



# Indigenous Doulas: A literature review exploring their role and practice in western maternity care

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## ABSTRACT

**Objective:** The purpose of this article is to establish a body of literature exploring the emergent topic of Indigenous doulas, in relation to Indigenous communities in remote locations, where women are routinely evacuated and no longer supported to give birth. In doing so the article will synthesise and critique key concepts in the literature and identify gaps for prioritisation in future research.

**Design:** The methodology is influenced by Indigenous, decolonising and feminist theoretical standpoints. A combined methodological approach of an integrative and scoping literature review was undertaken. Only published research, grey literature and grey data written in English and created between the years 2000 and 2018 was included. The search engines used were CINAHL plus, MEDLINE full text, Informat, Cochrane, Google Scholar and Google Search.

**Setting:** Resources originating from only Canada and America identified and despite regional similarities, no literature from Australia or Greenland was sourced.

**Participants:** Of the entirety of identified resources two author's Indigenous identity was readily identifiable; and in the research articles there was a total of 191 research participants identified as Indigenous. Much of the grey literature and grey data included quotations from Indigenous women.

**Interventions (if appropriate):** N/A.

**Measurements and findings:** Key concepts about the role and practice of Indigenous doulas were identified: reclaiming and supporting cultural practices; sovereignty over lands and bodies; strengthening families, training, work models and defiance of evacuation policies on the pathway to returning birth. Critique of these concepts suggests that Indigenous doulas have a unique role and practice scope in Western maternity care, which is readily distinguished from standard doula practice. Research gaps worthy of future research prioritisation include: Indigenous women's perspectives as recipients of Indigenous doula care, Indigenous doulas as a pathway into midwifery, escort policy and impacts on Indigenous doula provision; evaluation and alternative research settings.

**Key conclusions and implications for practice:** The role and practice of Indigenous doulas offers a promising approach to redressing the colonisation of Indigenous childbirth while contributing to improving Indigenous maternal and infant outcomes. Indigenous doula practice shares many best-practice characteristics with Indigenous Healing Programs and as such is also likely to also promote inter-generational healing. Most of the resources located were descriptive, but this emergent topic is worthy of further applied research.

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## Introduction

Globally, Indigenous people experience significant inequities across many measures of health and wellbeing (IASG, 2014). In Northern Australia and similar remote jurisdictions such as Alaska,

Arctic Canada and Greenland, Indigenous women have limited options in planning their preferred birthplace location. While a very small number of remote healthcare services do offer childbirth care, most Indigenous women living in these remote areas are routinely evacuated and have no option but to travel vast distances to give birth in an urban hospital. Across these regions, the combined complex medical and social impacts of colonisation and obstetrical evacuation policies are profound, personalised and multileveled for Indigenous women, families and their communities. Some of

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these impacts include distress and negative experiences around giving birth alone and unsupported (Kornelson and Grzybowski, 2005; Lawford et al., 2018); disruption to family dynamics and child safety (Kornelson and Grzybowski, 2005; Varcoe et al., 2013); discontinuity and damage to cultural practices and customs (Adams et al., 2017; Kildea, 1999); and at a community and economic level the loss of local career pathways in midwifery (Ireland et al., 2015).

In such settings, increasing pressure to reform remote Indigenous maternity care sensibly includes an emphasis on Indigenous women's inclusion in the maternity workforce and the provision of more culturally sensitive and respectful healthcare for Indigenous women and families (Bourgeault et al., 2004; Couchie and Sanderson, 2007; Kildea et al., 2017; Kildea, 2017; Skye, 2010; Varcoe et al., 2013). Within the current policy milieu of removing childbirth from communities coupled with the compulsory evacuation of pregnant women, the role of Indigenous doulas may be one approach for attracting Indigenous women into the maternity workforce and for improving Indigenous women's maternity care. This leads to obvious questioning concerning what is known about the role and practice of Indigenous doulas? Could Indigenous doulas improve evacuated Indigenous women's childbirth experiences? Could doula practice build a career pathway for Indigenous women into the maternity workforce? The purposes of this article are therefore threefold: to establish a body of literature exploring the topic of Indigenous doulas in relation to remote communities; to synthesis and critique key concepts in the literature and lastly identify gaps for prioritisation in future research agendas.

