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CASE STUDY

Peer doula support training for Black and Indigenous groups in Nova Scotia, Canada: A community-based qualitative study

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[Correction added on 24 August 2021, after first online publication: The article title has been updated.]

Abstract

Objectives: The objectives of this qualitative study were to explore participant experiences of doula training programs offered by a prisoner health advocacy organization and Indigenous and Black community groups.

Design: This investigation employed a qualitative design. Recruitment was conducted through email. Interviews were conducted in Winter 2020. Data were analyzed using thematic analysis.

Sample: A total of 12 participants were recruited to participate in this study. Six participants identify as Black and six identify as Indigenous. All participants identify as women.

Measurements: Qualitative interviews were conducted using a semi-structured interview guide to elicit a breadth of information.

Results: Key themes included training experiences, training improvements and "bridging the gap". The training validated participants' experiences of birth and began to address the exclusion of Black and Indigenous people from birth work. However, participants expressed concerns about not being adequately positioned for sustained participation in birth work.

Conclusions: Participants expressed receiving great value from the training programs. These trainings, which were fully subsidized, removed a financial barrier. However, these trainings do not address the exclusion of Black and Indigenous people from perinatal work or the lack or sustainable support systems for Black and Indigenous communities. This study makes several recommendations for future interventions.

KEYWORDS
doulas, perinatal care, reproductive health

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1 | BACKGROUND

A doula is a trained lay person who provides emotional, physical, and informational support in the prenatal, labor and delivery, and postpartum period. Research has shown doula support reduces clinical interventions in labor and delivery, improves neonatal outcomes, augments patient satisfaction with the birth experience and reduces health system costs (Kozhimannil et al., 2014). Doula support has also been described as potentially disrupting harmful social determinants of health (such as racism or classism) by increasing client feelings of agency, security and respect (Kozhimannil et al., 2016).

Having few Black and Indigenous doulas and perinatal care professionals in the community contributes to culturally inappropriate support and harm at a critical period for families. Lack of representation may worsen maternal and neonatal outcomes (Greenwood et al., 2020) but it also stifles the political, emancipatory meaning of doula support (Nash, 2019). For example, Indigenous doula support can connect land sovereignty to body sovereignty and reclaim cultural birth practices (Ireland et al., 2019). Black doulas can act "as a buffer" against the physical and emotional weathering of racism Black women experience in perinatal care (Brown, 2019).

For doula support to meet the needs of clients in communities experiencing systemic racism and discrimination, it must be representative and culturally safe. Nova Scotia is a small east coast province in Canada with a population of approximately 1 million people. All the land is the unceded territory of the Mi'kmaq First Nations (Indigenous) people. An estimated 5.7% of the current population identify as Indigenous (Statistics Canada, 2016). There are approximately 21,000 African Nova Scotians in Nova Scotia, many of whom can trace their origins to ancestors who came to the province over 400 years ago (African Nova Scotian Affairs, 2014). They make up 2.3% of the total population. The province does not routinely collect race-disaggregated data pertaining to health status; however, participatory-action research examining the childbirth experiences of Black women in Atlantic Canada found culturally insensitive and incompetent perinatal care (Etowa& Adongo, 2007).

In Nova Scotia, volunteer doulas have had privileges to support clients at the regional tertiary care maternity health center for 25 years. They collaborate with Public Health nurses to provide prenatal and postpartum assistance to families in the community and are partially funded by the Public Health department. As a result, doulas are recognized widely as a source of perinatal support in the urban center of the province (Latour, 2016). However, doulas in Nova Scotia are predominantly middle-class white ciswomen. This demographic is also over-represented in the nursing profession. Although Canadian nursing organizations generally do not collect information about racial and ethnic identity of members, researchers have demonstrated the systemic exclusion of Black and Indigenous nurses from nursing education and employment (Flynn, 2008, 2009; Jefferies et al., 2018, 2019; Premji &Etowa, 2014).

