

Doula (Aust) & Plunket (NZ) Nurses

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What then is A Doula?

A Doula holds the space for the midwife to assist the wife to give birth. This is a critical yet often ignored role. Often this is the wife's mother. This analogy applies directly to home births, and refers to a process (say of having an accepted authority in the space both to hold it and sustain intention) **and** a period (say of 2-3 weeks).

So the Doula has an intention that is related to, yet separate from, the midwife's (assist the mother) or the mother have a healthy birth. So the Doula has a discrete intention (hold the space) with a process and over a certain time period say a few weeks.

The word 'Doula' (pronounced 'doola') is a Greek word meaning 'woman servant or caregiver'. More recently, it refers to someone who offers emotional and physical support to a woman and her partner before, during and after childbirth.

A Doula (also known as a birth attendant) believes in 'mothering the mother', enabling a woman to have the most satisfying experience that she can, from pregnancy and into motherhood. This type of support allows the whole family to relax and enjoy the experience too. Here *the Doula holds the space with compassion and domestic support for the midwife to hold the space with technical birthing nursing capability to assist the mother give birth to the child.*

Despite Doulas being fairly unheard of in Australia, they have been actively supporting women for a very long time and are fast growing in popularity after much positive word of mouth and the need for increased support.

Doulas are trained and experienced in childbirth and are usually mothers themselves. They have a good knowledge and awareness of female physiology, but a Doula does not support the mother in a medical role – that is the job of the midwife or doctor. She also does not make decisions for the couple, but she supports them through the decision making process and provides balanced information so the couple can make their own decisions.

A Doula works in birth centres, private and public hospitals and at homebirths in conjunction with midwives – but never as the sole carer at birth. (Birthing without a midwife or doctor present is known as free-birthing however BellyBelly recommends birth with at a qualified midwife (or doctor).

There are two types of 'literal' Doulas, Birth Doulas and Post-Natal Doulas, with many Doulas performing both roles. The difference is that the role of the Post-Natal Doula is to nurture the mother at home after childbirth. This may include further breastfeeding support, light home duties, massage, emotional

and physical support for the mother and so on. Post-Natal Doulas are particularly in demand as support for new mothers has reduced in modern society. Needless to say, studies show that Post-Natal Doulas make a huge impact on the well-being of mothers.

Pre-requisites for a successful Doula intervention/facilitation

First the Wife MUST be able to:

1. Be pregnant and she must know that and be looking after herself, assist in the development of the baby with exercise, diet, meditation etc. know conception dates, trimester times and expected birthdate.
2. Have arranged the home for the child and the hospital to attend and made requisite payments etc.
3. Want and request the assistance of the Doula and realise that within a month after the baby is born the Doula will leave and be out of the picture and it's up to her to carry on
4. Do the ground and leg work required for ensuring the efficacy of the Doula's services
5. The Midwife has a direct technical role for say 3-4hours whereas the Doula has an indirect support role for as many weeks and the Wife has an all-encompassing role of mother for her life while the baby has the responsibility to become eventually independent and self-supporting.

Second the Doula MUST be able to:

6. Not do micro managing or prototype development and testing – that is for the wife and midwife
7. Supervise rather than actually do, yet doing where critical e.g. cooking
8. Be able to ask difficult or overlooked questions based on her experience about the comportsment of the household and its readiness for baby and to be able to run with baby
9. Be able to suggest and even design (though not implement) system changes for when the baby comes home
10. Along with the wife accept that her role comes WELL after conception and is targeted at facilitating/incubating for a short time (month at most) a host positive context/environment for the wife for the birth itself (that's all)
11. Recognise she is more an EO and not a PA.

Third the Husband MUST be able to:

12. Know of, endorse and facilitate the Doula.

Fourth the Family MUST be able to:

13. Know of, endorse and facilitate the Doula.

Doula ~ Private, Plunket, Public

Folks *doula* can also be metaphorical in much of a facilitators work is the Doula (midwives' midwife) like holding the space with compassion and skill for the midwife to hold with skill and compassion the space for the wife to give birth to the baby – possibly some of my work would fit in here – the stats are impressive. Often this would be the wife's mother who would hold the home space as functional doing the washing and cooking for a week or so around the birth. Doula is used here as a subtle form of facilitation and can well be a model for social innovation. Here Holding The Space 'HTS' is about operations, food, cleanliness, background emotional and experiential support and comfort (as for instance the mother loves the wife/daughter and has had children herself e.g. the daughter).

