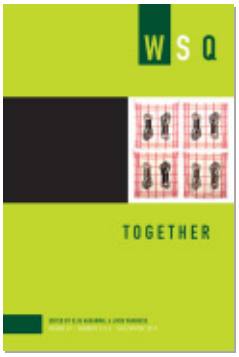
Birthing Black Mothers: Birth Work and the Making of Black Maternal Political Subjects



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Abstract: This paper traces three tensions that undergird contemporary doula practice: questions about training and professionalization, questions about the meanings of medicalization, and questions about the exceptionality of birthing. In all three cases, while doulas are called upon to be agents of crisis mitigation, particularly in relationship to black women, and to use togetherness to mediate obstetric violence, these tensions complicate efforts to "resolve" the crisis black mothers face, and at times further suture black maternal bodies to crisis, placing black maternal bodies as the space in need of remediation, repair, and transformation. **Keywords:** birth work, doulas, maternal health, reproductive politics

By all accounts, black mothers are in crisis.[1] In a 2018 *New York Times* article describing the "life or death crisis" facing black mothers and black infants, Linda Villarosa writes, "Black women are three to four times as likely to die from pregnancy-related causes as their white counterparts, according to the CDC—a disproportionate rate that is higher than that of Mexico, where nearly half the population lives in poverty—and as with infants, the high numbers for black women drive the national numbers." A few weeks later, the *New York Times* editorial board reported that black women delivering babies in New York City are twelve times as likely to die from childbirth-related causes than white women are, which is "triple the rate of white New Yorkers, and roughly comparable to complication rates in Sierra Leone" (2018). If this is the condition of black mothers, black infants fare similarly: they are more than twice as likely to die as white infants are. Villarosa starkly notes, "In one year, that racial gap adds up to more than 4,000 lost black babies" (2018). Here, the specter of "lost black babies" is

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not the result of black women's imagined pathological reproductivity—as infant mortality was often cast in previous eras—but newly described as the result of medical apartheid (see Lane 2008). The black maternal body has become a symbol—or *the* symbol—for the deathly work of antiblackness and misogyny, and black motherhood itself is constituted by its imagined proximity to trauma, injury, precarity—by its location as *the* crisis.

Lauren Berlant suggests we treat crisis as a genre, one which "can distort something structural and ongoing within ordinariness into something that seems shocking and exceptional" (2007b, 7). Crisis discourse performs its work by obscuring the quotidian and persistent nature of violence, treating it as a rupture with rather than a constitutive element of the ordinary. As black motherhood is increasingly situated as ground zero of antiblackness, as the Mothers of the Movement are increasingly the public face of Black Lives Matter, as the state increasingly describes black mothers as its most vulnerable citizens, black mothers have been increasingly sutured to crisis discourse, a discursive project that performs myriad forms of political work for the varied subjects who mobilize it. The genre of black maternal crisis organizes a variety of forms of political labor, ranging from biopolitical state efforts to regulate black motherhood, to black mothers advocating for health care that ensures their survival; from "baby friendly" hospital initiatives designed to promote breastfeeding, to women of color (WOC) birth workers organized around birth justice. Black mothers have been transformed (or perhaps have transformed themselves) into objects of "attention, compassion, analysis, and sometimes reparation" that echo earlier forms of more retributive state discipline, but here with a seemingly "compassionate" difference (Berlant 2007b, 761). While I critically interrogate the crisis discourse that surrounds black maternal bodies, my intention is not to discount the racial disparities in health care that have deadly consequences for black women and their children.[2] My desire, instead, is to understand how black women seem to only come into political view through their proximity to death.

In the midst of the "crisis," birth workers—particularly birth doulas—have become increasingly visible agents of birth justice as doula-assisted pregnancies have been imagined as successful not only in transforming birthers' perinatal experiences, but also in improving the health of mothers and infants (see Gruber, Cupito, and Dobson 2013). Doulas, particularly WOC doulas, are imagined to play their most politically and ethically significant role in the birthing experiences of black mothers who labor in

a milieu marked by stark racial disparities and often deathly outcomes. In this article, I turn attention to WOC doulas who have become foot soldiers in a birth-justice movement rooted in black feminist praxis and increasingly supported by state actors invested in eradicating—or at least mitigating—the crisis. Put differently, I observe a moment where WOC doulas' efforts have been taken up—incorporated—by the state as a crisis-mediation tactic rather than as an oppositional stance that makes visible and interrupts the relentless tethering of black female flesh generally, and black maternal flesh specifically, to crisis. This process of incorporation is not, however, one of cooptation, but one where WOC doulas are increasingly working within state bureaucracies in the service of crisis mitigation. This is a movement which recognizes the endless threats against black life as beginning in utero, and which draws connections among state violence, environmental racism, nutrition, quality schools, and access to transportation, to craft a broad conception of the conditions necessary for black life to thrive. Under the auspices of reproductive justice, WOC doulas are increasingly recruited by community-based doula programs to transform the birthing experiences of black women. They disproportionately fill the ranks of pro bono doula programs which provide low-cost or free doula services to vulnerable communities, programs which have been celebrated by the state in the face of "crisis," even as that celebration unfolds with little or no compensation for the doulas whose labor is imagined as integral to preserving black life.[3] WOC doulas are increasingly hailed by the state as medical missionaries whose antimedical ethics and paraprofessional practices are precisely what is required to save the lives of black women and children.

