

Engaging, Educating, and Empowering Young Mothers: *The Chicago Doula Project*

Phyllis Glink, MPP

Harris Foundation, Chicago, Illinois

with **Susan Altfeld, Ph.D.**

Ounce of Prevention Fund, Chicago, Illinois

The Chicago Doula Project, which we described in the April/May, 1998 issue of *Zero to Three* (Glink, 1998), is a collaborative venture of the Chicago Health Connection, the Ounce of Prevention Fund and three community-based agencies to support pregnant and parenting teens. The project employs a cadre of carefully selected and trained paraprofessional women to serve as doulas to provide prenatal, intrapartum and postpartum support to birthing teens. The doulas' chief goal is to help young mothers learn how to nurture, support and advocate for their new babies. Part of the process that doulas call "helping moms grow" is changing the teenager's perception of herself and her competencies as a mother. It is on this aspect of the larger doula project that this brief report will focus, as a way of contributing to the discussion of "expectations" in this issue.

The Chicago Doula Project is now in the fourth and final year of its pilot stage. Not long ago, doulas from the three project sites met with project training and evaluation staff to list, describe, and categorize the doulas' responsibilities and activities. The long list of what the doulas do during the prenatal, intrapartum and postpartum periods (see "What do the doulas do?" p. 43) makes it clear that the doulas use a range of techniques—from very practical exercises to more spiritual support—to engage, educate and empower the young mothers. It is also clear that the project's success relies on the doulas' ability to develop strong and trusting relationships with the mothers, who, in turn, learn how to develop strong and trusting relationships with their infants.

During the prenatal period, the doula focuses on building her relationship with the mother while teaching her about her changing body, preparing her for labor and delivery, building her self-esteem and her ability to advocate for herself and supporting her relationship with the baby growing inside of her. During the intra-partum period, the doula provides continuous emotional support for her client while assuring that she, and the teen's family, navigate the often complex and unfriendly health system successfully. After the baby is born, the doula focuses on promoting healthy interaction or "joining" between mother and baby through

support for breastfeeding and parenting skills, encouraging bonding, and teaching about infant development.

The doulas participate in an extensive four month training before beginning to provide services to the teen mothers, and they attend ongoing monthly professional development meetings where they continue to develop their skills. In the initial training, and perhaps even more in ongoing service trainings, the doulas focus on teen mothers' expectations for their babies and themselves.

The doulas learn how to use the *Community Based Family Administered Neonatal Activities (FANA): Mothers, Fathers and Their Infants: Promoting Attachment and Mutual Growth*, developed for the Ounce of Prevention Fund by Ida Cardone, Linda Gilkerson and Nick Wechsler (Cardone, Gilkerson and Wechsler, 1999). The doulas use the Community Based FANA both prenatally and after the baby is born to help their clients embrace their new role as mothers (see sidebar page 42).

Prenatal groups are another opportunity to empower young mothers. One doula asks teens in her prenatal groups to come up with three questions that they want to ask their doctors about their developing baby. In the following meeting, the teens share the answers that they got from the doctors with the group. When introducing this exercise, the doula explains to the girls that she understands from her own experience how hard it must be for them to "find their voice," since they have probably often felt as if they have not been heard. She explains that they need to start to find their voice in order to advocate for themselves and for their baby. She tells them that once they are mothers, they will be responsible for shaping their own and their babies' destinies. Another doula takes side-view photos of the pregnant teens each month in prenatal class and asks them to either write or tell a story about what is happening to their baby at that time during their pregnancy and their feelings about it. She also asks the young expectant mothers to write about what they want for their babies' futures. The doula believes that this exercise helps her clients understand that their fetus is a developing person and helps them begin to bond to their babies.

All of the doulas use childbirth and the immediate postpartum period as a time to listen, take joy in their

The Community-Based FANA (Family Administered Neonatal Activities)

The pre- and post-natal phases of the FANA follow the same guided process. First, the home visitor takes time to prepare herself to meet with the family. She reviews what she knows about the mother and the baby, recalling the mother's stage of pregnancy and how she was feeling on the last visit. The home visitor thinks about how this young mother learns—is she a concrete or abstract thinker? Is she self-absorbed, or is she able to think about others? The visitor reflects on how the ten's life has changed since she became pregnant or since the baby was born. And the visitor takes time to reflect upon her own state—is she hungry? Does she have directions to the home? Is she emotionally available for this visit? If not, what does she need so she can be more available to the family?

