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## Not Just for “That Kind of Mom”: An Ethnographic Analysis of the Perceived Benefits of Childbirth Doulas in Rochester, New York

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# Not Just for “That Kind of Mom”: An Ethnographic Analysis of the Perceived Benefits of Childbirth Doulas in Rochester, New York

Kaitlyn Morgan

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## ABSTRACT

Since the origin of childbirth, a female attendant has accompanied a woman in labor. As time progressed, these attendants began to receive special training, and became professionally known as doulas. The twentieth century has brought an increasing demand for highly medicalized birth practices, with hospital births and caesarian sections at an all-time high. The ability of a woman’s body to naturally have a baby has been overshadowed by these practices, forcing many women to feel it is necessary to seek these methods in order to have a safe birth. This ultimately creates a realm of fear surrounding childbirth in America. Alternative birth practices, such as those where doulas are present, may be able to become more common if increased knowledge of doulas is available. Studying doulas allows for the identification of factors that contribute to a woman’s choice to use a doula.

## INTRODUCTION

Since the origin of childbirth practices in America, a female attendant has accompanied a woman in labor (Papagni & Buckner, 2006). As time progressed, these attendants began to receive special training, and became professionally known as doulas. The word doula is derived from the Greek word meaning “a woman who serves” (DONA International, n.d.). Originally, they assisted the mother after birth with breastfeeding (Papagni & Buckner, 2006). Today, these women have expanded their practices to offer many supportive roles to both mothers-to-be and hospital staff.

The twentieth century has brought an increasing demand for highly medicalized birth practices, with hospital births and caesarian sections at an all-time high (Menacker & Hamilton, 2010). The ability of a woman’s body to naturally have a baby has been overshadowed by these practices, forcing many women to feel it is necessary to seek these methods in order to have a safe birth. This ultimately creates a realm of fear surrounding childbirth in America. Studying doulas allows for a better understanding of the sup-

port that doulas offer and their benefits to the women who use them, enabling the practice to become more common.

## OBJECTIVES AND RESEARCH QUESTIONS

The first objective of this study is to gain a better understanding of the roles of childbirth doulas, specifically in Rochester, New York. This study also aims to analyze personal testimonies from women who have chosen to have doula-attended births regarding why they felt that this was the best option for them. The perspective of doulas themselves is taken into consideration as well in order to further understand their roles. Lastly, this study focuses on the perceived benefits of childbirth doulas in helping both women and hospital staff achieve a mother’s desired birth goals.

This research attempts to answer four main questions:

- What are the perceived benefits of doula-attended births for mothers, and why do



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women opt to have a doula present during childbirth?

- What factors influence women's decisions to use doulas?
- What do doulas themselves think influence women's decisions to use a doula, and what do they do to address those issues? and
- How do hospitals accept and accommodate the roles of doulas, and are they well-accepted?

## FIELD SITE

The research was conducted in Rochester, New York. Rochester is located in Western New York and has a population of roughly 210,000 people (U.S. Census Bureau, 2013). The estimated median household income of Rochester inhabitants is \$30,158, which lags behind the state average median income of \$57,369 (City Data, 2013). Throughout Rochester, there are pockets where many people live below the poverty line. The people living in these low-income areas are more vulnerable to lack of access to health care, including, but not limited to, birth attendants such as doulas.

There are currently 40 to 50 doulas in the Rochester area. However, only 20 to 25 of these doulas are actively taking referrals and practicing. Out of these 20 to 25, 10 to 15 doulas are not consistently taking clients. This leaves roughly a dozen doulas who have consistent clientele of more than one client a month.

My main focus was on the Beautiful Birth Choices (BBC) birth center located within the city. BBC offers doula support and training, as well as prenatal yoga, childbirth classes, and several other prenatal and postnatal services (BBC Rochester, 2015). This birth center is close to several hospitals in Rochester and has close ties to the midwifery group. I also attended the Doula Organization of North America (DONA) doula training course at BBC in June 2015, as participant observation.

