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Peoples' Experiences with Birth Doulas

By

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Peoples' Experiences with Birth Doulas

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This thesis has been examined and approved by the following members of the student's committee.

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Abstract

Birth doulas, as a non-medical resource for people going through the birthing process, have seen overall positive reception by providing a service otherwise missing from the recently medicalized birth environment (Gruber et al. 2013, Steel et al. 2015); this coincides with a time when fathers are being asked to play a more active role in their child's birth (Coltrane 1996, Odent 2009). However, while we know a little about how mothers experience the services of a birth doula and how fathers experience birth generally, we have yet to find out how birthing people, both partnered and un-partnered, make sense of the services of a birth doula and their motivations for hiring one. To address this gap in the literature, I used Qualtrics to administer an online survey to people who have used the services of a birth doula within the last five years. I found a desire for natural birth and advocacy to be prominent motivators for a doula's services. Participants described distinct forms of emotional and physical support provided by their doula and that their doula not only provided services to their partner but also allowed for their partner to be more present during the birth. This research contributes to the social science literature by giving insight on how people understand and describe their motivations, expectations and experiences of birth doula care.

CHAPTER ONE: INTRODUCTION

Throughout the history of childbirth, women have traditionally assisted other women in their pregnancy, labor, and birth (Leavitt 1986; Odent 2009; Steel et al. 2015; Wertz and Wertz 1977). The women assisting were usually those from the community who had previously given birth themselves and would assist the birther through physical, emotional, and medical support (Leavitt 1986, Odent 2009, Wertz and Wertz 1977). This model has been called the “social childbirth” (Wertz and Wertz 1977). However, by the 1940s and 50s much of this form of childbirth support had been lost with the medicalization of the birth environment (Leavitt 1986).

Although somewhat contrary to the medicalization of childbirth, in the 1970s there began a push for more involvement of the father not only in childrearing, but birth as well (Coltrane 1996; Genesoni and Tallandini 2009; Odent 2009). This push for paternal involvement has been a part of a process that has been termed the “masculinisation of the birth environment” (Odent 2009). As admirable as it may seem to have more paternal involvement in the birthing process, this switch has not been seamless. In the birthing process, many fathers report feelings of being out of place, helpless, and vulnerable (Genesoni and Tallandini 2009). For men transitioning to fatherhood, the birth of their child is a time of intense emotions, and they often find themselves needing their own emotional support (Genesoni and Tallandini 2009). As it turns out, inviting people with little to no knowledge of the birthing process to be the primary emotional support for women giving birth may not always work as well as

planned. Needless to say, paternal presence has not filled in what was lost with the end of the social childbirth.

More recent still, there has been a push for more natural birth experiences with many mothers wanting experienced women caregivers to be involved in the birthing process (Blue 1994). Much of this momentum has taken shape through women known as birth doulas. The word doula originates from the Greek language, meaning “female slave,” but has recently been appropriated with the new connotation of female caregiver (Klaus et al. 2002). The job of a birth doula is to provide “continuous presence [as] a trained yet experienced women during birth and the postnatal period” (Steel et al. 2015: 227). As Steel et al. (2015) suggest, the support a birth doula provides manifests in four ways: physical support, empowerment, information provision, and emotional support. A birth doula’s duties might also involve prenatal and post-partum counseling, assistance, or planning. Additionally, the birth doula is likely to be at the mother’s side from the first contractions to anywhere from an hour to a week after delivery. During this time, she might be rubbing the mother’s back, walking her around, giving her baths, consoling her, and assisting with breathing exercises (Klaus et al. 1993, Klaus et al. 2002).

Prior research has shown that a birth doula’s services generally result in positive outcomes in childbirth (Gruber et al. 2013). In a study of two groups of socially disadvantaged mothers at risk for adverse birth outcomes, Gruber et al. (2013) found that when a birth doula is assisting in the birth of a child, there are more likely to be positive outcomes for both the mother and child. For instance, the child is less likely

to have low birth weight and less likely to be born with complications. Mothers, too, are less likely to have a cesarean birth and less likely to experience complications when they are assisted by a birth doula. Mothers are also more likely to initiate breastfeeding (Gruber et al. 2013) and more likely to report a generally positive experience during the birthing process (Steel et al. 2015) when a birth doula is involved.

The work performed by birth doulas seems to result in a net positive for both mothers and their children. It is surprising, then, that sociologists have thus far paid little attention to birth doulas and the services they provide. The ways that pregnant women and their partners make decisions about and work with doulas, and the meanings they attach to the services doulas provide, all remain unclear. Thus, in this thesis, I will seek to address these questions: What motivates a person's decision to hire a birth doula? How do they understand the work that birth doulas provide? And what do they value about this work? How does having a partner factor into this decision, if at all? And finally, how do people experience working with a birth doula?

I addressed these questions by distributing an online survey via Qualtrics to individuals who have utilized the services of a birth doula in the last five years. Following data collection, I conducted a thematic analysis that results in three primary themes: First, a desire for natural birth and advocacy proved to be prominent motivators for a doula's services. Second, participants described distinct forms of emotional and physical support provided by their doula. Finally, participants reported

that their doula not only provided services to their partner but also allowed their partner to be more present during the birth.

CHAPTER TWO: LITERATURE REVIEW

It was only as recently as the 1970s that the social sciences began taking significant and sustained interest in topics associated with women (Oakley 1974). Since then, sex and gender have emerged as major areas of research within the social sciences, and sociology specifically. However, what we know about how people experience and understand the process of birth is surprisingly sparse. In this literature review, I will outline what we know about the history of the birth environment and the drastic changes it has gone through over the past century. I will then discuss what we know about the roles people play in the birth environment and how fathers have experienced the role they play in pregnancy, labor, and delivery. Finally, I will discuss where emotional support fits into the birth environment and by extension the function that birth doulas serve during this process.

History of the Birth Environment

Childbirth has no doubt changed a great deal in the past 150 years (Leavitt 1986). The medicalized birth especially became prominent in the 1940s and 1950s when medical intervention and/or supervision during birth became the standard. Up until the 1940s and 1950s, when hospital births became popular, childbirth occurred in the home surrounded by midwives and other support-women from the community (Leavitt 1986). Some even suggest that the social dynamics of the birth environment were under intense reconstruction as early as the mid-eighteenth century when male physicians started regularly supervising home births (Leavitt 1986; Odent 2009). Until that point, childbirth was, as Leavitt (1986: 34) explained, “a woman’s affair... When

a woman went into labor she ‘called her women together’ and left her husband and other male family members outside” (34). This model, sometimes called the “social childbirth” served an important role in cementing community bonds among domestic women (Leavitt 1986; Wertz and Wertz 1977).

To be clear, childbirth pre-medicalization was generally a dangerous and difficult experience. The medicalization of the birth environment arose out of a well-founded fear among women that pregnancy and childbirth could be a death sentence. Indeed, by shifting childbirth to an area of scientific inquiry and intervention, maternal mortality rates dropped drastically in the United States (CDC 1999). However, the medicalization of the birth environment came with its own set of complications. Many mothers found the experience to be traumatic with cynical care providers and struggles to stay conscious (Leavitt 1986). This stood in stark contrast to the ways that hospital births were being depicted at the time. Hospital births were portrayed as a dreamy experience where women could be put under the spell of pain-relieving drugs and essentially deliver a child in their sleep (Leavitt 1986). Many mothers, though, had very different first-hand experiences.

