

Fostering Collegial Collaboration Between Labor Nurses and Doulas

Renece Waller-Wise

ABSTRACT: Nurses and doulas do not always have positive views of each other. When labor nurses face challenges in their ability to provide continuous labor support, one might believe that a doula would be welcomed, yet this is not always true. Conflicts can arise between nurses and doulas, often because of overlapping roles. However, an optimal health care system is one for which there is an integrated system that fosters collegial interprofessional collaboration. This commentary explores the role of doulas and the care they provide and describes strategies to promote collegial relationships between nurses and doulas.

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saw a Facebook post that began "Dear Doula, Please, stay out of my way so I can do my job," and was signed "The Labor Nurse." I also saw a post on a nursing Listserv that asked about ways to improve cooperation between nurses and doulas. These sentiments as expressed are not isolated. Roth, Henley, Seacrist, and Morton (2016) described the attitudes of nurses and doulas toward each other and found that there appear to be territorial conflicts between these two professions. In this commentary I aim to make the case that nurses should choose to see doulas as their allies rather than their enemies.

Historical Perspective

Labor and birth were once exclusively the domain of the home. In the past, women were cared for during labor by other women, sometimes family, sometimes friends. Some of these layperson caregivers had received some medical training, perhaps as an apprentice to a physician or nurse, whereas others simply learned as they cared for women in labor and birth. Some simply became known in their communities as the most experienced women to assist with birth. Often, they were called a *midwife* or a *lay midwife*.

Nurses should choose to see doulas as their allies rather than their enemies

In the 20th century, birth moved from the domain of the home to the domain of the hospital (Green & Hotelling, 2014; Sosa, Kennell, Klaus, Robertson, & Urrutia, 1980). With this change came the medicalization of birth, and fathers or other support persons were removed from the process (Green & Hotelling, 2014).

In the second half of the 20th century, women began to rebel against the medicalized system and began to demand a more physiologically normal setting, free of drugs and intervention. Fathers, instead of female companions, became a routine part of the birthing environment (Green & Hotelling, 2014). Fathers were often called the *labor coach* yet felt more like a "member of the team" who needed coaching themselves (Berry, 1988; Chee, 2012, p. 21). In fact, both parents reported feeling mental and emotional distress with this arrangement (Steel, Frawley, Adams, & Diezel, 2015). This, in turn, led to more changes in the birthing environment.

Doulas

Sosa et al. (1980) were not the first to use the term *doula*, but their research was the impetus to open the door for a new career path for doulas. Their hallmark research looked at the role of continuous emotional and physical support during labor and the benefits of such care (Sosa et al., 1980). The word *doula* is of Greek origin and denotes a woman who provides care to another woman (Steel et al., 2015). Another definition says that a doula is a woman servant (Maher, Crawford-Carr, & Neidigh, 2012).

In the late 1980s, the first organization to certify doulas for practice was founded, and thus a new profession was recognized (Ahlemeyer & Mahon, 2015). There is debate as to whether doulas are professionals in their own right or paraprofessionals who assist physicians, midwives, and nurses in the provision of care. Regardless of whether doulas are called professionals or paraprofessionals, a layperson fulfilling this role is generally no longer seen because doulas are often trained and paid for their services (Steel et al., 2015).

There is no licensure for doulas in any state; however, Minnesota legislation does provide for registration for certified doulas (Steel et al., 2015). Doulas do not have to be certified to practice their trade (Ahlemeyer & Mahon, 2015). However, certification does substantiate expertise and the capability to

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perform the functions of the job (Kaplow, 2011). There are several organizations that certify doulas (see Box 1). Doulas of North America (DONA) International and Childbirth and Postpartum Professional Association have perhaps the most stringent initial education, certification, and recertification requirements. DONA International has the largest number of certified doulas on record. Birth Works International and Childbirth International have less extensive requirements. In fact, Childbirth International has no provision for recertification beyond the original coursework (Ahlemeyer & Mahon, 2015).

Benefits of Continuous Labor Support and Doulas

There are two types of doulas: a birth doula and a postpartum doula (Ahlemeyer & Mahon, 2015; Chee, 2012, 2013). A birth doula provides continuous support during the process of labor and in the immediate postpartum period (Ahlemeyer & Mahon, 2015; Chee, 2012). A postpartum doula provides care during the few weeks after birth, spending variable amounts of time with the new family and assisting with newborn care, household chores, and/or breastfeeding (Ahlemeyer & Mahon, 2015; Chee, 2013). This commentary focuses on labor and birth doulas.

Since the 1980s, there have been numerous studies to examine the benefits of continuous labor support. It is now known that this intervention leads to improvement in birth outcome measures and reduction in health care disparities. Notable potential benefits include lower risk for cesarean birth, forceps-assisted birth, and vacuum-assisted birth; decreased length of labor; less need for analgesia and anesthesia; higher 5-minute Apgar scores in newborns; and greater satisfaction with the birth experience (Strauss, Giessler, & McAllister, 2015).

Kozhimannil, Attanasio, Hardeman, and O'Brien (2013) reported near 100% breastfeeding initiation in their study of

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