

Modern, Local Doulas: Birth Advocates and Activists in Ann Arbor, Michigan

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Abstract

Labor and delivery support has occurred at least since the beginning of documented human history. But the circumstances under which women labor and give birth have markedly changed in many cultures. In order to document one such change, I researched the modern profession of birth support via interviews with six birth and/or postpartum doulas¹. A doula is an “experienced professional who provides continuous physical, emotional, and informational support to the mother before, during, and after birth, or who provides emotional and practical support during the postpartum period. They do not perform clinical tasks.”¹ It is important to note that there is no mention of the term “medical support” in the definition which will become significant later when I evaluate the relationship between nurses and doulas. This research found doulas to be extremely qualified communicators and excellent labor advocates, earning rave reviews from new parents. Unfortunately, though doulas enjoy their work, they struggle with what they see as unneeded medical intervention on a regular basis.

Introduction

A doula is not only a birth companion, but a friend. According to the organization DONA (Doulas of North America) International, a doula’s primary job is to mother the mother, providing psychological support during childbirth. Doulas also give tips and encouragement to the mother’s partner (without displacing the partner), in order to help provide the best possible birth experience. Some doulas, known as postpartum doulas, also work with the family after birth, to ease the transition into a new or growing family.¹ A doula is not a medical worker; it is not her job to deliver the baby, although it could happen by accident, so “doula” is not synonymous with lay midwife or nurse-midwife. Another major difference between doulas and lay midwives is location. Lay midwives typically do not work in hospitals, and even though some doulas may attend many home births in their careers, none of the doulas I interviewed were exclusive to non-hospital births while one only had the opportunity to work with hospital births. Many are certified as birth and/or postpartum doulas or “labor assistants,” not as nurses, unlike many midwives. Furthermore, doulas are not trained to assess and react to emergencies as certified professional midwives (CMs and CPMs) are. A doula can have up to five main “roles” in the

¹ All names used are pseudonyms

profession, which include labor support skills (including skills that keep the partner involved, such as massage), guidance and encouragement, covering gaps in the care of the mother, team-building, and communication improvement among all those involved.⁵ All six doulas I interviewed summed up what the research suggested as “my job is to do whatever I can do to support the woman and keep lines of communication open and continuous.”

There are several reasons why women would hire a doula. DONA International stresses that birth and the immediate postpartum period are socially and emotionally complicated, and individuals experienced in mothering new mothers can be very helpful during this time to provide reassurance that the birth is proceeding normally.¹ One doula said “it’s so sad to see someone get an epidural; [She] is doing so well, so in rhythm with herself, unaware of her pain, and then a seemingly compassionate nurse or doctor says, “You’re tired do you want the epidural now?” which may make the mother think something is not normal, and the natural flow is totally disturbed.” Doulas also have the opportunity to get an understanding of the mother’s personality at a deeper level than medical professionals, who are often distracted. This deeper knowledge of the mother’s personality means she has someone with her who can help her sort out several complicated issues. For example, a doctor may be glossing over medical information at a fast pace and be unavailable to answer questions. A doula can either explain what certain words mean or encourage the mother to make the doctor slow down to give the mother clear explanations. Communication between hospital staff, who can provide labor tips to the other, can be inhibited if the personalities of the mother and staff do not align. A doula can act as the bridge between the staff and the mother in such situations.

Doulas are critical for keeping the lines of communication open during labor and delivery. Unfortunately, doulas can be caught in a tough middle ground between “natural” and “medicalized” birth, especially with the increasing dependence on caesarean sections births in the medical arena. “Natural” and “medicalized” are variously defined and understood; in this paragraph, I am referring to the interviewees’ perceptions of these terms. The middle ground between “natural” and “medical” births is unpleasant and difficult for many doulas. Many interviewees perceived this middle ground as unpleasant because their own personal philosophy suggests that birth is, most often, a safe and natural event requiring little or no medical intervention, versus the perceived conventional view that birth is a high risk event requiring expensive, rapid, and occasionally uncomfortable procedures in order to be “cured.” Pushing a natural event towards a biomechanical

event removes important social bonds and turns what can be a personally and socially fulfilling occasion into an intense doctor's visit. However, doulas continue their work because they know doula support makes a difference to individual families. Doula care is a grassroots movement towards acknowledging the more human side of childbirth, even in a sterile environment such as a hospital. My research goal was to learn doulas' perspectives on medicine and its role in childbirth and also how their own lives have been affected (i.e., personal relationships and "worldviews"). I also wanted to know the prevalence of medical interventions when a doula is present and when one is not. In addition, I wanted to learn the role of nurses and doctors in hospital births, especially when there is tension between doulas and nurses.

