

The Doula Project (2007-)

The Doula Project, cofounded in 2007 as The Abortion Doula Project by Mary Mahoney, Lauren Mitchell, and Miriam Zoila Pérez, is a nonprofit organization of full-spectrum doulas based in New York City, New York, and is one of the first organizations to provide free full-spectrum doula care to pregnant people. Full-spectrum doulas provide non-medical physical, emotional, and informational support to pregnant people through a wide range of pregnancy experiences, including birth, miscarriage, stillbirth, fetal anomalies, and abortion. Since 2007, The Doula Project has trained doulas to provide emotional and informational comfort to those experiencing fetal loss in support of its goal to create a society in which all pregnant people have access to care and support for both their emotional and physical, regardless of their pregnancy outcome.

According to Mitchell, she, Mahoney, and Pérez had all been trained as doulas before they founded The Doula Project. Doulas are trained professionals who provide physical, emotional, and informational support to people throughout pregnancy and childbirth. Doulas are different from midwives, who are almost always licensed healthcare professionals that can provide medical services, including gynecological examinations, contraceptive counseling, prescriptions, and medical care during labor and delivery. Doulas do not provide medical care but can help their clients learn about pregnancy and the process of delivery. During labor and delivery, doulas often assist their clients in many ways, including suggesting different birthing positions to minimize discomfort, providing emotional support, and encouraging them with breathing and relaxation techniques. Doulas can also act as advocates for their clients by communicating clients' interests to their healthcare providers. According to the American College of Obstetricians and Gynecologists, evidence suggests that the emotional support that doulas provide is associated with improved outcomes for patients in labor, including shortened labor, decreased need for pain medication, decreased probability of a caesarian section, and increased likelihood of having a positive labor and delivery experience.

Most doulas are birth doulas, meaning they assist clients during live births. The members of The Doula Project describe themselves as full-spectrum doulas, meaning they work with pregnant people through a variety of experiences, including abortion, miscarriage, and stillbirth. In addition, doulas are most often not part of the staff of a hospital or clinic, so pregnant people have to hire doulas on their own, which can be expensive and result in unequal access to doula care. According to their website, The Doula Project works to make doula care more accessible by partnering with healthcare providers and clinics in New York to provide free full-spectrum doula support to pregnant people from all backgrounds. The use of the term pregnant people rather than pregnant women is also part of the effort to make doula care more accessible to and inclusive of all people, including people with different gender identities.

According to Mahoney, she, Mitchell and Pérez were all involved in different reproductive justice organizations when they first created The Doula Project. The term reproductive justice is attributed to a group of black women feminists and activists who coined the term in 1994 at a pro-choice conference. Reproductive justice is the human right to give birth, to not give birth, and to parent children in safe and sustainable communities. Mahoney describes that in 2007, the reproductive justice framework was gaining support among activists and engaged those that the traditional reproductive rights movement had previously disregarded, including women of color, young people, and LGBTQ+ people. Mahoney also describes that the founding of The Doula Project occurred during a period in the reproductive justice movement when there was an increased push among activists to unite and encourage cooperation among doulas, midwives, and abortion advocates. Although people belonging to all of those groups work in the field of reproductive health, Mahoney describes that the groups shared differences in their intents. Mahoney further claims that doulas primarily

emphasized that people giving birth deserved a compassionate and supportive experience, whereas abortion activists mainly focused on a person's access to abortion rather than a compassionate abortion experience. Mahoney states that she, Mitchell, and Pérez wanted to fill that perceived gap in abortion care.

Throughout 2006 and 2007, Mahoney, Mitchell, and Pérez met at several conferences designed to connect birth workers and abortion advocates with one another. When discussing the conferences, Mahoney and Mitchell had both previously described that they heard much discussion about how those who gave birth deserved support and love, but noted an absence of discussion focused on how to provide similar care to those who chose to receive an abortion. After asserting that people who chose to receive an abortion did not receive the same level of care as people who sought doula care for pregnancy and delivery, Mahoney explained that she, Mitchell, and Pérez hoped The Doula Project would resolve the disconnect and fill that gap in abortion care. According to writer Brittany Stalsburg, who interviewed Mahoney for the online publication *Ravishly*, the goal of The Doula Project is to create a society in which all pregnant people, regardless of the pregnancy outcome they experience or their financial circumstances, have access to care and support throughout their pregnancies.

