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Doulas In Modern Health Care

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Doulas In Modern Health Care

Abstract

This paper looks into whether the implementation of doulas by all hospitals would benefit mothers before, during, and after childbirth. Through previous research it is shown how traumatizing birth can be for mothers who don't feel that they have control within the labor and delivery room. High rates of augmentation, epidural anesthesia, and cesarean sections within hospitals are all causes of postpartum anxiety and depression among new mothers. By researching who a doula is and what they can do for mothers during childbirth, we can get a better understanding on how to prevent mental health disorders that are caused by birth trauma.

Cover Page Footnote

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Doulas in Modern Health Care

Introduction/Claim

Childbirth is often viewed as a painful, life changing experience that pushes a woman's body and mind beyond its limits. It has been used to describe the peak of pain, and many mothers go into pregnancy fearful of the labor and birth of their child. This does not have to be the case however. Birth can be an amazing and empowering process for a mother, and it is the job of a doula to make that possible. Throughout most of human history, women have experienced childbirth through the support of the women surrounding them. However, modern maternity care in the U.S. has changed that narrative and underestimates the power of women and their bodies. By prioritizing putting doulas in the birth room, we can put childbirth back in the control of the mother. We need to provide doulas as a resource in hospitals, and give all women the opportunity to make childbirth the best experience for themselves, and their babies.

The Industrial Revolution was a time of innovation for medicine. As physicians began to use effective medications and practices, childbirth moved from the home and into hospitals (Young, 2020, p. 5). Midwives were looked down upon, and women were expected to give birth in the presence of a medical professional. What once was a natural, everyday process became a surgical priority. The culture of medicine had changed, and with it went maternity care. Modern obstetrics has made childbirth a "disempowering" experience for mothers (Deitrick & Draves, 2008, p. 398). The invention of the Doppler Fetal Monitor, Ultrasound Machine, and Cesarean Section all created a list of possible medical interventions for the slightest inconsistency, and turned birth into a surgical operation (Panazzolo & Mohammed, 2011, p. 271). Women were no longer supporting each other as experienced birth givers themselves, and surgeons took their place, treating birth as an illness that needed intervention. The mothers were dehumanized by the

evolution of medicine, and are now in need of the support that was once provided by their female family and friends (Bohren, M.A., Hofmey, G.J., et. al, 2017, p. 7).

Bringing a human life into the world is supposed to be a period full of strength, courage, and empowerment. Unfortunately, modern obstetrics has taken the control away from birthing women, and created a less fulfilling experience (Young, 2020, p. 6). Full of uncertainty, emotions, and vulnerability, expecting mothers are taken advantage of by their providers and need to have someone there to support and help advocate for them (Bihn-Coss, G. & Egbert, N, 2023, p. 3). Doulas are trained to be that companion for mothers, and provide the care needed to make childbirth as enjoyable as possible. During labor and delivery, the patient is given physical, emotional, and informational support that creates a comfortable and calm environment. Early contact with a doula can even provide women with more knowledge on prenatal care, and improve the health outcomes of childbirth (Falconi, A.M., Bromfield, S.G., et. al, 2022, p. 9). Through the use of these professionals in the delivery room, hospitals and providers can help improve the quality of childbirth and prevent birth trauma caused by modern medical practices.

Problems In Birth Care

Medicine is undeniably an important factor to any person's health. It keeps us safe from diseases and helps to heal our bodies when they are injured or infected. We depend on medicine to save us from the hands of death, and keep us as far away from it as possible. In childbirth, families depend on medicine to keep their mothers and babies healthy and as safe as possible during labor and delivery. Nurses, physicians, and surgeons are all there for the risk of anything going wrong. However, what if their safety interventions are actually doing more harm than good? When it comes to medicine, and even society itself, it is often believed that professionals operate under ethical policies that have created a "risk society"; fixation on trying to prevent

future hazards and instability (Owens, 2017, p.854). Risk management has resulted in medicine constantly prioritizing the risk of illness in patients. If there is even a slight chance that a patient, in this case a mother, could develop an illness, there is automatically a greater chance of medical intervention (Owens, 2017, p. 854). Disagreements between physicians on the risk of childbirth has created problems within the treatment of patients (Owens, 2017, p. 858). There have been high rates in medical staff overtreating mothers during childbirth, and this has created issues as medical care is being put before the mother's personal needs and opinions (Young, 2022, p. 397). Overtreating expecting mothers with medical interventions have shown to cause more harm than good, and there are many ways that this can ruin the birthing experience for women.

