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Beyond Holding Hands: The Modern Role of the Professional Doula

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This article illustrates the five main aspects of the doula's role: providing specific labor support skills; offering guidance and encouragement; assisting mothers to cover gaps in their care; building a team relationship; and encouraging communication between patient, nursing staff, and medical caregivers. The roles of both nurses and doulas are discussed, including the complementary nature of their roles, and also strategies for preventing conflict between doulas and nurses. A modern perspective on birth plans and the doula movement are included. *JOGNN, 31, 762–769; 2002.* DOI: 10.1177/0884217502239215

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Doula refers to a supportive companion (other than a friend or loved one) who is professionally trained to provide labor support. Many mothers can benefit from the presence of a doula whether they are planning a medicated birth, an unmedicated birth, or a scheduled cesarean section. "In addition to the safety of modern obstetrical care, and the love and companionship provided by their partners, women need consistent, continuous reassurance, comfort, encouragement and respect. They need individualized care based on their circumstances and preferences. The role of the doula encompasses the non-clinical aspects of care during childbirth" (Doulas of North America, 1998).

Doulas provide one-on-one caring to women who have a wide range of needs and goals for childbirth. Mothers who seek a doula often want a familiar face as they labor. Some mothers are alone or have partners/husbands who need additional support. Others want to understand medical interventions that may arise in labor and be reminded by the doula that they can ask basic questions. In this era of managed care, many women are obligated by their insurance plans to specific physicians or obstetric groups, and the most compatible care provider may not be available to them. Mothers may have a preexisting health condition that limits their choices, or have developed concerns or issues with a care provider's interventive or personal style. These women often seek out a doula. In these instances, doulas encourage care providers, mothers, and families to discuss each other's concerns and negotiate.

Most articles about the doula's role have primarily focused on the labor support and positioning strategies that doulas use to help mothers cope with labor. This article explains how the doula functions with other members of the maternity care team and fits into the larger network of medical care. Doulas have an evolving role that serves as a bridge between mothers and caregivers, often spanning different philosophies and perspectives about normal birth. They help bridge the gap between the dreams and realities of this transformative life experience for mothers and families. Their verbal and nonverbal communication skills must be excellent to help mothers, nurses, and medical caregivers feel comfortable with one another in unfamiliar territory.

Brief History of the Doula

Like many social movements, the rapid rise of the doula stems from several different sources. Unfortunately, there has been little written about the evolution of this role in modern times. From anecdotes and verbal histories, it is apparent that many moth-

ers felt that having an experienced support person during labor would be helpful to them. Husbands, partners, and families without prior childbirth experience often felt insecure in the role of "coach" and began to seek outside help. Mothers and families often asked friends who had given birth, their childbirth class instructor, or an obstetric nurse they were friendly with to be with them during childbirth for labor support. In the 1980s, manuals of many childbirth education organizations, such as the International Childbirth Education Association, encouraged their instructors to attend births when possible (1987). After attending the births of their students informally, the next logical step was attending births professionally (Haaf, 1992).

In the early 1980s, there was growing consumer awareness of the rapid rise in the American cesarean birth rate. The cesarean prevention movement grew from this concern, and women who wanted to avoid cesareans were encouraged to have a labor advocate whose purpose was to help them avoid routine procedures that could lead to cesarean surgery. Nancy Wainer Cohen's popular book *Silent Knife* (1983) actively encouraged mothers to refuse procedures and outlined strategies to prevent cesareans, such as signed "birth request" forms (Cohen & Estner, 1983). Unfortunately, these strategies alienated many hospital staff members to the idea of a professional labor support person. Although this militancy was a part of the early history and growth of the doula movement, it has not been advocated by any professional doula organization.

Several published articles and research studies also stimulated interest in labor support. In the late 1970s, Klaus and Kennell unintentionally discovered the effects of a supportive woman accompanying a mother during labor while doing a breastfeeding study in Guatemala (J. Kennell, personal communication, January 1998). Subsequent research found that women who had labor support by doulas had lower rates of cesarean section, fewer requests for pain medication, fewer epidurals and narcotics, and shorter labors than women who were not supported in labor (Kennell, Klaus, McGrath, Robertson, & Hinkley, 1991; Sosa, Kennell, Klaus, Robertson, & Urrutia, 1980).

