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- Supplementary submission

In response to the Commonwealth Government Inquiry into
Breastfeeding

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Why a supplementary submission?

I'd like to present a submission from a different angle, which is not on behalf of the BellyBelly community, but from the perspective of a Birth Attendant (also known as a Doula). I choose to use 'Birth Attendant' but there is not really a specific difference.

After my initial submission and subsequent presentation, I realised I had omitted a very important side to increasing breastfeeding rates in Australia, which has been proven by many studies from around the world, but is not readily promoted.

So what is it? It's the utilisation of Doulas before, during and after childbirth. You probably haven't heard of a Doula before or understand what they do, so I will explain and follow up with some **very impressive studies** to back my claims.

What is a DOULA?

'Doula' (pronounced 'doola') is a Greek word meaning 'woman servant or caregiver'. However in more modern times, it refers to an experienced woman who offers emotional and physical support to a woman (or couple) before, during and after childbirth. A doula believes in "mothering the mother" - enabling a woman to have the most satisfying and empowered time that she can during pregnancy, birth and the early days as a new mother. This type of support also helps the whole family to relax and enjoy the experience. Despite Doulas being fairly unheard of in Australia, they have been around for a long time and are now fast growing in popularity after much positive word of mouth.

Doulas are trained and experienced in childbirth and are usually mothers themselves. They have a good knowledge and awareness of female physiology, but a Doula does not support the mother in a medical role - that is the job of the midwife/doctor. She also does not make decisions for the couple, but she supports them through the decision making process should a decision need to be made. A Doula works in birth centres, private and public hospitals and at homebirths in conjunction with midwives - never as sole carer.

There are two types of Doulas, Birth Doulas and Post-Natal Doulas, with many Doulas performing both roles. The difference is that the role of the Post-Natal Doula is to nurture the mother at home after childbirth. This may include further breastfeeding support, light home duties, massage, emotional and physical support for the mother and so on. Post-Natal Doulas are particularly in demand as support for new mothers is difficult to find. Needless to say, studies show they make a huge impact on the well-being of mothers.



So, What Are The Proven Benefits Of A Doula?

“Historically, women have been attended and supported by other women during labour. However, in recent decades in hospitals worldwide, continuous support during labour has become the exception rather than the routine. Concerns about the consequent dehumanization of women's birth experiences have led to calls for a return to continuous support by women for women during labour.” -- The Cochrane Database

There are many studies from around the world which have demonstrated very impressive benefits for the mother, father and baby, including:

- 50% less caesarean sections
- Reduction in the use of forceps by 40%
- 60% less requests for epidurals
- 40% reduction in the use of synthetic oxytocin for inductions or augmentations
- 30% reduction in use of pain medication
- 25% reduction in labour length
- Increased rates of breastfeeding at 6 weeks post-partum (51% vs 29%)
- Higher self-esteem (74% vs 59%), less anxiety (28% vs 40%) and less depression (10% vs 23%) at 6 weeks post-partum

These are not misprints! The benefits are significant and the many studies reinforce very similar trends. Most of the women in the studies were accompanied by male partners, however study results show that women who had the support of a male partner and a doula fared best. The caesarean rate of women supported by both a male partner and a doula was significantly lower (15.4%) than the cesarean rate for women supported only by their partners (24.4%). Studies also clearly show the positive benefits of doula support occur regardless of a woman's economic status or whether or not they were privately insured.

What About The Father?

According to studies, rather than reducing the father's participation in the process, a Doula's support complemented and reinforced the father's role. Fathers felt more enthusiastic and that their contribution to the labour and birth was meaningful and helpful. Not only did fathers report higher levels of satisfaction after the birth, but mothers reported feeling more satisfied with their partner's role at birth too.



Doulas and Breastfeeding

According to a study in South Africa¹, the following feeding behaviours were observed at six weeks post-partum:

	Doula	No Doula
Exclusive breastfeeding	51%	29%
Demand feeding	81%	47%
Feeding food other than milk	18%	53%
Feeding problem	16%	63%
Avg. no. days breastfeeding only	32	24

* note – modified from Wolman²

This same study also found the following infant health problems at six weeks post-partum:

	Doula	No Doula
Vomiting	4%	28%
Colds or runny nose	39%	69%
Cough	39%	64%
Poor appetite	0%	25%
Diarrhea	19%	33%

* note – modified from Wolman

So as you can see, not only do Doulas significantly increase the rates of breastfeeding directly, but also greatly reduce potential hurdles to breastfeeding like caesarean sections and use of medications which can result in bonding and breastfeeding establishment.

