

Tracie Collins:

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Ellen Kelsay:

That's Tracie Collins, CEO and founder of the National Black Doulas Association, an organization that connects black and BIPOC birthing families with black and BIPOC doulas nationwide. Tracy founded the organization in 2017 and leads its work to help fight the black maternal mortality and morbidity rate in this country. She is joined today by Nancy Jester, senior manager of U.S. Benefit Strategy and Design at Walmart. Nancy has been instrumental in implementing Walmart's doula benefit over the last several years as part of their overall commitment to improving maternal and infant health.

I'm Ellen Kelsey, and this is a Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers. Tracie Collins and Nancy Jester are joining me today for a conversation about birth doulas, how they impact outcomes, barriers to utilizing them, and why they're especially crucial for black birthing people. We'll hear more about Walmart's doula benefit, discuss how it became a priority for their organization, share advice for other employers, and hear about what gives them help for the future.

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Tracy, welcome. So excited to be speaking with you today. Thanks for joining us.

Tracie Collins:

Thank you so much for having me.

Ellen Kelsay:

I am just so amazed by all of your impressive body of work. You are so tremendously accomplished in many areas. Not only are you a midwife and a doula, but I was fascinated that you are trained in the culinary arts, which actually comes into play with your work as a midwife and a doula. But for the purpose of this conversation, I'd really love to learn more about your life's work and how you came to be a doula and eventually we'll chat about the organization you founded, the National Black Doulas Association (NBDA). Let's start with you and what brought you to this work and eventually what led you to found the organization.

Tracie Collins:

Thank you so much. It's so funny to hear you mention my culinary training, because it's not something that I reflect on too much. Thank you so much, Ellen, for this and thank you so much for having me on. I came into this work in the year 2000 and actually being a doula was just a stepping stone for me. It wasn't a place where I thought I would land permanently. I started in the field in the year 2000 and then in about two to three years, I transitioned into midwifery and I studied apprentice and practice midwifery in Oakland, California, primarily the Bay Area in its entirety. All of my babies that I caught were all black and brown babies. I really came into this space knowing that I wanted to be instrumental in helping women transition and having a successful, healthy birthing experience.

In 2008 or 2007, somewhere around there, I took some time off. I went to culinary school, got that degree, but what started me on that path was I wanted to be able to support birthing people from a nutritional aspect. At that time, we were not as sophisticated and knowledgeable as we are now in regards to nutrition, especially when it comes to birthing and postpartum bodies. What I learned during the time of catching those beautiful brown babies was that a lot of the families were lacking in this area, and so I wanted to be able to support them in that capacity. I came back into the field after completing that and I landed in the doula role. The reason why I decided to stay there or come back into the role and not as a midwife was because just the laws

in California at that particular time were just not favorable. I took everything that I knew and learned as a midwife and brought it back into the field of being a doula. I was able to successfully support a lot of birthing families. My babies were being born in about an average of six hours or less, completely natural, unmedicated. It was to the point to where doctors at Stanford were like, we don't like doulas, but we want her. Doctors who at that particular time, there was some tension between doulas and doctors, but they had their favorites. When it comes to western medicine, western medicine as it pertains to obstetrics and gynecology, they are trained from an interventive method to reactionary, but they're not preventative. That is the lane that I operate in successfully. In 2017 is when I founded the National Black Doulas Association with the sole purpose to help mitigate the black maternal death rate in this country.

Ellen Kelsay:

Well, there are a thousand things that I want to dive into more extensively with what you just said, but maybe let's just start with what's the difference between a doula, a midwife, and other members of a birthing team? Just maybe foundational difference that you could explain to our audience as they try and wrap their head around a doula.

Tracie Collins:

The easiest way to differentiate between a doula and a midwife is the midwife does everything medical and the doula is non-medical. That is the easiest way to do that. Doulas also serve as a liaison between the birthing family and the medical professionals who are delivering or catching the babies, as we would say, in the world of midwifery. But a doula is there for informational, emotional and physical support and helping to give their clients all of their information so the clients can make the best, informed decision for themselves.

