



MICHIGAN COMMUNITY-BASED
**DOULA SAFETY NET
FUNDING BRIEF**

Co-Authors and Contributors

Health Equity Resources and Strategies (H.E.R.S), LLC

Deidre McDaniel

Black Mothers Breastfeeding Association

Kiddada Green

Isha Johnson

Robena Hill

Kennedi “Ifasekemi” Hammonds

MacKenzie Currie

Kimberly Price

Focus: HOPE

Waymond Hayes

Lakeshia Grant

Miigwech Inc.

Meredith Kennedy

Kelsey Wabanimkee

Motor City Doula Association

Jayne Jackson

Lorenda Lewis

Michelle Smith

Michigan Department of Health and Human Services: Division of Maternal and Infant Health

COLLABORATORS



Focus: HOPE



Table of Contents

- 4 Introduction
- 5 Importance & Impact of Doula Care
- 6 Purpose
- 9 Establishing Liberatory Funding Models/Practices
 - 10 Access
 - 10 Resource Redistribution
- 13 Safety Net Priorities/ Services
 - 13 Ensuring Equity and Justice in Maternal Health Support
 - 14 Key Components
- 16 Call to Action

Suggested Citation

Black Mothers Breastfeeding Association. *Michigan Community-based Doula Safety Net Funding Brief*. Detroit, MI. 2025



INTRODUCTION



Importance & Impact of Doula Care

In the pursuit of equitable and comprehensive maternal care, doula programs have become indispensable sources of support for birthing individuals and their families. However, it is essential to establish sustainable and just funding mechanisms that go beyond traditional models to address existing inequities and inefficiencies. A liberatory funding model is necessary to secure Safety Net Funding for community-based doula care. A liberatory funding model is based on the principles of equity, empowerment, and community self-determination, recognizing the inherent value of doulas in promoting positive birth outcomes, reducing maternal health disparities, and providing personalized care. By incorporating diverse funding sources, equitable compensation practices, and active community engagement, this approach aims to establish sustainable and comprehensive doula services that are available to everyone, regardless of race, ethnicity, or socioeconomic status.

Community-based doulas are trained community birth workers who provide culturally appropriate and kindred-spirited non-clinical emotional, physical, and informational support before, during, and after birth. The term doula derives from the Greek word “doule”. Doule, when translated, means “women who serve” (Chen, Robles-Fradet & Arega, 2020). The historical presence of doulas can be traced back for centuries in American history and numerous other cultures. However, the term doula was coined in 1960. In their pivotal role, doulas have proven to be more than just birth companions; they are advocates for informed choice, compassionate listeners, and expert guides through the complexities of pregnancy and childbirth (Motherhood Center, 2023). By offering support and information, doulas empower parents to make informed decisions, ensuring that their childbirth experience aligns with their values and desires. From prenatal education to labor and postpartum support, community-based doulas stand as peers and allies, amplifying the voices of those often marginalized within traditional healthcare systems and championing birthing autonomy and self-determination for all.

Research underscores the valuable impact of doula care as a safe and cost-effective intervention to improve birth outcomes, reinforcing the argument for increased accessibility to doula services (Basile, 2012; Dillion & Sulaiman, 2024; Everson, Cheney & Boybjerg, 2018; Greiner et al., 2019; Gomez et al., 2021, Salinas et al., 2022; Sobczak et al., 2023). Doula services have also been shown to lower rates of preterm births and cesarean deliveries, have a positive impact on the social determinants of health, promote birth equity, reduce existing health and racial disparities, and reduce healthcare costs by improving birth outcomes (Gruber, Cupito, & Dobson, 2013; Kearly & Dronamraju, 2024; Kozhimannil et al., 2016; Mottl-Santiago et al., 2023; Thurston et al., 2019). The Community-Based Doula Program was also recognized as a best practice in 2016 by the Association of Maternal and Child Health Programs (AMCHP) in their innovation station, and it was subsequently honored with the Best Practice Award in 2017 (HealthConnct One, 2017).



