10 Questions for U.S. Doulas

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Abstract:
This "10 Questions for U.S. Doulas" project collected information about doula practices and thoughts mainly from 12 doulas in the U.S. There was no major contradiction in the results with the findings of existing research studies, and this study facilitated deeper understanding about unique situations of community-based doulas who serve socially disadvantaged populations. We hope that, across countries and cultures, the doulas' passion, insights and knowledge will reach others where a doula support system like this model is needed.

Key words: doula, community-based doulas, doula training, United States, pregnancy, childbirth, postpartum, rewards, challenges, collaboration

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Introduction

Doula is an ancient Greek term originally meaning "women's servant." The term "doula" is defined by Dr. Dana Raphael as "those individuals who surround, interact with, and aid the mother at any time within the perinatal period, which includes pregnancy, birth, and lactation" (Raphael, 1973). Doulas are experienced and often formally trained women with certifications from established organizations or are lay persons who provide non-medical social support (e.g., physical, emotional, and informational) for other women during pregnancy, childbirth, and the postpartum period. For example, doulas accompany childbearing women throughout labor and delivery at home and in a hospital, provide emotional support such as encouragement and reassurance, and educate women and their partners about childbirth preparation and breastfeeding. Women who are formally trained for these types of support can earn certifications as antepartum, birth and postpartum doulas from organizations such as Doulas of North America (DONA), The Association of Labor Assistants and Childbirth Educators (ALACE), the International Childbirth Education Association (ICEA), and Childbirth and Postpartum Professional Association (CAPPA). Their practice is often regarded as "mothering the mother" (Klaus, Kennell, & Klaus, 2002).

Due to the continuity of care, many existing intervention research studies with strong research designs have endorsed the positive effects of doula support internationally. Further research is required in this field to reveal doulas' insights gained

from experience producing the most effective and sustainable support system for women during the perinatal period.

The first doula symposium was held in Japan in December 2007, inviting a prominent community-based doula from Chicago, Illinois, Ms. Loretha Weisinger, and Ms. Rachel Abramson, the Executive Director of the organization HealthConnect One, as the keynote speakers from the United States. Of those participants surveyed post-conference, most (95%) agreed that doula support was necessary in Japan, however, many of them (14%) still thought it was impossible to actualize a doula support system in Japan because doula work was perceived as being too difficult.

In order for Japanese women to receive doula support, it is essential to increase the number of women who want to become doulas by providing useful information and raising their awareness of the benefits of doula support. To introduce doulas' experiences, several descriptive studies conducted in the U.S. were introduced in the Doula Laboratory, located in the Japanese site of Child Research Net (Behnke & Hans, 2002; Meltzer, 2004: Morton, 2002; Lantz et al., 2004; 2005). The purpose of this project, 10 Questions for U.S. Doulas, was to convey the knowledge and insights based on the in-depth experiences of the U.S. Doulas to people in Japan. The in-depth experiences of American doulas will increase knowledge about doulas' practices, thoughts, and wisdom among people in Japan.

Method

In September 2009, at an annual networking conference hosted by HealthConnect One entitled, "Birth, Breastfeeding, and Beyond", the participants with doula experience were asked to complete a questionnaire, "10 Questions for U.S. Doulas." Due to the limited time during the conference, responses were collected from ten participants, although all of the conference attendees (over 100) were asked to participate. In addition, responses from two other doulas were collected who did not attend the conference, including the co-author Ms. Salik, RN. As a result, doulas from various geographic regions participated in this project, including Atlanta, Texas, New Hampshire, as well as Illinois. The following ten questions were asked:

Q1. How did you decide to become a doula? Or, what made you become a doula?

Q2. Would you please tell me about formal doula training, if you have received any?

Q3. Would you please tell me about your doula practice?

Q4. What is your image of the ideal doula that you would like to be?

Q5. What is the most fun/rewarding and the most difficult/challenging in

doula work for you?

Q6. What are your secrets for developing good relationships with your clients and their families?

Q7. What are your strategies for developing good relationships with health care providers whom you work with as a doula?

Q8. What are your successful strategies to prevent burn-out?

