



## Position Paper: The Postpartum Doula's Role in Maternity Care

The birth of a baby represents a profound and permanent life change for the parents and other family members. After nine months of pregnancy and the stresses of labor and birth, a family is born or enlarged. For new parents the challenges are numerous: recovery from childbirth; total responsibility for a tiny dependent newborn; sleeplessness; emotional adjustment; mastery of infant feeding and care; understanding of and adjustment to the unique personality of their baby; and household organization. Sometimes the physical or mental health of the new mother or baby is compromised, and the parents need more help at home than they had expected.

Furthermore, many new parents are unaware of what constitutes normal newborn growth and development, and normal postpartum recovery for the mother. Typically, they visit the baby's doctor and their maternity caregiver infrequently, which sometimes means that they and their babies undergo unnecessary stress and hardship because they do not know when to ask for help.

In our society, many new parents find themselves ill-prepared for this transition and isolated from caring, knowledgeable helpers and advisors. In times past, new parents could usually depend on their own parents, other family members, or friends to assist them. While these resources are still available today, they are frequently spotty and inadequate, due to great distances between new parents and their loved ones, and other demands on loved ones that take priority over the new family's needs.

With all these challenges, it is clear that the importance of support, advice, and assistance in the weeks and months following birth cannot be overemphasized. The ways in which the woman, baby, partner and siblings make the transition to a new family unit have a long-term impact on their physical and emotional health. The postpartum doula fills a large gap in maternity care, and is able to facilitate a smooth and rewarding transition.

Research by experts tells us what many have long suspected: that those new parents who have support and feel secure and cared for during this time are more successful in adapting than those who don't. Studies have shown that cultures in which women are cared for by others for a defined period of days or weeks and are expected only to nurture themselves and their babies during that time, have superior outcomes in postpartum adjustment (1-2). We know that women who experience support from their family members, care providers, counselors and peer groups have greater breastfeeding

success (3-10), greater self-confidence (11-15), less postpartum depression (16-21) and a lower incidence of abuse than those who do not (22-24).

There is also evidence indicating that timely referrals to competent, appropriate professionals and support groups can have a significant positive outcome for the family (11,18,20,21,25). Parents benefit from education on what to expect from a newborn, baby-soothing skills, feeding, bonding and attachment and coping skills (3,13, 26-30). Rather than being told to "help out", partners and other family members benefit from concrete instruction and role modeling on how to support a woman during the weeks after birth. Research tells us that support for and from the partner can have a significant impact on their own experience as well as the emotional adjustment of the mother (3,8,17-21,31-36).

This paper presents the position of DONA on the benefits of a doula's support in the weeks after birth, with references to the medical and social sciences literature. It explains the role of the doula with the family, and within the context of postpartum health care. Terminology relating to doula care is also explained.

### Role of the Doula

In traditional societies women and men grow up around birth, breastfeeding, infants and children. After giving birth, women are surrounded by caring family members who have a great deal of experience and wisdom to offer. This kind of help is rarely available to new parents in North America. The doula's support is intended to fill the gaps left by our customary postpartum practices, which usually include only medical procedures, occasional checkups and the purchase of baby-related paraphernalia. The doula's education, quiet support and guidance are a manifestation of the traditional postpartum support that our society is missing.

Doulas are trained in postpartum adjustment, newborn characteristics, care, feeding, and development, and the promotion of parent-infant bonding. They are experienced in supporting families through their postpartum experience. Coming into the home during the fourth trimester following birth, the doula's role is to provide education, non-judgmental support, and companionship, and to assist with newborn care and family adjustment, meal preparation and light household tasks. Postpartum doulas offer evidence-based information on infant feeding, emotional and physical recovery from childbirth, infant

soothing and coping skills for new parents and can make appropriate referrals when necessary.

The doula can serve as a "buffer" for new parents, who receive a great deal of unsolicited and possibly outdated advice. The doula can help friends and family members to foster and support the parenting decisions of the new parents. By modeling a deep respect for the wisdom and decision making abilities of the new parents, she makes clear that supporting them in their own choices will have the best possible results.

