

Some thoughts in response to Lesley Schear's article Doulas and Daughters in the June Digest

"It is vitally important that labouring women get the kind of labour support that will help them through one of the most important experiences of their lives." (Schear 2007)

Evidence shows that when a woman receives continuous one-to-one support from a chosen and trusted female attendant during parturition, her labour is shorter, she has less need for interventional pain management or augmentation, and she is more likely to enjoy a physiological birth (Klaus *et al* 2002). If she is to feel fundamentally safe however, and able to trust in her attendant to maintain a quiet, private space in equal understanding and belief that such an environment is essential to keeping birth gentle (Buckley 2005), the choice over who provides this support must crucially lie with the mother-to-be. So while a woman's birth supporter may indeed be a family member, friend or neighbour, or even a midwife, equally, why not a doula?

As a former midwife, I now choose to work as a doula, and I too am concerned that doulas do not add another layer of professional to the already top heavy hierarchy of the maternity care system. To my mind doulas are, and should remain, strictly *lay* people, as close to the role of the sister, friend or neighbour, even in some cases the mother, as possible. Yet it is exactly because many family members are not able or ready to be truly with-woman during labour, and overstretched midwives are working within unsupportive environments, that the doula's role has emerged.

The inherent skill of a doula is that she speaks the language of birth, regardless of mother tongue, an emotional and physical language where words are unnecessary, all that needs to be said may be communicated through a look, a touch or a gesture, she thereby assumes a motherly role. The doula's role is equally to support the woman's partner or the father of the baby so that he may participate in the birth experience at his own level of comfort, some fathers can feel excluded or displaced by their mothers-in-law. Women who prefer not to have a family member support them therefore, or simply do not have that choice, even women who have no established relationship with their midwife must not be denied the benefits of this one-to-one emotional support. It may indeed be that the emergence of the doula is the very catalyst needed to bring about change in cultural attitudes to birth so that family members *do become* better equipped to support their daughters or sisters during labour.

The fact that doula support is a paid service is clearly a contentious issue; the dynamic of the relationship between the woman and an unpaid family member is indeed different from that where money has exchanged hands. Yet some women prefer the formality and clear boundaries of a working relationship, to feel confident that the doula has experience from attending other births. And when we live in a world where remuneration is our system of exchange, is it so unacceptable for doulas to collect their expenses (which is mostly all that their fees amount to) while providing this much needed support? Many doulas work to a sliding scale and the national network Doula UK runs a Hardship Fund, both with the intention that doulas' services are inclusive to all women.

Perhaps the real issue is not so much that the doula is paid, as that she is 'trained'?

A training programme would suggest a course of theory and practice that leads to a professional qualification however, and doula training is barely substantial. Yet if doulas are lay people what are they being 'trained' for? A doula with too much knowledge may be considered something akin to a semi-trained midwife and an unsafe practitioner therefore. A doula with limited skills may find herself poorly equipped to negotiate the obstetric jungle as advocate for her client when needed. While I do not support the need for professional qualification, I do however consider a period of 'preparation' for the role of the doula through information and apprenticeship to be useful. In my experience this needs to focus around 'being' rather than 'doing' skills, on encouraging the development of self awareness, reflection on and debriefing of birth experiences both personal and work related, on listening unconditionally and supporting women and their families intuitively with humility and love. *'If the focus is on the training of the doula rather than on her way of being and her personality, the doula phenomenon will be a missed opportunity.'* (Odent 2002)

While I believe that the essence of a doula does encompass the presence of a sister and experience of a mother, it is also about honouring every birth and each new parent, and honouring the almost forgotten ceremonial and spiritual aspects surrounding childbirth. Indeed, doulas may well be in the very act of rekindling women's ancient collective memory of how birth can be so intensely powerful, beautiful and even spiritual. Should *any* mother be denied of this possibility?

I strive to encourage women to take back their responsibility for giving birth, to understand and have confidence in the need to prepare for their babies' births by establishing a support network for themselves

that is excellent and true. And in the absence of likeminded 'loved ones' or midwives to do so, I fully support the role of the grassroots doula in providing women and their families with the emotional and spiritual support during labour and early parenting that they often so desperately lack.

Adela Stockton is an active member of the national network Doula UK (www.doula.org.uk) and a founder member of the Scottish Doula Network (www.scottishdoulanetwork.co.uk). She can be contacted through her website at www.birthconsultancy.org.

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Original article written by Adela Stockton for MIDIRS Midwifery Digest, vol 17, no 3, September 2007, p392 Copyright MIDIRS 2007