

# BC ABORIGINAL BIRTH DOULA TRAINING MANUAL

(Building on Our Traditional Auntie)

2nd Edition, 2011



**Thompson Cariboo Shuswap Aboriginal Doula Training  
Graduates, February 2009**





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## Acknowledgements

**We acknowledge and thank the Ministry of Health for their generation sponsorship for this training manual.**

We acknowledge the grannies, the aunties and all the women of Aboriginal British Columbia communities who have come before us and led the way. We thank them sincerely.

*"There is a traditional way of midwifery. When a woman is going to be called the maker of the baby, she is called the "sanaji" The sanaji is a very important person in the baby's life. The sanaji was a very important midwife who had to stand near the head of the woman who was in labour. After the baby was born, the sanaji would have to cut the cord. While washing and clothing the baby, the sanaji had to speak into the baby's life and tell him or her what she wants them to grow up to be and talents she wants him or her to have. The sanaji would say, for example, the baby would be a good hunter, or good at sewing. The maker would then call the child for the rest of their lives "arnalia" which means "I made you a girl", or if it were a boy she would call him "angusia" which means "I made you a boy." When the angusia or arnalia kills their first animal or make their first sewing, they give the skin or the sewing to their sanaji. The sanaji treasures this gift." (Ruth, northern BC)*

### We also acknowledge and thank:

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- Pilot sites - Kamloopa and Gitxsan for being the pilot sites and reviewing the draft manual

*"Each woman is a teacher in her own right, and without realizing the full responsibility, many of our women are the traditional keepers of our ceremonies, family genealogy, traditional family names, sacred songs, and the protocol that accompanies ceremony. Our women are resilient, they are bi-cultural, can exist not only within our First Nations communities but also within society in general. It is this legacy that women will pass on to others through sharing who they are and where they come from."*  
*(Around the Kitchen Table, BCCDC, 2007)*



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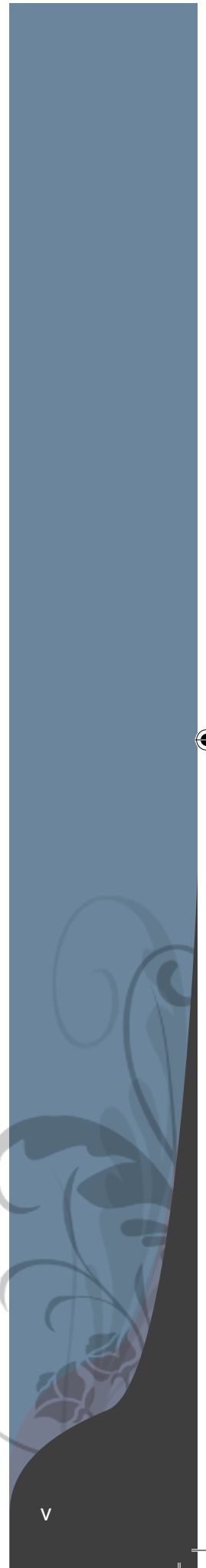


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## Forward

It is with great pleasure we present the Second Edition of the Aboriginal Doula Training Manual. We thank the two pilot sites, Interior Health Authority, Kamloops, and Northern Health Authority, Hazelton site for testing the First Edition of the Doula Manual, February 2009. We also thank the Aboriginal Doula Advisory Committee for developing the pilot curriculum and the current Aboriginal Doula Curriculum Working Group for the updates and revisions. Both have contributed to the development of a meaningful curriculum for our Doula training.

In September 2004, the Maternity Care Enhancement Project (MCEP) made recommendations for ensuring sustainable maternity care and access to services in BC. Consultation across the province occurred to help inform strategies required to improve access to high quality maternity care and services for Aboriginal women and their families. These consultations generated three separate reports describing the need for culturally relevant Aboriginal maternal health programs and collaboration from all levels of health service providers, communities and governments.

As an outcome of this work, and using the Transformative Change Accord: First Nations Health Plan, the Tripartite Aboriginal Maternity Child Health Committee and its partners are working together to bring perinatal health closer to home and into the hands of women. Having trained Aboriginal Doulas available to Aboriginal women is one way to do this.

Perinatal Services is pleased to lead the implementation of the recommendations of the Aboriginal Doulas for Aboriginal Women: An Action Plan for Bringing Traditional Birthing Practices Back into the Hands of Women. This revised Doula training manual opens the door for a new generation of traditional aunties recognized today as 'Doulas' to bring perinatal health closer to home for Aboriginal Women and their families. We are honoured to present this revised edition "BC Aboriginal Doula Birth Training Manual, (Building on the role of our traditional aunties) to our new generation of aunties. This training focuses primarily on the Labour Doula with a brief introduction to the Post Partum Doula.

Kim Williams, RN MSN  
Executive Director  
Perinatal Services, BC







## Introduction

As Aboriginal peoples we have a keen sense of well-being, healing, and cultural perspective. This awareness connects the “healthy” parts of the past to the present and show how we must continue into the future. Medicine healers are the communicators and connectors to the individual and in our communities. Native stories, ceremonies, and traditions help keep strong connections with the past. By revitalizing old practices and helping the communities become aware of them, promote a sense of identity and wellness. Traditional ceremonies such as the sweat lodge ceremony, talking circles, coming of age ceremonies, memorial feasts, and spirit camps reinforce and strengthen family and community. These healing practices and spiritual activities have taken place for centuries, passed on generation to generation in an organized and ritualized way. Traditional healing ceremonies contribute to the healing of the individual, reaffirm the norms of the entire community, and continue the training and practice of the traditional way of knowing.

This manual is about going back to our traditional beliefs and values as our “traditional aunties,” did when caring for our women during the birthing process. Today, this word is “Doula.” The word Doula is not an Aboriginal term. This course recognizes that. This course also recognizes that differing communities may wish to call their Doula or their Doula program by another name. One Aboriginal community calls the Doulas “the aunties,” in their own language. Your community can name your Doula with relevance to how you see the Doulas role.

Aboriginal strength, wisdom, and adaptability involve knowing how to survive the many struggles we have faced such as colonial systems thrown to us over the years. New solutions, ideas, and creativity evolve within the ceremonial life of the



community. Aboriginal health care providers can build on this strength by providing culturally competent health services. Aboriginal Doulas can bridge this lack of cultural beliefs, values and practice gap by providing culturally competent community-based support starting in the communities with the families before each child is born.

For many centuries, Aboriginal women in Canada and particularly in British Columbia have faced social, political and cultural changes that have negatively affected their health, cultural identity, social structures and traditional values. As a result these negative influences have led to the decline of *traditional* midwifery practice in many parts of Canada and especially British Columbia (Kelm, 2000). *Traditional* birthing support women in Aboriginal communities were historically labeled “*midwives*”. This is not to be confused with a Registered Midwife who has gone through a recognized educational program leading to certification as a certified Registered Midwife. For clarity purposes in this course, we will use the italicized form *midwife* to denote a traditional Aboriginal *midwife* and registered midwife to refer to a professionally trained midwife.



More recently, new government legislation, political rethinking and historical interest in the cultural role of traditional Aboriginal *midwives* have paved the way to a model that blends ancient traditions and modern techniques, enabling Aboriginal women to bring childbirth back to their communities. Witness the historic legislation passed on September 18, 2008 recognizing Nunavik Inuit midwives. These midwives were granted registration by blending the scientific and traditional midwifery practices.

In traditional times, the role of the Aboriginal woman as a helper/*midwife* was assumed to be the Creator's work and midwifery was viewed as a calling to a profession. Traditional Aboriginal *midwives* in BC were fundamental to the childbirth process and in passing moral and ethical values from one generation to the next. According to Fiske (1992: 201) among pre contact Carrier peoples of BC.

The definition of the term **midwife** varied among different linguistic groups. Among the Nuu-chah-nulth people of BC, it translates as “*she who can do anything.*” The Coast Salish translates it as, “*to watch to care*” and the Chilcotin people translate it as “*women's helper.*” Whatever the term the elders tell us pregnancy and childbirth linked the *midwife* to the birthing woman, to the infant, to the husband/partner, to the family, to the extended family and eventually, to the entire community (Carroll and Benoit, 2001).

*“Reproductive roles were central to women's claims to social prominence. Carrier women who successfully raised their families and provided care and nurture to the needy became influential as family spokespersons. The wisdom of the old women was and remains proclaimed in legend and song and institutionalized in the valued role of the grandmothers of the tribe.”*

There are a number of important historical events that led to changes in practice





of Traditional Aboriginal *midwifery* and the loss of women's rights to continue with traditional birthing practices in their traditional territories. Colonialism, the imposition of Western medicine, the residential school system, and patriarchal government legislation and policies changed the social, economic and traditional ways of BC Aboriginal people and hurt many of the long standing healing traditions, and practices including midwifery. The birth of a baby is considered sacred and spiritual - a new sacred gift of life and beginning.

As a Stony Creek Band elder summarized:

*Between 1920 and 1993 we have seen a big change in our population. Years ago there were no drugs and we used herbs. In our way of life we depended on traditional medicines and we healed ourselves. In the 1930s, midwives used medicines for dealing with rituals; they helped with the "in between." The traditional art of midwifery was learned from mother and grandmother. Today, modern medicine and doctors have taken over. (Carroll and Benoit, 200 1).*

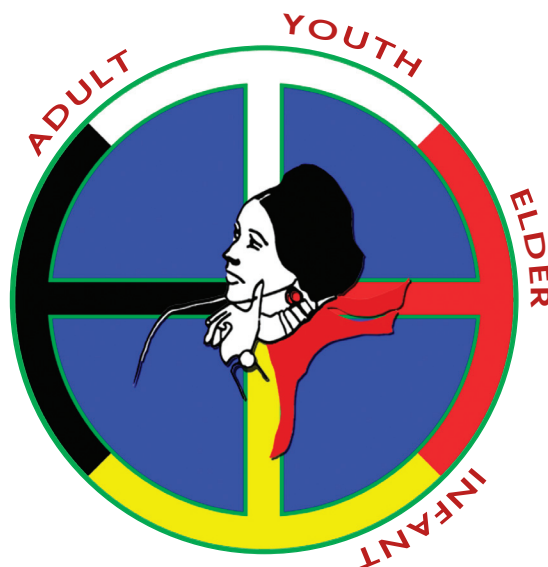
The co-coordinator of the Healthiest Babies Possible Pregnancy Outreach Program of the Native Friendship Centre in Prince George, British Columbia, gave the Royal Canadian Commission on Aboriginal peoples some insights into the sources and (dynamics) of the risks faced by Aboriginal women:

*"Many Aboriginal women are isolated, impoverished and suffering from low self-esteem and sometimes emotional pain. Frequent barriers these women encounter in accessing health care [include] lack of medical coverage. Often women are transient and come here from other provinces, and there's a lapse in their care. Sometimes [such a lapse] occurs when teens are away from their families [when pregnant] and don't have communication with them and they don't have their [health] card numbers, and it takes us days and days to get them to a physician....*

*Transportation is an issue. [Many of our clients have] no bus fare....Lack of child care is also an issue. Respite care is needed for many of these women to attend their appointments. And often this ties into transportation, juggling around strollers and babies who are ill, to get them to the doctor."*

Childbirth practices and policies have been the subject of widespread discussion in recent years, and Aboriginal people see them more and more as an issue. Many have argued that normal birth, where health and safety are not (threatened), should once again become a non-medical, family and community event.

