

Centering the Voices of BIPOC Birthworkers

A Review of Recent
Data on Connecting
BIPOC
Birthworkers

Executive Summary

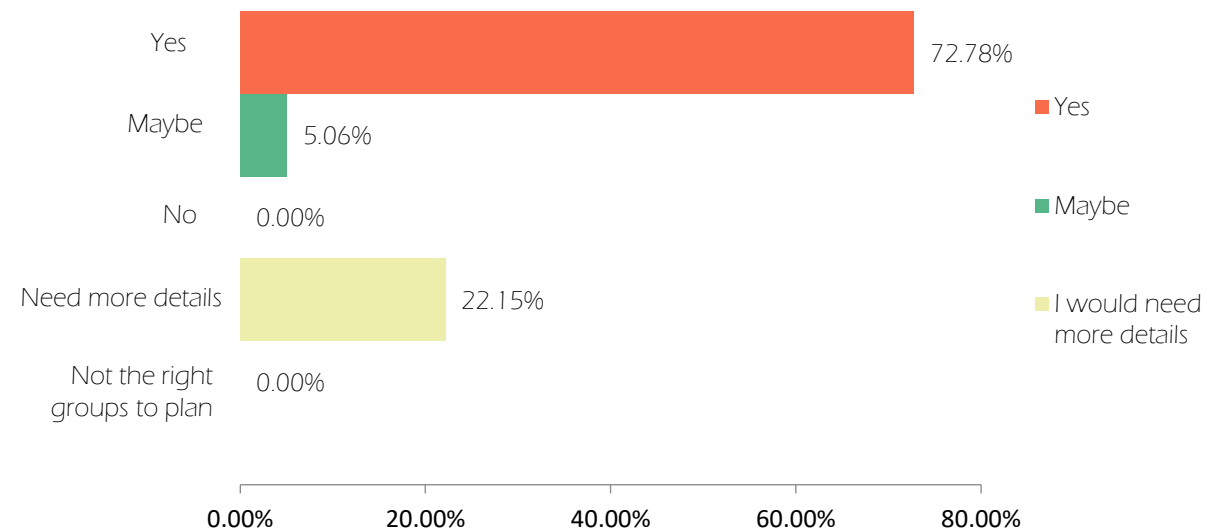
In June 2020 a diverse group of BIPOC (Black, Indigenous and People of Color) stakeholders (consisting of birthworkers, birth advocates, midwives and researchers) began discussing and examining the possibility of having a national convening for birthworkers of color. Stakeholders began to explore in what capacity would BIPOC birthworkers be interested in and preferences (in-person, online, hybrid, etc.) for attending an event sponsored by Elephant Circle, The National Association to Advance Black Birth (NAABB) and The National Black Midwives Alliance (NBMA).

This project was supported by Elephant Circle, The National Association to Advance Black Birth (NAABB) and The National Black Midwives Alliance (NBMA), with financial support from Groundswell Fund. Committee stakeholders decided to collect data on the birthworker population throughout the continental U.S., Hawaii Islands, and U.S. territories. A 37-item survey was designed and distributed using various social media platforms, and in partnership with birth and reproductive justice organizations. The survey was launched August 8th, 2020 and responses were collected through February 11th, 2021.

Survey responses provided insights relating to the initial question regarding interest in attending an event for BIPOC birthworkers, but also expanded beyond this scope to understand the BIPOC birthworker population, their experiences in the field, and the circumstances in which they provide birth support services. Survey outcomes also provided a comprehensive overview of the BIPOC birthworker demographics giving insights into the regional culture, challenges, and opportunities for BIPOC birthworkers.

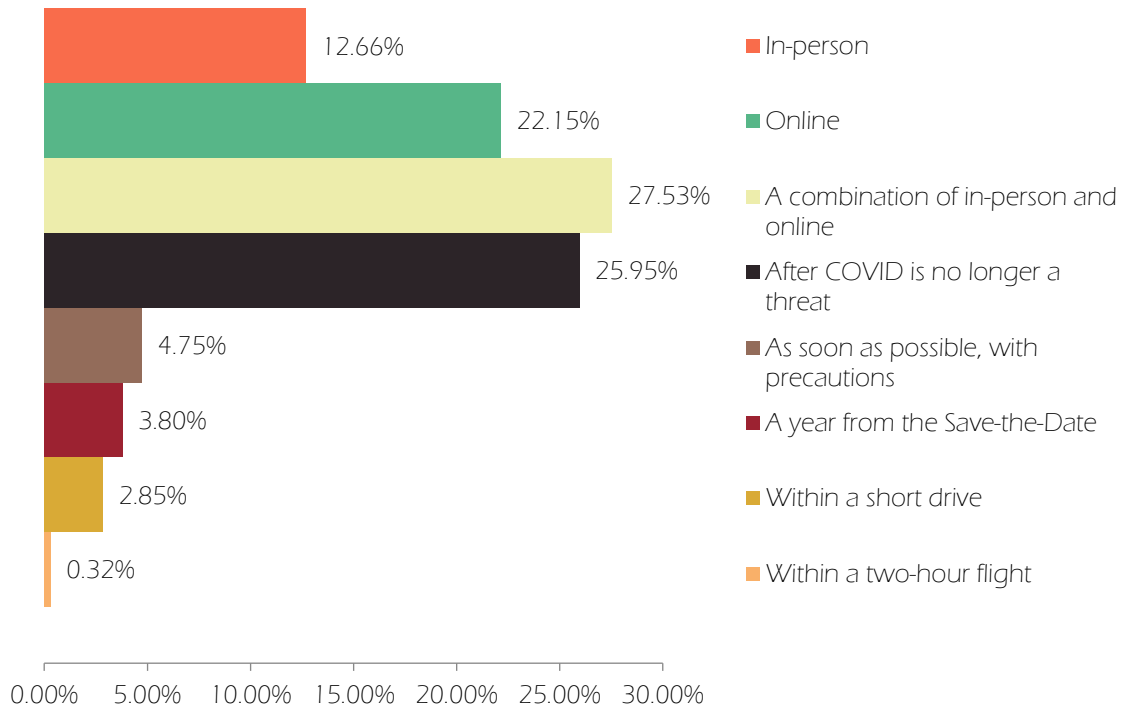
When asked ‘If Elephant Circle, the National Association to Advance Black Birth, and the National Black Midwives Alliance were to plan an event, would you be interested in attending?’, survey respondents indicated strong interest (over 70%) in participating. No survey participant responded ‘no’.

If Elephant Circle, the National Association to Advance Black Birth, and the National Black Midwives Alliance were to plan an event, would you be interested in attending?



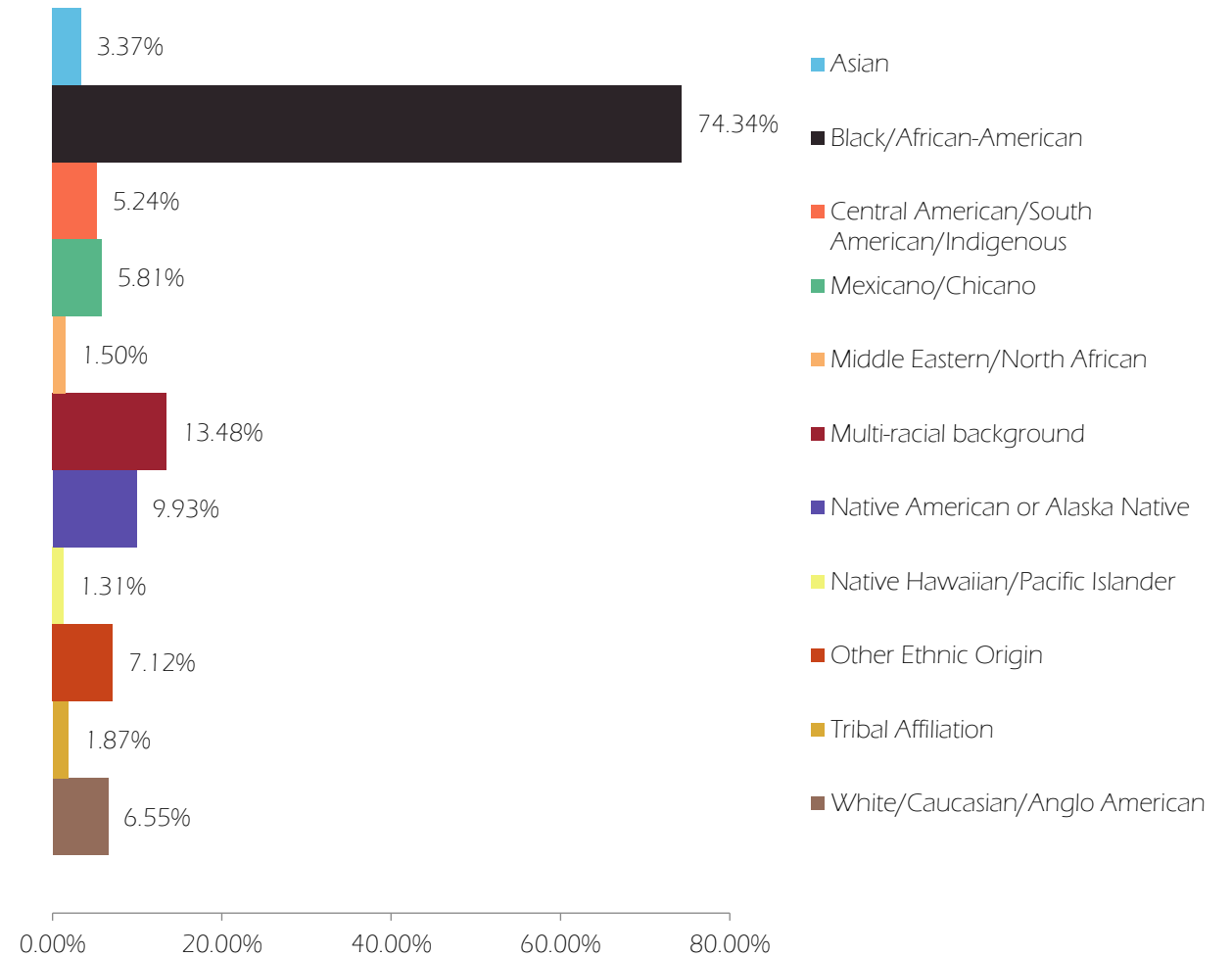
Survey respondents also indicated a preference for a combination of in-person and online options for attending the event when asked 'If Elephant Circle, the National Association to Advance Black Birth, and the National Black Midwives Alliance were to plan an event would you prefer it be...'.

If Elephant Circle, the National Association to Advance Black Birth, and the National Black Midwives Alliance were to plan an event would you prefer it be:



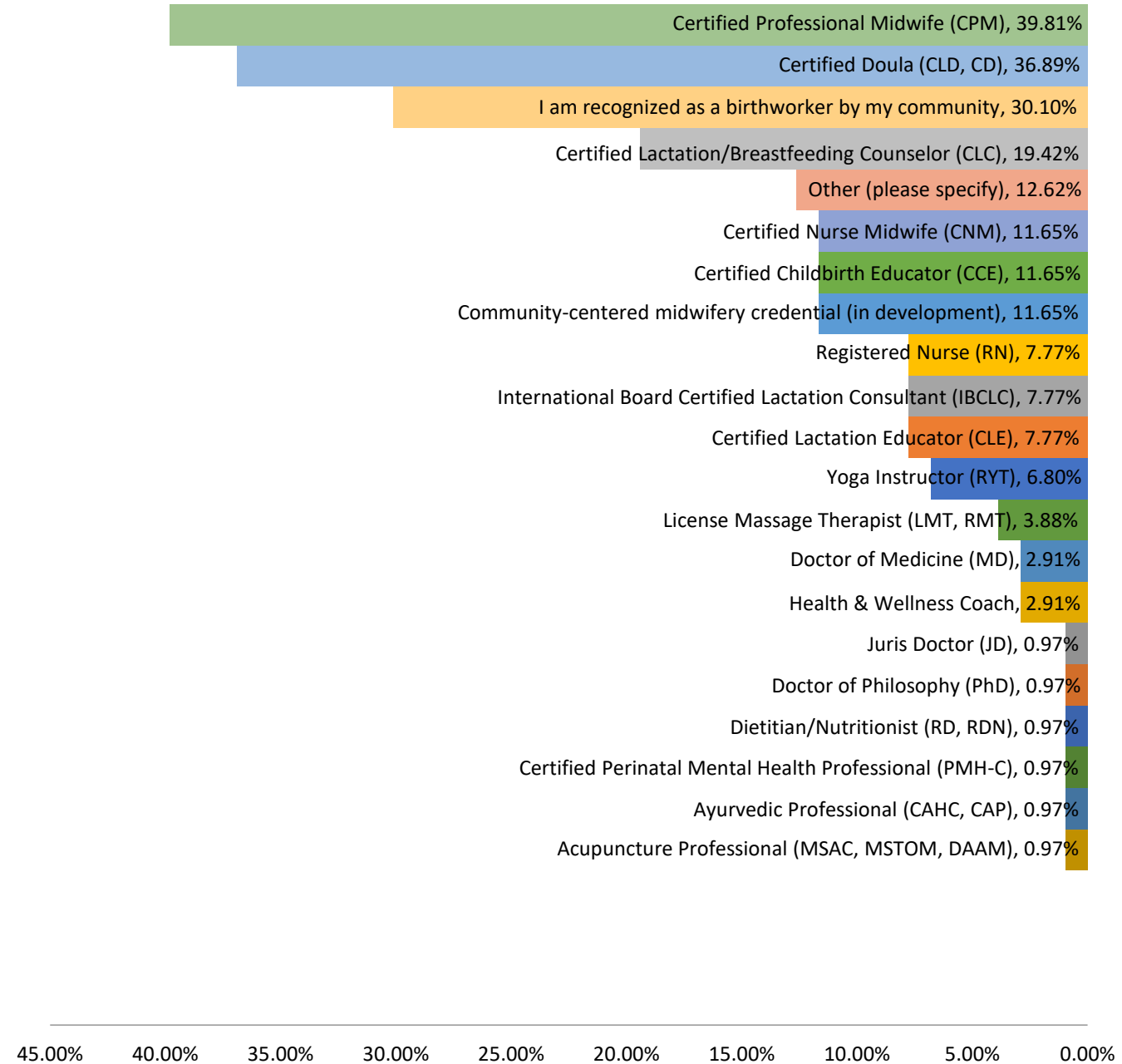
The following represents the ethnic origins of the surveyed population.

Select the best description you most identify with:
(Select all that apply)

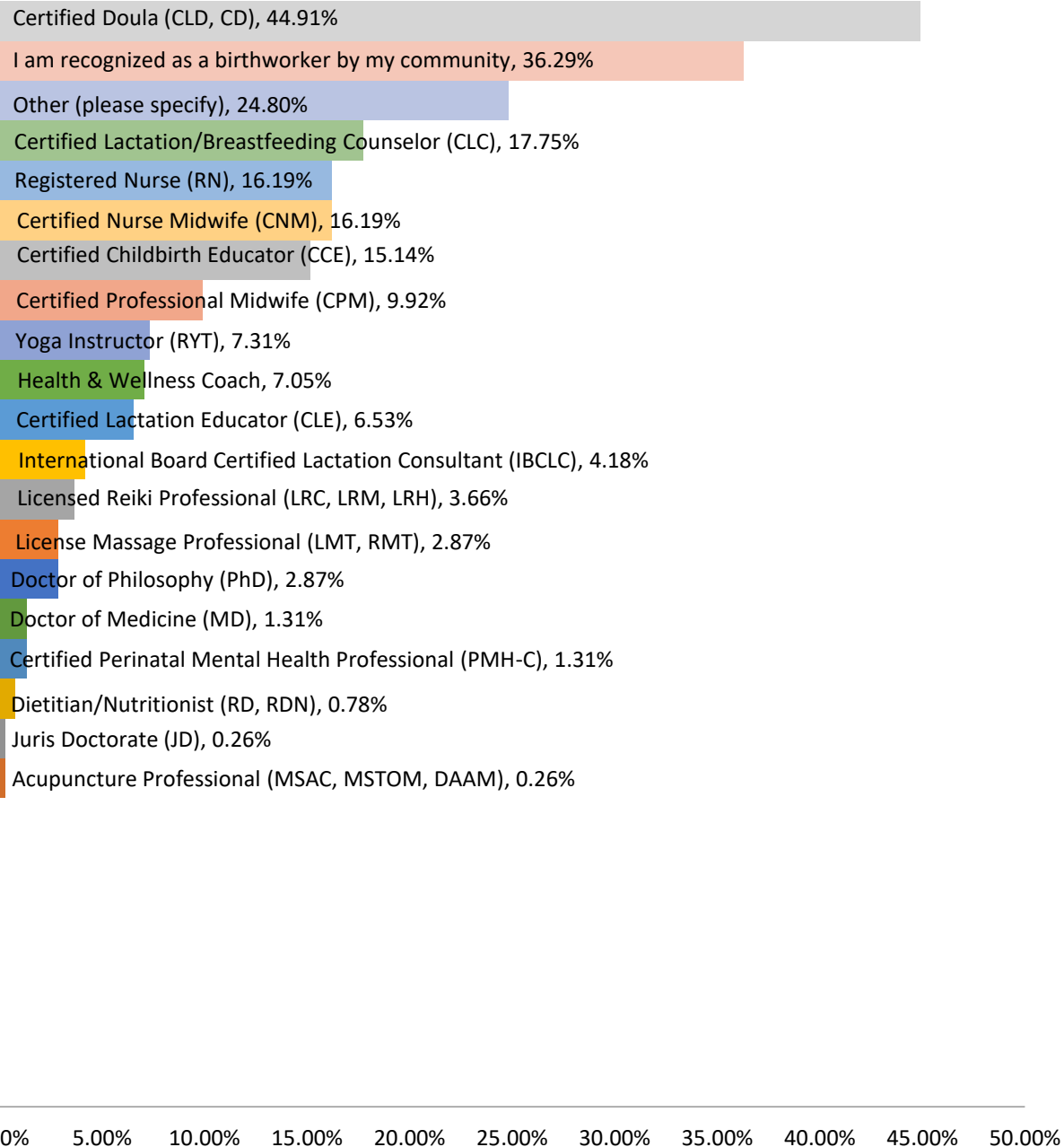


Actively Pursuing Credential(s)/Degree(s)

Most survey respondents reported pursuing credentials as a Certified Professional Midwife, followed by Certified Doula, with over 30% recognized as birthworkers within their communities. The chart continues to show birthworkers pursuing credentials in other fields of birthwork.

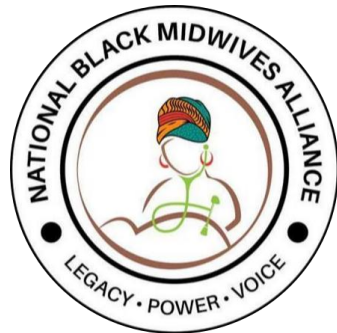


Current Credential(s)/Degree(s) Held for Birthwork

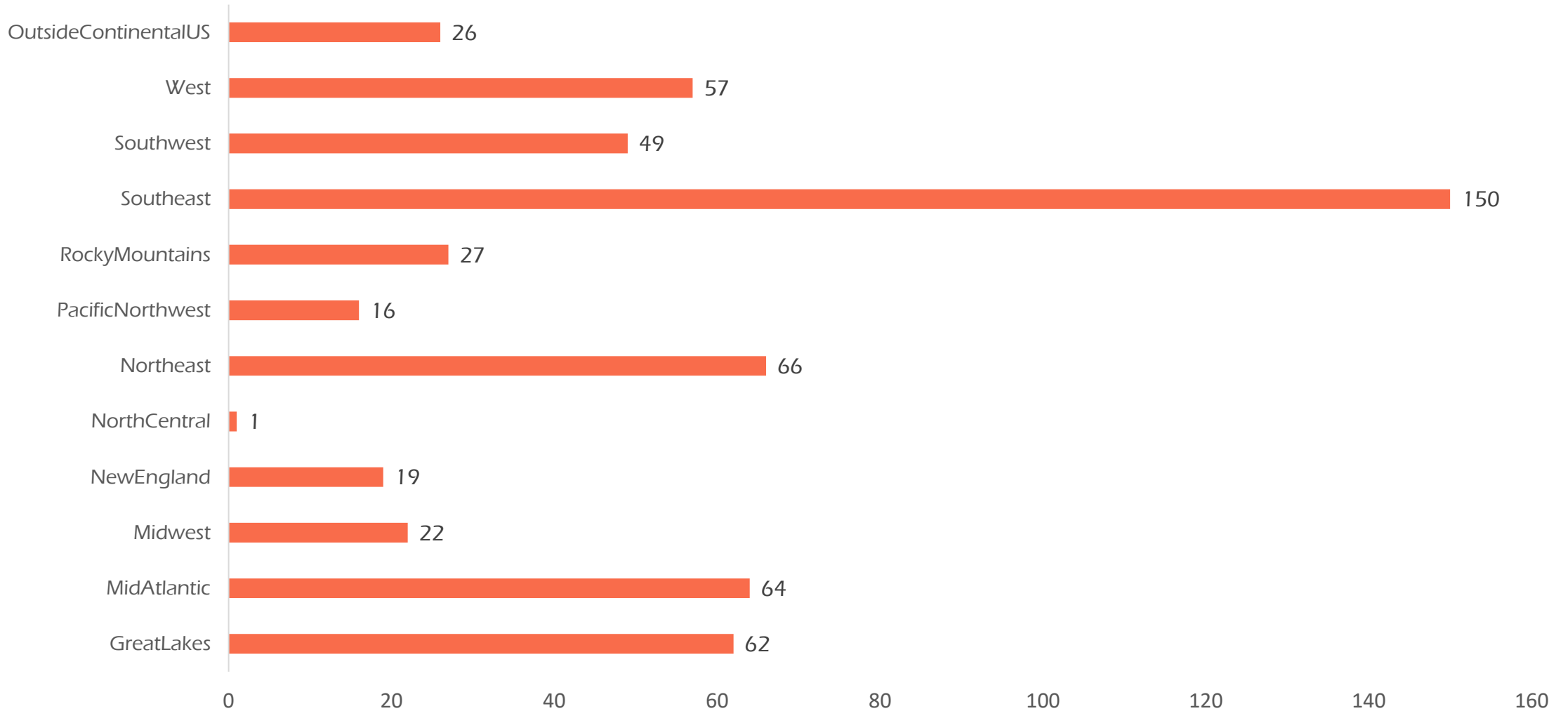


Most survey respondents reported holding a certified doula certification (44.91%) and being recognized as a birthworker within their communities (36.29%). Other credentials and degrees varied widely in the areas of M.Ed, DEM, O.T., Death Guide, Herbalist, Unlicensed Birthworker, Spinning Babies practitioner, Monitrice and more.

This summarized report is intended to provide an overview of the data collected and insights for next steps in the planning process. Additional reports will follow on a rolling basis that will help give actionable insights to help organize engagement at local levels. The remaining sections of this report provide deeper information into the regions, gender, age groups and analysis on the open-ended question ‘What has worked well in your connections with other BIPOC birthworkers?’. Categories were identified and organized into themes based on region by ethnicity, age range, and gender. Definitions of categories can be found in the appendix section of the report. A special thank you to all participants—this much needed work and opportunity would not be possible without you. Thank you for all the work you do. We are also grateful for the generosity of Groundswell Fund in support of this project and providing visibility to BIPOC birthworkers.



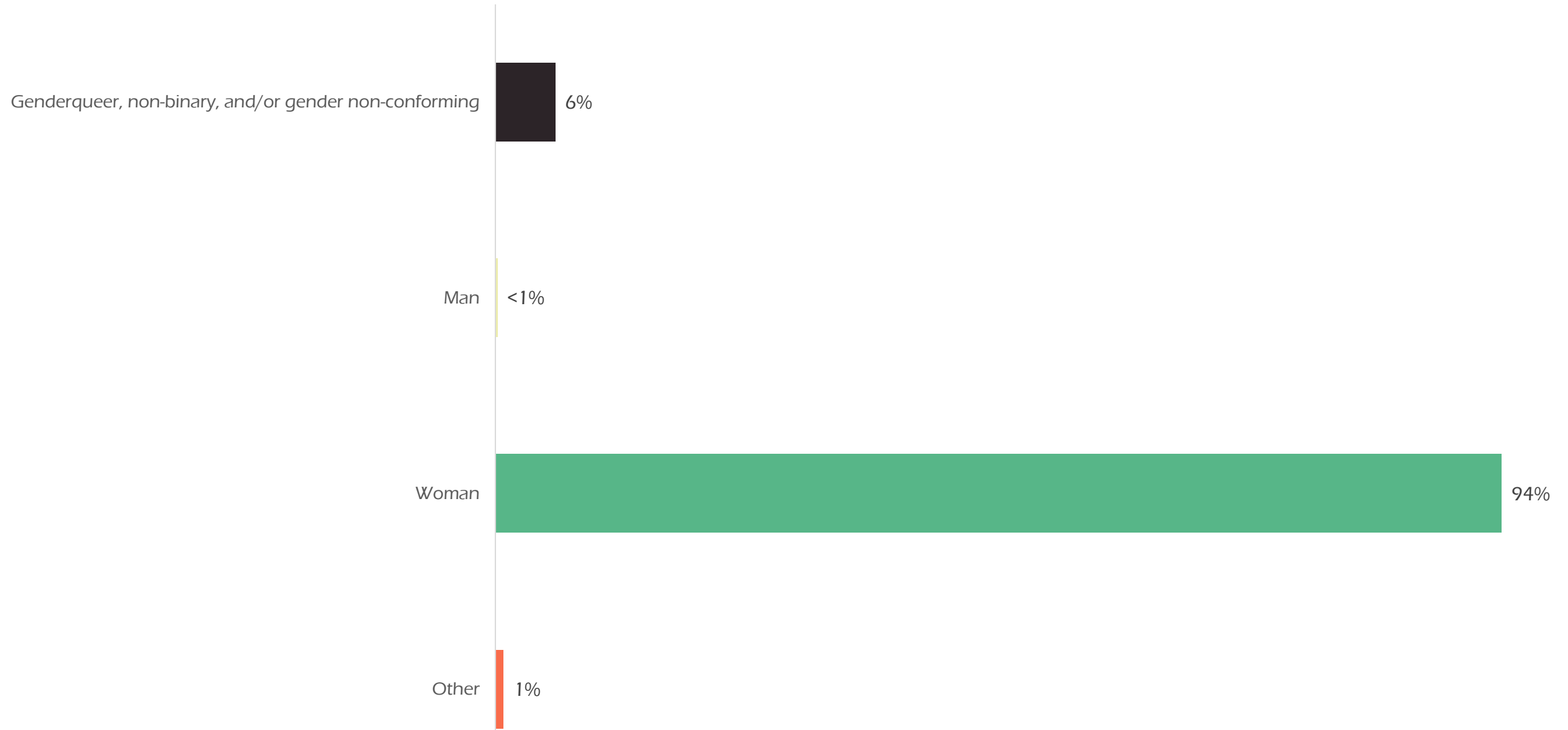
Responses by Region



n = 530

Note: some respondents self reported residing in more than one region

Gender Distribution



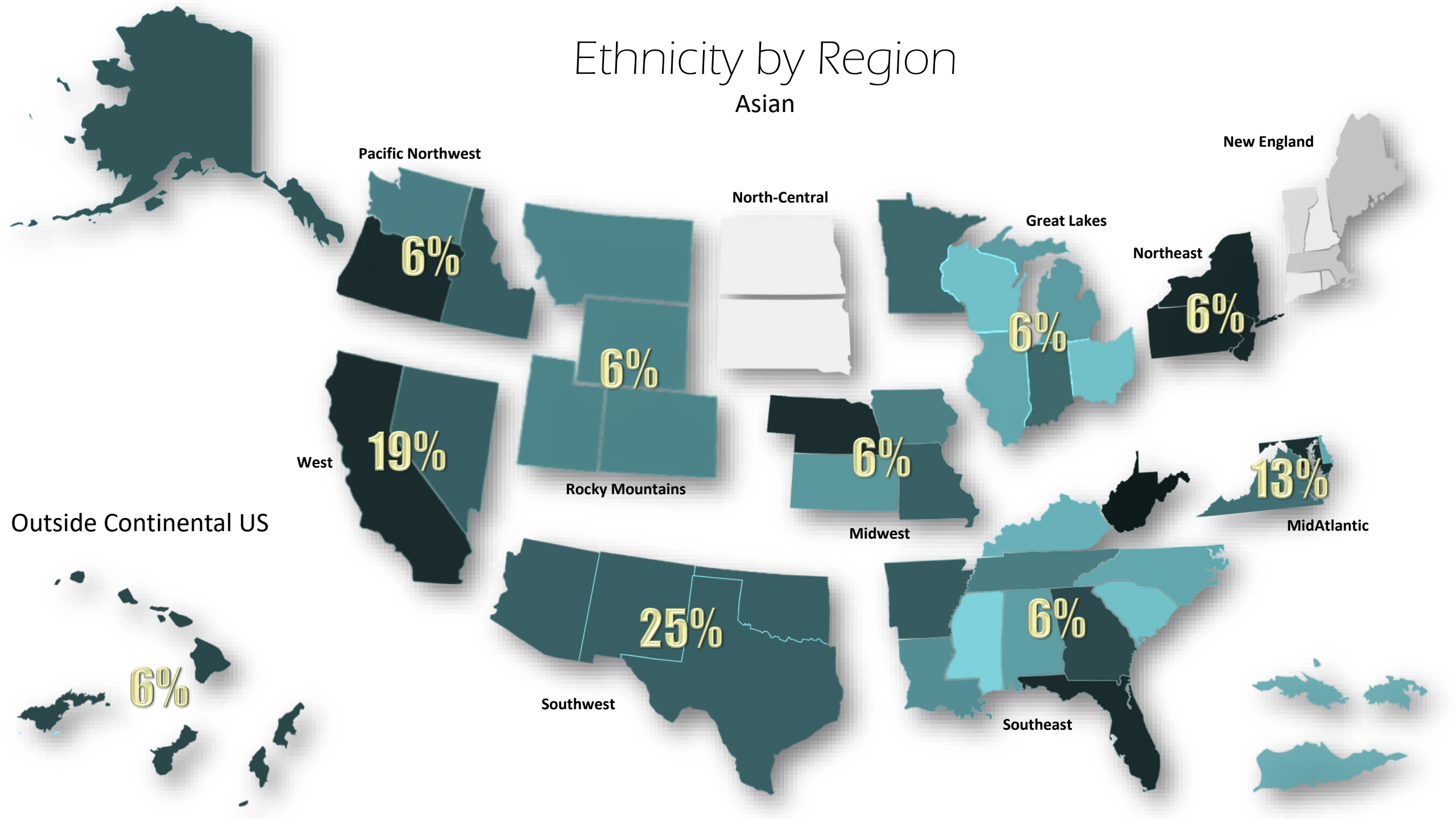
Other gender category also inclusive of Genderfluid Femme, Questioning, NonBinary Trans Person, & -

Ethnic Group Distribution

The following section breaks down survey responses by ethnic group. Respondents could select more than one designation. Data relating to Hispanic/LatinX/Latino and non-Hispanic/LatinX/Latino designations are currently being distilled and will be reported in later distribution.

Ethnicity by Region

Asian



What Brought Me to Birthwork

Asian



I started as a doula 12 years ago and continued towards midwifery.

Always wanted to work in health. Drawn to birth after witnessing my aunt have a stillbirth in my ancestral village.

Through my desire to be more involved in reproductive justice movements
Innate interest in studying body processes relates to reproduction, supporting families through reproductive stage

Gave birth, it was awesome, trained as a doula.

My own birth and accompanying primarily undocumented women having experienced family and obstetric violence

Working and connecting and trying to connect with other VIPOC CNMs in my state
Through my own birth experience, I wanted to become a support person who will accompany a birthing person throughout that person's pregnancy, labor and postpartum period.

Through my own birth at home

I've been applying to different school programs since 2017 but I knew that I wanted to work toward midwifery since 2010. I took a DONA doula class as part of the school application requirements and then the school shut down. I did a brief apprenticeship in 2018/2019 and am currently in school now with a side business as a doula.

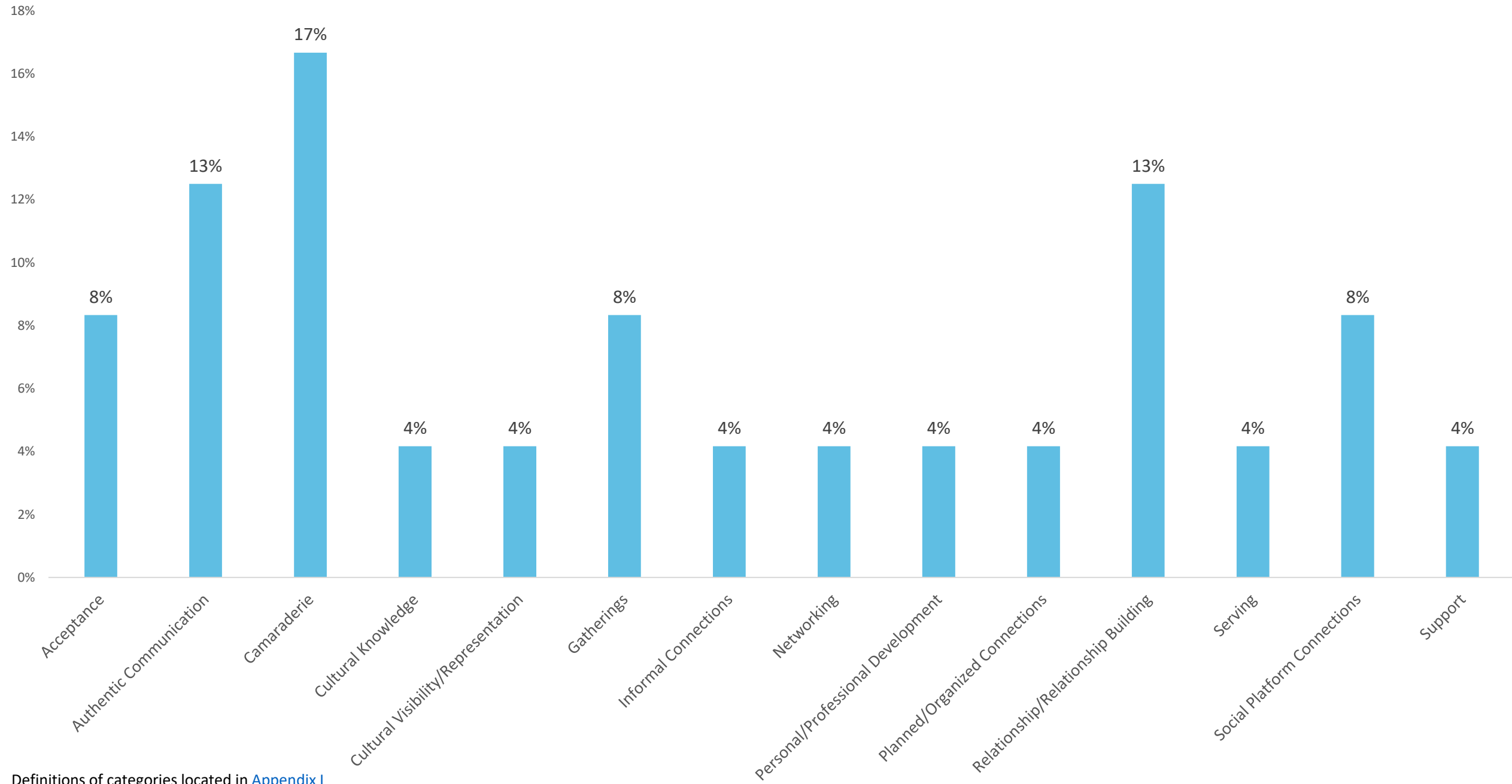
I certified as a yoga instructor and felt called to serve birthing parents

I became connected to birth work after having my own children.
through reproductive justice, adoptee justice, & QTPOC parent work

In short, I first learned of doulas in a women and gender studies class at NYU. I became pregnant a year later (2000) and hired a doula. Have been working in the field in some capacity ever since.



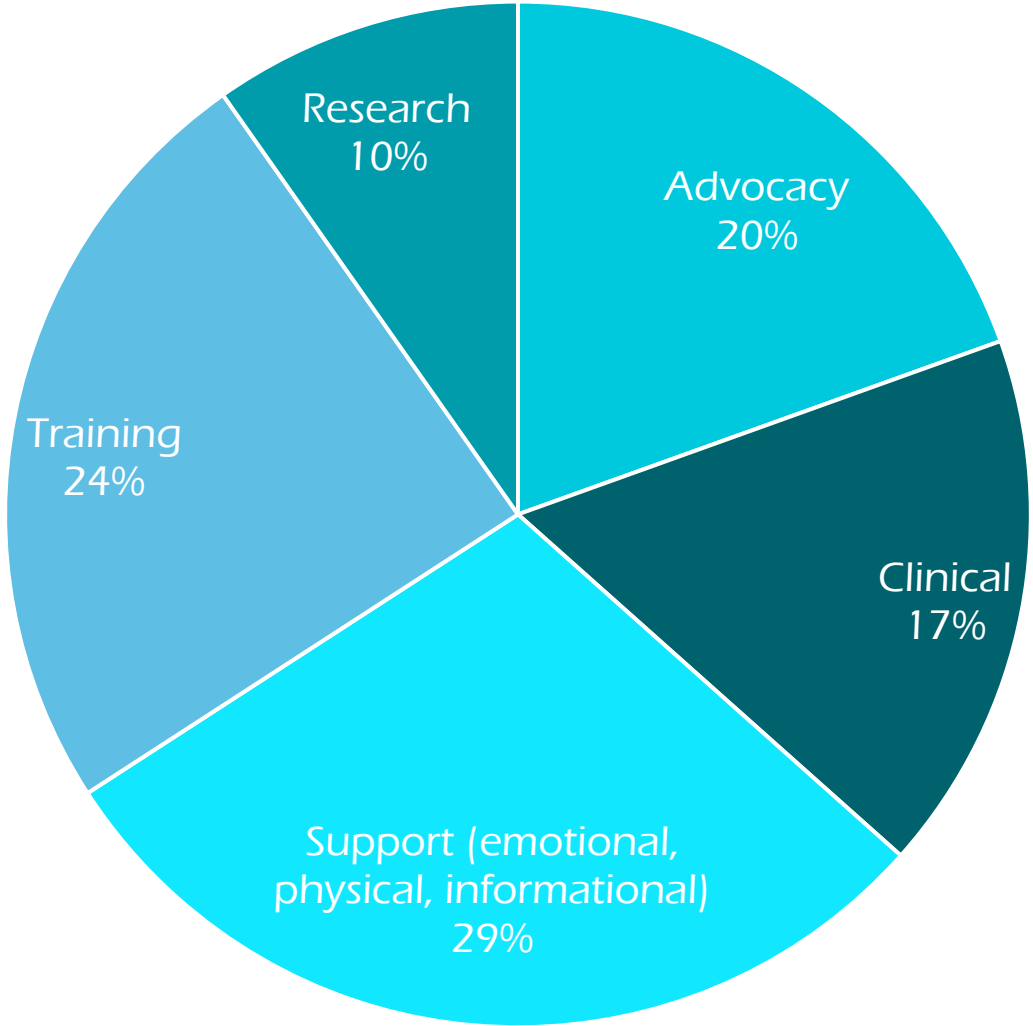
What has Worked Well for BIPOC Connection Asian Community



Definitions of categories located in [Appendix I](#)

Type of Birthwork

Asian
n=14

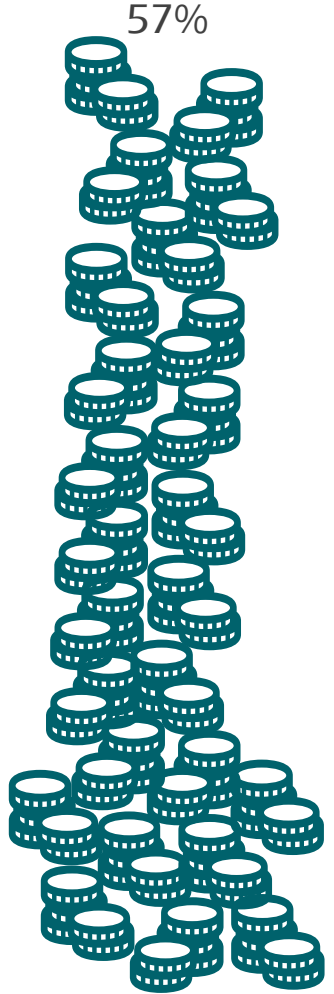


Volunteer & Compensated Birthworkers

Asian



Uncompensated Volunteer Birthworker



Compensated Birthworker



Both Uncompensated and Compensated Birthworker

Currently Pursued Credentials to Provide Birthwork Services

Asian

Certified Professional
Midwife



83%

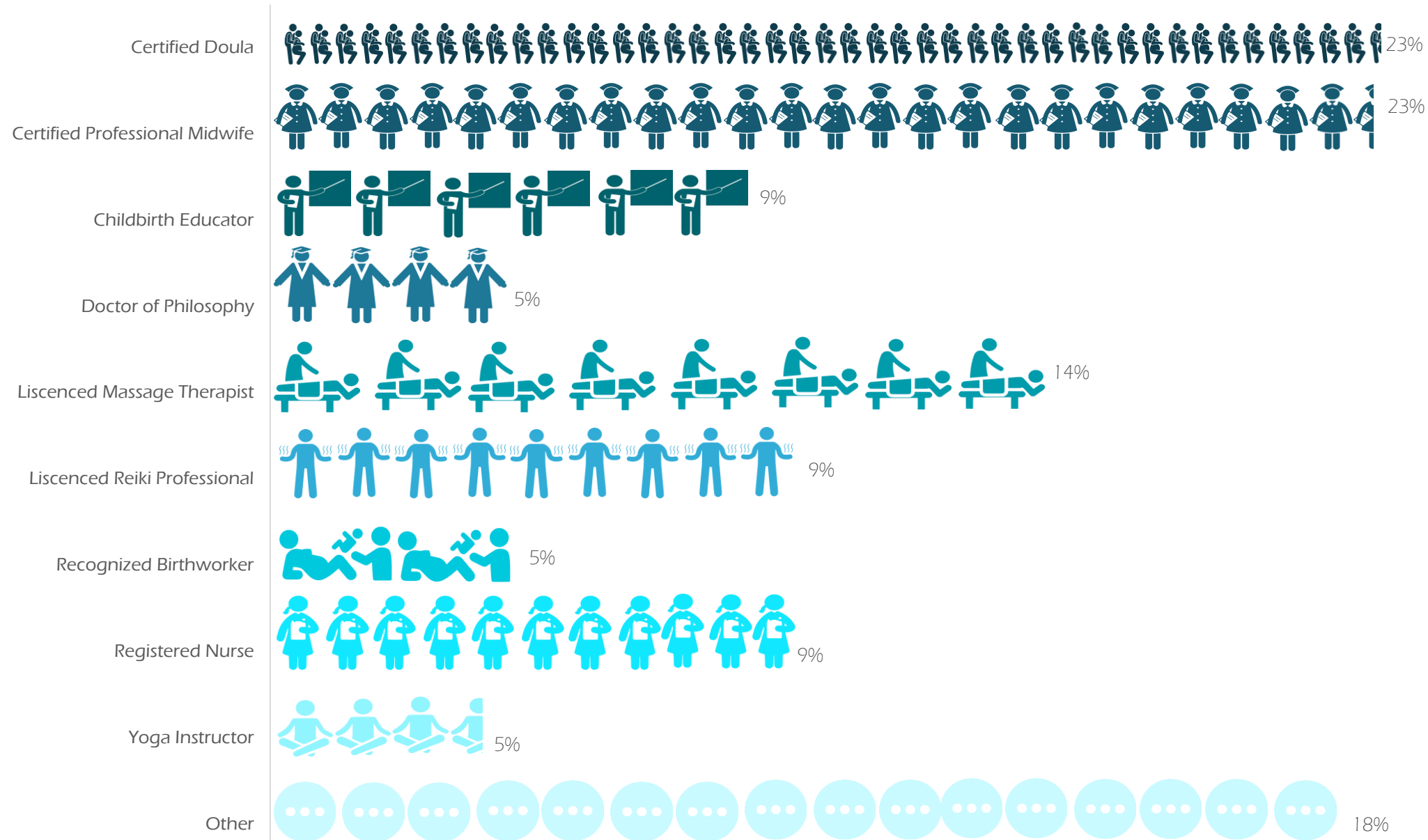
Nurse Practitioner



17%

Held Credentials for Providing Birthwork Services

Asian



*'Other' category included credentials in MBS, MSW, MPH, and RSMT

Demographic Locations Served

Asian

Rural



18%

Urban



64%

Both



18%

How Often Engaged in Birthwork Asian

Once or
more than
once a Week



50%

Once
a
Month



29%

Once
per
Quarter



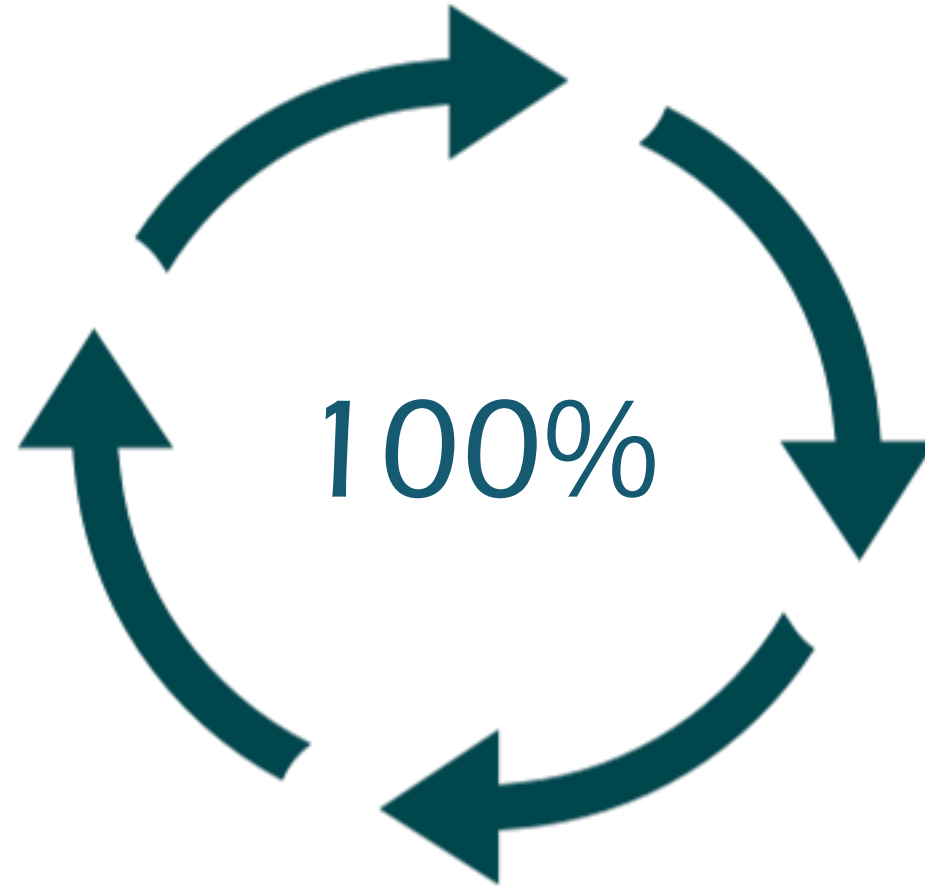
14%

Once
in the
Year



7%

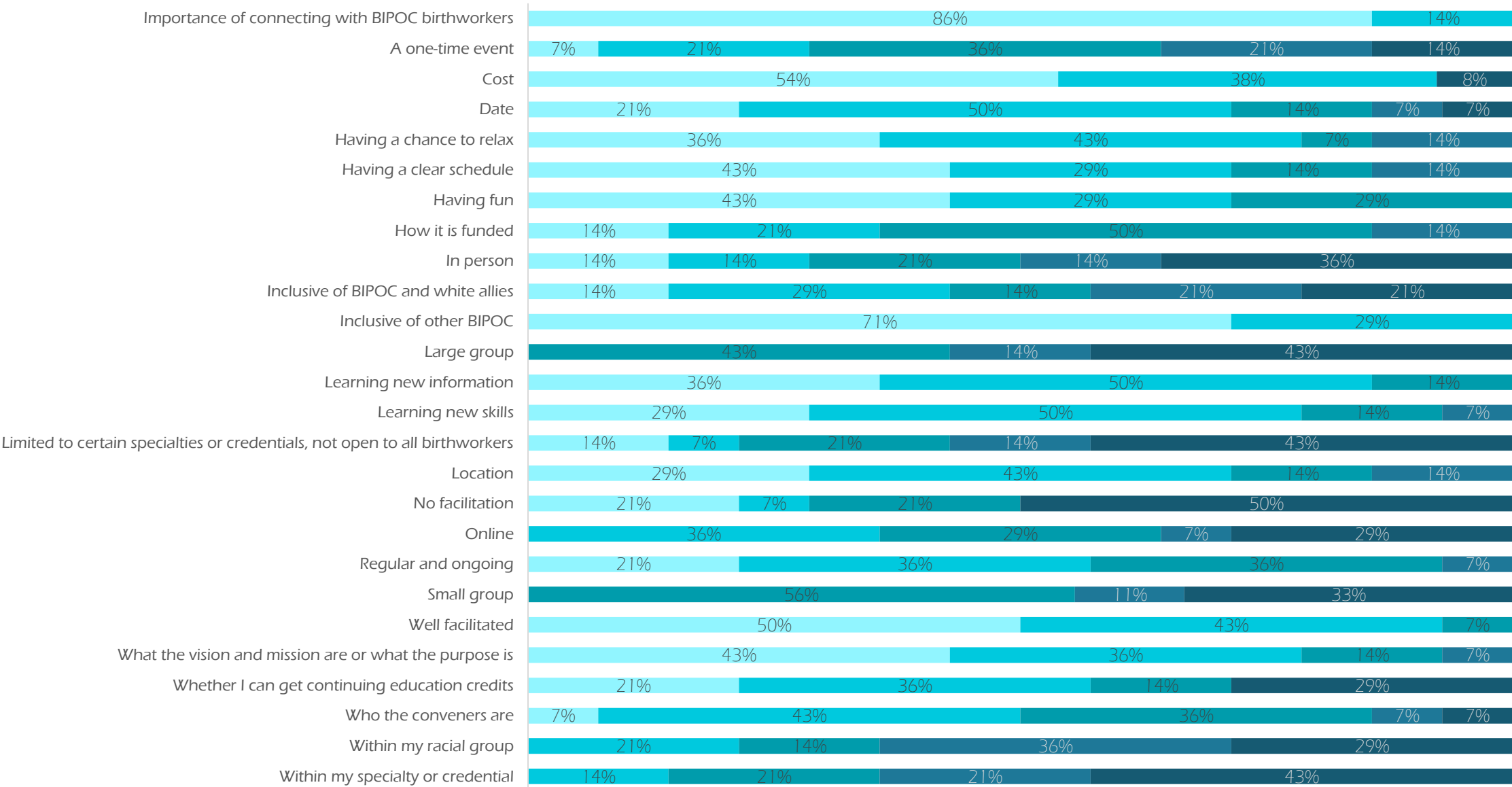
Will Continue Birthwork in the Next Year
Asian



Important Factors when Connecting with BIPOC Birthworkers

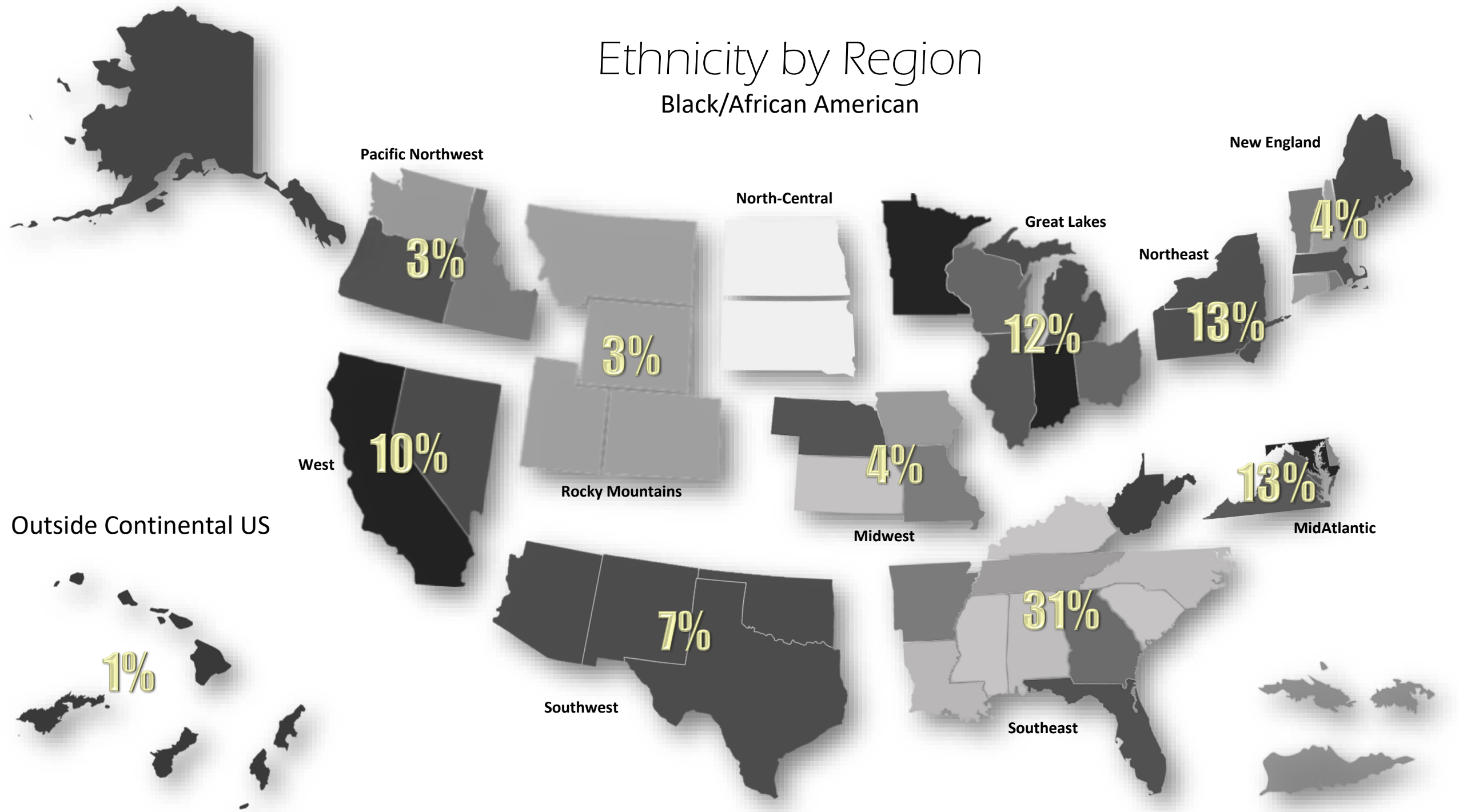
Asian

Very important Important Fairly Important Slightly important Not important



Ethnicity by Region

Black/African American





What Brought Me to Birthwork Black/African American

Experience and research

My mentor, Toni Hill

Found out about doulas through an article about Erykah Badu a few years ago. Now I'm a part of Atlanta doula collective and working on my MPH focusing on cannabis use during pregnancy and postpartum.

