Blind Auntie Wisdom Indigenous Doula Training Framework

By Teresa Abrahamson-Richards, MPH, PhD (cand.)

ABSTRACT

This paper highlights Indigenous doulas as essential knowledge keepers who connect Indigenous science, clinical care, and community birthing practices. Addressing ongoing maternal and infant health inequities, it examines the Indigenous Birth Justice Network (IBJN) Training program through the perspectives of Indigenous birth workers and scholars. The study explores the program's culturally grounded development, cohort experiences, and impacts. It introduces the Auntie Wisdom Indigenous Doula Training Framework as a model for Indigenous-led certification in reproductive and perinatal care. Ultimately, the paper advocates for strengthening Indigenous sovereignty in healthcare while affirming intergenerational knowledge, cultural continuity, and community-driven approaches to birth justice and well-being.

Keywords: Washington Indigenous communities, doula, indigenous maternal health, care access

Introduction

Indigenous doulas are traditional medicine and knowledge keepers whose work, at its deepest essence, bridges Indigenous science, clinical practice, and womxn's community knowledge. Those who protect and pass on these practices are vital to the ongoing work to reclaim Indigenous reproductive and birth justice during a time in which our people continue to face unacceptable rates of maternal and infant mortality and maternal physical and mental health inequities. In an effort to continue uplifting Indigenous knowledge as evidence and the intergenerational practice-based wisdom of Indigenous womxn, this paper brings together Indigenous birth workers who developed the Indigenous Birth Justice Network (IBJN) Training program and Indigenous scholars who were invited to lead the program's evaluation – all four of whom are community-embedded Indigenous birth justice advocates – to tell the story of the culturally-grounded training program development, the experiences and perspectives of the first two training cohorts, and the training's individual and collective impacts. We aim to share the *Auntie Wisdom Indigenous Doula Training Framework* with other communities to strengthen documentation of Indigenous-led pathways to certification in reproductive and perinatal care. This is necessary work to grow sovereign space within settler colonial political, epistemic, and health care settings that have too often intentionally marginalized and harmed our knowledge, self-determination, and well-being.

Background

Indigenous communities in Washington State are diverse, sovereign, and geographically dispersed, including coastal, rural, and urban areas, as well as regions connected through shared Indigenous languages, kinship networks, and cultural traditions that long predate the U.S.-Canada border. Our Tribes maintain deep relationships to land, water, kinship systems, and ancestral teachings that shape our understandings and practices of health, birth, and family wellbeing. At the same time, Indigenous communities continue to navigate the ongoing impacts of settler colonialism, including land dispossession, forced relocation, family separation, and the erosion of Indigenous health systems. These structural conditions continue to shape maternal health experiences and access to care for Indigenous birthing people and their families.

American Indian and Alaska Native (AI/AN) birthing people in Washington experience persistent inequities in maternal and infant health outcomes, including disproportionately high rates of maternal morbidity and mortality compared to Non-Hispanic White populations. The Department of Health's Maternal Mortality Review Panel (MMRP) has consistently documented that AI/AN communities experience the highest pregnancy-related maternal mortality rates in the state.[1] These inequities are not attributable to individual behaviors but rather reflect systemic barriers such as structural racism within health care systems, chronic underinvestment in Indigenous-led health infrastructure, and the marginalization of Indigenous knowledge and practices related to pregnancy, birth, and postpartum care.

Geographic isolation and rurality further constrain access to maternal health care for many Tribal communities across Washington. A community-informed report written by Hummingbird Indigenous Family Services, the *Washington State Indigenous Perinatal Status Report* documents that multiple Tribal communities are located in counties classified as maternal care deserts, where no hospitals with obstetric services or birth centers are available.[2] For example, the report notes that several Tribal health facilities, including those serving coastal and rural communities, do not offer maternity care services, requiring pregnant people to travel long distances, often 70 miles to 75 miles or more, to reach the nearest hospital capable of providing obstetric care. In these settings, access to prenatal care, labor and delivery services, and postpartum follow-up is shaped by transportation availability, weather conditions, and limited local provider options, increasing the likelihood of delayed or fragmented care for Indigenous families.

Maternal health inequities in Washington are also shaped by gaps in postpartum and behavioral health support. The MMRP has identified behavioral health-related causes, including

---

[1] Washington State Department of Health, *Washington State Maternal Mortality Review Panel: Maternal Deaths 2021–2022* (Olympia: Washington State Department of Health, December 2025), publication no. 141-253, accessed December 29, 2025, https://doh.wa.gov/sites/default/files/2025-10/141-253-MaternalMortalityReviewPanelReport-2025.pdf.

[2] Camie Jae Goldhammer, *Washington State Indigenous Perinatal Status Report* (Hummingbird Indigenous Family Services, September 2024), accessed December 29, 2025, https://drive.google.com/file/d/1MZgDb6MJbGuqKl01rdc7pAsKU4pGc0Hc/view.

overdose and suicide, as leading contributors to pregnancy-related deaths in Washington, with a substantial proportion occurring between six weeks and one year postpartum.[3] Indigenous families navigating postpartum mental health challenges, substance use, housing instability, or involvement with child welfare systems often encounter fragmented services that fail to account for the interconnected social, cultural, and historical contexts of their lives. Despite these challenges, Indigenous communities across the state continue to revitalize our own systems of care. Indigenous knowledge related to pregnancy, birth, and family wellbeing has long emphasized relational accountability, collective responsibility, and the integration of physical, emotional, spiritual, and community health. Indigenous-led approaches – including Indigenous doula work – that center cultural continuity, community-embedded support, and intergenerational knowledge transmission have increasingly been recognized as critical pathways for strengthening maternal health access and addressing inequities in rural and Indigenous communities.[4,5,6] This is exemplified by the growing Indigenous doula and birthwork movement across the state, connected to international initiatives that have been expanding. Indigenous doulas offer trusted care and buffer health systems' harms for many families through their work rooted in connectedness, sovereignty, and culture.,

The Indigenous Responsive Mentorship Doula Initiative

The Indigenous Birth Justice Network (IBJN) is a collaborative, Indigenous-led initiative dedicated to supporting the health and well-being of Indigenous families facing the growing crisis of maternity deserts in rural communities. Comprising multidisciplinary and tribally diverse teams from Indigenous communities across Washington state and Alaska, IBJN works to provide meaningful, person-centered support services. The network connects Indigenous families with essential resources, including perinatal care, cultural lifeway support, health and wellness safety, harm reduction, system navigation, and other tailored family services. With a strong emphasis on cultural safety, healing-centered care, and community engagement, IBJN fosters trust, collaboration, and integrated support for the unique needs of Indigenous individuals and families. Over the past four years, IBJN's statewide teams have been developing culturally grounded, essential wrap-around support for Indigenous families. Recently, we welcomed the Alaska Native Birthworkers Collective, active since 2017, which brings valuable insights and rural healthcare experience to our efforts.

