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Women supporting women: The role of doulas in South African birth stories

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A minor dissertation submitted in *partial fulfillment* of the requirements for the award
of the degree of Masters in Clinical Psychology

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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ABSTRACT

The medical and psychological benefits of birth companions, or *doulas* have been well documented over the last thirty years. This qualitative investigation provides, through the textured accounts of doulas and doula clients, insight into the nature of doula support. 16 participants were interviewed in order to investigate their experiences of doula support. The sample included mothers and fathers who received doula support as well as doulas, a trainee doula and the doula trainer. Participants' accounts represented the work of doulas in terms of three major components. These findings can be divided into the structural, professional and relationship-orientated components of doula support that are found to be beneficial to the birth process. Doula support is contrasted to medical care in that it counteracts the dehumanized birthing practices that have been established since the medicalization of birth. Notions of social support that involve human contact and relationship are thus being utilised by the modern professional doula.

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CHAPTER 1: INTRODUCTION

Birth cannot be understood merely as a physiological event as it is inextricably connected to and must be considered within a cultural and historical context (Deitrick & Draves, 2008). Historically, birth was an event in which women took centre stage in caring for and attending to the labouring woman. These women would be either family members or trained midwives, but most importantly they would be in support of the labouring woman throughout the birthing process. This was seen cross-culturally and around the world, in both industrialized and non-industrialized countries (Chalmers, 1990; Kennell, de Chateau & Wasz-Hockert, 1987).

Since the beginning of the 20th century this traditional birthing practice has been altered as the site of childbirth has moved from the home to the hospital setting in most industrialized countries (Hodnett, Gates, Hofmeyr & Sakala, 2009; Williams, 2009). Even though fathers and other relatives have gained access to the delivery rooms over the last 50 years, there are still mothers who are left to labour and give birth alone without any support (Hodnett et al., 2009). The developments in medical care have also brought about radical changes to childbirth practices and with the aid of technologies there has been a drastic increase in obstetric interventions such as analgesia and foetal monitoring (Kayne, Greulich & Albers, 2001; Klaus, Kennell, Robertson & Sosa, 1986).

As childbirth became increasingly medicalized, the natural childbirth movement of the 1960s, aided by feminist voices, helped to bring another perspective (Kayne et al., 2001). For feminist theorists, midwifery with its 'woman centred' and intuitive practices was seen to overthrow the male dominated medical model where the woman's body is viewed as a defective machine that needs to be systematically surveyed and disciplined (Edwards, 2005; Davis-Floyd & Davis, 1996; Walsh, 2004). This movement may have momentarily brought a more 'natural' kind of birth back into the realm of birthing practices, but yet half a century later, birth is still a highly medicalized event.

Part of what was achieved though, was the acknowledgement that support in labour is important and thus male partners became more involved in labour and delivery rooms (Kayne et al., 2001; Kennell et al., 1987). There is now research to show that it is too much to expect the father to provide the primary support for the labouring woman (Gungor & Beji, 2007; Kayne et al., 2001; Kennell & McGrath, 1999). Some have gone so far as to say that it has been a huge mistake to expect

fathers to take on this role alone (Scott, Klaus & Klaus, 1999). It is argued, however, that the value of the father's presence should not be minimized because even though he may not appear to provide significant support, his presence remains valuable for the labouring women (Kennel et al., 1987).

With renewed concern for the high level of obstetric intervention in medicalized births, there has been growing interest in and acknowledgement for the need of support for women during labour (Hodnett et al., 2009). Since the late 1970s medical researchers have taken an interest in the benefits of having someone providing continuous support to a woman in labour (Kennell, Klaus, McGrath, Robertson & Hinkley, 1991; Sosa, Kennel, Klaus, Robertson & Urrutia, 1980). Although an ancient role, this woman is commonly known as a doula today.

The word *doula* is a Greek term and roughly translates as a “woman who helps other women” but has come to be known as a woman who provides “continuous physical, emotional, and informational support to the mother before, during and after childbirth” (Klaus, Kennell & Klaus, 2002, p. vi). Doulas are not trained to provide medical or clinical care or assistance to laboring mothers and therefore do not replace the role of the midwife or obstetrical nurse but they do offer a range of physical, emotional and social support (Lantz, Low, Varkey & Watson, 2005). This includes assisting the labouring woman, offering encouragement and aiding communication between the patient and the medical staff (Gilliland, 2002). Doulas are also not meant to displace the male partner or other supportive relatives, but research has shown that the fathers' support alone is not associated with the equivalent benefits of doula support (Campbell, Lake, Falk & Backstrand, 2006; Gungor & Beji, 2007; Kennell & McGrath, 1999; Ip, 2000).

Doulas in South Africa

There is very little known about doulas in South Africa, both in terms of academic literature and the lay public. Although one of the first studies done on labour support was conducted in Johannesburg in the early nineties (Hofmeyr, Nikodem, Wolman, Chalmers & Kramer, 1991), the term *doula* had not yet been dubbed and the role had not yet achieved professional status. Soon after the first groundbreaking research on doulas, DONA (Doulas of North America) was founded in the United States (DONA International, 2005). A little behind our American counterparts, doulas have started to be trained in South Africa over the last decade or so, obtaining certification through

the organization WOMBS (Women Offering Mothers Best Support) in the Western Cape and DOSA (Doulas of South Africa) based in Johannesburg (I. Bourquin, personal communication, 26 October, 2010). According to the WOMBS website (www.wombs.org.za) there are 36 qualified doulas working in the Western Cape, seven in the Eastern Cape and two in Kwazulu-Natal (WOMBS, n.d.). According to this website, a doula's recommended fee should be a minimum of R2000 per birth. Their service includes a pre-birth visit, support throughout labour and birth and at least one post-natal visit (WOMBS, n.d.). There is no database that currently provides listings of all practicing doulas around South Africa. Thus it is expected that many more doulas are currently working around South Africa that are not listed on the WOMBS website. Irene Bourquin, the doula trainer of WOMBS doulas in the Western Cape says that there are a number of organisations that offer doula training but that none provides the recognized certification that WOMBS does (I. Bourquin, personal communication, 26 October, 2010). This training involves theoretical and practical elements, with trainees having to take part in antenatal classes, breastfeeding clinics as well as observing and supporting two actual births (I. Bourquin, personal communication, 26 October, 2010).

The following chapters

In Chapter Two the theoretical and empirical literature on doulas is provided in order to demonstrate the current findings and to describe what is known about doulas presently, their role and its associated medical and psychological benefits. This chapter also maps the findings of the qualitative research, which is more relevant to the current study in demonstrating the subtleties of this role. The findings as well as the shortcomings of these studies will be described in order to position this investigation as relevant and necessary in the current South African context. The aims of this study will be highlighted in order to remind the reader of the specific questions this dissertation seeks to answer, noting the gap in the current literature and recognizing the relative lack of knowledge around doulas in South African psychological and medical literature. Chapter Three includes a description of the methodology used to recruit participants, collect and analyse data, and the procedures involved throughout the research process. Here, the theoretical tools used and methodological paradigms within which this research is placed will be described and referred to in terms of their applicability to the current study. Chapter Four includes

the analysis and discussion of the main findings of this qualitative research project, providing a detailed account of the themes drawn out of the data as well as a discussion of these results in light of the current literature on *doulas*. Chapter Five contains the conclusion, which will include a summary of the findings, acknowledgement of some of the limitations of this study as well as directions for future research on this topic.

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CHAPTER 2: LITERATURE REVIEW

The role of the doula

In *The Doula Book*, Klaus et al. (2002) make clear why doulas both complement and aid the supportive role of the expecting father or partner. While the expecting mother and father have a deep emotional bond, it is not always possible for the labouring women's partner to be continuously objective, calm and without fear, especially as they are inexperienced with the birth process. Thus, they assert that it is essential for women to have another supportive figure, the doula, who is experienced and supportive, instilling confidence in the expecting couple (Klaus et al., 2002). Her role is to provide a kind of "quiet reassurance and enhancement of the natural abilities of the labouring women" so that the couple can experience the kind of birthing experience that they want (Klaus et al., 2002, p. 6).

Kayne et al., 2001 provide a summary of the key components of doula support, which is broken down into four main categories. The first, *emotional support* includes her constant presence, calm reassurance, encouragement and praise of the mother while at the same time providing a degree of role modeling for the partner or father. In terms of *advice and information*, which forms part of the second component, the doula discusses the events as they unfold, explains obstetric interventions and provides a variety of relaxation techniques, which she coaches the mother through. The third component involves what Kayne et al. (2001, p. 689) describe as "*tangible assistance*" or physical comfort measures and these include touch, massage and provision of a comfortable environment. The fourth component of doula care can be described as *advocacy* on behalf of the mother, which involves supporting her decisions and encouraging her to voice her concerns or opinions to maternity care providers in relation to her comfort or any medical interventions.

Gilliland (2002) adds one more component to this composite role referring to the need for doulas to create a team relationship with nursing staff. This obviously relates directly to doulas working in a hospital setting but could also include the need to work together with private midwives assisting homebirths. Coming from a nursing context, Gilliland (2002) proposes that the role of the doula and obstetric nurse, although vastly different, should complement each other in providing for the labouring women. Although obstetric nurses tend to have started their careers with the hopes of providing care and support for labouring women, the demands of their jobs,

which require them to perform a number of medical procedures and checks, and often has them seeing to a number of women at one time, restricts them from giving the kind of continuous and concentrated care that doulas provide. This can result in a certain amount of tension between doulas and nurses, however, because the nurse may be unfamiliar with the doula's work and may not understand the doula's enactment of her advocacy role, interpreting it as trying to challenge the medical system within which she works (Gilliland, 2002). This is most disadvantageous for the labouring women, who might lose confidence in the two carers, who she is relying on (Gilliland, 2002).

In the States, where doula care is continually growing in recognition and prevalence in a variety of settings, there has been a call for nurses and doulas to try and work together, despite there still being a degree of misunderstandings about the doula profession (Ballen & Fulcher, 2006). These authors refer to a number of misguided assumptions resulting in such misunderstandings. These misconceptions include the understanding that women don't need support after being given an epidural. Although an epidural may help to significantly reduce pain, there is still a large amount of discomfort involved for the labouring women, which the doula can help alleviate (Simkin, 2003). During this time, the women's partner may want to rest and thus the doula's constant presence is reassuring and supportive in that it helps the woman feel less alone and prevents her from becoming too detached from the birth process due to the lack of pain (Simkin, 2003). Thus the role of the doula is not solely the management of labour pain, a misconception possibly held by medical staff. There may also be a misconception around the need for doula support even when a supportive partner is present or that nurses provide sufficient support to labouring women (Ballen & Fulcher, 2006). These same authors refer to challenges around territorialism between doulas and nurses, where doulas feel they have to navigate the nurses' 'turf' while nurses show concerns that doulas may be working outside of their scope of practice (Ballen & Fulcher, 2006).

There appears to be differences in the way various maternity staff perceive the work of doulas. Recent work has been done to investigate the attitudes of various maternity care practitioners towards labour and birth (Klein et al., 2009). Their qualitative data indicated that obstetricians often do not share the same views as doulas and midwives. They found that obstetricians were less positive towards women's roles in their own births than doulas and midwives. They also found that

doulas were more accepted by midwives whereas they found the obstetricians to be ambivalent about the role of doulas. Another qualitative study looking at the level of acceptance of doulas by intrapartum nurses as observed by women in labour obtained mixed results (Papagni & Buckner, 2006). The findings of this study indicated that women perceived nurses as feeling both accepting (5 out of 9 participants) as well as hostile and resentful (4 out of 9 participants) towards doulas. This indicates that there is still a level of ambivalence towards the doula's role within the maternity care team. The most recent qualitative research to be done on this topic was conducted in Australia to investigate both doulas' and midwives' perspectives of the role of the doula (Stevens, Dahlen, Peters & Jackson, 2010). Their findings indicated that a 'broken maternity system' has prevented midwives from providing woman-centred care and that doulas are able to meet this 'need' through their supportive practices. The midwives indicated that they were concerned doulas were taking the caring aspects of their role from them. Despite this conflict, both doulas and midwives acknowledged a potential collaborative relationship.

It is suggested that these turf issues get resolved. One such approach, which has been attempted by a Canadian university involved in the training of health professionals, is a multidisciplinary approach to maternity care (Saxell, Harris & Elarer, 2009). Students provided positive evaluations of these programmes demonstrating the benefits of this kind of collaborative teaching environment. This kind of programme is useful in response to the fragmented health care system currently experienced throughout the States and Canada, and encourages maternity staff members to acknowledge and learn from the training of doulas in emphasizing communication and providing a cohesive, patient-centred care (Saxell et al., 2009). In Mexico, there have been recent efforts to train traditional midwives to provide labour support in State hospitals but this has also come with its associated challenges due to the midwives' unfamiliarity with the doula role (Smid et al., 2010). From their investigation it was clear that midwives view this new role as offering them considerable professional benefits and thus it is suggested that integration of midwives and doulas is necessary to improve maternity services in Mexico and worldwide.

An earlier study found that nurses, although expected to provide care and support for labouring women, spend only 12.4% of their time providing supportive care, which is well below what is expected of them (Gale, Fothergill-Bourbonnais &

Chamberlain, 2001). Their results included qualitative data from nurses who claimed there were barriers to providing support, which included lack of time and staff shortages. Maintaining control over the patients was found to be another element of the nurses' accounts, which is maintained through direct instruction and strict adherence to hospital procedures. The nurses' lack of emotional care and support, which doulas provide, has meant that these authors propose that nursing practice takes on a more supportive stance in light of the evidence for the benefits of doula care on a range of outcomes (Gale et al., 2001).

Benefits of doula support

The benefits of doula support have been well documented over the last 30 years with over 16 randomised controlled trials (RCTs), at least two meta-analyses (Scott, Berkowitz & Klaus, 1999; Zhang, Bernasko, Leybovich, Faths & Hatch, 1996) and a Cochrane library spanning over a decade of reviews (Hodnett 1995; Hodnett, Gates, Hofmeyr & Sakala, 2003, 2007, 2009). The Cochrane review includes 16 trials involving over 13 000 women demonstrating that those who received continuous support had shorter labours, needed less analgesia, were more likely to have spontaneous vaginal birth and reported more satisfaction with their experiences, as compared to women who received routine care in hospitals (Hodnett et al., 2009). Of these sixteen trials, I managed to obtain hard copies of a number of the RCTs which have taken place around the world in places such as Guatemala (Sosa et al., 1980; Klaus et al., 1986), South Africa (Chalmers, Wolman, Nikodem, Gulmezoglu & Hofmeyr, 1995; Hofmeyr et al., 1991; Nikodem, Nolte, Wolman, Gulmezoglu & Hofmeyr, 1998; Wolman, Chalmers, Hofmeyr & Nikodem, 1993), Mexico (Langer, Campero, Garcia & Reynoso, 1998), Botswana (Madi, Sandall, Bennett & MacLeod, 1999), the States (Campbell et al., 2006; Kennell et al., 1991; Hodnett et al., 2002; McGrath & Kennell, 2008) and Canada (Gagnon, Waghorn & Covell, 1997). From these and other studies, considerable evidence has been accumulated for the medical and emotional benefits for both mother and infant.

Medical benefits

The medical benefits include shortened duration of labour (Campbell et al., 2006; Sosa et al., 1980; Klaus et al., 1986; Kennell et al., 1991; Langer et al., 1998), reduced caesarean births (Dundek, 2005; Klaus et al., 1986; Kennell et al., 1991; Madi et al.,

1999; McGrath & Kennell, 2008; Van Zandt, Edwards & Jordan, 2005), and reduced need for medical interventions such as forceps, fetal monitoring and oxytocin stimulation (Gagnon et al., 1997; Hodnett et al., 2002; Kennell et al., 1991; Klaus et al., 1986; Madi et al., 1999), epidural analgesia and other pain relief (Gordon et al., 1999; Kennell et al., 1991; McGrath & Kennell, 2008). Doula support has now also more recently been proven to result in better breastfeeding outcomes (Campbell, Scott, Klaus & Falk, 2007; Hofmeyr et al., 1991; Langer et al., 1998; Newton, Chaudhuri, Grossman & Merewood, 2009; Nommsen-Rivers, 2009; Mottl-Santiago et al., 2008).