Initially, in 2007, Mahoney, Mitchell, and Pérez called their organization The Abortion Doula Project, specifically focusing on providing care to people having an abortion. During the following year and a half, Mahoney and Mitchell began working with clients who were managing miscarriages or fetal loss due to fetal anomalies, also known as birth defects, which are structural and developmental changes to the fetus that can increase the risk of stillbirth or miscarriage. Miscarriage is the most common type of pregnancy loss, defined as the spontaneous loss of an embryo or fetus before the twentieth week of pregnancy. While severe fetal anomalies or birth defects can result in spontaneous fetal loss, a person may also choose to terminate their pregnancy because their fetus has a severe or lethal anomaly. When discussing the origins of the name of the organization, Mahoney and Mitchell described meeting clients who stated they did not feel empowered or represented by the word "abortion" in its name. In early 2009, Mahoney, Mitchell, and Pérez changed the organization's name to The Doula Project to better reflect the diversity of their clients' pregnancy experiences, including miscarriage, stillbirth, and fetal anomaly, and not just abortion.

The Doula Project is a volunteer-run nonprofit organization led by a board of directors. The vision of The Doula Project, as stated on their website, is to create a society in which all pregnant people have access to the care and support they need and the ability to make healthy decisions for themselves regardless of their pregnancy outcome. The Doula Project lists some of their core organizational values on their website. The first value is that all pregnant people should have access to continuous, non-judgmental support. Next, the site states all pregnant people should be trusted to make the best decisions for themselves and should have their experiences honored. They also assert that all pregnant people should be safe and should have access to exceptional healthcare. Finally, the project's site states that organizations and individuals who work with pregnant people should also be respected and protected. As of 2020, the organization consists of over fifty full-spectrum doulas from a variety of backgrounds, including social justice activism, education, birth work, social work, and reproductive health. The Doula Project partners with New York City-based healthcare providers, including Planned Parenthood Brooklyn, Planned Parenthood Bronx, and several public hospitals, to provide free full-spectrum doula support to a diverse body of clients.

Mahoney has stated that when the team first started The Doula Project, they went directly into clinics and began to observe first and second trimester abortion procedures, stillbirth inductions, procedures for managing miscarriages, and more, because they did not know of anyone who had done abortion doula work from whom they could learn. Mahoney has described in interviews that they learned how to be abortion doulas from the nurses, doctors, and counselors that they observed in the first few months. They then organized what they state was the first formal abortion doula training in the United States and invited birth doulas, abortion counselors, and reproductive justice leaders to lead workshops and lessons. The topics they covered ranged from pain management to diversity awareness. Mitchell and Mahoney also spoke about their personal experiences in the clinical setting. Mahoney states that The Doula Project has trained hundreds of people nationwide and that the organization has evolved and refined their training methods over time.

The Doula Project organizes and trains volunteers in New York City, New York, and places their trained volunteers in clinics with which they are affiliated. The Doula Project also provides resources and guidance to activists and healthcare professionals around the country who are interested in the abortion doula model of care. On their website, The Doula Project describes what it means to intern for The Doula Project and volunteer as a doula in a clinic. At the beginning of the internship, interns receive a twelve-hour training on the abortion doula model of care, and then receive supervised clinical training. Interns spend between five and eight hours a day, three to five days a week serving as doulas and patient advocates at their assigned clinic, and remain with their clients before, during, and after the procedures. Interns also have the opportunity to speak with medical professionals and learn more about the different outcomes of pregnancy.

