

The Winston Churchill Memorial Trust of Australia

Report by Dr Fiona Bogossian

2006 Churchill Fellow

The Bob and June Prickett Churchill Fellowship; to examine the scope of practice, education and regulation of doulas (trained birth companions).

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Signed:



Dated: 28th September 2007

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Introduction

The Bob and June Prickett Fellowship allowed me to travel to the United Kingdom and the United States of America in order to examine the scope of practice, education and regulation of doulas (trained birth companions). This report provides a summary of my experiences and recommendations regarding the emerging role of doulas.

My sincere thanks to Bob, and his dear, late wife June, for their generous gift of this fellowship. The fellowship has not only provided me with an opportunity for personal and professional growth but has also allowed me the privilege of getting to know Bob and to be welcomed as one of Dusty Bob's Fellows.

The fellowship travel was originally planned for September/October 2006. However, the failing health of my mother in the later half of 2006 and her subsequent passing in February 2007 resulted in my fellowship plans being changed. I am grateful to Mr Paul Tys and the Trust for their compassion and for approving the variation to my itinerary.

Executive Summary

The fellowship travel was undertaken June – August 2007. The focus of the fellowship was to examine the scope of practice, education and regulation of Doulas in those countries where these services are well established. Doulas are lay women who are trained birth companions and who provide continuous support to women in labour and the postnatal period.

I undertook two Doula training workshops, attended the DONA (Doulas of North America) International 13th Annual Conference and networked with doulas working in varied models. I was able to compare curricula, appreciate views relating to regulation of doulas and variations in relation to the nature and scope of their practice. In addition, I was also able to gain some insight into the experiences of birthing in Turkey and Peru and the potential role that Doulas could play in those countries.

Highlights

- Visiting Birth Consultancy – Dumfries, Scotland (Adela Stockton).
- Undertaking Paramana Doula Course - London, England (Michel Odent and Liliana Lamers).
- Attending the 13th Annual DONA International Conference - St Louis, USA.
- Undertaking the Birth Doula Training – St Louis, USA (Penny Simkin and Kathy McGrath).
- Visiting Hearts and Hands Doula Programme – San Diego, USA (Ann Fulcher).

Recommendations

The provision of continuous support to women in labour and support postpartum has proven benefit. Doulas are one group who are positioned to provide this support to women. It is important for the wellbeing of birthing women and their families that:-

- Awareness should be raised regarding the health benefits of continuous support in labour and support postpartum.
- Women who choose doula services should have a full understanding of the level, content and focus of preparation which the prospective doula brings to the relationship.
- Doulas applying for credit into an undergraduate midwifery programs should have their level of preparation and experience assessed on a case by case basis.
- The role and scope of practice of doulas in any maternity care setting must be clearly defined and role articulation with primary clinical care providers should be unambiguous.
- Women who choose doula services should be informed that there is no statutory regulation of doula practice and they should be advised whether the prospective doula is a member of a doula organisation.

Implementation and Dissemination

- The findings from this Fellowship will be shared with doula organisations and feed into the ongoing reform of Maternity Care Services particularly in Queensland.
- Two articles will be submitted for publication in professional journals and findings will also be presented in appropriate professional conferences.

Program

| DATE OF VISIT | | PLACE | INSTITUTION/ORGANISATION VISITED |
|------------------------------|------------------------------|-----------|--|
| From | To | | |
| 25 th June 2007 | 6 th July 2007 | Dumfries | Adela Stockton – Birth Consultancy adela@birthconsultancy.org |
| 9 th July 2007 | 15 th July 2007 | London | Liliane Lamers & Michel Odent – Paramanadoula course Paramanadoula@aol.com |
| 20 th July 2007 | 22 nd July 2007 | St Louis | DONA International Conference |
| 22 nd July 2007 | 24 th July 2007 | St Louis | Penny Simkin & Kathy McGrath - DONA Birth Doula Workshop |
| 16 th August 2007 | 17 th August 2007 | San Diego | Ann Fulcher – Hearts & Hands Doula Program |

Background

“Doula” is a Greek word which means a woman servant or slave. The term has been taken up and used widely to describe a woman who provides support to a birthing and postpartum woman. There is a wide degree of variation in how doulas work, how they are educated and the nature of the support which they provide. What is consistent is that there is a growing demand for their services, which in part reflects a failure of the system of maternity care to provide women with the support they want around the time of childbirth.