High obstetric intervention has been found to contribute to women's experience of birth as traumatic, which can sometimes lead to symptoms of post-traumatic stress disorder (Creedy, Shochet & Horsfall, 2000). These authors found that in particular emergency caesareans and intrusive obstetric interventions such as forceps, vacuum extraction as well as the use of analgesia to be the most related with trauma symptoms. Research shows that women having an emergency caesarean section are at greater risk (six times) of developing postnatal depression (Boyce & Todd, 1992). Women who received caesareans often comment afterwards that they were not advised as to why the procedure was decided upon by medical practitioners, leaving them feeling uninformed and confused postpartum and this is seen to reflect a general lack of concern for patients' consent when implementing medical interventions (Hillan, 1992). Even though procedures such as epidural are used to reduce pain, the labouring women still experience a certain amount of distress and there are also a number of physical and emotional side effects to this type of analgesia such as a dry mouth, trembling and nausea as well as feeling detached from the birth process (Simkin, 2003). Epidurals are also associated with a number of other disadvantages such as the need for an intravenous line, numbness in the legs which prevents women from getting up resulting in an inability to push during the second stage and prolonged labour (van Zandt et al., 2005). Epidurals also always pose a number of other medical risks including hypertension, respiratory arrest and headaches (Hofmeyr, 2005). There is a concern that mothers who undergo these invasive medical procedures and experience their birth as unpleasant may have feelings of low self-esteem and depression, impacting their relationship with their new infant (Kennell & McGrath, 1999). Some have proposed that these medical procedures, while establishing a remarkable decrease in infant mortality, are used due

to the assumption that birth is a pathologic condition which must be treated, undermining the women's body and her autonomy and diminishing her confidence (Hofmeyr et al., 1991).

Psychological benefits

Alongside the range of medical benefits, a number of studies have also documented the postpartum benefits of doula support for the mother as well as the mother-infant relationship. These are considered as psychological benefits in that they affect the way the mother perceives the birth experience and relates to her new infant. In a number of studies, mothers who received doula support reported having a more positive birth experience (Campbell et al., 2007; Gordon et al., 1999; Langer et al., 1998), felt a greater sense of control over their births (Langer et al., 1998), reported coping better (Gordon et al., 1999; Hofmeyr et al., 1991), and had lower anxiety and depression scores (Hofmeyr et al., 1991; Wolman et al., 1993) than mothers in control groups. The aboved mentioned 'sense of control' has been identified in the literature as one of the leading factors associated with a positive birth experience due to women's feelings of being involved in their own births (Waldenstrom, 1999). There is also an acknowledgement in the literature that although extensive evidence has demonstrated that a women's sense of perceived control is a contributing factor to her overall enjoyment of the birth experience, studies do not all conceptualise 'control' in the same way (Green & Baston, 2003). These authors embarked on a study aimed to piece apart this concept. Their findings indicate that women find feeling in control of their own behaviour, feeling in control during contractions and feeling in control over what maternity staff do as all contributing to a sense of psychological well-being.

These maternal outcomes all speak to the psychological benefits of doula support. Another important outcome of doula-assisted births is the quality of the mother-infant relationship postpartum. Studies have demonstrated that doula support results in more affectionate mother-infant interaction (Sosa et al., 1980) as well as greater maternal responsiveness and competence (McComish & Visger, 2009). In other studies, mothers who had doula support spent more time with their newborns, reported finding motherhood easy (Hofmeyr et al., 1991), and their babies less fussy (Manning-Orenstein, 1998) when compared to control groups. Mothers who received doula care also commented that they felt more attuned to their babies and felt they sensed their needs better than mothers who had not received support (Campbell et al.,

2007). All these factors are considered very important during the post-partum period in that they facilitate mother-infant bonding and attachment (Klaus & Kennell, 1982; McComish & Visger, 2009). This initial postpartum period is of great significance to the mother-infant relationship, as this time seems to impact on the mother's future relationship with her child (Klaus & Kennell, 1982). Thus it has been said that this sensitive period straight after birth "may have far-reaching and powerful psychological consequences" (Hofmeyr et al., 1991, p. 762).

A woman's experience of her birth has very important and long-lasting effects on her self-worth as a mother and a woman (Stern, Bruschiweiler-Stern & Freeland, 1998; Simkin, 1991). In some studies, support by a doula was reported to have a positive effect on women's perceptions of themselves due to their bodies' physical strength and performance (Campbell et al., 2007; Gordon et al., 1999). Doula support has been associated with a high degree of control and a sense of empowerment, which is associated with elevated maternal satisfaction and self-esteem (Campbell et al., 2007; Campero, Garcia, Diaz & Ortiz, 1998; Rosen, 2004; Schroeder & Bell, 2005; Scott et al., 1999).

Why support works

There is extensive evidence for the benefits of doula support but among all of this growing research, there are virtually no studies investigating *why* and *how* doula support produces these results. There are obviously important psychological processes involved and yet few studies have attempted to map these or provide any answers as to how these might work. Some authors hint at the reasons why support during labour helps, positing that it may be purely the knowledge of having someone present throughout the duration of labour that reduces anxiety in the expecting mother and other family members (Stein, Kennell & Fulcher, 2003). Doula support has also been compared to the midwifery concept of 'being with woman' in that its effectiveness can be attributed to the provision of an 'available human presence' while attending to the emotional, physical, psychological and spiritual needs of the labouring women (Hunter, 2002). This kind of emotional support, if understood in the same way as social support, provides a 'human factor' to the impersonal medicalized birthing process (Oakley, 1992).

Social support

The idea that social support can protect people from a wide variety of medical conditions was first brought to the attention of the medical profession in the early to mid 1970s (e.g. Cobb, 1976). In his review paper, Cobb (1976, p. 300) defines social support as “information leading the subject to believe that he is cared for and loved”, “that he is esteemed and valued” or “that he belongs to a network of communication and mutual obligation”. He likened it to what some might refer to as ‘emotional support’ and “emphasized that it is information rather than goods or services” (Cobb, 1976, p. 301). His review of the literature at that time indicated that social support has a protective function against a wide variety of ailments throughout the lifespan including pregnancy complications, low birth weight, arthritis, tuberculosis, alcoholism, depression, bereavement and other psychiatric illnesses (Cobb, 1976).

Since then, many others have acknowledged the importance of social support for psychosomatic health. In his review paper, Leavy (1983) compares some of the leading definitions of social support at that time. In particular the work of Caplan (1974, 1981) is referred to as adding a cognitive element to the emotional effects of social support as well as the notion of instrumental support, which involves the provision of tangible resources (as cited in Leavy, 1983). The work of House (1981) is highlighted as providing an integrated theory of social support whereby four support behaviours are identified (as cited in Leavy, 1983). These include a) *emotional support* such as trust, care and empathy; b) *instrumental support* such as help with work, lending money and joining others on difficult tasks; c) *informational support* such as giving advice, teaching and providing useful information; and d) *appraisal support*, which involves helping a person to evaluate their personal performance. These four categories, however, are not independent of one another and thus occur together and are interrelated (Leavy, 1983).

The complexity and multidimensional nature of social support has meant this concept has undergone many theoretical shifts and is constantly being revised (Callaghan & Morrissey, 1993; Haber, Cohen, Lucas & Baltes, 2007; Winemiller, Mitchell, Sutliff & Cline, 1993). The latest debates involve the question of what mechanisms are at play when social support helps to improve health (e.g. Orr, 2004) and what the relationship between received and perceived support is (e.g. Haber et al., 2007). It appears that research into social support is founded on two leading theories, the ‘buffer’ theory (Cobb, 1976) or Bowlby’s (1971) attachment theory (as cited in

Callaghan & Morrissey, 1993). To this day there is still huge amount of evidence demonstrating the effectiveness of social support for a variety of medical and psychological disorders including heart disease (e.g. Barth, Schneider & von Känel, 2010); cancer (for review see Nausheen, Gidron, Peveler & Moss-Morris, 2009); diabetes (see van Dam, 2005), HIV/AIDS (e.g. Hall, 1999) and schizophrenia (see Buchanan, 1995).

Social support during pregnancy has also long been investigated and although results vary, most studies demonstrate that overall social support is associated with improved pregnancy outcomes (Orr, 2004). The work on doulas thus serves as an extension of the social support literature. The ground-breaking work of Sosa et al. (1980) was the first to investigate the effects of social support on birthing and post-natal outcomes. The companionship offered by doulas is understood as *dyadic* support (Gottlieb, 1987). Thirty years after the first study, there is a considerable body of literature documenting the role and scope of practise of doulas and it is clear how their work entails some of the fundamental tenets of social support (Kayne et al., 2001; Klaus et al., 2002).

In her book, *Social Support and Motherhood*, Oakley refers to the need for research to be done that goes beyond the countless RCTs and studies showing that social support impacts positively on health, and to try to explain how and why we see these results. Studies suggest that support acts as a kind of buffer to stress, which has led to a number of studies investigating the relationship between stress and health outcomes (Oakley, 1992). In much the same way, there has been an attempt to provide a physiological rationale for why supporting a woman in labour works.

The most recent theory for why doula support reduces maternal anxiety has to do with recognition that females do not have the same ‘fight or flight’ response as males do to stressful events (Moses & Potter, 2008). These authors suggest that the new evidence for females “tend and befriend” protection strategy may be the reason behind the improvements to maternal outcomes following doula support (Moses & Potter, 2008, p. 59). According to this theory, during a stress response females will *tend* to their children to ensure their safety and *befriend* other females. Anxiety in labour increases the level of the catecholamines in the mother’s blood which inhibits uterine contractions and in turn slows labour and increases the need for medical interventions such as oxytocin use (Kayne et al., 2001; Lederman, Lederman, Work & McCann, 1978). The supportive, caring relationship a woman has with her doula may

be beneficial due to this 'tend and befriend' theory which counteracts the production of catecholamines and enables normal uterine contractile activity resulting in better obstetric outcomes (Kayne et al., 2001; Moses & Potter, 2008).

Doulas: A feminist perspective

With all these factors considered, the role of doulas in modern births has got to be acknowledged as highly beneficial in all domains of childbirth, both medical and psychological. But the doula's role has got socio-political dimensions to it as well. Just as midwifery and the natural childbirth movement was in the 1960s, contemporary feminist writers are now heralding doulas as the answer to the dehumanized birthing practices (Sauls, 2002) of the last century (Kitzinger, 2008; Manning-Orenstein, 1998; Morton, 2004). Thus it is thought that doulas are bringing back a women-centered, natural and egalitarian approach to birth that highlights female authoritative knowledge as important and valued (Davis-Floyd & Davis, 1996; Deitrick & Draves, 2008; Kitzinger, 2008; Morton, 2004).

Therefore, doulas can be seen to play a highly politicized and greatly needed role as intermediary between the mother and the medical system, creating greater advocacy on behalf of the labouring woman but also for impacting on a much deeper relationship, that of modern medicine and patriarchy. Feminist concerns about the increasing obstetric interventions at the expense of the woman's experience can now hopefully be allayed but future research is needed in order to explore this concept further (Walsh, 2004). Over 16 RCTs and other quantitative studies have explored the role of doulas. These have no doubt been very necessary and without them we would not know the clinical relevance of labour support. Feminist writers have also criticized medical research for ignoring women's experiences (Walsh, 2004). A more holistic understanding of doulas is needed and thus the experiences of doulas and mothers who have been supported by doulas need to be given preference over the typically quantitative methods that provide neat and un-textured descriptions.

Qualitative research

Since the first study in 1980, there have been very few investigating women's experiences of doula support. The first piece of research was done alongside quantitative investigations and included a RCT (Langer et al., 1998). The qualitative investigation explored women's perceptions of their experiences of doula care

compared to women who received no support during labour (Campero et al., 1998).

The intention of the researchers was to get a sense of the women's insights; a sense of what they had experienced; their perception of the relationships between themselves, the hospital staff and the doulas; as expressed in their own words. The specific questions they sought to answer were concerned with the women's perceptions of treatment by medical staff; their perceptions of medical information, routines and interventions; their labor experience and their self-perception during the process and their opinions about being in labor with a companion. Results of this study indicated that those women who received doula support perceived birth more positively as compared with women who received no support. The authors noted a number of themes in these women's accounts, which they concluded to be related to perceived level of control and participation in their own births. Women who had the support of a doula were better able to express their feelings and communicate their needs during the labour process. They felt more informed about medical procedures and experienced pain as more bearable because they were provided with breathing techniques and massaged through difficult contractions. They were also more informed about the progress of their labours and thus had a better sense of time, pain and dilation than women who laboured alone. This contributed to their feeling more aware of birth and gave them a sense of participation and self-esteem that was not evident in the non-supported group.

These findings were echoed in Hardin and Buckner's (2004) qualitative research, which investigated the characteristics of positive birth experiences of women who chose unmedicalized births. Seventeen participants were asked open-ended questions such as "*Will you tell me about your birth?*" "*What, to you, defines a positive birth?*" and "*Did you have a positive birth according to your definition?*" (Hardin & Buckner, 2004, p. 12). Results indicate that having social support, typically from a doula, was one of the main characteristics of a positive birth experience. Doulas are seen to come with a wealth of experience and thus provide knowledge, helping the labouring women to feel more in control of their labour. Women also found help with physical positions aided their level of comfort during labour.

There have been very few studies designed purposely to investigate the subjective experiences of doula support over the past thirty years. In 2005 a study was done looking specifically at teen mothers' experiences of doula support (Breedlove, 2005). It aimed at investigating the way teen mothers described the supportive

characteristics of the doula during pregnancy, labour, birth and early mothering; how doula support is different from other types of support and how that support is valued.

Results of this investigation demonstrated a number of characteristics of doula support that were perceived as helpful to young mothers. These included the sense of being provided with educational enrichment that was culturally specific and age appropriate. Teen mothers found the emotional and physical support provided by doulas to be very helpful and commented on their relationship-based caring, while considering the teenagers' present needs and possible future orientation. In this relationship, doulas acted as positive role models who responded to pregnancy and birth as a positive life experience, as compared to other maternity care providers.

One of the few other published qualitative studies was done in Sweden and used a phenomenological approach to investigate the experiences of women who received doula support (Berg & Terstad, 2006). Findings were that doula care was explained using the metaphor of a puzzle, where the doula is the necessary missing piece. A number of themes were extracted from interviews with mothers post-partum including the notion of the doula as "a mainstay, an experienced advisor, affirmer, mediator, fixer and accessible presence" (Berg & Terstad, 2006, p. 333).

To my knowledge, there are only three other papers that have been written using qualitative methods, which have looked directly at the *experience* of doula care. The first is an evaluation of a state-funded initiative that provided doula care to at-risk pregnant women, aimed at identifying key components of doula support that labouring women found to be effective (Deitrick & Draves, 2008). Interviews with doula clients formed part of this investigation, where questions were asked about their experience with the doula; what they did or did not like about the experience; how the doula-assisted birth was different from their prior experiences of non-doula births; what their partners, family and friends thought about the doula and whether they would use a doula again. The things women most appreciated ranged from simple comforts like handholding and water giving, to making eye contact and breathing techniques. The informational support doulas provide was found to be very helpful, as mothers commented that having their questions answered meant a lot to them. Findings demonstrated that the kind of care doulas offer can be likened to social support as described by Schaefer, Cayne, and Lazarus (1981) (as cited in Deitrick & Draves, 2008). It was thus concluded that doulas provide women with what they

really want, which is to be supported and mothered much the same as women were in ancient birthing practices.

There are two recent qualitative studies investigating the experiences of doula support. The first was published this year and comes out of Sweden again (Lundgren, 2010). Using a hermeneutic approach, the investigator came up with a number of themes generated out of interviews with women who received doula care during labour. These include the awareness that a doula fulfills both a human role and a professional role, which includes being a person who reconciles the mother's feelings of 'not knowing' by providing techniques to help her deal with birth. The support a doula provides was contrasted with the role of the midwife and found to be more helpful in that she is a 'human factor' that is constant and reassuring.