Many clinicians and researchers have suggested doula support may be particularly valuable for incarcerated people to mitigate some of the harms of experiencing pregnancy and birth behind bars (Dahl et al., 2020; Shlafer et al., 2019; Sufrin et al., 2019). Across the United States, volunteer and paid doula programs have emerged to support the increasing numbers of people who experience pregnancy and birth while incarcerated (Aid to Inmate Mothers, 2021; Alabama Prison Birth Project, 2020; Baltimore Doula Project, n.d.; Minnesota Prison Doula Project, 2020; Ross, 2008; Sullivan, 2018). Systemic racism and colonialism in the criminal justice system results in pregnancy during incarceration being disproportionately experienced by Black and Indigenous people.

In response to news media coverage of an unattended birth in an Ottawa, Ontario, Canada jail cell in 2012, a group of doulas, perinatal and public health nurses, lawyers and others formed a program in Nova Scotia, Canada to support incarcerated pregnant persons, calling it Wellness Within: An Organization for Health and Justice (WW). Wellness Within provides doula support in the provincial jail, federal prison for women, juvenile detention facility, and for people on bail or parole in the community. A disproportionate number of people in Nova Scotia prisons are Black and Indigenous: 10% of women admitted to provincial jail are Black and 12% are Indigenous (Furey, 2018). The lack of Black and Indigenous doulas in the province limits the value of doula support for incarcerated people.

In 2018, Wellness Within and partners began a doula training program to address systemic exclusion of Indigenous and Black communities from perinatal health education so that Indigenous and Black clients in correctional facilities and community could receive more appropriate support. Partners included: Mi'kmaq Legal Support Network (MLSN), a legal support organization for Indigenous people in Eskasoni First Nation, Nova Scotia; Elizabeth Fry Society of Cape Breton (EFSCB), the legal and housing support organization for women involved in the criminal justice system in Sydney, Nova Scotia; Mi'kmaq Child Development Centre (MCDC), an early childhood education and parental support organization for Indigenous people in Halifax, Nova Scotia; Promoting Leadership in Health for African Nova Scotians (PLANS), Black-led organizations within the Faculty of Health at a Halifax university; and a coalition of Black and African Nova Scotian community leaders. All of the organizations directly promote the well-being of criminalized people and/or Black and Indigenous people in the province.

The purpose of this qualitative research study was to explore the experiences of Black and Indigenous participants in the doula training program and identify opportunities for training improvement and ways to supplement the training through additional engagement. The long term goal is to expand the number of Black and Indigenous doulas in the province to serve the Black and Indigenous communities, particularly community members experiencing the harms of incarceration. The interdisciplinary research team includes doulas, nurses, community leaders, and doula training participants. The team members identify as Black, white and Indigenous, including people from the historically distinct African Nova Scotian and Mi'kmaq communities. Every member of the research team is a member of at least one of the community organizations that hosted the training programs in partnership (WW, MSLN, EFSCB, MCDC). The findings from this study will be used to inform future perinatal health education and care collaborations in the province to address racism and exclusion.

The first training was held in September 2018 (Ayers, 2018) using the official curriculum of the Doulas of North America (DONA, n.d.) organization, the longest-standing and largest doula certifying body in the world. DONA training content includes the physiological process of childbirth, common interventions, comfort measures for labor and delivery, and breastfeeding support. It was apparent from the beginning that DONA is a United States-based, white-founded and governed organization producing Eurocentric materials, and it was recognized DONA would not offer culturally relevant content. However, the organizing team decided to work with what was readily available as a base, with a plan to critique and develop more relevant content. Despite the partnerships, doula training organizers were unable to identify local trainers from the Indigenous and Black communities in Nova Scotia. Funding was secured by the organizers such that there were no costs to participate. Each training was capped at 16 participants. The trainings were held at MLSN, EFSCB and MCDC and at a community center in a Black neighborhood in Halifax. At each training, a representative of WW presented on the organization's work to support people in prisons and to encourage newly trained doulas to join. At the Black doula training, three Black perinatal nurses facilitated discussions about their practices. Participant evaluations indicate strong satisfaction with the training quality, content, and actionability. Since the research project began, an additional training was held in another Mi'kmaq community and two more are scheduled for 2021.

1.1 | Literature review

Continuous labor support from a doula may improve birth outcomes including increasing rates of spontaneous vaginal birth, shorter duration of labor, decreased operative births, lower use of analgesia, less incidence of low 5-min Apgar scores and lower likelihood of negative feelings about childbirth experiences (Bohren et al., 2017). Doulas are a cost effective addition to the perinatal health team (Greiner et al., 2019). Doulas complement the work of nurses in the context of the perinatal team (Ballen & Fulcher, 2006).