By dedicating herself to the family in this way, the doula validates and enhances the parents' intuitive ability to nurture and encourages them to develop and implement their own parenting style.

### Postpartum Support Terminology

The terminology describing postpartum support can be confusing. When a person uses any of the terms below to describe herself, she may need to clarify what she means by the term.

**Doula**—A Greek word meaning "woman's servant". While the same doula may provide both birth care and postpartum care, it is necessary to differentiate between the two types of doulas:

**Postpartum Doula**—A supportive advisor and helper, professionally trained to provide postpartum support to the mother and her family.

**Birth Doula**—A person professionally trained to provide support to the woman and partner during labor and childbirth.

**Baby Nurse**—A professionally trained or lay- person who comes into the home and cares for a newborn baby. Some "baby nurses" are licensed nurses who provide care for infants with medical needs. Others are laywomen who specialize in the care of babies. Baby nurses are different from doulas in that their role is specifically geared toward infant care. Doulas provide excellent infant care, but their primary focus is educating and supporting parents and providing breastfeeding support, emotional support, resources and any necessary referral information.

**Mother's helper**—A layperson, either adult or adolescent, who comes into the home to assist parents with childcare and household tasks. A "mother's helper" is not trained in breastfeeding education, integrating the baby into the home or the many other aspects of postpartum doula support.

### Doulas and Families

The doula's goal is to facilitate the transition to parenthood by supplying reliable and factual information, reassurance and hands-on support with children and household

organization. By "mothering the mother", the doula enables the new mother to recover from pregnancy and birth and focus her energy on bonding with her new baby. Parents are able to care for their children with the reassurance that non-judgmental support and an extra set of hands are available when they need them. Through this support, the doula is able to help parents and older children integrate the baby into the family in a loving, gentle manner.

### Doulas as Members of the Postpartum Care Team

The role of the doula is one of non-medical support. Healthcare professionals such as doctors, midwives, nurses and others are responsible for the health and well-being of mother and baby. The non-medical support of the doula meets the practical and psycho-social needs of the family.

The doula's knowledge of the changes that come with a new baby enables her to enhance communication both within the family and with other support professionals. The doula is also available to make referrals to quality care providers such as lactation consultants, pediatricians, counselors and support groups, when appropriate.

### Research findings

In order to define the role of the postpartum doula and determine her scope of practice, DONA undertook a study of existing literature on factors that influence postpartum recovery and adjustment and identified which of these might be offered by non-medical professionals. These have been included in the tasks that comprise the doula's role, along with other factors, including the family's perceptions of their own needs for supportive nurturing.

### Services and costs

Most postpartum doulas and doula agencies are independent and are employed directly by the parents. They usually have phone contact and often meet prenatally with clients to assess their needs and establish a relationship. Doulas offer a variety of flexible schedules for providing support, which can include full days, part-days, overnights and weekends.

Some doulas work as individuals, while others are employed by agencies or are members of doula cooperatives. Still others are available through community service organizations.

Costs for doula services vary geographically. Most doulas charge an hourly fee for their services, and many base their fees on a sliding scale.

There is growing third party insurance reimbursement for postpartum support. Grant funding is a possibility for postpartum doula programs. At present, however, most doula care is paid for directly by the client.

### Questions to Ask a Postpartum Doula

To discover the specific training, experience and services offered by anyone who provides postpartum support, potential clients, nursing supervisors, physicians, midwives, and others should ask the following questions of that person.

- What training have you had? (If a doula is certified, you might consider checking with the organization)
- Have you had a criminal background check, a recent TB test, current CPR certification?
- Tell me about your experience as a postpartum doula.
- What is your philosophy about parenting and supporting women and their families during postpartum?
- May we meet to discuss our postpartum needs and the role you will play in supporting us in the postpartum period?
- What different types of services do you offer?
- May we call you with postpartum questions or concerns before the birth?
- When do your services begin after birth?
- What is your experience in breastfeeding support?
- Do you work with one or more back up doulas for times when you are not available? May we meet them?
- What are your fee and refund policies?