In this article, I treat WOC doulas as actors who have put into practice—and brought into institutional visibility—a set of black feminist frameworks, including allegiances to reproductive justice, a commitment to black life, and an investment in care and love as radical world-making forms of togetherness. In so doing, they have effectively recast the maternal black body not as a medical or embodied category, but as a political one. For doulas, black mothers' bodies are symbolic terrain that reveal the proximity of black maternity to death, both underscoring the utter necessity of doulas' life-affirming labor and placing doulas' rhetoric surprisingly close to the state's rhetoric: for both, black maternal bodies are the paradigmatic site of crisis. This article argues that WOC doulas guide the production of the birthing black maternal body as a political category

through a methodology of "togetherness"—the placement of the doula body in the birth room alongside the birthing body—as an imagined form of crisis mitigation. Here, the presence of another body in the birth room—a doula, an advocate, a trusted guide—is envisioned as something that can produce more equitable outcomes, particularly for black women and their children, transforming the birthing room from a space of death into a scene of life affirmation. Yet that same "togetherness" often shores up the black reproductive body as a site of both profound political desires and intense struggle, and helps to produce the temporality of crisis that doulas also attempt to ameliorate. This paper traces three tensions that undergird contemporary doula practice: questions about training and professionalization; questions about the meanings of medicalization; and questions about the exceptionality of birthing. These three tensions reveal how doulas' collective labor to "resolve" or mitigate the crisis black mothers face often secures the notion of black maternal bodies as in need of remediation and repair.

Laboring and the Politics of Professionalization

My analysis in this portion of the paper draws on twenty-three interviews I conducted in 2018 with birth doulas working in the Chicago metropolitan area. These doulas performed their work in a moment when Illinois was increasingly attentive to maternal and infant mortality rates, particularly in light of the state's Maternal Morbidity and Mortality Report (2018) which found that since 2008, more than 650 women had died of pregnancy-associated deaths in the state, and that black mothers were six times more likely than their white counterparts in the state to die from pregnancy-related complications (see also Bowen 2018a, 2018b). In 2018 a collective of state representatives and senators introduced the Mothers and Offspring Mortality and Morbidity Awareness Act (MOMMA Act) to collect data on infant and maternal mortality, and to establish statewide protocols for obstetric emergencies. That same year the state's Maternal Morbidity Report recommended expanded state engagement with pregnant and postpartum bodies, including universal home visits to all mothers within three weeks of birth, home-visiting programs for "high-risk" mothers, and state-funded doula programs for "high-risk" mothers. Then-governor Bruce Rauner applauded the efforts of the Illinois Maternal Mortality Review Committee, noting:

> The work of the Illinois Maternal Mortality Review Committee is essential for reducing maternal deaths and improving the health of all women. I am proud that Illinois has prioritized this issue and, along with CDC, is setting national standards for reviewing and ultimately preventing these deaths. (Rauner qtd. in Illinois Department of Public Health, 2018)

In that same moment, Illinois invested in an array of efforts to ameliorate the maternal mortality crisis, including Illinois's Maternal Infant and Early Childhood Home Visiting Program, which supports doula programs in Illinois, and the Chicago Doula Project (run by the Illinois Bureau of Maternal and Infant Health and focused on providing doulas to pregnant adolescents). The state also supports nonprofit efforts like Health Connect One's community-based doula program (which has been replicated nationwide) and Ounce of Prevention Fund's doula-training program. Illinois, like a number of other states including Oregon and New York, has also recently seen proposed legislation for Medicaid to cover doula services. In short, this is an era where maternal and infant mortality has placed maternal health generally, and black maternal health specifically, squarely on the political agenda.

Despite the rhetorical investment in black infant and maternal health, it remains the case—both in Illinois and nationwide—that few state resources have been devoted to WOC doulas, the very subjects who are charged with saving black women's lives. New York City and Baltimore, for example, have begun recruiting and training doulas to work as a stopgap for dealing with the black maternal health crisis. New York's doula program—which was designed as a state response to staggering black maternal mortality rates—expands Medicaid coverage to include doulas, while Baltimore's program trains doulas to become "independent contractors" committed to ending racial disparities in infant mortality and maternal health, and as key symbols of a state investment in black maternal health, even as the state reminds doulas that they are performing a community service, and will be unlikely to earn a living as a doula.[4]

Though my interlocutors all identified as birth doulas, they labored under vastly different conditions: one works full-time as a doula in an agency she runs with two business partners; two work full-time through a combination of solo practice and agency work; and the remainder are engaged in part-time birth work and other full-time work, generally in feminized fields like childcare. All of the doulas I interviewed had worked—for

varied amounts of time, and with different levels of commitment—in the city's volunteer doula program. The doulas performing birth work part-time specifically noted that they found it unlikely they could perform birth work full-time, noting that the biggest economic challenge of the work is that solo practice requires financial reserves to offset the sporadic nature of business. Moreover, the number of births they had attended and the amount of training they had completed varied significantly, and they had radically different relationships to the feminist birthing industry, a term I use to describe the array of trainings, techniques, and certifications that have proliferated under the auspices of maximizing birthing women's birthing autonomy and freedom.

