

734 **11 Appendix A. Survey Instrument**

735 **11.1 Follow-up Survey Sections**

736 Study ID: _____

737

738 Survey Introduction

739

740 1. Please enter your name (First and Last)

741

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

743 Birth doula

744 Postpartum doula

745 Prenatal doula

746 Abortion doula

747 Full Spectrum doula

748 Radical/Justice doula

749 Death/Grief/Loss/Bereavement doula

750 Prison doula

751 Other (Specify): _____

752

753 Racism/Discrimination Questions

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

756

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

758 Once a week or more.....1

759 A few times a month.....2

760 A few times a year.....3

761 Less than once a year.....4

762 Never.....5

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

764 Once a week or more.....1

765 A few times a month.....2

766 A few times a year.....3

767 Less than once a year.....4

768 Never.....5

769

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

- 771 Once a week or more.....1
 772 A few times a month.....2
 773 A few times a year.....3
 774 Less than once a year.....4
 775 Never.....5
 776 6. How often does the medical team use racial or ethnic slurs or jokes?
 777 Once a week or more.....1
 778 A few times a month.....2
 779 A few times a year.....3
 780 Less than once a year.....4
 781 Never.....5
 782 7. How often do members of the medical team direct racial or ethnic slurs at you?
 783 Once a week or more.....1
 784 A few times a month.....2
 785 A few times a year.....3
 786 Less than once a year.....4
 787 Never.....5
 788 8. How often do other doulas use racial slurs or ethnic jokes?
 789 Once a week or more.....1
 790 A few times a month.....2
 791 A few times a year.....3
 792 Less than once a year.....4
 793 Never.....5
 794 9. How often do other doulas direct racial or ethnic slurs or jokes at you?
 795 Once a week or more.....1
 796 A few times a month.....2
 797 A few times a year.....3
 798 Less than once a year.....4
 799 Never.....5
 800 10. How often do you feel that you have to work twice as hard as others work?
 801 Once a week or more.....1
 802 A few times a month.....2
 803 A few times a year.....3
 804 Less than once a year.....4
 805 Never.....5
 806 11. How often do you feel that you are ignored or not taken seriously by the medical team?
 807 Once a week or more.....1
 808 A few times a month.....2
 809 A few times a year.....3
 810 Less than once a year.....4
 811 Never.....5
 812 12. How often do others assume that you work in a lower status job than you do and treat you as
 813 such?
 814 Once a week or more.....1

- 815 A few times a month.....2
- 816 A few times a year.....3
- 817 Less than once a year.....4
- 818 Never.....5

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

- 821 Once a week or more.....1
- 822 A few times a month.....2
- 823 A few times a year.....3
- 824 Less than once a year.....4
- 825 Never.....5

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

- 827 Once a week or more.....1
- 828 A few times a month.....2
- 829 A few times a year.....3
- 830 Less than once a year.....4
- 831 Never.....5

832 Family Planning Attitudes

833
834 15. Please read each of the following statements and indicate how much you disagree or agree:
835

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

- 842
- 843 Agree (1)
- 844 Neutral (0)
- 845 Disagree (0)
- 846

847 16. Please tell me whether or not you think it should be possible for a pregnant woman to obtain a
848 legal abortion if...
849

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

- 857
- 858 Yes (1)
- 859 No (2)
- 860 Don't Know (3)
- 861

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

863

864 a. If there is a strong chance of serious defect in the baby?

865 b. If she is married and does not want any more children?

866 c. If the woman's own health is seriously endangered by the pregnancy?

867 d. If the family has a very low income and cannot afford any more children?

868 e. If she became pregnant as a result of rape?

869 f. If she is not married and does not want to marry the man?

870 g. The woman wants it for any reason

871

872 ○ Always Wrong (1)

873 ○ Sometimes Wrong (2)

874 ○ Neutral/Don't Know (3)

875 ○ Wrong Only Sometimes (4)

876 ○ Not Wrong At All (5)

877

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

879

880 a. A woman who has an abortion is committing a sin

881 b. Once a woman has one abortion, she will make it a habit

882 c. A woman who has had an abortion cannot be trusted

883 d. A woman who has an abortion brings shame to her family

884 e. The health of a woman who has an abortion is never as good as it was before the abortion

885 f. A woman who has had an abortion might encourage other women to get abortions

886 g. A woman who has an abortion is a bad mother

887 h. A woman who has an abortion brings shame to her community

888 i. A woman who has had an abortion should be prohibited from going to religious services

889 j. I would tease a woman who has had an abortion so that she will be ashamed about her decision

890 k. I would try to disgrace a woman in my community if I found out she'd had an abortion

891 l. A man should not marry a woman who has had an abortion because she may not be able to bear children

892 m. I would stop being friends with someone if I found out that she had an abortion

894 n. I would point my fingers at a woman who had an abortion so that other people would know what she has done

896 o. A woman who has an abortion should be treated the same as everyone else.

897 p. A woman who has an abortion can make other people fall ill or get sick

898 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.

900 r. If a man has sex with a woman who has had an abortion, he will become infected with a disease.

901

902 ○ Strongly Disagree (1)

903 ○ Disagree (2)

904 ○ Neutral/Don't Know (3)

905 ○ Agree (4)

906 ○ Strongly Agree (5)

907

908 Family Planning Doula Services

909

910 19. Do you counsel your clients on family planning?

- 911
- 912 o Yes (1)
- 913 o No (2)

914

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

916 _____

917

- 918 If no, would you be interested in counseling your patients?
- 919 o Yes (1)
 - 920 o No (2)

921

922 20. Have you received any training in family planning?