When we think of childbirth, most people think of two things: vaginal and cesarean births. A vaginal birth includes the baby making its way through the birth canal and out of the vagina. It is the female's natural process of giving birth, and can be empowering with the proper support system and mindset. A cesarean section (also known as a C-section), on the other hand, is the surgical extraction of the baby out of an incision made in the abdomen. It was designed to be used in emergency situations when complications interfered with the natural progression of labor. These complications could include health issues with the mother, the baby's position, hemorrhaging, and abnormal fetal heart rate (Jukelevics, 2008, p. 38). Cesarean sections are considered major abdominal surgery. Doctors must cut through the abdomen and uterine wall to get the baby; the mother is awake and alert during this whole process with anesthetics to mask the pain (Panazzolo & Mohammed, 2011, p. 273). The entire experience can be traumatic to expectant mothers, and comes with many risks including: urinary system damage, infection of the incision, developing blood clots, a greater risk of needing a hysterectomy, infant lung issues, and even death of a baby (Jukelevics, 2008, pp. 50, 69). Despite all of the surgical conditions and

risks behind a cesarean section, it has become a popular practice among physicians. About one third of all births in the United States are performed through cesarean sections (Owens, 2017, p. 851). This procedure is a lot more beneficial for physicians compared to vaginal births. What would have been a 12 hour labor and delivery, turned into a 45 minute operation; convenient for the physician's schedule ("C-Section", 2022). This is convenient for doctors as they can schedule the birth of multiple babies for one day and still be able to go home on time, and nobody has to wait for the baby to come on their own terms. Minor inconsistencies in vitals can also lead to many physicians choosing to perform a cesarean section to avoid the risk of complications. Even if the inconsistencies have little to no effect on the mother and baby's health, they will still recommend a cesarean over vaginal birth. Medical information can be confusing to expectant parents, and many feel pressured to listen to the doctor's recommendation to go with a cesarean delivery, even if it is not necessary. This leaves the mother out from experiencing a natural delivery, and increases her risk of physical and mental trauma.

The health of mother and baby are both important to doctors when it comes to the medical decisions they make, but the baby will always be prioritized over the mother. Fetal heart rate monitoring is a controversial practice among all health providers. Although it has helped to improve the health of patients, in childbirth it can actually do more harm than good. Continuous fetal monitoring has no real effect on the health of an infant. Instead, it has increased the rate of cesarean sections and put mothers and babies at risk of more complications (Owens, 2017, p. 857). These risks are overlooked by providers who would rather use interventions to prevent complications that are less likely to occur. This comes back to the overtreatment of mothers and babies due to "risk society" wanting to prevent future hazards. The overtreatment and continuous monitoring is not in the patients' best interest. Small anomalies in an infant's heart rate are most

often unrelated to their health. However, a doctor will still take that data and opt for a preventative cesarean section without consulting the mother about the low percentage of complications actually occurring (Owens, 2017, p. 850). This is one of the major reasons for why cesarean rates are so high. Another major cause is the use of augmentation and epidurals.

Augmentation and epidural anesthesia are two of the major factors that lead to cesarean sections on healthy mothers and babies. Augmentation is when a medical professional administers Pitocin to an expecting mother to speed up the progression of labor. It can be beneficial to mothers who cannot progress naturally and run the risk of complications. However, it is more than often used to shorten the labor and birth periods to make it more efficient for the doctors (Young, 2020, p. 21). Augmentation can cause many complications for both the mother and baby. The mom can experience hypertensive episodes, vomiting, and postpartum hemorrhaging; the baby could suffer from damage of the central nervous system, neonatal seizures, and fetal distress. If the baby goes into distress, there will most likely be an emergency cesarean section. Over 90% of women are administered Pitocin to induce labor, many not even knowing the effects that it could have on them, and these risks increase even more with the use of an epidural (Panazzolo & Mohammed, 2011, p. 273). Epidural anesthesia, also known as an epidural, is a local anesthetic administered through the spinal cord to numb a specific part of the body. Used as an intense pain reliever during labor, epidural anesthesia has many risks to the body including: hypotension in mother, headaches, nausea, discomfort, fetal respiratory depression, fetal malpositioning, and higher fetal heart rate variability. All of the risks to the baby can lead to the need for forceps, vacuum, episiotomies, or a cesarean delivery. Whether families are aware of the possible complications or not, at least 50% of mothers are administered the drug to relieve their pain from contractions (Panazzolo & Mohammed, 2011, p. 273). When

