

THE KNOWLEDGE OF THE REGISTRATION OF THE ROLE OF THE DOULA IN THE FACILITATION OF NATURAL CHILD BIRTH

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DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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Date

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My understanding of the needs of mothers' during labour developed with my experience in teaching student nurses on training midwifery course, both the 4 year diploma and the one-year diploma.

Working as a registered midwife for the past 14 years also made me realise that there was a need for ongoing support for a woman giving birth.

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- The Nelson metropolitan Municipality maternity units in Port Elizabeth
- The Superintendents and Nursing managers in maternity units at Nelson Mandela Metropolitan Municipality

ABSTRACT

This research was an attempt to investigate the role of the doula during labour and the promotion of natural childbirth as well as the assessment of the effect of the presence of the doula during natural childbirth. There has been a shift from home-based deliveries to hospital-based deliveries, which does not sufficiently provide for optimal care and emotional support to the women during labour. The registered midwives in the maternity units in Port Elizabeth in the Eastern Cape region in both private and public hospitals displayed some reluctance in using the doulas during labour.

The design for this study utilised a quantitative approach which is non-experimental, explorative, descriptive and contextual in nature. The data -collection method used was only the statistical data from the registered midwives' questionnaire designed as per the format from the University of Stellenbosch. Research ethics implemented were confidentiality, informed consent, privacy, protection, information and debriefing. Validity and reliability had to be observed on this study as it was observed that the content of the study had to be closely related to what was measured, as well as consistency of the data –gathering instrument in obtaining the same results in similar situations

The study took place at the Port Elizabeth Maternity Units in the Eastern Cape with registered midwives (40 in the Public Sector and 45 in the Private Sector), and 45 in the private sector of the maternity units of the selected hospitals.

The results of this study and the interpretation thereof assisted the researcher to confirm that there was indeed a great need for the doulas during natural childbirth in the maternity units in the public sector, where there is a shortage of registered midwives and care workers to attend to the basic needs of the patients.

The value of the contributions of the doula to support and provide comfort measures to women during labour should not be underestimated; and registered midwives should be informed about the important role of the doula and how the doula can complement the obstetrical care rendered by the midwife.

Key words:

- Emotional: characteristic of or caused by emotion or tendency to allow one's attitude to affect logical judgement.
- Childbirth: Term applied to normal outcome of pregnancy with the birth of an infant. Siblings and other family members are present during this process.

- Quantitative: something that is or may be consider with respect to the quantity or quantities involved or measurements.
- Labour: The act of giving birth to a child, parturition or confinement.

OPSOMMING

Hierdie navorsingstudie is uitgevoer om die rol van die doula of kindergeboorte-begeleidster gedurende baring in die bevordering van natuurlike kindergeboorte asook die effek van die teenwoordigheid van laasgenoemde te ondersoek.

Die klem het verskuif van tuisbevallings na hospitaal- bevallings. Hierdie tendens het veroorsaak dat daar nie genoeg voorsiening gemaak word vir versorging en emosionele ondersteuning nie. Die geregistreeerde vroedvroue in die verlossings-eenhede in Port Elizabeth in die Oos-kaapse streek, in beide openbare en private hospitale toon 'n mate van onwilligheid om doulas tydens baring te benut,

Die studie ontwerp is non-eksperimenteel, eksploratief, beskrywend en kontekstueel van aard, met 'n kwantitatiewe benadering. In kwantitatiewe studies help die ontwerp, die navorser deur middel van prosedures om akkurate en interpreteerbare data te ontwikkel.

Die studie is onderneem by die Port Elizabeth se Verloskunde-eenhede in die Oos-Kaap. In hierdie hospitale is daar 40 geregistreeerde vroedvroue in die Openbare- en 45 in die Privaat-sektor.

Die resultate van hierdie studie en die interpretasie daarvan het die navorser gehelp om te bevestig dat daar inderdaad 'n groot behoefte bestaan vir die bydraes van kindergeboort-begeleidsters en veral in die openbare sektor waar daar groot tekorte aan geregistreeerde vroedvroue voorkom en nie genoeg personeel is om in die basiese behoeftes van die pasiënte te voorsien nie.

Die waarde van die bydraes van doulas om ondersteuning en bemoedigingsmaatreëls vir die vrou tydens baring te voorsien moet nie onderskat word nie; en geregistreeerde vroedvroue behoort bewus gemaak te word van die belangrike rol van die doula en hoe die doula die obstetriesse sorglewering van die pasient kan komplementeer.

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CHAPTER 1:

ORIENTATION AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION

The earliest records of humankind's existence contain evidence of birth attendants who were either women or family members or other women from outside the family with experience in childbirth. These women received no payment but were given presents. Most ancient cultures had definite customs and taboos relating to childbirth and its attendants. For example, some cultures insisted that only women who had children themselves will be allowed to be present and act as midwives and that men were not allowed to be present during childbirth. Certain rituals had to be performed before, during and after labour and sacrifices were made to the gods. Some of these practices are still in existence amongst the less developed people.

“What is a doula?”

‘Doula’ is a Greek word meaning women who care or “*woman care-giver*’. The first exposure to this word came from Dana Raphael who used the term to describe one or more individuals, often females, who gave psychological encouragement and physical assistance to the newly delivered mother. Currently other people use terms such as labour coach, childbirth companion assistant, labour companion or mother assistant (Marshall, Kennel & Klaus, 2002:4) but the concept of the doula is gradually being considered in more obstetrical and midwifery units.

In more sophisticated societies all the enlightenment of modern medicine and obstetrical practice has failed to dispel the mystery surrounding childbirth and many modern women feel cheated by the intrusion of science (Sellers, 1994:5). Rapid urbanisation increased privatisation of services including health services, political developments and demands of the right to healthcare hence the tendency to clinic or hospital births. It is at this stage of midwifery care that I as the researcher in this study have observed some behaviour by midwives that are a cause for concern. In the quest of improved physical care and preserving the right to healthcare, the woman may often find herself without the essential psychological support she would usually have received at home because the midwife has attached some technological devices to the woman that in the case of the woman's need will raise an alarm to call the midwife's attention. This behaviour is especially noted in the public

institutions due to the increased number of other women that the midwife has to pay attention to. Based on this opinion one of the professional responsibilities of today's' midwife is to address this problem.

Women helping women during birth is an ancient practice that is still widespread today. Childbirth thirty years ago, especially in the non-industrialised areas, used to take place at home in the presence of an elderly woman of the family who was called a 'vroedvrou' (traditional birth assistant) with experience in childbirth. Tio-Chung (in Phillips, 1996:172) said two thousand five hundred years ago,

"You are a midwife. You are assisting at someone else's birth. Do well without show or fuss, facilitate what is happening if you must take the lead that the mother is helped you are still free and in charge. When the baby is born the mother will rightly say we did it ourselves".

As already stated in this study, there has been a shift from home-based deliveries to clinic or hospital-based deliveries, which does not seem to be providing enough care and emotional support to labouring women. In my opinion as a researcher of this study, the cause lies in the fact that registered midwives in the maternity units display some reluctance in using the doulas during labour.

This research is an attempt to investigate the knowledge of the registered midwives regarding the role of the doula during labour in facilitating natural childbirth. In so doing I will be able to assess the effect of the presence of the doula during natural childbirth and therefore be in a position to empower my fellow colleagues in accepting the services provided by a doula. As already stated, there has been a shift from home-based deliveries to hospital based deliveries, which does not provide enough care and emotional support. The registered midwives in the maternity units in Port Elizabeth Nelson Mandela Metropolitan Municipality in both private and public hospitals displayed some reluctance in using doulas during labour(own observation since the beginning of the training of childbirth companions in association with Johnson& Johnson prenatal education programming 2004.

According to previous literature accessibility used to be a problem due to fewer clinics and hospitals being available for labouring women (Sellers,1993 :991) The maternal and neonatal mortality rates as well as prenatal deaths are increasing. In South Africa at least 30 out of every 1000 pregnancies end with either a stillbirth or the death of an infant during the first week of life (Department of Health, 1998: Saving Mothers). In this case the mortality rate

is above 10 deaths per 1000 births (which occurs in developed countries) while many maternal deaths in South Africa could also be prevented (Woods, 1998:6).

Midwives, doctors and undergraduate students in their curriculum's are taught about maternal and prenatal care but for different reasons they seem not to continue with updating their knowledge and skills after graduating. For example, doctors and midwives take up positions in rural areas, where there is often no opportunity to attend any in-service training, continuous education programmes and research to conduct, with a resultant overall decline in the standard of prenatal care (Woods, 1998:7).

The World Health Organisation (WHO) and national healthcare officials have tried to prevent deaths of mothers and babies through the introduction of specific guidelines for the care of women during confinement. These guidelines in South Africa include antenatal care where identification of problems during this period and referral of the mother to the doctor or a hospital for further management should be done (Skimore, 1997:61). The implementation of the free antenatal and intrapartum care and free treatment of children up to six years of age for a child as well as the provision of antenatal clinics that are accessible and affordable has been another strategy by the South African Government Millennium Development Goals: (Department of Health,1998:30). Owing to this strategy most of the public institutions' labour wards are overflowing, making it difficult for the few midwives to cope and render the expected level of care so that women will at times experience themselves as being neglected. With the necessary available research results the introduction of the use of a doula as a facilitator during childbirth in a clinic or hospital will play a role and make a difference in the reduction of the complications as well as the deaths that occur during labour. The introduction of doulas as facilitators during childbirth could assist to fill the 'gap' in the woman-midwife relationship that is at times experienced by the woman and doulas could be with the woman to offer the necessary support during contractions and relieve anxiety.

Studies have proven that women in a hospital environment are quite anxious and the environment is not always conducive to natural childbirth (Woods 1998:5). Midwives have been trying to restore natural childbirth especially in the private healthcare setting where the mother's own doctor delivers the baby.

Childbirth is regarded as a life experience a woman needs to remember and since the trend of hospitalisation there has been an increase in the number of caesarean sections, assisted deliveries and epidural analgesia for pain relief which has resulted in a shift from natural childbirth to a more technologically orientated birth (Bruggemann, Parpinelli, Osis, Cecati &

Neto, 2007:4). The role of the midwife is to monitor the woman during the first stage of labour and assist the doctor with the delivery which is not always possible during a caesarean section delivery. The midwife most of the time just receives the infant.

Midwives in the private sector still try to promote natural birth by using the birthing balls to assist descent, warm baths to relieve pain and by encouraging partners to be present in the labour ward. Allowing the women to bring their own birth items also promotes decision-making and making the environment as homely as possible (Prenatal Problem Identification Program: 2008) which will allow the woman to be in control of her labour.

1.2 RATIONALE OF THE STUDY

To ensure promotion of natural birth during labour as the doula can create a team atmosphere at a birth, looking at our own behaviour in the labour room and our attitudes with other care providers can make a tremendous difference in the quality of a birth experience.

The doula's role is to support the mother in her informed choices. In most instances, our clients have chosen a care provider for the delivery of their babies with good reason. This belongs to the mother and the doula's role is to support that decision.

1.3 IMPACT OF THE STUDY

The doula in the maternity unit will be functioning in association with the registered midwives by ensuring promotion of natural childbirth as well as emotional support of the woman all the time. The doula is solely a support person that will assist the mother in adopting natural methods such as the use of warm baths, bean bags, deep breathing exercises; and assist in walking, squatting and give information when a need arises. Therefore a doula assists with basic care and needs whilst a registered midwife does monitoring, interprets findings and executes the necessary actions as per scope of practice R 2598 and referral to the doctor where necessary. A doula accompanies a woman in labor to assist her in having a safe and satisfying birth experience.; but does not perform clinical tasks such as checking blood pressure, foetal heart checks, or vaginal examinations ICEA philosophy is freedom of choice based on knowledge and alternatives and believes that a woman has the right to have persons present at birthing who will comfort, support, empower and encourage her.

According to (Sellers, 2006:327) showed that the presence of a doula reduces the overall caesarian rate by 50% ,the length of labour by 25%, oxytocin used by 40%, pain medication by 30% requests for an epidural by 60%, and reduction in the use of forceps by 30%.

1.4 NEED OF THE STUDY

To assess the knowledge of registered midwives on the role of a doula in the facilitation of natural childbirth. The concept of a doula is relatively new in South Africa but has always been accepted by the international community. It is for that reason that I as the researcher of this study feel it could be beneficial to expose the local midwives to this additional assistance as long as it is well controlled.

1.5 AIM OF THE STUDY

The aim of this study was to investigate the knowledge the registered midwives have regarding the role of a doula during labour in facilitating natural child birth. The study focused on the registered midwives working in maternity units in Port Elizabeth.

1.6 Objectives

The objectives for this study were to:

- Determine the knowledge of registered midwives regarding the role of a doula in the facilitation of natural childbirth
- Based on the outcomes of the study describe the knowledge of the registration of the scope of practice of the doula
- Facilitate the provision of quality care and support of women during childbirth using the assistance of a doula

1.7 Problem statement

As mentioned in the introduction of this chapter the researcher had observed that registered midwives in the maternity units seemed not to understand the role of a doula in promotion of a possible natural childbirth. The observation **was** restricted to the midwives who were practicing in Port Elizabeth within the Eastern Cape Province in private and public hospitals and clinics. Some women take longer than expected to deliver and sometimes link this delay to neglect and being ignored by the midwives. At times the women felt that they could not understand some of their experiences during labour as there were not someone easily accessible to explain to them as the experiences occurred. According to these women they felt that such limited information or missed opportunities to provide information frustrated them and caused them to experience more pain than was necessary

Therefore in this study the researcher endeavored to describe how a doula can make the mother more comfortable during the process of labour. Probably the much needed attention

during labour if provided well could assist with emotional support and promotion of natural childbirth for the woman. In labour

1.8 RESEARCH QUESTION

The research question refers to the relevant query, which the researcher wishes to answer (Polit, Beck & Hungler, 2001:97). The research question of this study was therefore:

What is the knowledge of registered midwives regarding the role of the doula during labour and the impact of that role to facilitate natural childbirth?