Simkin published studies about the significance of birth memories, finding that mothers who received positive support and encouragement during labor felt more positively about themselves and their births as long as 20 years later (Simkin, 1991, 1992). One of the most striking findings was that procedures and pain level *did not* influence a mother's perception of her birth experience as positive or negative. "Mothers with the highest long term satisfaction ratings thought they had accomplished something important, that they were in control of what happened to them, and that the birth experience contributed to their self-confidence and self-esteem" (Simkin, 1991). Mothers' need for knowledgeable companionship, combined with a growing awareness of the benefits of labor support, have propelled doula care into the mainstream.

Many doulas begin their careers by attending a training program providing at least 18 hours of instruction. Completing required reading, education in childbirth and breastfeeding, and attendance as a friend or observer at births are encouraged before attending a workshop. Certifying organizations expect doulas to be familiar with female anatomy and physiology, routine interventions, medical terminology, pain medications, and cesarean surgical procedures. To achieve certification, doulas must provide satisfactory evaluations by mothers, nurses, and medical care providers from several births. There are four main certifying organizations, each with additional requirements beyond these basics: (a) Doulas of North America, (b) International Childbirth Education Association, (c) Childbirth and Postpartum Professional Association, and (d) Association of Labor Assistants and Childbirth Educators. Doulas of North America requires all certified doulas to sign a code of ethics and scope of practice agreement and has a follow-up grievance procedure in place if parents or health care professionals feel that the Doulas of North America standards have not been met.

Role of the Doula

Doula care has been integrated into Western childbirth in many forms. Many hospitals in the United States and Canada have hospital-based doula programs. For instance, social service agencies such as the Chicago Health Connection and the Easter Seals Society in Rockford, IL, provide doulas for qualifying clients. Some obstetric practices have doulas on their staff for patients, thus ensuring a positive working relationship among professionals who know one another. However, most doulas have independent private practices and are hired by mothers or couples to attend their births. Regardless of how mothers and doulas come together, there are five consistent aspects of the doula's role:

1. Providing specific labor support skills, techniques, and strategies.
2. Offering guidance and encouragement to laboring mothers and their families.
3. Building a team relationship with nursing staff.
4. Encouraging communication between patient and medical caregivers.
5. Assisting mothers to cover gaps in their care.

Labor Support Skills

Doulas use specific strategies and techniques to help mothers in labor. These approaches accomplish several goals: (a) to provide comfort, (b) to accelerate labor or strengthen contractions, (c) to aid fetal descent or posi-

tion, and (d) to help mothers cope. These labor support skills, shared by doulas and nurses, often include nonpharmacologic methods of pain relief (see Simkin & O'Hara, 2002).

Providing Guidance and Encouragement

Providing guidance and encouragement to laboring mothers and families is the most visible and definable part of what a doula does. With every contraction, a soft voice may say, "That's the way, just like that." When labor gets rough, a doula may become more instructive and active with coaching to help mothers cope. "Look at my eyes, breathe with me, we'll do this together." Doulas often match mothers' rhythms and hold their coping rituals intact throughout the first stage of labor to minimize their pain and fear or uncertainty.

When doulas have established a trusting relationship prenatally or in early labor, mothers can maintain confidence in doulas' guidance during the most trying of times. For example, Janey, a teenage mother, had been in labor for about 6 hours and had received analgesics for pain relief earlier in her labor. Late in second stage, her baby was showing signs of distress. There was no opportunity to change her position, and Janey repeatedly said she was pushing as hard as she could. Her sensitive and caring physician told her to "Push harder!" and there was growing concern in his voice. Her doula leaned forward and said, "Janey, I know you're pushing as hard as you can. But your baby really needs to be born, so you've got to get him out NOW." The doula's communication was designed to acknowledge her efforts and tell her exactly what to do. Because of their relationship, she knew Janey was focused on thinking, "I *am* pushing harder!" rather than hearing the important message. Progress was swift with Janey's renewed efforts, and baby Jason emerged less than 2 minutes later.

Both obstetric nurses and professional doulas can expect to develop a collegial relationship based on mutual respect for each other's different roles.