The revival of traditional *midwifery* has not been an easy task. Many of the old practices have been lost and few Aboriginal midwives are left to pass along the midwifery knowledge. From the information received from the surveys, the literature review and communications with Aboriginal leaders, women and health care providers there is strong indication that Aboriginal *Doulas* can create innovative new initiatives to fill a need in the BC Aboriginal communities. Aboriginal *Doulas* can focus on culturally relevant, community-based pre and post natal support that will benefit the entire family unity, community and generations to come.



### How - Nuts and Bolts (How to use this manual)

Let's look at the "How", the *nuts and bolts* of the course and how it is laid out. Briefly, here is the five day layout and what will be covered in each day:

1. Day one - **Infant** Stage – you are in the very 'baby' stage of learning
  - units one to four (welcome, introductions, Doula history,)
2. •Day two – **Youth Stage** – you are learning to gather information from others
  - unit five (pregnancy)
3. Day three - **Adult** – you are learning to be the nurturer
  - units six, seven, eight, nine, (labour and delivery)
4. •Day four - **Elder** – you are gaining wisdom of what a Doula is
  - units ten, eleven, twelve (support, Post partum,)
5. •Day five – Units (9) Breastfeeding, Celebration and Closure

All these stages of learning are important for a balanced and complete understanding of what it means to become a Doula.

There will be time for:

- Readings assigned (packages will be mailed) for the learning activities
- Check in each day for questions and discussion
- Time each day to celebrate life through laughter and sharing stories
- Time each day for the individual learners to review unfamiliar terms
- An atmosphere of respect, trust and safety for both the learners and the educators



**Culture: context, healing, journey, path, community and ceremony, traditions:**

The Aboriginal Doula Workshop will include content and activities that promote the values, beliefs, and practices of Aboriginal people.

**Let us begin this great work!**







## 01

## Doulas

## Unit 1. Doulas

### Learner outcomes:

- the history, role and responsibilities of a *Doula*
- the significance of birth in a woman's life

### Readings: handout:

- What are Doulas
- History of Doulas
- Role of the Doula
- Current practice of Aboriginal Doulas in British Columbia

### What are Doulas?

The word *Doula* is a Greek word meaning “a woman who serves.” In labour support terminology *Doula* refers to a specifically trained birth companion who provides support during and after birth. The Aboriginal *Doula* does not provide clinical tasks, i.e. taking blood pressure, measuring fundal height, checking the labour progress, etc.; the Aboriginal *Doula*'s primary function is to provide the woman, her partner and family with continuous emotional support, physical comfort and assistance in obtaining information before, during and just after childbirth. This may include very specific cultural practices that the birthing mother and/or couple wish to incorporate in their birthing experience.



## History of Doulas

The word *Doula* was coined in 1976 by anthropologist Dana Raphael (Klaus et al, 1992). Raphael first used the term to refer to experienced mothers who assisted new mothers in breastfeeding and newborn care. Thus the term arose initially with reference to the postpartum context, and is still used in that realm. Medical researchers Marshall Klaus and John Kennell, who conducted several studies on the medical outcomes of *Doula* attended births, adopted the term to refer to labour support as well as prenatal and postpartum support (Campbell, 2007). *Doulas* gained popularity in the 1980s when the rate of cesarean sections increased. Women began to invite a female friend, their childbirth instructor or an obstetrical nurse who were friends to provide labour support in order to have an advocate to help them through the procedures and information that could lead to a cesarean birth (Gilliland, 2002).

## Role of the Doula

A labour/birth support *Doula*:

- Recognizes birth as a life experience that the mother will remember all her life
- Understands the physiology (body function and growth) of birth and the emotional needs of a woman in labour
- Assists the woman her partner and family in preparing for and act upon their plans for the birth
- Stays with the woman throughout the entire labour and birthing process except circumstances such as caesarean birth
- Provides emotional support, physical comfort measures, help for the woman in getting the information she needs to make good decisions
- Sees her role as one who nurtures and protects the woman's memory of her birth experience
- Allows for and provides support to the woman and her partner and family in achieving culturally relevant practices during the birth experience that are specific to their beliefs, values and practice (culture).

A post partum (after the birth) *Doula*:

- Provides support to the new family with the newborn baby

In traditional Aboriginal societies women and men grow up around birth, breastfeeding, infants and children. It was customary to have three and four generations living together in a family unit. After giving birth the Aboriginal woman was surrounded by caring family members who had a lot of experience and wisdom to share. Today this is not the case in most Aboriginal families. The post partum *Doula's* support for the Aboriginal woman and her partner is intended to bridge the gap left by our customary birthing and post partum practices today, which only include: physical checkups, immunization schedules and getting goods for the baby. The terms of a postpartum *Doula's* responsibilities are decided between the family and the *Doula*. Providing post partum support to the family can include: assisting with newborn care and adjustment, meal preparation and light household tasks

The Aboriginal *Doula* can help friends and family members to promote and support the parenting choices of the new parents, particularly if this is a first child. By acting in





a respectful manner and modeling a deep understanding for the wisdom and decision making abilities of the new parents, the Aboriginal *Doula* makes clear that supporting them in their own choices will have the healthiest mom and baby experience.

### **Current Practice of Aboriginal Doulas in British Columbia**

There has been DONA *Doula* training held at eight sites in BC. The curriculum used was DONA approved but was not geared for Aboriginal people. Two Aboriginal *Doulas* in the Kamloops area were able to provide background information for the survey. The *Doula* role in the Seabird Island community is integrated into their community health team. When a *band/community health care team member employs a Doula*, they have immediate and direct access to the entire health care team in the community and to the birthing family.

### **What it Means to be a Doula – a Time for Personal Reflection**

You have been learning about the historical role of Aboriginal Traditional Aunties, birthing support now known as *Doulas* in BC and how they currently practice. Now is a good time to reflect on what it means to you to be a *Doula* and what the impact might be on you and your life.

You support the mother to experience her own “good birth” by supporting what she wants and providing information she needs to make decisions. You will explain things to her so you are sure she understands her decision but you should not push your beliefs onto her. Knowing your boundaries is important. You are there to help the mother understand information and not take any responsibility from her. You will also need to consider the wishes and feelings of her partner and family if they are present.

Your heart is a caring and compassionate one. You are a good listener and you have a calm character along with your knowledge of the childbirth process. Being a *Doula* can be strenuous work both physically and emotionally. You may need to be without sleep for many hours and may need to assist the mother into different positions as comfort measures. Keeping yourself healthy and strong is important.

When you are doing labour support in a hospital or community where other health care providers are present, you may be required to ask questions for the mother or family in a calm and respectful manner. After your training your childbirth knowledge will enable you to help the mother understand information and find her own strength to make decisions.

You may be called to be with a woman any time of the day or night. You will need to know that your family is safe and well cared for while you are away. Be sure you can organize last minute childcare so you can go anytime of the day or night. You will need to learn how to adjust your life so the work does not negatively impact your lifestyle, family and emotions.

Birth is beautiful and it is a gift to be present as a new life comes into this world. You are providing a very important role so the family has the best possible birthing experience, which will leave positive lasting memories. A *Doula* is an honoured person in the community.



*“When I first became a Doula I was unsure of how to do my work. My band did not have a maternal child health program and it seemed uncomfortable to ask mothers to pay for me to be with them during their birthing. Now I understand my role better and the people in my community have seen and heard how great it is to have a Doula so I am very busy now.” (Jeanine, Vancouver Island).*

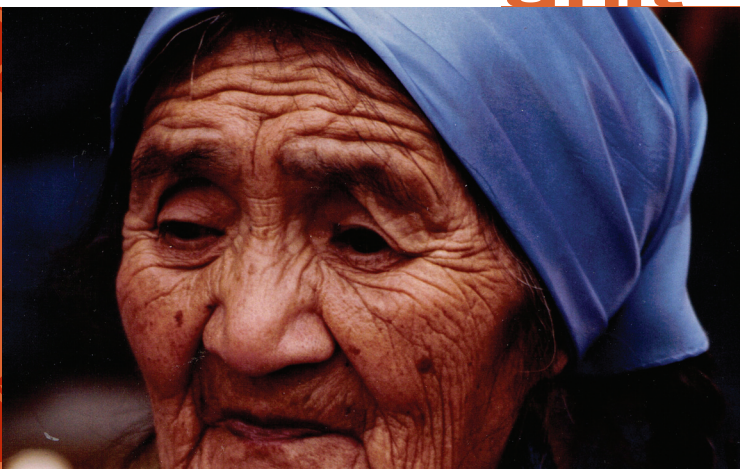
\* See Appendix A for a space to write your own reflections on being a *Doula*.



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## Unit 2: Understanding the roles of the Doulas and Registered Midwives

### Learner Outcomes:

At the completion of Unit 2 the learner will have a beginning understanding of:

- the role of a Doula and the role of a registered midwife.