used together, Pitocin and epidural anesthesia create a high risk for a cesarean section. The administration of Pitocin speeds up labor by causing the uterine contractions to occur closer together in time. Closer contractions increase the level of pain that the mother feels, leading to the administration of an epidural to relieve her from this pain. Unfortunately, epidural anesthesia slows the contractions so a higher dose of Pitocin must be used to bring the contractions back to a progressive speed. These high levels of Pitocin can cause the baby to go into distress, and ultimately force the mother to deliver by a cesarean section (Panazzolo & Mohammed, 2011, p. 273). The use of these drugs is avoidable with a variety of coping skills and holistic techniques that bring no risk of harm to the mother and baby. Hospitals, however, don't usually have the means to provide these alternatives to families, and typically lead mothers to feel as if there are no other options. The combination of augmentation, epidural anesthesia, and a cesarean section can easily traumatize a mother during birth.

Doula's Role In Childbirth

Women supporting women through childbirth has been around for centuries. There is so much strength and courage that comes from being surrounded by those who were in your same position before. Experienced females, coming together to celebrate, comfort, and guide a mother as she brings a new life into the world. Today in American medicine, this practice is unheard of at a time when we are needing it more than ever.

According to Doulas of North America (DONA) International, a doula is:

“A trained professional who provides continuous physical, emotional and informational support to their client before, during and shortly after childbirth to help them achieve the healthiest, most satisfying experience possible.”

Doulas are hired by parents before the birth of their child, with the goal of having continuous support. During pregnancy, they educate Mom and Dad on the process of labor and delivery, and the interventions available to them, making sure to include both the benefits and risks of medical and nonmedical treatment. Doulas also connect parents to a network of additional resources and support to fill the needs that doulas might not be able to do themselves. Once the parents have a clear understanding of all the possible opportunities open to them, they will work with the doula to make informed decisions about their birth plan (DONA International). They will also help to reassure the parents about any anxieties regarding the unknown parts of birth, and help to prepare the mother with coping strategies before going into labor.

Once labor has begun, the doula is responsible for providing emotional and informational support, along with comfort and advocacy for the mother (Bohren, M.A., Hofmey, G.J., et. al, 2017, p. 7). They show emotional support through encouragement, reassurance, and praise towards the patient, and informational support is given by updating the parents on the progression of labor and explaining each stage to them along with answering questions (Bohren, M.A., Hofmey, G.J., et. al, 2017, p. 7). Doulas can help promote effective communication between the parents and medical staff, and most importantly, advocate for the mother by helping her establish her birth plan with the obstetrician and nurses (DONA International).

Most women choose to work with doulas in hopes of having a completely natural birth. This includes having the support and skills needed to cope with the pain of labor and delivery; which is provided through doula support. As a way to help their patient feel as comfortable as possible, doulas will offer physical interventions such as massages, walking, breathing techniques, applying counter pressure, hot/cold packs, and helping the mother change positions

(Paterno, M.T., Zandt, V., et. al, 2012, p. 31). All of these techniques used together with emotional support provide important benefits for mother and baby, and bring little risk to either of the patients. Physical interventions have shown to reduce pain, labor periods, and the risk for an emergency cesarean birth (Paterno, M.T., Zandt, V., et. al, 2012, p. 34). Reduced pain and risk of a cesarean section increases the chance of a mother having a natural birth.

In order for a birth to be considered natural, the baby must be delivered vaginally without any medical interventions; including epidurals and augmentation (Adams & Curtin-Bowen, 2021, p. 1). There are many women who are seeking out more natural births, as they have shown to provide health benefits for both the mother and baby. During delivery, the baby naturally makes its way out of the cervix and through the birth canal. This strategic process is detrimental to the environmental change that a baby endures as they leave the womb and enter the outside world. The shape of the birth canal helps to stimulate the heart and force amniotic fluid out of the baby's lungs (Panazzolo & Mohammed, 2011, p. 276). Natural delivery also increases the chances of an easy recovery, decreased fetal exposure to drugs (like pitocin), and increases an immediate bond between mother and baby ("The Benefits of Natural Childbirth", 2019). By having a doula in the room during labor and delivery, a mother automatically increases her chances of having a natural birth with many positive outcomes.