- 923
- 924 o Yes (1)
- 925 o No (2)

926

927 If yes, describe

928 _____

929

930 21. When do you think is best for doulas to provide family planning counseling? (ex: prenatal,

931 postpartum, immediately after delivery)

932 _____

933

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

935 end if non-abortion doula

936

937 Abortion Doula Questions

938

939 Please consider your experiences as someone who works in abortion services. Indicate how often you

940 have felt or experienced the following:

941

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

- 943
- 944 All of the time [1]
- 945 Often [2]
- 946 Sometimes [3]
- 947 Rarely [4]
- 948 Never [5]

949

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

951

- 952 All of the time [1]
- 953 Often [2]
- 954 Sometimes [3]
- 955 Rarely [4]
- 956 Never [5]

957

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

959

960 All of the time [1]

961 Often [2]

962 Sometimes [3]

963 Rarely [4]

964 Never [5]

965

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

967

968 All of the time [1]

969 Often [2]

970 Sometimes [3]

971 Rarely [4]

972 Never [5]

973

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

975

976 All of the time [1]

977 Often [2]

978 Sometimes [3]

979 Rarely [4]

980 Never [5]

981

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

983

984 All of the time [1]

985 Often [2]

986 Sometimes [3]

987 Rarely [4]

988 Never [5]

989

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

992

993 All of the time [1]

994 Often [2]

995 Sometimes [3]

996 Rarely [4]

997 Never [5]

998

999 29. I am proud that I work in abortion care

1000

1001 All of the time [1]

1002 Often [2]

1003 Sometimes [3]

1004 Rarely [4]

1005 Never [5]

1006

1007 30. I feel connected to others who do this abortion care work

1008

1009 All of the time [1]

1010 Often [2]

1011 Sometimes [3]

1012 Rarely [4]

1013 Never [5]

1014

1015 31. By providing abortion doula care I am making a positive contribution to society

1016

1017 All of the time [1]

1018 Often [2]

1019 Sometimes [3]

1020 Rarely [4]

1021 Never [5]

1022

1023 32. I find it important to share with people that I work in abortion care

1024

1025 All of the time [1]

1026 Often [2]

1027 Sometimes [3]

1028 Rarely [4]

1029 Never [5]

1030

1031 33. Newspapers/television take a balanced view about abortion care

1032

1033 All of the time [1]

1034 Often [2]

1035 Sometimes [3]

1036 Rarely [4]

1037 Never [5]

1038

1039 34. I feel that patients use me as an emotional punching bag

1040

1041 All of the time [1]

1042 Often [2]

1043 Sometimes [3]

1044 Rarely [4]

1045 Never [5]

1046 **11.2 New Participant Survey Instrument**

1047 Study ID: _____

1048

1049 Demographics

1050

1051 1. With which of the following races/ethnicities do you identify? Check all that apply:

1052

1053 Black or African American (1)

1054 Hispanic or Latinx (2)

1055 Asian or Pacific Islander (3)

1056 American Indian, Alaskan Native, or Native Hawaiian (4)

1057 Biracial or Multiracial (5)

1058 White (6)

1059 Other (specify) (7) _____

1060 Prefer not to answer (8)

1061

1062 2. How old are you in years?

1063

1064 Under 25 (1)

1065 25-35 (2)

1066 36-45 (3)

1067 46-55 (4)

1068 Over 55 (5)

1069

1070 3. Have you had difficulty affording necessities such as education costs, food, clothing,
1071 transportation, housing, and medical care? Check all that apply

1072

1073 Yes, currently (1)

1074 Yes, in the recent past (within 3 years) (2)

1075 Yes, in the past for a limited period of time (for example, while I was a student) (3)

1076 Yes, historically throughout my life (4)

1077 No (5)

1078 Prefer not to answer (6)

1079

1080 4. Are you currently employed? Check all that apply

1081

1082 Yes, full-time (1)

1083 Yes, part-time (2)

1084 No, not looking for employment (3)

1085 No, looking for employment (4)

1086

1087 5. What is the highest level of education you have completed?

1088

1089 High School (1)

1090 Some college (2)

1091 Graduated college (3)

- 1092 Graduate degree (e.g., MPH, PhD) (4)
- 1093 Clinical professional degree (e.g., RN, LPN, MD, PA) (5)
- 1094 Non-clinical professional degree (e.g., GED) (6)
- 1095 Other (specify) (7) _____

1096
1097 6. With which of the following genders do you identify? Check all that apply:

- 1098
- 1099 Female/woman (1)
- 1100 Male/man (2)
- 1101 Transgender (3)
- 1102 Genderqueer (4)
- 1103 Nonbinary (5)
- 1104 Self-identify (please specify) (6): _____
- 1105 Prefer not to answer (7)

1106
1107 7. What is your sexual orientation? Check all that apply:

- 1108
- 1109 Lesbian (1)
- 1110 Gay (2)
- 1111 Bisexual (3)
- 1112 Queer (4)
- 1113 Straight or heterosexual (5)
- 1114 Don't know/questioning (6)
- 1115 Prefer to self-describe (7) _____
- 1116 Prefer not to answer (8)

1117
1118 8. What language do you primarily speak at home? Check all that apply:

- 1119
- 1120 Arabic (1)
- 1121 Chinese (Cantonese, Mandarin, others) (2)
- 1122 English (3)
- 1123 French or French Creole (4)
- 1124 German (5)
- 1125 Hindi (6)
- 1126 Korean (7)
- 1127 Spanish (8)
- 1128 Tagalog (9)
- 1129 Vietnamese (10)
- 1130 Other (Specify) (11): _____

1131
1132 9. What is your immigration generation status? Check all that apply

- 1133
- 1134 My parents and grandparents were born in the United States (1)
- 1135 One or more of my grandparents were born in the United States (2)

- 1136 One or more of my parents were born in the United States (3)
- 1137 I was born in the United States (4)
- 1138 Prefer not to answer (5)

1139
1140 10. In which Georgia county do you reside? _____

1141
1142 Pregnancy Information

1143
1144 11. Have you ever been pregnant?

- 1145
- 1146 No (1) → Go to introduction to doula work and training
- 1147 Yes (2) → Go to 11.1

1148
1149 11.1. How many times have you been pregnant?

- 1150
- 1151 1 (1)
- 1152 2 (2)
- 1153 3 (3)
- 1154 4 (4)
- 1155 5 or more (5)

1156
1157 11.2 How many live children do you have? _____

1158
1159 11.3 For any of the pregnancies you mentioned above, did you have a doula?