Moreover, where birth used to be a communal affair and the birthing mother would be surrounded by community members who were there to support her, the mother was now surrounded by hospital staff. Even today, nurses, doctors, and technicians are no doubt interested in the mother making it safely through child birth, but nonetheless they have other duties and patients to attend to as well. Women have described their experiences in this medicalized birth environment as being “alone

among strangers” (Leavitt 1986:195). This alienation has been especially true for women’s experiences with nurses. Studies have found that not only do nurses provide less emotional support than mothers expect (Gagnon and Waghorn 1996; McNiven, Hodnett, and O'Brien-Pallas 1992), but nurses themselves also think that they spend more time providing emotional support than they actually do (Gale, Fothergill-Bourbonnais, and Chamberlain 2001).

With the medicalization model of birth doing a good job of providing for the medical needs of birthing women, and a relatively poor job of providing for the psychological and emotional needs of the mother, it raises the question, Who fulfills the role of providing for the non-medical needs of the mother? By the 1980s, when the medicalized model of birth had been the standard for decades (Leavitt 1986), fathers began to feel a push to play a more prominent role in the birth and parenting of their children (Coltrane 1996).

Roles and Emotions in the Birth Environment

In the 1980s, men began to feel a pushback from the previous “breadwinner” standard of fatherhood. As two-income families became more necessary and expected, the men-as-breadwinner and women-as-homemaker model became more obsolete, and men were expected to play a more active role in housekeeping and childrearing (Coltrane 1996). At the same time, possibly in direct relation to this push and possibly as a result of the lack of emotional support in the medicalized birth environment, men began to play a more active role in the birth of their children, as well. The emergent result is what Odent (2009) coined “masculinization of the birth environment”:

“Around 1970 an occasional woman made a new demand...for the participation of the baby’s father at birth. It became almost overnight a doctrine supported by theories: the participation of the baby’s father at birth became within some years an undisputed ‘rule’” (p. 188). Where previously childbirth had been a woman’s affair (Leavitt 1986), men were now the emotional support system in a context hitherto unknown to them.

Although there is only some research on father’s experiences of childbirth, we know from some the limited research available that fathers report the labor and birth process to be intensely emotional and, indeed, the most emotional part of the transition into fatherhood (Genesoni and Tallandini 2009). A meta-analysis on the literature surrounding the transition to fatherhood found that fathers “frequently felt helpless, useless, and anxious during the labor process... mostly out of place, vulnerable, unprepared, and in need of psychological support” (Genesoni and Tallandini 2009: 313). The birth environment, it seems, is not suitable for the provision of extensive emotional support on the part of the father if he, himself, feels the need for a support system.

Such an environment is undoubtedly an emotionally turbulent place for those making the transition to parenthood. Emotional support is certainly important, as evidence shows that emotional support has a direct impact in childbirth (Lima et al. 2006). Although fathers may provide some of this support, they quite clearly need support themselves. It is likely unsurprising, then, that the current system does not provide mothers with the support seen in the social childbirth of the past – support that many mothers themselves want (Leavitt 1986; Wertz and Wertz 1977).

Birth Doulas and the Function of Support in the Birth Environment

Social childbirth was characterized by support and services provided by women from the community, many of whom had themselves given birth, coming together to walk the laboring mother through the process (Leavitt 1986). At a time when medical intervention and education on childbirth was sparse, and certainly not shared with the community, women learned the safest ways to navigate birth through personal experience and word of mouth. Safe birthing techniques were learned, shared, and adapted through women gathering to assist in birth and passing on what they learned onto the next mother (Blue 1994; Wertz and Wertz 1977).

This social aspect all but disappeared with the medicalization of birth. Recently, though, there has been a pushback (Blue 1994). The movement encouraging natural births has become more and more popular. For many, birth doulas have been a welcome and helpful addition to the birth experience. Originating from the Greek language, the word *doula* used to mean “female slave” (Klaus et al. 2002). Recently though, it has been appropriated with the new connotation of female caregiver. In the case of birth doulas, the term has come to mean “she who mothers the mother” (Klaus, Klaus and Kennell 1993). The job of a doula is to provide “continuous presence [as] a trained yet experienced women during birth and the postnatal period” (Steel et al. 2015: 227). The support a birth doula provides manifests in four ways: physical support, empowerment, information provision, and emotional support (Steel et al. 2015). A birth doula’s duties might involve prenatal and post-partum counseling, assistance or

planning. In many ways this is a close approximation of the kind of female, social support that was prevalent in the age of the social childbirth.

There isn't a lot of research on the prevalence of birth doula usage but a survey conducted in 2013 found that 6% of the sample of 2,400 mothers had used a doula in the last few years (Declercq et al. 2014). Additionally, DONA, the largest doula certification agency, has certified over 12,000 doulas (DONA 2019). Birth doulas have seen success in many areas of childbirth, from the initiation of breastfeeding, the reduction of cesarean births, shortened labor, and increase rates of positive birthing experiences (Gruber et al. 2013; Klaus et al. 1993; Steel et al. 2015). It is important to note that birth doulas are not medical professionals and only sometimes have the technical qualifications to deliver babies themselves. The main job of a doula is to emotionally support the mother and to an extent any partners present. All of the success borne out of the work of doulas is due to non-medical intervention (Klaus et al. 1993; Klaus et al. 2002). In fact, a significant part of the advocacy work that birth doulas do is in an effort to avoid the cascade of medical interventions that can sometimes befall those giving birth (Siegel-Finer and Molloy 2019). By doing this, birth doulas work to fill in some of what is missing in the medicalized birth environment.

What little we know from the published research on birth doulas has centered around the medical and psychological effectiveness of the partnership between the doula and the mother (Cebulak 2012; Deitrick and Draves 2008; Gruber et al. 2013; Steel et al. 2015). Birth doulas are well regarded by the mothers who hire them and

the hospital staff that they often work alongside (Cebulak 2012). While knowledge of the medical and psychological has reinforced the many advantages of birth doulas, the social aspects of this very phenomenon remain largely unexplored. As it stands, we know little about how birthing people understand their experiences and motivations surrounding the services of a birth doula. What we do know is that the valued communal aspects of the social birth are making a resurgence, sometimes in the form of birth doulas (Blue 1994). We also know that partners have been encouraged to play a more active role in labor and delivery, often as the primary support person (Coltrane 1996; Odent 2009). When partners are involved in the birthing process, it causes a degree of emotional distress and feelings of uselessness (Genesoni and Tallandini 2009). The inclusion of a birth doula into this environment could potentially shift our understanding of how birthing people go through the process of planning and participating in the birth of their child. Feelings we would expect to see, like fear or uncertainty, without the services of a doula could lessen or disappear entirely. Likewise, new undercurrents might arise that change how birthing people experience pregnancy, labor and delivery.

For the present research, I am most concerned with what people who have given birth expected to see when they hired a doula and how they subsequently experienced that service. What might lead a prospective parent to decide to hire a birth doula? And what, if anything, does the birthing person feel they got out of this service? What were their experiences of the birth process given that they were receiving these services? More succinctly, my present research question is, how do

birthing people understand their motivations for hiring a birth doula and their experiences of the doula's services?