Midwife S. Monroe

My sister

Nubia Earth Martin opened doors for me that I didn't even see within my horizons. Through reaching out to her I became a trained postpartum doula and ventured into becoming a breastfeeding peer counselor/CLC trained, placenta encapsulation specialist, yoga teacher, birth photographer, and a student midwife.

To empower, educate and assist birthing people of color.

Through a training program called Mamatoto Village

Giving birth to my daughter was an initiation to my work. Through my postpartum healing my calling was revealed to me. I've had a lot of resistance to doing this work in terms of worthiness and emotional capacity. It was this year and particularly this last few months that I've begun to align myself with being of service to birthing people. I'm currently a student herbalist focused on postpartum and pregnancy as well as doing my doula studying with Sumi's touch. I hope to launch my practice a virtual doula this next year. Focused primarily on birthing couples feeling empowered and strong as a unit.

Reproductive justice for black women

I had the experience of having 2 Doulas with one of my pregnancy and realized I didn't want to have any more children but I wanted to be involved in birth work and this was the route I connected to most.

I have always loved how the female body can grow a human. As an OT, I wanted to improve developmental outcomes for families.

Black women of ACNM

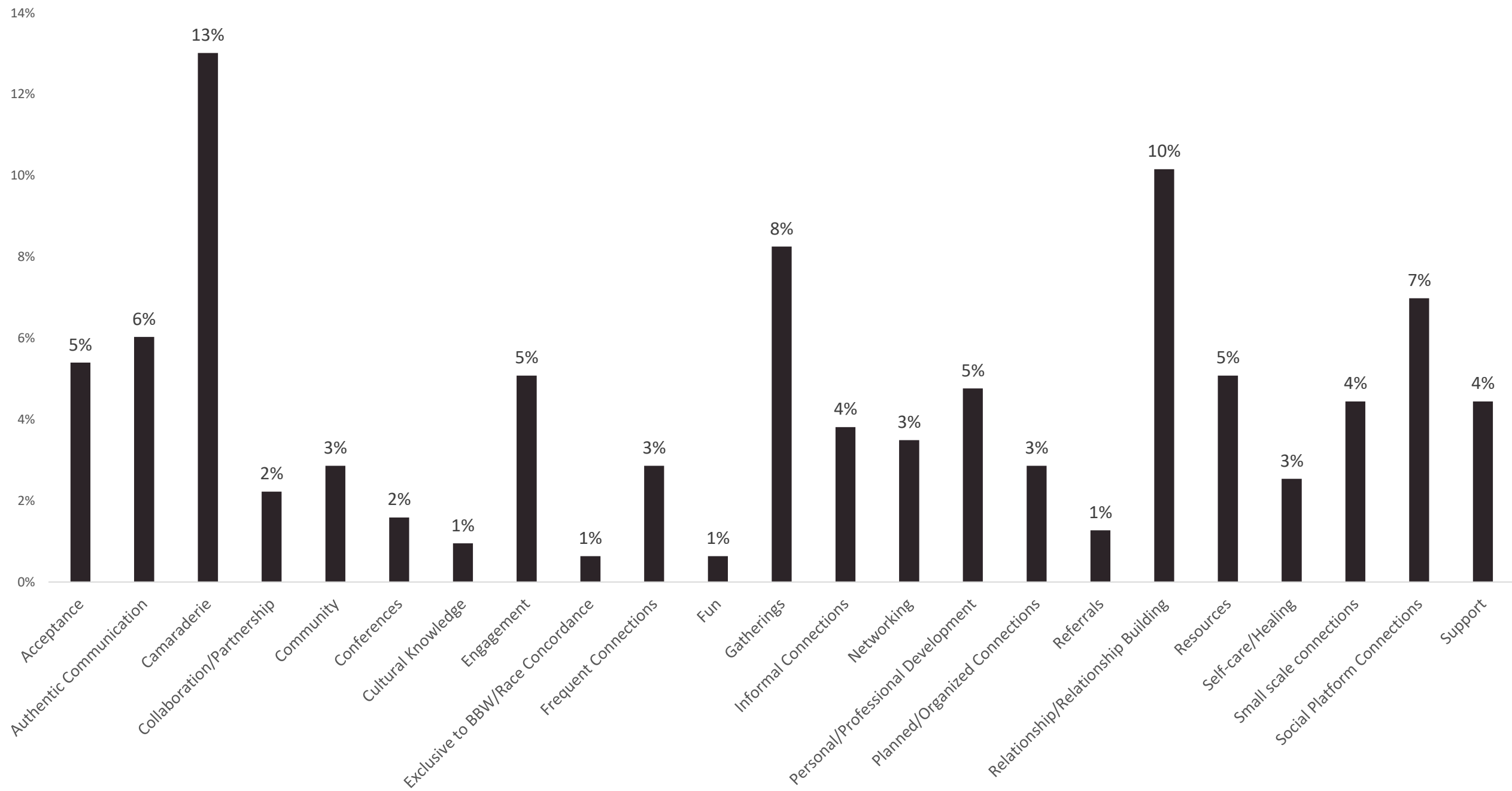
As an anthropologist studying birth in the United States, then as a traditional doula after giving birth to my son

I saw a lot of women in my community needing this service but could not afford.

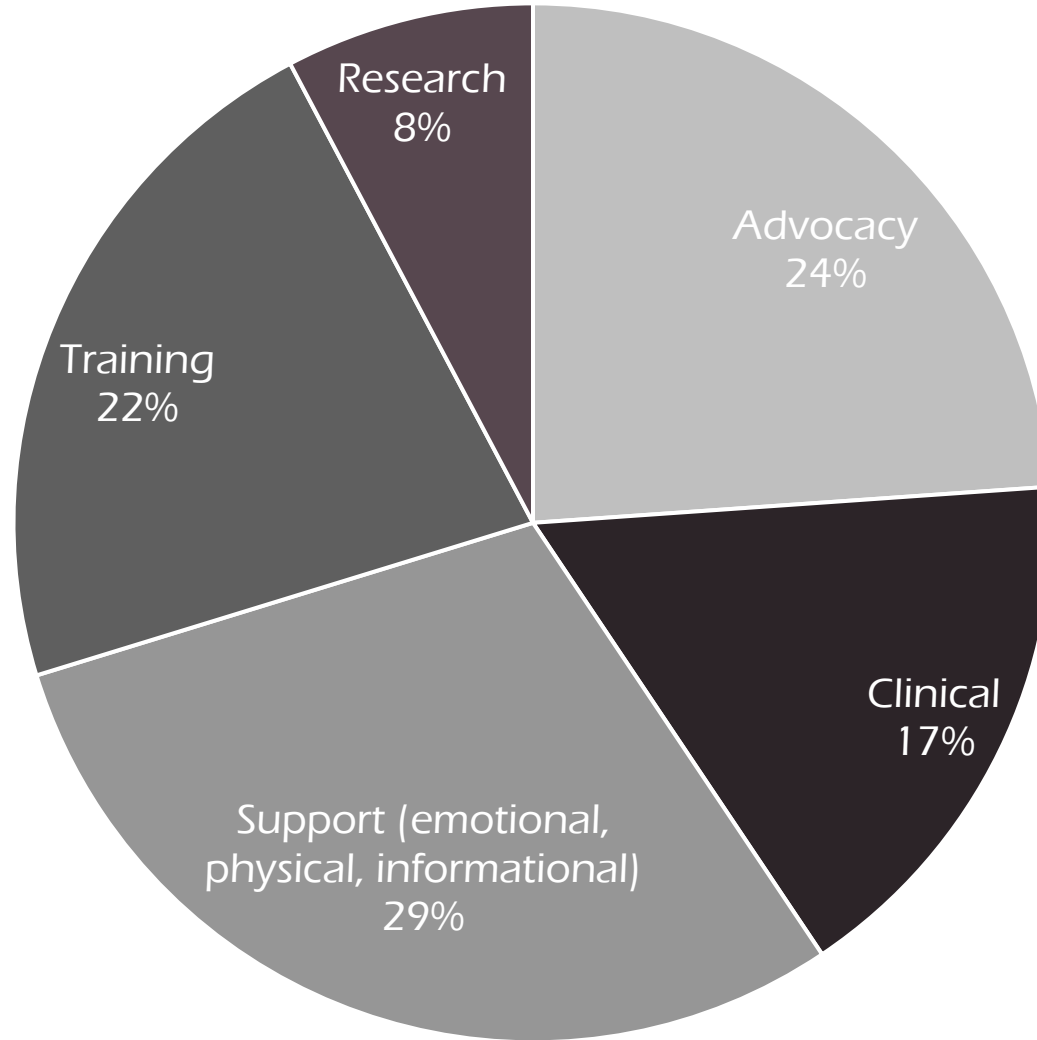
After the loss of my first child, the support of a doula was invaluable. I wanted to provide that support.



What has Worked Well for BIPOC Connection Black/African American Community



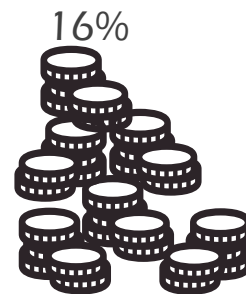
Type of Birthwork
Black/African American
n=394



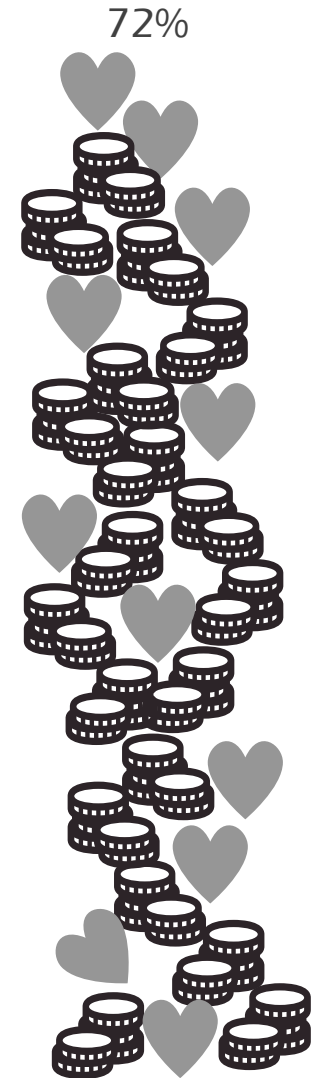
Volunteer & Compensated Birthworkers Black/African American



Uncompensated Volunteer Birthworker

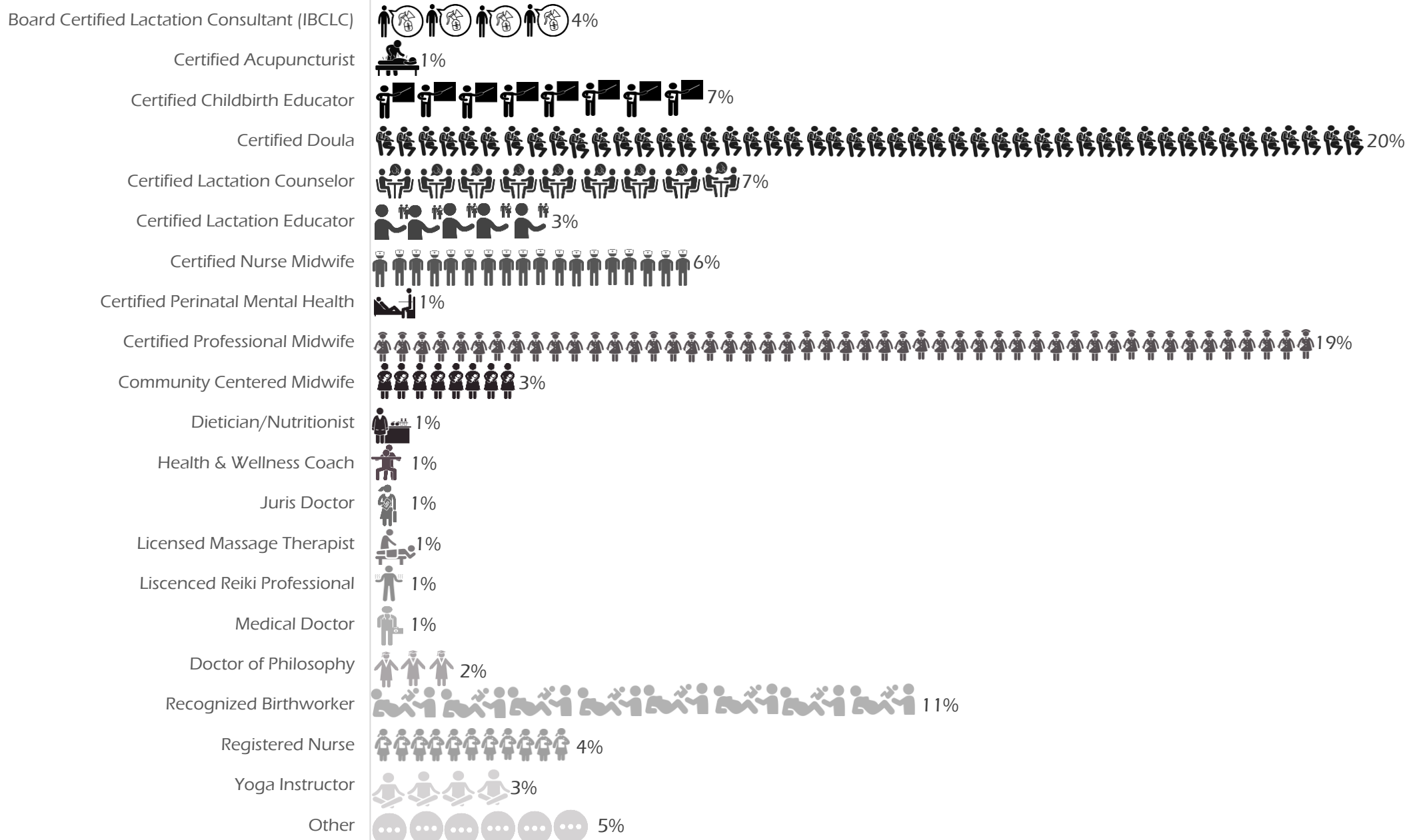


Compensated Birthworker



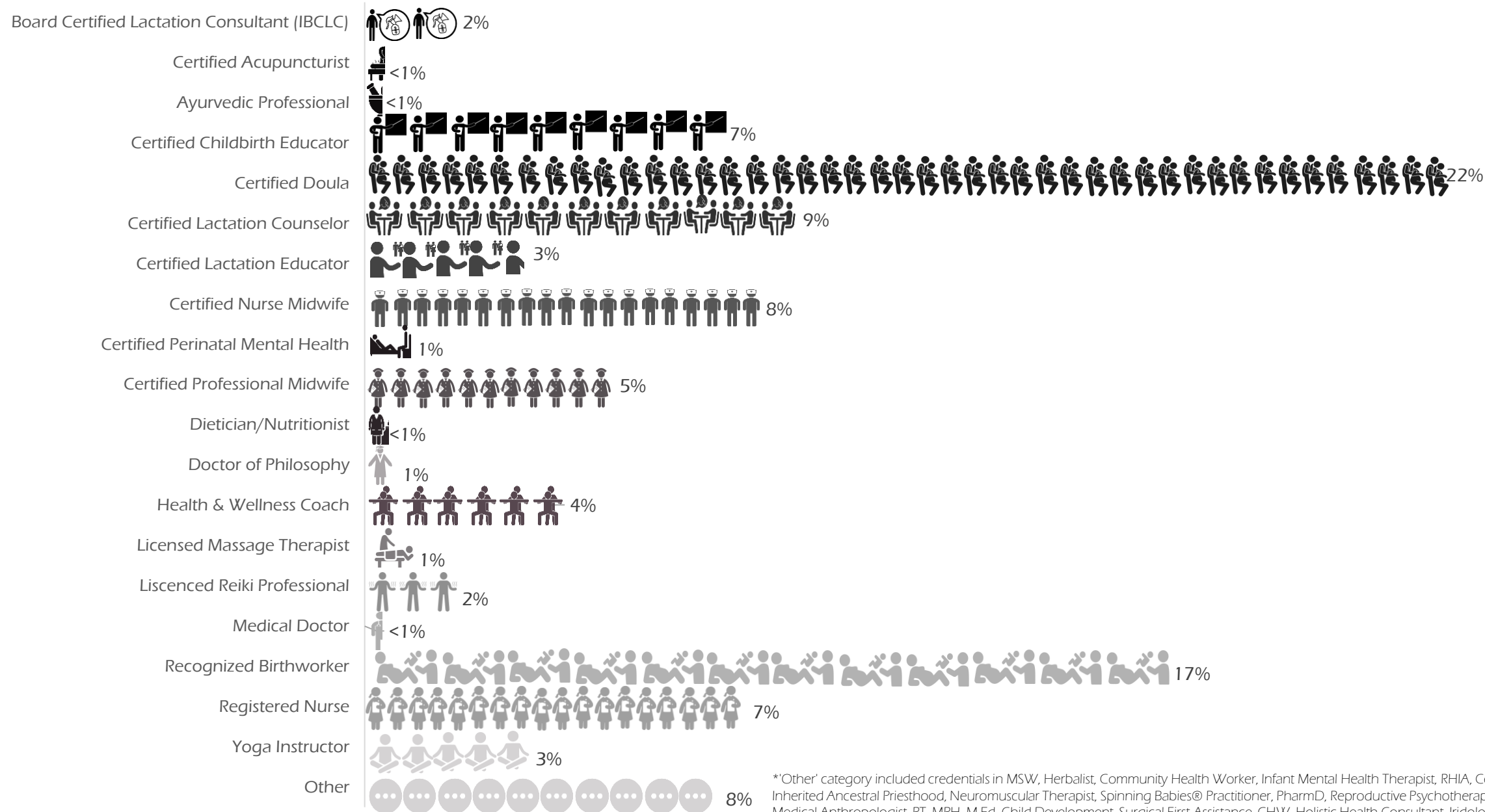
Both Uncompensated and Compensated Birthworker

Currently Pursued Credentials to Provide Birthwork Services Black/African American



*'Other' category included pursuing credentials in Postnatal Care Specialist, Death Guide, MSE, OT, Midwifery Assistant, Spinning Babies Practitioner, Herbalist, DPH, EMT

Held Credentials for Providing Birthwork Services Black/African American



*'Other' category included credentials in MSW, Herbalist, Community Health Worker, Infant Mental Health Therapist, RHIA, Cert, Mental Health First Aid, Inherited Ancestral Priesthood, Neuromuscular Therapist, Spinning Babies® Practitioner, PharmD, Reproductive Psychotherapist., BF Peer Support Lead, Medical Anthropologist, PT, MPH, M.Ed, Child Development, Surgical First Assistance, CHW, Holistic Health Consultant, Iridologist, Kinesiology, Biology

Demographic Locations Served

Black/African American

Rural



20%

Urban



62%

Both



18%

How Often Engaged in Birthwork
Black/African American

Once or
more than
once a Week



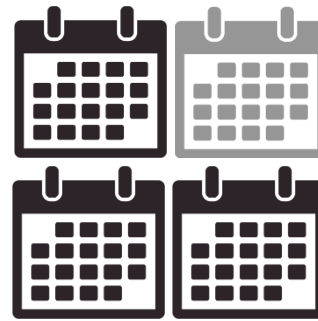
65%

Once
a
Month



11%

Once
per
Quarter



12%

Once
in the
Year

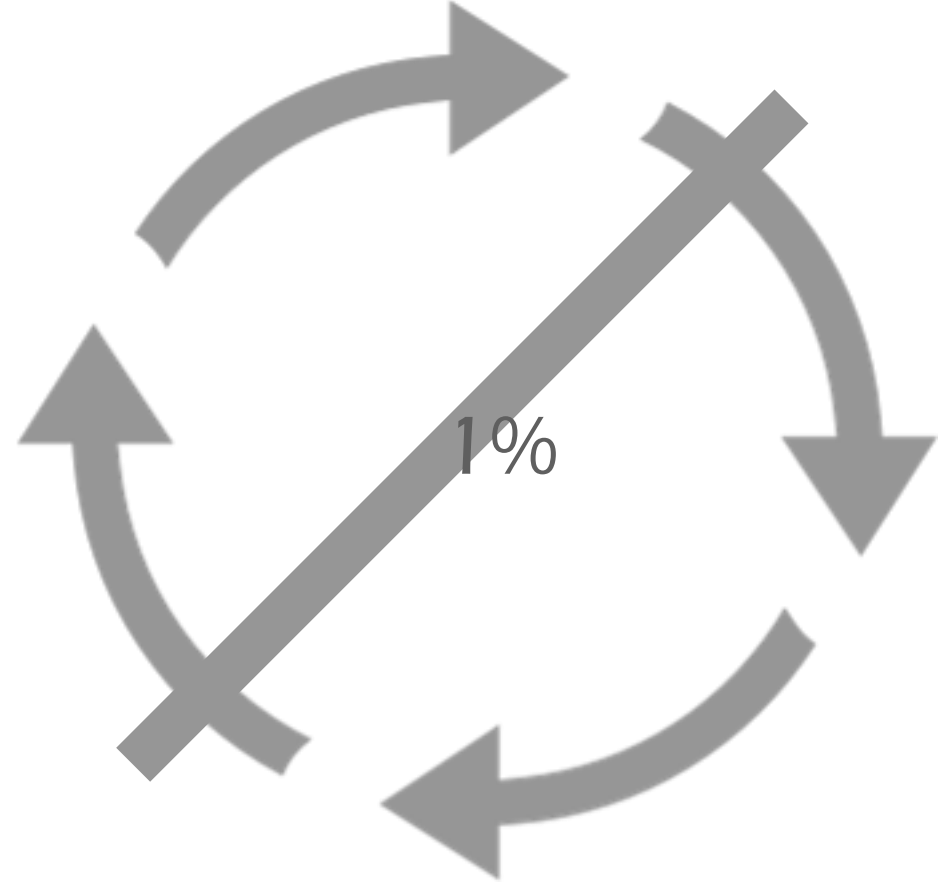
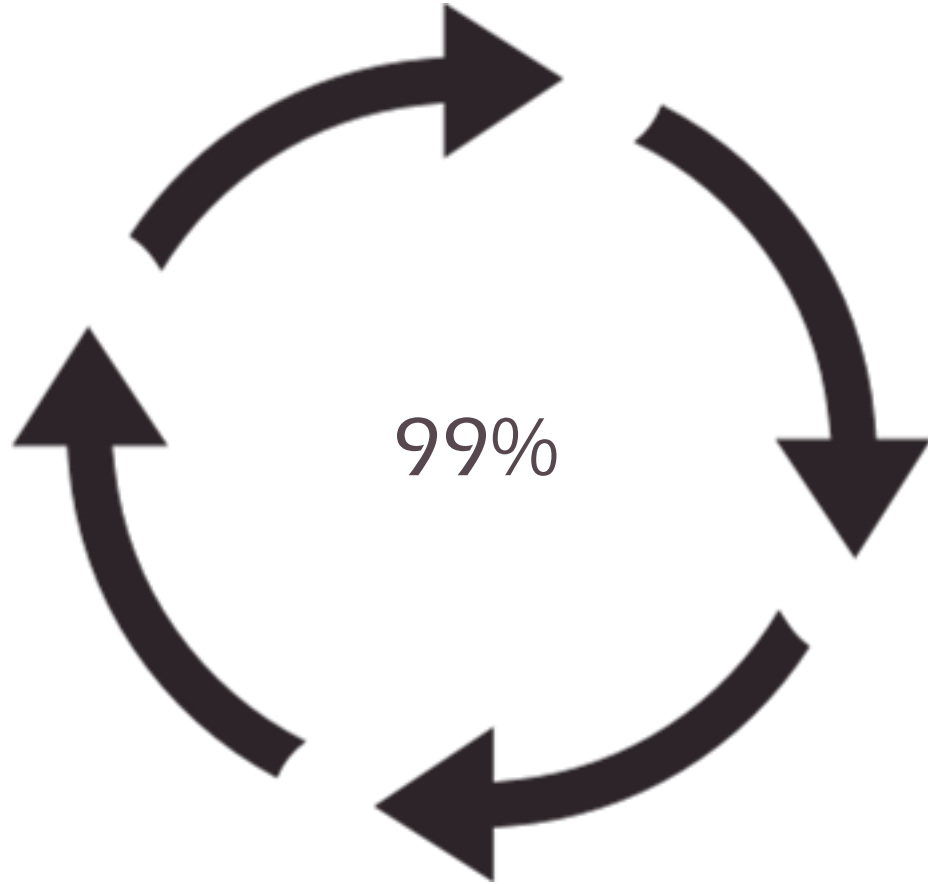


11%

Will Continue Birthwork in the Next Year

Will *Not* Continue Birthwork in the Next Year

Black/African American



*Will *NOT* continue due to transition between doula and midwifery school and uncertain

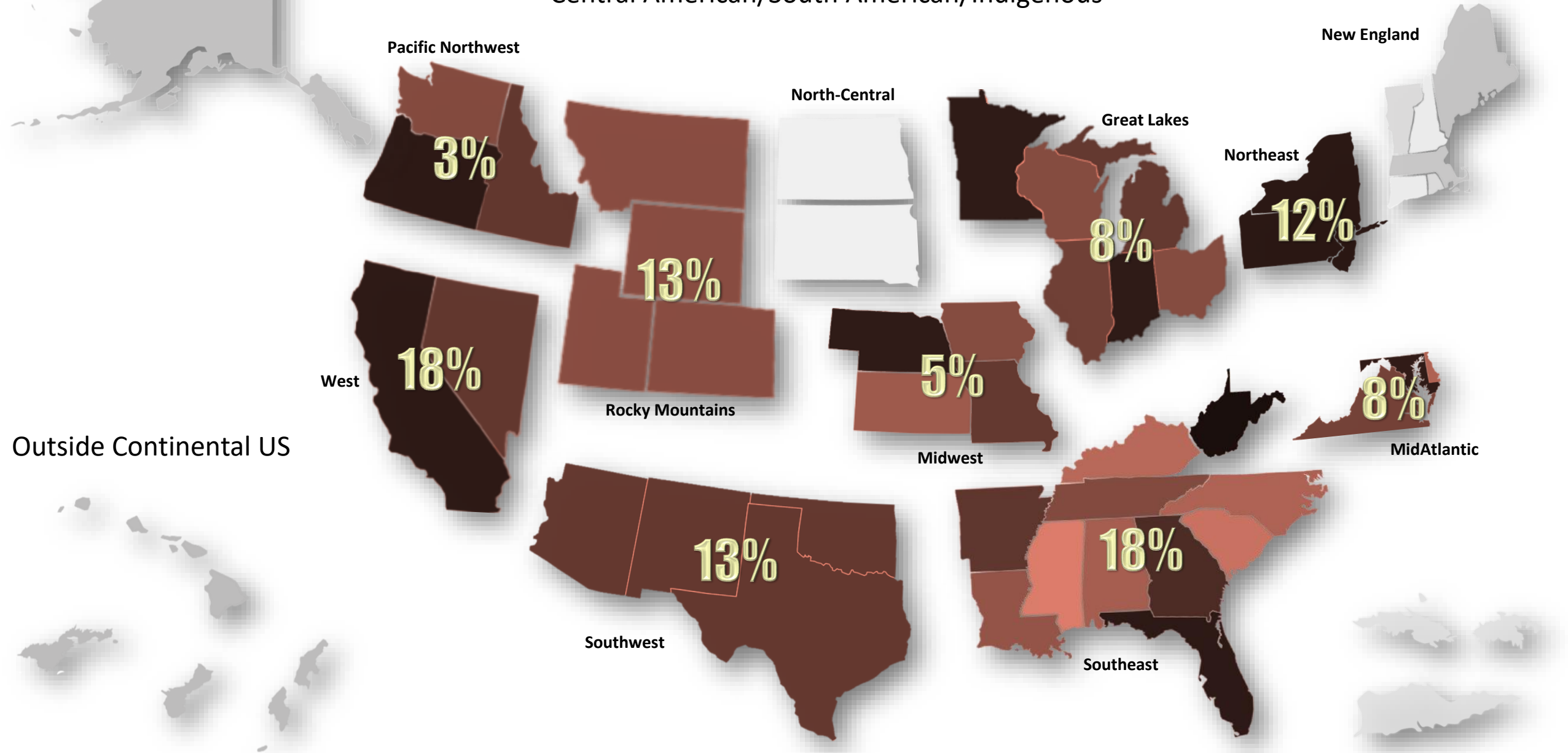
Important Factors when Connecting with BIPOC Birthworkers Black/African American

Very important
 Important
 Fairly Important
 Slightly important
 Not important



Ethnicity by Region

Central American/South American/Indigenous





What Brought Me to Birthwork Central American/South American/Indigenous

Spirit, I was put into place by energy unexplainable. But I love what I do now. It works its not a mystery.

I began by attending a birth of my sibling then friends started to ask me to come. I became a doula and went on to become a midwife.

In short, I first learned of doulas in a women and gender studies class at NYU. I became pregnant a year later (2000) and hired a doula. Have been working in the field in some capacity ever since.

Through personal experience. Then I became a childbirth educator, doula, lactation counselor and lactation consultant, I added infant mental health endorsement later

Self study as a young person, along with decision to become a midwife as a young person. Study groups with midwives, then became a volunteer doula, paid CD, CLE, then student midwife before I became a CPM, LM.

After my daughter was stillborn I entered birth work as an advocate and activist

I personally had a birth doula that impacted my birth experience and wanted to replicate that for others.

I began birthwork after birthing in a planned hospital birth.

through health justice activism and having my children with midwives

I am part of the "Jeffco Adelante group" We have weekly meetings, trainings and opportunities to interact with Hispanic breastfeeding moms and mothers to be. When we have a support group and a support line.

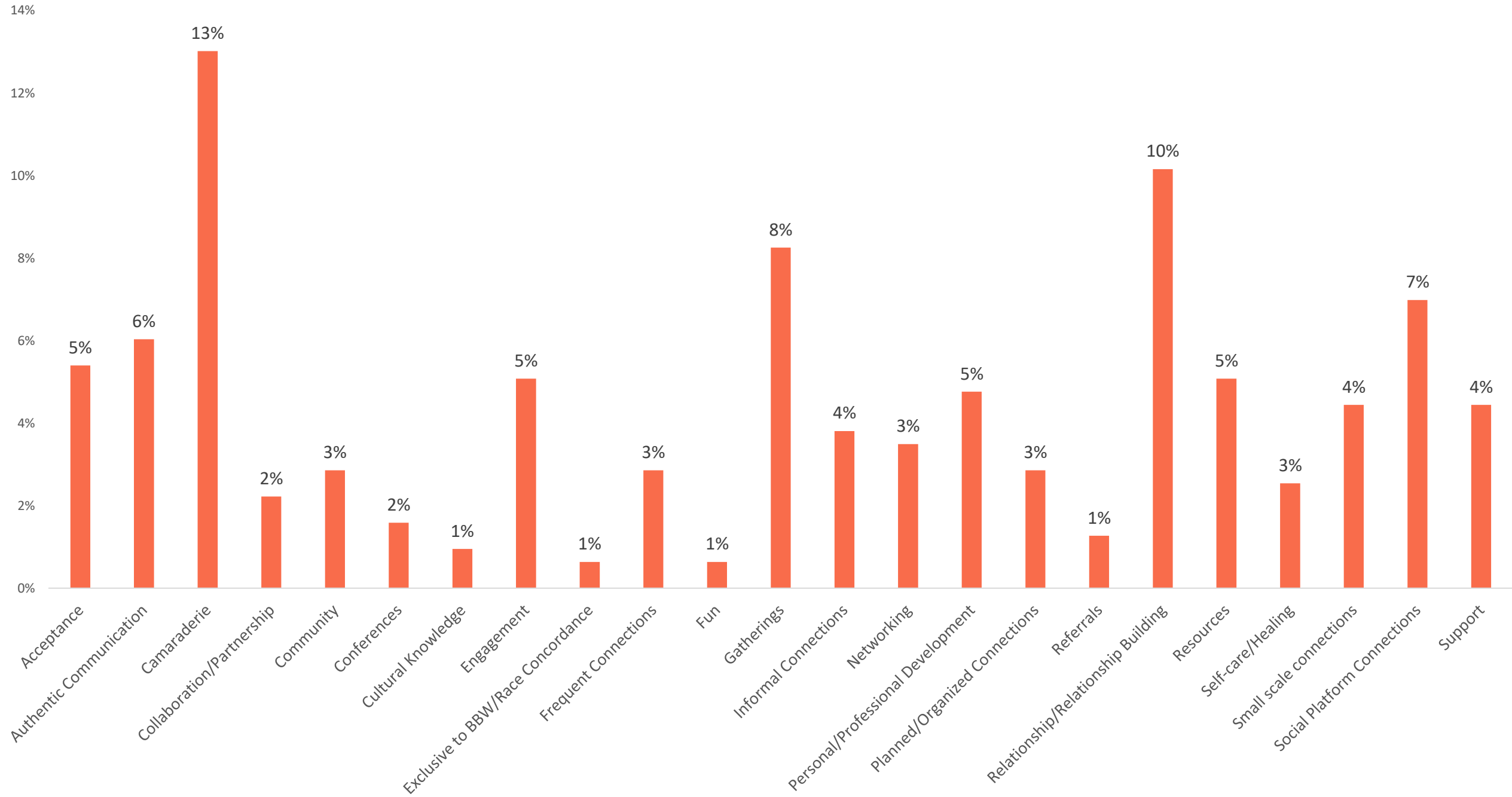
I was unsupported during my own pregnancy and saw the need first hand. I began volunteering as a doula and became infuriated by the abuses inflicted on my BIPOC clients by white nurses so that propelled me to nursing, midwifery, women's health and where I am now.

I had my own babies at home, and wanted to offer this option for others as well. I believe in choice and body autonomy for uterus having bodies. I want Black, Indigenous and Brown students of midwifery to have access and success in education and training.

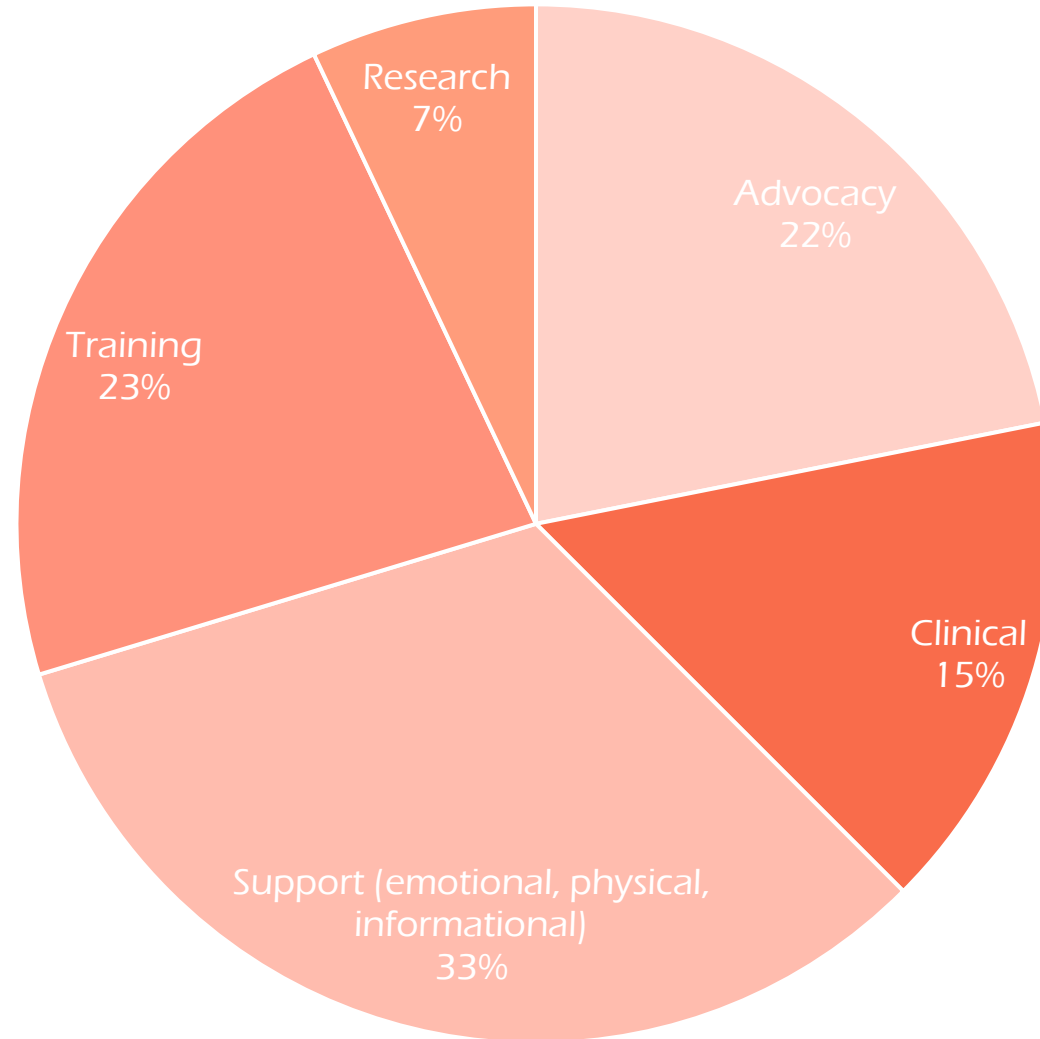
I discovered doula work 18 years ago! A friend told me I would make a good doula. I looked into took a doula training and never looked back



What has Worked Well for BIPOC Connection Central American/South American/Indigenous Community



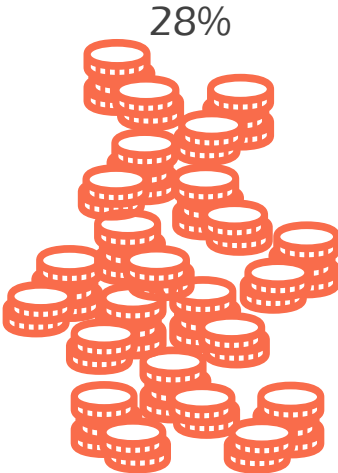
Type of Birthwork
Central American/South American/Indigenous
n=47



Volunteer & Compensated Birthworkers Central American/South American/Indigenous



Uncompensated Volunteer Birthworker



Compensated Birthworker



Both Uncompensated and Compensated Birthworker

Currently Pursued Credentials to Provide Birthwork Services Central American/South American/Indigenous



*'Other' category included pursuing credentials in Spinning Babies Practitioner, Herbalist, DPH, EMT

Held Credentials for Providing Birthwork Services Central American/South American/Indigenous



*'Other' category included credentials in Certified Birth Photography, Curandera, MSW

Demographic Locations Served
Central American/South American/Indigenous

Rural



25%

Urban



55%

Both



20%

How Often Engaged in Birthwork Central American/South American/Indigenous

Once or
more than
once a Week



62%

Once
a
Month



19%

Once
per
Quarter



11%

Once
in the
Year

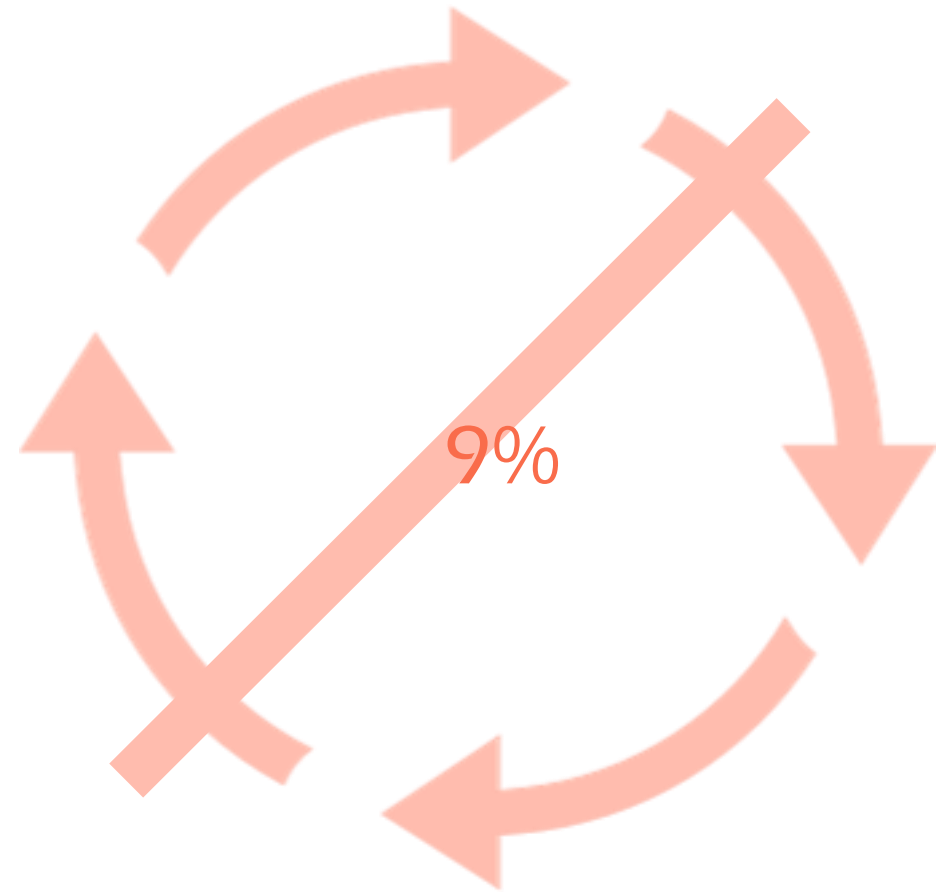
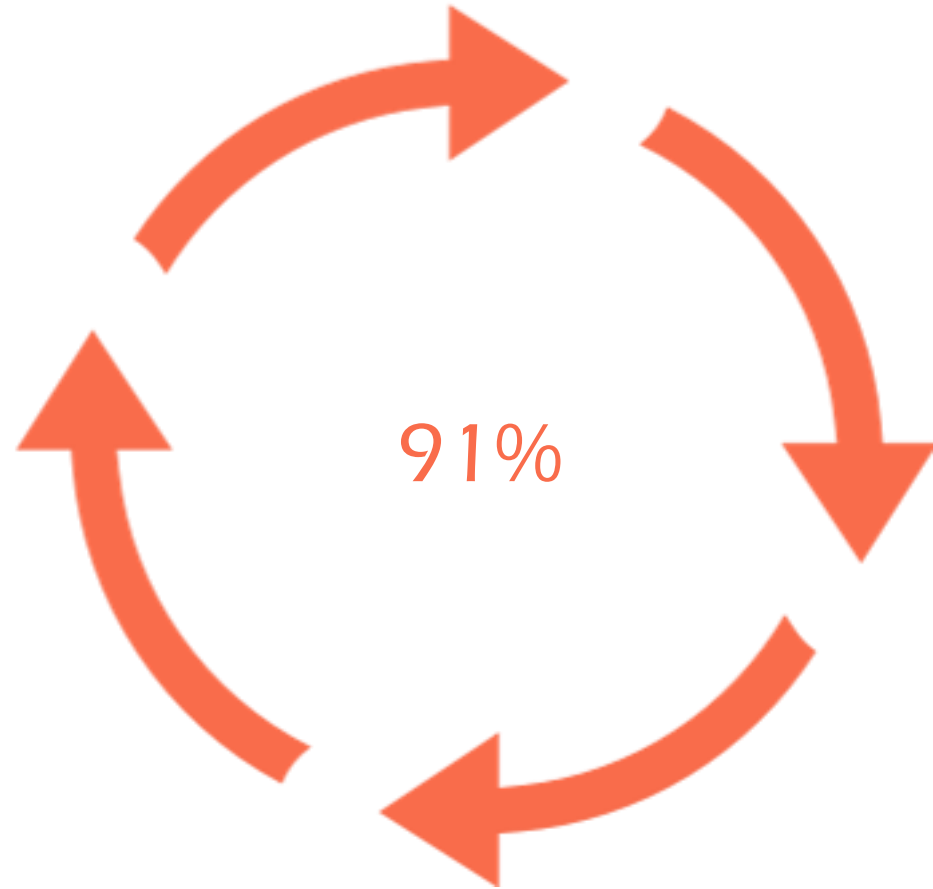


9%

Will Continue Birthwork in the Next Year

Will *Not* Continue Birthwork in the Next Year

Central American/South American/Indigenous



*Will *NOT* continue due to Professional birth trauma

† Respondent identified as both Central American/South American/Indigenous and Mexicano/Chicano categories

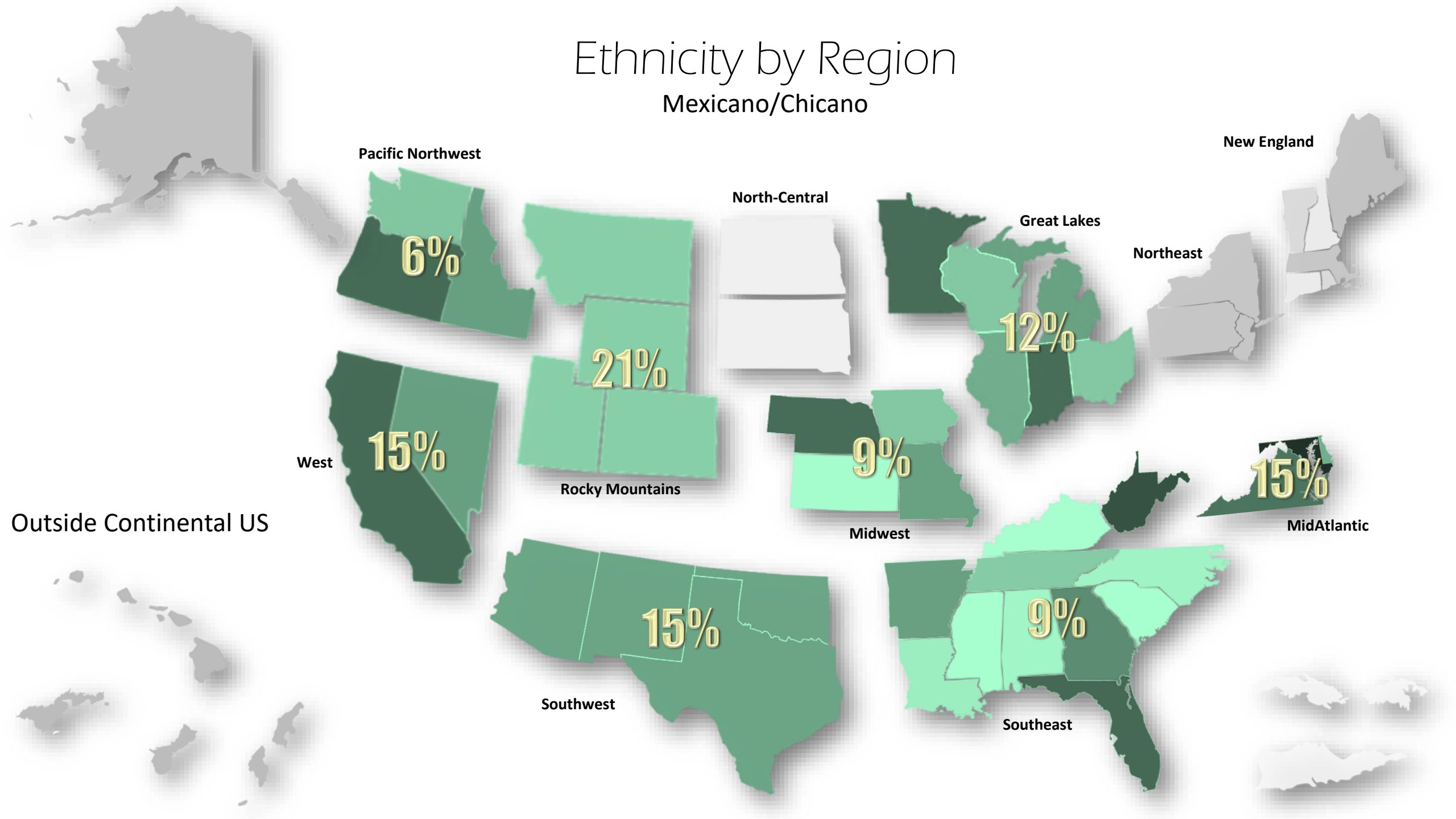
Important Factors when Connecting with BIPOC Birthworkers Central American/South American/Indigenous

Very important Important Fairly Important Slightly important Not important



Ethnicity by Region

Mexicano/Chicano





What Brought Me to Birthwork Mexicano/Chicano

I had my own babies at home, and wanted to offer this option for others as well. I believe in choice and body autonomy for uterus having bodies. I want Black, Indigenous and Brown students of midwifery to have access and success in education and training. After having 7 children I felt called to support birthing people.

I volunteer

After that I've been working towards my doula and CLC certifications.

Divine intervention. Seriously. I was offering doula support culturally, before I knew what a doula was.

I began birthwork after birthing in a planned hospital birth.

I have been interested in birth since I was a child and became an Rn in 2010

through health justice activism and having my children with midwives

Through the traumatic experiences of my first birth, including both prenatal and postpartum.

I love helping women and support their rights. I am a mother of 6, it's important to be able to healing and be heard.

I jumped into advocacy after my daughter was stillborn

I became connected to birthwork when I learned during a public health class about the large gap in black maternal and child health disparities that I felt I needed to be apart of the solution to close that gap.

Through my own family-making experiences, and supporting loved ones, and it grew from there.

When I became aware of how difficult the birthing and pregnancy journey is for individuals of color, I wanted to transform it into something better. I also want to increase health advocacy and education for minority communities.

Spirit, I was put into place by energy unexplainable. But I love what I do now. It works its not a mystery.

I gave birth at home to my two kids. I began working with the midwives that I received my prenatal care with right after giving birth to my firstborn in 2016.

I personally had a birth doula that impacted my birth experience and wanted to replicate that for others.

I had postpartum depression and felt like more people in my community needed to be held at that stage

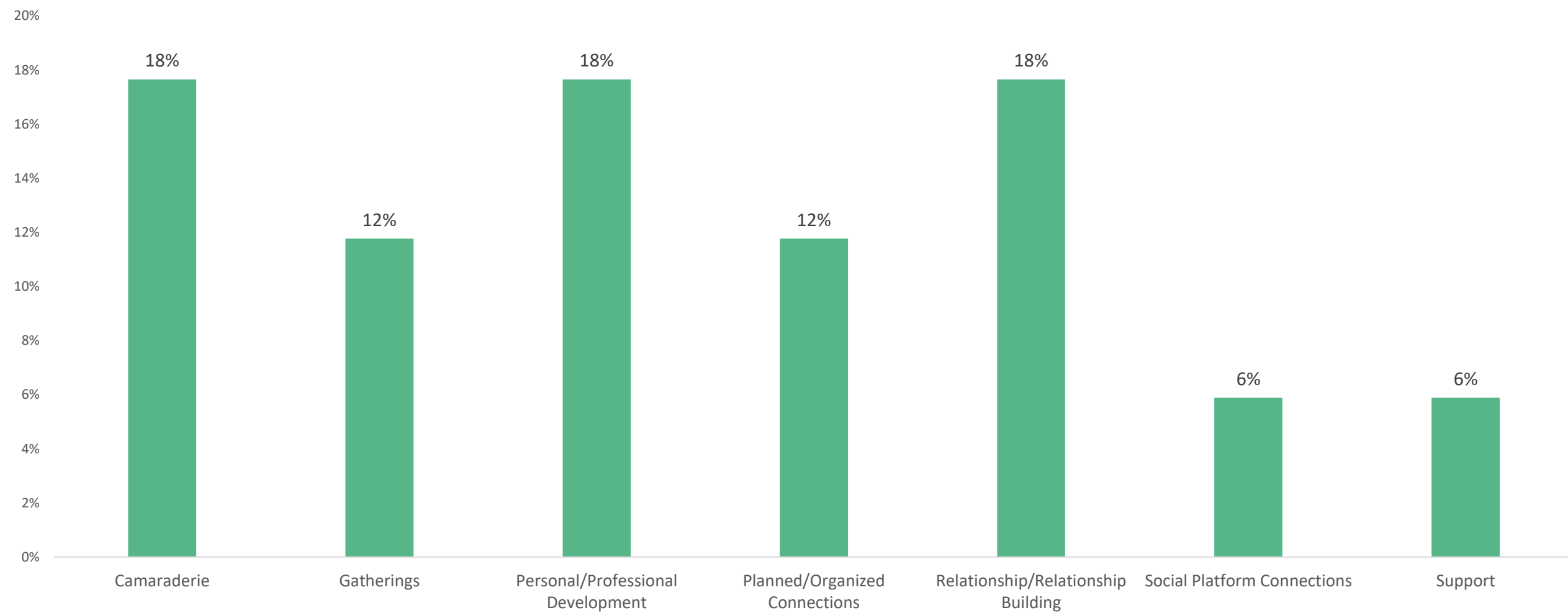
Got my certifications following the birth of my daughter.

