Care Practices that Promote Normal Birth

#3: Continuous Labor Support

Lamaze International Education Council

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A partner in a Lamaze class says, "How on earth can I provide the support she needs during labor? Will I have any help?"

Abstract

In this position paper—one of six care practice papers published by Lamaze International and reprinted here with permission—the benefit of continuous labor support is discussed and presented as an evidence-based practice that helps promote, protect, and support normal birth. The paper is written for childbearing women and their families. Women with continuous support are less likely to have a cesarean, an instrument delivery, and regional anesthesia. They are also less likely to report dissatisfaction with or negatively rate their childbirth experience. The value of the doula for both the laboring woman and her labor partner is discussed. The accompanying commentary—written by a leading proponent of maternity care practices—supports evidence that promotes continuous labor support. Lamaze International encourages women to plan for a supportive birth environment that includes continuous support.

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Care Practices That Promote Normal Birth #3: Continuous Labor Support

A partner in a Lamaze class says, "How on earth can I provide the support she needs during labor? Will I have any help?"

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Until recent times, women learned about childbirth from their mothers and sisters. Birth took place in the familiar comfort of home. Family rituals and traditions ensured that women were confident in their ability to give birth, surrounded by family members and wise women who provided support and encouragement throughout labor and birth. Community midwives attended almost all births.

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During the 1960s, Lamaze International and other childbirth organizations lobbied successfully to allow fathers into the labor room. Fathers provide special emotional support to laboring women. Now, in the 21st century, women are once again discovering the value of additional support provided by women knowledgeable about birth.

Women often assume that a nurse, midwife, or doctor will be with them continuously throughout their labor. In some birth settings, midwives and nurses *are* able to provide continuous support to the laboring woman and her family. However, in many birth settings, the reality is that other responsibilities often keep midwives and nurses from being with one woman continuously. Even when a midwife is caring for only one laboring woman,

it can be helpful for an additional experienced woman to provide emotional and physical support.

Before your baby's birth, you should decide who could offer continuous support for you. You might choose a friend or relative, or perhaps you will decide to hire a *doula*, a professional labor support person.

Why Continuous Support Is Important

Labor may surprise you (and your partner) with its power. Having a woman experienced with birth continuously present to reassure you and your partner that labor is progressing normally will help you both to cope. A woman experienced with childbirth will also know how to provide comforting touch and suggest positions that will aid the progress and comfort of your labor. You may have friends or relatives who have experience with childbirth and who are willing to provide this kind of continuous support. If you do not, you might consider hiring a doula.

The Role of a Doula

According to *The Doula Book*, a doula is "an experienced labor companion who provides the woman and her husband or partner both emotional and physical support throughout the entire labor and delivery, and to some extent, afterward."¹

A doula will remain with you and your partner continuously throughout labor and birth, providing physical, emotional, and informational support. Your doula will never be away

from you for more than a few minutes unless you request time alone with your partner. A doula will work with you and your partner to help you have the type of birth you want. She may help you into a warm tub or shower, walk with you and your partner, and massage your back, hands, or feet. A doula will support you in your decision regarding pain medication. If you tell your doula that you want to have an unmedicated birth, she will help you accomplish this goal. After the birth, a doula usually stays with you for 1 to 2 hours to help you with breastfeeding.

Doulas are not trained to perform any medical or nursing tasks and should never offer medical advice. However, they can help you understand medical events. They also can encourage you to communicate your preferences to the hospital staff. If your labor takes a different path than expected, a doula can help you clarify your feelings and review your options.

One of the most important roles of the doula is to help you to have positive memories of your birth experience. After the birth, you will remember together the positive aspects of the birth, and she will answer any questions you may have. If the birth does not go as you planned, your doula will be there to listen and to provide support.

Research Regarding Continuous Support

The research regarding the benefits of continuous support by doulas during labor is impressive. According to the Cochrane Pregnancy and Childbirth Group, a respected worldwide source of information regarding evidence-based care, studies demonstrate that continuous support for women during labor and childbirth is clearly beneficial. Compared to women who receive usual care during labor, women with continuous, one-to-one support are less likely to

- have a cesarean birth,
- give birth with vacuum or forceps,
- have regional analgesia (e.g., an epidural),
- have any analgesia (pain medication), and
- report dissatisfaction with or negatively rate their childbirth experience.