I take this variation in experience as evidence of the paraprofessionalism of doula work, and I argue that the paraprofessionalism of the work—its capacity to evade and even refuse standardization—is precisely what allows many doulas to describe their labor as both radical and invaluable. When I use the term paraprofessional, I do not mean it as a devaluation of the tremendous physical, emotional, and spiritual work that doulas perform as advocates. Instead, I mean it to describe the lack of regulation and organization of a birthing profession that is increasingly hailed as the birthing innovation that will save black women and children's lives. Paraprofessionalism describes the "low-tech, high-touch" nature of doulas' work which emphasizes togetherness as a radical birth practice and as a practice of black survival. Paraprofessionalism also captures the fact that, while doulas emphasize that they are not medical practitioners, and often define themselves against conventional medical institutions, they perform the majority of their labor in medicalized spaces alongside workers whose professions are highly professionalized, including midwives, lactation consultants, nurses, and doctors. It is doulas' capacities to reside in medical spaces while maintaining minimal (if any) medical training that can make murky the relationship between birth work and medical care, a murkiness that is perhaps most profound—and potentially most dangerous—for birthing mothers.

All of the doulas I interviewed had participated in a two- or three-day intensive training, though the content of that training varied tremendously. Some trainings are led by formal organizations like Doulas of North America (DONA) or ProDoula, while others are led by community organizations or campus initiatives specifically designed to train WOC doulas. Most of the doulas I interviewed identified strongly with their training

institution, particularly those that had elected community-based doula trainings or WOC doula-training initiatives, which were often imagined to index a commitment to WOC birthing bodies. For most doulas, the training was an experience of self-actualization, community building, and solidarity, more than it was an orientation to the physiology of labor, or the physical experience of birth. It was, then, an intensive introduction to togetherness as a central birth-work ethic. Faith, for example, a doula who labors as a solo practitioner while working full-time as a therapist, described her training as organized around "spiritual and emotional connection," and noted that it transformed a group of strangers into "doula sisters," women she still texts every day to discuss challenging births, to share "doula stories," and to exchange "affirming messages" (pers. comm., 2018). She noted, "You can read every book, but it's really just learning about compassion. I think you have to have it in you. You can read anything on doula work you want, but it's about having compassion." In many ways, Faith suggested that a robust doula training should not focus on "book learning," but should instead center ethics of witnessing and empathy, even as she paradoxically noted that a doula's most important trait—compassion—cannot be learned. Samantha, a WOC graduate student who had completed her doula training and understood the work as a "calling," also described the communal aspects of her training. "We began," she said, "by talking about how we were called to the work. Sometimes the calling comes in your dreams" (Samantha, pers. comm., 2018). Her training ended with newly minted doulas washing each other's feet, a profound symbol of birth work as a commitment to service. Like Faith's conception of training as a site of compassion, Samantha's training emphasized the ethics of doula work: a commitment to service, solidarity, and friendship.

Perhaps most controversial was the question of how much training should focus on the business of birth work. A number of doulas mentioned that one of the profession's main organizations—for-profit ProDoula—had become too focused on encouraging doulas to organize efficient businesses, and had lost sight of the compassionate ethics at the heart of birth work.[5] ProDoula's mission to help doulas become "entrepreneurs" and to "turn passion into a paycheck," distinguishes itself from other doula-certification programs by its heavy emphasis on professionalization and its member benefits, which include discounted printing, liability insurance, and networking events. In its emphasis on making doulas entrepreneurs,

the organization is often cast as transforming birth work from a feminist intervention into a neoliberal business endeavor. Moreover, ProDoula's emphasis on doulas as *workers* often led its founder, Randy Patterson, to critique volunteer doula initiatives—the pro bono initiatives most closely associated with birth justice, and most often staffed by WOC—as undermining the economic viability of the profession by discounting birth workers' labor. While ProDoula's capitalist underpinnings were staunchly critiqued by many of my interlocutors, the National Black Doula Association's Training and Business Academy, which also trains doulas on how to advertise, draft contracts, and price their services, often evaded critical interrogation, perhaps because it explicitly sought to "empower" black doulas.

Despite WOC doulas' critiques of corporate logics entering birth work, some doulas noted the importance of professionalization to make possible the togetherness that doulas promise. Jasmine, a recently certified WOC doula who worked full-time as a massage therapist, described DONA's certification process as a "bit of a process," but felt it was ultimately appealing because "I want to be accessible to multiple moms and partners. The credentials look nice, you put the abbreviation next to your name" (pers. comm., 2018). For Jasmine, the "abbreviations" were imagined as something that would appeal to a wider clientele, and might even allow her to make birth work a viable profession. Similarly, Jasmine insisted that the DONA certification made her easier to find. While doulas often advertise on websites like Doula Match and Sister Midwife, professional organizations maintain searchable databases that allow clients to find local doulas with ease.