CHAPTER THREE: METHODS

I conducted this research using an online survey administered through Qualtrics. This method allowed for qualitative written responses, attitudinal questions, as well as multiple-choice demographic questions. By taking this approach, I was able to get at the experiences of my participants while making the survey easily distributed and analyzed. This approach also made the most of my participants' time and ensured their safety while in the time of COVID-19. Participants were asked a variety of short answer, attitudinal/Likert and demographic questions regarding their decision to hire a birth doula as well as their experience of the birth process given the services the birth doula was providing (see Appendix A). The survey was constructed to have the short answer and Likert questions at the beginning and the demographic questions at the end to ensure maximum completion and quality responses.

Procedures

Survey participants were recruited using a multi-faceted, two-wave approach. The first wave of recruitment occurred in February of 2021, the second wave occurred in late March of 2021. This approach included targeted distribution and placement of links to the survey on a variety of social media platforms and emails sent to various doulas, birth centers, and women's centers in the Midwest. (see Appendix B). The social media platforms were Facebook, Instagram, Twitter, and Reddit. For this research it was important that the surveys links were distributed on multiple platforms because of the variability of user demographics across different forms of social media (Pew Research 2019). The recruitment post that contains the link to the survey inquired

about people who have used the services of a birth doula, or know someone who has, and encouraged them to follow the link to complete a short survey. The recruitment materials also offered an incentive in the form of being entered into a drawing for a chance to receive a \$25 Amazon gift card should they wish to share their email address.

Participants were informed of their rights as participants in the study and were made aware that participation is voluntary and that the survey could be closed out of and their data could be retracted at any time without penalty. This was done before the start of the survey through the use of an informed consent form (see Appendix C). Since I was granted a waiver of signed consent, the informed consent form was available for download as a PDF.

Upon agreeing to participate, participants completed 5 open-ended and 16 close-ended questions. The open-ended questions asked about the participant's motivations for using a birth doula and what their experiences with a birth doula were like. The close-ended section asked demographic and attitudinal questions about giving birth and using the services of a doula. Upon completion, participants were given an option to enter their email into a drawing for a \$25 Amazon gift card. The survey took, on average, seven to ten minutes to complete.

Issues with Spam Responses

In the process of the first wave of data collection it became apparent that the survey had been targeted by an advanced algorithm which filled out the survey over 500 times. Upon discovering this, the survey was pulled down and a captcha

verification step was added to the beginning of the survey, and the survey was re-published for the second wave of recruitment. Within a few days after that, it became apparent that the survey had been targeted again and another 600 -700 spam surveys had been filled out. The captcha did apparently nothing to mitigate the spam responses. At this point a plan was established where I would keep the survey open for another month to allow legitimate responses to come in from the second wave of recruitment. At the same time, I would begin the process of sifting through the 1200 responses for clearly legitimate responses.

The way I decided if a response was legitimate was by analysis the totality of the open answer responses of a given participant. In the illegitimate responses at least one of the responses were often unintelligible, regarding topics that were irrelevant to the question being asked (i.e. catheters, urine output or hygiene) or, the most common disqualifier were responses that were both incredibly specific and also a duplicate of one or more responses. An example of this was for the question “What were your expectations of what the birth doula’s services would be?”, 26 respondents replied, “I hope he can accurately record the situation timely find and deal with any sudden situation.” There were many cases like this. Because this was the most common disqualifier, I started by sorting each open ended response alphabetically, and deleting all survey data for any participant that had the exact same response as another participant. Once this had been done for each of the open ended responses, I went through with a fine-tooth-comb took out any participant’s surveys that had given a response that was unintelligible/ irrelevant to the question being asked. Anytime I

couldn't decide if a response was legitimate, I would look at every response that participant had given and if they had any other questionable responses, I deleted them. In the end I was left with a sample size of 19.

Sample

Participants were individuals who have used the services of a birth doula within the past five years. My reasoning for this five-year cut off was because I wanted to limit responses to participants who had worked with a birth doula recently so that they could recount their motivations and experiences more easily and accurately, while also enabling a sufficient sample. It was my goal to receive enough responses to achieve saturation. Special attention was paid to ensure that the survey gained some virality online so as to reach people with a variety of backgrounds like geographic region, age, income and relationship to me. This was done by making the link shareable and encouraging the passing along of the survey link. These extra measures were important because, given the fact that a portion of the recruitment would be done by posting on my own social media pages, I wanted to take steps to ensure that a significant portion of the participants were not people who all lived in the same city as me and were around my age and socioeconomic status.

Given my particular interest in how partners impact a person's motivations and experiences, I was especially interested in receiving responses from people who were in a relationship at the time of birth. Absence of a partner was not, however, a disqualifying factor because I wanted to ensure a large enough sample to reach saturation, and not all survey questions are expected to be connected to relationship status. Participants'

relationship status was, however, a part of my consideration as to when saturation was achieved. The present research did require that the person in question had given birth to the child themselves (i.e., they did not use a surrogate) and did so with the help of a self-described birth doula rather than any platonic birth partner such as a friend, sister, or parent. While there are licensing/certification organizations that denote specially trained doulas, I did not require that participants had used a licensed doula because this is information that the participants might not know. The way that I screened out people who used any platonic birth partner was I included a required question at the beginning of the survey asking whether participants used the services of a professional doula. Participants were required to be 18 years of age or older.

The sample size was 19 people (see figure 1). Of the 19 people, 18 identified as women and one identified as genderqueer, gender fluid, or non-binary. Ages of the participants were collected in the form of age ranges. Participants were relatively evenly dispersed between the age ranges with a only slightly more people in the 35-40 range and no one under 21. Most participants fell into the annual income range of \$30,000- 59,000 but among all participants, they ranged from \$0 to over \$150,000. All but two of the participants were in a committed relationship at the time of birth.

One strength of the data is that the demographics are relatively well balanced with representatives from most categories but no area with a remarkable deviation from the general population of the United States. A limitation of this sample is that the size is that it is relatively small. This means that while the sample may be balanced there might not be enough to have achieved saturation in every theme that may have emerged

in a study with a larger sample size. Additionally, data on some important demographics were not collected such as race and education level. Any future research in this area would benefit from collecting data on these variables.