## METHODS AND RESEARCH PARTICIPANTS

This research used qualitative and ethnographic methods in order to investigate the perceived ben-

efits of childbirth doulas. I began my research with an extensive review of the literature available on doulas. Upon review of the literature, I focused my research on my four main questions. I then attended the DONA doula training course at BBC and took in-depth notes on the process of becoming a doula, as well as witnessed firsthand the support offered by a doula. The training took three days to complete, each day consisting of roughly eight hours of hands-on training.

Following my participant observation, I created semi-structured interview guides in order to introduce conversation topics while ultimately allowing the interviewees to direct the flow of conversation. I interviewed a sample of women falling into four categories: women who have used a doula (n=2), mothers-to-be who have not previously used a doula but are going to for their birth (n=2), hospital staff who have worked with doulas (n=2), and doulas themselves (n=2). Additionally, I interviewed my key informant, one of the coordinators at BBC. Women were chosen based on referrals from my key informant. After the first round of interviewing, several interviewees gave me suggestions on whom to interview next. I also consulted the Doula Cooperative website to find doulas in the Rochester area. The names of the interviewees have remained anonymous and confidential throughout the entire research process. For this reason, pseudonyms have been given to each participant referenced in this paper.

All of my interviewees were white females living in the Rochester area. Out of the nine participants, six had been trained as doulas (my key informant, the doulas themselves, both hospital staff members, and one mother). Ages of participants ranged from 27 to 58, with most participants in their early to mid-30s. This sample generally had a high level of education. Eight out of nine participants had at least a bachelor's degree, three participants had master's degrees and one had a Juris Doctor. Only one participant did not complete college. All women were middle to upper-middle class.

## CHALLENGES AND SUCCESSES

This research posed a few challenges. The biggest challenge was finding research participants who were willing to be interviewed. Several of the potential in-

interviewees did not respond to emails or phone calls. It was also difficult to schedule interviews around busy work schedules. A minor challenge was traveling to Rochester several times a week.

There were many successes throughout this project. I was able to hear incredible stories from these women about their unique birth experiences. My interviewees were each very helpful and knowledgeable when discussing birth, which allowed the conversation to flow easily and organically. I also found great success in listening rather than fully directing the interviews. I was able to put aside my own biases about doulas and let the interviewees express their opinions without judgment. Initially I thought this would have been the biggest challenge but I found I was able to listen better than I had thought.

## MAIN ARGUMENTS

The research resulted in three main discoveries. First, the data suggests that childbirth doulas are beneficial to mothers before, during, and after labor. I argue that doulas offer several benefits that other health care providers do not. The ultimate result of this support is the alleviation of fear, as I will discuss in this paper.

The second argument is that doulas are well-accepted in hospitals. I argue that there is an overwhelmingly positive hospital perception of doulas. Doulas and hospital staff occupy complimentary, rather than opposing, roles.

Finally, in this paper I will argue that there are two key factors that affect a woman’s choice to use a childbirth doula. The first is misconception of what a doula does and the types of births she attends. The second deterrent is economic. The cost of a doula’s services and the inability of a woman to afford a doula may be a large part of why women aren’t using the doulas that are available to them in the area.

## LITERATURE REVIEW

According to DONA International, a doula has seven main roles:

- to “recognize birth as a key life experience”;
- to “understand the physiology of birth and the emotional needs of a woman in labor”;

- to “assist the woman and her partner in preparing for and carrying out their birth plan”;
- to “stay by the side of the laboring woman throughout the entire labor”;
- to “provide emotional support, physical comfort measures, an objective viewpoint, and assistance to the woman in getting the information she needs to make good decisions”;
- to “facilitate communication between the laboring woman, her partner, and clinical care providers”; and finally
- to “perceive the doula’s role as one who nurtures and protects the woman’s memory of her birth experience” (DONA International, 2015).

Amy Gilliland (2006) argues that doulas have five main roles. Many of these overlap with those suggested by DONA International. Additional roles include covering neglected areas in care left by busy hospital staff and facilitating a team atmosphere that welcomes collaboration between the doula, hospital staff, mother, and partner.

