

Attitudes of Physicians, Midwives, and Nurses About Doulas

A Scoping Review



Abstract

Introduction: Evidence supports numerous positive clinical benefits of doula care. There are varying attitudes among physicians, midwives, and nurses toward support of doulas in a collaborative approach with women in labor. Tension and conflict with use of doulas may occur in some intrapartum settings in the United States. **Methods:** A scoping review of the literature between January 2008 and January 2018 was conducted using PubMed, CINAHL, Google Scholar, and Scopus database to identify specific attitudes of physicians, midwives, and nurses toward doulas; 1,810 records were identified and initially reviewed. Inclusion criteria included original research published in the last 10 years and in the English language. Articles were excluded if the research was not original and if obstetrical providers' or nurses' attitudes toward doulas were not included. **Results:** Three records met criteria for inclusion. All used a cross-sectional survey design. Two were set in Canada exclusively and one was inclusive of nurses and doulas in both Canada and the United States. Themes emerged that may explain the influence and variances in attitudes toward doulas and the support they provide to laboring women. **Clinical Implications:** More research is needed to identify attitudes of members of the maternity care team toward doulas and to better understand implications of their attitudes on working together collaboratively and on patient outcomes.

Key words: Attitude; Conflict; Doulas; Physicians.

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Childbirth influences maternal and neonatal physical outcomes and may affect the self-efficacy of each woman. Continuous labor support improves outcomes for both mother and infant (Fortier & Godwin, 2015; Hodnett, Gates, Hofmeyr, & Sakala, 2013; Steel, Frawley, Adams, & Diezel, 2015). A doula is a companion who provides support and is present continuously with the laboring woman. This support is an effective supplement to the clinical care provided by obstetricians, family physicians, midwives, and labor and delivery (L&D) nurses (Ahlemeyer & Mahon, 2015). Benefits include, but are not limited to shorter labors, more vaginal births, fewer interventions such as the use of medications and forceps, fewer cesareans, newborns who are less likely to have low Apgar scores, shorter hospital stays, higher rates of breastfeeding, and greater satisfaction with the birth experience (Akhavan & Lundgren, 2012; Green & Hotelling, 2014; Gruber, Cupito, & Dobson, 2013; Harris et al., 2012) (Table 1).

Maternal morbidity and mortality rates have risen in the United States over the past 30 years (Centers for Disease Control and Prevention [CDC], 2017a). Since 1987, rates of maternal mortality have increased from 7.2 maternal deaths per 100,000 births to 17.8 maternal deaths per 100,000 live births in 2016 (CDC, 2017b). Incorporation of a doula in the maternity care team may be a way to help alleviate some aspects of the maternal and infant morbidity and mortality crisis and improve patient safety. See Table 2 for a description of the role of the doula.

Doulas have not been integrated into maternity teams in the United States. A doula is only present in approximately 6% of all births in the United States (Declercq Sakala, Corry, Applebaum, & Herrlich, 2014). Support of physiologic birth is a factor in minimizing risk of poor outcomes and increasing safety. A consensus statement from three midwifery organizations in the United States defined normal physiologic childbirth as “spontaneous onset and progression of labor; includes biological and psychological conditions that promote effective labor; results in the vaginal birth of the infant and placenta ...and supports early initiation of breastfeeding” (American College of Nurse-Midwives, Midwives Alliance of North America, & National Association of Certified Professional Midwives, 2012, p. 2). The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine (ACOG & SMFM, 2014) have a consensus statement on prevention of primary cesarean births that includes promotion of the use of doulas. An ACOG (2017) committee opinion identifies various approaches to promote physiologic labor and limit the number of interventions during labor and birth. One of these approaches is continuous one-to-one support provided by a doula. Doula care should be integrated into obstetric care teams as the physical and emotional support provided by a doula promotes the physiologic process of labor (Everson & Cheyney, 2017; Zielinski, Brody, & Low, 2016).

In many clinical settings, doulas remain outside the inner circle of obstetric caregivers. A collaborative program of maternity care that includes physicians, mid-

wives, nurses, and doulas can attain the improved perinatal outcomes associated with a doula. Here we examine literature about overall attitudes of physicians, midwives, and nurses toward doulas in the intrapartum setting.

