

The Life of a Canadian Doula: Successes, Confusion, and Conflict

Sahba Eftekhary, MD, MPH, MHA,¹ Michael C. Klein, MD, CCFP, FAAP, FCFP, ABFP,^{2,3} Shi Yi Xu, BSc³

¹Department of Health Policy, Management and Evaluation, University of Toronto, Toronto ON

²Departments of Family Practice and Paediatrics, University of British Columbia, Vancouver BC

³Developmental Neurosciences and Child Health Research Cluster, Child and Family Research Institute, Vancouver BC

Abstract

Objective: Despite evidence that doulas improve maternal and newborn outcomes, some maternity care professionals have had difficulty both in understanding the role of doulas and in accepting doulas as collaborators. We sought to examine the backgrounds, practices, and professional motivations of doulas and to understand their role and interactions with other maternity care providers.

Methods: We conducted a postal survey of 212 Canadian doulas whose contact information was provided by DONA International. The main outcome measures of the survey were demographics, practices, motivations, perception of working environment, interactions with and acceptance by other maternity care providers, and overall work satisfaction.

Results: The most common reasons for becoming a doula were the desire to support women in childbirth, personal interest, and a wish to share their own positive birth experience with others. Only 21.7% described the doula role as a means of achieving personal financial support. Most respondents intended to continue doula work in the next five years. Doulas felt more accepted by midwives than other care providers. Most doulas reported no conflict with other maternity care providers, but on rare occasions, doulas had been excluded from attending birth by maternity care providers, hospital and/or administrative regulations, and rarely by a client. Almost all doulas (98.5%) rated their overall professional experience as good or excellent.

Conclusion: Better recognition and respect from other providers significantly influenced doulas' satisfaction. This study helps clarify areas of possible conflict and obstacles that doulas may face in their work environment and in their interactions with other maternity care providers.

Key Words: Doula, childbirth support, maternity care services, Caesarean section, obstetrical interventions

Competing Interests: None declared.

Received on October 27, 2009

Accepted on January 13, 2010

Résumé

Objectif : Malgré l'existence de données indiquant que le recours aux services de doulas améliore les issues maternelles et néonatales, certains professionnels des soins de maternité ont eu de la difficulté à comprendre le rôle des doulas et à les accepter à titre de collaboratrices. Nous avons cherché à examiner les antécédents, pratiques et motivations professionnelles des doulas, ainsi qu'à comprendre leur rôle et leurs interactions avec les autres fournisseurs de soins de maternité.

Méthodes : Nous avons mené un sondage postal auprès de 212 doulas canadiennes dont les coordonnées nous ont été fournies par DONA International. Les principaux critères d'évaluation de ce sondage étaient leurs caractéristiques démographiques, leurs pratiques, leurs motivations, leur perception du milieu de travail, leurs interactions avec les autres fournisseurs de soins de maternité et la mesure dans laquelle elles se sentent acceptées par ceux-ci, et leur satisfaction globale au niveau professionnel.

Résultats : Les raisons les plus courantes de devenir une doula étaient le souhait de soutenir les femmes pendant l'accouchement, les intérêts personnels et le souhait de partager sa propre expérience positive d'accouchement avec d'autres. Seules 21,7 % des répondantes ont décrit le rôle de doula comme étant un moyen de subvenir à ses besoins sur le plan financier. La plupart des répondantes prévoyait continuer de travailler à titre de doula au cours des cinq prochaines années. Les doulas se sentaient plus acceptées par les sages-femmes que par les autres fournisseurs de soins. La plupart des doulas n'ont signalé aucun conflit avec d'autres fournisseurs de soins de maternité; toutefois, à de rares occasions, les doulas ont été tenues à l'écart de la salle d'accouchement par des fournisseurs de soins de maternité, des règlements hospitaliers et/ou administratifs, et (rarement) des clientes. Pratiquement toutes les doulas (98,5 %) ont estimé que leur satisfaction globale au niveau professionnel était bonne ou excellente.

Conclusion : Le fait d'être mieux reconnues et respectées par les autres fournisseurs de soins exerçait une influence significative sur la satisfaction des doulas. Cette étude aide à clarifier les domaines de conflit et les obstacles possibles auxquels les doulas peuvent avoir à faire face dans leur milieu de travail et dans leurs interactions avec d'autres fournisseurs de soins de maternité.

