



Swedish women's experiences of doula support during childbirth

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Summary

Objective: to describe women's experiences of having a doula present during childbirth.

Design and setting: a qualitative study with a phenomenological approach in two large Swedish cities. Data were collected via open-ended taped interviews 1–2 months after childbirth. The analysis of the text of transcripts included search for meaning units sorted into clusters for a final expression of the essential structure of the phenomenon.

Data: interviews from 10 women aged between 25 and 35 years, both primiparous and multiparous.

Findings: women's needs during childbirth were described in a metaphor, as a puzzle consisting of different pieces where the doula was the necessary missing piece. She was a mainstay functioning as an experienced adviser, an affirmative person, a mediator, a guarantor, a fixer and as an accessible presence.

Key conclusion: for these women, the doula fulfilled important needs. The roles of the midwife and the doula differ, yet some of the evolved doula supportive functions are also essential in the midwife's care. When a birthing woman has chosen a doula, the challenge for the midwife is to support her in collaboration with the doula and the partner if present. More research is needed in order to determine whether the presence of a doula for the midwife is an asset or a hindrance, and to find the essential prerequisites for midwife–doula collaboration to be possible.

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Introduction

Birth never changes, and yet it is ever changing. The female body goes through the same process in giving birth as it always has done, but the assistance given to woman, and the birth environment, has changed. Historically, childbirth was seen as a matter only for women, and the birth took place in a closed, private room. The traditional midwife was present and responsible for childbirth; other 'helpwomen' were present, but their main task was to support the woman giving birth (Höjeberg, 1991; Pascali-Bonaro and Kroeger, 2004). With the hospitalisation of childbirth, assistance was given primarily by professionals, and the 'helpwomen' became marginalised and forgotten.

This change in maternity care is common for almost all societies with institutionalised maternity care. Today, most women in Western countries deliver in hospitals. Many of them have their partner at their side, but no 'helpwoman'. However, the use and need of a doula (i.e. a modern name for the 'helpwoman' and a Greek word for a supportive person) has returned. Support is essential in midwifery, but invariably it is impossible for the midwife to provide sufficient support throughout the whole birth. This is the result of a slimmed down organisation, with midwives taking on heavy workloads and care of more than one woman at a time.

It is well documented that continuous presence of a doula (i.e. a supportive person) positively influences the childbirth process. The women cope better and are less tense, and their feeling of bodily strength and performance is positively influenced (Scott et al., 1999a). The use of chemical pain relief, the frequency of instrumental vaginal deliveries and caesarean section is reduced, and the childbirth experience is improved (Hodnett et al., 2003). The amount of time a supportive person spends with the woman seems to be predictive of women's satisfaction with the care and childbirth experience (Corbett and Callister, 2000). Continuous presence of a supportive person is shown to be of greater beneficial effect than presence on an intermittent basis (Scott et al., 1999b). During the postpartum period, the doulas' support seems to increase mother and baby interaction, breast feeding and the woman's feeling of control. It is connected with less postpartum depression, maternal anxiety, maternal fever and infections (Wolman, 1991; Zhang et al., 1996; Madi et al., 1999), and is shown to decrease catecholamine levels, which in turn minimises dysfunctional uterine activity and enhances uterine blood flow

leading to diminutive blood loss (Klaus et al., 1992; Zhang et al., 1996; Scott et al., 1999b). A doula's task also includes supporting and encouraging the father-to-be, and complementing his coaching and interaction with his partner (Hodnett et al., 2003). There are also indications that doula support starting in early labour and continuing into the postpartum period provides the most consistent beneficial effect on childbirth outcomes (Rosen, 2004). In summary, it is evident that the presence of a doula considerably improves medical and psychological outcomes.

The doula support is based on own experience, short informal training, or both, and should not include clinical tasks or medical interventions. In some countries, guidelines have been elaborated that encourage women to have continuous support during childbirth. Doula training is available and even sponsored by some hospitals (McGinnis, 2001; Declerq et al., 2002; Hodnett et al., 2003).