Ellen Kelsay:

That's great. You said the outcomes are different when a doula is involved and western medicine is trained very differently on interventive, not preventive. Give us some examples. What does a doula do in that birthing room with the mom that is different and creating a different level of trust, a different level of outcomes, a different level of experience, as that mom is going through in that birth experience with a doula.

Tracie Collins:

Well, I think one of the key elements with the role of a doula is they take their time to get to know the family, outside of their most vulnerable time, which is labor and delivery. The doula has taken time, the family has done their due diligence, they have sought out this birthing professional to support them on their journey and to be the guiding force in providing them with information and exercises and techniques, and also the legalities and the bureaucracy when it comes to birthing and hospital settings. The doula comes into their life and they've had conversations within their home. They've had conversations either on the phone via text, and it's been multiple times. By the time the labor commences, it's like a family friend is joining you for the labor and delivery. That's one of the key elements. Oftentimes, when people are birthing, they're meeting nurses and doctors for the very first time, and they're at the most vulnerable point in their life having to make absolute crucial decisions. The doula is there because she knows what their ideal birthing scenario would be, but we also help to navigate and prevent anything that could happen because labor can change from moment to moment. Doulas often can foresee what can happen and they can help circumvent it, and if the situation arises, they have the necessary skillset to give the families techniques to make the decision for the betterment of all.

Ellen Kelsay:

I love that. I think so much of what you just said is about really being their trusted advocate, their trusted partner through the process, and helping make sure that their voice is heard and that their wishes are known and protected in that very vulnerable moment giving birth. I know you do a lot to speak very vocally on their behalf with other practitioners in that birthing experience. That's a huge part of, I think, the trust you've established, that they then allow you to demonstrate when you're actually in the moment of birth with the mom and others on the family unit with the mom.

Tracie Collins:

Then also really just to give a little bit more defined lens, the doula is not necessarily the advocate, but she empowers the family to advocate for themselves. It's really breaking the medical terminology down into layman terms. It's breaking policy down into layman terms. It's breaking procedures down into if this is necessary, if it is not, and what happens if we wait, what if we explore alternative measures. It really helps to provide a full picture so the families can feel more comfortable in making decisions.

Ellen Kelsay:

I know from doing some research, which was new to me, that there are different types of doulas. I'd love to maybe elaborate on that for the audience, what those different types are and kind of the range of doula services work across that spectrum.

Tracie Collins:

This is a really good question because I'm old in this field. I'm not necessarily a granny, but I'm definitely somebody's mama. When I started in the field in 2000, there were only birth doulas. The birth doula meets the family during their gestational period, usually within their second or third trimester. They have between two to three prenatal visits in preparation for their labor and delivery. The labor and delivery happens, and then there's a follow-up postpartum visit, and that's where services end. As the field has morphed and grown with the times, the next step was a postpartum doula, which I think was or is instrumental because postpartum, which we call the fourth trimester, is the most underestimated time in labor in the pregnancy period. Pregnancy being 40 weeks gestation, which is 10 months, postpartum can last anywhere up to one to two years depending upon how their labor and delivery went, what their community and support system is like.

When you implement a postpartum doula, they come and they've met the family prior to, and they work with the family about the first three months postpartum. The goal there is to help get the family adjusted and off to a successful start. But postpartum doulas also have a fine lens when it comes to lactation support. They can also offer nutritional support. They can look out for postpartum blues or depression. They can also know the key warning signs when it comes to postpartum preeclampsia, and then also pulmonary embolism, which are the absolute warning danger signs when it comes to labor and delivery and postpartum. That was the next step. What we've seen overall, I know with the NBDA, we have developed fertility doulas, so people who are journeying in their fertility trying to get pregnant, but don't want to necessarily go the medical route or have explored the medical route and have been unsuccessful. There's another focus on let's look at the body from a holistic aspect and how we can support you in creating the family that you deserve and desire. That's another area of doula world. The next one is abortion, stillbirth, and miscarriage, which is, as you can imagine especially in these day and times with the overturn of Roe v. Wade, that one is a really, really skilled niche that people are in that offer support for people who are going through that crucial time. Now what they have to do is there have to be particular security measures to help guide the people who are seeking abortion and depending upon their state and what's offered. A lot of the doulas that come into contact with us, they're just like, what am I going to do, what extra measures do I need to take to be able to support sometimes a very young girl in this period. There's that lens. Then the final one, there's way more. There's LGBTQIA queer doulas, which are amazing. They get in there, they help our trans families, they help our same sex families have the families that they desire and deserve. Then finally we have our bereavement or our death doulas who help people transition.