How Doula Support Improves Birth Care

It is extremely important for all mothers to have a person in the birth room that can provide continuous support throughout labor and delivery. The World Health Organization (WHO) recommends that women have a supportive birth companion at their side; whether it is their spouse, family member, friend, or hired provider (Bohren, M.A., Hofmey, G.J., et. al, 2017, p. 7). For first time parents, it can be especially helpful to hire a doula as they are educated in

non-medical interventions to help with pain management, anxiety, and labor progression. Parents new to the birthing process can have many non-medical questions and feel more confident having an experienced mother who specializes in this area of support. Having a doula in the room increases the mother's use of physical and emotional interventions that require very little medical interference, and decreases the risk of a mother needing an emergency cesarean section.

Medical interventions such as augmentation and epidurals can cause trauma or regret if a mother does not want or need it. Birth trauma can cause PTSD, postpartum depression (PPD), and/or anxiety (PPA) (Bihn-Coss, G. & Egbert, N, 2023, p. 3). If a mother is planning to have an all natural delivery but is pressured into accepting pain relievers, anesthetics, or even a cesarean section this can ruin the experience of childbirth for that woman. Coming in with the hopes and expectations to have the “perfect” birth is common among many people, and to have that experience ruined by unnecessary medical interventions can create a lot of disappointment for mothers. There is also the trauma that comes from being admitted into major abdominal surgery (cesarean section) when all most mothers want is to experience the empowering process of delivering their own baby the way that nature designed them to.

One third of mothers suffer from birth trauma (Bihn-Coss, G. & Egbert, N, 2023, p. 2). This can leave many of them to suffer from symptoms of mental health during a period where they should be bonding with their newborn. This is avoidable through the presence of constant professional support, and having an advocate to explain what is happening and when it is possible to interfere and reject medical interference. Doula care during labor and delivery decreased the risk of cesarean births and the risk of developing postpartum depression and/or anxiety...among women with and without pregnancy complications (Falconi, A.M., Bromfield, S.G., et. al, 2022, p. 7). There are many beneficial interventions that doulas use to keep mothers

in a calm state during labor and delivery, and they bring in a source of relief for the parents to know that they are not alone.

The Farm Birth Center in Summertown, Tennessee, was a birth clinic established in the 70's to provide a more holistic approach to labor and delivery after obstetricians began to take a more surgical approach to birth. They prioritized the emotional needs of the mother, along with tending to their physical needs as well. The clinic's first cesarean birth was not performed until the 187th birth, and the second was their 324th birth (Panazzolo & Mohammed, 2011, p. 271). This evidence is important as it shows how the use of cesarean sections does not have to be a direct solution for small complications. During a time when cesarean rates were steadily increasing, midwives and doulas saw an opportunity to give mothers the opportunity to fulfill their wants for a natural birth. They proved that cesarean sections are often unnecessary, and only required in emergency situations. Within nine years, 2,000 babies were born into a peaceful and loving environment, and their mothers felt fearless, strong, and loved (Our History, n.d.).

According to a study completed across three U.S. states, the presence of a doula in the birth room has resulted in high risk pregnancies showing a 58% decrease in the risk of cesarean section, and 54% decrease in the risk of postpartum depression and/or anxiety among mothers (Falconi, A.M., Bromfield, S.G., et. al, 2022, p. 9). Another study that included 26 trials with 15,858 women from 17 different countries, who all received continuous one on one support from doulas, showed that there was a higher chance for mothers to experience shorter labor periods and a successful vaginal birth. They were also less likely to use intrapartum analgesia (pain relief for uterine contractions) and have a negative birth experience. There was a decreased risk of cesarean births and the use of regional analgesia (Bohren, M.A., Hofmey, G.J., et. al, 2017, p. 30). Overall, doula care has also shown to result in four times less of a risk for low birth weight,

two times less of a risk for birth complications, improved breastfeeding, and an increase in mothers' birth satisfaction (Bihn-Coss, G. & Egbert, N, 2023, p. 3).