In Swedish maternity care, most women have the father-to-be present during childbirth. The effect of his presence on the childbirth experience has not been studied enough to be conclusive, but several studies show that women are very satisfied (Lundgren et al., 2003).

Doulas are rare in Sweden, but are, in some places, available through private organisations at a cost. One intervention study with doula support has been performed in Sweden, but it failed to show any more positive effects compared with non-presence of a doula (Thomassen et al., 2003).

In summary, it is concluded that, historically, care during childbirth has been carried out by lay and professional carers. A main question is what value does the doula have in the care of women? As most published studies concerning the use of a doula have been conducted in other countries, and because women's needs during childbirth may change owing to culture and society, it is important to conduct more studies in Nordic countries. In order to increase the knowledge about what kind of support women can gain from a doula, the objective of this study was to describe Swedish women's experiences of having a doula present during childbirth.

Method

The study is qualitative with a phenomenological approach. Phenomenological philosophy stresses the importance of describing and understanding human experience as it is lived, before theorising (Husserl, 1970). Lifeworld is a central human

concept, and includes the whole in which we live. Lifeworld theory stresses that we are historical creatures, relations with other individuals are essential and we gain access to the world through our bodies (Merleau-Ponty, 1995; Dahlberg et al., 2001). The aim of phenomenological research is to expand our understanding of human experience, and includes discovering, analysing, clarifying and seeking patterns of a certain phenomenon through describing the meaning of humans' lived world (Dahlberg et al., 2001). Crucial in lifeworld research is openness (Husserl, 1970; Gadamer, 1995; Merleau-Ponty, 1995). It includes the researcher's true willingness to listen, see and understand, and involves respect and humility, as well as sensibility and flexibility towards the phenomena. The researcher should be conscious about own pre-understanding in order to restrain it during the whole research process, from data collection to formulation of findings. The primary interest in lifeworld research is not the persons as informants, but the phenomena itself (Dahlberg et al., 2001). The study phenomenon in this research was 'women's experiences of having a doula present during childbirth'.

Participants

Although it is uncommon for women to use a doula during pregnancy and birth in Sweden today, contact with private doulas active in Gothenburg and Stockholm was made through a mailing list at a website; www.kanalen.org/doula. The doulas were requested to ask women who had engaged a doula during childbirth to participate in the study. Two criteria were given: the women had to be fluent in Swedish and willing to be interviewed within 2 months after the birth. Women interested in participating contacted the interviewing researcher (AT) to make an appointment for an interview.

Interviews

Eleven women were willing to participate in the study and gave their oral consent. This number of participants is deemed to be sufficient for a full description of a specific phenomenon dependent on the quality of the interviews. They were assured that participation was voluntary and that all information would be treated confidentially. Ethical approval and permission to undertake the study was obtained from the Research Ethics Committee at the University of Gothenburg. The interviews were performed during a period between October 2002 and March 2003. The interviews were tape

recorded and began with an open question: 'Can you describe your experience of having a doula present during childbirth?' Probing questions, such as 'What do you mean? What were your thoughts? Can you expand more?' were used. The length of the interviews varied between 40 and 70 mins, and took place in a room in the women's homes without disturbances.

Analysis

Each interview was transcribed word-by-word into text. Phenomenological analysis based on principals described by Giorgi (1997) and Dahlberg et al. (2001) was used. First, the text from all interviews was read through a number of times to obtain an overall feeling for the data. Second, the text was re-read looking for meaningful units. The next step included organisation of the meaningful units into clusters by relating them to each other and looking for the common constituents. In order to maintain the openness to the phenomenon as a whole, and to gain a valid description, the researchers went back again and again to the original text. The clusters were summarised in a structure that consisted of an essence described through constituents and validated by quotations. Finally the findings were translated into English.

Findings

Of the 11 interviews, one was removed as the tape-recorder did not function. Of the 10 women interviewed, eight were from Stockholm and two from Gothenburg. They were both primiparous and multiparous aged between 25 and 35 years. Their education varied from compulsory schooling (9 years) to university education. All, but one, were employed. Six women had given birth in hospitals and four at home. In total, six different doulas had been involved in providing care for these women. Five of the women had an individual meeting with the doula at the beginning of pregnancy. Eight of the women had one meeting, together with their partner 2–3 months before the birth. The two single women had an individual meeting.

