

Report into: ‘The impact of a funded, free at the point of contact, doula service in an area that ranks highly in the ‘Index of Deprivation’.

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## Introduction and aims for the study

Snowdrop Doula is a ‘community interest company’ (CIC) set up in 2011 in Burnley, Lancashire. The organisation aims to provide antenatal, birth and postnatal support in Lancashire. A significant element of their work is to provide free, at the point of contact doula support, irrespective of income or ability to self-fund, in an area of high deprivation.

A 2019 Cochrane review (Bohren, Munthe-Kaas, Tuncalp 2019) explored how women, families and health workers experience women going through labour and childbirth with a support person, which may, amongst others, include the woman’s partner, family member, trained supporter (doula), or nurse/midwife.

They concluded that labour companions provide women with information, practical, and emotional support and act as advocates for women and noted that not all women who want a labour companion are able to have one, especially in lower-resource settings. They recommended that further research, especially in low- and middle-income settings and with different types of healthcare providers, could strengthen the evidence available.

This study aimed to explore the impact and benefits of the service provided, from the perspective of the doulas who support women. The study was conducted in 2021.

### Additional information

We recommend that this report is read in conjunction with the Snowdrop Doula CIC service report 2021 for access to an overview of the service, statistical data and service user case studies available at: <https://snowdropdoula.co.uk/snowdrop-doula-cic-service-report-2021/>

### Terms Used

We have used mother, father and partner as these were the words used by the doulas we interviewed. We acknowledge that this may not be representative of all people who give birth, their partners and families.

## Methods

### Interviews

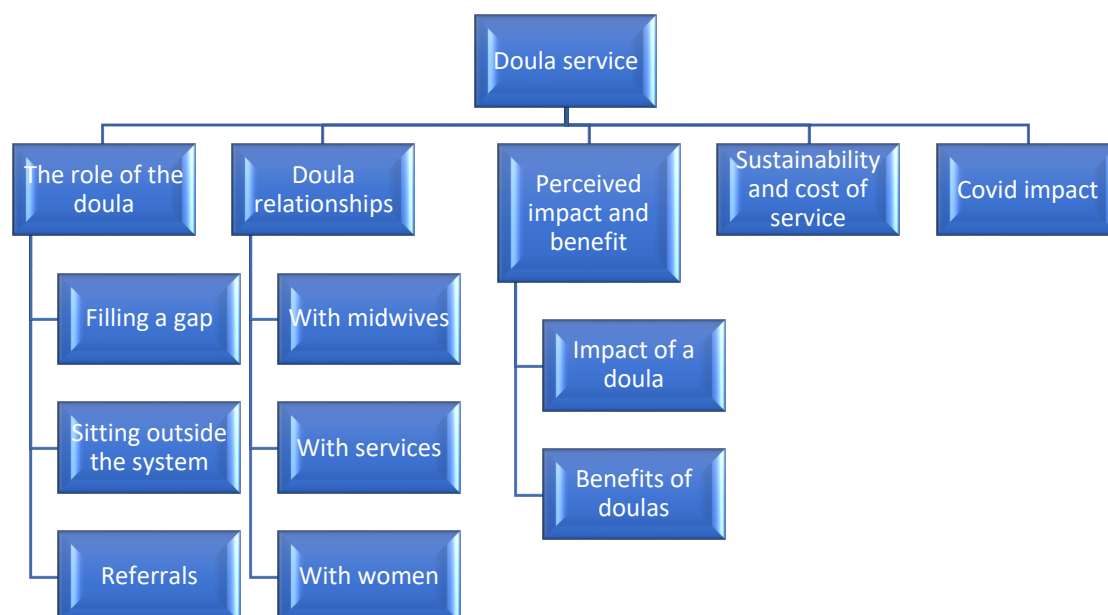
Interviews were conducted with two doulas who had been directly involved in supporting women during birth and postnatally.

Data was analysed using thematic analysis (Braun and Clarke 2013).

## Ethical Approval

The qualitative study was approved by the Health Ethics Panel at the University of Central Lancashire (Application 0185).

## Key findings



The study team was able to interview 2 doulas. The reason for interviewing only 2 doulas was that the service had recently had to cut back their offering due to reduced funding.

The data collected from the doulas was themed across five categories: the role of the doula; the relationships doulas form with midwives, services, and women; the impact and perceived benefits of a doula service; the sustainability and cost of the service, and finally the impact of the Covid pandemic on the service.

### The Role of the Doula

The doulas considered their role to be broad based, describing it in terms of what they did not do rather than what they did. They were adamant that the role was not medical, nor did they make diagnoses or determine how labour was progressing.

Doulas are prepared for practice via an intense but useful training which is both evidence-based and practical. The skills learned during training were further enhanced in practice working with families and managing new situations. They serve a diverse range of clients in different situations and different socio-economic groups.