---

[3] Washington State Department of Health, Washington State Maternal Mortality Review Panel.

[4] Sarah Ireland et al., "Indigenous Doulas: A Literature Review Exploring Their Role and Practice in Western Maternity Care," Midwifery 75 (2019): 52-58.

[5] Katy B Kozhimannil, "Indigenous Maternal Health—A Crisis Demanding Attention," JAMA Health Forum 1, no. 5 (2020): e200517-e200517. American Medical Association.

[6] Patricia M. Corcoran et al., "Models of Midwifery Care for Indigenous Women and Babies: A Meta-Synthesis," Women and Birth 30, no. 1 (2017): 77-86.

[7] Jaime Cidro et al., "Putting Them on a Strong Spiritual Path: Indigenous Doulas Responding to the Needs of Indigenous Mothers and Communities," International Journal for Equity in Health 20, no. 1 (2021): 189.

[8] Shannon I. Maloney et al., "Foundational Features of Indigenous Pregnancy Care: Lessons Learned from Indigenous Pregnancy Care Providers," Midwifery 135 (2024): 104025.

A key emphasis of IBJN is its rural focus, recognizing the unique challenges faced by Indigenous families in remote and underserved areas, such as limited access to healthcare, clinic closures, geographic isolation, and resource scarcity. The network prioritizes partnerships with Tribal organizations and collectives in regions such as the Spokane Tribe (Eastern Washington), the Makah Birth Justice Collective (Neah Bay, Clallam County), and the Spokane Urban Intertribal IBJ Center, while extending recruitment to Stevens, Ferry, and surrounding counties. This approach ensures that training and support are tailored to rural realities, including transportation barriers, poverty, mental health needs, and the integration of local ancestral teachings.

In 2023-2024, IBJN trained approximately 20 new Indigenous Helpers and Doulas through a Certified Doula/Birth Helper Curriculum. Rooted in Indigenous approaches, the curriculum was developed in collaboration with an experienced Indigenous midwife, Ancestral Knowledge Keeper, and network partners, blending Western doula standards with ancestral birth teachings, such as traditional medicines, postpartum traditions, and cultural birthing practices. Topics included birth and postpartum support, advocacy skills, emotional and spiritual self-care, and addressing complex family needs like substance use prevention and child welfare avoidance.

This paper focuses on the 2023-2024 trainee group. In June, one cohort participated in a training in Western Washington and a second cohort participated in a training in Eastern Washington. To ensure successful, community-led outcomes, these new Indigenous Birth Helpers and Doulas require ongoing mentorship and support in rural Washington. Our work aims to provide culturally responsive care and mentorship opportunities for Indigenous birth workers, contributing to the reduction of the care access and quality disparities referenced above. In response to the growing maternity deserts in Washington state, our rural Indigenous communities are training Birth Helpers and Doulas. However, many tribal areas are incorporating doulas as a profession for the first time and lack experienced mentors. To address this gap, the network established an Indigenous Responsive Mentorship Doula Initiative as part of the statewide Indigenous Birth Justice Network. Both cohorts received ongoing mentorship and virtual training opportunities through the fall when IBJN hosted wrap-up events. The training featured topics related to birth and postpartum support, culturally rooted birth care, and related skill sets for supporting birthing Indigenous people and their families.

Auntie Wisdom Indigenous Doula Training Framework - Passing the Medicines of Knowledge, Connection, and Advocacy

We offer the *Auntie Wisdom Indigenous Doula Training Framework* developed through the results presented below, our immersive experiences in the training spaces, and the training curriculum. The training itself is rooted in ceremony and offers space to sit together in a communal circle, passing literal and figurative medicines from hand to hand. In our framework, the medicines are represented by

cedar (knowledge), sweet grass (connection), and sage (advocacy) (Figure 1). These are the primary elements trainees highlighted as what they received from the training that they can now pass on to families they serve to advance birth and reproductive justice in their communities.

Figure 1
Passing the Medicine

Methods

This project aimed to evaluate the Indigenous Responsive Mentorship Doula Initiative (hereafter referred to as the IBJN doula training program)'s impacts on its targeted outcomes. These include training participants' doula-related skills and knowledge, professional confidence, access to mentorship and support, and successful launch of their doula practice. We also sought feedback on training programs and doulas' insights into Indigenous birth justice, as well as the experiences and impacts of culturally rooted training for themselves and their clients. Twenty doula trainees participated in the evaluation, with 20 completing the pre-training survey, 10 completing the post-training survey, and 16 participating in qualitative focus group interviews. Participation at all data collection time points was evenly split across the two doula training cohorts. Most trainees were Indigenous from communities in the Pacific Northwest, and trainees self-identified as women or as non-binary. They ranged in age from 21 to 54, with an average of 31. Prior to their Indigenous doula training, 60% of trainees were working full-time, 15% were working part-time, and 25% were not working. 35% of trainees intended for doula work to be their full-time job, 50% intended for it to be a part-time job, and 15% did not intend to earn a part-time or full-time income from their doula work.

Our research approach is rooted in Indigenous methodological approaches to relationality, respect, relational accountability, reciprocity, and place that honor Indigenous knowledge systems and emphasize our responsibilities as good relatives to those we partner with in research efforts.[9] Both researchers leading the

[9] Natalie Moyer et al., *A Braided Approach to Understanding Home Visiting in Indigenous Communities*, OPRE Report no. 2024-366 (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2024), accessed December 12, 2025, https://acf.gov/sites/default/files/documents/opre/opre-braiding-research-approaches-dec24-correctedcitation.pdf.

evaluation are Indigenous to the communities that were involved in this IBJN training program. MichaeLynn Kanichy (Makah & Pohnpeian) is an Indigenous public health researcher and community organizer. She is a Co-Founder of *The Hi•dubał Baʔas*, where she holds a dual role as researcher and program leader, working alongside community members to support Indigenous birth workers and the reclamation and revitalization of Indigenous birthing knowledge. Her approach reflects a commitment to Indigenous self-determination and the use of research in service of community-defined priorities. Tess Abrahamson-Richards (Sp'q'n'iʔ/Spokane) is a mother of two and has worked in Indigenous perinatal and early childhood research and evaluation for many years. Currently, she is the Director of Data Sovereignty at Hummingbird Indigenous Family Services and a PhD candidate in Social Welfare at the University of Washington. Her work centers Indigenous wisdom, birth justice, and community- and strengths-led processes. A key motivation for us to take on this work was to utilize our research training to uplift the Indigenous womxn-led birth work, knowledge reclamation, and revitalization happening in our communities, which have been marginalized in the existing research literature and in resource allocation.