Counterclaim

Although doulas have been shown to provide crucial support to mothers in the delivery room, there are still many people who believe that it is not ethical to have them in the hospitals. A lot of push back has come from either hospital policies, or the attitudes of professionals in the workplace (Bihn-Coss, G. & Egbert, N, 2023, p. 12). In many hospitals, the obvious difference in status between provider and doula can cause conflict and create a divide between the two (Adams & Curtin-Bowen, 2021, p. 2). Doulas lack formal status in healthcare; they are not a hospital employee, but not an official volunteer through the hospital. Therefore, they can be viewed as a guest to the mother and can take away valuable support from family members and friends who are truly guests to the patients (Young, 2020, p. 1). Doulas also lose the title and respect of being a hired contributor that the parents chose to bring onto their birth team.

A doulas' holistic approach can also cause conflict in the birth room (Adams & Curtin-Bowen, 2021, p. 1). A doula is not there to argue against medicine or reject treatment on the patient's behalf, however, some doulas can be viewed to behave unprofessionally and create a stereotype for all doulas who try to work within the hospital systems. Without enough training or experience, there are doulas that can come across as acting to protect the patient from medical interventions, or cause a mother to wrongfully question her doctor (Merrill, 2021, p. 103). This can create conflicts as the doula is not a medical professional, and the doctors are to assume that doulas are working against hospitals and their care (Adams & Curtin-Bowen, 2021, p. 2). As a result of pushing for a natural birth, obstetricians feel targeted by doulas for following standard medical practices (Adams & Curtin-Bowen, 2021, p. 2).

There is a complex structure among each individual maternity unit, within each hospital. If doulas do not learn how to conform to the structure of each hospital that they are brought into, they can easily overstep their role and lose the trust of medical staff (Lagendyk & Thurston, 2005, p. 21). Doulas prioritize continuous support and constant presence for mothers during labor and delivery. Midwives and nurses are also responsible for continuity and constant presence but sometimes feel unable to do so with a doula. This can result in medical staff becoming more distant from the patient and no longer forming a connection with the mother (Lundgren, 2010, p. 179). A doula's role also lies between professional and natural care. On occasion, if they are not self aware of their actions, a doula can lean towards professional care. This can lead to establishing unclear roles between doula and medical provider, and create tension between the medical and non-medical support systems in the room (Lundgren, 2010, p. 179). There can be mistrust that comes from nurses as well. They may feel threatened by a doula's role if it is perceived to change the role of the nurse (Lagendyk & Thurston, 2005, p. 21).

Many obstetricians also believe that doulas are too costly. In some areas of the country, doulas will charge upwards of \$1,500 for their service (Merrill, 2021, p. 102). Birth is costly on its own, especially if a provider does not accept a patient's insurance. The added cost of a private doula could be troublesome to many patients. Unfortunately, doulas have to consider the cost of gas, parking, food, supplies, time, and even childcare when charging clients. There are also the demanding hours that come with the unpredictability of childbirth that must be considered when charging clients for a doula's service (Bihn-Coss, G. & Egbert, N, 2023, p. 14). This creates a barrier for people who truly need and would benefit from doula services, who don't reach out because they can't afford it (Bihn-Coss, G. & Egbert, N, 2023, p. 15).

Counterargument

A doula's main goal is not to provide medical assistance or make medical decisions for a patient, they are only there to guide and educate parents throughout their journey in pregnancy, labor and delivery, and the postpartum period. Doulas are there to attend to socioemotional needs, represent clients' wishes, encourage a patient to speak up about resistance to recommendations, and speak up against OB violence when necessary (Adams & Curtin-Bowen, 2021, p. 7). Parents hire doulas to educate them in non-medical interventions, clarify all of their options for labor and delivery, and to become an advocate for their wishes only when it becomes too hard to navigate the process themselves. All decisions are made by the parents either before, or during, their time in the hospital. The doula encourages them to stand up for themselves and avoids speaking on a patient's behalf, while still helping to ensure that the mother's needs and wants are upheld during birth (Bihn-Coss, G. & Egbert, N, 2023, p. 3).

Doulas are aware about the interactions that they have with doctors. They make sure to not be disrespectful or confrontational about practices or interventions they do not agree with (Adams & Curtin-Bowen, 2021, p. 7). Doulas learn to communicate through redirection; by directing questions and comments to the parents, hoping to be overheard by medical staff, and asking about comfort levels to deflect from their true intention to encourage clients to self advocate (Young, 2022, p. 405). By putting their own concerns into a question format, the patient and their spouse find themselves more aware of a possible medical intervention that might not respect their wishes for treatment. The parents then make the decision to challenge their providers on their own, with only the doula's help of recognizing possible issues (Young, 2022, p. 406). Doulas don't wish to persuade mothers away from medical care during birth. They want to see physicians prioritize emotional health with physical health, and recognize the mother and

spouse's power to make medical decisions for her own body (Bihn-Coss, G. & Egbert, N, 2023, p. 17).