1.9 RESEARCH METHODOLOGY

The research methodologies applied are briefly discussed in this chapter. The discussion includes the research design and methods such as the study population and sampling technique procedure, data collection and data analysis.

1.9.1 Research design

The design for this study was non-experimental, explorative, descriptive and contextual of nature with a quantitative approach. With quantitative studies the design indicates the procedures the researcher aims to follow to develop accurate and interpretable data (Burns & Grove, 2009: 226:42)

Explorative studies address issues which have not been previously investigated in order to generate new knowledge, understanding or meanings (Polit & Hungler, 2000: 108), while the knowledge could be theoretical or factual (Burns & Grove, 2005: 242). This study was aimed at acquiring knowledge of registered midwives regarding the role of a doula or childbirth companion in the promotion of natural childbirth.

The purpose of a descriptive design is to observe, describe and document aspects of this situation as it occurs naturally (Polit & Hungler, 2005:178). This study was aimed at describing the knowledge of the registered midwives regarding the role of a childbirth companion. It is for that reason that the questions were directed at the development of the data-collection instrument designed to be descriptive in nature.

A contextual design aims at a specific act or properties to pertain to the phenomenon. It is a study on the occurrences in the immediate environment of the participant (Mouton, 2001:133). The occurrence that will be studied will be the situation where the woman in

labour has a childbirth companion during labour in a hospital setting. The context is the knowledge of registered midwives regarding the influence of the presence of a childbirth companion to the woman in labour. The woman in labour must have been admitted in the hospital for delivery of her baby.

1.9.2 Population

The population of the study were the registered midwives in all maternity units in the Nelson Mandela Metropolitan Municipality area in Port Elizabeth. These maternity units included those from the public and private hospitals and clinics. The overall number of beds in all these maternity units was 400 beds (300 in public sector and 100 in private units). The public hospitals had a 100% bed occupancy while the private hospitals had a 75% bed occupancy.

1.9.3 Sampling

According to Burns & Grove (2009: 35), sampling involves the selection of a group of people, events, behaviours or elements with which to conduct the study. All the registered midwives in the above maternity units will be invited to participate in the study.

1.9.4 Inclusive criteria

Criteria to direct sampling were as follows:

- Registered Midwives working in labour wards.
- Experience ranged between two years to five years
- No operational managers were selected
- Trained doulas working hand in hand with registered midwives
- Less experienced can vary from 3-4 years
- Experienced 1-5 years and up to ten years or more as it included the retired nurses.

1.9.5 Data collection

Data for this study was collected using a self-compiled questionnaire. The questionnaire consisted of predominantly closed questions but also accommodated open-ended questions. The questionnaire designed was based on the literature, previous research and the researcher's experience and consisted of 20 questions, which focused on the knowledge of the registered midwives regarding the role and functions of the doula during childbirth. Section A of the questionnaire included biographical data, Section B consisted of questions related to the knowledge of the midwives regarding the role of the doula during childbirth and

Section C consisted of questions related to the scope of the doula during childbirth. (See Annexure D).

1.9.6 Data- Collection Method

According to Polit and Hungler (2001: 460), data collection can be described as the gathering of information needed to address a research problem. After obtaining the necessary permission (see annexure A and B) the researcher entered the research site to collect the data. Owing to the ethical requirements the particulars of the possible participants were accessed from the unit's duty schedules privately without causing suspicion from other members of the staff. Thereafter the researcher arranged a meeting with the registered midwives telephonically if he or she could not be approached privately while on duty. During the meeting with each of the participants before asking for participation she explained the objectives, data- collection method and paying detail to matters of ethical principles adhered to in this study. The final details of the request for permission was done in writing and signed by both partners. See Annexure C. When all the requirements for permission were dealt with the participant was given the questionnaire to complete immediately or given a chance to complete it within twenty-four hours.

1.9.7 Pilot Study

A pilot study is a small-scale version of the major study that tests a part or parts of the study before the actual study begins (Burns & Grove, 2001: 42). The pilot study was conducted under the same circumstances as the actual study to determine the feasibility of the main study. The purpose of the pilot study was also to test the instrument for ambiguity, accuracy and correcting such shortcomings noted. The reviewing of the pilot study results were done under the supervision of the study supervisor. The results of the pilot study were not included in the data analysis of the main study.

1.9.8 Reliability and validity

Polit & Hungler (2000:445), describe reliability as the degree of consistency with which a particular data- collection instrument measures the attribute it is designed to measure. Burns and Grove (2009:377) are in agreement by stating that reliability refers to “the *consistency with which an instrument measures what it is supposed to measure.*” The validity of a research instrument refers to the degree to which the instrument measures what it is suppose to measure (Polit & Hungler, 2000: 250). To ensure the reliability and validity of this study a pilot study was done. A pilot study is a trial run to test the measuring instrument

under circumstances similar to the main study. Experts in the midwifery settings of the selected hospitals as listed under 1.7.3 population and sampling were consulted to assess the appropriateness of the various questions, which assisted the researcher to establish the content validity of the measuring instrument.

1.9.9 Ethical Considerations

The ethical standards adhered to in this study are briefly explained below.

1.9.9.1 Permission

The researcher obtained consent for conducting this research study from the Ethical Committee for Human Sciences Research of the Faculty of Health Sciences (Stellenbosch University) as well as the relevant regional and local health authorities, medical superintendents and unit managers of the hospitals at which research studies were conducted. This permission was asked through a comprehensively written research proposal that was submitted and presented to a panel where possible.

1.9.9.2 Informed consent

Obtaining of informed consent denotes voluntary participation and forms a cornerstone in human research. Babe (2002:47) states that informed consent means participants must base their voluntary participation in research projects on understanding the possible risks involved. In this study the participants were informed that they are free to withdraw from the research at any stage without jeopardising their future peer relationship with the researcher. Written consent was obtained from the registered midwives who agreed to participate in this study.

1.9.9.3 Confidentiality

Confidentiality refers to not sharing information from the participants without their permission or authority (Burns & Grove, 2001:163). The participants were assured that shared information will remain private. According to de Vos; Strydom; Fouche, & Delport (2005: 68) anonymity means no one, including the researcher, should be able to identify any of the participants after the research has been conducted. The names of the participants were therefore not required. The hospital at which the research was conducted was not identified. Only the statistical data from the questionnaires were utilised for data analysis. No names were published and the registered midwives were not harmed or exploited in any way.

1.9.10 Instrumentation and data collection

Data for this study was collected with self-complied questionnaire. The questionnaire consisted of predominantly closed questions. The questionnaire designed was based on the literature, previous research and the researcher's experience. The questionnaire consisted of 20 questions, which focused on the knowledge of the registered midwives regarding the role and functions of the doula. The researcher distributed the questionnaires among the registered midwives in all maternity units at the above-mentioned hospitals. The target population completed the questionnaires, which were analysed accordingly. The questionnaire consisted of the biographical data of the researcher, informed consent, and the 20 close-ended questions, which were completed by the registered midwives (Questionnaire Annexure A).

1.9.11 Data Analysis and Interpretation

The data analysis of the questionnaires was done immediately after collecting at least half of the questionnaires which should be within forty- eight hours following the start of the data-collection process. The analysis was done by means of descriptive statistics with the assistance of a statistician. Descriptive statistics assist the researcher to organise the data in ways that give meaning and insight into the phenomenon being studied (Krampitz & Pavlovich, 1981:111). Frequency tables will be used to organise and display the data in a concise way (Tutty, Rothery & Grinnell, 1996:90). The data was displayed according to the different clinics or hospitals.

1.10 OPERATIONAL DEFINITIONS

Concept definition allows easy reading of the study as the reader will be guided to the actual meaning of concepts used within the context of the study. For the purpose of this study the following terminology will bear the meaning described.

Doula: a trained lay person who provides emotional and physical care to all women in labour and her partner. His / her role is ideally and solely a support person (Marshall; Kennell, & Klaus, 2002:17).

Midwifery: A science of caring for women undergoing normal pregnancy, labour and the period following childbirth, usually six to eight weeks (Sellers, 1993:1679)

Registered Midwife: A person who is registered as a midwife under the Nursing act No 33 of 2005 as amended.

Childbirth: Term applied to the normal outcome of pregnancy with birth of an infant. This means also the series of events during the birth of the baby. (Blackwells Nursing Dictionary, 1994:120)

Facilitation: The act of increasing the care with which the action or function is carried out. e.g. the re-enforcement of a reflex action by impulses for some source other than a reflex centre. (Blackwells Nursing Dictionary, 1994:224)

Knowledge: Nursing as a profession has a specialised body of knowledge or theory which is studied by only those preparing to be a Nurse. Nursing knowledge and skills are only used in the application of scientific Nursing process which constitutes the unique function that the nurse fulfils. (Mellish & Paton, 1999:98)

1.11 STUDY OUTLAY

- Chapter 1: Introduction and orientation to the study, the rationale and the research methodology
- Chapter 2: Literature review
- Chapter 3: Research methodology
- Chapter 4: Data analysis and interpretation
- Chapter 5: Conclusions and recommendations

1.12 CONCLUSION

The intention of this study was to determine the knowledge of registered midwives in maternity units regarding the role of the childbirth supporter (doula) during labour. In this chapter an orientation to the study was given as well as the research problem and a synoptic overview of the intended researcher methodology. The concept “doula” has been explained with specific references. The rationale of the study has been discussed as well as the impact of a doula during childbirth in the labour unit .The need for this study has been explored as well as where the study is going to be conducted The process of labour has been discussed in this chapter The goals and objectives of the study have been discussed and how they are to be achieved..

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Chapter one orientated the reader to the research study, the rationale and purpose of the study and also briefly discussed the research methodology to be used for this study regarding the role of the doula during labour in the facilitation of natural childbirth, while the content of the five chapters of this study was also outlined.

This chapter provides a comprehensive view on the literature studied for this project. Being pregnant and giving birth, even when everything goes well, is a major life experience. The process of birth represents a major transition in a woman's life. The woman is not only becoming a mother, but also growing and learning motherhood responsibilities throughout this process. It is therefore imperative for midwives and doulas to realise that the woman for the rest of her life will have memories and recall experiences during the process of labour and birth. Therefore as explained by Hodnett (1998:...) the overall goal of caring for women during labour and birth is to cultivate as far as possible a positive experience for the woman and her family, facilitate quality care and early identification of potential and / or actual problems as well as timely intervention.

For that reason the researcher of this study believes that all pregnant women should be informed regarding the various birthing options available for them and their partners during the antenatal and intra-partum period to facilitate maternal and foetal well-being and a natural childbirth. Such information would make possible an open relationship between the women and midwives and thus improve communication in labour to assist in identifying possible complications before they occur. In a qualitative study that was done to investigate the use of evidence-based leaflets on informed choice in maternity service in Wales in 2002, it was found that the way in which the leaflets were distributed positively affected the promotion of informed choice in maternity services. The findings of that study also revealed that the culture into which the leaflets *were introduced supported existing normative patterns of care and this informed compliance rather than informed choice* (Stapleton, Kirkham, & Thomas, 2008:52-61). Similar studies could not be traced in the Eastern Cape but the above example puts emphasis on the importance of informed choice which is seen as the cornerstone in healthcare service delivery.

Midwifery practices vary from country to country. The midwifery model of care, however, upholds the principles of informed choice with regard to the place of birth and continuity of care (Reeder, Martin, & Koniak, 1997:54). In every obstetrical health facility there should be a policy with clear guidelines for consultation, referral and transfer when applicable. In South Africa midwives could take into consideration the millennium goals as well as the World Health Organization's Guidelines for maternal and child care (World Health Organization Report: 2005) as well as further consideration of the use of the doulas.

During pregnancy the mother's anatomical and physiological adaptations have prepared her for childbirth. The foetal-placental unit has grown and developed in preparation for life outside the uterus. Labour is an intense period during which the foetus and the placenta are expelled from the uterus and the vagina (Bobak & Jensen, 1987:350). This whole process is long and tiring and SA midwives who are working in clinics and hospitals may not have the time to stay with the woman throughout those stages hence the advantage of using the services of a doula. During the process of labour there are especially three related factors, which play a major role during all the stages of labour. These 3 factors are:

- The power of the uterine activity, which is the intensity, duration and frequency of uterine contractions,
- The passage is equally important and related to the configuration and diameters of the maternal pelvis and
- The passenger (foetus).

Together these factors and a well-coordinated and supported labour and delivery could be made as easy and enjoyable as possible. Challenges to the labour process may come from any one of these three factors and the woman might experience extensive labour contractions (Bobak & Jensen, 1987: 350); therefore the presence of the support person who in the context of this study is the doula, might assist with the emotional support needed due to the extensive pain and long labour process experienced by the woman.

Although we all come into the world either by being born normally (vaginally) or by means of a caesarean section our mothers do not remember how they did it. Birth is probably the most momentous of all life's phases. It is also of the most precarious. A single mistake can make the difference between a normal life and one burdened with disability. Yet childbirth is more than the start of a new life. It is also an individual and unique experience for the mother. It makes no difference that billions of women have given birth; for every birth is special and unique.

