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Professionalization of non-medical support of women in perinatal period: the significance of the doula profession

Background

A doula (gr. “*a woman who serves*”) is a person trained to provide the woman and her family with emotional, physical, and informative support during pregnancy, labor, and just after childbirth. A doula does not perform any medical tasks (checking the labor progress, taking blood pressure, etc.).

In Poland, the doula profession is understood as a non-medical birth assistant that supports a woman in labor by providing continuous care before, during, or after childbirth, has been registered and regulated by the government (on January 2015 doula profession was officially added to the national list of occupations).¹

¹ Regulation of the Minister of Labor and Social Policy 7.08.2014 The Classification of Professions and Specialties for the needs of the labor market and the scope of application (Dz.U. 2014, item 1145 as amended).

On the Vortal of Public Employment Services under code number 532906, the doula profession, according to the Classification of Occupations and Specialties, was referred to as an “Assistant to a woman during pregnancy and childbirth (doula)”. The synthesis indicated that doula: “gives a woman during pregnancy and childbirth emotional support that creates a sense of security. She prepares and helps the woman in labor to consume fluids. She massages the woman in labor. She works closely with the person who takes care of the woman during childbirth (midwife, doctor)”.²

According to the cited description of the profession, the professional tasks of a doula include in particular: “emotional support of a woman before childbirth; accompanying a woman during childbirth; deepening the relationship with the child’s father during family delivery, massaging the woman in labor under the guidance of the person taking care of the woman in labor; cooperation with medical staff while the woman is in the maternity ward; assisting the mother in caring for the newborn at home; compliance with safety rules; keeping documentation of the support offered; care for professional development; adherence to the doula standard.”³

In some countries, the tasks of doulas are broader and may include support for highly specialized procedures, i.e., doulas can be helpful in the operating room to facilitate evidence-based practices such as skin-to-skin contact for patients and newborns during cesarean birth (DeSarro and Lanning 2021, 48-56; Lanning et al. 2019, 112-117). Some new tasks of doulas in the care of women with disabilities or chronic diseases are also emphasized to advocate for better pregnancy and birth outcomes (Horton and Hall 2020, 188-196).

Acquaye et al. also indicate doulas’ tasks in supporting breastfeeding. Doulas can offer support that encourages breastfeeding initiation in the hospital and later in home settings (Acquaye and Spatz 2021, 29-47; Hans and Edwards and Zhang 2018, 105-113).

Doula’s support may include culturally conditioned practices that the birthing woman wants to incorporate in the birthing experience (Cidro et al. 2021, 1-11). It may be significant in the conditions of multiculturalism – a unique doulas role in supporting foreign-born women (Ström and Söderman and Johansson 2021, 1-5). Studies confirm that doula support improves migrant women’s well-being during labor and birth and increases the possibilities for midwives and obstetricians to provide excellent and safe care (Byrskog and Small and Schytt 2020, 1-12; Schytt

² https://psz.praca.gov.pl/web/urzed-pracy/rynek-pracy/bazy-danych/klasyfikacja-zawodow-i-specjalnosci/wyszukiwarka-opisow-zawodow/-/klasyfikacja_zawodow/zawod/532906 [access: 10.10.2021].

³ https://psz.praca.gov.pl/rynek-pracy/bazy-danych/infodoradca/-/InfoDoradcaPlus/zawod/532906?backURL=%2Fweb%2Furzed-pracy%2Frynek-pracy%2Fbazy-danych%2Fklasyfikacja-zawodow-i-specjalnosci%2Fwyszukiwarka-opisow-zawodow%2F-%2Fklasyfikacja_zawodow%2Fzawod%2F532906&_occupationPlusportlet_WAR_nnportlet_description=about [access: 10.10.2021].

et al. 2021, 1-10). Akhavan and Lundgren, in their study depicting midwives' experiences of doula support for immigrant women in Sweden, characterize the presence of a doula as a facilitator in midwives' work with immigrant women and help to overcome shortcomings in relation to maternity care (Akhavan and Lundgren 2012, 80-85). The question that arises is whether the maternity health-care system should use doulas or midwives or both to provide ongoing support to mothers. According to the Swedish study, doula support could cover shortcomings in maternity care (Akhavan and Lundgren 2012, 80-85).