As Simkin and Way argue, one of the doula’s main objectives should be to offer “informational support” (as cited in Chapple, Gilliland, Li, Shier, & Wright, 2013, p. 58) in which she relays information to the mother in terms that she can understand more easily. This is extremely important in times of stressful labor when the woman may not be thinking clearly. The doula must be able to translate what the doctor is saying so that the woman can focus on the birth itself.

Additionally, the doula helps the birth go more smoothly by supporting the partner as well. Amy Gilliland (2014) states that this takes the pressure off of the partner and allows them to experience the birth in a different way than if they were worrying excessively about supporting their wife. However, it is important that the doula does not displace the partner’s role, but rather compliments it with additional support. The partner also generally has a lot of anxiety during labor and can benefit from the presence of a doula (American Academy of Pediatrics [AAP], 2004).

Several studies focus on the statistical analysis of the benefits of birth doulas to women. One such study by Papagni and Buckner (2006) concluded that “child-birth interventions are currently at an all-time high” (p. 12). Additionally, as of 2002, the Caesarian birth rate was at 24%, the induction rate is 44%, epidural use is 63%, and the episiotomy rate is 52% (Papagni & Buckner, 2006). Infections and other complications are common following a Caesarian birth, as it requires a major open surgery (Davis-Floyd, 2005). Gilliland (2014) stated that doulas help to reduce the Caesarian birth rate by 50%. They also reduce the epidural rate by 47% and the episiotomy rate by 24%. The overall labor time is shortened as well (Gilliland, 2014).

Qualitatively, doulas help to reduce the negative perception of birth that some women may have (Bruggemann, Parpinelli, Osis, Cecatti, & Neto, 2007). DONA International (2015) argues that women who have a doula present during labor have reduced negative feelings toward their childbirth experience. Having a doula present also decreases anxiety of both the mother and the father, and may contribute to a lower number of women with postpartum depression (Papagni & Buckner 2006). In a study done by Bruggemann et al. (2007), women who had used a doula rated their labor and delivery with higher satisfaction than those who did not have one present.

Another benefit for women using a birth doula is that the doula can offer one-on-one care and attention to a mother when a nurse is not available. Due to the increase in the medicalization of birth, nurses have other tasks to attend to rather than offering undivided emotional and psychological support to the mother. The nurse must be able to attend to multiple patients at once, leaving little time to tend to the mother’s individual needs (Papagni & Buckner, 2006). In fact, labor and delivery nurses usually allot only 10% of their time to support of the mother beyond medical care during labor. Doulas are able to focus on one woman at a time and can put aside complicated medical issues in order to focus directly on the woman’s needs (AAP, 2004).

Lastly, studies have shown that there is an economic benefit to using a birth doula. A study done in Wisconsin in 2010 reported that in-hospital doula support saved an average of \$424.14 per birth (as cited in

Chapple et al., 2013). Also, insurance companies are more willing to cover doula costs now because they save money if women can avoid C-sections, epidurals, and longer hospitalization due to complications or long labors (Preparing for Birth, n.d.).

Doulas have generally been well received by hospital staff and their popularity continues to grow. According to Lantz, Low, Varkey, and Watson (2005), 69.6% of doulas feel they are respected by physicians and nurses working in labor and delivery. This, however, still leaves a significant amount of doulas feeling unwelcome in the delivery room.

One of the biggest concerns of nurses regarding doulas is that their presence may take away the role of the nurse as a supporter. Another concern is that the doula will actually make the nurse’s job more difficult by creating obstacles or conflicts in opinion (Gilliland, 2014). Often, the animosity toward doulas is a result of confusion regarding the roles of doulas by the hospital staff. This uncertainty in roles creates issues for both parties (AAP, 2004). The nurse’s negative attitude toward the doula may cause a negative birth experience for the mother if gone unaddressed (Papagni & Buckner, 2006).

The doula’s role is meant to be complimentary to both the family and medical staff (AAP, 2004). Case studies have reported that when the relationship between the hospital staff and the doula are cohesive, the birth experience is more positive when rated by mothers (Papagni & Buckner, 2006). When creating a positive birth environment, Gilliland (2014) believes that it is important to include all parties to support the woman in labor. The doula/nurse relationship is meant to be a collaboration, not a tug-of-war.