### Readings:

- Pregnancy, Childbirth and the Newborn

A birth *Doula* compliments the clinical care provided by labour and delivery nurses, obstetricians and midwives, by being the **final touch to the team**. She recognizes that birth is a key life experience, understands the physiology of birth and the emotional needs of a woman in labour. A birth Doula provides continuous support and helps the family prepare and carry out their plans for the birth. She provides emotional support, comfort measures, and educational information and support to help in decision-making. A *Doula* **does not take** the position of the woman's partner; she **enhances that role** by helping the partners to participate at their own comfort level.

Doulas provide comfort measures and emotional support. Registered Midwives are trained to provide all necessary maternity care during the pregnancy, birth and first few weeks post partum. Doulas work as part of the team, with a midwife, doctor, nurse and other allied health professionals (i.e. drug and alcohol, family violence worker, Head Start coordinator, Community Health Representative (CHR), community wellness director, etc.,) are a positive addition to the birth team for those who desire a Doula.

### Questions You May Want to Answer for Birthing Families Considering Doula Support:

- What training have you had?
- What is your experience as a Doula.?
- Are you available to meet to discuss the family's needs and what is the role you will play in supporting me/us in the birth labour period?
- What different types of services do you offer?
- What is your availability?
- Is there a Doula service available from your employer?
- What is your experience in labour and delivery support, breastfeeding support?

- Does your employer have a back up a for times when you are supporting a woman during birth?

Studies have shown improved birthing experience and outcomes when there is a Doula present at birth. Studies have shown there is a decrease of cesarean sections, the use of pain medication, the use of forceps, the use of oxytocin, and increase in breastfeeding success and overall birth satisfaction (McGrath, Kennell, Suresh, Moise, & Hinkey, 1999).

**If the band, health society or the community in a maternal child program employs the *Doula***, this service may be offered to the birthing clients as part of the general health care services with no additional fees.

The role of a birth Doula can range from providing prenatal support, support during birth, post partum visit, and possibly traveling with the mother to a higher level of care if needed, depending on location, the assistance the Doula will provide and her experience. The service usually includes 24-hour telephone support, two to three prenatal visits, presence at the birth itself (whether labour lasts five hours or 36), and to meet one - or two times to visit the new family, help with breastfeeding if needed and to bring closure to the doula-client relationship

### Questions to ask yourself

**If you are asked to be a Doula for a family who are planning a home birth, the questions you need to ask yourself are:**

Questions	Answers
Is the woman under the care of a Registered Midwife (RM)?	In BC, Registered Midwives are licensed to attend home births.
Does the mom know when the Midwife arrives during labour?	It is up to the mother to find out.
Will I be expected to perform any tasks outside the Doula's role?	No, you should only perform duties you are trained to provide. If it is not the Doulas role, go over your Doula role at your meeting with the midwife and mother.
If there are complications and the mother needs to go to the hospital, who makes that decision and how does she get there? At no time should you volunteer to be a Doula for a planned unassisted birth (without any Medical people present) at home.	It is the responsibility of the RM to make all clinical decisions including transferring to the hospital if required.

*"In our villages we have to rely on the roads to get us to Terrace. Usually the mother is sent out one to two weeks before the baby is due. Sometimes the father can go also but if there are small children he may have to stay home with them or send them back home. Sometimes in the winter there have been births in the community because there was no time for the mother to get to Terrace. I guess they are not real home births because we have a nursing station here but they are unexpected births. We do not have any Doulas in our communities. There are some nurses, they are mostly non Aboriginal and from somewhere else." (Joanne, Nass Valley).*



## Unit 3: Aboriginal Birth and Doula Stories from British Columbia

### Learner outcomes:

At the completion of Unit 3 the learner will:

- have an appreciation for the significance of birth,
- learn varied birth practices and *Doula* experiences of Aboriginal mothers and caregivers

### Readings:

- Prepared Childbirth: the Family Way

### The Doulas Making a Difference

The birth of a child is a memorable and transforming event. Birth is a celebration, a ceremony, and a natural event.

### Doula Story

Weytk, hello, my name is Kanahus. I am working towards receiving my certification to become a certified *Doula* with DONA.

I attended a very beautiful birth on November 9th, a beautiful Secwepemc, St'at'imc and Anishinabek baby boy born in a traditional underground pit house. The birth was attended by a midwife, the father and myself. The mother really wanted to have a very traditional birth, after her first being born in a hospital and it was everything that she expected. I am blessed to have taken the *Doula* training and it has given much needed skills and the greater desire to continue on to get my certification. I am supported by my community and more and more women are knowing that I offer myself to help them during childbirth and this life changing experience. It is an honor to be there to help these precious babies come into this world and support these mothers.

As *Doulas* we definitely need to be aware of clients that have sexual abuse issues. Since this is a very sensitive issue particularly in the aboriginal community where many face these horrors every day. Some of these issues may have not been resolved and may arise during childbirth. I had attended a workshop at the International Midwifery Conference in Oregon a couple of years back that addressed midwives and *Doulas*

O3

Aboriginal Birth and  
Doula Stories



dealing with clients with sexual abuse. Some pregnant women were alright the whole pregnancy and it wasn't until the baby was coming down the birth canal that suppressed memories arose of childhood sexual abuse and the woman relived the experience during the actual childbirth. We as *Doulas* need to know how to address sexual abuse. We need to know how to appropriately acknowledge if our client is dealing with this, whether the women needs other resources to professionals that can help her address these issues, and how to be appropriately sensitive to all women - ie to be aware that some women don't want to be touched, massaged, etc., It would be good to get a professional that understands the symptoms and realities that sexually abused women are dealing with especially during pregnancy when many emotions may arise.

[Kukstsemc, Kanahus Paltki, Neskonlith, Secwepemc Nation](#)

### **Knowing Your Community's Beliefs About Birthing And Pregnancy**

There are many cultural differences in health care practices with the different bands and communities in BC.

Pregnancy has a certain mystique. Millions of women have been through it, yet almost every woman's experience is different. Perhaps that is why so many myths have formed and survived over the centuries.



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## Unit 4: Communication

### Learner Outcomes:

At the completion of Unit 4 the learner will have an understanding of

- varying communication techniques and have had an opportunity to practice them

### Readings:

#### Reflective (active) listening

Reflective listening goals:

- To facilitate communication
- To foster relationships
- To validate the person's experience
- To help the person clarify his or her feelings and his or her concerns

When to use reflective listening skills:

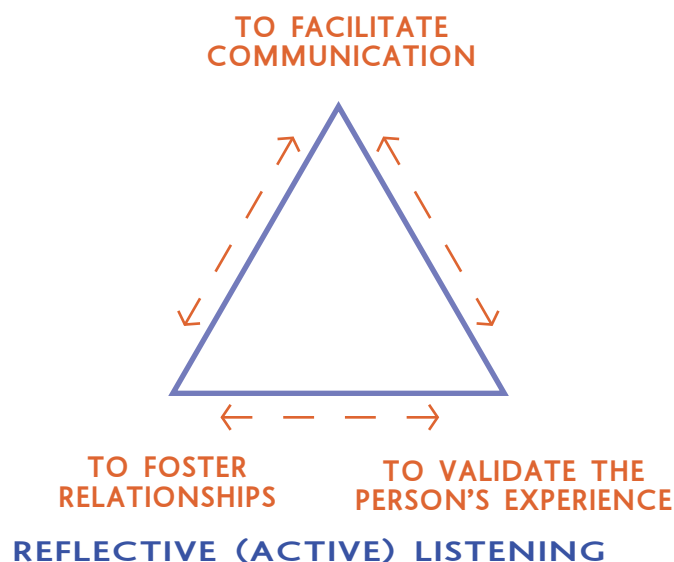
- When a person has a problem he or she needs to solve
- When a person is experiencing strong feelings or concerns
- When a person has a problem with another person's behavior
- When two or more people are in conflict

Basic skills:

- Non verbal congruency (appropriate body language)
- Use opening type of statements
- Reflect your understanding of what the other person is saying
- Ask for confirmation
- Reflect the feelings you are hearing or sensing in a non judgmental way
- Use open ended questions
- Use attentive silence

Avoid responses that tend to block communication:

- Order, command, direct
- Threat, warn
- Preach, moralize
- Advise, solve
- Agree, praise
- Judge, criticize, blame
- Sympathize, reassure
- Analyze, diagnose
- Probe, question
- Humor, sarcasm
- Distract, take subject away



### Counseling Skills for Difficult Situations

The very nature of *Doula* work puts us in contact with people at a highly charged and potentially vulnerable period of their lives. Find a way to connect with the mother. Do more listening than talking. Bring calm control and 100% of your attention. Be present for the woman and family.

notes:



## Unit 5: Prenatal Birth and Partner Support

### Learner outcomes:

At the completion of Unit 5 the learner will be knowledgeable about:

- prenatal support
- the key players for labour support
- helping prepare siblings

### Readings

- Baby's Best Chance
- Journey for Two

### Prenatal visits

For the initial prenatal visit, whether a private practice *Doula* or a community maternal-child health team member, remember to observe the local cultural protocols and bring a small gift appropriate for the occasion.

**For the private practice *Doula*:** A minimum of two face-to-face prenatal visits with the mother is highly recommended. Most *Doulas* do two or more visits, in addition to general phone support. The first prenatal visit generally takes place one month before the woman's due date. When possible all support persons planning to attend the birth should be present. The purpose of the prenatal visit is to become comfortable and acquainted.

- Introduce yourself
- Review the mother's pregnancy, life and family situation
- Explain the role of the *Doula* – emotional, physical, informational and partner support, advocacy and client confidentiality
- Explain boundaries of *Doulas*



- Logistical and business matters
- Plans for your relationship during mother's pregnancy and post partum care expectations
- Become acquainted with details of the birth setting, caregiver, etc.,
- Determine their level of experience and preparation
- Planning for the birth – what does she wish; what are her partner's desires/wishes; discuss or help formulate a birth plan; what are their expectations of a *Doula*
- Discuss any fears or concerns she or her partner may have
- For experienced mothers go over previous birth experience in some detail



**Record keeping** – basic information, directions to clients home, copies of agreements, confidentiality form, birth plan, notes with dates from prenatal meeting, labour and birth summary, notes for post partum meeting, and DONA forms.

