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After praise and encouragement: Emotional support strategies used by birth doulas in the USA and Canada

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ABSTRACT

Objective: to describe in detail the emotional support techniques employed by birth doulas during labour.
Design: grounded theory methodology was utilised in collecting and analysing interviews given by doulas and mothers who had doula care. By using both informants, a clearer picture of what constitutes emotional support by doulas emerged.
Participants: 10 mothers from three different states in the Midwestern USA and 30 doulas from 10 different states and two Canadian provinces were interviewed. Two doulas worked in hospital-based programmes whereas the others had independent practices. Doulas usually attended births in hospitals where medical attendants spent little focused time with the mother.
Findings: nine different strategies were distinguished. Four strategies (reassurance, encouragement, praise, explaining) were similar to those attributed to nurses in published research. Five were original and described as only being used by doulas (mirroring, acceptance, reinforcing, reframing, debriefing).
Conclusions: emotional support by professional birth doulas is more complex and sophisticated than previously surmised. Mothers experienced these strategies as extremely meaningful and significant with their ability to cope and influencing the course of their labour.
Implications for practice: the doula's role in providing emotional support is distinct from the obstetric nurse and midwife. Professional doulas utilise intricate and complex emotional support skills when providing continuous support for women in labour. Application of these skills may provide an explanation for the positive 'doula effect' on obstetric and neonatal outcomes in certain settings.

Introduction

Doula support during labour can be considered one of the more positive interventions in childbirth in the last 20 years. Doula care has been shown to have a positive influence on labour and birth outcomes with no negative side-effects. Midwives and nurses work alongside doulas in hospitals and home birth settings around the world. Offering doula care is often suggested as an intermediate step before or as a part of midwifery training. Although doulas may become experts in comfort measures and maternal positioning to enhance fetal descent during labour, their primary concern is for the mother's emotional well-being. Continuous doula support has been shown to shorten the length of labour, lessen the use of oxytocin for augmentation, lower the rates of instrumental delivery, lower the rate of epidural or narcotic usage, and, in some settings, to lower the rate of caesarean section (Zhang et al., 1996; Scott et al., 1999; Hodnett et al., 2003). When doula care is continuous, it influences labour positively (Zhang et al., 1996; Scott et al., 1999; Hodnett et al., 2003) and continues its effects into the postpartum period. Compared with women who did not receive doula support, women with birth doulas reported more positive feelings about their infants, their husbands or partners, and themselves (Scott et al., 1999). Mothers interacted more positively with their infants, were more likely to initiate breast feeding and breast feed for longer periods with fewer problems (Scott et al., 1999), and were less likely to experience postpartum depression (Wolman et al., 1993). Emotional support for labouring mothers is considered one of the main functions of birth doulas. What remains unknown about doula care are the types of emotional support strategies that doulas employ, and the relationship between those strategies and positive obstetric and maternal–infant outcomes. The purpose of this project was to examine the functions and processes of emotional support strategies used by birth doulas.

Literature review

Studies of nursing and midwifery support strategies offer a starting point from which to examine doula support. These two roles are commonly compared with one another even though their scope of practice, familiarity with the patient, and amount of time spent in the labour room differ dramatically. In the USA and

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Canada, nurses are usually strangers to the mother when she arrives at the hospital. Shift changes occur every eight to 12 hours, and several nurses may care for a mother with a long labour. Studies have investigated labour support utilising several different methods, but each includes emotional support as an important component (Bryanton et al., 1994; Bowers, 2001; Sauls, 2006). It is clear that nurses are an important source of emotional support for women but they frequently do not offer the amount that women need (McNiven et al., 1992; Gagnon and Waghorn, 1996; Corbett and Callister, 2000; Gale et al., 2001; Tumblin and Simkin, 2001). In three studies examining the time that nurses spent in supportive care activities, emotional support was grouped into four areas: encouraging verbalisation of fears, concerns or needs; reassurance, encouragement and praise; being with a woman, keeping company; and social conversation with a woman (McNiven et al., 1992; Gagnon and Waghorn, 1996; Gale et al., 2001). Postpartum mothers view nursing and midwifery behaviours as caring, such as 'giving treatments and medications on time', even though they have little to do with emotional support (Manogin et al., 2000).