Purpose

General Audience

This community-based doula safety net plan outlines the essential elements required to establish an emancipatory funding model for the sustainability of doula programs. It emphasizes the significance of community engagement, equitable compensation, diversified funding sources, and comprehensive support services. It places a strong emphasis on collective action, community healing, and transformative change with the goal of fostering a more just and equitable birthing experience for all while ensuring the sustainability of doula services and programs. Embracing these elements can lead to the construction of a funding framework that not only sustains doula services but also promotes broader objectives of social justice and health equity.

Philanthropists

This community-based doula safety net plan outlines methods to engage philanthropists in a transformative approach to sustaining doula programs that prioritize equity, empowerment, and community well-being. This plan also presents a comprehensive funding model based on liberatory principles to demonstrate the significant impact of doulas on maternal and infant health while emphasizing the critical need for innovative and just financial support.

Policymakers

This community-based doula safety net plan offers actionable insights and strategies for policymakers to incorporate liberatory principles into funding frameworks. By advocating for policies that ensure equitable compensation for doulas, integrating community perspectives into decision-making processes, and diversifying funding sources, we can establish sustainable and robust doula programs. Such policies would assure that all individuals giving birth have access to compassionate, culturally sensitive, and continuous support.

Community-Led Initiatives

This community-based doula safety net plan is designed to empower community-led initiatives by providing them with practical tools and actionable insights for securing diverse and resilient funding sources. Additionally, it aims to ensure fair compensation for doulas and to actively involve community members in decision-making processes. Through the cultivation of a sense of ownership and solidarity, the plan seeks to establish a sustainable foundation for doula programs that can thrive and adapt to the unique needs of their respective communities.

Need for a safety net plan for doulas

It is essential to establish a community-based doula safety net plan to ensure the reliability, continuity, and sustainability of doula services. This plan aims to provide support to both the clients dependent on these services and the doulas providing them, thereby promoting a robust and impartial care system. The implementation of a safety net plan for doula services is of paramount importance for several reasons:

1. A safety net plan guarantees continuous and dependable support for birthing individuals, even in unforeseen circumstances. This is critical for maintaining the quality and consistency of care that doulas offer, which significantly influences birth outcomes and maternal well-being (Basile, Bobel & Kwan, 2019; Dillion & Sulaiman, 2024; Ho & Eaton, 2023).
2. Doulas often cater to communities facing significant health disparities and systemic barriers to quality healthcare. A safety net plan can help ensure that these communities continue to access doula services (Basile, 2013; Basile & Kwan, 2019; Kozhimannil et al., 2016; Kukura, 2022).
3. A safety net plan can provide resources and support for doulas, including backup doulas, mental health resources, vested opportunities for continued education, and financial assistance, aiding in maintaining their well-being and sustainability in their profession (Mottl-Santiago et al., 2023; Sobczak et al., 2023).



Need for a safety net plan for doulas

4. A safety net plan can mitigate financial instability by establishing mechanisms for financial support, such as emergency funds or diversified funding sources, to help programs weather economic challenges and maintain their operations (Fine et al., 2003; Greiner et al., 2021; Ho & Eaton, 2023).

5. A safety net plan ensures that there are strategies in place to adapt to and manage disruptions, guaranteeing that birthing individuals do not lose access to crucial support during times of crisis (Fine et al., 2003; Greiner et al., 2021; Ho & Eaton, 2023; Kearly & Dronamraju, 2024).

6. A safety net plan helps ensure that programs can continue to operate and serve their communities over the long term, contributing to the overall stability and growth of doula services and, therefore reducing disparities and supporting maternal and infant well-being. (Chen, Robles-Fradet, & Arega, 2020; Fine et al., 2003; Greiner et al., 2021; Ho & Eaton, 2023; Kearly & Dronamraju, 2024).