The Cochrane authors also found that results were better when support was provided by outsiders (with or without special training) who were present expressly for the purpose of offering support, than when support was provided by regular hospital personnel such as nurses, midwives, and midwife students. The reviewers commented that features of modern hospital environments, as currently organized, make it challenging for hospital staff to provide continuous labor support.²

The Doula and the Labor Partner

Most partners want to participate in the birth of their children and to provide support for their significant others. However, most men and some women have little if any experience with childbirth. As contractions build in intensity and the laboring woman struggles with pain, a partner may become frightened. He or she may not have the experience to know that labor is proceeding exactly as it should. It becomes increasingly difficult for a partner to reassure the laboring woman. Most partners breathe a huge sigh of relief when an experienced woman is present and can provide reassurance that labor is going just fine.

A good doula takes her cues from the labor partner. If your partner is sitting close to you, holding your hand, and providing eye-to-eye contact and supportive words, the doula will not interfere in the intimate relationship between the two of you. Instead, she provides invaluable support and encouragement to both you and your partner.

However, if you need additional support, the doula will work along with your partner by providing a back or foot massage while your partner provides the eye-to-eye contact and reassuring words. Or the doula may suggest a change of activity such as a warm bath or shower or a walk in the halls. The doula can show your partner how to provide effective counterpressure or massage. The doula can also provide support while your partner takes a much-needed bathroom or meal break.

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Planning for Continuous Support

A friend or relative experienced with childbirth may be willing to provide continuous support to you and your partner. These women do not need to have formal training as doulas, as long as they have confidence in your

ability to birth your baby and are willing to stay with you continuously during labor.

However, many women today find that hiring a doula is the best way to ensure that they have continuous emotional and physical support throughout labor and birth. You can request referrals from your childbirth educator, your healthcare provider, or Doulas of North America (<http://www.dona.org>). Once you have chosen a doula, you will schedule at least one prenatal visit with her to discuss the type of birth that you and your partner hope to have. Comfort measures that are important to you, including medications, should be shared with the doula.

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Some hospitals or birth centers may offer doula services to all or some of their clients. If there is a language barrier between a laboring woman and the doula, both usually find that eye-to-eye contact and gentle touch overcome the lack of a common language.

Some health plans will reimburse you for the cost of doula services. You can call in advance to see if services are reimbursable, and advocate for doula coverage if they are not. Insurance companies and health plans may not know that, by providing continuous support, doulas decrease health care costs associated with interventions such as cesarean births.

Recommendations from Lamaze International

Lamaze International joins with the World Health Organization³ in recognizing the value of continuous labor support as a key element in normal birth. Lamaze believes that all women should have access to continuous labor support, without financial or cultural barriers. Lamaze encourages all women to plan for a supportive birthing environment that includes continuous emotional, physical, and informational support.

A supportive woman experienced with childbirth can make a unique contribution to your care during labor and birth because of her commitment to remaining with you and your family continuously, her knowledge of both physical and emotional comfort measures, and her confidence in your innate ability to birth your baby.

References

1. Klaus, M., Kennell, J., & Klaus, P. (2002). *The doula book*. Cambridge, MA: Perseus Publishing.
2. Hodnett, E.D., Gates, S., Hofmeyr, G.J., & Sakala, C. (2003). Continuous support for women during childbirth (Cochrane Review). *The Cochrane Library*, 3. Oxford: Update Software. (Full text of this review available at no charge on the Maternity Center Association Web site at <http://www.maternitywise.org/prof/laborsupport>.)
3. Chalmers, B., & Porter, R. (2001). Assessing effective care in normal labor: The Bologna Score. *Birth*, 28(2), 79-83.

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Commentary by
Carol Sakala, PhD, MSPH

Lamaze International deserves to be congratulated for identifying continuous labor support as a key element of normal birth and for taking the position that all laboring women should have access to this important care practice. The cover of the folder in which Lamaze distributes its care practice papers places continuous labor support in the center of the five other care practices. Indeed, continuous labor support has the potential to have a favorable impact on other care practices for normal birth, such as avoiding routine interventions, moving freely in labor, and avoiding back-lying positions for birth.

At a time when many laboring women are overtaken by a number of interventions—each procedure leading to other interventions used solely to monitor, prevent, or treat side effects—continuous labor support is a jewel of a care practice that has major, well-established benefits and no known downsides. These benefits appear to help protect women from being swept away in a cascade of interventions.