Ellen Kelsay:

I am speechless how expansive doulas work is. Again, it just underscores the trust in some unbelievably vulnerable and emotional moments. No matter where you are on that spectrum of services, the role that the doula plays is so unbelievably pivotal to that experience. Thank you. Like I said, that was a big learning for me and I'm just so grateful that you expanded and shared that with our audience just now. I'd love to expand and maybe shift a little bit towards why doulas are especially important for black pregnant people. Please share some maybe anecdotes, some data around the unique challenges of black individuals in the birthing experience and the postpartum experience, and what you all are doing as doulas to really help address some of those areas. Again, I know you referenced this earlier, but there's some roots in western medicine and some

legacy issues that still today are manifesting themselves there. So please go ahead and enlighten the audience, share more about the context as relates to this population, in particular.

Tracie Collins:

The reason why doulas are so important to black and brown birthing families is because western medicine, as it pertains to obstetrics and gynecology, but western medicine is to black women as police brutality is to black men. Our experience as black people in America started since we were brought here. What we're seeing now are the effects of a psyche that has been passed down for hundreds and hundreds of years. It's not by chance, it is completely by design. From a statistic standpoint, the CDC says black and brown women or black women are three to four times more likely to die as it pertains to white women with childbirth related complications. I actually like to say about four to five times more likely to die, especially in rural areas. So having a doula is crucial because black women don't decide to have a doula as a status quo. It is really about, I need you to help me live. That is it. What we're seeing now is more and more people being aware of what doulas are, what they do, but there's still a lack of information and education, especially when that lens becomes more narrow. Also, there are these myths that black skin is tougher, black women don't feel pain, or black women don't feel as much pain. We're still combating these narratives today.

Ellen Kelsay:

That goes to your mission of why you founded the National Black Doulas Association. Please tell us more about what your association does.

Tracie Collins:

In 2016, I had a revelation after 16 years going on 17 years of being a birthing professional myself. I said, black women are dying as it pertains to childbirth and I need to do something. I don't know what that looks like, but I need to do something. So October 25th of 2017 is when I launched the NBDA and it was really to just give a clear, concise database of where black doulas can be found for black and brown birthing people. It has now grown into the number one black and BIPOC doula training company in the world. We train hundreds and hundreds of people that come through the NBDA, but we also have a global database now for black doulas.

Ellen Kelsay:

Unbelievable. Global? So how many countries are you in around the world?

Tracie Collins:

We are in the United States, in Ghana, we're moving into Mexico, and we're also in Canada. But we've trained in all of those countries and then also into the Caribbean.

Ellen Kelsay:

Wow. I imagine it's growing at a pretty high growth rate as well. You probably have a lot of folks who are interested in getting trained and joining as well.

Tracie Collins:

Yes, and people who are black, brown, or other train with us all the time.

Ellen Kelsay:

That's great. I'm sure there's a huge demand and need out there. Wonderful work that you're doing. I wanted to ask about that, the demand and the need, because I'm sure there are a lot of folks out there listening who are interested. Maybe they don't know where to begin to go about finding a doula. They don't know if a doula is available to them through their employer plan or in the community. If somebody out there is listening, how do they go about finding a doula and are there actually challenges and barriers to them accessing a doula?

Tracie Collins:

They can go to our website, which is <https://www.blackdoulas.org/>. They can definitely start there to help find a doula in their community. Then I also encourage them if they don't see one in their specific geographic region to find someone that they would like to connect with and ask if they travel, because a lot of doulas will

travel, so I want to make sure that we state that. The number one barrier that we continue to see is access to resources or/and education about what a doula is, and, or does. When we have employers being able to offer doula services within their benefit packages, it helps to mitigate one of those challenges. The access to the doula being compensated and/or paid and the family being able to be supported. What we're seeing now, or what I'm seeing now, is something that we were fighting for 20 years ago when it came to insurance companies accepting coverage for doula services and midwifery services. We're now seeing that needle moving forward. That is one way that employers can help support in this area, offering the services within their benefits packages.