According to (Sellers, 1993: 1), the midwife is a very important person in the dramatic event of a baby's birth. Ideally it is her competence, sensitivity and supportive presence, which will facilitate the case of the birth for both mother and child. However, it is not always possible for the midwife to demonstrate these traits of his/her training due to the increasing demand for such services within the same ward which may compel him/her to delegate the duty of emotional support for the woman to the doula while she is busy with other important aspects of her responsibilities in the ward.

A labouring woman's encounter with a midwife will often be remembered forever and will have a lasting influence on her response to future pregnancies. World Health Organization (WHO) (Technical Report Series No.33, 1966:20) describes a midwife as a person who has:

- (i) been regularly admitted to a midwifery educational programme, duly recognized in the jurisdiction in which it is located,
- (ii) has successfully completed the prescribed course of studies in midwifery and
- (iii) Has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.

It is this education and training that makes women expect the best care from midwives. In her practice the midwife must also be able to give the necessary supervision, care and advice to women during pregnancy, labour and postpartum period and to conduct deliveries on her own and to care for the newborn. This includes prevention, promotion and detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. In the next division the needs of pregnant women during labour will be presented.

2.2 THE NEEDS OF WOMEN DURING LABOUR AND THE POST-PARTUM PERIOD

During childbirth women have complex needs and actually need individualized midwifery. In addition to the care and the love and companionship provided by their partners, women in labour need consistent, continuous reassurance, encouragement, comfort and respect; hence the need for the services of a doula. According to Weiss (1998:), a doula perceives the process of birth as a *key life experience* and has the necessary knowledge of labour as well as the emotional needs of a woman in labour. When a doula accompanies a woman during childbirth, she *mothers* the woman and takes care of her emotional needs throughout the whole process of labour. A doula furthermore provides support and suggestions for partners that can enhance their experiences of birth; and continues that valuable emotional support and guidance, assisting the family to make a smooth transition on into the new

family dynamics. In this regard Simkin (1991: 7) states explicitly that the purpose: *for all women in labour should be safe esteem-building, satisfying birth experiences that launches them into motherhood with a sense of competence and self-confidence*. Numerous clinical research studies indicated that the presence of a doula at birth have many advantages, such as:

- tending to result in the woman's labour being shortened with fewer complications;
- reducing negative feelings about one's childbirth experience; and
- Reducing the need for, forceps deliveries, vacuum extraction and caesarean sections (Simkin, 1996: 247-52).

Marshall, Klaus, & Kennell (2002: 51) state that several evidence-based research studies have been done which indicate that doulas improve the outcome of birth for both mothers and babies. The above authors, following their evidence-based research on 6 randomized trials of over 1500 women, identified that in the presence of a doula the labour outcomes are:

- reduction of overall caesarean rate by 50%;
- reduction of length of labour by 25%;
- reduction of oxytocin (Pitocin) use by 40%;
- reduction of use of pain medication by 30%;
- reduction of the need for forceps by 40%;, and
- Reduction of requests for epidurals by 60%.

Phillips (1996, 172) reflects that randomized trials of continuous emotional and physical support during labour have demonstrated a significant effect on reducing the stress of labour. Findings from this study include the following labour benefits: shorter labour, significantly less use of pain medication and fewer medical interventions, including caesarean sections, forceps deliveries and epidural anaesthesia.

The above evidence was already identified in 1986 through a meta analysis done by Klaus, Kennel, Robertson & Rosa (1986:585-587)

There are times when no matter how much support you offer and no matter what you do, the woman or couples will choose to request analgesia and/or an anesthesia (total or partial). Each woman has the right to give birth in whatever way she chooses, provided the way is safe for both mother and baby. Success and failure should not be part of the vocabulary relating to participation in labour and delivery (Simkin, 1991: 4-7). Doulas who are properly trained could be in a position to assist the women and couples in choosing best laboring options in terms of pain medication and position to use.

According to Kenell, Marshall, & Klaus (2002: 42-43), it is also important for the woman to feel that she has control not only over her labour but also over choices about what sort of interventions will be used. The doula's ability to keep the mother informed is essential. Lack of knowledge of what is happening or of the purpose of any interventions, as well as lack of understanding or knowledge of how her body is functioning or of what is happening with the unborn child can cause fear in the mother. When a doula continually informs the mother, asks gently what her thoughts, worries or concerns are, talking to her confidently can help the woman to achieve more inner security. During any medical procedures pain can be reduced when the doula remains with the woman just holding her hand, reassuring her that she is doing well and describing what each action or intervention means. The earliest research to the use of a doula When the woman comes to labour, she brings her past with her as well as the stories she has heard about birth, any experiences of her own or the experiences of others that have given birth .

She also brings her hopes and fears with her, about pain and about her ability to give birth as well as about health and the safety of herself and her baby. In my opinion as the researcher in this study such past stories and expectations could only be fulfilled with careful and on- the- spot explanation which unfortunately cannot always happen as the midwives are not always able to be next to the woman in labour to provide information. Only the doula could assist as she will be allocated one specific woman at a time. The earliest research studies on the use of a doula during the 1980s indicated that they provide psychosocial support to women during labour and emphasize their value to these women. Thereafter multiple trials were done in a variety of countries which included Canada, Belgium, France, Greece, Finland, South Africa and the United States (Kennel, Klaus, McGrath & Hinkley, 1991:2197-2201)

The most significant sign of labour is the pain experienced by the woman. Pain during labour is different from other types of pain and that means the body is working hard to get the baby born. Early labour is usually the most painful and the longest part of labour. The latent phase of labour should not be longer than 8 hours for a multigravida and 12 hours for a primigravida. During first stage of labour the cervix opens to 3 or 4 centimeters and most contractions are five minutes apart. Membranes rupture spontaneously for some or are artificially ruptured by the doctor. All these experiences are sometimes frightening to women in labour especially those who are having their first babies or who have had difficult labour and delivery previously. Some women are happy and excited to have labour start because it means the end to the long wait. If they are admitted in the clinic or hospital)principles of management in first stage of labour(such as the use of warm bath, of birth balls, as well as

deep breathing exercises and use of entonox gas as a method of pain relief) are applied. During this stage a childbirth companion or doula is important to enhance control of the labour process.

Foetal monitoring is done by the midwife. In the presence of a doula he/she will have sufficient time to concentrate on this important function for all the other women under her care should she make use of the services of a doula. Complications could be identified in good time.

2.3 THE VALUE OF SUPPORT BY THE DOULA DURING LABOUR

The birth of a baby is a profound life event and a very unique, special and emotional experience for the new parents. A woman never forgets the birth of her child; it is an experience that can affect her in many ways for the rest of her life. At its best, childbirth can leave parents with memories of love and to give birth in whatever way she chooses, provided the way is safe for both mother and baby.

Safety and support, and can create a stronger bond between them. Mothers can come away with feelings of strength and pride, and a new confidence in themselves as mothers. Such a feeling will be promoted if the woman enjoys and feels in control of her labour. According to Kennell, (1994: 32-36), it is also important for the woman to feel that she has control not only over her labour but also over choices about what sort of interventions will be used. Fathers can experience a great sense of connection to the mother. The newborn infant benefits from being brought gently into the world by a mother who is supported and unafraid, and who has learned to trust her body and her innate ability to care for her child. Historically, the mother's sense of support and safety usually came from being cared for by the female birth companions during labour. This ancient practice of woman-to-woman support has been rediscovered in our modern birth environment. The modern day-to-day version of this birth companion is the doula, a woman who is trained and experienced in childbirth (Ballen & Fulcher, 2006:6).

Success and failure should not be part of the vocabulary relating to participation in labour and delivery (Simkin, 2003:4-7). According to Kennell, 1994:32-36) it is also important for the woman to feel that she has control not only over her labour but also has choices about what sort of interventions will be used. The role of a doula is multifaceted. Most doulas attend prenatal visit to meet the doctor or midwife selected. Sometimes a doula can assist a pregnant woman with planning and the questions to ask the caregiver many women feel intimidated by the medical community. A doula can therefore offer moral support all the time.

She can help give emotional support and aid in building the confidence the woman has in asking difficult questions to her care giver. Doula has become a liaison between the medical staff and help with communication between the woman and her partner. A doula does not offer medical advice, but can help with the questions a couple may need to ask before acting on advice they may not understand, facilitating the decision based on the knowledge.

The doula's ability to keep the mother informed is essential. Lack of knowledge of what is happening or of the purpose of any interventions, as well as lack of understanding or knowledge of how her body is functioning or of what is happening with the foetus can all cause fear in the mother. When a childbirth supporter continually informs the mother, asks gently what her thoughts, worries or concerns are, talks to her confidently with real information, the doula can help the woman to gain a measure of inner security.

The earliest research studies on the role of a doula during the 1980s indicated that they provide psychosocial support to women during labour and emphasize their value to these women.

The role of a doula will now be discussed.

2.3.1 A description of the doula

A doula is a trained labour- support person who provides emotional and physical support to all women in labour and her partner. She / he is specifically trained in different ways and methods of relieving pain and techniques to provide support. A doula provides hands- on emotional, spiritual and physical nurturing during labour, birth and also post-natally. Whilst she is not necessarily a medical professional, she can offer a wide range of comfort measures during labour - from massage to aromatherapy to continuous reassurance and coping techniques, As part of the obstetrical team, she / he understands the anatomy and physiology of labour and processes during labour and birth. The term " doula" is a Greek word, meaning *woman's servant* (Marshall, 2002:16). The doula can also facilitate an increased acceptance of the newborn during the post-partum period and an *enhanced maternal / infant bonding* (Sosa, Kennel, Klaus, Robertson & Urrutia (1980: 597-600).

Doulas bring their experience and training to the birth place to help a woman achieve the birth she desires by providing physical, emotional and informational support. By facilitating and enhancing the roles of others present helping the woman in labour, the doula helps make the experience better for everyone involved, Kennell (Shanghai Doula: 1993) said: *if a doula were a drug, it would be unethical not to use it.* Good communication between the patient and the person conducting a delivery is vital. A relationship of trust developed during

the first stage of labour will encourage good communication and co-operation during the second stage of labour. The patient should know what is expected during the second stage and the person conducting the delivery should encourage and support the patient and inform her about the progress.

Good co-operation and attempts at bearing down should be praised. The midwife in charge has to respect the labouring mother's wishes and the birth plan. One woman reported feeling safe and cared for when her a doula brushed her long, straight hair rhythmically during contractions. Another rocked in a rocking chair. Other comfort measures for women in labour include the use of *cold cloths or compresses, offering stroking or hand-holding, giving fluid to sip with positioning and providing massage*, while emotional support is provided through reassurance, speaking softly and soothingly, while remaining with the woman and especially providing feedback regarding the woman's progress of labour. Doulas also act as advocates for women during labour by interpreting the needs of the woman she is caring for to the healthcare team (Hodnett & Osborn, 1989: 177-183). In the following divisions professional bodies and the training of doulas will be presented.

2.4 PROFESSIONAL BODIES AND DOULA TRAINING

The origin of doulas immersed in America and the professional body controlling the scope and practice of the doula is the Doulas of North America (DONA). This body is responsible for ensuring that the certified doulas maintain certified participation through a peer review process after every three year period of practice. (Dona international, 2007) Another professional body is the childbirth and Postpartum Post partum Association (CAPPA) which offer traditional certifications, distance certification, and accelerated—and dual certification. (CPPA :2008) .Currently the services of doulas are mostly utilised in the Eastern Cape Province and in Gauteng in South Africa (The South African Doula Database, Johannesburg). There is also a website :www.doula.ca.za available for more information.

The training of a doula comprised of a structured course programme over a period of one year was set up as follows:

- The first 6 sessions will be offered weekly over 2 months during which prospective doulas will be guided to become confident and will receive the basics to set up their own practices,
- The following 10 months are monthly continuing education programmes
- The doulas will also have to attend additional workshops to become certified, and will receive a list of the workshops they are to attend (The South African Doula Database, 2008).

The current training is done in association with Johnson and Johnson's prenatal education programme and South African Training Association (SETA) accredits the course. The students for the course should pass grade 10 (standard 8) or have a caregiver qualification. Anyone with a passion to deal with or assist women in labour can be a companion. At present Professional Nurses, Veronica Kaibe and Pauline Kieck, are the training facilitators at Life St George's Hospital at Port Elizabeth. Professors Justin Hofmeyr and Cheryl Nikodem carried out most of the groundbreaking research on the role of the doula and the benefits of constant attention through labour and birth at Coronation hospital. Educational material for the course is available from Johnson and Johnson. The clinical components can be mastered at any maternity unit under the supervision of a Registered Midwife. Students are required to witness a normal childbirth, do labour supports, assist with baby care during puerperium and assist the mother with breastfeeding and in the postnatal unit can assist mothers with baby baths and demonstrate baths.

2.5 STANDARDS OF PRACTICE FOR BIRTH DOULAS

As the premier association of doulas in the world, Dona international standards of practice help doulas world wide to play a valuable and appropriate role during birth and the postpartum weeks (Dona international – standards of practice for birth doulas.) The standards of practice for birth doulas are divided in three categories, namely the scope of practice, continuity of care and training experience.

2.5.1 The scope of practice

2.5.1.1 Service Rendering

The Doula:

- Accompanies the woman during labour ,provides emotional and physical support ,suggests comfort measures and provides support and suggestions for the partner
- Whenever possible, the doula provides pre-and post partum emotional support including explanation and discussion of practices and procedures and assistance in acquiring the knowledge necessary to make informed decisions about care
- Additionally, as doulas do not prescribe treatment any suggestions or information provided within the role of the doula must be done with the proviso that the doula advises her client to check with her primary care provider before using any application.