Community-based doula trainers—disproportionately WOC—often set their "community" orientation against the imagined corporate logics of organizations like ProDoula. Miriam, who works at a nationally recognized community-based doula training program, described community-based trainings as powerful because they "come from the people who will benefit from the learning" (pers. comm., 2018). While community-based programs are often cast as more radical than their "corporate" counterparts, it is worth noting that they are often far more demanding (Miriam's program required twenty three-hour sessions as opposed to the fourteen to sixteen hours of training required by many of the professional organizations). This particular community-based program emphasized its desire to train doulas to work in their own communities, yet emphasized—in much the same

vein as bemoaned corporate models—that doulas are not volunteers. Miriam said:

> One of our central components is that the community-based doulas are employed, and preferably they are employed with a salaried living wage, not an hourly wage, not a per contact or a per birth wage, but with an ongoing, dependable, every two weeks or every month, the same amount you can depend on to live with, wage. We're not looking for people to be entrepreneurs or volunteers. (pers. comm., 2018)

Ultimately, the fight over professionalization was imagined as an index of a birth worker's politics: Is birth work simply a job, or is it an opportunity to be a guide on a mother's spiritual journey, to practice togetherness in the space of medicalized violence? If, as many doulas—particularly WOC doulas—indicated, one is "called" to birth work, then what is the place of a doula's desire for a wage in relationship to this "calling"? And how does a doula reconcile a desire to serve vulnerable populations who might not be able to afford birth work with her own need to survive?

If professionalization debates constituted a battle over the ethics of the work itself, doulas also debated the lack of standardization in the field. Doulas are outliers in the larger field of birth work. Midwives and lactation consultants, for example, require substantial training, certification, and licensure, and many doulas noted the costs associated with meeting credentializing mandates have made those professions largely unavailable to WOC. Miriam, who began her career as a lactation consultant, noted the "impossibility" of finding a black lactation consultant in Illinois because of the heavy cost of certification, demands which she felt had been imposed only to the benefit of the field's credentializing bodies. She noted, "Lactation consultants have a monopoly to the exclusion of other lactation support. Even so, it's peer counselors who are more effective. We actually got better outcomes with less credentials" (Miriam, pers. comm., 2018). Despite the efficacy of peer counseling, lactation consultants are privileged in the breastfeeding-consultant sphere because of their elaborate and expensive credentializing. Indeed, for some doulas, the growing visibility of doula work, including state efforts to imagine doulas as the frontline of black maternal health care, led to anxieties that standardization would be imposed. Miriam suggested that any push toward standardization would simply serve the field's professional organizations, not birthing mothers,

and especially not birthing black mothers. She noted, "What happens with standardization is the one who can make the most money is the one who ends up on top. . . . Making everybody ascribe to one standard is oftentimes the enemy of true equity" (Miriam, pers. comm., 2018). Here, the threat of standardization is its erosion of "equity" and its exclusivity. Standardization undermines the field's paraprofessionalism, which for the doulas I described, constitutes the radical promise of the field, its capacity to labor in medical spaces while subverting medical logics, its insistence that physical pain can be responded to with pressure points, rebozos, and breathing together. For others, standardization threatened to undermine the historical and ongoing labor of WOC doulas who had performed their work as a community service and a spiritual "calling." As Harriet, a licensed social worker with two years of formal experience as a doula, indicated,

> I don't believe that certification means that you're qualified. A lot of people are doulas and they don't even realize they're being doulas. Your auntie could be a doula, as long as she's providing, somebody who is catering to you and not taking that power away from you in your birth moment, that's a doula. (pers. comm., 2018)

For those doulas who view birth work as a calling, the field's "radical" paraprofessionalism affords them the opportunity to select clients who match their ethics, namely those who are imagined as most vulnerable to forms of birth violence. Many WOC doulas articulated a preference for working with WOC clients, or described their "pro-black" orientation—a term Brianna used—as part of how they imagine their practice. Samantha, for example, noted that she had not worked with a white female client, and emphatically stated, "I don't feel safe with white women" (pers. comm., 2018). Sydney, a recent college graduate pursuing birth work for a few years before applying to medical school, suggested that WOC and white clients come to birth work with different agendas and aspirations, and that her practice aligned with the priorities of her WOC clients. She noted, "Women of color and queer birthers *need* a doula for birth justice. White birthers use doulas because they want boutique birthing experiences" (Sydney, pers. comm., 2018). And Imani—who splits her work between her solo practice and laboring for a birth-work agency—described her dislike of the agency's primarily affluent white clients, even as she appreciated the steadiness of the work. She noted:

> [The owner] has completely catered to people in Laketown. She has catered to that demographic, that socioeconomic status. Those are the clients. Those are the attitudes about who I am, and what I am there to do. It's especially for postpartum clients. It tends to be, like, I am there for servitude. . . . With my own clients, I have only once had my client where we have not become friends. (Imani, pers. comm., 2018)

Other WOC doulas indicated that the benefit of agency work was both the steady income and a potential respite from the emotional demands of birth work, even as multiple doulas described agency clients as the antithesis of who they had been "called" to serve. Harriet described her agency clients as

> the more anxious client, the more need to be in control of that situation and not wanting to relinquish that control. Whereas when I worked alone—it's more personal. It's not client and a doula, it's like a friend. It's more personal. At the agency, it wasn't personal, and that's what I missed. I wasn't connecting in the same way I wanted to connect with clients. And it just wasn't as fulfilling for me in the moment. . . . It got to the point where I didn't even want to show up to work. (pers. comm., 2018)

One of the benefits of solo WOC doula practice, then, is the ability to eschew professional (and medical) norms of distance and to embrace the political potential of friendship with clients. Indeed, all of the WOC doulas I talked to described birthing together as the beginning of an intimate bond, and for many, the friendships borne through birth constitute the possibility of doula work to fundamentally remake black mothers *and* black communities. Imani noted:

> I see it as building that community. . . . A doula becomes your friend, your midwife becomes your friend, then you have this vast network of people who are constantly looking out and supporting you. . . . If you can have a sister come with you every time you go to the doctor, things are very different. (pers. comm., 2018)

For Imani, the capacity to select black clients allows her to perform birth work in the ways she deems most politically promising: granting black mothers access to a nurturing and caring "community." What the

paraprofessional nature of doula work makes possible—even if not always economically viable—is a selectivity about clients that allows WOC doulas to work with birthing mothers in the service of community building and radical care work.