Unfortunately, there is a tremendous amount of “not knowing” (Davis-Floyd, 2005, p.38) surrounding birth in the United States. Davis-Floyd (2005) argues that birth activists fight to give women more options during birth other than the common highly medicalized practices of American doctors. Women may not know that alternatives are available to them, such as doula support. There is a misconception that “doctors ‘know’ that they are giving women ‘the best care’” (Davis-Floyd, 2005, p. 38), but while they are knowledgeable, every woman is different and entitled to options to make the best choice for themselves.

## PERCEIVED BENEFITS OF DOULAS

Doulas offer several benefits to women that enable them to achieve their goals during birth. Perhaps the largest benefit to women who use a doula is continuous support. The support offered by hospital staff is often interrupted by busy schedules and medical procedures. According to an AAP Case Study (2004), hospital staff in labor and delivery may only be able to offer 10% of their time to each individual mother during her labor. In contrast, DONA International (2015) states that one of the main roles of a doula is to “stay by the side of the laboring woman throughout the entire labor.”

My research supports that doulas remain with their mother the entire time she is laboring. Eight out of nine participants in this study discussed continuous support as the key benefit a doula could offer a mother. “Joanna,” a twenty-seven-year-old mother of a newborn baby girl, expressed her gratitude toward her doula’s continuous support, stating, “She was literally on me every single contraction. She was on my hips, in my face...just to feel so much better about it all” (personal communication, October 2015). Joanna went on to tell me that during her long labor her doula never left her side, a commitment that lasted nearly 17 hours:

I think she ended up coming over around midnight that night.... The midwife was called at three in the morning and she got there at five. And then my birth lasted until three [that afternoon] and she [the doula] was hanging out until five. So she was there the entire time. (personal communication, October 2015)

This continuous support manifests in three forms, or layers, repeated throughout the personal testimonies I collected. These layers provided by doulas are informational, physical, and emotional support. Several participants expressed that it was this kind of all-encompassing continuous support that alleviated fear and anxiety. I will discuss the benefits of each of these and how they alleviate fear in the following sections.

## Informational Support

DONA International (2015) states that informational support should be one of the top priorities of a doula. This informational support can be provided before, during, and after labor. Before labor, mothers seek information on what to expect in addition to confirmation that everything is normal when their bodies are changing. Furthermore, a doula is able to work almost as a translator between hospital staff and mother. Often, hospital staff members use jargon that women do not understand. A doula is able to clarify complicated medical terms for her client (Chapple et al., 2013). Doulas are knowledgeable on birth and medical procedures, and can answer any questions their mothers might have.

Doulas in this study confirmed that one of their main goals was to offer informational support to mothers. One doula, “Martha,” discussed her vast collection of resources that she could distribute to mothers if they had any questions prior to labor. Martha also said that often her clients had questions in the weeks following birth, and she made herself readily available to answer these questions (personal communication, September 2015). Another doula, “Rosie,” who had been practicing since 2006, stated that her informational support came mainly in the form of “bringing knowledge of birth other than medical knowledge” (personal communication, November 2015). Rosie found that a doula often has experience with aspects of labor itself that doctors don’t always see because the doctors aren’t in the room for the entire process. She is able to provide relief from anxiety and fear by answering questions throughout labor, even after the doctor or nurses have left. She is also able to clarify medical procedures for her clients.

Additionally, there were a large number of mothers in this study who believed informational support was a key component of their doula care. One mother-to-be, a thirty-three-year-old lawyer named “Anna,” remembered her doula telling her from the beginning that “if you don’t know what your options are, you don’t have any” (personal communication, September 2015). Anna relied on her doula for alternatives to medical births so that she could choose the best option for her. Her doula then continued to send her resources that helped her overcome her fears of attempting a vaginal birth after Caesarean (VBAC).