### Training and Certification of Doulas

Postpartum doula training focuses on preparing the doula to support the family after birth and to help them have the best possible outcomes. She learns about the physical and psychological needs of the postpartum period and development of the newborn. The doula receives training on breastfeeding skills and support, support of the woman with postpartum depression, support for the partner, fostering bonding, multiples, grief and loss and the importance of referrals to competent and appropriate professionals and support groups. Training includes educating the family on infant care, newborn characteristics, coping skills, and supporting the mother.

Certification is offered by several local, national and international organizations. Some private agencies train their own doulas and certify them under their own business name. Because of the variation of training practices, the knowledge-base and qualifications of doulas can vary greatly. This lack of consistency compelled DONA to research, write and implement an evidence-based program. DONA has exacting standards set to ensure top-quality postpartum support in North America. This evidence-based certification program includes a doula training course, infant care experience, breastfeeding training, background reading, the investigation and documentation of local referrals for future clients and essays that demonstrate understanding of the integral concepts of postpartum doula support. Positive evaluations from supported mothers and their partners are also required.

### Summary

Present North American health care practices and a lack of cultural rituals leave families virtually unsupported at this important time in their lives. There is a great deal of evidence suggesting that quality support can ease the transition that comes with the addition of a baby to the family. By educating, attending to the needs of the parents, infant and children and by offering quality referral information, the postpartum doula can ease and enhance the postpartum experience. Every family can benefit from the support and encouragement offered by a doula during the fourth trimester.

### References

1. Kruckman, L. (1992). Rituals and support: An anthropological view of postpartum depression. In J. Hamilton and P. Harberger (Ed.), *Postpartum Psychiatric Illness* (pp. 137-148). Philadelphia, PA: University of Pennsylvania Press.
2. Stern, G., & Kruckman, L. (1983). Multi-disciplinary perspectives on post-partum depression: An anthropological critique. *Social Science and Medicine*, 17(15), 1027-1041.
3. Newman, J., & Pitman, T. (2000). *The Ultimate Breastfeeding Book of Answers*. Roseville, CA: Prima Publishing.
4. Deshpande, A., & Gazmararian, J. (2000). Breast-feeding education and support: Association with the decision to breast-feed. *Effective Clinical Practice*, 3(3), 116-22.
5. Morrow, A. L., Muerrero, M. L., Shults, J., Calva, J. J., Lutter, C., Bravo, J., et al. (1999). Efficacy of home-based peer counseling to promote exclusive breastfeeding: A randomised controlled trial. *Lancet*, 353, 1226-31.
6. Tarkka, M., Paunonen, M., & Laippala, P. (1998). What contributes to breastfeeding success after childbirth in a maternity ward in Finland? *Birth*, 25(3), 175-81.