- 1160 No (1) → Go to introduction to doula work and training
- 1161 Yes (2) → Go to personal experiences with doulas section

1162
1163 Personal Experience with Doulas

1164
1165 For these questions, consider the last time you had a doula:

1166
1167 12. What type of doula services did you receive? Check all that apply

- 1168
- 1169 Birth doula (1)
- 1170 Postpartum doula (2)
- 1171 Prenatal doula (3)
- 1172 Abortion doula (4)
- 1173 Full Spectrum doula (5)
- 1174 Radical/Justice doula (6)
- 1175 Death/Grief/Loss/Bereavement doula (7)
- 1176 Prison doula (8)

1177
1178 13. How satisfied were you with those doula services?

- 1179
- 1180 Very unsatisfied (1)

- 1181 Unsatisfied (2)
- 1182 Neutral (3)
- 1183 Satisfied (4)
- 1184 Very satisfied (5)
- 1185 Mixed feelings (6) (Explain: _____)

1186
1187 14. How valuable were their services?
1188

- 1189 Not valuable at all (1)
- 1190 Mostly not valuable (2)
- 1191 Neutral (3)
- 1192 Somewhat valuable (4)
- 1193 Very valuable (5)

1194
1195 15. How did the doula affect your anxiety about the pregnancy?
1196

- 1197 Negatively affected, increased anxiety (1)
- 1198 No effect (2)
- 1199 Positively affected, decreased anxiety (3)

1200
1201
1202 16. How did the doula affect your pain during childbirth?
1203

- 1204 Negatively affected, increased pain (1)
- 1205 No effect (2)
- 1206 Positively affected, decreased pain (3)

1207
1208 17. How did the doula affect your empowerment during the pregnancy?
1209

- 1210 Negatively affected, decreased empowerment (1)
- 1211 No effect (2)
- 1212 Positively affected, increased empowerment (3)

1213
1214 18. Did you have any negative experiences with your doula?
1215

- 1216 No (1)
- 1217 Yes (2): Please explain _____

1218
1219 19. Would you want a doula again?
1220

- 1221 No (1)
- 1222 Yes (2)

1223
1224 Introduction to Doula Work and Training
1225

1226 20. How long have you been a doula? (Check all and type amount)

1227 _____ Years (1)

1228 _____ Months (2)

1229

1230 21. What kind of doula do you identify as? Check all that apply

1231

1232 Birth doula (1)

1233 Postpartum doula (2)

1234 Prenatal doula (3)

1235 Abortion doula (4)

1236 Full Spectrum doula (5)

1237 Radical/Justice doula (6)

1238 Death/Grief/Loss/Bereavement doula (7)

1239 Prison doula (8)

1240 Other (Specify): _____

1241

1242 22. How many clients (of each kind) have you been a doula for? (Check all and type amount)

1243

1244 Birth doula (1) _____

1245 Postpartum doula (2) _____

1246 Prenatal doula (3) _____

1247 Abortion doula (4) _____

1248 Full Spectrum doula (5) _____

1249 Radical/Justice doula (6) _____

1250 Death/Grief/Loss/Bereavement doula (7) _____

1251 Prison doula (8) _____

1252 Other (Specify) (9): _____

1253

1254 22. What, if any, doula training have you completed?

1255

1256 Doulas of North America (DONA) International (1)

1257 CAPPA Childbirth and Postpartum Professional Association (2)

1258 ALACE – Association of Labor Assistants and Childbirth Educators (3)

1259 BirthWorks International (4)

1260 Childbirth International (5)

1261 HypnoBirthing (6)

1262 N/A (7)

1263 Other (Specify) (8): _____

1264

1265 23. What, if any, doula certification have you completed?

1266

1267 Doulas of North America (DONA) International (1)

1268 CAPPA Childbirth and Postpartum Professional Association (2)

1269 ALACE – Association of Labor Assistants and Childbirth Educators (3)

- 1270 BirthWorks International (4)
- 1271 Childbirth International (5)
- 1272 HypnoBirthing (6)
- 1273 N/A (7)
- 1274 Other (Specify) (8): _____

1275
1276 Family Planning Attitudes

- 1277
- 1278 24. Please read each of the following statements and indicate how much you disagree or agree:
- 1279
- 1280 f. People behave differently toward a teen whom they know has used modern family-planning
 - 1281 methods
 - 1282 g. Young women who use modern family planning are promiscuous
 - 1283 h. Teens who use modern family planning are viewed as bad girls
 - 1284 i. Modern family planning is not acceptable for unmarried women
 - 1285 j. Modern family-planning methods have bad effects on a woman's health
 - 1286
 - 1287 Agree (1)
 - 1288 Neutral (0)
 - 1289 Disagree (0)
 - 1290
- 1291 25. Please tell me whether or not you think it should be possible for a pregnant woman to obtain a
- 1292 legal abortion if...
- 1293
- 1294 a. If there is a strong chance of serious defect in the baby?
 - 1295 b. If she is married and does not want any more children?
 - 1296 c. If the woman's own health is seriously endangered by the pregnancy?
 - 1297 d. If the family has a very low income and cannot afford any more children?
 - 1298 e. If she became pregnant as a result of rape?
 - 1299 f. If she is not married and does not want to marry the man?
 - 1300 g. The woman wants it for any reason
 - 1301
 - 1302 Yes (1)
 - 1303 No (2)
 - 1304 Don't Know (3)
 - 1305
- 1306 26. Do you personally think it is wrong or not wrong for a woman to have an abortion...
- 1307
- 1308 a. If there is a strong chance of serious defect in the baby?
 - 1309 b. If she is married and does not want any more children?
 - 1310 c. If the woman's own health is seriously endangered by the pregnancy?
 - 1311 d. If the family has a very low income and cannot afford any more children?
 - 1312 e. If she became pregnant as a result of rape?
 - 1313 f. If she is not married and does not want to marry the man?
 - 1314 g. The woman wants it for any reason
 - 1315
 - 1316 Always Wrong (1)
 - 1317 Sometimes Wrong (2)

- 1318 ○ Neutral/Don't Know (3)
- 1319 ○ Wrong Only Sometimes (4)
- 1320 ○ Not Wrong At All (5)

1321

1322 27. Please read each of the following statements and indicate how much you disagree or agree:

1323

1324 s. A woman who has an abortion is committing a sin

1325 t. Once a woman has one abortion, she will make it a habit

1326 u. A woman who has had an abortion cannot be trusted

1327 v. A woman who has an abortion brings shame to her family

1328 w. The health of a woman who has an abortion is never as good as it was before the abortion

1329 x. A woman who has had an abortion might encourage other women to get abortions

1330 y. A woman who has an abortion is a bad mother

1331 z. A woman who has an abortion brings shame to her community

1332 aa. A woman who has had an abortion should be prohibited from going to religious services

1333 bb. I would tease a woman who has had an abortion so that she will be ashamed about her decision

1334 cc. I would try to disgrace a woman in my community if I found out she'd had an abortion

1335 dd. A man should not marry a woman who has had an abortion because she may not be able to bear children

1337 ee. I would stop being friends with someone if I found out that she had an abortion

1338 ff. I would point my fingers at a woman who had an abortion so that other people would know what she has done

1340 gg. A woman who has an abortion should be treated the same as everyone else.

1341 hh. A woman who has an abortion can make other people fall ill or get sick

1342 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.

1344 jj. If a man has sex with a woman who has had an abortion, he will become infected with a disease.

1345

1346 ○ Strongly Disagree (1)

1347 ○ Disagree (2)

1348 ○ Neutral/Don't Know (3)

1349 ○ Agree (4)

1350 ○ Strongly Agree (5)

1351

1352 Family Planning Doula Services

1353

1354 28. Do you counsel your clients on family planning?

1355

1356 ○ Yes (1)

1357 ○ No (2)

1358

1359 If yes, Explain and give an example (open answer)

1360

1361

1362 If no, would you be interested in counseling your patients?

1363 ○ Yes (1)

1364 ○ No (2)

1365

1366 29. Have you received any training in family planning?

- 1367
- 1368 ○ Yes (1)
- 1369 ○ No (2)

1370

1371 If yes, describe

1372 _____

1373

1374 30. When do you think is best for doulas to provide family planning counseling? (ex: prenatal,

1375 postpartum, immediately after delivery)

1376 _____

1377

1378 Skip Pattern: Continue to Abortion Doula questions if YES to providing abortion doula care, skip to

1379 client demographics if non-abortion doula

1380

1381 Abortion Doula Questions

1382

1383 Please consider your experiences as someone who works in abortion services. Indicate how often you

1384 have felt or experienced the following:

1385

1386 31. People’s reactions to my being an abortion worker make me keep to myself

1387

- 1388 All of the time [1]
- 1389 Often [2]
- 1390 Sometimes [3]
- 1391 Rarely [4]
- 1392 Never [5]

1393

1394 32. I feel marginalized by other health workers because of my decision to work in abortion care

1395

- 1396 All of the time [1]
- 1397 Often [2]
- 1398 Sometimes [3]
- 1399 Rarely [4]
- 1400 Never [5]

1401

1402 33. I feel like if I tell people about my work they will only see me as an abortion worker

1403

- 1404 All of the time [1]
- 1405 Often [2]
- 1406 Sometimes [3]
- 1407 Rarely [4]
- 1408 Never [5]

1409

1410 34. I worry about telling people I work in abortion care

1411

- 1412 All of the time [1]

1413 Often [2]

1414 Sometimes [3]

1415 Rarely [4]

1416 Never [5]

1417

1418 35. It bothers me if people in my community know that I work in abortion care

1419

1420 All of the time [1]

1421 Often [2]

1422 Sometimes [3]

1423 Rarely [4]

1424 Never [5]

1425

1426 36. I avoid telling people what abortion care I do for a living

1427

1428 All of the time [1]

1429 Often [2]

1430 Sometimes [3]

1431 Rarely [4]

1432 Never [5]

1433

1434 37. I am afraid that if I tell people I work in abortion care I could put myself or my loved ones at
1435 risk for violence

1436

1437 All of the time [1]

1438 Often [2]

1439 Sometimes [3]

1440 Rarely [4]

1441 Never [5]

1442

1443 38. I am proud that I work in abortion care

1444

1445 All of the time [1]

1446 Often [2]

1447 Sometimes [3]

1448 Rarely [4]

1449 Never [5]

1450

1451 39. I feel connected to others who do this abortion care work

1452

1453 All of the time [1]

1454 Often [2]

1455 Sometimes [3]

1456 Rarely [4]

1457 Never [5]

1458
 1459 40. By providing abortion doula care I am making a positive contribution to society
 1460

- 1461 All of the time [1]
- 1462 Often [2]
- 1463 Sometimes [3]
- 1464 Rarely [4]
- 1465 Never [5]

1466
 1467 41. I find it important to share with people that I work in abortion care
 1468

- 1469 All of the time [1]
- 1470 Often [2]
- 1471 Sometimes [3]
- 1472 Rarely [4]
- 1473 Never [5]

1474
 1475 42. Newspapers/television take a balanced view about abortion care
 1476

- 1477 All of the time [1]
- 1478 Often [2]
- 1479 Sometimes [3]
- 1480 Rarely [4]
- 1481 Never [5]

1482
 1483 43. I feel that patients use me as an emotional punching bag
 1484

- 1485 All of the time [1]
- 1486 Often [2]
- 1487 Sometimes [3]
- 1488 Rarely [4]
- 1489 Never [5]

1490
 1491
 1492 Client Demographics: For the answers to each of these questions please estimate a percent for each
 1493 demographic group (scroll over for 100% option)
 1494

1495 44. Estimate the racial/ethnic breakdown (in percentage) of your clients (total in column should add
 1496 up to 100)

| | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
|---------------------------|----|----|----|----|----|----|----|----|----|-----|
| Black or African American | | | | | | | | | | |
| Hispanic or Latinx | | | | | | | | | | |
| Asian or Pacific Islander | | | | | | | | | | |

Full Spectrum Care Among Doulas

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| American Indian, Alaskan Native, or Native Hawaiian | | | | | | | | | | | |
| Biracial or Multiracial | | | | | | | | | | | |
| White | | | | | | | | | | | |
| Other | | | | | | | | | | | |

1497
1498 45. Estimate the age breakdown (in percentage) of your clients (total in column should add up to
1499 100)

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

1500
1501 46. Estimate the socioeconomic status breakdown (in percentage) of your clients (total in column
1502 should add up to 100)

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

1503
1504 47. Estimate the highest level of education breakdown (in percentage) of your clients (total in column
1505 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 | | | | | | | | | | |

1506
1507 48. Estimate the number of pregnancies breakdown (in percentage) of your clients (total in column
1508 should add up to 100)

| | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|-----|
| | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
|--|----|----|----|----|----|----|----|----|----|-----|

| | | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| Over 5 | | | | | | | | | | |

1509

1510 Racism/Discrimination Questions

1511

1512 Here are some situations that can arise at work. Please tell me how often you have experienced them
1513 during the LAST 12 MONTHS.