Q9. What message(s) do you have for new mothers and their families, for health care providers, for doulas, and/or for people in society?

Q10. Your most memorable doula story (Please avoid personally identifiable information)

Additional demographic information such as age, household income, and preference for anonymity was collected. When a participant agreed in advance, she was contacted by the primary investigator for further clarification of her responses via e-mail.

In this paper, for information for readers in Japan, corresponding values in Japanese yen were presented for the U.S. dollars, using March 2010 conversion rates (US$1 = 90 yen).

Results

1) Demographic of doulas

Gender:

All of the 12 doula participants were female.

Age:

More than half of the participants were in their 30's: One doula (9%) out of the 12 doulas was in her 20's, seven (55%) were in their 30's, and two doulas each (18% each) were in their 40's and 50's.

Childbirth experience:

All of the 12 doula participants had either personal or professional backgrounds regarding pregnancy, childbirth, and child care. Four of the participants had both personal and professional experience. Nine doulas had personally given childbirth and among these women, over half were multiparas: five doulas gave birth two times, three doulas gave birth three times, and one doula gave birth six times. All of the three doulas without childbearing experience were professionals in public health, maternal-child health, nurse-midwifery, and/or nursing.

Certifications:

Nine doulas out of the 12 had a certificate as a doula from the DONA. Seven doulas had further training as a doula trainer, a lactation consultant, registered nurse, a midwife, and WIC staff member. Four doulas were certified as community-based doulas by HealthConnect One (formerly the Chicago Health Connection). One doula had no doula certificate or related professional background.

Most of the participants were community-based doulas, who provided support to socially disadvantaged women and their families, while only a few were private doulas for relatively affluent women and hospital-based doulas designed to improve each hospital's services*.

*Note: Three types of doula models exist in the U.S.: private, hospital-based, and community-based. Both private and hospital-based doulas typically accompany laboring women from the onset of labor until early postpartum period. Private doulas provide personalized services and charge a fee for their services. The practices of hospital-based doulas depend on each hospital to improve the quality of intrapartum services in the hospital. They either volunteer or are paid for their services. Community-based doulas provide the longest continual support from early pregnancy until later postpartum period for socially disadvantaged women in their own communities such as adolescent, minority, low-income, or immigrant women. The model has been recognized and funded by the U.S. federal government widely in the U.S. since 2008.

Years of Experience as Doulas:

Eleven out of the 12 doulas responded to this question. The range of the participant doulas' experiences varied greatly from novice to veteran: two doulas had less than a year experience; four had one to five years; three had six to ten years; and two had eleven to 15 years. The number of clients for whom the participant doulas had served was also asked: the range varied greatly as well from two clients to more than 200. The doula's workload varied, too: One doula served approximately 150 clients in only three years and four months, while another doula served ten clients in seven years.

Background of Clients:

More than half of the doula participants (seven out of ten doulas) provide doula services for socially disadvantaged women and their families, including adolescents, ethnic minorities (Hispanic, African American, or Native Anerican), and low-income women. The other responses included primiparous mothers, diverse, and no response.

Education level:

Education levels of the doula participants varied: two were high-school graduates, four with some college, one with undergraduate, three with graduate, and two with no response.

Income: (note yen conversion here instead?)

Household income levels of the doula participants also varied: one each with $15,000-$24,999 (1,350,000-2,250,000 yen) and $25,000-$34,999 (2,250,000-3,150,000 yen), three with $35,000-$49,999 (3,150,000-4,500,000 yen), two with $50,000-$74,999 (4,500,000-6,750,000 yen), and five with no response.

The median income per household in the U.S. was $52,175 (4,695,750 yen), according to the U.S. Census 2006-2008 American Community Survey. Therefore, most of the doula participants have lower incomes, compared to the overall American people.

The doulas were also asked whether their doula work was the primary income for their household or not. Out of the nine doulas who provided answers, four doula said yes. The remaining five doulas relied on other sources of income such as income from employment as a registered nurse or their spouse's income.

2) <u>Doulas' Answers to the 10 Questions</u>

All responses from doula participants were reviewed and grouped by theme where appropriate. The responses are presented by question without alteration to the original text submitted by participants.