As Kozhimannil et al. (2016) have found, "Women who report that they would like to have doula care are the same women who stand to benefit most from the known effects of continuous labor support. Black women… have higher risks of adverse birth outcomes, but are often least able to afford doula care or access culturally competent care" (p. 8). Recipients of doula support through the Healthy Start Program for Black women in Brooklyn, New York, reported strong satisfaction and lower rates of preterm birth and low birthweight (Thomas et al., 2017). Doula support is particularly impactful in improving breastfeeding rates among Black women (Kozhimannil et al., 2013). Improving access to doula support is considered a necessary step towards addressing obstetric racism and Black maternal mortality in the United States (Crear-Perry et al., 2021; Oparah et al., 2021; Villerosa, 2018). As Altman et al. (2020) describe, "Ensuring access to racially concordant care by supporting more health care providers of color through education and in the workforce has the power to improve the experience an outcomes for women of color" (p. 467).

Indigenous doulas can support returning birth to community for Indigenous people, and protect against "risks associated with dislocating the birthing event from its cultural context" (Cidro et al., 2020, p. 109). An Indigenous doula training program in Manitoba, Canada, included not only mainstream aspects of doula support but also ceremonial practices and circle-of-life teachings (Cidro et al., 2020).

The benefits of doula support for incarcerated people are extensive. Incarcerated clients, facing extraordinary restrictions to care and social support in pregnancy, report high satisfaction with doula support programs (Moses & Potter, 2008; Rowles & Burns, 2007; Schroeder & Bell, 2005a; Schroeder & Bell, 2005b). Doulas support their empowerment, normalize the birth experience, and provide support after separation from newborns (Shlafer et al., 2015, 2021). Prison doula support was found to be associated with increased breastfeeding initiation (Shlafer et al., 2018). However, a recent study comparing outcomes among those who received doula support and prenatal education and those who did not did not find any statistical differences in the five outcomes for which data was available, including mode of birth, low birthweight, preterm birth, low APGAR scores and NICU admission (Shlafer et al., 2020). Beyond clinical outcomes, doulas working with criminalized women can raise political concerns about human rights. The *Birth Charter for Women in Prison in England and Wales*, authored by the doula organization Birth Companions, stipulates the rights of pregnant women in prison, including the right to equal care as is available in the community and to a birth support person of their choosing (Birth Companions, 2016).

A 2015 project in San Francisco offered doula training to 16 women of color, eight of whom had formerly experienced incarceration and eight who identified as low-income, to build capacity for culturally appropriate peer support among these populations (McLemore & Hand, 2017; Stanley et al., 2015). This project found improved feelings of confidence and empowerment among doula participants and no incidents of recidivism or re-criminalization.

To our knowledge, our study is one of the first to examine experiences of doula training among African Nova Scotian or Mi'kmaq people in Canada.

1.2 | Research objectives

The objectives of the study were: (1) to explore Black and Indigenous participants' motivations to participate in the training, experiences of the training, and how/whether they used the training; and (2) to explore how to improve and build on the training to meet the needs of Black and Indigenous participants.

2 | METHODS

2.1 | Design

This is a qualitative study that uses community-based research methods (Israel et al., 2010). Academic researchers and non-researcher

TABLE 1 Interview questions

Expectations and motivations to participate in the training	What motivated you to participate in the training? What did you expect from the training?
Experiences of and satisfaction with the training	Tell me about what you learned during the training? Sub questions: 1. How does this compare to your expectations? 2. What aspects of the training did you feel were least useful or applicable? 3. What aspects of the training did you feel were most useful or applicable? How did your beliefs about Birth, Doula work, or Birth support change during the training, if at all? Do you believe the training was successful?
Improving the training	How would you want the training to be adjusted, if at all? Sub question: Was anything missing from the training? How have you already used the training a. If yes, how b. If not, can you elaborate In the future how do you see yourself using the knowledge and skills you gained from the training? What are your goals for peer birth support? What else would you like to share about your experience in the training?

members of community organizations collaborated to design, implement and complete the study together in an iterative process. The research partnership builds on the partnership that formed in the development of the doula training program. As we will describe, findings from the study were mobilized into action to benefit community partners.