**For the band employed or maternal child health team member *Doula*:**

Your introduction to the mother and father/partner may be quite different. You may already know them, they may be your neighbors, and they may even be in your family or extended family. You also will have earlier and less formal access to the birthing family than the private practice *Doula*. This *Doula* will find her own way to communicate and contact the birthing couple following lines of communication and traditions in place for that particular community.



## The Doula and the Partner

### The Doula and the Partner

The Aboriginal *Doula* is a supporter and occasional mentor for the partner. Their respective roles are similar, but the differences are key. The partner may have little experience in dealing with the often-delicate forces of the labour process, and may receive huge benefit from the birth-familiar presence of an Aboriginal *Doula*. Even more important, many partners experience the birth as an emotional journey of their own and find it hard to be objective in such a situation; the *Doula* facilitates the family process. An Aboriginal *Doula* supports and encourages the partner in his/her support style rather than replacing the partner.

### Dads and Doulas: A DONA International Birth Doula Topic Sheet

#### Dads and Doulas: Key Players on Mother's Labor Support Team

There was a time when expectant fathers were portrayed as anxious, floor-pacing, cigar smoking men who were tolerated in hospital corridors until the long-awaited moment when a nurse or doctor would announce they were the proud father of a daughter or a son. Today's expectant fathers are different.

When it comes to pregnancy, birth, and parenting, today's father may want to share everything with his partner. He may want to be actively involved; ease his partner's labor pain, welcome his baby at the moment of birth and help care for his newborn at home. A birth *Doula* can help a father experience this special time with confidence.

Studies show that when *Doulas* are present at birth, women have shorter labors, fewer medical interventions, fewer cesarean sections and healthier babies. Recent evidence also suggests that when a *Doula* provides labor support, women are more satisfied with their experience and the mother-infant interaction is enhanced as the *Doula* supports them post partum and on into the future. With *Doula* support, fathers tend to stay more involved with their partner rather than pull away in times of stress.

Today, a father's participation in birth preparation classes or his presence at prenatal visits and in the birth suite is a familiar occurrence. Yet, we sometimes forget that the expectations of his role as a labor coach may be difficult to fulfill. Sometimes it is also culturally inappropriate for an expectant father to be so intimately involved



in the process of labor and birth. The father-to-be is expected, among other things, to become familiar with the process and language of birth, to understand medical procedures and hospital protocols and to advocate for his partner in an environment and culture he may be unfamiliar with. A *Doula* can provide the information to help parents make appropriate decisions and facilitate communication between the birthing woman, her partner and medical care providers.

At times a father may not understand a woman's instinctive behavior during birth and may react anxiously to what a *Doula* knows to be the normal process of birth. He may witness his partner in pain and understandably become distressed. The *Doula* can be reassuring and skillfully help the mother to cope with labor pain in her unique way. The father-to-be may be asked to accompany his partner during surgery should a cesarean become necessary. Not all fathers can realistically be expected to coach at this intense level.

Many fathers are eager to be involved during labor and birth. Others, no less loving or committed to their partners' well being, find it difficult to navigate in uncharted waters. With a *Doula*, a father can share in the birth at level at which he feels most comfortable. The *Doula's* skills and knowledge can help him to feel more relaxed. If the father wants to provide physical comfort, such as back massage and change of positions, and help his partner to stay focused during contractions, the *Doula* can provide that guidance and make suggestions for what may work best.

Physicians, midwives and nurses are responsible for monitoring labor, assessing the medical condition of the mother and baby and treating complications when they arise; but birth is also an emotional and spiritual experience with long-term impact on a woman's personal well being. A *Doula* is constantly aware that the mother and her partner will remember this experience throughout their lives. By mothering the mother during birth, the *Doula* supports the parents in having a positive and memorable birth experience.

The benefits of *Doula* care have been recognized worldwide. The Medical Leadership Council of Washington, D.C, the Society of Obstetricians and Gynecologists of Canada and the World Health Organization are among the many healthcare organizations that value the benefits that *Doulas* provide to women in labor.

The father/partner's presence and loving support in birth is comforting and reassuring. The love he/she shares with the mother and his/her child and his/her need to nurture and protect his/her family are priceless gifts that only he/she can provide. With her partner and a *Doula* at birth, a mother can have the best of both worlds - her partner's loving care and attention and the *Doula's* expertise and guidance in birth.

### Ideas for preparing siblings

There may already be children in the birthing family. If there are, here are some suggestions the *Doula* can make to ease the transition for the mother before and after the birth of the baby. The *Doula* is again so valuable in this regard, as her primary focus is the mother. ***Mothering the mother*** means that the emotional support the mother needs pre and postnatally encompasses many aspects of her family life, especially if this includes older children. Here are some suggestions that could be offered:





- Read books about babies and talk about what new babies are like
- If the older child has a baby book, get it out and show it to him/her
- If possible, visit with someone who has a young infant
- If you are making a bedroom change for the new baby, do it early in the pregnancy
- Encourage the older sibling to help choose things for the new baby
- If the child is old enough take them along on a prenatal visit to hear the heartbeat
- Prepare your older child for the time you will be away during labour and delivery
- When you come home let your partner carry the baby and then you can hug the older child straight away - Buy a special toy or book or tee shirt that says I am an older brother/sister
- Ask family and friends to greet the older child and pay attention to him/her before oohing and aahing over the new baby
- Read a story to the older child while feeding the baby
- Plan a special time for yourself and the older child each day
- Expect acting out or aggression from the older child





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## Unit 6: Preparing Yourself - Client Information and Documentation

### Learner Outcomes:

At the completion of Unit 6 the learner will:

- be comfortable in gathering information
- understand the importance of documentation
- develop a Birth Plan

### Readings:

- Documentation Forms in Appendices C, E, F G, & H
- Baby's Best Chance

### Doula Client information and Documentation

The following documents will ensure you are ready at all times. This is your record keeping and your client file. It is very important to have these things written down and not just “in your head.” Keep documents in a safe place and be prepared for the birthing mother’s call.

### Doula Information Sheet

You will find the *Doula* Information Sheet in Appendix E.

The personal information of your client will be recorded here.

### The Birth Wishes

Please refer to Appendix F.

See “Baby’s Best Chance”

A birth plan states the mother’s personal preferences but does not take away quality of care. The plan is respectful and flexible. It should include the mother’s most important issues, fears or concerns; a general description of the birth mother prefers; and sections on normal labor and birth care of the newborn and unexpected events (a long-drawn-out labor, cesarean birth, a premature or sick baby, even death of the baby).



Preparing a birth plan takes time, thought and information gathering. The mother often will consult with the *Doula* before the final version is completed. By the time the mother has completed the birth plan, the *Doula* will have a fairly complete picture of what to expect in terms of the mothers care required during childbirth and directly afterward. Making the birth plan offers a unique opportunity for the mother and the *Doula* to form a trusting relationship. It also offers an ideal time to discuss the mother's ideal birth.

### **Newborn Care Plan**

*Please refer to Appendix G.*

This form lays out what the mother's wishes are for the when the baby is born.

### **Postpartum Care Plan**

*Please refer to Appendix H.*

This form lays out the expectations of the mother in caring for her new baby

### **Confidentiality Form**

*Please refer to Appendix C.*

This legal document protects the mother's information. It is a signed contract that ensures you do not share the mother's information with anyone without permission.



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# Unit 7

## Doula Support During Labour and Comfort Measures



## Unit 7: Doula Support During Labour and Comfort Measures

### Learner Outcomes:

At the completion of unit 7 the learner will have:

- a beginning knowledge of the stages and phases of labour
- a beginning understanding of the many ways a *Doula* can be supportive during the labour process.
- a beginning understanding of ways to assist the labouring mother to achieve a comfortable position

### Readings:

- Prepared Childbirth: the Family Way
- Pregnancy, Childbirth and the Newborn
- Prepared Childbirth: the family Way
- Baby's Best Chance DVD

### Hands on Comfort Measures

In this unit you will learn about physically supportive ways to support the mother during labour.



### You will learn about

- the Intent To Touch Concept
- the “Gate Control Theory Of Pain”, which builds on how our thoughts, beliefs, and emotions may affect how much pain we feel from a given physical sensation.
- basic introductory Massage
- positions for Labour
- massage tools
- methods for supporting a women with back labour
- Birth Ball, Rebozo and Labour Link, many of which will be shown during the workshop. Some examples are shown in the following pictures.

### Suggestions for the Doula Kit (things you may wish to have on hand for the actual birthing)

- Nametag (especially for in the hospital)
- Paperwork (birthing plan, contact information, mother’s extra directions, etc.,)
- Birth ball
- Fan (small hand held or battery powered)
- Watch (with second hand and easy to read dial)
- Bath pillow
- Massage tools
- Misting spray bottle
- Diversions (a CD, a squeezey ball, a rattle, a drum, a feather, etc)
- Music
- Knee pads
- Hand held mirror
- Gift suitable that are culturally competent for the mother’s tribe/nation (there are different protocols for different tribes/nations for the giving of gifts for ceremonies)
- For the *Doula*: Personal supplies, change of clothing, bottled water and odorless snack, change (to use for parking, telephone, etc), cell phone

### Some Examples of Comfort Measures and Positions

#### Sitting on the ball

This allows you to take the weight off your legs and relax your lower back. You can rock side to side, forward and back or all the way round. Your partner may sit behind you so that you can lean back into him between contractions, or you may want to lean forward against a bed or other furniture.

**Also try:** sitting cross-legged, on bed or floor.

#### On knees leaning over ball, or on hands and knees

An exercise ball allows you to put the weight of your upper body on the ball instead of your hands. The ball also encourages movement, rocking forward into cat stretches or side to side. You can also do these same movements on your hands and knees. These movements open the pelvis to allow the baby to rotate into an anterior position.

**Also try:** sitting backwards on a chair or toilet seat, leaning into a pillow.



### Standing and leaning forward

Some women lean into a wall. Others choose a desk, or place an exercise ball on a kitchen counter or other high surface. Bend your knees. If using a ball, lean your head, arms and upper chest into the ball. Rock from side to side during the contraction. Between contractions, walk to encourage your labour to progress.

### Side lying with upper knee bent

It's OK to lie down in labour. Lie down on one side, with your lower leg straight, and bend your upper knee as much as possible. Rest it on a pillow. This is another position to open your pelvis and encourage your baby to rotate and descend. It's a nice resting position for anyone, not just those experiencing back labour.