The Doula Project also published a zine called *DIY Doula: Self-Care for Before, During, and After Your Abortion* in 2016. A zine is a self-published, small-circulation booklet. Zines have historically been an inexpensive way of sharing information among marginalized populations without corporate oversight, and are a tool employed by grassroots movements. The Doula Project created a guide to self-care for people having an abortion as a way of reaching people across the US who are unable to access an abortion doula. The zine is divided into three sections, "Before," "During," and "After" an abortion, and each section contains information and advice about the abortion process as well as tips for self-care. They present the information in multiple formats, such as comics, illustrations, and personal essays.

In 2014, journalist Roc Morin interviewed a volunteer with The Doula Project named Annie Robinson to discuss her experiences as a full-spectrum doula working with the organization. Robinson described the experience of having an abortion as morally and physically exhausting and confusing. The presence of a doula as a model of compassion within what Robinson described as an often cold and sterile environment is important to both the patient and the abortion provider. The doula's role during the experience, according to Robinson, is to recognize and acknowledge the emotions and physical well-being of the patient. Robinson describes encountering clients from a variety of backgrounds and emotional states. She describes some of her clients as incredibly emotional and forthcoming, while others were silent and shut down.

In 2014, Alex Ronan wrote about her experience as an abortion doula for The Doula Project for the online magazine, *The Cut*. She described that when she started out as a volunteer for the organization, she and other trainees met with Mitchell, who discussed some of the first patients she had encountered who came from difficult or shocking situations. Mitchell showed Ronan what she called the importance of giving clients non-judgmental support and not allowing any assumptions about their clients limit the compassion they showed to them. Ronan also described her interactions with clients who held a wide range of emotions about the abortion experience. She explains that for many low-income people, an abortion can feel like their only option, and that many of her patients were near or below the poverty line. Additionally, many of her clients were people of color, who are more likely to face unintended pregnancies and have abortions than white people. Ronan also explains that many of her clients had children already and were willing to talk about them with her.

In addition, Mahoney and Mitchell co-authored a book called *The Doulas: Radical Care for Pregnant People*, which they released in November 2016. The book includes personal narratives from full-spectrum doulas, information about the history of The Doula Project, and guidance for other groups providing full-spectrum doula care. Mahoney stated in an interview that part of the purpose of the book was to demystify abortion in order to remove it from its political context and focus on the stories, feelings, and experiences from individual people. Mahoney and Mitchell have both stated that the purpose of the book is to convey that every pregnancy is different and to challenge the dominant political narratives about abortion by offering a collection of human stories.

Mahoney stated in a 2016 interview that she has faced opposition from the traditional birthing and doula communities. She described that some people who resisted The Doula Project's message were opposed to abortion, while others who focused on expanding wider recognition of birth doulas did not want the term "doula" to be associated with abortions. Mitchell has described that some pro-choice doctors, doulas, and organizations were unwilling to acknowledge that some people may find the experience of abortion difficult or painful. Mitchell also described that some birth doulas were reluctant to consider that patients terminating pregnancies may need similar support

to patients carrying pregnancies to term. In addition, Mitchell stated that some abortion rights advocates felt that highlighting the complications and difficulties surrounding the abortion experience could undermine the work of the pro-choice political movement. Mitchell has described that her beliefs about abortion are more complex because of her work for The Doula Project. Pro-life organizations such as Focus on the Family have criticized full-spectrum doulas as overt abortion advocates that distract from the deeper emotional support a person might need after an abortion. However, according to their website, respecting the decisions, experiences, and feelings of clients is a central value of The Doula Project and integral, in their view, to providing compassionate care. As of 2020, The Doula Project has helped over ten thousand people experiencing abortion and pregnancy loss. Mahoney has stated that the work of The Doula Project is valuable because it brings birth and abortion together and makes the statement that those two different reproductive health experiences are not mutually exclusive and should not be isolated from one another. Mahoney describes the work of The Doula Project as a rare connection of direct service with social change. There are ten abortion doula organizations across the United States, including many that received guidance directly from The Doula Project. Those organizations all work to bring compassionate care to the experience of abortion and fetal loss.

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