

Doulas and Doctors: Working Together for Better Maternal and Infant Outcomes

What is a doula?

A doula is a professional who is trained in childbirth and provides continuous support to a mother before, during, and just after the birth of her babies. Doula comes from a Greek word that means “a woman who serves” or “handmaiden.”

Doulas as Members of the Maternity Care Team

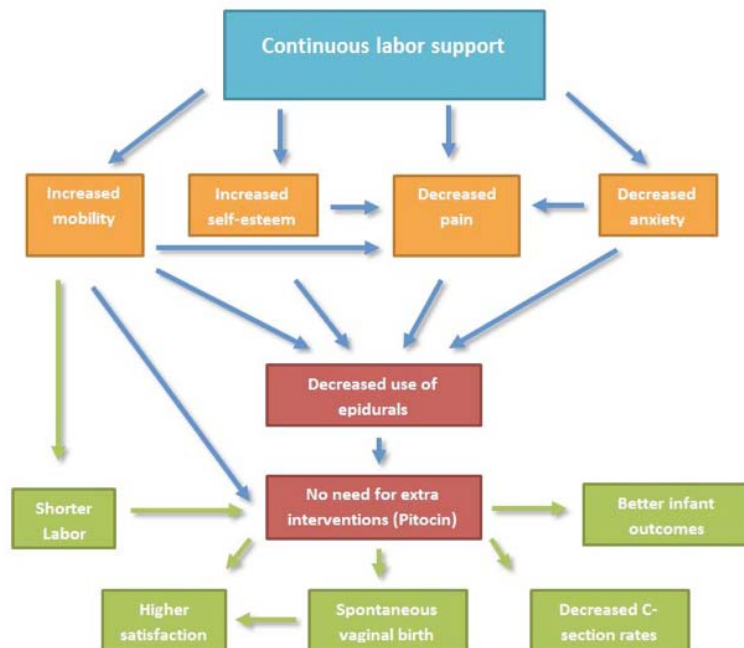
Each person involved in the care of the laboring woman impacts her physical and emotional well-being. While doctors, nurses, and midwives are primarily responsible for the physical health and safety of the mother and baby, non-medical support is also an important factor in ensuring smooth, less complicated labors and deliveries. The doula focuses on these non-medical needs, facilitates communication between the laboring woman and her team, and provides the laboring woman and her partner with timely information. Many care providers find that having a doula in the room makes for calmer, more satisfied women in birth, and better outcomes overall.

Statistics that Make the Case for Doulas:

According to the Cochrane Database Review published in 2011 by Hodnett & Gates, the continuous labor support provided by a doula led to a:

- 40% decrease in the use of Pitocin
- 12% increase in the likelihood of a spontaneous vaginal birth
- 28% decrease in the risk of C-section
- 34% decrease in dissatisfaction with the birth experience
- 60% reduction in epidural requests (Klaus, MD, et al, 2002)
- 100% increase in continuing breastfeeding at 6 months (Atfeld, 2002)

Conceptual model for continuous labor support



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These outcomes were better than all the other types of continuous support that were studied (hospital staff, nurses, midwives, partners, childbirth educators, retired nurses, and friends/relatives of the mother). Women who have a doula are statistically more likely to report feeling less pain when a doula is present (Caton & Corry, 2002).



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What do doulas do?

Doulas “mother the mother.” While performing her role, a doula:

- Provides emotional support
- Encourages the use of comfort measures: breathing, relaxation, movement, positioning
- Offers information and explanation of events in the intrapartum period
- Continuously reassures and comforts the mother
- Encourages a mother to become informed about various birth choices
- Encourages the mother to communicate her needs and desires to the care provider (does not communicate for her)
- Assists partner in supporting the laboring mother

What doulas do NOT do:

Doulas:

- Are NOT medical professionals
- Do not perform clinical tasks such as vaginal exams or fetal heart monitoring
- Do not give medical advice or diagnose conditions
- Do not take over the role of husband or partner
- Do not deliver the baby
- Do not change shifts

You can read more about what doulas do and do not do in the DONA International’s standard of practice for birth doulas.

Offering unrestricted access to doulas and continuous labor support of the mother’s choice is the first step to achieving designation as a Mother-Friendly Hospital (CIMS, 1996).

References and Further Reading:

DONA International (2008). *Standards of Practice for Birth Doulas*. Published by DONA Intl, accessible online: http://www.dona.org/aboutus/standards_birth.php

Gilliland AL. (1998) “Commentary: nurses, doulas, and childbirth educators,” *J Perinatal Ed*, 7:18-24.

Hodnett, E. D., S. Gates, et al. (2011). “Continuous support for women during childbirth.” *Cochrane database of systematic reviews*(2): CD003766.

M.H. Klaus, J.H. Kennell, & P.H. Klaus (2002) *The Doula Book*. Perseus Publishing.

Altfeld, S. (2002) *The Chicago Doula Project Evaluation Final Report*, The Ounce of Prevention Fund.

Caton, D., M. P. Corry, et al. (2002). “The nature and management of labor pain: executive summary.” *Am J Obstet Gynecol* **186**(5 Suppl Nature): S1-15.

The Coalition for Improving Maternity Services (1996). *The Mother-Friendly Childbirth Initiative: The First Consensus Initiative of The Coalition for Improving Maternity Services*. Accessible online: <http://www.motherfriendly.org/MFCI>

Trueba G, Contreras C, Velazco M, Lara E, Martinez H. (2000) Alternative strategy to decrease cesarean section: support by doulas during labor. *J Perinat Educ*, 9:1-6.

Hodnett E, Lowe N, Hannah M, Willan A, Stevens B, Weston J et al. (2002) Effectiveness of nurses as providers of labor support in North American hospitals: a randomized controlled trial. *JAMA* 288:1474-81.

Sosa R, Kennell JH, Klaus MH, Robertson S, Urrutia J. (1980) “The effect of a supportive companion on perinatal problems, length of labor, and mother-infant interaction,” *N Engl J Med*, 303:597-600.



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