The second study (in press) looked in detail at the emotional support strategies used by doulas as described by Canadian doulas and mothers (Gilliland, 2010). Using a grounded theory methodology, interviews with 30 doulas and 10 mothers revealed that the emotional support provided by doulas is more complex and sophisticated than expected. Five out of the nine strategies that were distinguished were completely specific to doulas and were not viewed as similar to support provided by nurses or other care providers. These four strategies were described as mirroring, acceptance, reinforcing, reframing, and debriefing. Mothers in this study indicated that their experience of doula support was incredibly meaningful and contributed to their ability to cope with labour. Gilliland (2010, p. 3) suggests that these specialized support strategies "require experience at numerous births, reflection, a clear understanding of the mother's needs, and ultimately a deepening level of emotional intelligence and skill".

Other studies that were obtained from searching 'qualitative' doula research range in relevance to this study. Schroeder and Bell (2005) investigated the use of doulas in a very unusual setting, a women's prison. The project involved the development, implementation and evaluation of a pilot program offering trained doula support to incarcerated pregnant women who were to give birth while in jail. The incarcerated women's experiences of the doula support were explored as well as determining the doulas' and health care providers' satisfaction with the program. The doulas and other health care providers all rated the program as highly satisfactory commenting that the doulas remained calm and encouraging, acting as an advocate to the incarcerated women and providing excellent support. The inmates were also all

very satisfied with the doula support and felt they would recommend the program to other women. They commented that the doula was the only person who inmates had met prior to labour and that they remained a consistent and constant familiar presence throughout the birthing process. This qualitative investigation, although useful to a degree, did not investigate the subtleties of this role or try and extricate in-depth responses about doula support from their participants. Their main findings exemplified the life trajectories of women prisoners involving child abuse, violence, drug abuse and eventual loss of children.

McComish and Visger (2009) using the ethnographic method of participant observation sought to investigate various domains of postpartum doula care. Their specific aims were to establish whether doulas facilitate maternal responsiveness and competence in new mothers. Their sample included thirteen women and their infants as well as four postpartum doulas. Postpartum doulas as described in this study were those doulas who had met mothers prior to birth; were present throughout the birth, providing continuous support; and who made six home visits during the twelve weeks following birth as well as telephone support between visits. This is a very specific and specialised area of doula care, which only certain doulas provide and thus is of only partial relevance to the current study. Their results do, however, speak to the experiences of doula support and thus a short summary of their results is included.

Their investigation illustrated eleven domains of postpartum doula care: “emotional support, physical comfort, self-care, infant care, information, advocacy, referral, partner/father support, support mother/ father with infant, support mother/father with sibling care, and household organization” (McComish & Visger, 2009, p. 151). In terms of facilitating maternal responsiveness and competence, three major themes were extracted from mothers’ accounts. Resolution of infant feeding was an issue and concern for most women, who felt they needed help learning the ‘skill’ of breastfeeding. Doulas provided assistance by listening to their concerns and actively providing emotional and physical support. Doulas also helped with another key issue reported by mothers, that of integrating the new infant into the family. Here postpartum doulas helped mothers understand the developmental needs of their new infants, providing role-modelling and reinforcement when mothers were able to read their infants’ needs. The third area in which doulas were helpful was in supporting developmental care of the infant and attachment. Encouragement and support of the

parents and assurance of developmentally appropriate behaviour also facilitated these domains of early infant care.

From the above review of qualitative literature on doula support, it is clear to see how few studies there are compared to the quantitative studies demonstrating the various beneficial outcomes of doula care. The limited studies that have been done to investigate the *experience* of doula-supported births vary in their degree of relevance to the South African context. All of the above studies have been done in countries with particular approaches to childbirth, which may or may not be similar to South Africa. It has been suggested that studies investigating doula support must be interpreted in relation to the society and maternity care provided in that country (Rosen, 2004). In Mexico where Campero et al (1998) did their study, the state hospital system is typically quite medicalized, where there are around 400 births per month with the average stay of 24h after birth. As this study was done exclusively in this setting, it is thus not representative of all birth settings where a doula may be used. The Hardin and Buckner (2004) study done at the University of Alabama also included only women who had had a hospital birth. Both of the other studies done in the States (Breedlove, 2005; Deitrick & Draves, 2008) used participants whose births took place in hospitals. These studies were also particular in that the doulas used were trained volunteers and the studies were funded by a non-profit organization or the federal government, respectively. In Sweden, where doulas are not made available in hospitals and home births are not possible through the public health-care system, the experiences of doula care were noted as very specific to that setting and different to the rest of the world (Berg & Terstad, 2006; Lundgren, 2010). In the latter study, done in Sweden, the doulas had been employed by the state for the specific project in question and were thus not practicing, experienced doulas. The other studies, as stated previously, were done in specific settings such as prison (Shroeder & Bell, 2005) or done to investigate specific areas of the role such as postpartum doulas (McComish & Visger, 2009).

As with most qualitative research, the number of participants used in all of these studies is relatively small, with the lowest being nine (Lundgren, 2010) and the highest being 40 (Gilliland, 2010). This is not to say that qualitative research does not provide us with relevant and rich findings, but the results of these studies are simply not representative and can never be generalized to the entire population. Thus, any

qualitative investigation needs to be considered as relevant and valid only in the specific setting and amongst those specific participants that were investigated.

Due to the lack of studies in general and the fact that those that have been done provide results that are geographically and sample specific, there is certainly a need for further qualitative investigations. Further research is needed to investigate the role of doulas and more specifically in the South African setting, where the last studies on doulas were conducted two decades ago (Chalmers et al., 1995; Hofmeyr et al., 1991; Nikodem et al., 1998; Wolman et al., 1993). In particular, the current study can provide a picture of what the doula profession looks like in South Africa. There have been no descriptive studies done here before. Recently there has been some research done to investigate the level of acceptance of doulas in South African public hospitals (Brown, Hofmeyr, Nikodem, Smith & Garner, 2007). It seems from this pilot study that state hospitals are providing less than adequate care to patients and that doulas are not recognised and utilised. We know that there is a growing profession in South Africa but how are doulas perceived? Are expectant mothers aware of the role of doulas and the associated benefits? Who are the women that are practising as doulas? And what is their understanding of the work they do?

From the above review, it is expected that mothers and doulas will refer to the 'known' aspects of the role, the performed 'duties' or behaviours as described by Kayne et al (2001) and Klaus et al (2002). I also anticipate a fair amount of evidence for the often tricky negotiation of this role within the medical system (Gilliland, 2002; Ballen & Fulcher, 2006; Klein et al., 2009) and it will be interesting to see what kinds of things are said of this dynamic in the South African context. I assume that mothers will report that having a doula improved their birth experience and that they felt more confident having her by their side as this has also been demonstrated in the literature (Campbell et al., 2007; Campero et al., 1998; Hardin & Buckner, 2004). What is not clear from the literature, from both the quantitative and qualitative studies, is how the mechanism of support aids women's experiences of their births. There has been a small amount of research done to investigate the physiological impact of support (e.g. Kayne et al., 2001; Moses & Potter, 2008; Lederman et al., 1978) but it has been suggested that there needs to be further investigation into the nature and quality of the relationship between doula and patient (Campbell et al., 2007). This suggestion, and the relative lack of information about the notion of doula support as it is *experienced* have prompted the current research endeavor. Thus the current study was conducted

with the broad aim of investigating the nature of doula support, both what doulas do but also what is helpful and supportive about what they do. In order to narrow the focus and attempt to fill the gap in the current literature on doulas, this investigation has the following aims:

To describe and explore the role of doulas in South Africa with specific interest in

- a) The participants' subjective notions of the 'relationship' that is formed between doula and client(s)
- b) The reasons for why and how this relationship is so helpful

University of Cape Town

CHAPTER 3: METHOD

Design

Qualitative methods were used for this investigation as they are considered the most appropriate way of exploring people's lived experiences (Denzin & Lincoln, 1998). Within the paradigm of qualitative research, there is a rejection of the positivist scientific values such as objectivity and neutrality. Instead, qualitative methods aim to emphasize the role that subjectivity plays within psychological research (Tolman & Brydon-Miller, 2001). The 'objects' of enquiry are thus the subjective and partial notions provided through the stories of individuals. One advantage of qualitative research is its ability to document relatively unrestricted and sometimes undiscovered areas that may have been out of reach from a more rigid quantitative perspective (Marecek, Fine & Kidder, 1997). Thus, the lived experience of the participants, which is transmitted through language, is investigated to uncover the ways people construct and give meaning to their social realities.

Sample

The sample consisted of eight qualified doulas obtained from the website www.wombs.org.za, one trainee doula obtained through convenience sampling and one of the educators responsible for training doulas in South Africa, Irene Bourquin. The total number of listed doulas on www.wombs.org.za at the time of sampling was 41. Twenty-eight (68%) were identified as living in the general Cape Town area and were contacted via email to enquire after their participation in the study. Of those, 11 (39%) responded and eight (29%) finally agreed to be interviewed. Following contact with doulas, snowball sampling provided access to mothers and fathers who received doula care (Fink, 1995; Rea & Parker, 2005). The sample includes three women and three men who had received doula support during the birth of their children. Of these, the three women interviewed were all first-time mothers and one out of the three men was a first time father. The other two male participants had two children each. Within this sample, only two participants received doula support together as a couple. All participants reside in the general Cape Town area in the Western Cape.

The following table provides demographic details about the sample.

Table 1.1

| Number | Name | Age | Race | Resides | Role |
|--------|-----------|-----|----------------|---------------|---------------|
| 1 | Caitlyn | 27 | White | Muizenberg | Doula |
| 2 | Lana | 35 | Coloured | Ottery | Doula |
| 3 | Lorna | 61 | White | Tokai | Doula |
| 4 | Ruth | 29 | White/coloured | Red Hill | Doula |
| 5 | Christina | 42 | White | Bellville | Doula |
| 6 | Bronwyn | 35 | White | Somerset West | Doula |
| 7 | Lisa | 41 | White | Somerset West | Doula |
| 8 | Mandi | 48 | Black/African | Khayelitsha | Doula |
| 9 | Lynn | 57 | White | Simon's Town | Trainee doula |
| 10 | Irene | 67 | White | Somerset West | Doula trainer |
| 11 | Nicola | 27 | White | Zeekoevlei | Mother |
| 12 | Jane* | 35 | White | Claremont | Mother |
| 13 | Caron | 31 | White | Glencairn | Mother |
| 14 | Luke | | White | Glencairn | Father |
| 15 | Richard | 36 | White | Clifton | Father |
| 16 | Jason | 35 | White | Somerset West | Father |

* Participant requested for name not to appear and was given pseudonym

Data collection

Data collection was done using open-ended, semi-structured interviews. Initially each participant was asked “*what is/was your experience with doula care?*” or “*what is your experience of being a doula?*” Follow up questions were then used depending on what the participants said. Some examples of follow up questions can be found in the interview schedule (Appendix A). Interviews were open-ended and of varying lengths between 30 minutes and 1 hour.

Interviews are a useful method for conducting qualitative research as they provide an account of reality taken from the participants’ subjective experiences (Kvale & Brinkmann, 2009). In this way, interviews are epistemologically congruent with the non-positivist techniques of qualitative research, which abandons the notions of neutrality and objectivity to recognise the linguistic, narrative and contextual elements of knowledge (Kvale & Brinkmann, 2009).

Procedure

Following initial contact with participants where they were asked to take part in the study, arrangements were made in order to set up interviews. All initial contact was done through email with subsequent phone calls if necessary. Interviews were done in the participants' homes or in a mutually convenient location, either at my office at the UCT Child Guidance Clinic or at my home. The advantages of conducting interviews in participants' homes mean that they did not have to incur any costs in order to participate in the research and ensured their utmost level of comfort. Following contact with doulas, snowball sampling techniques were used in order to gain access to further participants. Thus, doulas were encouraged to contact previous clients to ask if they would participate in the study. Once the doulas had received confirmation of this from their clients, I then contacted them to request their participation. All recruitment strategies and interviews were conducted by myself. Before commencing interviews, participants were asked to read through and sign the consent form (Appendix B) and demographic information form (Appendix C) which requested their personal information as provided in Table 1. They were also given the option to have their names appear in the write-up or to have a pseudonym instead. Interviews were recorded by a digital sound recorder and transcribed. All transcriptions were saved digitally and are in my possession. The transcripts were then analysed as text.

Data Analysis

Thematic Analysis as described by Braun and Clarke (2006) was used in this investigation. The step-by-step guide these authors provide is based on the notion of thematic analysis as a method for identifying patterns with data. They make clear that these 'themes' do not *emerge* from the data in some kind of passive way but that it is the researcher's active engagement with and understanding of the data that results in the identification or selection of themes or patterns that seem interesting to him/her. Thus, this process is shaped by the subjectivity of the researcher. An important and necessary part of the selection process involves the recognition that each 'theme' provides some important information relevant to the research question or particular aims of the project and that a 'theme' reflects some kind of pattern within the data set.

The actual process of thematic analysis I undertook followed closely the practical, step-by-step guide of Braun and Clarke (2006). The initial stage involved *familiarizing with the data*, whereby I read and reread the transcribed material, initially to get a feel for what the entire data set looked and felt like, and then later to start coding and making notes as to what could be potential themes or patterns. As Riessman (2008) asserts, the procedure of familiarisation first began during the transcription process as I converted the audio material into text. The second phase of analysis according to Braun and Clarke (2006) involves *generating initial codes* which are basic ideas or segments of the data that seem relevant or interesting. I did this for each individual transcribed interview, making notes and coding by highlighting in different colours as I read and re-read the transcripts. Their third phase involves *searching for themes* by sorting codes into potential themes and then taking all the coded extracts and assembling them within each theme, which may involve combining different codes. Here, as prompted by Braun and Clarke (2006), I started to think about the relationships between each code as well as between the different themes, which may involve different levels or subthemes. This together with the fourth phase, *reviewing themes*, allows you to start making a thematic map, which may need to be represented diagrammatically. I used a spider diagram or mind map to illustrate the key themes generated out of asking the central research question and then tried to connect the main themes as well as define the various subthemes. From here, I followed the description of phase five, *defining and naming themes*, where I tried to understand what was of interest about each theme and why, in other words I tried to ascertain the ‘essence’ of each theme and how it related to the research questions. From this refinement I was able to name the various themes, defining them as separate ‘stories’ as well as parts of the overall ‘story’. This also entailed a fine-tuning of the thematic map as I had to narrow my selection of themes in order to provide focus and clarity. This involved condensing the number of themes from an five broad themes into three central themes. Following that, I began the final phase of writing or *producing the report*.

CHAPTER 4: ANALYSIS AND DISCUSSION

This investigation, although generally interested in the work of doulas and in the various aspects of the role and how it is experienced, is also seeking to answer the questions of ‘What is doula support?’ or ‘What is supportive about having a doula?’ The specific aims of this project as indicated in Chapter Two were selected deductively as an attempt to uncover particularly under-researched and undocumented aspects of the work of doulas. This research was thus specifically aimed to investigate the quality and nature of the *relationship* between doulas and their clients and which aspects of this are helpful to the process of birth.

The findings of this investigation are presented with these broadly defined research questions in mind. However, due to the thematic analytical approach taken to analyse the data, findings are presented in the following way. Themes selected were done so inductively or data-driven, meaning they are presented here purely because of their patterned reoccurrence in the data set and not solely theoretically driven or selected to specifically answer the research question(s).

The first section of this chapter provides a brief overview of the total dataset, which provides a ‘picture’ of doula support as communicated by participants. Following the initial reading and coding of the dataset, the thematic analysis was taken one step further. Themes were selected in order to categorise the work of doulas into three identifiable ‘classes’. These different categories divide the work of doulas according to *structural, professional and relational* elements.