Nowadays, public services seem to be still appreciated. Women in labor are encouraged to select hospitals that meet their expectations, where the birth plan is respected and executed. Nevertheless, this study reveals that additional support during pregnancy, such as nutritional and care programs implemented by well-accomplished midwives or doulas, are becoming more openly renowned and sought for, especially within the population of younger women. This acknowledgment gives prospects for Polish doulas to accommodate the wishes of pregnant women on a larger scale, including the state health care system, although it poses communication challenges on the doula-medical staff line, as shown by the experiences in other countries (Adams and Curtin-Bowen 2021, 1-7; Young 2021, 306-321; Roth et al. 2016, 790-800; Waller-Wise 2018, 212-218). On the other hand, as other researchers point out, doula relieves the pressure on the midwife by giving support and by being in the delivery room throughout labor (Akhavan and Lundgren 2012, 80-85).

1. Aim of the study

The aim of the study is an attempt to analyze the role and tasks of a doula on the level of the diverse needs of women giving birth, taking into account the results of preliminary research on the opinions and experiences of Polish women on the support of a doula in the perinatal period.

2. Methods

The conducted study was preliminary. The quantitative study explored women's opinions and experiences with doula support. 526 women aged between 18 and 50 years, who have experienced at least one childbirth, were included in the study. Data were collected in the first half of 2018. The inclusion criteria for the studies were female gender, adulthood, and at least one birth history. The sample was divided into the experimental group (women with the history of doula's assistance at least once) N=62 and the control group (women that have not yet experienced any support from doulas) N=464. The data were collected anonymously

via an online survey questionnaire, and the purposeful sampling procedure was selected using the snowball method. The developed questionnaire included a combination of 28 closed-ended questions, multiple-choice questions, and open-ended questions. The respondents answered 13 questions using a five-point Likert scale (definitely yes/rather yes/hard to say/ rather no/definitely no). The obtained answers were collected in an Excel spreadsheet. The questionnaires missing even one obligatory answer were excluded from the analysis of the results (N=3).

3. Results

Out of 526 Polish women that took this survey, the majority of respondents (87,45%) were aged between 26 and 45 years (47,53% were aged between 26 and 35 years, 39,92% between 36 and 45 years) (chart 1), with an academic degree (78,71%), city inhabitants (76%). The questionnaire targeted only those women that have already been through childbirth.

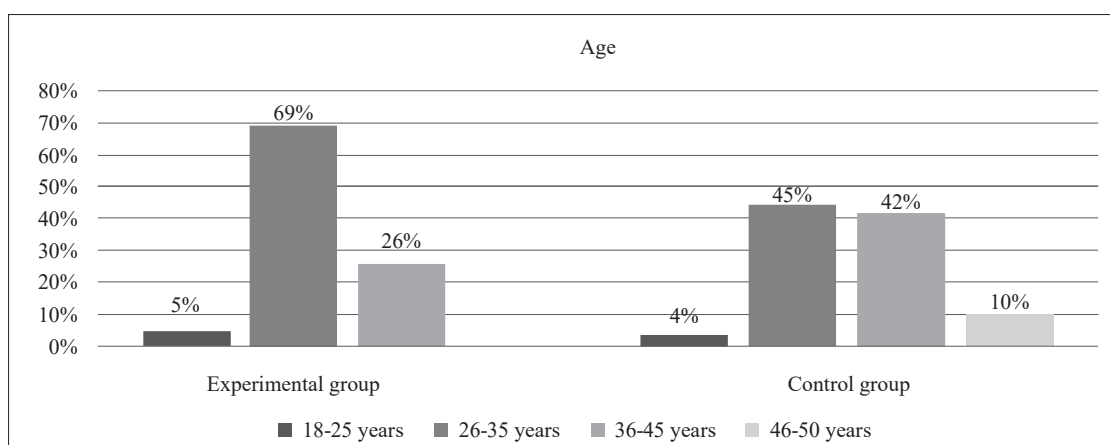


Chart 1. Age range of the study participants in the study group N = 62 and control group N = 464

Most of the interviewed women were multiparous (73%) N=384, with 19,58% confirming to have three child births and almost 8% indicating to have four or more child deliveries (chart 2).