When working in a hospital setting, it can be complicated for a doula to fit into a position that benefits the mother without overstepping doctors and nurses. However, doulas recognize that they must conform with hospital policies and the physician's status (Adams & Curtin-Bowen, 2021, p. 7). By being aware of the power that an Obstetrician holds over them, a doula can make the effort to show their inferiority in the presence of hospital staff. They show respect and ensure to maintain a subordinate position to the Obstetrician in the birth room (Adams & Curtin-Bowen, 2021, p. 6). Learning to become unnoticeable when medical staff is in the room helps a doula avoid negative interaction and overstepping boundaries that are set among the staff (Young, 2022, p. 405). Doulas also tend to downplay knowledge to avoid intimidating staff and establish that they are not disrupting medical dominance. By holding back their personal knowledge, it also encourages staff to explain rationale for their actions that will help parents make educated decisions on the mother and baby's medical care (Young, 2022, p. 406). While in the birth room, doulas make sure to signal their low position to gain a role as support. Once their position is supported in the room, a doula can help initiate patient focused care, to help the mother not become reliant on medical interventions (Adams & Curtin-Bowen, 2021, 7).

When working with a mother, doulas have a goal of making a change in maternity care, not to take power away from doctors (Bihn-Coss, G. & Egbert, N, 2023, p. 17). With many providers using risk policies to treat mothers, it can be hard for new parents to achieve a natural birth experience that is empowering, fulfilling, and memorable. They can feel pressured into doing what the doctors recommend, and be persuaded out of following their desired birth plan

without any concerning medical risks. The main goal of a doula is to establish “policies that improve informed consent and birthing outcomes” (Bihn-Coss, G. & Egbert, N, 2023, p. 17). Hospital based maternity care sees birth as a clinical event (Young, 2020, p. 1). They work to help physicians consider the social, psychological, and emotional status of the mother, and respect the decision making power of the mother. They do not want a higher status or to gain power from physicians, and don’t want to take away from clinical care (Adams & Curtin-Bowen, 2021, p. 7). They only want to give the mother her desired birth experience, and make childbirth as enjoyable as it can be.

Aside from holding a position as a support system to just the parents, doulas can also help relieve some of the stress out on nursing staff in the room. Although nurses wish they could develop deeper relationships with their patients, they are overworked with administering medical interventions, paperwork, and caring for multiple patients all at once. Therefore, there is unfortunately no time for a nurse to emotionally support an individual mother (Young, 2020, p. 72). By being present in the room, a doula can help to relieve the stress of nurses by being an extra emotional caregiver in the room. Nurses are not discouraged from forming these relationships, there is still that open opportunity; but it is helpful to limit the amount of tasks that could lead to medical mistakes by overworked staff. It is also believed by obstetricians that a good doula can work as a team with medical staff, and be helpful by providing support without interfering with medical care (Merrill, 2021, p. 104). Doulas hold the important job of providing support when everyone else is busy with medical responsibilities. They motivate and encourage the mother to believe in her own strength and power. Staff training, role clarification and mutual respect can help hospitals and care providers recognize and respect the role of doulas and their importance to birth outcomes (Bihn-Coss, G. & Egbert, N, 2023, p. 17).

A majority of obstetricians believe that doula support provides a valuable service to mothers who prefer to have a completely natural birth. Their services increase birth satisfaction, decrease anxiety, and decrease the use of pain relievers (Merrill, 2021, p. 96). The social support from doulas can also lead to lower stress levels, which results in better health outcomes for mother and baby (Bihn-Coss, G. & Egbert, N, 2023, p. 4). If hospitals provided doula programs similar to the one included in the study by Falconi et. al., they can provide coverage for women who struggle to find financial access to doula care and increase the rates of successful natural births (Falconi, A.M., Bromfield, S.G., et. al, 2022, p. 3). By providing doula care to all mothers that choose to give birth in a hospital, they will improve both the birth outcomes, and the mental satisfaction of the mother. Women will be reconnected to their natural powers and abilities, and get to experience birth through the eyes of strength, courage, and love.