Methods

In the winter of 2007, I conducted research on the profession of doula care as well as the medicalization of childbirth. I consulted pediatric, obstetric, and nursing journals to find data on the prevalence of medical procedures in doula-supported births and non-doula supported births. In addition to journals, I also consulted books that provided information on the role of the medical community in childbirth. The study was limited to doulas that practice or place their business cards in Ann Arbor. Many of the doulas were identified by business cards made available at locally owned businesses, such as Center for the Childbearing Year and People's Food Co-op. I interviewed six doulas in the vicinity of Ann Arbor, Michigan about their profession and found them to be a diverse group of women who have unique and lasting places in the lives of the women and families who hire them. I contacted two through their business cards, two were referred to me by friends, and two contacted me through a sign I placed at Center for the Childbearing Year (CCBY). Each doula signed an informed consent letter promising confidentiality of names and permission to not answer any uncomfortable question. This study underwent a preliminary screening with the IRB and was exempted from further review.

Results

Medical Journals and Doulas

All of the doulas I spoke with believed they play beneficial role in birth. Medical research supports this anecdotal evidence. At least two of my interviewees know about this medical literature, which they could cite, should they ever encounter a skeptic. In one article, the authors note that when a doula is consistently present, labor is 25% shorter, 60% fewer epidurals are used, forceps deliveries are 40% less frequent, and c-section rates decline by 50%. Postpartum effects are also significant. Women who had doulas report more self confidence, while suffering from less depression than women who did not have a doula. Fifty percent reported more breastfeeding. Doula-supported women also appear to have more affectionate interactions with their babies in tests done two months after birth.²

After reading such articles which document the benefits of

doula support, it may be difficult to understand why someone would not want a doula. Yet, there is alternate research suggesting there are not many differences between women who had doulas and those who did not, according to reports on hospital-based doulas in HMO-managed hospitals. However, this report of 214 births (149 births with doulas) also shows decreased use of epidurals (by 11.7%) and reports of "better" birth experiences among women supported by doulas. However, it appears as though the rates of caesarean delivery (1% difference), forceps delivery (9.6% difference), postpartum depression, breastfeeding (2.7% difference), and self-esteem were not significantly different among doula-supported women.³

Both of these studies can be problematic. The first paper claiming numerous benefits did not cite how many women were studied. The authors of the paper showing fewer benefits admitted that the study was centered around white, well-educated women, while other studies are more diverse in their sample populations. Using white, well educated women is problematic because this type of group is much more likely to attend childbirth classes and be better prepared, making them less fearful of the process.³ After all, not every woman who goes into a hospital to give birth is well-prepared, and this study did not acknowledge the effect of doula support for women who are not prepared for birth. Also, the research stating doulas as being only marginally beneficial was published in an obstetrics and gynecology journal, which may mean there is a professional gap between doctors and doulas. Doctors may not understand what doulas do, or may feel threatened by the presence of someone who may seem "unskilled" compared to a physician. This would be a conflict of "authoritative knowledge," or whose opinion carries the most weight.⁴ Doctors are essentially in charge of a hospital birth, but women listen to their doulas and communicate well with them, so a doctor may feel like his/her authority is being challenged by someone with fewer skills. The research that supported the benefits of doulas, however, was published in a pediatrics journal. Pediatricians rarely deliver babies in the United States, so they may be more open-minded towards doulas since they only hear birth stories from new parents instead of actually being at a birth to scrutinize and critique a doula, or be critiqued by a doula.

Are Doulas Paraprofessionals?

In spite of excellent reviews by new parents, doulas are struggling to become a respected childbirth paraprofession. A paraprofessional can be defined as a person with fewer credentials or less training who works along with a professional. Naturally, there is debate about what a paraprofessional actually is. Some doctors see nurses as paraprofessionals, while people outside of the medical profession may see a nurse (especially one with many years of experience) as a highly trained specialist, rivaling a doctor in knowledge and quality of care. Since it is difficult to determine the professional status of a nurse, it may be even harder to say if a doula is a paraprofessional since doulas are not only rare but also have many different levels of experience and training. Doulas themselves are primarily well-educated (fewer than 7% with a