“Rachel,” a mother of two who had chosen a doula for her second birth, described her doula as “setting the tone” for her birth by providing her with information that reduced her fear after her stressful first birth experience:

She [her doula] set the tone in advance. We talked about all my fears from the first birth and she gave me resources to learn about creating a peaceful environment.... She recommended books. She used tools to show me how to spin the baby in my pelvis. It was a good reminder of how birth works. (personal communication, September 2015)

### Physical Support

The literature suggests that physical support by a doula greatly benefits a woman in labor. A doula can help a mother walk around or get into a warm tub. She can also offer calming massages or counterpressure in order to make the mother more comfortable (Green, Amis, & Hotelling, 2007). Doulas also offer breastfeeding support immediately after birth in order to help facilitate latching (BBC Rochester, 2015).

Perhaps the largest positive of physical doula support is that it often leads to fewer medical interventions. Doulas help to decrease the Caesarian rate by 50%, a huge benefit when Caesarians are more expensive than vaginal births. In addition, a doula’s physical support can reduce the epidural rate by 47%, leading to healthier babies through natural childbirth practices (Gilliland, 2014).

Two mothers in this study, Rachel and Joanna, both greatly attributed their successes in intervention-free births to their doula’s physical support. Rachel stated that her doula “encouraged me to do things I wouldn’t have naturally done on my own,” such as walking up the stairs sideways in order to open her pelvis (personal communication, September 2015). Since Rachel’s baby was turned sideways originally, this technique helped Rachel avoid a Caesarian due to a breech position of the baby. Rachel’s doula also encouraged her to breathe with open lips, which helped her to concentrate on breathing rather than the pain.

Joanna discussed her doula’s physical support in helping to turn her baby as well. She said her doula was very knowledgeable on how to reposition the baby and prevent breech position. Joanna’s doula was also by her side during each contraction to offer counterpressure. At the end of the interview, Joanna told me that without her doula, she would have definitely wanted to go to the hospital and have an epidural because her labor was so intense and long.

Instead, Joanna was able to avoid any medical interventions and had a beautiful home birth.

I feel I couldn’t have done it without her.... She [her doula] was like ‘Honey, I know, I know what you’re going through.’ I felt she knew that the pain was normal. She was literally on me every single contraction. She provided me with the techniques to get through it. (personal communication, October 2015)

Physical support leads to the alleviation of fear surrounding Caesarian births. Both Joanna and Rachel knew they did not want a Caesarian birth but were afraid that hospitals would push them to have one. Joanna even opted to have a home birth because she was so nervous about a Caesarian. Rachel and Joanna were able to feel more comfortable throughout labor due to their doula’s physical support, which reassured them that they would not need medical intervention.

### Emotional Support

The last layer of support offered by doulas is emotional support. This support can help reduce the negative perception of birth that women may have (Bruggemann et al., 2007). DONA International (2015) states that a doula’s role is to help reduce negative feelings toward childbirth, assuring the mother that her experience was a positive one. Emotional support also manifests as soothing words, which assure the mother that labor is normal. This can reduce fear and anxiety, especially when a woman has negative perceptions about labor going into it (Papagni & Buckner, 2006). Emotional support can also lead to a higher feeling of satisfaction after birth (Bruggemann et al., 2007) in addition to lower rates of postpartum depression (Papagni & Buckner, 2006).

Doulas offer emotional support mainly through the constant reassurance that everything is normal and okay. “Emily,” a midwife, believes that moms are able to rely on their doulas for emotional strength during difficult labor:

Moms look to their doulas. Like when the going gets really tough...it is so common for me to see a mom look to her doula and just get the strength she needs. These little moments, looks, comments, all make a profound difference and impact in a woman’s birth experience. I think that’s what being a doula is all about. I see these moments a lot. That’s the real power and value. (personal communication, November 2015)

One mother, Rachel, described her doula’s presence as “empowering” and reassuring (personal communication, September 2015). She knew that she was going to be alright due to her doula’s constant emotional support. Martha, a doula, put it best: “The biggest thing is reassuring the mom that everything is okay. Usually everything is okay, and if it’s not, it will be” (personal communication, September 2015). It’s this kind of emotional support that enables women to get through labor with less fear and anxiety.