Background

There is increased appreciation for the benefits of physiologic labor and recognition of the risks associated with unnecessary interventions during labor (Zielinski et al., 2016). The cesarean birth rate in the United States was 31.9% in 2016 (Martin, Hamilton, Osterman, Driscoll, & Drake, 2018). Although this is a slight decrease from the rate of 32.7% in 2015, it is an overall 60% increase from 20.7% in 1996 (Martin et al.). Labor was induced or augmented in 50% of women surveyed in 2011–2012, and rates of interventions such as multiple vaginal exams, intravenous fluids, urinary catheters, artificial rupture of membranes, and episiotomies increased or remained the same (Declercq et al., 2014).

Although doulas have increased in popularity with birthing families, occasional conflicts and an unfavorable attitude toward collaboration persist between obstetrical providers, L&D nurses, and doulas (McLeish & Redshaw, 2018; Meadow, 2015; Steel et al., 2015). Numerous factors can influence the attitude of other members of the obstetrical team toward doulas including providers’ and nurses’ own birth experiences (Aschenbrenner, Hanson, Johnson, & Kelber, 2016).

Nurses and Doulas

Doulas typically interact more with the L&D nurse than other members of the obstetrical team due to the number of times the nurse enters the room to assess and care for the laboring woman. This interaction offers opportunities for collaboration between nurses and doulas. Globally and within the United States, issues of interprofessional ten-

Table 1. Benefits With a Doula Present During Labor and Birth

Benefit	Reference
Shorter labor	Hodnett et al. (2013)
Increased spontaneous vaginal births	Hodnett et al. (2013)
Fewer cesarean and instrumental births	Hodnett et al. (2013)
Less use of analgesics for labor	Hodnett et al. (2013)
Newborns are less likely to have low Apgar scores	Akhavan & Lundgren (2012)
Greater maternal satisfaction with birth experience that positively affects bonding and breastfeeding	Green & Hotelling (2014)
Cost saving of \$400–\$900 per birth per family	Kozhimannil et al. (2013); Steel et al. (2015)
Financial savings for institution	Chapple et al. (2013)
Improvements in social disparities	McDaniels (2017)

sion and conflict result between L&D nurses and doulas (Amram et al., 2014). Akhavan and Lundgren (2012) and Steel et al. (2015) suggested the conflict may be due to a lack of knowledge by the L&D nurse of the doula's role and scope of practice. Although L&D nurses have the knowledge and expertise to support women during labor, they also have other nursing responsibilities that require their attention. Therefore, doulas can be an excellent complement to intrapartum nurses. A relationship that is complementary between doulas and L&D nurses can achieve the best and safest outcomes for laboring women (Paterno, Van Zandt, Murphy, & Jordan, 2012).

Midwives and Doulas

Zielinski et al. (2016) identified the distinct supportive roles that obstetrical healthcare providers have in promoting the physiologic birth process. Specifically, midwives have led the way in promoting and supporting physiologic birth in uncomplicated pregnancies. Midwifery offers continuity of care, patient safety, and improves outcomes and mothers' birth experiences, while using fewer interventions (McLeish & Redshaw, 2018). There is a shared understanding between midwives and doulas in their theoretical approaches to offering physical, emotional, and continuous support while simultaneously encouraging patient autonomy. However, Middlemiss (2015) summarized differences in roles of the doula and the midwife and identified potential for conflict if the role of the doula is misunderstood. Some have identified antagonistic attitudes toward doulas that create a challenge to midwives (McLeish & Redshaw) and interprofessional tensions within the dynamics between midwives and doulas (Steel, Frawley, Sibbritt, & Adams, 2013). These include misunderstandings, fear that the doula will usurp the role of the midwife or nurse, and "turf" issues with nurses and midwives (de Carvalho Leite & Higginbottom, 2017; Meadow, 2015; Middlemiss).

Physicians and Doulas

A provider's attitude toward physiologic birth may have an impact on the type of interventions used during labor, which in turn may affect the ability to work with others (Zielinski et al., 2016). Steel et al. (2013) reported providers' concerns about the role of the doula including concerns that the doula might interfere with the therapeutic relationship between the patient and the provider, as well as fear that doulas may be offering clinical maternity care outside their scope of practice.

The role of the doula is often unclear to providers and at times there can be increasing incidents of tension between the two professionals (Stevens, Dahlen, Peters, & Jackson, 2011). Although varying levels of support for doulas were described, approximately half of obstetricians and many family physicians had unfavorable attitudes toward doula care (Fortier & Godwin, 2015). Gilliland (2014) reported that physicians have mixed feelings about the presence of a doula, and the attitude becomes less positive with younger obstetricians of both genders.