### Why be upright?

One of your biggest allies is gravity. When you are upright — standing, sitting or kneeling — the weight of your baby presses on the cervix, encouraging it to open. An upright position may also help get your baby into the best position for birth. The one position a labouring woman should not adopt is lying flat on her back, because the weight of the baby puts pressure on a major artery, restricting blood flow to the baby. Prevent this by putting a small pillow or wedge under one side of your back so you're lying slightly to the side.

### Lying down on your side

- Your partner can rub your back to help you relax. You may even drift off to sleep, at least between contractions. Rest until you need to be up to meet the intensity.

**Also try:** rocking in a chair or glider.



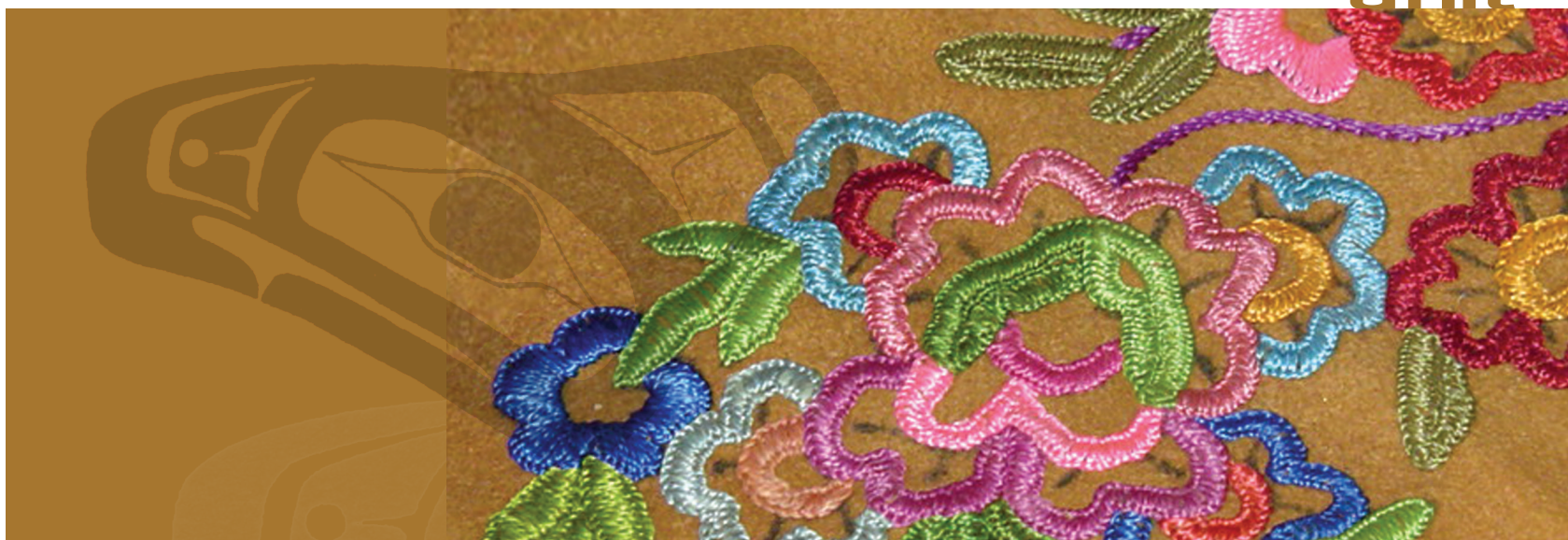


### Slow dancing

- Put your arms around his neck, and lean your head into his
- chest or shoulder. Your partner puts his arms around your lower back and locks his fingers so that you feel secure. You may find it even more comfortable to drop your arms over his so they dangle limply. Rock from side to side together. Add slow dance if desired.



notes:



## Unit 8: Unexpected Labour Situations

### Learner outcomes:

At the completion of Unit 8 the learner will have a beginning understanding of

- the various complications that can arise in labour

### Readings:

- Prepared Childbirth: the Family Way
- Pregnancy, Childbirth and the Newborn
- Baby's Best Chance
- The Birth Partner

Unfortunately not all pregnancies and births progress along a normal pathway. Complications can show up at various times. As a Doula, you will need to help the mother adjust to the challenge that is being presented to her. There needs to be confidence that the health care providers will manage whatever is happening so you can continue to be a support to the mother and family. Continue to be an advocate for the mother and ask questions of the caregivers so she truly understands what is happening. No matter what the complication, a Doula can continue to provide comfort for the mother and family.

After a labour and birth that does not go as planned, you may be the person that she is most comfortable talking to after the delivery to help her recover emotionally so you will need to make some time for that.

### Some example complications or challenges to your Doula Role are:

- Cesarean Birth, Planned or unplanned,
- Breech presentation
- Epidural insertion
- Induction of labour
- Medical conditions such as hypertension in pregnancy
- When a baby dies



“As soon as we suspected the mother was overdue she was asked to walk around a lot. She would be told to walk around and not to sit down. That was to start the labour. Someone always walked with her. Of course when she was walking around and doing chores, then the labour started. A pregnant woman was not allowed to sit around. She had to be active to induce the labour. Today doctors induce labour as soon as the woman is overdue. In the old days, as soon as a pregnant woman started physical work, or walked hard, it would start the labour.”

Annie, Prince Rupert



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# 09

## Breastfeeding and Bonding

### Unit 9: Breastfeeding and Bonding - Newborn Feeding Immediate Postpartum

#### Learner outcomes:

At the completion of Unit 9 the learner will have a beginning understanding of:

- the *Doula's* role in the postpartum period and with early days breastfeeding

#### Readings:

- Prepared Childbirth: the Family Way
- Pregnancy, Childbirth and the Newborn

*"I thought it was going to be so easy to breastfeed. Like it's natural right? We watched this amazing video at the prenatal classes where the new baby crawled right up the mom's tummy to get to the breast and latched on. Then imagine. My breasts ached and were too full and it hurt and I got mastitis and then they cracked and bled and I cried so hard every time I feed him. I thought it was going to be easy. It isn't always." (Nikki, first time mother)*

*"Breastfeeding was my release, emotionally and physically. It actually was quite a turn on and she was so sweet sucking away. It really changed how I felt about my breasts sexually after that. I really didn't want him touching them or doing other things with them." (Glenna, first time mother)*

*"I only breastfeed for two months with all three of them. Because I knew that I wanted to smoke and have a few drinks. So I gave them two months of the breast for a good start and then I wanted my body back for myself." (Wynona, three times mother and now grandmother)*

*"The baby was never washed right away. The first thing they did was to suck the mucous as soon as the baby came out. We used our mouths to do this. You always took good care of a newborn. In the old days we used rabbit fur to wrap the baby in." (Mary, Williams Lake)*



notes:



# 10

## Processing the Birth Experience and Closure

### Unit 10: Processing the Birth Experience and Closure

#### Learner outcomes:

At the completion of Unit 10 the learner will have a beginning understanding of:

- how to support the mother and family after the birth

#### Readings:

- Prepared Childbirth: the Family Way
- Pregnancy, Childbirth and the Newborn

*"It was in the winter when he was born and pale grey days. We did not have a crib or a cradle for him so he slept on the couch. I put pillows beside him. In those days we were told to have the baby sleep on their stomach. Sometimes when I looked at him there on the couch it was like there was a ray of sunshine lighting up that little spot even when there wasn't. He was such a good baby and I can still see him in my mind lying on that little yellow and blue quilt." (Eileen, Bella Coola).*

*"We moved home to the reserve to have the baby. We were tired of being in the city and we were afraid because so many of our friends seemed to be getting lost on the streets. We did not have much and had moved into an abandoned house. We had a wood stove and kerosene lamps. After a while we got some lights by running a cord from granny's, next door. When the baby came, everyone came to our little house with things to make the house warm and nice for the bay. My bay was strong and loved and I breastfeed him for one whole year. They all called him 'the little commander' because the whole house revolved around him. He has his own babies now." (Patty, Nass Valley)*



## Processing the Birth Experience with the Woman

by Penny Simkin, PT, CD(DONA)

The childbirth experience lives on in the new mother's thoughts and emotions as she integrates her prior expectations with all the rewarding, challenging, painful, frightening, exhausting, and demanding aspects of it. She needs to make sense of her childbirth by reconstructing it and putting into words what happened and how she felt. Of course, if she feels triumphant, powerful, and fulfilled by her child's birth, having a chance to recall the details and relive the joy will reinforce the positive aspects, enhance her self-esteem, and deepen her satisfaction. Negative or mistaken impressions, however, do not go away if they remain unresolved; in fact, they tend to fester and grow. If the birth was traumatic for her or her baby, early processing and reframing may even prevent later Post-Traumatic Stress Disorder or Postpartum Depression. If she is angry at or disappointed in herself, in people who were there, or over the events that occurred, she will benefit from a caring, empathic listener who acknowledges and validates her feelings. When the time is right, this person can help her to a more comfortable or positive perspective.

