

DOULAS' PERCEPTIONS AND ACTIONS IN THE PROCESS OF HUMANIZATION OF LABOR AND DELIVERY

PERCEPÇÃO E AÇÕES DE DOULAS NO PROCESSO DE HUMANIZAÇÃO DO PARTO

PERCEPCIÓN Y ACCIONES DE LAS DOULAS EN EL PROCESO DE HUMANIZACIÓN DEL PARTO

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ABSTRACT

Objective: to identify the meaning given by doulas to humanized practices in labor and delivery and the doulas' actions in the process of humanization of the care for pregnant and postpartum women. **Methods:** a descriptive-exploratory qualitative study conducted in a public maternity hospital managed by the *Secretaria de Estado da Saúde do Amazonas*. A total of five interviews were conducted with doulas. Content analysis by Lawrence Bardin was used for data analysis. **Results:** two categories emerged from the data analysis - the meaning given by doulas to the humanization of labor and delivery care, and the role of doulas in the care of pregnant and postpartum women. **Conclusion:** doulas' actions are focused on their commitment to the humanization of health care practices, respect, and autonomy for women in labor and delivery. Dissemination of knowledge about doulas' legal practices and awareness of doulas' role in a multidisciplinary team is needed.

Keywords: Women's Health; Humanizing Delivery; Doulas; Humanization of Assistance.

RESUMO

Objetivo: identificar o que significa para as doulas o parto humanizado e quais ações elas desenvolvem no processo de humanização com parturientes e puérperas. **Método:** estudo descritivo-exploratório, de abordagem qualitativa, realizado em uma maternidade pública estadual pertencente à Secretaria de Estado da Saúde do Amazonas. Foram realizadas cinco entrevistas com doulas. Para análise dos dados, utilizou-se a análise de conteúdo de Lawrence Bardin. **Resultados:** identificaram-se duas categorias temáticas - significado de parto humanizado na visão das doulas, seu papel frente à assistência à parturiente e puérpera. **Conclusão:** as ações das doulas convergem para o comprometimento com a humanização das práticas de saúde, respeito e autonomia da mulher no ato de partear, fazendo-se necessária mais disseminação do conhecimento da legalização da atuação de doulas e a sensibilização da equipe multiprofissional.

Palavras-chave: Saúde da Mulher; Parto Humanizado; Doulas; Humanização da Assistência.

RESUMEN

Objetivo: identificar el significado del parto humanizado para las doulas y qué acciones llevan a cabo en el proceso de humanización con las mujeres en el parto y el posparto. **Método:** estudio exploratorio descriptivo de enfoque cualitativo realizado en una maternidad pública estatal de la Secretaría de Estado da Saúde do Amazonas. Se realizaron cinco entrevistas con doulas. Para el análisis de datos se utilizó el análisis de contenido de Lawrence Bardin. **Resultados:** se identificaron dos categorías temáticas: significado del parto humanizado desde el punto de vista de las doulas y su rol en el cuidado de las mujeres parturientas y en el posparto. **Conclusión:** las acciones de las doulas convergen para el compromiso con la humanización de las prácticas de salud, el respeto y autonomía de las mujeres en el acto de la partería, lo cual requiere mayor difusión del conocimiento sobre la legalización de las doulas y concienciación del equipo multiprofesional.

Palabras clave: Salud de la Mujer; Parto Humanizado; Doulas; Humanización de la Atención.

