Adela Stockton examines the benefits of gaining the support of a companion during pregnancy, birth and the postnatal period

When Klaus et al (1992) resurrected the traditional lay companion figure to ‘mother the mother’ and provide social support to birthing families, they coined the Greek word ‘doula’ to describe a woman who ‘serves’ another woman during childbirth. Sheila Kitzinger refers to them as ‘birth sisters’ (1999) and, interestingly, the word ‘dula’ also appears in the South African Sesotho language, meaning ‘to sit’ (Olivier 2009). Indeed, doulas do frequently spend time simply sitting or ‘being’ with the expectant woman or new mother, listening to her hopes and fears, waiting as her labour unfolds, hearing her birth story, admiring her new baby and empathising with her ups and downs. While evidence claims improved birth and postnatal outcomes for mothers and fathers who enlist doula support (McCrath and Kennell 2008, Berg and Terstad 2006, Golbert 2002), it could be suggested that a fair part of this success is due to the time they spend together during pregnancy building a rapport and preparing as a team. This article explores ways in which the doula can provide social support to the birthing family prenatally and in preparation for birth.

**Continuity and trust**

The key factors in the success of doula support lie in her continuity of presence and the fact that she is a known and trusted confidante who is not part of the hospital system (Hodnett et al 2003). This sustained relationship between doula and mother or parents ideally begins at around 32 weeks’ gestation and may continue through to eight weeks postnatally, therefore any prenatal support is usually provided by the birth doula as an integral part of her birth package. Occasionally, a doula may be taken on for birth preparation support only, or earlier in pregnancy by a mother who is suffering a miscarriage, or who has suffered previous pregnancy loss and is seeking additional emotional support through the early part of this current pregnancy.

Having usually undertaken a course of basic preparation for her role, the doula is able to draw on a wide body of relevant informative resources. Responding to the individual needs of the mother or parents-to-be, while focusing on normality, she is led by her wishes and requirements at all times. By signposting her client(s) towards literature, research papers, online resources and local networks, the doula can support their search for information with which to make informed decisions and secure the care and support that they feel is right for them through their childbirth experience. It may be that the doula is trained in additional skills such as a pregnancy yoga or active birth, providing opportunities for mothers and couples to link up through these classes within their local community. While there are certain aspects for which doula support is commonly enlisted, the doula will encourage parents to direct any queries regarding the mother or baby’s clinical health or wellbeing towards their midwife.

**Response to trauma**

Frequently, the doula is sought out by the mother who, pregnant with her second baby, suffered a traumatic birth with her first. Lack of effective emotional support and the feeling that she was afforded minimal voice in her care during labour, ending with an undesired caesarean or instrumental delivery, may still be a painful memory. Having her previous birth story listened to and heard in an un hurried, non-judgmental way can help her to clear the way emotionally in preparation for this birth (Wilkie 2005). The parents may go over what they remember happening to cause the medical decision for an interventional birth and at what point this occurred. They may wish to explore possibilities for protecting normality more effectively this time round and request suggestions for relevant resources to follow up. The doula may discuss optimal fetal positioning, making it clear that while neither research based nor an absolute way to resolve a malpositioned baby and his progress during labour, there is anecdotal evidence available for parents to draw on while making decisions around right management for them (Tully 2008, Evans 2005, Sutton 2001). The doula is aware of how a mother who previously experienced postdates’ induction followed by the cascade of intervention, now planning for vaginal birth after caesarean (VBAC), may need additional support, particularly around the stage of labour when she had the caesarean last time. Sharing this with parents can mean that everyone works together with a positive approach, rather than one filled with fear (Lesley 2004).

**Planning**

The value of the birthplan as a reference point for the doula in ensuring that she is exclusively reiterating the wishes of the mother within the birthing room is paramount, yet the decision to set these out in writing remains with the parent(s). Aware of the impact that the birth environment, the people within it and their attitudes to pain may have on the birth process (Buckley 2009, Odent 2007, Gaskin 2003, Leap 2000), the doula can explore with parents ways of noting their wishes for maintaining an ‘undisturbed’
birthspace in their birth plan, especially if they are intending a hospital birth. How they would like to arrange the furniture to make space for freedom of movement and use of a floor mat and birth ball, for example, or how to prohibit any other person from entering the room without the absolute permission of the mother, via her midwife or doula. Or it might be important to the mother to exclude any suggestion that she is ‘not coping’ or ‘needs’ interventional pain medication as labour intensifies, encouraging her attendants to offer her additional emotional support instead. Often the mother is not aware that she has choices around procedures such as vaginal examinations and management of third stage, or she may want to express specific wishes for how she would like to greet her baby, particularly if labour does not go to plan. It has been suggested that the birthing plan can sometimes be dismissed, even mocked by midwives however (Kitzinger 2006, Nolan 2004), yet as a representation of the mother’s voice – a fundamental component of her baby’s birth process – it remains a key way of communicating her considered wishes to all staff who attend her.

**Affinity**

Ideally, the doula is chosen because she is someone with whom the mother feels an affinity, not least a shared philosophy on pregnancy, birth and parenting. This means that, potentially, there is a doula for everyone. Some expectant women may seek spiritual assistance from their doula in honouring or celebrating their pregnancy, for example, Blessingway, a Navajo Native American rite of passage ceremony adapted to gather good wishes and spiritual strength around the mother-to-be (Cortlund et al 2004), or through other symbolic pregnancy activities or rituals such as birth art and bellycasting. While the doula role also provides an anchor for the baby’s father or women’s partner, more vulnerable mothers-to-be may choose doula support as an alternative to an estranged partner, or if they are isolated as refugees or in prison, so as to secure someone on their side, to help them prepare for and feel ‘safe’ while giving birth (Birth Companions 2009). Doulas are available both independently and through volunteer schemes (Goodwin Volunteer Doula Project 2008, Doula UK 2005).

**Conclusion**

In conclusion, while prenatal doula support is offered mainly through the latter part of the third trimester in preparation for birth, doula services are potentially available for women or couples in need of additional emotional, practical or spiritual support at any point during pregnancy. The empowerment of the mother (and father) through labour is clearly influenced by the trusting relationship established with her doula prior to and in preparation for birth, and may also be supported through ceremony and ritual in celebration of pregnancy. As the availability of social support through traditional family and midwifery resources diminishes, it could be that the doula role is just what is needed in bringing community back to childbirth. TPM

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**References**


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