¹ Hofmeyr, G.J., Nikodem, V.C., Wolman, W. et al. Companionship to modify the clinical birth environment: Effects on progress and perceptions of labour and breastfeeding. Br J Obstet Gynecol, 98:756-764, 1991

² Wolman, W. L. Social support during childbirth, psychological and physiological outcomes. Masters thesis, University of Witwatersrand, Johannesburg, 1991



What Training Do Doulas Receive?

In Australia, there are several ways a Doula can train, through courses conducted by very experienced Doulas, some of which are also midwives, doctors and educators. Again, this is not medical training - Doulas are trained in *professional birth support*. As part of a Doula's training, she may be required to read certain materials, attend several births (as an unpaid trainee), write assignments/reports and other requirements.

What Do Couples Think of Doulas?

Here are a few short testimonials I have received in my work as a Birth Attendant:

Catherine & Jason – 2006

“A very special thank-you... You made such a difference at the birth for us both, encouraging me when it all seemed too hard and helped me achieve the birth that has given our little girl the best start in life. Thanks for sharing this special time with us. I hope our paths cross again. You are a beautiful person with much to give the world.”

Meredith & Chris – 2006

“Thank-you for helping us achieve a wonderful birth experience. I felt safe and far more relaxed knowing I had the right support. Everything went exactly as I wished for with minimum intervention and stress... I feel sooooo grateful that we had such a great outcome. I am sure it is even helping me get through these difficult first months. I now know I CAN get through anything with determination, knowledge and support!”

Bronte & Michael – 2006

“Wow I'm still in shock when I think about that long labour and the fantastic result – it was sooo worth it. I truly know that I couldn't have done it without you – that is a fact. You are amazing and are truly made for the job Kelly – I really can't thank you enough.”



How Much Does A Doula Cost?

This varies greatly dependant on experience, state (location) and what packages are on offer. A package offering pre and post-natal visits (generally around 2 hours long) as well as the duration of the birth generally costs around \$800-\$900 for the more experienced Doula. Inexperienced Doulas usually charge a much lower fee and most Doulas offer reduced rates for those in genuine need.

Many Doulas only attend 1-2 births a month, as many are mothers with young children. Finding last-minute childcare as well as spare time to do visits and attend births is a tricky balance – it often happens during family time on weekends or after hours. So it's not something women do for monetary benefits, but passion.

What I Am Doing To Help Increase Breastfeeding Rates For My Clients

The main thing I do besides providing support as a Birth Attendant to help increase breastfeeding rates is to provide all of my clients with a free one year subscription to the Australian Breastfeeding Association, which I organise before the birth where possible.

I also recommend the best breastfeeding resources, as recommended by the Australian Breastfeeding Association, and if required, I put them in touch with the best Lactation Consultants I know, whom I have relationships with and trust. They are Internationally Certified Lactation Consultants (IBCLC) and I find that the women who have had breastfeeding problems have been able to resolve these issues quickly, (with just one visit in all cases to date), compared to many women without support who have spent lengthy time and stress in hospitals, usually with inconsistent advice and support.

One recent client of mine had a terrible time breastfeeding in a Melbourne Birth Centre. A midwife woke them at 5am shortly after they had all just gotten to sleep after the birth and told them that it was time to feed the baby, and something along the lines of 'this is how you wake your baby' and proceeded to wake it by flicking it's feet. She then tried to shove the baby onto the mother's breast without permission.

The mother had so many problems getting good advice that she had experienced mastitis twice before I saw her for her first post-natal visit. She was not enjoying breastfeeding and she was going downhill fast, starting to compromise what she had wanted to do. So I asked her if she would be happy for me to exchange a second post-natal visit with a visit from Pinky McKay IBCLC, which she did.



Soon after, she emailed me to say, 'I now know what you mean about breastfeeding being enjoyable!' So she went on to have an enjoyable breastfeeding experience. Having someone come to her home whom is reputable and experienced no doubt made the difference between breast and bottle for that family.

Recommendations

Specifically relating to Doulas, I would like to suggest the following.