The study reveals that 98,7% (N=519) of all of the researched women had the experience of hospital birth(s). Within those who had the experience of child deliveries outside of the hospital (N=29), 71% outside of the hospital births in the

experimental group and 67% outside of the hospital births in the control group gave birth at home (chart 3).

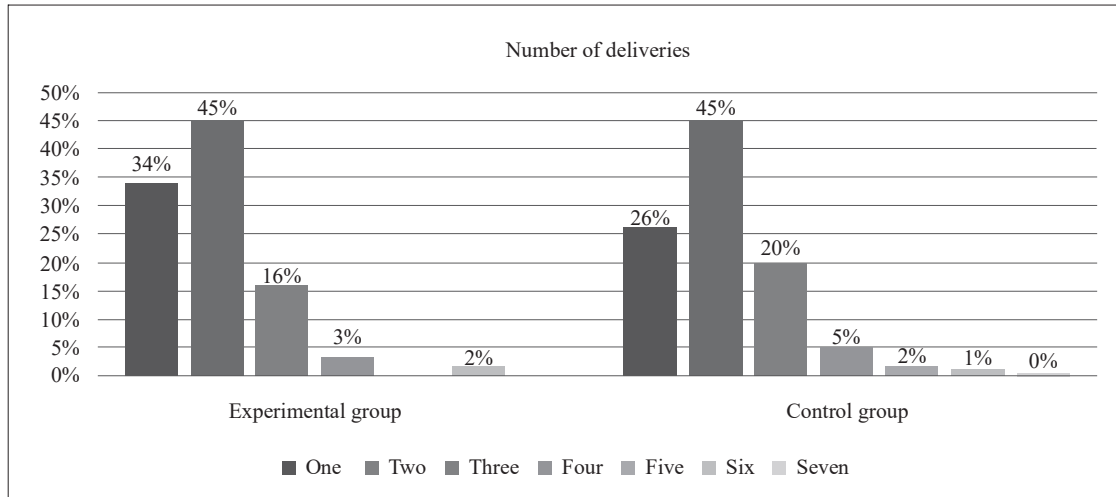


Chart 2. Number of deliveries among surveyed women in both groups

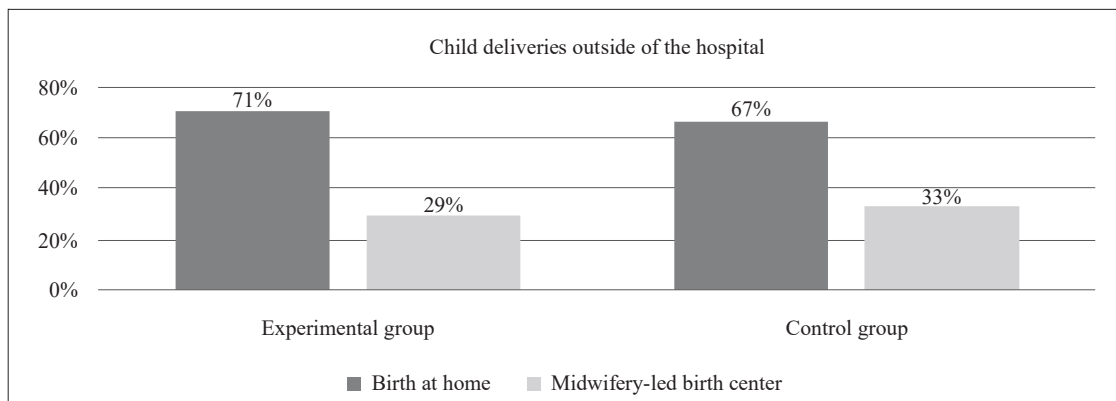


Chart 3. Child deliveries outside of the hospital

The general appraisal of hospital births seems to be relatively positive. Almost 71% (N=373) of all respondents evaluated hospital child delivery services as “good” or “very good” (49% of experimental group N=30 and 74% of control group N=343) (chart 4).

