Association Doulas de France

Études scientifiques en anglais sur l'accompagnement à la naissance et la périnatalité

Voici une sélection d'études scientifiques, en anglais, sur l'accompagnement à la naissance et sur l'accouchement et la périnatalité ainsi que les sites qui référencent ces études.

Sites de référence

HAS Haute Autorité de Santé
Ressources documentaires du portail naissance
Base de données de références scientifiques - AFAR
Les recommandations générales de l'Organisation Mondiale de la Santé
Manuel britannique des bonnes pratiques de sage-femme avec un nombre élevé de références, traduit en français
Centre de recherche en santé primale
AUDIPOG : Association des Utilisateurs de Dossiers Informatisés en Pédiatrie, Obstétrique et Gynécologie

Plus d'information sur toutes ces études et d'autres résumés dans la base de données de la bibliothèque Cochrane.
Autres articles très intéressants sur les doulas dans la revue américaine Midwifery Today.

Table des matières

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Études scientifiques en anglais sur l'accompagnement à la naissance et la périnatalité

2008 - Female relatives or friends trained as labor doulas: outcomes at 6 to 8 weeks postpartum

Campbell D, Scott KD, Klaus MH, Falk M - Graduate Division, University of Medicine and Dentistry of New Jersey, Newark, New Jersey, USA.

Background: Data collected on more than 12,000 women in 15 randomized controlled trials provide robust evidence of the beneficial effects of doula support on medical outcomes to childbirth. The objective of this paper was to examine the association between doula support and maternal perceptions of the infant, self, and support from others at 6 to 8 weeks postpartum. The doula was a minimally trained close female relative or friend.

Methods: Six hundred low-risk, nulliparous women were enrolled in the original clinical trial and randomized to doula support (n = 300) or standard care (n = 300). The mother-to-be and her doula attended two 2-hour classes about providing non medical, continuous support to laboring women. For the secondary study, presented here, research participants (N = 494) were interviewed by telephone using a 42-item questionnaire.

Results: Overall, when doula-supported mothers (n = 229) were compared with mothers who received standard care (n = 265), they were more likely to report positive prenatal expectations about childbirth and positive perceptions of their infants, support from others, and self-worth. Doula-supported mothers were also most likely to have breastfed and to have been very satisfied with the care they received at the hospital.

Conclusions: Labor support by a minimally trained female friend or relative, selected by the mother-to-be, enhances the postpartum well-being of nulliparous mothers and their infants, and is a low-cost alternative to professional doulas.

PMID: 17718872 [PubMed - indexed for MEDLINE] 1: Birth. 2008 Jun;35(2):92-7.

https://www.ncbi.nlm.nih.gov/pubmed/17718872

Traduction de Margot Winterhalter disponible en français

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Études scientifiques en anglais sur l'accompagnement à la naissance et la périnatalité

2007 - Continuous support for women during childbirth

Hodnett ED, Gates S, Hofmeyr GJ, Sakala C - Cochrane review abstract and plain language summary, prepared and maintained by The Cochrane Collaboration, currently published in The Cochrane Database of Systematic Reviews 2008 Issue 2, Copyright © 2008 The Cochrane Collaboration. Published by John Wiley and Sons, Ltd.. The full text of the review is available in The Cochrane Library (ISSN 1464-780X).

Background : Historically, women have been attended and supported by other women during labour. However, in recent decades in hospitals worldwide, continuous support during labour has become the exception rather than the routine. Concerns about the consequent dehumanization of women's birth experiences have led to calls for a return to continuous support by women for women during labour.

Objectives: Primary: to assess the effects, on mothers and their babies, of continuous, one-to-one intra partum support compared with usual care. Secondary: to determine whether the effects of continuous support are influenced by: (1) routine practices and policies in the birth environment that may affect a woman's autonomy, freedom of movement and ability to cope with labour; (2) whether the caregiver is a member of the staff of the institution; and (3) whether the continuous support begins early or later in labour.