1. Financial assistance to set up and promote a non-profit organisation for Doulas

Myself and another very experienced Australian Doula who assisted with the set-up of the well established Doula UK, would like to formalise the Doula profession and have a not-for-profit organisation running as soon as possible. We'd like the financial assistance to set this up, and to begin initial promotional activities and public relations. Doulas are starting to grow in popularity around Australia and we think it's a great time to be able to do this. However without funds, we cannot move forward on this.

2. Official Recognition of Doulas As Birth Care Providers

Due to the lack of awareness of Doulas, it requires a great deal of effort into self-promotion. As a result, many Doulas find it hard to find clients as most don't have business skills or confidence in this area— this is not taught in their training (something I am thinking of doing).

I have worked with Obstetricians who have never heard of a Doula before, many who haven't worked with one before and some refuse to work with them. An education process needs to take place and this would be very extensive. Unfortunately without too much in the way of a formalisation process at the moment, anyone can call themselves a 'Doula' so an official body will be of great help. There is abrasiveness from some midwives who don't understand how Doulas can practice without medical training and insurance. While we explain it's not a medical role, they don't understand the full implications. So education needs to happen at all levels. We'd love to work in partnership with midwives, doctors and women with a healthy level of respect for one another.



3. A Support Fund For Lower Socio-Economic Women

Some Doulas work free-of-charge to the under-privileged however given it is limited as to how many births a Doula can do per month, they still need to be able to earn income. Last minute childcare often means nannies or my husbands staying home from work, which is costly. So it would be great to have a fund available to the under-privileged to access Doula support. I have been contacted several times by women's shelters to help women with no partner or no support, so there is great need.

4. Private Health Coverage for Doulas and Independent Midwives

Both Independent Midwives and Doulas MUST be available through private health insurance cover. The outcomes for birth and the post-natal period (including breastfeeding) is too great to ignore. We have to do something now, and allow these services to be covered by private health insurance companies who are hesitant or are refusing. Not only will the benefits for the families be great, but it will save so much money, not only in the reduction of interventions, but it will also increase rates of breastfeeding success and duration. It seems ludicrous that a podiatrist or an alternative health therapist be allowed Medicare benefits and / or private health benefits, yet a university trained independent midwife cannot, nor can a Doula. While Doulas do not have tertiary training, they do have much to offer to the health system.

5. Regulation of Baby Sleep / Feeding Services

There are many baby feeding/sleep help businesses popping up all over the place and I feel this needs to be regulated. There has been a boom in baby sleep experts (who are often childless) and they enforce very rigid routines which are detrimental to breastfeeding. Some routines involve timed feeding and expressing and are completely unrealistic and go against a position statement from the Australian Association for Infant Mental Health on sleep training³. I know the Australian Breastfeeding Association has picked up the pieces many times for women who have read certain books or followed certain routines only to find they get mastitis or supply issues. Some of these experts partake in heavy duty marketing and have lots of money to promote something every mother would like – a little more sleep. From a marketing perspective, they have what it takes to sell a book, the premise of sleep, when in reality; all mums desperately need is reassurance and support.

³ http://www.aaimhi.org/documents/position%20papers/controlled_crying.pdf



Sleep methods like controlled crying are promoted in these books (but is cleverly renamed it to avoid the stigma, like controlled comforting) but many women find their babies vomit out of stress in these routines, when left to cry. My daughter lost weight as a result of two weeks at a Melbourne sleep school. As a result, I tried formula as per advice – luckily she didn't want a bar of it and is now a healthy little girl breastfed until she was two.

Conclusion

Doulas will always continue to work with women, but in order to make the most of the benefits they offer including increasing breastfeeding rates, an organisation needs to be formed and the profession formalised and promoted. We really need help with funds to provide another piece of the puzzle to solve declining breastfeeding rates – and we need to do a mass education campaign. Right now, we just have mothers who know this, but without funds we can do nothing about it.

As found in my initial submission, according to the experts – mothers - lack of support and education is a massive barrier to breastfeeding success. So here is a proven answer with Doulas. Sure, it's not the one and only answer, but it is one of several ways which has been significantly proven by years of research and evidence. We cannot ignore it.

Further References

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Klaus M, Kennell J, Berkowitz G, Klaus P. Maternal assistance in support and labor: Father, nurse, midwife, or doula. *Clin Cons Obstet and Gyn* 1992; 4:211-17.