Q1. How did you decide to become a doula? Or, what made you become a doula?

Motivated by childbirth experience of themselves or of women close to them.

- *"I had a doula at my first delivery because I did not want all the weight on my husband. After I saw what she did I became a doula 3 months later and I love it. I truly believe it is my calling in life."*
- *"I was a young teen mom with no support. I want to give what I did not receive."*
- *"My daughter experienced a bad birth. I knew there had to be a better way."*

Desire to help other women experiencing hardship

- *"Motivation to support women with hardship. Low income, single, no family support, deal with substance abuse."*
- *"I always had been a Doula without noticing, before I studied to become a Doula. I*

used to be the one that stayed at the hospital when my cousins had their babies. Then I found out that this is my mission and my passion, "helping women to recover their inner wisdom in this vulnerable stage""

Passion to nature of childbirth and breastfeeding

- *"Breastfeeding (natural). Doula (natural)."*
- *"Ever since I was young and had no children, I wanted to see the process of birth. I really wanted to see a baby come out of the body. When I volunteered at my agency they offered the class to me, with the agreement that if I didn't like it I didn't have to stick with it. But as time went on I fell in love with it."*

Benefit to professional background/interest

- *"I was already trained as a community midwife which does not have legal protection to practice where I live. As a doula I can still educate women about natural birth."*
- *"I was actually trying to decide between becoming a midwife and a family nurse practitioner providing primary care in the community, so I decided that I needed more experience around birth. I was familiar with the research that shows better outcomes for mother and baby (with a doula present) and I was interested in being a support person for women in labor. I wanted to see out-of-hospital-birth and home birth from outside of the clinical nursing perspectives, because nursing and nurse-midwifery training in my educational program is mostly hospital-based. One day I saw the documentary film "A Doula Story" and this documentary motivated me to become a doula."*
- *"I was pregnant, and in the clinic, they had a parenting class. I got involved in teaching, and they offered me a training. I took it. I was trained by midwives and asked if I wanted to do a doula training. I did."*
- "I had a friend who had a doula at her birth and she showed me the video, I became attracted to the work right away and felt it would be a great complement to the work that I was doing as a public health professional."

Q2. Would you please tell me about formal doula training, if you have received any?

Q2-1）How many hours was the training workshop?

Most of them (eight doulas) had taken a 16-23 hour workshop, which is

consistent with the requirement for the DONA International certified birth doulas. Some community-based doulas answered that they were trained longer: “a half year” or “20 weeks.” One of the most intensively trained doula recalled her doula training process as below:

> *“I first attended the Community Based Doula Training which was over 12 weeks of training and required each participant to shadow 3 births and then attend an additional 3 births as the primary doula. I later attened a DONA training which was a 3 day workshop for 20 hours.”*

Attending three childbirths had been one of the requirements for the participants to become birth doulas. Some doulas attended five to seven.

For most of the participants, the fees for the workshop was around $300 (27,000 yen), from $275 to $400 (24,750 to 36,000 yen), which seemed to be consistent with those for workshops designed by DONA International. A private doula answered $500-700 (45,000 to 63,000 yen), while training cost for community-based doulas was covered by grant, therefore, they paid nothing.

Most of doulas were required to read 4-5 books on childbirth, breastfeeding, and labor support. The maximum number required was 15 books.

Q2-2) What content and/or method in the training has been the most helpful to prepare you as a doula?

This question was asked as an open-ended question, but the majority of the participant doulas responded that “*hands-on*” and ”*role-playing*” were most helpful methods without exception:

> *“Hands-on experience learned from experienced doulas was very helpful. It was more than reading books, and I felt more confident. We learned about skills such as birth positioning and massage. Doulas talked about their birth stories that they attended.”*
>
> *”Role-playing with feedback was also helpful. We practiced difficult situations in labor support and communication. For example, a laboring woman said to a doula “go away from me”.”*
>
> “Learning about stages of labor, breastfeeding, and things that are necessary to have in a doula bag to bring to the birth. Also, how to prepare for an interview with a prospective client has been helpful.”

Other helpful methods included learning about social issues surrounding their clients and pairing with an experienced doula to receive one-on-one supervision.

