

Spotlight on Success

TEWA WOMEN UNITED

Tewa Women United (TWU)⁷³ is a multicultural and multiracial, Indigenous/Tewa-women-created and -led organization located in the ancestral Tewa homelands of northern New Mexico. TWU embodies courageous spaces that center Indigenous women and girls to connect with ancestral knowingness, healing strengths, and lifeways for the well-being of all. TWU is grounded in multi-movements/issues of environmental, gender, reproductive, and healing justice. Central to this work is the Yiya Vi Kagingdi Doula Project, which began in 2008, and the Yiya Vi Kagingdi Full-Spectrum Community Doula Training, which began in 2018 (*Yiya Vi Kagingdi* means “mother’s helper”). Full-spectrum doulas provide support from before conception through all the ways pregnancy ends, including birth, abortion, miscarriage, and stillbirth.

The community-centered Yiya Vi Kagingdi Doula Project was created in response to a survey of women in the six Tewa-speaking pueblos and as one approach to mitigate violence against women, children, and Mother Earth. The program supports birthing people and their families with about three prenatal home visits, continuous support while giving birth, about three postpartum home visits, and lactation support, as well as remote support, all within a birth equity framework. TWU collected data over eight years and found striking benefits for birthing women and people participating in their doula program, including:

- **Preterm birth rate of 2.7 percent**, versus 9.8 percent for New Mexico overall, 8.2 percent for Indigenous New Mexicans, and 9.4 percent for Hispanic New Mexicans
- **Low-birthweight rate of 3.5 percent**, versus 9.1 percent for New Mexico overall, 8.2 percent for Indigenous New Mexicans, and 9.4 percent for Hispanic New Mexicans
- **Primary (initial) cesarean rate of 9.5 percent**, versus 13.7 percent for New Mexico overall, 14.4 percent for Indigenous New Mexicans, and 14.8 percent for Hispanic New Mexicans

Continued on the next page.

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In contrast to mainstream doula training organizations that do not emphasize the value of culturally congruent healing support for trauma survivors, and disproportionately reach affluent white birthing people through a private-pay model, the more encompassing TWU doula training program includes content relating to reproductive justice, decolonization of birth, trauma-informed care and healing, perinatal mental health, social needs, full-spectrum support, and reclaimed Indigenous birthing traditions. The Yiya Vi Kagingdi Doula Project and training also work to address postpartum depression and substance-using parents.

TWU promotes economic justice and reciprocity by training community doulas to do meaningful wellness-focused work, making doula support available to families without undue economic burden, and advocating for living-wage compensation for doula services.

Doula services are provided at low to no cost, and doula training is offered at no cost, in exchange for providing doula services to three families without charge.⁷⁴

⁶⁹ See Note 16.

⁷⁰ See Note 17.

⁷¹ See Note 49.

⁷² Sarah Ireland, Ruth Montgomery-Andersen, and Sadie Geraghty. “Indigenous Doulas: A Literature Review Exploring Their Role and Practice in Western Maternity Care,” *Midwifery*, August 2019, <https://doi.org/10.1016/j.midw.2019.04.005>; Tewa Women United and Indigenous Women’s Health & Reproductive Justice Program. *Expanding Access to Doula Care: Birth Equity & Economic Justice in New Mexico*, March 2020, <https://tewawomenunited.org/wp-content/uploads/2020/08/TWU-Expanding-Access-to-Doula-Care-March-2020.pdf>

⁷³ *Ibid.*

⁷⁴ Tewa Women United. “Yiya Vi Kagingdi Doula Project,” accessed August 14, 2022, <https://tewawomenunited.org/yiya-vi-kagingdi-doula-project>; —. “YVK Full Spectrum Doula Training,” accessed August 14, 2022, <https://tewawomenunited.org/yvk-full-spectrum-doula-training>

⁷⁵ Eugene R. Declercq, Carol Sakala, Maureen P. Corry, Sandra Applebaum, and Ariel Herrlich. *Listening to Mothers III: Pregnancy and Birth*, Childbirth Connection, May 2013, <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/listening-to-mothers-iii-major-findings.pdf>

⁷⁶ See Note 37.

⁷⁷ Katy B. Kozhimannil, Carrie A. Vogelsang, and Rachel R. Hardeman. Medical Coverage of Doula Services in Minnesota: Preliminary Findings from the First Year, July 2015, <https://static1.squarespace.com/static/577d7562ff7c5018d6ea200a/t/5840c791cd0f683f8477920a/1480640403710/FullReport.pdf>

⁷⁸ Amy Chen and Alexis Robles-Fradet. *Challenges Reported by California Doula Pilot Programs*, National Health Law Program, accessed August 14, 2022, <https://healthlaw.org/wp-content/uploads/2022/03/ChallengesCADoulaPilots-March-2022.pdf>

⁷⁹ Cassondra Marshall, Ashley Nguyen, Stephanie Arteaga, Marna Armstead, Natalie Berbick, *et al.* Partnering with Community Doulas to Improve Maternal and Infant Health Equity in California: Findings from the Community Doula Research Project. School of Public Health, University of California, Berkeley, 2022, https://www.share.berkeley.edu/files/ugd/7ee60a_f6be1b984d0c4b44a2758e96587a6195.pdf

⁸⁰ Amy Maxmen. “Why Hundreds of Scientists Are Weighing In on a High-Stakes Abortion Case,” *Nature*, November 11, 2021, <https://media.nature.com/original/magazine-assets/d41586-021-02834-7/d41586-021-02834-7.pdf>

⁸¹ Sara Levine Kornfield and Pamela A. Geller. “Mental Health Outcomes of Abortion and Its Alternatives: Implications for Future Policy,” *Women’s Health Issues*, March 1, 2010, <https://www.doi.org/10.1016/j.whi.2009.12.003>; America’s Health Rankings analysis of CDC, Pregnancy Risk Assessment Monitoring System or state equivalent, accessed August 16, 2022, https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/unintended_pregnancy/state/U.S; Advancing New Standards in Reproductive Health, “The Turnaway Study,” accessed August 16, 2022, <https://www.ansirh.org/research/ongoing/turnaway-study>

⁸² Sara Rosenbaum. “A Public Health Paradox: States with Strictest Abortion Laws Have Weakest Maternal and Child Health Outcomes,” *The Commonwealth Fund*, March 8, 2022, <https://www.commonwealthfund.org/blog/2022/public-health-paradox-states-abortion-laws-maternal-child-health-outcomes>