As a social worker working with vulnerable prenatal populations

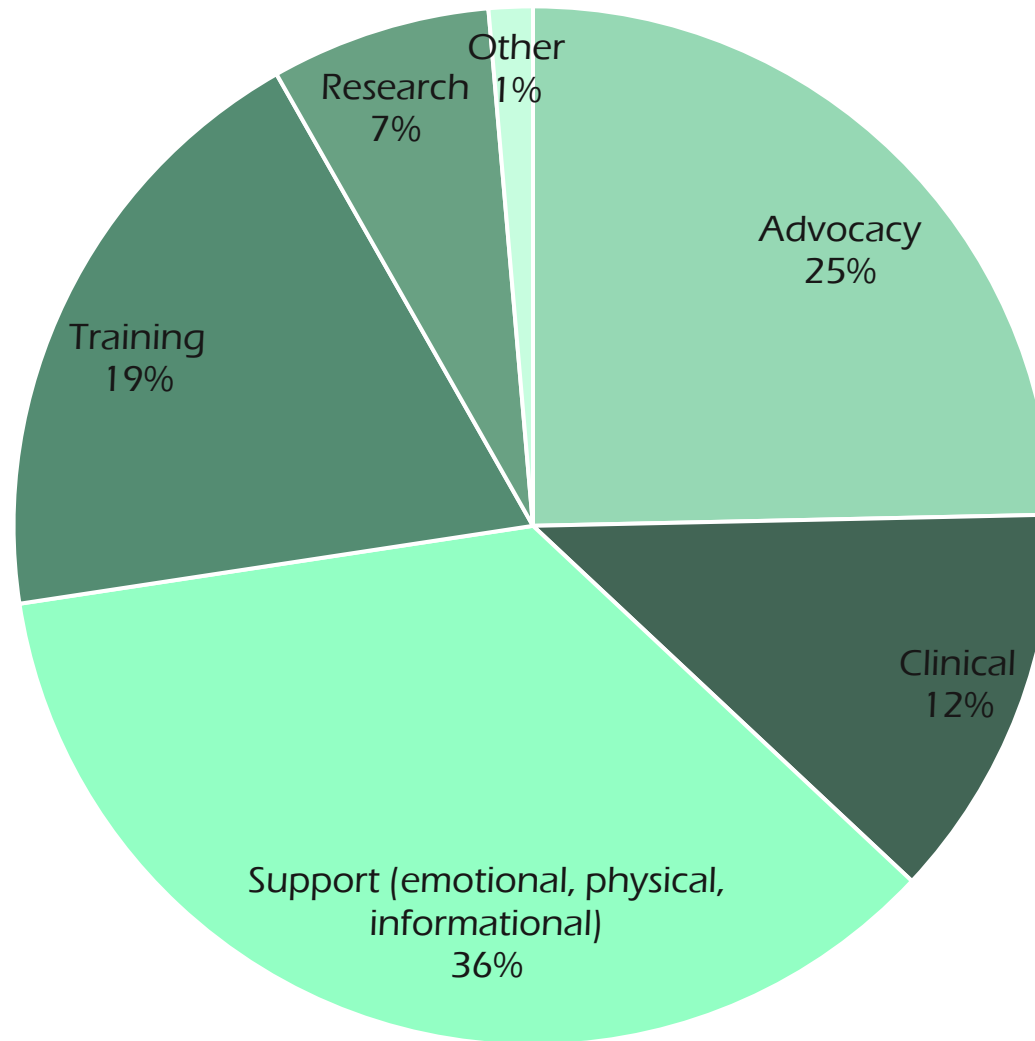
after having my 1st of 3 homebirths I knew it was my calling



What has Worked Well for BIPOC Connection Mexicano/Chicano Community



Type of Birthwork
Mexicano/Chicano
n=31



*'Other' category included birth photography

Volunteer & Compensated Birthworkers Mexicano/Chicano

16%



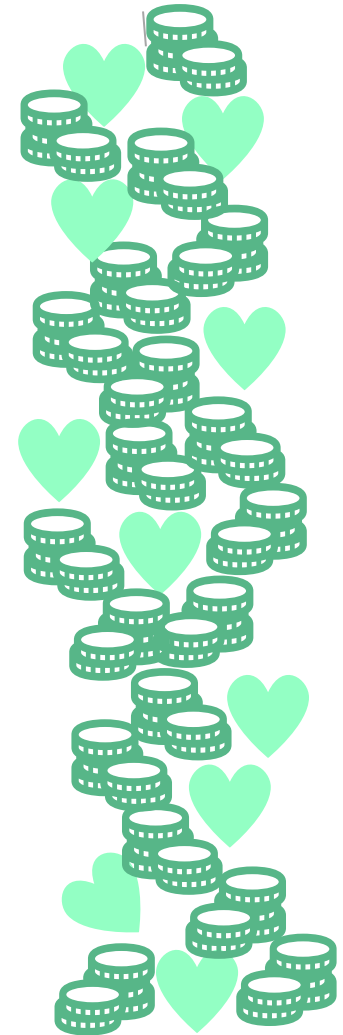
Uncompensated Volunteer Birthworker

26%



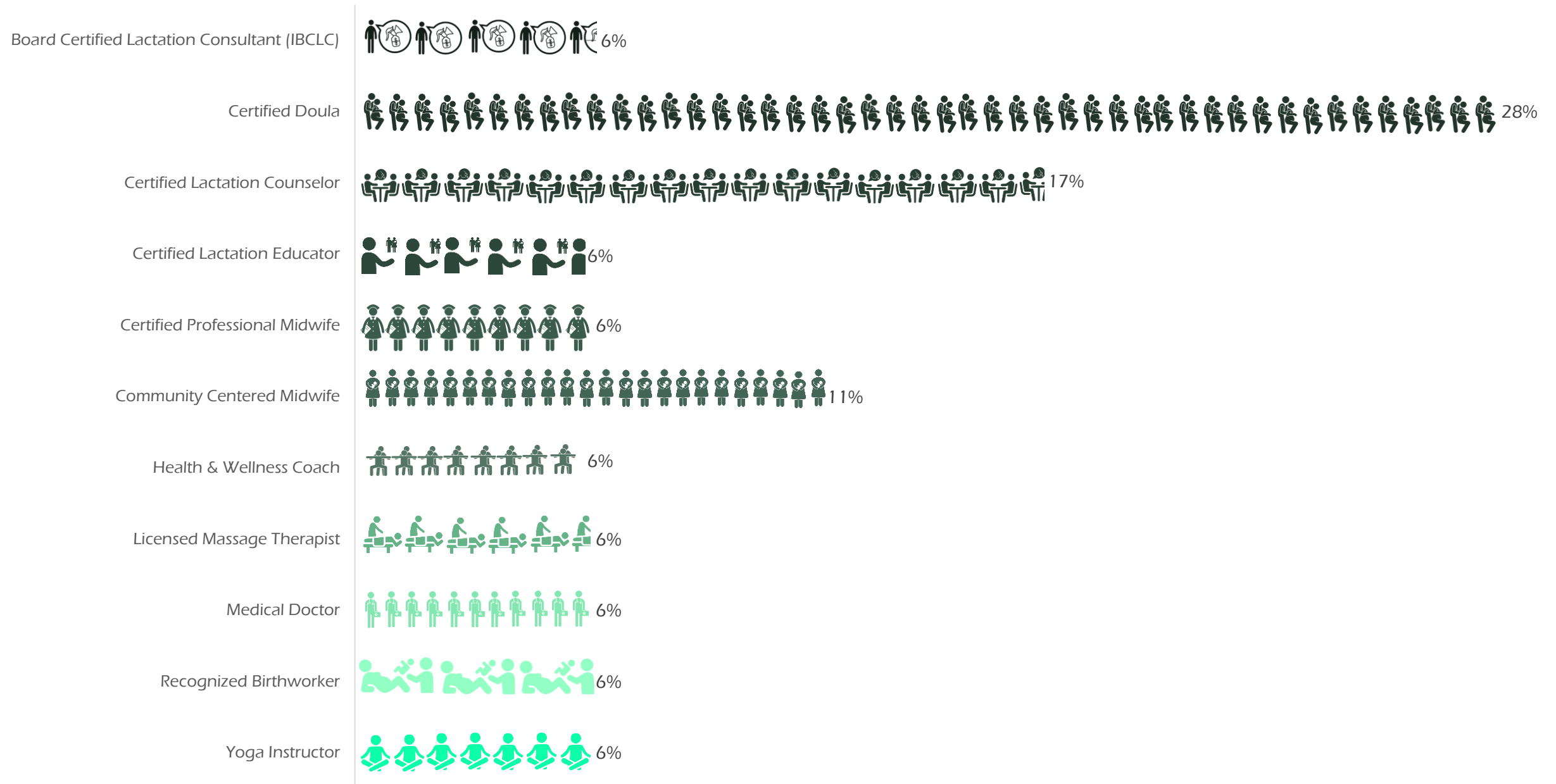
Compensated Birthworker

58%

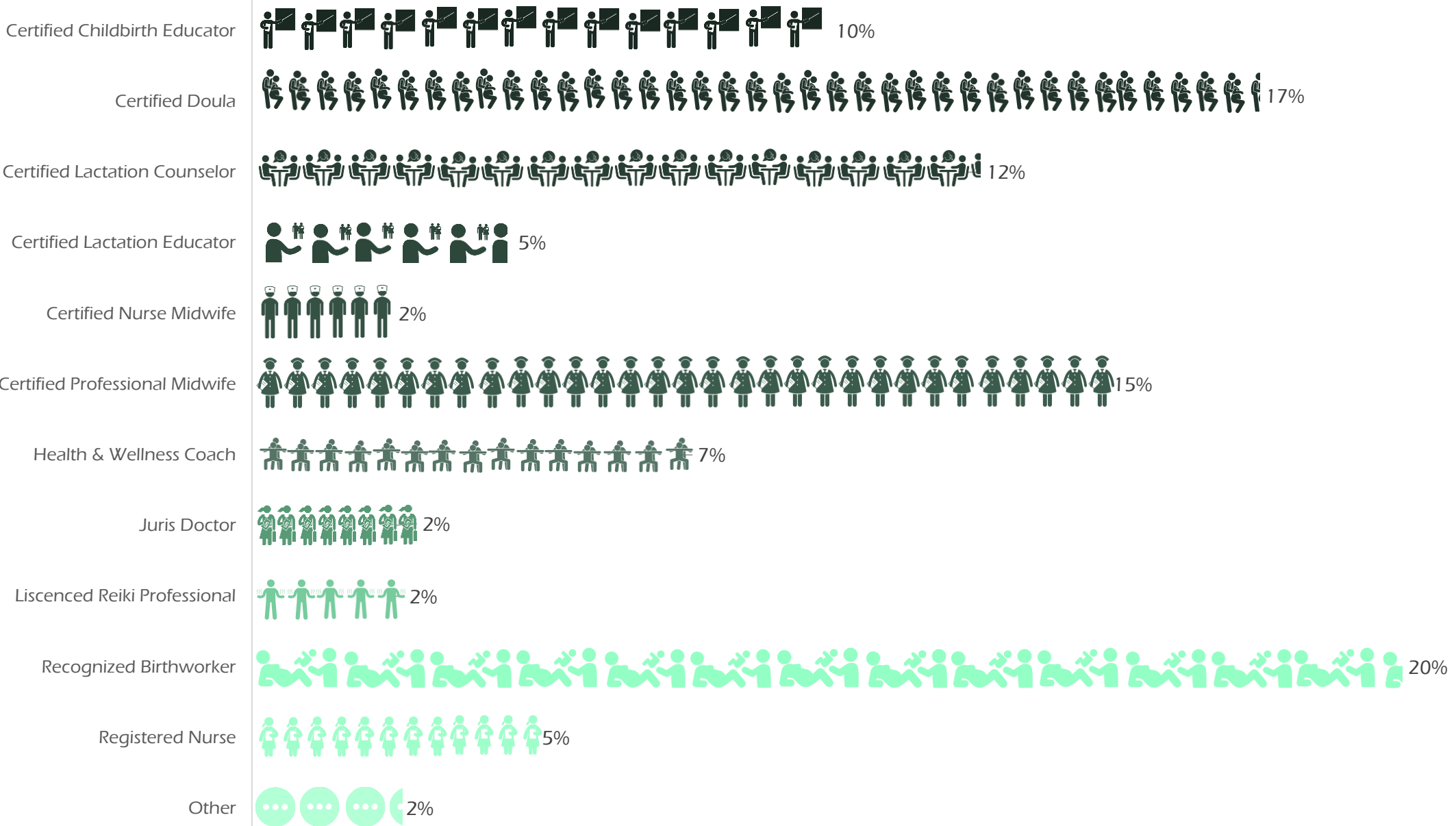


Both Uncompensated and Compensated Birthworker

Currently Pursued Credentials to Provide Birthwork Services Mexicano/Chicano



Held Credentials for Providing Birthwork Services Mexicano/Chicano



*'Other' category included Certified Birth Photographer

Demographic Locations Served

Mexicano/Chicano

Rural



30%

Urban



50%

Both



20%

How Often Engaged in Birthwork Mexicano/Chicano

Once or
more than
once a Week



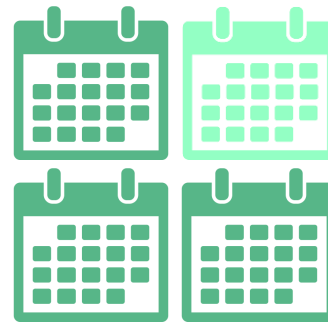
55%

Once
a
Month



21%

Once
per
Quarter



17%

Once
in the
Year

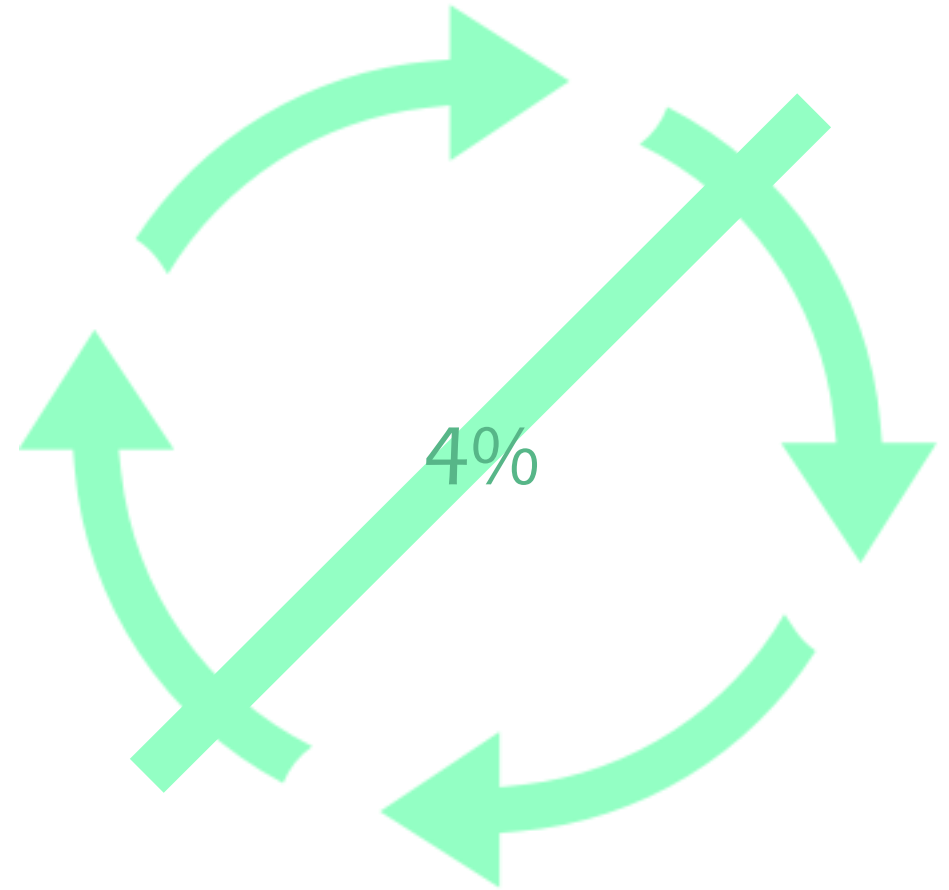


7%

Will Continue Birthwork in the Next Year

Will *Not** Continue Birthwork in the Next Year

Mexicano/Chicano



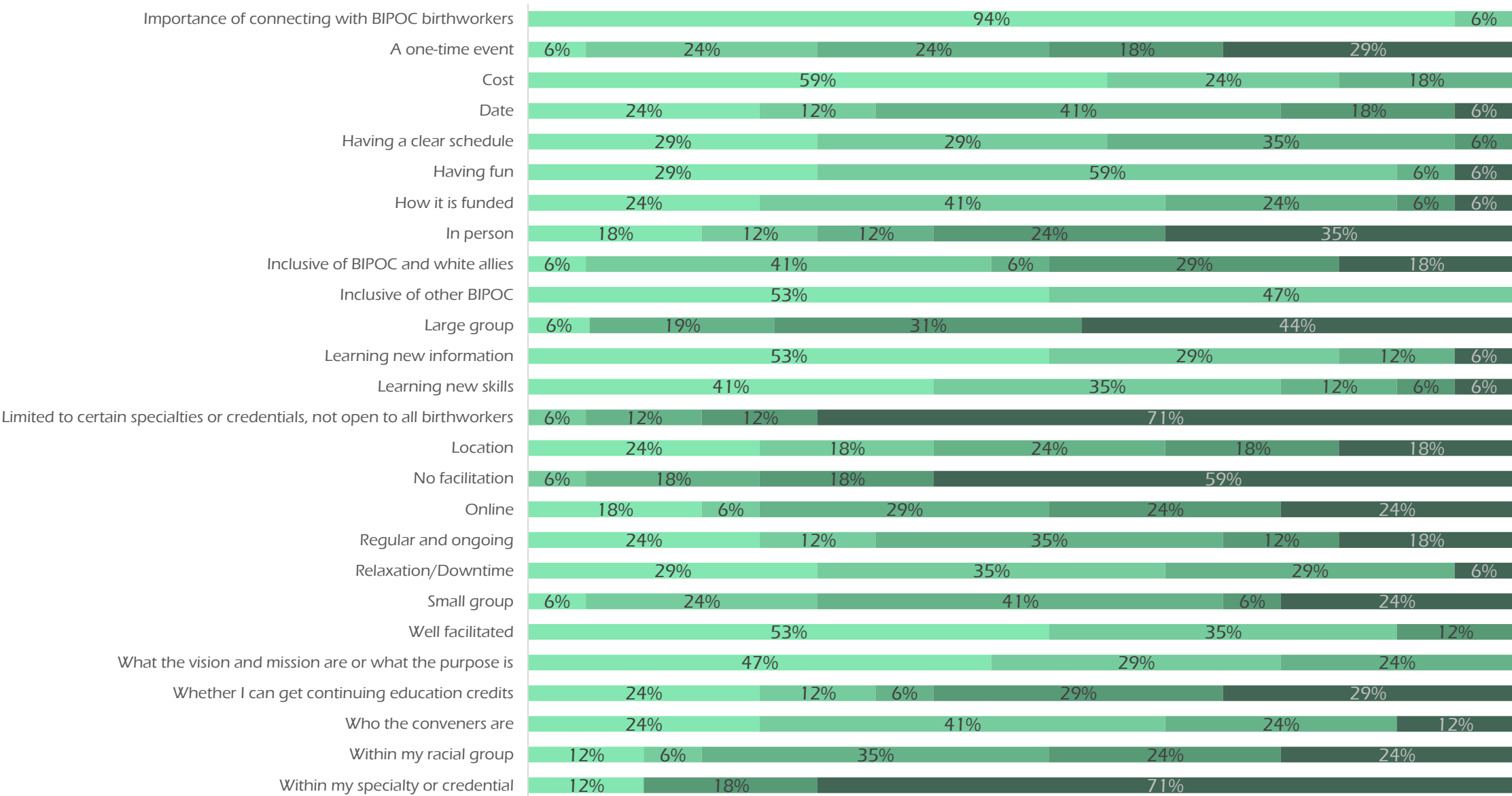
*Will *NOT* continue due to Professional birth trauma

† Respondent identified as both Mexicano/Chicano and Central American/South American/Indigenous categories

Important Factors when Connecting with BIPOC Birthworkers

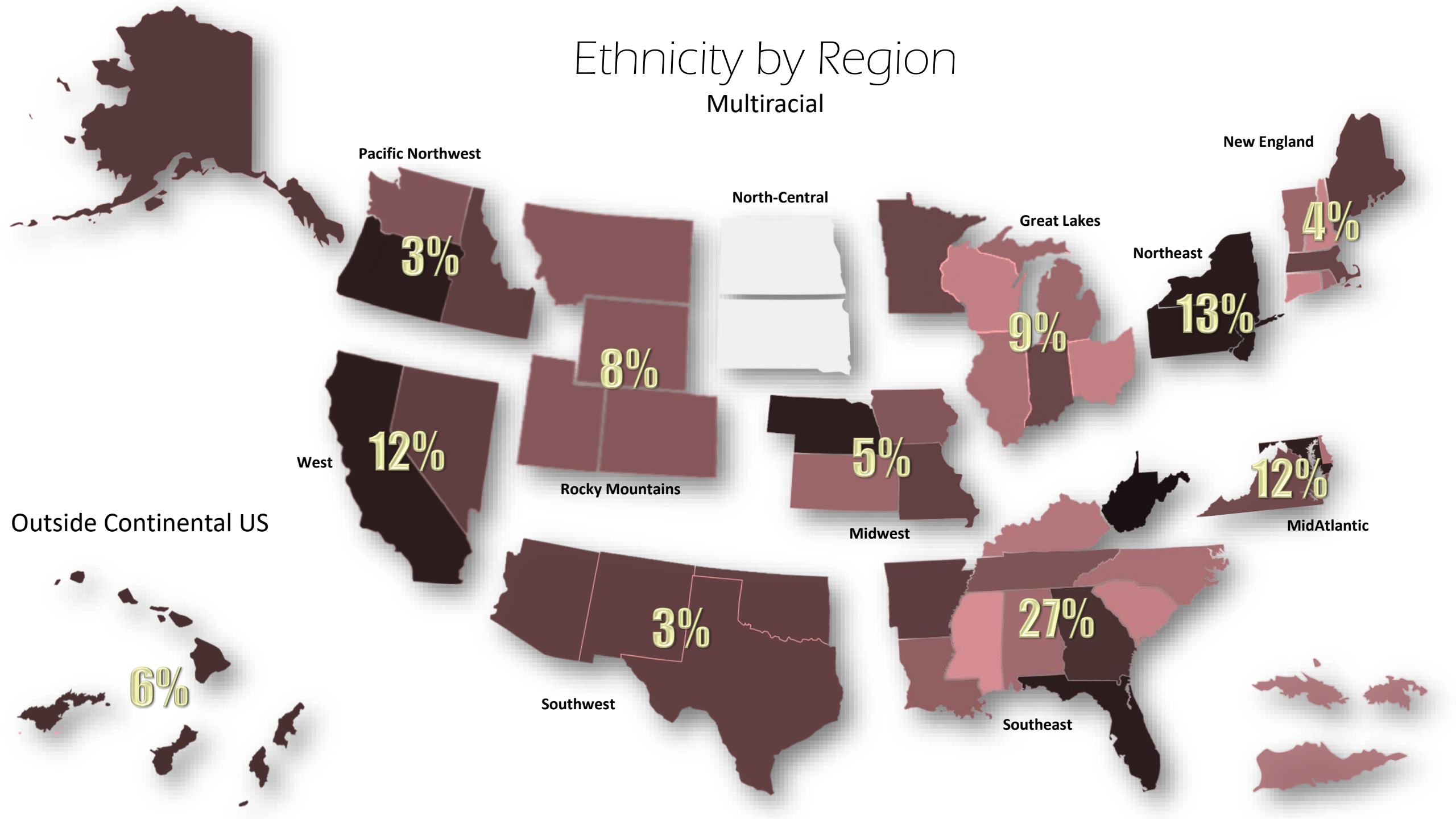
Mexicano/Chicano

Very important Important Fairly Important Slightly important Not important



Ethnicity by Region

Multiracial





What Brought Me to Birthwork Multiracial

After negative experiences with OBGYNs, I switched to a midwife for my annual women's care. I felt empowered after receiving midwifery care and became very curious if I wanted to do a career switch. The midwife suggested I explore doula work and I now have been a doula for 6 years and have supported nearly 100 births and am in the process of finishing my ABSN.

After the birth of my 1st daughter, about 5.5 years ago, I had a traumatizing experience during the birth of my first daughter. I self taught myself and my partner and mother to "Doula" myself in the hospital. Afterwards, at 19 years old, I had no postpartum/lactation support and self taught myself how to navigate lactation obstacles and postpartum struggles as a teenager. As an activist in My community, due to my grassroots organizing background at the time with Dream Defenders, I then began getting requests from the community to teach them how to prepare for birth, postpartum and breastfeeding. I started preparing for a Doula training shortly after but was unable to become certified as I became homeless with a 1yo baby. Luckily, she was safe with her father but I battled homelessness for a few months until a comrade from Dream Defenders opened their home to me. I then started a Doula training and became certified shortly after as I was determined to be of service to my birth community.

As an anthropologist studying birth in the united states, then as a traditional doula after giving birth to my son

Hearing my mother and grandmother talk about abuse during their medical care, I became a social worker, then doula, then nurse and then CNM.

I started my journey in 2010 by taking a birth doula training workshop, after I had read the book the red tent. I worked as a birth doula oct.2011-Jan. 2019. I took an Indigenous lactation peer counselor training in sept. 2019, and finished my child birth education class this sept.2020.

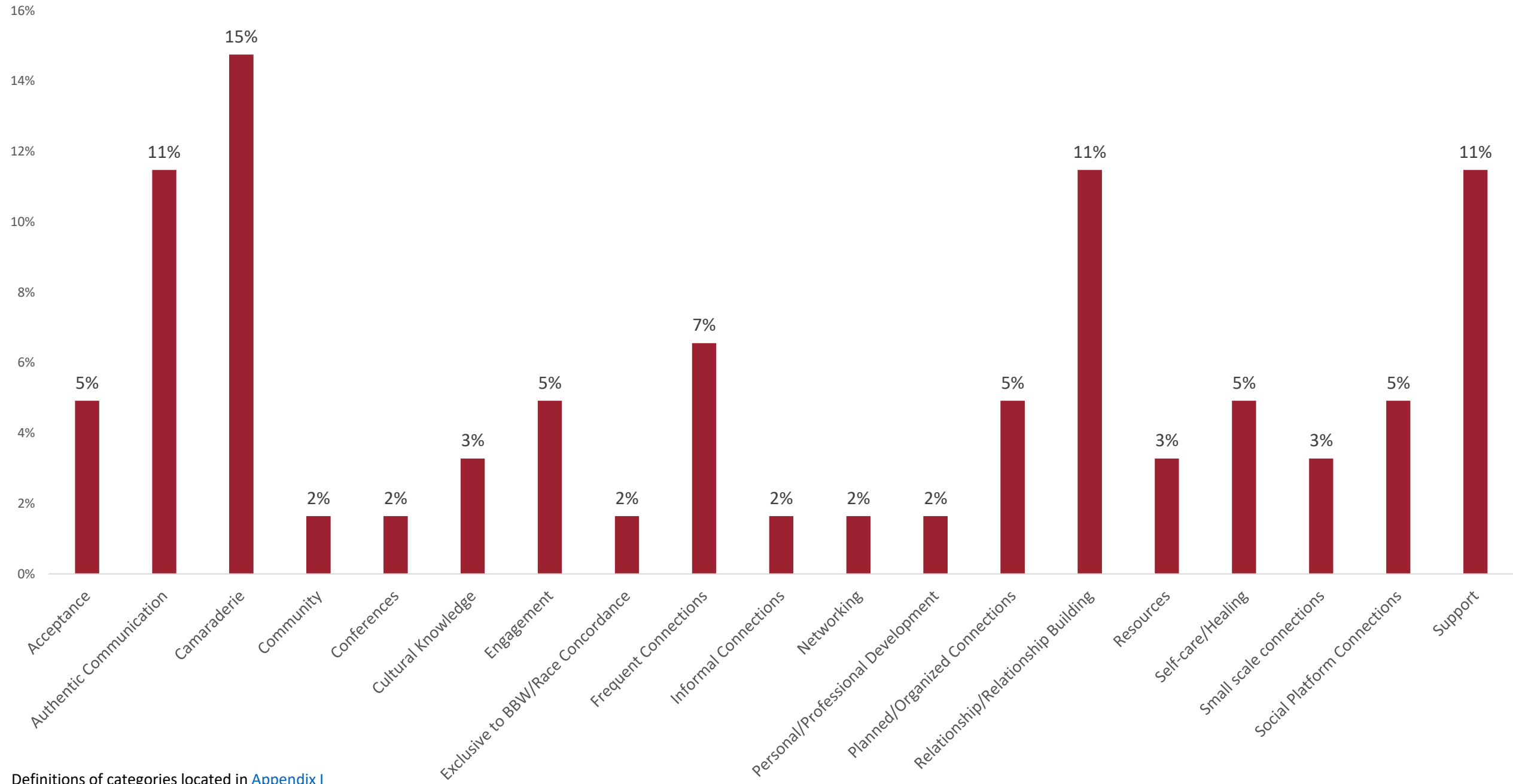
Moving to Dane County I learned about the birth and maternal and child disparities, after teaching for 6 years I decided to use my early childhood background in birth work

Self taught midwife since 1971, Motor City Midwives I developed methodology for body shape variation and birth, personalized pelvimetry, enriched prenatal care and self guided birth

I've been applying to different school programs since 2017 but I knew that I wanted to work toward midwifery since 2010. I took a DONA doula class as part of the school application requirements and then the school shut down. I did a brief apprenticeship in 2018/2019 and am currently in school now with a side business as a doula.



What has Worked Well for BIPOC Connection Multiracial Community

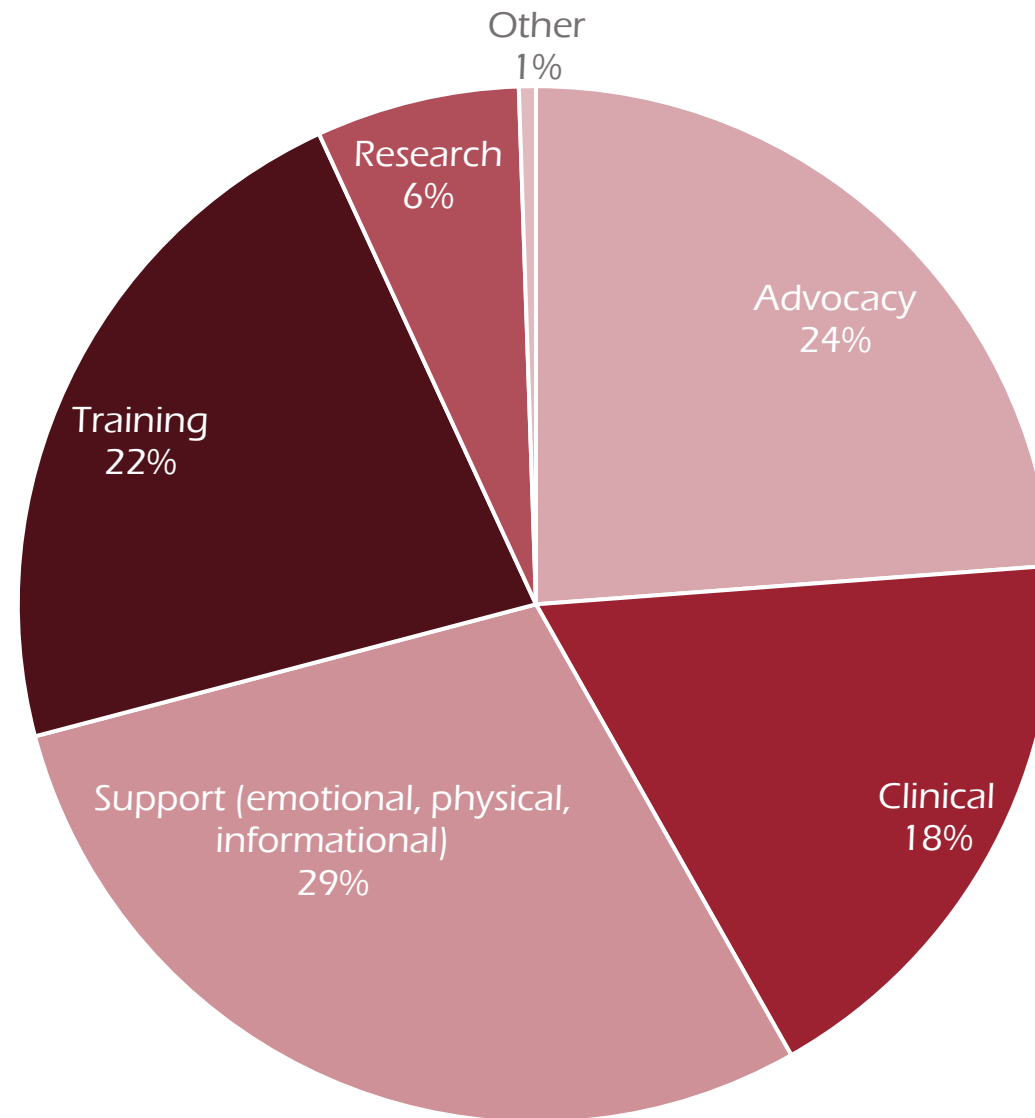


Definitions of categories located in [Appendix I](#)

Type of Birthwork

Multiracial

n=72

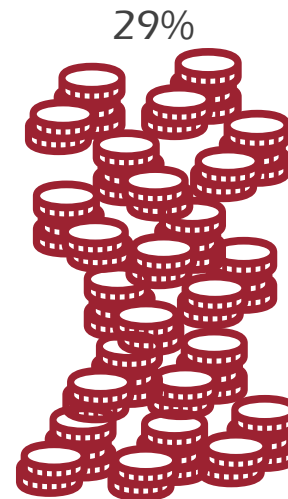


*'Other' category included Newborn Care Specialist (NCS)

Volunteer & Compensated Birthworkers Multiracial



Uncompensated Volunteer Birthworker



Compensated Birthworker



Both Uncompensated and Compensated Birthworker

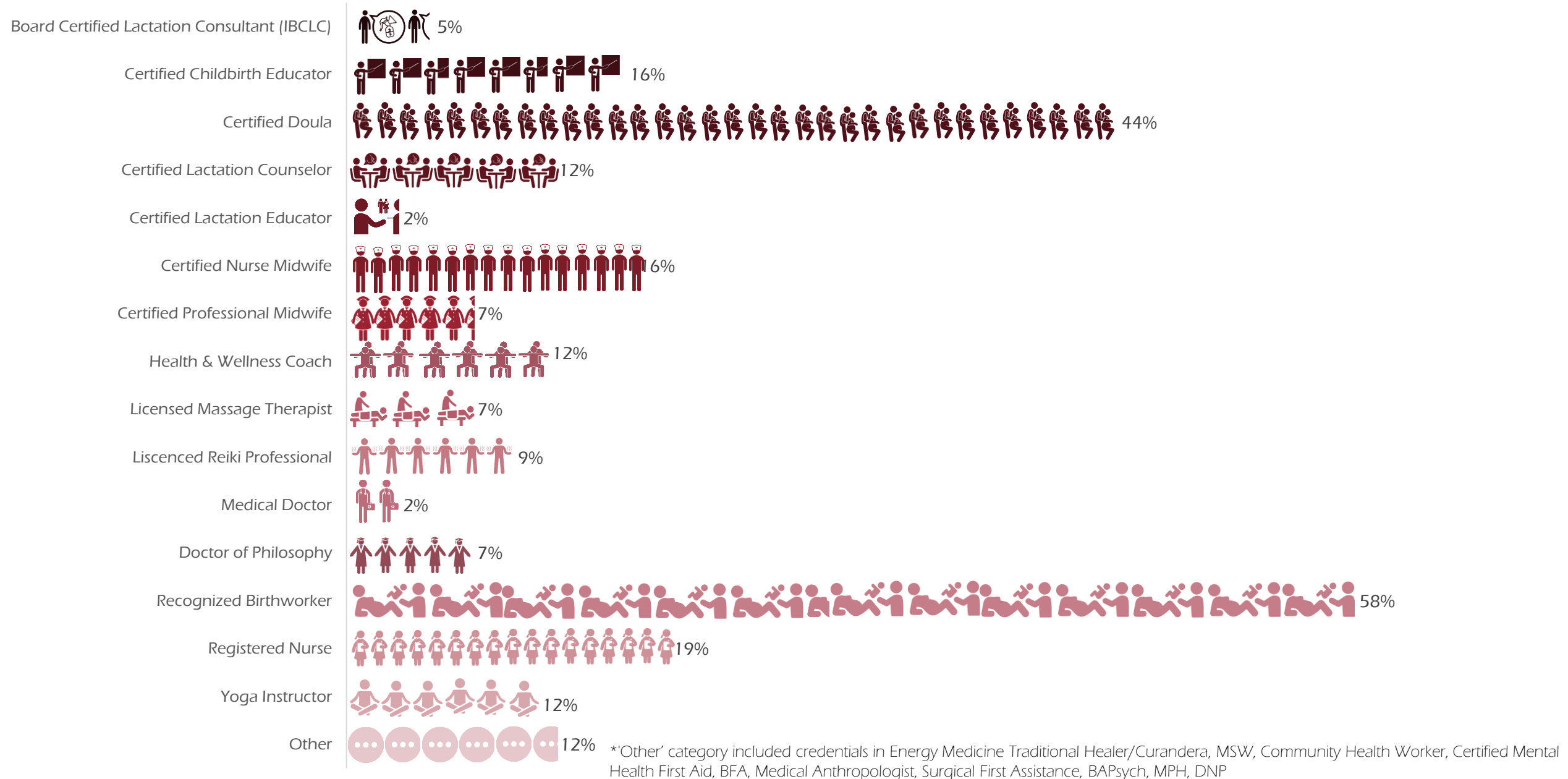
Currently Pursued Credentials to Provide Birthwork Services

Multiracial



Held Credentials for Providing Birthwork Services

Multiracial



Demographic Locations Served

Multiracial

Rural



25%

Urban



51%

Both



24%

How Often Engaged in Birthwork

Multiracial

Once or
more than
once a Week



65%

Once
a
Month



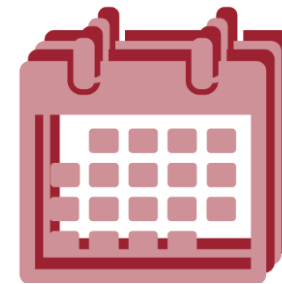
17%

Once
per
Quarter



8%

Once
in the
Year

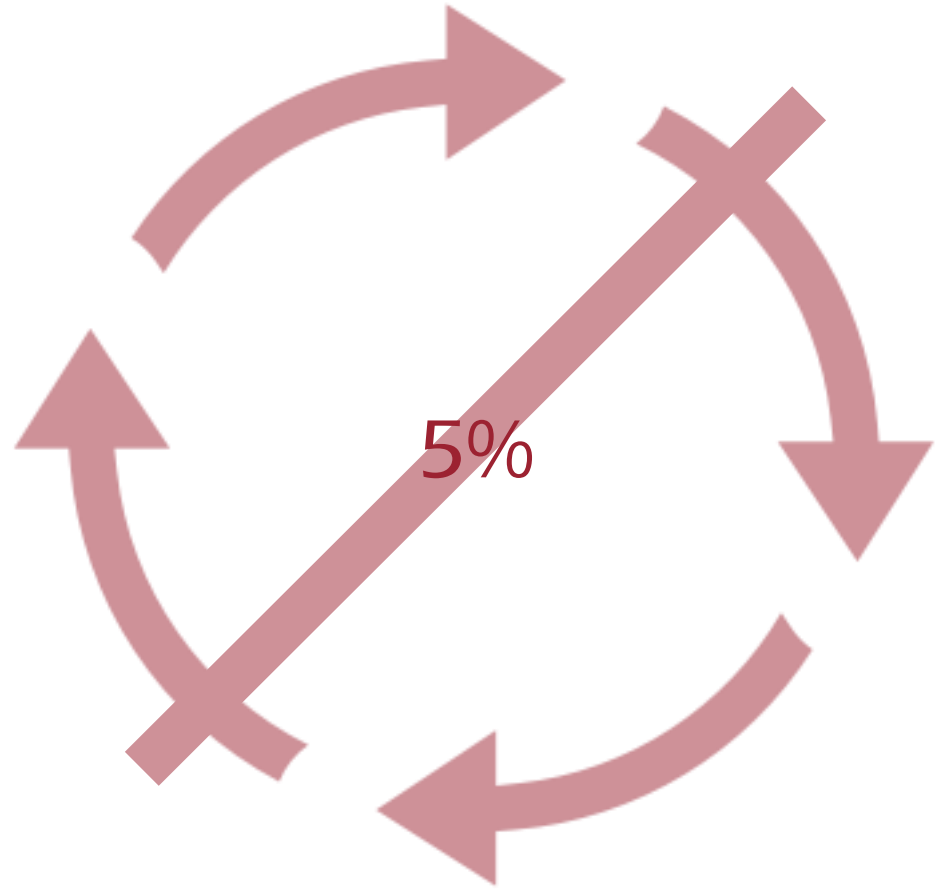
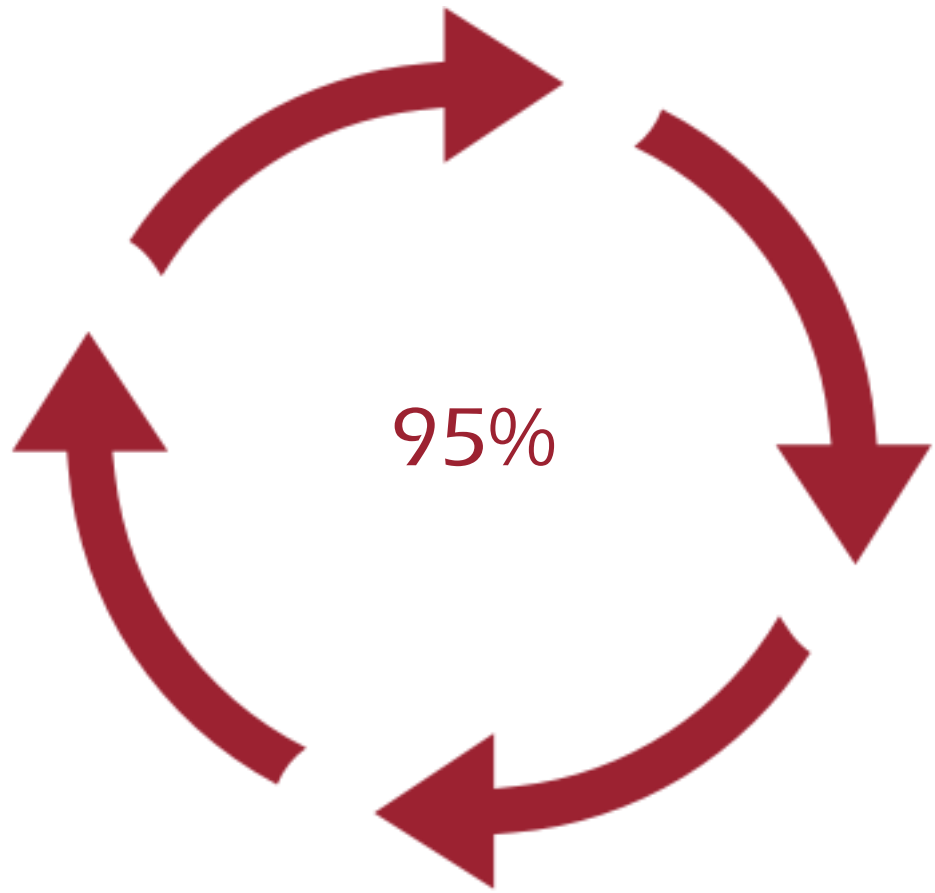


11%

Will Continue Birthwork in the Next Year

Will *Not**Continue Birthwork in the Next Year

Multiracial



*Will *NOT* continue due to toxic work environment, uncertain, burnout/overwhelmed

Important Factors when Connecting with BIPOC Birthworkers

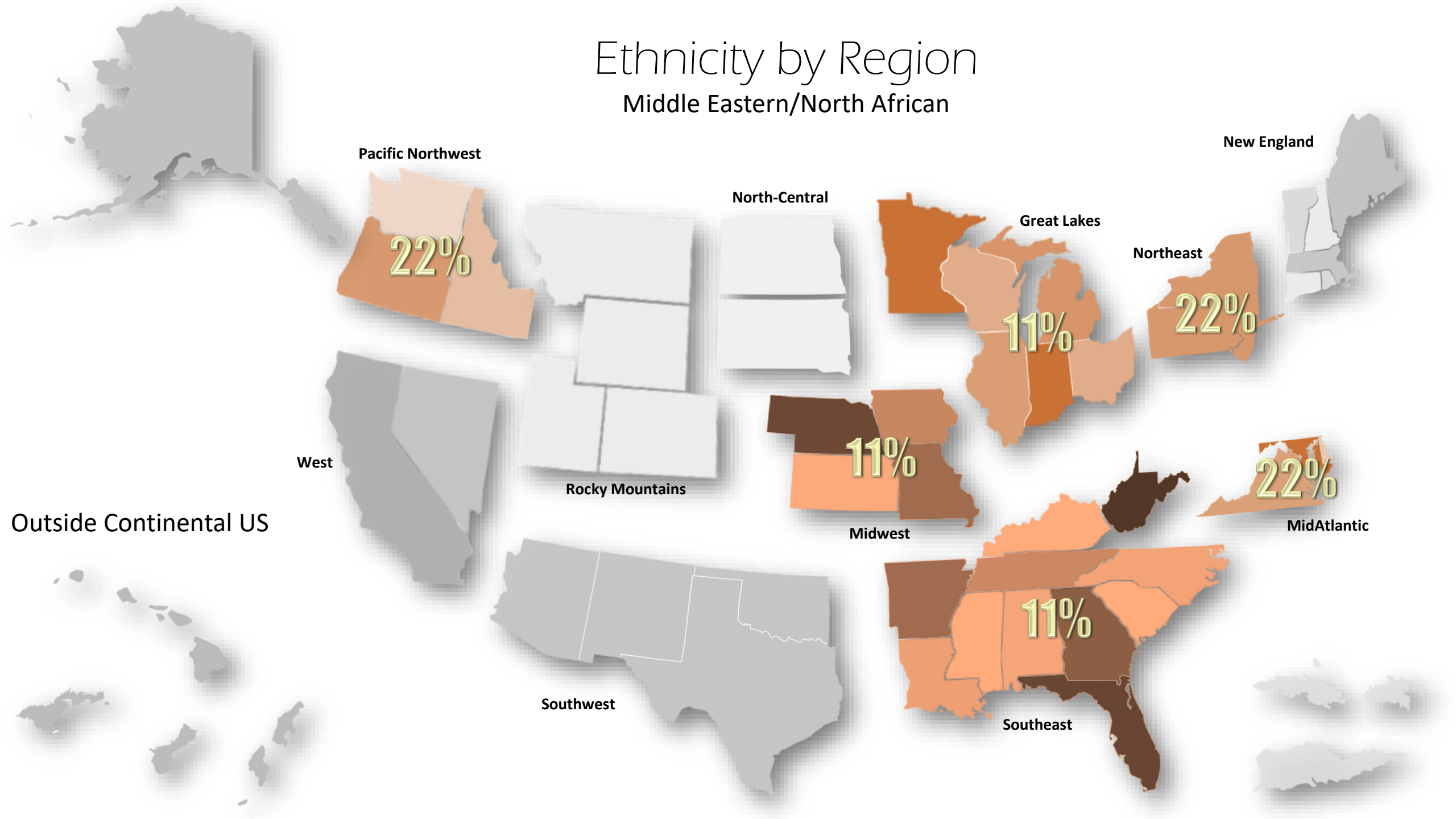
Multiracial

Very important Important Fairly Important Slightly important Not important



Ethnicity by Region

Middle Eastern/North African





What Brought Me to Birthwork Middle Eastern/North African

Personal interest. Found networks and trainings to become a perinatal and postpartum doula

In short, I first learned of doulas in a women and gender studies class at NYU. I became pregnant a year later (2000) and hired a doula. Have been working in the field in some capacity ever since.

I am an obstetrician

I became connected to birthwork as a genderfluid trans person because I saw a lack in support for myself in birth, I only felt that wading in and finding a way to educate and provide for community was natural on my own path to family planning.

I started my journey in 2010 by taking a birth doula training workshop, after I had read the book the red tent. I worked as a birth doula oct.2011-Jan. 2019. I took an Indigenous lactation peer counselor training in sept. 2019, and finished my child birth education class this sept.2020.

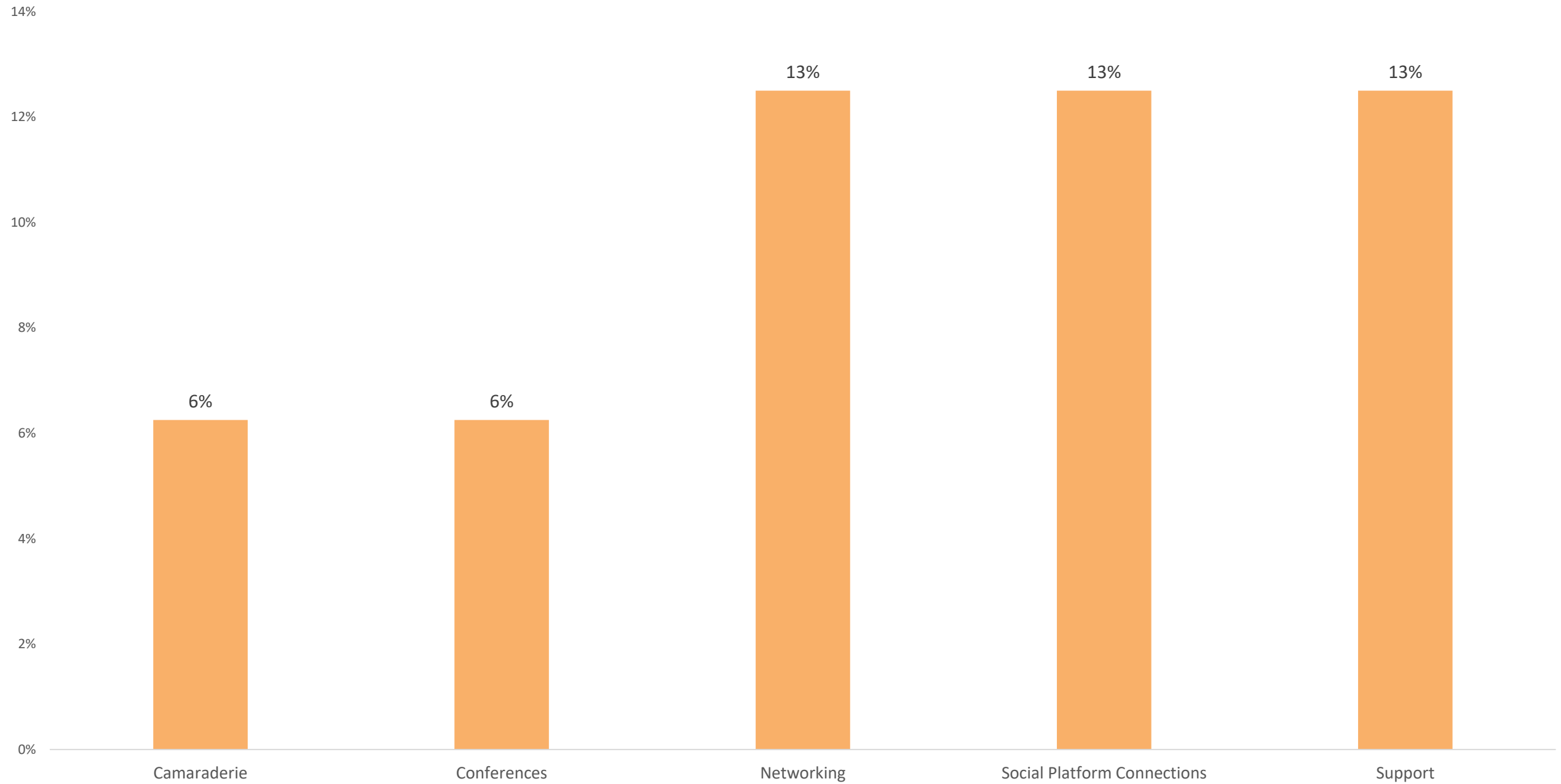
Midwife S. Monroe

I did a doula training because I was a childcare worker and felt a calling to become a doula.

I got involved with reproductive justice activism in college and went to med school and loved OB and Family Med rotations and ultimately ended up in Family Medicine in a program that luckily has a heavy emphasis on obstetrics.