### Suggestions for the Doula

- I. Before the birth, indicate that you will be most interested in the woman's feelings after the birth
  - A. Before you get together for a postpartum visit, tell her you would like to go over it with her in detail
  - B. Allow enough time for a thorough discussion
- II. At the postpartum visit, introduce the subject in an open-ended way
  - A. "Even though I was there, I'm interested in knowing what this experience was for you. What are some of the things that stand out most?" OR
  - B. "Would you like to review your labor from the beginning?"
- III. Goals of getting together to review the birth experience
  - A. For both the mother and the *Doula*, an accurate picture of what happened and why
  - B. A positive impression of the woman's participation
  - C. For the woman, a feeling that she is heard, understood, respected, and cared for
  - D. Help the woman put experience into words
  - E. For the *Doula* greater understanding of what the experience was for the woman
  - F. Feedback for the *Doula* from the mother regarding her/his role
  - G. A degree of closure to the relationship, if appropriate
- IV. Purposes of getting together to review the labor and birth
  - A. To assist the mother in reconstructing the experience
  - B. To acknowledge and validate her feelings
  - C. To clarify or correct misconceptions or misunderstandings
  - D. To fill in any "missing pieces" and answer questions
  - E. To help her deal with disappointment, guilt, or anger, even if the *Doula* is the target of some of those emotions



VI. Methods to use to achieve the goals

- A. Explanation/clarification of events
- B. Questions and answers
- C. Active listening
- D. Constructive feedback (“I-messages”)
- E. Acknowledgment and validation of feelings
- F. Appropriate allocation/acceptance of responsibility
- G. Planting “seeds of accomplishment”—compliments in reference to specific events from the labor
- H. Good timing when shifting from listening to giving feedback to planting seeds to concluding the session

VI. Some notes of caution:

- A. Processing can take a long time, especially when the experience was frightening or traumatic
  - Repression of recall protects the new mother as she takes on the tasks of new parenthood; she may not deal with her feelings about the birth at all, or for months or until a subsequent pregnancy
  - Even if she is not ready, the *Doula* can plant seeds of accomplishment that the mother will recall when she begins to process the birth
- B. Sometimes the *Doula* (or whoever is the listener) is the target of some anger or disappointment; it requires patience, non-defensiveness, and good communication skills to respond appropriately
- C. Some women have birth experiences that require more than one session or some intensive counseling to come to terms with a negative experience or a poor outcome
- D. Some women are traumatized by birth experiences that would not be troubling to others; it is important to accept her perceptions as her reality because prior life events can make some women more vulnerable than others

**Conclusion:** Early intervention, in the form of unhurried, open-minded and openhearted processing of the birth experience, can enhance the positive aspects of the birth (and the woman’s role in it) and prevent psychological trauma. Delay or avoidance of this discussion misses an opportunity to positively influence a woman’s long-term self-esteem and mental health.



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## Unit 11: Becoming DONA Certified

### Learner outcomes:

At the completion of Unit 11 the learner will understand:

- the history and purpose of DONA
- the certification process.

### Readings:

#### Certification

A certified *Doula* is one who has completed an elective certification process through a Doula or childbirth association such as DONA (Doulas of North America) International.

Certification generally means that a person has completed a prescribed training program, documented a minimum level of hands-on experience with positive client and provider evaluations, and agreed to work within the scope of practice as defined by the certifying organization. The process is an effort to professionalize the traditional role of the female support person at birth and during postpartum.

**Is certification important?** It depends on who you ask. From the customer perspective, good word of mouth in the community, or a recommendation from a trusted friend may trump certification. Certification is no guarantee that a person calling herself a “*Doula*” encompasses the personal qualities of patience, humor, compassion, integrity, or good judgment. On the other hand, *Doulas* who are charging a fee for services have gone beyond the “helping neighbor” role and ought to be scrutinized. Checking credentials is one way that consumers can protect themselves.

#### DONA International

Doulas of North America (DONA) mission and vision statements are:

- Vision: a *Doula* for every woman who wants one
- Mission: providing training and certification opportunities for *Doulas* of varied cultures, educational backgrounds, ethnic backgrounds and socio-economic level; and to educate health care providers, the public and third party payers of the benefits of a *Doula*’s presence during childbirth



DONA began in 1992 when a small group of some of the foremost experts in childbirth decided that the time had come to promote the importance of emotional support for mothers and their partners during birth and the postpartum period. Convinced by significant evidence of the importance of *Doulas* to a mother's (and consequently the family's) well being, they created an association for a relatively new group of professionals steeped in timeless tradition – *Doulas*.

What they created is an organization that supports *Doulas* who strive to help women and their partners to have satisfying childbirth and postpartum experiences. DONA has grown so rapidly, both in numbers of members and geographical scope, that in 2004 they changed the name to DONA International.

DONA International Founders: Mothering the Mother was founded by Drs Marshall Klaus and John Kennell, Phyllis Klaus, CSW; Penny Simkin, PT and Annie Kennedy, all renowned experts in childbirth and newborns. Their goal was to promote *Doula* care. The five founders have continued their research and frequently share their knowledge through their writings and speaking engagements.

### Standards of Practice for Birth Doulas

DONA International's Standards of Practice define a Doula's role

**As the premier association of Doulas in the world, DONA International's Standards of Practice help Doulas worldwide to play a valuable and appropriate role during birth and the postpartum weeks.**

## I. SCOPE

### A. Services Rendered

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

### B. Limits to Practice

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

### C. Advocacy

The *Doula* advocates for the client's wishes as expressed in her birth plan, in prenatal





conversations, and intrapartum discussion, by encouraging her client to ask questions of her caregiver and to express her preferences and concerns. The *Doula* helps the mother incorporate changes in plans if and when the need arises, and enhances the communication between client and caregiver. Clients and *Doulas* must recognize that the advocacy role does **not** include the *Doula* speaking instead of the client or making decisions for the client. The advocacy role is best described as support, information, and mediation or negotiation.

#### **D. Referrals**

For client needs beyond the scope of the *Doulas* training, referrals are made to appropriate resources.

## **II. CONTINUITY OF CARE**

The *Doula* should make back-up arrangements with another *Doula* to ensure services to the client if the *Doula* is unable to attend the birth. Should any *Doula* feel a need to discontinue service to an established client, it is the *Doula's* responsibility to notify the client in writing and arrange for a replacement, if the client so desires. This may be accomplished by:

- Introducing the client to the back-up *Doula*.
- Suggesting that another member of DONA International or other *Doula* may be more appropriate for the situation.
- Contacting a DONA International Regional Representative or local *Doula* organization for names of other *Doulas* in the area.
- Following up with client or back-up *Doula* to make sure the client's needs are being accommodated.

## **III. TRAINING AND EXPERIENCE**

### **A. Training**

*Doulas* who are certified by DONA International will have completed all the requirements as set forth in the DONA International Requirements for Certification. This includes training in childbirth and attendance at a birth *Doula* workshop which has been approved the DONA Education Committee; completion of a breastfeeding requirement; required reading from the DONA International Reading List; development of a resource list for her clients; completion of an essay that demonstrates understanding of the integral concepts of labor support and a Basic Knowledge Self Assessment Test. See the DONA International Requirements for Certification for more detail on Training and Experience.

### **B. Experience**

*Doulas* certified by DONA International will have the experience as set forth in the DONA International Requirements for Certification. This includes provision of support to a minimum number of clients, positive evaluations from clients and health care providers and records of three births, including a summary, observation form and account of each birth.

### **C. Maintenance of Certification**

DONA certified *Doulas* will maintain certification as outlined in the DONA International recertification packet. Recertification must be completed after each three-year period of practice.



## Code of Ethics for Birth Doulas

### DONA International's Code of Ethics sets high standards

Our code of ethics helps us to practice with integrity by clearly defining our ethical responsibilities to clients, colleagues, the profession and society. It requires us to maintain high standards of personal integrity and professional competence and practice.

## I. RULES OF CONDUCT

### A. Propriety (respectability)

The *Doula* will maintain high standards of personal conduct in the capacity or identity as a labour support provider.

### B. Competence and Professional Development

The *Doula* will strive to become and remain proficient in the professional practice and the performance of professional functions through continuing education, affiliation with related organizations, and associations with other Labour Support Providers.

### C. Integrity

The *Doula* will act in accordance with the highest standards of professional integrity.

## II. ETHICAL RESPONSIBILITY TO CLIENTS

### A. Primacy of Client's Interests

The *Doula's* primary responsibility is to her clients.

### B. Rights and Prerogatives of Clients

The *Doula* should make every effort to foster maximum self determination on the part of her clients.

### C. Confidentiality and Privacy

The *Doula* will respect the privacy of clients and hold in confidence all information obtained in the course of professional service.

### D. Obligation to Serve

The *Doula* will assist each client seeking labour support either by providing services or making appropriate referrals.

### E. Reliability

When the *Doula* agrees to work with a particular client, her obligation is to do so reliably, without fail, for the term of the agreement.

### F. Fees

When setting fees, the *Doula* will ensure that they are fair, reasonable, considerate, and commensurate with services performed and with due regard for the client's ability to pay. The *Doula* must clearly state her fees to the client, and describe the services provided, terms of payment and refund policy.

## III. ETHICAL RESPONSIBILITY TO COLLEAGUES

### A. Respect, Fairness, and Courtesy

The *Doula* will treat colleagues with respect, courtesy, fairness and good faith.

### B. Dealing with Colleagues' Clients



The *Doula* has the responsibility to relate to the clients of colleagues with full professional consideration.

#### **IV. ETHICAL RESPONSIBILITY TO THE LABOUR SUPPORT PROFESSION**

##### **A. Maintaining the Integrity of the Profession**

The *Doula* should uphold and advance the values, ethics, knowledge and mission of the profession.

##### **B. Community Service**

The *Doula* is encouraged to assist the DONA International vision of “A *Doula* For Every Woman Who Wants one” by making reduced cost or not cost labour support services available when possible.

#### **V. ETHICAL RESPONSIBILITY TO SOCIETY**

##### **A. promoting Maternal and Child Welfare**

The *Doula* should promote the general health of woman and their babies, and whenever possible, that of their family and friends as well.



## Birth Doula Certification

### Becoming a Birth Doula

When you become a certified birth *Doula*, you gain a respected credential. DONA International certification means that you have met a high international standard, ensuring expectant parents and their medical team that you will adhere to the highest standards of conduct and ethics. It means you are trained to support a woman emotionally, as well as educated to help her determine the services and information that she needs during labor and childbirth.