1514 49. How often are you UNFAIRLY given the jobs that no one else wants to do?

1515 Once a week or more (1)

1516 A few times a month (2)

1517 A few times a year (3)

1518 Less than once a year (4)

1519 Never (5)

1520 50. At work, when different opinions would be helpful, how often is your opinion not asked for?

1521 Once a week or more (1)

1522 A few times a month (2)

1523 A few times a year (3)

1524 Less than once a year (4)

1525 Never (5)

1526 51. How often are you watched more closely than other doulas?

1527 Once a week or more (1)

1528 A few times a month (2)

1529 A few times a year (3)

1530 Less than once a year (4)

1531 Never (5)

1532 52. How often does the medical team use racial or ethnic slurs or jokes?

1533 Once a week or more (1)

1534 A few times a month (2)

1535 A few times a year (3)

1536 Less than once a year (4)

1537 Never (6)

1538 53. How often do members of the medical team direct racial or ethnic slurs at you?

1539 Once a week or more (1)

1540 A few times a month (2)

1541 A few times a year (3)

1542 Less than once a year (4)

1543 Never (5)

1544 54. How often do other doulas use racial slurs or ethnic jokes?

1545 Once a week or more (1)

1546 A few times a month (2)

- 1547 A few times a year (3)
1548 Less than once a year (4)
1549 Never (5)
1550 55. How often do other doulas direct racial or ethnic slurs or jokes at you?
1551 Once a week or more (1)
1552 A few times a month (2)
1553 A few times a year (3)
1554 Less than once a year (4)
1555 Never (5)
1556 56. How often do you feel that you have to work twice as hard as others work?
1557 Once a week or more (1)
1558 A few times a month (2)
1559 A few times a year (3)
1560 Less than once a year (4)
1561 Never (5)
1562 57. How often do you feel that you are ignored or not taken seriously by the medical team?
1563 Once a week or more (1)
1564 A few times a month (2)
1565 A few times a year (3)
1566 Less than once a year (4)
1567 Never (5)
1568 58. How often do others assume that you work in a lower status job than you do and treat you as
1569 such?
1570 Once a week or more (1)
1571 A few times a month (2)
1572 A few times a year (3)
1573 Less than once a year (4)
1574 Never (5)
1575 59. How often has a doula with less experience and fewer qualifications gotten more clients than
1576 you?
1577 Once a week or more (1)
1578 A few times a month (2)
1579 A few times a year (3)
1580 Less than once a year (4)
1581 Never (5)
1582 60. How often have you been unfairly humiliated in front of others at work?
1583 Once a week or more (1)
1584 A few times a month (2)
1585 A few times a year (3)
1586 Less than once a year (4)
1587 Never (5)
1588

1589 Clients, Cost, and Other Logistics
1590

1591 61. How do you primarily find your doula clients? Check all that apply:
1592

- 1593 Fewer than preferred (1)
- 1594 Actual number preferred (2)
- 1595 More than preferred (3)
- 1596 Don't know (4)

1597
1598
1599 62. How do you primarily find your doula clients? Check all that apply:
1600

- 1601 Personal website (1)
- 1602 Professional doula organization website/registry (2)
- 1603 Word-of-mouth (3)
- 1604 Other online forums (4)
- 1605 Telephone (5)
- 1606 Health care providers and institutions (6)
- 1607 Community-based programs (7)

1608
1609 63. What type of doula practice are you a part of? (check all that apply)
1610

- 1611 Solo practice (1)
- 1612 Group practice with 2-4 doulas (2)
- 1613 Group practice with 5+ doulas (3)
- 1614 Hospital-based practice (4)
- 1615 Clinic-based practice (5)

1616
1617 64. How often do you charge clients for your doula services?
1618

- 1619 Always (1)
- 1620 Sometimes (2)
- 1621 Never (3)

1622
1623 65. How much do you currently charge (\$USD) per client for (check all and type amount):
1624

- 1625 Birth doula (1) _____
- 1626 Postpartum doula (2) _____
- 1627 Prenatal doula (3) _____
- 1628 Abortion doula (4) _____
- 1629 Full Spectrum doula (5) _____
- 1630 Radical/Justice doula (6) _____
- 1631 Death/Grief/Loss/Bereavement doula (7) _____
- 1632 Prison doula (8) _____
- 1633 Other (Specify) (9): _____

1634

1635 66. Do you plan on charging for your doula services in the future?
1636

- 1637 Always (1)
1638 Sometimes (2)
1639 Never (3)

1640 67. How much do you think you should be paid (ideally, in order to reach standard of living) per
1641 client for (check all and type amount):
1642

- 1643 Birth doula (1) _____
1644 Postpartum doula (2) _____
1645 Prenatal doula (3) _____
1646 Abortion doula (4) _____
1647 Full Spectrum doula (5) _____
1648 Radical/Justice doula (6) _____
1649 Death/Grief/Loss/Bereavement doula (7) _____
1650 Prison doula (8) _____
1651 Other (Specify) (9): _____
1652

1653 Doula Services During COVID
1654

1655 68. In what ways have you and your work been affected by COVID-19? (Check all that apply)
1656

- 1657 Stopped taking on clients (1)
1658 Unable to accompany clients in the delivery room (2)
1659 Limited prenatal and postpartum visits (3)
1660 Increase in client home births (4)
1661 Use of protective equipment (i.e. masks, gloves) when working with clients (5)
1662 My work has not changed as a result of COVID-19 (6)
1663

1664 69. Are you interested in providing doula services virtually (i.e. video and phone calls)?
1665

- 1666 Yes (1)
1667 No (2)
1668

1669 70. Have you provided virtual doula services?

