

## Doulas' Views on the Rewards and Challenges of Their Work

by Paula M. Lantz, Lisa Kane Low,  
and Robyn L. Watson

A great deal of research has been conducted regarding the impact that "supportive caregivers" such as doulas and labor assistants can have on women's childbirth experience. More than fourteen randomized trials in a number of countries have shown that continuous social, physical, and emotional support can help control pain, reduce the length of labor, and decrease the use of cesarean sections and other invasive procedures (Scott, Berkowitz, and Klaus 1999; Hodnett 2002). Very little research, however, has been conducted on doulas and labor assistants as a new type of paraprofessional working with clinicians and others who provide care related to childbirth. Although the concept of women helping and supporting other women through the childbirth process is not new, what is new is the emergence of doulas/labor assistants who provide support for a fee, complete with professional associations, certification processes, and a swelling number of practitioners (Klaus, Kennell, and Klaus 1993).

Doulas are attempting to establish themselves as paraprofessionals, working alongside other professionals in the maternity care team; however, there is very little information about who doulas are, how they practice, and about the challenges they face as they attempt to establish themselves in a health care system that is highly specialized and in a culture in which the birth process is significantly medicalized (Davis-Floyd 1992). These and other questions formed a launching point for a national survey of doulas and labor assistants in the United States. The purpose of this paper is to present results from the survey regarding satisfaction with being a doula and the perceived rewards and challenges of this work.

**Methods:** We conducted a mailed survey of doulas/labor assistants in the United States. The study population included all doulas listed as certified or certification in progress with five professional associations: the Association of Labor Assistants and Childbirth Educators (ALACE), Birth Works, Childbirth and Postpartum Professional Association (CAPP), Doulas of North America (DONA), and the International Childbirth Education Association (ICEA). These organizations graciously provided mailing lists of current members who were residents of the United States, and had started or completed a doula/labor assistant certification program. A total of 5,109 names were provided, with 2,400 already certified and 2,709 in progress. From this list, a random sample of 1,000 doulas was selected, including 700 certified doulas and 300 with certification in progress. A survey questionnaire, along with a postage-paid return envelope and a

### ABSTRACT

Doulas face many unique rewards and challenges as they attempt to establish themselves as part of the maternity care team in a health care system that is highly specialized and in a culture in which the birth process is significantly medicalized.

The authors conducted a survey of a random sample of doulas in the United States to gather a variety of information from doulas, including satisfaction with their work.

The findings suggest that the vast majority of practicing doulas (96%) find their work personally and emotionally rewarding, but that only 34% find it financially satisfying.

The rewards of being a doula include supporting new mothers, helping women have a positive birth experience, and being part of the birth process. Significant challenges, however, include lack of support from clinicians, balancing doula work with other demands and obligations (primarily related to family and other jobs), and being on call.

small gift, were mailed to the selected participants in June, 2003. Eight potential participants were identified as duplicates (on more than one organization list), and 20 surveys were returned as undeliverable, leaving 972 doulas in the sample. Surveys were returned by 626 study participants, with an overall response rate of 64.4%. Over one-half (57%) of the respondents were certified through DONA.

The questionnaire gathered information on a number of factors related to the roles and responsibilities of being a doula, including satisfaction with different aspects of doula work. The questionnaire also included open-ended items that asked respondents to list "the two biggest challenges you face in your work as a doula/labor assistant" and the "two aspects of your work as a doula/labor assistant that bring you the most satisfaction." Standard content analysis procedures were used to analyze the qualitative response data produced through these questions.

*continued on page 32*

**Results:** The respondents had the following socio-demographic profile: 94% reported their ethnicity as white, 3% African American, 2% Hispanic, and 1% other ethnic groups. The average age was 40.3, with a range from 20 to 71 years. The majority of doulas were currently married (82%) and had given birth at least once (88%). In terms of education, almost one-half (49%) reported they had a college degree or more, with 20% credentialed as a nurse or midwife. In addition, one out of three respondents reported prior training in some type of childbirth preparation instruction (including Bradley and Lamaze).

