

AFRICAN AMERICAN BREASTFEEDING NETWORK

Completed by: YWCA Southeast Wisconsin

TABLE OF CONTENTS

Introduction _____ 3 Description of the Problem _____ 3 African American Breastfeeding Network _____ 4 Critical Role of Doulas _____ 4

Culturally Responsive and Equitable Evaluation (CREE) Framework _____ 5 Evaluation Purpose and Scope _____ 5 Evaluation Questions _____ 5 Design _____ 5 Participants _____ 5 Data Collection _____ 6 Analysis _____ 7

Evaluation Findings _____ 8 Quantitative Findings _____ 8 Qualitative Findings _____ 11 Integrated Findings _____ 15

Recommendations _____ 16 Program Design _____ 16 Scheduling and Logistics _____ 16 Engagement and Trust _____ 16 Future Evaluation Improvements _____ 17

Conclusion _____ 18 References _____ 19

INTRODUCTION

Description of the Problem

Maternal and infant health disparities in outcomes across the United States continue to constitute a public health crisis. Despite decreases in maternal mortality rates, Black women and birthing people continue to face disproportionately high rates in maternal health outcomes. According to recent data from the Centers for Disease Control and Prevention (CDC), the maternal mortality rate for non-Hispanic Black women in 2024 was 44.8 deaths per 100,000 live births, compared to 14.2 for non-Hispanic White women[1]. Black infants experience similar disparities. In 2023, the national Black infant mortality rate was 10.93 per 1,000 live births compared to 4.48 for White infants[2]. The preterm birth rate for Black women remains approximately 57% higher than for White women, with rates at 14.86% and 9.49%, respectively[3]. These disparities are widely understood to reflect the cumulative impact of structural racism and its influence on social determinants of health.

In Wisconsin, these national patterns are amplified. The Wisconsin Maternal Mortality Review Impact Team reported a pregnancy-related mortality rate of 72.3 per 100,000 live births among non-Hispanic Black people from 2020-2022, with cardiovascular conditions constituting the leading cause of death for this population[4]. In 2023, data indicated a statewide Black infant mortality rate of 14.3 per 1,000 live births, nearly three times the overall state rate of 5.7[5]. According to the 2025 March of Dimes Report Card for Wisconsin, the preterm rate was 10% in 2024, which is higher than the rate in 2023, and the city of Milwaukee received an F grade for its preterm birth rate of 12.9%[6].

"Being in this program has taught me to have humility… you become a servant. That's what we're here to do. To serve."
-Boss Lady

African American Breastfeeding Network

The African American Breastfeeding Network (AABN) is a Milwaukee-based nonprofit organization committed to improving maternal and infant health outcomes through culturally centered doula services, breastfeeding support, and community health education. AABN's mission is rooted in the understanding that when birthing people have access to skilled, community-based support from people that share their cultural and racial identity, outcomes improve. To date, AABN has trained 48 community-based Black and Hispanic doulas through the HealthConnect One model and has positioned itself as a leader in addressing Milwaukee's racial disparities in maternal and infant health.

Critical Role of Doulas

Within the landscape of racialized maternal and infant health inequities, doulas serve as reproductive justice workers whose roles extend beyond traditional birth support to include advocacy, emotional care, and linking mothers to outside resources. At the same time, doulas themselves navigate the heath care settings shaped by institutional racism and are met with resistance, lack of trust, and lack of appreciation for their expertise and experience[7]. Their daily exposure to mistreatment of birthing persons, birth trauma, provider bias, and system level barriers contributes to vicarious trauma, exhaustion, and burnout. According to the Wisconsin Doulas Association, most doulas leave the profession within two to three years[8]. The very systems that harm birthing families also harm the birth workers who serve them. This necessitates the development of interventions directed not only at maternal and infant outcomes, but at the sustainability of the workforce itself.



CULTURALLY RESPONSIVE AND EQUITABLE EVALUATION (CREE) FRAMEWORK

Evaluation Purpose and Scope

The YWCA of Southeast Wisconsin conducted an evaluation of the WeRISE program from June 2025 through March 2026. The purpose of this evaluation is to assess the effectiveness, cultural relevance, and delivery of a wellness program designed to support the mental health and well-being of doulas of color.

Evaluation Questions

The following questions guided the YWCA of Southeast Wisconsin's evaluation of the WeRISE program:

1. How does the program reflect and affirm the lived experiences of doulas of color? 2. To what extent does the program reduce stress and support emotional regulation, resilience, and healing?
3. How does the program support identity affirmation and resistance to harmful societal expectations?
4. How does the group support shared healing, sisterhood, and sustainability?

