

# Doulas offer compassionate abortion care and counter stigma

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## Summary

Abortion access is quickly deteriorating across the Southern and Midwestern United States (US). The *Dobbs v. Jackson Women's Health Organization* (2022) Supreme Court decision overturned the right to an abortion and has given states the authority to legislate the procedure. The US is characterized by a fracturing of the reproductive landscape across the country: states such as New York and Illinois have passed legislation securing access to abortion, whereas many others across the Midwest and South continue to ban or severely restrict access.<sup>1,2</sup> These restrictions exacerbate physical and financial obstacles to abortion care, which in turn intensifies the social stigmatization of abortion. Patients tend to fear judgement for their decision from individuals and/or their community.<sup>3,4</sup> In response, abortion doulas provide a unique solution to this need for emotional support. Abortion doulas are nonmedical volunteers who provide compassionate emotional, physical, and informational support to patients before, during, and after an abortion.<sup>5,6</sup> For the purposes of this policy brief, I will focus on the provision of abortion doula support for in-clinic abortions. Key techniques include hand-holding, comforting conversation, supportive silence, massage therapy, and breathing exercises.<sup>5</sup> Abortion doulas assist with patient distraction, patient companionship, and function as a patient advocate. Further, abortion doulas allow the physician to work more efficiently by allowing them to focus solely on the procedure. Abortion doula programs are a low-cost way to mitigate the harms caused by antiabortion legislation.

## Key messages and recommendation

- **Problem:** Two primary issues currently affecting abortion care in the US are access to abortion and the stigmatization of abortion:
  1. **Access** to abortion is rapidly decreasing across much of the US. Now, with the *Dobbs v. Jackson Women's Health Organization* (2022) Supreme Court ruling about half of US states will likely ban abortion. This significant decrease in providers is further compounded by social, economic, and travel barriers to abortion which greatly affect **minority populations and those with lower incomes**.
  2. **Stigma** is a social process used to discriminate against a group of individuals. In this case, abortion patients tend to fear that they would experience negative treatment by their community or by individuals due to their decision to have an abortion.
- **Recommendation:** I recommend that health center boards fund abortion doula programs to support patients by providing individualized compassionate care.

## Context

Doulas have been responding to what they consider deficits in reproductive care for decades, such that abortion doula support might be regarded as a natural progression of their craft. In fact, the term *doula* derives from ancient Greek and translates to "woman's servant" or "woman's slave," but it was revived by anthropologist Dana Raphael (1973) to describe women who offered assistance to breast-feeding mothers.<sup>7</sup> By the 1980s, the term had become associated with birth support, and doulas became popular among increasing numbers of

mostly middle- and upper-class women who sought out lay caretakers who could fill noticeable gaps in support and care before, during, and after childbirth.<sup>8</sup>

In 2007, a significant shift in doula care occurred with the emergence of the New York City Doula Project (NYCDP), whose founders asserted that individuals undergoing abortions were entitled to the same



Compassionate Doula Care,  
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support as those giving birth. Its founders were concerned that abortion—not unlike childbirth—lacked social support, and, further, that current medical paradigms did not acknowledge the stigmatization associated with the procedure. In response, the NYCDP adapted the concept of doula care to include pregnancy termination in an effort to incorporate the principles of reproductive justice, namely, “(1) the right *not* to have a child; (2) the right to *have* a child; and (3) the right to *parent* children in safe and healthy

environments.”<sup>9</sup> Abortion doulas offer emotional, physical, and informational support during an abortion. While birth doulas have long been hired by middle-class or elite, and predominately white, women,<sup>10</sup> abortion doulas tend to be volunteers who strive to reach persons across multiple lines of social difference. As Mahoney and Mitchell,<sup>6</sup> the founders of the NYCDP, argue, abortion doulas engage in radical acts of kindness. The NYCDP frames the abortion doula model as a radical form of care because they offer support to individuals during transitional life phases like abortion, which generally do not receive such care and attention.

Over the last decade, abortion doulas have formed similar grassroots programs in cities across the US where they felt there was a dearth in abortion care. Whereas the founders of the NYCDP assert the importance of reproductive and social justice, in previous decades, mainstream abortion rights organizations (e.g., NARAL and Planned Parenthood) were criticized for serving white middle- and upper-class women's interests by focusing their organizations' missions narrowly on protecting “the legal right to choose” rather than fighting for abortion access for all persons.<sup>11</sup> This rift in reproductive rights organizations began after the Hyde Amendment (1977) was passed, which prohibits the use of federal funds for abortion in nearly all cases. In effect, patients must have private insurance that covers abortion or they must raise the funds themselves, which can be worsened by the cost of childcare and transportation. Likewise, race and poverty are deeply entangled in the US,<sup>12</sup> and the demographic breakdown of abortion patients suggest that barriers to abortion access disproportionately affect poor people of color.<sup>13</sup> These barriers have worsened since the Dobbs Supreme Court ruling, making it an urgent issue to provide additional support to abortion patients. In addition to providing emotional support, abortion doulas are adept at connecting patients with resources if they feel that additional structural support is needed.