2.5.1.2 Limits to Practice:

Dona International Standards and Certification apply to emotional and physical support only. The Dona International certified doula does not.

- Perform clinical or medical tasks such as taking blood pressure or temperature, fetal heart tone checks, vaginal examinations, or postpartum clinical care.
- If doulas who are also health care professionals choose to provide services for a client that are outside the doula's scope of practice, they should not describe themselves as doulas to their client or to others.
- In such cases they should describe themselves by a name other than doula and provide services according to the scopes of practices and the standards of their healthcare profession.

2.5.1.3 Advocacy :

- The doula advocates for the client's wishes as expressed in her birth plan prenatal conversations, and intrapartum discussion, by encouraging her client to ask questions of her care giver and to express her preferences and concerns
- The doula assists the mother incorporate changes in plans if and when the need arises, and enhances the communication between client and caregiver.
- Clients and doulas must recognize that the advocacy role does not include the doula speaking instead of client or making decisions for the client.
- The advocacy role is best described as support, information and mediation or negotiation.

2.5.1.4 Referrals:

For client needs beyond the scope of the doula's training, referrals are made.

2.5.2 Continuity of care:

- The doula should make back-up arrangements with another doula to ensure services to the client if the doula is unable to attend the birth.
- Should any doula feel a need to discontinue service to an established client, it is the doula's responsibility to notify the client in writing and arrange for a replacement. If THE CLIENT SO DESIRES. This may be accomplished by:
- Introducing the client to the back up doula
- Suggests that another member of Dona International or other doula may be more appropriate for the situation

- Contacting a Dona regional representative or local doula organization for names of other doulas in the area.
- Following up with client or back up doula to make sure the client's needs are being accommodated.

2.5.3 Training and experience

2.5.3.1 Training

- Doulas who are certified by Dona international will have completed all the requirements as set forth in the Dona international requirements for certification
- This includes training in childbirth and attendance at a birth or doula workshop which has been approved by Dona education committee.
- Completion of a breastfeeding requirement, required reading from Dona international reading list.
- Development of a resource list for her clients, completion of an essay that demonstrates understanding of the integral concepts of labour support and a basic knowledge self test.
- See Dona international requirements for certification for more detail on training and experience.

2.5.3.2 Experience:

- Doulas certified by Dona International will have the experience as set forth in the Dona international requirements and certification.
- This includes provision of support to a minimum number of clients, positive evaluations from clients and health care providers and records of three births, including a summary, observation form and account of each birth.

2.5.3.3 Maintenance of certification:

Dona certified doulas would maintain certification as outlined in the Dona international recertification package. Recertification must be completed after each three year period of practice (Dona International standards of practice for birth doulas.)

2.6 FAMILY-CENTRED MATERNITY AND NEWBORN CARE

The fundamental aim of planning and caring for women during the process of labour and birth is to facilitate a positive experience for both the mother to be and the family and also to prevent and or early identify potential or actual problems and to intervene timeously in case of emergencies. Therefore the researcher focusese on a family centred approach to

maternity and newborn care. According to Simkin (1991:204-210) the principles of a family centered approach to maternity and newborn care recognises the birth of an infant as a celebration and a privilege for family members and health care providers. Birth is a natural process. The pivotal role of health care providers during birth is the facilitation of bonding between mothers and newborns and not excluding the father as well as family closeness. Continuity of care and policies and procedures focussed on the physical and psychosocial needs of the woman and her baby. Women and their families need privacy and comfort at all times and the family is the unit which should be accommodated as far as possible.

2.7 DOULAS AND LABOUR WARD STAFF

Effective communication and interaction between the doula, midwives and other hospital personnel is of cardinal importance in the facilitation of co-ordinated maternity care for the woman during labour. For example, some of the following are crucial, namely:

- being knowledgeable about the unit, more helpful to the labouring woman ;
- ability to get along with diverse group of staff
- introductions of one another to other staff members prior and learning about the unit routines;
- knowing practices and procedures in the unit;
- meeting the childbirth educators and attending classes;
- Maintaining balance between respecting protocol of hospital and professional staff and keeping autonomy of parents uppermost in her mind;
- hearing needs of mother and interpreting them to the medical staff
- remembering to keep father informed thereby increasing his effectiveness and monitoring his changing relationship to mother and
- promoting a good working relationship with the midwives and not interfering with the midwives' role

2.8 CONCLUSION

Good communication between the patient and the person conducting a delivery is vital. A relationship of trust developed during the first stage of labour will encourage good communication and co-operation during the second stage of labour. The patient should know what is expected during the second stage and the person conducting the delivery should encourage and support the patient and inform her about the progress. In this chapter the literature review as related to the needs of women during labour, the value of support to the labouring woman from doula during labour and the possible relationship between a doula and the midwives was done. The following chapter will provide an in-depth discussion on the methodology of the study.

CHAPTER 3:

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter the research methodology for the study, regarding the role of a doula during childbirth, is discussed. The research methodology refers to the scientific framework of the research with regard to the design, methods, sampling and data collection instruments (de Vos 2001:77), while Burns & Grove (2001:13), state that research methods are the techniques used to gather and analyse information relevant to the research question.

The research design and methods of data collection are extensively explained and motivated in this chapter. The way in which ethical principles have been maintained throughout the data- collection stage is also described as well as the data analysis.

3.2 PROBLEM STATEMENT

As already stated, there has been a shift from home-based deliveries to hospital-based deliveries, which do not seem to provide enough care and emotional support to women in labour. This has resulted in poor care due to the emphasis that is placed on physical care rather than the emotional support that is also a factor in promoting a safe and normal childbirth. Therefore the researcher will endeavor to display how a doula can make the process of labour really comfortable for the mother. As previously stated, changes in the healthcare system and restructuring of the services has resulted in a shortage of midwives which in turn leads to a lack of emotional support and promotion of natural childbirth for women in labour and poor postnatal care (Schroeder & Bell, 2005: 311-328). Research has proved that there is an increase in the rate of caesarian sections, assisted deliveries, episiotomies and vacuum extractions in South Africa. Women are not keen on natural childbirth because of poor support and encouragement from the midwives due to their heavy workload (Schroeder & Bell, 2005: 311-328).

3.3 RESEARCH QUESTION

The research question refers to the relevant query which the researcher wishes to answer (Polit, Beck & Hungler, and 2001: 97). The research question for this study is:

What are the role of the doula or childbirth companion during labour and the effect of the presence of the doula during natural childbirth?

3.4 GOAL

The goal of this study is to investigate the role of the doula or childbirth companion during labour and the effect of the presence of the doula during natural childbirth

3.5 OBJECTIVES

The objectives to achieve the goal for this study are to:

- explain and describe the experiences of registered midwives of the role of the doula in the promotion and facilitation of natural childbirth;
- describe the knowledge of registered midwives regarding the scope of practice of the doula based on the outcomes of the study ;and
- Facilitate the use of the doula to facilitate the provision of quality care and support of women during childbirth.

3.6 RESEARCH METHODOLOGY

The research methodology of this study will be comprehensively discussed as research design and research methodology.

3.6.1 Research design

The design for this study is non-experimental and quantitative utilising an explorative and descriptive approach. With quantitative studies the design includes the procedures the researcher aims to follow to develop accurate and interpretable data (Burns &Grove, 2009:226:42).

The explorative studies address issues which have not been previously investigated in order to generate new knowledge and understand some new meanings (Polit and Hungler,2000:108) while the knowledge could be theoretical or factual (Burns &Grove,2005 :242). The researcher will explore the experiences of the participants by means of probing questions and clarification where responses are not clear enough.

This study is aimed at exploring and describing the knowledge of registered midwives regarding the role of a doula or childbirth companion in the promotion of natural childbirth. The purpose of descriptive design is to observe, describe and document aspects of a

situation as it occurs naturally (Polit & Hungler, 2005:178). For that reason midwives in this study will be allowed to describe their own experiences as related to the role of the doula as a facilitator of natural childbirth. Participants will be allowed an opportunity of free-flowing descriptions of their experiences by allowing them time to talk and only interfering as a means of making sure of what has been done. Results of these descriptions will help to develop guidelines and professional standards for the doulas in maternity units.

A contextual design aims to study a phenomenon as it occurred in the immediate environment of the participant (Mouton, 2002; 133). The occurrence that will be studied will be the situation where all woman is accompanied by a childbirth companion during labour in a hospital setting. The context is a labour ward where women are attended during labour and the facility is open for service for twenty-four hours a day. The service will be either in a public or private facility within the Nelson Mandela Metropolitan Municipality area in Port Elizabeth.

3.6.1.1 Research methods

Research methods refer to the strategies to be used to collect information and analysis of that information in any research study. The methods to be implemented in this study include the identification of the study population, sampling and sample of the study, data-collection methods and ultimately the data analysis to determine the results of the study.

3.6.2 Population

The population of the study is the registered midwives in all maternity units in the Nelson Mandela Metropolitan Municipality area in Port Elizabeth. These maternity units are those from the public and private hospitals and clinics. The overall number of beds in all these maternity units is 400 beds (300 in public sector and 100 in private units) The public hospitals have 100% bed occupancy while the private hospitals have a 75% bed occupancy.

3.6.3 Sampling and sample

According to Burns & Grove (2005: 341), sampling involves the selection of a group of people, events, behaviour or elements with which to conduct the study. Sampling in this study will be random selection of participants who suit the criteria for sampling. Sampling refers to the process of selecting a portion of the population to represent the entire population and random sampling means a selection of a sample such that each member of a

population or (subpopulation) has an equal probability of being included (Polit & Hungler, 1992:444). The size of the sample will not be fewer than one hundred participants.

3.6.4 Criterion for inclusion

Polit & Hungler (1999: 644) describe eligibility criteria as the specifications used by the researcher that designate the specific attributes of the target population to determine which subjects are selected for participation in a study. The sample to be chosen should provide results that are as definite and satisfying the research question as much as possible hence the need for the criteria. The inclusion criteria for this study were that the midwives had to:

- be registered midwives working in labour wards in the Nelson Mandela Metropolitan Municipality hospitals in Port Elizabeth
- be registered midwives involved with the delivery of women
- have at least 2 years' experience as a registered midwife
- not be on leave or working on night shift

Selection of the participants was made with the permission of the nurse-managers. Clarity was given by the managers that all the names appeared according to the years of registration and seniority in the units. That information assisted in the selection according to years of experience. To satisfy the rest of the above criteria the unit's off-duty schedules were reviewed but away from the other staff members and nurse-managers, the names chosen randomly. The staff members would be contacted whilst at work telephonically, to fix an appointment making use of the lunch time or meet after work at home if convenient to them; and to maintain confidentiality all the time.

3.6.5 Data collection

Data for this study was collected with a self-compiled questionnaire. The questionnaire consisted of the biographical data of the participant (see Section A) and 20 close-ended questions (see Section B). The questionnaire was designed as per format suggested by Stellenbosch University which is available for student use on their Website.

The questionnaire consisted of predominantly closed questions. The questionnaire design was based on the literature, previous research and the researcher's experience. The questionnaire consisted of 20 questions, which focused on the knowledge of registered midwives regarding the role and functions of the doula. The researcher distributed the questionnaires to the registered midwives in all maternity units at the above-mentioned hospitals.

3.6.6 Data collection method

According to Polit & Hungler (2001:460,) data collection can be described as the gathering of information needed to address a research problem. Data collection was commenced following the necessary permission from all the relevant authorities. The permission to enter the institutions was granted in writing by the management (see Annexure B). The sites for the research were:

- Dora Nginza Hospital's labour wards
- Life Mercantile Hospital's labour wards
- Life St George's Hospital's labour wards
- Greenacres Hospital's labour wards
- Port Elizabeth Central MOU

The total number of registered midwives who took part were 85 (N=85) out of the one hundred who were selected. The researcher arranged a meeting with at least five registered midwives per shift (morning or afternoon shift) at each of the selected hospitals or clinics to collect data. In that meeting the researcher explained the purpose of the research study to them and invited the registered midwife to participate in the study. All the ethical considerations applying to the study were explained and the participants were fully informed regarding their rights as research participants. After that explanation the researcher obtained the written informed consent from each registered midwife to participate voluntarily.

The participants were assured that shared information would remain private and confidential. Confidentiality refers to not sharing information from participants without their permission or authority (Burns & Grove, 2001:163) and according to (de Vos (19987:28), privacy assures that no-one will be able to identify any of the participants after the research has been conducted and results published. Following the formalities of informed consent the data-collection process was resumed.

The questionnaires were distributed and collected personally from the participants. The researcher spent half an hour with each participant and made herself available to answer any queries related to the completion of the questionnaire and not assisting with the questions themselves. Questionnaires were collected at the end of the shift if the participant did not manage to complete the questionnaire fully by the end of the lunch- time. The researcher waited until the questionnaires which had been completed at home were fully completed and immediately collected and left with them. Data collection was conducted during August 2007 to December 2009 and no field workers were involved. Data collected was as follows:

Table 3.1: Major characteristics of the research sample.