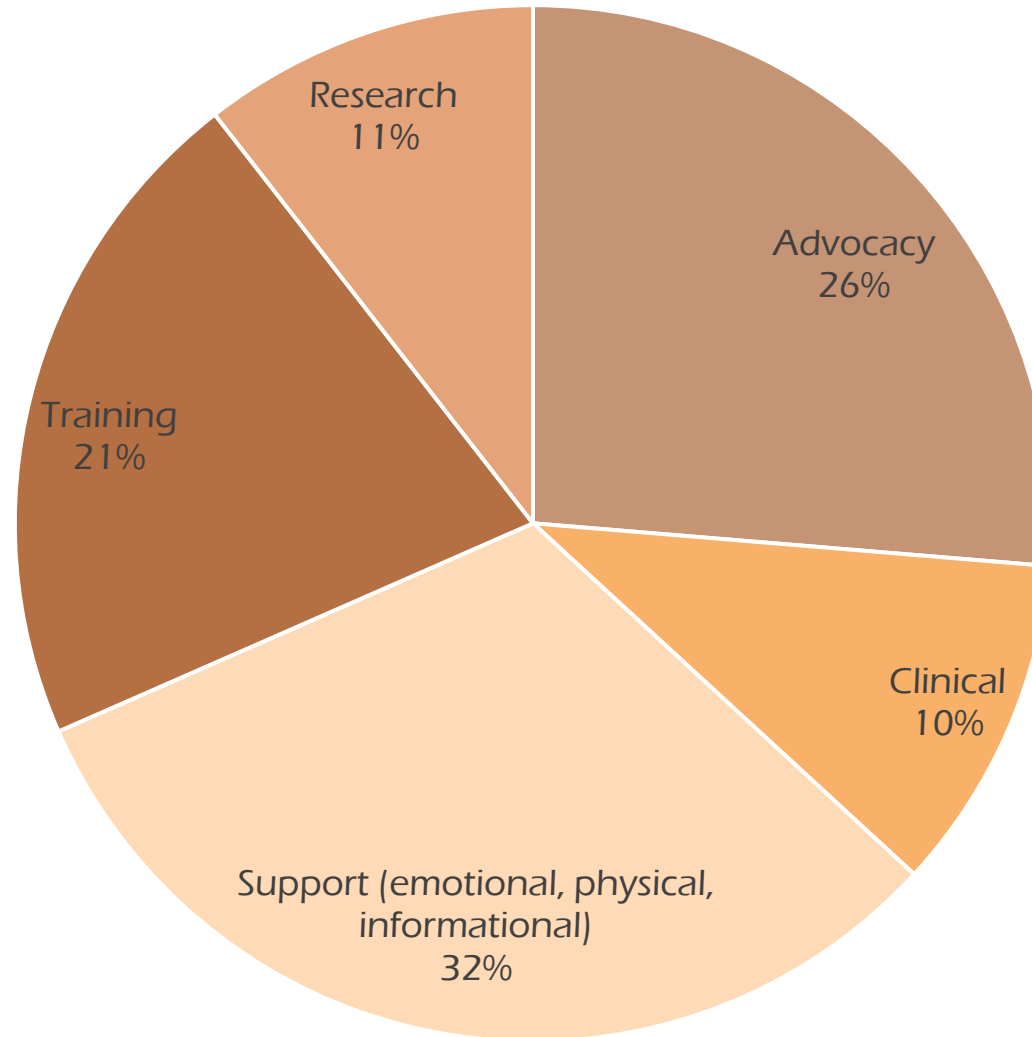


What has Worked Well for BIPOC Connection Middle Eastern/North African Community

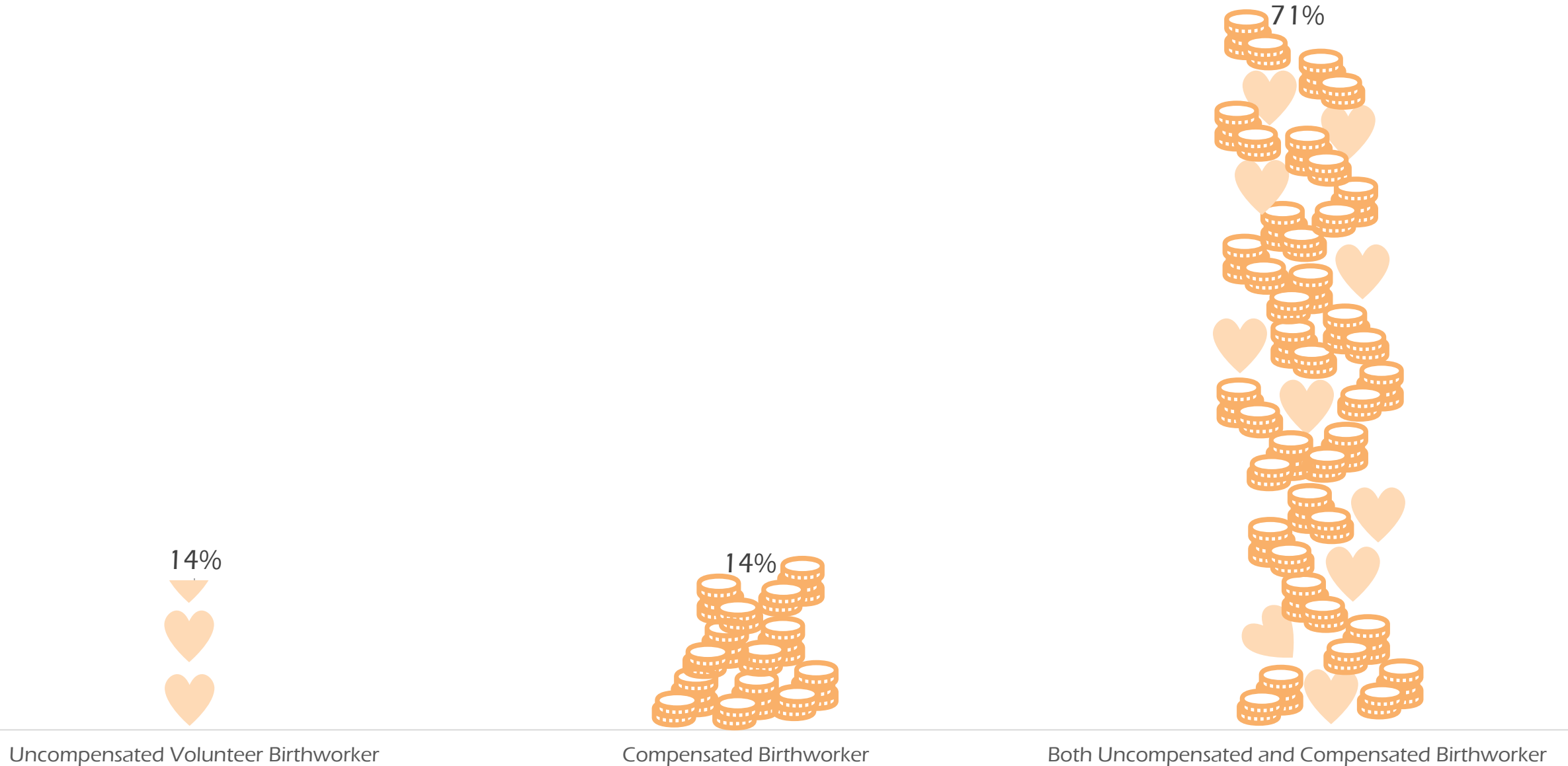


Definitions of categories located in [Appendix I](#)

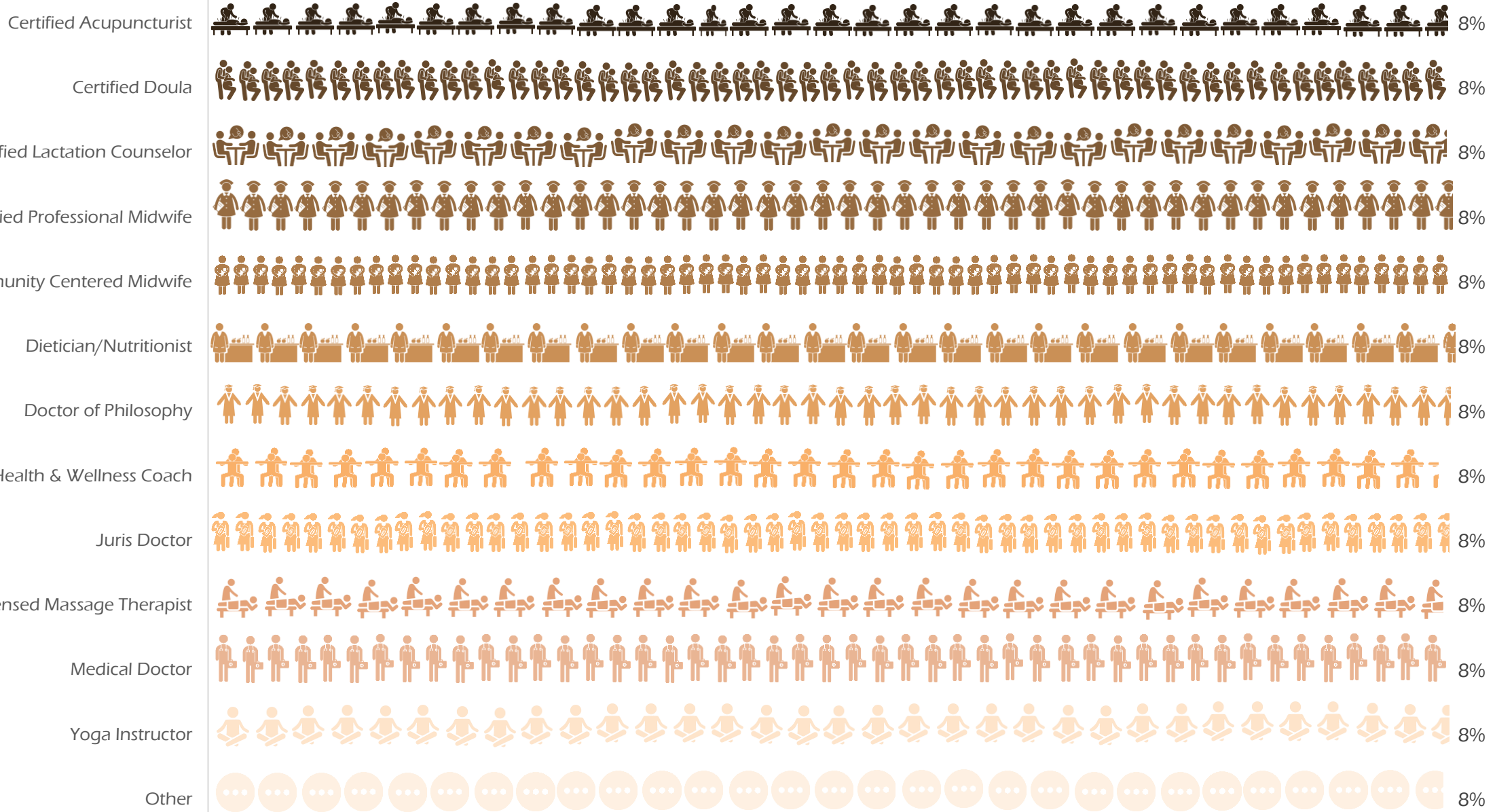
Type of Birthwork
Middle Eastern/North African
n=7



Volunteer & Compensated Birthworkers Middle Eastern/North African

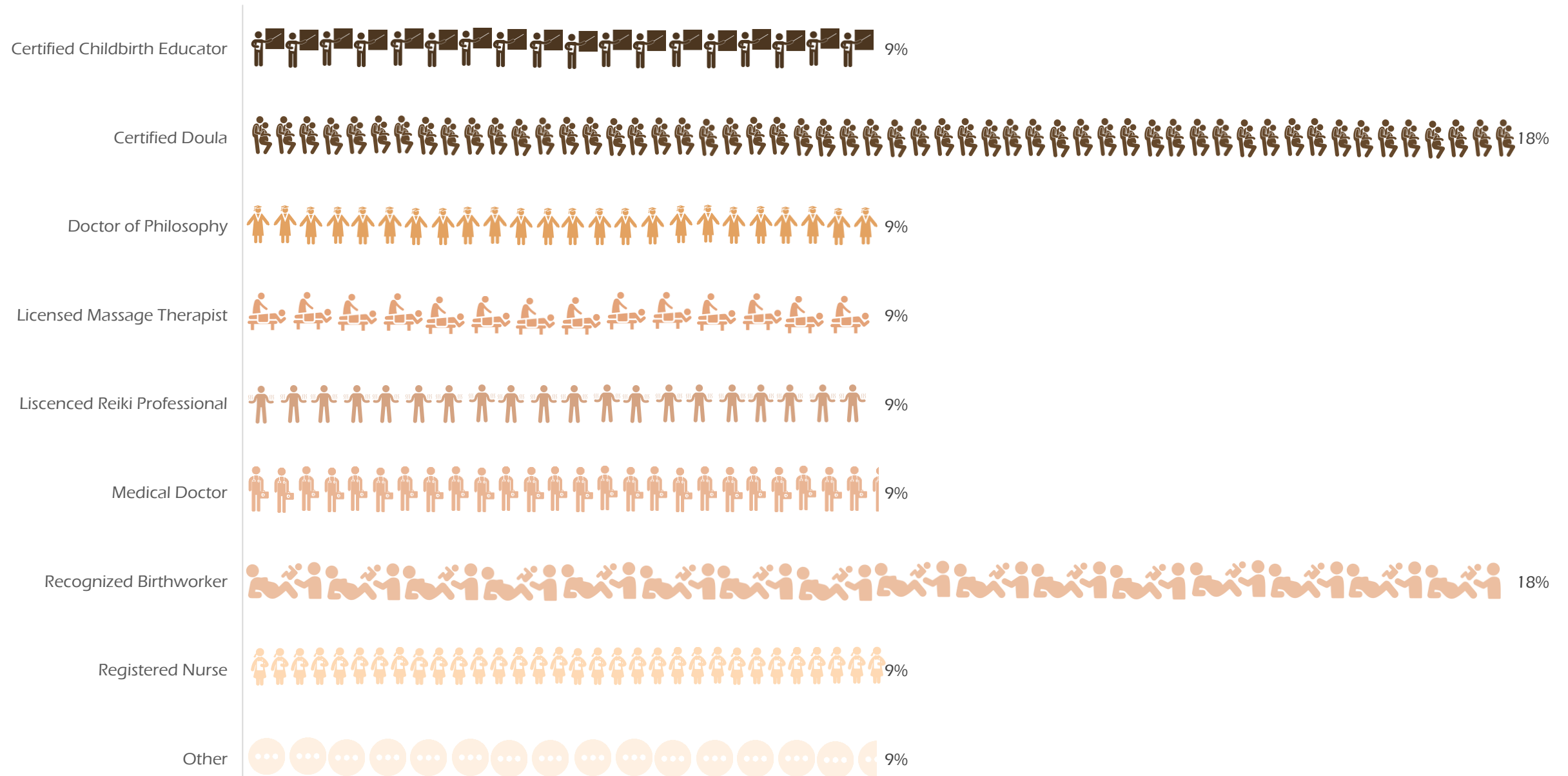


Currently Pursued Credentials to Provide Birthwork Services Middle Eastern/North African



*'Other' category included Death Guide, Postnatal Care Specialist

Held Credentials for Providing Birthwork Services Middle Eastern/North African



*'Other' category included MSW

Demographic Locations Served

Middle Eastern/North African

Rural



22%

Urban



78%

How Often Engaged in Birthwork Middle Eastern/North African

Once or
more than
once a Week



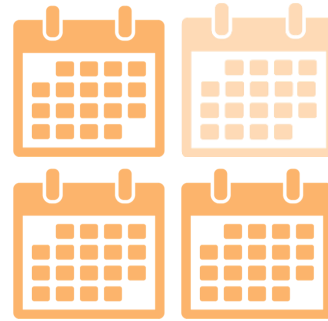
14%

Once
a
Month



14%

Once
per
Quarter



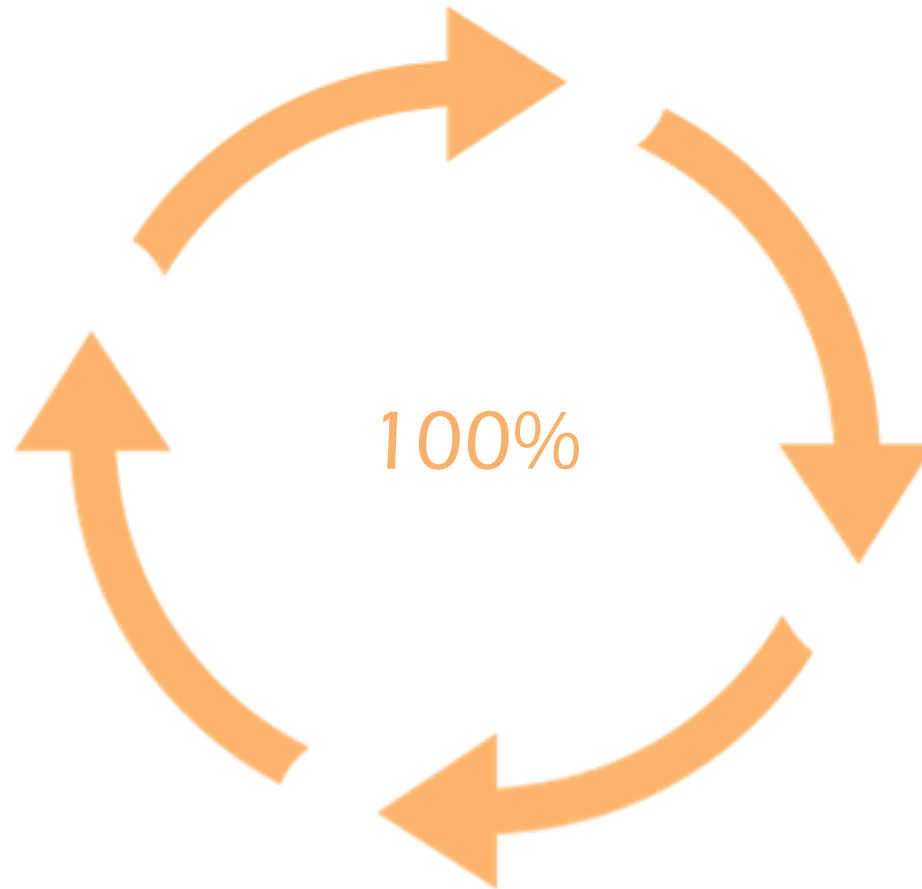
43%

Once
in the
Year



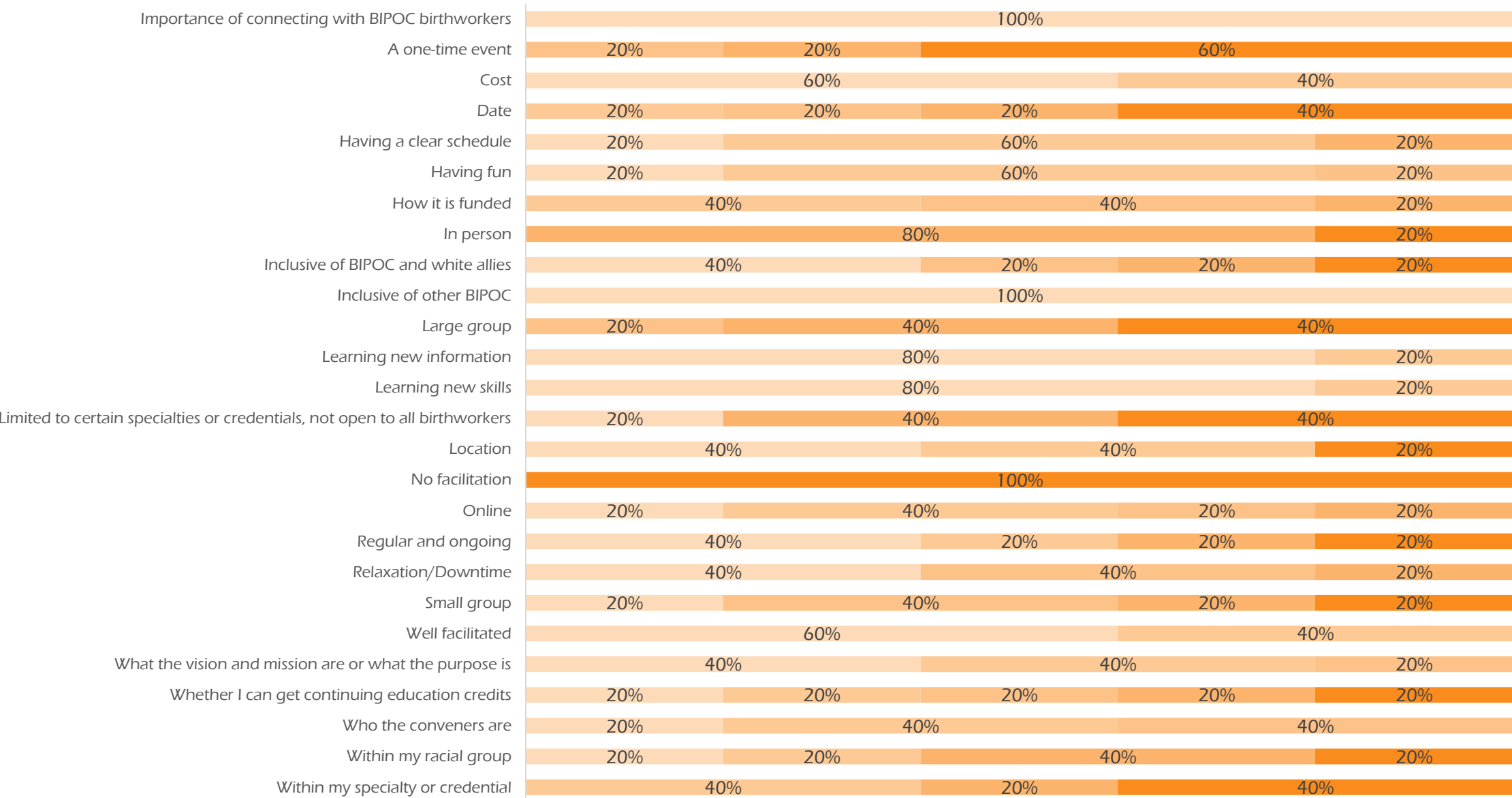
29%

Will Continue Birthwork in the Next Year
Middle Eastern/North African



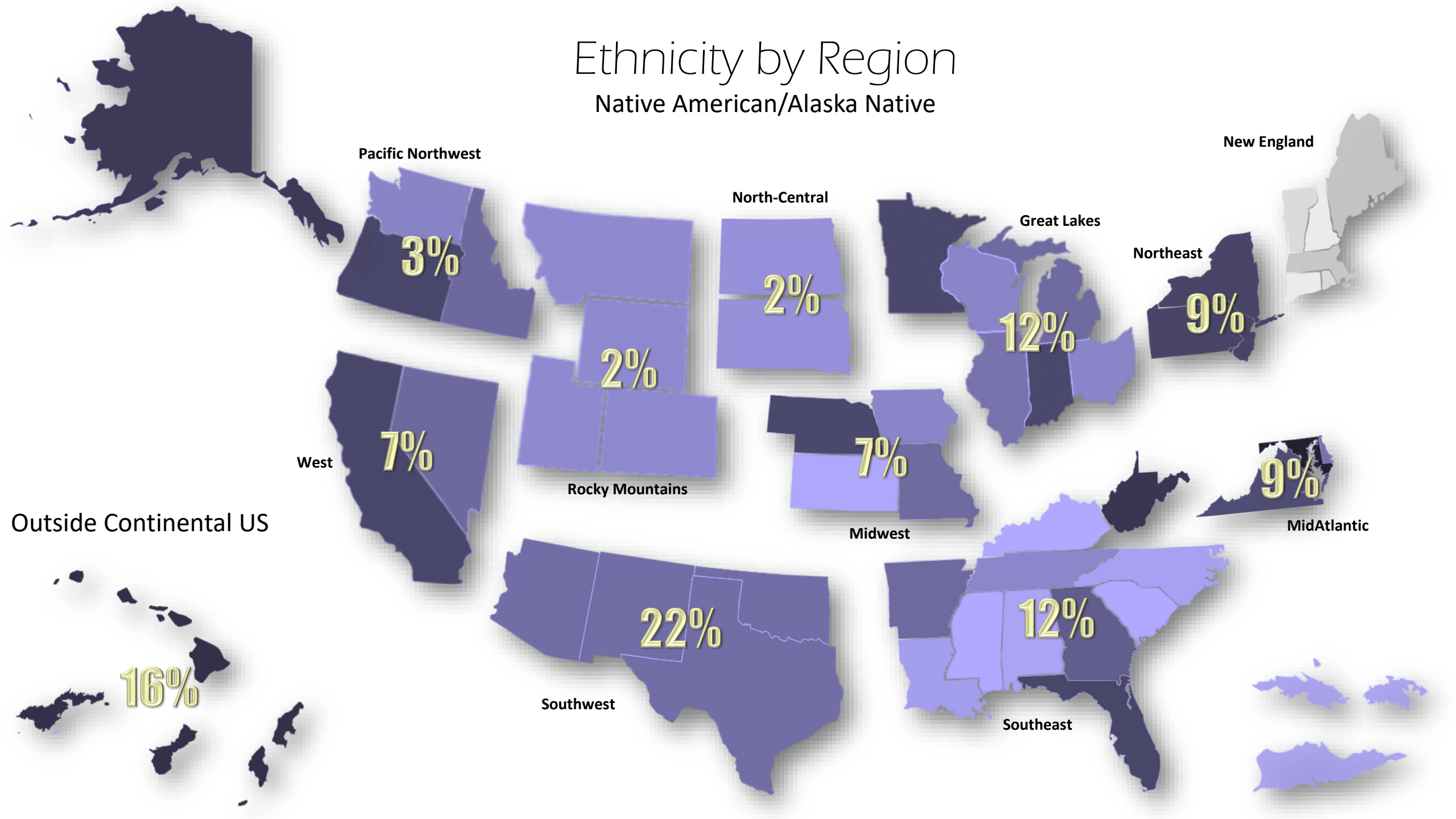
Important Factors when Connecting with BIPOC Birthworkers Middle Eastern/North African

Very important Important Fairly Important Slightly important Not important



Ethnicity by Region

Native American/Alaska Native





What Brought Me to Birthwork Native American/Alaska Native

I experienced PPD and had an extremely difficult time handling it after my first child, I became involved in post partum emotional/mental health support after that

as a parent who gave birth three times, as a birth and postpartum doula for family, friends and in a few instances strangers because they asked me to be there for them or because I offered

After an abortion

My 2nd pregnancy I was seeking a different option for birth after a traumatic first birth. Found my midwife and she is now my preceptor of 3yrs

I became connected to birthwork as a genderfluid trans person because I saw a lack in support for myself in birth, I only felt that wading in and finding a way to educate and provide for community was natural on my own path to family planning.

Ashland Birth Center after I learned about them with my 2nd child and had 5 children under their care. I have been in an apprenticeship for 3yrs

I worked in community health for several years, started volunteering as a doula, pursued doula / childbirth educator/ breastfeeding counselor training, then became a midwife

I decided in my 20s at the suggestion of a friend to look into birth work, and decided I wanted to become a midwife, but cannot due to time and money (lack of) so I am a doula

I was a unlicensed midwife and moved to TN. I try to get my "numbers and signatures" but after 5 years the preceptor said I must pay her 8000. So after working for free and other things that happen I have no choice but to work with my community as an unlicensed, un assisted ..doula/ birth worker

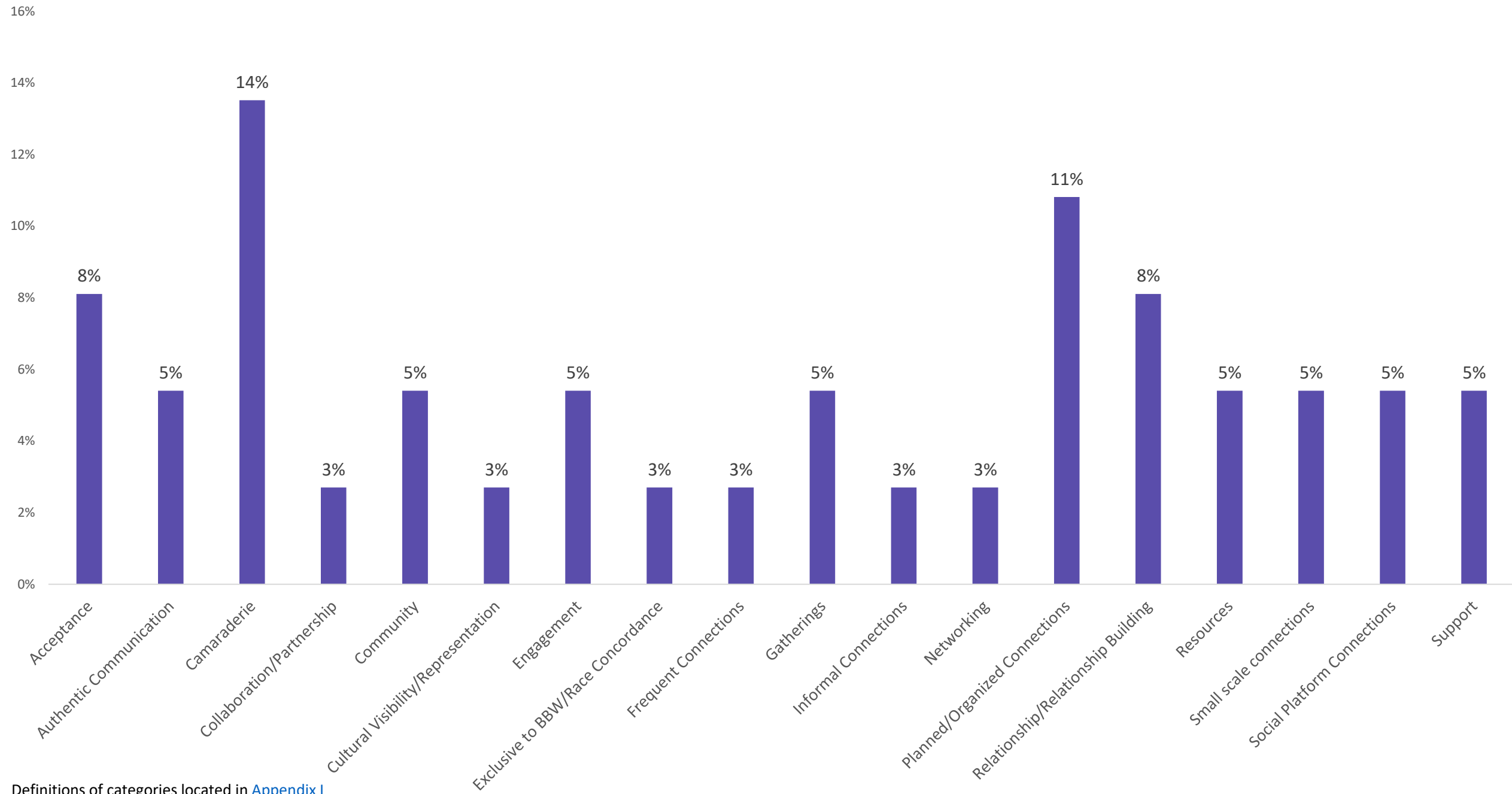
I have been drawn to birthwork since childhood. I was trained as a doula in 2010, worked with Indigenous birthing people since 2012, especially in rural Alaska. Founding member of Alaska Native Birthworkers Community.

I was beginning my own journey into parenthood and realized I wasnt getting the care I needed. So I earned to do it myself.

I was a doula and went to midwifery school and now do home birth as well as advocacy and policy at the state level in New Mexico and on tribal Nations

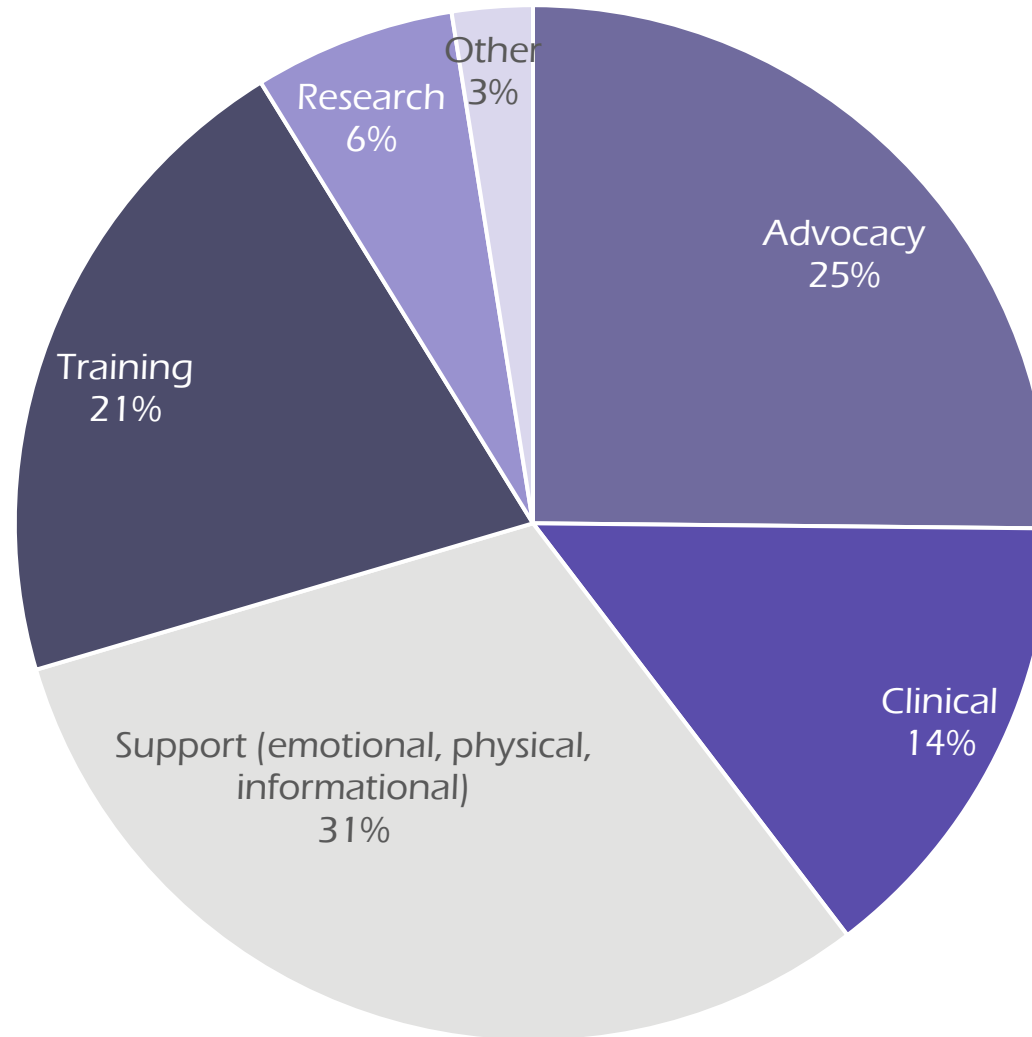


What has Worked Well for BIPOC Connection Native American/Alaska Native Community



Definitions of categories located in [Appendix I](#)

Type of Birthwork
Native American/Alaska Native
n=52

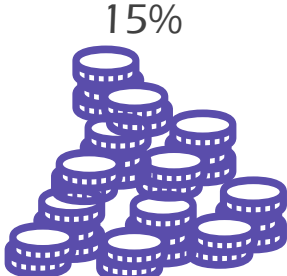


*'Other' category included Traditional and Ceremonial Birth Work, Sacred Birth Keeper, Curandera, Newborn Care Specialist

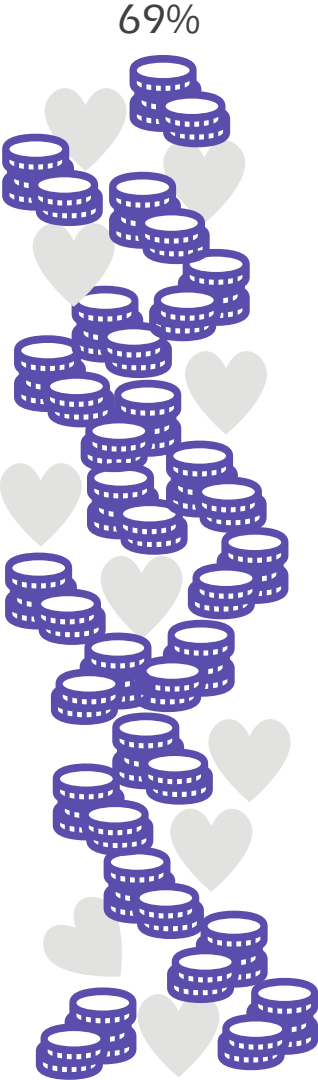
Volunteer & Compensated Birthworkers Native American/Alaska Native



Uncompensated Volunteer Birthworker



Compensated Birthworker



Both Uncompensated and Compensated Birthworker

Currently Pursued Credentials to Provide Birthwork Services

Native American/Alaska Native



*'Other' category included Midwife

Held Credentials for Providing Birthwork Services Native American/Alaska Native



*'Other' category included Community Health Worker, Herbalist, Indigenous Breastfeeding Counselor, Indigenous Birth Teachings Provider, M. Ed., Indigenous Lactation Education, MPH, MPP

Demographic Locations* Served

Native American/Alaska Native

Rural



42%

Urban



58%

*Notes on location/regions served: Many Alaska Native women are forced into urban areas for maternity care, so it's primarily rural people in an urban setting. Border areas are neither

How Often Engaged in Birthwork Native American/Alaska Native

Once or
more than
once a Week



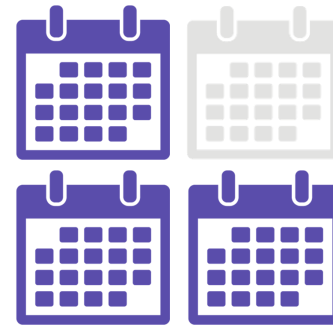
55%

Once
a
Month



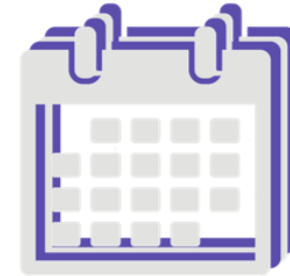
19%

Once
per
Quarter



17%

Once
in the
Year

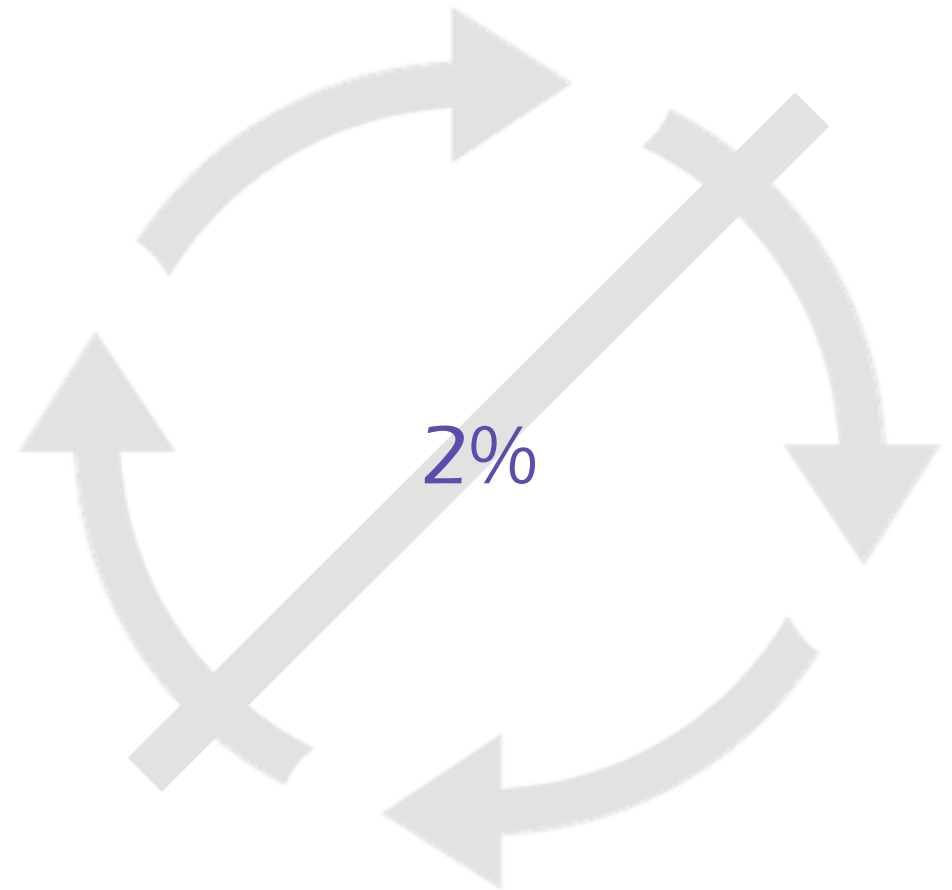
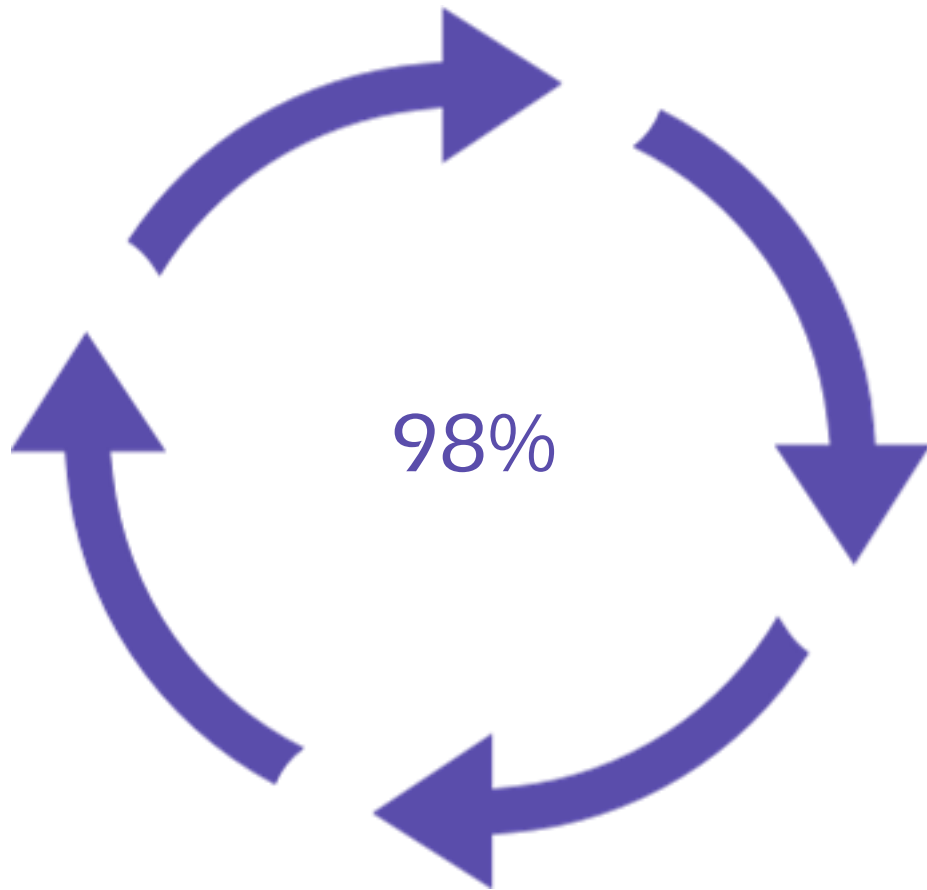


9%

Will Continue Birthwork in the Next Year

Will *Not**Continue Birthwork in the Next Year

Native American/Alaska Native

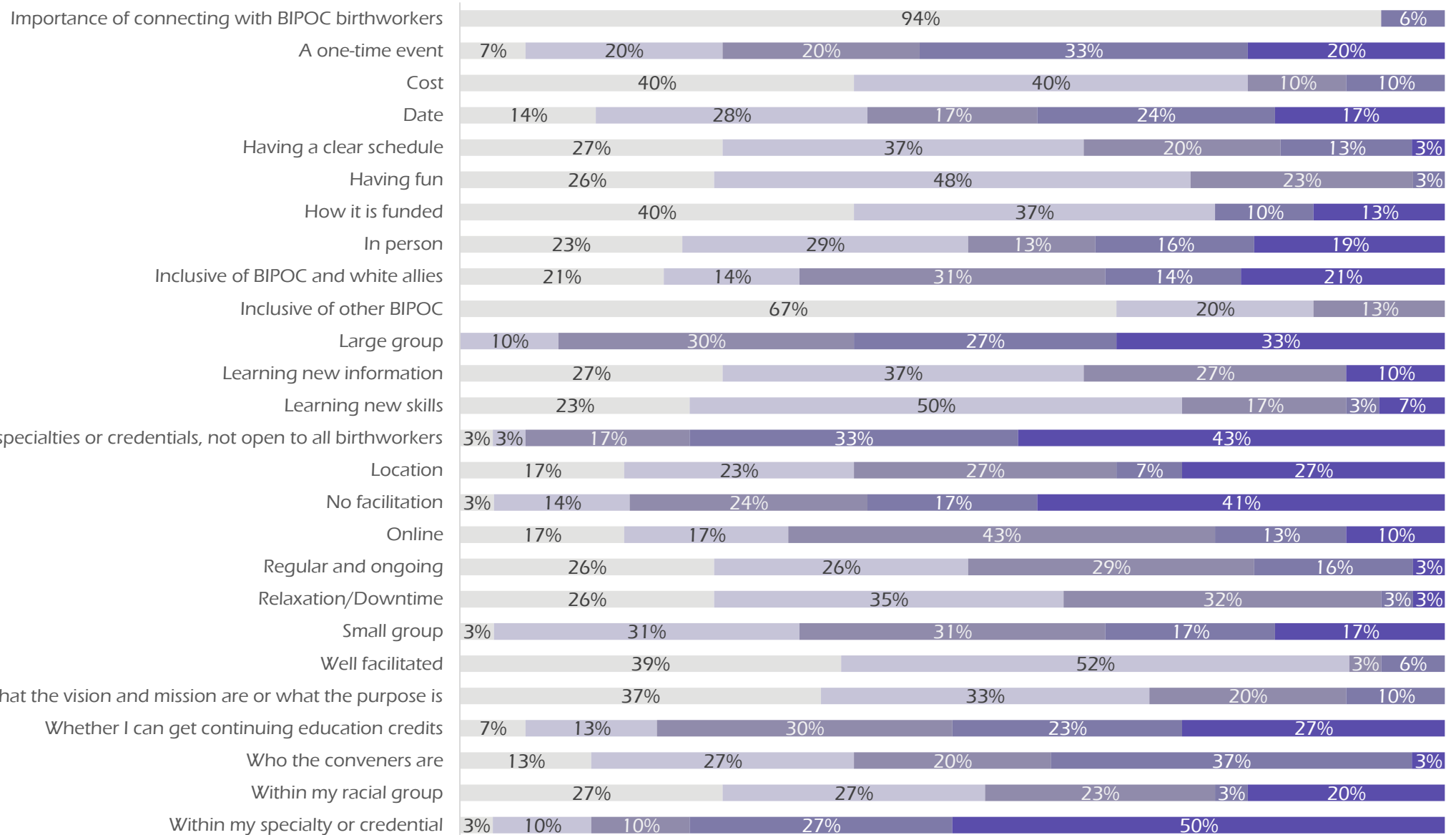


*Will *NOT* continue due to unsure

Important Factors when Connecting with BIPOC Birthworkers

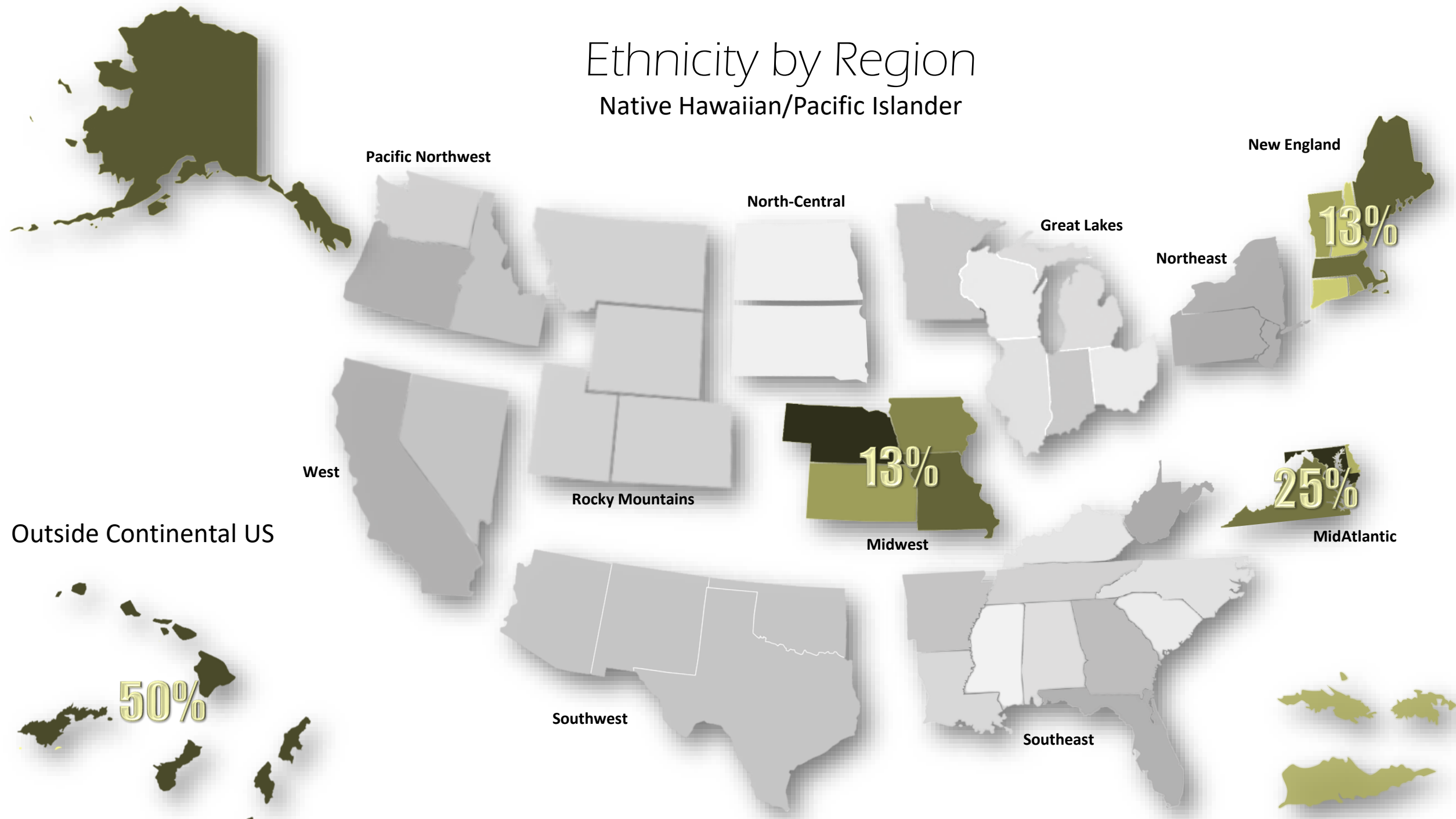
Native American/Alaska Native

■ Very important
 ■ Important
 ■ Fairly Important
 ■ Slightly important
 ■ Not important



Ethnicity by Region

Native Hawaiian/Pacific Islander





What Brought Me to Birthwork Native Hawaiian/Pacific Islander

During my studies for my BA in Hawaiian Studies and Hawaiian language, I learned from elders about our (Kanaka Maoli/Native Hawaiian) birth traditions, customs, and practices. I also learned that this pillar of our culture had nearly been all but wiped out by forced American assimilation. I knew this is where my responsibilities lay. I had three freedom babies at home with a traditional birth attendant and a CPM (first born in 2011) and have been active in birth keeping and training ever since.

I took a class during my undergraduate studies in Hawaiian Language from a cultural practitioner who was raised in our traditional Native Hawaiian cultural practices and Native language and she taught us about our customs and traditions surrounding birth. My partner and I who are both Native Hawaiian chose a traditional birth worker along side a CPM for our three home birth babies. I was asked to attend several family members and close friends home birth ceremony over the past decade, relearning, reclaiming, and revitalizing our customs and traditions in the whole birth process, the postpartum period, and beyond to child rearing. I decided to go to midwifery school for emergency skills training in 2017, I hope to graduate in 2021.

I started as a doula 12 years ago and continued towards midwifery.

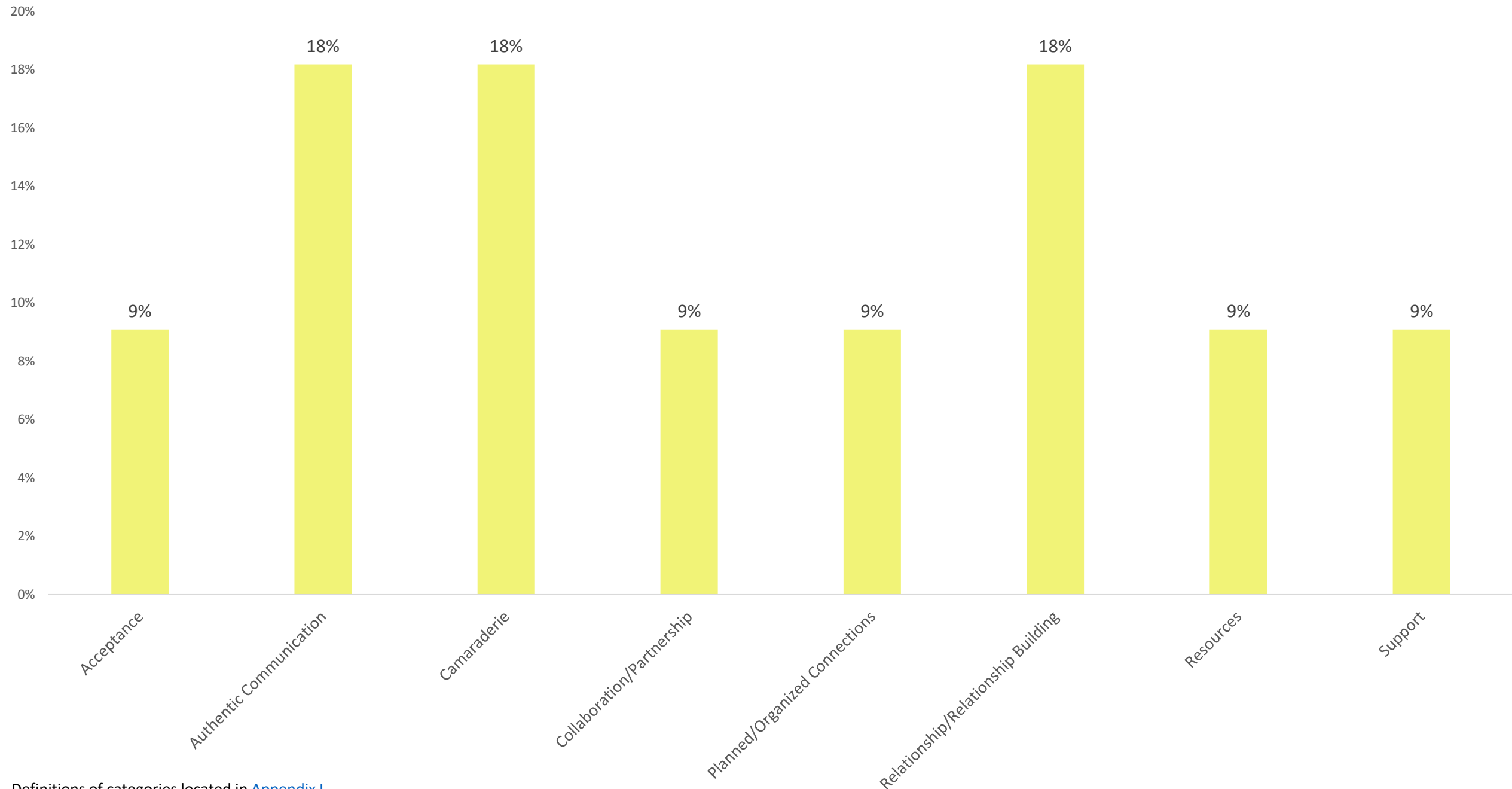
I have been a doula and then started attending midwifery school at Midwives College of Utah in their Bachelor program.

I became connected to birth work after having my own children.