Design

The evaluation utilized a Culturally Responsive and Equitable Evaluation, mixed-methods case study design with formative, process, and impact outcome components. Grounded in Reproductive Justice, Intersectionality, Black Feminism, and Chicana Feminism, the evaluation centers the identities and lived experiences of the AABN doulas of color while navigating institutional racism in the health care system. The design was participatory, as all components of the evaluation plan, including session topics, survey instruments, and focus group and interview protocols, were reviewed with AABN staff before implementation to ensure alignment and programmatic relevance.

Participants

Participants included doulas who completed the pre- or post-program survey, program satisfaction survey, and focus group, as well as program staff and leadership who participated in interviews. A total of ten doulas completed the program satisfaction survey and nine doulas participated in the focus group. Additionally, three individual interviews were conducted with program staff and leadership.

Data Collection

Quantitative Instruments

Pre- and Post-Program Surveys. Baseline and post-program self-reporting validated instruments were employed to measure changes in stress, burnout, identity affirmation, and coping:

- Superwoman Schema Questionnaire (SWS): A culturally specific measure designed for Black women capturing the obligation to present strength, suppress emotions, resist vulnerability, succeed intensely, and prioritize caregiving over self-care.
- Professional Quality of Life Scale (ProQOL): Measures compassion satisfaction, burnout, and secondary traumatic stress among helping professionals.
- Brief Resilience Scale (BRS): Assesses an individual's ability to bounce back or recover from stress, adversity, and challenging life circumstances.

Pre- and Post-Session Surveys. Brief assessments administered before and after each session to track mood and burnout over time:

- Patient Health Questionnaire-2 (PQH-2): Two-item screener for depressive symptoms (loss of interest, hopelessness).
- Maslach Burnout Inventory (MBI) – Section A: Seven items measuring emotional exhaustion of doula work.
- Session-specific items assessing changes in participant knowledge, attitudes, and intended behaviors related to session content.

Program Satisfaction Survey. A 20-item survey assessing demographics, attendance, program experience, satisfaction, program endorsement, and open-ended feedback.

Qualitative Methods

Focus Group. One virtual focus group was conducted via Zoom with nine participants. The session was recorded with consent, video was optional, and questions were entered in the chat. Participants selected pseudonyms to protect confidentiality. Informed consent was obtained from 100% of participants, and 100% agreed to the group confidentiality agreement and consented to the use of de-identified quotes.

Individual Interviews. Three semi-structured interviews were conducted via Zoom with program staff and leadership. Interviews explored program goals, implementation challenges, organizational learning, doula mental health, partnership dynamics, and sustainability.

Analysis

Quantitative Analysis. Due to a small sample size (n=10) of the program satisfaction survey and inconsistent response patterns across pre- and post-program and pre- and post session surveys, quantitative findings are presented descriptively and are used to complement qualitative findings. Frequencies and percentages are reported; however, no inferential statistical tests were conducted, and no causal claims are made in the evaluation.

Qualitative Analysis. Transcripts were analyzed using critical thematic analysis with both deductive and inductive coding. An equity and healing-centered analytic lens was applied, drawing on Intersectionality and Reproductive Justice as primary frameworks with Black Feminism and Chicano Feminism as secondary lenses.

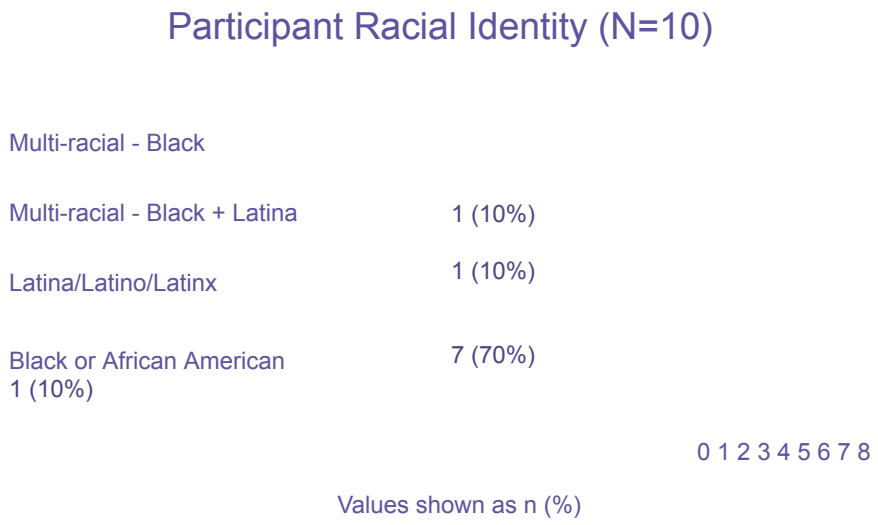
Integration. Quantitative findings were used to identify patterns while qualitative data provided context and explanations for those patterns. Together, these data sources were interpreted to develop a holistic understanding of participant experiences.