Theme one maps the way the participants described the work of doulas in terms of structured elements such as time, availability and planning. Theme two goes on to describe specifically how participants spoke of doulas as professionals and this includes the expertise, experience and objectivity she brings to the birth experience. Theme three focuses on the participants’ experience of the *relationship* between doula and client(s) as well as the elements of doula support that is relational in nature. Each theme also contains a number of subthemes, which were all selected entirely inductively, as they appeared in the data set.

The dataset: An overview

Five themes emerged from an initial reading and coding of the data set. Themes were selected following a cursory reading of the participants’ accounts and categorised according to their patterned nature or their repeated occurrence in the dataset (Braun

& Clarke, 2006).

The first notion that participants frequently mentioned was the idea of the 'role' of the doula. Thus a fair amount of participants' responses referred to the way the doula 'fits in' to the narrative of their birth stories. This also had to do with how the participants viewed the doulas' function or purpose. Examples of this theme either contained the word 'role' or provided a more abstract description of the part the doula plays in the birth process.

This theme was extended in the second grouping of data, which included participants' responses that referred to the role of doulas in terms of dealings with the medical system. From the literature, we know that this is seen to be a critical aspect of their role and one that can create tension or collaboration (Gilliland, 2002). The participants in this study referred quite frequently to the doula's role as she operates within the medical system.

The third division within the data represented the various activities that doulas do that are found to be helpful. From the literature, it was clear that there are certain things that doulas always do and so it can be deduced that these things are what would be found helpful (Kayne et al., 2001; Klaus et al., 2002). These included physical comfort measures, words of encouragement and visualisation techniques.

The fourth major category that was selected refers to the way all participants mentioned the impact doulas have on the fathers or partners during birth. There was acknowledgement of the fact that doulas are able to provide a kind of support that male partners cannot but also how doulas aid and support the fathers as well. Research has shown that women desire the presence of their partners during birth and that their presence has some psychological benefits for them (Gungor & Beji, 2007; Morhason-Bello et al., 2008). Thus, women perceive their birth more positively when they have the support of their male partners (Gungor & Beji, 2007; Ip, 2000). Studies have shown, however, that partner support does not produce the same medically beneficial outcomes as doula support (Campbell et al., 2006; Gungor & Beji, 2007; Ip, 2000). It is clear that the work that doulas do is beneficial over and above the father or partner's presence.

The fifth and most complex thematic 'offering' is that of the quality and nature of the relationship between doula and client(s). While acknowledging the things that doulas do that help, as well as her role (within the medical system and in addition to the father), there is an element of the work of doulas that is relational in

nature.

Doulas are professionals and have particular aspects of their role dictated to them due to their training and the nature of their work. To a point, their role is mapped out for them. There are various ways in which doulas operate that can be considered supportive. These five broad themes stood out in that they encompassed the major narratives brought forth by participants but they can further be collated in order to provide an integrated analysis of the experience of doula support. There are in fact three main undercurrents that flow between these five ‘categories’ and which can be used to illustrate the supportive work of doulas. These undercurrents make manifest in a number of themes and can be seen to underpin the vast majority of participants’ utterances. They have been selected out of a thorough inspection of the thematic map and have been chosen as a means to streamline the analysis. Thus, the three themes that are underlying all elements of doula work can be broken down into structural, professional and relational notions. These will now be fleshed apart in the following analysis.

Theme one: The structural elements of doula support

The term ‘structural’ is used here to refer to the participants’ statements that speak to the various elements of doula support that ‘structure’ or ‘sculpt’ the relationship between doula and client(s). In other words, there are particularities about the doula’s job that construct the ‘space’ in which the relationship with clients can be developed. The support offered through ‘structure’ includes the doula’s time and availability as well as her ability to make suggestions and help plan the birth with parents.

This is the smallest theme in that less was said about it in comparison to the others. It may be that structural elements of support are less tangible or less emotionally arousing and thus easier forgotten or disregarded. Participants, nonetheless, frequently made mention of doulas’ commitment and availability as well as the immense dedication of time and planning that forms part of doula support.

Availability

The work that doulas do has a certain degree of structure to it, and participants communicated this in a variety of ways. One of the most striking ways that doulas impact on birth experiences is in their availability to the expecting couple. Unlike many medical practitioners, doulas conduct home visits to meet with clients. Often

clients will meet with a number of doulas before deciding on whom to employ. Jane, a new mother who had doula support for her birth, describes what this meant to her.

We met with Lana. She came to our house and I was just amazed that there was a professional person who was coming for like a trial visit, you know, she wasn't charging us anything, she wasn't, she didn't have any expectations. Jane

In this way, the doula's supportive role begins as early on as the pre-birth interview, both in the way she presents a non-threatening, caring professional and in the information she shares with the expecting couple. In this meeting they discuss a number of things including what the couple's hopes for their birth is and to discuss various birthing options (Gilliland, 2002; Klaus et al., 2002). This can be done at the couple's home or at the antenatal clinic of a state hospital. The doula's commentary on this part of their role demonstrates how important they view it in terms of educating the couple but also in terms of developing the trust, which will cement their supportive relationship.

...why I think it's very beneficial to meet with a doula before you go into labour, once or twice, if you feel it's necessary because it just gives you a lot of insight on what that woman needs as an individual, um, what she feels about how she would like her labour and birth to go, you know, and gives you a lot of insight of how to be at that particular, um, woman's labour and birth... Caitlyn

So for me, I'm finding the most important part of the work, is the education side of it in pregnancy...the pre-natal interview opens up a lot of trust and really makes them feel that their birth is a priority for you and that you take their wishes and needs seriously and I think that's where the sort of transformation happens. Ruth

For new mothers, the informational support that doulas offer begin at the pre-birth interview and this is beneficial beyond its didactic potential. It seems for the mothers, the pre-natal interview helps to alleviate possible anxiety that often occurs before the birth of a child, especially a first born.

...our first meeting was a very long relaxed meeting in our lounge where I felt, I was quite free to ask a lot of questions and I remember taking a lot of notes and she gave

us phone numbers and pamphlets and stuff. So it was a lot of sharing of information...

Jane

...just to be able to ask her a lot of advice, do we need to get this, everybody else recommends this, is this a good thing to get, not, um, so that was also really helpful...

Nikki

Naomi Wolf in her book *Misconceptions* writes about the barrage of lies and misrepresentations that are conveyed to expecting and new mothers (Wolf, 2002). She confesses how difficult it was for her on her own journey to motherhood as family and friends often provide conflicting and confusing information around pregnancy and birth. It seems then that these participants find solace in the doula's ability to answer questions about birth that can help them prepare mentally and physically for the event.

Time

The doula's supportive role begins before birth, when she meets the expecting couple. Another example of how the doula's availability is experienced as supportive is in terms of the time spent with the couple before and during birth. A doula is on call 24 hrs a day around the time of her client's due-date and makes herself available to attend to the labouring woman from the very first contraction. This is contrasted to other medical practitioners who often do not involve themselves until labour is more advanced.

*So, it must have been eight/nine o'clock, they [contractions] were definitely happening more closely together and it was sore, I couldn't ignore these any longer and there was no ways I could sleep and I think it was close to ten I said to Greg I think this is when we call the doula, like Sandy's not interested medically yet but I think this is what the doula is all about. **Jane***

*Ruth was fantastic because she, um, well first of all, she comes whenever you want her to. Cause the thing with the midwives is that they... they come quite late, usually when you're about five centimetres... and by the time Sandy actually came, okay, and I thought maybe it was because she knew Ruth was here, and I think that is just their role. They're more medical as opposed to like being there for the mother... **Caron***

Another way in which doulas are compared to medical staff is that they are seen to provide a more consistent and constant care (Gilliland, 2002). The literature on doulas all refers to the fact that doulas provide continuous support during labour (Hodnett et al., 2009). A meta-analysis done by Scott et al. (1999) included five clinical trials investigating continuous support as compared to six trials in which support was intermittent. The results of the meta-analysis indicated that the intermittent support did not provide the kinds of benefits like that of continuous support. Thus, the constant presence of the doula is integral to her role. Mothers have a sense that there is somebody by their side throughout the birth process, while medical staff are often involved with a range of other checks and procedures that divide their attention away from the mother. These two participants, a mother and father, who received doula support, express this.

...she was very close and very constant in the whole thing. The midwife less so... she was like a medical person and she was quite removed and was writing things down and whatever whereas Lana was, as I said, this presence... **Jane**

...the other thing is she's there the whole time. You know, the nurses, they're in and out. She's there, you've got a problem and she's there, that was great... **Richard**

It is not without understanding that these kinds of comparisons are made. It is clear that there are ways that medical staff are looked at unfavourably when compared to doulas. In the below comment this doula indicates that she has a poor opinion of hospital staff when she admits that 'even' home birthing midwives cannot do the work that doulas do. The reasons she gives for this indicate her awareness of the conditions under which medical staff have to work that doulas do not have, which often entails medical checks and safety protocols.

...even home birthing midwives have, because of the medical protocols that they have to stick to and the relationship that they have to maintain with the backup hospital, they can't be there for you a hundred percent, throughout that entire experience...

Ruth

It appears that doula clients were able to excuse the medical staff's lack of care for them. Explanation as to why medical practitioners provide less care or are more concerned with medical checks was sometimes offered and an acknowledgement that a lack of time was to blame (Ballen & Fulcher, 2006; Gale et al., 2001; Gilliland, 2002).

...the midwives and nurses don't have, they don't have the time to, to give you that kind of attention, they don't. Caron

And you know the nurses, while fantastic, they don't have time for you, because there's other people in desperate agony. Richard

Planning

Another structural element of doula support is the doula's help in planning, both before and during birth. One of her jobs is to discuss possible birth plans with the expecting couple in order to prepare them for the birth and to help them come to terms with the options available to them. This could be likened to one of the major categories of social support, defined by House (1981) as *instrumental support* (as cited in Leavy, 1983). This aspect of the role is very helpful, as indicated by the mother's comments below.

... [she] sent us an email with a whole lot of information about, ja, what it is that she does exactly and also then just recommending what sort of questions to answer with regards with a birth plan and like what we, what we should have decided like before we get to the hospital kind of thing ... and we went through the birth plan and the things that, you know, we weren't sure how to answer. Um, so ja, she's like, just a good all round type, not just focused on popping the baby out... Nikki

Doulas don't just help their clients to plan their births, they also make their own unique preparations that help to make the birth experience as comfortable and supportive as possible. One of the ways doulas do this is by creating a comfortable birth environment. Together with the kind words a doula uses, the ways in which she helps to create a safe space and pleasant atmosphere in the birthing environment also aids the birth process (Kayne et al., 2001). Whether at home or in the hospital setting, doulas are trained to always try and create the most pleasant birth environment for the

labouring woman (Klaus et al., 2002). The doulas in the sample refer to some of the methods they use to do this.

*I put music on, I put some on in the background, and after they say the music was lovely. **Lorna***

*I also use lavender oil which sometimes I mix with a cream or I just place a few drops on the pillow or around the bed so that we can change the smell of the labour ward. You know because sometimes it's just surgical spirits or cleaning products that they use to disinfect and it's not nice. **Christina***

This is recognised as very helpful and supportive by mothers, as is evident in the following extract.

*...and Lana just created the most amazing vibe in the house...the experience was just a very, very special intimate meaningful experience and I really believe that Lana had a lot to do with creating the right environment and to let me go through that... **Jane***

For mothers like Jane, the doula's planning means that she doesn't have to worry about anything and can concentrate on her labour. The doula always thinks about what would make the best possible birthing environment for her client and tries to create that to the best of her ability. In the hospital system, it is less easy to change the birthing environment and often doulas' attempts are challenged by other medical staff. The below quote epitomises the kinds of challenges that impede doulas' planned activities.

*...and we went in and we turned down all the lights in the ward, and then the nurses would come and turn them on and we'd turn them off again... **Lorna***

This both exemplifies the doula's commitment to creating the best birthing environment for her client and demonstrates the kind of animosity or conflict that can occur between maternity care providers. The doula has a number of useful techniques and provides her clients with a great service but she is constantly reminded of her role within the medical system, as a non-medical professional. The following theme looks at this aspect of her role and at the various professional elements of doula support.

Theme two: Professional qualities of doula support

The work of doulas, although ancient and primal, has recently been professionalized in industrialized countries. Since the first RCT in Guatemala, the role of birth companion has been formalized in North America through the organization DONA and in South Africa through WOMBS and DOSA. With this, a professional ethos informs the training and practice of doulas and forms a vital part of their role. The participants in this study referred frequently to this aspect of the role and to the ways in which doulas conduct themselves professionally in all of their duties. The professionalism of doula support entails the expertise and experience doulas bring to birth; their knowledge and training; as well as their identity as a neutral and objective third-party.

Neutrality

In South Africa, doulas are either hired privately, employed on a regular basis by hospitals or volunteer pro-bono. This means that their support is mostly provided to people who they do not know personally. Although the pre-birth interview allows doulas to get to know their clients before the birth, the relationship is still one of expert-client where the doula's neutrality and objectivity offers her client unbiased and sound professional support. This aspect of the role is something doulas have to actively manage when working with clients, as demonstrated by this doula trainee's account.

It's a very subtle point, how to support the mother and to keep her relaxed so the doula has to keep her own biases and preferences completely out of the situation...

Lynn

One of the fathers explained the benefit of this from his perspective,

I think the key thing is, the doula must come across almost as a neutral party, so they mustn't try and dominate the environment, must be a neutral party in the interests of the wife and that was the approach that Bronwyn followed with us and I thought that was brilliant... **Jason**

It appears from these accounts, that both clients and doulas recognise the need for doulas' neutrality. The father's concern of the doula as a dominating figure is understandable given the delicate and intimate experience of birth. Couples employing doulas require their neutrality as well as their experience and expertise. The following subtheme represents the varied ways participants spoke of doulas' skills, the way she provides a particular kind of knowledge around birth that is experienced as supportive.

Experience and knowledge

Typically participants referred to the various ways in which doulas employ their particular set of skills that is both helpful and supportive during birth. The following two statements, both from fathers, indicate the importance they place on the doula's professional status in terms of the experience she has with birth.

*...and what she is, is a voice of experience... **Richard***

*...she's the experience, she guides you through it, she helps keep you focused... **Jason***

For most couples, birth is a bewildering experience and thus having someone who is able to pass on their knowledge and experience is highly supportive. Going back to Cobb's (1976) definition of social support, it is clear that information can act as a powerfully supportive tool. Irene Bourquin, the doula trainer in the Western Cape, explains this concept further, indicating that it is the knowledge doulas require from their training that allows them to provide this kind of support.

*I think it's knowledge, they're knowledgeable...um, so they feel confident... there sits somebody who's, who's caring, who knows enough about the birth to know how the mother is progressing because, the file when they're studying, I mean it's very current, and they know the hormones that affect birth, so they'll know how to make those hormones work. **Irene***

She refers to the fact that doulas are knowledgeable, which is particularly reassuring for the expecting mother and father (Klaus et al., 2002). This aspect of their professional status is further pieced apart by these two doulas, who view the knowledge and expertise they bring to the relationship with their clients as an added

benefit over and above the care. What they seem to be trying to get across, is that the caring role that doulas perform is one that any woman could perform yet the knowledge and experience of a trained doula provides an added benefit. It is interesting to note the gendered concept of 'care' in terms of an assumption that women have an innate capacity to care, a concept that has recently been questioned in the literature (Hollway, 2006).

*Well I think being a doula is something that, um, I think that any woman can be a support to another woman in labour. I think training as a doula, um, helps to be well informed in ways that sort of lay women are not necessarily, but what I'm trying to say is that the heart space is definitely possible for any woman to be able to fill that role of support to a labouring woman. Um, I think the informative role that the trained doula plays, is valuable on top of that. **Caitlyn***

*It's like having a friend, who knows. **Lisa***

One of the other ways a doula's knowledge and experience is found to be supportive results from her insight into the process of birth and her level of preparedness. These two comments below, from a mother and father, refer to the benefit of having someone who knows what to expect, who knows 'the next step'. Having someone with experience and knowledge of birth thus helps both mothers and fathers to feel more relaxed (Klaus et al., 2002).