To recruit study participants, all past doula training participants were invited by email to contact the research coordinator if they would like to complete an interview. Data collection was completed by two members of the research team in the Winter of 2020, primarily by telephone. Interviews were guided by a semi-structured interview guide to elicit a breadth of information pertaining to the participants' training experiences. Audio-recordings were de-identified and transcribed by a professional transcriptionist. The study was approved by the Dalhousie University Research Ethics Board.

2.2 | Sample

The 12 study participants represent approximately 25% of the total training participants of the doula training programs. We conducted nine interviews and one focus group. Six individuals had participated in the Black doula training and six individuals participated in an Indigenous doula training. A limitation of this study is that did not collect information about the participants' involvement with the criminal justice system. Braun and Clarke (2006) do not prescribe an optimal number of interviews for a qualitative study using thematic analysis, except to advocate for enough richness to develop themes across the entire data set. Guest et al. (2006) recommends up to 12 participants is satisfactory for qualitative research.

2.3 | Measurements

The interview questions (Table 1) were guided by a semi-structured interview guide that was developed in reference to the work of Stanley et al. (2015). The semi-structured approach facilitated the collection of a breadth of information pertaining to the participant's experiences. The questions (Table 1) aimed to generate data in response to the research objectives.

2.4 | Analysis

Thematic analysis was used to analyze the interview transcripts to generate themes relating to the personal experiences of participants who participated in the doula training program (Braun & Clarke, 2006; Nowell et al., 2017). Braun and Clarke's (2006) approach to thematic analysis is an accessible, flexible approach to data analysis that we determined would be appropriate for our community-based research team. Thematic analysis, which is adaptable to a multitude of theoretical and methodological approaches, permits the generation of patterns across qualitative data. Specifically, an inductive approach was used to generate themes. Thematic analysis progressed through four phases: (1) An initial review and reading of the raw data (transcripts) to develop familiarity with the content; (2) Several rounds of assigning codes to the data. The codes were chosen to evoke the main ideas expressed in relation to the research questions. The research team used the Google Docs application to organize data and develop the manuscript together, as the research team members were physically located across the province; (3) Exploration of recurrent patterns within the specific codes data to develop broader themes. Data sets were reviewed

in relation to these themes to ensure coherence under and distinction between the themes and subthemes. Although the research team was located across the province, and analysis was conducted during COVID19 restrictions, the team met virtually, on a consistent basis, to discuss and revise themes; (4) Interpretation of the themes and synthesizing the data.

The trustworthiness of our thematic analysis (Lincoln & Guba, 1985; Nowell et al., 2017) is addressed through ensuring credibility, dependability, and transferability. The community-based team of researchers included participants in each of the four trainings, ensuring *credibility* of the emergent themes between participants and researchers. As much of the analysis was required to occur online, *dependability* is addressed through the records of team meetings and saved versions of coded transcripts showing changes in codes and emerging themes over time.

Having a research team made up of members of several communities, including Black and Indigenous women and people who work closely with criminalized women, allowed for development of themes across participants in different training sessions and supports *transferability* of findings to other sites/communities. That transferability is already under way. In response to early findings, the research team adapted the training approach for a session in another Indigenous community by supplementing the basic curriculum with talks by two Indigenous doulas. Additionally, LGBTQ2S+ community leader members of WW used findings from this study to inform the development of doula training resources for LGBTQ2S+ community members. Newcomer women including refugees, immigrants and international students are the largest group of clients for the volunteer doula program at the tertiary care hospital and could be another population(s) that could consider the findings in this study to develop culturally safe and relevant training.

3 | RESULTS

The study findings are grouped into three themes and eight sub-themes (Table 2).

TABLE 2 Themes and subthemes

Themes	Subthemes
Training experiences	Validation of birth work and birth experiences
	Expectations versus reality
	The role of advocacy in birth work
Training improvements	Culturally relevant content
	Black and Indigenous doula leaders
Bridging the gap	Black and Indigenous representation in birth work
	Build the network, knowledge and skills
	A foot in the door

3.1 | Training experiences

We define *Training Experiences* as the expectations before, feelings during, and assessment of the training for the individual participants.