Figure 1: Key Sample Demographics (n=19)

<i>Pseudonym</i>	<i>Gender</i>	<i>Age</i>	<i>Income</i>	<i>Relationship Status</i>
Elizabeth	Woman	31-34	\$10,000-29,999	Partnered
Jennifer	Woman	21-25	\$30,000-59,999	Single
Stephanie	Woman	26-30	\$30,000-59,999	Partnered
Megan	Woman	35-40	Over \$150,000	Partnered
Britney	Woman	35-40	\$100,000-149,999	Partnered
Jasmine	Woman	26-30	\$100,000-149,999	Partnered
Alex	Non-binary	21-25	\$30,000-59,999	Partnered
Anna	Woman	35-40	\$30,000-59,999	Partnered
Olivia	Woman	31-34	\$60,000-99,999	Partnered
Jordan	Woman	31-34	\$30,000-59,999	Partnered
Emma	Woman	26-30	\$0-9,999	Partnered

Brooke	Woman	35-40	\$30,000- 59,999	Partnered
Amy	Woman	35-40	\$100,000- 149,999	Partnered
Paige	Woman	21-25	\$60,000- 99,999	Partnered
Katie	Woman	26-30	\$30,000- 59,999	Single
Lindsey	Woman	31-34	\$30,000- 59,999	Partnered
Angela	Woman	35-40	\$0-9,999	Partnered
Sierra	Woman	35-40	\$100,000- 149,999	Partnered
Alyssa	Woman	21-25	\$30,000- 59,999	Partnered

Data Analysis

Because these surveys were administered through Qualtrics, no transcription was necessary. Upon receiving completed surveys, responses to the short answer questions were coded by hand using grounded theory techniques (Charmaz 2006; Glaser and Strauss 1967). Specifically, the answers to the qualitative questions were organized by question and analyzed using line-by-line coding to see if there were any emergent themes or patterns in the responses of the participants. These themes and patterns were organized and analyzed in the form of research memos. The research memos functioned to articulate commonalities within themes and subthemes. Any quotes that belonged to the same theme were categorized and written about, these memos then went on to form the bulk of the findings chapter of this thesis.

To protect the privacy and confidentiality of the participants, any identifying information about the participants were deleted during the course of analyzing the data and, if need be, replaced with pseudonyms or alternative details. All participants were assigned pseudonyms, no names in the findings and discussion chapters refer to the actual names of anyone involved in this study.

CHAPTER FOUR: FINDINGS

Upon coding and analyzing the open-ended responses, three major themes emerged: motivations and expectations, services, and partners. Of the motivations and expectations discussed by participants, natural birth and advocacy were two dominant subthemes. Among the services discussed, participants distinguished between physical and emotional support. Finally, in the responses where partners were discussed, participants mentioned both how the doula provided services to the partner and also how the doula's services allowed for the partner to be more present for the birth.

Motivations and Expectations

The survey's first two open-ended questions asked about motivations and expectations respectively. In the responses for both, participants mentioned wanting a doula so that they could achieve a natural birth and wanting someone to advocate for their needs. These were the most common and prominent reasons provided for wanting to use a birth doula as well as what they expected of their birth doula.

While every birthing person's definition of a *natural birth* varies, a common denominator among participants seemed to be that a natural birth means minimal or no pain medication. For instance, Alex, a non-binary person in their early 20s said, "I wanted to achieve a natural, unmedicated birth without interventions." For the participants, the idea of a natural birth and an unmedicated birth go hand-in-hand. Nine of the participants (47%) described natural or unmedicated labor as either a motivating factor or something they were expecting of the doula's services.

Participants saw the hands-on knowledge and skills provided by their birth doula

as integral to achieving their natural birth plan. As Jasmine, a woman in her late 20s put it, “I have always wanted to experience un-medicated childbirth and I knew there were many options for comfort during labor. I chose to hire a doula to have someone trained and experienced in tools to help my labor progress and be as comfortable as possible.” Commonly though, responses were brief, simply noting that they “wanted to experience un-medicated childbirth” or “wanted to have an unmedicated birth with minimal interventions.”

Closely tied to this idea of achieving a natural birth was the desire for an advocate during the birth process. Nine participants (47%) mentioned that they were either motivated to hire a doula for advocacy reasons or they expected that service of their doula. This desire was especially prevalent among those who mentioned wanting a natural or unmedicated birth. For many, these two desires seem to be closely tied; as Brooke, a woman in her late 30s put it, “I wanted to feel like someone was listening to me and honoring my wants and needs ... I did not want any medications during birth and was worried these requests wouldn’t be honored.”

For some, the need for advocacy was tied to the hospital setting, wanting someone to advocate for their birth plan to the medical professionals with Amy, a woman in her late 30s, stating that she wanted someone “who could advocate on my behalf with doctors and nurses.” Emma, a woman in her late 20s, stated of her expectations for her doula’s services, “I was hoping she would ... advocate for me with hospital staff.”

Whether explicitly mentioning hospital staff or not, for many participants, the desire for advocacy was mostly centered around wanting someone to advocate their birth

plan in particular, natural or otherwise. For example, Amy stated of her expectations, “I expected the doula to help me write a birth plan and advocate for my birth plan while I was in labor.” Jasmine stated something similar, saying she expected her doula to be “Someone who knew my birth preferences and helped advocate for them.”

The desire for an advocate was also aimed at addressing a feeling of vulnerability as a birthing person. Jasmine stated of her motivations for hiring a doula, “I ... knew about the vulnerable position I’d be in while birthing and I really wanted an advocate.” Megan, a woman in her late 30s echoed a similar sentiment, saying, “as a birthing mom...having an experienced and non-biased birth doula in the room was something that provided [her with] comfort in knowing what [her] rights are.” As a “birthing mom” you are often in a vulnerable position both physically and mentally. You are also often at the mercy of the medical professionals around you, for Megan and others, it was important to have an “experienced and non-biased birth doula” to advocate for your rights at a very vulnerable time.

Of the first two open-ended questions about motivations and expectations, these two themes pervaded participants’ responses. Natural or unmedicated labor and advocacy were two important factors in the participants motivations for hiring a birth doula as well as their expectations for what the services of their birth doula would include. These themes often coincided and incorporated concerns about the hospital birth setting.

While advocacy and natural birth were dominant themes throughout mentions of motivations and expectations, they were by no means the only motivations for hiring a birth doula mentioned. Multiple participants mentioned choosing to hire a doula to help

achieve “VBAC”, otherwise known as vaginal birth after cesarean, something doulas have been known to help with. It was also very common among responses for people to say that they just wanted someone who was experienced to provide extra support. Olivia, a woman in her early 30s said that she expected that her doula would be “a knowledgeable friendly voice. To give physical and mental support. To keep me strong when I wanted to give up.”

Services

While all of the open-ended questions asked about their doula’s services to some extent, questions three and four are of particular importance for this theme. Question three asked participants to describe their experience with their birth doula(s) and question four asked them to describe what doula services were the most important for them. Throughout both sets of responses two themes emerged: forms of emotional support and forms of physical support.

It became immediately apparent upon analyzing the data that for participants, emotional and physical support were not only two important aspects of their care but that they are two very distinct sets of services. In responses to question four, five of the participants, on their own accord, chose to delineate the services of their birth doula into forms of emotional support and forms of physical support.

Fifteen of the participants (79%) described emotional support services as being important to them. The emotional support described came in many forms. For instance, Olivia stated, “I don’t have a lot of friends, so being able to text her when I really needed some emotional venting during the pregnancy was great.” Emma said that her doula

helped her “process [her] birth trauma.” For many of the participants who mentioned emotional support, they described their birth doula just being a sort of “calming” presence, someone who would speak in a “soft” or “calm” voice and “ground” the birthing person and their partner if they had one. It was also common among the participants to say that their doula was helpful in providing words of encouragement or empowerment. Megan said that it was important to her that her doula provided her with “[e]ncouragement when things got unbearable and started doubting myself.” Jasmine said of the emotional support she received, “[she gave me] [v]erbal encouragement to help frame my mindset to be receptive to the sensations of birth. When the sensations would change and I’d describe them, she’d reassure me that they were safe sensations. This helped me reduce fear and, I believe, is why I don’t describe my birth as painful.”