Establishing Liberatory Funding Models/Practices

The implementation of a liberatory funding model aimed at supporting doulas and doula programs is anchored in the principles of equity, empowerment, and community self-determination (Basile, Bobel & Kwan, 2019; Freire, 2000; McLaren & Jandric, 2020). This funding model acknowledges the inherent importance of doulas in enhancing positive birth and postpartum outcomes, mitigating disparities in maternal health, and delivering empathetic, individualized care. The establishment of a liberatory funding model is designed to ensure the accessibility of doula services irrespective of an individual's socioeconomic status and facilitate the redistribution of funding resources to sustain community-based doula services (Basile, Bobel & Kwan, 2019; Freire, 2000; McLaren & Jandric, 2020; Mottl-Santiago et al., 2023; Sobczak et al., 2023).



Access

Doulas provide holistic care that addresses not only the physical but also the emotional, spiritual, social, and cultural needs of birthing individuals. Liberatory funding models ensure that doula services are equitably distributed and accessible to all, regardless of socioeconomic status, race, gender, sexual orientation or geographic location. Liberatory funding models also prioritize fair wages and benefits, recognizing the valuable work doulas do and ensuring their financial stability and professional longevity. Traditional funding models often result in inadequate compensation for doulas, leading to burnout and high turnover. Additionally, liberatory funding models require community involvement in decision-making processes, fostering a sense of ownership and empowerment. This approach ensures that doula programs are tailored to the unique needs and preferences of the communities they serve, leading to more effective, culturally appropriate, and respectful care.

Resource Redistribution

A statewide approach to liberatory funding for doula care helps build a more resilient and interconnected network of services. This network can provide consistent support across regions, share resources and knowledge, and respond more effectively to public health emergencies or other crises. Resource redistribution centers equitable access to doula services by redistributing financial resources to communities that have been historically marginalized, addressing historical injustices, and challenging systemic inequalities. By diversifying funding sources and reducing reliance on inconsistent or restrictive funding streams, liberatory funding models help create more sustainable doula programs. This stability allows programs to plan long-term, innovate, and expand their services.

How it works

The existing funding models for this work often fail to provide livable wages and are constrained by limited durations and regulations that can be unsustainable and culturally inappropriate. As a result of this insufficient and non-sustainable funding, doula services encounter challenges such as high staff turnover, burnout, insufficient time and resources to provide culturally safe care, pursue professional development and additional training, and maintain affordability for the families who require their services (*Wodtke et al., 2022*).

Establishing multiple funding sources is crucial to achieving multiple levels of sustainability. This approach protects programs from the fluctuations that commonly occur with any single funding source. Moreover, when individual funding sources are insufficient to cover program expenses and provide a sustainable income, pooling multiple sources can effectively address this shortfall (*HealthConnect One Report, 2017*).

To support doula programs effectively through resource redistribution, the following recommendations can be considered:

1. Decolonization of healthcare funding practices:

It is crucial to advocate for public and private insurance coverage of doula services to ensure that individuals have access to this form of care. Moreover, directing more public health grants toward doula programs, particularly those that cater to historically marginalized communities, is imperative. Encouraging hospitals and healthcare systems to allocate a portion of their budgets to hire or contract with doulas is also important. This approach can significantly enhance patient satisfaction and outcomes, potentially leading to a reduction in costs associated with complications and ensuring equitable compensation for doula services (*Gomez et al., 2021*). Considering the evidence supporting the cost savings resulting from reduced cesarean rates, shorter hospital stays, and improved maternal and infant health outcomes, it is recommended that a portion of these savings be redirected to support and expand doula services (*Greiner et al., 2019*). This reallocation of resources will play a vital role in ensuring the sustainability of community-based doula services.