Ellen Kelsay:

I've been speaking with Tracy Collins, CEO and founder of the National Black Doulas Association. When we return, we'll be joined by Nancy Jester, senior manager of US Benefits Strategy and Design at Walmart. We'll be right back.

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Ellen Kelsay:

It's a perfect segue to bring in our additional guest who is actually at an employer who is offering doula services. Nancy, welcome, come on into the conversation.

Nancy Jester

Hello, Ellen. Nice to visit with you.

Ellen Kelsay:

Oh my gosh, we're thrilled to have you and I know you and your team work closely with Tracie and her team and really excited to have both of you on the podcast having this conversation together. Nancy, you hold a senior role at Walmart in their benefits department and would love to hear from you about what brought Walmart to the place of offering doula coverage for your associates. Tell us a little bit about that history, what brought you to this place, and how it's gone since you've offered it.

Nancy Jester:

It's been a journey and I would love to say it was born out of an exciting time, but it was actually a tragic time that it came out of. After the murder of George Floyd, Walmart went on a deliberate journey really to just dig in and see what can we do, what should we do as an employer of over a million people in the U.S. What should we be doing to help improve the lives of black and African American individuals? We focused on four different categories, not that there's probably many more we could focus on, but we focused on four at the time - financial, education, criminal justice reform, and health care. Within health care, through many learnings and exploratory mission down that avenue, Tracie hit the nail on the head with maternal death rates and how three to four times more higher propensity of death with black and African American women through the birthing process.

I actually led up a committee focused on maternal care, maternity care, and through that I got introduced to Tracie. And Tracie you had been just a great person to teach along the way. Through that the doula benefit at Walmart was born and pun totally intended there. It was born in one state and then we've expanded it since. Like I said, Ellen, I would like to say that it was a grand idea and something we thought of just out of the blue, but it came out of tragedy and through that we've had some great outcomes as a result.

Ellen Kelsay:

Thank you so much for sharing that. I would love to hear about how it's gone. This is such an unbelievably important benefit. You are one of the pioneering employers in offering it to your associates. How have employees and their family members received it, is it highly utilized, any challenges in the rollout? Tell us kind of how it's gone.

Nancy Jester:

The benefit that we launched started June, we actually timed it with Juneteenth back in 2021, but we started in Georgia as a pilot. Georgia at the time, I'm sure this is probably way low now with the closures of different OB units at hospitals, but at the time there were 93 counties in Georgia that did not have a single obstetric provider to provide care to Georgia residents. We knew that was an opportunity and where there's no care there is an appetite for access or a need for access. Through that we launched a pilot in Georgia beginning June of 2021, like I mentioned. What the benefit is we provide a thousand dollars per pregnancy that we'll pay either directly to the doula or through a reimbursement if our associate or their spouse has already paid for the doula, which actually we are finding the majority of time we are issuing payment directly to the doula. So the member is finding a doula, explaining what the benefit is, and then a claim is being filed, and we are getting that payment directly in the hands of the doula professional. Which goes to a lot of what Tracie mentioned is we want to help improve outcomes overall, but by providing a direct access to an income directly to the doula, it can help improve access to care because there's more people that potentially could go into this profession. That's important to us as well. We started in Georgia last year. Last June we expanded to three more states - Illinois, Indiana, and Louisiana. In 2021, I believe Georgia was the worst state in the country from a maternal mortality rate. Unfortunately, Louisiana replaced that ranking last year. That was one of the reasons we added Louisiana. Illinois and Indiana are both in close proximity to Chicago and we have a lot of associates in the Chicago market, and health care also from an obstetric standpoint, an OB standpoint, there's opportunities with health care deserts both in Indiana and Illinois that we wanted to focus on.

Those are just four states. My goal is to expand to more states. I would love to get out of the pilot mode, per se, and just launch nationwide. That's one of my goals for this year specifically. No guarantees, we're still working on all of that internally at Walmart, but my goal is if someone wants to engage with a doula for their pregnancy and postpartum journey, because that is important too, postpartum, I think it's very underestimated on the need of the mom, but if someone wants to engage with a doula, I don't want there to be a lack of benefit standing in their way of having a doula and utilizing those services for the best possible outcome that she can obtain.