Better understanding of the role of each member of the

Table 2. Role of a Labor Support Doula

Support Domain	Examples
Physical support	Hands-on comfort measures/physical techniques
Emotional support	Verbal encouragement/imagery and mindfulness
Partner support	Connecting families/involving partners
Evidence-based information and advocacy	Connecting women with evidence-based resources Encourage communication with provider
Continuous presence	During labor and birth to promote physiologic birth

Note. Based on information from DONA (2018)

maternity care team is needed. Knowledge and understanding lead to a meaningful appreciation and value, which will improve collaboration (Zielinski et al., 2016). A positive attitude of respect and recognition of the contributions of each member of the maternity team, including doulas, will lead to fewer interventions (Fortier & Godwin, 2015).

Methods

A scoping review was conducted based on Arksey and O'Malley's (2005) framework to identify attitudes of obstetrical care providers toward doulas.

Search Strategy

In October 2017, a search was conducted using PubMed, CINAHL, Scopus, and Google Scholar databases. Search terms included a combination of the following: "physicians' attitudes towards doulas," "physicians and doulas," "attitudes towards doulas," "obstetrical providers and doulas," "obstetrical providers' attitudes towards doulas," "care providers and doulas," "care providers' attitudes and doulas," "care providers attitudes regarding doulas," "midwives and doulas," and "midwives' attitudes towards doulas." Boolean phrases such as "doula AND relationship AND providers" were used in the search; 1,810 records were returned.

The following limitations were initially applied within each database for articles published in the last 5 years (2012–2017) and in the English language.

Results were expanded to include articles published in the last 10 years (2008–2018) to provide a more exhaustive and comprehensive examination of the literature. Preliminary titles and abstract screens were assessed for inclusion criteria of original research that included attitudes of obstetrical providers specific to physicians and midwives, or nurses' attitudes toward doulas followed by full-text screening. Articles that met the criteria were included.

Search Procedure. The search was updated in December 2017 and again in January 2018. Articles were reviewed by the primary investigator. The second investigator served as a consultant reviewing records for which inclusion was

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questionable. After elimination of 120 duplicates and 1,631 articles based on an initial title screen, abstracts of 59 articles were reviewed to assess content for appropriateness. Twenty-nine articles were initially excluded as they did not include doulas. Full text was examined for the remaining 30 articles. Twenty-one articles were excluded as they were not original research. Reference lists were hand-searched and yielded examination of nine articles. Further examination using data charting and iterative discussion between the two study team members occurred, resulting in exclusion of six articles. Three articles remained and were considered appropriate for inclusion in this scoping review.

Results

There is limited research about providers' and nurses' attitudes toward and collaboration with doulas (see **Table 3** for a summary of the finding of the articles included). All three studies used cross-sectional survey design (Klein et al., 2009; Liva, Hall, Klein, & Wong, 2012; Roth, Henley, Seacrist, & Morton, 2016). Two were set in Canada exclusively (Klein et al.; Liva et al.) and one was inclusive of nurses and doulas in Canada and the United States (Roth et al.). As only one article included both physicians and midwives (Klein et al.), it is difficult to draw any comparative conclusions.

Klein et al. (2009) used a survey to identify attitudes toward labor and birth. Participants included 549 obstetricians, 897 family physicians, 400 midwives, 545 nurses, and 192 doulas in Canada. Although the study was not specifically about doulas, attitudes toward doulas emerged as one of the nine themes. Overall, midwives were supportive of doulas. Obstetricians were neutral in their attitude toward doulas: half favored doulas and half did not. Family physicians and nurses were overall positive. Areas of similarity among all participants included openness to a team approach.

Liva et al. (2012) conducted a survey with 545 perinatal nurses in Canada to identify attitudes toward birth practices including acceptability of doulas. Factors identified as influential in nurses' attitudes included years of intrapartum experience, choices for personal maternity care, and hospital employment. Liva et al. concluded that

nurses' attitudes are influential in care provided in the intrapartum setting. More research is needed on the degree to which workplace exposures and other practices affect intrapartum nurses' attitudes toward doulas.