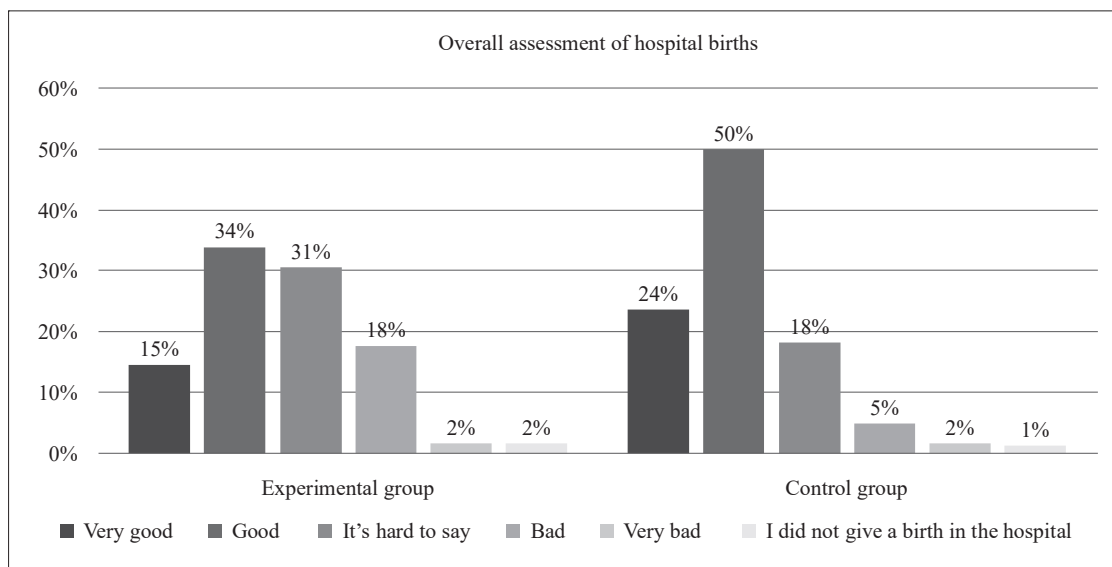


Chart 4. Overall assessment of hospital births

Therefore, respondents were asked to evaluate hospital maternity services both in general and in particular. As far as downside aspects of hospital-births were concerned, interviewed women indicated the following features: lack of personalized attendance/care – almost 38%; lack of information concerning medical procedures – almost 38%; lack of non-medical pain relief techniques during labor (such as massage and heat, water immersion, relaxation, aromatherapy) – 31%; lack of physical support (holding, massage) – almost 35%; lack of intimacy (medical interns presence without prior consent, hospital overcrowding) – almost 28%; lack of equipment to exercise during the first and second stage of labor – 21%; lack of opportunity to intake clear liquids while giving birth – 31%; lack of opportunity to receive medical pain relief options during labor – almost 20%; lack of freedom of movement throughout labor – 23%, finally lack of breastfeeding support – almost 38%. It is worth highlighting that, from all given aspects, lack of crucial information (almost 47%) along with lack of emotional support from medical staff (almost 43%) tended to gain the most criticism. Disclosing complete medical information of pregnancy and providing continuous emotional support are assumed to be the most desired aids. It also brings about questions regarding doula support and its role in minimizing such hardships.

Our study reveals that almost 63% of the interviewed women knew what the doula profession means (the primary sources of information concerning doulas were: the Internet (43%), relatives/close friends (18%), and birth school (10%)).

Out of all the respondents, 12% admitted to having experienced doula support before and that all of these women were satisfied by the specialized care doulas had provided (100%).

The majority (85,9%) of the experimental group assessed that doula support has a beneficial influence on all stages of pregnancy and labor, both antenatal and postnatal. The most appreciated aspects of support experienced from doulas were as follows: providing empathy and encouragement; supporting decision-making; providing emotional and physical support; providing crucial information and up to date and practical knowledge; providing non-medical pain relief techniques; protecting the rights of patients, educating them and raising awareness of patient's rights; being full of understanding; giving space for expressing emotions; giving a sense of security; having good listening skills; providing breastfeeding support; providing an individual, personal approach; offering a massage when needed, helping in reaching the most comfortable position; teaching breathing techniques; providing household assistance.

The great majority of the experimental group (93%, N=58) would ask for it again while caring for and birthing a child (chart 5).