Introduction : Historically women have been attended and supported by other women during labour and birth. However in many countries these days, as more women are giving birth in hospital rather than at home, continuous support during labour has become the exception rather than the norm. This has raised concerns about the consequent dehumanization of women's childbirth experiences. Modern obstetric care frequently subjects women to institutional routines, which may have adverse effects on the progress of labour. Supportive care during labour may involve emotional support, comfort measures, information and advocacy. These may enhance normal labour processes as well as women's feelings of control and competence, and thus reduce the need for obstetric intervention. The review of studies included 16 trials, from 11 countries, involving over 13,000 women in a wide range of settings and circumstances. Women who received continuous labour support were more likely to give birth 'spontaneously', i.e. give birth with neither caesarean nor vacuum nor forceps. In addition, women were less likely to use pain medications, were more likely to be satisfied, and had slightly shorter labors. In general, labour support appeared to be more effective when it was provided by women who were not part of the hospital staff. It also appeared to be more effective when commenced early in labour. No adverse effects were identified.

Search strategy: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (February 2007).

Selection criteria: All published and unpublished randomized controlled trials comparing continuous support during labour with usual care.

Data collection and analysis: We used standard methods of the Cochrane Collaboration Pregnancy and Childbirth Group. All authors participated in evaluation of methodological quality. One author and a research assistant independently extracted the data. We sought additional information from the trial authors. We used relative risk for categorical data and weighted mean difference for continuous data to present the results.

Main results: Sixteen trials involving 13,391 women met inclusion criteria and provided usable outcome data. Primary comparison: women who had continuous intra partum support were likely to have a slightly shorter labour, were more likely to have a spontaneous vaginal birth and less likely to have intra partum analgesia or to report dissatisfaction with their childbirth experiences.

Subgroup analyses: in general, continuous intra partum support was associated with greater benefits when the provider was not a member of the hospital staff, when it began early in labour and in settings in which epidural analgesia was not routinely available.

Authors' conclusions: All women should have support throughout labour and birth.

Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD003766. DOI: 10.1002/14651858.CD003766.pub2 - This version first published online: July 21. 2003 - Date of last substantive update: April 18. 2007

http://www.cochrane.org/CD003766/PREG_continuous-support-for-women-during-childbirth

2007 - Doctors and doulas in the labor and delivery suite

Maternal stress during labor and delivery is a complex psychological response, which can be influenced by many factors, including the parturient's expectations, her level of education (while many pregnant women present with a significant amount of prior knowledge regarding childbirth, others may have little or no understanding of the labor and delivery), intensity and severity of uterine contractions (labor pain), the labor suite environment and presence (or absence) of a lay support person (1).

The presence of a lay support person in labor does not guarantee the relief of labor-induced psychological stress; however, continuous emotional and physical support, companionship and encouragement during labor can be one of the most effective means of providing safe passage for the pregnant woman and her baby from the antepartum to postpartum period (the transition to motherhood).

Throughout the history of humankind, women have labored and given birth in the presence of other women, whereas fathers-to-be (women's partners) have only recently assumed a more active role in the childbirth process. Today the doula (the word derived from the Greek doula, meaning a "woman's servant") – the modern female companion – is gaining increasing popularity and recognition as the best source of peri partum emotional support for the laboring women throughout the world (2). Many fathers-to-be may find it difficult and/or overwhelming to provide doula-type non-medical emotional support and encouragement during labor because of their own psychological involvement in the birth process (3). Indeed, Ip reported that women whose husbands were present during labor used significantly higher dosages of analgesia than those whose husbands were absent, and concluded that those husbands themselves needed professional help to provide the type of support that might have helped their wives during labor (4). In another study, Gordon et al. (5) found that more than half the laboring women rated the doula as more useful than their husband during labor.

Doctors (e.g. obstetricians and obstetric anesthesiologists), midwives and labor suite nurses work on shift (intermittent contact with a laboring woman) and have a number of direct (clinical) and indirect, non-clinical (e.g. paperwork) patients' care responsibilities, whereas the hall-mark, the sole responsibility of doula care is her continuous, rather than intermittent, presence at the parturient's bedside (2–4). The goal of the medical personnel is to ensure the satisfying and safe outcome, whereas the goal of the doula is to ensure that the woman feels safe and confident throughout labor, birth and the immediate postpartum period.

In the United States, three primary models of doula care have evolved over the past several years. These include: (i) hospital-based doula programs using paid or volunteer doulas, (ii) private practice doula programs, and (iii) community-based doula programs (5). Hospital-based doula programs are funded by grants, hospital budgets or a combination of both. At the University of California, San Diego, the Hearts & Hands (Volunteer) Doula program is primarily supported by grants. In our labor and delivery suite, doula care is offered to anyone, but largely to low-income women, teenage mothers, women laboring alone, incarcerated women and other parturients with special needs (A. J. Fulcher, personal communication).