Building a Team Relationship With Nursing Staff

Complementary Roles of the Nurse and the Doula. The roles of the obstetric nurse and the professional doula differ markedly, yet they also overlap somewhat and should complement each other. Most doulas have the advantage of knowing the mother's dreams, fears, hopes, and desires for her birth experience. The doula has often been a resource to the mother for weeks or months, and may have insight into relationships within the family. On the other hand, nurses know more about the facility, hospital policies, and idiosyncrasies of the attending physician than the doula. With this knowledge, nurses can be valuable allies in helping mothers sidestep routines or protocols that the mother wishes to avoid and are not medically required. The nurse's role involves clinical skills (such as vaginal examinations) and administrative responsibilities (such as charting, caring for other patients) that are not a part of a doula's role, yet both can provide information about labor progress. Most nurses have attended more labors and births than most doulas. However, doulas usually have seen more entire labors from start to finish than have most nurses.

Obstetric patients often expect a high degree of involvement from their nurse. In a study examining pregnant mothers' expectations, nulliparous mothers expected their nurse to spend 53% of her time offering physical comfort, emotional support, information, and advocacy (Tumblin & Simkin, 2001). This is in sharp contrast to work sampling studies of nurses' activities, where only 6% to 10% of their time was actually engaged in these labor support activities (Gagnon & Waghorn, 1996; Gale, Fothergill-Bourbonnais, & Chamberlain, 2001; McNiven, Hodnett, & O'Brien-Pallas, 1992). In clinical studies, postpartum mothers repeatedly state the value of their nurses' caring behaviors to the quality of their experience (Corbett & Callister, 2000; Manogin, Bechtel, & Rami, 2000). Obstetric nurses show their confidence and willingness to spend more time in labor support activities and have begun to outline the factors that both assist and prevent supportive practices (Davies & Hodnett, 2002; Kardong-Edgren, 2001).

The sensitive doula recognizes that most obstetric nurses started their careers because they enjoyed caring for laboring mothers. The helping and the teaching-coaching functions are two of the most important domains of nursing practice (Benner, 1984). Both are central to caring for laboring mothers. However, nurses often care for more than one laboring mother and have other nursing duties that prevent them from being the primary emotional support mothers often need. Both the nurse and the doula have "unique knowledge," and both are critically important to successful birth outcomes.

The doula's care often spans several nursing shift changes. To encourage a team relationship, the doula may employ several strategies. The doula can introduce the new nurse to the patient and can update her on labor support techniques that have been helpful. The doula can also review issues, concerns, or special requests that the mother may have. Doulas usually try to physically move out of the way, or take breaks, so that the oncoming nurse can talk and get to know the client, as well as performing patient care. By making room for nurses to be emotional-

ly supportive and physically care for their patient, doulas show that they value the quality of mother's health care and birth experience.

Conflict Between Nurses and Doulas. Sometimes the relationship between doula and nurse does not progress smoothly, particularly when one or both do not appreciate the complementary nature of their individual roles. The doula may be new and overeager or may not have attended a comprehensive training program. She may also be carrying her own birth experience with her into her client's birth rather than leaving it at the door. Many doulas and nurses have had birth experiences they would classify as negative for a wide variety of reasons. This may fuel their passion about making birth experiences positive for others. However, the mother's labor and birth needs to be totally hers.

It should be obvious that conflict between the doula and nurse is highly undesirable. It undermines the mother's confidence in the nurse, doula, medical provider, facility, or any combination of these. In these situations, the nurse rather than the doula may need to be open and inclusive in her attitude. For whatever reason, the mother has chosen this doula as her companion. When the nurse is open and welcoming to the doula, she increases the likelihood of developing a positive working relationship and maintaining the mother's confidence. These situations pertain more to individual personalities of doulas and nurses than they do to their actual roles. But conflict among caregivers can have extremely negative consequences for all involved.

Possibly the most difficult area of conflict arises when the nurse feels frustrated by what the doula is doing and is uncertain about how to intervene. In her enthusiasm to help this mother, the doula may seem to be challenging the rest of the health care team. She may be working toward professionalism as a doula but not quite achieved it. Similar to the novice nurse, she is basing her actions on remembered rules rather than taking situational factors into account (Benner, 1984). With experience, she will develop into a professional doula. A list of expectations of the professional doula is included in Table 1.

At other times, a nurse may feel uncomfortable because she wants to do what the doula is doing: connecting on a personal level with the laboring mother. The dynamic between the doula and mother may preclude the nurse's involvement, or her other responsibilities may keep her too busy. Both of these intricate situations are unique to the dynamic of the individuals involved. Deciding the appropriate action to take is contextual and also depends on the nurse's experience. This is the nurse's opportunity to create a team relationship with the doula, mother, and her family. One possible way to start is to acknowledge the doula's efforts, blend into the rhythm with the mother and her attendants for several contractions, and then gently become more involved with the labor support. Then it may be possible for the nurse to be more directive and lead into a more effective strategy or position.