EVALUATION FINDINGS

Quantitative Findings

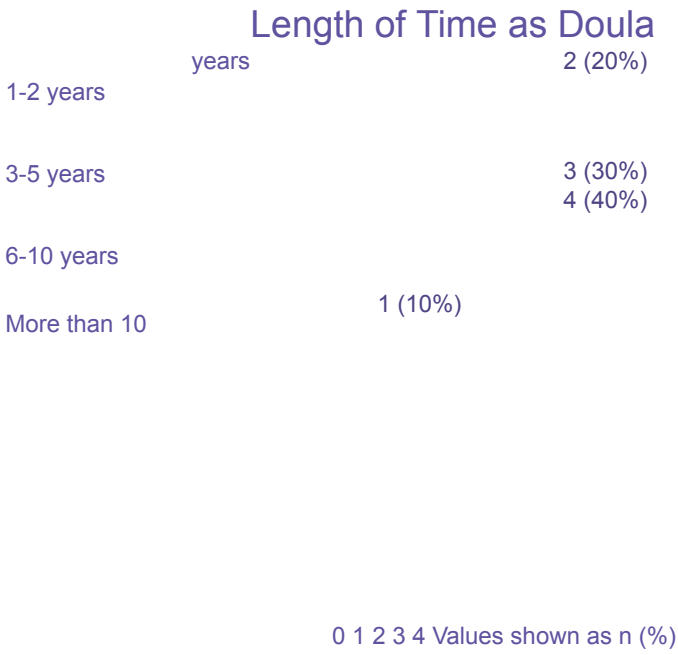
Participant Demographics
Ten doulas completed the program satisfaction survey with a response rate of 67% of the total 2025 roster. Nine of ten participants (90%) identified with being Black or African American. Two identified as Latina/Latino/Latinx, and two as Multiracial, reflecting the intersectional identities with the AABN doula workforce.

Participants were given the opportunity to select all racial identities that apply:

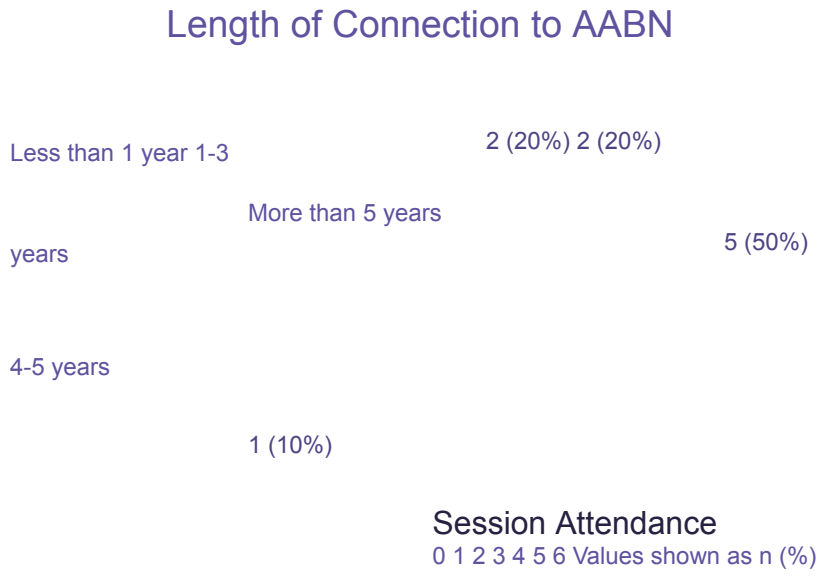


Doula Experience and AABN Connection

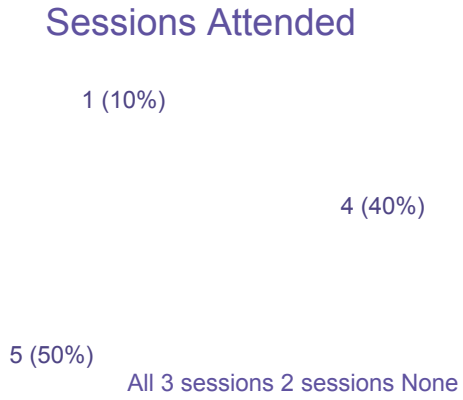
Participants represented a range of experience levels from early career to veteran doulas, with the largest proportion (40%) having 1-2 years of experience.



Most participants (60%) had been connected to AABN from 1-5 years.