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INTRODUCTION

The emerging of doulas worldwide and in Brazil arose from a social intervention focusing on the need for people to take care of pregnant women facing a hospitalization process, use of medications during labor and delivery, risks during labor, obstetric violence, lack of compliance of women in labor and delivery's rights, and the automatization of the care to the pregnant woman. In this scenario of need for the humanization of the care, doulas are seen as a support for pregnant women that are vulnerable to women's health practices focused on the use of inducing practices for comfort and safety. Doulas emphasize the pregnant women's protagonist role in their delivery and give them the respect needed during labor and delivery.¹⁻³

Doulas are professionals trained to care, specifically, for the physical, emotional, and information needs of women under obstetric care. The main role of doulas is to help women in the initial phase of their pregnancy and during the transition from maternity to postpartum.⁴ The support given by doulas to a woman during labor and delivery includes providing comfort measures, therapeutic communication aimed at fulfilling basic human needs and the woman's needs, and support the interprofessional care. It is noteworthy that doulas do not provide clinical measures of the scope of the nursing profession or other health professions, and do not replace the role of a family member in supporting the pregnant woman.⁵⁻⁷

The presence of a doula during labor and delivery has contributed to the improvement of the quality of obstetric services targeted at pregnant women, which directly impacts the health care institutions. In these health care institutions, improvement of quality indicators for obstetric care are seen, which increase the chances of spontaneous vaginal births, decrease the labor time and the need for cesarean sections. These indicators strengthen the social bond between mother-child and are an institutional strategy for reduction of costs and an increase in profits.^{3,8}

In 2001, public health policies in Brazil acknowledged the role of doulas and published the guideline "labor and delivery, abortion, and postpartum: humanized care to women" to recognize the social role and influence of doulas in the movement of humanization of labor and delivery. However, the actual inclusion of doulas in the process of care for women in labor and delivery is still in its early stages, due to the limited insertion of doulas in services within the Unified Health System (*Sistema Único de Saúde - SUS*).^{9,10}

In 2013, the *Ministério do Trabalho e Emprego* (MTE) included the profession "doula" in the *Classificação Brasileira de Ocupações* (CBO), coded as 3221-35. The profession doula is described in the CBO as an occupation that aims to continuously support a woman from pregnancy to

postpartum, favoring the progress of the labor and delivery process, and fostering well-being to the pregnant woman and woman in labor and delivery. In *Amazonas*, the law number 4072, established on August 04, 2014, warrants for the presence of doulas at all times during the stages of labor, delivery, and immediate postpartum, when requested by pregnant women in maternity hospitals, home births, and similar public and private hospitals in the state.^{11,12}

Given the importance of doulas during the gestational and labor and delivery processes, we raised the following research question: what are doulas' perceptions of the process for the humanization of the care delivered to pregnant and postpartum women, in a public maternity hospital in *Manaus*, state of *Amazonas*? This study aimed to understand the meaning of humanization of labor and delivery to doulas and identify doulas' actions focused on the process of humanization of care for pregnant and postpartum women.

METHODS

A descriptive-exploratory qualitative study was conducted in the *Instituto da Mulher Dona Lindu*, a state public maternity hospital managed by the *Secretaria de Estado da Saúde do Amazonas*, located in the Center-South district of *Manaus*, north Brazil. This hospital has 185 beds, from which 70 are reserved for elective and emergency surgeries and emergency department (ED) admissions. The ED is open 24 hours for obstetric emergencies.

Five doulas participated in this study. These doulas are registered in the doulas' program of the maternity hospital previously cited and met the following inclusion criteria: being 18 years and older and a woman, having completed a doula course, and having more than six months of experience with care for pregnant and postpartum women in the target maternity hospital. The participants were recruited during their work shifts at the maternity hospital.

Data collection was conducted between December 2013 and March 2014. Interviews were conducted during the doulas' work shifts. A semi-structured script was used during the interviews. Individual appointments were made with each doula for the interviews, which were conducted in a reserved private place at the target maternity hospital. The interviews were recorded and had a duration of approximately 30 minutes. Each interview was transcribed verbatim by a text editing program. To preserve the identity of the participants, each doula was identifying by the name of a female figure from Greek mythology. The final sample size was achieved through data saturation, in which the same themes emerged from the participants. The participation and retention rate for the doulas was of 100%.