As doulas acceptance in current obstetric care in hospitals is growing throughout the world, and the doula care is moving quickly as an alternative (yet complementary) addition to medical care during childbirth it is important to recognize the misconceptions, obstacles, controversies and challenges that sometimes arise when new working relationships (e.g. doulas and doctors) are formed. One of the common misconceptions about doula care, which might be of interest to the (obstetric) anesthesiologists, is the common belief that women laboring with an epidural do not need a doula. Interestingly, and surprisingly, not a single article in anesthesiology literature addresses the issue of working relationships (and complementary roles) between anesthesiologists and doulas in the labor and delivery suite.

In conclusion, it should be emphasized that working together, obstetricians and obstetric anesthesiologists, midwives, nurses and doulas can best ensure optimal (medical and non-medical) maternity care for laboring women and provide a safe, satisfying, pain- and stress-free birth experience.

Kuczkowski KM, Acta Anaesthesiol Scand. 2007 Aug;51(7):954-5.

https://doulas.info/publi/pro/2007-DoctorsAndDoulas.pdf

Traduction de Murielle Dufau disponible en français

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Études scientifiques en anglais
sur l'accompagnement à la naissance et la périnatalité

2006 - A randomized control trial of continuous support in labor by a lay doula

Study on Sleep & Functional Performance in Heart Failure at the University of Medicine and Dentistry of New Jersey, School of Nursing, Newark 07101-1709, and Division of Maternal Fetal Medicine, Saint Peter's University Hospital, New Brunswick, NJ, USA.

Objective: To compare labor outcomes in women accompanied by an additional support person (doula group) with outcomes in women who did not have this additional support person (control group). DESIGN: Randomized controlled trial.

Setting: A women's ambulatory care center at a tertiary perinatal care hospital in New Jersey.

Participants: Six hundred nulliparous women carrying a singleton pregnancy who had a low-risk pregnancy at the time of enrollment and were able to identify a female friend or family member willing to act as their lay doula.

Interventions: The doula group was taught traditional doula supportive techniques in two 2-hour sessions.

Man outcome measures: Length of labor, type of delivery, type and timing of analgesia/ anesthesia, and Apgar scores.

Results: Significantly shorter length of labor in the doula group, greater cervical dilation at the time of epidural anesthesia, and higher Apgar scores at both 1 and 5 minutes. Differences did not reach statistical significance in type of analgesia/anesthesia or cesarean delivery despite a trend toward lower cesarean delivery rates in the doula group.

Conclusion: Providing low-income pregnant women with the option to choose a female friend who has received lay doula training and will act as doula during labor, along with other family members, shortens the labor process.

PMID: 16881989 [PubMed - indexed for MEDLINE] - J Obstet Gynecol Neonatal Nurs. 2006 Jul-Aug;35(4):456-64

https://www.ncbi.nlm.nih.gov/pubmed/16881989

Traduction de Margot Winterhalter disponible en français

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Études scientifiques en anglais sur l'accompagnement à la naissance et la périnatalité

2006 - Nurses and doulas: complementary roles to provide optimal maternity care

Ballen LE, Fulcher AJ, J Obstet Gynecol Neonatal Nurs. 2006. Mar-Apr; 35 (2) : 304-11.

https://doulas.info/publi/pro/200605-JOGNNjournalmag.pdf

2006 - On Labor support and doulas

Buck L, AWHONN Lifelines. 2006 Aug-Sep; 10 (4): 279-280.

2006 - They call them "doulas" or "birth attendants"

Halle L, Baddour C, Rev Infirm. 2006 Jun-Jul; (122): 39.

2006 - Doulas as Community Health Workers: Lessons Learned from a Volunteer Program

Kane Low L, Moffat A, Brennan P, J Perinat Educ. 2006 Summer;15(3):25-33.

2006 - Use of a doula for labor coaching in a patient with indolent mastocytosis in pregnancy

Kehoe SL, Bathgate SL, Macri CJ, Obstet Gynecol. 2006 feb; 107 (2 Pt 2) : 514-516.

2006 - Doula Support and Attitudes of Intrapartum Nurses: A qualitative Study from the Patient's Perspective

Papagni K, Buckner E, J Perinat Educ. 2006 Winter; 15 (1): 11-8.

2005 - Perceptions of social support from pregnant and parenting teens using community-based doulas

Breedlove G, J Perinat Educ. 2005 Summer; 14 (3): 15-22.