Items	Site	No of participants
1	Port Elizabeth Central MOU	20
2	Dora Nginza Hospital	20
3	Life Mercantile Hospital	15
4	Life St Georges Hospital	15
5	Greenacres Hospital	15
TOTAL PARTICIPANTS		85

3.6.7 Data analysis

According to Polit & Hungler (2001: 460), data analysis is the systematic organisation of the collected data. The data analysis of the questionnaires was done by means of descriptive statistics with the assistance of a statistician. Descriptive statistics are used to describe and synthesis. Data averages and percentages are examples of descriptive statistics. Polit & Hungler. (1992:272)

Descriptive statistics helped the researcher organise the data in ways that gave meaning and insight to f the knowledge of registered midwives regarding the role and function of a doula during labour in the facilitation of normal childbirth. This helped to describe the registered midwives' responses to the questionnaire. Frequency tables were used to organise and display the data in a concise way (Tutty, Rothery & Grinnell, 1996:90). The frequency of tables represents a method of imposing order on a mass of numerical data e.g. the scores of twenty registered midwives from each maternity unit are represented as frequency distribution with the percentage.

The responses and graphs were done according to the different maternity units in the selected hospitals in Port Elizabeth.

3.6.8 Pilot study

A pilot study is a small- scale version of the major study that tests a part or parts of the study before the actual study begins (Burns & Grove, 2001:42). The pilot study was conducted with 12% (N=10) registered midwives. The sample consisted of two registered midwives from each of the five hospitals selected for the study. The participants for the pilot study did not participate in the main study and those results are not included in the main study results. The pilot study was conducted under the same circumstances as the actual study to

determine the feasibility of the main study. It was also conducted to test the instrument for ambiguity and accuracy. Data collected and results of the pilot study were discussed with the research supervisor before the researcher embarked on the main study

3.6.9 Reliability and validity

Polit & Hungler (1995:362-363) describe reliability as the degree of consistency with which a particular data- collection instrument measures the attribute it is designed to measure (Burns &Grove, ,2009:377) are in agreement by stating that reliability refers to the consistency with which an instrument measures what is supposed to measure(Polit &Hungler, 2000:250). To ensure the reliability and validity of this study a pilot study was done.

A pilot study is a trial run to test the measuring instrument under circumstances similar to the main study. Experts in the midwifery settings of the selected hospitals as listed under 1.7.3 population and sampling were consulted to assess the appropriateness of the various questions, which helped to establish the content validity of the measuring instrument. The reliability of a measuring instrument that yields the quantitative data is major criterion for assessing its quality.

The reliability of an instrument means the degree of consistency with which the instrument measures the attribute. The three aspects of reliability that are of interest to researchers collecting quantitative data are: stability, internal consistency and equivalence (.Polit & Hungler, 1992:244-245).Validity refers to the degree to which an instrument measures what is supposed to be measuring. A measuring instrument that is not reliable cannot possibly be valid (Polit & Hungler, 1002:249).

For the purpose of the study validity was ensured in the following manner.

Content validity is described by De Vos et al. (2007:161) as “does the instrument provide an adequate sample of items that represent the content”. Content validity was determined for the study through the utilization and guidance of nursing experts and the relevant literature.

Review of the content has been thoroughly done in chapter two using previous research articles, doula book, maternity and obstetric books. Content validity of an instrument is not necessarily based on judgement, therefore the researcher has made sure that the scale in the assessment of a role of a doula content would be valid before developing the questionnaire. Twenty open ended questions were asked e.g. In your opinion does a doula execute a midwives duties?

Face validity as explained by Burns and Grove (2007: 540) is the verification that the instrument measures the content desired. For the purpose of the study, the instrument was pretested, through a pilot study.

Construct validity. The instrument was circulated to various experts in nursing and quality assurance to ensure the content, face criterion, and construct validity of the instrument before submission to the Human Ethics Research Committee.

3.6.10 Ethical considerations

Ethics in conducting of research play an important role as a means of protection for participants. Below is the discussion of the ethics that were considered during the conducting of the study.

3.6.10.1 Permission

The researcher had obtained permission to conduct this research study from the Ethical Committee for Human Sciences Research of the Faculty of Health Sciences (Stellenbosch University) as well as relevant regional health authorities which form part of Nelson Mandela Metropolitan Municipality local authorities, medical superintendent and nursing managers of the hospitals at which the research study was conducted. The request for permission was made through submission of a full research proposal to all these authorities. They in turn responded in writing (see annexure C).

Only the statistical data from the questionnaires completed by the registered midwives were utilised when data is analysed. No names will be published and the registered midwives will not be harmed or exploited in any way. Contact with the registered midwives was once, with a follow- up group interview to provide feedback. Complete confidentiality was maintained as the information obtained from the study would only be used for research purposes and to benefit patients in labour.

3.6.10.2 Informed consent

Informed consent means the knowing consent of an individual or his legally authorised representative, so situated as to be able to exercise free power of choice without undue inducement or any element of force, fraud, deceit, duress or other form of constraint or coercion (Krampitz & Paclovich, 1981:767). A fair explanation of the procedures to be followed and their purposes, including identification of any procedures that are experimental, should also be provided (Krampitz & Paclovich, 1981:76).

Some participants were asked by means of telephone calls and others were approached personally by the researcher. They were assured of their right to voluntary participation which allows them to withdraw from the study at any stage without forfeiting their rights to privacy and peer support or relationship. The informed consent was in writing and the participants had to sign with the researcher as witness.

3.6.10.3 Free from Harm

Research should only be conducted by scientifically qualified people especially if potentially dangerous technical equipments or specialised procedures are used. In this study the registered midwives were not going to be exposed to any physical harm as the study did not include invasive procedures. The information collected was kept confidentially and the participants were informed that the information could not be used against them at any stage (Polit & Hungler, 1992:356).

Researchers should ensure that their research is no more intrusive than it needs to be and that the subject's privacy is maintained throughout the study (Polit & Hungler, 1992:364)... Subjects have a right to expect that any data collected during the course of the study will be kept in strict confidence which is accomplished through confidentiality or anonymity (Polit & Hungler, 1992:364). The statements collected from all individuals must be kept confidential.

3.6.10.4 Confidentiality

Confidentiality refers to not sharing information from the participants without their permission or authority (Burns & Grove, 2001:163). Questionnaires were viewed by the researcher and her supervisor only to enhance confidentiality.

3.6.10.5 Anonymity

According to de Vos (1998: 28), anonymity means that no-one, including the researcher, should be able to identify any of the participants after the study. The names of the participants and the hospitals at which the research was conducted were not required or identified. The questionnaires were distributed privately and data collected away from the rest of the staff of the unit or at the home of the participant.

3.7 Conclusion

In chapter 3 the researcher described the research methodology implemented in this research study. The different steps of the methodology as well as the limitations of the study were described including the criteria. Ethical considerations had been observed and methods of how they were observed in the study.

CHAPTER 4:

PRESENTATION AND DISCUSSION OF THE STUDY RESULTS

4.1 INTRODUCTION

This chapter presents and discusses the results of the study which were verified against existing literature as well as clinical experience of the researcher of the study. In some instances experts and other professionals from other professions were contacted to justify statements and data analysis was done. The data that was collected was describing the experiences of the registered midwives of the role of the doula during labour in the facilitation and promotion of natural childbirth.

4.2 DESCRIPTIONS OF STATISTICAL DATA ANALYSIS

The data was collected during the first week of August 2007. The researcher distributed the questionnaires to each of the in Maternity Units of the selected Hospitals in Port Elizabeth Nelson Mandela Metropolitan Municipality in the Eastern Cape Province and collected them herself. The selected hospitals and total number of midwives were:

- Port Elizabeth Central (MOU) labour ward Unit with 20 registered midwives.
- Dora Nginza Hospital Maternity labour ward Unit with 20 registered midwives.
- Life Mercantile Private Hospital labour ward Unit with 15 registered midwives.
- Life St George's Private Hospital labour Unit I with 15 registered midwives.
- Greenacres Private Hospital (Net Care) labour ward Unit with 15 registered midwives.

85 questionnaires were distributed of which n=78 (92%) were completed and returned. All the questionnaires from the Port Elizabeth Central (MOU) and Dora Nginza Hospital were returned; Life Mercantile Private Hospital and the Life St George's Private Hospital each returned 13 and the last 12 questionnaires were from the Greenacres Private Hospital (Net Care). The details relating to the data collected and analysis results are presented below.

Question 1: The doula is defined as a woman assisting or supporting a woman during labour

The respondents n=78 (100%) of all five maternity units / hospitals were in agreement that the doula could be defined as a woman assisting or supporting a woman during labour.

Table 4.1: Definition of a doula (N=78)

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George's Private Hospital	Greenacres Private Hospital
Q1: Definition of the doula					
Agree	n=20 (100%)	n=20 (100%)	n=13 (100%)	n=13 (100%)	n=12 (100%)
Disagree			n=7	n=7	n=6
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 2: Do you think that women need a doula during labour?

All the respondents n=20 (100%) at the Port Elizabeth Central (MOU) the Dora Nginza Maternity Unit n=13 (100%) and the Life St George's Private Hospital n=13 (100%) were in agreement that a woman in labour had a need for assistance of a doula, while n=17 (83%) of the respondents were in agreement at the Life Mercantile Private Hospital with n=3 (17%) who disagreed. At the Greenacres Private Hospital a minority of n=3 (14%) of respondents were in agreement while n=9 (86%) disagreed. According to Table 4.2 it is clear that most of the respondents at the above midwifery services agreed that there was a need for doulas in midwifery services.

Table 4.2: The need for a doula (N=78)

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George's Private Hospital	Greenacres Private Hospital
Q2: The need for a doula					
Yes	n=20 (100%)	n=17 (83%)	n=13 (100%)	n=13 (100%)	n=2 (14%)
No		n=3 (17%)			
Not sure					n= 10 (86%)
Total: n=78	n=20	n=20	n=13	n=13	n=12

Question 3: Select the statement that explains the qualities of a doula

Most of the respondents n=16 (60%) at the Port Elizabeth Central(MOU) , n=77 (85%) at the Life Mercantile Private Hospital, n=13 (100%) at the Dora Nginza Maternity Unit, n= 3 (71%) at the Life St George’s Private Hospital and n=9 (71%) at the Greenacres Private Hospital selected the option regarding the qualities of a doula as warm, sensitive, enthusiastic, compassionate, caring, nurturing, mature and responsible, while n=4 (20%) at the Port Elizabeth Central (MOU), n=2 (8%) at the Life Mercantile Private Hospital and n=1 (10%) at the Life St George’s Private Hospital selected the option that the doula would have tolerance for different ethnic groups. A small number of respondents n=4 (20%) at the Port Elizabeth Central (MOU), n=1 (7%) at the Life Mercantile Private Hospital, n= 1 (10%) at the Life St George’s Private Hospital and n=3 (29%) at the Greenacres Private Hospital associated the doula with experiences such as comfort and touch.

It is interesting to note that, according to the above results, most of the respondents associated the doula with warmth, sensitivity, enthusiasm, compassion, caring and responsibility.

Table 4.3: The qualities of a doula (N=78)

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George’s Private Hospital	Greenacres Private Hospital
Q3: The qualities of a doula					
Warm, sensitive, enthusiastic, compassionate, caring, nurturing, mature and responsible	n=12 (60%)	n=17 (85%)	n=13 (100%)	n=11 (80%)	n=9 (71%)
Tolerance for different ethnic groups	n= 4 (20%)	n=2 (8%)		n=1 (10%)	
Experience with comfort and touch	n=4 (20%)	n=1 (7%)		n=1 (10%)	n=3 (29%)
Not sure					
Total: N=78	n=20	N=20	n=13	n=13	n=12

Question 4. Which questions couples, may be asked when it comes to selecting a doula.

Most of the respondents n=12 (60%) at the Port Elizabeth Central(MOU), n=18 (90%), at the Life Mercantile Private Hospital, and n=11 (89%) at the Dora Nginza Maternity Unit, selected the option regarding *teaching experience*, while only n=2 (10%) at the Life Mercantile Private Hospital, n=2 (11%) at the Life St George’s Private Hospital and n=2 (29%) at the Greenacres Private Hospital also selected the above option. n=2 (10%) of respondents at the Life Mercantile Private Hospital, n=2 (11%) of the respondents at the Dora Nginza Maternity Unit n=7 (50%) at the Life St George’s Private Hospital and n=5 (43%) Greenacres Private Hospital selected the option regarding *comfort measures*.

A minority of respondents n=8 (40%) at the Port Elizabeth Central (MOU) n=5 (40%) at the Life St George’s Private Hospital, and n=2 (14%) at the Greenacres Private Hospital selected the option regarding *at what point in labour the doula should be called*. Another n=2 (14%) of the respondents at the Greenacres Private Hospital indicated that they were *not sure*.

Table 4.4: The questions couples may asked when selecting a doula (N=78)

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George’s Private Hospital	Greenacres Private Hospital
Teaching experience	n=12 (60%)	n=18 (90%)	n=11 (89%)	n=1 (10%)	n=3 (29%)
Comfort measures or methods used		=2 (10%)	n=2 (11%)	n= 7 (50%)	n= 5 (43%)
What point in labour should she be called	n=8 (40%)			n= 5 (40%)	n=2 (14%)
Not sure					n=2 (14%)
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 5: What specific training does a doula need?

According to table 4.5 a minority n=1 (10%) of the respondents at the Life St George’s Private Hospital and n=2 (14%) at the Greenacres Private Hospital indicated that the doula *did not need any training*, while n=5 (43%) at the Greenacres Private Hospital indicated that

the doula *did not need very much training*, while n=3 (17%) of the respondents at the Life Mercantile Private Hospital, n=12 (90%) at the Life St George's Private Hospital and n=3 (29%) at the Greenacres Private Hospital indicated that the doula did need *some training*.