Ellen Kelsay:

You have made such remarkable progress in a relatively short period of time. I applaud you for wanting to be nationwide and that would be fantastic. I'm sure you'll be there in no time at all, but in such a short period of time you've done a lot, so you've got a lot to be proud of. It's very meaningful. How have your associates responded to the benefit?

Nancy Jester:

It's gone really, really well. Actually, something Tracie said earlier really stood out to me and I want to just comment on that a minute, because Tracie you said that the minimum threshold to so many is just survival, pregnancy and birthing should be so much more than that. That's one thing a doula brings to the table is they bring the experience, the voice, the needs, the wants, the desires of the mom, of the woman, of the patient. They hear the family and they know there's so much dynamic that goes into pregnancy and delivery, but making sure her needs are heard and making sure her experience is just maintained and that she thrives in the pregnancy and the delivery process and postpartum. Of these women, I've spoken to several of them, I think a couple pieces of feedback - they wish they knew they had doula benefits for prior pregnancies. That's something I heard loud and clear, that I wish I would have had this before, this made my experience so much easier, so I felt so much more prepared. That was one of the things that stood out to me. Several of them said, I felt more prepared for the delivery process than I'd had in the past or than what I got from my doctor that I went to. If that's the only good that comes out of it, that itself is a win, if they felt more prepared and their voice was heard. But they love it. My goal is that I want to do whatever I can to have doulas engage in

pregnancies earlier on. Many of the patients engage later on in their pregnancy, and so getting the access to doula by month three or four or even earlier, during the prenatal period too as well. But they love having this as a benefit.

Ellen Kelsay:

There's just an unbelievable number of positives, I would imagine, associate feelings, reaction, receptivity, experience with this benefit. Like you said, you're just early days and there's so much more you hope to do in terms of engagement or expansion and looking forward to seeing where it goes. Well done. Kudos to you and your team.

I would love to bring Tracie back in so the three of us can chat here again all together. Since you all have partnered together, I would love to hear about what this partnership has taught you or did it shine a light on something that you didn't really understand that clearly before. I'll let you go first, Nancy, and then Tracie, I'll ask you the same question.

Nancy Jester:

Yes, it's been such a wonderful partnership. Tracie has been there to support me along the way and help educate me. I think one of the things from early on is just education and transparency. We've had a lot of honest conversations that are sensitive in nature, but they're the truth and these happen and you can't solve a problem unless you know what it is and how we got there. It's just been a great partnership along the way. Tracie, what do you think?

Tracie Collins:

I absolutely enjoy our partnership with Walmart, but in particular, Nancy, she just makes this so much easier. It's not even about a question of having to prove the why it's necessary, but just the fact that it is and that's really important.

Nancy Jester:

Yes and I could only imagine a lot of times as Tracie, you're trying to convince groups of the problem itself. I want to say it didn't take much convincing. She introduced me to a book that changed my life and I will let Tracie say the name.

Tracie Collins:

The book is *Medical Apartheid*. It's a tough book.

Nancy Jester:

It's a very tough book.

Tracie Collins:

It's a tough book, but it's a necessary book. It's by Harriet Washington. She speaks about the tragedy and the trauma of western medicine and doctors and where this all comes from. It puts a clear lens on why we're seeing what we're seeing today.

Nancy Jester:

Yes, it gives me cold chills just thinking about it. It's literally sitting on my desk at home and it is my reason for why I'm continuing to march down this journey on how we can help improve the lives of black and African American women during the process of childbirth, but just health in general. One of the things that we've really looked at here lately is trying to get more professionals into the doula profession. How to get more people into the doula profession, because at Walmart, if we're looking at expanding to 50 states, everywhere, we can easily say that, but if there are health care deserts and then there's doula access issues where a woman who gets pregnant wants to use a doula but has no one even within the entire state or within 500 miles of where they're located, that really doesn't expand the doula benefit. So we are really looking at how we can potentially work together on sponsorship opportunities to get more people into the doula profession, which

helps them, helps Walmart, but also helps anyone else that wants to utilize that doula in that area. That's something that's actually come about most recently and that we're continuing to talk about.