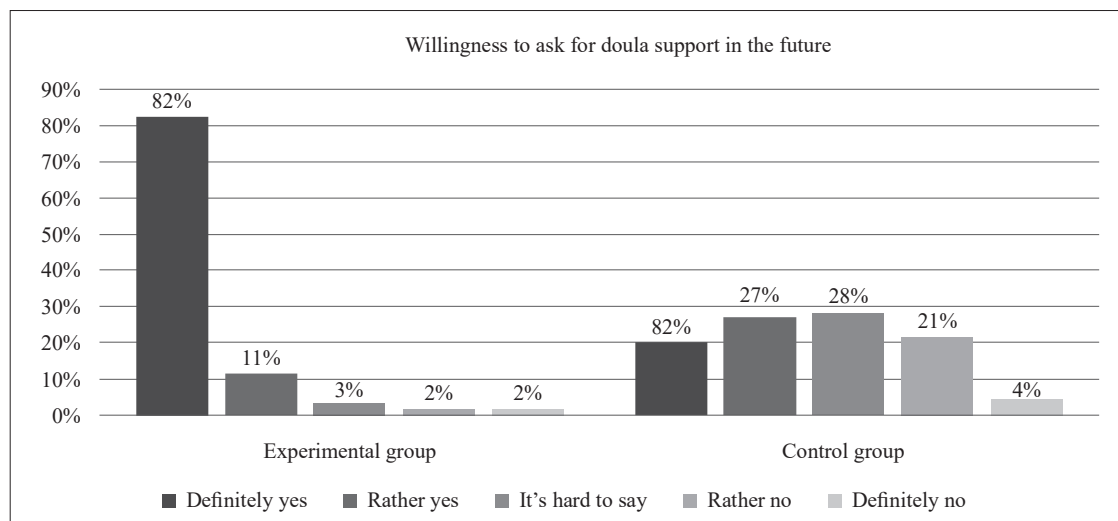


Chart 5. Willingness to ask for doula support in the future in both groups

The majority of respondents were aware of their right to be accompanied by a supporting person during childbirth (above 97%). 13% of the researched women felt that their emotional needs were unfulfilled by the close companion they had selected. Nevertheless, when inquired about theoretical choice for a single birth companion in the future, still 69,96% (N=368) of all respondents indicated the father of a child (35% of experimental group [N=21] and almost 75% [N=347] of control group) (chart 6).

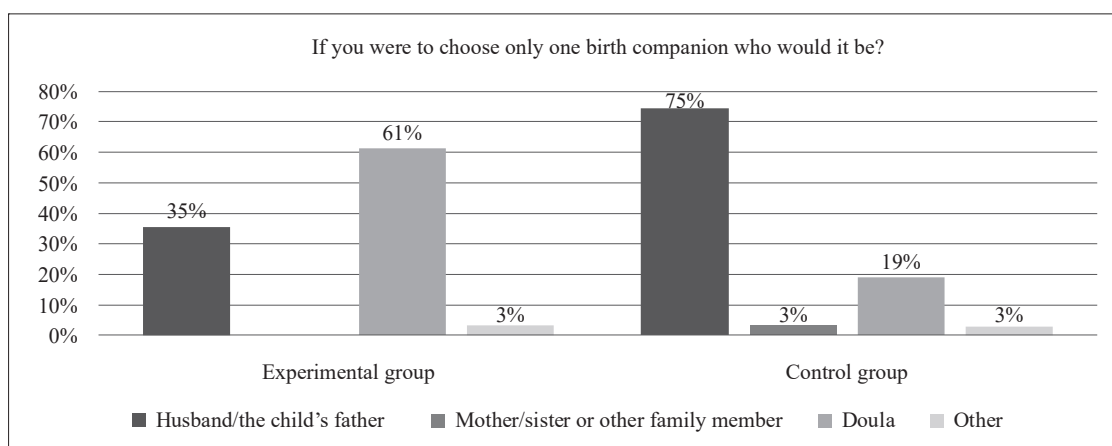


Chart 6. Hypothetical choices for a single birth companion in the future

Our study illustrates that 94% of experimental group and 32% of control group found the doula profession indispensable (chart 7).