3.1.1 | Validation of birth work and birth experiences

The dominant motivation for participants in both the Black and Indigenous trainings was to address trauma from their own birth experiences and to play a role in preventing other Black and Indigenous mothers from having negative birth experiences. Participants expressed that through the training they felt validated in their anger about their birth experiences as they learned new concepts about the physiological process of birth, support and comfort measures, difficulties that may arise in labor, and common clinical interventions.

> I think having experienced difficulty with that as well and then having her come in and tell me like, "these are things that nobody really tells you," it was like, "oh I didn't fail." It was like, "I'm not a failure." So, it was like nice to have that validation but also just like nice to know there are other ways of doing it. (I6P2)

Participants expressed that it is a norm in African Nova Scotian and Mi'kmaq communities for women to support each other in the perinatal period. While most participants came to the training with experiences of their own births, most also had experience offering informal support to their friends and family. The training content aligned with their existing knowledge and beliefs, and participants felt it bolstered their self-esteem by validating their existing experience and knowledge with an "official" certificate from an evidence-based program.

> Black people we've been doing it for years. We haven't called it "doula," it's just community support, love, family but that we've been doing this for generations but now we're sort of getting a paper that says we are doulas. Just sort of like recognition here in this Eurocentric Canadian system, yah just like sort of university papers, etc., it's like the degree that people see as credentials. (I3P2)

The training substantiated not only what they knew but the important role they played in births for their families and communities.

> A lot of the women there [at the training] had that same experience or were those people, were those aunties that took on those roles for their own family. So, I don't think it was anything like new, but it was great to have sort of an official thinking about it, it was nice to be like oh yah that's o.k., it's sort of validating. (I6P3)

With the doula training certificate, some participants felt they could reciprocate the care and support they had received informally from a family or community member.

3.1.2 | Expectations versus reality

Participants described expecting a rigid Euro-centric classroom experience from the DONA-based training,

> I also expected that we would have to sort of make the material relevant to ourselves, you know we would get the education and like this western Eurocentric way and you would have to sort of decode and translate what that means to us as Black women. (I3P2)

However, they were surprised to find that the training was hands-on, flexible and applicable. They described it as a collective learning experience that resulted in community building.

> The people in the room were absolutely beautiful because we all had our own moments, good and bad to share with each other and I think that's important… So, my experience was more like a sisterhood through the process because it made me feel like I, I'm connected now, like I have other people that we can draw on and that we can talk to. (I2P3)

Participants noted Black and Indigenous representation in teaching materials, and the self-awareness of the trainer, who is white.

> [The trainer] made sure everything we saw had different ethnic backgrounds and of course mostly Black and brown people represented in it. So, pictures, diagrams, going right down to even things like brown boobies for the little like breastfeeding section and with helping the mother latch the boob, you know lots of brown boobs. You know things that just made us feel more comfortable. (I9P2)

Participants in these doula training programs, including the trainer, were overt about experiences of privilege, racism and exclusion. This upfront acknowledgement supported trust.

3.1.3 | The role of advocacy in birth work

For participants, the advocate role of the birth doula had political implications.

> And so that you have that peace of mind that somebody is going to advocate for that on your behalf when you're in the throes of pain and like not really sure that someone gets to be like, "o.k. no we planned for this, this is what we're going to move forward," and then also saying you have the right to change your mind if that's not now what you want to do. (I2P3)

The participants saw doula support as improving client control in the systemically racist institutional environment of the hospital and in the vulnerable experience of birth, to be able to exercise informed consent with respect to nursing and other clinical interventions. This is especially important for clients who are experiencing layers of racist and colonial oppression in correctional institutions and during hospitalizations.

> After the training I realized again just how much control you had with birth support there like to say to a nurse no I don't want you doing that. (I10P2)

Doula support presented a path to having an "official" support person present during labor and birth, which, particularly in the institutional hospital setting, participants felt could help make the experience and space culturally safe.

3.2 | Training improvements

We define *Training Improvements* as participants' recommendations to improve training programs for their communities and beyond.

3.2.1 | Culturally relevant content

Participants expressed some dissatisfaction with some of the materials required for the training to count as an "official" DONA program. Some of the DONA content, such as a film in the curriculum, was dated and Eurocentric. This creates a conflict between the participant appreciation for an "official" certificate, and the entrenched problems with a curriculum developed elsewhere and without Black and Indigenous leadership (i.e., the DONA program). Although it was problematic to remove "required" elements, participants appreciated how the organizers and trainer created opportunities to add content to improve the cultural safety of the training.