There is a paradox which became immediately apparent in trying to examine the scope of practice, education and regulation of doulas, that of access to a range of doulas. In preparing my proposal for the Fellowship I contacted several local doulas via their websites indicating that I was interested in speaking to them about their practice, without success. I sensed that doulas might have been reluctant to speak with me as I am a midwife and there are some issues surrounding professional territory relating to doula practice. Following the announcement of the award I was contacted by many doulas who are actively involved in doula organisations or as education providers wanting to assist me with my study.

No doubt the awarding of the Fellowship provided some legitimacy to my interest in doulas. Yet the issue of access to doulas who are not involved in these structured organisations was still problematic. For example I was particularly interested in exploring a model of doula practice which involved antenatal contact and found the website of an established private practice in Singapore. Despite leaving repeated email and telephone messages I received no response from this practice.

As a result my report needs to be interpreted with some caution, there seems to be a natural bias towards doulas who are actively engaged with a doula organisation rather than those who are grounded in a community word of mouth model or in individual private practice. I am also mindful that I am not a doula and that doulas may well question my right to examine their practice. I have tried to paint the picture as I see it, while having due regard for these sensitivities.

The Doula Phenomenon

The value of continuous support in labour has long been understood. Traditionally, women gave birth supported by other women, with either a family member or with a lay woman experienced in birth present. With the institutionalisation of birth, providing physical and emotional support to birthing and postnatal women became an integral part of the midwife's role, of being "with woman" in a variety of birth settings.

The lament of many midwives over the past twenty years is that the ideal of being a constant, supportive, presence for the majority birthing women has become increasingly difficult if not impossible. The shortage of midwives and the lack of opportunity to work in midwifery models of care have resulted in an inability for midwives to provide one on one midwifery care. A fault line between what women want and what midwives can provide in the current system of maternity care has resulted in a gap which women are increasingly looking to doulas to fill.

As a constant supportive presence, providing comfort measures and assisting the mother to identify questions and communicate her needs (Ballen & Fulcher, 2006) the doula may have a role to play in the current maternity care environment. This is particularly so in Europe, the United Kingdom and increasingly in Australia. In these countries doulas not only operate but they have organised themselves into groups as

evidenced by The Association Doulas de France, Doula UK and the recently established Doulas Australia.

It is in America the rise of doulas seems most striking. Doulas of North America - DONA International was founded in 1992 is the largest and oldest doula association and has as its founders. Marshall Klaus, John Kennel, Phyllis Klaus Penny Simkin, and Annie Kennedy.



DONA International reports that membership has increased from 750 members in 1994, to 6,137 members in 2006. This 800% plus increase perhaps reflects the shortcomings evident in a system of maternity care which is very highly medicalised by comparison to other countries and one in which midwives have not historically played a major role.

Birth doulas function to provide support during labour and birth, while postnatal doulas support the woman after birth, usually in the family's home and many doulas offer both birth and postnatal services. Doulas may operate either on a fee for service basis (for example in the US the cost for a birth doula may range from \$400 (AUS) - \$1900 (AUS) per birth depending on location and experience of the doula) or in a voluntary capacity. They do not have a role in clinical decision making nor do they offer direction regarding the woman's approach to labour, for that is the domain of the midwife or doctor.

Educating Doulas

Doula education and training varies greatly. There is no standardised education and as there is no legal protection on the term doula, thus anyone can claim to be a doula regardless of the level if any, of education they have undergone. A variety of organisations offer doula training and the training varies in terms of total costs, assessment method, materials provided, teaching mode, pre-requisites, number of books required to be read, number of births required to attend, the length and duration of the training. The cheapest programs are approximately \$450 (AUS) and the most expensive is a combined doula and childbirth educator program at \$4750 (AUS). During my fellowship I explored four education programs, Birth Consultancy Services, Paramanadoula, DONA International and Hearts & Hands.

The **Birth Consultancy** program is recognised by Doula UK and is conducted in Scotland by Adela Stockton. Adela is a Churchill Fellow 2004 Homeopathy in Maternity Care – Cuba and formerly a registered midwife. While Birth Consultancy does not support the need for "professional training", they do acknowledge the need



a period of "preparation" before new doulas go out to support other women around the time of childbirth. The most distinctive features of the Birth Consultancy program is that it addresses the preconception period and embraces the spirituality of childbirth. It aims to promote emotional wellbeing through pregnancy, to encourage gentle birth, and to support breastfeeding and positive parenting. In doing so it addresses the need for personal introspection and growth in the doula.