Innate interest in studying body processes relates to reproduction, supporting families through reproductive stage

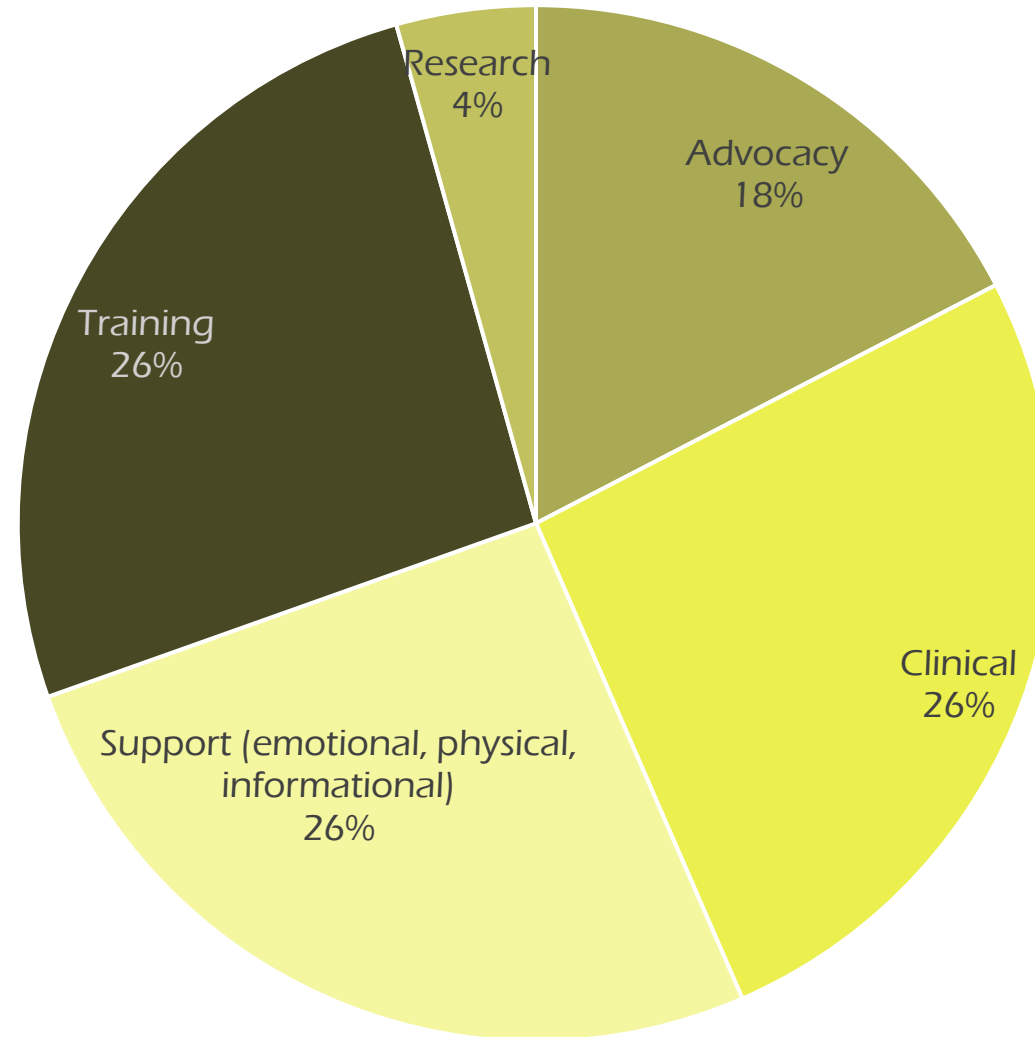


What has Worked Well for BIPOC Connection Native Hawaiian/Pacific Islander Community



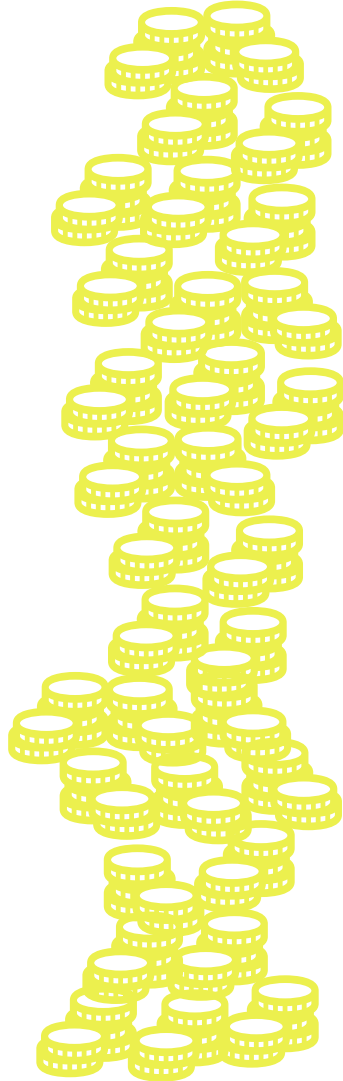
Definitions of categories located in [Appendix I](#)

Type of Birthwork
Native Hawaiian/Pacific Islander
n=7



Volunteer & Compensated Birthworkers Native Hawaiian/Pacific Islander

57%



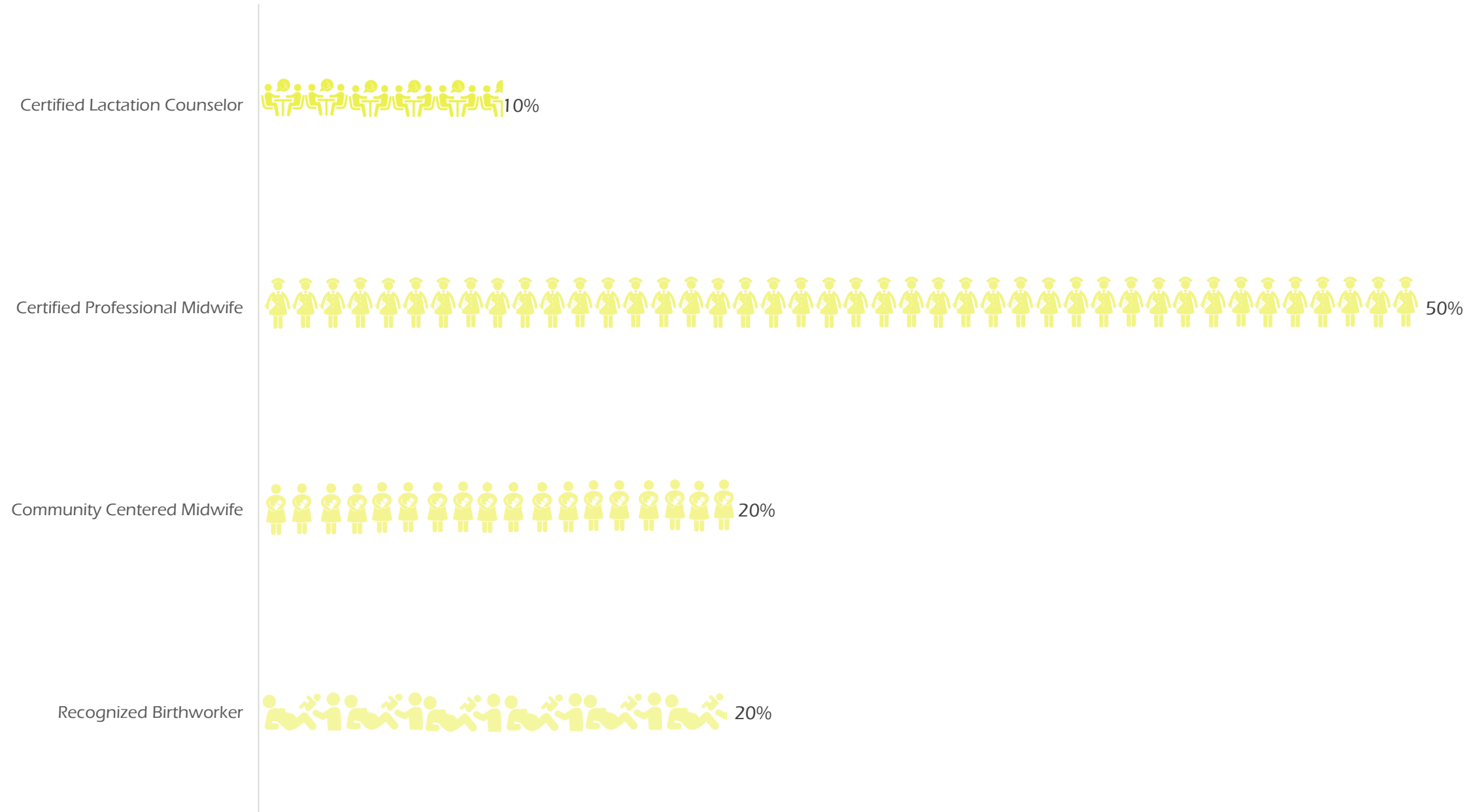
Compensated Birthworker

43%

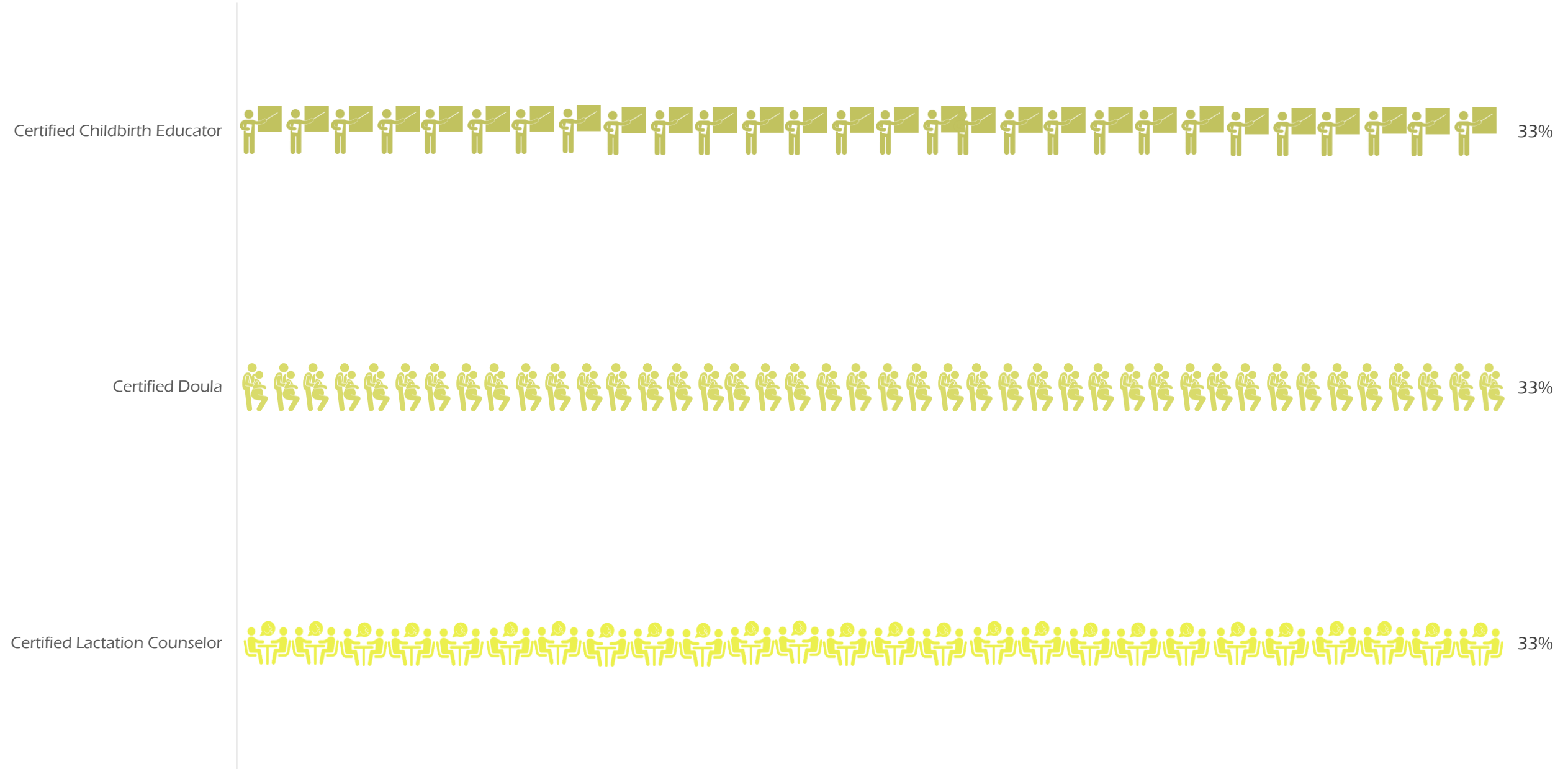


Both Uncompensated and Compensated Birthworker

Currently Pursued Credentials to Provide Birthwork Services Native Hawaiian/Pacific Islander



Held Credentials for Providing Birthwork Services Native American/Alaska Native



Demographic Locations Served

Native Hawaiian/Pacific Islander

Rural



33%

Urban



44%

Other*



22%

*Notes on other location/regions served include islands and adjacent islands

How Often Engaged in Birthwork Native Hawaiian/Pacific Islander

Once or
more than
once a Week

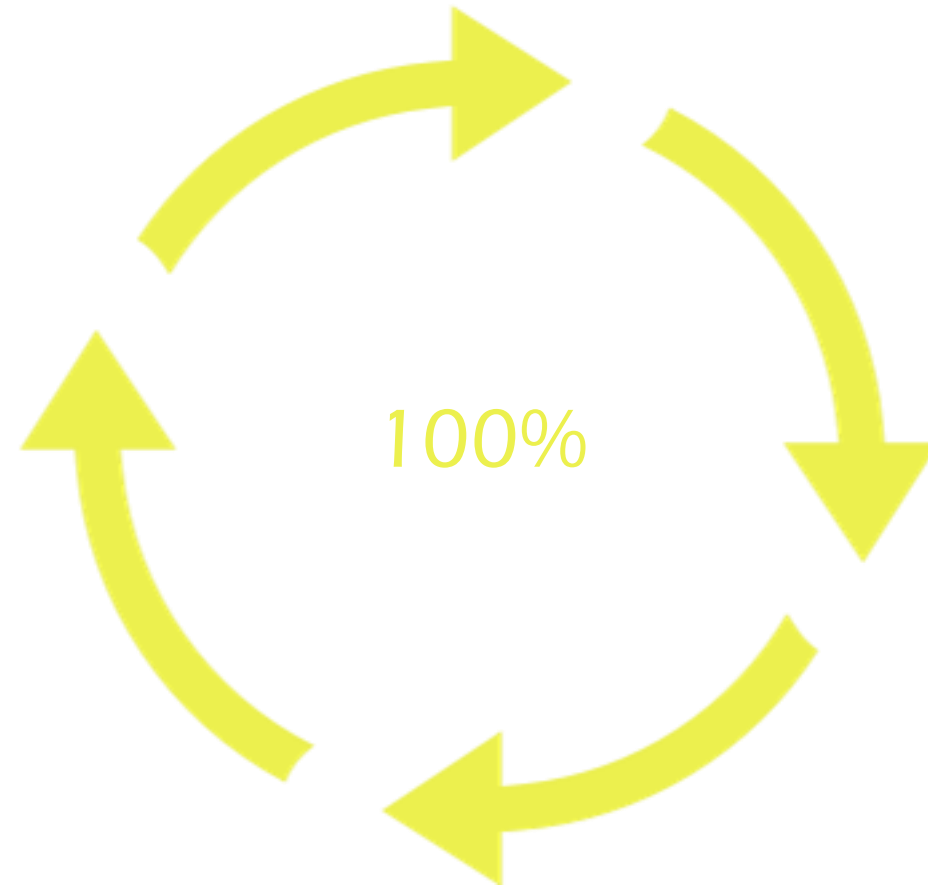
Once
a
Month



80%

20%

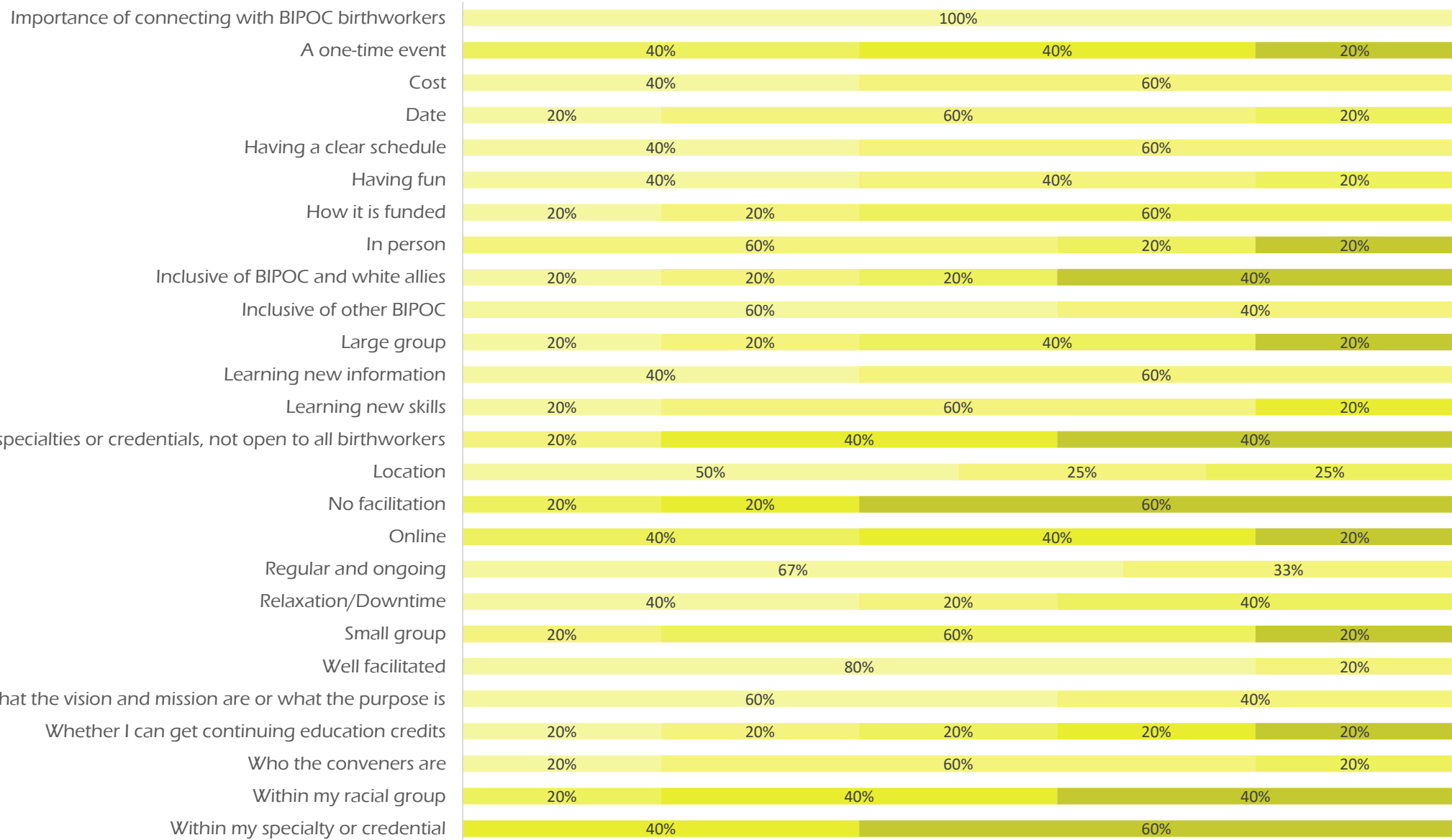
Will Continue Birthwork in the Next Year
Native Hawaiian/Pacific Islander



Important Factors when Connecting with BIPOC Birthworkers

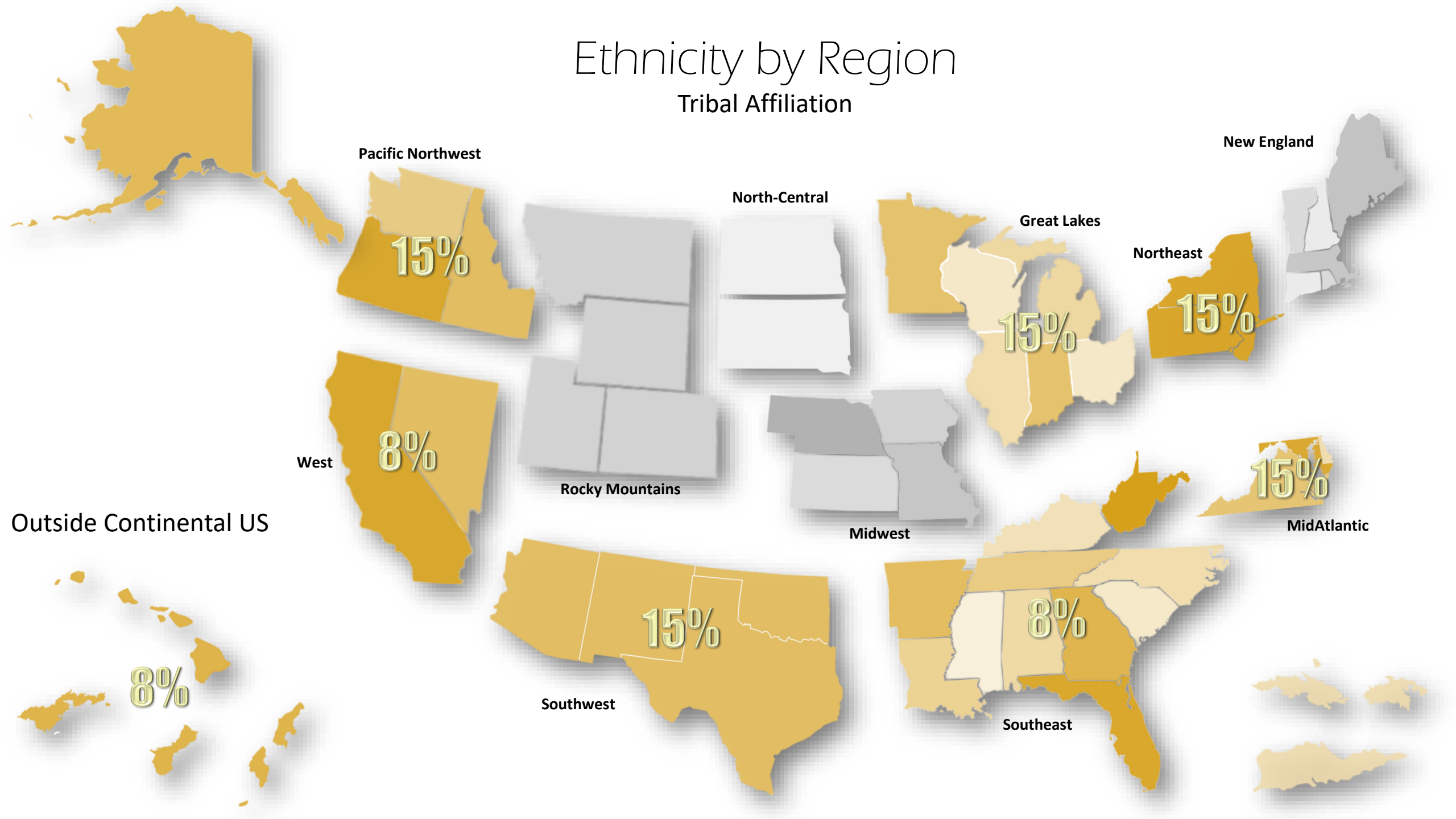
Native Hawaiian/Pacific Islander

Very important Important Fairly Important Slightly important Not important



Ethnicity by Region

Tribal Affiliation





What Brought Me to Birthwork Tribal Affiliation

I became connected to birthwork through being a Breastfeeding support person.

I started on this path in 2012, but my consistent engagement with Birth Work currently is personal clients, and the development and running of my BIPOC Birth Workers, Worker-CO-Op.

Ashland Birth Center after I learned about them with my 2nd child and had 5 children under their care. I have been in an apprenticeship for 3yrs

Personal experience with midwives then having OB care with Two belly births. And the politicization of the personal and consciousness broadening.

Having a home birth myself

I was born to healers

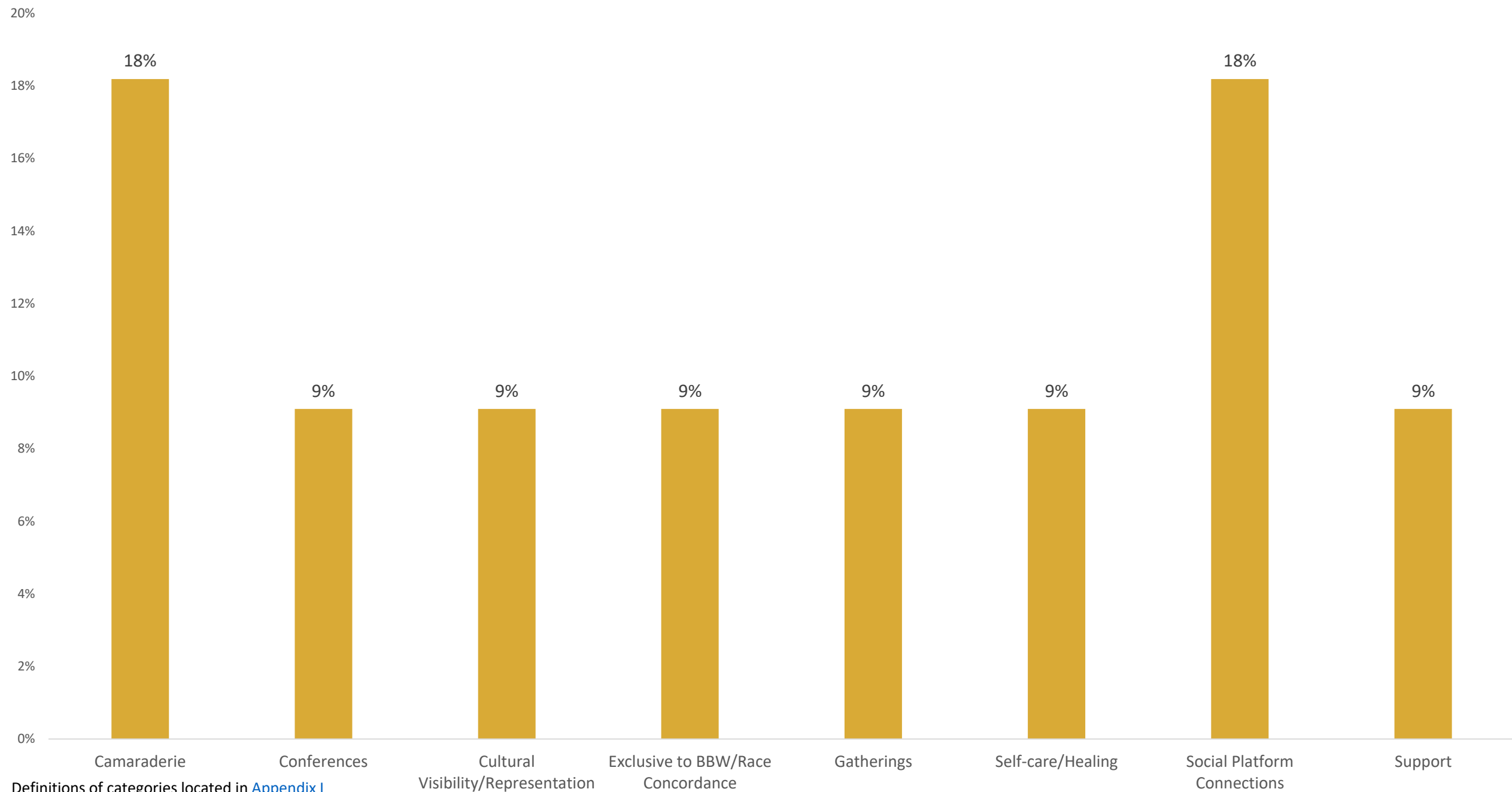
I became involved in Birth work after the birth of my children.

Through Apprenticeship

I became connected to birthwork as a genderfluid trans person because I saw a lack in support for myself in birth, I only felt that wading in and finding a way to educate and provide for community was natural on my own path to family planning.



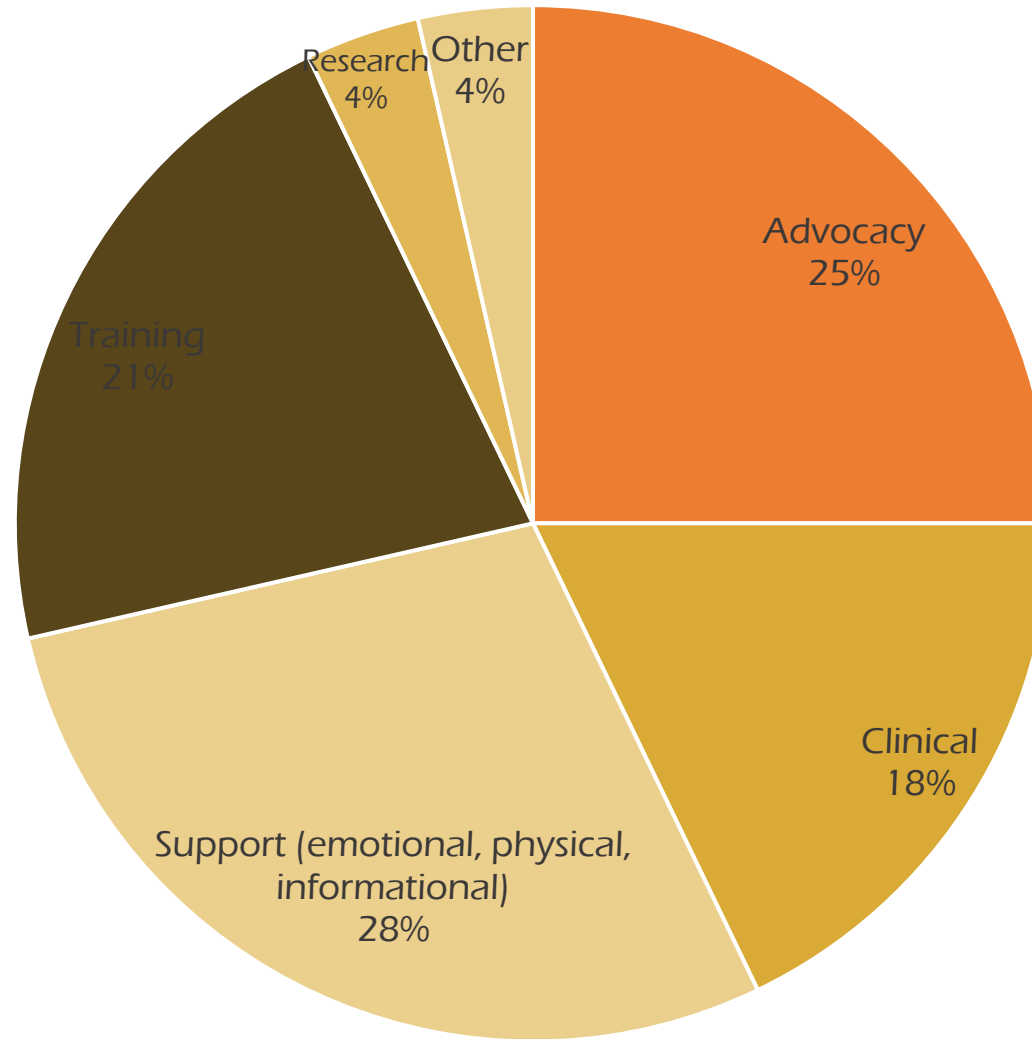
What has Worked Well for BIPOC Connection Tribal Affiliation Community



Type of Birthwork

Tribal Affiliation

n=10



*'Other' category included Sacred Birth Keeper

Volunteer & Compensated Birthworkers

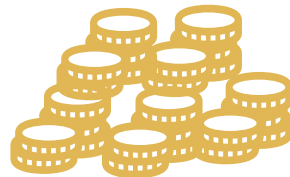
Tribal Affiliation

30%



Uncompensated Volunteer Birthworker

10%



Compensated Birthworker

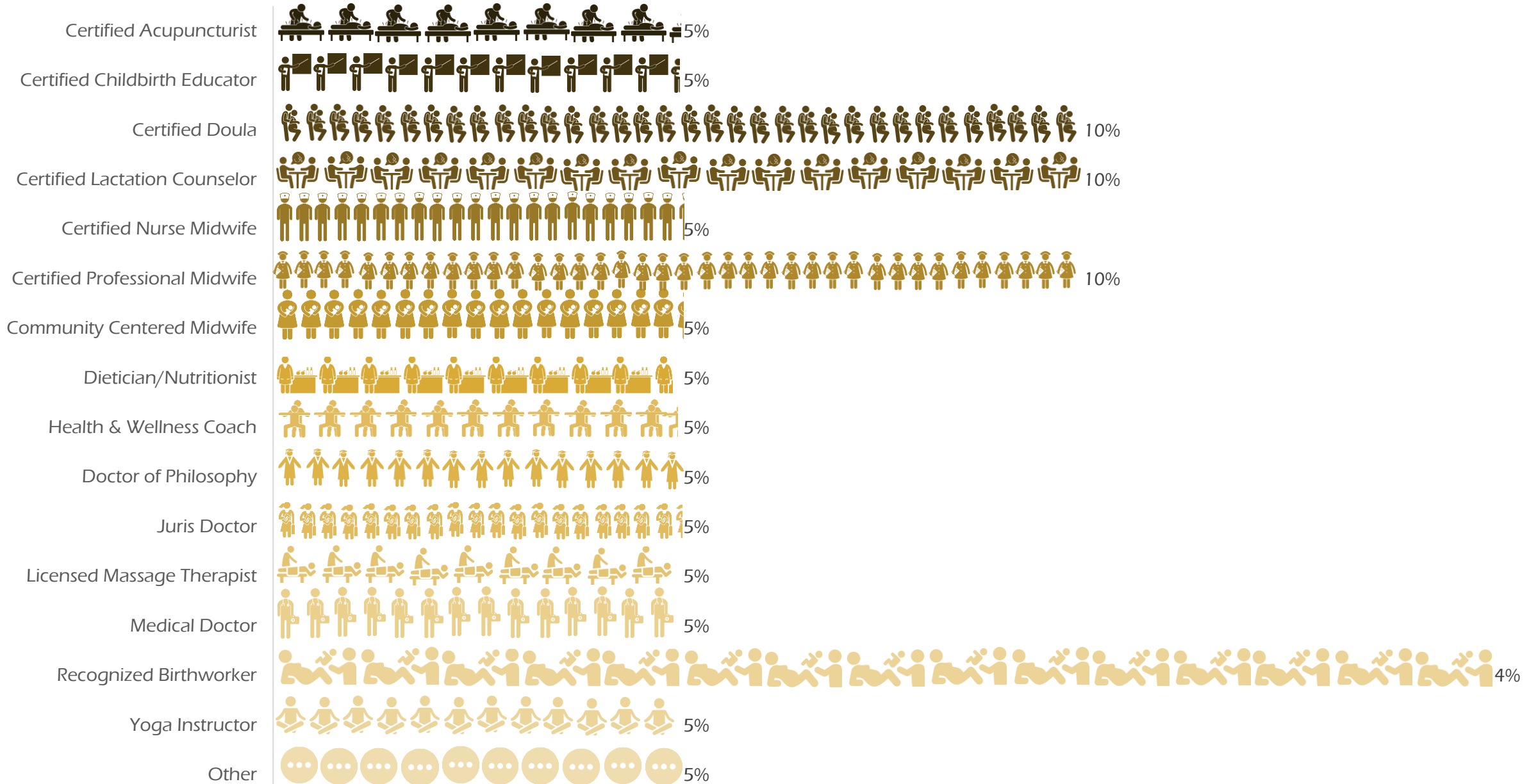
60%



Both Uncompensated and Compensated Birthworker

Currently Pursued Credentials to Provide Birthwork Services

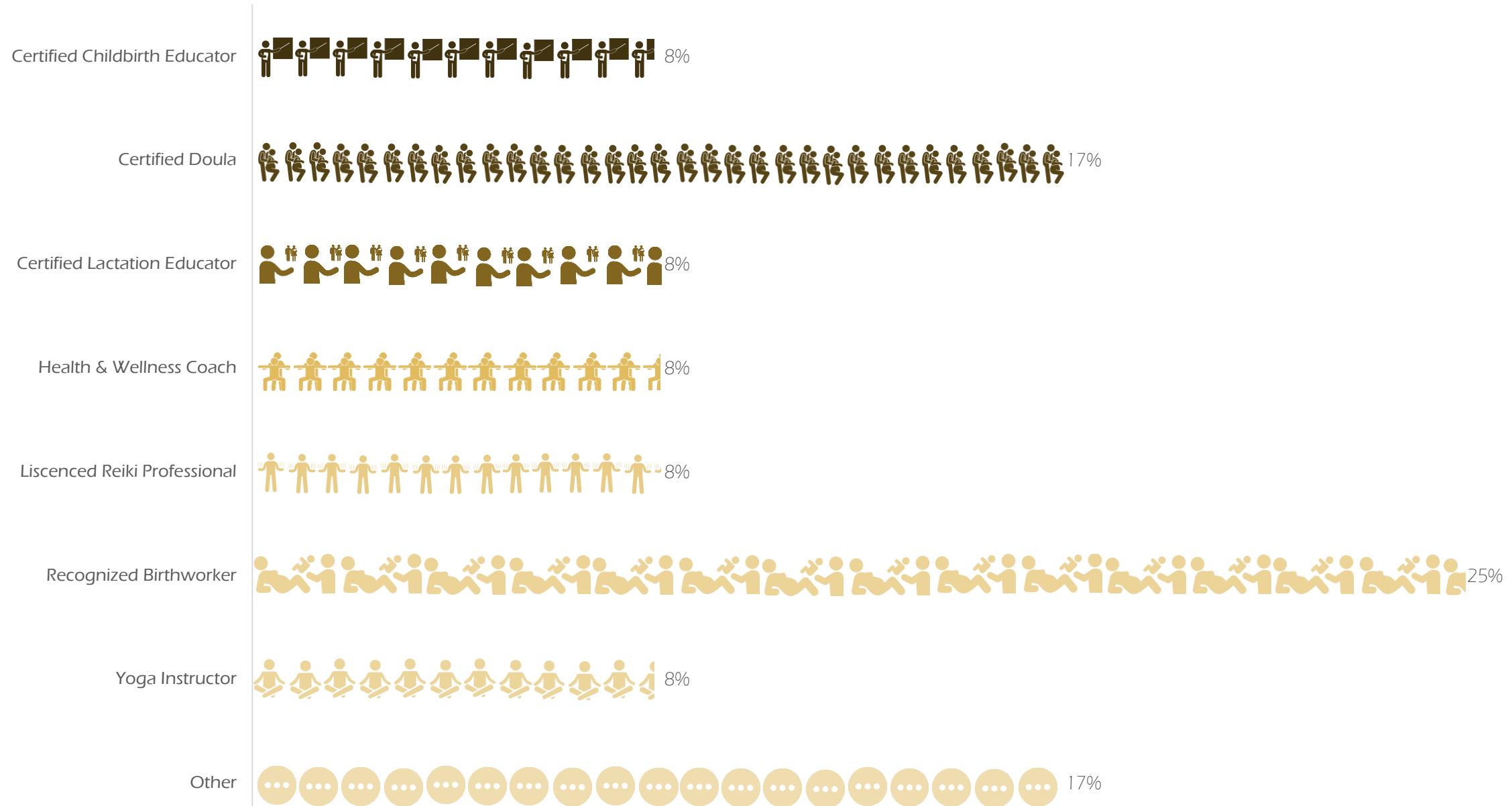
Tribal Affiliation



*'Other' category included Postnatal Care Specialist, Death Guide

Held Credentials for Providing Birthwork Services

Tribal Affiliation



*'Other' category included Indigenous Breastfeeding Counselor, Indigenous Birth Teachings Provider, Herbalist

Demographic Locations Served

Tribal Affiliation

Rural



58%

Urban



42%

How Often Engaged in Birthwork

Tribal Affiliation

Once or
more than
once a Week



50%

Once
a
Month



20%

Once
per
Quarter



20%

Once
in the
Year

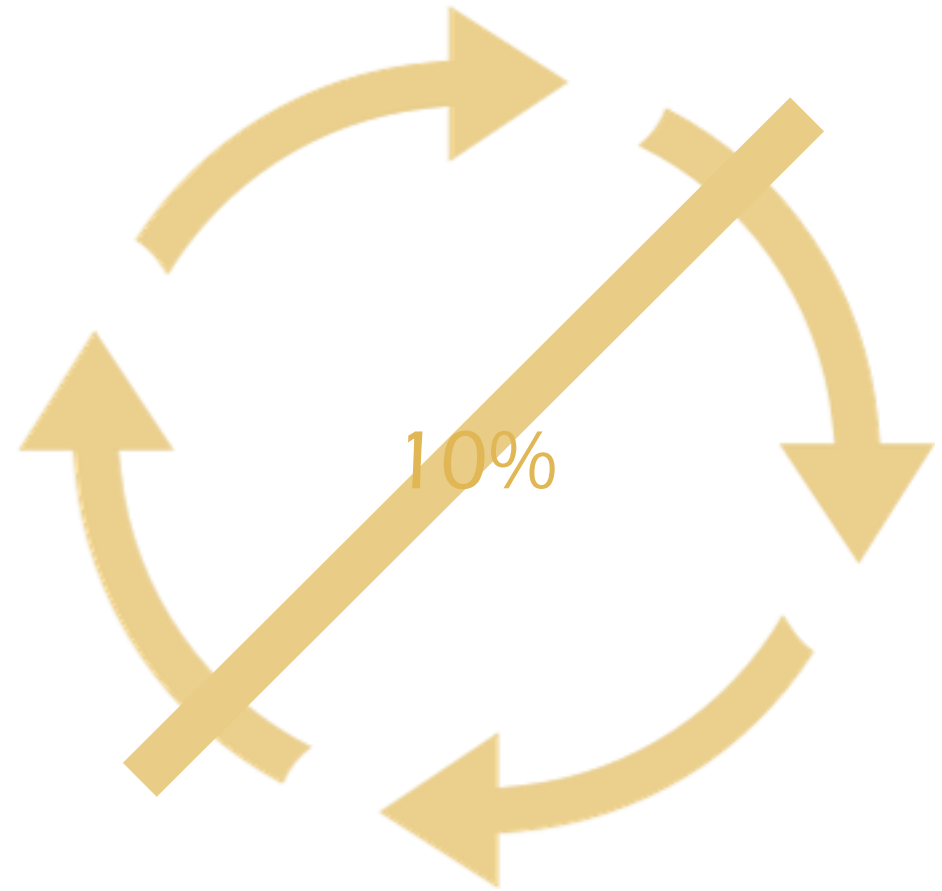
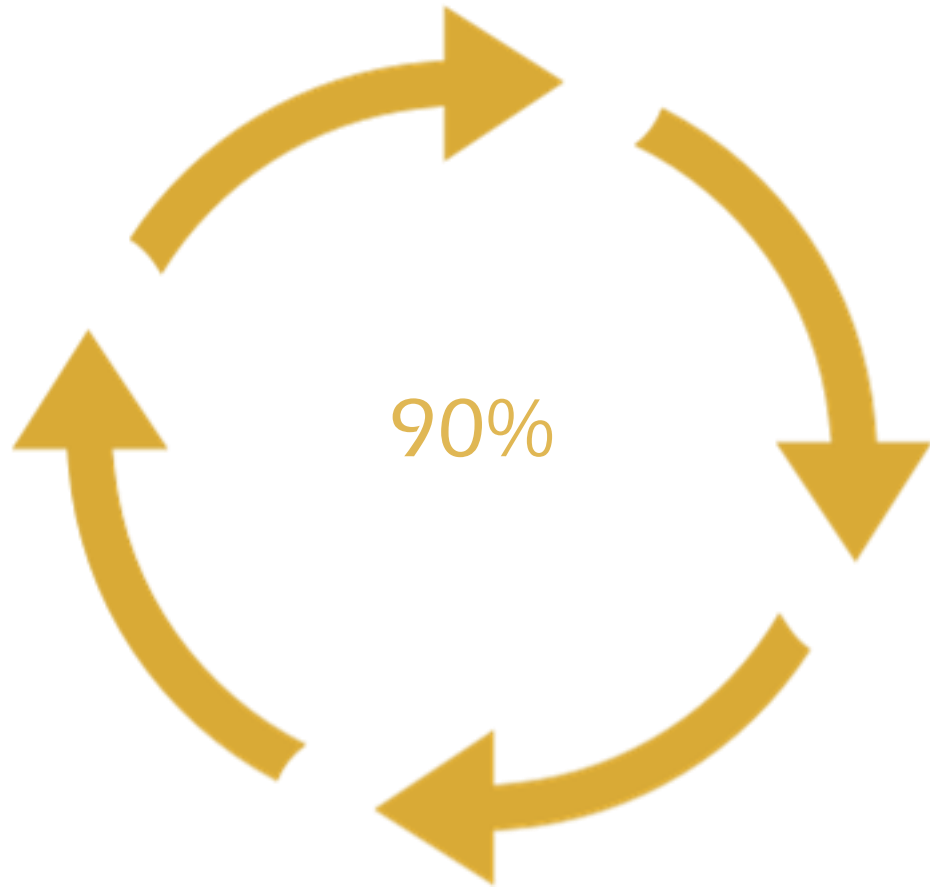


10%

Will Continue Birthwork in the Next Year

Will *Not**Continue Birthwork in the Next Year

Tribal Affiliation

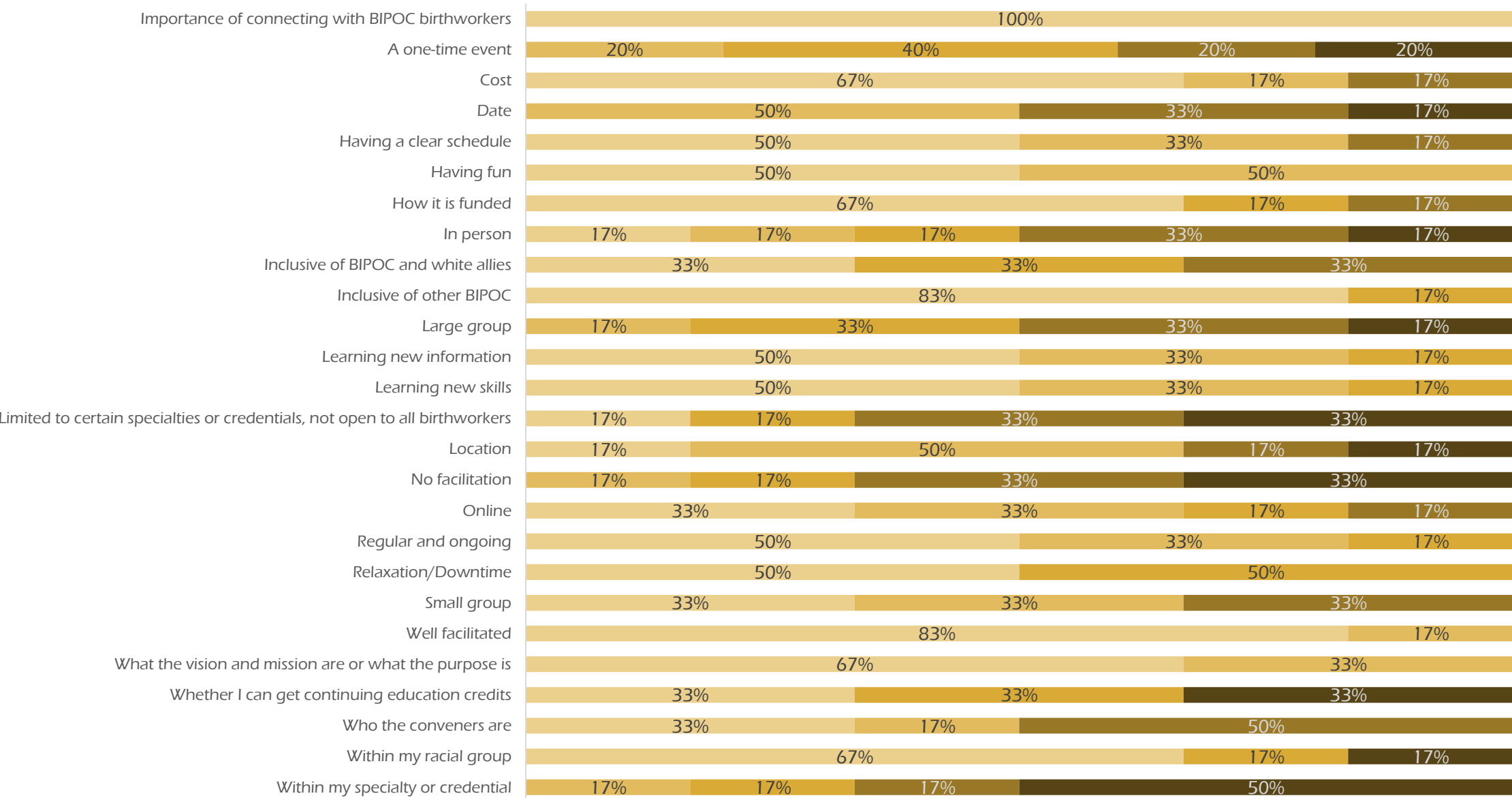


*Will *NOT* continue due to Sabbatical, In need of respite/break

Important Factors when Connecting with BIPOC Birthworkers

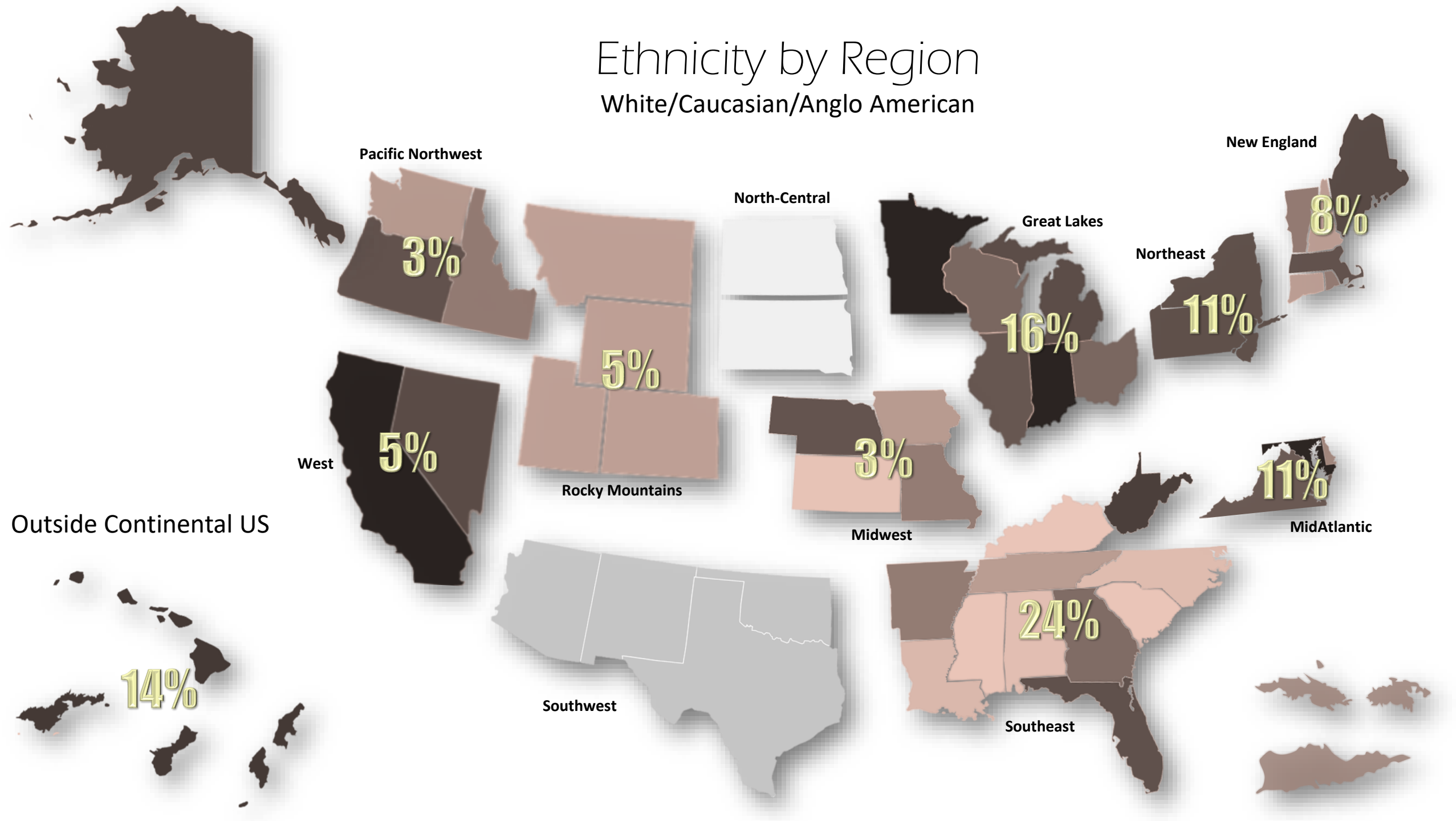
Tribal Affiliation

■ Very important
 ■ Important
 ■ Fairly Important
 ■ Slightly important
 ■ Not important



Ethnicity by Region

White/Caucasian/Anglo American





What Brought Me to Birthwork White/Caucasian/Anglo American

I helped a friend through a traumatic stillbirth and she encouraged me to become a doula. I trained as a birth doula, volunteered as a community doula for over a year, lost my job and became a newborn care specialist and am now full time self employed as an NCS and birth doula. Enrolled at MCU pursuing my CPM

I had a doula during my pregnancy/postpartum and felt called to the work myself after having my child.

I hired a doula for my first birth and when I learned more about the birth work I knew it was where I was meant to be.

I felt the call when I was working as a babysitter. I have been a doula for three years and am currently in nurse midwifery school.

Birthing my own children

I've been interested in birthwork and reproductive justice as a child but found out about full spectrum doula work as a 14 year old from a zine where the author was certifying as a doula

Escuchando las inquietudes y preocupaciones de mujetes embarazadas de nuevas mamas

experience with perinatal losses inspired my advocacy...

Since, high school I have always been interested in reproductive anatomy. When my teacher skipped reproduction in our class I took it upon myself to read that chapter. Since, then I watched birthing videos on YouTube, learned about Doulas through a friend that became one and read birthing books for parents and birth workers for fun. I finally had my first child at home with a midwife and shortly after I took a doula training course. I am currently not taking clients as I am a full time mother of two.

Books and documentaries encouraged my passion, then I attended a RN/midwifery program.

We hired a doula for our first baby and since then I started my certification and getting connected with my community.

I am a licensed midwife, own birth centers, and do advocacy work for state and national midwifery organizations.

Through my own family-making experiences, and supporting loved ones, and it grew from there.

I had traumatic births became a doula then midwife.

Gave birth, it was awesome, trained as a doula.