2005 - Evidence on support during labor and delivery: a literature review

Bruggeman OM, Parpinelli MA, Osis MJ., Cad Saude Publica. 2005 Sep-Oct; 21 (5):1316-27. Epub 2005 Sep 12 Review. (Portugais)

2005 - Doulas a childbirth paraprofessionals: results from a national survey

Lantez PM, Low LK, Varkey S, Watson RL Womens Health Issues. 2005 May-June; 15 (3):109-16.

2005 - Sustaining rural maternity care – don't forget the RNs

Medves JM, Davies BL, Can J Rural Med. 2005 Winter; 10 (1): 29-35.

2005 - Doula birth support for incarcerated pregnant women

Schroeder C, Bell J, Public Health Nurs. 2005 Jan-Feb; 22 (1): 53-8.

2005 - Lower epidural anesthesia use associated with labor support by student nurse doulas: implications for intrapartum nursing practice

Van Zandt SE, Edwards L, Jordan ET, Complement Ther Clin Pract. 2005 Aug; 11 (3): 153-60

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2005 - Doulas are necessary!

Waldenstrom U, Lakartidningen. 2005 Jan 24-30; 102: 221-2. Swedish

2004 - Childbirth Educators, Doulas, Nurses, and Women Respond to the Six care Practices for Normal Birth

Curl M, Davies R, Lothian S, Pascali-Bonaro D, Scaer RM, Walsh A, J perinat Educ. 2004 Spring; 13 (2): 42-50.

2004 - Doulas are helpful, but they're not nurses

Phillips E, RN. 2004 Jul; 67 (7):12.

2004 - Do maternity care provider groups have different attitudes towards birth?

Reime B, Klein MC, Kelly A, Duxbury N, Saxell L, Liston R, Prompers FJ, Entjes RS, Wong V, BJOG. 2004 Dec; 111 (12): 1388-93.

2004 - Position statement 6: doulas

Royal College of Midwives, 2004 sep; 7 (9): suppl 1.

2003 - Continuity of caregivers for care during pregnancy and childbirth (2003)

Hodnett, E.D. (2003) The Cochrane Library, Issue 3, 2003. Oxford: Update Software.

https://www.ncbi.nlm.nih.gov/pubmed/10796108

2003 - Childbirth Education and Doulas Care During Time of stress, Trauma and Grieving

Pascali-Bonaro D, J Perinat Educ. 2003 Fall; 12 (4); 1-7.

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2002 - The Doula Book : How a Trainer Labor Companion Can Help You Have a Shorter, Easier and Healthier Birth

Second edition - by Marshall, Phyllis Klaus and John Kennell (Perseus Press, 2002)

Having a doula can give you a:
50% reduction in cesarean rates
25% shorter labor
60% reduction in epidural requests
40% reduction in oxytocin use
30% reduction in analgesia use
40% reduction in forceps delivery

2002 - Postpartum depression: Bridging the gap between medicalized birth and social support

Goldbort, J. (2002) International Journal of Childbirth Education Vol 17(4):11-17.

Having a baby is generally considered one of the happiest times in a woman's life. However, approximately 10% of women experience a downward spiraling event known as Postpartum Depression. Research demonstrates that early screening, intervention, and treatment can prevent this malady from having a devastating effect on the woman, her family and the community. Social support is one of the many key contributing factors in how a woman interprets her birthing experience, with adverse birthing experiences contributing to postpartum depression. In this paper, the author examines the role of the doula, and how her support during the perinatal period may contribute to a positive outcome in a medicalized birthing arena, and as a consequence of a doula's support, postpartum depression may be minimized or prevented.

2002 - Beyond holding hands: the modern role of the professional doula

Gilliland AL, J Obstet Gynecol Neonatal Nurs. 2002 Nov-Dec; 31 (6): 762-9.

2001 - Doulas: an alternative yet complementary addition to care during childbirth

Kayne MA, Greulich MB, Albers LL, Clin Obstet Gynecol. 2001 Dec 44 (4): 692-703.

2001 - Doulas supporting women during labor: the experience at the Sofia Feldeman Hospital

Leao MR, Bastos MA, Rev Lat Am Enfermagem.2001 May; 9 (3): 90-4. (Portugais)

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2000 - Benefits of massage therapy and use of a doula during labor and childbirth

Keenan P. Altern Ther Health Med 2000 Jan;6(1):66-74 Potomac Massage Training Institute, USA.