There are three components to the program, (self directed study pack, weekend workshop and a written assignment) which must be completed within a maximum period of up to six months.

The **Paramanadoula** program is conducted by Michel Odent and Liliana Lamers in London. This program is largely informed by Michel's extensive knowledge of obstetric care and his research in the area of primal health. This is complemented by Liliana's intuitive understanding of this research, and recognition of a woman's needs at the time of labour and birth. The program is conducted over three days and provides doulas with the foundation to interpret birth related research in order to use this research to guide the way they practice.



The **DONA International** Birth Doula workshop follows a standard format which can only be taught by accredited DONA International Doula Trainers. The program in St Louis was taught by a founder of DONA Penny Simkin and a very experienced doula Kathy McGrath. This three day program was very practically focused; on techniques the doula can use to assist the birthing woman, on the scope of practice of the doula and on strategies to commence practice. Following on from this workshop, doulas need to attend three births and complete one essay and can then apply for certification with DONA International.



Only one program that I visited focused on preparation of volunteer doulas, **Hearts & Hands UCSD Volunteer Doula Program** in San Diego. Ann Fulcher, the Program Director recruits, trains and supports volunteer doulas who then provide support for mothers at University of California, San Diego Medical Centre. As these women are volunteers, Ann has devised a free education program which equips them to support women. The program is conducted over one full day and then volunteer doulas are mentored by a more experienced doula until they are ready to “solo”.



Each program offered a different approach to educational preparation of doulas and to the assessment of learning. However the content areas were relatively homogenous, namely the role of the doula, providing labour and postnatal support, some appreciation of the related research and guidance for beginning practice as a doula. Mentoring strategies were either a component of the program or implicit in beginning practice advice. Given the degree of variability in doula programs it would be difficult to make a recommendation about the creditworthiness of doula preparation programs in tertiary undergraduate midwifery education. Rather a doula applying for credit into a midwifery program would need to have her individual preparation and experience assessed. Similarly those women who choose doula services need to have an understanding of the level, content and focus of preparation the prospective doula brings to the relationship.



The Doula's Scope of Practice

There is consensus amongst the programs that I visited that doulas provide non-clinical care and support. The difficulty is in determining those activities deemed "clinical" and those that are not, and this may result in variations in the boundaries of practice between individual doulas. Several factors shape the doula's scope of practice; legal restrictions, recognition of the primary care provider, orientation toward birth, and related qualifications and experience.

In the United Kingdom, as in Australia, the role of the midwife is defined in law and is thus protected. Although it is legal for a mother to deliver her own baby, it is illegal for anyone to assume the role of the midwife, thus Adela Stockton advises that doulas do not touch the baby or the cord. This simplifies the practice boundary issues and recognises the role of the primary health care provider whether doctor or midwife. Aspects of midwifery practice which are not specified in law seem to be areas of practice which doulas are undertaking, for example, the provision of assistance and advice regarding breastfeeding.

There was agreement across all programs that the primary health care provider was the person responsible for assessment, intervention and directing care. However, there were many examples of doulas undertaking clinical assessment such as feeling and monitoring contractions, performing vaginal examinations, using pain scales to assess the woman's pain and directing care such as advising the woman when to go to hospital. The scope of practice of doulas needs more considered debate, particularly around the determination of what constitutes clinical assessment, clinical intervention and direction of care.

The doula's orientation towards birth seems to also impact on scope of practice and there was variation across programs in this respect. At one extreme the Paramanadoula program respects the need to minimise stimulation of the neocortex and therefore Lilianna Lamers avoids unnecessary speech and eye contact with the birthing woman. She tries to make herself unobtrusive by staying outside the mother's line of vision and creates a comfortable spot so that she can stay relaxed in the room and avoid contamination of the labour with adrenalin. Privacy is paramount and the doula may even run interference to keep the partner from disturbing the progress of labour. Lilianna uses the analogy of trying to write a letter with constant interruption, to explain the need to avoid neocortical stimulation in order to get the job of labour done.