Black women of ACNM

Through ancient song doula services

I have been an aspiring nurse midwife since I was little (14 years old).

previous work-wic and grassroot community organizing

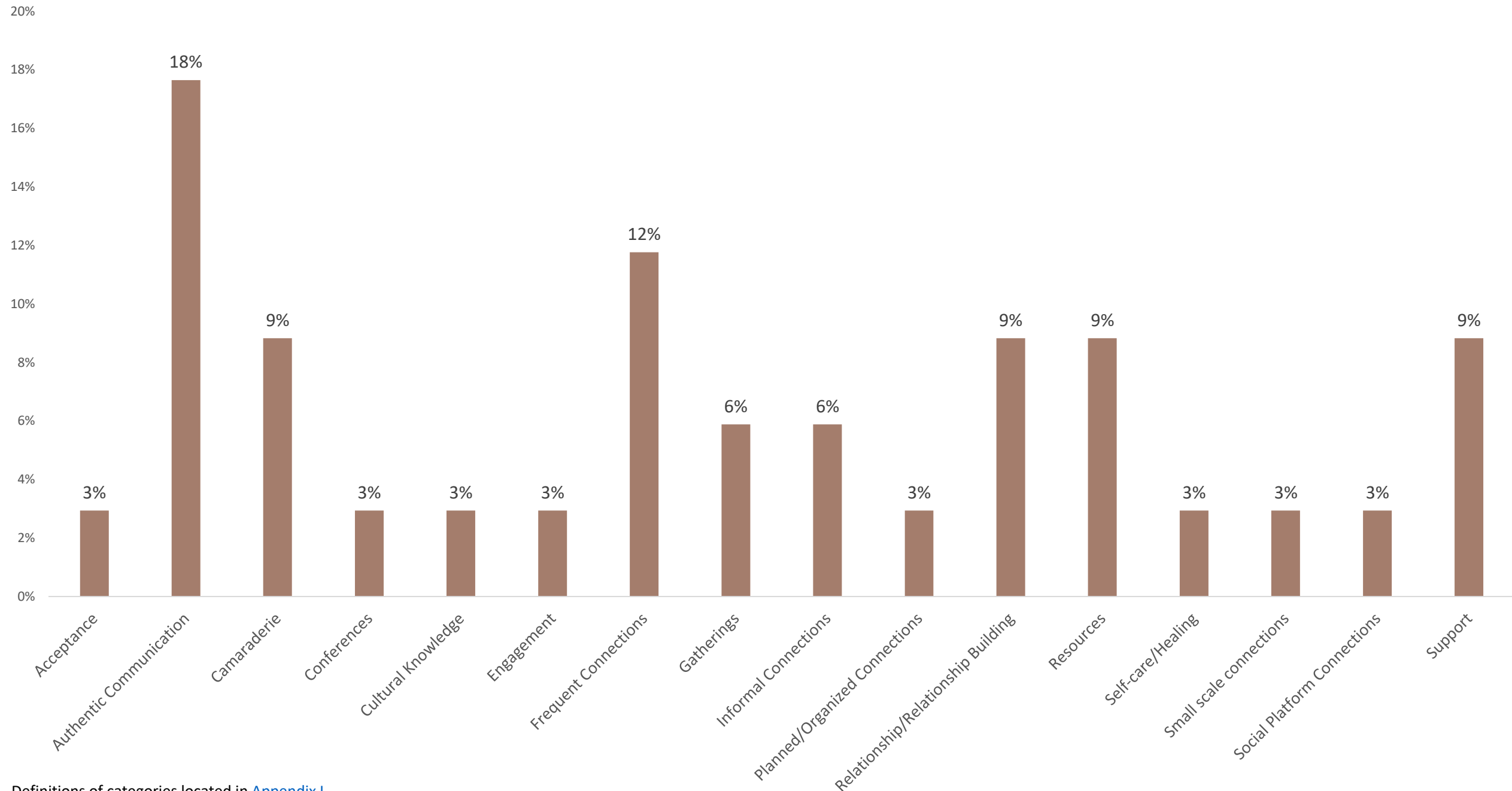
My own birth and accompanying primarily undocumented women having experienced family and obstetric violence

I have been a CNM for 15 years. I became interested in this career path after realizing that birthing people needed more safe, compassionate support in the US

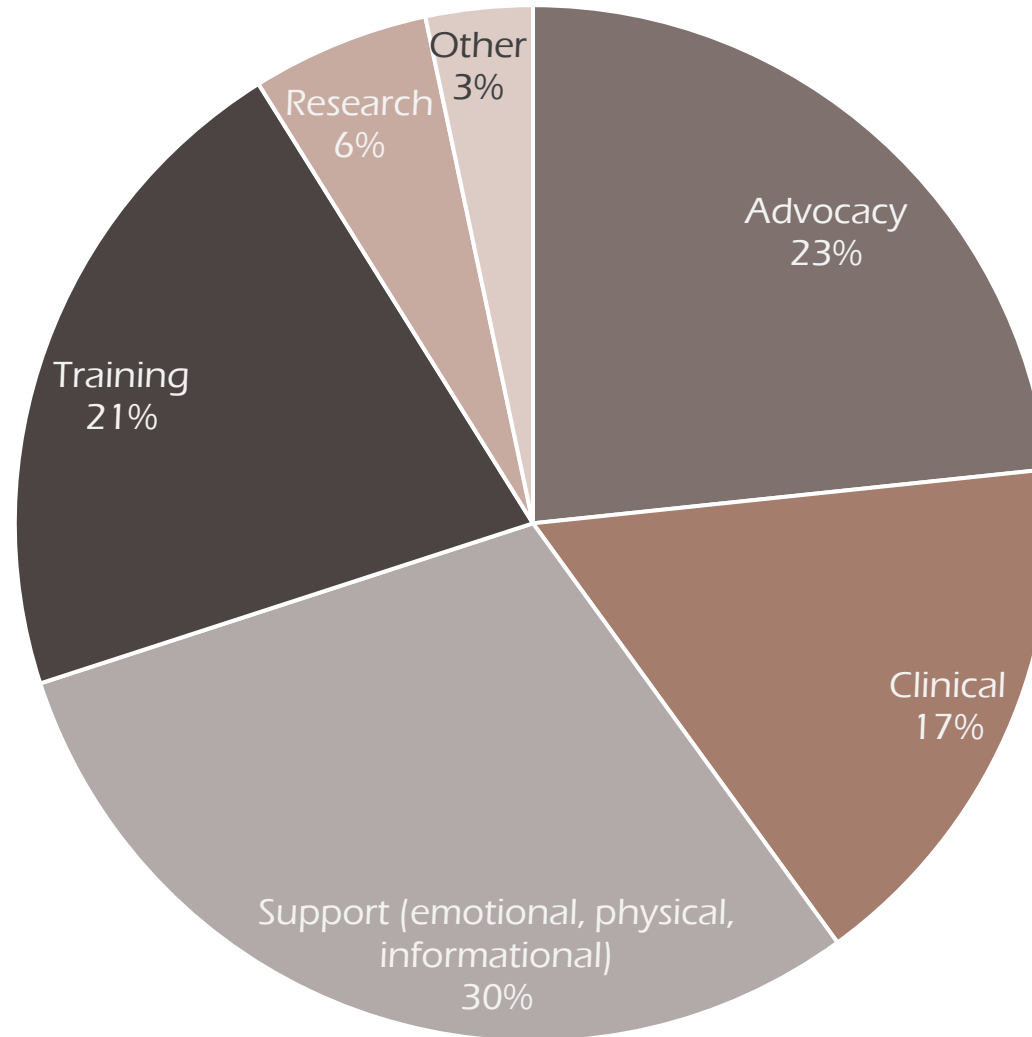
I was a massage therapist and strength coach



What has Worked Well for BIPOC Connection White/Caucasian/Anglo American Community

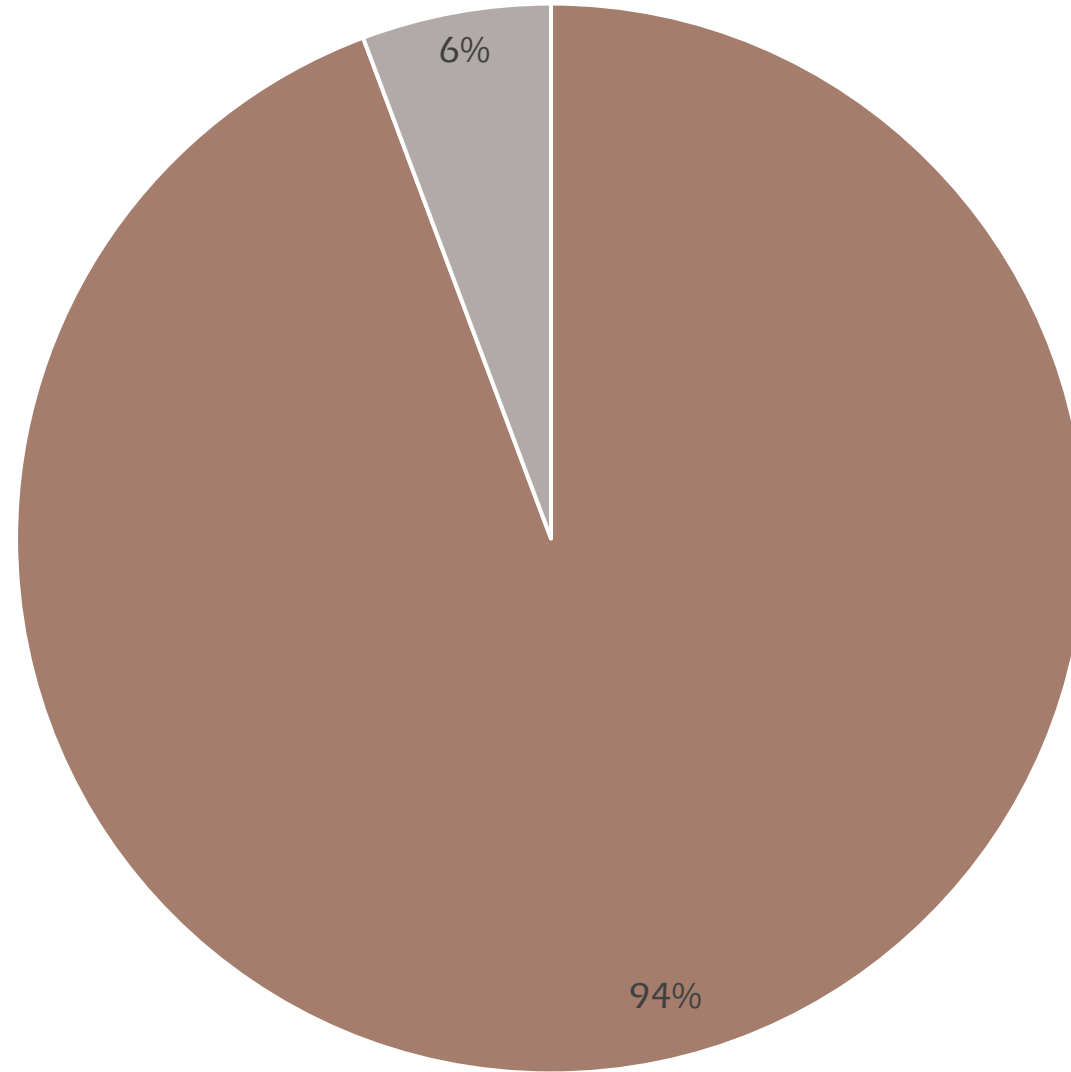


Type of Birthwork
White/Caucasian/Anglo American
n=35



*'Other' category included Sacred Birth Keeper, Spiritual, Birth Justice

White/Caucasian/Anglo American Survey Population Disbursement



■ Identified as White/Caucasian/Anglo American in addition to another ethnic group

■ White LatinX/Latino/Latina

*Respondents could select more than one identifier for ethnicity

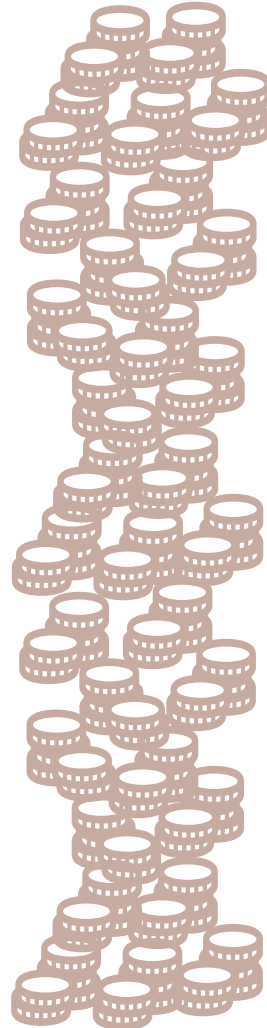
Volunteer & Compensated Birthworkers White/Caucasian/Anglo American

11%



Uncompensated Volunteer Birthworker

43%



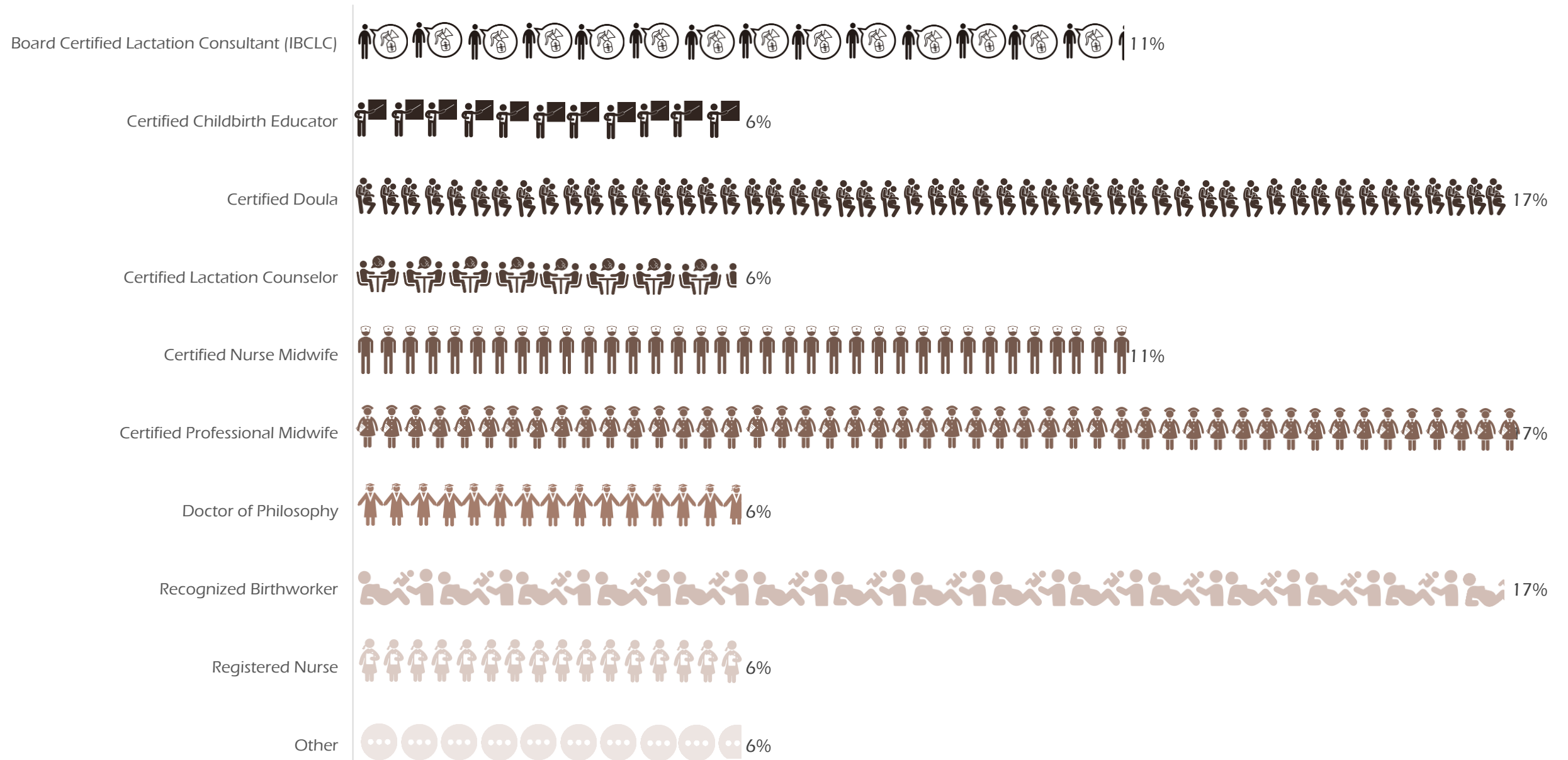
Compensated Birthworker

46%



Both Uncompensated and Compensated Birthworker

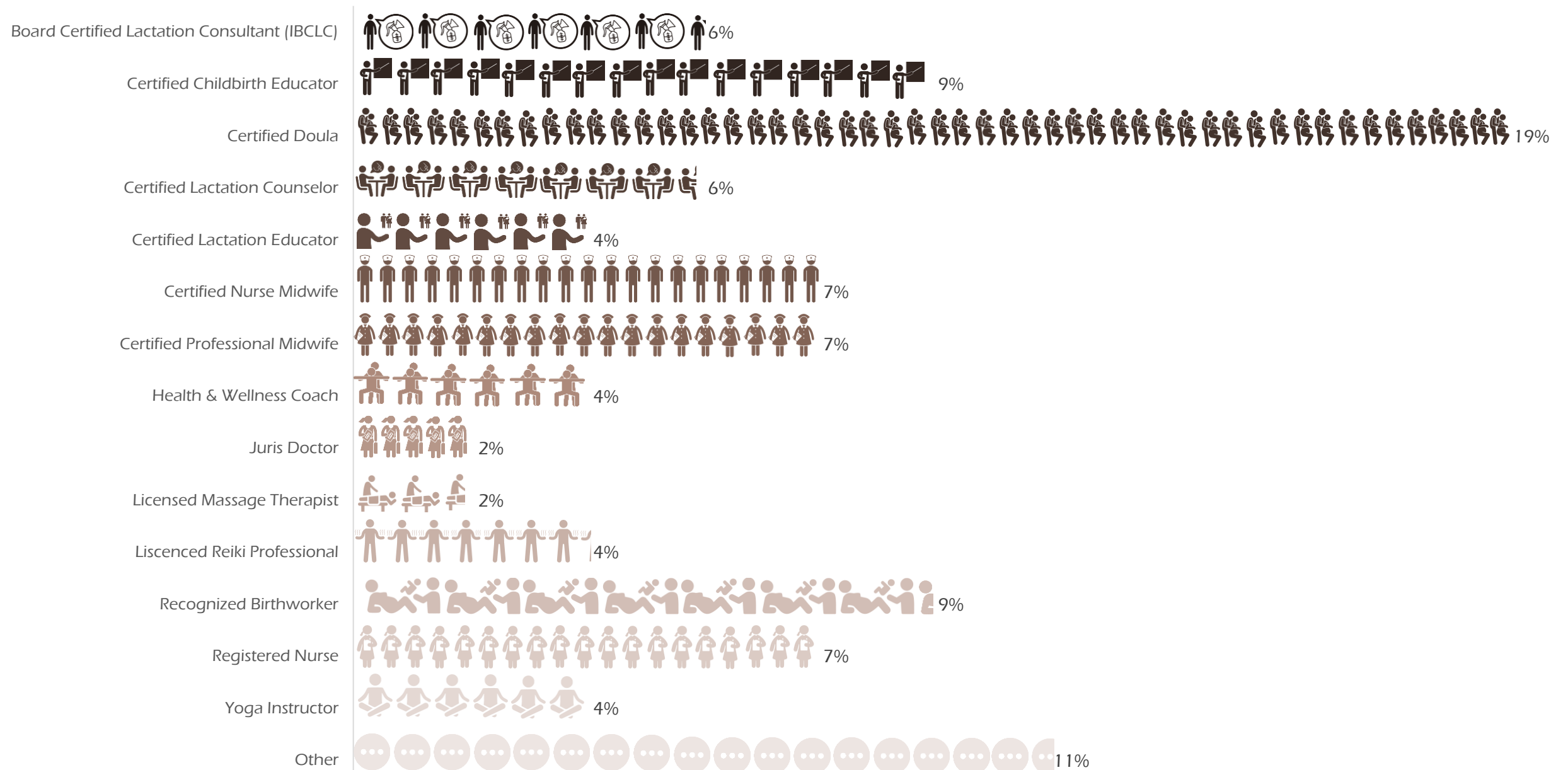
Currently Pursued Credentials to Provide Birthwork Services White/Caucasian/Anglo American



*'Other' category included EMT, Herbalist, RSMT, BSBioS, ECE Teacher

Held Credentials for Providing Birthwork Services

White/Caucasian/Anglo American



*'Other' category included Herbalist, Newborn Care Specialist (NCS)

Demographic Locations Served

White/Caucasian/Anglo American

Rural



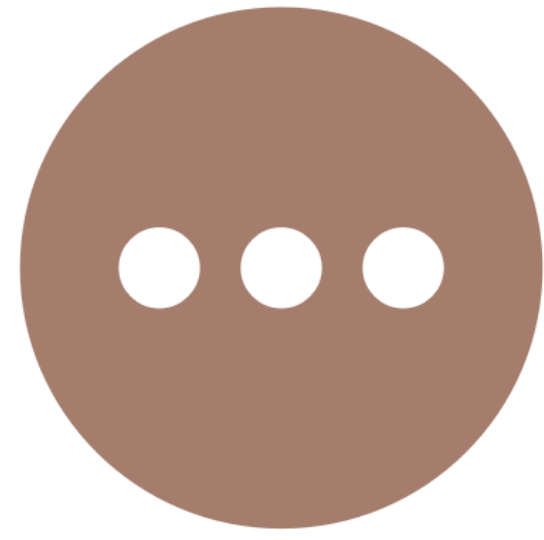
36%

Urban



61%

Other*



2%

*Notes on other location/regions served include island

How Often Engaged in Birthwork
White/Caucasian/Anglo American

Once or
more than
once a Week



70%

Once
a
Month



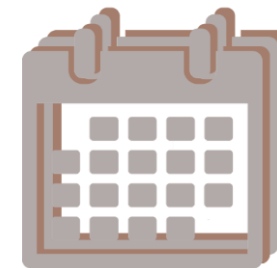
13%

Once
per
Quarter



7%

Once
in the
Year

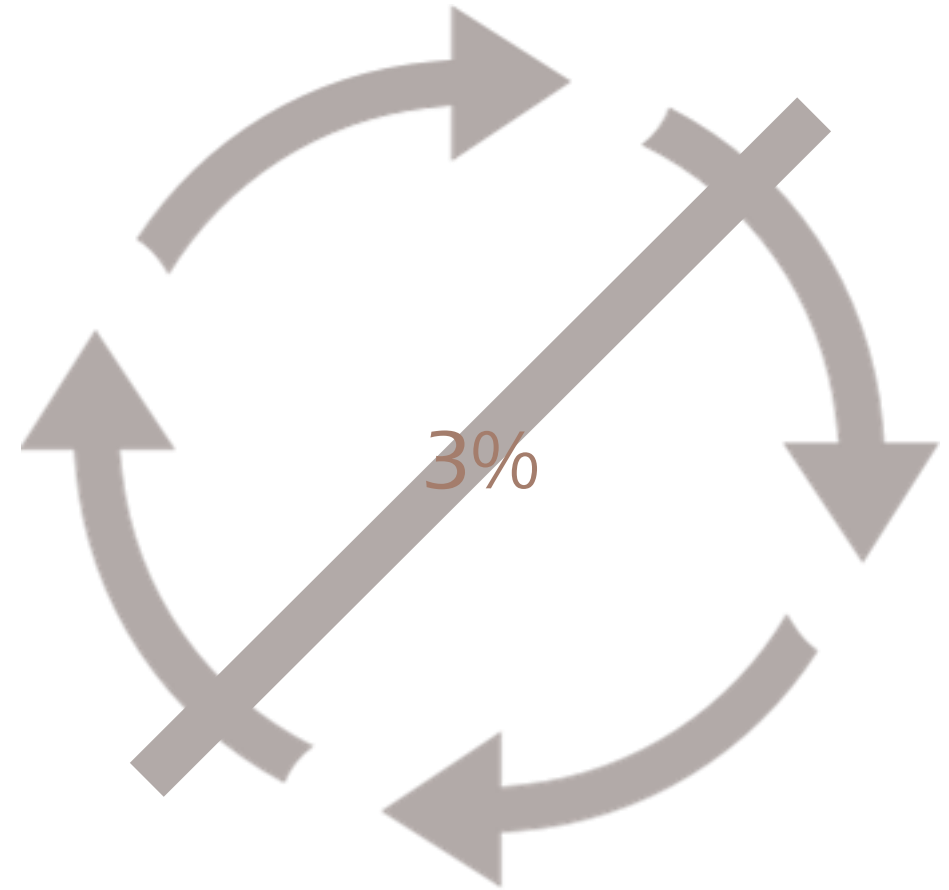
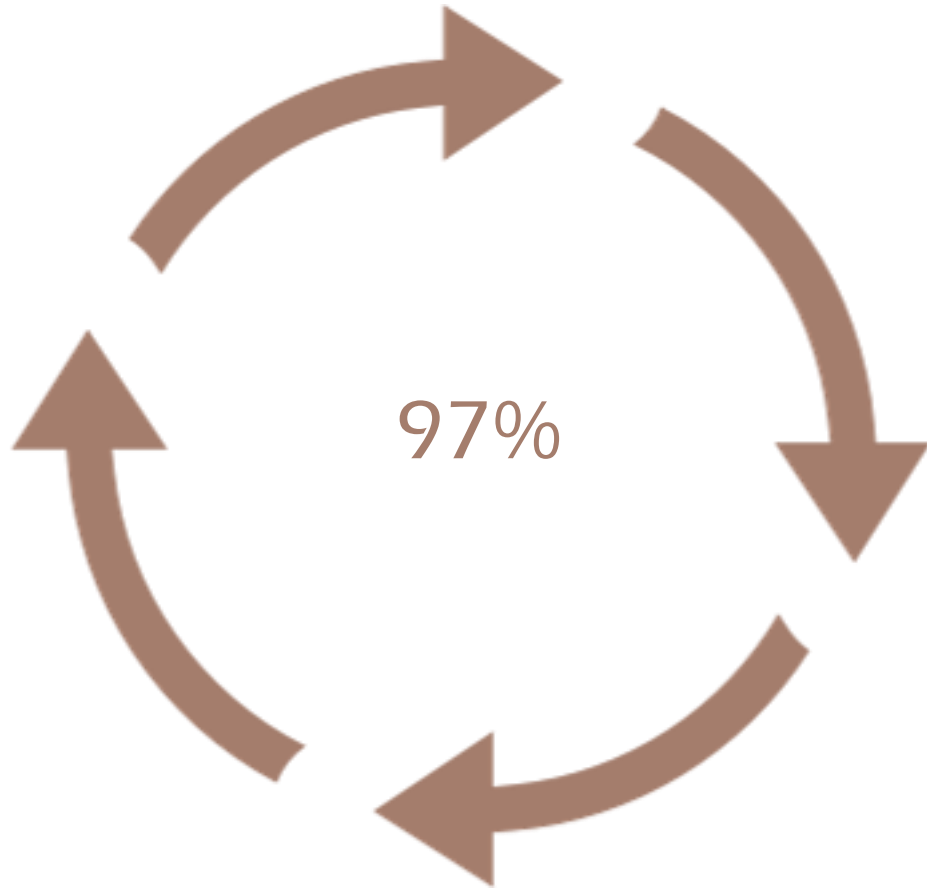


10%

Will Continue Birthwork in the Next Year

Will *Not**Continue Birthwork in the Next Year

White/Caucasian/Anglo American

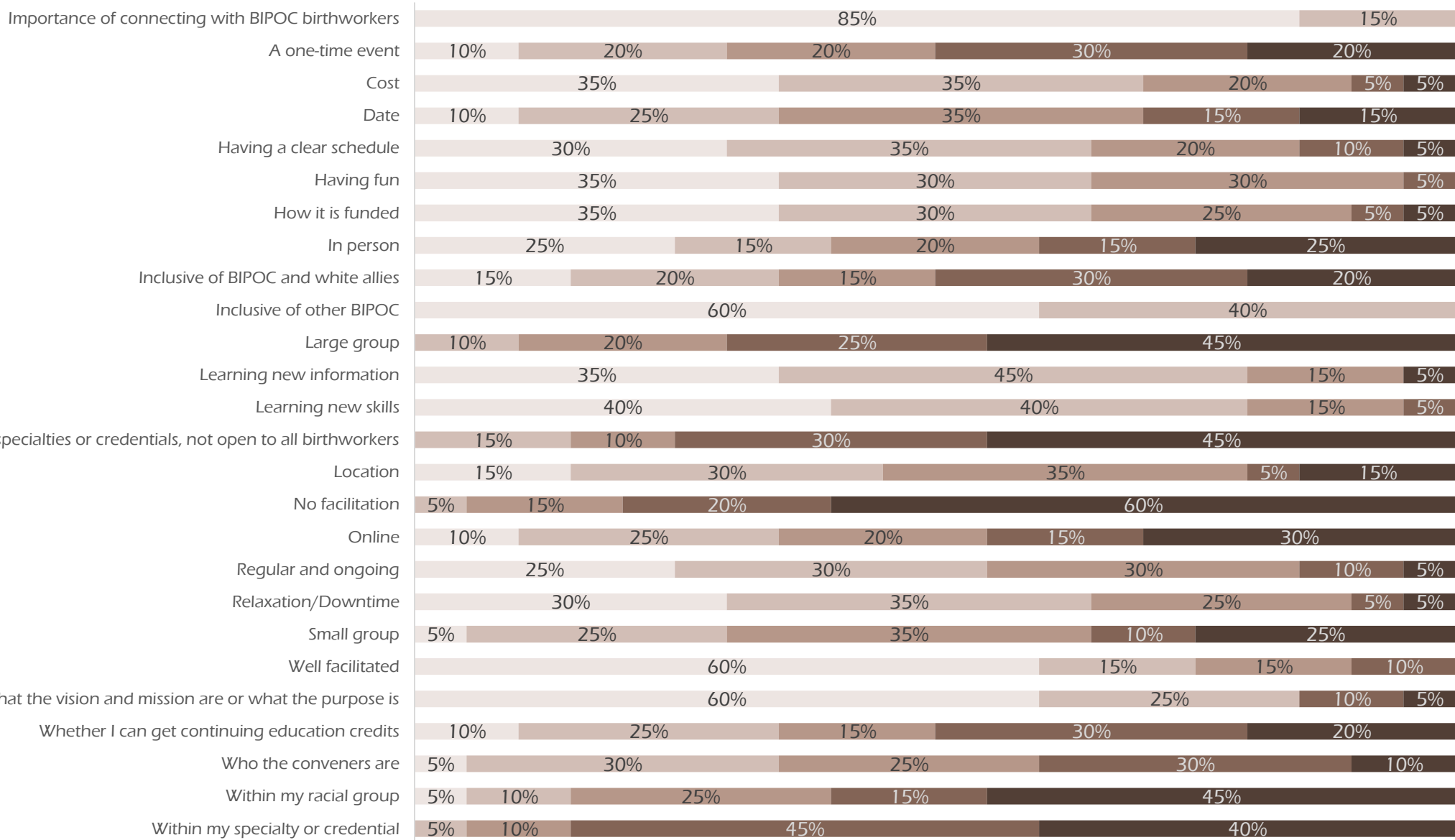


*Will *NOT* continue due to feeling overwhelmed, taking care of personal family matters

Important Factors when Connecting with BIPOC Birthworkers

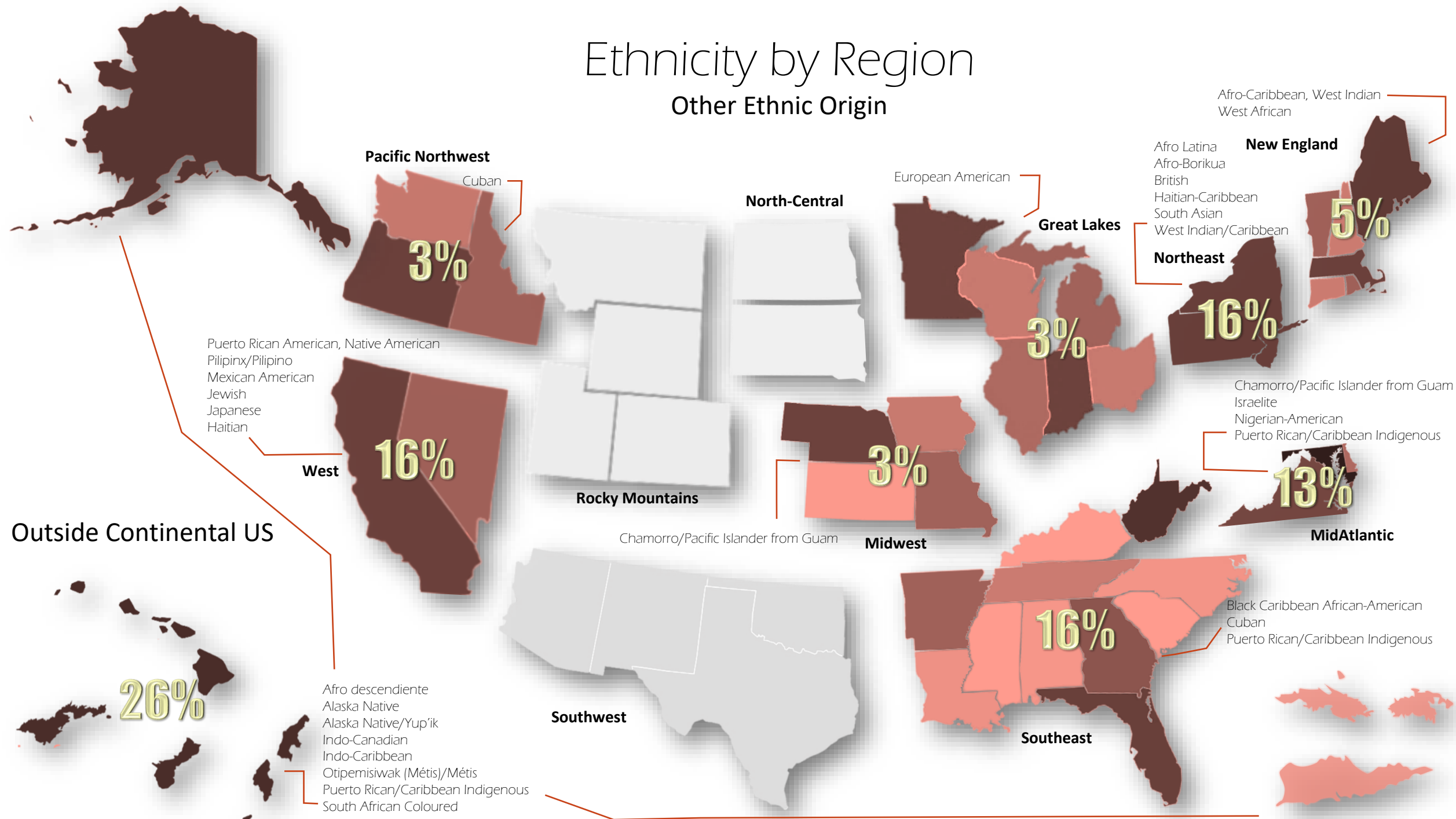
White/Caucasian/Anglo American

Very important Important Fairly Important Slightly important Not important



Ethnicity by Region

Other Ethnic Origin





What Brought Me to Birthwork

Other Ethnic Origin

Personal calling. I was a nurse then became a certified childbirth educator & what is now termed doula. I then became a midwife & NP.

premature baby and complicated pregnancies

I've been applying to different school programs since 2017 but I knew that I wanted to work toward midwifery since 2010. I took a DONA doula class as part of the school application requirements and then the school shut down. I did a brief apprenticeship in 2018/2019 and am currently in school now with a side business as a doula.

Personal birthing experiences, Elders and Knowledge Keepers

Through the International Center for Traditional Childbirth, when it was called that. I received my training from them.

My own traumatic postpartum experience due to biases against my cultural, language, and racial background

Been working as a Doula since 2004 and transitioned into birth attendant in 2016

After giving birth my first child, I became WIC breastfeeding peer counselor. Then I being aware about the violence and all the intersections of being pregnant, going into a hospital birth, and dealing with the postpartum alone, as culturally is expected, is awful for everyone (mother, babies, families and public health, etc.). The absence of centered, sensible and evidence based care affect our lives and I want to be a tool- available and accesible- to my people. Since then, I being working pregnant-postpartum community, collaborating with midwives at Centro MAM, also doing advocacy for better options and protections for birthing families and recognize/regulate and make accessible the sexual and reproductives healthcare by midwives. Now, finally, I being accepted into a Direct Entry Midwifery program at Southwest Technical College.

I was taught midwifery by a traditional midwife in Puerto Rico and Santo Domingo. And had practice as a midwife and or assistant until I moved to TN and needed a license. I worked 5 years free under a midwife who has refused to give me the needed signatures and now wants 8000. As a fee. Narm is no help simply because its up to the CPM to sign or not. Even to expose her would be a problem ...even to work as a "doula" at unassisted births has bought me problem. I don't flaunt what I do...however I'm the only WOC, Hispanic ..indigenous...low income lgt+ Muslim low income undocumented friendly birth worker in the area. So I'm still trying

I started my journey in 2010 by taking a birth doula training workshop, after I had red the book the red tent. I worked as a birth doulas oct.2011-Jan. 2019. I took an Indigenous lactation peer counselor training in sept. 2019, and finished my child birth education class this sept.2020.

Worked as adjunct clinical instructor on L&D every fall semester for past 5 years. Volunteer as labor coach for past 3 years for community mothers.

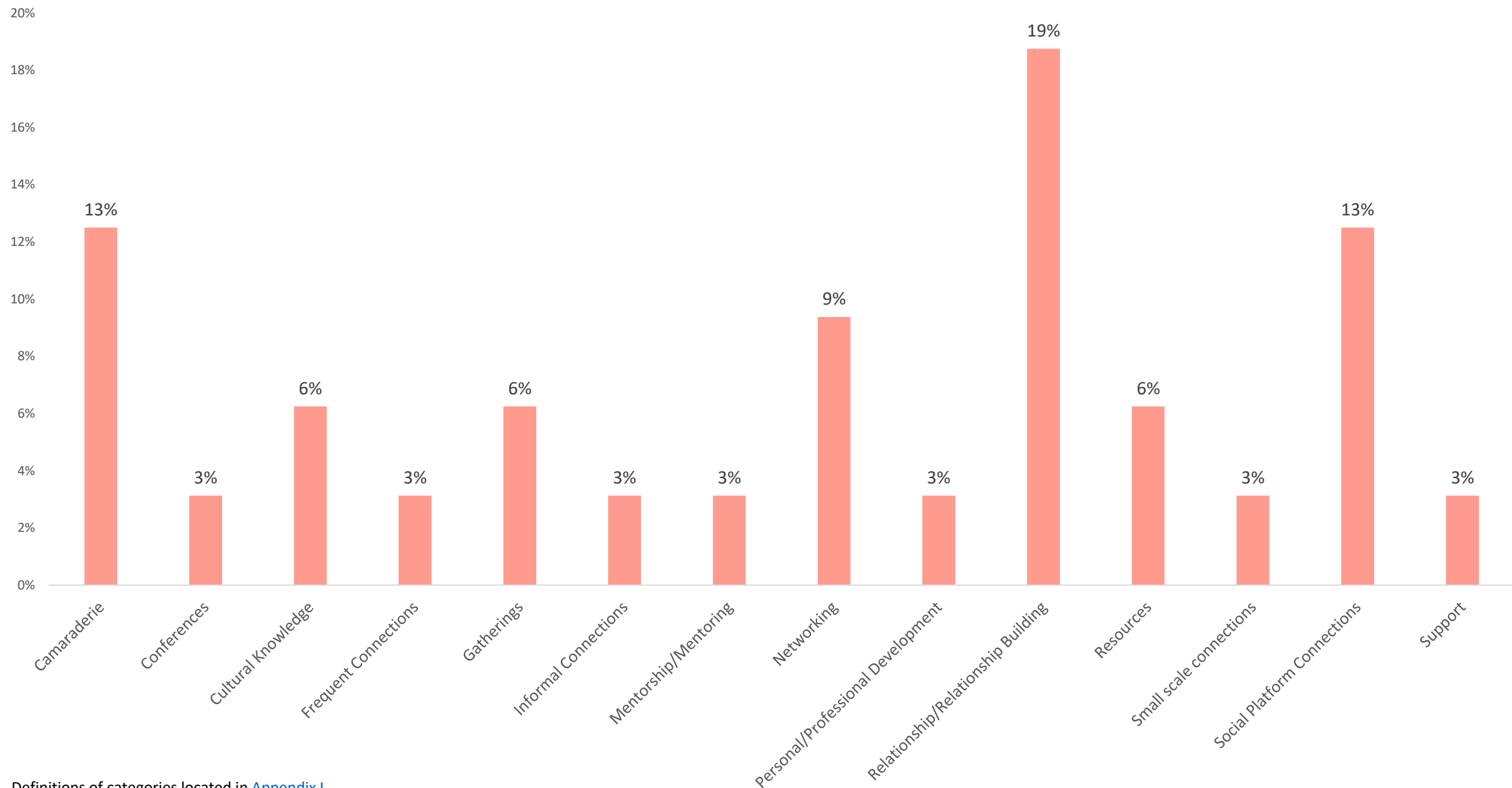
The abysmal statistics of mortality rates for women of color in traditional hospital settings. The information was startling and a wake up call of sorts for me to be a part of a movement that can offer safer, holistic environments for women to give birth!

The Chula Doula planted the seed, Tracy H. Mentored me, New Beginning Doulas Training dubbed me birth Doula, and Evidence based birth continues some of my Education and I research my interests and hunches. :)

Through my own miscarriage experience. I enrolled in midwifery school 9 months later.

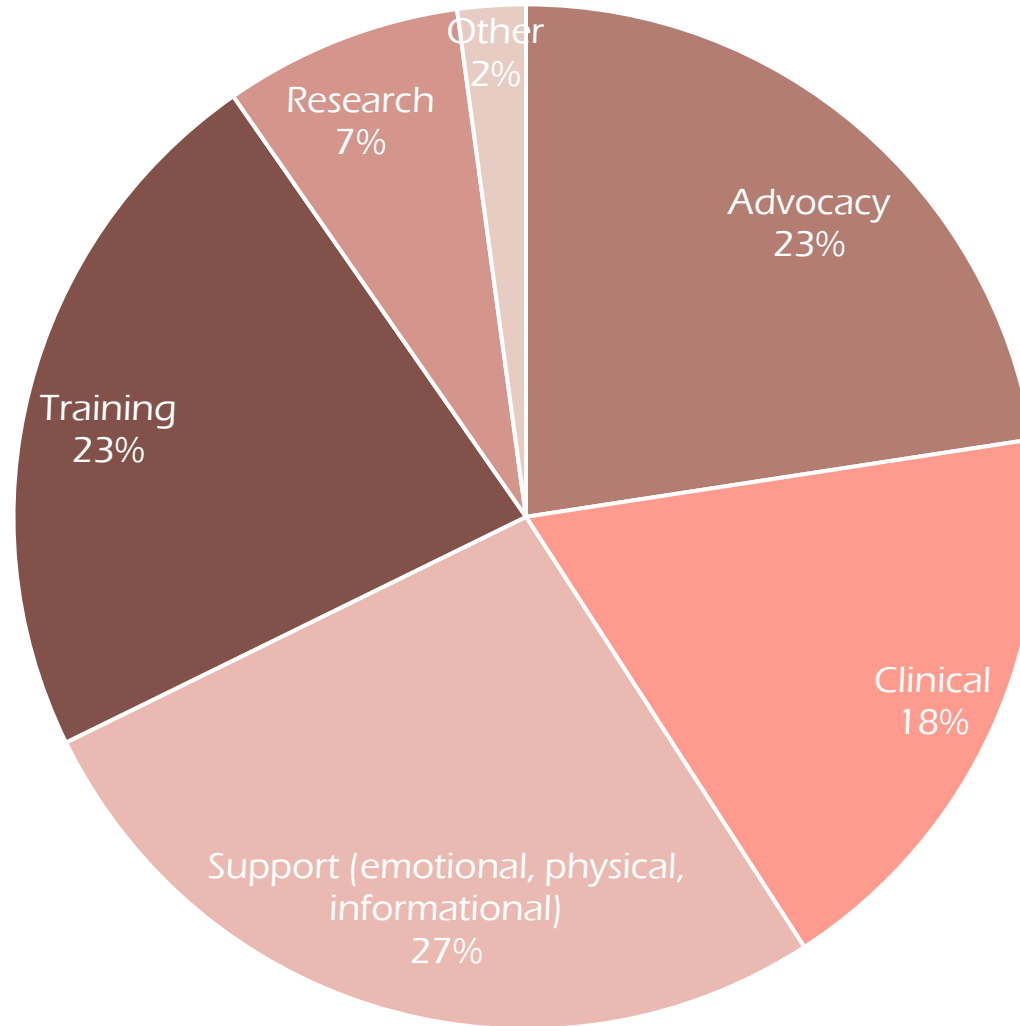


What has Worked Well for BIPOC Connection Other Ethnic Origin Communities



Definitions of categories located in [Appendix I](#)

Type of Birthwork
Other Ethnic Origin
n=36



*'Other' category included Clinical Site Coordinator, Wrap Around Care, Trauma-Informed Support, Grief, Loss, End of life care, Harm Reduction, Anti-racism Work

Volunteer & Compensated Birthworkers Other Ethnic Origin

19%



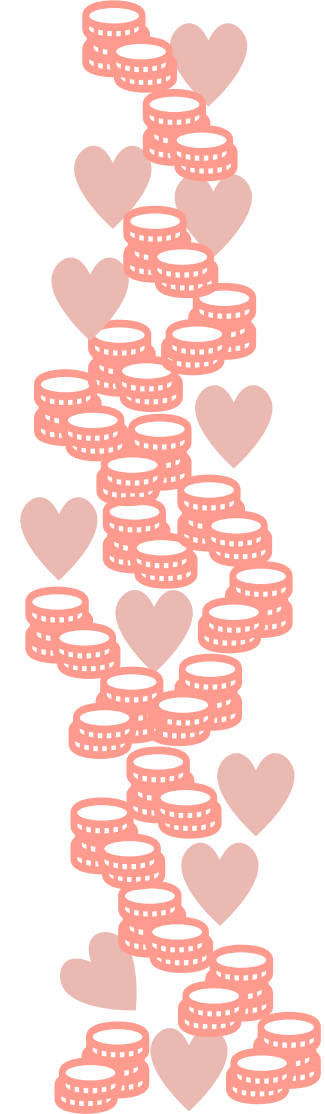
Uncompensated Volunteer Birthworker

25%



Compensated Birthworker

56%



Both Uncompensated and Compensated Birthworker

Currently Pursued Credentials to Provide Birthwork Services

Other Ethnic Origin

Certified Childbirth Educator



Certified Doula



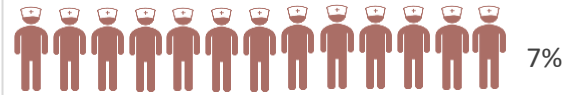
Certified Lactation Counselor



Certified Lactation Educator



Certified Nurse Midwife



Certified Professional Midwife



Community Centered Midwife

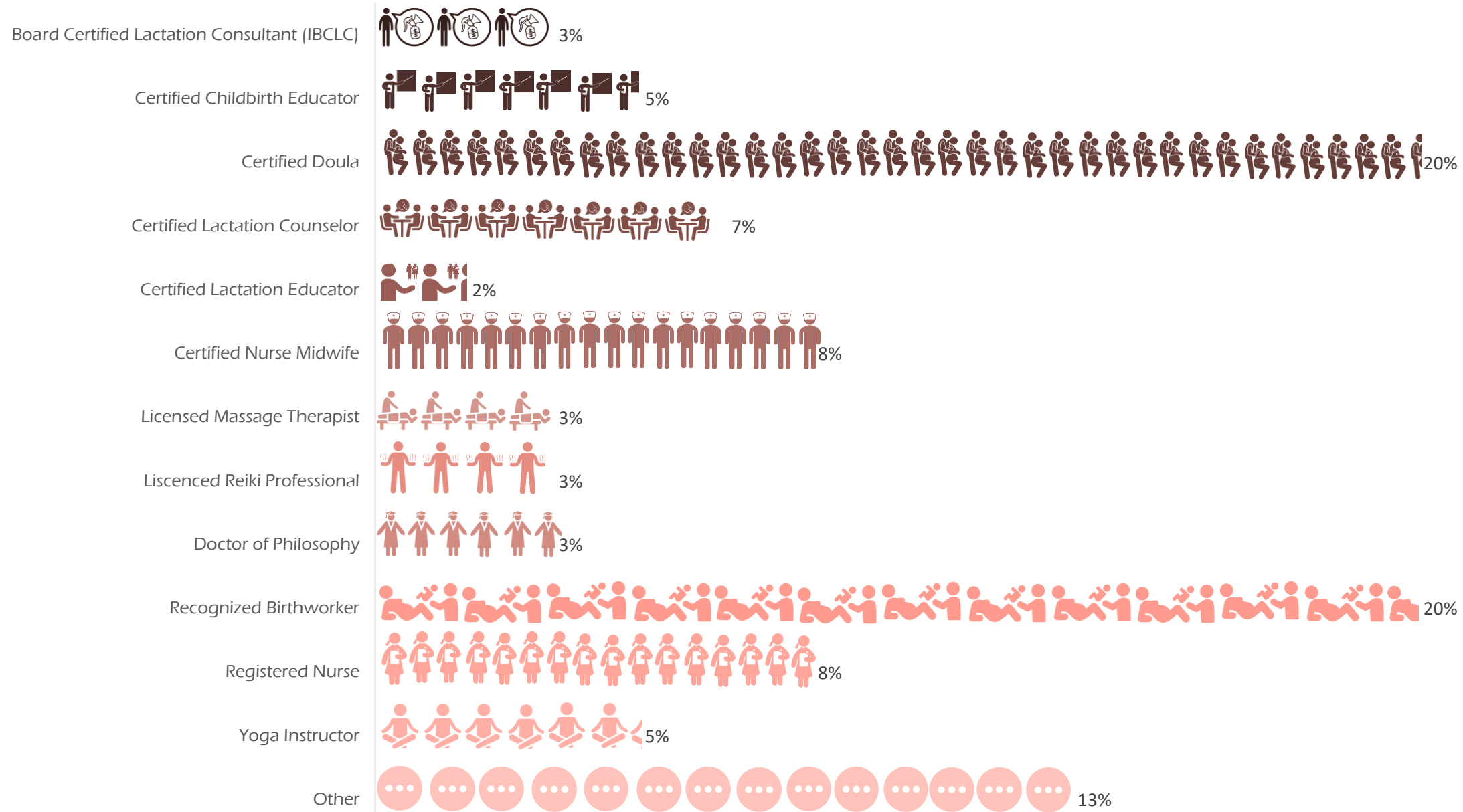


Recognized Birthworker



Held Credentials for Providing Birthwork Services

Other Ethnic Origin



*'Other' category included MSW, Advocacy, Ceremony Practitioner, Nurse Practitioner, Certified Advanced Neuromuscular Therapist, Certified Aromatherapist, Doctor of Nursing Practice, PAIL Advocate, Ordained Minister

Demographic Locations Served

Other Ethnic Origin

Rural



38%

Urban



58%

Other*



4%

*Notes on other location/regions served include Reservations, Many Alaska Native women are forced into urban areas for maternity care, so it's primarily rural people in an urban setting.

How Often Engaged in Birthwork Other Ethnic Origin

Once or
more than
once a Week



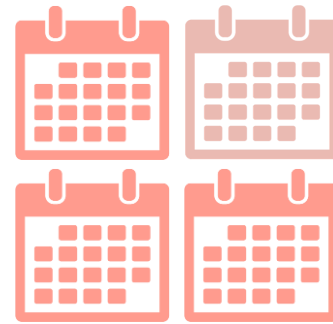
50%

Once
a
Month



14%

Once
per
Quarter



19%

Once
in the
Year

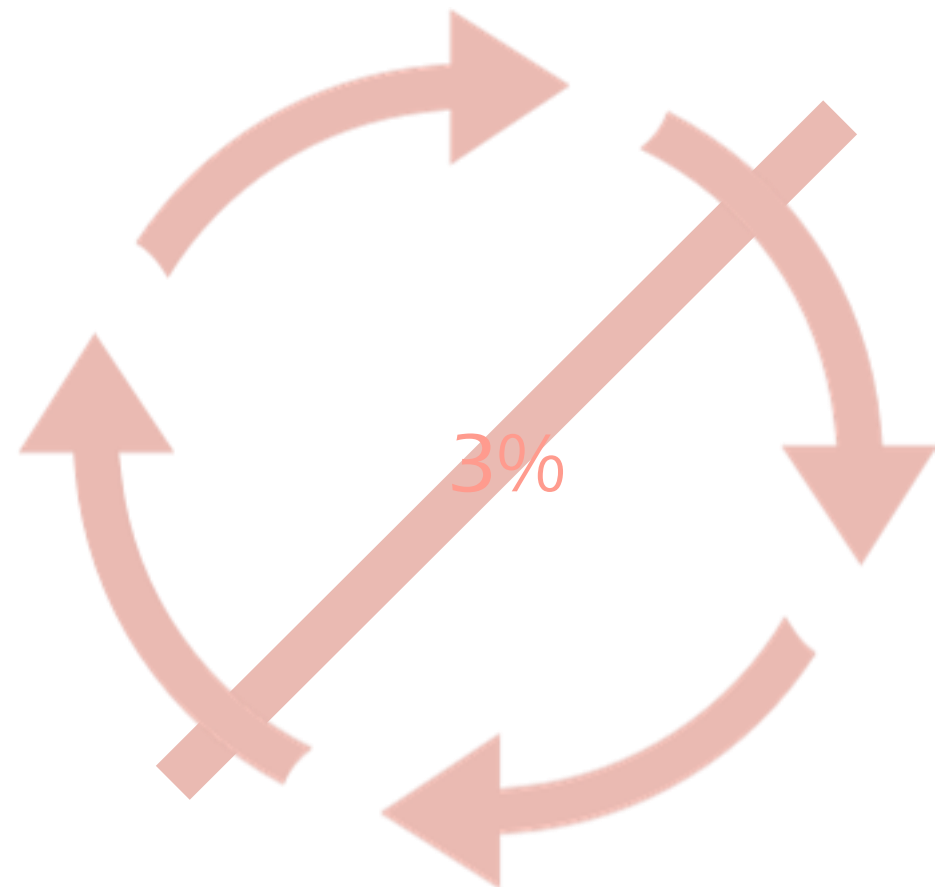
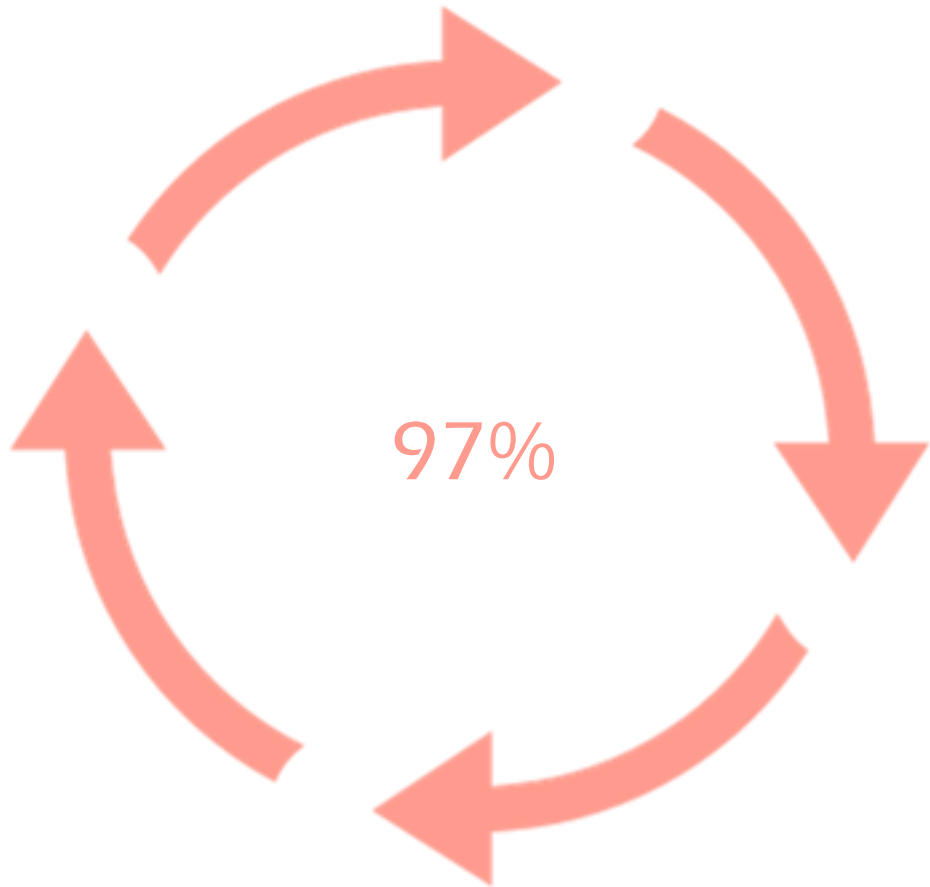


17%

Will Continue Birthwork in the Next Year

Will *Not**Continue Birthwork in the Next Year

Other Ethnic Origin

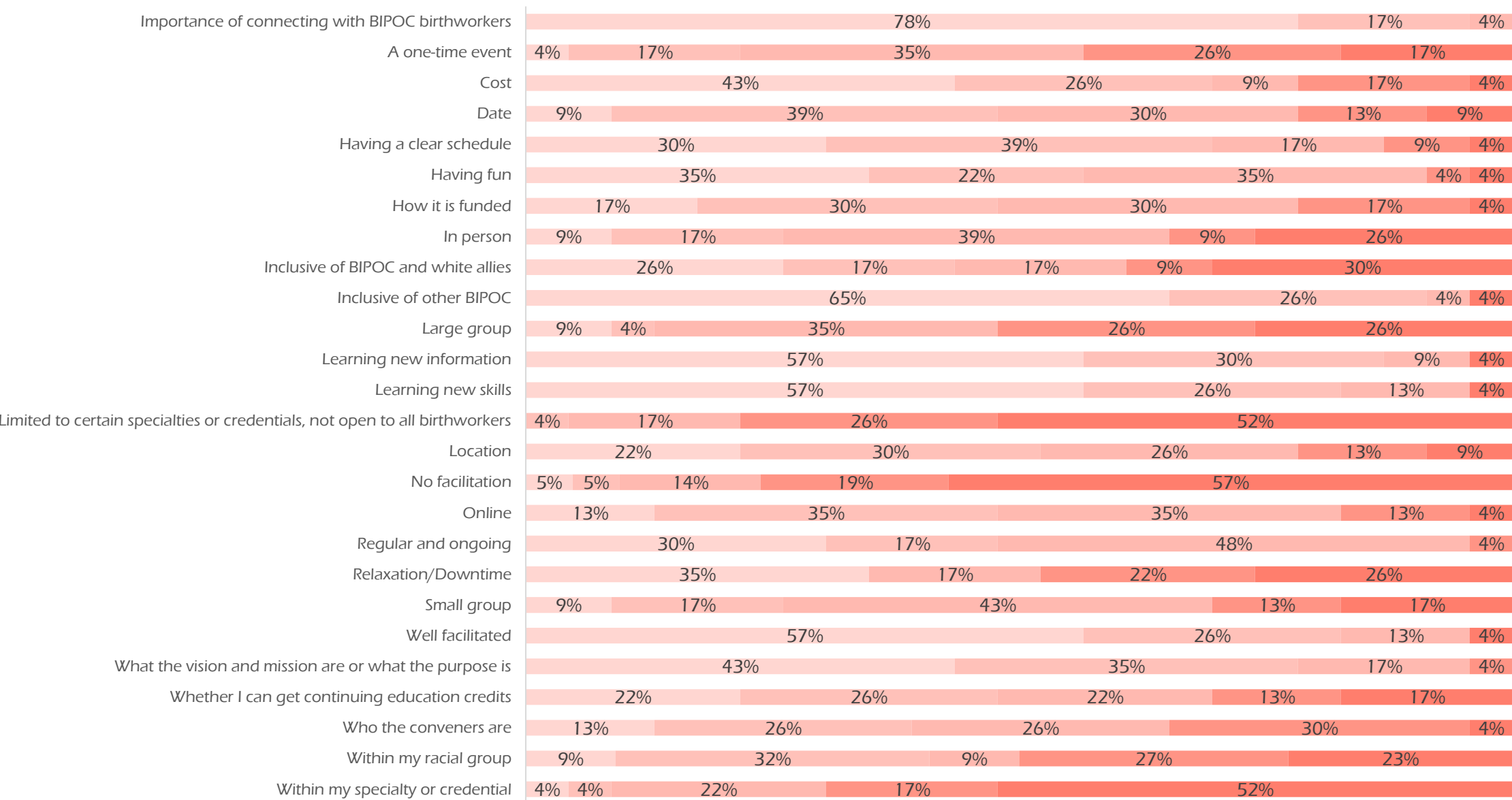


*Will *NOT* continue due burnout

Important Factors when Connecting with BIPOC Birthworkers

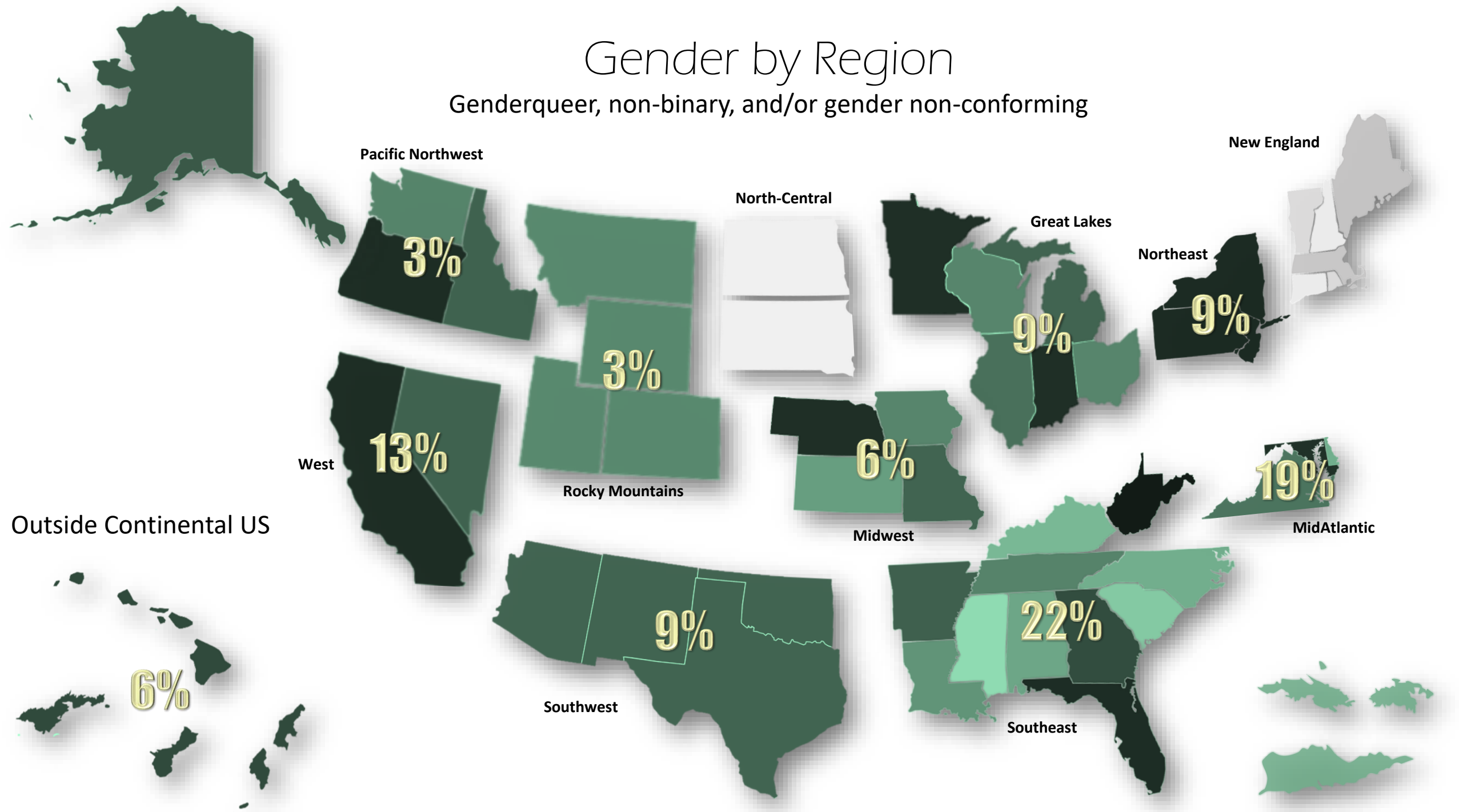
Other Ethnic Origin

Very important Important Fairly Important Slightly important Not important



Gender by Region

Genderqueer, non-binary, and/or gender non-conforming





What Brought Me to Birthwork

Genderqueer, non-binary, and/or gender non-conforming†

I was working in education and learned of the maternal mortality rate in Georgia (I'm in Atlanta). I then trained to be both a childbirth educator and doula at the same time in 2018.

