

# Complicating Acts of Advocacy: Tactics in the Birthing Room

By Shui-Yin Sharon Yam

## ABSTRACT

This article examines the tactics doulas deploy to support birthing people in a hospital setting, where both the doulas and their clients are marginalized. In order to cultivate and preserve calmness in the birthing room, doulas mobilize what I call “soft advocacy” to avoid overt confrontation with medical staff, while promoting their clients’ preferences and interests. “Soft advocacy” entails affective management of all stakeholders in the room, strategic body positioning by the doula, and descriptive narration that holds medical staff accountable for their actions. These tactics are transferrable outside the birthing room and can be deployed by advocates who want to protect their clients’ interests, but cannot afford to overtly challenge the status quo.

## POSITIONALITY STATEMENT

I connected with doulas in my community first to conduct semi-structured interviews. Through snowball sampling, social media recruitment, and professional conferences, I interviewed 30 doulas—many of them serve primarily marginalized pregnant and birthing people. I remain in touch with several of my interviewees, and continue to attend reproductive justice conferences for activists and birthworkers.

## TAKEAWAYS

- **Employ soft advocacy when advocating.** Birthworkers who are marginalized in medical institutions deploy “soft advocacy” to support their birthing clients—namely, non-confrontational tactics that promote the interests of the birthing person through gendered affective management, strategic body positioning, and descriptive narration that holds medical staff accountable for their actions. Rhetorical scholars conducting community-engaged work can mobilize similar tactics when they must advocate for marginalized subjects while occupying

a liminal position of power themselves.

- **Attend meetings and conferences frequented by reproductive justice activists from outside academia.** Listen, learn, and cultivate relationships with participants there, even if that means temporarily decentering your research agenda or revising your research questions.
- **Honor the epistemic privilege and lived experiences of community practitioners and activists by inviting them to share stories they deem significant and transformative.** Focus less on whether these stories directly answer your research questions, and more on why your participants find them important so that the meaning and agenda of your research are co-created with your participants.

## KEEP IN MIND

...that while community activists, practitioners, and organizers may deploy common terms and concepts in rhetorical studies, in my case advocacy, we cannot assume that we share the same assumptions and interpretive framework. It is important to interrogate the different ways in which we understand and deploy these concepts, and examine how and why community practitioners and organizers enact those concepts the way they do.

...that while advocacy is commonly understood in rhetorical studies as acts of overt persuasion to shift the audiences' positions and the existing power relations, community practitioners may enact advocacy differently in ways that are more multimodal, embodied, and subtle in its effects. As rhetorical scholars, we must learn to acknowledge and recognize the power of these acts even—and especially—when they do not fulfill the canonical definitions of advocacy in our field.

## ADDITIONAL LINKS

- [Ancient Song Doula Services](#)
- [Black Mamas Matter Alliance](#)
- [Black Women Birthing Justice](#)
- [Decolonize Birth Conference](#)
- [SisterSong Let's Talk about Sex Conference](#)