high school diploma or less), white (93.8%), married women with children (87.8%), with a significant number planning careers in midwifery (27.2%).⁶ On the surface, doulas might seem like a group that would be welcome as paraprofessionals because they are primarily white and well-educated, which makes them members of a reasonably privileged strata of society. However, this is not the case, even though there is no evidence that doulas are harmful.² Only one in three doulas claimed that the work is financially rewarding, and many said they were not respected by clinicians. Several said they struggled to balance their own family with their career. Many major obstacles in the profession concern pay. Doulas are not covered by insurance, and few get any “third party” payback in spite of the presence of a doula reducing the need for interventionist procedures, saving insurance companies money. However, involving insurance companies might create limitations on what doulas can and cannot do, making a doula nothing more than a cog in an enormous medical machine. The idea of a doula as a childbirth professional is still relatively new and more study is needed.⁶ Another question also arises: does a doula really want to be associated with the medical field at all, either as a professional or paraprofessional? Many doulas are doulas partially because they believe it is helpful to have a non-medical person present at a birth.

Doulas and Nurses: Cooperation or Competition?

If a doula is indeed a childbirth paraprofessional (or a profession), could it be that the doula actually has a complementary role with a nurse during hospital deliveries? A nurse is responsible for the woman’s physical safety, while a doula helps make a woman *feel* safe and in charge emotionally. Nurses can tell the doctors what a woman wants, while a doula can help the woman tell the nurse what is desired, as sometimes hospital professionals do not interpret the wishes of patients very well. A nurse may indeed be very helpful and caring, but has other responsibilities to attend to, while a doula is present the entire time and can keep everyone updated and well-informed, without their job being complicated by other patients or paperwork.⁷ Although the combination of nurse and doula may sound complementary overall, it is not perfect. The largest conflict may be “turf” issues.⁷ A nurse may feel the doula is trying to take over, while a doula may see a nurse as pushy and invasive to the woman in labor. My interviewees said both nurses and doctors are too forceful and do many unnecessary procedures, such as very frequent vaginal exams and monitoring that disturbs the rhythm of labor. This may lead to a medical practitioner suggesting a c-section due to “failure to progress.” One interviewee described hospital staff as “mean.” Another interviewee said there is no reason for medical intervention in a delivery with no emergency medical complications³, and if she voiced this opinion in the

2 It would indeed be difficult for a doula to be physically harmful since they do not medically intervene. Probably the worst that could happen with a doula would be a serious personality clash between the mother and doula during the delivery that ends in a number of people becoming upset.

3 This doula actually said “natural and medical do not belong in the same sentence.” However, she did acknowledge that medical emergencies do happen, and some hospital procedures are warranted. Another doula mentioned that to someone who has not studied child-

presence of a nurse, that could be taken as a challenge to the nurse’s authority.

Another potential point of tension between nurses and doulas is the c-section rate. The profession of the modern doula began to grow in the 1980s, partially out of the growing concern over the climbing c-section rate in that decade. Women who wanted to avoid cesarean deliveries were encouraged to hire labor advocates. Although these early doulas were sometimes individually militant in their anti-c-section views, no professional doula organization has a premise of being anti-c-section.⁵ Nurses and doctors, however, may not know professional doula organizations do not advocate a “no c-section policy,” and if one doula has a history of militancy for avoiding c-sections, that doula may be labeled as a “troublemaker” at a particular hospital obstetric unit. Nurses are also, by definition, medical workers. At some level, they have accepted a mechanized model of childbirth simply by choosing that profession, while for a doula, that is not necessarily true, since they are not working in the medical profession.

Doulas Speak on their Profession

In my interviews, I asked doulas about medical aspects of childbirth and questions about their evolution as doulas up to the present time. I wanted to know how these women became interested in doula care, what their training was like, their favorite and least favorite parts of the work, and how travel, other careers, and their own families have affected their relationships with their clients or otherwise contributed to their career. I also asked about how their own personal feelings play into the work, and how seeing so many births may have changed their outlook on life, professional roles, and society.

I interviewed six women, all birth doulas (and three who are also postpartum doulas), all American-born and between the ages of 20 and 40. Despite these similarities, I still found each of them very unique. All of them became interested in different ways. The first interview I conducted was with a young woman (Wendy) who became a doula because she realized her need to be in a job where she can practice empathy and care about others. She discovered this after a difficult relationship, and affirmed it by speaking with her precocious sister.^{8,1a} In my second interview, the doula (Julie) had been very dissatisfied with the medical team at her daughter’s birth ten years earlier and decided if she could help just one woman have a good birth, that was a positive thing to do. She had also worked as a licensed practical nurse in oncology, and decided she would be a better fit in profession that deals with keeping normally healthy people healthy as opposed to the constant illness present in oncology.^{8,2} The third doula’s (Lisa) sister is a home birth midwife. She attended the birth of her sister’s daughter, and the sister said she had a “good touch” and “good hands.”⁴ This was also during a difficult time in Lisa’s employment, so the switch to being a doula was

birth academically and is very comfortable with a doctor, is simply blissfully ignorant of how good a birth could be.

