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 réfèrent ces études.

**Sites de référence**

HAS Haute Autorité de Santé  
Ressources documentaires du [portail naissance](https://portail-naisance.gouv.fr)  
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](https://www.bibliotheca.co).  
Autres articles très intéressants sur les doulas dans la revue américaine [Midwifery Today](https://www.midwiferytoday.com).

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[https://doulas.info](https://doulas.info)
Études scientifiques en anglais sur l'accompagnement à la naissance et la périnatalité

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

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

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

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

1998 - Doulas: into the mainstream of maternity care

1997 - The doula: an essential ingredient of childbirth rediscovered

1997 - Doulas. Aids or opportunists?

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

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

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

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

1992 - Doulas and the quality of maternity services

1992 - Doulas and the quality of maternity services

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

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

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

1989 - A randomized trial of the effects of monitrice support during labor: mothers views two to four weeks postpartum

1986 - Effects of social support during parturition on maternal and infant morbidity

1980 - The effect of a supportive companion on perinatal problems, length of labor, and mother interaction

https://doulas.info

Association de loi 1901 – SIRET : 491 638 318 00015
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.


Traduction de Margot Winterhalter disponible en français
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 intrapartum 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.


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 ensuring 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 peripartum 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 hallmark, 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.

Traduction de Murielle Dufau disponible en français

https://doulas.info
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.


Traduction de Margot Winterhalter disponible en français

https://doulas.info
Association de loi 1901 – SIRET : 491 638 318 00015
2006 - Nurses and doulas: complementary roles to provide optimal maternity care

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

2006 - On Labor support and doulas


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


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


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


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


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


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


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


2005 - Doula birth support for incarcerated pregnant women


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

2005 - Doulas are necessary!


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


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


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


2004 - Position statement 6: doulas

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


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


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


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


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


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)
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


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.

https://doulas.info
Association de loi 1901 – SIRET : 491 638 318 00015
1999 - A comparison of intermittent and continuous support during labor: a meta-analysis

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

https://doulas.info
Association de loi 1901 – SIRET : 491 638 318 00015
1998 - Effects of psychosocial support during labour and childbirth on breastfeeding, medical interventions, and mothers'wellbeing in a Mexican public hospital


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 breastfeeding (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.


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https://doulas.info

Association de loi 1901 – SIRET : 491 638 318 00015

https://doulas.info
1998 - The Chicago doula project: A collaborative effort in perinatal support for birthing

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

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

1998 - Doulas: into the mainstream of maternity care

1997 - The doula: an essential ingredient of childbirth rediscovered

1997 - Doulas. Aids or opportunists?

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

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

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

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

1992 - Doulas and the quality of maternity services

1992 - Doulas and the quality of maternity services

1991 - Companionship to modify the clinical birth environment: effects on progress and perceptions of labour, and breastfeeding
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, 22.8%; 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.


https://doulas.info

Association de loi 1901 – SIRET : 491 638 318 00015
1989 - A randomized trial of the effects of monitrice support during labor: mothers views two to four weeks postpartum

Hodnett ED, Osborn RW., 1989

1986 - Effects of social support during parturition on maternal and infant morbidity

Klaus MH, Kennell JH, Robertson SS, Sosa R., 1986

1980 - The effect of a supportive companion on perinatal problems, length of labor, and mother interaction


https://doulas.info
Association de loi 1901 – SIRET : 491 638 318 00015