Ellen Kelsay:

Thank you so much for sharing that and also for sharing the book. If it had that much of effect and impact on you and your understanding and your desire and passion to move forward in the direction you have and your role, I'm sure it will yield similar effects and impacts on others in the audience who might want to read it. Thanks for sharing that.

Nancy Jester:

Yes, you bet.

Ellen Kelsay:

It certainly galvanized you and helped you understand the matter better. Thank you both for offering that up in the conversation.

Nancy Jester:

Absolutely.

Ellen Kelsay:

I would love to hear, you've been down this path now for a few years, any advice that you have, either of you, for others who are employers who might be considering offering a doula service but haven't yet done it, anything that you would suggest or recommend for them?

Tracie Collins:

I can jump in first. I think Walmart has definitely laid the blueprint and what we have further done at the NBDA is we work privately with institutions. We just wrapped up a major training with Morehouse. We are doing another one with an agency in Iowa. We just completed another one with CWA in New York. Walmart has laid a blueprint for companies to be able to embed this level of support for their employees and we come in and we actually implement trainings. We also house a database where black and brown doulas can be found. We are working together to fill in the void, because a lot of what happens in pregnancy and postpartum happens outside of the hospital setting. When it comes to accessibility, when it comes to just basic knowledge and resources, when it comes to information and education, if we can get in there and fill that void, then we are continuing to save lives.

Nancy Jester:

Absolutely. Tracie, you couldn't have said it better. I would say for other employers coming from an employer perspective is talk to your employees, talk to your associates, find out what could we do as your employer to help you feel more empowered, more prepared, where the experience can be improved and just lean in and give it a try. I would say, we've had great utilization and I want to continue to grow it, getting people earlier in the process, but talk to your health plan partners and I'm here to help as well. I'll put that out there as well.

Ellen Kelsay:

Your phone's going to be ringing off the hook. That'll be a great thing. I always like to wrap these conversations with a forward-looking question about what gives you hope as you think about the future. Nancy, let's start with you on that one.

Nancy Jester:

Yes, I would say I want to hope that we can only get better from here. I don't want to have this narrative of three to four times higher death rate, like Tracie said, five to six times higher in certain pockets of the country. I want to change that perspective and the hope is that those numbers are going to continue to get better and improve where we don't see a difference, depending on who you are, where you are, care is accessible and it doesn't make any difference of your background, the color of your skin, your location, you will have the best possible experience and outcome that you possibly can when bringing life into this world. That gives me hope.

Tracie Collins:

I will also add to that even your socioeconomic status. For me, the hope is that they will realize that this is a human rights issue. They first must see black birthing bodies and black women as human. As we continue to have these conversations, get comfortable with being uncomfortable, and my hope is that people will no longer look to black women to be the answer, to educate, but also to do the necessary education exploration that they need for themselves to make it a better place for all. Once we realize that, or they realize, because I think we on this call already know, that it is a human rights issue, but until black and brown women stop dying as it pertains to childbirth, then no woman is safe.

Ellen Kelsay:

So compelling, so important, so crucial. We've come a long way. Your work, Tracie, in this area is so foundational to the future. And for you, Nancy, at Walmart doing the work you're doing for all of your associates around the world, it's just such a great role model and example for others to follow. But we're at the beginning, we've got a long road ahead of us. I really appreciate the candor of this conversation, the trust you all have placed in me with having the conversation. Clearly your partnership is profound. The passion that you both bring, the commitment that you both bring to this is remarkable. I'm really just so grateful for you taking time with us today.

Nancy Jester:

You're welcome. It was definitely my honor.

Tracie Collins:

Mine too.

Ellen Kelsay:

I've been speaking with Tracie Collins, CEO and founder of the National Black Doula Association, and Nancy Jester, senior manager of U.S. Benefits Strategy and Design at Walmart, about how doulas can improve birth outcomes and reduce health disparities.

I'm Ellen Kelsay. This podcast is produced by Business Group on Health with Connected Social Media. If you enjoy today's conversation and know someone who would too, please consider sharing.