## Background

The term doula was first coined by American female anthropologist Dana Raphael (Darby, 2018; Morton and Clift, 2014) and has its origin in Greek meaning 'female slave' – thus a woman who gives service to another woman (Mahoney and Mitchell, 2016; Morton and Clift, 2014). Doulas are an unregulated profession and work as non-medically trained childbirth companions, assuming continuity of support and advocacy for women during their childbirth experiences. According to Morton and Clift (2014) doula training first occurred in the United States in 1985 and has since grown across developed nations into a movement representative of broader social agendas of promoting physiological childbirth and empowering women during their reproductive experiences. In response to growing social justice concerns the definition of childbirth companion has broadened to include 'full-spectrum' and 'radical' doula whereby companionship is offered to pregnant people (inclusive of their gender identities) through the whole breadth of reproductive experiences including childbirth, miscarriage, surrogacy, adoption, abortion and stillbirth (FSD, 2018; Mahoney and Mitchell, 2016; Zoila Perez, 2012). Different funded doula practice models exist ranging from paid private practice to hospital/clinic coordinated volunteer (unpaid) programs offering doula support to vulnerable and minority women during their childbirth and abortion experiences (Mahoney and Mitchell, 2016; SFGH Doulas, 2018). A correlated industry of doula trainers and training has flourished with a range of accredited and non-accredited training packages (CBI, 2018; Lantz et al., 2005).

While sharing similarities with other obstetric and cultural roles such as a 'lay midwife', 'traditional midwife' or 'traditional birth attendant', the literature suggests (DONA, 2017; Mahoney and Mitchell, 2016; Morton and Clift, 2014) that doulas and their practice are distinguished by the combination of four features: unregulated practice, participation in organised training, speciality skills in the provision of physical and emotional support during reproductive experiences; and an absence of participation in clinical procedures and decision making. As such the role of the doula in contemporary maternity care appears unique. Both the compli-

mentary and conflicting features of the role and practice of doulas in standard Western maternity care is a recognisable feature in healthcare discourse. Doula practice has been cited as a practical approach to fixing the inevitably 'broken system' of medicalised Western maternity care (Stevens et al., 2011). With strong evidence that continuous support during childbirth is associated with a range of improved maternal and infant outcomes (Bohern et al., 2017), doula care appears to be in continued demand and fills a care gap that current midwifery practice in hospitals struggles to close.

Though it is evident that research and consumer interest continues to expand in line with the use and popularity of doulas in standard Western reproductive health care, little attention has been given to Indigenous doulas. Due to overwhelming Indigenous health inequities, it is important to understand the emerging potential benefits that Indigenous doulas may have in addressing Indigenous women's reproductive health and workforce inequities, especially in settings challenged by remote geography. Indigenous doulas may be especially important in ameliorating the impacts of obstetrical evacuation policies that prevent Indigenous women from accessing appropriate emotional and psychosociocultural care during childbirth and other reproductive experiences. It is also probable that accredited doula training could offer Indigenous women a credible and culturally sensitive pathway into formal midwifery training.

## Methodology

The focus of this literature review is Indigenous doulas and an exploration of their role and practice. While identifying as non-Indigenous women, the synthesis of this review openly draws influence from Indigenous (Foley, 2003), feminist (Hooks, 2000) and decolonising (Smith, 2012) theoretical standpoints that intentionally privilege Indigenous people's world views, the lived-experiences of women and is mindful of the ongoing colonial power legacies which impact Indigenous women's well-being and access to maternity care. No ethical clearance has been obtained as this is a review of literature and has not involved human research participants.

We have drawn on the complementary combined methodologies of an *integrative* (Torraco, 2005) and *scoping* (Arksey and O'Malley, 2005) literature review. In this manner we seek to identify, then critique and analyse key concepts in the literature but also to establish research gaps. This combined approach has been successfully used to synthesis literature on other emerging topics such Indigenous vocational education training (Frawley et al., 2017) and offers similar applicability in this context because of needing to both 'scope' and 'integrate' the literature on Indigenous doulas. The resources considered appropriate to include in this review were standard academic literature and research published in peer reviewed journals. It was also important to include grey literature (not controlled by commercial publishing) and grey data (user generated, web based) (Adams et al., 2016) to increase the likelihood of capturing academically marginalised resources created by Indigenous community-based organisations and/or Indigenous women themselves. From our theoretical standpoint this is a strategy to enhance the methodological rigour of the review.