Just like with emotional forms of support services, there were a wide range of physical support services. The commonality between most physical support services was that the services were aimed at pain relief. Jordan, a woman in her early 30s, said, “My birth doula assisted me with pain management during my labor.” Many participants mentioned their doula providing them with “yoga poses” or “optimal birthing positions” that would best help to relieve pain in pregnancy, labor and delivery. For some, physical supports seemed to be less important than emotional support; as Olivia put it, “Emotional [support] mainly [was important]. I ended up being so much more confident that I didn’t need quite as much physical support that I thought I would need.” For others, physical supports were extremely helpful. For instance, Britney, a woman in her late 30s said, “that warm water on my back was INCREDIBLE.”

In discussions of the support services that their birth doula's provided, participants in this study mentioned both emotional and physical support services, as two distinct forms of support. Emotional support functioned to reassure, encourage, and calm the birthing person and physical support what helpful in providing the birthing person with ways to relieve pain through movement, and other physical comfort measures.

Partners

As with previous themes, partners were mentioned throughout all the open-ended questions but there is one question in particular that asked participants to elaborate on the roll their partner played in the labor and delivery process. 17 of the participants (89%) had partners at the time of the birth; all the participants' partners were men. Throughout the open-ended questions, two themes emerged. The first is that the doula was there to provide services to the partner just as they provided services to the birthing person. The second theme is that the doula's services, for the partner and the birthing person, allowed the partner to be present and attentive during labor and delivery.

Among participants, it was very common to mention that the partner of the birthing person received services in much the same way that the birthing person did. As Megan put it, "If anything, our doula was there for him as well. She would suggest things to him that would help me so he was just as much of the birthing process as she was. I know he appreciated having her there." Obviously, the services the partner received weren't always the same as those intended for the birthing person. For instance, Amy said, "After my daughter was born she came to our house twice a week to provide extra help to my husband when I went back to work." A lot of the ways that the doulas seemed

to help the partners, though, was through education, whether that was prenatal education sessions as some participants received or education on the spot, giving the husband ideas on how to help during the labor and delivery process. An example of the former is Jasmine, who said, “Before the birth, [my doula] listened, encouraged, and educated my spouse and I to prepare for the birth.” An example of the latter is Brooke, who said “She gave my husband suggestions on how to physically support me during different postures.” Said another way, Stephanie, a woman in her late 20s, noted, “My doula would tell my husband how to support me and give ideas for positioning.”

Additionally, the services the doula provided to the birthing person made space for the partner to be present and attentive during the labor and delivery process. As Amy put it, “She suggested that I get in the birth tub and she ran water over my back during contractions. This allowed my husband to be fully present with me and hold my hands during contractions.” Olivia shared a similar sentiment, saying, “[my doula] helped run errands after my birth so my husband could stay by my side.” With the doula taking care of things outside of the partner’s purview, the partner was able to just be there, adding to the sense of calm that many said their doula provided. Sierra, a women in her late 30s said,

[my doula] provided a type of care that I felt I couldn’t receive from my partner...My partner was able to support me in other ways and also alternate with my doula. They took turns being with me, helping me change positions, and both meeting my needs which varied through out a difficult birth.

An example of where these two partner-related themes converge is the way that the doula

served the partner in a way that allowed the partner to be present. For instance, Alex mentioned, “She allowed my partner to get rest and step out if he needed to.”

Discussion of the participants partner prevailed the data, whether the participant was being asked directly about their partner or not. Among these responses, I found mention of ways the doula provided services to the partner as well as how the doula’s services in general allowed for the partner to focus on the experience of the labor and delivery process.

CHAPTER FIVE: DISCUSSION

Throughout most of human history, birth has been a communal affair. The birthing person would call other women together and lean on the knowledge passed down through the community to guide them through labor and delivery, otherwise known as the social childbirth (Leavitt 1986; Odent 2009; Steel et al. 2015; Wertz and Wertz 1977). Around the middle of the 20th century, this changed with the medicalization of the birth environment (Leavitt 1986). Birth became less of a communal affair and more of a medical procedure. While medicine has allowed for childbirth to be much safer and less deadly, it has led many birthing people to feel lost and alone in the birthing environment.

Recently, though, things have started to shift, as the natural birth movement has brought the idea of birth doulas to the popular consciousness. Birth doulas are almost exclusively female caregivers who have given birth previously. They function as a non-medical resource for the birthing person and their family. While the research on the medical impact of this non-medical resource has shown promising effects, little research has been done on the social experience of a doula's services.

The present research sought to explore the motivations and experiences of those who have used a doula's services within the last five years. To do this, I conducted an online Qualtrics survey with 5 open-ended and 16 close-ended questions. The questions asked about the participant's motivations for hiring a birth doula as well as their expectations and experiences of their services. The survey received 19 responses. From the responses to the open ended questions, I observed three main themes, including motivations/expectations, services, and partners.

Within discussions of the participant's motivations and expectations, I found two dominant sub-themes: the desire for a natural/unmedicated birth and the desire for advocacy. Many participants mentioned one or both of these sub-themes. Participants had sought out a birth doula because an unmedicated labor and delivery was an important part of their birth plan and they had faith that a doula could provide them with the tools necessary to achieve this. In the same vein, participants desired an advocate to stand up for their birth plan and their rights while in a vulnerable position. A portion of the participants expressed a great deal of distrust in the medical establishment and did not feel that their wishes would be respected. As a result, they wanted someone with a degree of authority to be able to stand up for them.

All participants talked to some degree about the services their doula provided for them, but within the responses regarding services, the sub-theme of the distinction between emotional and physical supports was noteworthy. A significant portion of participants clearly delineated the physical and emotional supports their doula provided for them. For emotional support many responses mentioned wanting a calming presence or wanting someone who would encourage them. For physical supports, many talked about the tips and tricks their doula provided for them, especially with getting into optimal birthing positions. Steel et al. (2015) suggest that the primary services birth doulas provide include physical support, empowerment, information provision, and emotional support. My findings suggest that the two types of support, both physical and emotional, are of primary importance to those who hire a birth doula.

Finally, since 17 out of the 19 participants had partners at the time they gave birth, partners came up a lot in their responses. In the responses that mentioned partners, two subthemes emerged: the ways in which the doula provided for the partner and the ways in which the doula's services allowed the partner to be present and attentive during the birth. These two sub themes are two sides of the same coin, as they both emphasize the idea that the doula is not there just to help the birthing person but that the doula's services have a holistic effect on the family as they go through the birthing process.

Contributions

This research adds to the existing literature by exploring a previously unexplored area: the motivations, expectations and experiences of those who have used the services of a birth doula. The social aspects of the incredibly social phenomenon of child birth are a underresearched, birth doulas even more so. This study is the beginning of what should continue to be a very fruitful area of research. The existing literature has shown the medical and psychological effectiveness of birth doulas (Cebulak 2012; Deitrick and Draves 2008; Gruber et al. 2013; Steel et al. 2015). This research adds to this by showing why people would want to hire a doula. What services are most important to people who hire doulas. We've see that doulas are effective but now we can begin to see why people personally make the decision to hire doulas. Advocacy, natural birth, physical and emotional support, and support for the partner are all aspects of their doula's care that the participants in this study found important.