Roth et al. (2016) surveyed nurses and doulas in the United States and Canada to identify factors that lead to a reciprocal and positive attitude between nurses and doulas. Out of a total of 704 nurses and 1,470 doulas, approximately 225 doulas and 60 nurses were from Canada. Other participants represented various regions in the United States. Factors that were identified as influential for a mutual positive attitude included education and certification, exposure to each other, appreciation for the role, and collaborative behavior. Roth et al. concluded that nurses and doulas desire optimal maternal and neonatal outcomes, and that improved collaboration will assist in meeting this goal.

Discussion

Attitudes of members of the maternity team toward doulas vary. Factors that influence the differences in the attitude of providers and nurses range from personal exposure to individual preferences. Personal attitudes may have an impact on practice in perhaps a more influential manner than evidence (Klein et al., 2011). More exposure to each other during their education may help in creating improved positive interprofessional attitudes among members of the maternity team (Klein et al.). Physicians, midwives, and nurses are open to a team approach and collaborative care. The role of the doula is a win-win situation for laboring patients and all providers. The doula's provision of continuous presence can empower and support laboring women, as evidenced by improved health outcomes for both the mother and the infant (Hodnett et al., 2013).

Interprofessional Collaboration

Collaborative practice and effective communication yield improved healthcare outcomes (Brown, Lindell, Dolansky, & Garber, 2015). The common goal of a safe and satisfying childbirth experience promoting physiologic birth is the outcome of a collaborative effort from the maternity team of providers, nurses, and doulas (Zielinski et al., 2016). Although effective communication is associated with better outcomes, poor communication can lead to adverse events and sentinel events (Horton et al., 2017; Lyndon et al., 2015; Streeton et al., 2016).

Health Policy

Policies to acknowledge and include doulas in institutional protocols for care of women in labor are needed. Ideally, criteria for credentials that are mandated and recognized for doulas who work with laboring women should be established. Expansion of insurance coverage for doulas could decrease the out-of-pocket expenses for families and is one strategy gaining national momentum (Zielin-

Table 3. Research on Physicians, Midwives, and Nurses Attitudes Towards Doulas

Author(s), Year, Location	Aim of Study	Design & Data Collection	Sample Characteristics	Results	Strengths	Limitations
Klein et al. (2009) Canada	Examine attitudes of Canadian maternity providers toward labor and birth.	Qualitative Cross-sectional web- and paper-based survey with a 43-item Likert scale examining attitude of the nine variables, one of which was doulas.	549 obstetricians, 897 family physicians (400 providing antepartum care only, 497 providing intrapartum care) 545 nurses 400 midwives 192 doulas	Most midwives agreed strongly with labor support by doulas. Obstetricians were neutral, half were favorable; half were not. Overall, other disciplines had positive attitudes of doulas; about 25% of nurses and family physicians had unfavorable attitudes toward doulas; 33 family physicians providing antepartum care only were strongly opposed to doulas.	Sample size. Multiple types of maternity caregivers	Not a validated instrument. Study was appropriately powered. No breakdown for rate so results may not be generalizable to all settings. Specific to one country; Canada
Liva et al. (2012) Canada	Identify if demographic characteristics predict RNs' attitudes toward birth practices.	A secondary analysis of a cross-sectional survey—the National Maternity Care Attitudes Survey; 15 demographic items, 71 Likert scale items, 6 multiple-choice, 3 open-ended, and 2 ten-point closed questions.	545 RNs	Attitudes on acceptance of doulas, electronic fetal monitoring, factors decreasing cesarean rate, importance of vaginal birth, safety of birth, episiotomy, and epidurals were included. Nurses who selected obstetricians as their provider of choice had least positive attitudes; nurses who selected midwives had the most positive attitudes toward doulas.	Validated instrument. Sample size.	Specific to one country; Canada
Roth et al. (2016) North America (Canada & United States)	Identify attitudes of nurses on doulas and of doulas about nurses. Identify factors that have a positive influence on views that nurses and doulas have of each other.	Qualitative Cross-sectional on-line Maternity Support Survey with 5-point Likert scale. Topics included epidurals, inductions, cesareans, nurses' attitudes toward doulas, and doulas' attitudes toward nurses.	704 L&D nurses and 1,470 doulas	Nurses who work with doulas more often and nurses who valued labor support had favorable views of doulas. Doulas who were certified and attended more births had positive views of nurses than those who were not certified and/or had attended fewer births. Turf issues still exist; collaboration will improve interdisciplinary practice. A barrier to interprofessional education and collaboration is professional centrism.	Sample size	>93% of all respondents were Caucasian Average age of all participants was ≥40. Regional effects noted with doulas' views depending on geographical location (248 doulas and 122 nurses from Northeastern United States; 279 doulas and 180 nurses from Southern United States; 279 doulas and 160 nurses from Midwestern United States; 384 doulas and 155 nurses from Western United States; and 222 doulas and 60 nurses from Canada).