**Doulas** provide a nuanced type of care for abortion patients at **minimal cost** to the abortion providing facility. Abortion doula programs are volunteer-based and each doula generally volunteers for two days out of every month. This schedule ensures that the doulas are not exploited for their services and are able to maintain their source of income. However, if possible, a small stipend for the doulas would encourage a more diverse group of applicants who might otherwise be unable to volunteer their time without compensation. The ability for doulas to provide support two days a month also keeps them from “burnout” or “compassion fatigue” commonly experienced by many healthcare professionals.<sup>14</sup> Doulas have also been found to assist medical staff by allowing them to focus primarily on the medical procedure and safety of the patient.<sup>15</sup> The alternative to implementing an abortion doula program would be to hire more nurses or social workers to allow for more time with each patient to provide individualized care. This would be a time-consuming and costly option requiring

additional training beyond professional preparation to provide compassionate care shaped to the individual needs of abortion patients.

To facilitate the implementation of an abortion doula program, it is important to allow the doulas to shadow healthcare personnel and to hold a meeting with both staff and doulas to clarify clinical versus non-clinical roles to ensure that the doulas and healthcare personnel will be able to work in a cohesive manner to improve patient care.<sup>16</sup> Similarly, it is equally important to ensure advance planning and to encourage medical staff to support the transition.<sup>17</sup> After the initial implementation, an abortion doula program would require minimal effort and economic resources, and would greatly benefit both patients and staff.

## Benefits of abortion doula care

1. **Physician Support.** Physicians shared that they felt it was beneficial to have a doula present during clinical abortion. Here is a quote by a **physician**:

"I think that the biggest thing that it adds to is you just know that the patient has somebody who is purely focused on them. For some patients that's talking about their favorite TV show, and for some patients that's having that hand to hold and then not talking at all. That way it allows me to focus on the procedure... I feel like it's this weight off of me if there's a doula in the room because then I'm like 'I've got my business down here and you focus up there' and that's what I tell the patient and it just allows me to be more efficient and get in and out."<sup>18</sup>

2. **Patient Distraction.** Abortion patients expressed that the doula helped distract them from the procedure. In one study, 94% of patients thought the doula helped take their mind off of their emotions during the procedure.<sup>15</sup> Here is a quote from a **patient** who states,

". . . listening to her talk, took my mind off of the pain. . . when she [was] sitting there talking to me . . . I wasn't thinking about the pain, I was just listening to what she was telling me to do and I was doing it."<sup>15</sup>

3. **Patient Companionship.** Abortion patients also expressed that they valued the non-judgmental companionship that they received from the doula. Here are two quotes from **patients**:

"It made me feel like someone . . . cared, like they [are] not just . . . here just to do the job . . . I felt like [I] had support from my mother."<sup>15</sup>

". . . someone there that I do know is worse than someone that I don't know . . . people that knows you or think they have the right opinion of you, they want to judge you . . . the lady in the room . . . she wasn't there to judge."<sup>15</sup>

4. **Patient Advocacy.** Physicians describe the benefit of having a doula present as an advocate who can listen to the patient's needs and guide them through the process. Here is a quote from a **physician**:

"If you're a patient, the importance of having an advocate... It takes an extra person, especially when you consider you're in a more vulnerable state when you are seeking medical care. It takes another person to really help advocate for you and guide you through the process and I think abortion care is no different in that sense. Even though as a person you feel confident in your decision, we've made it such a complicated process you just don't hear everything."<sup>18</sup>

Here is a quote from a **doula**:

"If you are the provider in the room and the voice of authority in the room, you need to understand the extent to which you have a huge power advantage over that woman's body. I do not think it is possible to be the doctor and the doula, [instead we need to] put more power in the hands of the patient via compassion and careful listening."<sup>5</sup>

### **Recommendation: abortion doulas mitigate the psychosocial effects of stigma and structural barriers**

I recommend that health center boards fund abortion doula programs to support patients by giving them individualized compassionate care.

- low cost, high reward. Expenses include training for the doulas, scrub pants and t-shirts, and a small stipend for the doulas to compensate them for their time. A small stipend would also encourage a diverse group of doulas who could better relate to the patients.
- existing training programs that have already been implemented can be used.
- possibility for expansion to virtual abortion doula support to provide care for medication abortion patients, especially those in rural areas, in the future.

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