2. Diversification of funding sources:

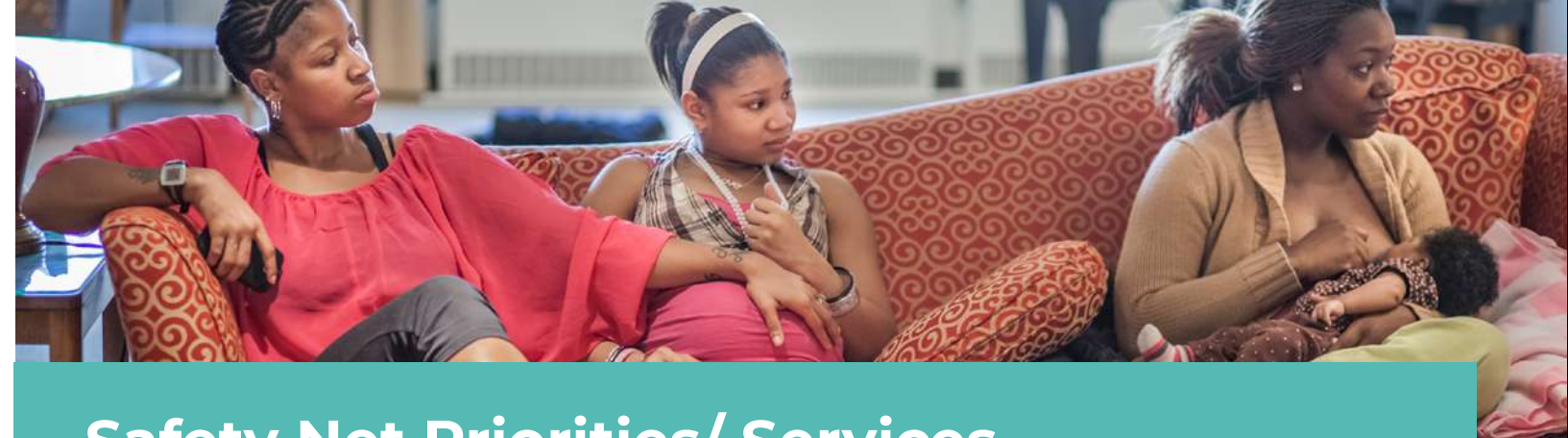
By leveraging philanthropic funds, foundations, and philanthropic organizations should provide grants specifically geared for doula programs, prioritizing those with a focus on equity and serving populations that have been historically underserved. Furthermore, as a key component of corporate social responsibility programs, corporations should allocate funding to doula programs as part of their social responsibility initiatives, potentially offering matching gift programs or direct funding. This includes the incorporation of private insurance companies, including doula services, as part of their maternity care packages.

3. Solidarity economies:

By incorporating participatory budgeting and the philanthropic practice of participatory grantmaking, a shared mission is established, where power is shifted to members of defined communities who

have life experiences with the issues being addressed (Ho & Eaton, 2023). Therefore, resources are pooled from multiple stakeholders to create a more substantial and sustainable funding base for doula services. This includes collaboration with universities and colleges to integrate doula training and services into their healthcare education programs, providing funding and resources through academic budgets, and securing participatory research grants to study the impact of doula care, using findings to justify further investment and resource allocation.

Implementing these recommendations will allow resources to be redistributed more effectively to support and sustain doula programs, ensuring that all birthing individuals have access to the comprehensive, compassionate care that doulas provide. In summary, liberatory funding models are essential for creating equitable, sustainable, and community-driven doula care systems that improve health outcomes, support doula professionals, and advance social justice on a statewide level.



Safety Net Priorities/ Services

Ensuring Equity and Justice in Maternal Health Support

The disproportionate number of individuals of color undergoing poor maternal health outcomes and facing an increased risk of traumatic birth experiences, frequent medical interventions during childbirth, and high maternal mortality rates has been identified as a pressing concern. In the United States, research indicates that individuals of color receiving maternity care increasingly report negative interactions related to their race, ethnicity, or language. These negative interactions, in conjunction with rising maternal mortality rates among Black, Brown, and Indigenous individuals, are a direct consequence of structural racism and a history of racism within the healthcare system. Years of historic disinvestment in Black, Brown, and Indigenous communities have underscored the necessity of implementing an innovative community-based approach to mitigate adverse maternal and child health outcomes. Research consistently demonstrates that individuals receiving formal doula support are less likely to have low-birth-weight babies, experience birth complications, and are more likely to initiate breastfeeding than those without such support (Dillion & Sulaiman, 2024).

