



NHeLP's Framing and Language in the Doula Medicaid Project

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Introduction

The National Health Law Program's [Doula Medicaid Project](#) seeks to improve health outcomes and address inequities in maternal health by ensuring that all pregnant, postpartum, and post-pregnancy people who want access to a doula will have one. To this end, NHeLP engages in advocacy work to expand access to sustainable, equitable, and inclusive programs for Medicaid coverage of full spectrum doula care.

In recent years, NHeLP has encountered a handful of discussions—ranging from doula group announcements to preface language or notes in research reports—regarding the problematic etymology of the term “doula” as associated with slavery. Given this, NHeLP began conducting research and internal discussions on whether we should reconsider our use of the term “doula.”

Origins and Evolution of the Term “Doula”

The word “doula” comes from the ancient Greek word for “female servant” or “female slave.”¹ Beginning in the 1960s, medical anthropologist Dana Raphael started using the term “doula” to describe a supportive person who “mothers the mother” throughout the pregnancy process.² While Raphael’s use of the term initially centered on breastfeeding support, doctors Marshall Klaus and John Kennell subsequently popularized the term “doula” into its current mainstream definition:

“a trained professional who provides continuous [non-clinical] physical, emotional, and informational support to their client before, during, and shortly after childbirth to help them achieve the healthiest, most satisfying experience possible.”³

Klaus and Kennell would go on to help co-found DONA International, a large doula-certifying organization that has played a key role in getting the word “doula” recognized and added to several dictionaries.⁴

Over time and through the work of forward-thinking advocates, the term’s meaning has expanded to include the full spectrum of pregnancy outcomes (*e.g.*, birth, abortion, adoption, miscarriage, stillbirth, and perinatal loss), as well as services to women, men, transgender, and gender non-conforming people.⁵ This evolution was accompanied by new terms such as “abortion doula” and “full spectrum doula,” first formalized and developed by The Doula Project.⁶ NHeLP primarily uses the term “full spectrum doula” to clarify that our advocacy for Medicaid doula coverage encompasses doula care for the full spectrum of pregnancy outcomes and experiences.

Reasons to Reconsider Use of the Term “Doula”

There are several reasons why NHeLP began this process of reconsidering our use of the term “doula” in the work of the Doula Medicaid Project.⁷

Problematic Etymology

The origins of the term “doula” are directly tied to slavery, with one common translation of the term “doula” in ancient Greek as “female slave.” Given that expanded access to doula care is often proposed as a promising approach to combat and mitigate inequities in maternal mortality, particularly for Black and Indigenous people, the term’s usage may seem hypocritical. Advocates’ calls for increased diversity in the doula workforce may also ring hollow without a proper reckoning with the term’s problematic etymology and acknowledgement of potential harms from its usage.

Gendered Term

Because “doula” translates to “female slave,” the term can be inherently alienating toward individuals who do not identify as female. As NHeLP strives to use gender inclusive language, especially within our sexual and reproductive health work, using the term “doula” may undermine this commitment. Additionally, advocates’ calls for the incorporation of LGBTQI+ specific care in doula training programs to make doula care more queer inclusive may seem insincere without proper acknowledgment of the term as gendered.

Importance of Language

Language matters, and words have power and intention. The language that we choose to frame our work influences how we analyze an issue, define its scope, and outline parameters for possible policy solutions. To be effective, it is critical for language to be specific, precise, and straightforward, as well as to center the experiences of those directly impacted and historically marginalized. Accordingly, in our Doula Medicaid Project work, it is key to ensure that our language and framing does not unintentionally alienate doulas or pregnant, postpartum, and post-pregnancy people, particularly Black individuals and other people of color.

Reasons to Continue Using the Term “Doula”

The above rationale for reconsidering our terminology in the Doula Medicaid Project notwithstanding, there are also important reasons weighing in favor of continuing to use the term “doula.”

“Doula” is Fully Integrated into Policy

The term “doula” is already integrated into policies and programs of perinatal support work for pregnant, postpartum, and post-pregnancy people. From a legal perspective, this is the main drawback to shifting our language and framing of our Doula Medicaid Project advocacy work to expand Medicaid coverage of full spectrum doula care. Because the definition of “doula” is fully incorporated into advocacy work on the issue, we must consider any unintended consequences of shifting our language.