All n=20 (100%) of the respondents at the Port Elizabeth Central (MOU) and at the Dora Nginza Maternity Unit, n=13 (100%) and n=17 (83%), at the Life Mercantile Private Hospital and n=2 (14%) at the Greenacres Private Hospital, indicated that the doula *needed a great deal of training*

Table 4.5: The specific training a doula needs

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George's Private Hospital	Greenacres Private Hospital
Q5: The specific training does a doula need					
Not at all				n=1 (10%)	n=2 (14%)
Not very much					n=5 (43%)
Somewhat		n=3 (17%)		n=12 (90%)	n=3 (29%)
A great deal	n=20 (100%)	n=17 (83%)	n=13 (100%)		n=2 (14%)
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 6: What are the benefits of having a doula during a woman's labour?

A minority , n=2 (14%) of the respondents at the Greenacres Private Hospital, selected the option regarding a *shorter birth*. n=4 (20%) of the respondents at the Port Elizabeth Central (MOU), n=5 (25%) at the Life Mercantile Private Hospital, n=11 (89%) at the Dora Nginza Maternity Unit, n=3 (20%) at the Life St Georges Private Hospital and n=10 (86%) at the Greenacres Private Hospital selected the option regarding the *promotion of vaginal birth*.

According to Table 4.6, n=12 (60%) of the respondents at the Port Elizabeth Central (MOU)=15 (75%) at the Life Mercantile Private Hospital, n=2 (11%) at the Dora Nginza Maternity Unit and n=7 (60%) at the Life St George's Private Hospital selected the option regarding *less assisted deliveries, caesarean and inductions*. n=4 (20) at the Port Elizabeth Central (MOU) n=4 (20%) at the Life Mercantile Private Hospital I indicated that they were *not sure*.

Table 4.6: The benefits of having a doula during labour

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George's Private Hospital	Greenacres Private Hospital
Q6: The benefits of having a doula					
Shorter birth					n= 2 (14%)
Promotes vaginal birth	n=4 (20%)	n=5 (25%)	n= 11 (89%)	n=3 (20%)	n=10 (86%)
Fewer assisted deliveries, caesarean and inductions	n=12 (60%)	n=15 (75%)	n=2 (11%)	n=7 (60%)	
Not sure / Decline	n=4 (20)			N=3 (20%)	
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 7: Consider the following statements for the clients' understanding of the purpose of a doula

Table 4.7 illustrates that only n=2 (8%) of respondents at the Life Mercantile Private Hospital and n=7 (57%) at the Greenacres Private Hospital associated the doula with a *positive birth experience*, while n=3 (17%) at the Life Mercantile Private Hospital n=5 (40%) respondents at the Life St George's Private Hospital, selected the option regarding *nurturing and protected birth vision*.

According to Table 4.7, all the respondents, n=20 (100%) at the Port Elizabeth Central (MOU) and n=13 (100%) at the Dora Nginza Maternity Unit selected the option regarding the *preparation of clients for childbirth, which is safe, satisfying and a family event* ...while another n=15 (75%) at the Life Mercantile Private Hospital, n=8 (60%) at the Life St George's Private Hospital and n=5 (43%) at the Green acres Private hospital also selected the above option.

Table 4.7: The statements for the client's understanding of the purpose of a doula

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George's Private Hospital	Greenacres Private Hospital
Q7: The purpose of having a doula					
Positive birth experience		n=2 (8%)			n=7 (57%)
Nurture and protect birth vision		n=3 (17%)		n=5 (40%)	
Prepares clients for childbirth, which is safe, satisfying and a family event ...	n=20 (100%)	n=15 (75%)	n=13 (100%)	n= 8 (60%)	n=5 (43%)
Not sure					
Total: N=78	n=20	n=20	n= 13	n=13	n=12

Question 8: In your opinion, does a doula execute a midwife's duties?

Table 4.8 illustrates that n=12 (92%) of the respondents at the Dora Nginza Maternity Unit indicated that a doula did execute the duties of a midwife, while n=20 (100%) at the Port Elizabeth Central (MOU), n=14 (92%) at the Life Mercantile Private Hospital, n=1 (8%) at the Dora Nginza Maternity Unit and all n=13 (100%) of the respondents at the Life St George's Private Hospital and at the Greenacres Private hospital indicated that the doula *did not* execute the duties of a midwife, while n=6 (8%) at the Life Mercantile Private Hospital indicated that they were *not sure*.

Table 4.8: The execution of a midwife's duties

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George's Private Hospital	Greenacres Private Hospital
Yes			n=12 (92%)		
No	n=20 (100%)	n=14 (92%)	n=1 (8%)	n=13 (100%)	n=12 (100%)
Not sure		n=6 (8%)			
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 9: How much would couples trust a doula?

According to Table 4.9 n=12 (100%) of the respondents at the Greenacres Private Hospital indicated that couples would *not trust a doula at all*, while n=4 (20%) of the respondents at the Port Elizabeth Central (MOU indicated that couples would *not trust a doula very much*.

Another n=4 (20%) at the Port Elizabeth Central (MOU) indicated that couples would *trust a doula somewhat*, while n=13 (67% of the respondents at the Life Mercantile Private Hospital, n=4 (30%) at the Dora Nginza Maternity Unit and n=34 (43%) at the Greenacres Private Hospital, also selected the above option.

The majority n=16 (60%) of the respondents at the Port Elizabeth Central (MOU) indicated that a couple would trust a doula *a great deal*, as well as n=7 (23%) at the Life Mercantile Private Hospital, n=8 (60%) at the Dora Nginza Maternity Unit, n=13 (100%) at the Life St George’s Private Hospital and n=5 (43%) at the Greenacres Private Hospital, while n=1 (10% of respondents at the Dora Nginza Maternity Unit indicated that they were *not sure*.

Table 4.9: Trusting a doula

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George’s Private Hospital	Greenacres Private Hospital
Q9: Will couples trust a doula?					
Not at all					n=2 (14%)
Not very much	n=4 (20%)				
Somewhat	n=4 (20%)	n=13 (67%)	n=4 (30%)		n=5 (43%)
A great deal	n=12 (60%)	n=7 (23%)	n=8 (60%)	n=13 (100%)	n=5 (43%)
Not sure			n=1 (10%)		
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 10: In your opinion, should there be a written contract between the couple and a doula?

According to Table 4.10, the majority of respondents n=12 (60%) at Port Elizabeth Central (MOU), n=13 (67%) at the Life Mercantile Private Hospital, n=8 (60%) at the Dora Nginza Maternity Unit, n=13 (100%) at Life St George’s Private Hospital and n=10 (86%) at Greenacres Private Hospital indicated that there should be a written contract between a doula and a couple. The minority of respondents n=8 (40%) at Port Elizabeth Central (MOU),

n=7 (23%) at the Life Mercantile Private Hospital, n=5 (40%) at the Dora Nginza Maternity Unit, and n=2 (14%) at the Greenacres Private Hospital indicated that there was no need for a written contract between a doula and a couple.

Table 4.10: The need for a written contract between the doula and a couple

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George's Private Hospital	Greenacres Private Hospital
Q10: A written contract between the couple and the doula					
Yes	n=12 (60%)	n=13 (67%)	n=8 (60%)	n=13 (100%)	n=10 (86%)
No	n=8 (40%)	n=7 (23%)	n=5 (40%)		n=2 (14%)
Not sure					
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 11: Are you aware of the existence of a doula?

According to Table 4.11, all n=20 (100% of the respondents at both Port Elizabeth Central (MOU), the Life Mercantile Private Hospital and at the Life St George's Private Hospital n=13 (100% indicated that they were aware of the existence of doulas, while all n=13 (100%) respondents at the Dora Nginza Maternity Unit indicated that they were unaware of the existence of doulas. The majority n=10 (86%) of the respondents at the Greenacres Private Hospital indicated that they knew about the existence of doulas, while only n=2 (14%) indicated that they did not know about the existence of doulas.

Table 4.11: Awareness of the existence of doulas

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George's Private Hospital	Greenacres Private Hospital
Q11: Awareness of the existence of doulas					
Yes	n=20 (100%)	n=20 (100%)		n= 13 (100%)	n=10 (86%)
No			n=13 (100%)		n=2 (14%)
Not sure					
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 12: In your opinion should a doula’s educational level at least vary from grade 10 to a doctoral level?

Table 4.12 illustrates that most respondents, n=12 (58%), at the Port Elizabeth Central (MOU), n=12 (58%) at, the Life Mercantile Private Hospital, n=12 (89%) at the Dora Nginza Maternity Unit n=9(70%) at Life St George’s Private Hospital, and n=10 (86%) at the Greenacres Private Hospital agreed that educational level of the doula should vary from at least grade 10 to a doctoral level. The minority of respondents at the above healthcare facilities, n=8 (42%),at the Port Elizabeth Central (MOU), n=8 (42%) at, the Life Mercantile Private Hospital, n=1 (11%) at the Dora Nginza Maternity Unit, n=4 (30%) at Life St George’s Private Hospital and n=4 (14%) at the Greenacres Private Hospital disagreed that the educational level of the doula should vary from at least grade 10 to a doctoral level.

Table 4.12: Educational level of a doula

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George’s Private Hospital	Greenacres Private Hospital
Q12: The educational level a doula requires					
Agree	n=12 (58%)	n=12 (58%)	n=12 (89%)	n=9 (70%)	n=10 (86%)
Disagree	n=8 (42%)	n=8 (42%)	n= 1 (11%)	n=4 (30%)	n=12 (14%)
Not sure					
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 13: Do you know the content of the teaching programme?

According to Table 4.13 the minority, n=4 (30%) of respondents at the Life St George’s Private Hospital; n=3 (30%) at the Greenacres Private Hospital indicated that they knew the content of the teaching programme of the doula, while the majority, n=15 (75%), at the Port Elizabeth Central (MOU), n=15 (75%) at the Life Mercantile Private Hospital, n=12 (89%) at the Dora Nginza Maternity Unit and n=7(50%) at Life St George’s Private Hospital and n=8 (56%) at the Greenacres Private Hospital indicated that they did not know the content of the teaching programme, while n=5 (25%) at the Port Elizabeth Central (MOU), n=5 (25%) at the Life Mercantile Private Hospital, n=1 (11%) at the Dora Nginza Maternity Unit, n=2 (20%) at the Life St George’s Private Hospital and n=1 (14%) at the Greenacres Private Hospital indicated that they were unsure regarding the contents of the above teaching programme.

Table 4.13: Content of the teaching programme

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George's Private Hospital	Greenacres Private Hospital
Q13: Knowledge about the content of the teaching programme of a doula					
Yes				n=4 (30%)	n= 3 (30%)
No	n= 15 (75%)	n=15 (75%)	n=12 (89%)	n=7 (50%)	n=8 (56%)
Not sure	n=5 (25%)	n=5 (25%)	n=1 (11%)	n=2 (20%)	n=1 (14%)
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 14: Which of the following topics should be included in the curriculum?

Which of the following topics should be included in the curriculum?

Role of a doula / supporter

Benefits of labour

Code of conduct and Scope of Practice

Labour support language of birth and influence during the process e.g. factors influencing birth

Comfort during first stage and support during birth

Unexpected outcomes

Debriefing personal experiences

Empathy, active listening skills

Breastfeeding

HIV and Aids and breastfeeding

Postpartum depression, grieving and management thereof

All of the above

None of the above

Not sure.

Table 4.12 illustrates that only n=4 (20%) respondents at the Port Elizabeth Central (MOU), indicated that *all the above topics should be included in the curriculum*, while the majority, n=20 (100%) of the respondents, at both the Life Mercantile Private Hospital, n=13 (100%) at the Dora Nginza Maternity Unit also selected the option *all of the above*, while n=11 (80%) at the Life St George's Private Hospital and n=8 (72%) at the Greenacres Private Hospital also selected *all the above*. At the Port Elizabeth Central (MOU) the majority n=11 (80%) of

the respondents selected the option *none of the above*, while n=8 (10%) respondents at Life St George's Private Hospital selected the option *none of the above*, while a similar number indicated that they were *unsure* and n=2 (14%) at the Greenacres Private Hospital also selected *none of the above* with a similar number indicating that they were also *unsure*.

Table 4.14: Topics that should be included in the curriculum of a doula

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George's Private Hospital	Greenacres Private Hospital
Q14: Topics to be included in the curriculum of a doula					
All of the above	n=4 (20%)	n=20 (100%)	n=13 (100%)	n=11 (80%)	n=8 (72%)
None of the above	n=16 (80%)			n=1 (10%)	n=2 (14%)
Not sure.				n=1 (10%)	n=2 (14%)
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 15: Is the Scope of Practice of a doula equivalent to the Scope of Practice of a home-based caregiver?

According to Table 4.15, n=8 (40%) of the respondents at both Port Elizabeth maternity (MOU) and at the Life Mercantile Private Hospital indicated that *the Scope of Practice of the doula and the home-based caregiver were equivalent*, while n=12 (60%) indicated *no*. At the Dora Nginza Maternity Unit n=7 (50%) indicated *yes* and n=1 (11%) stated *no*; and n=5 (42%) were *unsure*, while n=3 (20%) at Life the St George's Private Hospital indicated *yes* and n=7 (60%) stated *no* and n=3 (20%) indicated that they were *unsure*. At the Greenacres Private Hospital n=7 (57%) of the respondents said *no* and n=5 (43%) were *unsure*.

Table 4.15: Is the scope of practice of a doula equivalent to the scope of practice of a home – based caregiver?

