

# CAPPA Position Paper - Evidence-Based Labor Doula Care

## Introduction

Childbirth is not simply a medical event. Having a baby is an experience that is remembered forever by the woman and her family. It is an experience that changes the dynamics of a family as well as the entire life of each family member. It is more than just another day, and the way a birth unfolds will affect a woman's confidence as a person and mother, her self-esteem, and her relationships with others. This is true for her partner as well.

CAPPA believes that women in labor require the safety of skilled healthcare by a qualified physician or midwife. However, they also require emotional support, information, reassurance, encouragement, respect, and love. Each woman will have different needs, both medically and emotionally due to her individual situations and desires. A labor doula can meet many of these non-medical needs and assist the woman's caregivers in their goal of a good outcome for mother and baby and a good birth experience for the mother. Doulas provide guidance and encouragement to minimize the pregnant woman's fears and anxiety. The continuity of care provided by doulas contrasts with the experience of many women who have little contact with the person assisting with their birth. (Koumouitzes, 2006)

## Labor Doulas as Part of the Birth Team

Women have complex needs during pregnancy, labor, birth, and immediate postpartum. Doula care represents a return to the tradition of woman-to-woman support during pregnancy, labor, birth, and the immediate postpartum period. (Meyer, 2001) Throughout history women have been surrounded by other women. There was usually a midwife present and then one or more other women to help the mother to remain as comfortable as possible, and to comfort, reassure, and protect her space as she labored. Today, labor doulas continue this tradition of providing support, information, and non-medical comfort measures to assist the laboring mother. Continuous support during labor should be the norm, rather than the exception. Labor doulas are professionals; trained, and experienced in childbirth. The doula has a long term commitment to the woman and through her intimate knowledge of the woman's needs and expectations; she provides individualized care that includes physical, emotional, and informational support to the mother and those who are attending her. One of the most important roles of the labor doula is to attend to the mother's emotional needs during labor, birth, and immediate postpartum as positive emotional care can strengthen bonding with her infant. The labor doula will assist the father or other birth partners by giving suggestions of what will be helpful to the mother, giving them a break, and making sure that they eat, drink, and rest to maintain their strength. In addition, the labor doula will assist the family in gathering information and asking the questions necessary to make informed decisions when the need arises, although the doula should never make decisions for them. She will assist the mother and her partner to find the best methods to relax and encourage labor, including helping with maternal position change, breathing, relaxation, imagery, massage, acupressure, and other comfort measures. For middle-class women laboring with the support of their male partner, the presence of a doula during labor significantly decreased the likelihood of cesarean delivery and reduced the need for epidural analgesia. (McGrath, 2008) The labor doula does not leave the laboring woman, maintaining continuity of care throughout the labor and birth. Labor doulas provide and specialize in only non-clinical aspects of care of the laboring woman. A labor doula will not perform any medical tasks, such as fetal or maternal monitoring, vaginal exams, blood pressure, or other vital signs. Medical providers (midwives, doctors, and nurses) must focus on the medical needs of both mother and baby and those needs take precedence over non-medical and psychosocial needs of the woman and her fetus. Thus the labor doula is a perfect addition to the maternity care team as the role of the doula specializes in meeting the non-medical needs of the woman. Adding the role of the labor doula makes for a more well-rounded maternity care team.

A labor doula does not diagnose medical conditions, will not give medical advice or second opinions, and will not project her own agenda and values onto the laboring woman. Doulas encourage and support self-advocacy for the couple. Labor doulas work to help the woman have a safe and satisfying birth experience, according to the mother's goals she has set for herself. When a doula is present, many women find there is less need for pain medication, while other women may choose to utilize pain medication to assist them as they labor. A labor doula is also very beneficial to a woman who has chosen pain medication as she continues to labor. Doulas can help minimize the undesirable side effects of pain medications by providing emotional care, maternal positioning, reassurance, comfort measures, and information.

Labor doulas do not replace the mother's partner - her partner, the baby's father, or other friends or loved ones. They work together with family and friends of the mother's choosing and many times this support allows those present to be more actively involved. The partner provides love and support that the labor doula can never provide, as he/she knows the mother intimately and possesses a love that can come from no one else. The labor doula can offer unique help to the partner and friends by providing suggestions for him/her, and allow the partner, loved ones, and friends to participate at their comfort level. The labor doula and the partner, in conjunction with the medical caregivers, form the perfect support system for the laboring mother.