This role is not at all well recognised in our culture and the knock on's from this include:

- (1) **Unrecognised** - when accolades are given to the mother and midwife, Doulas are not recognised, in some ways a good Doula is an invisible one so the insignificance can be a sign of success (sic!),
- (2) **Different Path** - when the wife gets going the Doula may well see a different path but has to peel away as it's the wife's baby not hers/the doula's
- (3) **Doulas have their own network** – i.e. the aunties. This is profoundly different to a men's 'work related' network (one never hears of a network of 'the uncles') as Doulas are linked by the birthing a profoundly human organic and natural process
- (4) **Blowback** – when the baby is about to be born the family suddenly realise that a change in state is about to occur not just a drift or an incremental adjustment, but a qualitative change of state (requiring expenditure/redirection of (lots of) money and reallocation of resources (getting up at night) and allocation of resources (buy a crib etc) and this generates blowback big blowback where the vulnerable person is not the baby or the mother or the midwife (who is doing her duty) but the only one left standing is the Doula
- (5) **Doula is plan 'D' not plan 'C'** – Plan A – mother gives birth unassisted, Plan B – Midwife assisted birth, Plan C – hospital intervention, Plan D – Doula direct and indirect assistance.

The doula is not the same as the architect as she holds the space and doesn't create it. It is more a social space process phenomenon rather than a physical design of the space situation.

Plunket Society

Formation May 14, 1907 (formed 110 years ago) Website <http://www.plunket.org.nz/>

The Royal New Zealand Plunket Society is an incorporated society[1] in New Zealand which provides a range of health services to healthy babies and young children. The Plunket Society mission is 'to ensure that New Zealand children are among the healthiest in the world'.

The society is most commonly referred to in the community as 'Plunket'.

The meeting which led to the foundation of the society was held on May 14, 1907 by Dr Frederic Truby King. King was a medical superintendent and lecturer in mental diseases. He believed that by providing support services to parents, the society could ensure children were fed on a nutritious diet, and therefore reduce child mortality rates. He also believed that this would improve adult health as the children got older.

Originally called the Royal New Zealand Society for the Health of Women and Children, Plunket got its name from an early patron of the Society, **Victoria Alexandrina Plunket** mother of eight and wife of then Governor of New Zealand, William Plunket, and the 5th Baron Plunket. Within a year, the society had first opened The Karitane Home for Babies in Dunedin, and then opened centres in Auckland, Wellington, and Christchurch.

The society laboured for many years under the perception that it was set up cater only for European women and their babies, this impression was reinforced by the fact that the Department of Health operated a Native Health Nurse Service specifically for Maori in rural areas.

In 1912, King made a lecture tour on the Plunket Society. In these tours he was highly successful in attracting support for the society, partly because he exaggerated the effect on infant mortality rates. As a result of his tour, 60 new centres opened around New Zealand, each employing a nurse. The centres were badged as Plunket Rooms, however they are now referred to as Plunket Clinics.

Doula can also be systemic – a doula field

The Ngaringman mob from the Northern Territory have the word 'punu' which means well-being however this includes person, culture inc. lore and tribe, and country, and is experience in one's body a sort of all is well with the world feeling/state of being. Doula here as punya denotes *a conceptual field* (e.g. Demiurgic Manifesting Field) *within which the individual locates and action develops*. Grbich (1999:64-65). Grbich, C. Ed.. (1999) *Health in Australia: Sociological concepts and issues*. Sydney, Australia: Longman. 310pgs.

What Are The Proven Benefits Of A Doula?

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

- 50% less caesarean sections
- Reduction in the use of forceps by 40%
- 60% less requests for epidurals

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

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

What about the Father?

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

Doula ~ Promise

1. You cannot hurt my feelings in labour
2. I won't lie to you in labour
3. I will do everything in my power so you do not suffer
4. I will help you to feel safe
5. I cannot speak for you; but I will make sure that you have a voice and I will make sure you are heard

Doula ~ Process

The Doula Process is limited time wise yet involves in that period the following in principle steps:

1. Typically a few months (baby) to six months (project)
2. Involves holding the space for the workers to help the ideas person birth the baby/idea
3. Involves the immediate post-partum (ie after birth) stage
4. Is open to criticism because something other than the space is not working/tidy etc.

5. Can be applied to a group ie a DST Doula Support Team rather than a (say) ThinkTank
6. A DST has the remit of holding the space for an innovator to birth and sustain her idea
7. In organisations new ideas re always fiercely resisted and the Wife, Midwife and Doula will be assassinated by reactionary ‘more of the same’ forces/conservatives unless a ..
8. DST is proactively involved from before day 1 (just after inception to just after birth)

Doula ~ Success

Essentially, and unfortunately, from my experience and that of other Doulas, this will be the norm for the Doula. As our culture does not, unlike indigenous cultures, recognise the seriousness of the doula role and does not really even have a word/valorised space therefore, as birth has become so medicalised/westernised.

1. **Idea Doula** (PW) – recognises folks with 3 and doulas ideas that into a corporate/NGO system
2. **Idea midwife** (Milos) + competence at task
3. **Idea wife** (volunteers to fix bikes) – pregnant with idea
4. **Idea baby** (fixed bikes) – need for, catchment area for, application of when completed all OK
5. **Idea/Product Champion** (Milos) with commitment and enthusiasm to overall ‘join the dots’ product system/value chain
6. **Idea Implementers** - capable, respected and recognised implementers (volunteers)
7. **Idea action:** Sufficient tools and recompense therefore (Milos and NAC)
8. **Idea home:** Positive auspice (NAC)
9. **Idea use:** End use for Doula’ed idea (bikes for Cambodia)
10. **Idea dance:** Efficacious and synergistic fit for the above with fun
11. **Idea timeliness:** need for the idea to be at full gestation before birthing process starts i.e. suitable for the times
12. **Idea failure:** failure of the Doula’ing process (see next section), still birth of the idea, lack of coherence of the Idea entrepreneurial team (idea/baby, wife, midwife and doula).