“Doula” is Mainstream and Recognized

The term “doula” is fully adopted into the mainstream sexual and reproductive health policy landscape. NHeLP has also been unable to identify widespread desire for a change in terminology within the doula community. While there are some doula care organizations that use alternative terminology such as “birthworker,” “birthkeeper,” “perinatal support worker,” “reproductive support specialist,” and “full spectrum support advocate,” we have been unable to identify any organizations that have entirely switched to another term.⁸

Input from Doula Partners

At NHeLP, we are lawyers, researchers, and policy advocates. We are not doulas. As such, we seek to do all our work in partnership with and with the guidance of community doula groups, doula collectives, and individual doulas, especially Black doulas and Black-led doula groups, as well as doulas and doula groups serving low-income clients. Accordingly, we wanted to hear from our doula partners their thoughts on how NHeLP should think about our use of the term “doula” and a potential reframing of our work and language in the Doula Medicaid Project. Therefore, we presented a memo on the issue during a California Doula Access Workgroup meeting in November 2023.

Following the presentation, workgroup members offered thoughtful reflections and feedback as well as recommendations on how NHeLP should move forward with framing our Doula Medicaid Project work. While there were a variety of perspectives and feelings on the issue, workgroup members overall agreed that continuing to use the term “doula” would be most beneficial to our advocacy work to expand Medicaid coverage of full spectrum doula care. Because the term is already integrated into perinatal support work and policy discussions, the consensus was that changing the term on a large scale could be distracting and may not be in service to doulas on the ground in our Doula Medicaid Project advocacy work.

While some workgroup members felt that the doula profession has worked hard to reclaim and culturally redefine the term, others expressed discomfort with the term and highlighted the importance of acknowledging the origins of the term. Several workgroup members also shared that they identified with and actively claimed the term, deriving meaning in the term’s translation as “servant” as they do their care work in service to their clients. These workgroup members noted that they did not feel that the term’s etymology was relevant to its current usage. Because none of the doulas and birthworkers represented in the workgroup meeting identified as Greek, they recognized the importance of avoiding the romanticization or minimization of the doula’s experience in ancient Greek culture and asked for further research into the ancient Greek system of slavery.⁹

Additionally, some doulas expressed concerns that others may project negative interpretations onto doula care work based on the term’s etymology and believed alternative terms may be helpful in disrupting such misrepresentations. For example, since the term “doula” translates to “slave” or “servant,” which are forms of labor or service with little to no pay, this can result in the negative connotation that doula work does not deserve equitable pay or reimbursement. On the other hand, the term “doula” in ancient Greek culture can also mean “servant,” particularly one who is entrusted with important caregiving work, which may resonate with

individuals in the doula profession who view themselves in a similar role of service with respect to their clients.

Importantly, workgroup members also emphasized that individuals engaged in doula care work should have the freedom to name and define themselves, stressing that it is not the responsibility or role of a national organization such as NHeLP to make the final decision on framing and terminology for the doula community. Depending on their feelings and perspectives surrounding the term “doula,” some individuals expressed that they feel more comfortable choosing alternative terms (*e.g.*, birthworker) to name themselves and their work. Overall, it is important to acknowledge that the doula profession is not a monolith and encompasses many different perspectives and feelings on the issue.

While workgroup members shared appreciation for the intentionality and nuance behind the discussion, they also raised concerns that devoting too much time on discussing terminology and language for framing doula care may be better spent working on policy issues of Medicaid doula care coverage and reimbursement. Workgroup members made recommendations for NHeLP to issue a note on language acknowledging the origins of the term, while continuing to primarily use the term “doula” in our advocacy work, followed by alternative terms in parentheses or footnotes.

Conclusion: Continued Use of the Term “Doula”

After research and gathering input from our doula partners, NHeLP has decided to continue to primarily use the terms “doula” and “full spectrum doula” in our Doula Medicaid Project work, while also noting alternative terms (*e.g.*, birthworkers, full spectrum support advocates, etc.) in parentheses. This decision largely stems from the reality that the term is fully integrated into perinatal support work and policy discussions, so changing the term on a large scale would likely be very disruptive and could constitute a step backwards rather than forwards in our advocacy work. However, we also recognize that the status quo in law and policy is often problematic. The language, substance, and intent of laws in our society is often gendered and sometimes violent and dismissive, particularly towards underserved populations. Accordingly, while we have decided to continue to use the term “doula” in our advocacy, we at NHeLP welcome ongoing evolution of the term, which should eventually be captured in the law.

NHeLP would like to thank the members of the California Doula Access Workgroup for their intentional thought partnership and engaging in this process with us. We have drafted a note on language that acknowledges the origins and evolution of the term and links to this issue brief to explain our full process for arriving at this decision. This note is displayed on our [Doula Medicaid Project webpage](#).

ENDNOTES

¹ Maria Andreoulaki, *The Term Doula in Modern Greece: Research Into the Birth of a Word and Differences in Meaning*, 21 INT'L DOULA 28 (2013),

<https://www.bluetoad.com/publication/index.php?m=19785&i=151284&p=26&ver=html5>; see also Merriam-Webster, *Doula*, <https://www.merriam-webster.com/dictionary/doula>; Encyclopedia Britannica, *Doula*, <https://www.britannica.com/topic/doula>.