Note. All three studies had level III/B evidence.

ski et al., 2016). Social disparities will be addressed and outcomes for women and their infants will improve with doula care through the establishment of national and state policy reform (McDaniels, 2017). Based on benefits of doula care, financial savings are likely with insurance to cover doula care (Chapple, Gilliland, Li, Shier, & Wright, 2013). Lack of coverage and reimbursement are barriers to care that have known clinical benefits to patient safety (Kozhimannil, Hardeman, Attanasio, Blauer-Peterson, & O'Brien, 2013).

Interprofessional Education

More education is needed for all members of the maternity care team to fully understand each other's roles and the importance of collaboration. Interprofessional education may be helpful. Education could lead to clarification of roles, common nomenclature, quality standards, and increased collaboration with a shared understanding and respect for the contributions that each individual health-care team member offers to the care of the laboring patient and family.

Suggested Clinical Implications

- More research is needed about physicians', midwives', and nurses' attitudes toward doulas and how to effectively work together as a maternity team to promote the best outcomes for mothers and babies.
- Education on the role of the doula is necessary for all members of the maternity care team to improve inter-professional collaboration.
- Shared clinical time is recommended as part of the education for obstetrical professionals to have exposure to each role of physician, midwife, nurse, and doula.
- Certification for doulas is recommended to recognize doulas as unified and regulated in practice with provision of advocacy as well as physical, emotional, and informational support.
- Doulas can be included in the institutional obstetrical policies acknowledging them as part of the team to provide support for the laboring woman and family. These policies should include requirements for education and credentialing of doulas and a structured orientation to the maternity unit.
- Coverage by private insurance and government insurance for doula care would be helpful in allowing more women to choose the option of a doula during their childbirth.

Standardized Education and Certification for Doulas

Standardized education and certification for doulas should be considered. Roth et al. (2016) identified the need for doula certification as a step to recognize doulas as a unified and regulated body. While there are many certifying organizations for doulas, doula practice is unlicensed. Doulas of North America (DONA) is an internationally known organization that educates and certifies doulas. Although DONA is a respected organization, there are other agencies that also offer certification with varying education and competencies. There is no standardized educational program to which doulas are accountable, which leaves varying styles and types of doulas to provide support in ways that may undermine the credibility of the work of the profession as a whole (Roth et al.). National certification would create a unified standard that could make doulas accountable, credible, and respected by other professionals.

Summary

In the most recent Cochrane systematic review, Hodnett et al. (2013) concluded that all women in labor should have a doula. Although many are vaguely familiar with the doula, many do not fully understand the role of the doula or the scope of a doula's practice. Research on physicians' and nurses' attitudes toward doulas is limited. Most of the research on these attitudes has been set in Canada. More research is needed on attitudes among physicians, midwives, nurses, and doulas in the United States and how to promote collaboration among these professionals. ❖