The roles of the obstetrical nurse and the professional doula differ markedly, yet they also overlap somewhat and should complement each other. (Gilliland, 2002) Nurses and doulas can establish a working relationship and work effectively together. (Ballen & Fulcher, 2005) The labor doula's mandate is to work in tandem with health care staff to support a woman in having a safe and satisfying childbirth experience. Having a labor doula present improves medical outcomes. Doulas work in three primary models: private practice, hospital-based programs using volunteers or paid doulas, and community-based programs. Each model of care has advantages and disadvantages. Through utilization of culturally sensitive, community-based doulas pregnant and parenting teens are provided with a comprehensive relationship-based nurturing. (Breedlove, 2005) Young mothers can have quite positive outcomes and the support a doula gives can be a positive behavior change for teens. (Logsdon, 2006) It seems that a key contributor to postpartum depression may be the gap that exists between lack of social support and caring for the woman during the several weeks before and following birth. The doula may be the link to bridging the gap that may exist between medicalized birth, lack of social support, and postpartum depression. (Goldbort, 2002) Research by Hodnett indicates that women who are supported by a doula are more likely to be satisfied with their childbirth experience. (Hodnett, 2003) As doulas and childbirth educators feel and remain centered, they may effectively continue the journey to educate, support, and nurture pregnant women and their partners in times of stress, trauma and grieving. (Pascali-Bonaro, 2003) In order to provide the best care possible, it is essential that the doula and other medical professionals accept and respect each other's unique roles. Labor doulas can help the medical team meet the laboring woman's physical and emotional needs. Together doulas and medical professionals can work together for positive birth outcomes and the betterment of all birthing families.

### **Doula Services**

There are four types of doula programs: independent doula services, community-based doula services, agencies who offer doula services, and hospital-based doula services. Independent doula practices are employed directly by the expectant parents. The labor doula schedules several meetings to assess the expectations of the couple and establish a working relationship. When the woman is in labor she contacts the labor doula to arrive; the doula stays throughout the labor, birth, and immediate postpartum time. Doula agencies are often community-based and the doulas may be volunteers or paid employees. Some agencies serve specific populations (i.e. incarcerated women, teens, women in poverty, etc. Some doula programs have an extremely diverse population such as the Cambridge Doula Program. Pregnant women in this program are served by per diem labor doulas who speak a dozen languages. (Brill, 2005) Some programs (i.e. Doulas Care program) offer a model in which doulas provide services without charge. (Low, 2006) In some agencies, the doulas may meet with the couple in pregnancy and in other programs the doula only meets the pregnant woman when she is in labor. Agencies often train and employ their own doula staff. Doulas of hospital-based programs may be volunteers or paid employees. Some hospitals contract with agencies to staff their doula service. Other hospital-based programs are set up as an on-call service. The labor doula may meet the pregnant woman prenatally or may not meet her until labor has begun and establishes a relationship then. In some hospital-based programs, the pregnant woman meets and chooses her doula during pregnancy and that doula is on-call for the birth. In other programs, the labor doula is assigned to the pregnant woman during labor. (Perez, 2010)

### **Research on Labor Doulas**

In 2011, the Cochrane Library reported on 21 clinical studies, from 15 countries, involving more than 15,000 women in a wide range of settings and circumstances. The continuous support was provided either by hospital staff (such as nurses or midwives), women who were not hospital employees and had no personal relationship to the laboring woman (such as doulas or women who were provided with a modest amount of guidance, or companions of the woman's choice from her social network such as her partner, partner, mother or friend). Women who received continuous labor support were more likely to give birth 'spontaneously', i.e. give birth with neither cesarean nor vacuum nor forceps. In addition, women were less likely to use pain medications, were more likely to be satisfied, and had slightly shorter labors. Their babies were less likely to have low 5-minute Apgar scores. We conclude that all women should have continuous support during labor. Continuous support from a person who is present solely to provide support, is not a member of the woman's social network, is experienced in providing labor support, and has at least a modest amount of training, appears to be most beneficial. Doula support should not exclude other social support. Support from a chosen family member or friend appears to increase women's satisfaction with their childbearing experience. (Hodnett, 2011)

A 2014 doula study showed that doula-supported women had lower odds of cesarean compared without doula support and those who desired but did not have doula-support (AOR=0.41, CI, 0.18-0.96, and AOR + 0.31, CI 0.13-0.74). The odds of non-indicated cesarean were 80-90% lower among doula-supported women (AOR= 0.17, CI,0.07-0.39; and AOR= 0.11, CI, 0.03-0.36). (Kozhimannil, KB, Attanasio LB, Jou J, Joarnt LK, Johnson PJ, Gjerdingen DK , 2014). Increasing awareness of doula care and access to support from a doula may facilitate decreases in nonindicated cesarean rates.

In Chicago, the Chicago Doula Project was started to assist pregnant teens. The Chicago Doula Project was a collaborative effort of three agencies: Chicago Health Connection; the Ounce of Prevention Fund; and the Illinois

Department of Human Services. The teen moms who worked with a labor doula had 43% fewer cesarean sections, 74% fewer epidurals, and 70% higher initial breastfeeding rates. This is a tremendous achievement for a group of already at-risk teen moms.

