The Knowledge And Practice Gap For Physicians Regarding Birth Doula Training

By Amy L. Gilliland, PhD

Initially, one might not expect that the knowledge known by birth doulas would be valuable to medical professionals. Doula care is relationship-based care. The doula's focus is on the laboring person or mother and following their cues to get the baby born. However, there are goals set by professional medical organizations and pressure from the general public for physicians to offer more culturally congruent care and improve the communication process between patient and practitioner (ACOG). According to Coley and Zapata (2018), "Overall, mothers' perceptions of prenatal care quality centered on interpersonal processes of prenatal visits. In contrast, providers concentrated more on activities that constitute "quality prenatal care" based on American College of Obstetricians and Gynecologists standards, such as completion of required tests and communicating information to the patient." Research with patients shows that culturally congruent care comes from listening and developing a sense of connection. This is what *Doulaing The Doula* doulas specialize in. It is a part of our Standards of Practice and Code of Ethics (see URL). In this way, the knowledge and skills known by doulas can be pivotal in meeting those goals.

Patients also want their careproviders to be trauma informed and offer care that recognizes that history to all patients. According to ACOG (2021), "Obstetrician–gynecologists should become familiar with the trauma-informed model of care and strive to universally implement a trauma-informed approach across all levels of their practice with close attention to avoiding stigmatization and prioritizing resilience." Trauma informed care (TIC) requires a shift in power relationships towards empowering the patient. The practitioner needs to recognize that a person has been harmed in the past and the onus is now on them to act with more consciousness and care. This requires a shift in thinking, which then leads to behavioral change. TIC has a price. It requires more brain glucose and time for the practitioner to provide – one cannot rely on default thinking patterns when providing this kind of care. The next step for physicians is to let the patient lead – which is in opposition to the training of most doctors. It is up to the individual patient to share what is relevant and that they are mutually setting the agenda for the encounter.

Behavioral reprogramming does not occur with one two-hour lecture or even a half-day immersion course. It takes thoughtful consideration of principles, experimenting in low-risk situations, and several sleep periods to accomplish. According to Michie (2021), "For any behavior to occur, people must have the following: the relevant physical and psychological capabilities; the opportunity; and greater motivation to perform that behavior than anything else they could be doing at the time…Creating sustained behavior change requires changes to capability, opportunity and motivation that are mutually reinforcing." Author James Clear (2018) states that true behavior change requires a shift in identity. "If you change your identity (the type of person that you believe that you are), then it's easier to change your actions." Your actions will always strive to align with who you think you are. A "doula trained physician" is that identity shift. Care providers don't even know how it can help them to reach their goals. Being trained as a doula in empowering communication techniques and the philosophy behind them will assist physicians in offering culturally congruent care. Offering the *Doulaing The Doula* birth doula training over five days for 32 CME's gives plenty of opportunity for practice and reflection. We should excel in our goals of transforming the experience of providing obstetric care for doula trained physicians.

Seeking transformation may sound like a lofty goal for an educational experience, but it is a necessity in training doulas. In 2002, Korfmacher and Hans found that doulas who felt "educated but not transformed" by their doula training experience never became successful confident doulas. Leaving the experience feeling like you've been personally and positively changed is necessary for carrying out the beginning skills of providing labor support.

Second, many physicians are pushing back against industrial healthcare, and its four major themes: blur, hurry, burden, and cruelty (Montori). Each one of these four themes seems to be a mainstay in most obstetrical care. Reading contemporary pregnancy posts on social media or asking any current obstetrical patient about their most recent visits, they will share a story that features one of these four themes. Physicians are encouraged to see patients as fitting certain categories and to act in response to that category – rather than offering individualized care. In contrast, "high touch" care that is trauma informed emphasizes relationships and individual approaches to medical problems. Doula training emphasizes the uniqueness of the individual and gives physicians new strategies to use with patients.

Further, physicians are in a position to create structural change (Sagady, 2015; Klein, 2018). They certainly have more power than doulas and patients. However, change agents may not know where to begin. Taking the training and seeing birth through a patient and paraprofessional perspective can alert to which practices and policies require attention first. In an article about implementing innovations in medical care, changes are often multifaceted (Richie). Implementing them requires change across organizational structures and levels as well as stakeholders. The skills needed to implement change are complex and comprehensive. In examining the list, many of these are taught and reinforced throughout the DTD birth doula training. These skills include thinking strategically and planning ahead; meeting facilities and individuals where they are; assessment skills; interpersonal skills; motivating others and building confidence; engaging multiple stakeholders; interacting and working with leaders; problem solving; learning from others; and integrating into the system. While not all physicians may be interested in instigating change in their workplace, they are more than likely seeking change in their own practices.

A fourth major reason for physicians and obstetricians to take a *Doulaing The Doula* birth doula training is that their continuing education tends to come from other obstetricians on issues relevant to obstetrics (Bonawitz and Wetmore, 2020). This creates a reinforcing cycle that doesn't allow room for exploring contributions offered by other fields. As a Research Fellow and decades long birth doula trainer, the DTD training incorporates the perspectives of endocrinology, interpersonal neurobiology, medical anthropology, midwifery, sociology, nursing, human development, neurology, gynecology, psychiatry (trauma studies), psychology, gender studies, history, African American studies, and human sexuality. For example, understanding how human memory influences labor is something many physicians may have never considered. An understanding of neurophysiology, endocrine systems and biological clocks enhances the physician's perspective of human labor and birth. The *Doulaing The Doula* birth doula training draws on knowledge from multiple disciplines that physicians do not have time to explore fully. However, this knowledge may significantly change their approach to care and patients in a positive direction.