An equitable doula safety net plan is designed to ensure fair and impartial access to doula care for all individuals during childbirth. Its primary focus is to eliminate disparities and guarantee that every individual receives the necessary support for a healthy and positive birthing experience. Liberatory Safety Net Services prioritize the autonomy and agency of birthing individuals by providing them with the information and support required to make well-informed decisions about their care. These services are inclusive and culturally sensitive, offering trauma-informed care and targeted outreach to ensure accessibility for all. Furthermore, they collaborate with community members in developing, implementing, and evaluating doula services to tailor them to the specific needs and preferences of the community. The emphasis is on addressing and dismantling systemic barriers to equitable maternal care, advocating for policy changes and social reforms that support reproductive justice. In essence, the liberatory and equitable doula safety net services framework ensures that all birthing individuals have access to high-quality, empowering, and culturally competent care, thereby advancing maternal health equity and social justice.



Key Components

Collective governance:

Establish community-led doula advisory boards that include representatives from diverse cultural backgrounds to oversee funding decisions and program development. By implementing participatory grantmaking processes where community members, including doulas and clients, are involved in decision-making about funding allocations ensures that funds are directed towards services that reflect the community's needs and cultural contexts.

Cultural Empowerment Framework Model:

Translating a cultural empowerment framework model into funding practices for doula programs involves aligning financial support with principles that prioritize cultural competence, community involvement, and equitable access. It also guarantees that funding models include provisions for fair compensation for doulas, recognizing the value of their work and providing wages that reflect their expertise and the cultural competencies they bring. While also allocating funds to offer benefits such as health insurance, professional development, and mental health support for doulas to sustain their well-being and professional growth (Wadsworth, 1998).

Liberatory models for education, transformation, and advocacy:

It is imperative to acknowledge that education, when structured effectively, serves as a catalyst for emancipation by nurturing critical consciousness. Conventional educational models often perpetuate societal subjugation. According to Delpit (2006), engaging in dialogue and reflection is crucial for facilitating a transformative educational process. A participatory, introspective, and action-oriented educational framework is essential for empowering communities and confronting institutionalized oppression. Understanding liberatory educational models and their impact on fostering culturally empowering educational practices and service delivery is crucial (Freire, 2000).



Establishing & sustaining community-centered quality assurance practices in doula care:

Community-centered quality assurance practices prioritize the voices and experiences of those served, ensuring that doula care is responsive, respectful, and reflective of the diverse communities it aims to support. This approach involves continuous collaboration with community members, doulas, healthcare providers, and community-based organizations to create a feedback loop that informs and enhances the quality of care. Implementing community-led transparent accountability systems that allow for regular monitoring, assessment, and standards of care for doula services ensures that they meet established guidelines and address any emerging issues promptly. Accountability also extends to instituting participatory research initiatives that require transparency in data collection and evaluation. Engaging community members in the development, implementation, and evaluation of quality assurance practices ensures that diverse perspectives and needs are considered. Doula established standard of care models/criteria safeguard fidelity and equitable care practices.



Call to Action

Philanthropists – funding

This Community-based Doula Safety Net Funding Brief serves as a visionary call to action for philanthropists to support doula programs. It proposes a liberatory funding framework designed to entrench fair compensation for doulas, while also promoting inclusivity by integrating community voices in the decision-making process. This approach seeks to diversify funding sources to fortify and sustain doula services. The ultimate aim is to foster a healthcare landscape where every birthing person can access compassionate, culturally competent, and uninterrupted support, thus driving progress toward overarching societal goals of social justice and health equity.

Policymakers – laws

In light of the growing policy focus on advancing birth equity in the United States by promoting doula care, there is an essential need to develop sustainable and equitable compensation approaches for community doulas. During the period of 2015-2020, around 73 bills addressing doula-related legislative proposals were introduced across 24 states, but only 12 bills in 7 states were enacted into law (Ogunwole, 2022). Although there was a rise in proposed doula-related legislation during this timeframe, the laws that were passed did not prioritize racial health equity (Ogunwole, 2022). Many states, including Michigan, allocate funds for Doula Medicaid reimbursement and/or government appropriations to support the sustainability of doula services. These established models are susceptible to being dismantled in the event of a change in political administration that may impact the perceived significance of doula services. (Chen, 2022; Ogunwole, 2022). The Community-based Doula Safety Net Funding Brief urges policymakers to advocate for legislative and

Call to Action

regulatory measures that improve the accessibility and sustainability of doula services. Additionally, policymakers should consider incorporating racial equity assessments to evaluate proposed doula-related legislation, ensuring that efforts to enhance and sustain these services utilize funding methods aimed at shifting power using a divestment and liberatory framework. Within a divestment and liberatory framework, doulas, birthing persons, and community partners are actively involved in leading and guiding the creation and decision-making process aimed at establishing policies.