4 Doulas often do massage and help the laboring woman with other relaxation techniques. In this case, “good hands” and a “good touch” are quite literal..

very well-timed^{5,8.3} Yet another doula (Kate) felt empowered by a natural delivery with one of her children and wanted to share her knowledge.^{8.4} One of the youngest doulas I interviewed (Shelly) was inspired by Lisa Kane Low's "Perspectives of Women's Health" class at the University of Michigan and other women's studies classes relating to women's empowerment in many aspects of life, including careers, schooling, sexuality, and community roles. The picture was completed during a class called "Women in the Community," which was taught by an individual who is active at Center for the Childbearing Year, where many local doulas train.^{8.5} In my final interview, another young doula (Mia), who was applying to nursing school and wants to be a nurse midwife, said she had seen a television show where someone had a doula, and it looked like a good connection to nursing. When her sister trained as a doula, she decided to do the same.^{8.6}

Training

None of the interviewees had been doulas more than approximately thirteen years, which seems appropriate because doula care in this country became more common in the 1980s.⁵ Since the profession of the modern doula is still relatively young, it is reasonable to think there would be many similarities in the styles of training, even among doulas who had trained at different times, and this research found this to be true. Mia, Wendy, and Shelly all trained at the workshops at Center for the Childbearing Year (CCBY) in Ann Arbor. They were also the youngest interviewees - all in their early twenties. They described the training as a very warm and welcoming experience where they were able to network and become very close to the other women in their class. They felt everyone wanted to be there. More than once, it was stated that the training was intense, as much material was covered over just three days. In addition, emotions ran high, mainly because of birth films and mothers in the class sharing their birth stories. At least two of the doulas said a weekend long training session may not seem like much but could be nerve-racking. Since being a doula is about emotionally supporting someone, sometimes the doula just has to get out there and do it. The "trial by fire" period is also what makes the Doulas Care program so helpful. Doulas Care is a volunteer doula program run out of CCBY, and it helps place new doulas with five successive clients as a volunteer, in order to learn and gain skills before they go on to further certification and/or advertising themselves independently in the community. Naturally, without that volunteer experience, it could be more difficult to find the first client when the new doula has never actually seen a live birth. Kate also attended the weekend workshop at CCBY, but she was already a childbirth educator. Her childbirth educator training included an intensive workshop, reading several books, observations of birth care and breastfeeding support, and a test. She entered Doulas Care as well, which was quite comfortable for her

⁵ At the time, Lisa had an unsatisfying, unfulfilling job, and the birth of her sister's child came right in the midst of this career transition.

since she had prior experience with teen mothers and other women who may have limited means of support.^{8.4} Lisa also trained at CCBY, though she said most of her initial training actually came from her sister, a home birth midwife who helped her into the field as a postpartum doula.^{8.3} Julie was trained in the local area via an ALACE (Association of Labor Assistants and Childbirth Educators) weekend workshop that sounded very similar to the training at CCBY, with reading materials, informative speakers, and demonstration of support techniques such as massage.^{8.2} The big difference seemed to be with what happened after the training. Doulas Care is a

**// A doula is a person of communication,
which is a health benefit in and of itself. //**

typical follow-up for CCBY trainees, where volunteer doulas attend five births and then go on independently and/or with additional training to be DONA certified. DONA certification is a commitment to attend a sixteen hour workshop that is DONA-approved, read five books from a required reading list provided by DONA, read and understand a certification packet, take an "Introduction to Childbearing" class with the workshop, attend, document, and receive good professional reviews from three births, write an essay on the value of labor support, and understand and sign the Code of Ethics. Currently, there are 5,500 certified DONA members doing both birth and postpartum doula care^{1, 6} ALACE expects its birth attendants to attend eight to ten births for certification and to keep up the work after the eight to ten births. For certification, ALACE also has a reading list and requires a self-evaluation of six births, a written test, three performance evaluations by someone who observed the doula, as well as auditing a series of childbirth classes.⁹

Their Work

Overall, the doulas enjoyed their training, so it is important to investigate the reasons for their sustained interest in their profession. Although I received many answers, they all fell into the category of "healthy, happy mom who says all the difficulty was worth it and a happy baby." More specifically, popular responses for sustained interest included observing the first five seconds of a baby's life, aiding the mother in the release of long-term tension after the building intensity of pregnancy, and helping nervous women learn that everything possible will be done to make the birth go well. Other favorites were seeing and feeling that being a doula makes a difference in this major life event, the amazing wonder and privilege of watching a birth, the diversity of women and births, the myriad of surprises, the sense of community, and a

⁶ I asked an Ann Arbor midwife how many doulas she thought were in the area. She estimated that Doulas Care has trained over 300 doulas, most of whom live in Southeastern Michigan. It is possible Ann Arbor alone has 50 or 100 doulas; but it is hard to tell because they are at varying levels of certification, and some may no longer be active.

spiritual connection.