**Satisfaction with Doula Work:** The doulas in our sample reported a high level of satisfaction with their work. Overall, 96% of respondents strongly agreed or agreed with the statement "my work as a doula or labor

assistant has been rewarding to me on a personal or emotional level." This proportion was 97% among certified doulas and 91% among non-certified doulas (statistically significant difference,  $p < .001$ ). In contrast, however, only 34% of respondents strongly agreed or agreed with the statement "my work as a doula or labor assistant has been rewarding to me on a financial level," with 38% among certified doulas and 25% among non-certified doulas (statistically significant difference,  $p < .001$ ). The low level of agreement with this statement is not surprising given the income levels respondents reported for their doula work. The average income in 2002 from doula work was \$3,645 among certified doulas, with almost one-half reporting that they made less than \$1,000.

*continued on page 33*

**TABLE: ASPECTS OF DOULA WORK MOST FREQUENTLY REPORTED AS REWARDING AND CHALLENGING**

| Most Frequently Cited Rewards of Doula Work   | Total Sample (N=471) | Certified Doulas (N=354) | Non-Certified Doulas (N=117) |
|---|----------------------|--------------------------|------------------------------|
| Supporting/nurturing/empowering new mothers; instilling confidence in clients   | 49%                  | 50%                      | 47%                          |
| Helping women to have a positive birth experience and the type of birth they want; helping different types of clients             | 48%                  | 48%                      | 49%                          |
| Being part of and witnessing the birth process; seeing mother's and family's reaction to new baby; being part of a miracle        | 30%                  | 28%                      | 34%                          |
| Relationships developed with clients and families; bonding with clients and families; developing relationships with medical staff | 14%                  | 14%                      | 15%                          |
| Receiving gratitude and appreciation from clients; receiving positive feedback  | 14%                  | 14%                      | 14%                          |
| Educating clients, the public, and the medical community about doulas and the value of doula work                                 | 8%                   | 9%                       | 6%                           |
| Making a difference in someone's life   | 7%                   | 6%                       | 9%                           |
| Promoting a natural birth process   | 7%                   | 7%                       | 7%                           |
| Most Frequently Cited Challenges of Doula Work  |                      |                          |                              |
| Lack of support or respect from medical community/clinicians  | 42%                  | 44%                      | 35%                          |
| Balancing doula work with other jobs; maintaining good health doing doula work  | 33%                  | 35%                      | 27%                          |
| Balancing doula work with family demands and obligations  | 23%                  | 23%                      | 23%                          |
| Being on call/unpredictable nature of hours/sleep deprivation   | 23%                  | 26%                      | 15%                          |
| Low pay/low financial rewards/no job benefits (e.g. retirement, insurance)  | 15%                  | 16%                      | 13%                          |
| Finding clients   | 14%                  | 9%                       | 20%                          |
| Lack of time to devote to doula work/practice   | 11%                  | 11%                      | 12%                          |

### Benefits and Challenges Associated with Doula Work:

The questionnaire also included open-ended items that asked respondents to list "the two biggest challenges you face in your work as a doula/labor assistant" and the "two aspects of your work as a doula/labor assistant that bring you the most satisfaction." As shown in the table on the previous page, respondents offered a wide array of responses to these questions. Interestingly, there was a great deal of convergence in the themes that emerged from the responses regarding satisfying or rewarding aspects of doula work. The most common responses included: a.) supporting, nurturing, or empowering new mothers, and instilling them with confidence regarding their ability to birth and to be a mother (49%); b.) helping women to have a positive birth experience and helping families have the kind of birth they desire (48%); c.) being part of and witnessing the birth process (often described as "a miracle") and seeing a family bond with a new baby (30%); and, d.) receiving gratitude, appreciation, and positive feedback from clients (14%). The patterns in the responses were very similar for certified versus non-certified doulas.