> Being inside of an Indigenous organization, we're used to things beginning with a smudge or having opportunities to drum or experience the culture piece within the training. (I8P3)

This finding points to the need to develop an entirely new curriculum that is not bound by irrelevant and even harmful requirements.

3.2.2 | Indigenous and Black doula leaders

Based on early feedback, at the fourth training the organizers arranged for guest speakers including a Black maternity nurse, an African Nova

Scotian neonatal nurse and an African Nova Scotian lactation consultant to discuss their work and careers with the participants. There is an underrepresentation of Black nurses in the province, including in leadership roles as well as specialty care areas such as intensive care and maternity. The underrepresentation of African Nova Scotian nurses in health care and leadership is the central research focus for one of the authors (Jefferies et al., 2019). In future sessions we hope to include a Black Public Health nurse, as Public Health nurses may have longer-term relationships collaborating with doulas in the community both pre- and post-partum. Despite valuing the Black nurse contributions, participants wanted to hear from a Black doula:

> Having a Black doula come in and share their experiences. Like what is it like going into hospital, do they ever come up against any kind of opposition, what do they find that they have to advocate for a lot with them, yah with people giving birth, yah that would have been nice to hear like that piece of someone already out in community who's doing the work. (I2P5)

Although they had a positive experience with the training facilitator, participants would prefer a training facilitator from their own communities. Offering the training through full scholarships removes a financial barrier of access to education and certification. One of the goals of the training program is that increasing numbers of Black and Indigenous doulas will build capacity for curriculum development that is rooted in and led by members of these communities.

3.3 | Bridging the gap

We define the theme *Bridging the Gap* as how the training is a launch pad for future work to address representation in the field of birth work and cultural safety in birth experience.

3.3.1 | Black and Indigenous representation in birth work

Systemic exclusion of Black and Indigenous people from roles in health institution/organizational leadership results in limited connections with African Nova Scotian and Indigenous communities. Members of these communities feel unsafe and distrusting of systemically white spaces and professional groups. Participants spoke directly to fears of accessing and providing birth supports in hospitals for this reason:

> Realizing that in the community with Black women there's always such like that high mortality rate, the lack of being, what's the right word for that, like being understood, being listened to when it comes to pain and changes and struggles. (I2p1)

Many participants expressed a longstanding interest in birth work and had even sought formal doula support for themselves in pregnancy, but met insurmountable barriers including cost and lack of representation.

> I looked for a doula and they were either super, super, super expensive and then that wasn't the real problem, the real problem was that they were all white and there was nobody that looked like me that I could be comfortable with really and I wasn't ready to waste my time or money on a doula who knew nothing about me culturally or emotionally, nothing about my background to understand why I was I feeling the way I was feeling or just had the perspective that I had on motherhood, pregnancy, dealing with the health care system, or any of that because they just wouldn't understand. (I10P1)

The training crystalized their personal concerns and experiences into a broader understanding about the political and health implications of a shortage of Black and Indigenous doula services in the province. Importantly, through the training the participants felt they could make a significant difference in filling the gap.

> What changed for me is just to realize that it's actually even greater of a need than I realized. I knew it was a great need, I recognized the gaps just because of my personal experience but after sitting down and speaking with all the women around the table who have given birth, who have supported someone giving birth and the fact that we realized a lot of us found out about the program last minute, we realized that it's that much more important. (I9P2)

3.3.2 | Build the network, knowledge and skills

Participants indicated that the training provided a valuable base of knowledge and skills to provide birth support to family members and friends. Several believed the training will also enhance their future career opportunities. The participants wanted to stay in touch with each other and continue to build relationships and skills. They sought mentorship and support. Some participants emerged as leaders in the trainings and took on the work of maintaining private social media groups to facilitate further conversations, connections and planning.

3.3.3 | A foot in the door

While participants felt validated and believed the training provided a solid knowledge and network base, they did not having a clear sense of what was expected or what to do next to begin doula work as a volunteer or in private practice. The participants believed a component of the training should include shadowing a birth.