I come from a long line of Parteras and Curanderas. Birthwork felt destined to me.

Its been a part of my life since I became a parent at 16

I began a midwifery apprenticeship at 16 after attending a friend's birth at home, acting as their support.

Seeing young girls in school not getting support made me want to change that.

I've always been that person who loved everything about reproduction. One day someone offered me \$\$ compensation for my support and it went on from that.

I was beginning my own journey into parenthood and realized I wasn't getting the care I needed. So learned to do it myself.

Trained with DONA inters national, but will not certify with them. Currently an RN student seeking a CNM credential

As a parent I have always been connected to birth work due to me being a teen parent. I have always found ways to support others because I realize how important the support I had helped me.

I trained under DONA, community Black and Brown birth workers, and Birthing Advocacy Doula Trainings (BADT). In my own traumatic experience giving birth, I began advocating for birth rights for BIPOC LGBTQ+ bodies and was connected through various birth workers who are leaders in their communities.

I initially wanted to be a neonatologist but switched my major due to the rigor of pre med..i met a doula in grad school and after that I knew

I became connected to birthwork as a genderfluid trans person because I saw a lack in support for myself in birth, I only felt that wading in and finding a way to educate and provide for community was natural on my own path to family planning.

Got trained through Southern Birth Justice Network.

I became a doula 2 years ago. I was called.

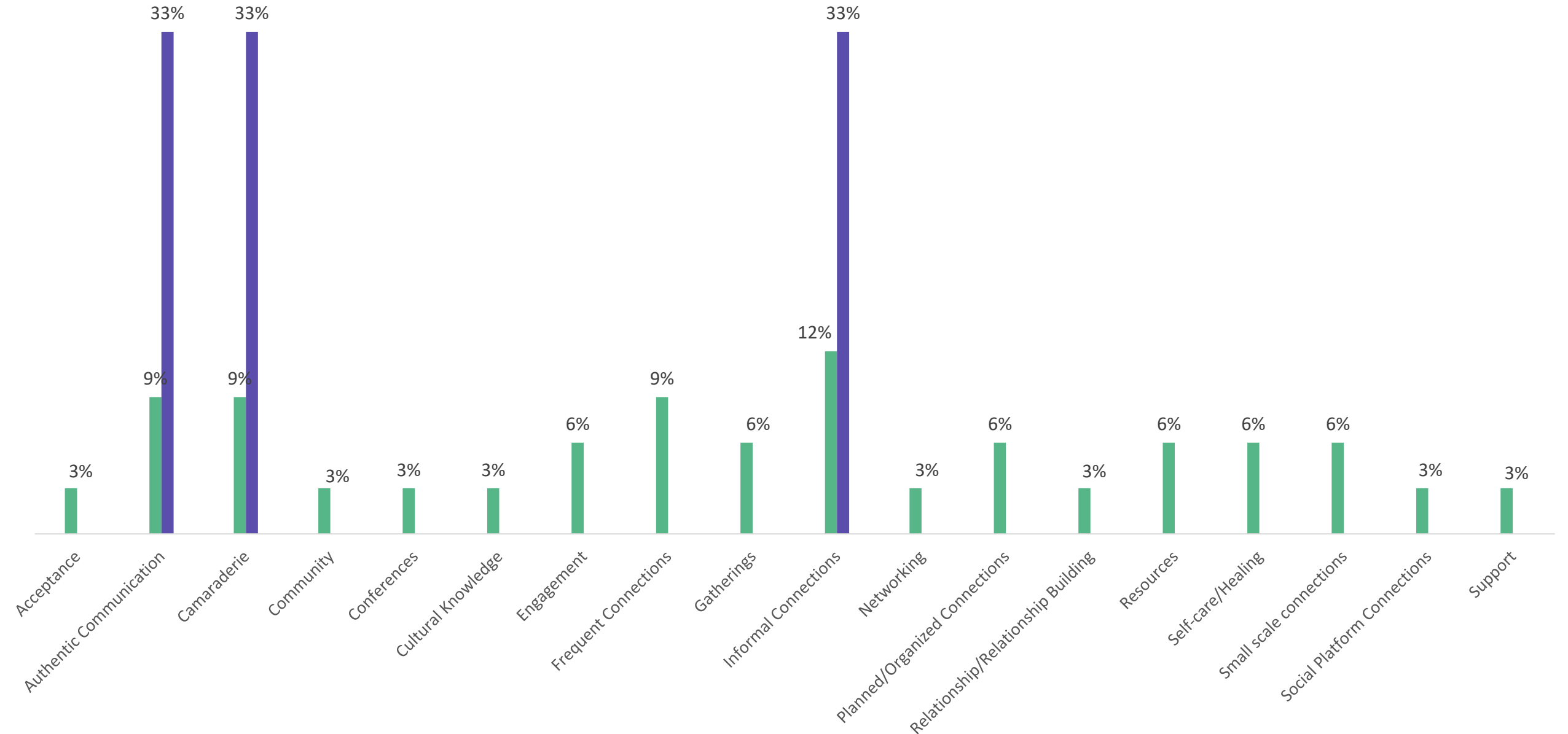
With the birth of my nieces

Academic research relating to perinatal health and personal interest in feminist activism lead me to Commonsense Childbirth Midwifery School



† Category also inclusive of Genderfluid Femme, Questioning, NonBinary Trans Person, & -

What has Worked Well for BIPOC Connection by Gender



■ Genderqueer, non-binary, and/or gender non-conforming

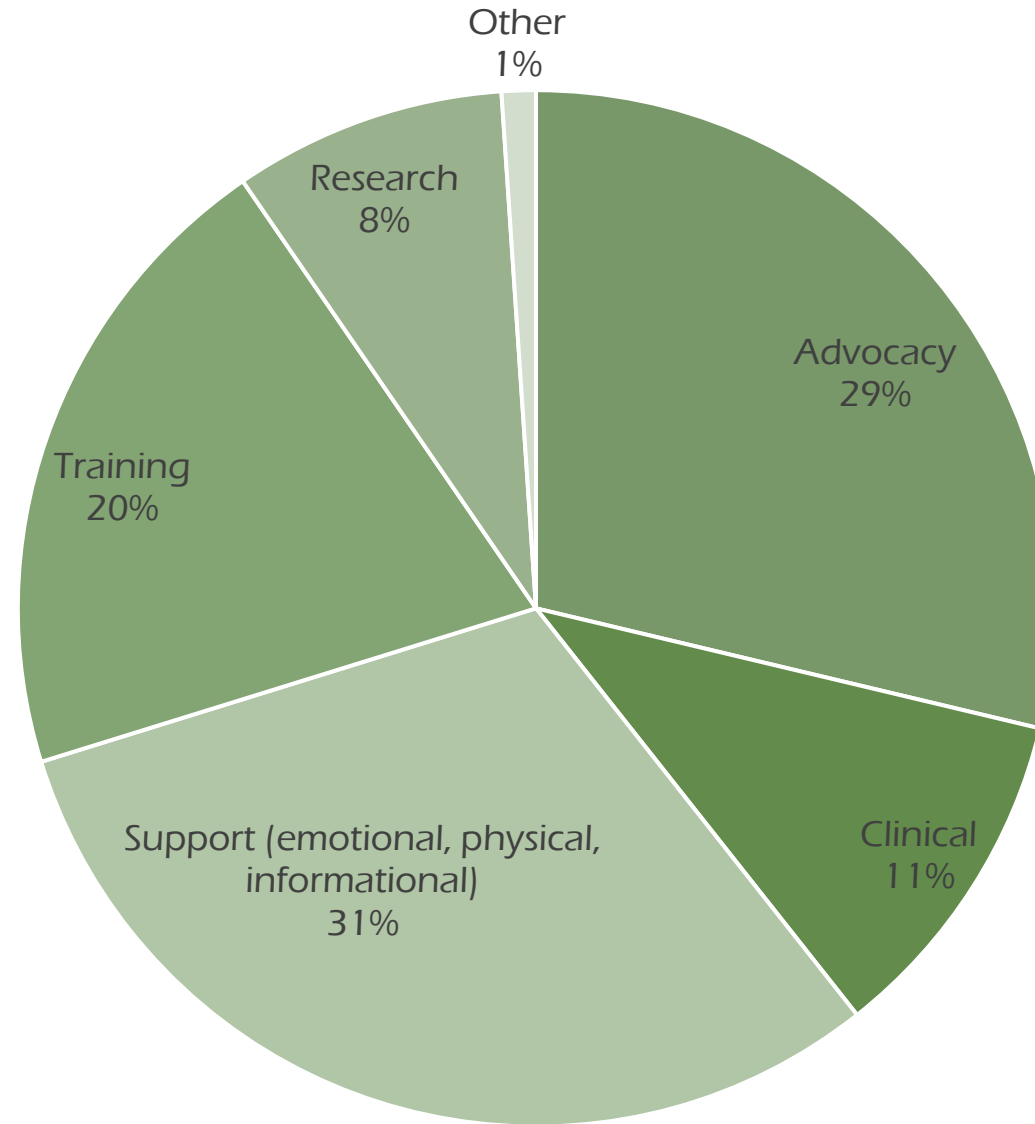
■ Other

Definitions of categories located in [Appendix I](#)

Other category also inclusive of Genderfluid Femme, Questioning, NonBinary Trans Person, & -

Type of Birthwork

Genderqueer, non-binary, and/or gender non-conforming†
n=34



*'Other' category included Birth Justice

† Category also inclusive of Genderfluid Femme, Questioning, NonBinary Trans Person, & -

Volunteer & Compensated Birthworkers Genderqueer, non-binary, and/or gender non-conforming



Uncompensated Volunteer Birthworker



Compensated Birthworker



Both Uncompensated and Compensated Birthworker

Currently Pursued Credentials to Provide Birthwork Services

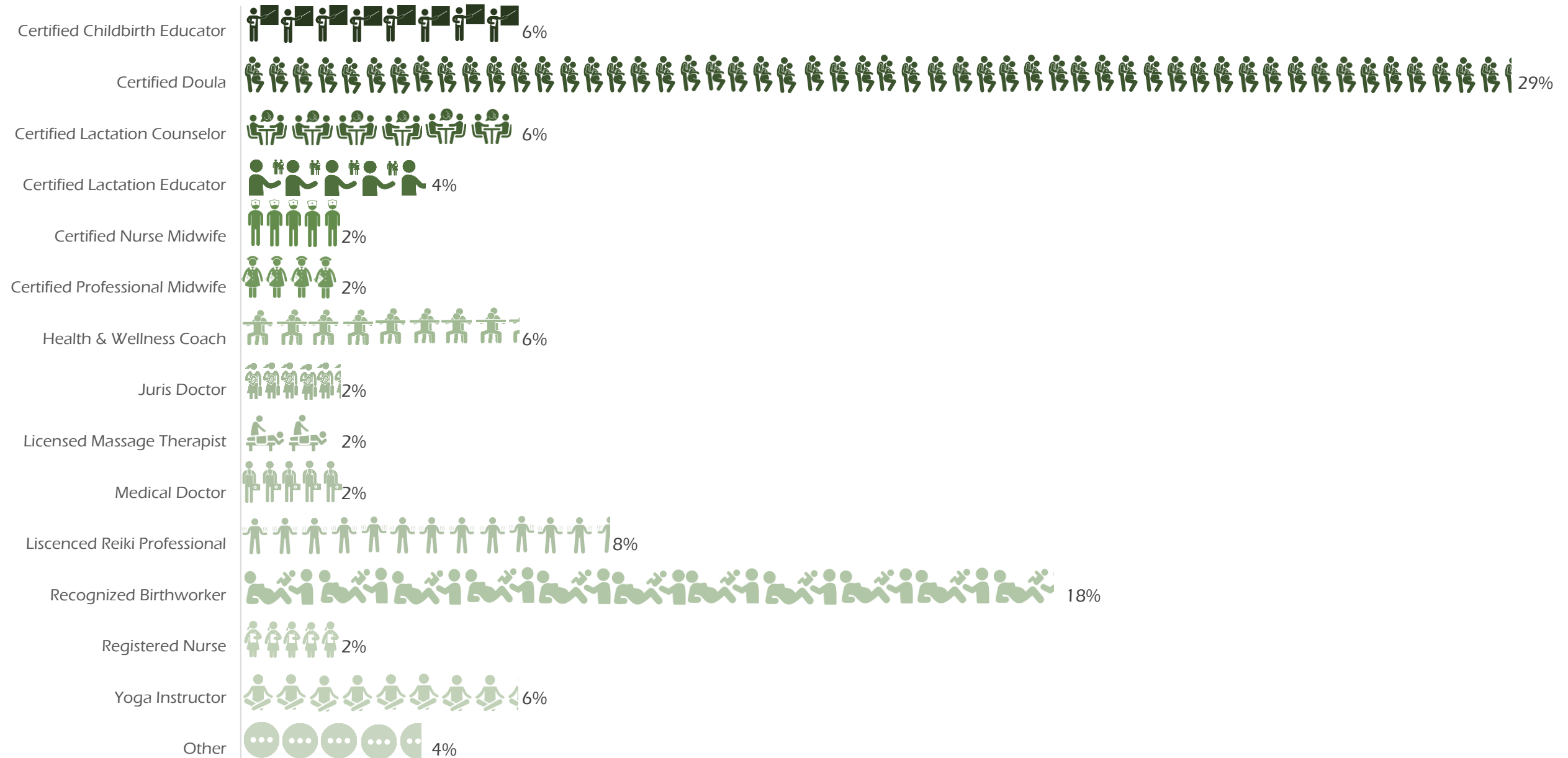
Genderqueer, non-binary, and/or gender non-conforming



*'Other' category included Post Natal Care Specialist, Death Guide

Held Credentials for Providing Birthwork Services

Genderqueer, non-binary, and/or gender non-conforming



*'Other' category included Community Health Worker- Perinatal Tech, Masters in Education

Demographic Locations Served

Genderqueer, non-binary, and/or gender non-conforming

Rural



25%

Urban



70%

Other*



5%

*Notes on other location/regions served include Reservation, Bordered lands, Many Alaska Native women are forced into urban areas for maternity care, so it's primarily rural people in an urban setting.

How Often Engaged in Birthwork
Genderqueer, non-binary, and/or gender non-conforming

Once or
more than
once a Week



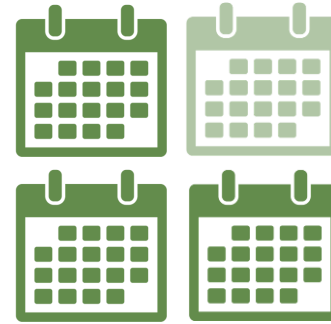
54%

Once
a
Month



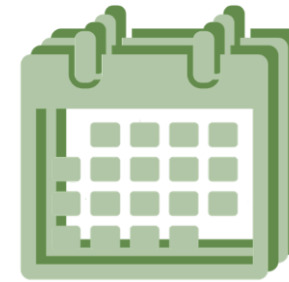
11%

Once
per
Quarter



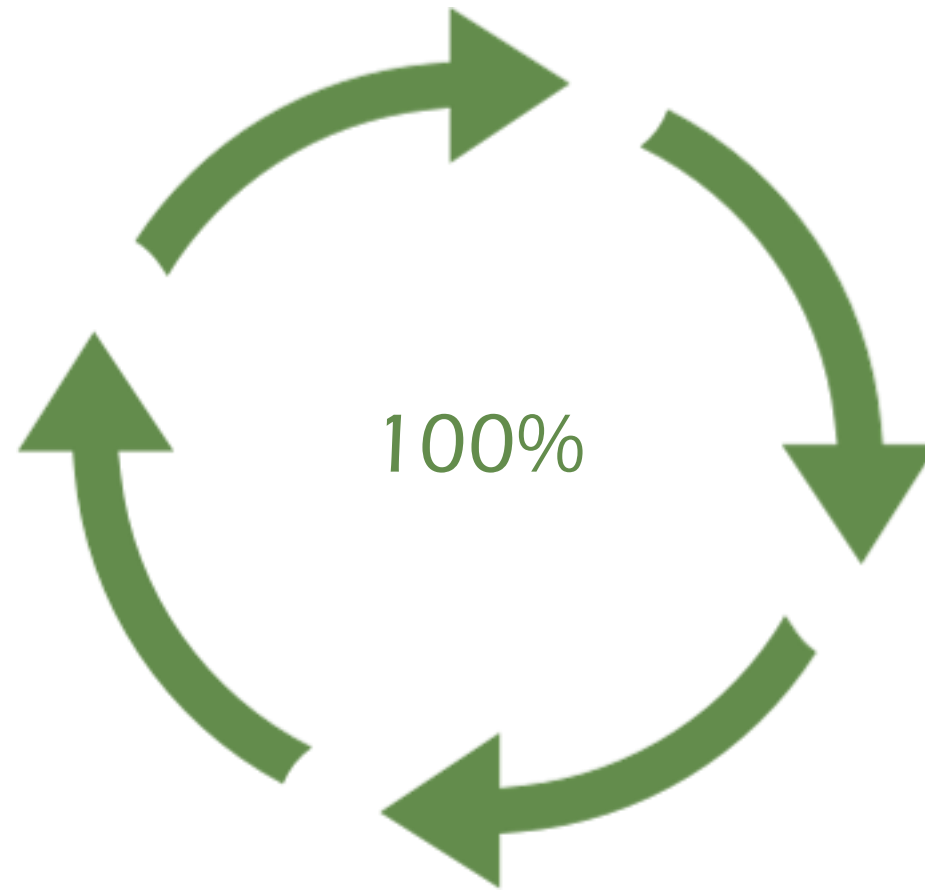
29%

Once
in the
Year



7%

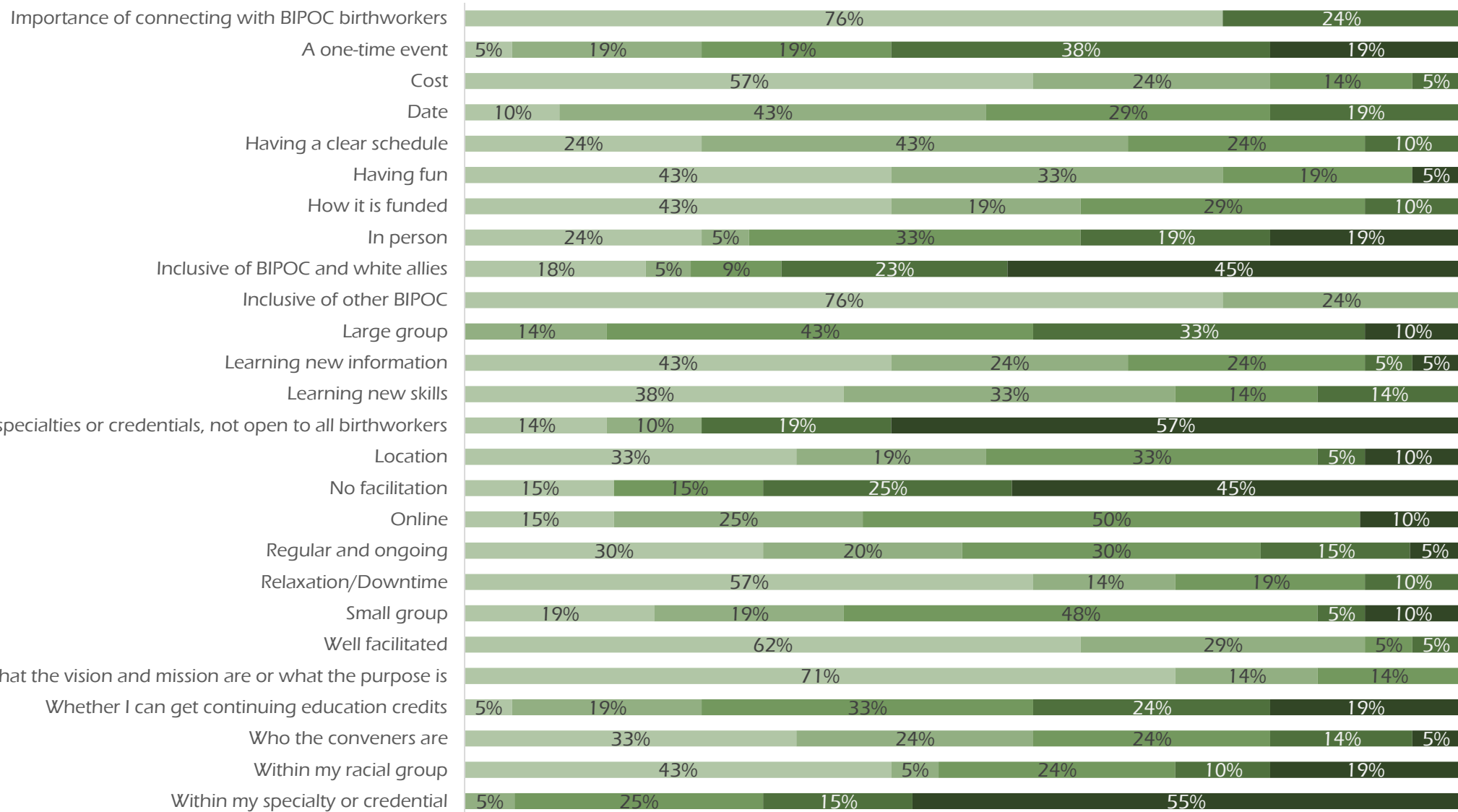
Will Continue Birthwork in the Next Year
Genderqueer, non-binary, and/or gender non-conforming



Important Factors when Connecting with BIPOC Birthworkers

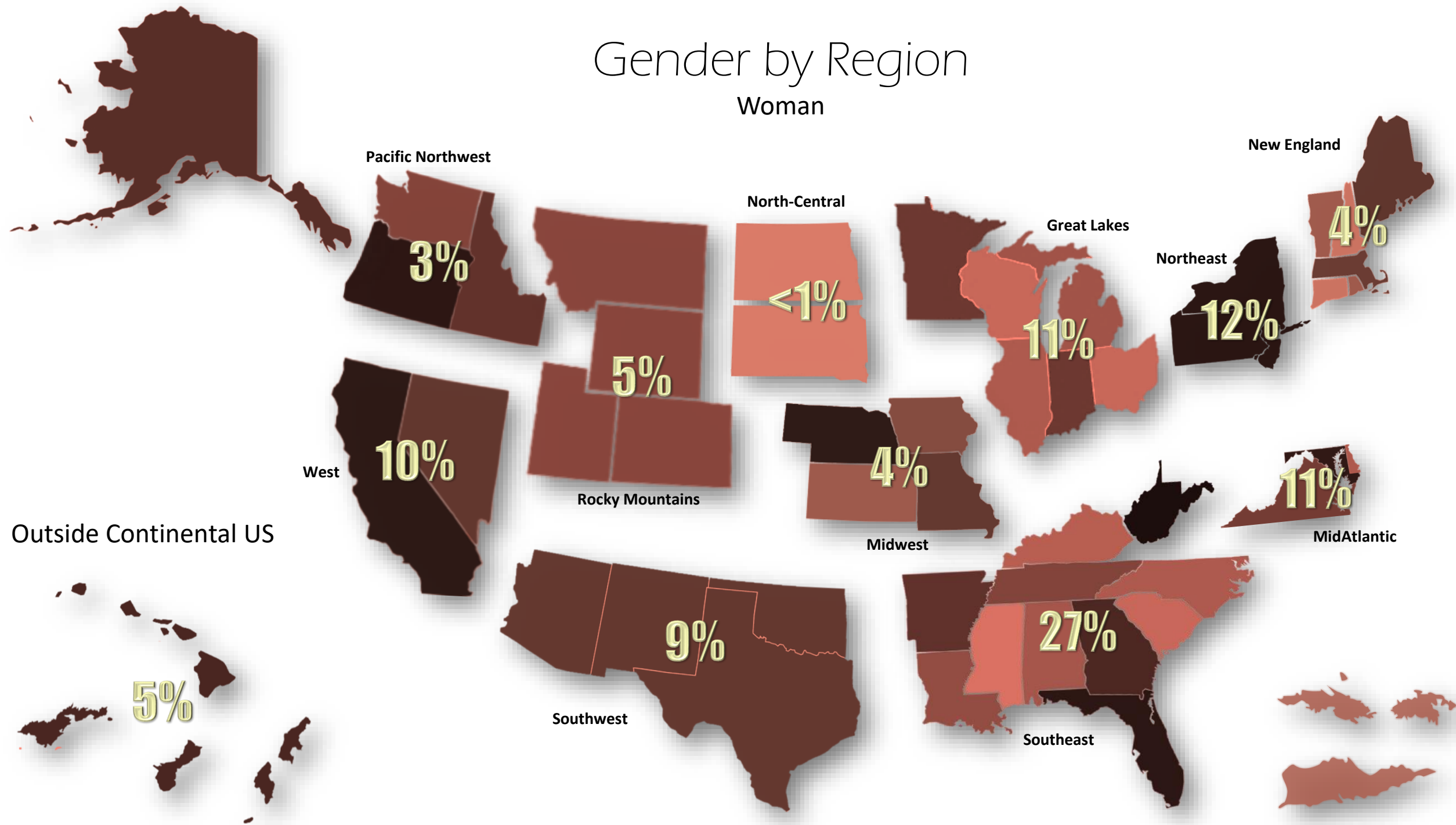
Genderqueer, non-binary, and/or gender non-conforming

■ Very important
 ■ Important
 ■ Fairly Important
 ■ Slightly important
 ■ Not important



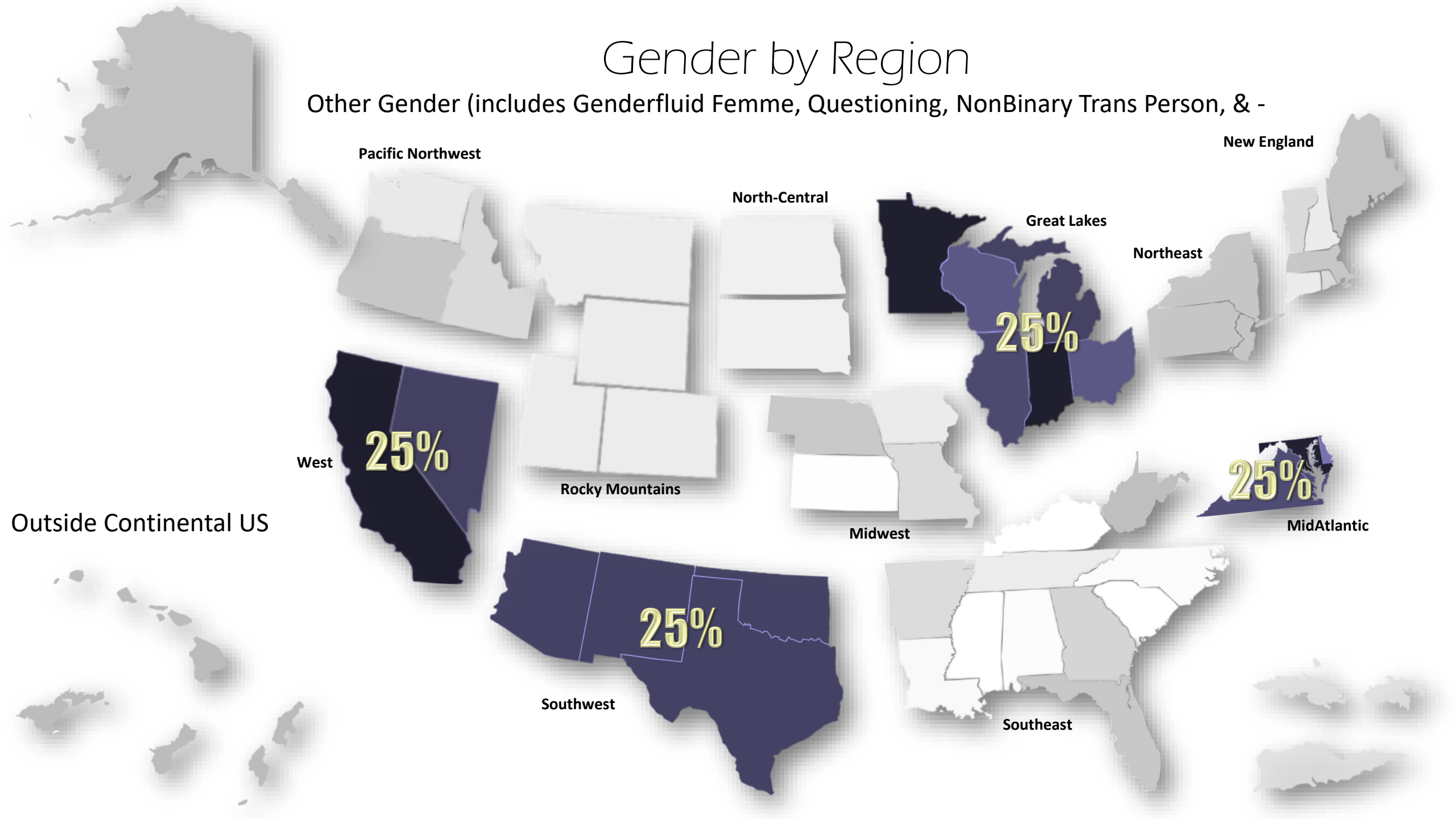
Gender by Region

Woman



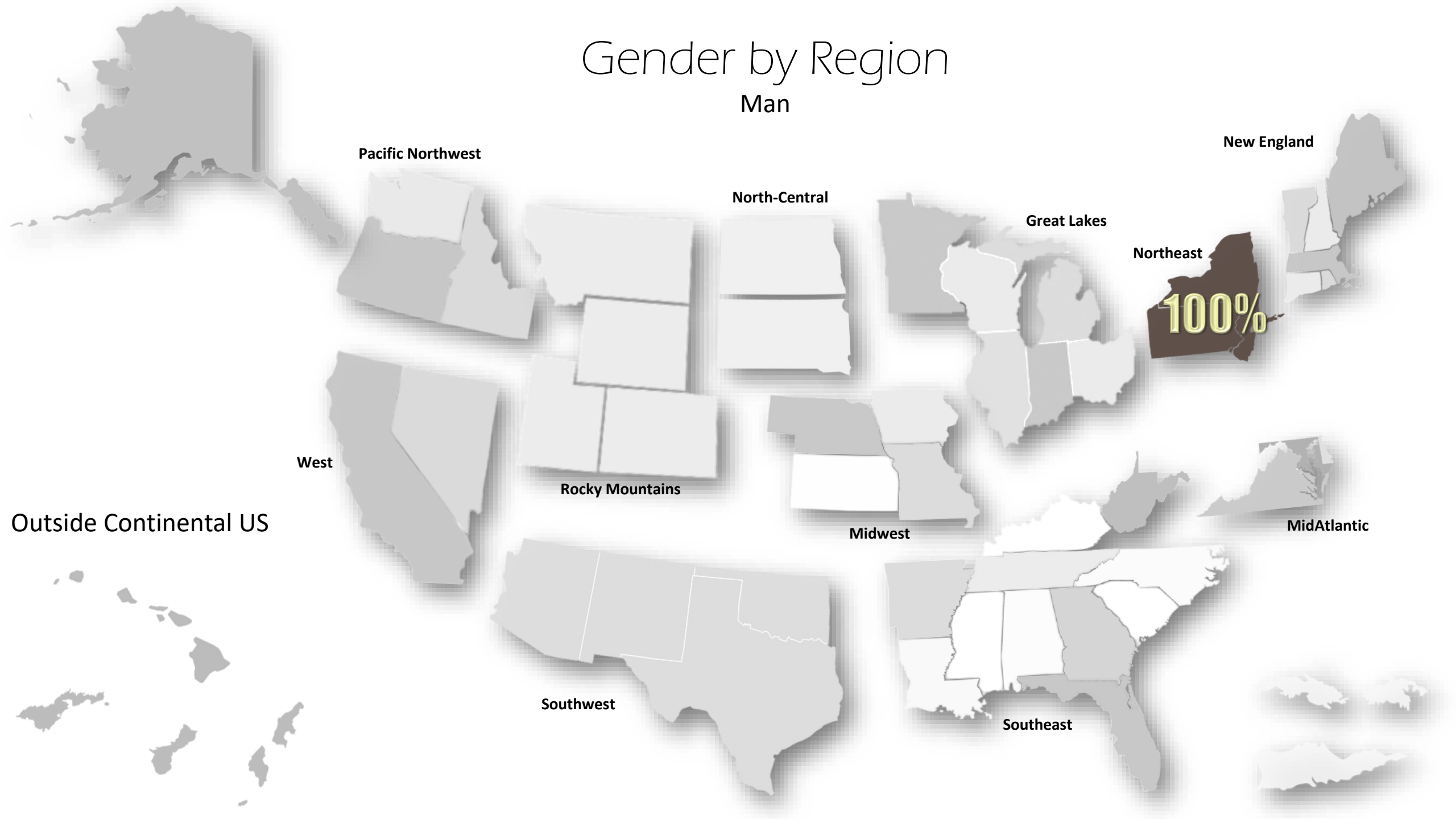
Gender by Region

Other Gender (includes Genderfluid Femme, Questioning, NonBinary Trans Person, & -



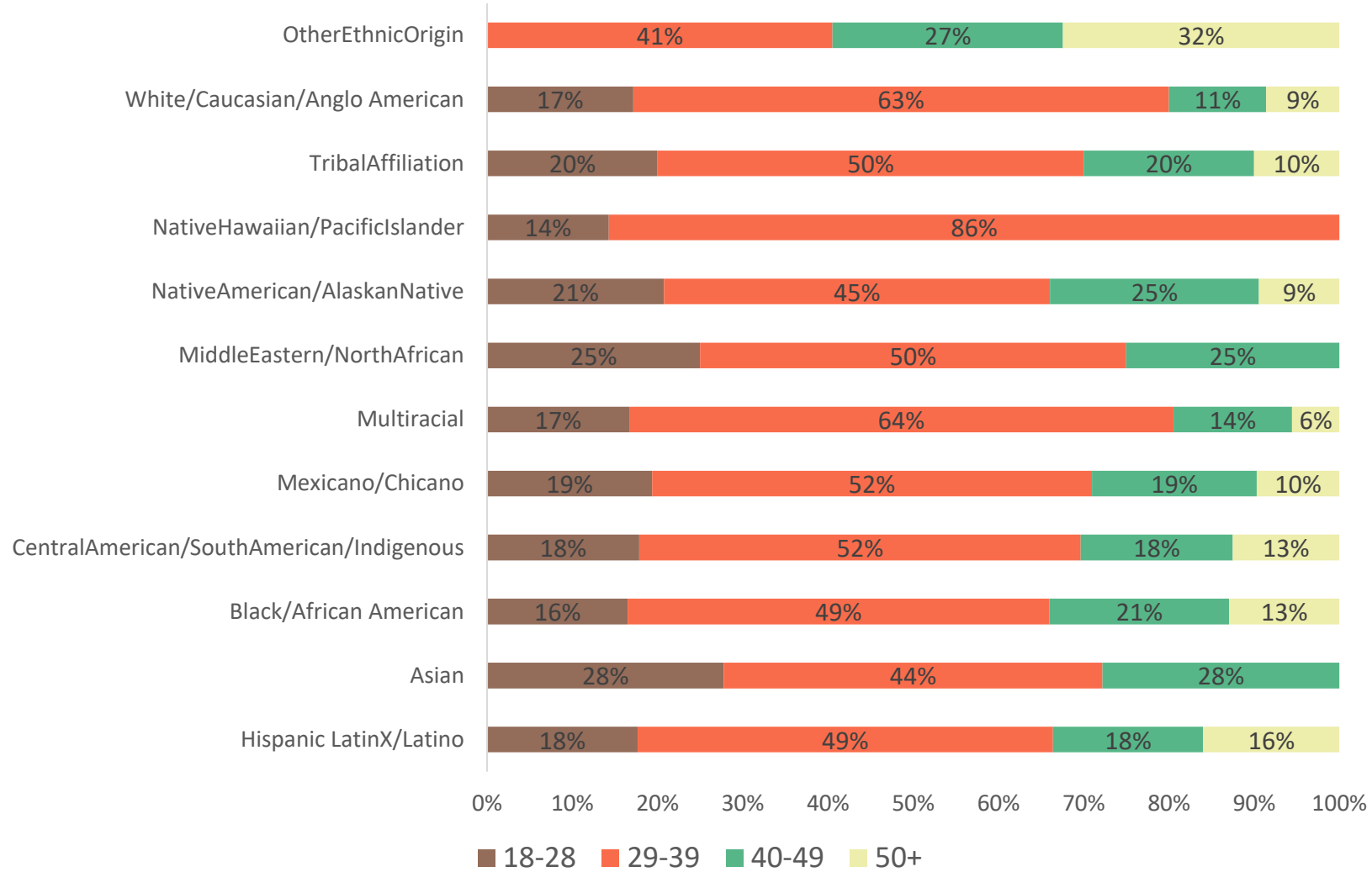
Gender by Region

Man



Age Distribution

Ethnicity by Age Range

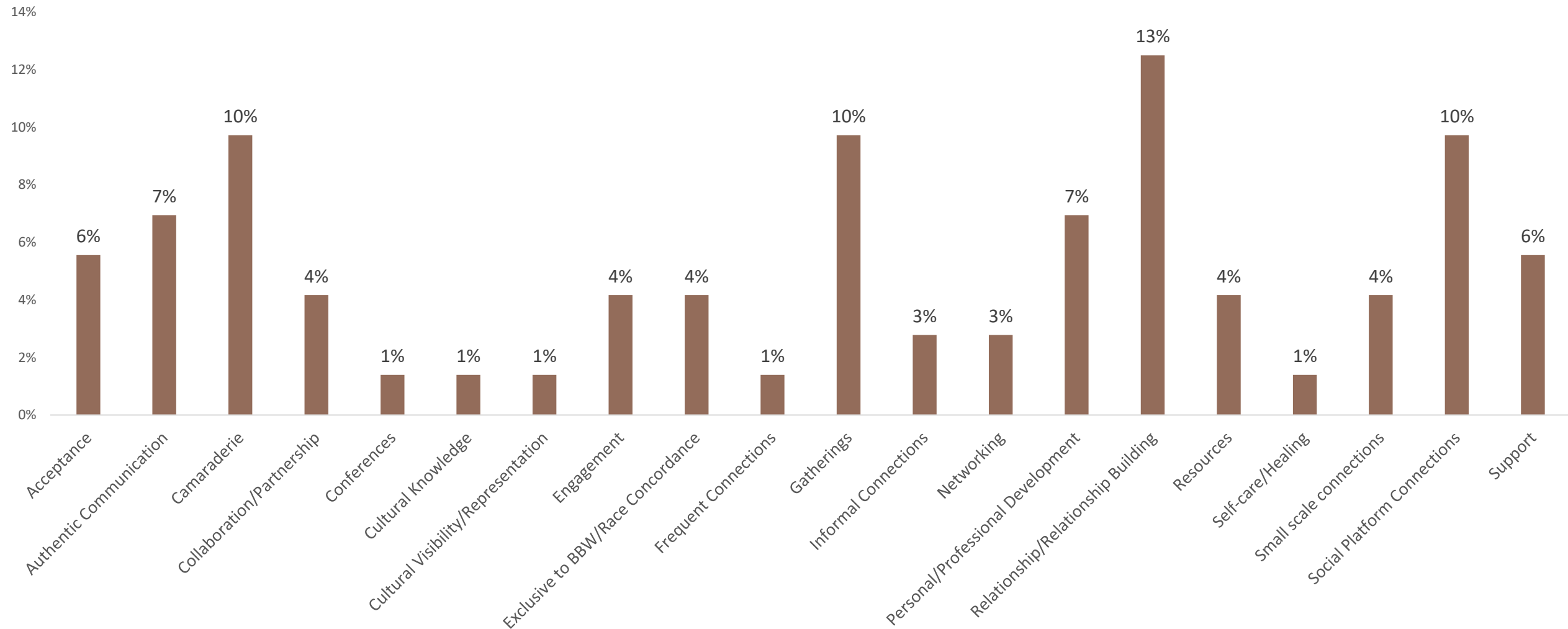


n = 530

Largest respondent age range 29-39

No respondents participated in 17 and under age range

What has Worked Well for BIPOC Connections 18 – 28 Age Range

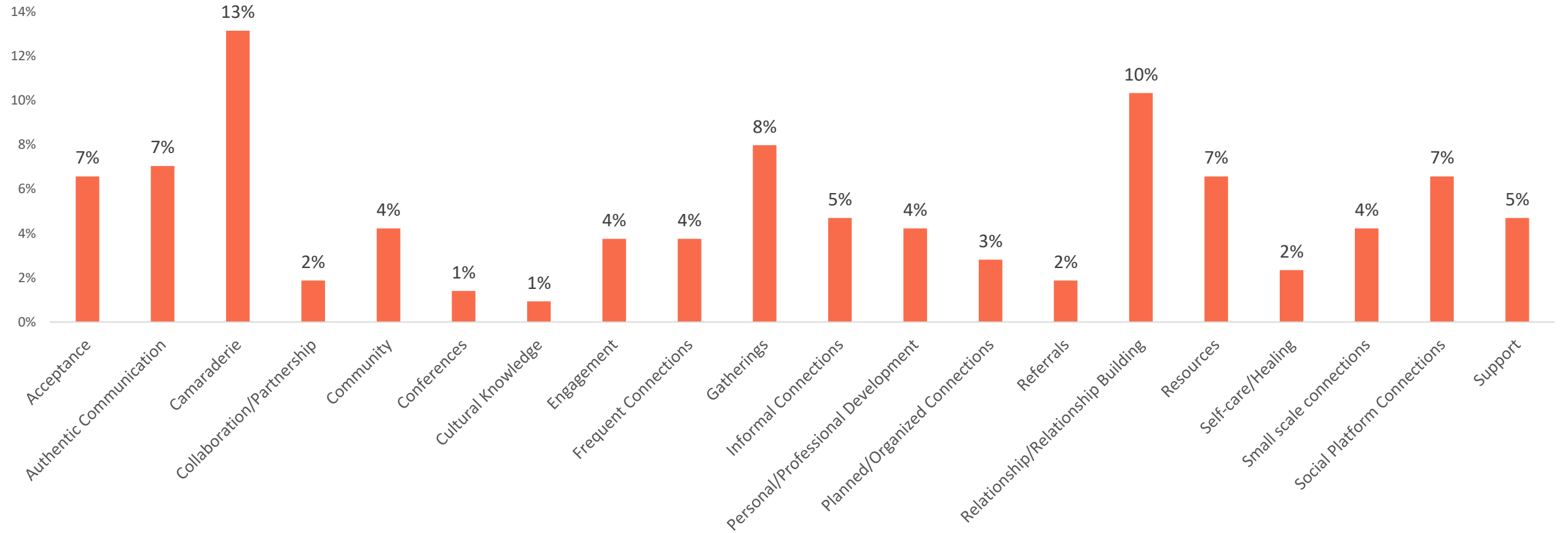


278 comments analyzed

20 thematic categories emerged for 18-28 age range

Definitions of categories located in [Appendix I](#)

What has Worked Well for BIPOC Connections 29 - 39 Age Range

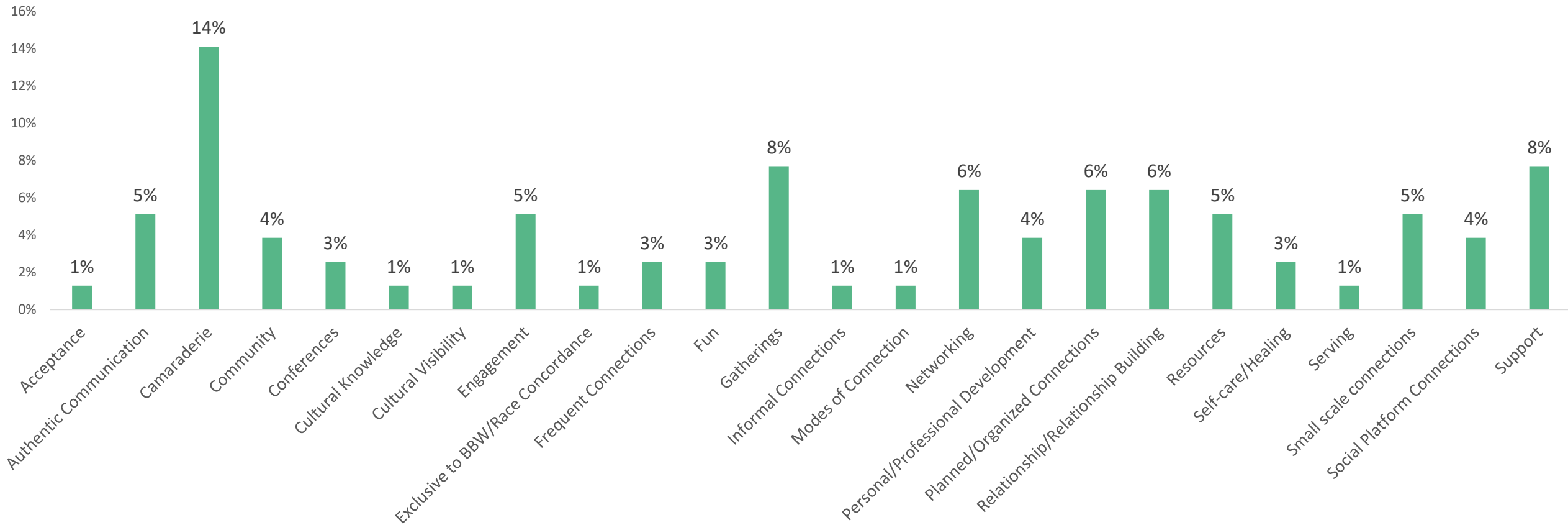


278 comments analyzed

20 thematic categories emerged for 29-39 age range

Definitions of categories located in [Appendix I](#)

What has Worked Well for BIPOC Connections 40 - 49 Age Range

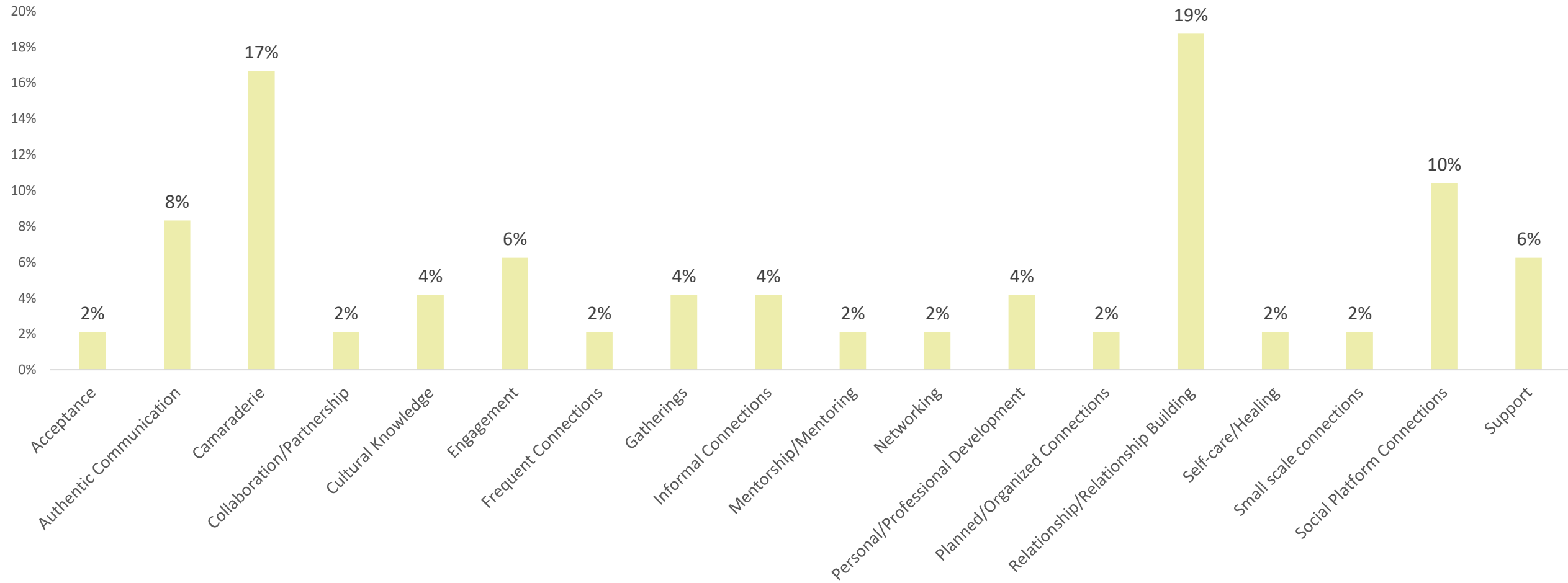


278 comments analyzed

24 thematic categories emerged for 40-49 age range

Definitions of categories located in [Appendix I](#)

What has worked well for BIPOC connections 50+ Age Range



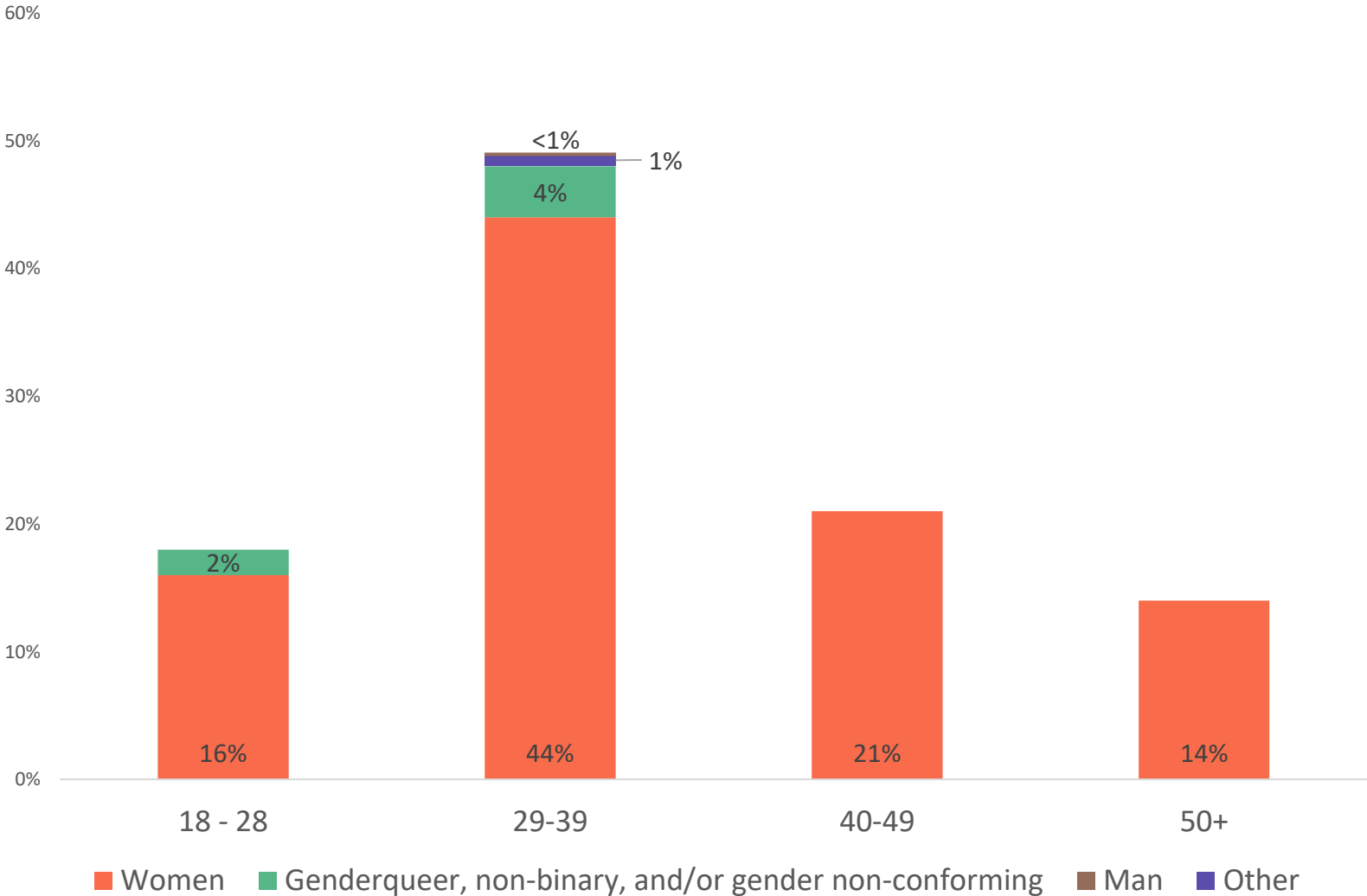
278 comments analyzed

18 thematic categories emerged for 40-49 age range

Definitions of categories located in [Appendix I](#)