This orientation to birth differs from that of DONA International who use the Road Map of Labour devised by Penny Simkin to describe the doula's role at various points in the journey. The doula with this orientation uses verbal encouragement and reassurance, positioning, acupressure, massage, hot packs, coached breathing techniques, and guided relaxation. Perhaps the more interventionist approach requires more specific instruction about what is and is not the doula's role, and DONA International have detailed the scope of doula practice specifically in a Standards of Practice document. Doulas undertaking this training are challenged by scenarios to clarify their scope of practice and specific guidance is given as to how to assess if advice or actions fall within the doula's scope.

Related qualifications and experience also impact on the doula's scope of practice in two ways. Firstly, doulas who are nurses and/or midwives need to be very clear in which role they are performing care and support. According to DONA International, "If doulas who are also health care professionals choose to provide services for a client that are outside a doula's scope of practice they should not describe themselves as a doula to their clients or others". Paradoxically in this situation the doula is required to discard the knowledge and practices gained as a health professional, yet when doulas bring non-medical qualifications with them these seem to be incorporated into their scope of practice. In the workshops I attended, training doulas included women who had the following related qualifications/experiences:- shiatsu practitioner, journey therapist, rape crisis counsellor, La Leche League volunteer, homeopath, breastfeeding counsellor, hypnobirth practitioner, reflexive practitioner, lactation consultant.

Finally it seems that models of doula practice, impact on the scope of practice for doulas. There is an emergence and growth of hospital based doula programs in America, some of which rely on volunteers and others which employ doulas. Volunteer programs face issues relating to maintaining funding, and gaining full acceptance with the hospital staff. Ann Fulcher estimates that there are fifty or fewer hospital-based doula programs. Most however, are not volunteer programs like Hearts & Hands and may not enjoy the midwife support which is evident at University of California San Diego as a result of an in-house midwife led birth center. Despite the difficulties in this model, in the Hearts & Hands Volunteer Doula Program, the essential requirement of the role of the doula, that of continuous support is

maintained. All volunteer doulas are committed to stay for the duration of the labour and birth.

This contrasts with some of the hospital based programs in which doulas are employed and work allocated shifts. Despite the fact that these doulas do not remain with the woman for the entire labour, they still make the claim that they provide continuous labour support as they hand over the woman at the end of their shift to the doula on the next shift. This seems to be adding another level of worker into a system which is already plagued with fragmentation and moving away from the fundamental professed element of doula practice.



To Regulate or Not to Regulate?

The question of regulation of doulas is one in which views of doulas seem polarised and is intricately bound to professionalisation. At present there is no external or statutory regulation of doulas and any regulation has been imposed from within the doula community. The principal argument for regulation of any care provider is to protect the public, however the degree of protection required is largely dependent on the limits to practice and as has been demonstrated, these vary considerably.

Adela Stockton believes that doulas are part of the grass roots of the community and standardisation of education and statutory regulation could impact on the relationship between the doula and the community she serves. Likewise Michel Odent expresses the position that doulas do not need to be regulated, but they do need to be women with some experience of birth, have an understanding of birth physiology and be able to connect with women. He cites the exclusion of doulas from maternity services in Ireland and France as a consequence of the “organised and militant rise of doulas and the attempted regulation of doulas and accreditation of courses for doulas”.

The alternate view of regulation underpins the activities of DONA International and Doula UK both of whom have attempted to address standards of practice through certification/recognition of individual doulas and doula trainers and through approving/accrediting training courses. While Doula UK recognises the training undertaken by doulas in five programs (including Paramanadoula and Birth Consultancy), DONA International requires that only those programs taught by DONA approved instructors and exclusively taught as DONA doula training workshops fulfil the requirement in the DONA certification process. Thus doulas who have undertaken comparable doula training programs cannot be certified by DONA. The DONA International certification requirements are very specific and doulas who have satisfied these indicate this by way of post nominals. Additionally, DONA certified doulas are required to maintain these requirements and recertify each three year period. Both organisations have a complaints reporting and investigation procedure.

A secondary role of regulation is to safeguard an area of practice, and without statutory regulation any person with or without training can claim to be a doula. For some doulas this is a source of concern, and they make efforts to distinguish between what they refer to as professional doulas as distinct from lay doulas. It is interesting to note that the research which demonstrates the benefit of continuous

labour support on birth outcomes, which doulas and doula organisations frequently cite in support of their role, includes support provided by professional doulas, lay doulas, lay 'trained' doulas and trained laywoman. There seems to be a tension around the issue of professionalisation of doulas, with some wanting to move doula practice from its origins in the lay, grass roots, community model to create another albeit non-clinical para-professional involved in childbirth.