Outside of the social sciences, though, this research should also be used by those in the medical field to help understand the motivations people might have for bringing a

doula into the birth space. The participants in this study commonly cited a desire for advocacy, especially as it concerns their birth plan. In particular, the participants mentioned a lack of trust in the medical establishment as a reason for needing an advocate. With the growth of the natural birth movement, women are coming into the birth space with a birth plan and hopes of delivering without medication. Birth doulas can help provide that both by offering pain relief techniques but also by working as an advocate and liaison between the birthing person and the medical staff. The medical field could use this information to better understand and work with people and populations who might mistrust medical professionals.

Limitations

This research has a few limitations. First and foremost is the sample size. This study suffers from a small sample size. Part of this could be pinned on the fact that the Qualtrics survey was targeted by spam bots. Each new wave of recruitment led to a new wave of spam responses so recruitment was difficult. Nevertheless, this study had a less than ideal sample size and because of that, the data was not as extensive or generalizable as it could have been.

Additionally, this research lacked both representation and awareness of some demographic variables of the participants. None of the participants were in same-sex-relationships when they gave birth and so there was none of the data can be representative of those in same-sex-relationships. In addition, data was not collected on the race or education level of the participants. Thus, the racial and educational profile of

the sample is unclear, and it is unclear whether these two variables may have been salient for my findings.

Directions for Future Research

The area of birth and birth doulas has a lot that is yet to be explored. Any future research would do well to build upon the desire many of the participants had for an advocate in the birth space. Questions should be asked about why this is important to them and what experiences or information has led them to feel that they would benefit from an advocate during labor and delivery. Along with this, more research needs to be done into the desire for natural or unmedicated birth. What is so desirable about a natural birth that people are hiring a someone to come in and help accomplish it as well as advocate to medical professionals for it? What makes the experience or expected experience of a natural labor and delivery so different from a medicated labor? This research lacked any analysis of the role that race or education level might play in people's motivations, expectations and experiences. Finally, since this research was lacking in queer representation, that is an area that should be addressed in future studies.

REFERENCES

- Blue, Sana. 1994. "The Re-Emergence of Social Support for Childbearing Women." *International Journal of Childbirth Education* 9(2):29-30
- Cebulak, Jessica A. 2013. *Midwife or Med-Wife: Examining Emotion Work with Midwifery Students in Clinical Training*. Order No. AAI1518459 dissertation
- Centers for Disease Control and Prevention (CDC), 1999, "*Achievements in Public Health, 1900-1999: Healthier Mothers and Babies*." Centers for Disease Control and Prevention, www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm.
- Coltrane, Scott. 1996. *Family Man: Fatherhood, Housework, and Gender Equity*. Oxford University Press.
- Declercq, Eugene R., Carol Sakala, Maureen P. Corry, Sandra Applebaum and Ariel Herrlich. 2014. "Major Survey Findings of Listening to Mothers(SM) III: Pregnancy and Birth: Report of the Third National U.S. Survey of Women's Childbearing Experiences." *The Journal of Perinatal Education*, 23(1): 9–16
- Deitrick, Lynn M., and Patrick R. Draves. 2008. "Attitudes Towards Doula Support during Pregnancy by Clients, Doulas, and Labor-and-Delivery Nurses: A Case Study from Tampa, Florida." *Human Organization* 67(4):397-406
- DONA International. 2019. "About DONA International." Retrieved June 23,2021 (www.dona.org/the-dona-advantage/about/)
- Gagnon, A., Waghorn, K., and Covell, C. 1997. "A Randomized Trial of One-to-One Nurse Support of Women in Labor." *Birth* 24(2):71-77.
- Gale, J., Fothergill-Bourbonnais, F., and Chamberlain, M. 2001. "Measuring Nursing Support During Childbirth." *MCN* 26(5):264-271.
- Genesoni, L. and Tallandini, M. A. 2009. "Men's Psychological Transition to Fatherhood: An Analysis of the Literature, 1989–2008." *Birth* 36(4):305-318.
- Gruber, Kenneth J., Susan H. Cupito and Christina F. Dobson. 2013. "Impact of Doulas on Healthy Birth Outcomes." *The Journal of Perinatal Education* 22(1):49-58

Klaus, J.P., P. Klaus, and J. Kennell. 1993. *Mothering the Mother: How a Doula Can Help You*

Have a Shorter, Easier and Healthier Birth. New York, NY: Addison-Wesley.

Klaus, Marshall H., John H. Kennell, Phyllis H. Klaus. 2002. *The Doula Book: How a Trained Labor Companion Can Help You Have a Shorter, Easier, and Healthier Birth.* Da Capo Lifelong Books

Leavitt, Judith Walzer. 1986. *Brought to Bed: Childbearing in America, 1750 to 1950.* New York,

NY: Oxford University Press.

Lima da Motta, Cibele Cunha, Caroline Rinne and Despina Naziri. 2006. "The Influence of Emotional Support during Childbirth: A Clinical Study." *Journal of Prenatal & Perinatal Psychology & Health* 20(4):325-341

McNiven, P., Hodnett, E., & O'Brien-Pallas, L. L. 1992. "Supporting Women in Labor – a

Work Sampling Study of the Activities of Labor and Delivery Nurses." *Birth-Issues in*

Perinatal Care 19(1): 3-7.

Oakley, Ann. 1974. *The Sociology of Housework.* Bristol: Bristol University Press.
doi:10.2307/j.ctv75d8k9

Odent, Michel, M.D. 2009. "The Masculinisation of the Birth Environment." *Journal of Prenatal*

& Perinatal Psychology & Health 23(3):185-191

Pew Research. 2019. "Social Media Fact Sheet." Retrieved Jan. 20, 2021
(<https://www.pewresearch.org/internet/fact-sheet/social-media/>).

Siegel-Finerman, Bryna and Cathryn Molloy. 2019. *Women's Health Advocacy: Rhetorical Ingenuity for the 21st Century.* Taylor & Francis.

Steel, Amie, Jane Frawley, Jon Adams and Helene Diezel. 2015. "Trained Or Professional Doulas in the Support and Care of Pregnant and Birthing Women: A Critical Integrative Review." *Health & Social Care in the Community* 23(3):225-241

Wertz, Richard W., and Dorothy C. Wertz. 1977. *Lying-in: a History of Childbirth in America.* New York, NY: Free Press.

APPENDICES

APPENDIX A

Survey instrument- As exported from Qualtrics.

Experiences with Birth Doulas

Start of Block: Block 4

Q22

INFORMED CONSENT

(SEE APPENDIX C)

*Skip To: End of Survey If INFORMED CONSENT Minnesota State University, Mankato
Consent to Participate in a Research Stud... = I do not agree*

Q23 Did you use the services of a professional birth doula during the labor and delivery of your child in the last 5 years?

- Yes (1)
- No (2)

*Skip To: End of Survey If Did you use the services of a professional birth doula during the labor
and delivery of your chil... = No*

End of Block: Block 4

Start of Block: Short Answer Questions

Q1 What were your motivations for hiring a doula for the birth of your child?