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George's Private Hospital	Greenacres Private Hospital
Q15: The Scope of Practice of a doula and a home-based caregiver					
Yes	n=8 (40%)	n=8 (40%)	n=7 (50%)	n=3 (20%)	
No	n=12 (60%)	N=12 (60%)	n=1 (8%)	n=7 (60%)	n=7 (57%)
Not sure.			n=5 (42%)	n=3 (20%)	n=5 (43%)
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 16: Is a doula’s curriculum similar to the curriculum of a home-based caregiver?

According to Table 4.16, the minority n=8 (40%) of respondents at both the Port Elizabeth Central (MOU), and Life Mercantile Private Hospital agreed that the curriculum of the doula was similar to that of a home-based caregiver, while the majority of respondents n=11 (89%) at the Dora Nginza Maternity Unit and at the Life St Georges Private Hospital and n=7 (60%) and at the Greenacres Private Hospital n=8 (72%) *agreed that the curriculum’s of the doula and the home-based care giver were similar*. The majority, n=12 (60%), at both the Port Elizabeth Central Maternity Unit and the Life Mercantile Private Hospital, n=2 (11%) at the Dora Nginza Maternity Unit, *disagreed that the curriculum of the doula and the home-based care givers were similar*. At the Life St George’s Private Hospital n = 3 (20%) also indicated that they *disagreed*, while the same number indicated that they were *unsure*, while n = 2 (14%) respondents at the Greenacres Private Hospital also indicated that they *disagreed*, while the same number indicated that they were *unsure*.

Table 4.16: Similarity of the curriculum of the doula and a home-based care giver

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George’s Private Hospital	Greenacres Private Hospital
Q16: A doula’s curriculum is similar to the home-based care giver					
Agree	n=8 (40%)	n=8 (40%)	n=11 (89%)	n=7 (60%)	n=8 (72%)
Disagree	n=12 (60%)	n=12 (60%)	n=2 (11%)	n=3 (20%)	n=2 (14%)
Not sure				n=3 (20%)	n=2 (14%)
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 17: Would the doula assist the registered midwife during labour in meeting the patient’s basic needs?

According to Table 4.17, the majority of respondents, n=20 (100%) of respondents at the at the Port Elizabeth Central (MOU), Life the Mercantile Private Hospital as well as n= 13(100%) at both the Dora Nginza Maternity Unit and the Life St George’s Private Hospital, and n=56 (72%) *agreed that the curriculum of the doula and the home-based care giver were similar*. At the Greenacres Private Hospital The majority n= 7 (57%) *disagreed* while n=5 (43%) *were not sure*

Table 4.17: Would the doula assist the midwife in meeting the patient’s basic needs?

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George’s Private Hospital	Greenacres Private Hospital
Q17: A doula would assist the registered midwife in meeting the patient’s basic needs					
Agree	n=20 (100%)	n=20 (100%)	n=13 (100%)	n=13 (100%)	
Disagree					n=7 (57%)
Not sure					n=5 (43%)
Total: N=78	n=20	n=20	n=13	n=13	n= 12

Question18: Should it be the registered tutor or registered midwife that trains a doula?

According to Table 4.17, all the respondents, n = 20 (100%), at the Port Elizabeth Central (MOU), the Life Mercantile Private Hospital, the Dora Nginza Maternity Unit and the Life St George’s Private Hospital, *agreed that a doula should be trained by a registered tutor or midwife* and at the Greenacres Private Hospital n = 10 (86%) also *agreed*, while n = 2 (14%) indicated that they were unsure.

Table 4.18: Training of a doula

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George’s Private Hospital	Greenacres Private Hospital
Q18: A doula should be trained by a tutor or registered midwife					
Agree	n=20 (100%)	n=20 (100%)	n=13 (100%)	n=13 (100%)	n=10 (86%)
Disagree					n=2 (14%)
Not sure					
Total: N=78	n=20	n=20	n=13	n=13	n=12

Question 19: Should the curriculum for training of the doula be accredited by the Sector Education and Training Authority (SETA)?

Table 4.19: Accreditation of curriculum by SETA

Number and Question	Port Elizabeth Central	Life Mercantile Private Hospital	Dora Nginza Maternity Unit	Life St George's Private Hospital	Greenacres Private Hospital
Agree	n=20 (100%)	n=20 (100%)	n=13 (100%)	n=13 (100%)	n=12 (100%)
Disagree					
Not sure					
Total: N=78	n=20	n=20	n=13	n=13	N=12

Question 20: Which association controls the practice of a doula?

According to Table 4.20, all the respondents, n=20 (100%), at the Port Elizabeth Central (MOU), the Life Mercantile Private Hospital and n=13 at both the Dora Nginza Maternity Unit and the Life St George's Private Hospital, *agreed that DONA was the association which controlled the Scope of Practice of a doula in North America*, while n=5 (43%) respondents at the Greenacres Private Hospital *disagreed* and n=7 (57%) were *unsure*.

Question 20: DONA is the association which controls the scope of practice of the doula in North America

Table 4.20: DONA controls the scope of practice of the doula in North America

Number and Question	Livingston Maternity Unit	Mercantile Private Hospital	Dora Nginza Maternity Unit	St George's Private Hospital	Greenacres Private Hospital
Agree	n=20 (100%)	n=20 (100%)	n=13 (100%)	n=13 (100%)	n=5 (43%)
Disagree					n=7 (57%)
Not sure					
Total: N=78	n=78	n=78	n=78	n=78	n=78

The results obtained are supported by Simkin (1991:7) who states that all women in labour should experience self-esteem building, satisfying birth experiences that launch them into motherhood with a sense of competence and self confidence. According to Weiss (1998) A

doula perceives the process of birth as a key to life experiences and has the necessary knowledge of labour as well as satisfying the emotional needs of a woman in labour. When a doula accompanies a woman during childbirth, she mothers the woman and takes care of her emotional needs throughout the whole process of labour and continues that valuable emotional support and guidance, assisting the family to make a smooth transition to the new family dynamics. Therefore the presence of a doula in the labour unit can improve quality of care during childbirth.

4.3 Conclusion

In this chapter the results of the data analysis were presented and analysed. All the research participants were in agreement regarding the definition of a doula. The majority of participants perceived the doula as being compassionate, caring and able to provide comfort measures to women during labour. It seems, however, that the majority of participants had a lack of knowledge as far as the role of a childbirth companion was concerned in the maternity units at Port Elizabeth Nelson Mandela Metropolitan Municipality, Eastern Cape Province, area. According to the analysed data it is clear that most of the registered midwives had no idea of what must be included in the curriculum of a childbirth supporter training.

In the next chapter the conclusions and recommendation will be discussed according to the initial objectives of the study.

CHAPTER 5:

RECOMMENDATIONS, CONCLUSIONS AND LIMITATIONS

5.1 INTRODUCTION

In the previous chapter the results of the study were presented and interpreted. This chapter addresses the conclusions, limitations and recommendations of the study. The main goal of this study was to investigate the knowledge of registered midwives regarding the role of a doula as a facilitator during labour in promoting natural childbirth. The research findings will be used to address the second and third objective of this study.

5.2 CONCLUSIONS

The objectives for this study were to:

5.2.1 Determine the knowledge of a registered midwife regarding the role of a doula

A total of N=78 (100%) of the research participants completed the questionnaire during the data -collection period. With reference to Table 4.13, the majority, n=57 (73%), indicated that they had no knowledge regarding the content of the teaching programme of doulas; and n=14 (18%) indicated that they were not sure about the above content. According to the analyzed data it is clear that the registered midwives had no idea of what must be included in the training curriculum of a childbirth supporter. It has been proved that the registered midwives have a lack of knowledge as far as the role of a childbirth companion is concerned in the maternity units at Port Elizabeth at the Nelson Mandela Metropolitan Municipality hospitals.

5.2.2 Describe the scope of practice of the doula based on the outcomes of the study

The scope of practice for the doula as suggested by the participants in the study is to facilitate continuity of basic midwifery care to the woman in labour or couple. For that reason to fulfil this objective the researcher used an existing guide but adapted it to suit the context of this study. That guide is based on the prescriptions of *Doulas of North America (DONA)*'s International Standards of Practice for Birth Doulas (<http://www.dona.org.aboutus/standards-birth.php>) available online.

The scope that is therefore recommended for the doula is described below.

5.2.2.1 Services Rendered

The doula accompanies the woman in labour; provides emotional and physical support, suggests comfort measures; and provides support and suggestions to relieve pain (for the partner). Whenever possible, the doula provides pre- and post- partum emotional support, including explanation and discussion of practices and procedures as needed. The doula does not perform clinical or medical tasks such as taking blood pressure or temperature, foetal heart -tone monitoring, vaginal examinations or post- partum clinical care. Doulas who are also healthcare professionals may provide these services within the scope and legal parameters of their professions

(Perez, 1997:102, http://www.dona.org.aboutus/standards_birth.php).

5.2.2.2 Advocacy

The doula advocates for the wishes of her client (the woman in labour) as expressed in her birth plan, in prenatal conversations and intrapartum discussion. She helps the mother incorporate changes in plans when the need arises and enhances communication between client and caregiver

(http://www.dona.org.aboutus/standards_birth.php).

Women in labour and doulas must recognise that the advocacy role does not include that of the doula speaking or making decisions on her behalf. The advocacy role is best described as support, information, mediation and negotiation (Cole, 1998:35).

5.2.2.3 Continuity of care

The doula should make back-up arrangements with another doula if she is sick or unable to be reached. Should any doula feel a need to discontinue his/her service to an established client, it is the doula's responsibility to notify the client in writing and arrange for a replacement, if the client so desires. This may be accomplished by:

- introducing the woman in confinement to the doula back up
- introduction of the doula to the unit midwives and
- following up with the woman in confinement or back-up, to make sure that her needs are accommodated

5.2.3 Develop guidelines and professional standards for the doula in the maternity units

The next objective of the study which was to develop guidelines and professional standards for the doula in the maternity units was developed as general guidelines. This approach was to assist each unit in the different hospitals or clinics to be able to develop specific guidelines that would suit that specific unit. The general guidelines that could be used for this purpose as suggested by DONA are described below.

5.2.3.1 General guidelines

During the course of this study the following guidelines for the practice of a doula were identified.

- Doulas should be expected to be familiar with policies and procedures of the hospitals and to function effectively according to the philosophy and standards set out in the doula programme.
- Doulas offer their services without compensation or contemplation of further employment.
- They are punctual and conscientious, conducting themselves with dignity, courtesy, and consideration of others and endeavor to work professionally.
- They maintain a professional appearance while on duty in a supervisory role if necessary.
- Assignments are carried out and if assistance is needed they approach their supervisors.
- Problems, criticism or suggestions are discussed with the doula programme co-ordinators or the designated nursing supervisor.
- Doulas adhere to the established rules and roles of the volunteer doula programme, and if necessary arrangements can be made for another doula.
- The doula is committed to a volunteer service for the first three months as it is a probationary period.
- She remains for the entire delivery until mother and the baby are settled.
- A volunteer who is also a professional doula may not have clients at the hospital, but can be a volunteer labour companion outside the hospital.
- Furthermore, the doula should understand that the hospital reserves the right to terminate her volunteer service status at any time or as a result of:
 - Failure to comply with the hospital or programme policies, rules, and regulations ;
 - Unsatisfactory attitude, work, in the judgment of the department director or doula (childbirth companion) programme co-coordinators.

- Failure to sign a contract agreeing to abide these rules and regulations.
- The doula also provides care and advice (post-natal) as a programme volunteer, doing family hospital visits, handing out a development calendar, booklet, and a pamphlet with her name and phone number where she can be contacted during the three months follow-up of the family (as a doula). The doula does one post-partum visit during the first month (DONA: International: Standards of Practice for birth Doulas).

The specific guidelines to be developed should be directed towards specific outcomes for each labour ward.

5.2.3.2 Specific outcomes for doulas in labour wards

Doulas should be able to assist the healthcare team with the activities of daily living for the patients effectively and efficiently.

Specific outcomes

- Provide labour support and encouragements
- Assist patient with deep breathing exercises and back massages
- Share information with the father / partner and provide support
- Demonstrate the skills as a trained doula
- Do not do observations on patients
- Do not administer medication
- Record all problems identified in the progress report and report it to Registered Midwife (Bobak & Jensen: 1987: 375).
- Greet and attend to guests in an effective and professional manner
- Demonstrate insight in assisting patients with bed bath, foot care, nail care and hair care
- Perform treatment of back and pressure parts as per policy if need arises
- Interact with patients and guests e.g. by orientating patients in layout of the unit, routines, fellow patients and healthcare team.
- Display effective communication skills all the time e.g. communicate effectively with guests and colleagues
- Explain and assist patients with ordering of diets and feeding
- Demonstrate knowledge and skill in measuring and recording the intake and output
- Assist patients with mouth care according to policy

- Apply principles of quality e.g. empathy, energy, ethics, empowerment and excellence at all times
- Assist patients to adopt correct positions and ensure safety measures are implemented at all times.
- Demonstrate knowledge and skill in lifting and handling of patients
- Apply safety principles at all times in the unit e.g. use of Personal Protective Equipment (PPE).
- Demonstrate insight in applying principles of infection control.
- Display cultural awareness when dealing with guests and colleagues
- Administer care to the dying and the deceased
- Assist the delivered mother with breastfeeding, baby bath, cord care, feeding and nappy changing.
- Do regular vulva swabbing and perineal care (Simkin & Way, 1998: 5 & DONA: International: Standards of Practice for birth Doulas).