In September 2018 the key search terms of doula and Aboriginal OR Aborigine OR Inuit OR Eskimo OR "Native Indian\*" OR "Native American\*" or Metis OR "First People\*" OR "First Nation\*" OR "Torres Strait Islander\*" were used in search engines CINAHL plus, MEDLINE full text, Informat, Cochrane, Google Scholar and Google. Literature and data was only included if it was written in English and produced between the years 2000 and 2018. In the case of Google Scholar and Google Search the review was restricted to first ten pages of tabulated results and content information for

**Table 1**  
Indigenous nations and identities as noted in the resources.

Creations	Firstnations	Indigenous identities
Norway house	Katzie	Cree-Saulteaux
Nisichawayasihk	Nuxalk	Metis
	Haida	Anishinaabe Objibwe
	Namgis	Nehiyaw
	Alexander	Haudenosaunee
	Alexis	Cree
	Enoch	Stoney
	Paul	

each site was systematically and intuitively reviewed for inclusion of search keywords and relevance. Review of content and reference lists yielded a small number of further resources. After deleting for duplications, this complete search strategy yielded in total 24 resources which included academic articles ( $n=8$ ), grey literature ( $n=12$ ) and grey data ( $n=7$ ). All the resources originated from Canada and America. Five resources (research articles  $n=4$  and grey literature  $n=1$ ) were either discarded after initial review because they did not align with the topic and one was unable to be accessed. Despite not being solely on the topic of Indigenous doulas and due to the emergent nature of the research topic the remaining academic papers were included. Of the grey resources six were related to the Manitoba Indigenous Doula Initiative – a Canadian research collaboration between social enterprise, Indigenous communities and University that has not been academically published (MIDI, 2018). Of the entirety of resources, two authors' Indigenous identity was readily identifiable; and in the research articles there was a total of 191 research participants identified as Indigenous. There were a variety of Indigenous nations and identities referred to in the resources and they are listed in Table 1.

## Synthesis and critique

### *Reclaiming and supporting cultural practices*

Though closely aligned with standard doula practice (DONA, 2017), Indigenous doula work is uniquely positioned as based on a range of cultural practices linked to and linking Indigenous knowledges, traditions and ancestors. Indigenous doulas use their role and authority to reclaim and make visible, often in the clinical environment of a hospital (Curry, 2018; Latimer, 2018), their culture's childbirth customs. Specific cultural components of Indigenous doula practice cited in the resources include drumming, fanning with eagle feathers, ceremonial singing, practicing ceremonies (related to placentas, umbilical cords and community connections) spritzing of sacred/cedar water, medicinal teas prayer, storytelling, medicinal oils and music (CBC Radio, 2016; Cruickshank, 2016; Curry, 2018; Latimer, 2018). In an act of cultural reclamation, some Indigenous doulas wear their traditional dress and costumes when attending women in labour (Curry, 2018; Latimer, 2018). Indigenous doula practice seeks to re-centre the spiritual reverence for childbirth while emphasising the sacred and powerful qualities of parturient women (Bachlakova, 2016; Erynne Gilpin, 2017; Latimer, 2018). One piece of grey data notes that the practice of Indigenous doulas gives women 'culturally based' support that allows them 'to connect spiritually through traditions and ceremonies' (Phanloung, 2017, p. 2). The Indigenous doula role is often compared to other traditional Indigenous cultural roles such as that of 'Aunty' (Perinatal Services BC and First Nations Health Authority, 2011). These specific cultural skill-sets make Indigenous doulas practice unique and a likely source of cultural security and safety for Indigenous women during their childbirth experiences.

