

## How To Go From Being *THAT DOULA* to That Doula! (In A Nurses' Mind)

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*THAT Doula* is the one the nurses roll their eyes at and don't want to see in the labor room. The one they aren't certain about, the one who leaves them wondering how their patient may be negatively influenced, the one they feel oversteps her boundaries and has her own agenda – not the patient's - in mind. I've done extensive research interviews with doulas and nurses, consulted with nursing unit directors and had served as a mentor doula. To me, the vast majority of the time these concerns arise from misunderstandings and miscommunication between nurses and doulas.

So how do we counter these negative perceptions that nurses may have about a doula when we arrive at the hospital? (Now this is much harder when the hospital staff has had experiences with a rogue doula who behaves in these ways on a regular basis. That may require a more direct approach.) What I am talking about here is building your own reputation as a trustworthy doula. Often we can't do anything about the past, we can only begin with the next birth. Here are best practices culled from experienced doulas and labor and delivery nurses:

1. **Smile.** Smile when you meet someone, smile when they walk into the room, smile when you walk down the hall. Be genuinely yourself, don't fake smile. A person's brain perceives a smile as welcoming and automatically changes their behavior to be more receptive towards the person smiling at them. This is unconscious. So shifting your behavior to be welcoming by authentically smiling can use this to your advantage.
2. **Adjust your nonverbal behavior to be welcoming** and acknowledge the MCP's presence when they come into the room or closer to the laboring mother's personal space. A head nod, slight shift in your shoulders or body orientation can indicate your awareness of their presence. You can do this while not taking your attention away from the mother in her laboring, or wait until the contraction passes if needed.
3. **Introduce yourself, share a little bit about yourself and what you are there to do.** "Hi, Nancy. My name is Amy, I've been a doula for 20 years off and on. I'm here with Nick and Nora to help them with comfort measures, remind her to change positions, fetch things, and to remind Nora to speak to you and Dr. X about what is most important to her about her birth."
4. **If needed, explain what you do not do.** "I don't do vaginal exams or anything clinical. I don't speak for Nora and Nick, I just remind them when it's a good time to discuss their wants and needs with you or the doctor and midwife."
5. **"Wonder with" and include the nurses when they are present.** "I wonder if we might try..." "Nora seems to be tiring, maybe a position change would be good???" "What are you thinking?" "Are you noticing Nora's cxns slow down when her mother is in the room or is it just me?" Nurses have been to hundreds of labors and may know coping strategies that we've never thought of. It is a courtesy to ask – remembering mom is the decider.
6. **Include the nurse in the mother's coping ritual whenever you can.** Any connection you can enhance between the mother and her nurse is good for their

relationship. It also helps the mother to feel safer and cared for. Nurses like to provide comfort measures but their other responsibilities limit their time.

7. **Acknowledge the nurse's rank and her territory.** If you are thinking about a big change, such as laboring in the tub or walking the unit, find the nurse and ask her before you do it. Maybe ask her in a general way an hour or two before you make your move. "Nora wanted to try laboring in the tub today. Is there any reason we ought to check with you first before doing that?" Some nurses don't need this communication, while others feel put out when their patient is doing something unexpected. There's nothing like going into a patient's room and finding her not there! If the physician calls and the nurse is out of the loop, she looks less competent.
8. **Do simple things that make the nurse's job easier.** Pick up the dirty laundry, offer to get her something to drink when going to the kitchen. Imagine yourself working together on the same team and building a relationship. You are! You are both on this mother's birth team along with her family members.
9. **Urge Mom to speak up verbally about what she wants to each nurse and MCP.** "I really want to avoid an epidural" or "I want an epidural but Amy is going to help me to use the tub first to see if I like it." "Don't tell me to 'push, push'." Get mom and her partner used to speaking up. **Get their voice in early and often.**
10. **Prompt mom to speak up:** "Nora, do you want to tell the resident about your approach to pain medication?" Maybe a slower, gentler approach is better: "Hmmm, Nora, I'm wondering if you want to share what's important to you with Dr. Y since she's going to be involved with your care." **You want your voice to be remembered as the one who is reminding mom,** not the one who is saying the words for her.
11. **If you've done the prompting and mom doesn't say anything, let it go.** It is *her birth* and if her vision is not happening because she isn't saying anything then you have to let it go. A good general guideline: "I'll stick my neck out as far as my client does, but I won't go farther than she does.
12. **When a medical decision needs to be made invite the nurse to stay in the room.** "Since Nick and Nora have some time to discuss what to do next, Nancy, do you want to stay in case they have any questions?" By inviting the nurse to stay you avoid the appearance of being manipulative or unduly influencing your clients toward other approaches than the one being initially recommended.
13. **Don't give medical information. Help your client to solicit that information from the medical staff.** You know what you know so that you can tell if they are getting the information they need to make a good decision. You don't know it so that you can say it out loud to your client. The doula's role is to enhance connection and communication, not be the source of medical information. It is okay to ask leading questions IF your client has indicated she wants more information but it doesn't seem to be forthcoming. "Isn't there some kind of number or score about her cervix to consider when breaking her bag? I think Nora and I were talking about that a while ago."
14. **Know what you know and don't claim to know what you don't know.** If you are unfamiliar with position changes with an epidural, say so. "I took a workshop where getting in a kneeling or hands and knees position with an epidural was helpful in

preventing posterior positioning and labor dystocia. I haven't done it before, but Nora would like to try it if possible. Do you think *we could work together* and see if that is good for Nora and the baby?"

15. **Realize that everyone present is providing what they feel is the best care for mother and baby.** Almost all physicians, midwives and nurses are making the best recommendations possible based on their knowledge and experience while taking your client's preferences into account. It is the rare MCP who is misogynist or disregarding the emotional importance of childbirth. I'm not saying that it doesn't happen. I am saying that making that assumption *without direct experience* of it does a disservice to you, your clients, and the medical staff you are working with.
16. **Repeat after me: "It's not your birth. It's not your birth. It's not your birth."** Tattoo this in your memory, embroider it on the inside of your birth bag. It's not our birth! Our role is to follow the woman's lead even if it seems she is doing the opposite of what she said she wanted prior to labor. Don't have your own agenda for this birth or this mom. Her birth is her life experience. Don't cheat her out of it just because we want it to be a different way. Our job is to support the choices she is making now even when she may not stand up for herself or what she said she wanted earlier.
17. **Your reputation precedes you and nurses will talk about you after you leave (perhaps even while you are there).** Make sure that this nurse has good things to say about you – or at least nothing specifically bad. It may take more than one birth for positive feedback about you to circulate but it's worth it. Hopefully you will experience greater satisfaction in your relationships with medical staff by following these strategies too.
18. **Nurses have personalities, struggles with coworkers, worries, and families waiting for them.** In other words, they are whole people. Show respect for them and concern for their needs. An approach that works with Nurse Nancy won't work with Nurse Abby. A large factor in your success as a doula is your ability to pay attention to other's cues and adapt your behavior to get along successfully with them. Our job is complex because we have to do this with our client, her family, her care providers and members of the nursing staff – simultaneously!!

These are advanced communication strategies that seem deceptively simple. It takes courage to change even when behaving in a way that is natural to us isn't getting the results we want. All of them are ways of being at a birth that highly effective doulas practice and that labor and delivery nurses said they appreciate. My hope is that they will help you find increased satisfaction and harmony in this critical aspect of doulaing.