TABLE 1
Expectations of the Professional Doula

Professional doulas can be expected to

- Provide *continuous care* through labor and birth and several hours afterward
- Bring labor support items such as physical therapy balls, massage oils, hot and cold packs, music, and flowers
- Become entrained with the mother, understanding her needs, her fears, and her concerns
- Involve nurses in labor support tasks as much as she is able and in accordance with the mother's and family's wishes
- Avoid giving medical advice, or expressing either approval or disapproval of the patient's decisions
- Ask an especially supportive or effective nurse to find someone similar on the next shift if possible
- Maintain the mother's rhythm and ritual through position and location changes and ask others to do so when she needs a break
- Fetch ice chips, carry drinks, and pick up the labor room during down times

A more complicated situation arises when doulas feel that nurses do not understand their client's wishes for an unmedicated birth or one without interventions. An example comes from Barbara, a professional birth assistant in Florida. "There is one nurse in my local hospital who always offers pain medication and 'clucks' at mothers who refuse. It doesn't matter what I say or what the birth plan says, she just does it anyway and takes it personally when they say no." In this situation, the nurse communicated her disapproval of the mother's birth choices.

Sometimes nurses don't understand their patients' requests because they're unfamiliar with what mothers are asking. At several hospitals in Wisconsin, groups of nurses admitted that they rarely see spontaneous pushing or birth in other than a semi-sitting position. In these situations, it seems likely that the mother's requests are outside the medical staff's comfort zone. Many doulas read obstetric, midwifery, and nursing journals and keep up with evidence-based medicine. When professional journals report improved outcomes from specific practices, doulas will often encourage their clients to pursue these options. Consumer pressure to change is not new; however, it feels uncomfortable to those being asked to do something unfamiliar.

The last primary area of conflict arises when doulas are blamed for their client's behavior or actions. In the words of DeeDee Farris-Folkerts, a certified doula in Missouri,

My client had a VBAC birth. The next day, my nurse friend said that I had upset a lot of people "bringing this screaming VBAC mom in fully dilated." The hospital staff nurses assumed that this mom was screaming at home and that I had made her stay home so long! The mom has told them that she made the decision when to go to the hospital and I was one hundred percent supportive. She went through a very fast transition in the car on the way to the hospital. Generally I have had a very good working relationship with these nurses. Can I make this right? Or should I just keep doing good work and let that speak for itself? (Ferris-Folkerts, 2001)

Such a dilemma is not uncommon. Rather than realizing that the doula acted quickly to prevent an accidental home or roadside birth, others may blame her for not arriving soon enough. Such events may be beyond the doula's control because she takes her cues from the mother's specific wishes or her labor situation.

Nurses often care for more than one laboring mother and have other nursing duties that usually prevent them from being the primary emotional support that mothers often need. Both the nurse and the doula have unique knowledge, and both are critically important to successful birth outcomes.

Sometimes women who know they are emotionally needy seek out doulas. They may have unusual coping mechanisms or a fear of labor or hospitals. Although nurses and physicians may believe that the doula has created these idiosyncrasies in her patients, in fact it may be that those clients knew they needed additional support and for that reason, they hired a doula. To prevent misunderstandings and scapegoating, nurses should ask the doula what she knows about the mother's personality, needs, and history. Clear discussion and active listening can prevent conflict.

Encouraging Communication Between Patient and Care Provider

Information Sharing. The goal of encouraging communication is to empower the mother to be an informed participant in her care. Throughout a pregnancy, mothers and fathers often ask their doula for information about prenatal tests, birth procedures, and infant care. This is a natural outcome of their lengthy prenatal visits (1 to 2 hours). Pregnant women are eager for information, and medical provider visits are usually very short. A professional doula gives information but should not give medical advice or freely share her opinion. When the doula provides information without directing the mother to a course of action, the mother becomes informed, is able to discern what she wants, and may discuss this with her physician or nurse-midwife.

When a mother has a specific concern or question, the professional doula encourages her to go directly to her care provider. During the process of pregnancy, mothers usually develop an image of the birth they would like to experience. They reflect on aspects of labor such as whether to have an epidural or how they view technology. In other words, their philosophy of birth begins to emerge. Mothers may realize that their philosophy differs from their caregiver's enough that they are uncomfortable. If a mother in this situation asks the doula for help, the doula can provide referrals to other physicians or midwives who are more compatible with that mother. More important than the actual philosophy is an appropriate match between patient and health care provider. Actively making decisions that affect their childbirth care is an important personal growth step for many mothers.