### *Sovereignty over land and bodies*

In the face of Indigenous women's land and bodies being colonised, Indigenous doula practice is a political act of maintaining sovereignty (Bachlakova, 2016; Erynne Gilpin, 2017; Hicks, 2018). When the cultural roles of motherhood are eliminated, the ability to reproduce culture is inhibited, allowing the colonising society to change people's beliefs to their own ideals (Leibel, 2014). While standard doula practice is often linked to political agenda of promoting physiological childbirth and positive childbirth experiences for women (DONA, 2017; Morton and Clift, 2014), Indigenous doula practice resists the ongoing colonisation of women's bodies and ancestral lands. To promote cultural resilience and survival, Indigenous doula practice overtly encourages women and their families to connect to pre-colonisation ways of being, doing and thinking (Bachlakova, 2016; Diubaldo, 2017; Emilee Gilpin, 2017; Hicks, 2018). As Hicks (2018, p. 2) explains, Indigenous doula's are 'trying to reconnect women and families with the knowledge that Indigenous communities used to have prior to colonization'. This disruption to the colonial power imbalance over childbirth is positioned as a method for empowering Indigenous women (Bachlakova, 2016; Emilee Gilpin, 2017; Hicks, 2018) and decolonising childbirth experiences.

### *Strengthening families*

While acknowledging that Indigenous families are often over-represented in government child protection and welfare systems, Indigenous doulas are reported in some resources as one way of addressing this trend (Hicks, 2018; Latimer, 2018). This focus is not evident in other literature describing standard doula practice (DONA, 2017; Lantz et al., 2005; Morton and Clift, 2014). Indigenous doula practice nourishes families through nurturing the strength of relationships and bonds between women, babies, families and communities; and often achieves this through using Indigenous knowledge and practices (Hicks, 2018; Latimer, 2018; Samson, 2016). One example of Indigenous doula practice strengthening relationships involves the Placenta Ceremony, where a mother, newborn and their community pledge to work together in supporting the wellbeing of their relationships (CBC Radio, 2016; Samson, 2016, p. 2). Relationships between families and connection to the land are strengthened by burying the placenta in the earth after birth, with the belief that structural issues will come back in to balance (Olson, 2013). Indigenous doula practice is also explained as a way of reducing maternal distress around the time of childbirth (Samson, 2016). This is significant as maternal distress is known to adversely impact the hormonal physiology of normal childbirth and early mother crafting instincts (Buckley, 2015) and thus contributes to poorer maternal and infant outcomes.

### *Training*

The resources available provide superficial information regarding the training of Indigenous doulas. The one exception to this is the Perinatal Services British Columbia and First Nations Health Authority Doula Training manual which provides a detailed example of Indigenous doula training that aimed to expand on the traditional female role of Aunty (Perinatal Services BC and First Nations Health Authority, 2011). The purpose of the manual was to provide an introduction and encouraged women to complete further training to become certified by a peak professional body called Doulas of North America International (DONA International) (DONA, 2018). The training is structured: has a Western biomedical focus; and assumes a standard level of functional English which may be prohibitive to women with low prevocational skills and readiness (see Table 2). In British Columbia, a grant program exists

**Table 2**Aboriginal doula training manual themes and topics sourced from [Perinatal Services BC](#) and [First Nations Health Authority \(2011\)](#).

Manual section	Topics
Doulas	Definition, history, role, practice and meaning
Doulas and midwives	Working relationship
Aboriginal birth and doula	Stories from British Columbia
Communication	Active listening and counselling skills
Prenatal birth and partner support	Prenatal visits, doula and partners, dads and doulas, preparing siblings
Preparing yourself	Doula client information and documentation, information sheets, birth wishes, newborn care plan, postpartum care plan, confidentiality form
Doula support during labour and comfort measures	Doula kit suggestions, examples of comfort techniques
Unexpected labour situations	Complications and challenges to the doula role
Breastfeeding and bonding	Newborn feeding immediately postpartum
Processing the birth experience and closure	Processing birth experiences, doula suggestions
Becoming DONA (Doula of North America) certified	Certification, DONA International, standards of practice, scope, continuity of care, code of ethics, training and experience, rules of conduct, ethical responsibilities
Sharing thoughts	Reflection on the experiences of being a doula

whereby Indigenous women can access funds for doula care, but the actual doula is required to be certified by DONA International.