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References

- Ahlemeyer, J., & Mahon, S. (2015). Doulas for childbearing women. *MCN. The American Journal of Maternal Child Nursing*, 40(2), 122–127. doi:10.1097/NMC.0000000000000111
- Akhavan, S., & Lundgren, I. (2012). Midwives' experiences of doula support for immigrant women in Sweden—A qualitative study. *Midwifery*, 28(1), 80–85. doi:10.1016/j.midw.2010.11.004
- American College of Nurse-Midwives, Midwives Alliance of North America, & National Association of Certified Professional Midwives. (2012). *Supporting healthy and normal physiologic childbirth: A consensus statement by ACNM, MANA, and NACPM*. Silver Spring, MD: American College of Nurse-Midwives. Retrieved from <http://mana.org/pdfs/Physiological-Birth-Consensus-Statement.pdf>
- American College of Obstetricians and Gynecologists. (2017). Approaches to limit interventions during labor and birth (Committee Opinion No. 687). *Obstetrics and Gynecology*, 129(2), 403–404. doi:10.1097/AOG.0000000000001904
- American College of Obstetricians and Gynecologists & Society for Maternal-Fetal Medicine. (2014). Safe prevention of the primary cesarean delivery. *American Journal of Obstetrics and Gynecology*, 210(3), 179–193. doi:10.1016/j.ajog.2014.01.026
- Amram, N. L., Klein, M. C., Mok, H., Simkin, P., Lindstrom, K., & Grant, J. (2014). How birth doulas help clients adapt to changes in circumstances, clinical care, and client preferences during labor. *The Journal of Perinatal Education*, 23(2), 96–103. doi:10.1891/1058-1243.23.2.96
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32.
- Aschenbrenner, A. P., Hanson, L., Johnson, T. S., & Kelber, S. T. (2016). Nurses' own birth experiences influence labor support attitudes and behaviors. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 45(4), 491–501. doi:10.1016/j.jogn.2016.02.014
- Brown, S. S., Lindell, D. F., Dolansky, M. A., & Garber, J. S. (2015). Nurses' professional values and attitudes toward collaboration with physicians. *Nursing Ethics*, 22(2), 205–216. doi:10.1177/0969733014533233
- Centers for Disease Control and Prevention. (2017a). *Pregnancy mortality surveillance system*. Retrieved from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>
- Centers for Disease Control and Prevention. (2017b). *Severe maternal morbidity in the United States*. Retrieved from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>
- Chapple, W., Gilliland, A., Li, D., Shier, E., & Wright, E. (2013). An economic model of the benefits of professional doula labor support in Wisconsin births. *Wisconsin Medical Journal*, 112(2), 58–64.
- de Carvalho Leite, J., & Higginbottom, G. (2017). Doulas in Canada: A scoping review. *Canadian Journal of Midwifery Research & Practice*, 16(1), 23–38.
- Declercq, E. R., Sakala, C., Corry, M. P., Applebaum, S., & Herrlich, A. (2014). Major survey findings of Listening to Mothers(SM) III: Pregnancy and Birth: Report of the Third National U.S. Survey of Women's Childbearing Experiences. *The Journal of Perinatal Education*, 23(1), 9–16. doi:10.1891/1058-1243.23.1.9
- Doulas of North America. (2018). *Benefits of a doula*. Retrieved from <https://www.dona.org/what-is-a-doula/benefits-of-a-doula/>
- Everson, C., & Cheyney, M. (2017). Doulas and midwives: Transforming the landscape, together. *Midwifery Today*, 12(3), 36–38.
- Fortier, J. H., & Godwin, M. (2015). Doula support compared with standard care: Meta-analysis of the effects on the rate of medical interventions during labour for low-risk women delivering at term. *Canadian Family Physician*, 61(6), e284–e292.
- Gilliland, A. (2014). *How professional birth doulas benefit doctors*. Retrieved from <http://doulaingthedoula.com/how-professional-birth-doulas-benefit-doctors/>
- Green, J., & Hotelling, B. A. (2014). Healthy birth practice #3: Bring a loved one, friend, or doula for continuous support. *The Journal of Perinatal Education*, 23(4), 194–197. doi:10.1891/1058-1243.23.4.194
- Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of doulas on healthy birth outcomes. *The Journal of Perinatal Education*, 22(1), 49–58. doi:10.1891/1058-1243.22.1.49