Midwives have the opportunity to care for women in ways that women find more satisfying (Waldenstrom et al., 2000; Nicholls and Webb, 2006). However, midwives attend less than 8% of all births in North America (Martin et al., 2009). Although the number of doula-attended labours is unknown, in the last 20 years, they have been providing one-on-one emotionally supportive care to women in labour. When the doula has her own independent practice, she and the mother have usually established a relationship prior to labour. Sometimes, the doula is also unfamiliar when she works for a hospital-based programme or is unexpectedly taking the place of the family's doula. Even in this situation, she is introduced as someone whose presence is solely for this mother's comfort and care. Due to the intimate nature of the doula's relationship with the mother and her family, her emotional support role and behaviours are different from those of the nurse (Manogin et al., 2000; Sleutel, 2000; Bianchi and Adams, 2004; Rosen, 2004). Her presence is also constant, whereas most midwives and nurses in the USA and Canada must rotate between two or more labouring mothers (Declercq et al., 2001).

Methods

The primary query of this grounded theory study was to answer the general question, 'What is effective labour support by doulas?' Relationships and social processes are especially suited to analysis utilising a grounded theory approach (Creswell, 1998; Strauss and Corbin, 1998). As emotional support is a process of giving and receiving, it was important for both mothers and doulas to be informants. Their shared ideas, feelings and concerns illustrate the deeper meanings and subtle nuances of effective emotional support.

Open sampling in a grounded theory study requires only that the selection of interviewees be relevant to the research question (Strauss and Corbin, 1998), making snowball sampling appropriate. After approval was received from the University of Wisconsin-Madison Human Subjects Committee, recruitment efforts began via several doula email networks and at an international doula conference. Interested doulas contacted the researcher, were informed about the study and provided a consent form. Interviews took place over one year in several US locations. Mothers were recruited by their attending doula to participate in the study. Criteria for participant inclusion are outlined in Table 1.

Table 1
Criteria for participation in labour support study.

Characteristic	Description
Doula sample	Over 18 years old Speak English fluently Attended at least 25 births Work solely as doulas or doulas and childbirth educators, not as midwives, nurses or monitrices Used no clinical skills in any capacity (e.g. monitoring dilation, fetal heart tones or blood pressure)
Mother sample	
Maternal	Over 18 years old Speak English fluently First or second live birth
Pregnancy	Healthy and uncomplicated, not 'high risk'
Labour and birth	At least one family member present during labour No life-threatening complications for mother or infant Only emergency caesarean births for immediate life-threatening complications excluded
Infant	Born healthy No stay in the neonatal intensive care unit after birth
Doula care	Continuous, from the beginning of active labour through the first several hours of the immediate postpartum period Utilised no clinical skills

Participants

During 2002 and 2003, 28 doulas were interviewed for this study as well as 10 mothers who had hired independent practice doulas during pregnancy. The doulas were geographically diverse: from 10 different states in the USA and two Canadian provinces, and practised in large cities, small cities and rural areas. Two worked for hospital programmes (Ballen and Fulcher, 2006). Participants came from various economic classes and religious faiths. They ranged in age from 28 to 60 years. These sample characteristics match data about doulas from a national survey (Lantz et al., 2005).

The 10 mothers were from three Midwestern states in the USA and lived in cities or rural areas. They ranged from 25 to 38 years old. Nine were married, and two were multiparas. One of the multiparas had the same doula at both of her births. The fathers attended all of the births. One mother had a caesarean section for non-progressing labour and three mothers had epidural medication. Each mother had developed a relationship with her doula, although one mother was attended by a substitute. None of the participating mothers received labour support from doulas who participated in this study.

Changes affecting doula care in the last 10 years have been minimal. The caesarean rates in the USA and Canada have continued to rise gradually (Dzakpasu, 2008; Martin et al., 2009), and media coverage of doula care has increased in television and film documentaries. No other sociocultural trends, shifts in obstetrical practices or doula customs in the USA and Canada have had a major effect on doula care.

Data collection and analysis

Audiotaped interviews were conducted individually by the author in private settings selected by study participants. Doula interviews lasted for 90 minutes to two hours. Mothers were interviewed between eight and 14 weeks post partum with interviews lasting for 60–90 minutes. Past studies showed comments and information given by mothers during this time period were organised and reflective (Rippin-Sisler, 1996; Fowles, 1998).