Emotional support is also prominent after birth. Doulas will usually meet with their clients roughly one-to-two weeks after the birth to go over the birth experience with the mom and help her work through challenging parts she may not have come to terms with. Often, moms frame their birth in their minds as somewhat of a failure. Martha said that during her postpartum visit, women often express that they perceive their birth experiences negatively and are hard on themselves about how they handled labor. She said it is her job to help them work through this and reframe the birth in a positive way (personal communication, September 2015). In fact, Joanna said that she was very negative until her doula visited her after the baby was born. Joanna said that her doula just looked at her and said, “Are you kidding? You were amazing! Your labor was hard and you got through it how you needed” (personal communication, October 2015). This made all the difference to Joanna, who had a very long and exhausting labor.

## OTHER BENEFITS

### Partner Support

A case study by the AAP (2004) suggests that the woman’s partner also has a great deal of anxiety while the mother is in labor. The partner is readying themselves to become a parent as well. They also may not be able to handle seeing their partner in pain and may not know how to help. A doula can clarify the role of the partner and offer suggestions for support.

Furthermore, a doula’s support takes pressure off of the partner. This allows them to have their own birth experience. The partner does not need to worry about the mother being unsupported if a doula is present as well (Gilliland, 2014).

My key informant described her own birth as “more balanced” when a doula was present in addition to her husband (personal communication, June & October 2015). She said that her husband, doula, and midwives created a support team that felt whole. The doula helped her husband integrate into the birth team and collaborated with him on how to support her (personal communication, June & October 2015).

Hospital staff members and mothers who had used a doula already felt that doulas gave partners much-needed breaks during labor. Labor can be exhausting for all parties involved. One mother recalled her husband being more in need of her doula at times than she was. Her husband was exhausting himself and the doula helped to calm him down and made sure he was eating or sleeping throughout the long labor. Both mothers who had used a doula also said that their husband didn’t need to feel like he had to protect her because the doula did that.

My husband is introverted and a guy, so of course he wants to be the only one to provide for me. He didn’t think he’d be able to be himself with a doula in the room. But he was able to be more supportive because he knew I was being taken care of by another person, too. He was able to emotionally support me. He had gotten so exhausted during our first. (Rachel, personal communication, September 2015)



Because of this support for the partner, women interviewed felt their husbands were able to be emotional supporters to them and remain calm. One doula, Rosie, even joked that she's had partners say that every dad needs a doula just as much as the woman in labor (personal communication, November 2015).

## HOSPITAL STAFF PERCEPTION

Both the literature and my research point to an overwhelmingly positive perception of doulas among hospital staff members. Doulas and hospital staff members collaborate on how to best help a mother through labor, with a doula's role complimenting that of a nurse (AAP, 2004). This creates an overall more positive birth experience for the mother (Papagni & Buckner, 2006).

However, some negative perceptions still surround doulas in the hospital setting. Negative perceptions of doulas usually come from misconceptions of a doula's roles by hospital staff (AAP, 2004). Hospital staff may be unsure as to what a doula is there for or may think that the doula is overstepping her role. Furthermore, a doula may be perceived as a threat to a nurse's role. A nurse may feel that a doula is creating more problems than solutions because she is in the nurse's way (Gilliland, 2014).

In this study, two hospital staff members were interviewed: a midwife named Emily and a labor and delivery nurse named "Saige." Both Emily and Saige felt that doulas contributed positively to the birth team. Emily said that she had "99% of the time—totally positive experiences" when working with a doula (personal communication, November 2015). Overall, Emily believed doulas collaborated with hospital staff rather than undermined them:

It makes my job a lot easier as a midwife when my patient has a doula. I don't have to worry about them getting through labor. A doula can help the mom through each contraction or give her partner a break. I feel more comfortable with one there. Moms need a great support team. (personal communication, November 2015)

Saige expressed to me the mutual respect she found between doulas and nurses. She said that she was

comfortable that a doula would be helpful, respectful, and supportive. It was nice for her to know that she could trust a doula to continue to support her patients even when she couldn't be in the room. Additionally, doulas respect a nurse's position and aim to complement their differing, yet equally important, roles (personal communication, November 2015).