Q2-3) What content have you wished to learn more in your training?

Several doulas wished that they could have attended the first childbirth in the capacity as a doula with another experienced doula.

> *"I wished I had a chance to attend one birth with an experienced doula as a part of the doula training. In my case, my first doula experience was as a back-up doula. An experienced doula was supposed to attend as the primary doula, and I and my colleague were two novice doulas for back-up, but the primary doula cancelled. We did not know how to work that way. We worked together somehow and it was comfortably done after all. But we were very nervous at first."*

Some doulas wished that they could have been prepared better for examples of uncontrollable or unknown situations. Other doulas wished that they could be taught more about characteristics of newborns, and those of their target populations such as adolescents, and how to effectively support them. A doula noted importance of continuing education after they become doulas.

Moreover, some doulas wished that they could have learned more about business management and have been trained for administrative tasks related to attending the childbirth. Doulas who were community-based and hired by funded agencies wished to learn more about documentation related to attending childbirth, while for doulas who are planning to have their own business as private doulas, they wished to learn more about how to start and develop a doula business.

Q3. Would you please tell me about your doula practice?

Q3-1) How do you usually find your clients?

Doulas found their clients via both informal and formal routes. At the same time, doulas were contacted by pregnant women via both informal and formal routes and were asked for their services.

Informal routes included past clients, friends, contact via phone and e-mail. It

even included “on the bus” and “on the street.” Formal routes included welfare programs such as WIC, volunteer programs, school teachers, counselors, clinics and hospitals, courts, flyers, childbirth education classes, doula networks (social or online), DONA International website, and non-profit organizations.

Q3-2) What do you usually do for your clients?

<Pregnancy>

- Get to know each other
- Accompany prenatal visits
- Home visits

  Community-based doulas made more home visits throughout the pregnancy period, such as “3 to 15 prenatal visitsalternating with MCH nurse home visits,” while private doulas usually make 1-2 visits. More home visits were made usually in the third trimester.
- Childbirth education
- Contents of childbirth education included: assisting preparations for childbirth, developing birth plan, teaching process of labor and delivery, practicing comfort measures, and teaching about parenting and breastfeeding.
- Screening for depression
- Education and support for the father-to-be and grandparents

A community-based doula emphasized the importance of emotional and instrumental support as well: *“Along with the information we give incentives and give them a lot of attentions. Sometime we have to assist them with food, clothes, housing, etc.”*

<Labor and Delivery>

- Contacted by phone. “Meet with them generally when they reach 4 centimeters or sooner depending on how they are feeling.”
- Continuous emotional and physical support
- Eye contact
- Show affection
- Support women’s family members
- Attend childbirth
- Support their birth plans

- Alleviate labor pain
- Unlimited support
- Stay at least 2 hours after birth to initiate breastfeeding

<Postpartum>

- Breastfeeding
- Support bonding with her baby
- Refer to professional when necessary
- Educate and answer questions
- Screen postpartum depression
- Make sure client get settled, food
- Support them go back to school
- Phone calls
- Home visits

> *"When she goes home we continue to see them at home for 6 to 12 weeks" (community-based doula)*
> *"For patients in the hospital program, the visits are made usually in the hospital. For private clients, postpartum visits are made later at their home."*

Overall, the content of doula services depended on the type of clients with whom they were working and their individual needs.

> *"The content of my doula practice depends on the women. In the hospital-based volunteer program, many women do not know what a doula is at first. I meet them in advance to talk about why she will have a doula. For teenagers or single mothers, usually their extended family support is important. On the other hand, women who attend the Bradley classes have a good support from their husband (or partner). They know what a doula is and make the decision by themselves to have a doula. Doulas respect the coach-role by the husband and support so that he can feel good. If a husband doesn't want to take a lead-role, doulas do more."*

Q3-3) How much do you usually charge for your clients? How would you decide the amount?

<Community-based>

Because the fee for doula services was covered by grants, community-based doulas did not charge for their clients.

"Our doula's work with an agency that are supported by Federal and Local grants allowing us to provide services free of charge to the population we serve, primarily African-American and Hispanic teens."

"My non-for-profit pays me a salary. But when I do private, it may range $200-500."