The doula can act as an intermediary between the midwife/hospital and the family. They can dissect and present information in an accessible way. The doula is a part of the community where they offer support and trusting relationships with the family are built up. The doulas consider it a privilege to be a part of someone's journey and can provide mothers with a continuous model of care. The role can

be challenging as whilst most are happy, on occasion situations are sad. Doulas can help people at a vulnerable time in their lives and can provide what the family needs. It was felt that historically there used to be somebody in the community who was good at supporting birth. This has largely disappeared, with busy families who are geographically spread out.

The medical model, or social services model puts the baby interests at the centre, but this can lead to the mother feeling left out. The contribution of a doula can enable a focus on the mother and shows her that someone cares about her and that it is not only about the baby. It is about care for the mother.

Doulas are also highly skilled in working with fathers/birth partners. Whilst some want to be involved at every stage, others are not met until the birth. If fathers/birth partners were uncomfortable at a doula being at the birth they respected this position, included them, and clarified that they were there for the couple. The doulas were able to support the whole family in whatever shape or size it presented.

However, the doula's experience also suggests that the wider family may need support before, during and after the birth. For example, Grandmas may need support in meeting the needs of their daughter, whether this is updating their knowledge, explaining current practices, or informing them about the myriad of choices available to their daughter.

The doulas in the study, felt that doctors, medical professionals and to some extent midwives hold the power in the relationship with mums and families, vested in them by the institution and uniforms they wear. Mums may feel intimidated by this, while doulas might seem more approachable and part of the role of the doula is to make sure the mother feels empowered.

### Filling a gap

In an ideal world they felt doulas should not be needed and midwives could provide all the care needed. They are aware of the acute shortage of midwives and believe they can fill the resulting gap. They also noted how midwives are duty-bound by regulation, policies, and procedures, which influences the time spent with mothers and the conversations they can have.

### Sitting outside the system

The doulas in the study felt that midwives sit firmly in the medical model of care, while the doula is neither a member of the family or the NHS (National Health Service) (medical). The medical aspects are important, they are needed and save lives, but can, at times, miss the psychosocial aspects of care. The service the doulas offer is confidential, apart from having to share information with midwives/social services about self-harm to the mum or baby.

### Referrals

The service received referrals via social services when it was thought that mothers would benefit from extra support, often with mothers who were using drugs or methadone or who were on their own. Some women in these situations supported by the doula service were able to sustain positive changes whilst others were unable to. The mothers referred by social services tend to be inherently more complex cases.

Generally, people self-referring were seeking a better birth outcome. This might be to discuss a birth plan, garner some birth support in hospital or home, or want their subsequent birth, or feeding journey to be different from their earlier experience(s).

## Doula Relationships

### With midwives

The doulas are present at the birth but are not involved with the medical care of women. They consider relationships with most midwives to be positive. They try to be useful to the midwife, and ensure everyone is happy, make drinks, and provide the space for midwives.

### With services

Doulas reported that their relationships with Social Services, drug and alcohol services were generally positive, and their input was valued.

### With women

The doula develops a relationship where information can be freely shared. They can support mothers antenatally, during birth and postnatally. They are also able to provide support with feeding and weaning of babies whether the mother wants to breast feed or use formula milk.

## Perceived impact and benefits

It was stated that a doula's presence can lead to more open conversations, especially if the mother does not want to have discussions with the midwife or service.

The doulas do not recommend any course of action to mothers, but instead help them with information so they are able to reach a decision. An example of this is their birth plan, they can go through all the options with the doula including ones they may not have previously considered.

The impact of a doula can vary, from little perceived benefit to having an enormous impact. For instance, a situation was recalled where the doula managed to get to a home birth before the midwives arrived and helped deliver the baby. The midwives, on arrival called the paramedics and whilst they were with the mother and father the doula was able to look after the baby and the other children. After it was decided to admit the mother to hospital the doula stayed behind with grandma and the other children and spent time cleaning up the bathroom, so the family didn't have to. The doulas often spend time cleaning up after a home birth and helping to make the house look like it did before the birth. It saves families from having to empty birth pools at home and enables them to spend time together as a family.

The doulas feel they can help mothers with their confidence which in turn has an impact more widely. A positive change in birth outcomes supports public health.

## Sustainability and cost of service

Funding for the service has diminished over recent years. The people who access the doula service are generally not affluent, and the community interest company also offer counselling and sell donated baby goods to help support the service. They also offer a community hub, at the shop, where more people can access support on breastfeeding, weaning and much more.

## Covid impact

It was felt that the restrictions placed during Covid made things more difficult for women and their families. The doulas were not able to attend births unless they were the only birth partner. The

doulas felt that the restrictions may create a hidden trauma for some mothers that has not yet been fully recognised.

## Limitations

Whilst the study interviewed all doulas employed by the CIC, it is recognised that the small number of participants is a limitation.

## Acknowledgements

The research team would like to thank Snowdrop Doula for their valuable contribution.

## Recommendations

The limited data in the study supports the notion that this is a valuable service to many women and organisations. Further funding would enable the continuation and potential expansion of the service.