Cogitare Enfermagem

ORIGINAL ARTICLE

Operation of doulas in an obstetric center: perspective of nursing and medical professionals

HIGHLIGHTS

1. Professionals value the doula for childbirth care qualification.
2. The presence of the doulas facilitates humanized and safe childbirth.
3. Doulas strengthen the emotional and protagonism of the childbirth.

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ABSTRACT

Objective: Analyze the impact of doulas in an obstetric center for humanization of childbirth, from the perspective of nursing and medical professionals. **Method:** Qualitative, exploratory and descriptive research, conducted from March to April 2023, with nursing technicians, nurses and doctors from the obstetric center of a university hospital in the southern extreme of Brazil, whose data were collected through a semi-structured questionnaire and analyzed by Iramuteq software and Discursive Text Analysis, from which three categories emerged for presentation of the results. **Results:** The doula contributed to the education in health, protagonism, and autonomy of women in childbirth, in reducing obstetric violence, although it is also visualized as aiding in the demand for work. **Conclusion:** The greater dissemination of the office of doulage would qualify the institution in the humanization of childbirth, and the insertion of doulas in the Basic Units to act in prenatal care would contribute to the effectiveness of the bond with pregnant women.

KEYWORDS: Doulas; Pregnant People; Humanizing Delivery; Humanization of Assistance; Health Personnel.

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INTRODUCTION

Over time, childbirth has been perceived in different sociocultural contexts that allowed the existence of changes in the form and management of its occurrence, transposing the initial view of a childbirth seen as a phenomenon of natural origin and of protagonism of the woman, performed at home with the help of a midwife, to that of the incapacity of the woman and performed in hospital environment in a mechanized way and without the right of choice of the woman[1-2].

The drastic change of scenario gave rise to a problem that nationally affects a large part of Brazilian women who are giving birth: obstetric violence, defined as the disregard for the autonomy, body, and reproductive physiological process of the woman. The act of violence during labor and childbirth brings unfavorable outcomes that can be perpetuated in the short to long term for maternal and infant health[3-4].

The care limitations that range from deficits in professional training to inadequate planning that is given through care and institutional means make it impossible to guarantee full care for childbirth, while not meeting all areas of care for childbirth, making it impossible to promote its humanization integrally. Thus, to act as a facilitator of childbirth, ensuring the construction of a model of humanized, integral, and quality care, which meets the principles of the Program of Humanization in Prenatal and Birth, the woman is exposed to the possibility of the presence of a doula during the trajectory of childbirth in the institutional environment [5-6].

Recognized by the World Health Organization (WHO) as an essential profession for the humanization of childbirth, the doula, whose name means "woman who serves", has as its main function to accompany and support women from the prenatal to the puerperium, taking care of their needs and rights. The exercise of the duo's duo is independent of prior training, but the individual concerned must undergo professional training of theoretical-practical approach[7].

However, the biggest problem is the existence of obstacles for the doula to perform its role with the multidisciplinary team, which results mainly from the lack of understanding of its performance, especially by the professionals of the medical and nursing team[8].

Therefore, the justification for this study is due to the scarcity of research that address the theme of the impact of doulas in the perspective of professionals in medicine and nursing, aiming for a greater understanding of doulas' performance and the possibility of elaborating strategies that facilitate multidisciplinary practice with insertion of doulage[9]. Thus, the study aimed to analyze the impact of doulas in an obstetric center for humanization of childbirth, from the perspective of nursing and medical professionals.

METHOD

Qualitative study, of the exploratory and descriptive type, conducted in the sector of obstetric center of a University Hospital in the extreme south of Brazil, with 25 professionals, of which six were nurses, 13 nursing technicians and six doctors, selected by non-probability sampling for convenience; thus, the professionals were selected according to their availability for data collection.

The criteria for inclusion of participants were limited to medical professionals, nurses, or nursing technicians working in the obstetric center of the research University Hospital who agreed to participate in the research. The exclusion criteria were the absence of professionals in the sector due to holiday, the non-appearance at the date and time set for the interview, and elderly participants, in favor of minimizing risks to well-being, since the collection instrument addressed complex and potentially generating mental overload situations, related to patterns of conduct and responsibility in professional exercise.

The data collection took place in the months from March to April 2023, by semi-structured interview, with four identification questions and 20 open questions on the theme of the impact of doulas' performance in obstetric center service, and was conducted by a graduate student in Nursing with experience in Scientific Initiation, who was trained for conducting research.

To validate the study, the study applied the principles of the guideline for studies of a qualitative approach, Consolidated criteria for reporting qualitative research (COREQ), legitimized by 100% of the study participants. A pilot test was conducted with three undergraduate nursing students who understood the topic and had practical experience as interns in an obstetric center before the effective start of the collection.