The experience of having a doula present during childbirth was described in a metaphor. A woman's total needs during pregnancy and birth could be described as a puzzle consisting of different pieces. Essential pieces here were the partner, the midwife at the prenatal clinic, the midwife at the birth, and the nurse at the children's clinic. The doula was the necessary missing piece consisting of six essential

parts expressing six functions. She was an experienced adviser, a fixer, a mediator, an affirmative person, a guarantor and an accessible presence. Here, follows a description of these parts verified by quotations from the participating women.

An experienced adviser

The contact with the doula was established during pregnancy and continued throughout birth and the first weeks postpartum. She had important practical experience and knowledge about childbirth. From her own childbirths, and her experience as a doula for other women, she was familiar with the childbirth process and environment, hospitals and homes. She knew what should and could be done to make the total experience of childbirth as pleasant as possible for the woman. To share her experiences, feel her calmness and to be familiar with her before birth was of great value and an important basis for the supportive actions during the birth process. Her extensive experience made her an excellent adviser:

She knows a lot about the childbirth. She has been there before. She can explain and clarify.To have someone with me who knew the surroundings in the delivery ward was important. (Woman 2)

It was a supportive person who came along...one who had been there before who knew. Not to help with the medical part but just to be there, support and explain what might happen, what you can ask for and so on. (Woman 9)

To give birth to a baby was a private and intimate experience that the women preferred to keep in the close family. The doula was a neutral person, not a relative or close friend. This fact was appreciated by the women who thought that, if a relative was used as a doula, conflicts might arise between them:

...she had experienced a home birth before and she was confident. But also it is very intimate to give birth. And it would not have felt right to have someone there who is too close to us...A doula has seen it before and she knows why. It was very nice that she knew and understood. (Woman 8)

The experienced doula was able to inform and explain to the woman and her partner. The women had noticed a positive interaction between her partner and the doula. The partner knew her better than the doula but the doula could advise him in giving her the best support:

I think the man is powerless and he might not see what is happening. ... And maybe he suffers because I am in pain. Maybe he feels he cannot do anything. It is a relief; the man gets more support, understands more what is happening and is not as worried if a doula is there. (Woman 3)

The doula's experience and counselling even after the birth was expressed as invaluable. As she had dealt with the birth experiences, the women found it more natural to call her than, for example, the children's clinic when advice was needed. They also found her counselling better than a relative's, as the doula did not have the same connection and ties as a relative would have:

And I think, in the past you might have your mother or grandmother but that depends if you have a good relationship with them and if you want to have them there. I wouldn't like to have my mother with me because she would be so hysterical that it was her grandchild about to be born...you don't want that close relationship though, you want someone who can think straight. (Woman 10)

The doula's advice differed from the midwives' advice mainly in that she could share her own experiences and emotions:

The midwives talked a lot about all the practical things when coming home, what to think about, how to sponge a girl and so on, but the emotional things; they did not talk a lot about that...X talked emotions with us. (Woman 10)

An affirmative person

The doula was affirmative. When the woman and doula met before childbirth, sometimes several times, the woman talked about her feelings, how she knew her body and how much she thought she could manage to go through during the forthcoming childbirth. The woman could talk about everything from fear of childbirth to the wish for a dream birth, and the doula affirmed the woman as she was. From being strangers, a close relationship gradually developed. This affirmative relationship became a basis for support that suited the woman's personality and needs. The doula also convinced the woman that she was capable of going through the birth. This strengthened her self-esteem and confidence. Good team collaboration was developed between the woman, her partner and the doula. The doula and partner pushed and pep talked, encouraged and supported. They all

struggled together for a successful development of childbirth, stage by stage:

With help from the doula I can trust myself and my ability. ... She praised me when she heard how I handled the contractions; I could trust that I was on my way into the next stage. That was like an affirmation. (Woman 10)