*I think that was, ja, the most incredible part, is how she seemed to, she seemed to, ja, she knew what was coming, hey, she knew what the next step was... she could preempt where it was going to be sore and how to make me more comfortable and where to rub my back and which positions, like, just to change my position the whole time to try and make it more comfortable for me. **Nikki***

*Bronwyn's like I think we should do the ball and I think we should do this. And what she is, is a voice of experience. That's really was she is, she's just like, you know, try this technique, try that technique... **Richard***

Doulas' training involves gaining experience and knowledge about birth through observations at real births as well as learning of a large amount of technical and

theoretical information, which is all research-based (I. Bourquin, personal communication, 7 May, 2010). Their training involves a cursory knowledge of obstetric interventions and procedures, thus allowing them to inform and educate their clients as to their options as well as informing them about alternatives to hospital or obstetric care such as homebirths with private midwives (I. Bourquin, personal communication, 7 May, 2010). Regardless of a couple's choice, the doula is required to remain within her scope of practice, as described below.

They're not allowed to do any nursing techniques, they do what's called CPR and TLC - Care, Praise and Reassure; Touch, Listen and Communicate. They never step out of their field of expertise, and their expertise is caring, is on all the non-pharmacological forms of pain relief from massage to creating a safe environment for the mother, and the father. Irene

It is clear that doulas' work involves non-medical caring of a variety of forms. They are clearly not engaging in medical tasks or have any part to play in the medicalised aspects of birth (Lantz et al., 2005). However, their knowledge about medical procedures informs their role as they use this to provide informational support to their clients (Kayne et al., 2001).

Informational support

One of the key components of doula support as it is prescribed in the literature is the provision of information and advice (Kayne et al., 2001). Thus, part of her role entails educating the mother and father about the medical and hospital procedures, as well as translating medical jargon used by medical practitioners. This begins as early as the pre-birth interview as described by these two doulas, the first who is employed fulltime at a state hospital.

I go to the clinic and I explain to them everything about labour, what is labour, when you are in labour what you must expect. Mandi

You go for an interview, you ask them what they're interested in, you discuss their choices. If they're not sure of things, you tell them to read certain things and you basically get information of where they're going to have the baby and if you can see

that there're gaps you give them information to support them in being prepared.

Lynn

Participants frequently referred to the usefulness and helpfulness of this aspect of the role. The following extracts from two of the fathers provides evidence for the supportive qualities of the doulas' informational support.

*...why it was so good was because she kind of gave you insight into what was happening, what was going to happen... **Richard***

*...what was also nice is she kept Debbie informed on what was going on but not from what the doctor said or the nurse said, from really, you know, this is actually the situation you're sitting with, if you dilate more now this is what's going to happen and to her credit she almost chartered the route...it's nice to have someone who's not linked in with, getting paid by the hospital to say to you okay what they're saying is the following. **Jason***

This last quote indicates how the information provided by the doula is privileged over that which is provided by the medical staff. The professional qualities of the doula, as a privately employed supporter, allows this particular participant to trust in the doula's words over that of the medical staff. The doulas in the sample also refer to the usefulness of providing informational support.

*...what I find helpful is to say to them well this is what's going to happen when you're in labour, and this is what's going to happen when you get there and this is how they're going to, this is going to happen every four hours and this is what's going to happen when the baby's born... **Ruth***

In order for this aspect of their role to be conducted, doulas need to always listen, consider and respect the wishes of the medical staff. Some of the doulas indicated that in order to carry out their role of informant they need to comply with doctors and encourage their clients to listen to the doctors' advice (Gilliland, 2002).

We certainly can give them information, talking her through what's happening and explaining her options and help them to make an informed decision ... before the

*doctor comes explain to her exactly how the pushing's going to work, what she must do, what she mustn't do, how she must listen, you know, cause he can see what's going on, if, to prevent any unnecessary tearing and stuff like that. **Bronwyn***

*I'm there, at the top of the head always, very careful to take instructions from the doctor and not to change any instructions that they get, um, but saying that we've normally practiced before hand what will happen... **Lisa***

A threatened identity

Although doulas have a professional status and are working within their scope of practise, their position as non-medical carers are sometimes met with ambivalence and hostility from medical staff (Ballen & Fulcher, 2006; Gilliland, 2002; Stevens et al., 2010). This may be due to nurses' or doctors' misconceptions and thus doulas have to inform their clients of possible difficulties with medical staff.

*Debbie wrote a long letter to her gynaecologist, Irene who told us about Bronwyn, had said to us prep [doctors name] because he has a history as a gynaecologist of not liking doulas so Debbie wrote a long letter to him saying 'this is what I want done. If you don't like any of this, I'll move gynaecologists'. **Jason***

For some, this hostility is anxiety provoking. One of the doula participants describes how she felt when she first went to work at a hospital. The below quote also demonstrates how doulas may have preconceptions about hospital staff that could also be contributing to this tension.

*...and for me it was very scary to actually go into the hospital setting just because I knew that hospitals, generally mothers, 'cause of seeing the moms coming with their babies afterwards, their experiences some of them are less than fantastic, so just knowing how staff can be, so ja I must say I was quite apprehensive and nervous, hoping that the staff will accept my presence, cause that was a big thing because I was only like the third or fourth batch of doulas being trained. **Lana***

There is also a sense of having to acknowledge that certain members of staff or certain hospitals will be more apprehensive about doulas than others.

*For me it was the first time that I was going to this hospital, so they didn't know me so this was the first, so some of them are very against it or they are not happy to have doulas at the hospital. So ja as a doula we have to adapt to what are the things that we can do in the specific places because not in all the hospitals that we go, are we allowed to do the things that we can do...there was a lot of negative energy and it's like trying to fight against the system which sometimes is not good. **Christina***

*So, you know, it's a bit difficult but generally I find that it's, so there's some places I don't like working and some places I do like working. Those that I do are where I feel accepted. **Lorna***

From these last few quotes it is evident that doulas' professional status has not always been esteemed. The professional doula has only been working in the South African hospital system for the last decade or so and this means that those first trainees experienced greater difficulties being accepted by medical staff. Participants provided reasons as to why such animosity should be present. Unfamiliarity with doulas was given frequently as a reason for doctors' hostility and from the doula's perspective; one explanation was that midwives' envy of the role of doulas was to blame.

*Debbie had said 'this is the guy for us, he's the one', um, the gynaecologist was, um, a bit sort of weary, a bit sort of arms length with the doula, which I think is a case of non-familiarity. I really think if there's more people using doulas then I think it would be a whole other ball game. **Jason***

*Initially, in South Africa when it first started with doulas, and in some hospitals there still is a hostility, I think because doulas, because midwives are dead envious of doulas, because why they trained as midwives was to care for women but they're just too busy, they have too much to do. **Irene***

It seems that there is still some hostility felt from certain medical practitioners. However, some doulas also commented on their experience of a more collaborative and healthy working environment, where all maternity care providers can work together and doulas are accepted as part of the maternity team (Gilliland, 2002).

...nowadays when the staff see the mother has a doula they expect that mother is willing to try really hard for a natural birth so they sort of allow me the space to like get her off the bed, get her mobile and walking and all of that, so it's become a lot easier... Lana

...they're very pleased when we rock in and there's a birth going on and we just step in and we're there and we're talking to the mother and she can get on with what she has to do and we can get on with what we do... Lorna

Doulas should be part of the maternity team, they should be welcomed as part of the maternity team, cause at least the midwives can go and have a cup of tea, because there sits somebody who's, who's caring, who knows enough about the birth to know how the mother is progressing. Irene

From these last few quotes it is clear that as medical staff recognise the doula's role, so do they begin to realise the benefits for their patients and themselves. The doula profession is marked by a number of activities and supportive strategies such as positioning and breathing. In order for these to be applied, hospital staff need to allow doulas to do things that they may have not been trained in. Thus doulas and nursing staff have to find ways to complement each other in providing the best care for labouring women. The above quotes seem to indicate that this has been taking place.

Husbands or male partners may also be unconvinced of the benefits of the doula or may have misconceptions about the role of doula. Since the 1970s men have become more involved in the birth process and have been the expected birth companions to their female partners. Understandably then, there may be doubt as to why it is necessary to have another individual in the supportive role. Although the work of doulas is undoubtedly beneficial to labouring women, there is still some confusion around the doula's role. These two participants, a father and doula demonstrate this.

I think sometimes a husband could be like "I understand the doctor's here for this and I understand the nurse is here for this but the doula, you're like my mother in law, leave". Jason

I mean obviously there's been dads who in the beginning have been a bit sceptical, "a doula, a what?", "but there's already a nurse". **Lisa**

Given the suspicion and hostility around the role of doulas, it is of greater importance to gain insight into their work, as it is experienced by individuals. The following subtheme highlights the benefits of the professional doula over and above the supportive male partner.

Doing what the partner couldn't

Although there is acknowledgement in the doula literature that the doula's supportive qualities are beneficial in ways that male partners cannot be, there has been no attempt to explore the way this is experienced. Thus far, there has been no qualitative research done to investigate this phenomenon. This subtheme thus sheds light on this through the subjective accounts of the participants. From the below quotes it is clear that many of the participants communicated how a woman's partner could not have done what the doula could do for the women in labour. The reasons they give for this differ, however. There is the acknowledgement that birth is a very difficult and overwhelming process that a man can never be fully prepared for. The doula's status as professional is considered to be what gives her the added ability to cope with birth due to her experience in the field. The following extracts, taken from the participants who are mothers and fathers, demonstrates this.

You think that your husband can be there for you for all of that but it, like, nobody can be there like that, um, and especially when um, ja, when she knew so much. Like I think my poor husband would've been completely overwhelmed with a lot of it, wouldn't have known what to do, wouldn't have known, like, you know, seeing somebody in complete agony, is like actually quite a difficult thing to deal with...

Nikki

There was no ways Grant could've known 'cause I didn't even know that it was soothing and relieving 'til she did it, like I would never have told Grant to do those things so she really, you know, is a professional in that aspect. **Jane**

...she has either been through natural birth or been through the birth process or been at test cases or other cases where she's had natural birth so she had a, she has

experience, she brings experience to the fore where um, I certainly knew that that birth that was occurring in front of me was certainly the first time I'm seeing it so I was a bit like okay, I'll just take it as it comes (laughs). **Jason**

The next three quotes refer to the doulas' acknowledgement that the reason men find it difficult is because of their emotional investment or connection with the labouring woman. It is communicated that this means he is unable to be objective and make clear decisions. When the doula is present and offers her professional support and advice, it leaves that space for the father to connect with his female partner emotionally without worrying about having to take away her pain or make decisions about what is best for her (Klaus et al., 2002). The objectivity that the doula provides is thus due to her status as professional.

It's hard to be a labour coach and somebody's loving partner, it really is. **Irene**

I think it's because she knew that, because I've had other experiences at being at other labours, so I know what she's, like you know, because she was becoming quite like anxious and frantic and all over the place and for him, he couldn't hold her in that space because of not ever having been at a birth and because it's someone who he has an emotional investment in. **Lana**

...it gives them the chance to be emotionally involved rather than objectively involved. Having to see it and then be responsible is very hard whereas if you can just leave them to be emotionally involved and to have them cuddle each other and to be together, so that he feels that he's part of it, and that he's doing something by actually being there for her to hang on to, and she says oh that's so much better when he rubs her back, it does a lot for a father. **Lorna**

From the doula's accounts it is clear how having a professional doula takes the pressure off men from having to provide all the support to their labouring partners. The doula's role is not intended to replace the emotional support a loving partner provides. However, her professional qualities such as experience, knowledge and a variety of other supportive techniques are beneficial beyond what a male partner is capable of. The male participants referred to the ways in which doulas are there to

provide the support the man may wish to provide but may not be able to due to the fact that he's forgotten or is inexperienced. They are thus comforted by the fact that they know their female partners are being taken care of by knowledgeable professionals.

*...you just feel more comfortable cause you know it's cool, it's taken care of. The whole way through is like, if you like, I don't know if you forget some kind of massage technique or something then the doula is there, you know. And that's the thing; you can just enjoy the experience really. **Luke***

*...she certainly had a calming effect on me. Um, because um, in a way, I kind of like the whole time was saying in my head okay come on she knows what's going to happen... **Jason***

The theme of a doula as a professional, as being able to provide the kind of support that not even loving male partners can, indicates the importance of this role for labouring women. In this next theme further techniques of doula support are expanded on and the quality of the doula's relationship with her clients is conveyed.

Theme three: The relationship

Throughout the thirty years of research, both quantitative and qualitative, no research endeavour has been done to specifically investigate the nature and quality of the relationship between doula and client. The results of one study hinted at the way teen mothers perceived doula support to be helpful in that it revolved around relationship-based caring (Breedlove, 2005). However, this was not explored further. Of course, any study would be indirectly acknowledging and referring to aspects of the relationship but this is the first to purposefully dedicate an entire analytical theme to illustrating the intricate interaction between doula and client(s) as it is experienced.

The special qualities of a doula

From previous themes it is clear how doulas conduct themselves in a professional manner, putting their own personal biases aside in order to care for their clients, which entails being sensitive and responsive to their client's needs (Klaus et al.,

2002). This particular subtheme looks at the way doulas are described by participants. What is clear is that across individuals doulas are perceived extremely positively.

*She just came across as a really caring, understanding person and spoke really passionately about doulaing [sic] and what, you know, how much it meant to her, like never mind that it was just a job for her, you could see it wasn't just a job for her. This was something that she's really passionate about. **Nikki***

*...she's a hell of a nice person... **Jane***

*... she's very softly softly, which is an amazing attribute... **Richard***

*...the doulas who work in those state hospitals and walk in and are supporting those women are nothing short of ministering angels... **Lynn***

*...they are incredibly positive women... **Irene***

Some of the doulas also described their own personal attributes that they feel they bring to the role.

*I'm a very non-judgemental, common-sense doula... **Lisa***

*I have a feeling of calmness I think, and a peacefulness about me... **Caitlyn***

*...she said to me afterwards, you have a gift and I thought well do I have a gift, you know, so I do, I enjoy being able to really relate to my mothers and be part of their being, almost... **Lorna***

From these accounts but also from my experience as interviewer, I have recognised how doulas come across as being incredibly special and unique women who really enjoy and take pride in their work. Earlier research has demonstrated how a doula's personality characteristics influence their effectiveness (Chalmers et al., 1995). It seems that being a doula requires particular personal attributes that can only be described in positive terms. Not a single participant had a negative or even neutral comment to make about their experiences of doulas. It is with these personal qualities

that doulas are able to foster and develop meaningful and lasting relationships with their clients. It is through these relationships that doulas are able to provide the care and support needed for this complex role. As one participant said,

...it's a psychological role, spiritual, physical, it's every role... **Irene**

There is recognition that the role entails a particular kind of care that has been described in the literature as support but even the notion of social support is a complex concept with multiple definitions (Oakley, 1992). One participant offered her explanation:

...well, it's very difficult to say what a doula does 'cause how do you actually tell someone what support is...this is why it's such a difficult, it's such a difficult area to talk about because it's about a person, it's about a human being... **Lynn**

An integral part of the process

One of the other ways in which participants described doulas is in terms of being an integral and life-saving element that they felt they wouldn't have coped without. This reiterates what has been found in an earlier qualitative investigation that found participants' descriptions of doulas to represent the missing piece of a metaphorical puzzle (Berg & Terstad, 2006). From the present investigation, participants' accounts depict the doula as being integral to the process of birth and in some extremes, integral to their survival.

...without the doula I wouldn't have done it, she was a lifesaver for me, completely and utterly... **Nikki**

She's just really, she's just really supportive, um, and comforting and I don't know. I wouldn't, I wouldn't do it without her, I don't think. **Caron**

Doulas also referred to having to encourage their clients during birth when they felt they couldn't make it. Some experienced labouring women who felt they would die. There is the recognition that labour can feel so overwhelming for women that they feel they are not able to cope, yet doulas' encouraging words can help them to believe in themselves.