The emphasis on DONA International certification is absent in the other resources. Many of the other resources position the unregulated nature of Indigenous doula training and practice as positive features. Positive because the lack of regulation allows women, regardless of low educational levels to access training and contribute their skills to the care of other Indigenous women in their community (Hicks, 2018). Latimer (2018, p. 3) reports that Indigenous doulas embrace the flexibility of their role as a way of 'collaborating with resources to implement our own solutions' and that the design of the training can happen 'organically' without adhering to other people's standards or regulations. Hicks (2018, p. 2) reports that 'Indigenous doula training has been developed by Indigenous women for Indigenous women' and as such is reflective of Indigenous self-determination. The curriculum is noted for being 'culturally-based' (University of Winnipeg, 2017) including Indigenous knowledges, trauma-informed care, traditional languages, medicines, songs and spiritual beliefs (Diubaldo, 2017; Emilee Gilpin, 2017; Hicks, 2018). In these ways Indigenous doula pedagogy may disrupt the epistemological racism that is often experienced by Indigenous people engaging with the Western academy and education (Bodkin-Andrews and Carlson, 2016). As one Indigenous doula noted (Emilee Gilpin, 2017, p. 20) training offered by a peak professional doula body (DONA international) provides no perspectives on racism or a decolonising approach to doula practice.

The content of all training seems to focus almost exclusively on the childbirth experience with few mentions of full spectrum care - that is, doula practice that supports women/people through any reproductive experiences such as abortion, still birth or adoption (FSD, 2018; Mahoney and Mitchell, 2016; Zoila Perez, 2012). However one blog by an Indigenous woman did explain her positive experience of undertaking full spectrum doula care which included birth and postpartum care, miscarriage and abortion care, inter-generational trauma, matrilineal DNA and reflection on a variety of Indigenous nation's birth, adoption and end-of-life beliefs and ceremonies (Dawne, 2016). While this may suggest that full-spectrum care is an emerging feature currently not well addressed in Indigenous doula practice, it may also reflect the inequity that many remote Indigenous women face in accessing birthplace choice; and a history of colonial violence impacting women's family formation and reproductive autonomy.

#### Work models

A recent Cochrane review notes the importance of further research into different childbirth companion models and impacts on improving perinatal outcomes (Bohren et al., 2019). The resources

indicate a range of work models for Indigenous doula practice but there is a paucity of explanation about if or how the Indigenous doula role is formally incorporated into Western maternity care systems. Certainly the research articles superficially cite general community support and/or recommendation that Indigenous doulas should be involved in supporting Indigenous women during their pregnancy and childbirth experiences (O'Driscoll et al., 2011; Varcoe et al., 2013; Wiebe et al., 2015). Examples of models from the resources include: Tripartite First Nation Aboriginal Doula Initiative; grants for Indigenous women and families to access private doulas; private Indigenous doula practice; and a community development research partnership model (see Table 3). The only model which has been formally evaluated was the Tripartite First Nation Aboriginal Doula Initiative (Mackinnon Williams, 2010), which recommend and resulted in the program being returned to Indigenous community. Though the explicit reasons for this return back to the community was not able to be located in the literature, it is likely that the initiative continued to face challenges that were described in the evaluation around certification and sustainability of doula practice (Mackinnon Williams, 2010). While the grant model offers Indigenous women and families accessibility to doula care, some Indigenous doulas have been critical of the program that they believe unfairly restricts the grant being used for doulas without DONA certification, many of whom are Indigenous (Emilee Gilpin, 2017).

#### *Defiance of evacuation policy on the pathway to returning birth*

Many of the resources lament the harm caused by routine obstetrical evacuation policies and state that the ultimate outcome of maternity care reform should be the return of Indigenous women and their childbirth experiences back to their Indigenous families and communities (Bachlakova, 2016; CBC Radio, 2016; Cruickshank, 2016; Samson, 2016). Indigenous doula practice is therefore often seen as a direct response to the routine evacuation of women from remote communities and a pressing need to improve women's childbirth experiences. For many communities the joyful ceremonies and celebrations of welcoming a newborn infant have been lost due to the removal of childbirth and instead most community gatherings are dominated by death and grieving (Samson, 2016). Standard doula practice is sometimes seen as a necessary way of 'fixing a broken system' of maternity care (Stevens et al., 2011), perhaps the practice of Indigenous doulas can be understood as temporary 'band aid' over the wounds of colonisation until childbirth is returned to communities. In two research articles, Indigenous participants talked positively about the potential role Indigenous doulas could have in improving the childbirth experience for women who give birth away from their home community (O'Driscoll et al., 2011; Varcoe et al., 2013). In one piece