Like any other job, there are also drawbacks. Wendy says sometimes she thinks epidurals are “weird” because they interrupt the natural flow of labor. The doula also can not leave, so it is easy to get lightheaded and exhausted while simultaneously not letting the laboring mother see the doula’s discomfort. In other words, the main support person has the second hardest job.^{8.1a} Also, being on call is stressful, since everything has to be dropped to attend the birth, which can be challenging with family and school responsibilities. Lisa says any unnecessary medical procedure is very frustrating because a woman may not even realize how hard she is working and how tired she is until someone offers an epidural and says “you’re tired, want this?” Dysfunctional families and unkind hospital staff are also problematic; they are upsetting to both mother and doula, and interrupt the natural flow of labor⁷.

A recurring theme in my interviews was that many doulas believe most medical procedures can and should be avoided, as a woman’s body is usually capable of delivering a baby without drugs or surgery. I noticed a lot of frustration aimed not at laboring women themselves who choose drugs or surgery, but at medical personnel who insist the procedures are safe and painless, when, in fact, many take away pain only temporarily and induce much longer recovery periods. It is also important to keep a civil tongue with families as well as unkind obstetric teams. A doula may end up feeling like a hostage negotiator, as Julie said. She also said there is a razor thin line a doula must walk with everyone involved; a doula can not irritate anyone. Not only may an irritating doula upset the family, word of an irritating doula will spread around the hospital, and when the doula goes back, the doctors and nurses are already cynical and untrustworthy of that particular doula.^{8.2} Overall, my interviewees overwhelmingly saw their role in medicine as a support person to the person going through some procedure or process, which makes sense, since a doula is not even allowed to take someone’s temperature.⁷ Most said they like to stay away from being associated with medicine and want to have as much a role as possible with the family and keep the association with medicine and medical procedures as minimal as possible, without losing any strings of communication.

Several of my interviewees have traveled to many parts of the world, such as Australia, France, Jamaica, Costa Rica, Guatemala, Mexico, and Italy. None have attended births in other countries. However, a recurring theme in their memories of travel was that experiencing all these different cultures promotes respect for all people in general, which subtly or not-so-subtly translated into increased respect for their own clients here in the States. One doula said her travels allowed her to see how a society functions, so when a person gains respect for a culture, respect is gained in all or most aspects of that society, up to and including birth. I suspect travel around the world allows someone to speculate about how American culture evolved, and notice things about American culture that fade into the background when it is “lived” every day in the vii “Dysfunctional family” has a broad definition. This can mean relatives visibly arguing with each other, or worse, with the mother, families that are so loud and obnoxious that the mother gets upset during labor, and women who are depressed over relationships.

USA. Nuances of American culture appear during birth, and a doula that has traveled may have more respect for how that nuance grew and changed.

Another possible change I thought being a doula might bring is a change in outlook on life or the world, or in relationships. All my interviewees said they enjoy interacting with people they probably would not otherwise meet, and have expanded their circles of friends and acquaintances greatly. All appreciate the experience of being involved in such an intimate aspect of someone’s life. Some changes and experiences are very profound. Kate recalls a birth she attended with a single mother where she was in the hospital bed along with the mother vocalizing with her during this very intense labor. When the baby was born, Kate held the baby, an honor usually reserved for the father. She said she felt baptized as she cried right along with the new mother. Another profound realization is that things are not always what they seem to be. Sometimes, as Kate told me, family members may seem “mean” and unsupportive when they are really just scared.^{8.4} Shelly said seeing people for who they really are in a very intense situation is hard to describe but nonetheless “enlightening.”⁸ Similarly, Mia loves pregnant women and has gained immense respect for them, their strength, their commitment, and what they go through. Lisa described that her travels abroad helped her to realize that the way birth is treated affects a whole culture and the way people parent. Birth starts an entire chain of relationships, for better or for worse. Lisa was also more frustrated at biomedical culture, but being a doula is also about being diplomatic and being present for emotional support.^{8.3} Julie also concurred, saying if she had never been a doula, she never would have seen the fundamental problem starting at birth, how biomedical culture does not respect women and their beliefs. She said biomedical culture affects how people parent, while supportive birth services get parenting started on the right foot. Wendy has some interesting philosophical connections to her experiences with birth. Birth is powerful and moving, according to her and many others. (More than one time, the word “miraculous” came up, independently, in several interviews). It is also full of symbolism and spirituality. For example, Wendy said it is spiritually “disarming” and amazing to see how powerful women are.⁹ Difficulties in life can be akin to labor and delivery.^{8.1b/c} The emotional and philosophical connection may not be very obvious, but it is still there. She said life is like labor: you may have support people along the way, but it is ultimately your experience. Kate said birth is the most sacred event in someone’s life, more so than any man-made institution. With regards to symbolism, cultures all over the world show evidence of reverence for birth and the power of women in their writings and art.¹⁰