Grounded theory is especially useful when examining the complexities of human relationships for subtle processes and detailed functions of interactions. The itemised procedures by Strauss and Corbin for multilevel coding and extracting meaning as it emerges from the data provided the framework (Strauss and Corbin, 1998). After the first round of open sampling of 15 doulas, the first three interviews were transcribed by the author and analysed line by line for key concepts. Emotional support strategies emerged as a robust category, which was then broken down further into each strategy. After the first round of doula interviews was coded, 10 mothers were interviewed about their experiences of support during their labour and birth. The second round of 14 doula interviews occurred, and all of these interviews were professionally transcribed. After this round of open coding, the point of saturation was reached on the concept of emotional support.

Grounded theory methodology according to Strauss and Corbin holds that detailed in-depth analysis of small units of data is necessary in order to extract significant levels of meaning. This occurs during a secondary level process called axial coding. This deeper analysis of emotional support revealed not only individual support strategies, but also the motivations behind the use of those strategies by doulas and the effects of those particular strategies on mothers. Thus, the function of each strategy could be discerned, as well as information about its application and the process of using that particular technique. Out of this in-depth deconstruction of the transcribed interviews, the grounded theory researcher is able to reconstruct a model that fits the data (Strauss and Corbin, 1998).

Trustworthiness is important in this study as the author is also a doula and doula trainer, thus the researcher's relationship to the topic must be consciously considered. However, this history allowed for a depth of understanding of the experience of labour support that is brought to the analysis, which is often considered a positive factor in qualitative methods (Lincoln and Guba, 1985; Charmaz, 2000). In order to minimise the possibility that bias would negatively affect the project, the following procedures were adhered to. (1) To ensure trustworthiness of the findings, the data sources were triangulated. Both mothers and doulas were participants. (2) Detailed notes and memos were taken of impressions of emotional support. Thorough description of the concepts was obtained in order to accumulate strong evidence for each finding. (3) In order to uncover hidden biases, members of the author's thesis committee conducted peer debriefing. (4) During analysis, the doula interviews were carefully examined for negative cases, but none were found. (5) Concepts were cross-validated by discussion groups of doulas not included in the original study. Concepts were validated as clear, complete and reflective of the doulas' experience and skills used during labour during this member checking process. (6) In order to check for the influence of time on the data, the author conducted an additional review in 2009 with practising doulas who met the original criteria for inclusion. All declared that they utilised these strategies and had no additional ones to offer. All names used in this article are pseudonyms.

Findings

Doulas employed nine main support strategies during labour. Five of these were simple strategies: reassurance, encouragement, praise, explaining and mirroring. These five strategies were frequently used in combination with one another. In the present study, mothers gave examples of nurses and their husbands or partners using these techniques during labour except mirroring. Reassurance, encouragement and praise are defined in Table 2.

Table 2
Simple emotional support strategies used by doulas, nurses and fathers.

Strategy	Definition
Reassurance	The verbal acknowledgement of a mother's feelings accompanied by a statement to help the mother feel less anxious or worried
Encouragement	The verbal and non-verbal behaviour of the support person that inspires confidence or courage in the mother and a will to continue
Praise	A verbal statement that expresses approval or admiration for the labouring mother and her accomplishments
Explaining	To express ideas or thoughts in a way that can be easily understood by the laboring mother; to give her a reason for something that has occurred; or to normalize an experience so the mother will perceive it as appropriate. The purpose of explaining is to alleviate anxiety or confusion.

Four strategies were more complex: acceptance, reinforcing, reframing and debriefing. These strategies plus mirroring were used exclusively by doulas in the mother's birth narratives. They were more complex because they require experience at numerous births, reflection, a clear understanding of the mother's needs, and ultimately a deepening level of emotional intelligence and skill. Explanations and examples of the five strategies exclusive to doula emotional support follows.