*She kept on saying no I'm going to die, I'm going to die, no I have to tell her that no you're not going to die, this is normal, and this pain is normal, you are going to survive. **Mandi***

*And afterwards and you meet them, and then they tell you ah I couldn't have done it without you, because a lot of woman just say, I just thought I couldn't and every time you told me I can, then I felt I could, you know. **Bronwyn***

*It's their own internal praise as the same time as believing in themselves, so they think they can do things they didn't think was possible. **Lisa***

*They just don't think they can do it. And to take a mother through when she says she can't do this anymore, you say look you can, just know that you can. **Lorna***

A constant and reassuring presence

From those receiving doula support, it seems that the doula 'just being there' provides assistance to the mother and father. This notion can be likened to the midwifery concept of *being with woman* described by Hunter (2002) as the provision of emotionally and psychologically supportive presence. The following quotes provide examples of the way participants described this aspect of the role:

*...she was an incredibly reassuring, comforting presence. She was a real presence in the house...and she just kept on encouraging me and encouraging Grant ... **Jane***

*...just having Ruth there was really reassuring and comforting...she's just really, she's just really supportive, um, and comforting...and just Luke said he would just look at Ruth and it would be quite reassuring, 'ok, it's cool, this is normal, nothing's wrong, you know' ...**Caron***

From what the participants communicated, the presence of the doula is also reassuring for fathers, as they seem to benefit from having a companion to share the experience with.

*They make it that much easier for the other person, you know, for the husband or the partner in the room to just try and relax as well. **Nikki***

*...they're there for the mother but they also really help the father and they just make the whole thing easier, you know. **Caron***

*The fact that the woman is supported means the father is supported because I think there's a natural tendency of a man to protect a woman, you know. **Richard***

*...she certainly had a calming effect on me. Um, because um, in a way, I kind of like the whole time was saying in my head okay come on she knows what's going to happen... **Jason***

Doulas also acknowledge how fathers need to be supported as well, and that it is very important to consider his needs and how best to support and empower him through the process.

*I had to do quite a bit of motivating for him and encouraging him and telling him it's fine, you know, and explaining everything to him. **Bronwyn***

*And I think that's another role that a doula can take on in a very strong way, is just being a facilitator for the male, the man to really also feel empowered and be a part of his baby's process, and his wife's process. I think it's a very, I think holding on to, that supporting the men is really important. **Caitlyn***

The doulas described the benefits of their reassuring and comforting presence in a variety of ways:

*I remember one time the other lady didn't even want me to move. She kept on asking me, please don't go away, just stay next to me, don't go. So that means there's something, she feels something, at least when someone is next to her... she feels like there's something is not so bad... **Mandi***

*...it's about emotional connection, physical connection...women want to be seen, recognised and obviously supported and that is what I've been doing... **Christina***

*...it was just having that someone there to keep her going... **Lana***

I think the main thing is it gives people a belief in themselves... Lisa

I think it's very important that the woman choosing her doula, finds somebody that she can really feel that she can be anything with, anything to and behave in any way and be however she needs to be... Caitlyn

...it is so about support and creating an environment for woman, that the whole very vulnerable experience of giving birth, is held, and that she can just tap into what it is that she needs to tap into in order to bring forth this life...often they do really really well there, on their own, and it's just a sense of security having you around... Ruth

Thus it is clear from the above remarks that each doula may see her role differently and may view particular aspects as providing comfort and reassurance. While some referred to the emotional and physical support that doulas provide, others consider the way that the doula provides a coach-like presence, in encouraging the woman from the 'sidelines'. As the one doula mentioned, this kind of *appraisal support* encourages women to believe in themselves (House, 1981) (as cited by Leavy, 1983). There is also continuous reference to feelings of safety and security, that having the doula present provides a sense of companionship and relief. There is also mention of how the doula allows the labouring woman to find her own way of doing things, which is comforting and supportive in that it encourages her to be free and herself. This may be likened to earlier studies' findings that demonstrated how doulas aid labouring women by increasing their feelings of autonomy and control (Green & Baston, 2003; Langer et al., 1998). A sense of control has been highlighted as one of the crucial factors associated with positive birth experiences (Waldenstrom, 1999). However, not once in any of the 16 interviews, did any of the participants refer to the doula as aiding their sense of control around birth. This finding can thus be contrasted to earlier works, and will be discussed later in this chapter.

Following on from the 'reassurance' subtheme where some doulas referred to their role as being about encouraging the woman to find her own way of birthing, there was further mention of how the doula's role involves being focused on the mother. Kayne et al. (2001) refer to the mother's centrality in the birth process, whereby the doula considers her needs and wishes above all others. Both doulas and mothers expressed this, as indicated by the quotes below.

... the doula is there completely and utterly for the mother, and what she is doing is reading what it is that the mother needs... **Ruth**

Well just how they are there for you, like for the mother you know. It's just how, ja really supportive, they know what they're doing, they're there for the mother... **Caron**

This concept was given further momentum as participants explained how the doula navigates her role, providing support to the mother without interfering with or inhibiting the mother's performance or feelings of competence.

And she just kept on encouraging me and encouraging Grant, and making it about me, but without making me like what's the word, not self-conscious, without making me anxious that I wasn't doing the right thing. So she wasn't like now you have to do this it was just try this, this might help (C: No pressure). Ja. So it was about me but it wasn't about my performance. **Jane**

Nurturing the couple's bond

Another key subtheme I picked up from the participants' responses, was the way in which mothers, fathers and doulas spoke of how the doula's role needs to involve a recognition and nurturing of the couple's bond. I think this is a vital piece of information for trying to understand the success of doulas over and above the presence of the father. By acknowledging and allowing the couple to stay connected, the labouring woman is supported by both her partner and her doula, while the man still feels he has a role to play and thus their union as a couple and as expecting parents is nurtured and supported too (Klaus et al., 2002). Accounts from two of the doulas demonstrate the conscious effort they put into this aspect of their supportive role.

I still rely heavily on my partners, to be the sole, not the sole, but the strong support because they love each other and they're emotionally connected so I let them do that emotional connection, where they can love each other, and care for each other and you know it's so amazing to see that. **Bronwyn**

I think another amazing aspect of the doula is, sort of facilitating the relationship between the mother and father, um, which I find very fascinating because they're also always different **Caitlyn**

The mothers and fathers, as expressed by these participants, experience this recognition and nurturing of the couple's bond.

...she certainly tried to figure out, you know, our matrix and what makes both of us tick, and then use that as information to help the situation... **Jason**

...she was very wary not to, that it was still like a special time for Luke and I and not to sort of infringe on that but sort of with help, and then she would advise Luke on how he could help me or, you know... **Caron**

Thus, the work of doulas involves establishing healthy working relationships with clients as well as making an effort to complement and cultivate the expecting couple's relationship.

Emotional support

The notion of emotional support as defined by Kayne et al. (2001) involves a number of supportive techniques that doulas provide to labouring women. These include the provision of physical contact, words of encouragement and eye contact. Examples of these were provided by participants and described in terms of their helpfulness and as contributing to the formation of supportive relationships between doulas and client(s).

One of the most vital ingredients in any helpful relationship is communication. Participants made frequent mention of the way in which the doula's words of encouragement or the things she said helped (Kayne et al., 2001; Klaus et al., 2002). Mothers describe the way doulas seem to know the right thing to say at the right time, which helps the mother to feel assured and relieved. Doulas refer to their words of encouragement as offering mothers positive reinforcement, which relaxes them and helps them to believe in themselves.

...she just knew what to say and when to say it and she just suggested things.. she just kept on helping me through it, and she kept on, with every surge she talked me through it and it was amazing... **Jane**

...talking to them, it really is just saying again and again and again, saying the same thing again, to remind them that this is what they need to do. 'Just let go, let go of everything, let it happen', that's one I say a lot... Lorna

I think if all they did, the doulas, was stand there and say you're doing really well the whole time, women would do really well. Irene

When someone keeps telling you you're doing a really good job, you think oh actually I am doing a really good job and I'm doing just fine. I'm doing really well. That's because you've got someone who keeps telling you you're doing really well and most of them do. I don't think I've had any moms that have not enjoyed their birth experience or not done really well in their labour and I think having that reinforcement, that positive reinforcement all the time is what makes them understand they've got the power to do this, to have a baby. Lisa

One of the most prevalent topics that emerged from the data was the way in which doulas provide physical comfort to labouring women (Kayne et al., 2001; Klaus et al., 2002). This goes to the core of the doula's role as a non-pharmacologic form of pain relief (Simkin & O'Hara, 2002). From the literature it is clear that this aspect of the role is well documented. The following extracts demonstrate how this aspect of the role is *experienced* and *why* it is so helpful to the birth process. Some of the things that doulas do to help make the labouring woman more comfortable include massage and touch, helping the woman into different positions, breathing techniques, and helping her to eat and go to the toilet (Klaus et al., 2002). It is through the administration of these physical comfort measures and the amount of time doulas spend with their clients over the period of labour, that allows for the fostering of a relationship.

The doula knew exactly, she, you know she could pre-empt where it was going to be sore and how to make me more comfortable and where to rub my back and which positions, like, just to change my position the whole time to try and make it more comfortable for me. Nikki

...she just did things to help me through the whole thing. So she had a variety of massage and touch... we had the exercise ball and she was showing me how to use it and she just kept on, she was, it was Feb and it was flipping hot and she was just wiping my face and rubbing my back and rubbing my legs...Jane

...you forget the breathing stuff, like completely, you know, when a contraction comes, but then she's there and she reminds you...and giving sort of rubs on the back and things like that and sort of, even though, and even when the pressure's building, like, just being really comforting and the water and juice or whatever it is... Caron

The doulas in the sample describe these techniques in terms of their usefulness and instrumental benefit for the practical aspects of birth.

...it's very practical, like have a hot water-bottle, make sure that they eat and make sure that they go to the toilet and you're given very practical applications and you're told how you can massage and you're told how you can use acupuncture and you're told how you can use aromatherapy... Lynn

I just tell them that I'm going to rub your back if the pain is there, I'm going to rub your back, if you need some water or, you're going to ask me, you can ask me to bring you some water or if you need to go pee just tell me, I'll be there for you in everything you want. Mandi

So I'm breathing with her, I'm guiding her with each pain and then we're moving from one contraction to the next... even standing she can do rotations with the pelvis or she can use cushions on the bed and then I massage the back or the lower back or giving strokes towards the legs down, so there's a lot of things that you can do. Things that look small but can make a lot of difference for the mother. Christina

...typically we'll do all the pain relief things, get on the ball, um, talking... on the ball, in the bath, out the bath... walk and have some tea... when you're walking around talking to someone, you can cope, because you're sort of laughing at other things that are going on... Lisa

The physical measures doulas put in place are often very helpful for the labouring woman, especially the techniques that aid physical comfort and reduce pain. Another

more subtle aspect of doula support is understood by doulas as creating a connection with the mother, which is often done through eye contact or gentle touch. Eye contact is not directly linked to a reduction in pain or improvement in physical comfort. It is thus considered helpful in that it provides the mother with reassurance of the doula's presence.

...the major connection I noticed, was through the eyes. The way they look at you and they connect with you. The doulas, the very very experienced doulas know that's how to connect, to bring a mother out of a situation when she's panicking or when she's losing it. So they know the way to do that is through the eyes... Lynn

I go to the woman very gently; touching on the leg or on the hand so she feels what is my intention towards her and if she's totally out of control then I hold the face and then I say to her, look in my eyes, look in my eyes, because she's already out of control. So with that, in the moment that she feels that someone is touching her very gently, in the moment she sees into my eyes and I say to her, let's breathe together...

Christina

...as she saw me and as I kind of touched her, she just completely relaxed... that's why I say so subtle because it was just a touch and a look, and immediately calmed her down, so she could actually like just be there and take the next step rather than tensing up and just feeling completely overwhelmed and not being able to work with what was happening to her... we weren't really communicating verbally, in verbal ways but just whenever her husband left her side, I would just quietly be, take his place, and just put my hand on the back of her, on the small of her back, that's all I did really, the whole time she was labouring, or just put my hand on her ankle and she afterwards just said that that was like, the most helpful thing anybody could ever have done and it really got her through and it was just like a feeling, just a small touch that helped her, remind her or help her to just be in her birthing zone and um, ja, and the strength to carry on... Caitlyn

...it was just subtle things like the language that you use and how your approach a woman and how you touch her... Ruth

From the accounts included in this subtheme, it is evident that doulas provide a range of techniques that can be classified as emotional support. The following subtheme contrasts these supportive qualities with the care provided by medical staff.

Contrasted to the medical care

In acknowledging the various ways that doulas provide a caring and reassuring presence to mothers and fathers, doulas were contrasted to medical staff in that they were viewed as more trustworthy and humane. This echoes the findings of a recent qualitative study done in Sweden (Lundgren, 2010). There is a sense of trust that clients feel with their doulas that they don't feel with other medical staff like gynaecologists. It seems that medical staff are constructed in a way that creates an image of them as less than human, as demonstrated by the account below.

...why it was so good was because she kind of gave you insight into what was happening, what was going to happen, you know the gynae tells you this and the, this one tells you that, but she's been there, she's another human, she's a real person...

Richard

The reasons given for this feeling of distrust in medical staff seems to be connected to their interactions with clients. Doulas are thus compared to medical staff in terms of the ways in which they touch and communicate to their clients. The ways in which the doula communicates with her clients expresses care and concern, which is experienced in direct opposition to the medical way of doing things. Findings from a South African study of antenatal care provided by state facilities in the Western Cape demonstrated how pregnant and labouring women were scolded and even abused by hospital staff (Jewkes, Abrahams & Mvo, 1998).

Two of the participants, the doula trainer and one of the more experienced doulas, refer to the kind of care doulas offer.

For the mothers, you can just see a different look, um, they're also treated with huge respect, which is glaringly not evident in a lot of state hospitals because a lot of medical personal never touch the mums, um, they don't bend down and look in her eyes, which is a skill doulas do, they've got a doula voice, it's soft, the ward was incredibly noisy, I mean there's the intercom blaring people's names all the time, it

was not conducive to giving birth at all but those doulas still made it very good for her. Irene

Having someone there who's non-medical often is a key thing. The medicals are there to do the medical job, the doula is there to do a loving caring job. Lisa

One of the subtler yet more profound ways in which doulas were compared with medical staff is with reference to the pathologizing of pregnancy and birth (Davis-Floyd & Davis, 1996). Previous research demonstrated that teen mothers perceived doulas to be different from other maternity care providers in that they responded to their pregnancy and birth as a positive life experience (Breedlove, 2005). These next two extracts demonstrate the ways in which pregnancy and birth can be viewed as a medical 'procedure' that needs to be monitored and 'cured'. The experience of this can create a sense of anxiety and disappointment whereas the celebration of birth, which doulas promote, encourages and affirms (Klaus et al., 2002). Both mothers and doulas in the sample acknowledged this aspect of doula care.

...and just the concept of not pathologizing pregnancy and not seeing it as a medical emergency that you have to be x-rayed every month and bla bla... Jane

I went to today where they said to the mother, she's only two centimetres. Where the doulas that were there said, 'horray you're two centimetres', and it's just that. Irene

The whole thing with keeping women in that situation is how the staff members can control the women without making noise, without asking for too many things and I understand that many times they are understaffed but it's about how they can control the process, and we as doulas we are doing exactly the opposite. Christina

This last quote epitomizes the way birth has been medicalized so that the female body with all of its natural tendencies is seen as a defective machine that has to be monitored and controlled through more reliable technologies (Davis-Floyd & Davis, 1996; Hofmeyr et al., 1991). Thus nurses, although female themselves, have to work within a system that is geared towards control and management, not empathy and trust (Davis-Floyd & Davis, 1996; Gale et al., 2001). This is exactly what doulas

provide for labouring couples. The concept of female connection is dealt with in the following subtheme.