#### Certification Requirements

To become a DONA International certified birth *Doula*:

1. Attend a DONA approved Birth Doula Workshop [[http://www.dona.org/develop/find\\_a\\_workshop.php](http://www.dona.org/develop/find_a_workshop.php)] of 16 or more hours in length. Certification must be completed within four (4) years of attending the birth *Doula* workshop.
2. Read five books from the required reading list and the DONA International Birth Doula Position Paper. [[http://www.dona.org/publications/position\\_paper\\_birth.php](http://www.dona.org/publications/position_paper_birth.php)]  
Download the Birth *Doula* Required Reading List [<http://www.dona.org/PDF/5RequiredReadingList--8-21-08.pdf>]
3. Purchase a birth *Doula* certification packet. [[http://www.dona.org/Merchant2/merchant.mvc?Screen=CTGY&Store\\_Code=DB&Category\\_Code=C1](http://www.dona.org/Merchant2/merchant.mvc?Screen=CTGY&Store_Code=DB&Category_Code=C1)] Each packet expires within two (2) years of purchase.
4. Complete **one** of the following:
  - A. Training in Childbirth Education or Midwifery
  - B. Work experience in Labor and Delivery as a Registered Nurse
  - C. Observation of a 12 hour Childbirth Preparation series (not as an expectant parent) or “Introduction to Childbearing” class offered in conjunction with an approved DONA birth Doula workshop
5. Submit **at least one** of the following:
  - Proof of completion of lactation consultant, breastfeeding peer counselor or community breastfeeding educator training
  - Proof of completion of an online study program
    - *Lactation Education Resources offers a basic, “Complete Self-Learning Program” that is affordably priced*
    - *A second option is Breastfeeding Basics.*
  - Proof of participation in a breastfeeding workshop offered to birth and postpartum related professionals, such as those offered at conferences and by local lactation consultants (three hour minimum)

#### Certification Requirements – Supervised Practice

1. Provide *Doula* service to a minimum of three clients. *All births submitted for certification must take place after the workshop and purchase of the birth certification packet.* The births documented must meet the following criteria:





- They occur after you attend a DONA International-approved workshop of 16 hours or more. Labor support must begin before or at the onset of the active phase of labor. For certification purposes, active labor will be considered 4 centimeters
  - The three births combined must have the *Doula* present for a minimum of 15 hours total
  - Your presence as the birth *Doula* must be continuous
  - You must remain for the birth of the baby to provide immediate postpartum support
  - Cesarean births may account for only one of the three required birth experiences
2. Document each of the three births for which you provide labor support with: DONA International Birth Record Sheet [[http://www.dona.org/pdfs/BD\\_cert/BirthRecordSheet906.pdf](http://www.dona.org/pdfs/BD_cert/BirthRecordSheet906.pdf)]
  3. A 500-700 word account of each birth
  4. Client Confidentiality Release Form [[http://www.dona.org/pdfs/BD\\_cert/Client%20Confidentiality%20Release%20Form906.pdf](http://www.dona.org/pdfs/BD_cert/Client%20Confidentiality%20Release%20Form906.pdf)]
  5. Provide good evaluations [[http://www.dona.org/pdfs/BD\\_cert/10EvaluationLaborSupport906.pdf](http://www.dona.org/pdfs/BD_cert/10EvaluationLaborSupport906.pdf)] of your *Doula* services from at least three clients, three primary care providers and three nurses or midwives.
  6. A complete list of local resources.
  7. Read and sign the DONA International Code of Ethics [[http://www.dona.org/aboutus/code\\_of\\_ethics\\_birth.php](http://www.dona.org/aboutus/code_of_ethics_birth.php)] and the DONA International Standards of Practice. [[http://www.dona.org/aboutus/standards\\_birth.php](http://www.dona.org/aboutus/standards_birth.php)]
  8. A type written essay on the value and purpose of labor support (500-1000 words).
  9. Payment of certification processing fee.
  10. Verify that you are a current member of DONA International.

Note: Only after you are a certified DONA International *Doula* will your contact information be on the DONA web site if you desire.



notes:

A large rectangular area defined by a dashed blue border, intended for handwritten notes.





## Unit 12: Sharing Thoughts - Why I Love Being a Labour Doula

### Learner outcomes:

At the completion of Unit 12 the learner will have an understanding of:

- the reasons Doulas love and cherish their work.

*“Why I love being a Labour Doula”* by Melanie Siebert (reprinted with permission from Melanie Siebert, 2008)

The thing I love about being a Doula is nurturing and loving women in one of the most important events of their lives. When I hear women share their birth stories who didn't have a Doula it often makes my heart break. I hear them talk about how they felt abandoned by the nursing staff who they thought they would be able to count on for continuous support, when of course with all the cutbacks nurses aren't able to spend one-on-one time with a single patient through her entire birth. I hear women talk about having two different obstetricians caring for her during her birth and how disappointed they were at shift change when they had to adjust to a new person. I love the fact that I can provide continuity of care to my clients. They have the confidence in knowing that I'll be right there beside them until after that baby is born.

I also find it very rewarding to nurture mothers while they are in labour. Truly the term 'mothering the mother' is accurate to what we do as Doulas. It's pretty amazing the love and protective feelings that I feel for my clients when I'm attending their births. I just want to help the couple to be as comfortable and undisturbed as possible so that they can birth according to their wishes (of course as long as the birth is uncomplicated). As a mother and wife I also appreciate the gratefulness that I get from clients after the birth experience because of how they felt cared for. We often don't hear those words of thanks from our own spouse or children.



The main reason that I love to be a Doula, however, is that I have the privilege of empowering women during their journey through childbirth. In the prenatal period, I am able to build women's confidence in their own body's amazing abilities to give birth. I try to help them to understand that they can trust their bodies to do what it needs to do. Of course they understand that unforeseen problems can arise during their birth, but when they are empowered with the tools to make informed decisions about their own care, they can still have an incredible sense of power in their own experience.

I think the most rewarding thing for me at a birth is to see the sense of accomplishment and pride on a woman's face when she first holds her baby in her arms. Often the first words she says are "I can't believe I did it". There is nothing greater than seeing that rite of passage completed as the woman enters motherhood, equipped with the knowledge that she is strong and capable of whatever she needs to do for her child. That is the greatest gift.

Even if a birth doesn't go exactly as a client wishes or expects it to go, I have the great opportunity of building the woman's pride in her accomplishments during labour. When a client is determined not to have medication during labour and then she decides to get an epidural or narcotics, I not only normalize the situation for her, but I praise her for her strength in getting as far as she did, and build her confidence. As far as I'm concerned, no matter how many interventions are used in a delivery, as long as the mother and partner feel that they were active participants in their own care and they are happy with the experience I celebrate with them. I am always careful to remember that even if the choices a client make are not what I myself would choose, I fully support her and help her to feel a sense of pride in her experience. It is my desire that no woman ever feels like she failed in her birth experience. Every single birth is different and whatever happens, happens for a reason.

In the last four years as a Doula I have had the awesome privilege of attending seven births. Each one has been unique and special in its own way. Each one has taught me amazing new things about birth that I never knew before. That's one of the things I love about this job, I am constantly learning and growing. There is no doubt that being able to share in the miracle of birth is a great honor. My prayer is that I can help women like my Doula helped me, that I can love and nurture moms in labour and most of all that I can empower women through their birth experiences and build their confidence in themselves as women and as mothers as they begin a new stage in their lives.

Melanie Siebert (Labour Doula, Mom of Three, Wife of One, Friend of Many)



notes:





## Appendix A: Share Your Thoughts and Reflections on Being a Doula



notes:

# A Appendix



## Appendix B: Doula Services Association (DSA) of British Columbia

### DSA Referral List Requirements for Birth Doulas

- 18 hours of intensive in-class education offered by DONA® approved trainers that:
  1. Uses texts, supplementary literature, scenarios, videos, slides, and hands-on methods to build theoretical knowledge and teach practical skills.
  2. Focuses on emotions and psychological processes associated with giving birth and the significance of childbirth in women's lives.
- Must observe (not as an expectant parent) a full prenatal series conducted by a certified Childbirth Educator
- Are required to read current literature on topics of maternal-child health
- Are required to pursue ongoing education in the form of conferences, workshops, seminars, etc.

### DSA Referral List Requirements for Postpartum Doulas

- 24 hours of intensive in-class education offered by DONA® approved trainers that:
  3. Uses texts, supplementary literature, scenarios, videos, slides, and hands-on methods to build theoretical knowledge and teach practical skills.
  4. Focuses on mother care and companionship, infant feeding support, infant care guidance, sibling care, meal preparation, errands, and light housekeeping.
  5. Educates about the cultural influences on families during the postpartum period.
- Must obtain infant CPR Certification and Level I First Aid
- Must complete a Level I Food Safe Certification (optional requirement)



## Appendix C: Example of Client Contract

The following sets forth an agreement between \_\_\_\_\_ (hereafter referred to as “Doula”), \_\_\_\_\_ (hereafter referred to as “Client”), and \_\_\_\_\_ (hereafter referred to as “client’s Partner”).

### 1. SERVICES THE DOULA AGREES TO PROVIDE

Doula accompanies Client in labour to help achieve a satisfying birth experience and help Client give birth in a manner that Client desires. Doula draws on her own knowledge and experience to provide emotional support and physical comfort. Doula assists Client in gaining information needed to make informed decisions throughout her birth. Doula is self-employed and does not work for a hospital, birth site, or other health care professional.

Doula’s services will, at minimum, consist of 1 (one) interview at no charge, 1 (one) prenatal visit, 24 hour/day, 7 day/week telephone support, attendance at birth, 1 (one) post partum visit to be completed within two weeks of delivery. The interview would consist of the Client and Client’s partner completing the prenatal questionnaire. This would also be a time to discuss any other concerns the Client and the Client’s partner may have. This will also be a time to discuss how they might work best together.

At the interview, two copies of the Doula/Client agreement will be left with the Client. After a phone call confirming the Client has selected the aforementioned Doula, the Doula will request that the Client mail one signed copy of that agreement for private Doula Services to her, along with a deposit of \$\_\_\_\_\_ in the form of cash or a money order to the Doula. (Note: personal checks are not acceptable forms of payment.) A copy of the prenatal interview can be sent to the Client upon Client’s request.

The prenatal visit would consist of Doula assisting Client in preparation for a birth plan if requested. We will discuss any concerns the Client or the Client’s partner may have. The support check list regarding comfort measures and coping techniques will also be completed at this time. Understanding Client’s priorities, Client’s best coping techniques in regards to pain and fatigue, Client’s preferences regarding pain management options and the use of pain medications will be discussed. At this visit, it would be a good idea to review coping techniques and comfort measures desired.

Doula agrees to meet Client in labour within two hours after receiving a call from Client requesting her presence. Doula will remain with Client through Client’s labour and birth, providing appropriate comfort measures, reassurance, and doing everything reasonably possible to help Client achieve her birth desires. Doula can help initiate breastfeeding, if requested. Doula will remain with Client for up to two hours after birth unless Client is comfortable and asks Doula to leave earlier.