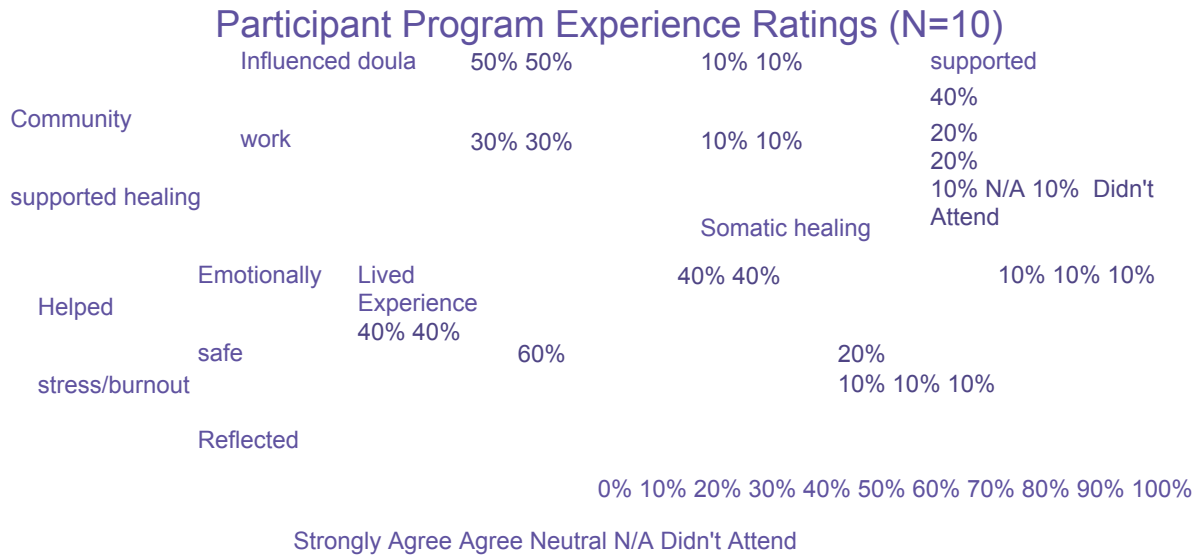


Nine of the ten participants (90%) of the program satisfaction survey attended at least two sessions with a 60% attendance rate of the entire 2025 doula roster. Participants were given the opportunity to select all barriers that influenced their attendance. The most frequently cited barriers to attendance were work schedule and client needs (70%), followed by emotional or mental fatigue (20%), physical health (20%), and session timing (20%). Nine of ten respondents (90%) indicated the number of sessions felt “just right” and one participant indicated “too few.” Notably, 60% of participants stated they enjoyed the first session and looked forward to the next one.



Program Experience

Participants rated their agreement with six program experience statements on a 5-point Likert scale. Across all six items, 80% of respondents agreed or strongly agreed that the program reflected their lived experience, helped manage stress, and influenced their doula practice. Emotional safety was the highest-rated domain, with 80% agreement (60% strongly agree). The somatic healing item had the widest distribution, likely reflecting the varied attendance at sound bath sessions. One participant consistently selected “Not applicable,” which aligns with the participant who planned to attend, but didn’t make it to the sessions.



Overall Satisfaction and Program Endorsement

Participant Satisfaction
Remarkably, 90% of participants reported being satisfied or very satisfied with the program.

Program Endorsement
All participants (100%) indicated they would be likely or very likely to recommend WeRISE to other doulas.



Note on Pre- and Post-Program Survey Data

Seven doulas completed the pre-program measures (Superwoman Schema Questionnaire, Professional Quality of Life Scale, and Brief Resilience Scale). Only one doula completed all three post-program measures, and five others completed portions of them. Given these response patterns, pre- and post-comparisons cannot be reliably reported. Future implementation should consider strategies to improve survey completion (see Recommendations).

Qualitative Findings

Four primary themes emerged from the critical thematic analysis of the focus group and individual interviews. Findings include doulas voices with staff and leadership perspectives.

Theme 1: Cultural Relevance and Affirmation

Participants described the WeRISE wellness sessions as a rare space where their identities as Black women and women of color were not merely acknowledged, but actively centered. Unlike other professional settings where racial identity must be defended or explained, the doula space was experienced as a place where Blackness was embodied collectively and unapologetically.

> "In a lot of spaces, I often feel like I gotta emphasize being Black or emphasize the Black experience. But when I'm in the doula spaces, it's like an unspoken. Naturally, everybody just embodies the power that comes with being a person of color, a Black woman. I don't have to do anything. It's like, naturally we are the armor."
> – She/Her/They, Focus Group

The Superwoman Schema concept and activity were repeatedly identified as a pivotal moment of cultural recognition, suggesting that the activity was uniquely powerful. Participants described seeing themselves reflected in every category of the schema and finding validation in the collective realization that these patterns were shared rather than individual.