We are grateful to everyone involved in the efforts described in this paper for trusting us to collect and share these data stories responsibly and for their close partnership in the study design, implementation, and dissemination. Our co-authors Glenda Abbott and Penny Spencer led the IBJN training initiative, contributed to all phases of the evaluation, and participated in writing this manuscript. Glenda Abbott is nehiyaw-Plains Cree from Pelican Lake First Nation, Saskatchewan in Treaty 6 Territory, Canada. Glenda is a grandmother and mother who has dedicated much of her time learning from knowledge keepers to revitalize and reclaim Indigenous knowledge systems. Her work focuses on Indigenous-led, community-based projects and cultural revitalization initiatives related to food sovereignty, Indigenous midwifery/doula, traditional medicine, Indigenous holistic wellness, and land-based education curriculum development. Penny Spencer belongs to the Spokane Tribe and is the Executive Director of the Spokane Tribal Network which houses the Indigenous Birth Justice qe qut Program and Center. Penny is a dedicated community educator and plant teacher. She enjoys going out and gathering plants with her granddaughters. She has significantly expanded STN, its work, and its impact on birth justice for Plateau Interior Salish people.

For this evaluation, we used a multi-method approach to gather insights from IBJN doula trainee participants, involving both quantitative and qualitative data. The research team designed pre- and post-training surveys that were collected electronically. These surveys included multiple-choice, Likert-scale, and open-ended text response questions about their prior perinatal support experiences, training motivations, reflections on Indigenous birth justice and the role of doulas, mentorship and support needs, and professional support networks as birth workers. Pre-training survey data were collected

at the first in-person training gatherings. Post-training survey invitations were sent out via email. This difference in modality likely impacted the lower response rate at the post-training time point.

Qualitative data were collected during four focus group interviews. Three of the four focus groups were held remotely via Zoom, and one was held in person. The interview guide was designed to explore doulas' perspectives on the availability of prenatal and birth services in their communities, including birth justice concerns; the role doulas play in improving care experiences and addressing systemic issues in healthcare; what participants found meaningful during the in-person training and ideas for improvement; what they've used from the training or plan to use in the future; the inclusion of Indigenous practices and the impact of culturally grounded training; early experiences supporting families and what has helped or challenged their confidence and practice; the usefulness of follow-up meetings after the initial training; desired support moving forward; and anything else participants wished to share. The two research team members took turns facilitating and taking notes during the focus groups. All focus groups were recorded and professionally transcribed. We utilized a reflexive thematic analysis grounded in the IBJN doula training program framework and goals centered in Indigenous reproductive and birth justice principles.

Due to the small number of transcripts, we elected not to code the data using a software package and instead collaboratively identified themes across the transcripts through iterative review and discussion between the two research team members. To support this process, in addition to repeated engagement with the transcripts, we also re-listened to focus group recordings, consulted our notes from the focus groups and post-interview research team debriefs, and triangulated between focus group themes and our survey results. Qualitative findings included in the results below occurred across multiple focus groups and/or were particularly salient due to their high alignment or departure from the program framework, background literature, or survey results.

Results

Study results are organized under four domains: (1) Motivations for Joining the Training; (2) Indigenous Birth Justice and Integrating Indigenous Perspectives and Practices into Doula Work; (3) Growth in Doula Knowledge and Confidence; and (4) Training Experiences, Support, and Initial Doula Activities. All domains integrate qualitative data from surveys and focus group interviews, and all domains except domain two integrate quantitative survey data.

Motivations for Joining the Training

Only three of the 21 trainees had previously attended a doula training; no one had formally served as an Indigenous doula before, and five people had completed any previous related training (e.g., lactation counselor training, childbirth education). However, three-quarters of trainees (15 people) had prior experience

supporting people in labor, and one-third of trainees (7 people) had prior training or education on Indigenous birth practices and traditions or related traditional knowledge. Most of these experiences were as family members and reflect the traditional knowledge and role-sharing that occur in Indigenous families and communities outside "official" training settings.

Participants were asked about their motivations for joining the training program. Common themes that arose were Commitment to Community, Culture, and Heritage; Personal Lived Experience and Professional Growth; and Passion for Maternal and Child Health, Empowerment, and Advocacy. Each of these themes is also expanded on under the next domain surrounding Indigenous Birth Justice and reflects the elements in the *Auntie Wisdom Framework*– connection (to community, culture, and heritage), knowledge (about doula and birth work), and advocacy.

Commitment to Community, Culture, and Heritage: Trainees placed a strong emphasis on serving and strengthening Indigenous communities, preserving cultural traditions and Native languages, and addressing the specific and holistic needs of Indigenous families. One participant said, "I want to serve my community and family and help keep my family connected to their roots and traditions." Another shared:

> "I always knew something was missing in my life. And I didn't know what it was. But when I started learning the language, I realized, 'Oh, culture is what I'm missing in my life.' ... But then it just feels like the more I learn and start doing more, I just want to share it and feel like all of us should know this. It's very powerful and healing. And it's an honor for us to be able to share what we learn with everyone. It's really powerful and healing for not just myself– doing for others is really healing. ... So that's why I do it [doula work]."