"Paid through grant up to $1,000 per client depend on number of home visits."

<Private>

Private doulas tended to charge $200-1,000 (18,000-90,000 yen) per childbirth, depending on the doula's experience, the services provided and their clients' abilities to pay.

"I started off right after certification at $650 then as I got more experience and the cost of things went up I am up to $750 now. I also do a sliding scale for people that do not want all the services I offer."

"If I were going to charge for the fee, I think the average rate in Chicago is between $400-800 depending on how much experience one has and supplemental services. For example, if a doula has a lot of experiences as a doula, is certified, is also a massage therapist, or has a registered nurse license, the fee tends to be charged higher."

<Hospital-based>

A doula participant had experience in a hospital-based volunteer doula program. It is likely that the fee systems of hospital-based doula service are likely to vary by hospital.

"For the volunteer program at the community hospital, the service is free for patients who would like a doula. There is no pay for doulas."

Q4. What is your image of the ideal doula that you would like to be?

Participants provided various descriptions about their ideal doulas' characteristics, abilities, attitudes, and activities.

- "To be understanding, have no judgment, be nice, friendly"
- "Give exceptional care"

- “Kind, compassionate, include the partner in births, understanding”
- “Someone who is a constant presence throughout the entire labor and birth process, supportive, and respectful of her client’s decisions.”
- “Able to recognize stages of labor, very supportive, help mom to take the focus off of pain, very experienced in comfort measures, have established trust relationship with mom, promote good outcomes (breastfeeding, decreased epidural, decreased C-section)”
- “A strong supportive, traditional doula.”
- “Me!” (Perez)
- “Loretha in the film “A Doula Story” is my model doula. She always knows the right thing to say and to do. She looks confident. You can trust her and feel safe with her. I think that good doulas create harmony in the birth settings they attend.”
- “An ideal doula is compassionate about the woman she cares for and allows her to make her own decisions about her care, she educates other women about their choices, the advantages and disadvantages of intervention and helps the mom to assume a positive position about birthing without fear.”
- “Be able to train Doulas so they would be available to our moms and provide them all the support.”

Q5. What is the most fun/rewarding and the most difficult/challenging aspect of doula work for you?

The participant doulas were asked to provide three best rewards they receive and challenges they experience as a part of this open-ended question. The following answers were presented in decreasing order of frequency.

<Rewards>

- **Touched by childbirth**

“The birth of the baby,” “Healthy baby,” “Seeing new life,” “Attend the birth,” “Healthy mom,” “Seeing the babies,” “See mom bonded with baby”

- **The feeling of being needed and helping women and their families effectively**

“Knowing you can make a change in the women’s life”
“Mom has good birth experience”

"Support young girls just like me"
"I can feel I am needed and am helping women. I feel making a difference."
"Assisting with changing their lives for the better."
"Helping to bring happy and healthy babies into this world."
"Making it rewarding for husband"
"Supporting family"
"Providing positive birth education to young women and their families is invaluable and even when they do not make choices you wish for them, many times they are able to share their stories with other young women and hopefully break cycles of sharing negative birth stories."

- **Trust relationships with clients and "thank you's"**

"Clients gratitude telling me I give them a better explanation than their physicians"
"the thank you's that you get for being there and helping them"
"Forming good relationships with clients that last long after the baby is born"

- **Seeing autonomous women**

"follow birth plan"
"helping the mom achieve her goal of her ideal birth"

- **Successful breastfeeding**

"Initiate and is successful with breastfeeding"
"Increase the awareness and importance of breastfeeding to young mothers…many who do breastfeed their 1st child for an extended period (if they try) chose to breastfeed their next child and/or educate other community members."

- **Community networking**

"Being able to go from community to community."

- **Modeling for young women**

"Modeling healthy relationships to young women is rewarding and I get to share that with the doulas."