Having a labor doula has also been studied in regards to breastfeeding initiation and success. In a study done in Mexico and reported in the British Journal of Obstetrics and Gynecology, it was found that significantly more mothers were exclusively breastfeeding at one month past birth. More of the mothers who had labor doulas also felt they had a high degree of control over the birth experience than those mothers not attended by a labor doula. (Langer, Campero, Garcia, Reynoso, 1998) A hospital-based doula support program is strongly related to improved breastfeeding in an urban, multi-cultural setting. (Mott-Santiago, 2008) A study in 2010 showed that women who had doula-supported births had near-universal breastfeeding initiation (97.9%) compared with 80.8% of the general Medicaid population. Among African-American women, 92.7% of those with doula support initiated breastfeeding, compared with 70.3% of the general Medicaid population. (Kozhimannil, KB, Attanasio LB, Hardeman RR, O'Brien M, 2013) A perinatal nursing study found the doula care group was more than twice as likely to be breastfeeding at 6 weeks (89% vs. standard care, 40%) Breastfeeding at 6 weeks was also associated with timely onset of lactogenesis and maternal report that the infant "sucked well" at day 3. (Nommsen- Rivers LA, Nastergeorge AM, et al., 2009).

A meta-analysis of 11 clinical trials showed that having a labor doula present continuously throughout labor significantly shortened labor, and decreased the need for analgesia, Pitocin, cesarean sections, and forceps. (Scott, Berkowitz, Klaus, 2000) Another meta-analysis again showed shortened labors and decreased use of cesarean births, forceps, and vacuum extraction, Pitocin administration, and analgesia. Mothers who used labor doulas for their births also rated childbirth as less difficult and painful than those mothers not supported by a labor doula. (Scott, Klaus, Klaus (1999) - Langer, Campero, Garcia, Reynoso (1998) and Zhang, Bernasko, Leybovich (1996)

In 2007, a clinical trial was reported that examined the association between doula support and maternal perceptions of the infant, self, and support from others at six to eight weeks. In this study there is a minimally trained close female relative or friend. Overall, when doula-supported mothers were compared with mothers who received standard care they were more likely to report positive prenatal expectations about childbirth and positive perceptions of their infants, support from others, and self-worth. (Campbell, 2007)

A study by Van Zandt, Edwards, and Jordan showed that interventions of baccalaureate nursing students, trained as doulas, were examined for their association with epidural anesthetic use. Doulas, trained to support laboring mothers, are associated with shorter labors and fewer medical interventions. Analysis showed an association of lower epidural use with increased complementary doula interventions and an association of higher epidural use with longer labors. These findings support previous research of decreased analgesia use by doula-supported women and suggest benefits of the interventions by student nurse doulas. Students trained in providing low-tech supportive care may change the environment for intra-partum nursing practice. Institutional changes may be required to allow greater opportunity for intra-partum nurses to provide support to laboring women. (Van Zandt, 2005) In a student-nurse doula program where student nurses trained as doulas, they have the opportunity to provide a variety of doula interventions for laboring clients; these doula interventions may decrease the likelihood of epidural use and cesarean birth (Paterno MT, VanZandt SE, Murphy J, Jordan ET, 2012)

### **CAPPA Labor Doula Training and Certification**

CAPPA believes that all women who want a labor doula should have one and to ensure this, CAPPA encourages labor doulas to become trained and certified. CAPPA provides the highest quality trainings and focuses on teaching non-medical comfort measures such as massage, positioning, breathing, relaxation, how to assist the laboring mother and her partner emotionally, how to provide unbiased and evidence-based information, and how to start and run a labor doula practice. CAPPA offers onsite labor doula seminars as well as distance learning. The onsite seminars and the distance training option use a standardized curriculum, with the distance option providing a way for doulas in remote areas around the world to train using video (DVD or online) to bring the training seminar to the doula. To attain certification as a CAPPA labor doula, the doula must attend an approved childbirth class series, an approved breastfeeding class, read books from the approved reading list, complete additional online learning modules, pass a written exam, and provide positive evaluations from three mothers they have worked with, their physicians or midwives, and their nurses.

### **Conclusion**

Pregnancy, labor, and birth are all part of the pregnant woman's life continuum. How the woman is supported during that time is vitally important to not only her, but her baby and others in her family unit. Based on the evidence and

research available, labor doulas should be an integral part of the woman's support system during the childbearing year. Labor doulas improve the outcome, both medically and emotionally, for the mother and her partner as well as the baby. One of the most critical roles of the labor doula is providing continuous reassurance, comfort, and emotional support during labor and birth. Doulas make every effort to ensure that the pregnant woman is empowered and respected during the labor and birth process. CAPPAs support the availability of labor doulas to all women who want one.

Paulina (Polly) Perez, RN, BSN, FACCE, LCCE, CD is a CAPPA senior advisor and author of the 2015 updated CAPPA Labor Doula position paper. She is also the author of numerous articles and books which include *Special Women: The Role of the Professional Labor Assistant*, *The Nurturing Touch at Birth: A Labor Support Handbook*, *Doula Programs: How to Start and Run a Private or Hospital-Based Program with Success!*, *Special Women: The Role of the Professional Labor Assistant- the video/DVD*, *Birth Balls: The Use of Physical Therapy Balls in Maternity Care*, and *Brain Attack: Danger, Chaos, Opportunity and Empowerment*.

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