One postpartum visit will also be included in Doula Services. This visit should take place 1 – 2 weeks after birth, and would consist of discussing the outcomes of birth. Answering any questions or concerns the Client may have about self or baby.

### 2. SERVICES NOT PROVIDED BY DOULA

Doula will NOT make decisions for Client. Doula will help Client get information necessary to make informed decisions. Doula will not speak to hospital staff (e.g. Doctors, nurses,



midwives, etc) on Client's behalf. Doula will discuss Client's concerns and suggest options, but the Client's partner will be responsible for speaking to hospital staff. Doula does not conduct any medical procedures, or conduct vaginal exams.

### 3. RESPONSIBILITIES OF THE CLIENT AND THE CLIENT'S PARTNER

Client agrees to inform her doctor or midwife that she has hired a Doula. Client also agrees to keep in contact with Doula after each doctor or midwife visit. Client will keep Doula informed of Client's medical condition, including any test results so that the Doula may answer any questions Client may have. Client agrees to provide Doula with a copy of her birth plan. Client agrees to call Doula with onset of labour and at least 2 (two) hours before Client would like Doula to arrive at the predetermined birth site.

### 4. FAILURE OF DOULA TO PROVIDE SERVICE

Doula will make every effort to provide the services described here. If Doula fails to attend Client's birth due to preventable reasons of Doula's fault, there will be no charge for services rendered and Doula will return the deposit to Client. If Doula fails to attend Client's birth due to circumstances beyond their control, (e.g. Extremely rapid labour, restrictions by hospital staff, failure to call Doula, "Act of God, etc.), Doula will retain deposit and refund to the Client any additional payment made.

### 5. FEES

Client shall pay Doula a flat rate of \$\_\_\_\_\_ to provide the above described services. Of that amount, \$\_\_\_\_\_ has been paid upon signing this agreement and will be held as a non-refundable security deposit. The remaining balance of \$\_\_\_\_\_ is due at the post partum visit. If Client decides to terminate this agreement before birth, the deposit will be retained by Doula, with any additional balance paid to be owed the Client.

### 6. CESAREAN SECTION POLICY

If you develop a maternal or fetal condition during pregnancy that requires you to have a scheduled cesarean section, the total fee for Doula services will be adjusted. An additional deposit in the amount of \$\_\_\_\_\_ will be due immediately, and the outstanding balance due will increase by \$\_\_\_\_\_.

If you develop a condition during your labour that requires a cesarean section to be performed, the rate of Doula services will remain as stated in Section 5. Although Doula will make every effort to be present in the operating room, the final decision is made by hospital staff.

### 7. OTHER

In entering a contract for Doula services, Client and Client's Partner acknowledge that the performance of this contract may be provided to Client in Client's home, medical facility, and/or hospital. Client and Client's Partner understand that the Doula does not make medical or nursing decisions on behalf, including the decision





when to seek medical care at a hospital or when labour and delivery are attempted elsewhere. When services are provided in a medical facility, Client and Client's partner acknowledge that the Doula is not responsible for the performance of clinical tasks to include medical or nursing decisions regarding the inclusion or exclusion of treatments available to Client and/or Client's Partner and the unborn child/children. Now, in consideration of the above acknowledgements, Client and Client's Partner jointly and separately on behalf of each of us and both of us, our heirs, administrators, personal representatives, executors and assigns to release and forever discharge our Doula from all damages or causes of action, either in law or in equity, which Client and/or Client's Partner have or acquire or which may accrue to Client and/or Client's Partner, Client and /or Client's Partner's heirs, administrators, personal representatives, executors or assigns as a result of using the Doula services of the forenamed Doula. Client and Client's Partner intend this to be a complete release and discharge of the Doula from all liability whatsoever.

#### 8. TERMINATING SERVICES

Client has the right to terminate services at anytime. However, once the deposit has been paid, it is non-refundable if the prenatal visit has been completed. If Client wishes to terminate services before the prenatal visit, Client will be entitled to a full refund.

Signature below indicates acceptance to all terms and conditions outlined herein as statd. Any change to the terms and conditions outlined herein must be completed in writing, and must be signed separately.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Partner \_\_\_\_\_ Date: \_\_\_\_\_

Doula: \_\_\_\_\_ Date: \_\_\_\_\_



# D

## Appendix

### Appendix D: Doula Information Sheet

Date of first meeting\_\_\_\_\_2<sup>nd</sup> meeting\_\_\_\_\_fee\_\_\_\_\_  
Mother:\_\_\_\_\_  
Husband/partner:\_\_\_\_\_  
Address:\_\_\_\_\_  
Phone: (H)\_\_\_\_\_(W)\_\_\_\_\_(C)\_\_\_\_\_partner\_\_\_\_\_  
Email/s:\_\_\_\_\_  
Due Date:\_\_\_\_\_  
Caregiver:\_\_\_\_\_  
Place for Birth:\_\_\_\_\_  
Directions to the home:\_\_\_\_\_  
Who else will attend the birth:\_\_\_\_\_  
Back up doula: (name and phone)\_\_\_\_\_  
Photos or video planned? Specifics:\_\_\_\_\_  
Attended childbirth classes? Yes\_\_\_\_\_NO\_\_\_\_\_With whom?\_\_\_\_\_

#### Prenatal Questions

How has this pregnancy gone so far?

Previous pregnancies/births? Children's names and ages

#### Labor and Birth

Specific concerns/worries and need (referrals)?

#### Partner

What helps you relax or feel better?

What should we NOT do or say?

What are your feelings about pain relief?

Planned role for the doula?

Is there a special celebration or cultural ritual you wish to observe/perform/have performed for or with during this time?

Birth plan completed? Yes ☐ No ☐

Newborn plan completed? Yes ☐ No ☐

Postpartum plan completed? Yes ☐ No ☐

Infant feeding? Breast ☐ Bottle ☐



## Appendix E: The Birth Plan

BIRTH PLAN for\_\_\_\_\_

My primary caregiver is\_\_\_\_\_

My due date is\_\_\_\_\_

I will hope to give birth at\_\_\_\_\_

### Introducing ourselves

Important issues/fears/concerns:

Cultural needs/wishes/desires/ceremonies:

### First stages of labour preference

Controlling pain:

Medical interventions:

### Second stage preferences

Positioning:

Pushing efforts:

Med/surgical interventions:

### Other important items regarding labour and birth

Unexpected labor events:

Complicated or prolonged labour or fetal problems:

Cesarean delivery:

### Postpartum for Mother

I plan to feed with breastmilk ☐ formula ☐

Concerns/questions/needs/feelings about visitors:

Controlling pain:

Follow up after discharge:

Educational needs:

# E Appendix



# Appendix F

## Appendix F: Newborn Care Plan

NEWBORN CARE PLAN for\_\_\_\_\_

Date of Birth\_\_\_\_\_

Baby's doctor/midwife:\_\_\_\_\_

Newborn care issues/fears/concerns

Cultural needs/wishes/desires/ceremonies

**I have the following experience with newborns**

Infant feeding: breastmilk ☐ formula ☐

Newborn exam and procedures including immunizations

Unexpected problems with the newborn

Educational needs (baby care and feeding)



## Appendix G: Postpartum Plan

Name\_\_\_\_\_

Date of Birth\_\_\_\_\_

Sleep and rest\_\_\_\_\_

Physical recovery\_\_\_\_\_

Breastfeeding Infant: Yes ☐ No ☐

Nourishment\_\_\_\_\_

Caring for the infant\_\_\_\_\_

We plan to\_\_\_\_\_

Sleeping arrangement\_\_\_\_\_

The cultural wishes/ceremonies important to me/us are\_\_\_\_\_

\_\_\_\_\_

I feel good about\_\_\_\_\_

What I need help with \_\_\_\_\_

### **Redefining Roles:**

It is important to our relationship that we\_\_\_\_\_

It is important to maintain \_\_\_\_\_for the sibling/s

It is important to maintain this\_\_\_\_\_for the pets

### **Who is going to be involved in our support over the postpartum period?**

Family\_\_\_\_\_

Friends\_\_\_\_\_

Visitors? Who and when and for how long?\_\_\_\_\_

Laundry will be done by\_\_\_\_\_

Shopping/ Cooking will be done by\_\_\_\_\_

# G Appendix



# H

## Appendix

### Appendix H: Postpartum Visit

Postpartum follow up appointment (date and time)\_\_\_\_\_

Postpartum concerns/worries and needs? (referrals)

Feeding?

**Sleep:**

Parents?

Baby?

Educational need of the mother:

Nutritional needs of the mother:

**If a private practice doula:**

Payment received\$\_\_\_\_\_ Dispersed to Back up \$\_\_\_\_\_

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Gitxkan Aboriginal Doula Training Graduates, February 2009





## Links

Childbirth Connection [www.childbirthconnection.org](http://www.childbirthconnection.org)

BC Doula Services Association [www.bcdoulas.org](http://www.bcdoulas.org)

Birth Home Page (Journal) [www.blackwellpublishing.com/journal](http://www.blackwellpublishing.com/journal)

Lamaze International [www.lamaze.org](http://www.lamaze.org)

DONA International [www.dona.org](http://www.dona.org)

Dr Jack Newman (breastfeeding) [www.BFLRC.com](http://www.BFLRC.com)

La Leche League Canada [www.lll.ca](http://www.lll.ca)

Breastfeeding Café [www.breastfeedingcafe.com](http://www.breastfeedingcafe.com)

The Collaboration for Maternal and Newborn Health (CMNH) [www.cmnh.ca](http://www.cmnh.ca)

BC Midwifery Information [www.bcmidwives.com](http://www.bcmidwives.com)

Childbirth Educators Teaching Aids/posters/videos [www.mamagoddessbirthshop.com](http://www.mamagoddessbirthshop.com)

International Childbirth Education Association [www.icea.com](http://www.icea.com)

Karen Stiles, Doula [www.frombellytobirth.vpweb.ca](http://www.frombellytobirth.vpweb.ca)

## Networking

One of the hopes of this course is that following the training and the certification process there will be a network of aboriginal *Doulas* in British Columbia who can sustain and assist each other in this new and exciting role. It is important to be sustained in your new role. The hope/plan is that after the training the new *Doulas* will be able to form their own support group and network to sustain their work.