7. Mohrbacher, N., & Stock, J. (1997). *The Breastfeeding Answer Book*. Schaumburg, IL: La Leche League International.
8. Giugliani, E., Vogelhut, J., Witter, F., & Perman, J. (1994). Effect of breastfeeding support from different sources on mothers' decisions to breastfeed. *Journal of Human Lactation*, 10(3), 151-161.
9. Forman, R. D., et al. (1990). The forty-day rest period and infant feeding practices among Negev Bedouin Arab women in Israel. *Medical Anthropology*, 12(2), 207-16.
10. Raphael, D. (1973). *Breastfeeding: The Tender Gift*. NY: Schocken Books.
11. Porteous, R., & Kaufman, K. (2000). The effect of individualized professional support on duration of breastfeeding: a randomized controlled trial. *Journal of Human Lactation*, 16(4), 303-8.
12. Haider, R., Ashworth, A., Kabir, I., & Huttly, S. (2000). Effect of community-based peer counselors on exclusive breastfeeding practices in Dhaka, Bangladesh: A randomised controlled trial. *Lancet*, 356(9242), 1643-7.
13. Terry, D. J., Mayocchi, L., & Hynes, G. J. (1996). Depressive symptomatology in new mothers: A stress and coping perspective. *Journal of Abnormal Psychology*, 105(2), 220-231.
14. Klaus, M. H., Kennell, J. H., & Klaus, P. H. (1993). *Mothering the Mother*. Reading, MA: Addison-Wesley.
15. Cutrona, C. E., & Troutman, B. R. (1986). Social support, infant temperament and parenting self-efficacy: A mediational model of postpartum depression. *Child Development*, 57, 1057-1518.
16. MacArthur, C., et al. (2002). Effects of redesigned community postnatal care on women's health 4 months after birth: A cluster randomized control study. *Lancet*, 359(9304), 378.
17. Lavender, T., & Walkinshaw, S. (1998). Can midwives reduce postpartum psychological morbidity? A randomized trial. *Birth*, 25(4), 215-19.
18. Locicero, A., Weiss, D., & Issokson, D. (1997). Postpartum depression: Proposal for prevention through an integrated care and support network. *Applied and Preventive Psychology*, 6, 169-78.
19. Small, R., Astbury, J., Brown, S., & Lumley, J. (1994). Depression after childbirth: Does social context matter? *The Medical Journal of Australia*, 161, 473-6.
20. McIntosh, J. (1993). Postpartum depression: Women's help-seeking behaviour and perceptions of cause. *Journal of Advanced Nursing*, 18, 178-84.
21. Berchtold, N., & Burrough, M. (1990). Reaching out: Depression after delivery support group network. *NAACOG. Clin. Issu. Perinat. Women's Health Nurs.*, 1(3), 385-94.
22. Contact: Prevent Child Abuse America. *U.S. parents want help with newborns: lack of experience and skill seen as reason for increased child abuse and neglect*. Retrieved December 12, 01, from Prevent Child Abuse America Web Site: <http://preventchildabuse.org>
23. Hagen, E. (1999). The functions of postpartum depression. *Evolution and Human Behavior*, 20, 325-359.
24. Wilson, L., Reid, A., Midmer, D., Biringier, A., Carroll, J., & Stewart, D. (1996). Antenatal psychosocial risk factors associated with adverse postpartum family outcomes. *CMAJ*, 154(6), 785-99.
25. Ray, K., & Hodnett, E. (n.d.). *Caregiver support for postpartum depression*. Retrieved 2001, from Cochrane Database Syst Rev
26. Field, T. (2001). *Touch*. Cambridge, MA: Bradford.
27. Swain, A., O'Hara, M., Starr, K., & Gorman, L. (1997). A prospective study of sleep, mood, and cognitive function in postpartum and nonpostpartum women. *Obstetrics and Gynecology*, 3(3), 381-6.
28. Klaus, M., & Kennell, J. (1995). *Bonding*. Reading, MA: Addison-Wesley.
29. Montagu, A. (1986). *Touching: The Human Significance of the Skin* (3rd ed.). New York: Perennial Library.
30. Field, T. (1990). *Infancy: The Developing Child*. Cambridge, MA: Harvard University Press.
31. Arora, S., McJunkin, C., Wehrer, J., & Kuhn, P. (2000). Major factors influencing breastfeeding rates: Mother's perception of father's attitude and milk supply. *Pediatrics*, 106(5), E67.
32. Misri, S., Kostaras, X., Fox, D., & Kostaras, D. (2000). The impact of partner support in the treatment of postpartum depression. *Canadian Journal of Psychiatry*, 45(6), 554-8.
33. Kleiman, K. (2000). *The Postpartum Husband*. USA: Xlibris.
34. Kleiman, K. (1994). *This Isn't What I Expected*. USA: Bantam.
35. Cronwett, L. (1985). Parental network structure and perceived support after birth of first child. *Nursing Research*, 34(6), 347-52.
36. O'Hara, M., Rehm, L., & Campbell, S. (1983). Postpartum depression. A role for social network and life stress variables. *Journal of Nervous and Mental Disease*, 171(6), 336-41.

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For more information about postpartum and birth doulas, contact:

**Doulas of North America (DONA)**  
 (888)788-DONA  
[www.DONA.org](http://www.DONA.org)

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