Q2 What were your expectations of what the birth doula's services would be?

Q3 Describe your experience of the services of your birth doula.

Q4
What types of support did your birth doula provide that were most important to you?

Q5 If you have a partner: what role did your partner play during the labor and delivery process?

End of Block: Short Answer Questions

Start of Block: Importance/Satisfaction Questions

Q6 How important was it for you to have someone present during labor and delivery who was there to provide emotional support along-side those there providing medical support?

- Extremely important (1)
- Very important (2)
- Moderately important (3)
- Slightly important (4)
- Not at all important (5)
-

Q7 How important was it that your doula be used to provide tips and tricks to achieve your desired birth experience?

Extremely important (1)

Very important (2)

Moderately important (3)

Slightly important (4)

Not at all important (5)

Q8 How important was it that your doula be used to provide advocacy to help you achieve what you could of your birth plan?

Extremely important (1)

Very important (2)

Moderately important (3)

Slightly important (4)

Not at all important (5)

Q9 How satisfied are you with the services your doula provided?

- Extremely satisfied (1)
 - Somewhat satisfied (2)
 - Neither satisfied nor dissatisfied (3)
 - Somewhat dissatisfied (4)
 - Extremely dissatisfied (5)
-

Q10 If the occasion arose, would you hire a birth doula again?

- Yes (1)
- No (2)
- Maybe/ it depends (3)

End of Block: Importance/Satisfaction Questions

Start of Block: Partner questions

Q14 Were you in a committed romantic relationship when you used the services of a birth doula?

- Yes (1)
- No (4)

Skip To: End of Block If Were you in a committed romantic relationship when you used the services of a birth doula? = No

Q11 To the best of your knowledge, which most closely resembles the gender identity of the romantic partner you had when you used the services of a birth doula?

- Woman or female (1)
 - Man or male (5)
 - Transgender (6)
 - Agender (7)
 - Genderqueer, gender fluid, or non-binary (8)
 - Questioning or unsure (9)
 - Other (10) _____
-

Q12 Is your partner biologically related to the child that was born with the services of a doula?

- Yes (1)
 - No (2)
 - Don't know (3)
-

Q13 Was your partner present for the birth of said child?

- Yes (1)
- No (2)
- For part of the time (3)

End of Block: Partner questions

Start of Block: Demographic Questions

Q15 Which most closely resembles your gender identity?

- Woman or female (1)
 - Man or male (5)
 - Transgender (6)
 - Agender (7)
 - Genderqueer, gender fluid, or non-binary (8)
 - Questioning or unsure (9)
 - Other (10) _____
-

Q16 What is your current age?

▼ 18-20 (13) ... 41 or older (16)

Q17 What is your approximate current yearly income?

▼ \$0-9,999 (1) ... Over \$150,000 (28)

Q18 What is your current relationship status?

Single (1)

In a relationship (2)

Married (3)

Divorced (4)

Other (5) _____

Q19 How many children have you had?

▼ 1 (1) ... 5 or more (5)

Q20 How many of your births did you use the services of a birth doula?

All (1)

Not all (2)

Q21 Where have you given birth when you've used the services of a birth doula?

- Your own home (1)
- In someone else's home (2)
- A birth center (3)
- A hospital (4)
- Other (5) _____

End of Block: Demographic Questions

Start of Block: Block 5

Q24 Would you like to share your email to be entered into a drawing to win a \$25 amazon gift card?

- Yes (1)
- No (2)

Skip To: End of Survey If Would you like to share your email to be entered into a drawing to win a \$25 amazon gift card? = No

Q25 Click this link and it will take you to a page where you can share your email and be entered into the drawing:

https://mnsu.co1.qualtrics.com/jfe/form/SV_8ptfWfXGvn1nBWK

End of Block: Block 5

APPENDIX B
Recruitment materials
Instagram

Image:



MINNESOTA STATE UNIVERSITY
MANKATO
IRBNET ID : 1717972

**DID YOU GIVE
BIRTH WITH THE
SERVICES OF A
DOULA IN THE
LAST 5 YEARS?**

IF SO, YOU'RE ELIGIBLE TO
PARTICIPATE IN THIS **10-20**
MINUTE SURVEY.
PARTICIPATION IS VOLUNTARY.

UPON COMPLETION, ENTER TO
WIN A \$25 AMAZON GIFT CARD

ACCESS THE SURVEY HERE:
[HTTPS://BIT.LY/3BKAUEY](https://bit.ly/3BKAUEY)

For questions, email
Emily Gunderson at
Emily.baker@mnsu.edu



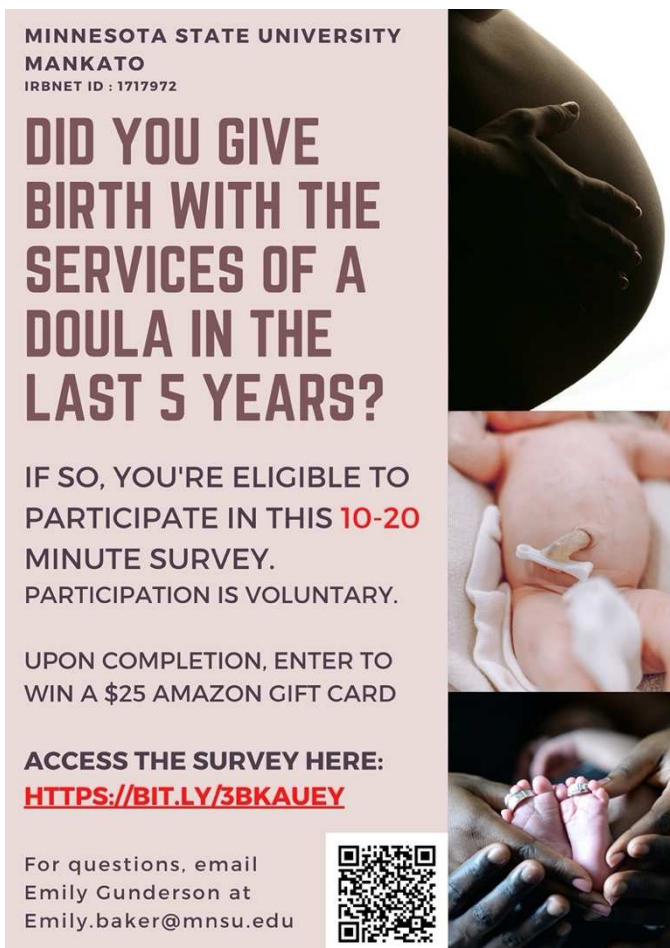
Text:

I'm conducting a research study as a part of my master's program on individual's experiences using the services of a birth doula for their labor and delivery.

Individuals who are over 18 and have used the services of a birth doula for their labor and delivery in the past 5 years are invited to participate in this research study. Participation is voluntary and will involve completing a 10-20 minute survey. Participants can enter to win a \$25 Amazon gift card. Find the survey link in my bio! ****SURVEY LINK WAS PUT IN MY INSTAGRAM BIO****

Twitter

Image:



**MINNESOTA STATE UNIVERSITY
MANKATO**
IRBNET ID : 1717972


**DID YOU GIVE
BIRTH WITH THE
SERVICES OF A
DOULA IN THE
LAST 5 YEARS?**

IF SO, YOU'RE ELIGIBLE TO
PARTICIPATE IN THIS **10-20**
MINUTE SURVEY.
PARTICIPATION IS VOLUNTARY.