Mirroring

In mirroring, the doula stated calmly and concisely the situation that was occurring, and echoed back to the mother with the same feeling and intensity. This was emotionally supportive because it helped the mother to focus in the present and face what was occurring with less anxiety. In one doula's story, Lydia mirrored the mother's affect and her curiosity rather than providing answers or giving an opinion. She maintained that the mother was an expert on her own experience and reflected the inquiries back to her. In this classic example of mirroring, she reflected back to the mother her same feelings and intensity:

> We continued to walk the halls and she kept looking at me, 'Do I need drugs yet?' I'm like, 'You tell me, do you need drugs yet?' She's like, 'No, I think I can last a little longer'. So a half hour later, 'Do I need drugs yet?' 'Well, you're still asking, you're not demanding them, so, no, I don't think so.'…She kept asking, and I kept saying, 'If you're asking if you need them instead of asking for the drugs, I don't think you need them.

Mirroring is a behavioural strategy that has been explored in many contexts, including the mirroring of facial and vocal contingent reactions in infants (Legerstee and Varghese, 2001; Nichols et al., 2001), and postural mirroring between therapists and clients (Sharpley et al., 2001). Doulas in the study presented examples using the mirroring strategies of non-verbal synchrony and rapport (Bavelas et al., 1987; Van Swol, 2001), contingent facial and verbal responses (Nichols et al., 2001) and motor mimicry (Bavelas et al., 1986, 1987; Bavelas et al., 1988). In these ways, mirroring became a sophisticated emotional support and communication technique applied by doulas in labour support contexts.

Acceptance

Acceptance was a verbal or non-verbal emotional support strategy used by doulas in two ways. First, the doula took in the response of the mother without attempting to change her response or feelings. Second, she acknowledged the facts of the

situation, once again without trying to change it or see it differently than it was. Many mothers found the doula's acceptance of their behaviour supportive. Melissa explained what it meant to her:

> During the contractions I wanted to be touched but yet at the same time I didn't want anyone near me. And during one of them, my boyfriend had his head on me, and I just flipped out on him. I'm like, 'Get off me!' And he actually started crying because he didn't understand. [The doula] just simply backed off…she's like, 'I'll be there for you, regardless'. And that was awesome.

Melissa's doula used a verbal strategy, 'I'll be there for you, regardless', as well as a non-verbal strategy, backing off without a fuss, to convey her acceptance. In this next example, Alicia recalled when her doula changed emotional support strategies. Alicia met her doula for the first time during labour and was happy with her care. She explained a pivotal moment when her doula changed her strategy from being encouraging and reassuring to accepting:

> It wasn't at all like [what I expected] and I was prepared. I went to the classes. I did all this stuff. So I said to the doula, 'I want an epidural'. She didn't say no, she was like, 'You can do this. We can do this blah, blah, blah'. But I said, 'You know what? I'm making an informed decision'….My husband didn't support it. He was like, 'I think you're making the wrong decision'. As I'm in labour he's telling me this…She was trying to help me stick to my birth plan but once I was like, 'No, I want the epidural', …then she was very helpful.

Alicia contrasted the response of her husband, 'I think you're making a mistake', with that of her doula. Once the doula could see that Alicia really did want an epidural, she accepted her response and Alicia remembered that support.

Reinforcing

Reinforcing was a strategy used by doulas to make stronger something the mother was already doing or feeling. A reinforcing behaviour is a comment or action designed to support and encourage the mother to continue what she is doing. Moira recalled several experiences where her doula, Peggy, used a reinforcing strategy:

> I laboured in the bedroom upstairs on my hands and knees mostly, which is just the position that felt comfortable to me. And Peggy said that was the perfect position to be in. But it just happened naturally, like that's what felt good to me to be on my hands and knees more.

> I don't like scents, like perfume and stuff, and they had written that on my hospital form. And a nurse came in, 'I'm wearing lotion, can you handle it?' And I smelled it and I really didn't like it, but I also didn't like her. I said, 'No, can I have another nurse?' She said, 'Let me go try to wash it off'….And I remember Peggy saying (while the nurse was gone), 'Just follow your instincts'. And as it turned out I was totally right, because we got the greatest nurse.

When Peggy said, 'that is the perfect position to be in', she was reinforcing what the mother was already doing. When she told Moira to 'follow your instincts', she was reinforcing the mother's desire. There was nothing for the doula to gain personally, but she knew Moira would feel positive because she actively made that choice.

A reinforcing strategy was frequently used when mothers were questioning their own feelings. Mothers wanted to know that their feelings were valid and appropriate for the situation. The reinforcing response was, 'You feel what you feel'. The doula reiterated what the mother had said and amplified it slightly.