- 1670 Yes (1)
1671 No (2)
1672

1673 71. Have you provided doula services virtually during the COVID-19 pandemic?

- 1674 Yes (1)
1675 No (2)
1676

1677 Skip Pattern: Continue to Virtual Doula questions if YES to providing virtual doula care, skip to
1678 Beliefs about Doula Services if NO
1679

1680 Virtual Doula Services During the Pandemic

1681
1682 72. How many clients have you served virtually since the onset of the pandemic? _____

1683
1684 73. Do any of your clients have difficulties accessing the internet?

- 1685
1686 Yes (1)
1687 No (2)
1688 Unknown (3)

1689
1690 74. How do you connect with your clients virtually? (check all that apply)

- 1691 Video calls (Zoom, Microsoft Teams, Facetime) (1)
1692 Phone (2)
1693 Other (3): Specify _____

1694
1695 75. (If Video Calls is selected) What platform do you use for video calls?

- 1696 Zoom
1697 Skype
1698 Teams
1699 Other: Specify _____

1700
1701 Beliefs about Doula Services

1702
1703 76. For each of the following, mark the answer that you most closely agree with.

1704

| | 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. | | | | | |

1705

1706 Possible Changes for Doula Service Reimbursement

1707

1708 77. How interested would you be in Medicaid reimbursement for your doula services?

1709

1710 Not interested at all

1711 Mostly uninterested

1712 Neutral

1713 Somewhat interested

1714 Very interested

1715 Mixed feelings (Explain: _____)

1716

1717 78. How interested would you be in Georgia doulas being classified as Community Health Workers
1718 who are reimbursed through Department of Public Health?

1719

1720 Not interested at all

1721 Mostly uninterested

1722 Neutral

1723 Somewhat interested

1724 Very interested

1725 Mixed feelings (Explain: _____)

1726 **12 Appendix B. In-Depth Interview (IDI) Guide**

1727 **12.1 Follow-up IDI Guide**

1728 *I. Opening Questions*

1729 1. It's been several months since you were first interviewed for this study. What, if anything, has
1730 changed about your doula practice since then?

1731 a. Probe: How are things changing around COVID-19?

1732 b. Probe: What new client stories, if any, do you have to share?

1733 *II. Doula Roles in Family Planning*

1734 2. What needs do your clients have related to contraception?

1735 a. Probe: Do they need more information, can't afford it, don't know where to get it?

1736 3. What, if any, training have you received in contraceptive counseling?

1737 a. Probe: What kind of (additional or new) family planning training would you need or
1738 want?

1739 4. What, if any, counseling do you provide your clients about contraception and birth control?

1740 a. Probe: If none, would you be interested in providing family planning counseling in the
1741 future?

1742 *If participant indicated they provide abortion services, continue to Section III. If the participant does*
1743 *not provide abortion services, skip to Section IV.*

1744 *III. Abortion Care Counseling Questions for abortion doulas*

- 1745 5. Why did you become an abortion doula?
1746 a. Probe: What kind of additional, or new abortion training would you like to receive?
1747 6. Can you describe in more detail the services you provide as an abortion doula?
1748 7. Where do you provide abortion services?
1749 8. What are the benefits of having an abortion doula?
1750 9. How do you feel you are perceived from the larger prenatal, birth, and postpartum doula
1751 community?
1752 10. How do you think abortion care providers perceive you as an abortion doula?
1753 11. What challenges do you face in providing abortion doula care?
1754 a. General probes:
1755 i. What are some challenges to building a sustainable doula business?
1756 ii. How is your dynamic with your client's medical care providers?
1757 iii. Do you feel there are adequate supports from your doula community?
1758 (mentorship opportunities, networking, etc.)
1759 b. Probe based on survey answers:
1760 i. On your survey you mentioned that you feel marginalized by other health
1761 workers because of your decision to work in abortion care. Can you tell me
1762 more about that?
1763 ii. On your survey, you mentioned that it bothers you if people in your
1764 community know that you work in abortion care. Can you tell me more about
1765 that?
1766 iii. On your survey, you mentioned that you feel abortion clients use you as an
1767 emotional punching bag. Can you tell me more about that?
1768 12. Do you know any doulas in Georgia that provide abortion services and would be interested in
1769 participating in this study?

1770 *IV. Abortion Care Counseling Questions for non-abortion doulas*

- 1771 13. What needs do your clients have related to abortion care counseling?
1772 14. What, if any, training have you received in abortion care counseling?
1773 a. Probe: What kind of additional or new abortion care training would you need or want?
1774 15. What, if any, counseling do you provide to your clients regarding abortion services?
1775 a. Probe: If none, would you be interested in providing abortion services counseling in
1776 the future?
1777 16. There are some doulas that provide abortion care services to their clients. How do you feel
1778 about these abortion doulas?
1779 a. Probe: How does the larger doula community perceive abortion doulas?
1780 17. Prenatal/birth doulas: What happens if your birth/prenatal doula client experiences
1781 complications during a pregnancy?
1782 a. Probe:
1783 i. A miscarriage
1784 ii. Decides to terminate their pregnancy
1785 iii. Stillborn or dies shortly after birth

1786 *V. Racism and Discrimination Qs for all doulas*

- 1787 18. Can you tell me a time you witnessed or experienced discrimination as a doula?
1788 a. Probe based on their survey answers:

- 1789 i. you've been watched more closely than others in your work as a doula
- 1790 ii. you've been humiliated during your work as a doula
- 1791 iii. you've heard racial slurs or ethnic jokes in your work
- 1792 b. General probes:
 - 1793 i. Racial discrimination (of yourself or the client)
 - 1794 ii. Discrimination because you're a doula
 - 1795 iii. Age discrimination (of yourself or the client)
- 1796 19. How does your race influence the interactions you have with the medical team?
 - 1797 a. Probe: Can you provide examples of when you felt your race was a factor in how the
 - 1798 medical team treated you?
- 1799 20. How does the race of your client influence your experience with the medical team?
- 1800 21. How does your race influence the interactions you have with your clients?
 - 1801 a. Probe: For clients of your race?
 - 1802 b. Probe: For clients of a different race?
- 1803 22. What training, if any, did you receive about providing culturally competent care?
 - 1804 a. Probe:
 - 1805 i. For example, care specific to the needs of a racial/ethnic group?
 - 1806 ii. What additional training would you like to receive?