The challenges and frustrations most frequently cited by respondents included: a.) lack of support or respect from clinicians and other members of the medical community (42%); b.) balancing doula work with other jobs (33%); c.) balancing doula work with family demands and obligations, particularly childcare (23%); and, d.) being on call and other aspects of the work related to its unpredictable and unscheduled nature, including sleep deprivation (23%). Non-certified doulas were significantly more likely to name "finding clients" as a significant challenge (20%), compared to certified doulas (9%) ( $p < .001$ ). In contrast, however, certified doulas were more likely to name lack of support from the medical community and being on call/sleep deprivation as challenges than non-certified doulas (see table on previous page).

**Conclusions:** A major objective of this study was to develop a baseline understanding of doulas as an emerging paraprofession related to childbirth. Our research reveals that doulas represent individuals from a range of academic and professional backgrounds united in their desire to support and enhance the childbirth experience of women. From this national survey, we discovered that the vast majority of certified and non-certified doulas in the United States find their work rewarding and satisfying. The most frequently cited rewards of doula work are related to perceptions that the continuous support provided by doulas during labor and childbirth can indeed make a difference by empowering and instilling confidence in clients, and by helping them to have a positive and satisfying birth experience. In practice, however, the rewards of doula work do not come without challenges. Because a fundamental premise of supportive caregiving during labor and childbirth is that it be continuous, doulas place significant demands on themselves to be available and remain connected with a mother through-

out the entire labor and birthing process. The majority of survey respondents indicated that the unpredictability of labor juxtaposed with a doula's commitment to continuous, uninterrupted support places significant burdens on one's family and other obligations, making it difficult to maintain balance and thus creating stress. An additional contributing factor to this conflict is that many doulas (71% in our sample) maintain one or more other jobs in addition to their work as doulas. Clearly, very few doulas are earning a significant income from this work.

Another challenge that doulas face, similar to that of other emerging professions, is the difficulty of defining roles, jurisdiction, and boundaries within the professional field (Abbott 1988). The most frequently cited challenge among our survey respondents was a perceived lack of support or respect from physicians and other professionals in the medical community. Ongoing policy and practice debates regarding specific aspects of doula work will certainly have an impact on doulas and the rewards and challenges they face. This includes scope of practice issues (e.g., the degree to which doulas should touch clients or offer opinions regarding medical care), and third-party reimbursement of doula services.

Despite some of the challenges, it appears that the number of women using doulas and the number of people going into this type of work will continue to grow. The "Listening to Mothers Survey" estimated that 5% or 200,000 of the approximately 4 million women giving birth in 2002 used doulas for childbirth support, and the vast majority of these women gave high ratings to the services received (Declercq et al. 2002). As women continue to search for ways to have positive, meaningful, and healthy birthing experiences, doulas are sure to continue to play an integral role; however, the degree to which doulas will be successful in their attempts to professionalize — which includes carving out a unique role for themselves within the maternity care team, policy support for their work, and financial viability — remains a question mark.

### References

- Abbott, A. 1988. *The System of Professions: An Essay on the Division of Expert Labor*. Chicago: University of Chicago Press.
- Davis-Floyd, R. E. 1992. *Birth as an American Rite of Passage*. Berkeley, California: University of California Press.
- Declercq, E. R., C. Sakala, M. P. Corry, S. Applebaum, and P. Risher. October, 2002. *Listening to Mothers: Report of the First National U.S. Survey of Women's Childbearing Experiences*. New York: Maternity Center Association.
- Hodnett E. D. 2002. Caregiver support for women during childbirth. *Cochrane Database Syst Rev*. 1: CD000199.
- Klaus, M. H., J. H. Kennell, and P. Klaus. 1993. *Mothering the Mother: How a Doula Can Help You Have a Shorter, Easier and Healthier Birth*. Boston: Addison-Wesley Publishing.
- Scott, K. D., G. Berkowitz, and M. Klaus. 1999. A comparison of intermittent and continuous support during labor: A meta-analysis. *American Journal of Obstetrics and Gynecology* 180 (5): 1054-1059.