This article reviews the most recent literature on touch support and one-to-one support during labor and childbirth. The positive and negative aspects of the traditional birth attendant are presented. Research in one-to-one care and touch support during labor is examined with respect to husband/partner, nurses, nurse-midwives, and doulas (trained labor attendants). According to recent studies, women supported by doulas or midwives benefit by experiencing shorter labors and lower rates of epidural anesthesia and cesarean section deliveries. Also, a smaller percentage of their newborns experience fetal distress and/or are admitted to neonatal intensive care units. Women whose husbands or partners massage them during labor experience shorter labors. Nursing one-to-one support results in no significant obstetric outcomes. Antenatal perineal massage was found to reduce the rates of tears, cesarean section, and instrumental deliveries. Research in perineal massage during labor has shown no benefit.

1999 - The obstetrical and postpartum benefits of continuous support during childbirth

Scott KD, Klaus PH, Klaus MH. J Womens Health Gend Based Med 1999 Dec;8(10):1257-64 Division of Public Health, County of Sonoma Department of Health Services, Santa Rosa, California 95404, USA.

The purpose of this article is to review the evidence regarding the effectiveness of continuous support provided by a trained laywoman (doula) during childbirth on obstetrical and postpartum outcomes. Twelve individual randomized trials have compared obstetrical and postpartum outcomes between doula-supported women and women who did not receive doula support during childbirth. Three meta-analyses, which used different approaches, have been performed on the results of the clinical trials. Emotional and physical support significantly shortens labor and decreases the need for cesarean deliveries, forceps and vacuum extraction, oxytocin augmentation, and analgesia. Doula-supported mothers also rate childbirth as less difficult and painful than do women not supported by a doula. Labor support by fathers does not appear to produce similar obstetrical benefits. Eight of the 12 trials report early or late psychosocial benefits of doula support. Early benefits include reductions in state anxiety scores, positive feelings about the birth experience, and increased rates of breastfeeding initiation. Later postpartum benefits include decreased symptoms of depression, improved self-esteem, exclusive breastfeeding, and increased sensitivity of the mother to her child's needs.

The results of these 12 trials strongly suggest that doula support is an essential component of childbirth. A thorough reorganization of current birth practices is in order to ensure that every woman has access to continuous emotional and physical support during labor.

1999 - Continuous emotional support during labor in a hospital

Kennell JH, Klaus M, & McGrath SK, 1999 , JAMA, vol. 265, pp. 2197-2201.

The continuous presence of a supportive companion (doula) during labor and delivery in two studies in Guatemala shortened labor and reduced the need for cesarean section and other interventions. In a US hospital with modern obstetric practices, 412 healthy nulliparous women in labor were randomly assigned to a supported group (n = 212) that received the continuous support of a doula or an observed group (n = 200) that was monitored by an inconspicuous observer. Two hundred four women were assigned to a control group after delivery. Continuous labor support significantly reduced the rate of cesarean section deliveries (supported group, 8%; observed group, 13%; and control group, 18%) and forceps deliveries. Epidural anesthesia for spontaneous vaginal deliveries varied across the three groups (supported group, 7.8%; observed group, 22.6%; and control group, 55.3%). Oxytocin use, duration of labor, prolonged infant hospitalization, and maternal fever followed a similar pattern. The beneficial effects of labor support underscore the need for a review of current obstetric practices.

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1999 - A comparison of intermittent and continuous support during labor: a meta-analysis

Scott KD, Berkowitz G, Klaus M, Am Obstet Gynecol. 1999 May; 180 (5):1054-9.

1999 - Doula support vs. epidural analgesia: Impact on cesarean rates

McGrath, SK, Kennell JH, & Suresh M, 1999, Pediatric Res, vol. 45, no. 16A.

1999 - Effects of providing hospital-based doulas in health maintenance organization hospitals

Gordon NP, Walton D, McAdam E, Derman J, Gallietro G, Garrett L, Obstet Gynecol. 1999 Mar; 93 (3): 422-6.

1998 - Effects of psychosocial support during labour and childbirth on breastfeeding, medical interventions, and mothers'wellbeing in a Mexican public hospital

Langer A, Campero L, Garcia C, Reynoso S. Br J Obstet Gynaecol 1998 Oct;105(10):1056-63 The Population Council, Regional Office for Latin America and the Caribbean, Colonia Coyoacan, Mexico DF, Mexico.