Gender Distribution

Gender by Age Range

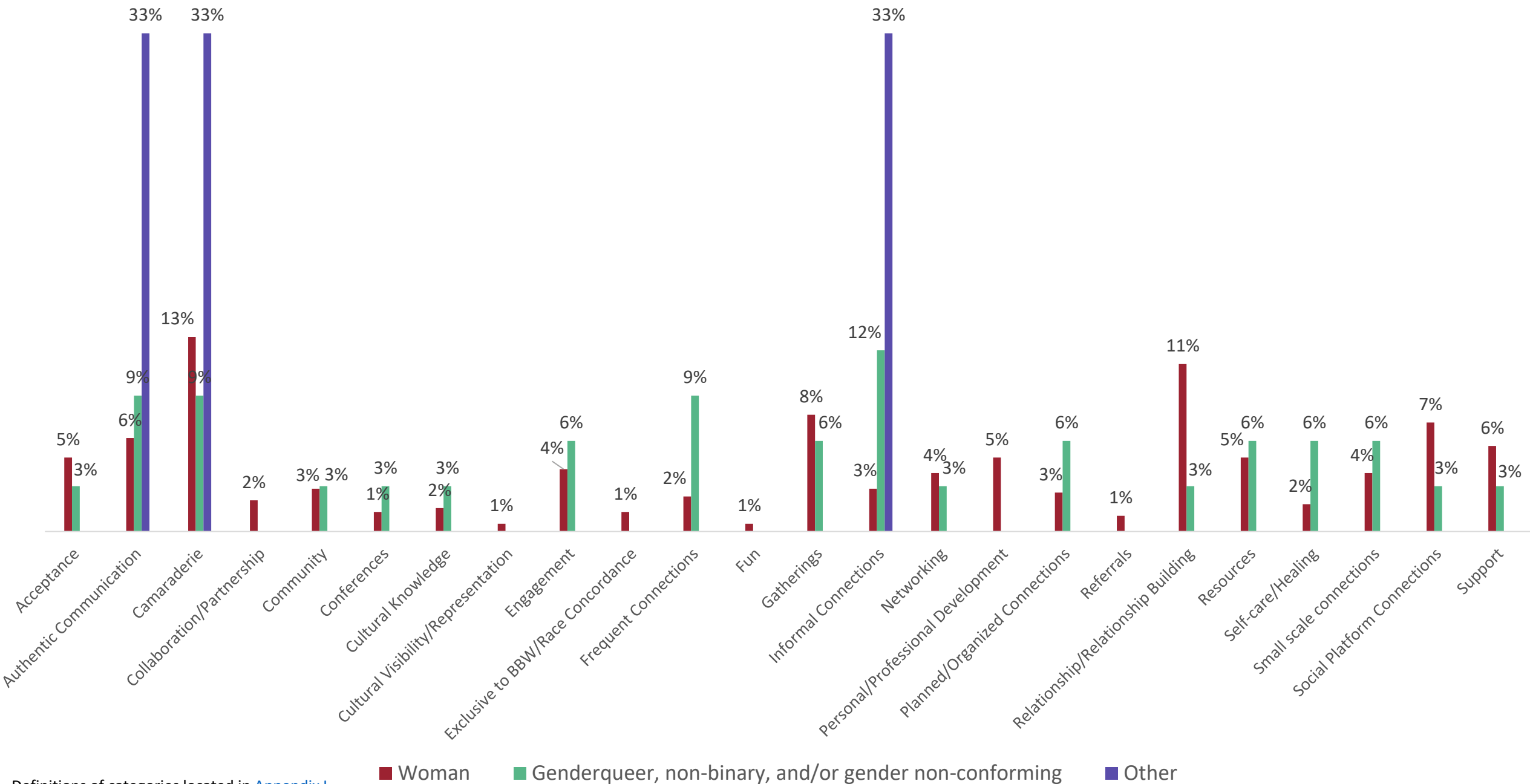


n = 530

Note: One respondent self-reported Man

“Other” includes respondents self-reporting Questioning, NonBinary Trans Person, Genderfluid femme, and -

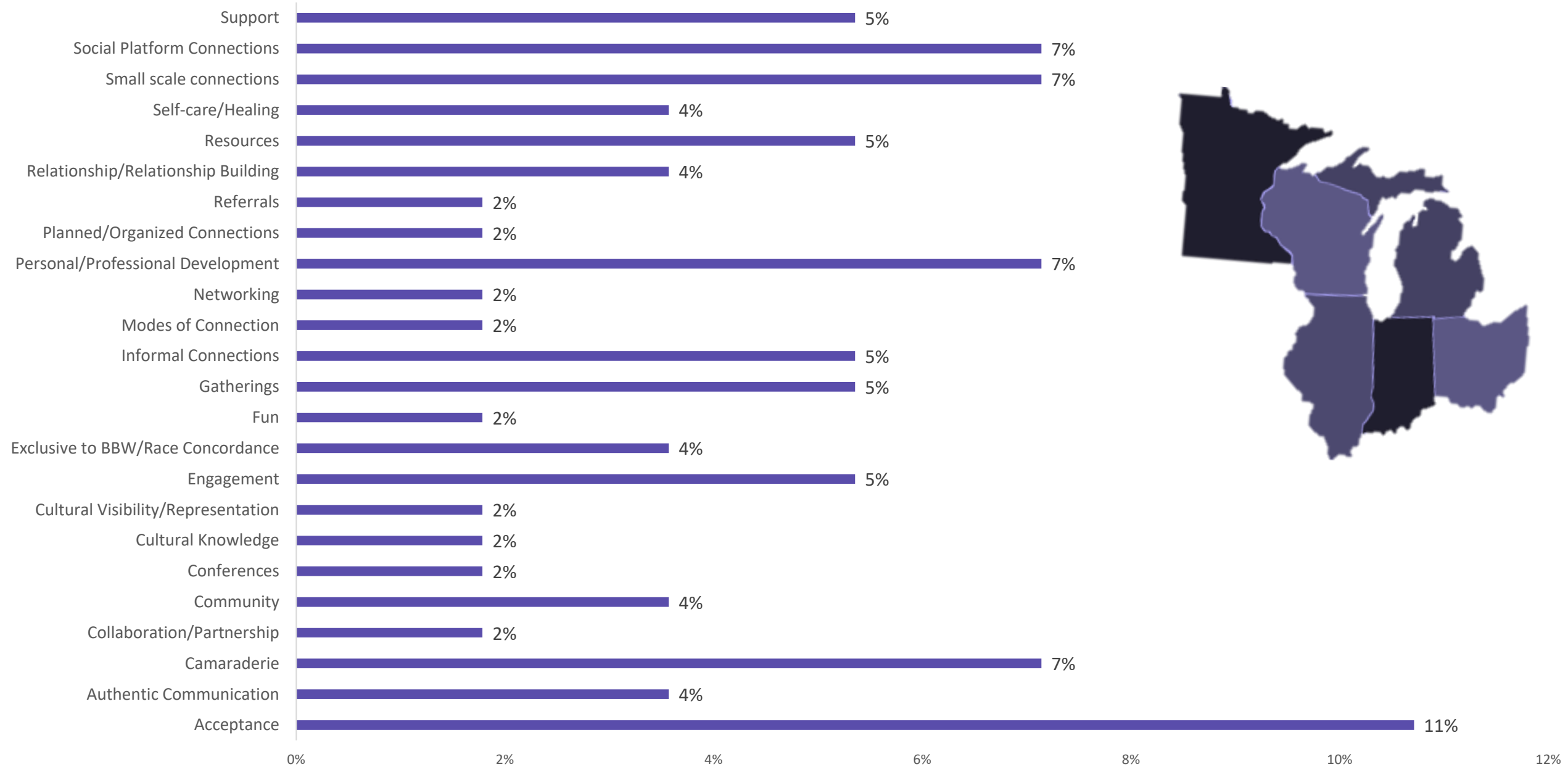
What has Worked Well for BIPOC Connection by Gender



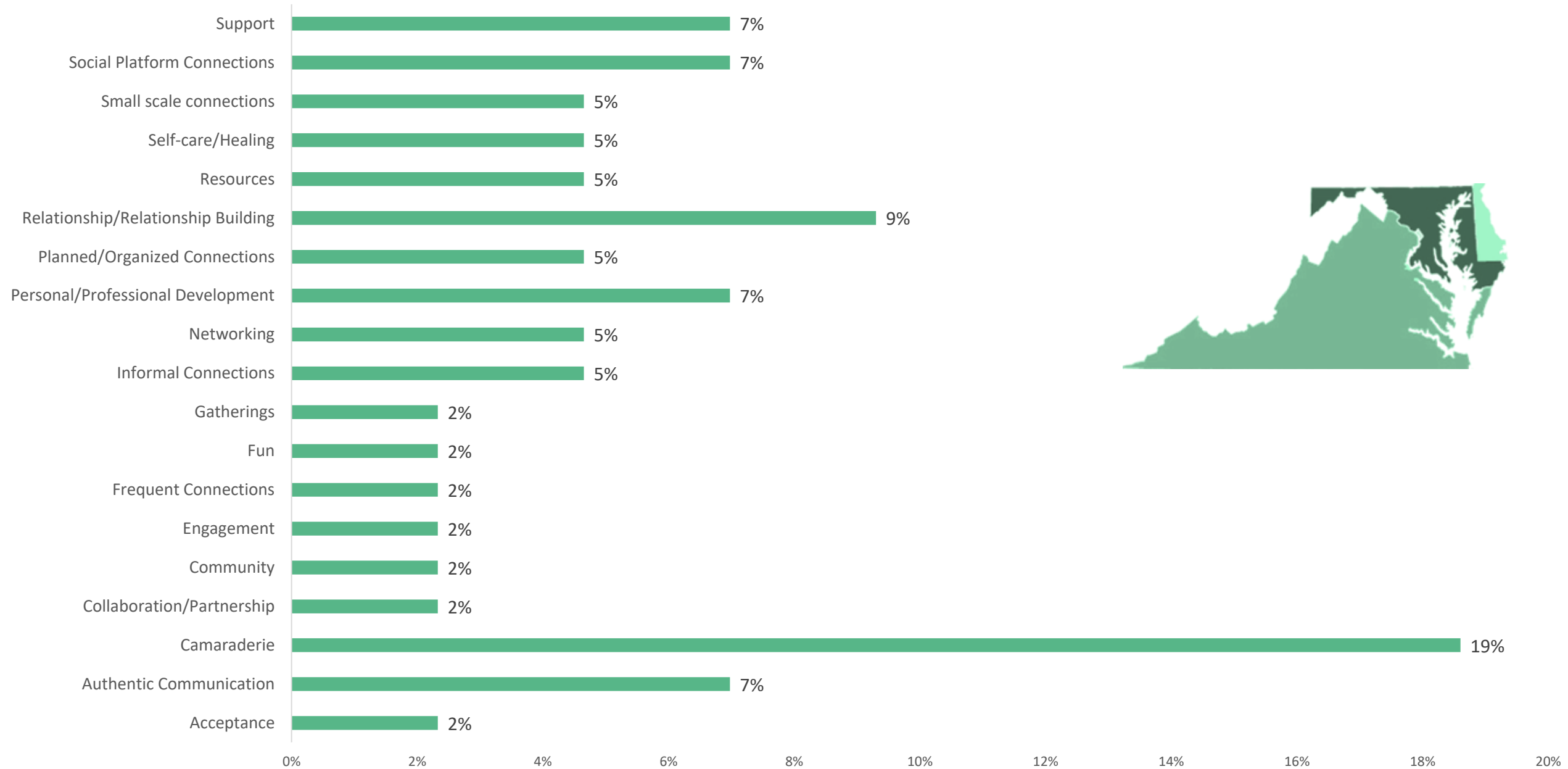
Definitions of categories located in [Appendix I](#)

■ Woman
 ■ Genderqueer, non-binary, and/or gender non-conforming
 ■ Other

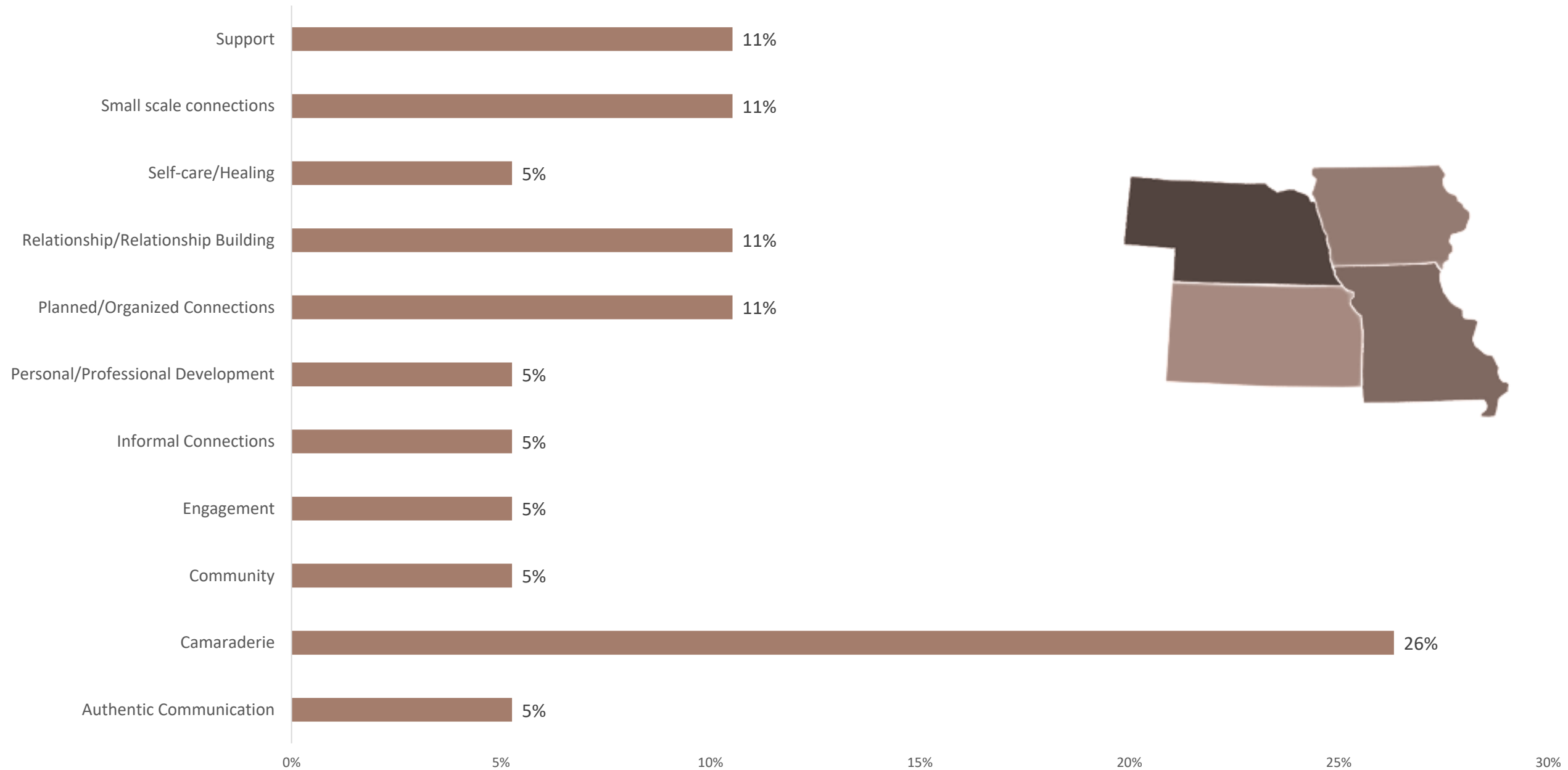
What has Worked Well for BIPOC Connections Great Lakes



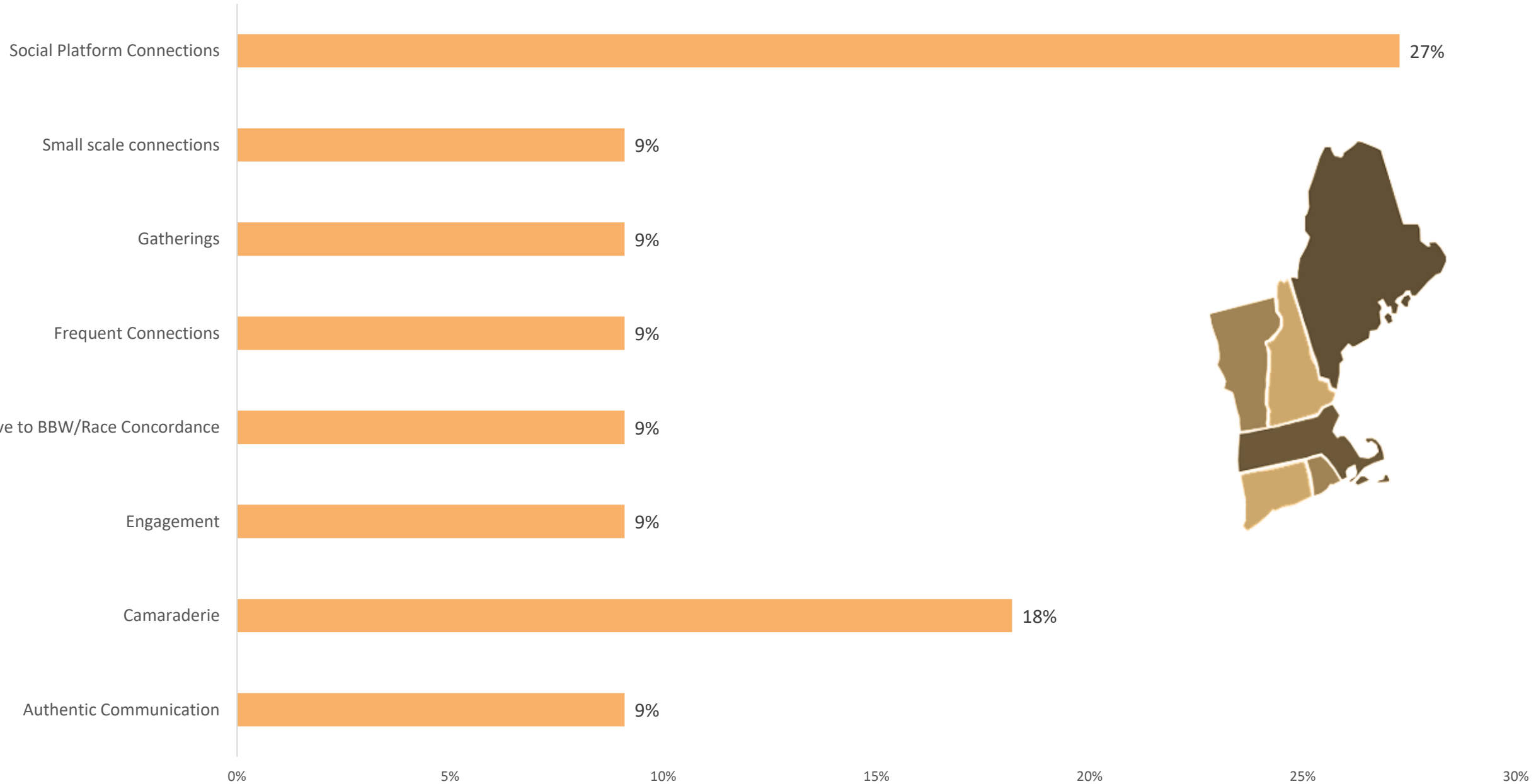
What has Worked Well for BIPOC Connections Mid Atlantic Region



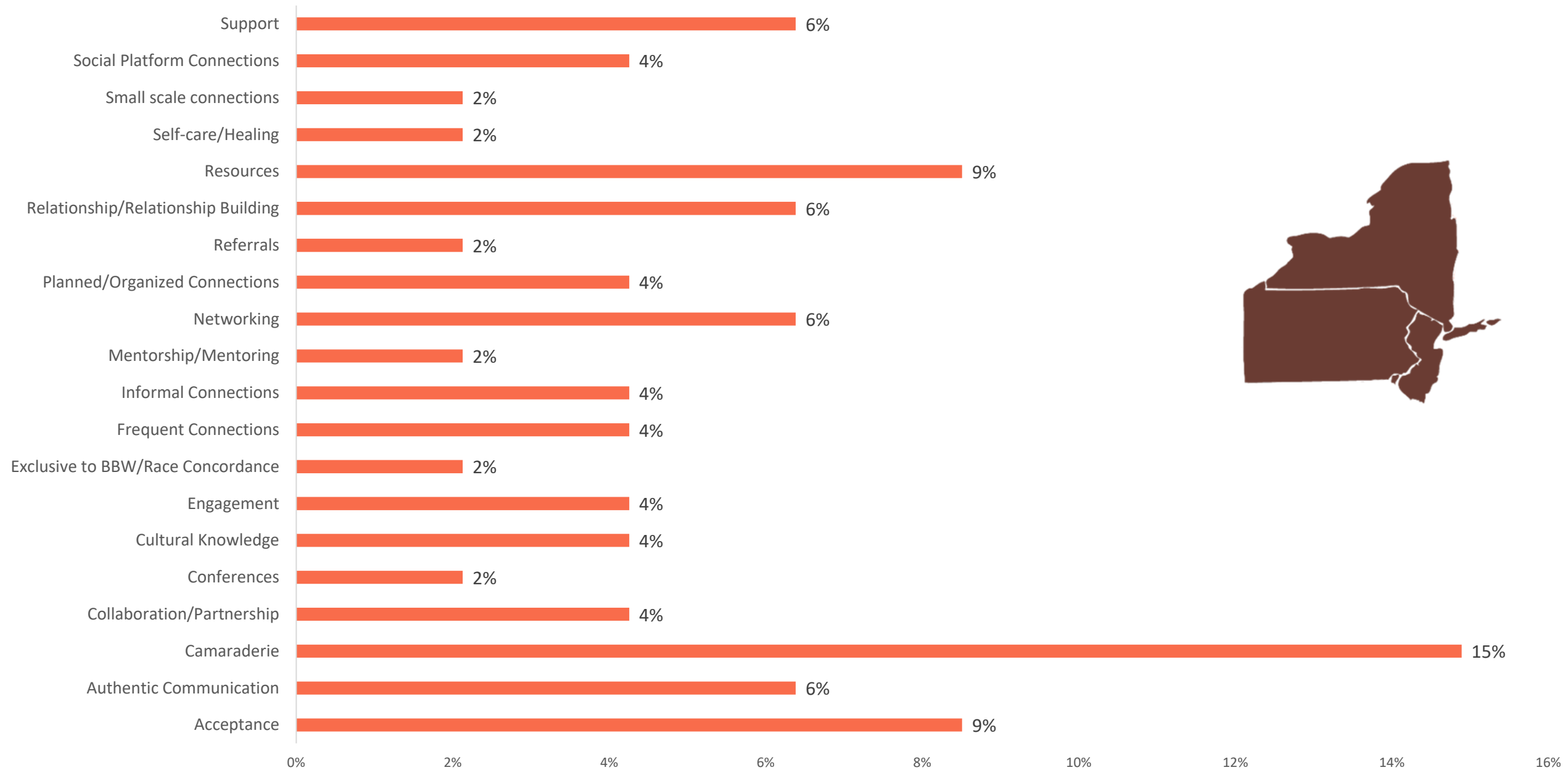
What has Worked Well for BIPOC Connections Midwest



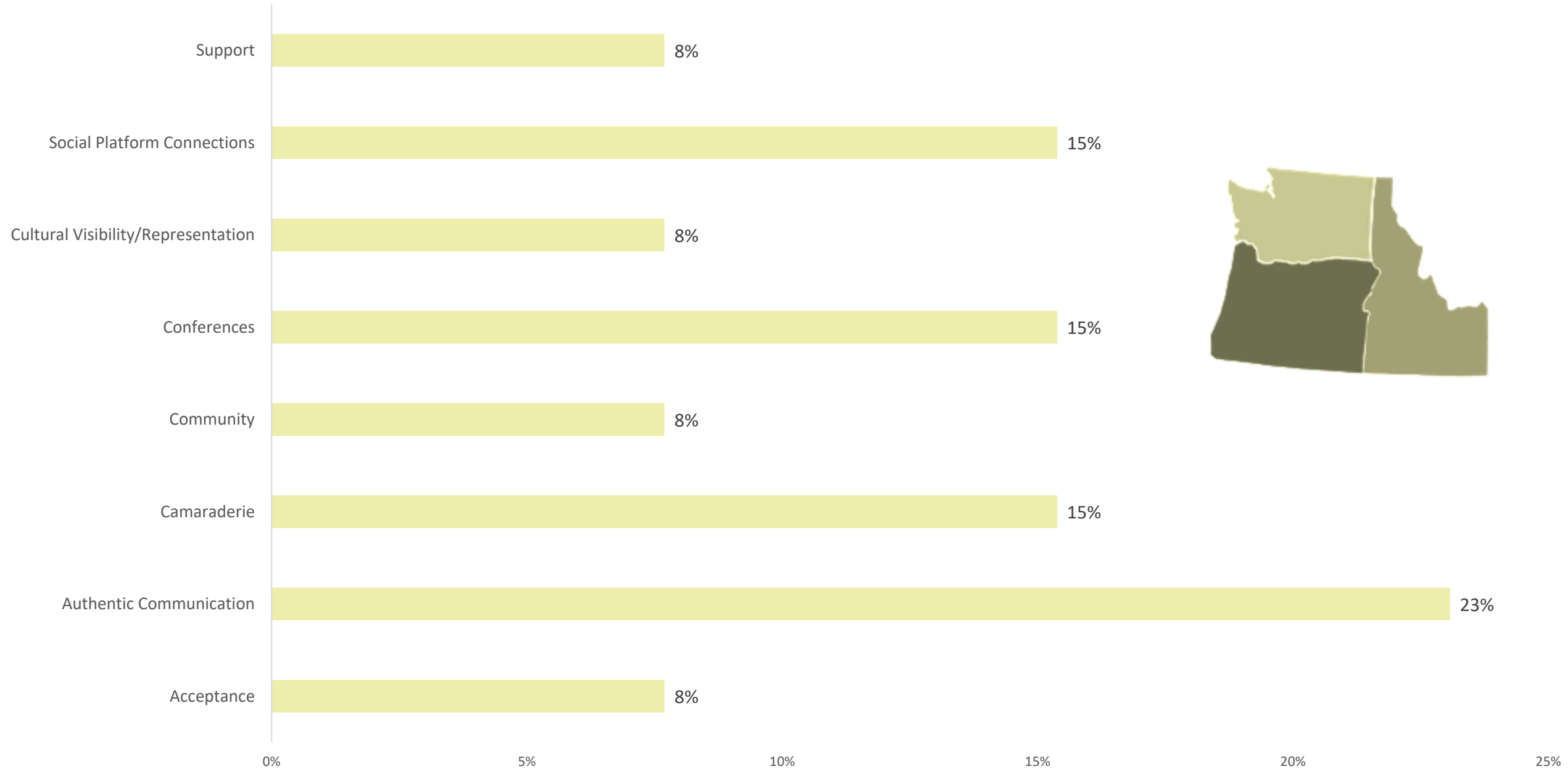
What has Worked Well for BIPOC Connections New England



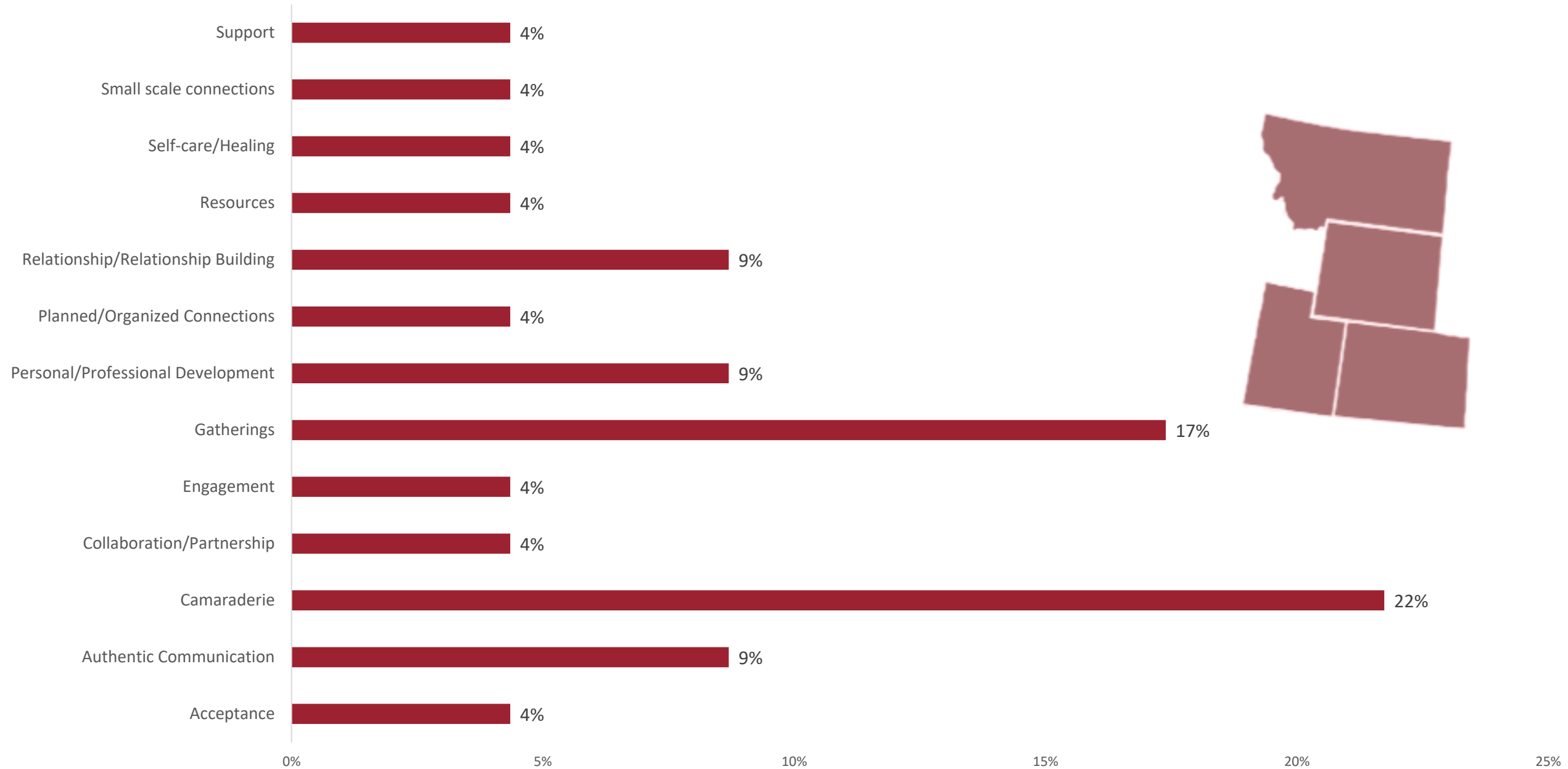
What has Worked Well for BIPOC Connections Northeast



What has Worked Well for BIPOC Connections Pacific Northwest

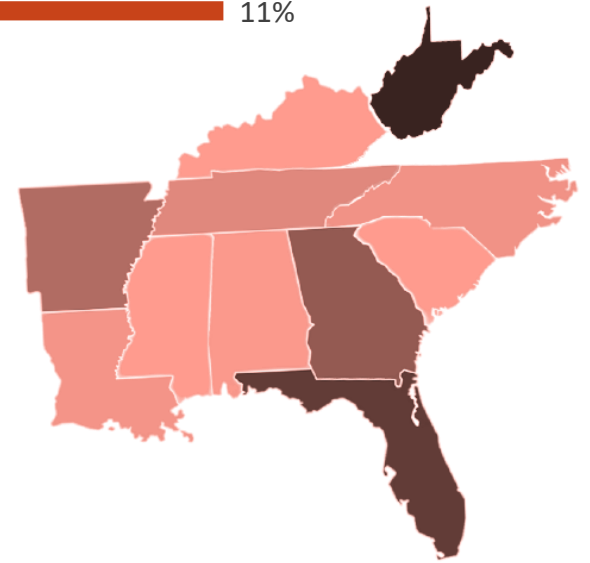
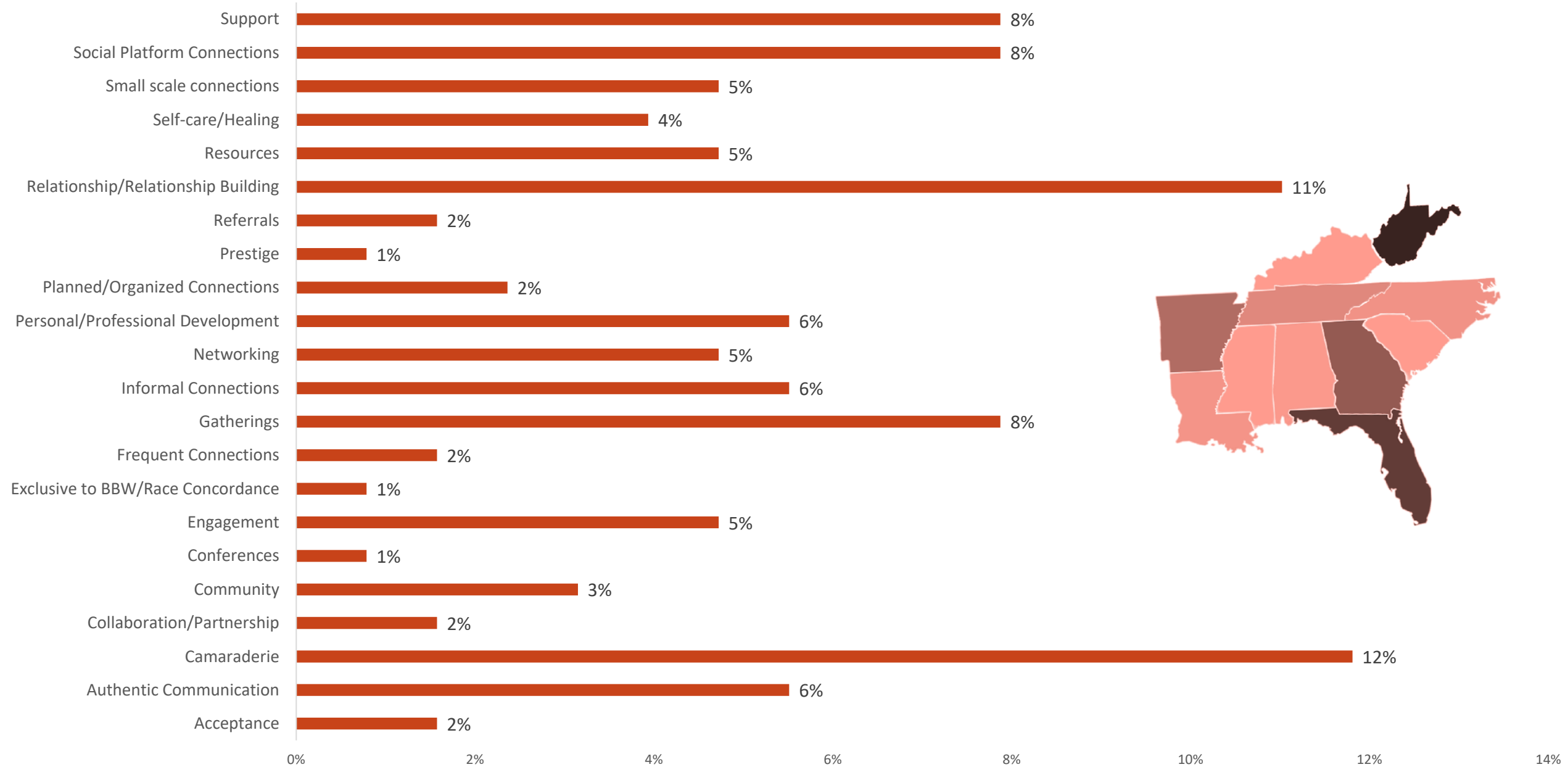


What has Worked Well for BIPOC Connections Rocky Mountains

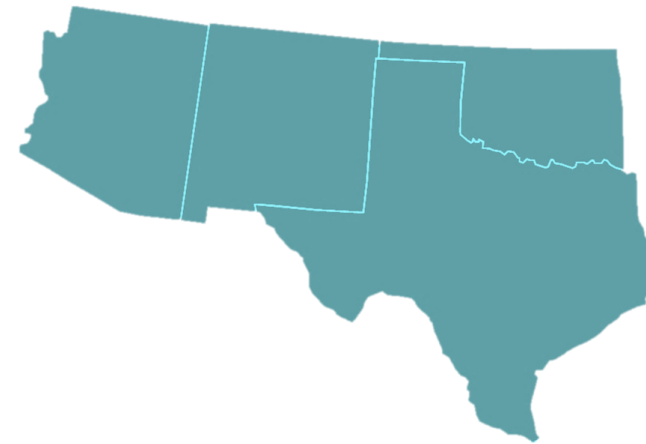
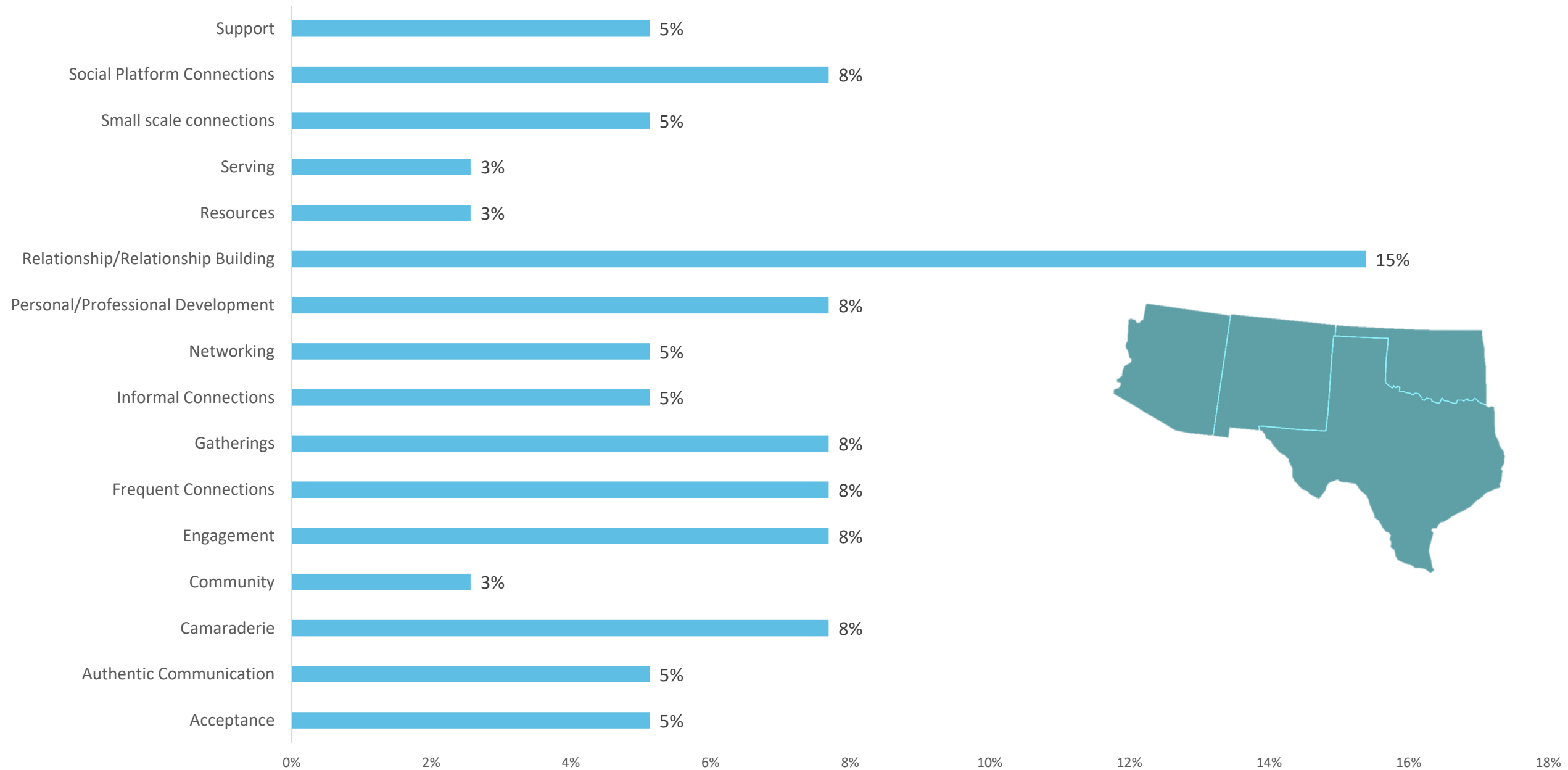


Definitions of categories located in [Appendix I](#)

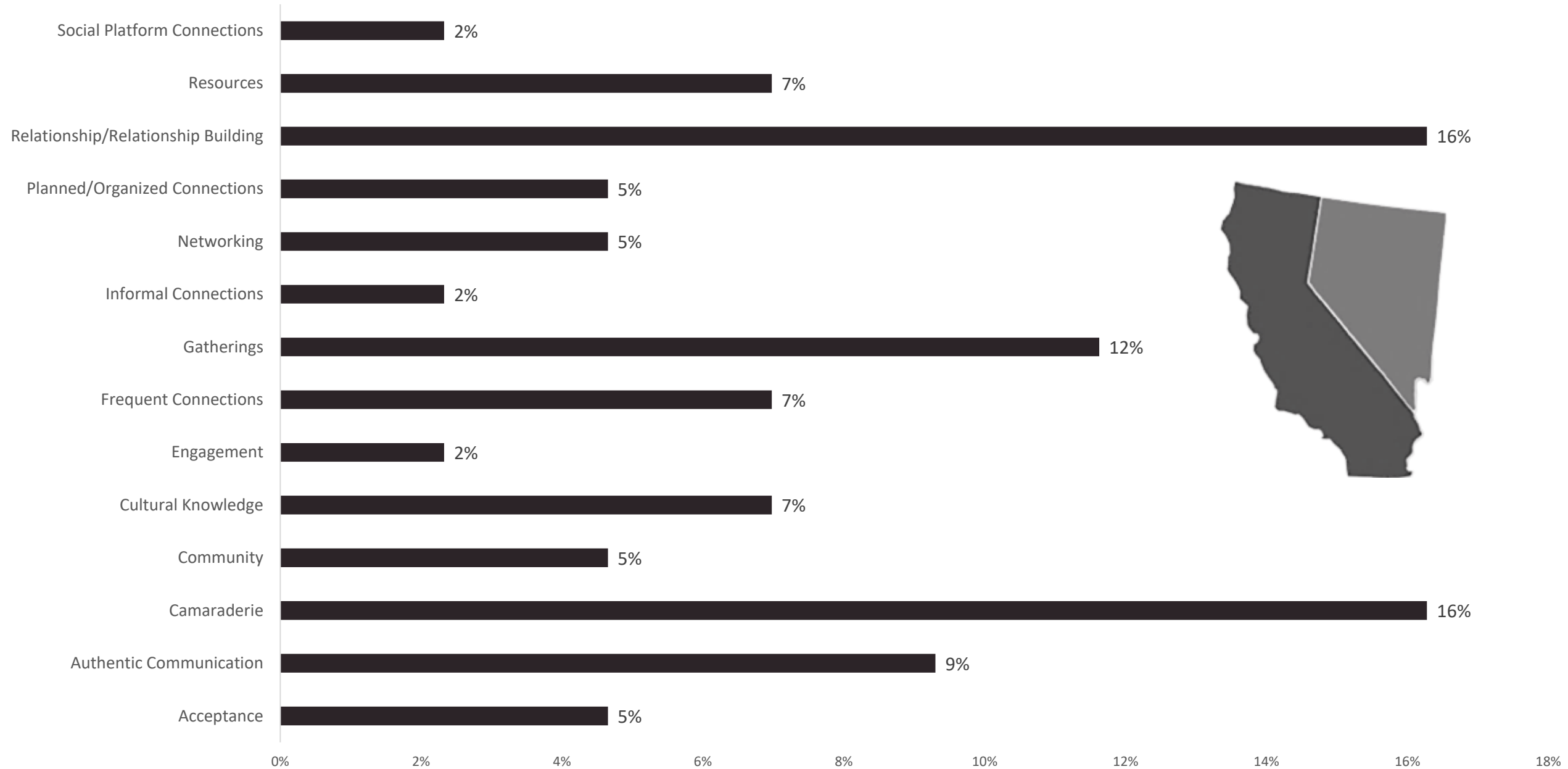
What has Worked Well for BIPOC Connections Southeast



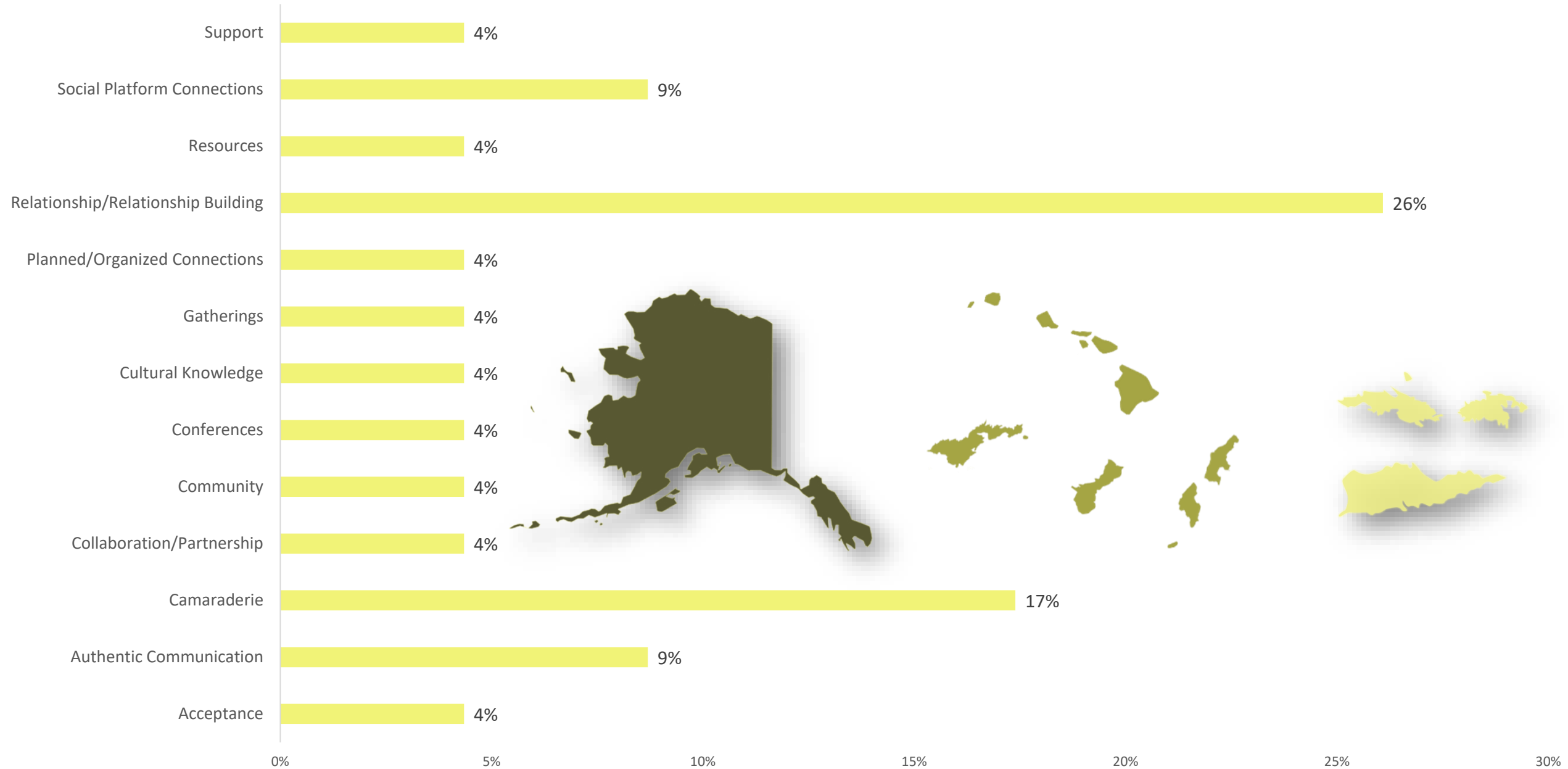
What has Worked Well for BIPOC Connections Southwest



What has Worked Well for BIPOC Connections West



What has Worked Well for BIPOC Connections Outside Continental US



Appendix I

The following are the emerged themes and definitions for the categories created from analyzing the open ended question 'What has worked well in your connections with other BIPOC?'.

Acceptance: Being able to be one's self, safe environment, judgement free

Analysis Paralysis: Individuals or group unable to move forward due to extreme/intense focus single issue

Authentic Communication: Speaking, listening, honest/open, clear, dialogue/conversing

Balance/Commitment: Feeling overwhelmed and stretched when trying to manage life outside of birthwork and dedication as a birthworker

Building Collective/Circle: Efforts to create physical and like-minded spaces for birthworkers to come together and build community

Camaraderie: Shared experience/purpose/interest/values, collective celebration

Collaboration/Partnership: working together to accomplish common goal/task

Community: Creating, establishing, focused

Conferences: Place or forum allowing for networking, learning, connection

Cultural Knowledge: Sharing cultural practices, open to learning, authentic ancestral knowledge

Cultural Visibility/Representation: BIPOC Facilitated, led, driven

Disorganization: Relating to lack of structure, purpose, inconsistency, planning and infrequent/one-off contact

Engagement: Involvement, accomplishing tasks (e.g., taskforce), group ideation

Exclusion/Cliques: Rejecting outsiders or views without giving others who may identify with group an opportunity to join, become a member, or express views

Exclusive to BBW/Race Concordance: Individually Focused/centered on groups one socially identifies with

Exploitation/Burnout: Taking advantage of someone for the benefit of their own work; being overstressed or overworked

Exposure/Access: Limited birthwork experiences, opportunities to connect with professionals/organizations to gain knowledge and strengthen skills

Appendix I cont.

Frequent Connections: Regular, ongoing gatherings

Frequent Connections: The number of times there are opportunities for gathering and group interaction

Fun: No agenda, casual interaction

Gatherings: Virtual or in person interactions of various sizes and purposes

Incompatible/Competing Approaches/Views: Practices, beliefs, and viewpoints that differ leading to disengagement, blocked communication, and dismissiveness; perceptions of being forced into opposing/conflicting practices, beliefs, and viewpoints

Informal Connections: Relaxed interactions allowing for spontaneous conversations and socializing

Insincerity: Shallow, surface level interactions, group events/engagements

Isolation: Feeling removed from connections due to physical proximity, unapproachable interactions leading to disconnect, being the “only” in BIPOC spaces, pandemic limitations

Lack of Mentorship: Limited opportunities to connect to experienced professionals for guidance or expertise; incompatible/abusive mentor/preceptor interactions

Lack of Personal/Professional Dev: Absence of professionalism as a birthworker

Lack of Resources: Limited knowledge, assets, materials, time, and funds that can be used to promote a people, groups, programs, organizations

Lack of Specialty Focus: Limited clinical focus for licensed professionals; imbalance in focus on community based or certificate holding birthworkers

Large Gatherings: Sizeable events that are more commercially themed with few opportunities to build relationships

Mentorship/Mentoring: Seeking or providing guidance from a particular person of vocation or expertise

Modes of Connection: Desiring a mix/options to gather or connect

Negative Competition/Division: Opposing attitude and behavior that communicates disunity and discord among individuals and group members; high promotion of self-confidence above others

Networking: Interacting and exchanging information to increase knowledge/professional connections

Personal/Professional Development: Learning/Training contributing to growth or acquired skill

Appendix I cont.

Planned/Organized Connection: Structured/organized gatherings with clear agenda and efficient use of time

Power Dynamics: Individuals or groups exercising power or influence in away that brings down, uses others, or promotes self

Prestige: Roles/positions that provide visibility and privileged access

Proximity: Relating to distance and closeness birthworkers are to one another that would cultivate connectedness

Referrals: Informing and transferring others to other know resources

Relationship/Relationship Building: Connecting and interacting on a deeper level that involves, trust, honesty, openness, etc. on an ongoing basis

Resources: Knowledge, assets, materials, time, and funds that can be used to promote a people, groups, programs, organizations

Self-care/Healing: Taking time to relax, revive to prevent stress and promote well-being, reconnecting with inner self, becoming whole, reconciliation with self and peers to continue doing the work

Serving: Provide service/assistance in relation to community, altruistic

Small scale connections: One-on-one, small group interactions cultivating genuine and sincere dialogue

Social Platform Connections: Resources used for social communication/interaction including phone, email, virtual group chats, social media communications, virtual webinar/meeting rooms, video chats

Stereotype/Biases: Making general cultural understandings, assumptions and expectations about and within groups one may or may not socially identify with

Support: Relating to giving/receiving comfort, encouragement, actively involved and interested in success and outcomes for peers, colleagues, fellow birthworkers

Trauma/Reliving Racial Trauma: Experiences that causes harm or triggers to racial oppression and injustices

Traveling: Having to go from one area to the next to connect with clients, colleagues, or birth community

Unrealistic Expectations: Unreasonable beliefs in process, assumptions relating to group affiliation

Unwanted Solicitation: Receiving cold calls, mass emails without having a relationship

White Interference: Internal conflict with having White persons or non-BIPOC in BIPOC spaces, influence of White bodied practices, ideas, and domination in BIPOC spaces; lack of accountability of white bodied individuals in BIPOC spaces when interjecting white/white supremacy culture

Appendix II

Contact Info for BIPOC Birthworkers Survey: Contact information for survey participants can be accessed by clicking [HERE](#). Please ensure excel document is downloaded and saved locally, otherwise the link will not direct to the document.