Reframing

Reframing was a verbal dialogue between doula and mother designed to shift the mother's perception to a more positive outlook. This outlook was based on the doula's perception of the situation or past experience. The purpose of reframing was to assist the mother in embracing a more positive point of view of herself and her abilities, which then raised her level of emotional functioning. The doula offered a different opinion, one that arose from her credibility as a childbirth professional. The act of offering a different outlook is called 'framing' or 'reframing' (Bandler and Grinder, 1982).

Reframing was frequently used in counselling situations. In the present analysis, the most common forms used by doulas are context reframing and content reframing. In context reframing, the meaning of the behaviour remained the same, but the context in which it occurs was altered through interaction between the doula and the mother. In content reframing, the context remained the same but the meaning of the behaviour shifted.

On the surface, reframing may seem to be manipulative, with the purpose of altering the mother's feelings or response. But reframing expanded the mother's viewpoint to other possibilities, allowing her response to become one of several possible responses based on her understanding of the situation. The language used by the doula in reframing is gentle and ambiguous: 'maybe', 'possibly', 'could', 'consider', 'why don't we', 'how about'. In these ways, the process of reframing by the doula was similar to reframing techniques used in a counselling context by therapists. Marci offered her point of view on why reframing was important to women and why it was a necessary part of her emotional support role:

> I kept seeing women in my childbirth classes come back and feel not so great. I think they are hard on themselves… . These wonderful women would come away from their birth experience kind of apologising or saying well I didn't really do that well…they think that if they moan or if they feel overwhelmed or if they cry out, or whatever, then in some way they've failed. In their own eyes. But it's so wrong you know…I think that's an advantage, having that experienced [person], someone with real experience to reframe for them, just be able to empower them in some ways by saying, 'My God you did so great!' and I've seen this A LOT. 'Marci, I screamed', and I say, 'Yeah, you did, that's great'.

According to many doulas, mothers frequently cannot foresee how the tasks and demands of labour would affect them. As women did not understand birth, they tended to judge themselves negatively. The act of reframing in this context was to portray that behaviour as positive. It was a good coping mechanism for what the mother was going through.

In their interviews, numerous doulas mentioned another situation when reframing was vital to the mother's future self-concept. Many mothers hired doulas because they desired a birth with few interventions and less reliance on pain medication for coping. Reframing was often used by the doula if the mother eventually decided to utilise narcotic or epidural medication as mothers may judge themselves poorly. Through this technique, the doula influenced how the mother remembered the decision and perceived herself. Serena shared how she subtly framed the

thinking about an epidural with a client who needed oxytocin to augment her labour:

> And if we're going to have to do the full blast pitocin maybe we ought to think about an epidural, maybe we can use an epidural effectively, maybe an epidural at this point is something you might want to consider and not think about it in terms of a failure… . Let's use it as a good tool to get this labour progressing, maybe you're tired and it could help you in that way'. So I helped her to rethink a new path.

By the use of terms such as 'maybe' and 'you might want to consider', the doula voiced her reframed point of view as an option. By being non-judgmental, she tried to present a point of view that may benefit the mother to adopt both in the immediate situation and in the long run.

Debriefing

Debriefing was an emotional support strategy that utilises active listening skills. It was focusing one's attention on the mother in an empathetic way so that she could talk about her feelings and feel listened to (Small et al., 2000). Frequently, doulas utilised this skill when the decision to do a caesarean section for non-progression of labour had been made. The mother was usually exhausted but still needed to talk. Once the decision had been made to perform surgery, the oxytocin (if any) was turned down and the severity and frequency of the contractions lessened. The labouring mother was able to sustain a conversation.

Many doulas discussed debriefing in their interviews. Through analysis, it emerged that debriefing almost always occurred after the experience was over, such as during a postpartum visit. However, the time between a decision to perform a caesarean section and when the mother was actually moved to the operating room may be an hour and a half to two hours. Many mothers wanted to discuss their labour, to talk about how they felt about what had happened in the last few hours, even though, by its definition, they were still in labour waiting for the birth of their infant. Thus debriefing was only used during labour in certain circumstances.