Once she is with the family, the FANA facilitator maintains a receptive process, listening empathically to the parent(s) as they share their experiences and accepting where they are in their developmental process. The FANA begins with a focus on the parent(s). During pregnancy, the visitor engages the mother in a conversation about her own well-being. In the postnatal FANA, the visitor invites the mother and the father, if he is present, to tell the story of labor and delivery and listens attentively, encouraging the parents, as appropriate, to elaborate on their expectations, the actual events, and the feelings that these evoked. The goal here is to help parents begin the process of achieving mastery over this powerful experience. Then the visitor gently shifts the focus to the baby. In the prenatal period, the visitor encourages the expectant mother to be still, put her arms around her baby (her belly), and notice and describe what her baby seems to be doing at that moment. In the postnatal FANA, the mother is encouraged to observe the infant's state and talk about the different states she has seen in her baby. Next, the visitor invites the parent to explore further, describing some of the baby's capacities before birth to the pregnant teen or offering experiences that will help the new parent understand the baby's development and support their growing relationship with the baby. Experiences that focus on the baby's ability to hear, move, respond to light, and have different states are adapted from the Brazelton Neonatal Behavioral Assessment Scale.

The last phase of the FANA provides time to reflect on what the visitor and parent have done together. The visitor asks how the mother feels about what she has just seen and done. She asks what the mother expected to see and what surprised her. Expectant parents are offered a chance to begin to build a Family Book for their child, with letters written by the parents to their baby.

Linda Gilkerson, Ph.D.

Erikson Institute, Chicago, Illinois

A manual for the Community-Based FANA will soon be available. For more information, contact Nick Wechsler at The Ounce of Prevention Fund, 122 South Michigan Avenue, Suite 2050, Chicago, IL 60603-6107, tel: (312) 922-3863.

clients' birth stories, share the excitement surrounding the births, and nurture the new mothers' confidence and hopeful expectations for themselves and their babies. Of course, because of the doulas, the teens' birth experiences themselves are much different than they would otherwise have been. Among the 217 doula-assisted births in the research sample as of September, 1999, the cesarean section rate was 6.45 percent, compared to a rate of 14.5 percent for babies born to U.S. mothers under the age of twenty. Eighty percent of doula-assisted teen mothers initiated breastfeeding, and 4 out of 5 of the breastfeeding new mothers continued to breastfeed for at least 6 weeks. Researchers in a small pilot study who observed doula-assisted teen mothers and mothers who had not participated in an intervention program interacting with their babies found the mothers who had the doula intervention handled their babies much more gently, were more responsive to their babies' needs and interests, and talked more to their infants than the other mothers (Hans, 1999).

Supervisors at the three agencies participating in the Doula Project report that their program participants are more responsive and loving with their babies than were their teen mothers prior to the addition of the doula component to their programs. One supervisor observed:

The moms are more sweet with the babies. They seem happier. They are talking about breastfeeding. They have a glow. They are more positive during pregnancy. Also, they are telling their birth stories more and sharing their stories with each other.

Another supervisor reported:

The girls in the program who have had a doula show much more love for their babies and show much more hope for them. They might be alone but they can't wait to share with the doula the beauty of their babies.

Doulas change young women's expectations by "the way they are" as well as "what they do." The doulas do their work as strong teams of strong women; they model partnership and relationship-building for the teens. The project's thoughtful and in-depth training and supervision are designed specifically to develop the doula's own competence and to encourage her to find and use a voice she may never have had before taking on this role. Most of the doulas in the program have successfully presented at national and local conferences on the Doula Project. Most of the doulas are completing the requirements for Doulas of North America professional certification, and one of the original project doulas has been hired as a doula trainer by the Chicago Health Connection. The most recently trained doula is 19 years old. Two years ago, when she was expecting her first baby, she received doula services through the program. She pursued doula training because she wanted to make sure other young women benefited from the doula experience. Three other doula-assisted mothers have become early child development home visitors in

What do the doulas do?

Prenatally:

Listen/filter, keep focus while dealing with issues that affect lives: for example, discuss grief support, emotions and fears, mental, physical and drug abuse; seek their own supervision in order to allow them to be there for the teen; listen; support teens' personal issues

Promote health and fitness: discuss healthy eating, nutrition do's and don'ts, prenatal exercise

Build healthy relationships: take charge of the prenatal group; build trust with mom; build the teens' ability to feel good about themselves and to take ownership; introduce friendly voice (myself, program); show interest in pregnancy

Encourage getting good medical care: discuss pros and cons of medicine/interventions, keeping up with clinic appointments, keeping their prenatal appointments; encourage and teach teens how to talk to the doctor—help them articulate what to ask the doctor; prepare for prenatal medical conditions

Educate about the baby: help teens bond with their unborn baby; help mother start to educate her unborn baby through "labeling," talking to and teaching the baby about its surroundings while in the womb; teach about the development of the baby and review the newborn healthy baby chart; discuss breast or bottle feeding (Who cares? – the baby!); discuss babies competencies while in the womb

Prevent sexually transmitted diseases (STDs) and more births: talk about STDs and contraception, birth control

Teach about labor and delivery: doula role plays she is in labor; show labor videos; discuss true and false contractions, timing contractions, comfort measures, breathing; role-playing breathing; prepare birth plan

Focus on basic necessities: encourage self-advocacy; discuss family support; provide handouts and information; discuss reliable transportation and child care; know when to call doula (1-800-DOULA), emergency signals

Intrapartum—during the birth process:

Provide measures of comfort: provide pleasant and safe environment, music, massage; pamper the teen in labor; relaxation techniques; other comfort measures