> "When you put up those ginormous post-it notes and we went around and did the Superwoman Schema…I was like, dang, I always said I was a Black superhero, but golly. I fit into every category. And that's what I heard from all of us as well. Like, we're never too far from each other and none of us are alone." – Karma, Focus Group

> "When all those posters were up there, I was like, whoa…a lot of those things are characteristics that I have. We do a lot." – Buddy, Focus Group

For Latina participants, the space provided a unique opportunity to be in community with Black women. One participant noted:

> "I'm always grateful for the diversity and the support that I get. Especially being a Latino woman in a space where we're not yet there to be represented…you guys did all the battle, back work for a lot of us to have a voice and to show up." – Nina, Focus Group

The program's Afrocentric, community-based approach was described as reminiscent of the doula training curriculum itself, creating continuity between how doulas were formed and how they are sustained.

> "The sessions were so community-based and community-focused, meaning it took us as African American women and women of color in consideration, in addressing or talking about some of the issues we face as women of color. It reminded me of the doula curriculum because they're so Afrocentric and community-based, and this whole program with the mental health issue kind of focused on similar themes as well." – Lioness, Focus Group

Theme 2: Mental Health, Boundaries, and the Practice of Rest

Participants described meaningful shifts in their relationship to boundaries, rest, and emotional self-regulation as a result of WeRISE programming. The concept of boundaries emerged as a significant learning, as well as a professional strategy and a practice of self preservation.

> "When I first started doing this work, I didn't understand about managing things. I thought, okay, I got these many clients, I need to do this, I need to do that. As I started growing with WeRISE and we started talking more about managing stress, managing workload…I started learning like, hey, it's okay to set boundaries. It's okay to manage your caseload." – Doula Jasmine, Focus Group

> "If you didn't need me and you didn't call me, I'm going to respect that. Because that's also the universe protecting me." – Nina, Focus Group

Staff interviews revealed that boundary-setting wasn't only learned in sessions, but actively reinforced by organizational culture. A staff member described leadership explicitly directing staff to rest:

> "They take that rest very seriously. Ms. Dalvery was like, you're supposed to be resting. Why are you answering emails? Go lay down and do something. For a long time when I first started, I didn't take it seriously. Now I really take it seriously…and allow me to be able to stand with my boundaries."

The concept of "completing the stress cycle" from the book Burnout by sisters Emily and Amelia Nagoski was identified as a transformative practice. Participants also described a shift from guilt-laden rest to what might be termed unapologetic rest:

> "Taking time to actually sit down and do nothing intentionally and feeling unapologetic, unashamed about it... I don't feel guilty when I'm telling people I'm about to sit down. I'm going to be unavailable for a minute and I'll let you know when I'm ready." – Karma, Focus Group

Theme 3: Collective Healing, Sisterhood, and Safe Space

The relational dimension of the program emerged as its most consistently valued feature. Participants not only described the program as helpful, but they also described it as a space of belonging that many had not experienced in professional settings.

> "I've been in corporate America for 20 plus years, and I was always the only one. So to be in a [doula] space where I can be part of his sisterhood…it's amazing. This is where I'm supposed to be. This is where we're all supposed to be as we do this great work." – Peacemaker, Focus Group

The program created conditions for what participants described as authentic vulnerability and a willingness to share that felt effortless, rather than forced:

> "Everybody welcomed me and cared for me. The doula space is where I always felt comfortable, welcome." – Buddy, Focus Group

> "Nothing ever felt forced. It actually felt effortless. Like, I want to share because I know that this is a safe space. I can unfold here, not collapse, but just unfold here. And we weren't trauma bonding, but we were expressing where we're at." – Karma, Focus Group

Leadership observed the organic formation of community and sisterhood among the doulas as one of the program's most significant outcomes:

> "One of the things that I'm really impressed with is how the doulas provide support to each other and how they give praise and support. They're forming their own community very organically and naturally." – Ms. D, Focus Group

The somatic healing component was described as a powerful complement to the mental health sessions. Participants reported being able to relax and being met with grace rather than judgement by their doula sisters:

> "I'm the type of person that is very difficult to relax…I was concerned about giving in too much. But the last couple of sessions, I had the opportunity to let go." – Lioness, Focus Group

> "I was able to go to sleep. I don't mean just close my eyes and rest, but I was real life snoring. And I looked over at my sisters and they didn't care. They were locked in with their bodies while I'm over here snoring. That was my reminder to lock in with my body." – She/Her/They, Focus Group

Theme 4: Implementation Challenges

While the wellness component was overwhelmingly valued, implementation challenges emerged at the organizational and structural levels. Staff interviews illuminated several factors:

Staff turnover and instability. AABN experienced significant staff changes during the program period, including the departure of multiple personnel and the transition of the program manager role. The instability affected doula trust and engagement:

> "I've been with AABN for five years, and I've experienced five different program managers. So now you got five different people telling you something. The trust is like shattered glass." – Staff Interview

Competing demands on staff capacity. The program manager described performing office manager duties, which reduced capacity for direct doula engagement and program coordination. The program coordinator described having two to three births per month while managing other responsibilities for the program.