Community-led initiatives – resources, support, training

This Community-based Doula Safety Net Funding Brief promotes support for community-led initiatives in establishing sustainable and equitable funding models for doula programs. Grounded in liberatory principles, the framework presented in this brief aims to empower community leaders with the knowledge and strategies necessary to offer essential doula services that prioritize equity, cultural competence, and community well-being. We encourage community leaders to adopt and operationalize this liberatory funding model, acknowledging the significant impact that well-supported doula programs can have on maternal and infant health outcomes.

Through this approach, we can cultivate a network of doula services that are accessible, equitable, and representative of the communities they serve, thus contributing to broader objectives of social justice and health equity.



References

- Basile, M., Bobel, C., & Kwan, S. (2019).** Radical doulas, childbirth activism, and the politics of embodiment. *Body battlegrounds: Transgressions, tensions, and transformations*, 23-37.
- Basile, M. R. (2012).** *Reproductive justice and childbirth reform: Doulas as agents of social change* [The University of Iowa].
- Chen, A. (2022).** Current state of doula Medicaid implementation efforts in November 2022. *National Health Law Program*. Retrieved January, 13, 2023.
- Chen, A., Robles-Fradet, A., & Arega, H. (2020).** Building a successful program for Medi-Cal coverage for doula care: Findings from a survey of doulas in California. *National Health Law Program*.
- Delpit, L. D. (2006).** *Other People's Children: Cultural Conflict in the Classroom* (Updated Edition). The New Press.
- Dillion, T., & Sulaiman, Z. (2024).** The Integral Role of Community-Based Doulas in Supporting Birth Equity. *The Practical Playbook III: Working Together to Improve Maternal Health*, 391.
- Everson, C. L., Cheyney, M., & Bovbjerg, M. L. (2018).** Outcomes of Care for 1,892 Doula-Supported Adolescent Births in the United States: The DONA International Data Project, 2000 to 2013. *The Journal of perinatal education*, 27(3), 135–147. <https://doi.org/10.1891/1058-1243.27.3.135>
- Fine, M., Torre, M. E., Boudin, K., Bowen, I., Clark, J., Hylton, D., Martinez, M., Roberts, R. A., Smart, P., & Upegui, D. (2003).** Participatory action research: From within and beyond prison bars.
- Freire, P. (2000).** *Pedagogy of the Oppressed* (30th Anniversary Edition). Continuum.
- Gomez, A. M., Arteaga, S., Arcara, J., Cuentos, A., Armstead, M., Mehra, R., Logan, R. G., Jackson, A. V., & Marshall, C. J. (2021).** “My 9 to 5 Job Is Birth Work”: A Case Study of Two Compensation Approaches for Community Doula Care. *International Journal of Environmental Research and Public Health*, 18(20), 10817. <https://doi.org/10.3390/ijerph182010817>
- Greiner, K. S., Hersh, A. R., Hersh, S. R., Remer, J. M., Gallagher, A. C., Caughey, A. B., & Tilden, E. L. (2019).** The Cost-Effectiveness of Professional Doula Care for a Woman's First Two Births: A Decision Analysis Model. *Journal of Midwifery & Women's Health*, 64(4), 410-420. <https://doi.org/10.1111/jmwh.12972>
- Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013).** Impact of doulas on healthy birth outcomes. *The Journal of perinatal education*, 22(1), 49–58. <https://doi.org/10.1891/1058-1243.22.1.49>
- HealthConnect One. (2017).** Sustaining funding for doula programs. HealthConnect One. <https://healthconnectone.org/publication/read-sustainable-funding-for-doula-programs-a-study/>