Discussion

Emotional support emerged as one of the most salient concepts in this grounded theory study describing the functions of birth doulas. When providing care for mothers, the doula's primary goals were her emotional health and facilitating her positive birth memories. The doula understood from training or life experience that those memories impact significantly on women's lives (Simkin, 1991, 1992; Merton, 2002). In this study, American and Canadian doulas employed nine different strategies when providing emotional support to mothers during labour. Praise, reassurance, encouragement and explaining were strategies used by doulas as well as nurses and partners or husbands of the labouring woman in the current study and by nurses in previous studies (Callister, 1993; Corbett and Callister, 2000). These strategies helped the woman feel cared for and respected as an individual and raised her confidence in herself (Corbett and Callister, 2000). In the present study, interviews with mothers and doulas revealed five additional support behaviours used by doulas: mirroring, accepting, reinforcing, reframing and debriefing. Application of these strategies is complex and requires a higher level of emotional skill than the first four strategies mentioned above.

One study of particular relevance described the responses of young mothers giving their infants up for adoption (Bond et al., 1995). In this programme, mothers lived in a facility staffed 24 hours/day by a small group of nurses. One of these same nurses was their only continuous companion during labour. Fifty-six postpartum mothers reported that the behaviours they appreciated most from their nurse during labour were 'her continuous presence; being knowledgeable about labour so she could anticipate my needs; accepting my behaviour; caring and sympathising with my feelings; increasing my comfort; and providing coaching and information'. These responses described a greater level of complexity and emotional depth than the tasks usually found in studies of intrapartum nursing and midwifery support. Notably, these more complex behaviours were remarkably similar to doulas' supportive behaviours as described by mothers and doulas in the present study.

The role of nurses in that study overlaps portions of the birth doula's role by establishing a positive prenatal relationship and staying with the mother continuously during labour. Continuous care by doulas makes the critical difference in influencing obstetrical outcomes (Scott et al., 1999; Hodnett et al., 2003), but it also provides a platform for intimacy and emotional familiarity with the mother. This may be one of the critical factors in the use of more complex emotional support strategies by doulas. It is the ability of the doula to have a singular focus on the mother's emotional well-being as well as the opportunity to be with her continuously that enables the doula to implement the skills of accepting, reinforcing, reframing and debriefing. In order to provide this level of emotional support, the doula must simultaneously be a caring individual and a non-judgemental professional (Behnke and Hans, 2002; Hans and Korfmacher, 2002; Lundgren, 2010). She mothers the mother through her authentically caring behaviours and her continuously benevolent presence. Yet she also must meet the requirements of a professional, maintaining appropriate role boundaries and emotional detachment in order to function effectively in an emotionally charged context (Behnke and Hans, 2002; Lundgren, 2010). Emotional support may seem like a simple function on the surface, but is a far more involved and intricate process.

The medical system in the USA does not usually allow for one-on-one care of the mother by the midwife, doctor or maternity nurse (Benoit et al., 2005; Goodman, 2007). This is also true for some settings in Canada, but there is greater variety in rural areas (Bourgeault and Fynes, 1997). Intensive emotional support of the mother by the midwife is usually possible in home births, but it occurs in less than 1% of births in the USA (Hamilton et al., 2009). Midwives in hospital usually have more than one mother to attend to. Midwives often rotate clinic appointments, hospital duty and time off (Declercq et al., 2001). This style of practice usually dictates that a mother will not be able to choose her midwife in a hospital or birth centre. However, the doula is often chosen prenatally with sufficient time to develop a relationship. This can assure continuity with a trusted companion that most midwifery practices cannot provide in the USA and some areas of Canada. This prenatal relationship may influence the emotional connection and depth of the emotional support strategies utilised by the doula during one-on-one care of the labouring mother (Table 3).

A key question arises as to which factors affect the North American doula's ability to exhibit such a high level of competence in their provision of emotional support. Of certain impact is the prenatal relationship that mothers and doulas develop. This relationship provides continuity and familiarity that enhance a mother's comfort level and security during labour. However, the analysis in this study showed that hospital-based doulas and replacement doulas are also quite

Table 3
Complex emotional support strategies used by doulas.