Personal Lived Experience and Professional Growth: Many trainees expressed that they are driven by personal and family experiences with childbirth and breastfeeding, highlighting a desire to provide the support they felt was lacking during their own journeys or in family members' journeys. As one trainee shared, "When I gave birth and started my breastfeeding journey, I didn't really have any guidance, and I wish I had someone to help me speak up for myself." Another discussed thinking about their future, too, "I've wanted to become a doula while in high school and never went to the nearby town trainings, and now that I'm in college and work in health care, I feel like it'll be beneficial for my community or others and to myself. I would also like to be educated because I'd like a more natural birth at home that involves cultural practices in the future." This quote also touches on the desire for professional growth that many participants expressed was central to their motivation. Trainees were interested in gaining new skills and certifications, such as becoming a midwife, lactation consultant, doula, massage therapist, and pediatric nurse, to serve their communities better (e.g., "My ultimate goal is to be a midwife. I want to provide Indigenous birth services to underserved women of color"). The focus on

professional growth and skills development demonstrates the visibility of these career pathways among this participant group and the meaningfulness they see within them.

Passion for Maternal and Child Health, Empowerment, and Advocacy: Participants showed a deep interest in childbirth, maternal health, and early childhood care, with a specific focus on ensuring positive birthing experiences and supporting breastfeeding. One participant wrote, “I have always been amazed by childbirth and would love to learn how to ensure that mothers get the best possible experience.” Dovetailing with “Professional Growth and Skills Development,” this again underscores the resurgence of the birthwork field more broadly in Native communities. The goal of empowering womxn, particularly young Indigenous mothers, was also a recurring focus (e.g., “I’m passionate about empowering Native women and women of color in the birth process.”). This includes providing education, support, and advocacy. Empowerment and advocacy were mentioned frequently in both surveys and interviews, often in tandem with stories about the ill effects many life givers have experienced when they were not empowered or advocated for, as detailed throughout these findings.

Indigenous Birth Justice and Integrating Indigenous Perspectives and Practices into Doula Work

In the pre-training survey, participants were asked, “If a friend asked you about what Indigenous birth justice means and how it is important in doula work, what would you tell them?” Related to what was shared above about training motivations, we identified four primary themes in their responses: (1) Revitalizing Traditional Teachings (e.g., “Keeping traditional teaching alive”); (2) Empowerment and Advocacy (e.g., “Helping Indigenous families have a voice, and their wants/needs are being met throughout the pregnancy and after delivery.”); (3) Culturally Respectful Care (e.g., “...that term ‘Indigenous birth justice’ embodies the idea that Indigenous women have a right to practice traditional ways of birth and prenatal/postnatal care, and infuse any and all traditional practices with modern care while being respected”; and (4) Preservation for the Next Generation (e.g., “This is important work to me, specifically for my daughter; I want her to have full support and confidence in herself and culture while she enters the next sacred time in her life”). These themes interweave the connection and advocacy components of our framework.

We also asked trainees how they envisioned integrating Indigenous perspectives and practices into their doula work. All responses centered cultural integration and empowerment, with responses most frequently mentioning education and advocacy (teaching traditional medicines, creating birth curriculums, and advocating for cultural practices), integrating cultural practices and traditions (using Indigenous language, songs, placenta care, and traditional birthing methods), creating culturally safe spaces (ensuring families can practice their cultural traditions in a supportive and respectful environment), advocating for Indigenous families

(providing resources, support, and guidance), and supporting personal and cultural identity (encouraging families to connect with their heritage and ancestors during the birthing process).

In the focus groups, many doulas similarly emphasized that Indigenous birthwork is about cultural revitalization and healing, both interpersonally and intergenerationally – "It's not just about birth, it's about healing whole communities." They described doula work as a return to traditional roles, such as aunties, sisters, and knowledge keepers. There were many instances when trainees said things like, "We get to be auntie" or "A doula is like a traditional auntie or a traditional sister." One person said, "It's very nice to have a different sight on how we could help our moms to be healthy and keep to the Earth and being those traditional sisters and aunties to them. And I think that doulas also help make the birth journey a very light and happy time, because usually it's really stressful on the mom." Doula trainees expressed in great detail their strong motivation to serve families who lack support, particularly young parents, rural families, people living far from home, or those with strained or no familial connections:

> "I think that's where we come in to help foster the connection. Even if it's just to bring the family back, the support back, to mom. And for mom and dad, his family, whoever is going to be there. Because there's a lot of people, too, that don't have family. And in [city] here, we get a lot of people from a lot of different Tribes everywhere. So we've got people from Montana, we've got people from down south, we've got people from all over this region. So a lot tell us, 'We don't have family here.' So it's kind of, 'Do you have something that you need to do culturally? Traditionally, is there anything that you do?' Or, 'This is what we do with my people.'"

> "Another mom was like, 'I don't have anyone. All of my immediate family are gone, or they've stayed away. My children don't have cousins. We don't do things.' ... And I told her, 'Well, if you want to make your own traditions, we can do that. We can do it however you envision it. It's your family, and I can help you.' They thrive on that emotional support, emotional, spiritual. I think it gives them a sort of like a protective barrier to feel like they are in a safe space because they're constantly creating a safe space for their children. And I think that's one of the positives of being a doula for your community members because it's like a ripple effect. The moment you drop that in the water, it just spreads bigger and bigger, and it touches almost all over."

And, in very deep ways, the trainees emphasized the centrality of culture to their perspectives on birth, doula work, and what makes the Indigenous doula role unique:

> "I've always felt really spiritually connected with birth. ... I grew up going to ceremony. My mom went to them and danced when

> she was pregnant with me. … Birth is ceremony. That's never been a metaphor for me, it feels very literal. I remember hearing stories about– my grandma talked about being born at home. … And that felt so powerful to be able to be born in your homelands and not have to drive hours and hours away and to go into some building where people don't care about you. They don't look like you. They are mean to people who look like you. And they don't care about any of those things. It just felt very unfeeling. So, I never knew what a doula was, but I grew up thinking that 'Birthwork is so cool. These people are so cool. It'd be so cool to deliver babies, but I don't want to be a doctor.' … And then I was invited to the training. And the more that I learned, the more I was– I also wanted to be a midwife. I wanted to be able to help our people to have births outside of hospitals. I wanted to help them from all aspects of pregnancy before and after. And yeah, it's cultural, but it's very explicitly spiritual for me. It feels really, really deeply important for me to work with people who really believe in that."

As the above quote shows, the advocacy theme from the surveys also emerged in qualitative conversations. Geographic distance, clinic closures, limited culturally relevant services, and provider discrimination were repeatedly named as birth justice issues. In their own lives, in stories passed down from prior generations, or while attending someone else's birth, participants discussed experiences in hospital birth settings when they have seen or heard about medical staff deploying fear tactics ("They plant seeds of fear: 'Your BMI is a little high… your baby's not moving…' Even when everything is normal."), pressuring women to be sterilized ("They told my grandma, 'You already have your daughters. Let's just take your uterus.'"), exhibiting racial bias and failing to provide informed consent.