Female-to-female connection

Although not all participants referred to this, there was reference made to the benefit of the doula's feminine qualities. Thus, those who mentioned it made a point of talking about the usefulness of women being able to tap into their feminine power and strength through the support of another woman. This subtheme thus points to the fact that there is a unique and special connection that is formed between women and that this connection aids and facilitates a successful and positive birth experience. Klaus et al. (2002) propose that a woman in labour will feel more comfortable and less inhibited with a doula because she is a woman. This is due to the fact that they share the same anatomy, making it easier for women to express their "intimate aspects of bodily function" (Klaus et al., 2002, p. 16). They consider the way women have also traditionally taken on more softer, gentler nurturing qualities in our culture. The notion of 'care' is a gendered social construction, however, and thus we shouldn't assume that all women have an innate capacity to care (Hollway, 2006). Nevertheless, these imbued feminine qualities lend themselves to the role. The following accounts point to something more subtle and intangible, however, something that is very difficult to communicate. In the book *Spiritual Midwifery*, there is acknowledgement that women connect with one another on a spiritual level during birth (Gaskin, 2002).

*I think what is so positive about doulas, and why they really do work, is because of that female-to-female, sort of, open space, that a woman can feel, ja I suppose free enough and comfortable enough and trusting enough to just really let go... I think that it's very subtle in some ways, um, that women respond so well to having another woman, a doula, with them, um, it's like almost intangible sometimes actually... I think as a doula or as a woman, a birth companion who's in that space with you contributing her femininity in it as well, I think it's filling that space with feminine energy and feminine beauty that helps on a very (laughs) I don't know on a very sort of, maybe almost, on a very sort of subconscious level. **Caitlyn***

...she pulled me in for the support, she knew she needed it, I was a woman but she could see it and she could sense it. It's almost unspoken, and you can't, it's got nothing to do with training, it's got nothing to do with being prepared... It's

something that happens quite spontaneously and naturally and the humanity that is so just incredible to be in that situation and to support another woman who's labouring... and because we are women we have a, we can share very much more easily... Lynn

The fact that doulas are women is not coincidental. There is certainly a particular connection that can be experienced between women during birth. This may be due to anatomical reasons or culturally determined gender roles. It may also be due to something more delicate, such as the above extracts point to. In South Africa, doulas may only be women and have to have given birth themselves in order to train (I. Bourquin, personal communication, 7 May, 2010). This seems to have particular implications for the role of men who take on the supportive role during labour. Participants spoke of how doula support is useful in ways that male partners could not be. This has been proven in the literature, that men alone cannot provide support equivalent to that of doulas, and their support alone does not result in the same benefits (Campbell et al., 2006; Gungor & Beji, 2007; Ip, 2000; Klaus et al., 2002). The quote below epitomizes this position, expressed by one of the male participants:

I think that's where it's so important, because I'm a man and I can only, I don't feel your pain, I don't understand your pain, I don't understand your emotion, I can't support you, but she can, that's what she's doing, she's answering all the questions... She's just, she's another, she's another woman, you know what I mean, and it's just, I think from a birth point of view I think women are women... 'cause there's things that we can't understand here. Richard

Thus far, the relational aspects of doula support have been expounded to demonstrate the various techniques and ways of being that typify doula support. It is a relationship-dependent role, which utilises positive human interaction to help women and men through the life-changing experience of birth. In this way, the established tenets of social support are maintained whereby support acts as a buffer to the effects of stressful life events (Cobb, 1976; Gottlieb, 1987; Leavy, 1983; Orr, 2004). The following subthemes provide further analysis of this overriding theme, etching the nature of the doula-client relationship on a more symbolic dimension.

Sharing in a transformative life event

When describing their experiences of doula support, participants referred to the relationship between doula and client as special and unique due to the particular kind of sharing that goes on during birth, as demonstrated by this mother.

*I think you share; it's like such an amazing experience that you share with the person who is your doula, there's like a deeper level of sharing there. **Nikki***

The doula participants also communicated their recognition that birth is a particularly important and momentous event in a woman's life. Thus, sharing in such an experience has added meaning, which is possibly a hugely motivating factor for doing this work.

*I just think that birth is such a unique, special experience for every single woman and it's like I think probably the biggest event in a woman's life and the biggest life-changing event in a woman's life and so with that peacefulness and calmness kind of comes something within me that just wants to nurture that woman's experience completely and wholly. **Caitlyn***

*I think about just the difference you make in the person's life and that was the huge drive for me to become a doula, was to have that social interaction with women who so deserved to have the opportunity to have a decent birth. And it's such a pivotal thing in your life, a memory you'll never forget... and it's a memory you cherish. I think afterwards you often feel quite high 'cause it is, there's just this absolute, a baby's just been born and you've been part of it. It's very, very special. **Ruth***

In some instances participants described birth as a rite of passage, and thus doulas were given an almost spiritual role as leader and guide. This was communicated predominantly by mothers and fathers in the sample, but also by certain doulas.

*...and it just sort of was that whole sense of women looking after women and generations, older generations looking after younger, upcoming and taking them through the process.. **Jane***

...it's really nurturing that sacredness around um, from going from being a women to a mother, that process from going from a woman to a mother, and nurturing that process... Caitlyn

Very often participants would refer to other cultures or to the way birth was done centuries ago, which indicated how this 'rite of passage' was viewed as ancient and primal (Chalmers. 1990; Deitrick & Draves, 2008; Kennell et al., 1987).

I suppose long ago women had lots of, um, women had families, more support, of other women around them giving birth, so they had that, whereas we just don't have that anymore, you know. Caron

... I think from a birth point of view I think women are women. It's just, there's some cultures where I think a woman gets married and she has her child and she doesn't come home for a year, you know she goes to live with her mother... Richard

...before there were trained doulas, there were always women around women birthing and it's just a natural, it's a completely natural and done thing, I think right from the beginning of time... it's a known thing that women surrounded other women while they were in labour... Caitlyn

In most cultures the mother of the labouring woman would have performed this women-to-women ritual of birth, which can be described as a rite of passage from womanhood into motherhood (Chalmers, 1990; Deitrick & Draves, 2008; Kennell et al., 1987). Thus, it is recognised by a number of participants that the doula role, which entails supporting the women through this journey is one that can be analogous to the role of mother or mother figure. This has been commented on in the literature as well. One of the founding texts on doula support was entitled *Mothering the Mother* (Klaus, Kennel & Klaus, 1993). These authors refer to the way the doula has to be sensitive to the vulnerable space a woman is in during birth and that they have to be aware of when their role involves a kind of 'mothering' (Klaus et al., 1993, 2002). This is echoed in the accounts of all participants; mothers, fathers and doulas.

She kind of acts like almost a mother figure to the woman... she's the mother figure, she's the experience, she guides you through it... Jason

In a way, we play the role of the mother, or the ideal mother that many women would like to have. It's mothering the mother. Christina

In some instances, participants had actually lost their mothers and thus having a doula represented something quite significant for them. The doulas, in their professional capacity, were therefore able to replace the role of the mother.

I think it was significant is Jo's mom had died so all of a sudden, she didn't have, she didn't have a mom and I think a mom is critical in, in that experience. You know and her aunt was there and my mom was there, but it's not the same and I think Bronwyn took that up, she was sensitive enough to figure it out and she didn't say I'm your mother but she took it on a little bit. Richard

It really should be one's mom taking you through a situation like this and if in my case it can't be, then having a professional mom-type figure even though my doula is quite close in age, so she wasn't like another generation, but um, it just seemed to be sort of like the next best thing. Jane

Part of the notion of a rite of passage indicates a kind of transformation, which entails moving into a new role, a new social position. This transformation, in particular around giving birth and mothering, is often anticipated with fear and trepidation. Most of the fear surrounding birth is due to the fact that it represents the 'unknown'. In this next section, the subtheme focuses around the doula's role as a guide into the unknown.

A guide into the unknown

From the very beginning when the first RCT was done in Guatemala, the researchers' intention was to provide women who were labouring alone with a companion who would provide continuous support throughout labour and birth (Sosa et al., 1980). These researchers recognised the negative psychological impact of labouring alone, especially for first time mothers. Recent qualitative research done in South Africa has demonstrated that there is a great deal of fear connected to childbirth, as well as pregnancy and motherhood (Long, 2009). We now know that fear and anxiety invokes a particular hormonal response that counteracts and prevents the natural

progression of labour, which increases the need for medical interventions (Kayne et al., 2001; Lederman et al., 1978). Doulas' work thus involves the reduction of fear as communicated by these doulas:

*When you are alone, you are scared. Each one of them is scared, it's the first time they're there, to have the babies, it's just the first time so they don't trust what is happening. Some of them, they are just scared because some, they are having that belief that really if you deliver your baby you can die. They're just scared. **Mandi***

It doesn't matter where they come from, whether they're having their sixth baby at Somerset and have had three adopted or whether they are a first time mother or the thirteen year olds, those are almost more precious, because they're so frightened. And it's the fear, if you get rid of the fear then you have something you can work with, it's the fear factor more than anything else, it's the fear factor, taking away the fear.

Lorna

... the fear starts setting in and the woman's feeling of inability to give birth, um, and if you're going to start handing that back to her, that she is capable and she can make her own choices, that she is in charge of this whole process, then it starts being fun. Um, for others they're just completely, completely petrified of the experience that comes ahead and they just need somebody there who can reassure them through it...

Ruth

One of the ways in which doulas help women to feel less frightened about birth is by acknowledging their fear of the unknown and reassuring them that everything is going well and that what they are experiencing is normal. The following accounts of mothers who've experienced doula support provide evidence of the ways in which this is experienced.

...and I don't know quite how doulas do it but that's, that's another incredible side of it, they can see you're in such pain and still instil you with such confidence, that it's okay, it's normal, it's fine, and everything's going cool, you know. When you're in such pain, it doesn't feel like. You think like the whole world is coming to an end, like there's something very wrong here. And so they're, ja, that was, she was great like that. Well it just for, it for me, gave me the confidence that this, that what I was going through was not abnormal, as much as it felt completely weird and strange and didn't

feel like it was right, that it was actually okay, this was quite normal, I was going through something that everybody else had been through, like well many, many years before me. Um, so it was ja, ja, it was that kind of, like confidence is maybe the wrong word as well, but just that, that sort of knowing feeling, that it's okay, um, that ja, you're not going through something completely unusual, it's quite normal and you can do this. Nikki

For Luke and I to have Ruth there before, while it was getting intense, was really cool because we would've been here alone at home, sort of experiencing that, and neither of us really knowing is this normal, is this like, you know, just having Ruth there was really reassuring and comforting. Caron

The doulas in the sample also referred to their conscious effort to calm their clients and assure them that their labour is progressing normally.

Reassure them that this is normal, this is fine, you're doing absolutely fine, there's no problem at all with what you're doing and the way your body's behaving... Lorna

The fact that women are concerned about their ability to give birth has particular social-historical roots. From the quotes above, it is clear that one of the fears women have is that their body is not able to cope with the job of giving birth. There are ways in which women have historically been misinformed about their bodies. As part of their systematic attempts to control and govern the female body, doctors spent the first few decades of the twentieth century convincing women that menstruation, pregnancy, and menopause were physical diseases and intellectual liabilities (Chadwick, 2006; Ehrenreich & English, 1978). Just as midwifery has done in the past, doulas now have to work to challenge the patriarchal and often dehumanized practices of modern medicine that cause women to view their bodies as defective and incapable of giving birth naturally (Davis-Floyd & Davis, 1996; Deitrick & Draves, 2008; Kitzinger, 2008; Morton, 2004). Part of the doula's role is thus to ensure women that they will cope, that their bodies are able to give birth, and this is a hugely empowering aspect of their role. From the quote below, it is clear that this woman had to learn with the support of her doula that her body was capable of giving birth.

*I think the other thing, is that my body is capable of doing, of having a baby, it's like not, you know, I think a lot of people get into this thing that jees how am I going to manage and that it's ja, the body was designed to give birth naturally, so it's okay you can do this, ja. **Nikki***

The doulas in the sample referred to the empowering aspects of doula support that enables women, through positive reinforcement, to believe in themselves and their bodies.

*I think having that reinforcement, that positive reinforcement all the time is what makes them understand they've got the power to do this, to have a baby. **Lisa***

*It's an interesting process for women to actually start thinking, like you know, that they can actually make their own decisions with their bodies and their babies. **Ruth***

Relationship of trust

One of the resounding and most acknowledged aspect of the relationship that is helpful and meaningful, as communicated by participants, is the notion of trust. It is through trust that the doula is able to act as a guide to the unknown and it is through trust that she is able to connect with the women she supports. Earlier studies found that doulas aid labouring women by increasing their sense of control (Langer et al., 1998; Waldenstrom, 1999), whereas participants in this study referred to their relationship as being one of trust. Although we cannot assume that the two concepts are mutually exclusive, it seems that these doulas rely on their clients' trust rather than their sense of control to help them through their birth. When the client feels she can trust fully in the doula, she can actually let go and not feel the need to control the process. It is understandable and expected that a typical human response to the 'unknown' would be to try and control the process. Contrarily, the relationship of trust formed between doula and client creates a space for the women to let go and surrender to the powerful experience of birth. The majority of doula participants referred to the notion of trust and its role in the doula-client relationship. The following accounts demonstrate a recognition that trust is an essential ingredient to the doula-client relationship as it allows for a more intimate and meaningful connection whereby the labouring women understands the doula's benevolent intentions towards her and is able to relax and let go during birth.

*I think um, you know, a woman who finds a doula and connects with that doula like then they create a space between each other that becomes something that that woman um ja, trusts... **Caitlyn***

*I watched the way she looked at the doula, how she made eye contact, how she was building up trust increasingly over time because labour takes a lot of time and the very fact that there is somebody constantly right there with you is so reassuring. And you can actually watch how the mother starts building up trust in the fact that you are just there. **Lynn***

I think that if you have somebody that you feel you can just trust completely with that situation, you can just let go. And that's what you need to be able to do in labour.

Ruth

*So I feel that, that um, you know, when I really connect with a client, that it's just that trust... she really values me and trusts me, and I think that is huge... You want them to feel comfortable and so when they are comfortable, and you just feel like you're connecting then it's really great and it works. So I think definitely, that relationship of trust, knowing that whatever happens, I'm going to advise her in her best interest and she knows that, you know, whatever decision has to be made. **Bronwyn***

This last theme, which has expounded the various understandings of the quality and nature of the relationship between doula and client(s), speaks to both material and symbolic notions. Moving away from the structural and professional qualities of doula support, the aspects of doula support that veer towards the relational are more complex and multidimensional. Participants refer to the qualities of the doula's personality and ways of relating that act as helpful and supportive. These include the notion that the doula is a lifesaver, a beacon of hope. She is also compared to taking on a mothering role or a guide. There is certainly something powerful and transformative about the experience of birth that bonds the doula and client. The doula's feminine attributes may be responsible for this connection, as well as the techniques she uses such as words of encouragement, physical comfort measures, eye contact and gentle touch. Ultimately, the relationship of trust that is formed between doula and client(s) is immensely helpful and crucial to doula support. The doula's

presence is reassuring for labouring women and their partners and can be contrasted to typical medical care in that she provides a human connection and constant care throughout labour and birth. The helpful relationship she forms with labouring women does not hamper the primary relationship she has with her partner. Thus the doula is able to nurture the couple's relationship through her particular supportive qualities. The doula's job is still primarily to be in support of the mother and to provide her with the best possible care so that she is able to give birth.

There has not been a great deal of research done on this area of doula support. It seems as though notions of doula support that have veered towards the 'qualitative', 'subjective', 'intangible' and 'profound' aspects of the role have all but been excluded from the realm of research interested in this work. This is not surprising, given that the majority of research has been done within the field of medicine and other associated disciplines. Thus, those interested in promoting the work of doulas have made an effort to highlight the medical benefits of doulas (Hodnett et al., 2009; Klaus et al., 2002) in order to place the work of doulas on firm ground, scientifically. It seems that it is quite fitting then, that this psychological investigation has added this other dimension.

CHAPTER 5: CONCLUSION

This investigation has involved a qualitative exploration into the work of doulas. Recognising that their primary role entails supporting their clients through the process of labour and birth, the more specific questions this research aimed to answer focused around the meaning of support. Thus the participants' accounts of their experiences of doula support helped to illuminate the various aspects of the role of doulas, the range of activities and techniques they adopt to provide support and their particular benefits.

