

## CHAPTER IV:

## RESULTS: A REVISED MODEL OF EFFECTIVE LABOR SUPPORT BY DOULAS

At the conclusion of my thesis research, I developed a model of effective labor support by birth doula, shown in Figure 1 (and again in Figure 4). After completing this dissertation project, this model requires revision to include the newly discovered processes and their effects with previously identified concepts. The new illustration is shown in Figure 7. All of the elements of the previous diagram are present in the new one, however their connections to one another are easier to follow in this arrangement.

This diagram gathers together all of the findings in this grounded theory project. It illustrates a feedback loop between labor support processes and the effects of those processes. On the left and right sides of the loop are five interactive processes that take place during labor, birth, and the first few hours postpartum. These interactive processes are identified separately but took place simultaneously. There is a feedback cycle between the instigating processes on the outside of the circle and the observable effects of those processes on the inside of the circle. Each of the processes is indicated by a separate circle or diamond graphic. They involved the doula as well as one or more other people, as they are interpersonal processes. In this model, when the doula, mother, or father experienced or observed the results, it affected the continuing administration of those processes. The effects are indicated by rectangles in the center of the diagram. Each of the processes is connected to the observable effect it may have by an arrow. Large arrows pointing back to the outer process circles indicate the ongoing influence of

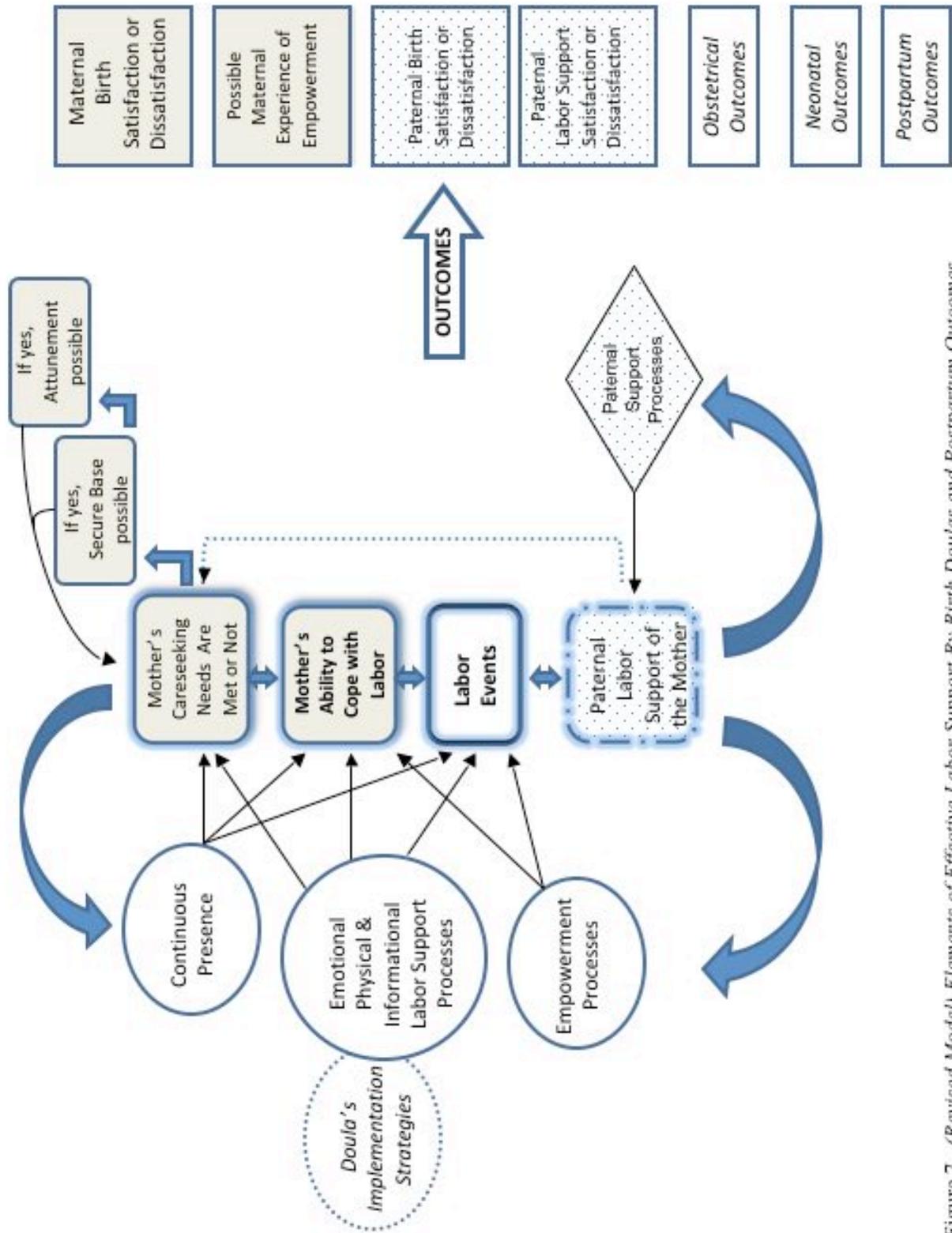


Figure 7. (Revised Model) Elements of Effective Labor Support By Birth Doula and Postpartum Outcomes

the results in the center. These processes eventually ceased when the doula parted from the mother and father, usually several hours after birth.

On the left side of the feedback loop are the labor support processes. These include the doula's Continuous Presence; Emotional, Physical, and Informational Support; and Empowerment Processes. Starting on the upper left of the feedback loop, the initial condition for all doula support processes is the doula's Continuous Presence. All doulas in this study practiced in a way that made them continually available to the mother. The next circle is labeled Labor Support Processes. These include the emotional support, physical support, and informational support strategies used by all doulas. It also incorporates the additional strategies identified for hospital-based doulas in Figure 5. Empowerment processes, while a part of labor support for many independent practice doulas, are separate since they are not utilized by all doulas. Labor support processes involve the doula and the mother. The father is involved when he is also engaged in labor support of the mother. If another family member, friend, nurse or midwife is also involved with hands-on labor support, they would also be included in the doula's decision making regarding labor support strategies.