Doulas and the Role of Medicine in Childbirth

The core of American 20th and 21st century childbirth research is studying the role the medical field plays during birth, even if a delivery is at home attended by midwives. Everyone 8 “Enlightening” was her main description of birth in this section of the interview, she told me there really are not better words. 9 She also mentioned a strong sense of reverence for birth and the women who give birth.

in this country is somehow influenced by American biomedicine. In many traditional cultures across the world, birth still takes place in a dimly lit, enclosed place, often with several female attendants, while birth in the United States typically takes place in a sterile hospital room. Robbie Davis-Floyd describes this as the technocratic model of birth. The technocratic model of birth views the body as a machine, and pregnancy and birth a mechanical failure of the machine, needing to be fixed by doctors and medical procedures. A technocratic model is also a way of legitimizing patriarchy. Birth is a female event, but men and other authorities (who may, in fact, be female, but have selected jobs where men are in charge, i.e., nurses being supervised by male doctors or departmental heads) can cut into this female event in many ways. By perpetuating stereotypes that birth is inherently dangerous and a disease able to be fixed only by the medical system, birth falls into the hands of men and medicine. Wherever birth falls under a technocratic model, the expectant woman no longer has control.¹¹ Bridgette Jordan would describe the conflict between medical personnel, doulas, mothers, and traditional birth practices in other societies as a competition over who has authoritative knowledge. The person with authoritative knowledge is the person with the final say in what happens and whose opinion carries the most weight.⁴ A doula's role and level of authoritative knowledge, especially, can be unclear in a hospital birth. The uncertainty of the role can be fueled by something as simple as the attire of a doula. Hospital employees usually wear uniforms that vary depending on what hospital they are working at, and in all the hospitals I have been to, all staff have a visible identification card with the title of their profession. Women giving birth in the hospital wear hospital gowns, which removes their individual identities normally provided by personal clothing and denotes them as a patient.¹¹ Doulas wear their usual clothes at births. There is nothing showing professional status and nothing showing patient status, so it may be hard to tell where a doula fits into the "team" of people participating in a birth.

American biomedicine and its rituals and practices have come to symbolize modernization and progress all over the world, while eschewing other ethno-obstetric systems (many of which leave authoritative knowledge to a mother or midwife) as primitive and inadequate.¹² Spreading biomedicine also spreads the patriarchy Davis-Floyd describes. Indigenous knowledge and knowledge passed through the generations by women in this country is not necessarily all bad.⁴ For example, if some hands can easily catch the baby, there is nothing considerably dangerous about giving birth while squatting or standing, which is common in many traditional cultures. A squatting or standing birth is not as convenient for doctors, so they endorse the lithotomy position, or lying on the back.⁴

In a global society, American medicine in general has certainly spread, with some positive effects. For example, rates of polio have fallen dramatically all over the world since the introduction and spread of an effective vaccine. Not all effects of American medicine have been positive. In some countries, the technocratic model of birth has been introduced, but medical facilities are outdated or possibly violating common safety codes. A c-section in this country is reasonably