<Challenges>

- **Lack of understanding, cooperation, and support from medical staff**

“Establish good working relationship with health care providers.”
“Not supported from staff”
“Getting everyone to be on the same page as for supporting the mom.”
“Working with people that are not fair.”
“Resistance of hospital staff of doula presence. Although you will find many allies in the hospital, you will find more (usually nurses) who are resistant to your work as a doula either by jealousy because they are not doing the work that they find rewarding (nurses are also overburdened with paperwork and don’t have time to provide care with the birthing mother), sometimes because they do not understand the role and see you as a person who is interfering. It depends on the doula’s personality.”

- **Being on-call**

“Being on call 24/7 or 25/8. Ha ha!”
“Being on call before she goes into labor and not knowing when it will happen. I may perceive this challenge differently if my doula work is a paid job.”

- **Medical interventions**

“C-section,” “epidural,” “Birth should start on its own.”

- **Heavy workload, Feeling of powerlessness**

“Exhausted after the birth”
“Trying everything you know and still not being able to fix it”
“Forgetting to get care for yourself.”
“Long birth”
“When the birth outcome is not as expected.”
“Physically and emotionally hard work. Sleep deprivation affects next day.”
“Expressing that birth matters.”

- **Building cooperative relationships with clients**

“Developing connection with mom.”
“Clients missing appointments.”
“Working with difficult clients who are uncooperative.”
“Not knowing mother ahead of the birth.”

- **Lack of understanding and support from supervisors**

“Lack of administrative understanding the true work of doula. If administrators don’t know what a doula really does and how challenging the work really is, which would lead

to unrealistic assumptions of what their work should look like. When looking for funding this may lead to overworked and under paid doulas."
"Not getting the boss to be fair and equal."

- **Paperwork**

"When working with grants, there is a lot of paperwork to prove you are using the money as you said and if you get money from more than one source that increases the amount of paperwork. If you don't get it done right away it piles up fast."

Existing studies had shown that "relationship with clients," "collaboration with medical professionals," and "prevention from being burned out" are the three major keys for doulas to continue their work successfully. This study also supported the point. The doula participants were further asked for their strategies to resolve these three challenges.

Q6. What are your secrets for developing good relationships with your clients and their families?

- **Non-judgmental attitude**

"When your families can see that you are truly just there to help not judge."
"Non-judgmental about their personal situation."
"Humble, not judgmental."
"Communication is very important, especially listening skills, non-judgmental attitude, and attitude in honor of serving women. I try not to push my agenda. For example, I personally prefer not to use epidural, but when women want to have it I respect their preferences, honoring what they want. I also accept cultural differences."

- **Being sincere, true to oneself ~~yourself,~~ and genuine support**

"Be kind, caring, loving, genuine help."
"Being honest."
"Be yourself. Have that bonding with client, have a heart to do the work."
"Trying to help them in any way. "They don't care how much you know, until they know how much you care""
"Tell your clients to set the limits."

- **Consistent and frequent contact**

“Home visits.”
“Communication constantly, asking lots of questions, and being available via phone to answer questions or talk about issues pertaining to the pregnancy.”

- **Listen to and understand clients**

“Be understanding to their wants and needs.”
“Ask them about themselves. Active listening.”
“To get to know a person personally and understand where they are coming from.”
“Birth plan.”

Q7. What are your strategies for developing good relationships with health care providers whom you work with as a doula?

- **Being communicative, understanding, and neutral**

“Before you form an opinion, listen to their story, understand where they come from, and what they have been through.”
“Stay neutral, do not get in their way, build a good rapport.”
“Be up front let them know who you are and what your title is. Find out what their policies are ahead of time.“
“Keeping it real”

- **Reserved, sincere, and polite attitude**

“Being friendly, asking permission, acting as a guest when in the hospital.”
“Very polite.”
“Be respectful to them.”

- **Inform health care providers of doula support**

“Getting to know the way you can help the moms.”
“Go to the doctor with the client. Empower mom to inform the doctor of their desire for a doula at their birth.”
“Face to face, explain motives, explain benefits of doulas.”

> *I think my training as a nurse helps me a lot with this because I understand the nurse’s role and the doula’s role and how they differ. When I am supporting a woman through labor as a doula, I am able to appreciate and*

respect the nurse's responsibilities. I am very conscious of trying not to overstep my role and am very careful how I am perceived by the health care providers. I understand that the place is the work place or turf of physicians and nurses, and doulas are guests. Doulas should not speak for their clients. If nurses are so busy that they forget to assist a mother to initiate breastfeeding soon after her childbirth, I remember the mother's birth plan and remind the mother to talk about her birth plan to her nurse: I do not ask the nurse directly. When a provider asks a question for a laboring woman, doulas should not answer ~~to~~ the question instead of the woman.

