

The Purpose and Value of Labor Support
by Charity Terry-Lorenzo

Doulas have been practicing their trade under a variety of names for centuries. But as the medical model of birth became the norm throughout North America during the nineteenth and twentieth centuries, the birthing room became closed to non-medical birth assistants as birth became more and more the sole purview of hospital staff. But during the mid-to-late twentieth century, daughters of women who had experienced “twilight sleep,” being strapped down on the delivery table, and breast-binding to stop lactation began to investigate what had been left behind when women turned their maternity care over to medical professionals. Gradually, women and their families began to see the value of emotional support during labor and doulas were rediscovered.

The value of labor support is not only evident in the testimonies of women and families who have benefited from labor support, it is also supported by the results of controlled clinical trials. As reported in the DONA Position Paper, “The Doula’s Contribution to Modern Maternity Care,” a number of studies published in the 1980’s and 1990’s showed statistically significant decreases in the rates of medical interventions such as forceps delivery, oxytocin induction and augmentation, and Cesarean birth when labor and birth were attended by doulas or healthcare professionals acting as doulas. In addition, some studies suggest a significant improvement in postpartum outcomes such as breastfeeding success and decreased rates of postpartum depression when a doula attends a birth.

In providing labor support, doulas draw from a wellspring of practical knowledge acquired from both formal training and personal and professional experience with

childbirth. They know positions and techniques to ease pain and help speed labor progress, they are familiar with birth terminology so they can help their clients navigate the often confusing language used by medical staff, and they can help facilitate discussion between clients and medical care providers. At the most basic level, doulas listen and observe. As a more objective observer and someone who is present for the entire labor, the doula is in an excellent position to hear common themes in the mother's concerns and patterns in how she manages her own pain. Then when it becomes appropriate for the doula to take action to help, she combines these observations with her knowledge and experience to give appropriate advice to the laboring woman.

This kind of support can be difficult for the laboring woman's partner to provide. Not only does the partner have a strong emotional attachment that makes it difficult to see the laboring woman in pain, partners don't often have the experience with birth that is necessary to know what is "normal" and what constitutes an emergency. In this situation, it is easy for the partner to panic or to withdraw emotionally, which serves neither the partner nor the laboring woman. A doula can act as a calming presence throughout labor and birth for both the laboring woman and her partner. As one of only two or three people (including the laboring woman) present for the entire labor and birth, the doula's example often sets the mood of the birth. The doula can also offer practical ways for the partner to help at the level at which he or she is comfortable helping. This advice can be very empowering to both the partner, who is given the chance to participate in the labor, and to the laboring woman, who is getting loving support from her partner.

The doula's role is also distinct from that of the medical staff. Because the doula is not responsible for the medical wellbeing of mother and baby, she is free to focus

entirely on the emotional and physical needs of the laboring woman. The doula is present for the entire labor and birth, a luxury most nurses, with responsibilities to multiple patients, do not have. This leaves the doula able to provide continuous, personalized care to the woman and her partner.

The doula's role doesn't stop the moment the baby is born. She helps establish breastfeeding, if the mother chooses to breastfeed, and one to two weeks after the birth, she visits with the mother and the new baby. During this postpartum visit, the doula once again uses her skills at listening and observing. She solicits the mother's account of labor and birth and helps to work through any parts of the experience that may be troubling to the mother. The doula is often in the best position to catch early signs of postpartum depression and suggest resources to help prevent it from progressing. It's possible that simply processing the birth experience with someone who was there can help mothers avoid postpartum depression. In addition, the doula can provide practical advice about newborn care and breastfeeding and information about local resources, should the mother need them.

The doula is in a unique position in relationship to the rest of the birth team. She has a great deal of knowledge about birth and about the particular woman she is helping, but she is free from the responsibilities of the medical staff and the emotional involvement of the woman's partner. This leaves the doula free to focus entirely on the mother and her needs. Even without the use of the many hands-on techniques to help a woman through labor, this focus alone can make a great deal of difference to the laboring woman's outlook and her experience of birth.