Data analysis was performed according to the technical-analytical criteria of content analysis methods by Bardin¹³. There were four stages for data analysis:

- *pre-analysis* - integral reading of the transcripts, which enabled identification of the main ideas of the participants;
- *data exploration* - phase of articulating the study aim using a theoretical framework;
- *corpus*, in which similarities between the excerpts are identified, along with possible themes and evaluations. In this stage, the text was quantified according to the record units found in the excerpts;
- *results from treatment and interpretation* - stage in which the thematic units were analyzed and interpreted in depth of the textual readings, discussed and compared to the literature for grouping in themes according to their meaning.

This study was conducted following the requirements of the Resolution number 466/2012 from the *Conselho Nacional de Saúde/Ministério da Saúde do Brasil*. This study was approved by *Universidade Federal do Amazonas* Research and Ethics Committee (Approval number 388.066/2013; CAAE 15696813.6.0000.5020).¹⁴

RESULTS

Interviews were conducted with five doulas, aged 40 to 60 years, from a public maternity hospital in *Manaus*. Using content analysis, the following themes emerged from the ontological answers of the doulas that are mothers themselves: the guarantee of women's rights, obstetric violence, and comfort of women in labor and delivery. The doula that was not a mother during the data collection period answered the study's questions from a theoretical standpoint.

For educational background, it was observed that three doulas had a bachelor's degree in pedagogy, physiotherapy, and social work, respectively. Two doulas had a high school diploma. For years of experience as doulas, four participants had less than one year of experience, while one participant had more than two years of experience.

Two categories emerged from the themes identified during content analysis: "the meaning given by doulas to the humanization of labor and delivery care" (Table 1) and "the role of doulas in the care of pregnant and postpartum women" (Table 2). These categories are related to the description of the care delivered by doulas in the process of humanization of labor and delivery care. Built upon the participants' perceptions of their work as doulas, it was possible to describe the role of doulas in labor and delivery care, and the factors influencing the humanization process of this type of care and the quality of the care.

DISCUSSION

The interpretive analysis of the content from the interviews revealed perceptions of doulas on the humanization of labor and delivery and the actions they perform in the process of humanizing the care for pregnant and postpartum women. The care provided by doulas in this process includes respecting^{1,2} the beliefs and choices of pregnant women during childbirth, providing integral care to the new mother by welcoming her, empowering her, giving her comfort, safety, and emotional support to encourage her.

The doulas' perspective of the humanization of labor and delivery encompasses providing integral quality care, which includes the use of technology and an emphasis on respecting the woman's choices through listening to her complaints, concerns, apprehensions, fears, and doubts.¹⁵ It is noted that the labor and delivery process will benefit from natural occurring moments involving professionals and people engaged in the care process and to the pregnant and postpartum women. These moments will allow the woman to test and control her biological and emotional limits due to the support provided by those involved in the labor and delivery process. These professionals focus on solving problems that might arise and on using safe technologies when needed^{15,16}, along with improving the results from medical interventions and the labor and delivery experience. The actions by these professionals lead to a significant reduction in costs associated with not performing medical interventions that do not provide benefits to patients and are not desired by them.⁹

Although the doulas in this study recognize the scope of their role in providing care to women as part of the humanization of the labor and delivery process, as established by the guidelines from the *Ministério da Saúde* (BR)¹⁰, there is still a gap between what is recommended in these guidelines and the knowledge acquired by doulas during their training. The lived experiences of doulas working with an interprofessional team during the labor and delivery process in maternity hospitals reveal that obstetric guidelines focused on the humanization of childbirth are not often implemented. The decisions and interpersonal relationships lived by doulas and other health care providers in the labor and delivery process are still seen as challenges to overcome, mainly due to the need of a shift in paradigms of biomedical models focused on using medical technologies.¹⁶ These challenges result from a care process focused on biomedical models, which undermine a pregnant woman's autonomy, do not support the use and development of specialized health institutions, do not educate professionals in the labor and delivery process, and do not allow family members to participate in the process.¹⁷

This study showed that during the labor and delivery process, the doulas develop activities focused on supporting

