

# Can Doula Birthing Support Reduce the Risk of Stillbirth? Setting a Research Agenda

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## Background:

Doula (pronounced DOOLA) is derived from the Greek term for “female servant.” Doulas have been involved in supporting families’ birth outcomes for millennia. Considerable information suggests that Doula care during pregnancy may reduce risks of stillbirth (SB). The effects of such nonmedical birthing support remain little studied for beneficial and untoward effects on OUTCOMES.

## Methods:

1. Conduct a logic model analysis using established technology.
2. Employ an electronic literature search using the search terms “doula,” “stillbirth” (SB), “social determinants of health,” “late miscarriage” (LM), “preterm birth,” and “disparities.”
3. Construct a logic model matrix to inform research suggestions



## Objectives:

1. Conduct a logic model review and analysis to examine the possibility of doula participation reducing the risk of intrapartum SB
2. Suggest research approaches for measuring the possible benefit of doula support for birthing versus prenatal or preconception care
3. Review the established benefits of doula care for preventing pregnancy adverse outcomes
4. Explore “Good Birth” goals for each pregnancy, including the themes of agency, personal security, connectedness, RESPECT, knowledge, and social determinants of health



A doula “mothers the mother”

## Results:

Review by Klaus and Kennell and others prior to 2008 suggested multiple benefits of supportive birth attendants including untrained family members, neighbors, and uncertified doulas providing physical and emotional support for women in labor provided multiple benefits in observational and quasi-experimental studies. Subsequent further research reaffirmed these and other benefits employing trained professional (ICAE, others) doulas (Cochrane Database, 2015). These benefits include reduced necessity of primary cesarean section, shorter labors, reduced use of oxytocin and lower rates of low birth weight and NICU admission along with improved maternal satisfaction and breastfeeding rates (Greber 2018). The most current Cochrane Library (2016) and WHO clinical trials review (2017) reported significant improvements with doula participation in improved outcomes including more spontaneous births, shorter labors, fewer primary cesarean births and higher APGAR scores. These analyses did not demonstrate fewer LBW or preterm birth (PTBs). Impressively, the ACOG and SMFA concluded that doula care reduced the risk of primary cesarean section. They concluded “This resource is probably underutilized.” No studies were found describing rates of SB in different reviews of pregnancy care. Modern hospital care cannot provide the “constant supportive care” that professional doulas intend to provide.

Multiple, but not all, observational studies and meta analysis suggest significant reduction of adverse outcomes including reduced primary cesarean section, forceps birth NICU admission, preterm birth, growth restriction, improved rate of breastfeeding initiation, and maternal satisfaction and father involvement. There were no suggestions of workplace animosity or miscommunication.

## Discussion:

Despite long-time use and accepted benefits of DOULA supported birthing and pregnancy care, the benefits of doula participation in pregnancy care are poorly studied, recognized, and paid for. No direct studies of fetal or perinatal loss or mortality (LM, SB) were found.

The possibilities for improved birth outcomes by increased parental care and use of conventional service (checklists) and advocacy have not been studied.

Adequately powered and controlled studies of prenatal, birthing, and post-partum care are urgently required.

## Suggested Research Agenda:

Large epidemiology-informed studies should be designed and performed to evaluate the effects of doula participation in different pregnancy population and delivery situations.

1. Demonstrate pregnancy care goals of knowledge, respect, and transgenerational reproduction outcomes
2. Evaluation of the mechanisms of improved care outcomes (epidemiological effects)
3. Evaluate for possible harms of doula involvement
4. Explore expectations of doula services (preconception, lifestyle, lactation and contraception, psychological support, and improved obstetrical care checklists)

## Conclusion:

Doula birth support is documented to be associated with multiple maternal and neonatal benefits. No information was found regarding SB or fetal death outcomes.

1. Benefits of doula involvement need to be studied and confirmed
2. Mechanisms of improved outcomes (improved GBS-related care and stress reduction) need close evaluation.



A doula forms a bridge between the medical staff and the parents

## References:

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