Advocate and communicate: advocate and translate for the teen; expand and elaborate on procedures; help the teen "take ownership of the birth"; build decision making skills; provide verbal support and encouragement

Assist in the birth progress: coach, help push, help ambulate; encourage positions to facilitate labor

Be clear about the doula role: be available to the teen whenever she goes into labor and leave only after confirming that everything is ok; have information ready for timely decision making; document and analyze the birth; help initiate breastfeeding; arrange child care (for the doula to be ready to go at any time)

Keep participant focused: use eye contact, coaching, visualizations, breathing techniques and prayer

Nurture the family connection: encourage family involvement and support during labor, bonding between the mother and baby during and after labor

Respond to client: read client's cues and respond to leads and

emotions; understand her fears and emotions; have a patient and positive attitude toward client

Know the doula's role and setting: team networking (awareness of doula as a member of the birth team); respect hospital staff, understand the rules of hospital, act as peacemaker

Care for oneself: relax after the birth, talk to someone about the birth to help process experience, get nurtured

Postpartum:

Provide post-partum care in the hospital: calm mother's fears during baby's exam; discuss Depo-Provera and contraception; make sure baby is ok; massage; translate and advocate

Ensure basic care—first things first: make immediate follow-up home visit; review care for mom and baby; remind mom about making doctors' appointments for herself and her baby; make sure she keeps clinic appointments; go to well child baby visit and to 6-week check-up

Promote mom-baby interaction (joining): help mom adjust to baby and her role, make sure they are bonding, show mom ways to calm baby, use Family Administered Neonatal Activities (FANA) to show mom what baby can and cannot do—amaze mom with the things baby can do, advocate for baby, help mom cope with crying baby

Support infant feeding: provide breastfeeding support and information, and/or bottle care instruction if mom is not breastfeeding or doing both

Acknowledge family: involve family and help resolve conflict, engage the partner/father in the bonding process, help mom deal with lack of support from family, help mom adjust to father's involvement

Teach baby care basics: provide baby care information, discuss goals for baby, promote immunizations, teach about crying babies

Support mom emotionally: congratulate mom on job well done, support mom mentally, listen to her birth experience, listen to her, share knowledge, relive birth with her

Assist in voicing needs and making plans: listen to mom's wants, needs and fears; discuss goals for mom (school, child care, housing, work); teach about child-spacing, STDs, nutrition and health

Ensure "doula survival": complete documentation, touch base with supervisor, care for self, gather information for mom and baby, "cut doula cord" as mom makes transition to other supports

Dealing with atypical or unexpected events: assist mother with a sick baby or the loss of a baby; respect mom's choices, including giving baby up for adoption; recognize postpartum blues and maternal depression; know when to refer, doula acceptance of mother's choices given very difficult and complex situations

Judy Teibloom-Mishkin, RN, IBCLC, CD(DONA)
Chicago Doula Project

This material is drawn from three one-day workshops involving Chicago Doula Project trainers and doulas. Trainers are Berthe Condes, Pamela King, Regina Taylor and Judy Teibloom-Mishkin. Doulas are Rosalba Felix, Judy Gonzalez, Lovie Griffin, Peggy Henry, Wandy Hernandez, Rocio Medrano, Anita Moss, Jeanette Rodriguez, Rosa Solis and Loretha Weisinger.



Barbara Young

programs sponsored by the Chicago Public Schools and the Ounce of Prevention Fund.

The doulas' passion and commitment are clear to their supervisors and, most important, to the young mothers with whom they work. One program director observes:

... You need to know that this is not work. This is a mission. You need to feel this way to do this service. It empowers the teenagers. You are touching the baby before it is born. The baby will be different because the mother is treated differently.

A young mother recalls:

You got somebody to comfort you. . . right by your side. . . through the whole, whole thing. . . they're not going to get mad at you, no matter what. . . However bad you acting, they not going to leave. . . They just there. . . They love us.

The Doula Project provides a powerful relationship-based intervention to young women who thrive under the nurturing guidance and consistent support from

their doulas at a critical time in their own development as individuals and as mothers. Doulas are changing adolescent mothers' expectations for themselves and their children, and the Chicago Doula Project, in its pilot stage, has surpassed the expectations of its host agencies and funders. We will be watching with great interest the developmental course of babies, mothers, doulas, and this new way of engaging, educating, and empowering adolescent mothers.

References:

- Cardone, I. & Gilkerson, L. (1989). Family Administered Neonatal Activities: An innovative component of family-centered care. *Zero to Three, 10*, 1, 23-28.
- Cardone, I. & Gilkerson, L. (1990). Family Administered Neonatal Activities: A first step in the integration of parental perceptions and newborn behavior. *Infant Mental Health Journal, 11*, 2, 127-131.
- Glink, P. (1998). The Chicago Doula Project. *Zero to Three, 18*, 5, 44-50.
- Hans, S. L. (1999). Doula Intervention Pilot Videotaping Project. Chicago, IL: The University of Chicago, Department of Psychiatry.