1807 *VII. Conclusion*

- 1808 23. What is your advice for reducing discrimination that doulas face?
- 1809 24. How can doulas help reduce racial/ethnic disparities in maternal and infant health?

1810 **12.2 New Participant IDI Guide (Abortion Doula)**

1811 *I. Opening Questions*

- 1812 1. Why did you become a doula?

1813 *II. Training*

- 1814 2. On the survey you mentioned you received X,Y,Z training. Tell me more about your training
- 1815 experience.
 - 1816 a. Probe:
 - 1817 i. If abortion training is listed:
 - 1818 1. Where did you complete abortion doula training?
 - 1819 2. What topics were covered in your training?
 - 1820 ii. If abortion training is not listed:
 - 1821 1. Without specific training in abortion doula care, how have you
 - 1822 developed the skills needed to support abortion clients?
 - 1823 b. Additional Probes
 - 1824 i. How did you pay for doula training you received? (ex: out-of-pocket, funded
 - 1825 by an organization, grant-funded, etc.)
 - 1826 ii. What training have you received around working with diverse populations
 - 1827 including Black, Latinx, non-English speaking, refugee, and LGBTQ clients?
 - 1828 iii. What additional training would you like to receive?

1829 *III. Practice and Clientele*

- 1830 3. On the survey you mentioned you provided X,Y,Z doula services (prenatal/birth, post-partum,
- 1831 abortion). What do those services typically involve?
 - 1832 a. Probe: Can you walk me through your typical services with X clients?

- 1833 b. Probe: Can you walk me through your typical services with Y clients?
 1834 c. Probe: Can you walk me through your typical services with Z clients?
 1835 4. How did you build your doula practice?
 1836 a. Probe:
 1837 i. How did you develop your client base? (social media, word of mouth, website,
 1838 established doula practices/programs, physician or midwife referrals)
 1839 ii. What relationships (maternal health organizations, physician practices,
 1840 community doula organizations) helped you start your practice?
 1841 5. Where do you provide services?
 1842 a. Probe: Are they affiliated with a clinic, hospital, or community-based organization?
 1843 Does she go to where the client is receiving care? etc.
 1844 6. Are there any demographic groups you wished you could be a doula for but have not been
 1845 able to reach?
 1846 a. Follow-up: What do you think are the challenges for these groups in accessing doula
 1847 services?
 1848 b. Follow up: What could make it easier for these groups to access doula services?

1849 *IV. Payment*

- 1850 7. Non-volunteer doulas: On the survey you said you do not work as a volunteer doula. In
 1851 general, how do you work with clients to ensure they can afford doula services—if at all?
 1852 a. Probe:
 1853 i. Do you use a sliding scale?
 1854 ii. Do you make referrals to other doulas?
 1855 8. Volunteer doulas: On the survey you said you are a volunteer doula. Why did you decide to
 1856 volunteer your doula services as opposed to charge for them?
 1857 a. Probe: What motivates you to be a volunteer doula?

1858 *V. Doula Roles in Family Planning*

- 1859 9. What needs do your clients have related to contraception?
 1860 a. Probe: Do they need more information, can't afford it, don't know where to get it?
 1861 10. What, if any, training have you received in contraceptive counseling?
 1862 a. Probe: What kind of (additional or new) family planning training would you need or
 1863 want?
 1864 11. What, if any, counseling do you provide your clients about contraception and birth control?
 1865 a. Probe: If none, would you be interested in providing family planning counseling in the
 1866 future?

1867 *VI. Abortion Care Counseling Questions for abortion doulas*

- 1868 12. Why did you become an abortion doula?
 1869 a. Probe: What kind of additional, or new abortion training would you like to receive?
 1870 13. Can you describe in more detail the services you provide as an abortion doula?
 1871 14. Where do you provide abortion services?
 1872 15. What are the benefits of having an abortion doula?
 1873 16. How do you feel you are perceived from the larger prenatal, birth, and postpartum doula
 1874 community?
 1875 17. How do you think abortion care providers perceive you as an abortion doula?
 1876 18. What challenges do you face in providing abortion doula care?

- 1877 a. General probes:
- 1878 i. What are some challenges to building a sustainable doula business?
- 1879 ii. How is your dynamic with your client’s medical care providers?
- 1880 iii. Do you feel there are adequate supports from your doula community?
- 1881 (mentorship opportunities, networking, etc.)
- 1882 b. Probe based on survey answers:
- 1883 i. On your survey you mentioned that you feel marginalized by other health
- 1884 workers because of your decision to work in abortion care. Can you tell me
- 1885 more about that?
- 1886 ii. On your survey, you mentioned that it bothers you if people in your
- 1887 community know that you work in abortion care. Can you tell me more about
- 1888 that?
- 1889 iii. On your survey, you mentioned that you feel abortion clients use you as an
- 1890 emotional punching bag. Can you tell me more about that?

1891 *VII. Racism and Discrimination Qs for all doulas*

- 1892 19. Can you tell me a time you witnessed or experienced discrimination as a doula?
- 1893 a. Probe based on their survey answers:
- 1894 i. you’ve been watched more closely than others in your work as a doula
- 1895 ii. you’ve been humiliated during your work as a doula
- 1896 iii. you’ve heard racial slurs or ethnic jokes in your work
- 1897 b. General probes:
- 1898 i. Racial discrimination (of yourself or the client)
- 1899 ii. Discrimination because you’re a doula
- 1900 iii. Age discrimination (of yourself or the client)
- 1901 20. How does your race influence the interactions you have with the medical team?
- 1902 a. Probe: Can you provide examples of when you felt your race was a factor in how the
- 1903 medical team treated you?
- 1904 21. How does the race of your client influence your experience with the medical team?
- 1905 22. How does your race influence the interactions you have with your clients?
- 1906 a. Probe: For clients of your race?
- 1907 b. Probe: For clients of a different race?
- 1908 23. What training, if any, did you receive about providing culturally competent care?
- 1909 a. Probe:
- 1910 i. For example, care specific to the needs of a racial/ethnic group?
- 1911 ii. What additional training would you like to receive?