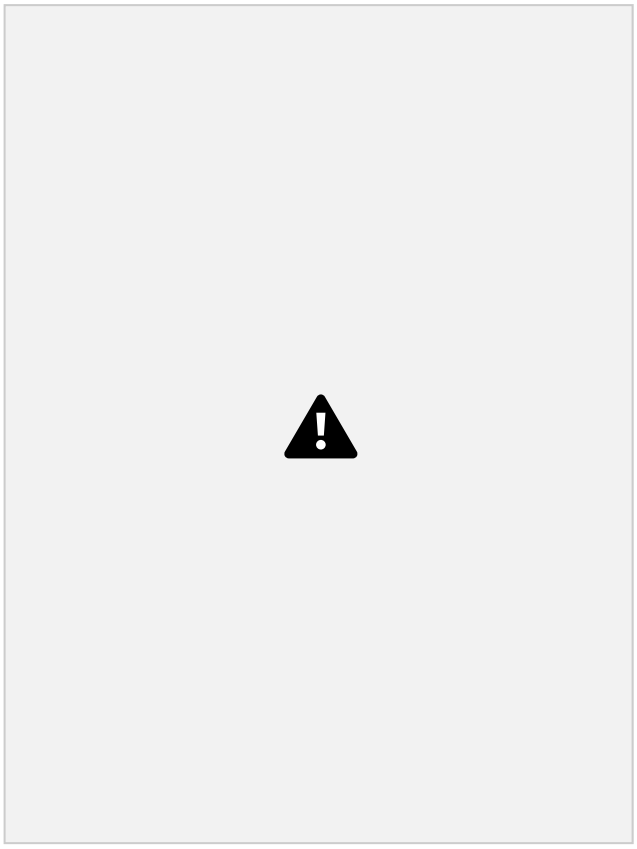
Doula burnout and attrition. Staff observed decreased enthusiasm and engagement over time, with doulas reducing their caseloads or stepping away entirely.

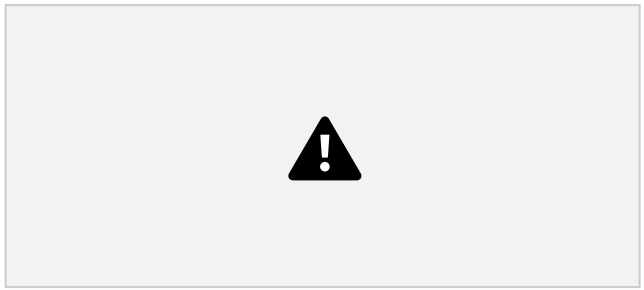
> "We were all bright-eyed and bushy tailed when we first started…and then you start getting more clients and you start getting run down. I started to see that a lot in doulas." – Staff Interview

The broader political climate. Leadership identified the 2024 election as a significant disruptor, necessitating organizational pivots around funding sustainability, diversification, and programmatic strategy that consumed time originally intended for partnership coordination.

Integrated Findings

Quantitative and qualitative findings were consistent across several areas. High levels of agreement in the program satisfaction survey on the Likert-scale items were supported by the rich descriptions in the focus group describing cultural relevance, boundary setting, and sense of community. Similarly, overall satisfaction (80%) and the universal willingness to recommend the program to other doulas (100%) were consistent with the positive sentiments expressed during the focus group. The variation in attendance with 50% of the doulas only attending two sessions was contextualized by participants reporting that work schedules/client needs, emotional or mental fatigue, health, and session timing limited their participation. Incomplete pre- and post-survey response rates also suggest the need for strengthened data collection rather than lack of interest by the doulas. Taken together, the findings suggest that the participants experienced the WeRISE program as valuable, but personal and organizational factors prevented full participation.





RECOMMENDATIONS

Based on evaluation findings, including suggestions provided by the doulas and staff, the YWCA of Southeast Wisconsin offers AABN the following recommendations:

Program Design

1. Continue to implement an integrated wellness model. The combination of mental health sessions, somatic healing, and community building was identified as WeRISE's core strength. All three components should remain as a cohesive offering.
2. Develop tangible self-care resources. Participants recommended concrete wellness incentives including paid rest days, contributions towards restorative services, and wellness stipends. Leadership should explore feasibility within the current budget, seek additional funding, and pursue corporate sponsorships.
3. Implement a mentorship and buddy structure. Participants reflected on the value of informal mentorship within the doula space and recommended pairing newer doulas with experienced doulas for accountability, ongoing support, knowledge transfer, and relationship building.
4. Strengthen backup system. A participant identified the need for a more structured doula back up system for client continuity of care.