Neither doulas nor hospital staff members interviewed mentioned negative personal experiences working with each other. Emily did say that she had heard from doctors or nurses that patients tend to be more demanding with a doula present (personal communication, November 2015). Sometimes hospital staff may not want to deal with a demanding patient and they blame the doula for this. Saige agreed that doulas are perceived as "obstructive" when their patients argue with hospital staff over their birth plan (personal communication, November 2015). Doulas are often falsely blamed for making their clients too demanding. Despite this misconception, doulas were still generally perceived as having a positive impact according to hospital staff members.

## DETERRENTS

### Misconceptions

Davis-Floyd (2005) argues that women often are under the impression that hospital births attended by doctors are the best option for mothers. They also hold many misconceptions about birth because they do not know their options or are fearful of alternatives. This is due to the over-medicalization of birth in the United States. For birth activists, choice is the most important thing for women during their birth experience, and options give them that autonomy. Activists aim to help women not miss out on their ideal birth just because they didn't know their options for support (Davis-Floyd, 2005).

Interestingly, many of the women interviewed during this study mentioned this lack of awareness and general misconceptions as major deterrents from choosing doula support. The main misconception stems from the idea that doulas are for "that kind of mom." "Gloria," a 35-year-old mother-to-be, told me that there was a lot of misinformation out there that women are reading, and this creates unnecessary fears that push women to choose hospital births. She

said that these women often think doulas will make them have a home birth or a natural birth, and this scares them into not choosing a doula (personal communication, September 2015). Another mother-to-be, Anna, almost didn't choose a doula because she was under the impression they were for home births and she wanted a hospital birth for her higher-risk VBAC. Anna didn't even know doulas were an option for someone in her situation:

That's how it was the first time around. I just accepted whatever option was presented to me because I didn't know of any alternatives. What I like about doulas is that they can take more time with you than doctors can to help you make these decisions. (personal communication, September 2015)

Rachel and Joanna, who have already used doulas, also said that many women they have spoken to think a doula will make them have a natural birth. Joanna said she was often looked at as a “crunchy granola” mom, a mom who practices alternative and natural medicine, when she talked about using a doula (personal communication, October 2015). In actuality, doulas are for every kind of mom. My key informant said that a doula's job is to support moms in whatever they desire (personal communication, June & October 2015). A doula does not push natural birth practices on women; she facilitates a positive birth experience for her client in whatever way she can. Whether it's a home birth or a hospital birth, a doula's purpose is to continuously support the mother in her decisions. This is best exemplified in my key informant's vision for Beautiful Birth Choices:

Our motto is “inform, empower, support.” It's not just about natural births. It's about getting information into people's hands so they know their choices. We want to be able to support mothers in any context that they want. We want to tell them all of their choices and then we want to support them in whatever that looks like. We just want to help moms reach their goals, always with healthy moms, healthy babies in mind. The support picture is where everything else

comes from. (personal communication, June & October 2015)

Another misconception is that a doula and a midwife do the same job for a mother. Many women ask, “If I have a midwife, why do I need a doula?” In short, a midwife is a health professional who takes care of the medical aspects of a birth. She may also offer other forms of support, such as emotional or informational, but those are not the primary goals of her care. She may also have several patients she is dealing with at once in the hospital or birth center, so her care may be divided among them. In contrast, a doula focuses on their client's emotional and mental health throughout the entire labor. She provides continuous support in ways a midwife may not be able to. A doula also does not do anything medical.

### **Economic Barriers**

Much of the literature reviewed seemed to find doulas affordable and economically beneficial. According to a Wisconsin study, doula support can save roughly \$424 per hospital birth. This is due to a decrease in medical interventions and shorter hospital stays (Chapple et al., 2013). In addition, according to *Preparing for Birth* (n.d.), insurance companies are willing to cover doula care in many cases. This is due to the amount of money doulas save insurance companies by avoiding Caesarean births and epidurals, which can be rather costly.