The Doula Advantage, Rachel Gurevich, Prima Publishing 2003

The Doula Book, Marshall H. Klaus, M.D., John H. Kennell, M.D., and Phyllis H. Klaus, C.S.W., M.F.T. Da Capo Press, 2002



Studies

Continuous support for women during childbirth (Cochrane Database Review)

Hodnett ED, Gates S, Hofmeyr G J, Sakala C

Continuous labour support reduces a woman's likelihood of having pain medication, increases her satisfaction and chances for 'spontaneous' birth, and has no known risks

Supportive care during labour may involve emotional support, information, and comfort measures. Such care may enhance normal labour processes and thus reduce the need for obstetric intervention. Women who received continuous labour support were less likely to use pain medications and were more likely to be satisfied and to give birth 'spontaneously' (with neither caesarean nor vacuum nor forceps). In general, labour support was more effective when it was provided by women who were not part of the hospital staff.

The obstetrical and postpartum benefits of continuous support during childbirth

Scott KD, Klaus PH, Klaus MH. J Womens Health Gen Based Med 1999

Dec;8(10):1257-64 Division of Public Health, County of Sonoma Department of Health Services, Santa Rosa, California 95404, USA.

The purpose of this article is to review the evidence regarding the effectiveness of continuous support provided by a trained laywoman (doula) during childbirth on obstetrical and postpartum outcomes. Twelve individual randomized trials have compared obstetrical and postpartum outcomes between doula-supported women and women who did not receive doula support during childbirth. Three meta-analyses, which used different approaches, have been performed on the results of the clinical trials. Emotional and physical support significantly shortens labour and decreases the need for caesarean deliveries, forceps and vacuum extraction, oxytocin augmentation, and analgesia.

Doula-supported mothers also rate childbirth as less difficult and painful than do women not supported by a doula. Labour support by fathers does not appear to produce similar obstetrical benefits. Eight of the twelve trials report early or late psychosocial benefits of doula support. Early benefits include reductions in state anxiety scores, positive feelings about the birth experience, and increased rates of breastfeeding initiation. Later postpartum benefits include decreased symptoms of depression, improved self-esteem, exclusive breastfeeding, and increased sensitivity of the mother to her child's needs.



The results of these twelve trials strongly suggest that doula support is an essential component of childbirth. A thorough reorganization of current birth practices is in order to ensure that every woman has access to continuous emotional and physical support during labour.

Continuous emotional support during labor in a US hospital. A randomized controlled trial

Kennell J, Klaus M, McGrath S, Robertson S, Hinkley C. JAMA 1991

May 1;265(17):2197-201 Dept of Pediatrics, Case Western Reserve University

The continuous presence of a supportive companion (doula) during labour and delivery in two studies in Guatemala shortened labour and reduced the need for caesarean section and other interventions. In a US hospital with modern obstetric practices, 412 healthy nulliparous women in labour were randomly assigned to a supported group (n = 212) that received the continuous support of a doula or an observed group (n = 200) that was monitored by an inconspicuous observer. Two hundred four women were assigned to a control group after delivery. Continuous labour support significantly reduced the rate of caesarean section deliveries (supported group, 8%; observed group, 13%; and control group, 18%) and forceps deliveries. Epidural anaesthesia for spontaneous vaginal deliveries varied across the three groups (supported group, 7.8%; observed group, 22.6%; and control group, 55.3%). Oxytocin use, duration of labour, prolonged infant hospitalization, and maternal fever followed a similar pattern. The beneficial effects of labour support underscore the need for a review of current obstetric practices.

Postpartum Depression. Bridging the Gap - Medicalized Birth and Social Support
Goldbort, J. (2002) International Journal of Childbirth Education Vol 17(4):11-17.

Having a baby is generally considered one of the happiest times in a woman's life. However, approximately 10% of women experience a downward spiralling event known as Postpartum Depression. Research demonstrates that early screening, intervention, and treatment can prevent this malady from having a devastating effect on the woman, her family and the community. Social support is one of the many key contributing factors in how a woman interprets her birthing experience, with adverse birthing experiences contributing to postpartum depression. In this paper, the author examines the role of the doula, and how her support during the perinatal period may contribute to a positive outcome in a medicalised birthing arena, and as a consequence of a Doula's support, postpartum depression may be minimized or prevented.