- Harris, S. J., Janssen, P. A., Saxell, L., Carty, E. A., MacRae, G. S., & Petersen, K. L. (2012). Effect of a collaborative interdisciplinary maternity care program on perinatal outcomes. *Canadian Medical Association Journal*, 184(17), 1885–1892. doi:10.1503/cmaj.111753
- Hodnett, E. D., Gates, S., Hofmeyr, G. J., & Sakala, C. (2013). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, 7(7), 1–74. doi:10.1002/14651858.CD003766.pub5
- Horton, D., Yarbrough, P., Wanner, N., Murphy, R., Kukhareva, P., & Kawamoto, K. (2017). Improving physician communication with patients as measured by HCAHPS using a standardized communication model. *American Journal of Medical Quality*, 32(6), 617–624. doi:10.1177/1062860616689592
- Klein, M. C., Kaczorowski, J., Hall, W. A., Fraser, W., Liston, R. M., Eftekhary, S., ..., Chamberlaine, A. (2009). The attitudes of Canadian maternity care practitioners towards labour and birth: Many differences but important similarities. *Journal of Obstetrics and Gynaecology Canada*, 31(9), 827–840. doi:10.1016/S1701-2163(16)34301-8
- Klein, M. C., Liston, R., Fraser, W. D., Baradaran, N., Hearps, S. J., Tomkinson, J., ..., Brant, R. (2011). Attitudes of the new generation of Canadian obstetricians: How do they differ from their predecessors? *Birth*, 38(2), 129–139. doi:10.1111/j.1523-536X.2010.00462.x
- Kozhimannil, K. B., Hardeman, R. R., Attanasio, L. B., Blauer-Peterson, C., & O'Brien, M. (2013). Doula care, birth outcomes, and costs among Medicaid beneficiaries. *American Journal of Public Health*, 103(4), e113–e121. doi:10.2105/AJPH.2012.301201
- Liva, S. J., Hall, W. A., Klein, M. C., & Wong, S. T. (2012). Factors associated with differences in Canadian perinatal nurses' attitudes toward birth practices. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 41(6), 761–773. doi:10.1111/j.1552-6909.2012.01412.x
- Lyndon, A., Johnson, M. C., Bingham, D., Napolitano, P. G., Joseph, G., Maxfield, D. G., & O'Keeffe, D. F. (2015). Transforming communication and safety culture in intrapartum care: A multi-organization blueprint. *Obstetrics and Gynecology*, 125(5), 1049–1055. doi:10.1097/AOG.0000000000000793
- Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2018). Births: Final data for 2016. *National Vital Statistics Reports*, 67(1), 1–55. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf
- McDaniels, A. (2017, August 1). Baltimore enlists doulas to help bring infant mortality rate down. *The Baltimore Sun*. Retrieved from www.baltimoresun.com/health/bs-hs-doula-infant-mortality-20170725-story.html
- McLeish, J., & Redshaw, M. (2018). A qualitative study of volunteer doulas working alongside midwives at births in England: Mothers' and doulas' experiences. *Midwifery*, 56, 53–60. doi:10.1016/j.midw.2017.10.002
- Meadow, S. L. (2015). Defining the doula's role: Fostering relational autonomy. *Health Expectations*, 18(6), 3057–3068. doi:10.1111/hex.12290
- Middlemiss, L. (2015). Doulas ... complementary or conflicting? *Midwives*, 18, 66–68.
- Paterno, M. T., Van Zandt, S. E., Murphy, J., & Jordan, E. T. (2012). Evaluation of a student-nurse doula program: An analysis of doula interventions and their impact on labor analgesia and cesarean birth. *Journal of Midwifery & Women's Health*, 57(1), 28–34. doi:10.1111/j.1542-2011.2011.00091.x
- Roth, L. M., Henley, M. M., Seacrist, M. J., & Morton, C. H. (2016). North American nurses' and doulas' views of each other. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 45(6), 790–800. doi:10.1016/j.jogn.2016.06.011
- Steel, A., Frawley, J., Adams, J., & Diezel, H. (2015). Trained or professional doulas in the support and care of pregnant and birthing women: A critical integrative review. *Health and Social Care in the Community*, 23(3), 225–241. doi:10.1111/hsc.12112
- Steel, A., Frawley, J., Sibbritt, D., & Adams, J. (2013). A preliminary profile of Australian women accessing doula care: Findings from the Australian longitudinal study on women's health. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 53(6), 589–592. doi:10.1111/ajo.12123
- Stevens, J., Dahlen, H., Peters, K., & Jackson, D. (2011). Midwives' and doulas' perspectives of the role of the doula in Australia: A qualitative study. *Midwifery*, 27(4), 509–516. doi:10.1016/j.midw.2010.04.002
- Streeton, A., Bisbey, C., O'Neill, C., Allen, D., O'Hara, S., Weinhold, M., ..., Grubbs, P. (2016). Improving nurse-physician teamwork: A multidisciplinary collaboration. *Medsurg Nursing*, 25(1), 31–34, 66.
- Zielinski, R. E., Brody, M. G., & Low, L. K. (2016). The value of the maternity care team in the promotion of physiologic birth. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 45(2), 276–284. doi:10.1016/j.jogn.2015.12.009

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