Birth Plans. Another way that doulas work prenatally to enhance communication between medical caregivers and mothers is through the development of a birth plan. Some nurses and physicians love birth plans, and others despise them. This range of passion deserves comment.

Almost 20 years ago, birth plans began as contracts between physicians and patients about how labor and birth would be conducted. Some early birth plans went so far as to outline the number of vaginal examinations, what kind of technology was permitted, and who was allowed to be near the mother (Cassidy-Brinn, Hornstein, & Downer, 1984; Cohen & Estner, 1983). Patients often viewed birth plans as a shield against unwanted interventions, whereas physicians felt defensive and nurses felt offended. To some, birth plans seemed to signify an adversarial relationship in which a mother could not trust her care providers to act in her best interest. Some nurses declined to care for mothers with birth plans, feeling that these mothers had unreasonable expectations. Even now, a mother with a birth plan is sometimes perceived as a "cesarean waiting to happen."

Perinatal educators today often refer to birth plans as a list of "birth hopes" or "birth preferences." Many hospitals have developed their own "point and click" birth plans on their Web sites and use those menus of choices to attract clients. However, neither of these surface changes gets to the heart of the matter. Women who write birth plans are communicating their hopes and dreams to hospital staff. This communication occurs when mothers

are not in labor and have a chance to review options and are less likely to forget a special request. Although all women have desires, goals, and expectations for their births, mothers with birth plans have taken the opportunity to communicate them to their future caregivers.

Recently, an experienced obstetric nurse, Molly, expressed how "disappointed" she felt for women who have birth plans. "I just feel sorry for them, I worry that they aren't going to get what they want and will end up disappointed." Molly said she wished women didn't make birth plans. The paradox is that Molly could not be disappointed for the women *without* birth plans, because with their needs unspoken and unwritten, she *could not know* when their needs were not met. Not communicating their preferences did not mean that these mothers did not have preferences. Birth plans can be an effective way to communicate laboring mothers' hopes or preferences to the nursing staff.

An effective birth plan highlights only the most important things a mother desires, uses positive language, and gives concrete examples of what she wants. It has a few introductory sentences explaining about the mother or the couple and why they chose this facility. An effective birth plan fits on one page, and key phrases can be highlighted with a marker so a busy resident or oncoming nurse can glance at the page and know in less than 30 seconds what makes this patient different from the one next door. In some cases, the client's birth plan may not be as short or positive-sounding as a doula may wish. Nurses should bear in mind that some patients are more difficult than others and that demanding and defensive patients can be a challenge for doulas as well as for hospital staff.

Doulas encourage clients to write birth plans in order to help them clarify wants and needs. Clients take their plans to their caregivers to get feedback and to give them a focal point for their prenatal discussions. Sending birth plans in advance or bringing them to the hospital can help the charge nurse make a good match between the patient and her obstetric nurse. Birth plans can give the obstetric nurse insight into what is important to this mother and help tailor her care more effectively.

During Labor. A doula encourages her clients to ask questions about procedures. When the unexpected comes up, understanding the situation completely can help mothers feel less out of control. One of the key components of a positive birth memory is feeling like birth happened *with* the mother, not *to* the mother (Dannenbring & Stevens, 1997; Simkin, 1992). Doulas will frequently prompt their clients with, "Did you have any questions about that?" Below are typical questions that doulas encourage parents to ask.

1. "Is this an emergency or do we have time to talk about this?"
2. "What are the risks and benefits of this to me and my baby?"
3. "What I heard you say was . . ."
4. "Are there any alternatives we might try?"

Sometimes the relationship between doula and nurse does not progress smoothly, particularly when one or both do not appreciate the complementary nature of their individual roles.

Sometimes physicians or midwives who are not accustomed to being asked questions or who have a more autocratic style may feel their authority is being questioned. Yet patients are simply trying to enhance their understanding and lower their anxiety. Studies have shown that higher levels of information and involvement in decision making are associated with higher patient satisfaction (Halldórsdóttir & Karlsdóttir, 1996; Lyons, 1998; Wilcox, Kobayashi, & Murray, 1997). By enhancing communication and encouraging dialogue between caregivers, nursing staff, and the patient, doulas are helping to secure informed consent.