**Table 3**  
Indigenous doula work models.

Work model	Details
<i>Tripartite First Nation Aboriginal Doula Initiative</i>	Was a partnership among Provincial, federal, and First Nations governments, piloted over the years 2011–2013 to develop a sustainable doula service model for Aboriginal women. While an evaluation in 2014 highlighted many successes of the program, the initiative on recommendations in the report was handed back to Aboriginal communities with the intent that they could ‘choose, train, and support the people they decide are the right fit as a doula in their community’ (Perinatal Services BC, 2018). To assist Aboriginal communities with their self-determination of doula services the First Nations Health Authority (FNHA, 2018) hosts a range of digital and printable resources on their website to assist communities and individuals to undertake training and better understand the process involved in starting and promoting a doula business.
<i>Grant for Private Fee-For-Service</i>	Aboriginal women and families are eligible to apply for a \$CAD1000 grant for care to pre-approved doulas. Doulas must be pre-approved as eligible through providing certificates of training and proof of membership of the identified industry representation organisations. The grant can be used for either childbirth and postnatal care; or both (BCAAFC, 2018)
<i>Private Fee or Indigenous Cultural Exchange Protocol-For-Service</i>	Indigenous women create their own collective and offer private services to other Indigenous women. These are fee-for-service or, in cases of financial hardship cultural-exchange-for-service. Example see: <a href="https://ekwi7tdoulacollective.org/">https://ekwi7tdoulacollective.org/</a>
<i>Community Development Partnership: Indigenous Community Social Enterprise, and University</i>	The Wijiidiwag Ikwewag – Manitoba Indigenous Doula Initiative (MIDI, 2018) is a research project currently underway investigating the impacts of doula care for women who are evacuated for childbirth They are seeking to train a cohort of doulas in the women’s home community and referral centre community (FNHSSM, 2018). It is a collaboration with the Indigenous community, social enterprise and University

of grey literature, an Indigenous midwife was noted as saying that Indigenous doulas are not the ‘solution to women having to leave the community to give birth, but a way to make them feel more comfortable’ (Samson, 2016, p. 3).

### Discussion and research gaps

Due to overwhelming Indigenous health inequities, it is important to understand the emerging potential benefits that Indigenous doulas may have in addressing Indigenous women’s reproductive health and workforce inequities, especially in settings challenged by remote geography. Indigenous doulas may be especially important in ameliorating the impacts of obstetrical evacuation policies that prevent Indigenous women from accessing appropriate emotional and psycho-sociocultural care during childbirth and other reproductive experiences. It is also probable that accredited doula training could offer Indigenous women a credible and culturally sensitive pathway into formal midwifery training.

For the first time this review has synthesised what is currently known about the emerging role and practice of Indigenous doulas in Western maternity care, especially in the context of caring for Indigenous women who are routinely evacuated from their remote home communities to give birth. The synthesis using a combined *integrative* and *scoping* methodological approach is not without limitations. We openly acknowledge that though there is replicability in our search methods, there is an obvious challenge in replicating the same results from internet searches (such as Google). However this limitation is noted in the literature and can in part be addressed through overlapping search strategies (Adams et al., 2016). Certainly, this was a design feature in our synthesis whereby internet searches were overlapped with research database searches. Further, we importantly note that inclusion of internet searches is a crucial strategy for capturing grey information and grey data on Indigenous topics and Indigenous generated content which enhances the rigour of the literature review. Overall the synthesis has demonstrated that the Indigenous doula role, though comparable to the work of a standard doula, has unique features including the use and reinvigoration of cultural caring practices, and an identifiable political agenda to redress colonisation of Indigenous childbirth. These are salient features considering the difficulties that many Western health services have in meeting the needs of Indigenous women and their families.

Better understanding about the role and practice of Indigenous doulas and their potential to improve reproductive health outcomes is pertinent in the context of colonisation, profound Indigenous reproductive health inequities and the negative impacts from routine obstetrical evacuation. While centred on the reproductive

care of women, Indigenous doula practice is likely to transcend this focus and contribute broadly to the intergenerational healing of Indigenous communities from the trauma of colonisation. Many key features identified as being best-practice qualities of Indigenous healing programs (McKendrick et al., 2013, p. 2) are also evident in the literature about Indigenous doula practice, that is:

- Indigenous doula practice is developed to address issues in the local community- often the removal of childbirth and the loss of culturally appointed childbirth companions.
- Initiatives are driven by local Indigenous leadership.
- Informed by an understanding of the impact of colonisation and intergenerational trauma and grief that has impacted childbirth and women’s reproductive experiences.
- Based on both evidence and theory that continuous support during childbirth is associated with improved maternal and infant outcomes, and that Indigenous childbirth knowledge has successfully sustained countless generations before colonisation.
- Combines Western methodologies (including trauma-informed therapeutic practice) and Indigenous healing (strengthening connection to culture, country, family and community) into the care of women during childbirth and reproductive experiences.
- Builds individual, family and community capacity and Indigenous healing by strengthening connection to culture, country, family and community during childbirth.
- Indigenous doula care is pro-active in preventing the perpetuation of ongoing harm during childbirth and reproduction rather than reacting to the poor maternal and infant outcomes.

While most of the synthesised literature has been descriptive, the topic of Indigenous doulas is worthy of further applied investigation to better understand the operationalisation, impacts and outcomes of doula practice for Indigenous women and their families. Research gaps identified through this review will now be detailed and include:

#### *Indigenous women’s perspectives as recipients of Indigenous doula care*

All the synthesised literature describes the practice of Indigenous doulas from their own perspectives and not from the perspective of Indigenous women as recipients of doula care. As a salient feature of quality in maternity care, it is important to better understand what Indigenous women’s satisfaction and experiences of Indigenous doula care are.

### *Indigenous Doulas as a pathway into midwifery*

Health researchers have often advocated for increased participation of Indigenous women in the maternity care workforce, especially as midwives. In one survey of standard doulas around 30% were using their practice as a career stepping-stone into midwifery (Lantz et al., 2005). Doula practice may have similar benefits for Indigenous women and as the literature review suggests may be accessible to women who currently have low prevocational skills and is appealing to Indigenous women because it uses Indigenous epistemologies. While one piece of research about the motivations of women of colour to become doulas (which included three Indigenous participants) reported that their practice was never a career pathway into midwifery (Hardeman and Kozhimannil, 2016), this potential career entry point and pathway for Indigenous women requires further investigation.

### *Escort policy and impacts on Indigenous doula provision*

The operationalisation of accessing and/or financing the role of Indigenous doulas is poorly understood in the current literature. This is of importance for remote Indigenous women of whom the vast majority are not financially supported to have an escort accompany them. While not mentioned in the resources, this aspect of remote obstetrics is likely in breach of human and Indigenous rights (United Nations, 1948, 2008) in particular, the rights of Indigenous peoples to maintain and use their health systems alongside the revitalisation and practice of cultural traditions, customs and languages (United Nations, 2008, Sections 11 and 12). It may also contravene States' continued obligation to provide Indigenous peoples access to discrimination-free health care (United Nations, 2008, sec. 24). These aspects of Indigenous doula practice require more attention.

### *Evaluation and outcomes*

There is little applied research to identify whether Indigenous doula care impacts maternal and infant outcomes. It is likely that this gap will soon be addressed by the Wijiidiwag Ikwewag – Manitoba Indigenous Doula Initiative.

### *Alternative research settings*

The resources located in this review suggest that Indigenous doula practice is centralised to American and Canadian settings. Sharing many similarities in remote geography, removal of childbirth and colonisation, research in settings outside America and Canada such as Australia and Greenland would be welcome contributions to understanding the applicability and operationalisation of other Indigenous doula practice.

### **Conclusion**

While Western maternity care makes important contributions to biomedical safety during pregnancy and childbirth, it also causes harm to Indigenous women and their families, especially for those women who are routinely evacuated for childbirth and separated from family, community, culture and language. The continued high rates of poor Indigenous perinatal outcomes demand that Western maternity care prioritise the maternity needs of Indigenous women. Incorporation of Indigenous doulas into standard Western maternity care appears to disrupt the colonisation of childbirth, while making many positive contributions. This includes building community capacity through training and education opportunities, recognising the importance of Indigenous childbirth knowledge and providing spaces for intergenerational healing. Until childbirth

is returned to remote communities, Indigenous doula practice will remain an important adjunct to standard Western maternity care which is worthy of further interest, investigation and research.

### **Conflict of interest**

There is no conflict of interest.

### **Ethical approval**

As this was a literature review an ethics application is not necessary.

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### **Clinical trial registry and registration number**

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