Fifth, Davis-Floyd noted over forty years ago that most specialty physicians are trained in a medical model that emphasizes Cartesian principles (Davis-Floyd, 1987, 2018). They have a

mechanistic view of the body. Family practice doctors, nursing professionals and osteopathic practitioners are trained in a biopsychosocial perspective. This schism in training and perspective has not changed and it is a disservice to obstetricians. They are cut off from knowledge which could be to their benefit. Not grasping the biopsychosocial perspective puts physicians in a place of misunderstanding the values and priorities of their patients as well as their coworkers.

Lastly, our birth doulas are trained in sexual anatomy and sexual function. *Doulaing The Doula* doulas are taught to value the body's capacity for future pleasure. It is the rare obstetrician who is considering his patient's orgasmic potential as they make decisions. For doulas it is a significant factor in suggesting positions and utilizing comfort measures. Most doctors do not understand sexual and orgasmic function enough to consider it a factor (Verrastro and Saladino).

Birth doula programs are surging around the country, especially as a solution to racial inequities in birth outcomes (Mottl-Santiago, 2023). Physicians may find themselves teamed with doulas as part of patient care. Doctors who understand the doula perspective and can draw on doula knowledge themselves will be more effective and achieve positive outcomes. Comfort measures and positioning are most often part of the arena of nursing, however it doesn't hurt to be knowledgeable about every team member's expertise.

In summary, the *Doulaing The Doula* birth doula training offers physicians the opportunity to change and enhance their practices to be more culturally congruent, patient focused, and trauma informed. It offers practice to develop confidence in new approaches and communication skills. It widens the perspective by offering evidence based information from multiple disciplines which can contribute to the practice knowledge of obstetricians. It supports medical professionals who wish to be change agents in their workplaces by encouraging critical thinking and examination of current practices. Lastly it fills a gap in perspective in specialty training by showing a different perspective on the body and on power relationships in the hospital room.

References:

Committee on Health Care for Underserved Women, American College of Obstetricians and Gynecologists (2021) Caring for Patients Who Have Experienced Trauma. *Obstetrics and Gynecology*, *137*(4), e94-e99. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/04/caring-for-patients-who-have-experienced-trauma

(ACOG: American College of Obstetricians and Gynecologists) https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/01/importance-of-social-determinants-of-health-and-cultural-awareness-in-the-delivery-of-reproductive-health-care

Bonawitz K, Wetmore M, Heisler M, Dalton VK, Damschroder LJ, Forman J, Allan KR, Moniz MH. Champions in context: which attributes matter for change efforts in healthcare? Implement Sci. 2020 Aug 6;15(1):62.

Clear, J. (2018) Atomic Habits: An Easy & Proven Way to Build Good Habits & Break Bad Ones. Avery

Coley SL, Zapata JY, Schwei RJ, Mihalovic GE, Matabele MN, Jacobs EA, Anderson CK. More Than a "Number": Perspectives of Prenatal Care Quality from Mothers of Color and Providers. Womens Health Issues. 2018 Mar-Apr;28(2):158-164

Davis-Floyd, R. (1987). Obstetric training as a rite of passage [research]. *Medical Anthropology Quarterly*, *1*(3), 288-318.

Davis-Floyd, R. (2018). Ways of Knowing About Birth. Waveland Press

Gilliland, A.L. (2021). Doulaing The Doula Birth Doula Code of Ethics, https://doulaworkshop.com/our-courses/pre-course-requirements/birth-doula-code-of-ethics/

Gilliland, A.L. (2021). Doulaing The Doula Birth Doula Standards of Practice, https://doulaworkshop.com/our-courses/pre-course-requirements/birth-doula-standards-of-practice/

Hans, S., & Korfmacher, J. (2002). The professional development of paraprofessionals. *Zero to Three*(November), 4-8.

Klein, M. (2018). *Dissident Doctor: catching babies and challenging the medical status quo*. Douglas and McIntyre.

Leslie, M. S., Erickson-Owens, D., & Cseh, M. (2015). The Evolution of Individual Maternity Care Providers to Delayed Cord Clamping: Is It the Evidence? *Journal of Midwifery & Womens Health*, *60*(5), 561-569. https://doi.org/10.1111/jmwh.12333

Michie, S., & West, R. (2021). Sustained behavior change is key to preventing and tackling future pandemics. *Nature Medicine*, *27*(5), 749-752.

Mottl-Santiago J, Dukhovny D, Cabral H, Rodrigues D, Spencer L, Valle EA, Feinberg E. Effectiveness of an Enhanced Community Doula Intervention in a Safety Net Setting: A Randomized Controlled Trial. Health Equity. 2023 Sep 7;7(1):466-476.

Montori, V. (2020) Why We Revolt: A Patient Revolution For Careful And Kind Care, Mayo Clinic Press.

Verrastro V, Saladino V, Petruccelli F, Eleuteri S. Medical and Health Care Professionals' Sexuality Education: State of the Art and Recommendations. Int J Environ Res Public Health. 2020 Mar 25;17(7):2186.