The doula was also affirmative towards the partner, which strengthened his self-esteem and encouraged him to take an active part in the childbirth. He was not alone with the responsibility to support the woman but they could work together as a team for the woman's best. The doula was a complement to him, not a competitor. This meant the woman could leave the responsibility for her partner to the doula during childbirth, which made it easier for her to relax and give herself to the birthing process:

It is safe and secure, like having an extra man, I think, yes like an extra man I would like to say. It is almost the same thing but without competition towards the husband. (Woman 5)

A mediator

Another essential part was the doula's function as a mediator. This included mediation between the woman and her partner, as well as between the woman, partner and the midwife. As the relationship between doula and the couples was established before birth, they became acquainted with each other, and the doula became aware of the woman's and her partner's personalities, needs and wishes. If the woman and her partner did not understand each other, she conciliated. By this, anger and frustration was avoided:

He thought it was very nice that she was there; he cannot imagine what it would have been like without her. Without her it would only have been him and me, we had only had each other and I can't support him when I am giving birth, someone else has to do that. (Woman 10)

Mediation between the couple and the midwife was also an important element. The women felt secure that the doulas mediated their wishes and needs to the staff. A doula who was familiar with the staff could also propose a suitable midwife:

She was in a surrounding familiar to her...knew who could understand how I was functioning and which midwives would be positive to my wishes...She was like a mediator to the staff, really,

and it was, above all, that which made me able to relax. (Woman 2)

A guarantor

Another important part of the doula's role was her function as a guarantor. She stood for stability. She was like a stable rock that the woman could lean on. Her stability made the woman calm and secure. The basis for the guarantor role was that the woman and the doula knew each other, that they felt that they could get along and be connected in the private, intimate situation of childbirth. When the woman felt confidence in the doula, she became calm and relaxed. The doula guaranteed that, as much as possible, childbirth could be fulfilled, and in accordance with the woman's and her partner's wishes. This took away the feeling of fear and replaced it with calmness and security. It paved the way for a positive childbirth experience irrespective of whether it took place in hospital or at home. Again, the basis was a trusting relationship developed between the woman/couple and the doula:

I really wanted to believe she was a rock. (Woman 2)

I say that it is like a guarantee, you know what you get. ... you might be better guaranteed to get what you want from the childbirth. (Woman 5)

The feeling of security was transferred and spread all over the woman's body; physically, emotionally and spiritually. The doula was there close to the couple, giving physical touch. Emotionally, she gave a feeling that she was always watching to make sure that everything would be all right. She knew how to do her tasks and she did it in a way best suited for the woman:

It is important that the doula can read the situation. (Woman 5)

The doula also gave a spiritual feeling of security in the birth room, which was difficult to express in words. One woman described the doula as the 'birthing sister' and as 'a positive witch':

It is like having a birthing sister...yes like having someone with you who has done it before...like a witch too, in a positive way. She had so much spirituality too, maybe that way it was much more peaceful and safer too, when she was here...just because of her presence I became more calm. I got more feelings. (Woman 5)

Another part was the guarantee that the woman had the power. Without the birthing power, the feeling of being able to manage, it was impossible to give birth. The women who gave birth in hospital sometimes felt that they lost their own power. It was taken away by the staff. Then the doula gave it back to them. This increased trust of oneself and one's ability to give birth:

You are strong when you are safe. If you are safe at the hospital it is a good thing to be there, but it is easy for the hospital to take over and take away your power, it is then difficult to give birth when you can't help yourself. (Woman 4)

Some women felt that the staff had a negative attitude towards the doula. They then had to defend their choice to have a doula present. This defence was a threat to the stability and guaranteeing role that the doula represented:

If you have a doula with you and must defend your choice, it can sometimes take away the positive feeling of having a doula present. (Woman 5)

