



Doulas Latinas:

Advancing Birth Justice Through Doula Training
in Rural Latino Communities in Oregon



Doulas Latinas International (DLI) is a nonprofit organization dedicated to advancing maternal and child health equity for Latino, Indigenous, Black, LGBTQIA+, and rural communities across Oregon. Founded by Dr. Sandra Hernandez, María Antonia Placencia Sanchez, and other Latino and Indigenous persons, DLI centers its work on training community-based doulas through the LADO® Curriculum, a culturally specific, multilingual program rooted in Latin-Indigenous traditions and certified by the Oregon Health Authority.



Latino¹ communities, particularly in rural parts of the state, faced a persistent lack of access to reproductive and maternal healthcare. Increasing accessibility to these communities entailed providing services that was in a language they can understand and in alignment with their culture. In response to this need, Doulas Latinas International (DLI) launched a culturally rooted doula training initiative with the Reproductive Health Equity Funds offered by Seeding Justice.

The Reproductive Health Equity Funds (RHEF) were allocated by the Oregon Legislature in 2022. These funds were designed to address gaps in Oregon's reproductive healthcare infrastructure and expand access to the most vulnerable populations. RHEF provided financial support to projects, programs, and organizations focused on expanding reproductive health equity

across four focus areas: (1) provider workforce and other care investments, (2) direct support for people seeking abortion and other reproductive services, (3) community-based outreach and education, and (4) research. Latino communities in the United States have many labels to identify themselves such as, Latine, Latinx, Hispanic, etc. These variations of identification can revolve around politics, self-understanding, and geographic region of birth or family history.

The RHEF program DLI focuses on preparing low-income Latina women and Latino men to become doulas and trusted advocates for reproductive justice within their communities.

¹ Latino communities in the United States have many labels to identify themselves such as, Latine, Latinx, Hispanic, etc. These variations of identification can revolve around politics, self-understanding, and geographic region of birth or family history. Latino is used throughout this report, <https://latino.si.edu/exhibitions/presente/latino-identity/how-do-latinos-self-identify>

The trainings were grounded in the cultural, linguistic, and lived experiences of mothers from Guatemala, Mexico, El Salvador, Honduras, and other Latin American countries. It also spans prenatal to postpartum care, and emphasizes culturally competent services, body knowledge, breastfeeding, emotional support, and more. Currently, they are partnering with Native American groups to provide perinatal and postpartum services, further broadening the reach and impact of their programming. In response to emerging public health concerns, such as the rise of syphilis in Eastern Oregon, Doulas Latinas is actively seeking to collaborate with local health departments. Leveraging their trusted access to migrant farmworker communities through the Center for Education and Support for Humanized Birth, they are creating new opportunities to integrate public health services with culturally grounded care. Through strategic resource leveraging and strong community partnerships, DLI has created a scalable model for equity-centered, humanized birth practices.

"These [women], with a history of diabetes..., they may struggle... A mother who wasn't well supported sent home and given a nutritionist, but it was difficult for the mother to keep taking care of herself, especially when she was also struggling emotionally. The emotional state during pregnancy is intense, and even more so postpartum."

Strategic Resource Leveraging

Doulas Latinas International (DLI) has built its approach to strategic resource leveraging on a foundation of intentional, inclusive outreach. Rather than focusing solely on those already involved in reproductive health advocacy, the organization actively engaged partners across sectors that address broader determinants of health, such as housing, education, community well-being, and environmental justice. DLI joined forces with a Black community-based organization (CBO) based in the Portland-metro area, in maternal child health for reproductive justice and equity efforts. This included working in areas of tobacco prevention, environmental health climate, and community vegetable gardens to aid in mothers' nutrition. Likewise, DLI worked with Guerrero's Latinas (a small CBO in East Portland) to address domestic violence among mothers working with doulas. This cross-sector strategy reflected a deep understanding of the complex factors that shape birth experiences for Latino families. By building and strengthening a diverse network around childbirth, DLI enhanced its Alliance for Childbearing and Collective Health and Environmental Equity for Reproductive Justice (ACHE'-RJ) program, bringing in

the partners to advance culturally respectful healthcare advocacy. Their vision is rooted in the belief that every person

has the right to speak for themselves and secure the care they need to live a healthy life. Through this approach, DLI helped to build a statewide movement for humanized birth as reproductive justice in Oregon.

Moreover, strategic partnerships enabled DLI to integrate overlooked training topics across the social determinants of health that are important for maternal and infant health. This was apparent through knowledge sharing in the DLI Council. The Council comprised of active doulas that mentored doulas-in-training. They had monthly meetings to share birth stories and challenges faced while serving a family, mom, or baby. Their engagement in tobacco-use prevention allowed the Council to pass their knowledge to doulas-in-training. This equipped doulas with the ability to educate families about second-hand smoke, vaping, and other environmental risks on maternal health. Training and education on tobacco-use prevention is not part of the requirements for doula certification, but it is critical for reproductive health.

Impact & Connections

One of the program's most significant achievements is the creation of safe, culturally affirming spaces where mothers feel seen, heard, and supported. The doulas helped bridge language gaps, and provided emotional grounding, especially in high-stress hospital settings. Through their efforts, mothers knew more about healthier pregnancies, better nutrition, stronger mental health, and how to advocate for themselves and their baby. Moreover, the program's integration of seemingly unrelated issues such as climate change, food insecurity, and housing has built trust with mothers. Stories of success illustrate the transformative potential of a community-rooted, justice-centered approach.

"Many mothers are shocked to learn how long smoke stays in one place. They say things like, 'Wow, I didn't know smoke could stay in the walls, the floors, even the furniture.' Some don't realize that when someone smokes in a shared space, others, especially children, are breathing in that smoke too. They often don't realize that some apartments are cheaper because of third-hand smoke, which still poses health risks."

Conclusion

Doulas Latinas' approach to strategic resource leveraging reflects a deep commitment to inclusive, equity-driven health programming. By cultivating partnerships that expand doula knowledge beyond what is typically included in certification training, they are advancing a model of humanized, culturally responsive care that addresses the unique needs of underserved communities. Their work offers a powerful example of how resource mobilization, strategic collaboration, and culturally anchored education can drive progress in maternal and reproductive justice. Through these efforts, Doulas Latinas continues to build a comprehensive framework for community-driven, equitable reproductive health in Oregon.

"We were in a session with a mother...

She had just given birth, and this mother had not attended any classes.

When she told us she was experiencing domestic violence, I froze ... That's when we realized there's a lot of domestic violence and that there are resources available for mothers or individuals, so they don't have to go through it alone. At the end of the class, she told me she had gone to a shelter because she was now homeless...I told her to talk to her doctor so they could help connect her with a social worker."

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