> I just feel like that would be really helpful and really solidify for people and kind of give you that foot in the door. (I4P2)

The participants felt the introductory experience needed to be facilitated by the training organizers, because the hospital institution is an intimidating place.

> Like a Black woman walking into a hospital, can I go sit in on a birth and how we're going to be perceived or accepted? I could see us being turned away faster or easier, or more quickly so I feel like, I wish that that's something that was kind of included in the program to get people started. (I9P3)

Shadow shifts and co-doula experiences are part of the extended training available to participants in the city's volunteer doula program in partnership with the regional tertiary care maternity center. However, this program lacks Black and Indigenous doulas to mentor new Black and Indigenous doulas. In addition to facilitating one-on-one mentorship support, participants were looking for opportunities to connect with health care and education institutional leadership to build relationships and gain familiarity.

4 | DISCUSSION

Study participants identified their primary motivation for joining the doula training to be to respond to their own negative birth experiences of trauma and being ignored, or of negative birth experiences they had witnessed as a support person. This is consistent with evaluations of other community-based doula training programs with respect to how witnessing/experiencing harm and/or wanting to protect other people from your community drives interest in becoming a doula (Cidro et al., 2018; Gilliland, 2016; Hardeman & Kozhimannil, 2016). A culturally appropriate doula may be the only source of cultural knowledge at the birth (Hardeman & Kozhimannil, 2016). The training validated participants' existing knowledge, their caring roles in their communities, and provided the "official" certificate they were looking for to support their participation in birth work.

Participants found the training was more hands-on and flexible than they expected. They appreciated the addition of culturally relevant content and reflexivity of the trainer. Earlier doula training research has emphasized the need for recognition of the cultural basis of so-called doula "values" including empowerment, informed choice and evidence-based practice (Kang, 2014). However, the participants generally shared a desire for more culturally appropriate curricula. While there have been several studies that speak to the value of community-based and culturally appropriate doula programs for clients experiencing marginalization or discrimination (Dundek, 2006; McLemore & Hand, 2017; Mottl-Santiago et al., 2008; Schytt et al., 2021), there is less research evaluating the content and approach of the doula training programs themselves. The Indigenous Doula Program in Manitoba combines "mainstream" doula principles like breastfeeding support and childbirth education with First Nations teachings and ceremonial practices (Cidro et al., 2018, 2020).

The participants wished for more Black and Indigenous doulas in leadership roles to guide them. These trainings are a step towards building Black and Indigenous doula leadership in the province, to support the development of sustainable Black and Indigenous doula programs and services. The participants felt that the training alone was not enough, the organizers needed to facilitate integration into health care institutions because it was too intimidating to imagine entering these spaces without support. As James et al. (2010) assert, these fears of not being supported are rooted in white hospital spaces not having historical or current concerted anti-racist philosophies and practices. Replicating and expanding existing structures fails to recognize the tension between organization and professionalization of Black and Indigenous doula services with the political power of Black and Indigenous doula care as resistance to systemic racism and colonial practices (Nash, 2019).

Participants in these training sessions believed doula support could act as a foundation for advocacy work to address racism and mistreatment in perinatal health care. Hardeman and Kozhimannil (2016) describe doulas of color as "holding space" for women of color in their births. Doulas can be politically active not only in countering obstetric racism, but in preventing human rights abuses experienced by incarcerated clients (Birth Companions, 2016). WW volunteers who have completed doula training can receive institutional clearance to support pregnant people in the prison system, a further site of entrenched systemic racism and colonialism.

From the participants' feedback, the training organizers recognized the need to go beyond the basics of creating a training program. Organizers consolidated 10 interventions in response to the findings from this study, presented in Table 3. The interventions address the two themes that lend themselves to action: Training Improvements and Bridging the Gap. This table supports accountability and evaluation, as the research team and partners can return to this list to track progress.