The first systematic review of effects of continuous labor support was published 15 years ago in the landmark book, *Effective Care in Pregnancy and Childbirth*, in which just two studies were included (Keirse, Enkin, & Lumley, 1989). With the establishment of the Cochrane Collaboration in 1993, the original review continued to be updated as a Cochrane Review. Recently, this review was reconstructed and expanded (Hodnett, Gates, Hofmeyr, & Sakala, 2004) in order to reflect the considerable strides made in clarifying evidence-based maternity care, documenting benefits of continuous labor support, and fostering access to continuous labor support. The new review summarizes experiences of nearly 13,000 women who participated in 15 studies. As noted in the Lamaze care practice paper, the new Cochrane Review on effects of continuous labor support clarifies that, when compared to labor support from hospital staff, stronger and more positive effects were evident when the person providing continuous support was not a regular member of the hospital staff and came into the facility exclusively to provide support to the laboring woman. Compared to women who did not have continuous labor support, those who received focused support from an outsider experienced impres-

sive benefits with respect to several important outcomes. Women who received focused labor support were

- 26% less likely to give birth by cesarean section,
- 41% less likely to give birth with vacuum extraction or forceps,
- 28% less likely to use any analgesia or anesthesia, and
- 36% less likely to be dissatisfied with or negatively rate their birth experience (Hodnett et al., 2004).

At present, childbearing women face unprecedented challenges, including their increasing vulnerability to surgical birth. Dialogue among professionals and in the media is normalizing casual use of cesarean section and the concept of cesarean on demand. Major shifts in standards of practice are taking place. The cesarean rate in the U.S. is higher than ever, and rising. Pregnant women have limited resources for making sense of this situation and protecting themselves.

Providers of continuous labor support cannot take on the full burden of intervening in these trends, which are fueled by serious underlying problems. However, this type of care can offer an invaluable helping hand to women giving birth in today's daunting environment, making it possible for them to experience a physiologic rather than medically managed birth, avoid adverse consequences of several major maternity interventions, and have increased satisfaction with this profoundly important life experience.

In an ominous environment where pregnant women are being encouraged to choose cesarean section to avoid the supposed hazards of vaginal birth, continuous labor support offers women increased likelihood of having a spontaneous vaginal birth without the considerable risks of both surgery and instrumental birth. The drawbacks of epidural analgesia (Lieberman & O'Donoghue, 2002; Mayberry, Clemmens, & De, 2002) and opioids (Bricker & Lavender, 2002) during labor are increasingly recognized. In our pain-fearing society, continuous labor support offers women the gift of less likelihood of using pain medications and less likelihood of being dissatisfied.

In considering the explanation for these striking effects, authors of the current Cochrane Review proposed

that continuous labor support enhances normal labor physiology and mothers' feelings of control and competence and, further, reduces reliance on external management with medical interventions (Hodnett et al., 2004). This approach is simple, powerful, and at the heart of the goals presented by Lamaze International in its six care practice papers that support normal birth.

The best research evidence suggests that hospital-based providers face challenges in providing effective labor support, even within focused interventions that enhance their provision of labor support (Hodnett et al., 2004). Possible limitations include the following situations for hospital staff: numerous competing responsibilities and a diffuse sense of the caregiver's role and identity across many functions, schedules tied to work shifts rather than to women's labor, divided loyalties, and inadequate training for supportive care.

Women's partners also may not be in an optimal position to take the lead in providing continuous labor support. They have needs of their own at this time and often have no previous experience with labor or labor support. As noted in Lamaze International's care practice paper on continuous labor support, an ideal situation for couples is the presence of a guide who can help a woman's partner provide effective support, according to the wishes of the couple, and step in as needed. Studies included in the current Cochrane Review did not expressly examine the effectiveness of women's partners as providers of labor support. However, the review did find that continuous support appeared to have a greater effect in hospital settings that did not permit partners or other companions of choice and where the laboring women may have been especially isolated, in comparison with settings that did permit companions of choice (Hodnett et al., 2004).

The leading support options for women are arranging for a doula or inviting a friend or family member to commit to being present throughout labor. Unfortunately, current research does not compare the impact of these different models. Through these options, virtually all childbearing women could have access to continuous labor support.

Doulas of North America (DONA), the oldest and largest doula organization in North America, encourages "a doula for every woman who wants one." Many doulas work with at least some clients who may not be

able to pay a full or even partial fee. In addition to hospital-based programs and reimbursement by some health insurers—as noted in Lamaze International's care practice paper on continuous labor support—a large number of women training to be doulas and working toward certification also offer opportunities for donated or low-cost services in many communities.

The notion of a friend or family member providing labor support is intriguing. Some studies found that women with no previous training or only modest training provided effective labor support. Penny Simkin (2001) has written an outstanding guide for individuals (including partners) who commit to supporting a friend or relative at this special time. These providers of support might also grow in confidence, enthusiasm, and effectiveness if such groups as Lamaze International and DONA, or local doula trainers, offered workshops that address their particular needs.