UPON COMPLETION, ENTER TO
WIN A \$25 AMAZON GIFT CARD

ACCESS THE SURVEY HERE:
[HTTPS://BIT.LY/3BKAUEY](https://bit.ly/3bkauey)

For questions, email
Emily Gunderson at
Emily.baker@mnsu.edu



Text:

Hi! I'm conducting a study on individual's experiences using the services of a birth doula for their labor and delivery. If you are over 18 and have used a doula for your labor and delivery in the past 5 years are eligible. Follow this link to participate: <https://bit.ly/3bkauEY>

Reddit

Image:

MINNESOTA STATE UNIVERSITY
MANKATO
IRBNET ID : 1717972

**DID YOU GIVE
BIRTH WITH THE
SERVICES OF A
DOULA IN THE
LAST 5 YEARS?**

IF SO, YOU'RE ELIGIBLE TO
PARTICIPATE IN THIS **10-20**
MINUTE SURVEY.
PARTICIPATION IS VOLUNTARY.

UPON COMPLETION, ENTER TO
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ACCESS THE SURVEY HERE:
[HTTPS://BIT.LY/3BKAUEY](https://bit.ly/3BKAUEY)

For questions, email
Emily Gunderson at
Emily.baker@mnsu.edu



Text:

Hey!

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Individuals who are over 18 and have used the services of a birth doula for their labor and delivery in the past 5 years are invited to participate in a research study being conducted by Dr. Aaron Hoy (aaron.hoy@mnsu.edu) and Emily Gunderson (emily.baker@mnsu.edu) at Minnesota State University, Mankato (IRBNet Id Number: 1717972). The study examines the experiences of those who have used the services of a birth doula. Participation is voluntary and will involve

completing a 10-20 minute survey. Participants can enter to win a \$25 Amazon gift card. Find the survey at: <https://bit.ly/3bkauEY>

Facebook

Image:

MINNESOTA STATE UNIVERSITY
MANKATO
IRBNET ID : 1717972

**DID YOU GIVE
BIRTH WITH THE
SERVICES OF A
DOULA IN THE
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For questions, email
Emily Gunderson at
Emily.baker@mnsu.edu

Text:

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Emails to organizations

Greetings,

My name is Emily Gunderson, and I'm a master's student in the Department of Sociology & Corrections at Minnesota State University, Mankato. I am writing today to ask for your help in publicizing my research study on the experiences of those who have used the services of a birth doula (**IRBNet Id Number: 1717972**). I believe that some members of your organization may be interested in participating in this study, and I would very much appreciate their help.

If it's easiest, you can feel free to simply forward this email to your members. Or, if you'd prefer, you can share the following paragraph with them – for instance, via social media or as a separate email:

Individuals who are over 18 and have used the services of a birth doula for their labor and delivery in the past 5 years are invited to participate in a research study being conducted by Dr. Aaron Hoy (aaron.hoy@mnsu.edu) and Emily Gunderson (emily.baker@mnsu.edu) at Minnesota State University, Mankato (IRBNet Id Number: 1717972**). The study examines the experiences of those who have used the services of a birth doula. Participation is voluntary and will involve completing a 10-20 minute survey. Participants can enter to win a \$25 Amazon gift card. Find the survey at: https://mnsu.col.qualtrics.com/jfe/form/SV_egI6noQ5CxppzAq**

Thanks so much for your help! This research study has been approved by Minnesota State University's Institutional Review Board. However, if you have any questions or concerns, please feel free to contact the principal investigator at aaron.hoy@mnsu.edu or at (507) 389-1038 or me at emily.baker@mnsu.edu.

Sincerely,

Emily Gunderson
 Graduate Assistant
 Department of Sociology & Corrections
 Minnesota State University, Mankato
 Office: AH 0037A
 Email: emily.baker@mnsu.edu
 Cell phone: (612)-991-0939
 Pronouns: she/her/they/them

APPENDIX C

Informed consent

Minnesota State University, Mankato

IRBNET ID: 1717972

Consent to Participate in a Research Study

Experiences with Birth Doulas

Researchers:

Student Investigator (SI):

Emily Gunderson

Graduate student in the Department of
Sociology and Corrections

Minnesota State University, Mankato

Armstrong Hall 0037A

Mankato, MN 56001

Email: emily.baker@mnsu.edu

Principle Investigator (PI):

Aaron Hoy, Ph.D.

Professor of Sociology in the Department
of Sociology and Corrections

Minnesota State University, Mankato

Armstrong Hall 113D

Mankato, MN 56001

Office Phone: (507) 389-1038

Email: aaron.hoy@mnsu.edu

You are invited to participate in a **research** study conducted at Minnesota State University, Mankato. The purpose of this study is to investigate the experiences of mothers who have used the services of a birth doula. You are asked to take part in this study because you have used the services of a birth doula in the last five years.

This study **involves** open-ended and close-ended questions about your experiences and motivations regarding the use of a birth doula. The surveys will then be analyzed to see if there are any trends in yours' and other's responses. The surveys are expected to take between 10 and 20 minutes.

This research is **voluntary**. If at any point you wish to conclude the survey, withdraw your consent for participation or take a break to gather your thoughts you are welcome to do so, simply close out of the survey. This survey will not be timed, you can take as much or as little time as you need.

Your decision whether or not to participate will not affect your relationship with Minnesota State University, Mankato, and refusal to participate will involve no penalty or loss of benefits.

There are **risks** associated with participating in this research. As a participant, you may experience various adverse emotions such as discomfort or stress. Additionally, the survey questions might touch on sensitive subjects. The process of taking the survey will be, at a minimum, intruding on your personal life. If any of those risks become an issue during the course of the survey, feel free to decline to answer or withdraw your consent for participation at any time. You may do this by closing out of the survey before submitting your answers. You will not face any penalty or loss of benefits should you choose to stop taking the survey.

There may be **benefits** associated with participating in this study. As a participant you might feel a sense of pride for being part of a research study. You may also enjoy the chance to reflect on parts of your life.

In order to protect your **privacy** and confidentiality certain precautionary measures will be put into place. Your name will not be collected. Should you wish to be entered into a drawing to win an amazon gift card, you will have to provide your email address, but your email address will not be connected in any way to your responses. Access to data will be restricted to the primary and investigators. This informed consent documentation will be stored in a password protected computer and will be destroyed after three years of secure storage.

Because you have been selected to participate in this study you have a right to a copy of this informed consent form. If you would like a copy, you may download the file titled. "Informed Consent Form" at the bottom of this page.

If you have any questions about this research study, contact Aaron Hoy by phone at (507) 389-1038 or by email at: aaron.hoy@mnsu.edu. If you have any questions about participants' rights and for research-related injuries, please contact the Administrator of the Institutional Review Board, at (507) 389-1242

If you click below, it means that you are at least 18 years of age and have read (or have had read to you) the information given in this consent form, and you would like to be a volunteer in this study.