Object: To evaluate the effects of psychosocial support during labour, delivery and the immediate postpartum period provided by a female companion (doula).

Design: The effects of the intervention were assessed by means of a randomized clinical trial. Social support by a doula was provided to women in the intervention group, while women in the control arm received routine care.

Setting: A large social security public hospital in Mexico City.

Participants: Seven hundred and twenty-four women with a single fetus, no previous vaginal delivery, < 6 cm of cervical dilatation, and no indications for an elective caesarean section were randomly assigned to be accompanied by a doula, or to receive routine care.

Outcome measures: Breastfeeding practices, duration of labour, medical interventions, mother's emotional conditions, and newborn's health.

Methods: Blinded interviewers obtained data from the clinical records, during encounters with women in the immediate postpartum period, and at their homes 40 days after birth. Relative risks and confidence intervals were estimated for all relevant outcomes.

Results: The frequency of exclusive breastfeeding one month after birth was significantly higher in the intervention group (RR 1.64; I-C: 1.01-2.64), as were the behaviours that promote breastfeeding. However, the programme did not achieve a significant effect on full breastfeeding. More women in the intervention group perceived a high degree of control over the delivery experience, and the duration of labour was shorter than in the control group (4.56 hours vs 5.58 hours; RR 1.07 CI (95%) = 1.52 to -0.51). There were no effects either on medical interventions, mothers' anxiety, self-esteem, perception of pain and satisfaction, or in newborns' conditions.

Conclusions: Psychosocial support by doulas had a positive effect on breastfeeding and duration of labour. It had a more limited impact on medical interventions, perhaps because of the strict routine in hospital procedures, the cultural background of the women, the short duration of the intervention, and the profile of the doulas. It is important to include psychosocial support as a component of breastfeeding promotion strategies.

PIP: Studies in numerous countries have documented the positive contributions of doulas-- women experienced in childbirth who provide continuous physical, emotional, and informational support to women before, during, and just after childbirth. The present study, explored the hypothesis that psychosocial support from a doula increases exclusive and full breast feeding by improving the mother's emotional status, shortening the duration of labor, and decreasing medical intervention. 724 women with no previous vaginal delivery and no indications for caesarean section delivery were randomly assigned to be accompanied by a doula (n = 361) or to receive routine care (n = 363). Blinded interviewers obtained outcome data from the clinical records, encounters with mothers in the immediate postpartum period, and home visits 40 days after delivery. The frequency of exclusive breast feeding 1 month after birth was significantly higher in the intervention group than the control group (12% vs. 7%; relative risk (RR), 1.64; 95% confidence interval (CI), 1.01-2.64). However, the program did not achieve a significant effect on full breast feeding (37% and 36%, respectively). The duration of labor was shorter in the intervention group than the control group (4.56 vs. 5.58 hours; RR, 1.07; 95% CI, -1.52-0.51). A significantly larger proportion of women in the intervention group than the control group perceived a high level of control over labor (79.8% vs. 77.1%; RR, 1.14; 95% CI, 1.03-1.27). There were no effects on medical interventions, maternal anxiety, self-esteem, perception of pain, maternal satisfaction, or newborn Apgar scores. Although the prevalence of exclusive breast feeding was low in both groups, these findings suggest that psychosocial support during labor and the immediate postpartum period should be part of a comprehensive strategy to promote breastfeeding.

PMID: 9800927 [PubMed - indexed for MEDLINE]1: J Obstet Gynecol Neonatal Nurs. 2006 Jul- Aug;35(4):456-64.

https://www.ncbi.nlm.nih.gov/pubmed/9800927

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1998 - The Chicago doula project: A collaborative effort in perinatal support for birthing

Glink P, 1998, Zero to Three, vol. 18, pp 44-50.

1998 - Doulas: exploring their roles with parents, hospitals, and nurses

Perez PG, Herrick LM, AWHONN Lifelines. 1998 Apr; 2 (2): 54-5.

1998 - First stage labor management: An examination of patterned breathing and fatigue

Pugh LC, Milligan RA, Gray S, Strickland OL Birth. 1998. Dec; 25 (4): 241-5.

1998 - Doulas: into the mainstream of maternity care

Young D, Birth. 1998 Dec; 25 (4): 213-4.

1997 - The doula: an essential ingredient of childbirth rediscovered

Klaus MH, Kennell JH, Acta Paediatr 1997 Oct; 86 (10): 1034-6.

1997 - Doulas. Aids or opportunists?