In 2000, the Maternity Center Association* (MCA) created an ongoing "Labor Support Initiative" to build awareness of and increase access to continuous labor support resources (<http://www.maternitywise.org/prof/laborsupport/index.html>). MCA's labor support resources complement Lamaze International's care practice paper on the same topic. For example, MCA's *Maternity Wise*TM Web site features a special section, titled "How Do I Get the Labor Support I Need?" (www.maternitywise.org/mw/topics/laborsupport/), which advises expectant mothers on how to find the answers they need to this important question. The section includes information that

- presents an overview of labor support issues;
- describes the pros and cons of various support options;
- presents the best research evidence about the various options;
- provides tips and tools for selecting a provider of labor support (including a PDF file that offers questions to ask and space for answers when interviewing a doula); and

* For more information on the Maternity Center Association and its programs, visit the organization's Web site (www.maternitywise.org) or contact its main office at 281 Park Avenue South, 5th Floor, New York, NY 10010 (phone: 212-777-5000).

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- points to leading resources for learning more information and arranging labor support (e.g., directories and toll-free telephone numbers for locating local doulas).

MCA also offers a printed brochure, “Women Supporting Women during Childbirth,” that covers a similar range of topics for consumers (for ordering information, contact MCA at 212-777-5000 or log on to www.maternitywise.org/bookstore/). For health-care providers seeking information on labor support, MCA’s Web site provides access to the full—and very long—Cochrane Review, *Continuous Support for Women During Childbirth*, available at no cost as a downloadable PDF file (http://www.maternitywise.org/pdfs/continuous_support.pdf). Highlights of this review are summarized on another page of MCA’s Web site (<http://www.maternitywise.org/prof/laborsupport/review.html>). Finally, a full report on the results of MCA’s landmark *Listening to Mothers* survey (Declercq, Sakala, Corry, Applebaum, & Risher, 2002) is available on the organization’s Web site (www.maternitywise.org/listeningtomothers/) and provides invaluable information at the national level on the use of labor support.

The growth and success of the doula movement and the general recognition of the value of labor support are especially heartening developments during this discouraging time for proponents of safe, effective, and satisfying maternity care. Recent signs of a backlash against doula care—for example, through negative media coverage (Hwang, 2004)—affirm the success of these developments and speak to challenges that lie ahead. Through the leadership of Lamaze International and other groups, childbirth educators and health-care providers are in a better position to meet these challenges and stand together on behalf of mothers, babies, and their families.

References

- Bricker, L., & Lavender, T. (2002). Parenteral opioids for labor pain relief: A systematic review. *American Journal of Obstetrics and Gynecology*, 186(5), S94–S109.
- Declercq, E. R., Sakala, C., Corry, M. P., Applebaum, S., & Risher, P. (2002). *Listening to mothers: Report of the first national U.S. survey of women’s childbearing experiences*. New York: Maternity Center Association. Also, retrieved March 3, 2004, from www.maternitywise.org/listeningtomothers/
- Hodnett, E. D., Gates, S., Hofmeyr, G. J., & Sakala, C. (2004). Continuous support for women during childbirth (Cochrane Review). In *The Cochrane library*, Issue 1, 2004. Chichester, UK: John Wiley & Sons, Ltd. Also, retrieved March 3, 2004, from www.maternitywise.org/prof/laborsupport/
- Hwang, S. (2004, January 19). As “doulas” enter delivery rooms, conflicts arise. *The Wall Street Journal*, p. 1.
- Keirse, M. J. N. C., Enkin, M., & Lumley, J. (1989). Social and professional support during childbirth. In I. Chalmers, M. Enkin, & M. J. N. C. Keirse (Eds.), *Effective care in pregnancy and childbirth, Volume 2: Childbirth* (pp. 805–814). Oxford, UK: Oxford University Press.
- Lieberman, E., & O’Donoghue, C. (2002). Unintended effects of epidural analgesia during labor: A systematic review. *American Journal of Obstetrics and Gynecology*, 186(5), S31–S68.
- Mayberry, L. J., Clemmens, D., & De, A. (2002). Epidural analgesia side effects, co-interventions, and care of women during childbirth: A systematic review. *American Journal of Obstetrics and Gynecology*, 186(5), S81–S93.
- Simkin, P. (2001). *The birth partner: Everything you need to know to help a woman through childbirth* (2nd ed.). Cambridge, MA: Harvard Common Press.
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