Some doula organisations may satisfy some of the characteristics of a profession including self regulation in accordance with established protocols for licensing, ethics, procedures, standards of service, training and certification. However it is debateable that being certified by a doula association affords professional status, particularly in the absence of unique and extensive body of knowledge or an education foundation of academic study at tertiary level. While the discussion about regulation and professionalisation will no doubt continue within the doula community it is critical that those women who choose doula services have an understanding that there is no statutory regulation of doula practice and they should be advised whether the prospective doula is a member of a doula organisation.

Conclusion

There is little doubt that provision of continuous support to women in labour and support in the postpartum period has proven benefit in terms of health outcomes. Although there is increasing awareness of this relationship, current systems of maternity care are unable to provide this level of support. Doulas have emerged as a group of non-clinical para-professional care providers who provide support to women in birth and the postpartum period.

There are currently a range of doula preparation programs and while the content areas of these programs are relatively homogenous, there is no minimum agreed standard for education. The scope of practice of doulas varies and is shaped by legal restrictions, recognition of the primary care provider, orientation toward birth, and related qualifications and experience. There is currently no statutory regulation of doulas and views regarding the need for regulation are polarised.

Recommendations

The following recommendations relate to the integration of doula services into existing maternity service provision in Australia. It is important for the wellbeing of birthing women and their families that:-

- Awareness should be raised regarding the health benefits of continuous support in labour and support postpartum.
- Women who choose doula services should have a full understanding of the level, content and focus of preparation which the prospective doula brings to the relationship.
- Doulas applying for credit into an undergraduate midwifery programs should have their level of preparation and experience assessed on a case by case basis.
- The role and scope of practice of doulas in any maternity care setting must be clearly defined and role articulation with primary clinical care providers should be unambiguous.
- Women who choose doula services should be informed that there is no statutory regulation of doula practice and they should be advised whether the prospective doula is a member of a doula organisation.

Special Thanks

It would be remiss of me to limit this report to the formalities without thanking those who shared their experiences with me. While it might seem self indulgent, it may also serve to give the reader a flavour of the doula community if I do this by way of bringing to mind what touched me most about each of these people.

I met Adela in her home in the beautiful Dumfries countryside; we sat in the kitchen and talked over lunch which included fresh vegetables from her farm garden. Despite the having no map and only directions to get to her home, I knew I was at the right farmhouse when I saw an 8 foot sculpture of wooden angel dangling from a barn.

I had heard Michal Odent speak at many conferences, his French accent and his ability to tell stories always has the audience in enthralled. In the Paramanadoula workshop we sat similarly engrossed in Lilliana's kitchen, in the basement of her London home. It was a really grounded and rare opportunity to interact with Michel in such a small group. Lilliana is such a delight, a cross between a sprite and a terrier and every bit as deep in her thinking as Michel is.

Susan Martensen, the outgoing President of DONA International and I had hurried lunch in St Louis. She was extraordinarily busy during the conference and in the subsequent days when she was conducting a postnatal doula workshop. Her initial email contact with me, the subsequent invitation to attend the conference and arranging for me to undertake the Birth Doula workshop reflect her enthusiasm for the work of doulas and confirm the adage if you really want something to be done ask a busy woman to do it.

I had never met Penny Simkin before, although I am really not sure how I have managed to avoid her given all the conferences I have attended over the years. She and Kathy McGrath conducted their workshop in the Sheraton Hotel following the Annual DONA International Conference. In spite of the "conference fatigue" I felt, these two warm, comfortable women educated, entertained and inspired. They mopped tears when unresolved issues surfaced and although they have taught this material over a number of years they have not lost enthusiasm for the content.

By chance I sat next to Ann Fulcher at the DONA International Conference; she still has a trace of an Australian accent although she lives in San Diego. Her 'off hand' invitation to come and visit and see the Hearts & Hands program led me to USCD Medical Centre where I arrived on the floor in the middle of a code. Even in this clinical environment Ann has carved a haven of normalcy and support for every woman who enters. Her program reflects her compassion for the Hispanic, the disenfranchised and the incarcerated women it serves.

In doula workshops and at the conference I was privileged to spend time with some remarkable women who are practising as doulas or preparing to practice. They were from all walks of life, from all corners of the globe and a variety of cultures yet shared a universal goal to support women. I offer my thanks to every one of them for sharing something of themselves and their aspirations with me.