A fixer

Another important part of the doula's tasks was that she was a fixer, the factotum. She did the 'practical part' of the birth work. What this included depended on where the childbirth took place, at home or in the hospital. In hospital, the doula could help the woman with things that perhaps the staff did not have time to do, such as to get a glass of water, to put a cold pad on the forehead, to give massage, to assist with the inhalational analgesia or other such caring actions. She could also take photographs. These actions helped the woman to relax and avoided feelings of disturbing the staff with such needs. It also made the woman's partner more available for her:

She helped with the laughing gas, to make it work when it did not. She could fix it herself. (Woman 7)

She took a lot of pictures also, photographs you know, it was something I had never thought about nor had the time to think about. I just thought it was so wonderful that she was with me. (Woman 6)

In homebirth, the doula's role as a fixer seemed much more clear and outspoken. Here, she was the one who kept the childbirth in order with fetching towels and assisting the midwife. If there were other children at home she sometimes took care of

them. Afterwards, she took care of the dirty washing, and did the cleaning, all to please the woman and her partner and to help them to relax and enjoy their new baby. As the doula was an experienced person with control and knowledge, she could see and fix what the family needed. A few days after the birth she came back to the family and she often brought small practical things, handy to have in the beginning of the baby period:

Both she and the midwife stayed a while afterwards, making breakfast, did some cleaning, started the washing machine and so...all bloody things and so...and then she was back, she came back the day after and helped a little...It was not just the birth but also everything around it too. It was nice to just be able to enjoy the baby and to relax. ... It might have been because we were at home, but she had control over everything, fixing stuff and so on. (Woman 6)

An accessible presence

Another important part of the doula support was that she was an accessible presence for the woman and her partner, including being there for them from the end of pregnancy, throughout the childbirth process and even afterwards. This accessibility included the doula being open to the woman's proposals and wishes, everything to make the childbirth a positive memory:

It is an enormous support that you can just ask and she is there. ... To have a doula present the whole time is very good, to have somebody with you the whole time when the midwives change now and then. (Woman 6)

She was prepared to do everything, because when I called her, was she here right away and stayed the whole time...that she was accessible, that she was open for so many things, was most important. (W6)

Some of the women were assigned a delivery ward but could be moved or referred to another hospital when it was overloaded. This worried them. For them, the doula became continuity. She gave calmness as she followed and was always with them no matter which hospital they went to:

Part of me being so worried about getting a bed at Xxx and I was not in the mood, I could see in front of me what it would be like going to Yyy ... my husband would be all worked up. And then we felt that we needed a third person. (Woman 2)

The accessible presence did not mean that the doula had to do something all the time. One woman expressed how she first thought that she must find things for the doula to do during childbirth, but with time she realised that this was unnecessary. Neither was it necessary for the doula to be physically present all the time; sometimes it was better to leave the couple alone. The important thing was that she was available, just for them, and easy to reach. This gave calmness during the whole childbirth:

...you can be a reassurance even if you are not there...it is a strong psychological feeling that I just have to call her or that she is out there just for me. (Woman 5)

The essence of women's experiences of having a doula present during childbirth

Women's experiences of having a doula present during childbirth can be summarised as 'to have a mainstay'. As a mainstay, the doula represented stability and security. She became the person the woman could lean on, protecting her from falling. As a stable and secure presence, according to the woman's needs and wishes, and with her own experience of giving birth and of supporting other women through childbirth, she could, together with the woman's partner, give the needed support. She could also give the advice and support the partner needed. She affirmed the woman and her partner and became a guarantor so the woman could receive the support she needed, even when the midwife did not have time to give it. The doula also acted as a mediator, between the woman and her partner as well as between the woman, partner and the midwife. She was a fixer concerning practical needs, even after childbirth. The doula support was established before birth. She followed the couple before, during and after childbirth and brought pregnancy, birth and parenthood together, as a comprehensive whole:

'It was a totality, a comprehensive view'. (Woman 5)

It was an enormous support, can't describe it...it was the first thing I felt that I could never have done it without the doula. (Woman 7)

She contributed to the woman's feeling of wholeness during the childbearing period and in her transition to motherhood. In the metaphor of viewing the childbirth as a puzzle, the doula became the missing piece that made the childbirth whole and complete.