Strategy	Definition
Mirroring	A verbal and non-verbal strategy where the doula describes the situation that is occurring calmly and concisely, and echoes back to the mother her same feelings and intensity
Accepting	A verbal or non-verbal emotional support strategy that takes in the response of the mother or facts of the situation without attempting to change the mother's response or feelings
Reinforcing	A comment or action designed to support and encourage something the mother is already doing or feeling
Reframing	A verbal dialogue between the doula and the mother designed to shift the mother's perception of herself or the labour situation to a more positive outlook
Debriefing	Focusing one's attention on the mother in an empathetic way so that she can talk about her feelings and feel listened to

effective in offering emotional support. In addition, the support strategies reflected in their stories did not differ significantly from those of independent practice doulas. More plausible is that the continuous care of the labour doula is of greater impact than is prenatal contact. Her active presence communicates her commitment to the mother's well-being. Mothers who are emotionally vulnerable in labour respond to this presence and allow themselves to be supported.

The caring behaviours of doulas are different from the behaviours of other members of the birth team because their relationship to the mother is significantly different. A doula does not expect to be included in the woman's life beyond the perinatal phase and her commitment is to the mother's emotional well-being. In contrast, spouses and other family members have their own relationship to the mother and to the infant that continues beyond birth. Nurses, midwives and other medical care providers have a variety of commitments and tasks that extend well beyond emotional support. Mothers with doulas still value their relationships with their midwives and nurses, and still desire their support. However, their role, scope of practice, and multiple demands on their time make it unrealistic to expect midwives and nurses to meet a mother's emotional needs in the same way that a doula does in a North American context (Nicholls and Webb, 2006; Sleutel et al., 2007; Carlton et al., 2009). Midwives, nurses and doulas must respect and appreciate the complex skills each brings to her role in the labour room. Part of this is appreciating the complexity of the emotional support function and the strategies that doulas employ. Lastly, researchers have been grappling with the question of why the doula has such a positive impact on obstetric and neonatal outcomes. Whereas a definite physiological link may be difficult to uncover, the influence of a mother's emotional state on her labour is undisputed. Understanding more fully the sophisticated processes of emotional support in mother–doula relationships may help to provide a vital clue in comprehending how doulas contribute to improved medical outcomes.

Clinical implications

Emotional support is the cornerstone of a doula's care work. It is possibly a contributor to the positive obstetric and postpartum outcomes of the 'doula effect'. Integrating doula care into the maternity care team may benefit mothers. The mother's doula can assist the nurse and midwife in getting to know their patient. Secondly, due to their different roles, doulas have different emotional support skills than nurses. Mothers find these skills to be valuable, and they probably have a positive effect on the patient's emotional state and may affect the progression of her labour. Thirdly, the professional doula's role and skills in emotional support complement the role of the maternity nurse and midwife, as the doula is usually the only one available to provide continuous care. Continuous care is associated with positive obstetrical and postpartum outcomes. Mutual respect and appreciation for each other's unique contributions is important.

Limitations

The participants in this study were from the USA and Canada and mainly attended births that take place in hospitals. Doulas in other settings may utilise a smaller or larger range of emotional support strategies. Interviews and analysis were conducted in 2002 and 2003. Although there have been no major influences on doula care in the USA and Canada in the intervening time affecting the trustworthiness of the data, readers should be aware of this.

The main limitation of this study includes the small sample size of mothers and that the mothers all chose their own doula during their pregnancy. A wider variety of responses may have been obtained from mothers who participated in a hospital-based programme. These mothers meet their doula for the first time during labour. Although doulas working in a hospital-based programme did not show different emotional support strategies than independent practice doulas in this study, mothers may perceive their care differently. Community-based doula programmes generally involve mothers and doulas in a wider variety of activities and the relationships are sustained longer through the postpartum period (Abramson et al., 2000; Ballen and Fulcher, 2006). They are generally part of another parenting support programme and can be tailored to meet the needs of a particular social group. Due to this, there may be additional emotional support functions that the doula provides or certain ones that are not utilised because of conflicts with a mother's social background. More research into the processes of emotional support within the hospital-based and community-based doula contexts is needed. Although a strength of the study is that both the giver and recipient of labour support were included in the sample, mothers and doulas were relied on to describe their experiences. Further validation of the constructs of emotional support could be found through direct observation of doulas supporting mothers in labour.

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