<http://www.bellybelly.com.au/articles/pregnancy/doulas-what-is-a-doula>

Birth Doula ~ Trials and Tribulations

1. When as a doula you can see esoterically what can be done and what needs to be done but those whose job it is to do it don’t and won’t and even cant.

2. When the baby/idea is still born.
3. When the Doula field won't provide all the resources necessary
4. When the participants esp. midwife wont, or can't, recognise/respect the importance of the doula – wives generally do.

Death Doula ~ Trials and Tribulations

In her Crone aspect the triple Goddess becomes, in many indigenous spiritual cycles for instance the psychopomp – guide of the dead. For instance in Mayan culture a senior midwife who eases people in their dying process even absorbing dying bodies into her own body which, ultimately is the earth. This is a role still frequently undertaken by older women in Mesoamerica. In Mayan culture (2000BC-1500AD and Spanish Conquest) Chak Chel with her coiled serpent headdress we have the Grandmother Earth Goddess of the moon, rain, medicine and death. www.ancient-origins.net (2015:L1209).

Source: www.ancient-origins.net (Ed.). (2015). Unravelling the Mysteries of Ancient Artifacts: Ancient-Origins. 180pgs equiv. Location 1209.

Appendix A: An actual Doula agreement

Dolph in Doula'ing terms each one of these seven represents a baby to be born so to speak. You will need a midwife for each idea/baby below – I suggest Gillian if she agrees. My role is not to get things going but to come in when you are aware the baby is close to birth and hold the space for your midwife to assist you birth the idea/baby.

Doula agreement sections chosen by DC	PW question	DC answer	Jointly agreed tasks to achieve	Outcome required i.e. healthy baby & mother	Mother/Worker	Mentor/Crone	Midwife	Doula	Timeline	Resources. Doula doesn't provide rather arranges
1 Mutual support	For what, by whom? IE for your Biochar work or for your relationship with Gillian?				DC	??	Gillian Tubbs	Paul Wildman	1mth	DC/GT/PW 10hrs
2. Collaboration	With whom about what? IE for your Biochar work or for your relationship with Gillian?				DC/GT	GT	Gillian Tubbs	Paul Wildman	1mth	DC/GT/PW 10hrs
3. Strategic Plan (SP)	For what, who is involved, what time period? (suggest 3yrs)*				PW/DC	PW	Gillian Tubbs	Paul Wildman	3mth	?????Sor LETS 30hrs
4. Goal setting	This happens as part of the SP or do you mean in your private life?				DC/GT	GT/PW	Gillian Tubbs	Paul Wildman	2mths	DC 03hrs
5. Encouragement	Of you or By you? & what are you encouraging?				GT/DC	GT	Gillian Tubbs	Gillian Tubbs	Ongoing	GT 05 hrs
6. Create a great working	Dolph, from your HoA emails, I thought you already				DC	??	Gillian Tubbs	Paul Wildman	2mths	DC 10hrs

environment	had this									
7. Experiencing Doula'ing	Dolph what is the time line for this DA		DC to familiarise himself with Doula'ing via. PW article sent separately. Gillian an assist here by picking a few key sections.	DC to have successfully run and debriefed his own Doula'ing process by end of 2016	DC/GT	DC	DC	DC	6mths	DC embedded in above process

Source: P Wildman and D Cooke V4@20-01-2016 comm. 19-01-2016,

Notes: **HoA:** Hill of Abundance, * Dolph I thought you and Gillian were to move on from your place – maybe that’s changed? Either way where you are will impact hugely your **SP**. For instance you said as you move on from your present location you want to stay in Biochar but move from production to distribution and sales i.e. social enterprise – Rassel is quite excellent at this; **Mother/Worker** – someone with an idea and who personally is seeking to birth that idea with their labour and resources. **NB:** the idea is conceived and has gestated. **Mentor** - a wise and trusted counsellor or supporter for instance other trusted and experienced wives/mothers – crone (using the Wiccan Goddess trinity of Maiden, Mother, Crone (wise woman)); **Midwife** - a person who aids in someone producing something new or different; **Doula** – someone who *holds the space* for the midwife to assist the wife birth the child so both are healthy and happy – often this is the mother of the wife. *Holding the space* is a very grounded process and includes managing the resources/household, organising replenishments and transport, cleaning the household from a nurturing, maternal, feminine caring perspective i.e. Oikonomia or Home Economics as per Aristotle, and not from a masculinist or economic rationalist perspective i.e. it is part of the care/gift economy and beyond mere financial transactions. The above is like a feminine strategic plan and is clearly done as a ‘socio-technical’ system.

..... Dolph Cooke /01/2016

..... Paul Wildman /01/2016