But amidst these painful realities, doulas had the opportunity to offer powerful moments of advocacy and healing. One trainee shared, "I told the hospital: 'Nobody says anything when this baby is born. The first words they hear will be in the [Indigenous] language.'" Another described their work as rooted in love, "It's a ripple effect. When you show love to that parent, it spreads to their baby, their family, their healing." Another participant wove together the themes discussed here surrounding cultural revitalization, birth justice, and advocacy, sharing:

> "To add on to everything that was just said, that was a lot of my wanting to be a doula, to reconnect with culture and kind of bring it back. And the further I got into the work, it was more or less like wanting to protect these families, safeguarding our traditions in a way to be an advocate, to be a stronger voice for them, because the colonization of how people are like, 'You can't voice your opinion in a hospital. You have to go by what they say.' That's totally false. And a lot of people who are Indigenous and of color, if they can have someone who has a backbone to be able to speak up for that, I

feel like they'll feel more empowered to be able to continue having families or bringing them up in a good way."

The end of this quote highlights the depth of the connection between these themes and reproductive autonomy and futurity for Indigenous life givers, for whom their birth experiences shape their own and their families' well-being far beyond the perinatal period.

Growth in Doula Knowledge and Confidence

Before and after the program, doula trainees were asked to rate their current knowledge on a variety of domains relevant to doula work on a scale of "1-beginner" to "5-expert." Pre-training, the trainees' overall average across all knowledge domains was 2.4. Average self-rated knowledge by item ranged from 2.1 to 2.9. Domains scoring the highest for existing knowledge (2.8-2.9) were current knowledge of pregnancy and childbirth overall and pregnancy and postpartum mental health concerns. Domains scoring the lowest for existing knowledge (2.1-2.2) were common perinatal medical procedures and interventions, the skills doulas use to advocate for their clients, knowledge of referral options and other resources to address perinatal physical and mental health concerns, and Indigenous cultural birthing practices.

Post-training, the trainees' overall average across all knowledge domains was 3.6. Average self-rated knowledge by item ranged from 3 to 4.1. Domains scoring the highest for knowledge (>3.8) were current knowledge of pregnancy and childbirth overall, the skills doulas use to advocate for their clients, and effective ways to emotionally support a doula client.

Domains scoring the lowest for existing knowledge (3.0-3.1) were common perinatal medical procedures and interventions, and knowledge of referral options and other resources to address perinatal physical and mental health concerns. Trainees saw especially notable growth in their knowledge surrounding advocacy skills, offering emotional support, labor comfort measures, and Indigenous cultural birthing practices. However, knowledge grew across all domains (Table 1).

We also collected pre- and post-training data on doula trainees' self-rated confidence supporting clients in the same areas on a scale of "1-not at all confident" to "5-totally confident." Pre-training, the trainees' overall average across all confidence domains was 2.5. Average self-rated confidence by item ranged from 2.1 to 3.4. Domains scoring the highest for current confidence (3-3.4) were offering emotional support to a doula client, advocating for a doula client (for example, speaking up on their behalf or supporting them in saying no to something their OB doctor suggests), and offering breast/chest feeding support to a new parent. Domains scoring the lowest for current confidence (2.1-2.2) were teaching families about cultural birthing practices, explaining common perinatal medical procedures and interventions to pregnant people and their partners, and offering pregnancy and childbirth education to pregnant people and their partners.

Post-training, the trainees' overall average across all confidence domains was 3.6. Average self-rated confidence by item ranged from 3.1 to 4.3. Domains scoring the highest for current confidence (>4) were offering emotional support to a doula client and advocating for a doula client. Domains scoring the lowest for current confidence (3.1-3.2) were providing information and resources to address common pregnancy-related and postpartum physical health issues. Again, trainees noted growing confidence across all areas, especially in offering pregnancy and childbirth education to pregnant people and their partners, explaining common perinatal medical procedures and interventions, and teaching labor comfort measures (table 1).

	Self-rated knowledge			**Self-rated confidence**		
Topic	**Pre**	**Post**	**Change**	**Pre**	**Post**	**Change**
Pregnancy and childbirth overall (Knowledge); Offering pregnancy and childbirth education to pregnant people and their partners (Confidence)	2.81	3.8	**+0.99**	2.14	3.5	**+1.36**
Common perinatal medical procedures and interventions (K); Explaining common perinatal medical procedures and interventions to pregnant people and their partners (C)	2.1	3.1	**+1.00**	2.1	3.5	**+1.4**
Labor comfort measures (K); Teaching labor comfort measures to pregnant people and their partners (C)	2.57	4.0	**+1.43**	2.33	3.6	**+1.27**
The skills doulas use to advocate for their clients (K); Advocating for a doula client (C)	2.1	3.9	**+1.80**	3.19	4.3	**+1.11**
Effective ways to emotionally support a doula client (K); Offering emotional support to a doula client (C)	2.33	4.1	**+1.77**	3.29	4.2	**+0.91**
Breast/chest feeding support skills (K); Offering breast/chest feeding support to a new parent (C)	2.62	3.5	**+0.88**	2.85	3.4	**+0.55**
Common physical health issues during pregnancy (K); Providing information and resources to address common pregnancy-related physical health issues (C)	2.26	3.4	**+1.14**	2.29	3.2	**+0.91**
Common postpartum physical health issues (K); Providing information and resources to address common postpartum physical health issues (C)	2.62	3.6	**+0.98**	2.33	3.1	**+0.77**

	Self-rated knowledge			Self-rated confidence		
Topic	**Pre**	**Post**	**Change**	**Pre**	**Post**	**Change**
Referral options and other resources to address pregnancy and postpartum physical health issues (K); Offering mental health support to a doula client (C)	2.1	3.0	**+0.90**	2.5	3.7	**+1.2**
Pregnancy and postpartum mental health concerns (K); Connecting a doula client with mental health resources (C)	2.71	3.8	**+1.09**	2.29	3.33	**+1.04**
Referral options and other resources to address pregnancy and postpartum mental health issues (K); Teaching families about cultural birthing practices (C)	2.1	3.1	**+1.0**	2.05	3.4	**+1.35**
Indigenous cultural birthing practices (K); Supporting families in accessing knowledge about cultural birthing practices from someone/somewhere other than yourself (C)	2.14	3.5	**+1.36**	2.48	3.56	**+1.08**

Building on the pre-post comparisons above, trainees were asked directly about the areas in which they learned the most and the areas in which they would like additional training and support in the future. Through the IBJN program, trainees reported learning the most about pregnancy & childbirth education and advocating for clients (100% of trainees). Most trainees also reported learning a lot about the basics of perinatal medical procedures and interventions (70% of trainees), labor comfort measures (90% of trainees), providing emotional support (80% of trainees), providing postpartum support (80% of trainees), offering culturally aligned doula care (80% of trainees), and how to care for yourself emotionally and spiritually as an Indigenous doula (70% of trainees). High endorsement across these many domains reflects an overall experience of having learned a great deal in the training program.