Q8. What are your successful strategies to prevent burn-out?

- **No strategy**

"I don't know yet!!!" (a doula with more than 15 year experience)
"I haven't learned well."

- **Good rest**

"Use the retreat as a way to rejuvenate, use stress relieving techniques."
"Vacation! spa! time off! breaks!"

- **Workload management**

"I don't accept too many clients."
"I would recommend that doulas should not take too many clients at a time. Don't take on more than what you can handle."
"Not scheduling births too close together, but 1 to 2 births per month with backup."

- **Support from workplace and family**

"Build better relationships with co-workers"
"Have supportive supervisor"
"Strong support at home or at work (partner, husband, sister doula)."
"It makes doulas comfortable when they can work with health care providers smoothly. I try to please nurse-midwives so they would want doulas."

- **Prioritizing self**

"Make time for self after birth to process experience."

- **Religion**

"God."

- **Selection of clients**

"It may be more rewarding to take women as clients who want a doula, compared to taking women who do not know why I am there for her. However, I understand that those socially disadvantaged women need and benefit from doula support more than women who know why doula support is important and ask a doula for them. I am very sorry that I feel resentful to the laboring women when I am too exhausted."

Q9. What message(s) do you have for new mothers and their families, for health care providers, for doulas, and/or for people in society?

<For New Mothers and Their Families>

- **Take advantage of doulas!**

"Ask for support."
"You will get more support from the doula."
"There is a doula available for everyone who needs it."
"A doula is a part of your support team for pregnant mom."

- **Educate yourself about pregnancy and childbirth**

"It is possible to have good birth experience without intervention."
"Breastfeed no matter how hard the initiation."
"Image of childbirth via media is often unrealistic. Childbirth is medicalized. I would like women to educate themselves about childbirth preparation. They should take more ownership of their childbirth and should question."

<For Health Care Providers>

- **Understand the benefits of doula support better**

"Support doulas."
"We can work together and have better results."
"A doula can be very helpful."
"Doulas are there solely to support the mother and her family. They do not make decisions for the mother, but they are there to advocate for and support the mother for the duration of her labor and birth process."

- **Stay current with evidence-based practice**

"Keep up to date in your information about eating during labor, natural birth outcomes, how interventions affect birth outcomes, alternatives to medicated birth, early breastfeeding initiation and how the birth may help or hinder the connection, the effect of formula on infants, education about natural, low-intervention births."
"Be open to new evidence, altering new practice."

> *"Think outside of box. When I say think outside the box, many doctors and nurses just do what they want, without regard for the mom. For example, when clients are laboring and the situation is fine, they come along and interrupt, break the water bag, increase or start medicine instead of waiting for the mom and baby to labor. This has resulted in increased cesarean-sections and complications that could have been avoided. If they think "outside the box", and focus on mom and baby, the outcomes would improve. There would greater satisfaction to the mother, faster recovery and the baby can breastfeed more effectively."*

<For doulas>

- **Continue your work**

"Keep up the work, the work you do."
"Continue the work because many mothers need the support of a doula."
"Spread the voice."
"Don't get burned out."

- **Keep studying and thinking**

> "Keep up-to-date in education about natural, low-intervention births. Do not normalize non-normal birth internally. As doula's serving women in the hospital we may see many more non-normal births depending on geographic location such as a large number of births augmented with pitocin, increased numbers of labors induced with cervidil/cytotec and pitocin, mothers not allowed to labor long leading to increased numbers of assisted vaginal deliveries (vacuum, forceps), laboring on the back in the bed. Many times we normalize births for mothers even when the experience was not normal…we must be able to continue to identify what is and isn't normal in birth."

