



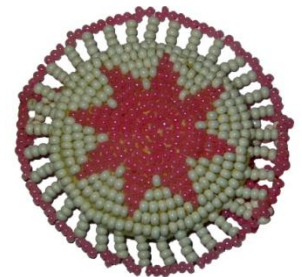
Doula Care and Practice for First Nations Women and Families

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Presentation Overview

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- Models of labour support and training: current Canadian initiatives for Aboriginal families
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Introduction and Approach

This presentation is based on a work-in-progress discussion paper currently being developed by the First Nations Centre at the National Aboriginal Health Organization.

The First Nations Centre is a First Nations organization dedicated to improving the health of our people, our communities, and our nations. We believe that building First Nations capacity to plan and implement effective health services is the key to improving First Nations health. Therefore, we generate and share health information on priority First Nations health topics to support evidence-based planning at the local, regional and national levels.



Introduction and Approach cont'd

The approach of this paper is based on the following assumptions:

- Labour support is a **right** that all women should have access to if they choose, regardless of where they come from or who they are.
- Pregnancy is a “complex interaction of biophysical, psychological, social/cultural and spiritual factors” (Kornelson et al., 2005).





Introduction and Approach cont'd

- Labour and delivery “is a time of unique sensitivity to environmental factors and that events and interactions during labor may have far-reaching and powerful psychological consequences” (Hofmeyr et al, 1991).
- There are unique factors and circumstances that affect First Nations women’s experiences of pregnancy and labour, and that these differences warrant its own discussion.





What is a Doula?

Doula refers to a specially trained birth companion who provides labor support. She performs no clinical tasks and her role is to support the birthing mother and family's emotional/social needs.



*A **Community-based Doula** is a member of the community they are serving and are skilled at advocating for themselves and their neighbours. (Chicago Connection)*



What is a Doula?

- The term ‘doula’ is a new one for First Nations people, however, historically, women generally gave birth with support companions, in addition to the midwife.
- It is noted that “most profound changes in the childbirth process during the 20th century was to isolate laboring women from her social supportive network” (Maimbolwa, 2004).
- This is especially true for rural and remote communities that often have policies that evacuate pregnant women at 36 weeks to urban centres for labour and delivery.




Role of the Doula

Pascali-Bonaro (2005) identifies the role of the doula as one that:

- Recognizes birth as a key life experience;
- Nurtures and protect a women's memory of birth;
- Maintains an uninterrupted presence during labor and birth;
- Recognizes the effects of emotions on the physiology of labor;
- Provides comfort techniques and encourage positions to promote progress during labor;
- Promotes early breastfeeding and bonding.





Labour support as an Evidence-based Practice

Labor support is a surprisingly well studied area within medical research:

The most well known of these has been the Cochrane review, which found that “continuous support during labor improves birth outcomes and has no known risks.” (Hodnett et al., 2003)

In an analysis of 12 clinical studies it was found that there was a:

- 51% reduction in cesarean births;**
- 25% reduction in labour length;**
- 71% reduction in oxytocin augmentation; and**
- 57% reduction in use of forceps or vacuum. (Scott et al, 1999)**



Addressing gaps in First Nations maternity care through Doula care



The disparity between maternal and fetal outcomes between First Nations and non-First Nations populations is great. Rates of stillbirth and infant mortality among First Nations were estimated to be about double the Canadian average. (Chalmers and Wen, 2004)

This clearly shows the need for changes in maternity care for First Nations peoples.



Addressing gaps in First Nations maternity care through Doula care cont'd

In 2004, a preliminary needs assessment was conducted by NAHO called *Exploring Models for Quality Maternity Care in First Nations and Inuit Communities*. In this report, the following gaps in care were identified:

- Lack of home /in-community birthing;
- Communication barriers with health professionals;
- Advocacy; and
- Incorporating Cultural Practices.





Addressing gaps in First Nations maternity care through Doula care cont'd

Lack of home/in community birthing

While policies of evacuation and discussion around these are out of the scope of this presentation, doulas are equipped to address some of the effects of this policy for First Nations women evacuated to urban centres.

First Nations women have described the experience of evacuation as a “lonely one, often plagued by insecurity, insufficient or inadequate food, the unfamiliarity of strange surroundings, missing family and other children, and an overall stressful experience” (NAHO, 2005).





Addressing gaps in First Nations maternity care through Doula care cont'd

Communication barriers

The role of the doula can be described as the “go between” the labouring woman and her family, and the health care professionals. As one American Indian doula (Turtle Woman) describes:

...mainstream American culture differs from many American Indian cultures around such issues as when it's appropriate to touch, speak, make eye contact, or use humor. For some mothers, dealing with issues of cross cultural communication might be a distraction during labor. As someone who is attuned to those differences... (I) am able to help Mothers relax and focus on childbirth. (O'Sullivan, 2004, p. 2)



Addressing gaps in First Nations maternity care through Doula care cont'd

Advocacy

The role of doula is to provide information for women and their families. They are in a position to express the needs and desires of the labouring woman and her family, and advocate on their behalf.



Addressing gaps in First Nations maternity care through Doula care cont'd

Incorporating Cultural Practices



Having the opportunity to incorporate cultural practices in the birthing experience is important for some First Nations women and families. Having labour support that understands these practices and supports them is important.



Current Doula initiatives for Aboriginal families across Canada

- Doula training has recently taken place for FNIH-MCH home visitors in the regions of Alberta, Saskatchewan, and Nova Scotia. Traditional Aboriginal birthing practices and discussions with elders were incorporated into the Alberta training.
- In British Columbia, the Aboriginal Perinatal Health Committee has named doula care and training as one of their key strategies for development.
- The Awash program of The Public Health Department of the Cree Board of Health and Social Services of James Bay has developed a nine-day doula training program.
- There have been some grassroots, local initiatives on the coast of British Columbia and Manitoba, although little is known about these initiatives.



Some Key Issues

- Most doula care models are fee for service, meaning that the populations that would benefit most from doula care, often do not have access to it.
- Incorporating doula care into a model that is sustainable has been a challenge, although some programs (South Community Birth Program, Vancouver, BC) have successfully done this.
- Funding. While the funding for doula training is becoming more accessible, finding the funds to support doulas in the practice of caring for women remains a challenge.
- Doula care is still not well known in First Nation communities. There is little information available geared toward First Nations people and the benefits of doula care.



Next Steps

- Develop materials and tools that can inform communities about doula care and its benefits;
- Explore alternative models of doula care that are sustainable and can be supported for First Nation families;
- Identify funding sources for community-based doula programs;
- Research. There is no studies specific to the role of labour support and Aboriginal peoples in Canada;

While the medical evidence of improving birth outcomes is clear, this information needs to be put into practice.



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