- Ho, S., & Eaton, S. (2023).** *Ceding Power to Seed Community Recovery: Democratic Funding to Address Mental Health and Substance Abuse Crises*. (Social Justice Funders Opportunity Brief No. 9). The Sillerman Center for the Advancement of Philanthropy. <https://heller.brandeis.edu/sillerman/publications/opportunity-briefs.html>
- Kearly, A., & Dronamraju, R. (2024, May 3).** *Increasing Access to Doulas will Ease the Maternal Health Crisis*. Association of State and Territorial Health Officials. <https://www.astho.org/communications/blog/increasing-access-to-doulas-will-ease-the-maternal-health-crisis/>
- Kozhimannil, K. B., Hardeman, R. R., Alarid-Escudero, F., Vogelsang, C. A., Blauer-Peterson, C., & Howell, E. A. (2016).** Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery. *Birth (Berkeley, Calif.)*, 43(1), 20–27. <https://doi.org/10.1111/birt.12218>
- Kozhimannil, K. B., Vogelsang, C. A., Hardeman, R. R., & Prasad, S. (2016).** Disrupting the Pathways of Social Determinants of Health: Doula Support during Pregnancy and Childbirth. *Journal of the American Board of Family Medicine*, 29(3), 308–317. <https://doi.org/10.3122/jabfm.2016.03.150300>
- Kukura, E. (2022).** Birthing Alone [Article]. *Washington & Lee Law Review*, 79(4), 1463-1537.
- Mclaren, Peter & Jandric, Petar. (2020).** Revolutionary Critical Rage Pedagogy. 10.1093/acrefore/9780190264093.013.1124
- Motherhood Center. (2023, March).** *From Ancient Roots to Modern Revolution: The Dynamic History of Doula Care*. <https://www.motherhoodcenter.com/history-of-doula-care/#:~:text=The%20Future%20of%20Doulas,safer%20and%20positive%20birth%20experience.>
- Mottl-Santiago, J., Dukhovny, D., Cabral, H., Rodrigues, D., Spencer, L., Valle, E. A., & Feinberg, E. (2023).** Effectiveness of an enhanced community doula intervention in a safety net setting: a randomized controlled trial. *Health Equity*, 7(1), 466-476.
- Ogunwole, S. M., Bozzi, D. G., Bower, K. M., Cooper, L. A., Hardeman, R., & Kozhimannil, K. (2022).** Health equity considerations in state bills related to doula care (2015–2020). *Women's Health Issues*, 32(5), 440-449.
- Salinas, J. L., Salinas, M., & Kahn, M. (2022).** Doulas, Racism, and Whiteness: How Birth Support Workers Process Advocacy towards Women of Color. *Societies*, 12(1), 19.
- Sobczak, A., Taylor, L., Solomon, S., Ho, J., Kemper, S., Phillips, B., Jacobson, K., Castellano, C., Ring, A., Castellano, B., & Jacobs, R. J. (2023).** The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. *Cureus*, 15(5). <https://doi.org/https://doi.org/10.7759/cureus.39451>
- Thurston, L. A. F., Abrams, D., Dreher, A., Ostrowski, S. R., & Wright, J. C. (2019).** Improving birth and breastfeeding outcomes among low resource women in Alabama by including doulas in the interprofessional birth care team. *Journal of Interprofessional Education & Practice*, 17. <https://doi.org/10.1016/j.xjep.2019.100278>
- Wadsworth, Y. (1998).** What is Participatory Action Research? In Institute of Workplace Research, Learning and Development & Southern Cross University Press, *Action Research International*.
- Wodtke, L., Hayward, A., Nychuk, A., Doenmez, C., Sinclair, S., & Cidro, J. (2022).** The need for sustainable funding for Indigenous doula services in Canada. *Women's Health (London, England)*, 18, 17455057221093928–17455057221093928. <https://doi.org/10.1177/17455057221093928>





Focus: HOPE