<For people in society>

- **Become interested in the current social situation of pregnancy, childbirth, and child care to improve outcomes**

"Learn and know about birth before pregnancy, share positive birth stories."
"The cesarean section rate in the U.S. is increasing. I would like people in the society to think about this. Childbirth could be an empowering experience."
"Support mothers in labor and breastfeeding."

- **Get to know about doulas**

"The doula service is not only changing one person's life but also is changing the whole society."
"Look up what a doula does. It's the next best thing to family and more than a friend."
"Doulas are a valuable asset to any women who experiences childbirth as well as to their families. Every mom should have a doula who really wants one."

Q10. Your most memorable doula story (Please avoid personally identifiable information)

"While I don't have a most memorable birth, I have had a majority of births that have resulted in healthy babies being born which is always rewarding for me as a doula."
"I had a mom concerned about ability to breastfeed. After birth we practiced skin to skin, baby latched on almost immediately."
"The most memorable childbirth that I have ever attended was in a birth center in a suburb. A total of five people attended the childbearing woman: her husband, two nurse-midwives, and two doulas including myself. We worked together very well. One drove , one was coaching the laboring woman, took care of chores, set up the room, prepared aromatherapy, offered drinks for the husband, etc. Everyone had something to do to support the woman. The childbirth was natural and was very different from hospital births."

Discussion

Overall, in this study, the doulas' experiences including motivations, passions, orientations, and insights, had many similarities across the three doula models, although their cultural and professional backgrounds varied. Moreover, many of the results were consistent with the existing studies that targeted affluent private doulas. Doulas' experiences and wisdoms may be able to be applied across different

sociocultural backgrounds, including across different countries. For example, the categorization of doulas' motivations to become doulas, developed in Meltzer's dissertation (2004), fit well with that of the participant doulas in this project.

Another example was that many doulas felt difficulty in gaining understanding and respect from medical staff. Professional conflicts between doulas as newcomers and traditional health professionals have been described before in existing literature (Adams & Bianchi, 2004; BarYam, 2003; Gilland, 1998; 2002; Newton, 2004; Papagni & Buckner, 2006). Consistent with previous research, the doula participants in this study also expressed being mindful of their role as a primary support person for their clients while negotiating their role in the hospital and traditional medical systems where they are typically regarded as newcomers. This study also illustrated how doulas observed and formed opinions about medicalized childbirth and health professionals. Their degree of perceived difficulty collaborating with health professionals seemed to vary a little between doulas who also have professional backgrounds and doulas who do not. Development of shared strategies among diverse doulas may be a step in overcoming doulas' challenge together.

Past studies had revealed that the income from (private) doula work was not high (Lanz et al., 2004; 2005). Different from private doulas, many community-based doulas are from low-income communities, and the community-based and hospital-based doulas often work for agencies and hospitals where they receive a standard fee for their services with less ability to negotiate their salary. When they are supported by funding agencies, documentation and paperwork can increase, which was perceived as negatively affecting their work conditions and decreasing the time they were able to spend with clients. Doula services are demanding and are often not visible or measurable. As doula support becomes systemized, the administrative environment for doulas becomes an important factor for doulas to keep working with passion and without becoming burned out.

Lastly, the most effective content and amount of doula training have not been much investigated in past studies. This study revealed doulas' perceived helpfulness of hands-on and role play methodologies for their training programs. At the same time, it was implied that, even if you learn a lot about hands-on techniques and comfort measures, more education about techniques and knowledge in helping women and their families is needed. It is impossible to master hands-on techniques in advance, and doulas improve their skills as they gain experience in practice, as it is true with education programs for all professionals such as physicians and midwives. More research is needed to explore the initial and continued training and development of professionalism among doulas to provide the most effective support for women and

their families.

Conclusion

This study collected information about doula practices and thoughts mainly from community-based doulas in the U.S. There was no major contradiction in the results with the findings of existing research studies, and this study facilitated deeper understanding about unique situations of community-based doulas who serve socially disadvantaged populations. We hope that, across countries and cultures, the doulas' passion, insights and knowledge will reach others where a doula support system like this model is needed.

The limitations of this study included the relatively small sample size and the difficulty in cross-cultural/language interpretation and translation of the data. We will address these challenges by continuing this project, increasing the sample size, and building relationships with doulas globally.

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