² Andreoulaki, *supra* note 1; see also Maggie Jones, *The Lives They Lived: Dana Raphael*, N.Y. TIMES (Dec. 21, 2016), <https://www.nytimes.com/interactive/2016/12/21/magazine/the-lives-they-lived-dana-raphael.html>; Dana Raphael, *The Tender Gift: Breastfeeding* (1973); Dana Raphael, *The Midwife as Doula: A Guide to Mothering the Mother*, 26 J. NURSE-MIDWIFERY 13 (1981), <https://onlinelibrary.wiley.com/doi/full/10.1016/0091-2182%2881%2990170-1>.

³ DONA International, *What is a Doula?*, <https://www.dona.org/what-is-a-doula-2/>; Amy Chen et al., Nat'l Health L. Prog., *Building a Successful Program For Medi-Cal Coverage For Doula Care: Findings from a Survey of Doulas in California* (May 21, 2020), <https://healthlaw.org/resource/doulareport/>.

⁴ DONA International, *DONA International History*, <https://www.dona.org/the-dona-advantage/about/history/>.

⁵ Mary Mahoney & Lauren Mitchell, *The Doulas: Radical Care for Pregnant People* ix, xix-xx, 285, 290-291 (2016), <https://archive.org/details/doulasradicalcar0000maho>.

⁶ *Id.*

⁷ See Èské Addams, *Why I Don't Use the Word "Doula"* (2020), <https://eskeaddams.medium.com/why-i-dont-use-the-word-doula-9d42d9e4a241>.

⁸ A few doula care organizations have begun using alternative terminology to describe their work. See, e.g., [Cornerstone Birthwork Training](#) primarily uses the term "birthworker," in addition to "doula." The [National Association to Advance Black Birth \(NAABB\)](#) uses the term "birthworker," in addition to "doula." [Roots of Labor Birth Collective](#) uses the terms "birthworkers" and "full spectrum support advocates," in addition to "doula." [Sankofa Birthworkers Collective](#) uses the term "birthworker" in addition to "doula." [SisterWeb](#) uses the term "birth worker" in addition to "doula." [Sumi's Touch](#) primarily uses the term "full spectrum birth worker," in addition to "doula."

⁹ Ancient Greek slavery was a system of chattel slavery, a form of servitude in which the enslaved person is owned as property of the master and could be subjected to physical violence, sexual exploitation, corporal punishment, torture, and death with impunity. Unlike American slavery, ancient Greek slavery was not primarily based on racial distinctions, which made it more difficult to identify enslaved persons in ancient Greece. Ancient Greeks most often enslaved non-citizen foreigners and those captured during war, sold by slave-traders, or born to an enslaved mother. Ancient Greek enslavers also projected degrading and imagined

distinctions on the enslaved, such as “slavish or barbarian nature” or “a body suitable for manual labor,” and in some intellectual circles of philosophers, these invented characteristics became associated with persons of non-Greek ethnicity. Estimates suggest that in Athens between 450 and 320 BCE, 80,000-100,000 people may have been enslaved, amounting to one in four inhabitants. See George Tridimas, *Choice of Slavery Institutions in Ancient Greece: Athenian Chattels and Spartan Helots*, 19 J. INST. ECON. 820 (2023), <https://www.cambridge.org/core/journals/journal-of-institutional-economics/article/choice-of-slavery-institutions-in-ancient-greece-athenian-chattels-and-spartan-helots/DA904BD5451B7DD8741DBDDFA5BC7DFF>; Emory Univ. Michael C. Carlos Museum, *Confronting Slavery in the Classical World* (2021), <https://carlos.emory.edu/exhibition/confronting-slavery-classical-world>; Sara Forsdyke, *Slavery Then and Now: Interrogating the Past to Understand the Present*, CAMBRIDGE FIFTEEN EIGHTY FOUR (Jul. 13, 2021), <https://www.cambridgeblog.org/2021/07/slavery-then-and-now-interrogating-the-past-to-understand-the-present/>; Chance Bonar, *Dismantling the Myth that Ancient Slavery 'Wasn't That Bad,'* THE CONVERSATION (Aug. 3, 2023), <https://theconversation.com/dismantling-the-myth-that-ancient-slavery-wasnt-that-bad-205801>; Kay S. Hymowitz, *Uniquely Bad—But Not Uniquely American*, CITY J. (Oct. 16, 2020), <https://www.city-journal.org/article/uniquely-bad-but-not-uniquely-american>.