
Definition

Unassisted childbirth – the process of intentionally giving birth without the assistance of a medical or professional birth attendant – is a decision made by a very small percentage of parents. DONA International certified and member doulas provide physical, informational and emotional support. Any type of medical or clinical assistance is outside the scope of practice agreed upon by DONA International certified and member doulas. DONA International opines herein on the considerations a doula must make when accepting clients planning an unassisted birth.

Introduction

Unassisted childbirth (UC) refers to the process of intentionally giving birth without the assistance of a medical or professional birth attendant. UC is also sometimes referred to as *free birth*, *DIY (do-it-yourself) birth*, *unhindered birth* and *couples birth*.

In response to the recent growth in interest over UC, several national medical societies, including the Society of Obstetricians and Gynaecologists of Canadaⁱ, the American College of Obstetricians and Gynecologistsⁱⁱ, and the Royal Australian and New Zealand College of Obstetricians and Gynaecologistsⁱⁱⁱ, have issued strongly worded public statements warning against the practice. Professional midwives' associations, including the Royal College of Midwives^{iv} and the American College of Nurse-Midwives^v also caution against UC.

Those who promote UC^{vi} claim the practice offers pregnant people a natural way of welcoming their child into the world, free from drugs, machinery and medical intervention. They also note that UC allows a person to listen to their body's signals rather than coaching from an outsider. The people who are choosing UC may do so because they do not feel supported and respected in the obstetrical care facilities available in their areas, or they are unable to afford or obtain home midwifery or physician support, which is more in line with their philosophies.

DONA International doulas support a person's right to autonomy and freedom of choice. Doulas provide unbiased professional support, encourage informed decision-making and may offer additional evidence-based resources to help their clients make the decisions that are right for them.

An uncommon practice

The Centers for Disease Control's National Vital Statistics Report, *Births: Final Data for 2006*, Volume 57, Number 7 shows that of the 4.1 million babies born in the United States in 2006^{vii}, more than 7,000 were born at home without a midwife or physician in attendance. However, it is unknown what portion of these unattended births, equivalent to only one sixth of one percent of all births, occurred by choice and, therefore, can be considered planned UCs.

Statistics for planned UCs or births unintentionally occurring without a skilled birth attendant are not currently available in Canada, as they have not been collected by federal or provincial governments, nor could DONA International acquire these statistics for other countries.

DONA International Recommendations

DONA International does not take a stand or position on UC. However, DONA International certified and member doulas are strongly encouraged to consider the multifaceted considerations of attending a planned UC (not to be

confused with a precipitous, or fast, birth in which a client unexpectedly gives birth without the presence of a medical or professional birth attendant).

A DONA International doula's personal answers to the following questions should help determine decisions on this important topic:

- What are the legalities surrounding caregivers in a homebirth or UC environment where I and/or my clients reside?
- What are the potential implications to me under the circumstances? Might someone other than the parents, such as a prosecutor or medical care provider, file a lawsuit against me?
- Am I prepared to deal with any potential consequences of such a claim, whether or not warranted?
- *Will I be expected to perform any tasks that are outside of DONA International's scope of practice?*

DONA International's Standards of Practice and Code of Ethics

The following relevant passages are excerpted from DONA International's Standards of Practice^{viii}, which must be agreed upon for certification or membership.

Scope

Services Rendered:

The doula accompanies the person in labor, provides emotional and physical support, suggests comfort measures, and provides support and suggestions for the partner. Whenever possible, the doula provides pre- and post-partum emotional support, including explanation and discussion of practices and procedures, and assistance in acquiring the knowledge necessary to make informed decisions about her care. Additionally, as doulas do not "prescribe" treatment, any suggestions or information provided within the role of the doula must be done with the proviso that the doula advises their client to check with her primary care provider before using any application.

Limits to Practice:

DONA International Standards and Certification apply to emotional and physical support only. The DONA International certified doula does not perform clinical or medical tasks such as taking blood pressure or temperature, fetal heart tone checks, vaginal examinations, or postpartum clinical care. If doulas who are also health care professionals choose to provide services for a client that are outside the doula's scope of practice, they should not describe themselves as doulas to their client or to others. In such cases they should describe themselves by a name other than "doula" and provide services according to the scopes of practice and the standards of their health care profession. On the other hand, if a health care professional chooses to limit their services to those provided by doulas, it is acceptable according to DONA International's standards for her to describe herself as a doula.

Advocacy:

The doula advocates for the client's wishes as expressed in their birth plan, in prenatal conversations, and intrapartum discussion, by encouraging their client to ask questions of their caregiver and to express their preferences and concerns. The doula helps the client incorporate changes in plans if and when the need arises, and enhances the communication between client and caregiver. Clients and doulas must recognize that the advocacy role does not include the doula speaking instead of the client or making decisions for the client. The advocacy role is best described as support, information, and mediation or negotiation.

Additionally, DONA International's Code of Ethics^{ix}, which must be agreed upon for certification or membership, guide DONA International member or certified doulas to practice with integrity by clearly defining the doula's ethical responsibilities to clients, colleagues, the profession and society. It requires DONA International doulas to maintain high standards of personal integrity and professional competence and practice.

Acknowledgement

This statement was written by Stefanie Antunes, DONA Director of Public Relations, and reviewed by the DONA International Board of Directors under the leadership of DONA President Susan Toffolon in 2010.

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- ⁱ http://www.sogc.org/media/advisories-20070621b_e.asp
 - ⁱⁱ <http://www.westword.com/2007-05-10/news/baby-s-day-out/print>
 - ⁱⁱⁱ <http://www.news.com.au/couriermail/story/0,23739,21838181-5003426,00.html>
 - ^{iv} [http://www.yell.com/health/information/midwives-warn-against-%27freebirths%27?location=Ballymoney,%20County%20Antrim&broaderLocation=.](http://www.yell.com/health/information/midwives-warn-against-%27freebirths%27?location=Ballymoney,%20County%20Antrim&broaderLocation=)
 - ^v <http://www.washingtonpost.com/wp-dyn/content/article/2007/07/27/AR2007072702164.html>
 - ^{vi} <http://www.unassistedchildbirth.com/>, <http://www.unassistedhomebirth.com/>
 - ^{vii} http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf
 - ^{viii} http://www.dona.org/aboutus/standards_birth.php
 - ^{ix} http://www.dona.org/aboutus/code_of_ethics_birth.php