At the end of the training program, the two primary areas in which doula trainees reported still needing support were learning about resources for client referrals (80% of trainees) and how to care for themselves emotionally/spiritually as a doula (70% of trainees). Gaps in referral knowledge may be due to limited access to high-quality referral resources and a lack of knowledge about and connection to them. The high co-occurrence between trainees who reported learning the most about self-care and still needing the most support in this area reflects the intensity of Indigenous doula work and what we heard in focus groups about one's own journey of healing and the reclamation of traditional practices while serving as an Indigenous doula. Most trainees also reported still needing support in learning to provide breast/chestfeeding support and to offer culturally aligned doula care. Again, there is a high co-occurrence between

both learning a lot and wanting to learn more about culturally aligned doula care, highlighting the cultural access the IBJN training program provided, as well as the deep desire for ongoing cultural reconnection in Indigenous communities, particularly in Indigenous birth spaces.

Training Experiences, Support, and Initial Doula Activities

In the focus groups, participants shared that the IBJN training made them feel well-supported. In contrast, those who had attended trainings offered elsewhere described feeling underprepared, culturally disconnected, or burdened by certification requirements ("We need fewer hoops and more support."). Mentorship was seen as a key resource, especially culturally aligned guidance. In the survey, doulas reported varying access to mentorship, with most reporting a lot or a medium amount. However, all doulas said they would like to have more support from mentors. This underscores the importance of relational connection and culturally based doula training networks. When asked via the survey and focus groups how connecting with an Indigenous Birth Justice collective supported them in the process of becoming a doula, trainees shared reflections such as:

> "For me, this training, there was something different. I don't know exactly what it is, but the way that the information clicked with me as far as, 'Can I do this or not?' was completely different than any other training I've had. And so there was something about this training, and I wish I could help you identify what it was, but it made it feel like something that I could do. And just something as simple as people being in the different positions and how to support them during labor, that didn't seem nearly as scary as it's been every other training that I've had. And so I don't know if it was the teachers' approach or just this sort of idea that, 'Yeah, you can kind of do this, and then it's fine, and everything's great. And if you don't do that, that's okay too.'......It's not big and scary. And I don't have to be this doula who comes in, who knows everything about everything and I know how to do all this stuff and every intervention and every position.'... I felt so different after this one that it felt doable."

Preparing and supporting doulas in their launch into actual practice was a key goal of the training and the program's intention, and this lasted over many months. At the conclusion of the training program, we surveyed doulas about their involvement in doula work and in IBJN-sponsored activities throughout the program. Most doulas were engaged with doula work or other activities in some way. Seven of the ten follow-up survey participants had served families in some aspect of their reproductive journeys, and these doulas had provided birth support to a total of 12 families since their training several months earlier. All but one had taken part in IBJN's virtual training opportunities. Most had participated in three virtual sessions. Half of the participants in the follow-up survey had participated in birth/early parenting community events since their training, with a range of one to four events attended.

During focus groups, we asked participants for their feedback on future iterations of the IBJN training and other Indigenous doula training programs. Their ideas include additional opportunities for hands-on practice (e.g., shadowing experienced doulas); more training in traditional skills like moccasin or baby board making; and ongoing refreshers and regional gatherings ("The [initial in-person] training filled my cup every day, but I wish it was longer. I want to do it again."). Doulas emphasized the need for more structural supports and investments in Indigenous doulas, i.e., streamlined, culturally aligned pathways to certification and reimbursement. Trainees appreciated the IBJN training and certification pathway, as well as IBJN bringing in a consultant to support trainees in navigating the billing process for state doula Medicaid reimbursement.

At the same time, they recognized the demand for more of this kind of training, ongoing support, and gathering spaces for Indigenous doulas, as well as greater, more stable investments in Indigenous doula work from other sources. They pointed out that Medicaid will not meet every birth need in our communities, and doulas themselves need to earn a steady income ("The business model didn't fit. We want to serve low-income families, but how do we get paid?"). Also in the vein of structural supports, trainees named the need for dedicated physical spaces in rural Tribal communities to serve as Indigenous birth justice houses or hubs– "I'll say for us out here, maybe if we start kind of gently doing pressure. Or now that they're building a new building for the clinic. Maybe we can dream to have a little section there specifically for us doulas out here and for moms. That's the way I can see it." This model exists in a few places, but doulas see this as an essential need in every Native community that warrants greater investment.

Mentorship, ongoing support, and structural investments are key priorities for trainees. Most experienced high access to mentorship at the end of the training. They found that being connected to an Indigenous Birth Justice collective helped them not only launch into their new doula roles but also offered community and connection within a group with shared passions and, often, shared cultural backgrounds and commitments. However, participants also reported wanting more access to mentorship and support. They called for permanent programs and spaces for Indigenous doulas to gather, receive training, and serve families (i.e., birth justice centers/hubs). Washington state offers Medicaid reimbursement for eligible births; however, these doulas would like to see compensation models that provide steady income and reimbursements for non-Medicaid-covered births, given likely coverage gaps for some families (e.g., those who rely solely on Indian Health Service coverage).

The data here demonstrate that the IBJN doula training program is a wise practice and a promising approach for continued implementation. The concept of Indigenous wise practices is a response to the western evidence based practice paradigm that

discredits Indigenous knowledge.[10,11] Wise practices "incorporate local knowledge, culture, language, and values into program design and implementation," sometimes alongside Western-based or blended multi-epistemic approaches.[12] Through its intentional structure and content, guided by Indigenous women's ancestral knowledge, the IBJN program goes beyond what a typical doula training offers. It was very effective in teaching foundational doula skills and preparing trainees to offer birth support. Additionally, in a wise fashion, our data showcase the value of its holistic and culturally rooted approach in successfully preparing doulas to attend to Indigenous families' specific needs in birth preparation and birthing healthcare spaces.