Mainord M, Tenn Nurse. 1997 Jun; 60 (3): 21.

1997 - A randomized trial of one-to-one nurse support of women in labor

Gagnon, AJ, Waghorn K, CovellC, Birth, 1997, vol 24, pp 71-77.

1995 - Supporting women in labour: the doula's role

Nolan M Mod Midwife. 1995 Mar; 5 (3): 12-5.

1994 - Family practice maternity care in America: ruminations on reproducing an endangered species – family physicians who deliver babies

Larimore WL, Reynolds JL J Am Board Fam Pract. 1994 Nov-Dec; 7 (6): 478-488.

1993 - Labor support by a doula for middle-income couples: the effect on cesarean rates

Kennell JH, & McGrath SK, 1993 , Pediatric Res., vol. 33, no. 12A.

1992 - Doulas and the quality of maternity services

Hodnett E, Birth. 1992 Sep; 19 (3): 172.

1992 - Doulas and the quality of maternity services

Richards MP, Birth. 1992 Mar; 19 (1): 40-1

1991 - Companionship to modify the clinical birth environment: effects on progress and perceptions of labour, and breastfeeding

Hofmeyr GJ, Nikodem VC, Wolman WL, Chalmers BE, Kramer T. 1991

https://www.ncbi.nlm.nih.gov/pubmed/1911582

Études scientifiques en anglais
sur l'accompagnement à la naissance et la périnatalité

1991 - Continuous emotional support during labor in a US hospital. A randomized controlled trial

Kennell J, Klaus M, McGrath S, Robertson S, Hinkley C. JAMA 1991 May 1;265(17):2197-201 Department of Pediatrics, Case Western Reserve University, Cleveland, OH.

The continuous presence of a supportive companion (doula) during labor and delivery in two studies in Guatemala shortened labor and reduced the need for cesarean section and other interventions. In a US hospital with modern obstetric practices, 412 healthy nulliparous women in labor were randomly assigned to a supported group (n = 212) that received the continuous support of a doula or an observed group (n = 200) that was monitored by an inconspicuous observer. Two hundred four women were assigned to a control group after delivery. Continuous labor support significantly reduced the rate of cesarean section deliveries (supported group, 8%; observed group, 13%; and control group, 18%) and forceps deliveries. Epidural anesthesia for spontaneous vaginal deliveries varied across the three groups (supported group, 7.8%; observed group, 22.6%; and control group, 55.3%). Oxytocin use, duration of labor, prolonged infant hospitalization, and maternal fever followed a similar pattern. The beneficial effects of labor support underscore the need for a review of current obstetric practices.

http://jamanetwork.com/journals/jama/article-abstract/385782

1989 - A randomized controlled trial of continuous labor support for middle-class couples: effect on cesarean delivery rates

McGrath SK, Kennell JH - Department of Pediatrics, Case Western Reserve University, Cleveland, Ohio 44106.

Background: Previous randomized controlled studies in several different settings demonstrated the positive effects of continuous labor support by an experienced woman (doula) for low-income women laboring without the support of family members. The objective of this randomized controlled trial was to examine the perinatal effects of doula support for nulliparous middle-income women accompanied by a male partner during labor and delivery.

Methods: Nulliparous women in the third trimester of an uncomplicated pregnancy were enrolled at childbirth education classes in Cleveland, Ohio, from 1988 through 1992. Of the 686 prenatal women recruited, 420 met enrollment criteria and completed the intervention. For the 224 women randomly assigned to the experimental group, a doula arrived shortly after hospital admission and remained throughout labor and delivery. Doula support included close physical proximity, touch, and eye contact with the laboring woman, and teaching, reassurance, and encouragement of the woman and her male partner.

Results: The doula group had a significantly lower cesarean delivery rate than the control group (13.4% vs 25.0%, p = 0.002), and fewer women in the doula group received epidural analgesia (64.7% vs 76.0%, p = 0.008). Among women with induced labor, those supported by a doula had a lower rate of cesarean delivery than those in the control group (12.5% vs 58.8%, p = 0.007). On questionnaires the day after delivery, 100 percent of couples with doula support rated their experience with the doula positively.

Conclusions: For middle class women laboring with the support of their male partner, the continuous presence of a doula during labor significantly decreased the likelihood of cesarean delivery and reduced the need for epidural analgesia. Women and their male partners were unequivocal in their positive opinions about laboring with the support of a doula.

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