4.1 | COVID-19 considerations

The organizers received funding for additional Black and Indigenous doula trainings in Spring 2020 which were rescheduled due to COVID-19 restrictions. The research team brought findings forward to community and institutional stakeholders, including the leadership at the tertiary care maternity hospital mentioned above. The sharing of these findings with that leadership coincided with the worldwide Spring 2020 protests against police brutality and systemic racism and were met with eagerness to find solutions to improve representation in birth support. However, COVID-19 restrictions resulted in limitations and delays to activities to enable newly trained Black and Indigenous doulas access to hospital shadow shifts and other orientation activities. The pandemic placed extraordinary pressures on both health care personnel and funding. COVID-19 emergency response dominated community funding awards in 2020–2021, and the doula training

TABLE 3 Interventions to strategically address the study findings

Theme/subtheme	Intervention	Status
Training Improvements: Culturally Relevant Content	Apply multiple lenses to the curriculum to address Indigenous and Black ways of knowing	Ongoing
	Approach DONA about limitations of their curriculum	In progress
	Develop new content in consultation with communities	In progress
Training Improvements: Black and Indigenous Doula Leaders	Create a position within WW dedicated to advancing Black and Indigenous doulas in the province	Complete
	Feature Black and Indigenous doula training participant leaders in the annual Wellness Within public conference to build capacity	Complete
	Accept requests from community to be connected to potential Black and Indigenous doulas	Ongoing
Bridging the gap: Building networks, knowledge and skills	Create structure for continuous learning to develop knowledge and build interdisciplinary networks, including a website, funding drive, and an online series with Black and Indigenous speakers	In progress
Bridging the gap: A foot in the door	Establish a working group with health system and community representatives to address systemic racism at the tertiary care center	Complete
	Formalize post-training supports including mentorship, shadow shifts and volunteer status at the tertiary care center	In progress
	Develop a memorandum of understanding with the tertiary care center to formalize processes and relationships with the doula training partner organizations	In progress

partnership was unsuccessful in securing funds that had been reliable in previous years. As a result, organizers sought out new funding opportunities that fortuitously grew the program's breadth and depth. In Spring 2021, training will begin to be held online. While the COVID-19-driven shift to online training and support among Black doulas in the United States resulted in some improvements and expansions in access to individuals who would otherwise be excluded (Rivera, 2021), online activities are out of reach for incarcerated people.

4.2 | Implications for public health nursing

Culturally appropriate doula training can serve as a platform to promote Black and Indigenous nursing and other clinical roles including public health. Nurses and other health care professionals working in perinatal care must be aware of the harm of systemic racism and exclusion in the profession and work to address this. Public health professionals can also recognize the value of deep and generous community-based systems already in place to support people in the perinatal period and validate that expertise *without* requiring certification papers.

In addition to the extensive health effects of racism, Indigenous and Black people in Nova Scotia experience over-incarceration. Increasing incarceration of women has harmful implications in the perinatal period with respect to access to information, support and care. Doulas play an important and complementary role to nursing in supporting incarcerated people. However, exclusion of Indigenous and Black people from doula and nursing fields can negatively impact maternal, neonatal and public health outcomes. Public Health has played a critical role as a funder of and public health nurses as collaborators with doulas in Nova Scotia. That said, it was members of this partnership and not the provincial Public Health department that recognized the issues with racism and exclusion and sought external funding to launch a doula training program to address it. Public health nurses will be better positioned to advance public health in and out of correctional facilities by taking action to address exclusion and working collaboratively with members of excluded communities.

4.3 | Limitations

This study has several limitations. We did not ask for extensive demographic data from research participants, other than to identify which training program they attended, and missed an opportunity to consider other intersecting issues such as concerns of Black and Indigenous participants who identify as LGTBQ2S+ or as newcomers to Canada.

5 | CONCLUSION

Findings suggest that community-based training programs are one effective way to begin to address the exclusion of Indigenous and Black doulas and doula trainers in Nova Scotia and Canada more broadly. Systemic barriers limit engagement of Black and Indigenous individuals in professional birth work, despite rich histories of birth support in community. The systemic exclusion of Black and Indigenous people has resulted in a shortage of local trainers in these communities. These impacts are amplified by the exclusion of Black and Indigenous

people across sectors, including leadership roles in local doula organizations, nursing schools, unions, and other professional associations. The training is a first step; the research demonstrates the need to continue to support participants to get "a foot in the door" into the health centers and organizations after training is complete. In the context of the growing demand and continued interest in the doula training programs, financial and human capital continue to be barriers to continuing this work. Future curriculum development must be adequately funded, developed collaboratively with community, and evaluated as culturally safe.

DATA AVAILABILITY STATEMENT

Author elects to not share data.

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