safe, but a c-section in a resource-poor country can be very dangerous, because the hospitals may not be able to afford to clean their facilities or properly sterilize surgical equipment.¹³ Naturally, it would not be surprising to hear women in these countries saying "I am not going to the hospital." They may seem non-compliant and uneducated to "modern" Westerners at first glance (and a birth at home may also be hazardous); but if women in these situations are likely to die anyway, it is reasonable to let them die at home surrounded by their friends or family than alone on an un-sterilized operating table in a poorly-equipped hospital. Also, a woman in a developing nation may forgo a trip to the hospital for fear that she may make a long journey and not be waited on at all. An example of this is a woman who gave birth in a Nigerian waiting room even after she paid for medical services and attended prenatal checkups.¹⁴ In addition to the possible hazards of a delivery room or inattentive doctors, women in traditional cultures who give birth under an American methodology also lose a valuable piece of their cultural history,¹³ which can have a devastating effect. The loss of cultural history is beautifully illustrated in *The Spirit Catches You and You Fall Down*, in which a number of psychologists in southern California suggested that "role loss" as a result of a quick and treacherous escape from Southeast Asia, shaky settlement in the United States, and the lack of worthwhile jobs was a major cause of severe depression and other mental illnesses among Hmong refugees.¹⁵ The loss of female support systems in any country is a disempowering event for women. Birth is a ritual and social event, because it does not just have to do with our bodies. It has to do with what is going on in our minds. Extensive and intrusive vaginal exams, fetal monitoring, and other medical procedures interrupt or entirely discredit the sociability and ritual practice of birth because it breaks the female solidarity and bonding that is so common in traditional communities and was present in America's past.^{10,13} The doula extends a touch of this traditional community of women as much as possible in the hospital, and also in the event of a home birth where the pregnant woman has more freedom. Doulas and midwives clearly see birth as a natural process that should not be interrupted, therefore rejecting the technocratic model.

In spite of the technocratic-natural birth split, there is a balancing point where a woman can care about herself and also be reasonably sure her child is safe. In fact, part of a doula's job is reminding the expectant mother to actually communicate her physical concerns with her doctor or midwife, who is trained to recognize and intervene with truly dangerous situations. A doula is a person of communication, which is a health benefit in and of itself. Adequate communication saves lives.

Home birth is actually safer than it may initially sound. Julia Allison, an English midwife who conducted research between 1948 and 1972, found that 52% of women who delivered at home with a midwife and no doctor would actually be classified as "high risk" today, and thus would not fulfill the criteria for English midwifery services. The perinatal death rate for the home births was 0.3%. The perinatal death rate for the hospital group was 7.5%. If the high risk women were eliminated from the study, homebirth would likely look even safer.¹³ In 1988 in Arizona, the low-risk, home-birth

neonatal death rate was 1.1 out of 1000, compared to a 1989 country-wide survey of hospital birth (i.e., varying levels of risk), where the neonatal death rate was 10 per 1000 births.¹¹ Overall, the doula I spoke with thought home birth was a very viable option for healthy women. Interestingly, it was the doula who were thirty and older (two had children, one does not) who were more enthusiastic about home birth. Younger doulas did not seem to be as likely to promote home birth, although two hinted they would like to try a home birth when and if they have children.

During my observation at meetings at a local midwifery center, a number of women mentioned they turned to home birth because they were appalled at the treatment they received by doctors in the hospital. However, family influences and fear can turn a woman who disliked her first hospital birth back to the home for subsequent children. One trend Americans seem to like is a “homey experience in the hospital,” which can include a nicely furnished, private hospital room and nurse midwives present. However, one of my interviewees said even though the “homey” facility in the hospital may be nicer than a typical delivery room, there really is no place like home. In fact, she wishes she could videotape a hospital birth and a home birth to show her clients the stark differences before they make a decision where to give birth. She also said being a doula is a rare glimpse into both worlds of home and hospital delivery.^{8,3} Other childbirth professionals do not have this opportunity because they either work for a hospital or an agency that caters to home birth. None of my interviewees ever left a client or refused her case because the client ended up in hospital or chose to go there in the first place. A doula has fewer boundaries as to her clientele and is exposed to a variety of locations as well as interacting with a broad client base. There really may be no place like home, and home is a safe option for low-risk women. However, if a woman has a terrible hospital experience in a standard delivery room, anything may be better, even if it is a nicer part of the same hospital. It is still blissful ignorance, though, and some doulas are more passionate than others about illustrating the differences between hospital and home. Interestingly, it was the younger doulas who seemed to be less concerned about the split between home, hospital, and the “homey” part of the hospital. Another current trend in American obstetrics, between traditional midwife and doctor, is a certified nurse midwife. I have heard people casually refer to certified nurse midwives as “medwives,” while certified nurse midwives have their “turf” issues with both doulas and lay midwives who apparently try to “take over.” An explanation was presented to me stating, “Lay midwives think nurse midwives sold out, while nurse midwives think lay midwives are irresponsible.” Legally speaking, a lay midwife might be prosecuted for practicing medicine without a license, depending on which state the birth occurs in.⁴ A lay midwife may defend herself by saying “yes, I am practicing without a medical license but birth is not a medical procedure.” In fact, no doula I interviewed said she was exclusively anti-medical, just against unnecessary procedures. The problem is, according to the doulas, doctors do make women feel as though their babies are in constant danger. Even the slightest mention of risk can encourage a

woman to put all of her trust in the hospital and little or none in herself.