Discussion

Throughout the past 200 years, the process of childbirth has changed dramatically. Women have a natural instinct to support each other through labor and delivery, and before the Industrial Revolution took place, all mothers gave birth in the presence of midwives. With the introduction of doctors and medical evolution, birth became a medical event and women were expected to depend on the hospitals to help with the delivery of their babies. This created a stigma around the natural route of birth at home, a practice that once was empowering and fulfilling to each woman. Medicine opted to put risk first, and many mothers were administered medical interventions that were unnecessary, and ultimately left traumatized or disappointed by the way their labor and delivery experience went.

The female body is designed by nature to deliver a baby through its own process, without very little intervention. Childbirth is supposed to make a mother feel fulfilled, as their bodies

have completed the process that they were intended to do. With the invention of cesarean sections, pain relievers, and induction medications, the power has been taken away from the mother, and it is a lot harder, if not impossible, for them to follow the natural process that their body indicates. Many mothers want this experience to be as enjoyable and personal as possible, however with the medical power that doctors have, they can be insensible and view birth as a medical event and not the natural process that it is. Unnecessary interventions can bring great pain to a mother both physically and emotionally, and doctors need to be reminded that they are working with a fully functioning and capable human being. By taking power away from a mother through the pressure of recommendations and risks, doctors can make them feel incompatible, weak, and helpless. All women deserve to have the birthing experience that they want, and all women deserve to leave strong, empowered, and cared for.

Doula care is a practice that has gained popularity and validation by mothers throughout the past 50 years. Whether it is at home, in a birthing center, or in the hospital, doulas work to provide as much support, knowledge, and reassurance for the mother as possible. They educate the parents during pregnancy, explaining the birthing process, teaching them non-medical interventions to help the mother cope with pain, and informing them on all the treatments available and offered to them by the medical staff. Together, both parents and the doula will form a detailed birth plan based on what the mother desires her experience to look like; also considering at what point she will allow medical interventions to take place. The doula helps the mother gain confidence in herself before ever going into labor, and encourages that confidence and strength throughout delivery. A strong support system is needed in the birth room to ensure that the mother feels comfortable and confident in herself. By having a doula in the room, there is a source of constant emotional care for the mother. They make sure to focus only on the

mother, making her feel safe, strong, loved, and confident in her body's capabilities. Labor and delivery nurses can only provide so much support, as they have multiple responsibilities and patients to care for at once, so having another source of emotional care can be extremely beneficial to keep the mother on track of her delivery plan.

Doula support decreases a mother's risk of a cesarean birth, and other taxing treatments that could cause trauma to the mother and baby. With the implementation of non-medical interventions such as heat packs, hot showers, massages, position changes, and the application of counter pressure, physical support from doulas can make birth a less painful, more efficient, and easier experience. Doulas also act as a source of advocacy for the mothers when doctors and other medical staff recommend or are insistent about medical interventions that may be unnecessary for the mother and baby's health. They motivate the parents to ask questions and request reasoning for all medical practices so that they understand what exactly is going on in the room. And without interrupting the staff, they will refer back to the birth plan with the mother and spouse, and encourage them to speak up when they feel that their needs and wants are not being upheld.

Most importantly Doulas want doctors to be philosophical in the fact that they consider both the human spirit and the science of medicine. They want the doctor to be aware of all possibilities when it comes to treatments and health outcomes. They want to see a person who is open to everything and willing to introduce "impractical" interventions that might create better outcomes compared to the outdated or "conventional" medical beliefs that are still used in hospitals today. By providing doulas to all mothers that enter the labor and delivery unit, hospitals will see an increase in positive birth outcomes, and especially satisfaction rates. The mental health of postpartum mothers will improve dramatically, and there will be less of a risk

for PPD and PPA. All women want to leave childbirth feeling like they had control over everything that happened to them and their baby. They deserve to have the experience that they want, and be able to make the best decisions for themselves and their bodies. A woman knows her body more than anyone else, and her natural instinct will lead her to make the right choices for herself and the baby that grew with her body. Doulas understand this internal relationship more than anyone else, because they too were in that position once. Childbirth is a time where women gain a new sense of power, courage, and confidence within themselves, and doulas only help to enhance and secure that experience.

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