Scheduling and Logistics

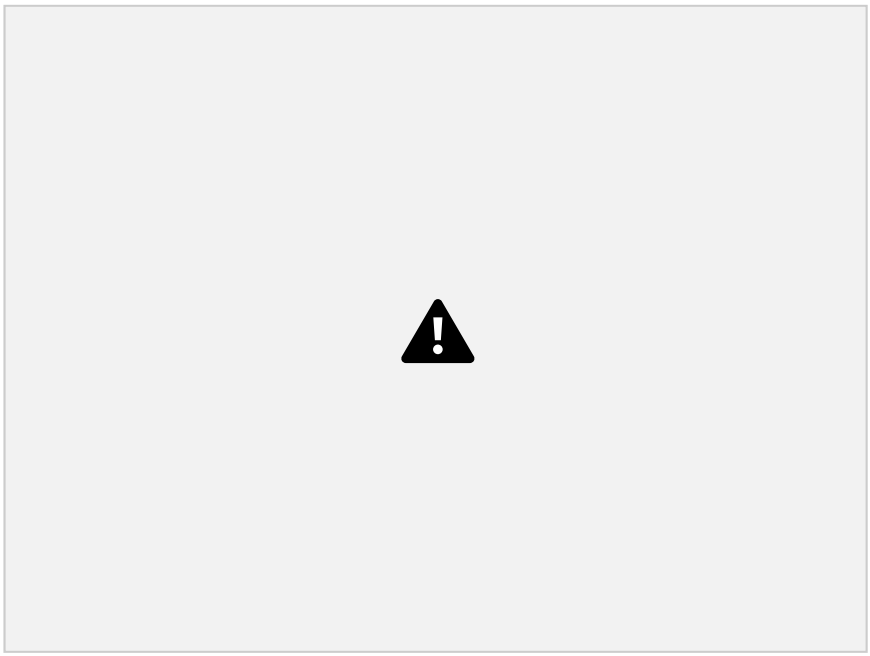
1. Consider outdoor sessions. Participants suggested facilitating programming outside to enhance attendance and engagement.
2. Strengthen reminder systems. Staff identified that additional reminders and personal outreach could improve attendance.