Table 1 - Thematic category "the meaning given by doulas to the humanization of labor and delivery care". *Manaus, AM, 2018*

CATEGORY: "The meaning given by doulas to the humanization of labor and delivery care"	
Definition: A humanized labor and delivery process means to welcome the pregnant woman, respecting their beliefs and choices	
Themes	Transcripts excerpts
Actions for the humanization of labor and delivery	<p>"[...] a humanized labor and delivery would be to welcome the pregnant woman, this is what is humane, right?! To welcome her in that moment, in which many times she is anxious, scared [...]" (GAIA).</p> <p>"[...] for me, it is during the childbirth that we need to welcome well the pregnant woman in her own moment, because in that moment she is the main actor of her whole, whole, whole history" (HERA).</p> <p>"[...] to respect what she wants, her choice. Because only if we respect her, we can say that is humanized, right?! [...]" (GAIA).</p> <p>"[...] to respect not only her peculiarities, but also everything that involves her, the emotions, the pain. For me, this is a humanized labor and delivery - when I respect this part of a human being" (ARTEMIS).</p> <p>"[...] I remember that there are three pillars to humanization: the respect to individuality, culture, and beliefs of the woman here at the maternity hospital" (SELENE).</p>
Ideal versus real	<p>"[...] the humanized labor and delivery... it is what the <i>Ministério da Saúde</i> says. I think it is something, but the reality is something else, right?! I think that the humanized labor and delivery is assisted by different professionals: the nurse, physician, pediatrician, the doula, and the family member. But in reality, it is something else that happens [...]" (GAIA).</p> <p>"[...] it is her that is going into labor. Not me, not the physicians, not the nurses. So, we have to respect each one's choices. There is a lot missing, but we are going after what we need to achieve that [...]" (ILIACA).</p>

Source: data collected by the author (2018).

Table 2 – Thematic category "the role of doulas in the care of pregnant and postpartum women". *Manaus, AM, 2018*

CATEGORY: "The role of doulas in the care of pregnant and postpartum women"	
Definition: Actions adopted by doulas in the care to pregnant and postpartum women	
Themes	Transcripts excerpts
Support for emotional needs	<p>"[...] to try to become familiar with her, to become... to create a bond with her right there, through a conversation, chat, it is very important. The doula chats a lot with the pregnant woman, they talk a lot before performing any other activity [...]" (SELENE).</p> <p>"[...] to transmit a sense of security so that she can be safe in that moment, no one is going to disrespect her, no one is going to mistreat her, first thing [...]" (ARTEMIS).</p> <p>"[...] she was scared, she was crying a lot. It was in that time that I touched her hand, I started to give her strength, give her courage, determination to her. It was like she was calming herself and in the right moment, without that much effort, she gave birth" (HERA).</p> <p>"[...] before the labor and delivery process, we, I explain what is going to happen. At each moment, in each situation, I try to describe to her the whole labor and delivery process [...]" (GAIA).</p> <p>"[...] welcoming her through a conversation, helping with a doubt she might have. To notice if she is afraid, and during a conversation help her with her fear, decrease her anxiety [...]" (SELENE).</p> <p>"[...] from the moment I talked to her, I gave her the information on how a spontaneous vaginal delivery and an induced vaginal delivery are, and she was all excited and said she preferred the induced vaginal delivery. [...] and after the delivery, we will talk with her about breastfeeding, about what she needs to take care of the baby" (ILIACA).</p>
Support for physical needs	<p>"[...] before and after the childbirth, we exercise, we practice some relaxing technique such as warm bath and even breathing [...]" (GAIA).</p> <p>"[...] we start to do massages, we rub an oil on the skin, we give her a special treatment so she will feel better [...]" (ARTEMIS).</p> <p>"The best practices that the institution recommends is for the woman to ambulate, drink fluids, and eat meals, [...] she should maintain a vertical position and receive massages, footbaths. So, the doula, we learn those and share this information, the benefits for the pregnant women" (SELENE).</p> <p>"[...] we exercise on the medicine ball, bar exercise, they are all oriented to do those [...] so the person can relax and be encouraged in that moment, which is the childbirth, that is the best of all [...]" (LILICA).</p>