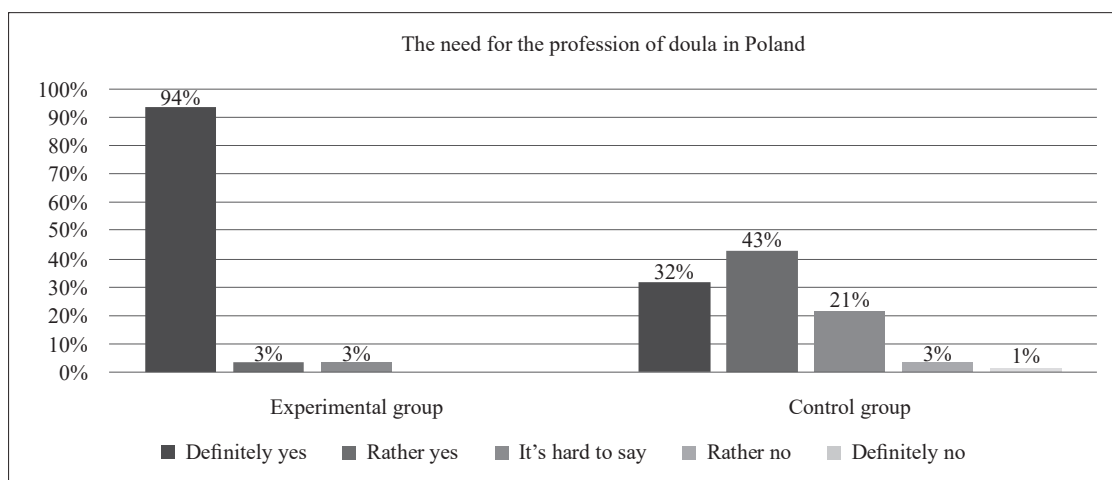


Chart 7. The need for the profession of doula in Poland in both groups

4. Discussion

Although regulated by the government, the doula profession is still highly undervalued and unrecognized in Poland. Our study reveals that almost 63% of the interviewed women knew what the doula profession means, but 34% of researched women became familiar with the doula profession directly from this sur-

vey questionnaire. Such a low rate of knowledge can be seen as a consequence of solid tendencies to medicalize childbirth within the state health care system.

For a person unfamiliar with the situation of pregnant Polish women and their attitudes towards doula support, it is crucial to comprehend that despite being aware of many state health care flaws, mainly concerning staff attendance, hospital births are still in the great majority. According to the data from 2020 of the Central Statistical Office, in 2019, for 376,383 births, as many as 375,487 births took place in the hospital, and only 896 births took place elsewhere (Demographic Yearbook of Poland 2020, 313). Likewise, in the presented study, out of all researched participants, 98,7% experienced hospital births.

In the social discussion on the quality of hospital health care for a woman during pregnancy and childbirth, significant limitations are mentioned together with the need for constant monitoring and increasing the quality of services provided, as indicated by the report on the monitoring of maternity wards "Perinatal Care in Poland in the Light of Women's Experiences" of the Childbirth with Dignity Foundation (Adamska-Sala and Pietrusiewicz 2018, 1-125).

The report presented in 2018 by the Foundation indicated several critical areas of irregularities, such as a) medication of physiological labor (i.e., routine insertion of a cannula, induction of labor, acceleration of labor with an oxytocin drip, incision of the perineum, restriction of activity, childbirth in non-physiological, forced posture, interrupting mother-child contact after birth to measure and weigh the newborn, administration of formula milk) (Adamska-Sala and Pietrusiewicz 2018, 24, 55-58); b) differential access to non-pharmacological pain relief (Adamska-Sala and Pietrusiewicz 2018, 51-55); c) occurring irregularities in the area of respecting the autonomy of the woman giving birth (e.g., ensuring the freedom of movement, consuming fluids and food) and access to information and observing patient's rights, in particular, the right to consent or refuse medical procedures (Adamska-Sala and Pietrusiewicz 2018, 25, 82-89); d) occurring irregularities in respecting the right to intimacy, satisfying mental and emotional needs, and irregularities in interpersonal contacts (Adamska-Sala and Pietrusiewicz 2018, 25, 76, 90-96).