continued on page 34

# The Critical Moment and the Passage of Time: Reflections on Community-Based Doula Support

by Rachel Abramson

We know that birth is important. The fields of maternal-child health and family support are committed to infants and their families, and committed to the importance of attending to this crucial developmental stage of family life. Yet, many of our programs are designed as if childbirth takes place in another dimension separate from the rest of life, almost in another universe. Birth is invisible in many family support programs. For various reasons we hand off our clients to medical experts as the process of childbirth begins. Similarly, health care is often fragmented, episodic, disconnected from everyday life, and provided by a constantly changing cast of characters. The worlds of medical care and social support just don't comfortably intersect.

So when women go into labor they enter an alien, sometimes frightening place (the hospital), where they are stripped of their clothes and their familiar sources of support, where people speak a different language (even if you speak English, "hospitalize" is a different language), and they lose their ability to control their bodies. No wonder we have so much trouble re-engaging the families on our caseloads after the babies are born. No wonder we feel a distance from our patients and clients. We lose a precious opportunity to influence outcomes.

It's time that we look at childbirth the way mothers do. Birth is a central, critical moment of life that connects to all other moments, that resonates and reverberates over time, and has long-lasting implications for families. I am convinced that women need to reclaim their child-

## ABSTRACT

Though the fields of maternal-child health and family support are committed to mother, infants, and their families, many of our programs are designed as if childbirth takes place in another dimension separate from the rest of life. The worlds of medical care and social support don't comfortably intersect. Our programs ultimately fragment human life, and consequently we lose the opportunity for ongoing effectiveness. The community-based doula model is an attempt to integrate support around birth into a woman's life, across the passage of time. This article briefly describes the model, which creates an ongoing, continuous fabric of support for birthing and parenting families.

bearing experiences as pivotal developmental moments in their lives, and that the infant-family field needs to reclaim birth as an essential, central piece of our programs. We cannot afford to let this critical moment shrink to an invisible unacknowledged episode of medical intervention.

But neither can we attend only to the importance of this critical moment of life and expect that our focused caring will solve all ills. The importance of childbirth resonates over time. It is linked to the circumstances of everyday life, to the constantly changing sweep of personal, family, and community history. Its meaning for the mother, the child, and the family changes over time.

*continued on page 35*

---

## DOULAS' VIEWS ON REWARDS & CHALLENGES OF THEIR WORK *from page 33*

■ Paula Lantz, PhD, is Associate Professor of Health Management and Policy at the University of Michigan School of Public Health, where she teaches courses on evaluation research design, applied policy analysis, and policy issues in women's health. Her training is in social demography, epidemiology, and health policy. Her primary research interests are in the areas of women's health services (including prenatal care and cancer screening/treatment) and social disparities in health.

■ Lisa Kane Low, PhD, CNM, RN, is an Assistant Research Scientist in the School of Nursing and a lecturer in the Women's Studies Department at the University of Michigan. Her research interests are in women and adolescent's experiences of childbirth and their association with processes of care during labor. She is funded by the Kellogg Foundation to evaluate the role of doulas and their effects on perinatal outcomes. In addition to her teaching and research, she maintains a full-scope clinical practice as a certified nurse-midwife.

■ Robyn Lynn Watson, MA, is a doctoral student in Health Services Organization and Policy at the University of Michigan. She is interested in the health care experiences of low-income minority women, and is currently planning a dissertation regarding racial differences in breast cancer treatment.

**Acknowledgments:** This research was funded by a grant from the Walter McNerney Fund at the University of Michigan. Gratitude is extended to the organizations that provided mailing lists for the survey sample: Association of Labor Assistants and Childbirth Educators, Birth Works, Childbirth and Postpartum Professional Association, Doulas of North America, and International Childbirth Education Association. In addition, appreciation is extended to all of the doulas and labor assistants who participated in the survey. ~