J Obstet Gynaecol Can 2010;32(7):642-649

INTRODUCTION

During the early 1900s in Europe and North America, as births moved from home to hospital, many of the traditional techniques and skills needed to support labour and birth were lost. These were replaced by pharmacological methods of pain reduction, and increasingly from the mid-1970s, by the use of epidural analgesia.¹ The debate about “normal” versus “technical” birth continues,^{2–13} with the Canadian Institute for Health Information reporting that in 2004 three out of four women received one or more major interventions during labour.¹⁴ In Canada, the debate over what ought to be considered normal in childbirth has culminated in a joint position paper on normal birth,¹⁵ and in the UK a similar document has been produced.¹⁶ Doula support during labour and birth has the potential not only to reduce the traditional concerns about safety and provide better maternal and newborn outcomes, but also to improve women’s sense of fulfillment and satisfaction with the birth experience.^{17–21} However, while the doula movement emerged in the early 1990s some difficulties remain for doulas with respect to their integration into the conventional maternity care system.

Doulas are trained and experienced in providing continuous emotional support and reassurance. As part of their training they are taught by their principal professional organization (DONA International) to avoid interfering with nursing, midwifery, or medical care.^{22–24} In their antenatal activities, doulas usually inform their clients about the various options, risks, and benefits of the different approaches available in maternity care.²⁵ While in Canada the costs of services provided in conventional maternity care are covered by provincial healthcare insurance schemes, those provided by doulas are not. Doulas therefore are usually employed directly by women; they are accountable only to their client and do not have professional accountability to any institution or care provider.

We have previously surveyed the attitudes and beliefs of conventional maternity care providers²⁶ and more recently the attitudes and beliefs of care providers including doulas.²² In the present study, we sought to examine the perceptions and practices of Canadian doulas to better understand their roles and interactions with obstetricians, family physicians, nurses, midwives, and administrators. We wished to gain an understanding of the motivations behind the decision to become a doula and to gain some understanding of the dimensions of satisfaction derived from working as a doula.

METHODS

For this cross-sectional survey, we developed a questionnaire from published studies on maternity care providers and women²⁶ and from the DONA International doula certification course syllabus and position papers. A pilot study was conducted with doulas outside the current study to ensure reliability and clarity of the questions. Data analysis was performed using SPSS for Windows, version 15 (SPSS Inc., Chicago, IL). Descriptive statistics were used.

It is difficult to estimate the true number of doulas practising in Canada, as there is no mandatory registration with any doula association. We used the membership list of DONA International as a convenience sample of doulas in Canada, because DONA International is the most recognized organization for the promotion of doula practice, even if those on the DONA list might not necessarily be certified by DONA International. Assisted by DONA, we attempted to contact and send the study questionnaire to 407 doulas across all Canadian regions and Territories.

Ethics approval for the study was provided by the Behavioural Research Ethics Board of the University of British Columbia. Research activities were conducted according to the Tri-Council Policy Statement.

RESULTS

The original mailing and one follow-up to non-respondents generated 212 responses (a response rate of 55.7%). Demographic characteristics of the respondents are shown in Table 1.

The descriptive characteristics of Canadian doula practice are summarized in Table 2. The mean number of births for which doulas provided support during the preceding 12 months was 8.6. The majority of doulas (87.8%) reported that they practised in a community where full specialist support by obstetricians and anaesthetists was available. Only 18% worked in communities where only primary care services were available, without surgical or anaesthetic services on-site. Almost one half of them practised in a community with surgical and anaesthetic support provided by general practitioners, surgeons, or both. Overlaps in the study settings indicate that some doulas practised in more than one type of community. Doulas typically worked primarily in solo practice (63.2%).

The mean number of years in doula practice was 5.1, and 42.5% had from 4 to 10 years of practice experience. Most of the doulas characterized their experiences as good (35.8%) or excellent (62.7%). Three quarters of doulas saw themselves continuing doula work through the next five years, but 5.2% felt that they would discontinue work as a doula during this period (Table 2).

Download English Version:

<https://daneshyari.com/en/article/3960578>

Download Persian Version:

<https://daneshyari.com/article/3960578>

[Daneshyari.com](https://daneshyari.com)