Ultimately, at the heart of the complex politics of doulas' paraprofessionalism is the elevation of doulas to medical missionaries in the face of "crisis." The state has increasingly latched on to doulas as the solution to the problem of black maternal and infant death. Yet it is worth interrogating why the state has outsourced black maternal and infant health care to underpaid and often minimally trained workers who are governed by their own hierarchical system—highly paid doulas laboring in white agencies are often able to sustain full-time doula work, and black solo practitioners generally must seek other employment to do the work they want. In posing these questions, I am not at all critical of doulas who engage in demanding physical and affective labor out of a genuine belief in care, togetherness, and witnessing as politically powerful, particularly for black mothers and children. Instead, it is worth us rigorously interrogating how doulas have become rhetorical devices for the state to gesture to a desire to ameliorate the crisis, all the while refusing to devote any substantial resources to safeguarding black life.

The Political Aesthetics of Birth

In this section, I move from the paraprofessionalization of the field and its relationship to doulas' social justice projects to doulas' collective productions of "good" birthing experiences. While I focus here on doulas' preoccupations with unmedicated births, it is worth noting that the feminist birthing industry has produced an elaborate taxonomy of "good" births, including the highly celebrated vaginal birth after cesarean (VBAC), unmedicated births, and "slow birthing," while the C-section is cast as the paradigmatic "bad birthing" experience, often because C-sections are presumed by doulas to be unwanted.[6] Unmedicated births are often imagined as the touchstone of doula-led birthing, even if not all doula-facilitated births are unmedicated. While most doulas used the terms "medicated" and "unmedicated" to describe birthing experiences, a few still used the term "natural" interchangeably with "unmedicated," capturing a collectively held perception that unmedicated births are the hallmark of the body's "natural" state. Indeed, all doulas emphasized a desire to treat pregnancy

not as a time of unwellness that warrants medical intervention, but instead as a "natural" life process, one that should be treated with minimal medical intervention, and with a deep respect for the body's inherent knowledge and self-determination. While unmedicated births were the preference of every doula I interviewed, the rationale undergirding this preference varied. For some, an antimedicalization politic unfolded as a critique of medical capitalism that grounds itself in an insistence on granting birthers complete autonomy over the birthing process. Here, the violence of medical temporality inflicts itself on maternal flesh in the forms of epidurals and compulsory C-sections, and by a refusal to simply let bodies birth in their own time. At other times, the preference for unmedicated birth was rooted in a desire for the spiritual transformation of black mothers, and thus black communities, one that was imagined to only be made possible through "natural" birthing methods. In these cases, the preference for unmedicated births couched as a political commitment to togetherness—to a radical patience with the time required to let maternal bodies labor without intervention—actually contained an aesthetic preference as well. "Natural" birthing was imagined to produce more authentic and more "natural" forms of motherhood rooted in deep affection for black communities.

WOC doulas often cast the medicalization of pregnancy and labor as a particular kind of obstetric violence that disciplines black women's reproductivity. Brianna described how her doula practice is shaped by her own traumatic birthing experiences. She said,

> The midwife kept asking the same question. I got to wondering: Do you ask *all* of them that? About birth control, about a hysterectomy, about permanent birth control? I told you no, and you keep asking me. I told her I'm getting offended because you keep asking me and I keep telling you no. Do you ask white women that all the time? I'm only on baby number two. (Brianna, pers. comm., 2018)

For Brianna, it is the institutionalization of medical authority that allows medical staff—including midwives and nurses, medical practitioners who are often imagined to be feminist in their approaches to the birthing process—to encourage women of color to seek "permanent" birth control, that permits doctors to police what she termed "my plus-size, black woman body." Brianna's "pro-black" stance *requires* an antimedicalization stance since it is medicine that is the site of antiblack misogynist violence,

the space that seeks to curtail black women's reproductive freedom. For other WOC doulas, critiques of medicalized births are also critiques of the violence imagined to be inherent medicalized spaces. Imani noted that she encouraged WOC clients to "seriously consider" birthing at home, and described how her own decision to birth at home was shaped by experiences of medical racism:

> I just started to play back every experience I've had at a doctor's office. It was never good. They made assumptions about me, maybe because I look so young: You don't know anything. Also, you're black. I was just, like, with all of that *plus* everything I had researched about infant and maternal mortality in the black population, I thought I don't want to chance it. . . . What's risky is for me to go in a place where I know I won't be respected. (pers. comm., 2018)

For Imani, home is cast as a site of black women's safety and control, and the hospital as a space of risk, a death world where black mothers have to guard their yet-unborn children and their own bodies' health.