1912 *Client Stories*

- 1913 24. Tell me a story about a time when you had a lot of impact on a client, or when a client had a
- 1914 lot of impact on you.
- 1915 a. Probe: For example, a life-changing story?
- 1916 b. Probe: For example, a story you can’t forget?
- 1917 c. Probe: For example, a story highlighting the value of doulas?
- 1918 25. Describe a time when your doula services impacted maternal and infant health.
- 1919 a. Probe: emotional wellbeing around pregnancy and delivery
- 1920 b. Probe: empowerment during pregnancy and delivery

1921 c. Probe: birth outcomes and complications

1922 *Concluding Questions*

1923 26. How can we improve doula services in Georgia?

1924 a. Probes:

1925 i. Awareness of doula services and their benefits

1926 ii. Reimbursement through insurance

1927 iii. Training

1928 iv. Mentorship

1929 v. Integration into clinical services, improving dynamics with L&D staff (Note:
1930 some do not want it clinically integrated and prefer home births)

1931 27. In an ideal world, what would doula work look like in Georgia?

1932 a. Probe:

1933 i. community health worker models

1934 ii. insurance reimbursement

1935 iii. hospital doulas

1936 iv. community-based doulas

1937 v. partnerships at the state-level and local-level

1938

1939 Do you know any doula in Georgia that provide abortion services and would be interested in
1940 participating in this study?

1941 **12.3 New Participant IDI Guide (Non-Abortion Doula)**

1942 *Opening Questions*

1943 1. Why did you become a doula?

1944 *II. Training*

1945 2. On the survey you mentioned you received X,Y,Z training. Tell me more about your training
1946 experience.

1947 a. Probe:

1948 i. How did you pay for training?

1949 ii. What training have you received around working with diverse populations
1950 including Black, Latinx, non-English speaking, refugee, and LGBTQ clients?

1951 iii. What additional training would you like to receive?

1952 *III. Practice and Clientele*

1953 3. On the survey you mentioned you provided X,Y, and Z doula services (prenatal/birth, post-
1954 partum, etc.). What do those services typically involve?

1955 a. Probe: Can you walk me through your typical services with X clients?

1956 b. Probe: Can you walk me through your typical services with Y clients?

1957 c. Probe: Can you walk me through your typical services with Z clients?

1958 4. How did you build your doula practice?

1959 a. Probe:

1960 i. How did you develop your client base? (social media, word of mouth, website,
1961 established doula practices/programs, physician or midwife referrals)

- 1962 ii. What relationships (maternal health organizations, physician practices,
1963 community doula organizations) helped you start your practice?
1964 5. Where do you provide services?
1965 a. Probe: Are you affiliated with a clinic, hospital, or community-based organization?
1966 Do you go to where the client is receiving care? etc.
1967 6. Are there any demographic groups you wished you could be a doula for but have not been
1968 able to reach?
1969 a. Follow-up: What do you think are the challenges for these groups in accessing doula
1970 services?
1971 b. Follow up: What could make it easier for these groups to access doula services?

1972 *IV. Payment*

- 1973 7. Non-volunteer doulas: On the survey you said you do not work as a volunteer doula. In
1974 general, how do you work with clients to ensure they can afford doula services—if at all?
1975 a. Probe:
1976 i. Do you use a sliding scale?
1977 ii. Do you make referrals to other doulas?
1978 8. Volunteer doulas: On the survey you said you are a volunteer doula. Why did you decide to
1979 volunteer your doula services as opposed to charge for them?
1980 a. Probe: What motivates you to be a volunteer doula?

1981 *V. Doula Roles in Family Planning*

- 1982 9. What needs do your clients have related to contraception?
1983 a. Probe: Do they need more information, can't afford it, don't know where to get it?
1984 10. What, if any, training have you received in contraceptive counseling?
1985 a. Probe: What kind of (additional or new) family planning training would you need or
1986 want?
1987 11. What, if any, counseling do you provide your clients about contraception and birth control?
1988 a. Probe: If none, would you be interested in providing family planning counseling in the
1989 future?

1990 *VI. Abortion Care Counseling Questions for non-abortion doulas*

- 1991 12. What needs do your clients have related to abortion care counseling?
1992 13. What, if any, training have you received in abortion care counseling?
1993 a. Probe: What kind of additional or new abortion care training would you need or want?
1994 14. What, if any, counseling do you provide to your clients regarding abortion services?
1995 a. Probe: If none, would you be interested in providing abortion services counseling in
1996 the future?
1997 15. There are some doulas that provide abortion care services to their clients. How do you feel
1998 about these abortion doulas?
1999 a. Probe: How does the larger doula community perceive abortion doulas?
2000 16. Prenatal/birth doulas: What happens if your birth/prenatal doula client experiences
2001 complications during a pregnancy?
2002 a. Probe:

- 2003 i. A miscarriage
- 2004 ii. Decides to terminate their pregnancy
- 2005 iii. Stillborn or dies shortly after birth

2006 *VIII. Challenges*

- 2007 17. What is the most challenging part of your job as a doula?
- 2008 a. Probes
- 2009 i. What are some challenges to building a sustainable doula business?
- 2010 ii. How is your dynamic with your client’s medical care providers?
- 2011 iii. Do you feel there are adequate supports from your doula community?
- 2012 (mentorship opportunities, networking, etc.)

2013 *IX. Racism and Discrimination Questions*

- 2014 18. Can you tell me a time you witnessed or experienced discrimination as a doula?
- 2015 a. Probe based on their survey answers:
- 2016 i. you’ve been watched more closely than others in your work as a doula
- 2017 ii. you’ve been humiliated during your work as a doula
- 2018 iii. you’ve heard racial slurs or ethnic jokes in your work
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Under Review