Cultural safety has been named as a priority for advancing Indigenous birth justice. Culturally safe care "ensure[s] that Indigenous women and people who give birth feel safe in their interactions with providers" (Stiffarm, 2023) and addresses dynamics of power and colonialism in birthing care spaces that Indigenous life givers often must navigate.[13] The data here reveal that the IBJN program contributed to doulas' own cultural safety related to historical trauma and racism, especially in contrast to other birth work training spaces, while also strengthening their knowledge and tools to pass that experience on to families they serve. Cultural knowledge transmission was also highlighted as an opportunity for a parallel process of doula healing and knowledge access being passed on to birthing families. This aligns with Indigenous culture, as well as with healing frameworks and the evidence behind Indigenous culturally grounded interventions.[14,15] All of this relates to the intertwined pathway towards Indigenous birth and epistemic justice.

There are many reasons why Indigenous doulas have blossomed as a response to reproductive and birth justice issues in our communities. Advocacy was a key theme throughout our findings and a core motivator for trainees. Just by being present, and with the right training, doulas are extremely well-positioned to intervene in moments of medical racism, coercion, and neglect, moments that can be pivotal for maternal well-being and birth-related outcomes for both the mother and

---

[10] Brian Calliou, "Wise Practices In Indigenous Community Economic Development," *Inditerra Rev. Int. Sur L'autochtonie* 4 (2012): 14-26.

[11] "Wise Practices for Life Promotion: Indigenous Leadership for Living Life Well," *Wise Practices*, accessed January 3, 2026, https://wisepractices.ca/.

[12] Donald Warne, "Walking Through Truth: Indigenous Wisdom and Community Health Equity," *Stanford Social Innovation Review*, July 26, 2023, accessed December 29, 2025, https://ssir.org/articles/entry/walking_through_truth_indigenous_wisdom_and_community_health_equity.

[13] Amy Stiffarm, *Cultural Safety Practices for Working with Indigenous Birth Givers in Montana* (Healthy Mothers, Healthy Babies – The Montana Coalition, July 2023), accessed December 8, 2025, https://hmhb-mt.org/native-american-initiatives/.

[14] Karina L. Walters et al., "Growing from Our Roots: Strategies for Developing Culturally Grounded Health Promotion Interventions in American Indian, Alaska Native, and Native Hawaiian Communities," *Prevention Science* 21, no. Suppl 1 (2020): 54-64.

[15] Jessica Saniguq Ullrich, "For the Love of Our Children: An Indigenous Connectedness Framework," *AlterNative: An International Journal of Indigenous Peoples* 15, no. 2 (2019): 121-130.

baby.[16,17] Furthermore, doulas can be trained in community settings using community training curricula and can do their work without an institutional home base, making it more feasible to nurture community-grown doulas. Embedding Indigenous knowledge into doula training is an act of sovereignty and futurity that intentionally centers Indigenous womxn's knowledges of reproduction, birth, and resistance. Our people's own ways of knowing and being have sustained our wellness for millennia and protected us throughout the colonial era, and our wisdom and leadership are the pathway towards restored intergenerational thriving.[18] Therefore, it makes sense that Indigenous grassroots community leaders are prioritizing initiatives like the Indigenous Responsive Mentorship Doula Initiative to expand access to doula care for more families.

Resources are a birth justice issue given the imperative to invest in community-led efforts in order to move the needle on the ongoing Indigenous maternal health crisis in Washington state and beyond. Underscoring our findings, the Washington MMRC developed recommendations for addressing maternal mortality in the state and its severely disproportionate impacts on Indigenous life givers that align closely with our participants' insights. These recommendations, shaped by the committee's in-depth review of maternal mortality cases in the state in recent years, are to "improve health care quality and access," "strengthen community support services," and "provide equitable, culturally responsive care."[19] However, as doulas in this study noted and as Indigenous doulas elsewhere have described, funding remains a limitation. Grassroots efforts can maintain their positive features and community-led nature while being supported by far better infrastructure and resources.[20] There will need to be much greater investment in collectives like IBJN and in individual Indigenous doulas (these things, in fact, go hand in hand), in order to realize the ongoing support and physical spaces trainees named as priorities – priorities echoed in at least one other published study on urban Indigenous doula work, and that our findings extend into rural contexts.[21]

As the abundance of Indigenous womxn's wise practices continues to power the proliferation of Indigenous doulas, future research can support this work through learning agendas that respect ancestral and community-based knowledge systems. This entails community-led research and the blending of goals to inform and uplift program implementation through meaningful lines of inquiry. Structural and sustainable resources are needed to support doula work and, to a lesser degree, data-related storytelling to

---

16 Jaime et al., "Putting Them on a Strong Spiritual Path," 189.

17 Caroline Fidan Tyler Doenmez et al., "Heart Work: Indigenous Doulas Responding to Challenges of Western Systems and Revitalizing Indigenous Birthing Care in Canada," *BMC Pregnancy and Childbirth* 22, no. 1 (2022): 41.

18 Ms Christina E. Oré et al., "American Indian and Alaska Native Resilience along the Life Course and across Generations: A Literature Review," *American Indian and Alaska Native Mental Health Research (Online)* 23, no. 3 (2016): 134-157.

19 Washington State Department of Health, *Washington State Maternal Mortality Review Panel*.

20 Larissa Wodtke et al., "The Need for Sustainable," *Women's Health* 18 (2022): 17455057221093928.

21 Wodtke, "The Need for Sustainable."

continue learning and sharing knowledge about these initiatives. While our data converge with other Indigenous doula and perinatal cultural safety literature, there remains an overall limited number of studies on this topic, especially in the United States. Furthermore, more research stories from service recipients' perspectives are needed that leverage diverse methods.

Limitations

Though every story shared is a rich universe in and of itself, and participants represent a diversity of rural and urban Indigenous communities, our participant sample is limited to a specific geographic region and a defined number of doula trainees. More data are warranted to test our research questions and framework in other communities. Additionally, quantitative analyses rely solely on pre- and post-test data from the intervention group, without a control group, and on a small sample of participants. There could be some selection bias introduced by who elected to participate in the post-training survey. However, though not a causal research design, alternate explanations for training-related knowledge and confidence growth are difficult to rationalize, especially in light of qualitative results underscoring the training's impacts and efficacy.