The Implementation Strategies are shadowed behind the Labor Support Processes, as they were shown to influence the doula's choices of which techniques to apply. To review, an implementation strategy was a tool gained from experience that assisted the more advanced doulas to choose a labor support approach that was the best fit for a particular mother. Implementation strategies were used by both independent practice and hospital-based doulas in this study. In vivo codes became the label for these four concepts: "the mother's goals become the doula's goals"; "I'm whoever she [the mother]

needs me to be”; “leading by following”; and “showing up”. The latter two strategies were explored in my master’s thesis; the first two were minor concepts in this dissertation and deserve further development. In the previous incarnation of the Effective Labor Support Model, implementation strategies were listed individually, in this revised figure the list is omitted.

Looking again at the diagram, each of the three processes indicates with arrows which of the possible results they affect. The primary effect of the doula’s efforts was on the Mother’s Ability to Cope with Labor. While the mother’s coping ability had other influences, it was seen as the central focus of all the doula’s activities. The next effect of the processes was on the Mother’s Careseeking Needs. There are two possible additional outcomes, each represented by their own graphic. If the mother’s careseeking needs were met by the doula, the doula could be seen as functioning as a Secure Base for the mother during labor. If the doula was serving as a Secure Base for the mother during labor, Attunement could also occur. Based on the findings in this research study, if perception as a secure base or attunement transpired, it then positively affected the mother’s careseeking needs as being met, which positively affected her ability to cope with labor and labor events. Labor Support Processes, being perceived as a Secure Base, and Attunement are all parts of the previous incarnation of the Effective Labor Support Model, shown in Figure 1.

In the middle of the diagram in the effect column is a box titled Labor Events. Labor Events include memorable emotional and physical incidents as well as indicators of labor progress. It is placed in the center since all other processes directly or indirectly affect Labor Events. One of the main areas of interest fueling this inquiry was to identify

the processes that were likely to have an effect on obstetrical and neonatal outcomes. Obstetrical outcomes are the result of labor events and the interventions utilized to treat them. When a doula is utilizing a particular strategy in order to gain a particular effect, it can be considered an intervention (Simkin & Ancheta, 2005). For example, if the mother was not progressing in dilation, the doula utilized physical support strategies such as upright positions to encourage progress. So as the doula paid attention to the results on labor events of her initial labor support processes, it provided feedback to further influence those processes. In another example from this study, empowerment processes encouraged a mother to speak up against another vaginal exam. In these ways, different processes affect Labor Events, which may affect overall outcomes.

On the right side of the feedback loop are the Paternal Support Processes. This graphic encompasses all of the roles, processes, and influences identified in Figure 6, the Diagram of the Father's Birth Experience With A Doula. The support received by the father from the doula directly influenced his continuing involvement in supporting the mother in labor. There is only one link to a result, the Paternal Labor Support of the Mother. However, Paternal Labor Support is shown as affecting Labor Events and Mother's Careseeking Needs, which both affect the Mother's Ability to Cope. In essence, the Paternal Support Processes are seen as having the potential to directly or indirectly affect all of the results. The support processes and observed results of those processes are viewed as continuing to influence one another while the doula, mother, and father were together during the support experience. They did not cease until the doula left the mother, which was usually several hours after the baby was born.

On the right side of the diagram is a column of seven possible outcomes, indicated by a large arrow labeled “Outcomes”. These outcomes are an addition to the previous model of Effective Labor Support by Birth Doula. The first two outcomes display the mother’s possible experiences. Mothers can experience Satisfaction or Dissatisfaction with their Birth Experience. They may also have a Possible Maternal Experience of Empowerment. The next two outcomes show the father’s possible experiences. Fathers can experience Satisfaction or Dissatisfaction with their Birth Experience. They could also experience Satisfaction or Dissatisfaction with their involvement with Labor Support. These two items are differentiated because fathers in this study spoke of them separately and considered both to be important. While their experience with labor support influenced their birth satisfaction, they did not consider these parts of the experience to possess the same meaning.

The last three items are Obstetrical Outcomes, Postpartum Outcomes and Neonatal Outcomes. The research question that fueled this inquiry was a desire to outline the labor support processes that likely affected these outcomes and resulted in “the doula effect”. Several significant and important processes have been identified in this grounded theory study that are likely contributors to the positive outcomes for mothers, babies, and families. The literature review provided previously used examples of research on each of these outcomes. Obstetrical outcomes might include the use of pain medications, Pitocin augmentation, operative delivery, and cesarean section. Neonatal outcomes might include initiation and length of breastfeeding, and babies’ abilities on developmental scales. Postpartum outcomes could consist of satisfaction and confidence in parenting,

postpartum depression, and feelings that one's baby is "better than the average baby" (Wolman, 1993).

The advantages of this model over the previous incarnation are threefold. First, this model is active. It shows how the different processes interact and affect one another. It also portrays the intermediate outcomes of each of the processes that, in turn, affect the selection of subsequent labor support strategies. Second, it shows the multiple processes involved in the perception of the doula as a secure base for the mother and the possibility of attunement. The model also shows secure base perception and attunement as affecting ongoing processes and results as part of the feedback loop. Third, the model now shows a connection to outcomes that were not included in the previous version. One of the most important contributions of this model is to our understanding of birth doula support processes. It illustrates robust findings from this research project that can then be used as a basis for future research.