Significantly, the results of own research presented in this study confirmed that the areas of inefficiencies in-hospital healthcare described in the report of the Childbirth with Dignity Foundation largely coincided with the highest-rated forms of support offered by doulas in the studied group, such as: providing empathy and encouragement; supporting decision-making; providing emotional and physical support; providing with crucial information and up to date and practical knowledge; providing non-medical pain relief techniques; protecting the rights of patients, educating them and raising awareness of patient's rights; being full of understanding; giving space for expressing emotions; giving a sense of security; having good listening skills; providing breastfeeding support; providing an indi-

vidual, personal approach; offering a massage when needed, helping in reaching the most comfortable position; teaching breathing techniques; providing household assistance.

Although the results presented in this study confirm the need to improve the quality of hospital services provided in maternity care, regardless of several unfavorable aspects of hospital childbirths, the general appraisal seems to be relatively positive. Taking that into account, one may imply that with such strong determination to use state health care resources during labor, it would be more thoughtful to elevate hospital services to the highest hospitality standards by, for instance, delivering programs with doula support available for every pregnant woman.

Another thought-provoking indication revealed within this study is the fact that while the majority of respondents were aware of their right to be accompanied by a supporting person during childbirth, some of the researched women felt that their emotional needs were unfulfilled by the close companion they had selected. Nevertheless, when inquired about theoretical choice for a single birth companion in the future, still the majority of respondents indicated the father of a child. These findings suggest that despite the growing number of family-centered childbirth advocates within the interviewed, some harmful stereotypes might still exist. By idealizing the father's role during labor, who – when unprepared and uneducated – simply cannot give enough support and care, despite the expectations bestowed on him, women lose the opportunity to help themselves wisely, according to their wishes. The study shows that the doula support experience verifies the primary needs of the accompanying person during labor.

The results of our study confirm that doula support significantly affects the psychological comfort of a woman giving birth. It may have a significant impact on the reduction of stress factors and the risk of Stress-Related Illnesses. Some researchers indicate the problem of perinatal traumatization – childbirth as a potentially traumatic event (even as Post-Traumatic-Stress-Following-Childbirth) (Chen and Lee 2020, 373-379; Gankanda et al. 2021, 1-7; Schobinger and Stuijzand and Horsch 2020, 1-11; Williamson et al. 2021, 1-10) and possibly doula support in this area. The prospectively analyses of Rousseau et al. show preliminary support for doula care as a potential moderator of risk of prenatal trait-anxiety and Acute-Stress-Immediately-Following-Childbirth as significant risk factors for Post-Traumatic-Stress-Following-Childbirth (Rousseau et al. 2021, 1-10).

Berg and Terstad, in their study on Swedish women's experiences of doula support during childbirth, indicate that most women remember their childbirth for the rest of their life, and the quality of support they receive can make the difference whether the experience is recalled as good or bad, degrading or as one that increased self-esteem and self-confidence (Berg and Terstad 2006, 330-338). The study also notes that good childbirth support improves birth and birth outcomes and helps the woman during one of life's most challenging and memo-

rable moments. It includes the provision of continuous physical, emotional and informational support for women during birth and postpartum (Berg and Terstad 2006, 330-338). Berg's and Terstad's study's findings show that the women who actively chose a doula needed her. Doula functioned as an experienced adviser, an affirmative person, a mediator, a guarantor, a fixer, and an accessible presence.

Furthermore, the doula appeared to be also crucial for the father of the child without displacing him. During childbirth, the doula support often spans several midwifery shifts and often continues after childbirth. These acknowledgments bring to the assumption that the doula profession stands on continuity that covers pregnancy, birth, and postpartum together as a whole, while midwifery care, in most cases, seems to fail to offer this (Berg and Terstad 2006, 330-338). For many interviewed Polish women, encounters with doulas and their services brought beneficial consequences on their pregnancy, especially the moment of childbirth. It was probably the main reason why so many respondents felt encouraged to choose doula as their birth companion over their husband or midwife in the future. Although the role of a doula seems to be appreciated by the majority of Polish women, it appears to be downplayed when facing the realm of the Polish maternity healthcare system, where midwives' services are currently well-promoted and spread across the regional medical centers contrary to doula services, still not enough popularized and available for an ordinary woman in labor.

The limitation of the research results presented in this paper is the lack of reference to the problems of multiculturalism due to the ethnically homogeneous group of the interviewed women.