Conclusion

This study adds to the emerging literature on Indigenous doula efforts in the United States and is the first to focus on the growing Indigenous Responsive Mentorship Doula Initiative. Our *Auntie Wisdom Indigenous Doula Training Framework* emphasizes the program's success as an Indigenous wise practice that supports growth in knowledge, connection, and advocacy skills among trainees. The learning and healing doulas gained through this program prepared them to share these experiences with birthing families and to nurture positive, supportive, and culturally safe birthing spaces. As birth and reproductive justice remain urgent priorities for Indigenous life givers, greater investments are needed to support community-led and grassroots initiatives such as this one through material resources and ongoing knowledge sharing.

REFERENCES

Calliou, Brian. "Wise Practices in Indigenous Community Economic Development." *Inditerra Rev. Int. Sur L'autochtonie* 4, (2012): 14-26.

Cidro, Jaime, Caroline Doenmez, Stephanie Sinclair, Alexandra Nychuk, Larissa Wodtke, and Ashley Hayward. "Putting Them on a Strong Spiritual Path: Indigenous Doulas Responding to the Needs of Indigenous Mothers and Communities." *International Journal for Equity in Health* 20, no. 1 (2021): 189.

Corcoran, Patricia M., Christine Catling, and Caroline S.E. Homer. "Models of Midwifery Care for Indigenous Women and Babies: A Meta-Synthesis." *Women and Birth* 30, no. 1 (2017): 77-86.

Doenmez, Caroline Fidan Tyler, Jaime Cidro, Stephanie Sinclair, Ashley Hayward, Larissa Wodtke, and Alexandra Nychuk. “Heart Work: Indigenous Doulas Responding to Challenges of Western Systems and Revitalizing Indigenous Birthing Care in Canada.” *BMC Pregnancy and Childbirth* 22, no. 1 (2022): 41.

Goldhammer, Camie Jae. *Washington State Indigenous Perinatal Status Report*. Hummingbird Indigenous Family Services, September 2024. Accessed December 29, 2025. https://drive.google.com/file/d/1MZgDb6MJbGuqKl01rdc7pAsKU4pGc0Hc/view

Ireland, Sarah, Ruth Montgomery-Andersen, and Sadie Geraghty, “Indigenous Doulas: A Literature Review Exploring Their Role and Practice in Western Maternity Care.” *Midwifery* 75 (2019): 52-58.

Kozhimannil, Katy B. “Indigenous Maternal Health—A Crisis Demanding Attention.” In *JAMA Health Forum* 1, no. 5 (2020): e200517-e200517. American Medical Association.

Maloney, Shannon I., Regina Idoate, Mona Zuffante et al. “Foundational Features of Indigenous Pregnancy Care: Lessons Learned from Indigenous Pregnancy Care Providers.” *Midwifery* 135 (2024): 104025.

Moyer, Natalie, Chelsea Wesner, Michelle Sarche et al. *A Braided Approach to Understanding Home Visiting in Indigenous Communities*. OPRE Report no. 2024-366. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2024. Accessed December 12, 2025. https://acf.gov/sites/default/files/documents/opre/opre-braiding-research-approaches-dec24-correctedcitation.pdf

Oré, Ms Christina E., Nicolette I. Teufel-Shone, and Ms Tara M. Chico-Jarillo. “American Indian and Alaska Native Resilience Along the Life Course and Across Generations: A Literature Review.” *American Indian and Alaska Native Mental Health Research* (Online) 23, no. 3 (2016): 134-157.

Stiffarm, Amy. *Cultural Safety Practices for Working with Indigenous Birth Givers in Montana*. Healthy Mothers, Healthy Babies – The Montana Coalition, July 2023. Accessed December 8, 2025. https://hmhb-mt.org/native-american-initiatives/.

Ullrich, Jessica Saniguq. “For the Love of Our Children: An Indigenous Connectedness Framework.” *AlterNative: An International Journal of Indigenous Peoples* 15, no. 2 (2019): 121-130.

Walters, Karina L., Michelle Johnson-Jennings, Sandra Stroud et al. “ Growing from Our Roots: Strategies for Developing Culturally Grounded Health Promotion Interventions in American Indian, Alaska Native, and Native Hawaiian Communities.” *Prevention Science* 21, no. Suppl 1 (2020): 54-64.

Warne, Donald. “Walking Through Truth: Indigenous Wisdom and Community Health Equity.” *Stanford Social Innovation Review*, July 26, 2023. Accessed December 29, 2025. https://ssir.org/articles/entry/walking_through_truth_indigenous_wisdom_and_community_health_equity.

Washington State Department of Health. *Washington State Maternal Mortality Review Panel: Maternal Deaths 2021–2022*. Olympia: Washington State Department of Health, December 2025. Publication no. 141-253. Accessed December 29, 2025. https://doh.wa.gov/sites/default/files/2025-10/141-253-MaternalMortalityReviewPanelReport-2025.pdf

"Wise Practices for Life Promotion: Indigenous Leadership for Living Life Well." *Wise Practices*. Accessed January 3, 2026. https://wisepractices.ca/

Wodtke, Larissa, Ashley Hayward, Alexandra Nychuk, Caroline Doenmez, Stephanie Sinclair, and Jaime Cidro. "The Need for Sustainable Funding for Indigenous Doula Services in Canada." *Women's Health* 18 (2022): 17455057221093928.

This article may be cited as:
Abrahamson-Richards, Teresa. "Blind Auntie Wisdom Indigenous Doula Training Framework."
Fourth World Journal 26, no. 1 (2026): 62–82.

ABOUT THE AUTHOR

Teresa Abrahamson-Richards

Tess Abrahamson-Richards, MPH (she/her) is a citizen of the Spokane Tribe of the Interior Salish Plateau. Tess is the Director of Data Sovereignty at Hummingbird Indigenous Family Services and supports evaluation and community data power building with the Indigenous Birth Justice Network. Tess is a mother of two and will receive her PhD in Social Welfare from the University of Washington in June 2026. Her research is focused on Indigenous reproductive justice, policy, and holistic family wellbeing in the prenatal-to-three period.