However, in contrast with the literature, cost and ability to afford a doula may be the largest deterrent in choosing a doula for the women of Rochester. The women I interviewed who had chosen to use a doula were all able to afford one as they were all educated and married (providing another source of income). In reality, Rochester is known for its low-income areas and pockets of poverty. For those women, affording a doula may be close to impossible.

According to my key informant, “there's nothing set in place to provide a lot of low-cost or gratis doulas to moms” in Rochester (personal communication, June & October 2015). Currently, most insurance companies do not cover doula care for the women of Rochester. There are some resources available to pay for doulas but these are not well known. Often, new doulas will do gratis work in order to get their certifications, and women can hire them for free. Again,

many women do not know this is an option. Some women may qualify for The Birth Partners program that allows them to have an in community doula free of cost, but even this is only available for a certain period of time. Ultimately, without the help of insurance companies, low-income mothers are not able to afford doulas and opt to not have one.

## CONCLUSION

### In Summary...

As suggested by both the literature and this study, childbirth doulas are highly beneficial to women throughout their entire birth experience. The support offered by doulas can come in many forms, and is tailored to each woman's specific needs. The three most common forms of support are informational, physical, and emotional. Each of these layers of support contributes to reducing the fear and anxiety surrounding overly medicalized births that many women are faced with.

In addition to supporting a mother, a doula also supports her partner. This further contributes to a more relaxing birth environment for both the mother and partner. By incorporating the partner into the doula's role, a more balanced approach is reached.

As births are becoming more medicalized, it is important that hospital staff and doulas are working together in collaboration. Hospital staff perception has been overwhelming positive in the Rochester area. Doulas and hospital staff work together on the same team in order to create an optimal birth experience for their mothers with limited stress.

Unfortunately, there are some deterrents from choosing to use a childbirth doula. Many women are unaware that a doula is an option. They may also not know exactly what a doula does or may think they don't need one if they have a midwife. Additionally, there are a lot of misconceptions surrounding doula support, including that doulas are for home births or women who don't believe in medical interventions. In actuality, for doulas it is important that women are not limited in their options and are able to have the birth they desire. Doula support all kinds of moms and all kinds of births. Doula's are not just for "that kind of mom," but rather, for every different kind of mom.

For the women of Rochester, economic constraints limit many women from access to a doula. When money is an issue, women may not choose to make doula support a priority for where to distribute their funds. Insurance companies also may not cover doula care, making it unaffordable to low-income women.

### Points of Further Research

After studying the Rochester birth community, it would be interesting to learn more about programs available to low-income women to afford doula care. My key informant mentioned that there are some programs available but these are not well known to many women. Studying these programs could help to understand why women do not have access to them and gain a better insight into how many are available.

It would also be beneficial to study partner perception of doulas. Several women expressed their surprise at how much their doula helped their partner get through the birth. I would like to interview partners and ask how they perceive doula support.

Lastly, further research on insurance companies may prove useful, especially for the women of Rochester. For example, I want to know why insurance companies aren't choosing to cover doula care and if there are any companies that are working toward doing so. Since Caesarian births are more expensive and the rate is high, it would behoove insurance companies to cover doula care as an alternative.

### Broader Implications

This study could be used to bring about more awareness of doulas in the Rochester area. It may encourage doulas to advertise more and clear up many of the misconceptions surrounding their services. With more awareness, more women may choose to use a doula.

Additionally, this study could aid in grant writing to train more doulas in Rochester. Through these grants, gratis doulas could be offered to low-income mothers. It would also enable doulas in community to be trained to work with mothers in community, something that is lacking currently for low-income areas with a diverse group of women.

## A Doula for Every Mom

There is a saying from the doula training I attended that has stuck with me: “there is a doula for every mom.” The doulas of Beautiful Birth Choices are working hard to provide doula support to women from every walk of life with every kind of birth plan. It is important that women feel supported throughout birth, a natural process that has been made to seem scary due to its medicalization. Doulas can alleviate this fear and empower women to do exactly what their bodies were made to do. I imagine that there will come a time when there will be a doula for every mom—not just higher-income moms or “crunchy granola” moms, but every mom who needs one. But first we must work to dispel the misconceptions surrounding doula support, and make them affordable and available to women.

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