For other WOC doulas, an antimedicalization stance constitutes a critique of medical temporalities. Sydney described conventional medicine as undergirded by an attempt to place all births on a normative timeline. She noted, "Doctors and nurses—with the exception of midwives—just think of all the things that can go wrong, and they preemptively treat it versus letting things happen naturally in their own time. . . . Physicians have time limits, they are taught that birth has to happen this particular way in a particular time frame" (Sydney, pers. comm., 2018). Here, medical time is imagined as a structure of discipline that seeks to align birthing bodies with dominant conceptions of time. Moreover, some doulas suggested that the hypermedicalization of birth allows doctors (and insurance companies) to earn money. Brianna noted that her own birthing experience taught her to see "dollar signs everywhere," with each pill and procedure wearing a price tag that she would ultimately bear (pers. comm., 2018). That many doulas also charge money for their labor is, of course, another tension undergirding birth work's antimedicalization worldview as doulas never cast their own needs for an income as part of "medical capitalism."

Doulas' critiques of medicalization also often unfolded as spiritual

ones, analyses of unmedicated birth as a rich opportunity for self-discovery. For some doulas, medicated pregnancies rob mothers of an experience to recognize unknown strength. Imani said:

> If you have an unmedicated birth, or a birth without a lot of interventions, you get to see probably for the first time how your body can come through for you. Sometimes people compare it to running a marathon. . . . It builds this level of trust in something that's unseen and something you can't touch. (pers. comm., 2018)

Here, medicalization forecloses an important opportunity for mothers to recognize their bodies' inherent strength, to develop a kind of faith in "something that's unseen." This potential for self-actualization through pain is even more important for black mothers, since, as Imani noted,

> if you can birth your baby . . . you feel like everything this baby needs, I got. I can do it. That changes the way you parent, it changes your family structure, it changes the way people's children grow up. It's for the mom, it's for the baby, it's for the community to be fully empowered. (pers. comm., 2018)

Unmedicated births empower black mothers to parent differently, with a fundamental sense of their own capacity and autonomy. They refuse logics of pregnancy as a time of unwellness and debilitation, and thus act as a larger catalyst for urgent forms of togetherness waged in the face of anti-black violence that threatens black life.

Unmedicated births, then, serve various kinds of aesthetic and political work for WOC doulas. The preference for unmedicated births is often articulated as saving black women from the "violence" of medical intervention, yet these births are also often hailed because of their imagined capacity to remake black mothers and black communities. Unmedicated births are a gateway into a different kind of sociality, the beginning of practices of togetherness rooted in perseverance. Unmedicated birth, then, is a training ground for cultivating a faith in what "can't be seen," precisely the kind of faith that black mothering in the midst of crisis requires. In this regard, unmedicated birth is both a crucial preparation for black motherhood, *and* a central metaphor for black mothering in crisis.

A Birth Like No Other Birth

If birth is a moment of intense self-discovery, many doulas advocated that their clients prepare for birth by imagining their ideal "birthing experiences." They noted that these desires vary—sometimes they are explicitly medical decisions (e.g., decisions about pain medication, when to cut the umbilical cord, if the baby should receive antibiotic eye treatment), and sometimes they are preferences that seem aesthetic (e.g., preferred birthing music, preferred lighting). The increasing expectation that mothers enter labor with a detailed "birth plan," a plan that takes on a particular urgency for mothers who seek to have unmedicated births, underscores just how much birth has been reconstituted as a space where mothers articulate their individuality. Even as doulas emphasize that birth plans are merely a statement of desires, and not a binding medical contract, the elaborateness of the template birth plans that doulas often provide clients suggests the detailed ways in which mothers are encouraged to "imagine" the birth they want. Crucially, then, doulas are instrumental in treating birth as a space that mothers *design*, in making explicit birth as a site of dense meaning making onto which mothers project—and hopefully realize—their aesthetic, physical, and political desires.

The conception of birth as deeply personal and politically significant means that doulas often emphasize how every birth is distinctive, particular, and unique, even as this exceptionality is described differently. For example, Camille, a doula with a thriving birth-work agency located in an affluent suburb, noted, "Every birth is different. I learn something from every birth. We're never just going to the same hospital and dealing with the same care team. The care looks different depending on where you give birth. It looks so different depending on where you go" (pers. comm., 2018). For Camille, the distinctiveness of each birth is rooted both in how each birth presents its own challenges and in the variety of forms institutionalized care can take. Camille uses extensive prepartum meetings to offer strategies for birth customization, for navigating birth's medicalization through a practice of personalization that does justice to the particularities of each birther's experience. She described how her investment in personalization was shaped by her first pregnancy:

> We were living in Millbrook and found out we were pregnant. We had no support and didn't have any family around. I was going in to my appointment with my provider feeling like, Why doesn't anyone want to know

> anything about me? This is the most intimate experience of my life and no one seems to care what I want. (Camille, pers. comm., 2018)

The notion of her birth as "the most intimate experience" of her life shaped her commitment to asking clients "intimate questions" including "if they have planned their pregnancy, how they met their partner, and then getting into the birth stuff . . . especially if they experienced something in their past that might impact their birth experience" (Camille, pers. comm., 2018). For Camille, the intimacy of birth requires a close relationship between doula and mother, a commitment to "care [about] what clients want." In this light, the doula critique of medicalization that I described in the previous section is an indictment of normative medicine's refusal to recognize the particularity of maternal bodies and desired birth experiences. The labor of the doula, then, becomes to ensure the particularity of every labor, and to insist that what has become a medical process has stripped the "transformative" from labor. The doula's task, then, is to personalize labor, to craft a particular experience—in fact, Jasmine described a doula's key role in "producing good memories of birth; happy, personal memories a mom can look back on" (pers. comm., 2018). Here, the "boutique experience" that Sydney attributed to white mothers is transformed into a form of anti-racist justice that ensures that all birthers—particularly black mothers—are recognized as distinct birthing subjects.