From this investigation it is clear that doulas play a very critical role but that it is not necessarily one that is easy to define. She means different things for different people, and different doulas take on the role differently. There is agreement on some of the aspects of the role however. There are structural elements that she brings to birth that support and help the expecting couple. The availability she provides the labouring couple from their first meeting onwards demonstrates her commitment and dedication to the role. Doulas can thus be contrasted to medical professionals in the amount of time they spend with their client(s) before, during and throughout labour. During this time, the doula provides the labouring woman and her partner with the best possible care, including a comfortable birth environment, which takes a degree of planning and preparation.

She is described as being a professional and as having a wealth of knowledge and experience, which is undoubtedly helpful and comforting for labouring women and their partners. Some questions remain as to whether any woman could be in support during labour and birth but from this investigation it is clear that the doula's training and experience is an essential component of the role. With her focus on the mother, she also manages to put the father's mind at ease as he knows his partner is in good hands. She conducts herself within the medical system and in doing so has to navigate and negotiate her role despite there being tension between herself and other maternity care workers. This demands a very delicate negotiation on her part, maintaining her allegiance with her client(s) while careful to not offend or alienate the medical personnel in charge.

Doulas' methods are informed by their training in all forms of non-medical care. However, they have to work within the medical system, which sometimes seems to operate from a completely opposite philosophy of care. Block (2007, p. 156) suggests that the doula is as much a product of medicalized birth as she is a response to it, "arising out of a social deficit in maternity care". Her role is thus sometimes met

with hostility by medical staff but ultimately she has to try to work with other maternity care providers, which is where she is most helpful to her client(s). From this investigation it is clear that there are a number of things that doulas do that are considered helpful. Help starts before birth when the expecting couple meet to discuss birth plans with the doula as she provides information and starts to forge a relationship of trust. She is helpful and supportive throughout labour by offering insight and guidance about the process and what to expect.

Her words of encouragement help her clients feel praised and supported and empowers them to believe in themselves, an obvious example of *appraisal support* (House, 1981) (as cited by Leavy, 1983). In understanding the power of human connection, she uses eye contact to unite with clients to make them feel her supportive presence. Her humane and caring approach to birth is often contrasted to an authoritative and rigid medical approach. Some believe it is her feminine presence that provides her with the ability to connect with a woman during the powerful experience of giving birth. It is certainly acknowledged that a man, her partner, could not manage to support the labouring woman in quite the same way as the doula. This is not to discredit men and exclude them entirely from providing support to their female partners. It is not that men cannot support women. The doula's experience in birth, and her female, maternal knowledge means that she can provide the labouring woman with a unique kind of support that a man could not.

Together with this, she is seen to support the man as well and not only the women in labour. It seems that as well as all that doulas do and all that their role entails; it is also the quality of the relationship that is supportive. Doulas share in a unique and powerful experience with their clients. The experience of birth, which takes a woman into motherhood, can be compared to a rite of passage. The doula is intimately involved with this transformation, which the women are often scared to go through. One of the scariest aspects of giving birth is the fact that it is completely unknown, especially for first time mothers. Thus doulas take on the unique role as guide into the unknown, which helps take the unknown aspects of birth and make it okay. Women have been stripped of a belief in their bodies and thus sometimes fear that they will not cope with the enormous task of giving birth (Ehrenreich & English, 1978). Doulas therefore have to encourage and support women to believe in the power of their bodies and in their natural ability to give birth. There is the recognition that birth is ancient and primal, something that is fundamentally human and

profoundly life-changing. Thus, doulas help women to experience their birth as a positive and empowering journey. They do this and all the other aspects of their role in such a way as to encourage and develop trust between themselves and the labouring women. This trust is a hugely important component of the relationship between doula and client(s) and this needs to be acknowledged as a critical element of the work of doulas.

Given that the specific aims/research questions of this investigation were to investigate the *relationship* between doula and client(s), there is a large amount of 'evidence' for this theme. These findings indicate that there is in fact a very close fit between what the participants put forth as the most notable aspects of doula support and what is articulated in the literature. Through this investigation, some interesting insights into the more subtle and complex features of the doula/client relationship have been highlighted. These findings help to position the work of doulas within its socio-historical context (Deitrick & Draves, 2008). After more than a century of the medicalization of birth, doulas now embody the natural and ancient role that women used to fulfil. It was natural and instinctive that a woman's mother or her female friends and relatives (mostly older) would be at her side before, during and after birth (Chalmers, 1990; Deitrick & Draves, 2008; Kennell et al., 1987). As the findings of this investigation show, birth is a highly significant event in a woman's life. Not only is it a physical journey, an experience nobody can truly prepare you for; but it is an emotional and spiritual journey as well. The particular hormones that are at play combine to place women in an altered state of consciousness, one that is essential yet not completely understood by modern medicine (Block, 2007). And through this radical experience, the labouring woman is transformed. Acknowledging birth as a powerful experience, as a right of passage is something that modern medicine or psychology have not been well known for (Block, 2007; Chadwick, 2007).

Feminist critiques have long disapproved of the masculine colonisation of birth through medicalization and technology that pathologize women, their bodies and their experiences (Davis-Floyd & Davis, 1996; Deitrick & Draves, 2008; Kitzinger, 2008; Morton, 2004). Thus the *doula movement* as some have called it may provide the perfect antidote to a century's work of alienating women from their female support systems and trust in their own bodies (Block, 2007). There is clearly something unique about birth that engenders female bonding, where women require the strength, support and wisdom of other more experienced women. This may be due

to the physiological rationale behind women's *tend and befriend* response to fear (Moses & Potter, 2008). Or there may be something subtler, more primal or even spiritual that women respond to during birth (Gaskin, 2002). But it is these very concepts that modern medicine continues to steer clear of. Even within the enormous body of literature on doulas (Hodnett et al., 2009; Scott et al., 1999; Zang et al., 1996) there is still a portion of the 'story' that has been left untold. Through this psychological investigation into the supportive qualities of the doula and her relationship with her client(s), these uncharted areas have been at least partially illuminated. With every investigation, however, there are always limitations that need to be acknowledged. In qualitative research, the subjective accounts that form the 'data' provide detailed, textured descriptions of empirical evidence yet remain partial and cannot be generalized too hastily. Thus it is my duty as investigator to make explicit how my own and my participant's subjectivities could have impacted on this investigation.

Acknowledging our subjectivities

The issue of reflexivity is often brought up in qualitative research texts (e.g. Parker, 2002). Within the paradigm of qualitative research, there is a rejection of the positivist scientific values such as objectivity and neutrality. Instead, qualitative methods aim to emphasize the role that the participants' as well as the researcher's subjectivities play within psychological research (Tolman & Brydon-Miller, 2001). As a young, white researcher I am thus compelled to question my choices regarding the research questions, my particular coding and analysis of the data as well as the conclusions I draw from my research in terms of their utility and meaning in our present South African society. I have to acknowledge that my own personal curiosity in birth and the post-natal period initially sparked my interest in the work of doulas. But my youth and my childless identity has also restricted me and forced me to pursue this research as an outsider, separated from a significant element of each one of my participants' identities. Coming from an outsider's point of view is not unknown in research, and thus this investigation is not in danger of losing credibility. It is merely something to acknowledge and reflect upon. It is likely that if I myself had experienced birth with or without a doula, that my findings could have been slightly different. My research questions were both products of a deductive reasoning process chosen to fill a gap in the literature but also of a personal and professional bias towards the 'relational', the

‘emotional’. I don’t believe there is a single researcher who embarks on a project without a hint of intention as to what he/she hopes to find. I was particularly looking for a more mystical and profound element within my participants’ accounts. I had sensed there was something quite primal about the work of doulas that I hoped I would be able to uncover. As it turns out, I didn’t have too much uncovering to do, as my participants were able to communicate the subtler aspects of the role quite clearly.

The issue of support, what it is and how it is experienced, is no doubt a complex and highly subjective notion. From the present investigation it is clear how in some instances it is quite difficult to define or articulate. What this investigation has shown, is that although there is a considerable amount of literature that maps out the role, scope of practise, and benefits of doulas; the work of doulas is not only formulaic. The work of doulas is in fact quite individual and unique to the particular dynamic each doula has with her client(s) as well as the personal characteristics of each doula. In this investigation, it was clear how participants responded in patterned yet ultimately idiosyncratic ways, referring to their subjective experiences of the work of doulas that is shaped by their personal identities as well as their social position in society.

Although there has been relatively little research done on birth in South Africa, it is suggested that any investigation should take note of race, class and culture as it shapes and contextualises women’s experiences of maternity in this country (Chadwick, 2001). It is clear from the demographics table (Table 1.) in Chapter Three that the participants in this study were primarily white, living in mostly middle class areas. Thus myself as well as the majority of my participants can only speak to the experiences of a particular (historically privileged) portion of South African society. This is not to say that the experiences of ‘white, middle class women’ cannot be used to inform our understanding about birth, which is experienced by all women. In fact the accounts of Mandi, the only Xhosa-speaking participant living in Khayalitsha, were very much aligned with others’ and could equally be used to expound a number of themes. In South Africa, researchers have to be very careful when generalising their findings due to our particular political history and the fact that a huge proportion of our society have been left voiceless and unrepresented. Thus I have to acknowledge how in some ways my research has perpetuated this pattern by highlighting particular voices over others; excluding those of certain races, cultures and class. I did not do this intentionally. I hoped to get a varied sample yet this was

what was available to me given the short time period within which I had to conduct this research. There are some practical explanations for the particular demographic distribution of my participants. The cost of a private doula is a minimum of R2000 per birth. This means that it is unaffordable for the majority of South Africans who have no other choice but to get the bare minimal medical attention from state hospitals, if that. This means that those who are generally informed of the work of doulas have gone to private birthing classes and have the kind of financial resources to pay for such services.

In order to become a private doula, you need to be able to sacrifice a huge portion of your time with very little financial reward, meaning that it is only a viable occupation for women who have financial support and this limits many other women who cannot afford taking up 'doula-ing' as a vocation. These economic constraints result in the particular racialised distribution of doulas and their clients, as demonstrated by the participants in this study.

Limitations and suggestions for future research

The unequal distribution of racial groups represented in this study thus poses a limitation to these findings. There is no reason to discredit the findings outright yet it is wise to be cautious when generalising them to the entire South African population. Firstly, as this was an in-depth qualitative research investigation the sample used was particularly small and thus cannot be used to generalise to the entire population. In the case of the doulas included in this sample, eight (28% of the doulas working in the general Cape Town area) were interviewed out of a possible twenty-eight. This means that although they formed a fair portion of Cape Town doulas, these findings still only speak to a small percentage of the entire South African population. There are no statistics available to determine the demographic distribution of doula clients. Mandi, for example, is employed at Mowbray Maternity Hospital as a doula and services many women from disadvantaged communities. Many of the private doulas also provide volunteer services to a number of state hospitals around the Cape Peninsula (I. Bourquin, personal communication, 7 May, 2010). Thus, it is possible that many doula clients are in fact from disadvantaged communities. The six doula clients included in this sample (three mothers and three fathers) are all white and had all hired private doulas for use at home births or private hospitals. It is clear that doulas provide their services to a large spectrum of South African society. This study has not

included participants who gave or received volunteer doula services. Therefore, the sample used in this study represented only a portion of the population of doula clients. Thus, in acknowledging the limitations of this study I have to recommend that future research be done within the public hospital system. Just as this research has mostly highlighted white participants' voices, so it is now necessary to investigate the birth stories of the unvoiced population. Birth is a devastatingly under researched area in psychology, especially in South Africa (Chadwick, 2007). Given our knowledge of some of the atrocities that have been uncovered within some state maternity institutions (Jewkes et al., 1998), it seems crucial to investigate the use of doulas within these contexts. Given the overwhelmingly positive findings of this investigation, I have a number of other recommendations. Doulas should become established as part of every maternity care team, both in private and state hospitals, where women from every walk of life can benefit from the support they have to offer. In order for this to become a possibility, future research needs to be directed at policy-makers and health insurance companies to ensure that the infrastructure and finances needed for this are available. The work of doulas also needs to be included in more mainstream publications and childbirth books, which will bring this role into the public domain and provide couples with the knowledge of this invaluable human resource.

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APPENDIX A

INTERVIEW SCHEDULE

Questions (for doulas)

1. I would like to hear about your experiences as a doula, both good and bad.
2. What has your experience of being a doula been like?
3. What is your experience of doula assisted births?
4. What is it, from your experience that is so helpful about what a doula does?
5. Why and how does the work you do work/help?
6. What does it *feel* like to be a doula, when you are doing the work?

Questions (for moms)

1. I would like to hear about your experience of having a doula-assisted birth.
2. Please share with me your experience of having a doula
3. What was it like having a doula-assisted birth?
4. What was it about what the doula did that was helpful for you?
5. How did the doula's assistance make a difference to your birth experience?
6. What did it *feel* like having a doula present at the birth?

APPENDIX B

CONSENT FORM UNIVERSITY OF CAPE TOWN DEPARTMENT OF PSYCHOLOGY

An investigation into the role of doulas in South African birth stories

1. **Invitation and Purpose**

You are invited to take part in a research study exploring the role of doulas in South African birth stories. I am a clinical psychology student. This study will be written up as a dissertation for my master's degree.

In order to provide a holistic and textured understanding of doulas, this study is looking to investigate the experiences of doulas and mothers who have been supported by doulas directly. The primary aim of this project will be to describe and explore the role of doulas in South Africa. This shall be done by gathering the birth stories of both mothers and doulas.

2. **Procedures**

If you decide to take part in this study, you will be interviewed by me. It will be an open-ended, semi-structured interview where I will ask you to talk about your birth(s) that involved the support of a doula. If you are a doula, I will ask you about your experiences that may entail telling a number of birth stories. Interviews will go on for as long as they need to. You will be welcome to call the interview to a close if and when you see fit. Interviews will be recorded.

3. **Risks, Discomforts & Inconveniences**

This study poses no foreseeable harm to you. You will have full autonomy in what you wish to disclose and your participation will remain confidential. Your real name will not be used in any documents following the interview. A pseudonym will be used to identify what you said.

4. **Benefits**

This study does not offer any direct benefits. The knowledge gained from this investigation will help to provide further evidence of the work of doulas in

South Africa. The interview process will also offer you a chance to reflect on the role of doulas further and how this work has impacted on your life.

5. **Privacy and Confidentiality**

Interviews will be conducted in the privacy of your home. This will ensure your optimal comfort and security and will ensure you do not have to incur any costs in order to participate in this study. By signing this consent form, you have given me permission to use this interview for the purposes of research. Your confidentiality is guaranteed. None of your details will appear on any written account of the interview process, other than this form. Your demographic details will be logged but your name and contact details will be kept safe, in my home, where no one else will gain access to it.

6. **Questions**

If you have questions, concerns, or complaints about the study or questions about a research-related issue, please contact:

Carly Abramovitz tel. 0823443452 email: carly.abramovitz@uct.ac.za / carlydan66@gmail.com

8. **Signatures**

{Subject's name} _____ has been informed of the nature and purpose of the procedures described above including any risks involved in its performance. He or she has been given time to ask any questions and these questions have been answered to the best of the investigator's ability.

Investigator's Signature

Date

I have been informed about this research study and understand its purpose, possible benefits, risks, and discomforts. I agree to take part in this research as a subject. I know that I am free to withdraw this consent and quit this project at any time.

Subject's Signature

Date

APPENDIX C

DEMOGRAPHIC INFORMATION FORM

Please fill this out for the purpose of keeping record of your details.

If you wish to remain anonymous, and would prefer to have a pseudonym, please indicate so we will not use your name following the interview.

Demographic Information

Name:

Age:

Race:

Place of residence:

Please circle: mother / doula / father/ other

Birth history: (a brief description of your own birth experiences i.e. whether you had a home/hospital birth, use of midwife/doula etc.)

Confidentiality: Please tick

You may use my name ___

I wish to have a pseudonym ___