Doulas and Care Providers. Doulas counsel their clients to ask questions of their physicians or nurse-midwives about their intervention rates and their philosophy of birth. It is important for the mother's and the care provider's philosophies to be similar. The greater the difference between a mother and her caregiver's points of view, the greater is the potential for dissatisfaction and misunderstanding. Doulas will also encourage patients to ask for what they want. A typical doula response might be, "If you want to give birth on your hands and knees, then you need to discuss that with your doctor prenatally." To pressure a care provider to work entirely outside of his or her comfort zone makes everyone nervous and increases the potential for conflict and tension between care provider and patient during labor. Most doulas actively discourage this approach and will suggest to clients to find someone who is closer to their philosophy or be prepared to compromise.

In general, with a doula in the labor room, physicians and nurse-midwives can receive a more complete picture of how a mother has been laboring, such as what her contractions are like and what strategies she has tried. They can be assured that patients will ask questions about their care, enhancing their mutual need for informed consent about procedures. Patients increasingly are satisfied with their birth experiences when a doula is present (Gordon

et al., 1999; Hofmeyr, Nikodem, Wolman, Chalmers, & Kramer, 1991; J. Kennell, personal communication, January 1998; Wolman, Chalmers, Hofmeyr, & Nikodem, 1993).

Assisting Mothers to Cover Gaps in Their Care

Doulas can provide care for women who are not considered to be "in labor" and do not qualify for hospital admittance, as most hospitals do not admit mothers who are not in active labor. Yet mothers with a lengthy prodromal pattern are uncomfortable, sleepless, and are often emotionally overwrought. Many doulas recognize the wisdom of making a strong investment of time and energy during this drawn-out phase. Once mothers are in strong active labor, they are thrilled to be "in labor" but frequently are too exhausted and dehydrated to cope. Getting a massage, a warm bath, and a pep talk early in a puttering labor seems to help mothers to calm down, rest, and prepare for strong labor when it comes.

Another unique service is the continuity of care that a doula provides. The doula remains familiar throughout staff changes, room changes, and visits from the physicians. If surgery becomes necessary, the doula can remain with the mother and father in the operating room if policies allow (Simkin, 2001). Doulas can help hold the new baby next to the mother's face toward the end of the surgery or can keep a running commentary on the baby if she or he has been removed to the nursery. Fathers often accompany the newborn, leaving the mother alone and frightened about the health of her baby. Doulas can reassure mothers or take pictures of precious first moments that mothers might otherwise miss.

The doula can help the mother during the first breastfeedings and sit with her during her first shower. Many doulas take notes during the mother's labor and help her to fill in the blank parts that hormones and sleep deprivation make hazy. The doula can positively influence the mother's memories and how she thinks of herself. Will she see herself as a woman who "gave up and couldn't do it" or who "labored valiantly until it was more than most women could bear"? Nurses and care providers also perform this valuable service, yet their time is limited. Doulas can help mothers see that they did the best job possible, regardless of whether the birth was complicated or was not what was anticipated. Through gentle discussion and reframing, doulas can help to assure positive memories for both parents.

For example, one father recalled his intense disappointment with a previous birth because he had wanted to help his wife hold their baby skin to skin immediately after birth. The child was whisked away to the warming table and remained there despite his request. At their initial interview with this pregnancy, he had tearfully blamed himself for not being assertive enough. They wanted a doula to make sure that this situation didn't happen again. The doula gently probed and discovered that the mother had received a requested analgesic within half an hour of the baby's birth. After more questioning, the doula suspected that the baby had required resuscitation and possibly Narcan. She explained that she could not have prevented the baby being whisked away and kept in the warmer but that the parents would have known immediately what was happening and not spent 4 years agonizing over what they should have done differently. It is likely that the staff explained their baby's needs to them at the time or right afterward, but they may not have retained that information. New parents are exhausted and elated and have a mix of many emotions that may overwhelm their processing of intellectual information. A doula remembers.

Conclusion

Doulas do much more than suggest position changes or hold hands with a mother during labor. Yet, that is what they do best and what they love about their work. An effective doula builds relationships and is skilled in communicating with a variety of people with different needs and perspectives. She is responsible primarily to the mother whom she serves, yet she is also responsible to the community. Her actions help shape birth options for other women who follow. Both nurses and doulas contribute unique knowledge, caring hearts, and dedication to make birth better for women.

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