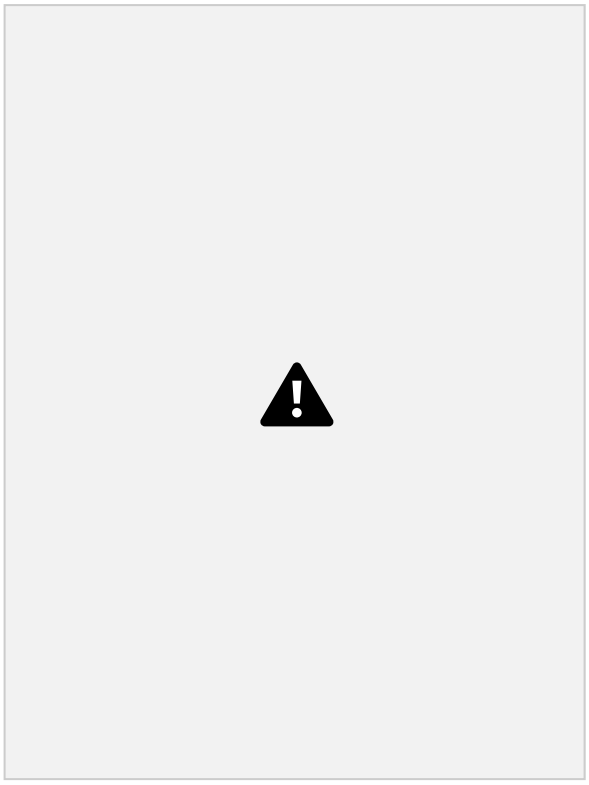
Engagement and Trust

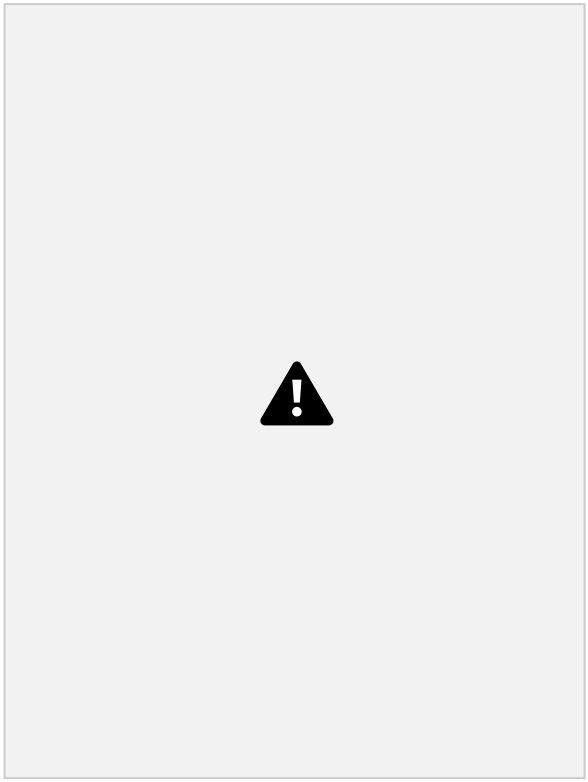
1. Maintain mental health facilitator continuity. Participants and staff explicitly stated that the consistency of the therapist was essential to their willingness to be vulnerable. Any change in mental health facilitator should be introduced gradually and with doula input.
2. Address trust through transparent communication. Staff transitions should be communicated openly to doulas, with context for change and opportunities for dialogue. The history of multiple program manager transitions has created tenuous trust.
3. Create more unstructured time. Staff recommended discontinuing a set meeting structure in favor of an open, free-flowing space for doulas to share birth stories, connect with their doula sisters, and decompress.

Future Evaluation Improvements

1. Incentivize survey completion. The primary barrier to matched pre-post data was inconsistent completion. Consider incentives for completed surveys and conduct staff outreach to improve response rates.







CONCLUSION

The wellness component of the WeRISE program is an innovative and necessary investment in the sustainability of the Milwaukee doula of color workforce. The evaluation found that the WeRISE wellness component was deeply meaningful to participants. The evaluation also revealed challenges doulas of color experience navigating hostile medical environments while carrying the weight to present strength, suppress emotion, and prioritize everyone else's needs above their own. The doulas themselves named what they need: rest, compensation that honors their sacrifice, and a space where they can be human before being superheroes. The YWCA of Southeast Wisconsin recommends the continuation and expansion of the WeRISE program, with particular attention to mental health facilitator continuity, administrative capacity, tangible wellness resources, and strengthened evaluation resources. What was built in the first year is a good foundation and proof of concept that doulas of color will show up, share, and heal when they are offered a space that truly belongs to them.

REFERENCES

1. Hoyert, D. L. (2026). Maternal mortality rates in the United States, 2024 (NCHS Health E Stats No. 113). National Center for Health Statistics. https://dx.doi.org/10.15620/cdc/174651
2. Ely, D. M., & Driscoll, A. K. (2025). Infant mortality in the United States, 2023: Data from the period linked birth/infant death file. National Vital Statistics Reports, 74(7), 1–20. https://dx.doi.org/10.15620/cdc/174592
3. Hamilton, B. E., Martin, J. A., & Osterman, M. J. K. (2025). Births: Provisional data for 2024 (Vital Statistics Rapid Release No. 38). National Center for Health Statistics. https://dx.doi.org/10.15620/cdc/174587
4. Wisconsin Department of Health Services, Division of Public Health, Maternal Mortality Review Program. (2025, November). Matters of the heart: Inequities in cardiovascular maternal health outcomes in Wisconsin. https://www.dhs.wisconsin.gov/mmrt/2025-mmr issue-brief.pdf
5. Wisconsin Department of Children and Families. (2025, August 21). State of Black Wisconsin [PowerPoint presentation]. https://dcf.wisconsin.gov/files/mcps/partnership/2025pc/state-of-black-wisconsin-updated august-21-2025.pdf
6. March of Dimes. (2025). 2025 March of Dimes report card for Wisconsin. PeriStats. https://www.marchofdimes.org/peristats/reports/wisconsin/report-card
7. Quinn KG, Marion E, Williams JS, Blackwell D, Olson J, Palatnik A. Implementation Barriers to Incorporating a Community-Based Doula Program to Improve Birth Outcomes for Black Patients in an Academic Medical Center. J Racial Ethn Health Disparities. 2025 Apr 16:10.1007/s40615-025-02444-3. doi: 10.1007/s40615-025-02444-3. Epub ahead of print. PMID: 40237955; PMCID: PMC12353627.
8. Wisconsin Doulas Association. (March 2026). Hard truth: Most doulas leave the profession within 2-3 years. [LinkedIn post]. https://www.linkedin.com/posts/worlddoulaweek-widoulas-hardtruths-ugcPost 7442269050468016128-5EEK/