While many doulas emphasized the particularity of each birth, for many WOC doulas, birth work underscores the deep "togetherness" of all birthing bodies, interrupting a narrative of the exceptionality of birthing experiences. Imani noted, "The way that I see birth . . . is very spiritual. When I'm working with mothers I try my best to remind them that yes, every birth is unique, but we are a part of this larger universe just like the plants, the other mammals, we are just doing our job in the chain of life" (pers. comm., 2018). For Imani, birthing's power comes from its capacity to upset narratives of our exceptionalism, to situate mothers in a larger "chain of life." Imani also emphasized that the power of birth is that it ushers black women into the collective experience of motherhood, one that is marked by the "seriousness" of dedicating one's emotional, affective, spiritual, and financial resources toward someone else. In this account, it is the ordinariness of birth that produces its radical capacity, and the labor of doulas is to urge birthing mothers to recognize birth as an ordinary moment when they are ushered into deep communion with other birthing

bodies. This notion of birth as both ordinary and exceptional is a tension that WOC doulas were always navigating as they labored on behalf of black mothers, insisting on demedicalizing and deexceptionalizing black women's birthing experiences while also arguing for the fundamentally transformative nature of birth for black women and black communities.

Birthing Black Women's Bodies

This article argues that WOC doulas' labor interrupts the "crisis" facing black maternal bodies by using togetherness—the proximity of maternal and doula bodies—as a strategy of solidarity that exposes and remedies obstetric violence. And yet, WOC doulas' advocacy of togetherness often reproduces the ongoing cultural tendency to yoke black women's bodies to suffering in the service of uplifting and aiding them, shoring up the notion of black maternal bodies *as* the scene of the crisis. Here, doulas make "black mother" into a *political* category that stands in for woundedness, much as the state presumes "black mothers" (and black women more generally) are injured subjects, with the wound becoming the only way that black women generally, and black mothers specifically, come into political view. The labor of doulas, then, is not merely to aid in birthing, but to make visible black mothers' suffering, a suffering which also makes apparent the utter necessity of WOC doulas' labor. Put differently, WOC doulas make the case that black mothers need "bodyguards" in the space of the hospital as a tool of crisis mitigation. WOC doulas' important care work, then, can secure the idea of black women's bodies as in need of reform, rather than radically rejecting the myriad ways black women's bodies are called upon to symbolize and meaning-make, including in this moment where black maternal bodies are rhetorically gestured to as evidence of the unmattering of black life. In naming these paradoxes, my effort is not to critique the labor of doulas—I understand their work as rooted in fundamental desires to offer more equitable birthing experiences—but instead to map the contours of the present moment and the challenges it poses for black feminist theory as we contend with the materiality of medical racism and with feminism's institutional politics. My critical ambivalence about the present moment is marked not by a desire to disavow doulas' labor on behalf of black mothers, including their partnerships with the state in the service of protecting black maternal life. Instead, I argue that it is crucial that feminists interrogate how doulas are called upon *by the state* even as they

are uncompensated by the state, as evidence of a state effort to ameliorate medical apartheid. Indeed, many of my interlocutors noted that the landscape of birth work had changed dramatically since Black Lives Matter, since the increased attention to black maternal and infant mortality, with Harriet noting, "It always takes a tragedy for anything to change" (pers. comm., 2018). And yet, her sense of the "change" was both positive (more WOC doulas serving more WOC birthing bodies) and anxious (a wide number of WOC doulas who could not earn a livable wage performing birth work, even as they were called upon to serve their communities). In other words, we must grapple with a moment where black women—both mothers and doulas—continue to perform symbolic labor for the state, allowing the state to gesture to a commitment to ameliorating the "crisis" while the conditions of the present persist. It is equally crucial that feminists grapple with how the state has invested in paraprofessional WOC birth-worker labor, rather than a wholesale reimagination of institutionalized medical practice, as the solution to black maternal and infant mortality. Despite the rhetoric of crisis and the state's symbolic efforts on behalf of black women, the struggle for black children and mothers to quite literally live is still exclusively and entirely in our own (underpaid or unpaid, largely untrained) hands. Indeed, the only bodies mobilized to care for black women's lives are other women of color, and that care is increasingly described not as work but as a "community service," as a labor of love, and thus as something that need not be compensated. The ongoing task of contending with the hospital, the doctor, or the insurance system, as *the* crisis—and not black women's bodies as the crisis—remains the site where feminist intervention is most urgent.