5.2.3.3 Code of conduct of a hospital doula

This code of ethics is a modification of the DONA code of ethics to reflect a hospital-based programme

Proprietary

The doula shall maintain high standards of personal conduct in the capacity or identity as a labour support provider

Competence and professional development

The doula should strive to become and remain proficient in the professional practice of labour support and the performance of professional functions through continuing education, affiliation with related organisations and associations with other labour support providers.

Integrity

The doula / childbirth companion should act in accordance with the highest standards of professional integrity.

Ethical responsibilities to clients

The doula's responsibility is to her clients, without jeopardising medical safety and should make every effort to foster self-decision- making on the part of her clients.

The doula should respect the privacy of her clients and hold in confidence all information obtained in the course of professional practice and be obligated to continue care as set out in the standards of practice of this programme once professional support has started (DONA: International: Standards of Practice for birth Doulas).

The doula should treat all members of the birth team with respect, courtesy, fairness and good faith. Conflicts and/or differences in opinion will not be discussed in the presence of the woman in labour.

- The childbirth companion shall uphold and advance the values, ethics, knowledge and mission of the practice of professional labour support.
- The doula shall facilitate the awareness to work towards measures of increasing public awareness about the benefits of professional labour support.

The doula shall promote the general health and well-being of women and their infants and extend this responsibility to their families whenever possible (DONA: International: Standards of Practice for birth Doulas)

5.2.4 Improve the quality and support of women during childbirth, with the assistance of a doula.

With the involvement of doulas midwives can restore natural childbirth, especially in the private sector, where the doctors do the deliveries and the role of the midwife is to assess and monitor the patient during labour, identify potential problems and referral, where necessary.

There is a great need for childbirth supporters in the maternity units in the public sector, where there is a shortage of registered midwives and care workers to attend to the basic needs of the patients. In the public sector there is shortage of trained midwives and the childbirth companions could assist in attending the patient's basic needs.

5.2.4.1 Facilitate the training of more doulas

This objective will be discussed under the headings "training and experience", "maintenance of certification" as well as "record keeping."

Training and experience

Doulas that are certified by DONA will have completed all the requirements as set in the DONA programme requirements for certification. This includes a high school diploma or the equivalent, training in childbirth and a labour support course which consists of at least

fourteen hours of training, reading of four books from DONA's reading list and completing an essay on the value and the purpose of labour support (DONA: International: Standards of Practice for birth Doulas).

Doula certified by DONA will have the experience as set forth in the DONA requirements for certification: at least three clients, good evaluations from clients and healthcare providers; and records of three births, including a summary, observation form and accounts for each birth (Perez & Herrick, 1998: 54-5. & DONA: International: Standards of Practice for birth Doulas).

Maintenance of certification

DONA- certified doula would maintain certification by participation in a peer- review process after each three-year period of practice. Doula must attend at least one continuing education event per year in maternal child health (DONA: International: Standards of Practice for birth Doula).

Record keeping

The doula maintains clear and accurate legal record of each client encounter; collects and submits to DONA on a regular basis data on the clients to whom she provides services, and the outcome of the pregnancies and labour (DONA: International: Standards of Practice for birth Doula).

5.3 RECOMMENDATIONS

Based on the findings of the study recommendations for practice were developed as stated below.

- The registered midwives should assist in the improvement of the quality of care for women in labour by promoting the use of a doula in the labour units as it has been proved that the presence of a doula will facilitate normal childbirth.
- Guidelines and a scope of practice for a doula should be developed and implemented in all maternity units.
- Training of doula should be for the improvement of the quality of care and support of women during birth.
- Women in labour should be encouraged to bring their own birth plan and doula whom they have already identified.
- Patient awareness about the role of a doula should be facilitated in the antenatal clinics.

5.4 Limitations

A possible limitation of this study is that, although it was implemented in both the public and private sectors, it was limited to the five Port Elizabeth Maternity Units in the Nelson Mandela Metropolitan Municipality area. The size of the research population was also small; therefore generalisations of the findings would not be possible.

5.5 Conclusion

This research was an attempt to investigate the role of the doula or childbirth companion to women during labour and the promotion of natural childbirth as well as the assessment of the effect of the presence of the doula during natural childbirth. As already stated, there has been a shift from home-based deliveries to hospital-based deliveries, which does not provide enough care and emotional support. The registered midwives in the maternity units in Port Elizabeth at the Nelson Mandela Metropolitan Municipality in both private and public hospitals displayed some reluctance in using the doulas during labour.

The results of this study and the interpretation thereof assisted the researcher to confirm that there was indeed a great need for childbirth supporters in the maternity units in the public sector, where there is a shortage of registered midwives and care workers to attend to the basic needs of the patients. In the public sector there is a shortage of trained midwives and the childbirth companions could assist in attending to the patient's basic needs.

The value of the contributions of the doula to support and provide comfort measures to women during labour should not be underestimated; and registered midwives should be informed about the important role of the doula and how the doula can complement the obstetrical care of the midwife.

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ANNEXURES

ANNEXURE A: QUESTIONNAIRE

Questionnaire on the management of registered midwife related to the role of a childbirth supporter (Doula) during labour.

When answering the questions, **select** one of the following: Agree / Disagree / Not sure / Decline (as indicated below).

THANK YOU FOR YOUR TIME AND CO-OPERATION!

VERONICA KAIBE

M. Cur Student

Department of Nursing Science

University of Stellenbosch

Contact Details

Cell: 0842570587

Home: 041 3609149

A reference number will be allocated to this questionnaire, therefore your name will not appear on this questionnaire and your questionnaire will remain confidential.

Ref Number	14739003
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Questionnaire on the assessing the role of a Doula [childbirth supporter during labour in the facilitation and promotion of natural childbirth.

Q1. Please select if you agree or disagree with the following statement:

Childbirth supporter [doula] is defined as woman assisting or supporting the woman during labour

Facility	Agree	Disagree	Not sure/Decline
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			

Q2. Do you think that women during labour need a childbirth supporter / Doula?

Facility	Yes	No	Not sure / Decline
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

Q3. Select the statement that explains the qualities of a doula

Facility	Warm, sensitive, enthusiastic, compassionate, caring, nurturing, mature and responsible	Tolerance for different Ethnic groups	Experienced with childbirth, comfort and touch	Not sure / Decline
Dora Nginza Hospital				
Livingstone Hospital				
St George's Hospital				
Mercantile Hospital				

Greenacres (Netcare)				
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Q4. Which questions couples may ask when it comes to selecting a doula?

Facility	Teaching experience	Comfort measures or methods used	What point in labour should she be called	Not sure / Decline
Dora Nginza Hospital				
Livingstone Hospital				
St George's Hospital				
Mercantile Hospital				
Greenacres (Netcare)				

Q5. What specific training does a Doula need?

Facility	Not at all	Not very much	Somewhat	A great deal	Not sure / Decline
DoraNginza Hospital					
Livingstone Hospital					
St George's Hospital					
Mercantile Hospital					
Greenacres (Netcare)					

Q6. Benefits of having a doula during labour are:

Facility	Shorter labour	Promotes natural vaginal birth	Fewer assisted deliveries and caesarean section and induction	Not sure /Decline
Dora Nginza Hospital				
Livingstone Hospital				

St George's Hospital				
Mercantile Hospital				
Greenacres (Netcare)				

Q7. Consider the following statements for the client's understanding of the purpose of a doula:

Facility	Positive birth experience	Nurture & protect birth vision	Prepare clients for childbirth, a safe, satisfying & memorable family event through compassion, and professionalism	Not sure /Decline
Dora Nginza Hospital				
Livingstone Hospital				
St George's Hospital				
Mercantile Hospital				
Greenacres (Netcare)				

Q8. In your opinion, does a doula execute a midwife's duties?

Facility	Yes	No	Not sure/Decline
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

Q9. How much would the couples trust a doula?

Facility	Not at all	Not very much	Somewhat	A great deal	Not sure / Decline
Dora Nginza Hospital					
Livingstone Hospital					
St George's Hospital					
Mercantile Hospital					
Greenacres (Netcare)					

Q10. In your opinion, should there be a written contract between the couple and a doula?

Facility	Yes	No	Not sure / Decline
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

Q 11. Are you aware of the existence of a doula?

Facility	Yes	No	Not sure
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

Q 12. In your opinion, a doula's educational level should vary at least from grade 10 to a doctorate

Facility	Yes	No	Not sure / Decline
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

Q 13. Do you know the content of the teaching program?

Facility	Yes	No	Not sure / Decline
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

Q 14 Which of the following topics should be included in the curriculum?

Debriefing of personal experience
Role and Scope of Practice of the doula
Empathy and active listening skills
Breathing, HIV / AIDS and Tuberculosis
All of the above
None of the above
Not sure

Facility	All of the above	None of the above	Not sure / Decline
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

Q15. Is the scope of practice of a doula equivalent to the scope of practice of a home –based caregiver?

Facility	Agree	Disagree	Not sure
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

Q16. Is a doula's curriculum similar to the curriculum of a home – based care giver

Facility	Agree	Disagree	Not sure
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

Q17. Would the doula assist the registered midwife during labour in meeting patient's basic needs?

Facility	Agree	Disagree	Not sure
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

Q18. Should it be the registered Tutor or Registered midwife that trains a Dolua?

Facility	Agree	Disagree	Not sure
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

Q19. The curriculum for training of the doula should be accredited by the Sector Education and Training (SETA)

Facility	Agree	Disagree	Not sure
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

Q20. Which association controls the practice of a doula

Facility	Agree	Disagree	Not sure
Dora Nginza Hospital			
Livingstone Hospital			
St George's Hospital			
Mercantile Hospital			
Greenacres (Netcare)			

ANNEXURE B: INFORMED CONSENT FORM (REGISTERED MIDWIFE)

ASSESSING THE ROLE OF A DOULA DURING LABOUR IN THE FACILITATION AND PROMOTION OF NATURAL CHILD BIRTH.

PRINCIPAL INVESTIGATOR: VERONICA KAIBE
REFERENCE NUMBER: 14739003
ADDRESS: Training Department;
St George's Hospital;
Park Drive, Port Elizabeth
CONTACT TELEPHONE NO: 041 - 360 9149 / 0842570587

DECLARATION BY OR ON BEHALF OF PATIENT / PARTICIPANT:

By signing below, I agree to take part in a research study entitled Assessing the role of a Doula [childbirth supporter in the facilitation and promotion of natural childbirth].

I declare that:

- I have read or had read to me this information and consent form and it is written in a language in which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurized to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or I do not follow the study plan, as agreed to.

Signed at [place].....on of
.....20.....

<p>.....</p> <p>...</p> <p>Signature of participant</p>	<p>.....</p> <p>Signature of witness</p>
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Declaration by the investigator	
I declare that:	
<ul style="list-style-type: none"> • I explained the information in this document to □..... • I encouraged him/her to ask questions and took adequate time to answer them. • I am satisfied that he/she adequately understands all aspects of the research as discussed above. • I did/did not use an interpreter [If an interpreter is used, then the interpreter must sign the declaration below]. 	
Signed at [place].....on of	
.....20.....	
.....	
.....	
<p>.....</p> <p>Signature of Investigator</p>	<p>.....</p> <p>Signature of witness</p>

Declaration by interpreter	
I [name]&..... declare that :	
<ul style="list-style-type: none"> • I assisted the investigator [name] to explain the information in this document to [name of participant] using the language medium of Afrikaans / Xhosa. • We encouraged him/her to ask questions and took adequate time to answer them. • I conveyed a factually correct version of what was related to me. 	

- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her questions satisfactorily answered.

Signed at [place].....on of
.....20.....

.....

.....

...

Signature of Interpreter

Signature of witness

ANNEXURE C: REQUEST FOR PERMISSION FROM HEALTH AUTHORITIES

134 Van der Stel Street
Kabega Park
Port Elizabeth
6205

Mrs D Morapedi
Director Nursing Services
P.E. Hospital Complex
Dora Nginza

Dear Madam

Application to conduct Research:

The writer of this letter is currently engaging in her Master Curations degree in Nursing Education at the University of Stellenbosch. One of the requirements for the degree is to conduct a research study. I would thus request for permission to undertake the following research study: "A midwife's knowledge related to the role of a childbirth supporter (Doula) in the Nelson Mandela Metropole.

The researcher will attempt to adhere to all ethical principles of research. The research will be conducted under the supervision of Professor Welman at the Department of Nursing Science at the University of Stellenbosch. Should you have any further queries, please do not hesitate to contact me at the above address or at the following contact number: 0842570587.

Thank you for your attention and considering my request.

Yours faithfully

N.V. Kaibe

Registered Nurse / R/N Midwife / Tutor / Administrator

134 Van der Stel Street
Kabega Park
Port Elizabeth
6205

F. Rank
Chief Medical Superintendent
P.E. Hospital Complex
Livingston Hospital

Dear Sir

Application to conduct Research

The writer of this letter is currently engaging in her Master Curations degree in Advanced General Nursing Science: Critical Care Nursing at the University of Stellenbosch. One of the requirements for the degree is to conduct a research study. I would thus request permission to undertake the following research study: "Registered midwife's knowledge related to the role of a childbirth supporter (Doula) in the Nelson Mandela Metropole.

The researcher will attempt to adhere to all ethical principals of research. The research will be conducted under the supervision of Professor Welman of the Department of Nursing Science at the University of Stellenbosch. Should you have any further queries, please do not hesitate to contact me at the above address or at the following contact number: 0842570587.

Thank you for your attention and considering my request.

Yours faithfully

N.V. Kaibe
Registered Nurse / R/N Midwife / Tutor / Administrator