There is no doubt that American birth is much more of a medical procedure than it was earlier periods, such as before the early 1800s, before medicine as a profession was fully legitimized. At the beginning of obstetrics as a legitimate medical profession, there was little social outcry. Doctors gained popularity among the urban middle class, and women of that social stratum accepted doctors' claims that they were better than midwives, and the practice of midwifery declined among this large social group. Some people thought men delivering babies were socially and morally inappropriate, but there were no known protests.¹⁶ Still, how much medicalization is too much? For example, in the video “Giving Birth, Four Portraits” Margaret Mead asks “who determines what a natural birth is?”¹⁷ A person could say drug-free hospital delivery is natural compared to repeated c-sections, while someone who gave birth outdoors might think a drug-free hospital delivery is too tightly controlled by the medical profession. This, again, is a debate about authoritative knowledge in childbirth. In many traditional societies, the mother or midwife (or both) has all the authoritative knowledge, while in the US it is the doctor or nurse midwife. On the rare occasion when someone delivers with a lay midwife in this country, authoritative knowledge is more balanced.

The Future of Doulas

None of my interviewees seemed disinterested or dissatisfied with their work. Rather, many described it as incredibly emotionally rewarding. With a high level of emotional fulfillment, it is clear that the medical profession will not push doulas away easily, as doulas are here for families, not doctors. Doulas maintain their critical link in a good birth by encouraging an open line of communication and a physically and emotionally supportive presence that garners respect from parents.² Even though doulas will not go away without a fight (should they ever be asked to stop practicing), I had to wonder about how the doula profession may alter with the changing legal and medical systems. Kate said the essential role of emotional support will not change, but doulas will have to adapt to more medical procedures and continue to help make women more comfortable in the midst of medicalization. Mostly, she thinks the doula's role may become more in depth as communication intensifies. Lisa said things are always changing, but she is unsure of how that would affect a doula's role. However, she is sure the magnitude and number of medical procedures will increase, although she has met many activists who are working to change that. Kate believes birth will become more polarized, although the amount and magnitude of medical procedures may (or may not) stagnate. She says the medical model is very powerful, yet people in the natural birth movement are very passionate and tenacious.^{8,4}

America is a very litigious society, and doulas may be held legally accountable for what they do. Lisa believes the best a doula can do is not make decisions for her client, in order to limit responsibility; if one doula gets sued, the effect may be catastrophic. Kate is not sure if legal accountability will

increase, although she certainly hopes not. Mia thinks there may be a small possibility that birth doulas may one day be out of work because of high c-section rates, although she remains hopeful that at least single mothers, who often have the least amount of support, will continue to use doula services regardless of the circumstances of the birth. Wendy thinks there is little chance the doula's role will change or that doulas will get sued. She believes if lawsuits were possible, doula prices would go up, and pregnant women will not want to pay extra expenses. In other words, doulas would find themselves out of work if prices changed dramatically. Legal accountability and changing roles also fit in with what Jordan describes as cosmopolitical obstetrics. Cosmopolitical obstetrics encompasses all that is trendy, popular, and thought of as modern and progressive about birth in a given society.¹² Lawsuits are part of cosmopolitical views on the legal system in this country. It is legitimized in this society to sue a restaurant for hot coffee if the restaurant does not post warnings about the food temperature. If a doula's role changes to include hands-on medical care, suing a doula could become a legitimized trend. Lisa said lawsuits do tend to snowball, but as long as the doula's role is kept where it philosophically wants to be, as an emotional support person and not a medical worker, legal action may be limited. Doulas are a diverse group of women well-adapted to changing circumstances, and I am confident they will keep up with their learning and teaching to make the best birth experiences possible, regardless of what doctors and hospitals say. There is no substitute for a person with empathy and people skills.

Conclusion

Doulas are a unique group of emotionally supportive women who are not medical workers and want to keep their status that way, much preferring to be associated with the families they help. They persevere through difficult hospital births, often complicated by tension with medical professionals such as nurses and doctors, who can make a doula feel left out. Doulas tend not to see themselves anywhere in the medical hierarchy because they do not work for medical facilities. Increasing c-section rates partially spurred the growth of doulas and medicalized childbirth made the doula critical. However, this same trend may alienate them from the hospital setting.

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