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Notes

1. My impulse is not to conflate "birther" and "mother," or to negate that various kinds of bodies both mother and engage in childbirth, but instead to think in specific ways about how the rhetoric of "crisis" and the feminist birthing industry each construct black women's maternal bodies.
2. For some examples of popular coverage of the racism that black mothers face, see McClain 2017 and Randall and Vembar 2018.
3. A number of metropolitan areas house pro bono doula projects, including the Chicago Volunteer Doulas, New York's the Doula Project, the Baltimore Doula Project, and the Minnesota Prison Doula Project.
4. Two states, Minnesota and Oregon, include birth doula services in Medicaid coverage. In spring 2018, New York Governor Andrew Cuomo piloted a program to expand Medicaid coverage for doulas in New York. In his public statement broadcast on New York news stations and transcribed on the Governor's website, Cuomo noted, "Maternal mortality should not be a fear anyone in New York should have to face in the twenty-first century. We are taking aggressive action to break down barriers that prevent women from getting the prenatal care and information they need." As of the writing of this article, the New York State Department of Health still has not begun its doula program.
5. For more information on ProDoula, a for-profit doula company, see Baker 2017.
6. Birth-justice advocates have treated C-sections as a crucial site in the reproduction of medical apartheid, as black women have the highest C-section rates in the United States. In 2010 *Time* magazine reported that "in 2008, black women had more C-sections than any other group—34.5% delivered via cesarean in contrast to 32% of whites and 31% of Hispanics," and found that there was no medical reason for the racially disparate C-section rates (Rochman 2010). There have been recent popular attempts to make visible desired C-sections. See, for example, Mae 2014; Jones 2018; and Prentis 2016, 2017.

Works Cited

Baker, Katie J. M. 2017. "This Controversial Company Wants to Disrupt the Birth World." *BuzzFeed*, January 4, 2017. https://www.buzzfeednews.com/article/katiejmbaker/doula-drama.

Berlant, Lauren. 2007a. "Slow Death (Sovereignty, Obesity, Lateral Agency)." *Critical Inquiry* 33, no. 4: 754–80.

———. 2007b. *Cruel Optimism*. Durham, NC: Duke University Press.

Bowen, Alison. 2018a. "Too Many New Moms are Dying. Illinois Health Officials Are Trying to Understand Why." *Chicago Tribune*, August 7, 2018. https://www.chicagotribune.com/lifestyles/ct-hlth-maternal-mortality-mothers-dying-illinois-20180727-story.html.

———. 2018b. "Black Moms in Illinois 6 Times More Likely to Die from Pregnancy Related Conditions," *Chicago Tribune*, October 19, 2018. https://www.chicagotribune.com/lifestyles/ct-life-black-women-mortality-childbirth-20181018-story.html.

Editorial Board. 2018. "Easing the Dangers of Childbirth for Black Women." *New York Times*, April 20, 2018. https://www.nytimes.com/2018/04/20/opinion/childbirth-black-women-mortality.html.

Gruber, Kenneth J., Susan H. Cupito, and Christina F. Dobson. 2013. "Impact of Doulas on Healthy Birth Outcomes." *Journal of Perinatal Education* 22, no. 1: 49–58.

Illinois Department of Public Health. 2018. "Maternal Morbidity and Mortality Report." http://dph.illinois.gov/sites/default/files/publications/publicationsowhmaternalmorbiditymortalityreport112018.pdf.

Jones, Honor. 2018. "Not Every C-Section Is a Bad Birth Story." *New York Times*, October 27, 2018. https://www.nytimes.com/2018/10/27/opinion/sunday/c-section-risks-rates.html.

Lane, Sandra D. 2008. *Why Are Our Babies Dying? Pregnancy, Birth, and Death in America.* New York: Routledge.

Mae, Kristin. 2014. "Why I'd Rather Give Birth Via C-Section." *HuffPost Life*, November 6, 2018. https://www.huffpost.com/entry/why-id-rather-give-birth-via-c-section_b_6104136?ncid=fcbklnkushpmg00000037.

McClain, Dani. 2017. "What It's Like to Be Black and Pregnant When You Know How Dangerous That Could Be." *The Nation*, March 8, 2017. https://www.thenation.com/article/what-its-like-to-be-black-and-pregnant-when-you-know-how-dangerous-that-can-be/.

Prentis, Nicola. 2016. "Why I Fought So Hard to Have a C-Section." *Cosmopolitan*, August 4, 2016. https://www.cosmopolitan.com/health-fitness/a62338/maternal-request-c-section/.

———. 2017. "I Gave Birth the 'Lazy' Way—& Why Wouldn't I?" *Refinery 29*, September 13, 2017. https://www.refinery29.com/en-us/2017/09/172050/elective-c-section-procedure-birth-story.

Randall, Kayla, and Kaarin Vembar. 2018. "Women in DC Face Obstacles at Every Step of Pregnancy and Childbirth." *Washington City Paper*, August 30, 2018. https://www.washingtoncitypaper.com/news/article/21020181/women-in-dc-face-obstacles-at-every-step-of-pregnancy-and-childbirth.

Rochman, Bonnie. 2010. "C-Sections on the Rise, Especially for Black Moms."

Time, December 20, 2010. http://healthland.time.com/2010/12/20/c-sections-on-the-rise-especially-for-black-moms/.

Villarosa, Linda. 2018. "Why America's Black Mothers and Babies Are in a Life-or-Death Crisis." *New York Times*, April 11, 2018. https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html.