Discussion

A limitation of this study is that it describes the experiences of a small number of women. Another limitation is that the doula organisation chose the participants. This runs the risk of only women who were satisfied with the doula support being invited to participate. The strength of the study is the openness for women's lifeworlds embedded in the phenomenological method. It makes it possible to truly capture the intuitive essence in the text, which is validity in a phenomenological sense (Dahlberg et al., 2001). Thereby, the findings reveal and understand the essentialities in women's experiences of having a doula present during childbirth, which is impossible through quantitative methods. Thus, these findings complement other research in the field and are important in the aim of giving women a positive childbirth experience.

Women remember their childbirth for the rest of their life, and the quality of support they receive can make the difference whether the experience is recalled as good or bad, degrading or as one that increased self-esteem and self-confidence (Simkin, 1992). Good childbirth support improves birth and birth outcomes (Hodnett et al., 2003), and helps the woman during one of life's most challenging and memorable moments (Simkin, 1992). It includes provision of continuous physical, emotional and informational support for women during birth and postpartum (Simkin and Way, 2004).

The modern doula is like the historical 'help-woman', a supportive person with a lot of experience, knowledge and time for the childbearing women, but without formal training. Our findings show that the women who had actively chosen a doula really needed her. The expressions 'a mainstay' and 'the missing piece' emphasise her importance. She functioned as an experienced adviser, an affirmative person, a mediator, a guarantor, a fixer and an accessible presence. She was also important for the partner without displacing him. These different aspects of the doula role, which last through childbirth and the early postpartum period, have been reported elsewhere (Gilliland, 2002; Pascali-Bonaro and Kroeger, 2004), but have not yet been studied qualitatively in a Swedish context.

Support is one essential part in the art of midwifery, and we as midwives sometimes feel frustrated that we fail in fulfilling these needs. But the slimmed down maternity organisation in Sweden and in several other countries does not allow us to give as much support as the women need. In addition, most Swedish midwives do not meet the women before they come to the delivery ward, and

thus the relationship is not established before labour. Contrary to this, the woman–doula relationship is already established during pregnancy. During childbirth, the doula support often spans several midwifery shifts. The support also continues after childbirth. The doula thus stands for continuity that binds pregnancy, birth and postpartum together as a whole; midwifery care, in most cases, fails to offer this.

The relationship between midwife and woman is in several studies shown to be important for the woman's childbirth experience to be positive (Berg et al., 1996; Berg, 2005; Lundgren, 2005). Therefore, it is important that a doula's presence does not disturb this relationship. Midwives' attitudes to a doula's presence are diverse. She may be seen as a rival to those who prefer to give the needed support themselves. In Sweden, the only small intervention study with doula support shows that only 5% of the midwives were negatively disturbed by a doula's presence (Thomassen et al., 2003). A study from Australia shows that midwives accepted the presence of birth support people in the birth suite. However, they acknowledged that there were times when it had a negative effect on their own care of the birthing woman. The researcher would like to see more research being carried out in this field (Maher, 2004).

Conclusion

From a historical perspective, it has been natural for women to have a midwife and other supportive persons present in the birthing room. Today, many women, and nearly all in Sweden, have their partner present, but some also choose a doula. For the women who participated in our study, there was great value in the caring provided by the doula. She fulfilled important needs. She was the essential missing piece in the childbirth puzzle and functioned as a mainstay. The roles of the midwife and the doula differ, yet some of the evolved doula supportive functions are also essential in the midwife's care. For women's childbirth experience to be positive, it is important for the midwife to promote a good relationship with the birthing woman and the people the woman has chosen to be with her, including the option of a doula. Midwives' attitudes to a doula's presence are diverse. Few studies have been carried out in this field. Most midwives accept the presence of a doula during birth; however, some midwives report that the doula's presence could negatively disturb them and have a negative effect on their care of the birthing woman. It is important to have a vivid

conversation about this in the places of work and also to conduct more research to establish whether the presence of a doula for the midwife is an asset or a hindrance, and to find the essential prerequisites for a midwife–doula collaboration to be possible.

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