Implications for practice: doula support as an additional maternity care program within the maternity wards should be addressed more openly. Maternity care should be organized to give a woman a chance to access continuity of care and constant support. It is also vital to promote and popularize alternative forms of prenatal and postpartum support in order to help Polish (and other (Cidro et al. 2021, 1-11)) women feel less traumatized and neglected after hospital birth and empower them through education campaigns or special care services, such as doula support to enjoy this extraordinary moment in their personal life.

Conclusions

Doula's supporting role during labor appears not evident to every Polish woman. As far as a birth companion is concerned, in a situation to select only one person, most women that used doula services before would instead indicate doula than their husband.

Considering all of these recognitions, it looks as if the doula role during pregnancy with its natural and professional care can be helpful for women to endure

hospital childbirth without additional inconveniences and lacks. The unique role of doulas is indicated in the aspect of multiculturalism (Ström et al. 2021, 1-5) and exceptional circumstances such as the COVID-19 pandemic (Adams 2021, 1-7; Rivera 2021, 1-8; Searcy and Castañeda 2021, 1-9; Ogunwole et al. 2020, 199-204). With this perspective, the doula profession might be a mediator of the unknown and unpredictable childbirth circumstances. She is not only as a coach who resolves a belief in the woman's capacity to give birth but also as a well-trained professional birth companion that efficiently and methodically mediates with hospital staff services (especially within the maternity wards) in order to holistically support a woman in labor who is in a grave need.

PROFESJONALIZACJA NIEMEDYCZNEGO WSPARCIA Kobiet W OKRESIE OKOŁOPORODOWYM – WARTOŚĆ ZAWODU DOULI

STRESZCZENIE

Doula (gr. „kobieta, która służy”) to osoba przeszkolona do udzielania kobiecie i jej rodzinie wsparcia emocjonalnego, fizycznego i informacyjnego w czasie ciąży, porodu i połogu.

Celem pracy jest próba analizy roli i zadań douli na płaszczyźnie zróżnicowanych potrzeb kobiet rodzących z uwzględnieniem wyników wstępnych badań dotyczących opinii i doświadczeń polskich kobiet na temat wsparcia douli w okresie okołoporodowym.

Przeprowadzone badanie miało charakter wstępny. Badaniem ilościowym objęto 526 kobiet z wywiadem położniczym, w wieku od 18 do 50 lat. Próba została podzielona na grupę badaną (kobiety, które kiedykolwiek skorzystały z usług douli) N=62 i grupę kontrolną (kobiety, które nigdy nie korzystały z asysty douli) N=464. Dane zostały zebrane anonimowo, za pomocą autorskiego kwestionariusza w formie badania on-line. Dobór próby celowy. Wyniki poddano analizie statystycznej. Obliczenia wykonano w programie PQStat (wersja 1.6.6).

Zawód douli i możliwość skorzystania z jej wsparcia w okresie okołoporodowym nie są szeroko rozpoznawane wśród badanych kobiet w Polsce. Wyniki wskazują na konieczność lepszego wsparcia rodzącej, zwłaszcza w zakresie potrzeb informacyjnych, emocjonalnych oraz wsparcia w zakresie nefarmakologicznych metod łagodzenia bólu porodowego. W opinii badanych kobiet, które korzystały z asysty douli, jej wsparcie miało korzystny wpływ na przebieg okresu okołoporodowego.

Wydaje się, że wsparcie douli jako dodatkowa forma opieki na oddziałach położniczych powinna być traktowana bardziej otwarcie. Niezbędna jest również promocja i popularyzacja alternatywnych form wsparcia prenatalnego i poporodowego poprzez kampanie edukacyjne i promocję dedykowanych usług opiekuńczych i wspierających, takich jak usługi douli, w celu zapewnienia lepszej opieki dla kobiet w okresie oko-

porodowym i redukcji czynników stresogennych. Przeprowadzone badania wskazują na potrzebę popularyzowania informacji o istnieniu zawodu douli oraz rozpowszechniania wiedzy o zadaniach i roli douli.

Słowa kluczowe: aksjologia zawodu douli, wsparcie porodowe, doula, rodzicielstwo, opieka okołoporodowa

Keywords: axiology of the doula profession, childbirth support, doula, parenthood, perinatal care

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