Source: data collected by the author (2018).

the pregnant and postpartum woman emotionally and physically. These results demonstrate the training received by doulas in providing emotional support, developing strategies to encourage the patients in this process, applying relaxation techniques, and educating the pregnant woman in making her own choices.^{4,10}

In the theme "support for emotional needs", the doulas had a unanimous standpoint related to the importance of

creating a bond between the doula and the pregnant woman. This bond is established through continuous conversations that emphasize the women's right to request a doula as a member of the interprofessional health care team, which can add to the women's well-being during the labor and delivery process.⁹

A study on the role of doulas in caring for pregnant women revealed that the doulas develop an important conversations

with women during labor and delivery, which contributes to the reduction of anxiety and provides emotional support that enables maternal comfort and a connection between the pregnant woman and her family and health care providers.¹⁸ These support measures contribute directly to women feeling calm and safe, which will lead to a humanized childbirth.^{8,17,18}

According to the recommendations of the *Ministério da Saúde* (BR) to the "humanization of labor and delivery", the study showed that to teach pregnant women about the labor and delivery experience, newborn care, and breastfeeding is fundamental during the provision of emotional support. The importance of a doula's role in providing emotional support is related to transforming the childbirth in a social event, which enables the pregnant woman to see and experience labor and delivery as natural and not pathological.^{10,19}

In the theme "support for physical needs", the doulas' actions indicated that they provide to the women during labor and delivery activities focused on pain relief and comfort measures. Among these activities, holistic practices are used, such as hydrotherapy, therapeutic massages, relaxing, breathing techniques, assisted ambulation, among others.²⁰ Therefore, the humanization of labor and delivery includes the integrality of health practices that are beneficial to the mother and her newborn. The doulas provide a wide array of therapeutic measures to reinforce the women's ability to go into labor using the smaller number of medical interventions possible. Listening to the woman is one of the care activities that enables establishing a sensible therapeutic bond.²⁰

CONCLUSION

This study showed that doulas actions to pregnant and postpartum women are focused on the humanization of labor and delivery and the support for women's choices related to their childbirth experience.

This study enabled us to understand the meaning given by doulas to the humanization of labor and delivery, their role in the care to pregnant and postpartum women, and how the doulas' actions align with the need for an interprofessional health team to ensure women's autonomy during labor and delivery. Therefore, this study supports a change in the current model of obstetric care that enables the humanization of health care practices and the delivery of integrated care to women.

Based on questions presented by the doulas in this study, further studies that investigate the expansion of the doulas' practices to support women throughout the pregnancy cycle are needed. Additionally, studies that examine motivations that lead people to become doulas, explore the insertion of a male figure as a doula, and question the health professionals struggle to embrace the work of a doula are needed.

In summary, this study showed that the reality of the doulas' work is limited and not concurrent with published guidelines of their scope of practice. These limitations hinder doulas to practice to the full extent the delivery of care to pregnant and postpartum women in health institutions. Additionally, this gap in the reality of practice and scope of practice is reinforced by the invisibility of the work performed by doulas. There is a lack of knowledge among health professionals about the legitimacy of doulas' work in health services across the country.

This study also showed that both obstetric nurses and obstetricians benefit from having a doula as a member of their health care team. The doula will contribute to the decrease in problems emerged from the lack of social or emotional support for pregnant and postpartum women. The doula will act as an educator to these women during a humanized childbirth.

This study's limitation is the inclusion of only one study site - a public maternity hospital in *Manaus*. Thus, it is recommended that follow-up studies include other maternity hospitals from *Manaus* and other counties in the *Amazonas* state, along with institutions from other Brazilian states. The investigation of the dimension of the doula profession, its capabilities, and the challenges faced by these professionals in the humanization of labor and delivered is also recommended.

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