The initial contact was made through prior dialogue, the presentation of the project, and scheduling the interview with the interested parties in a reserved room; there was no relationship between the interviewer/participants before the start of the collection. The interviews were conducted in person, started after the participant signed the TCLE, were recorded, transcribed, and categorized, with an average duration of 25 minutes. The transcripts were returned to the participants via personal electronic means, so that they could make corrections or comments, and only then were used for the results of this research, the participants being identified consecutively as T1, T2, T3 for nursing technicians, E1, E2, E3 for nursing professionals, and M1, M2, M3 for medical professionals, and so on. The interviews took place until the data was saturated.

The data were processed using the IRAMUTEQ (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*) software, using the REINERT method or Descending Hierarchical Classification – CHD, which organizes the word information derived from interviews or documents in the form of statistical data, in a clear, orderly and understandable manner[10].

The analysis of the data was done through the discursive textual analysis, portrayed through the unitarization phases, which allows the evaluation of the details of the materials of the study and understanding of the units of meaning; categorization, which allows the understanding of the most complex phenomena of the study and the definition of categories; and capture of the new emergent, which promotes the understanding of the whole and allows the construction of the metatext, containing the interpretations regarding the object of study[11]. It should be noted that the transcription and data coding steps were carried out by the same researcher who conducted the interviews and conferred with the other six researchers involved in the study.

It obeyed the ethical precepts of research with human beings, as set out in Resolution No. 510/2016 of the National Council of Health. The study was approved by the Research Ethics Committee (CAAE: 65623622.2.0000.5324) and authorized by the Hospital's Teaching and Research Administration (SEI: 26127263).

RESULTS

Participated in the study 25 professionals, of which 13 were nursing technicians, six nurses, and six doctors. Of the participants, 22 were female and three were male, with age ranges from 24 to 54 years, and experience time in obstetric center units from one month to 21 years.

The general *corpus* of this study was constituted from 25 texts that originated 1,177 text segments (ST), using 918 ST (77.99%). There were 41,663 occurrences of words, of which 3,059 were distinct words and 1,424 were words with a single occurrence. The content analyzed was divided into four lexical classes, defined as the intermediate categories of the study, class 1, with 256 ST (27,89%), class 2, with 236 ST (25,71%), class 3, with 243 ST (26,47%), and class 4, with 183 ST (19,93%), from which the dendrogram below originated. It is possible to visualize the relationships between each class:

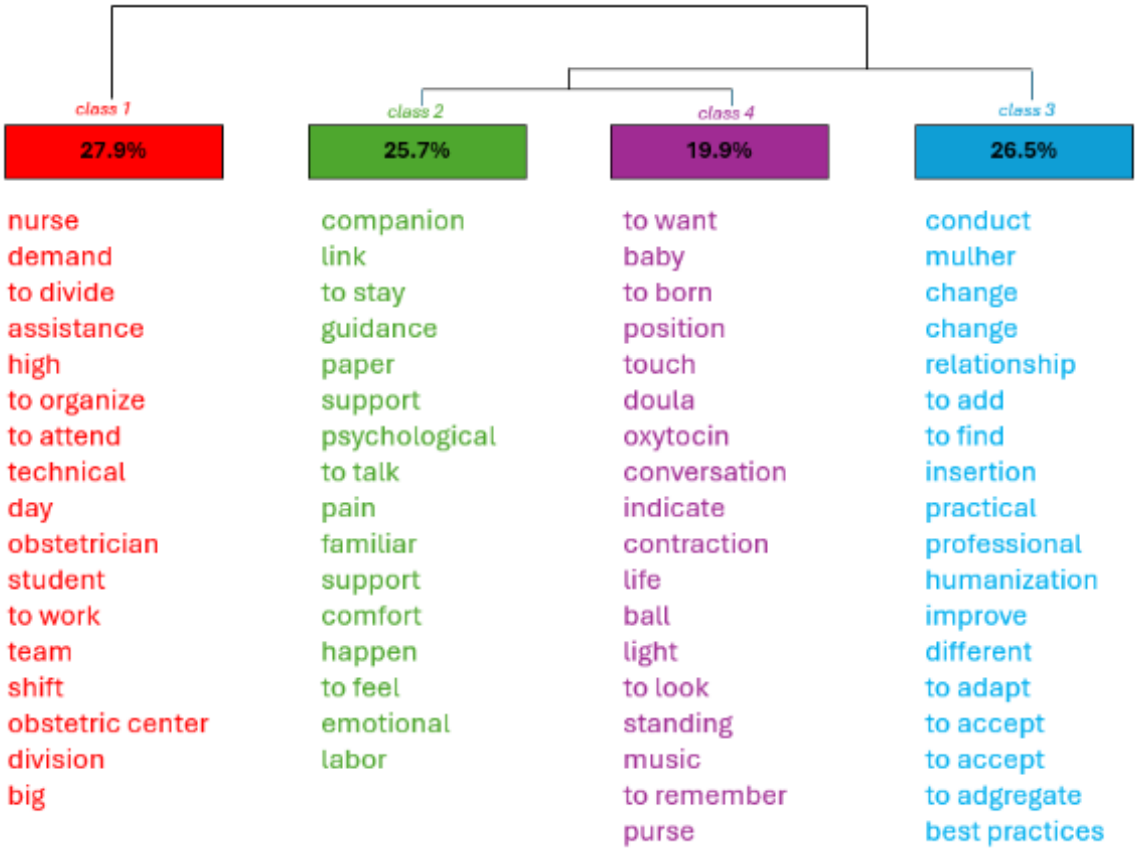

Figure 1. Dendrogram of Descending Hierarchical Classification in Words. Rio Grande, RS, Brazil, 2023

Source: Iramuteq software (2023).

From the image (Figure 1), it is possible to verify that classes 1 and 3 remained in opposite branches, evidencing greater discrepancy in the affinity of one content relative to the other. Classes 2 and 4 were preserved in close branches, representing greater complementarity of the arguments due to their similarities.

Thus, after understanding the division of the intermediate categories generated by the *software*, from the discursive textual analysis, three final categories emerged, divided by similarity of content, being category I, which comprises class I and is denominated as "Insertion of the doula in the obstetric center"; category II, which comprises class

2 and class 4 and is titled as "Doula performance and benefits for the humanization of childbirth"; and category III, which comprises class 3 and is nominated as "Doula interaction with the health team and impacts in the organization of labor".

To better understand the definition of each category, one can observe the list of sense units of each class generated from the analysis using the CHD method, which allows a better understanding of each intermediate category from the content analysis given through the highlighted words (Figure 1). The meaning units bring meaning to the text segments that make up the participants' passages and allow differentiation between classes to construct the categories.

Inserting the doula in the obstetric center

This category describes the work process in the obstetric center regarding care demand, discussing the influence of the insertion of the doula on the service.

It is emphasized that nursing professionals visualize the role of the doula as part of their function. From their insertion, they visualize in the professional someone to add to the team, among other aspects, to reduce the overload of tasks, taking into account their attributions. Thus, they note that they assign some functions that consider their professional competence to the doulas, to focus on assisting in technical procedures.

I think for nursing team decreased our demand for work, because whichever we wanted or not we did the role of doula, we gave the guidelines, massage, kept talking, gave security, I think it gave more space for us to do technical things really, do the assistance of the professional nursing technician [...]. (T9)

The reports also show that there is a different impact for women when it comes to comparing individual-employed doulas and voluntary doulas, especially because the contracted doulas had the opportunity to spend more time with the woman and develop a bond. In contrast, the voluntary doulas do not count on this time for link creation, which ends up directly affecting the feeling of safety and knowledge of the woman obtained by the level of confidence she has in the doula.

When a doula is hired directly by an individual, she already has a relationship with the woman, which helps build trust. As a result, the woman is more likely to listen to the doula and feel safe with her support. However, when the doula is available at the hospital for any patient who comes in, her role becomes more limited. She often cannot apply non-pharmacological pain relief techniques as effectively, since there is no prior bond or trust established with the patient. [...]. (E6)

Doula action and benefits for the humanization of childbirth

In this category, participants discuss the knowledge of the role of doulas and their influence on the team and for women, identifying the weaknesses and potentialities in the care of labor and delivery and their repercussions concerning the benefits for humanization of the care.

The doula stands out for its role as someone empowered to support the patient, especially in the emotional sphere, and regarding information sharing. Thus, the professionals evidenced that the doula builds a pillar for strengthening the woman during childbirth, since it promotes the mental and bodily balance in search of the desires and autonomy of the woman, allowing women to feel empowered to take the protagonist of their process.

She is there to support and guide the woman in making the decisions she will need to make during pregnancy, childbirth, and postpartum. Support related to pregnancy, child care, and childbirth [...]. (E6)

I believe that a doula is like a supportive hand during childbirth. She encourages the patient and gives her the confidence to do what she feels she needs to do. Sometimes, the patient feels anxious about taking a certain position to be more comfortable, wants to listen to music, feels hungry but thinks she can't eat, or wants to stand up but is afraid. The doula helps reassure her and supports her in those moments. She encourages women a lot, which is constructing a bond [...]. (E3)

The participants evidenced that, in the process of childbirth, the women find themselves weakened due to the pain, eventually oscillating between their initial will and the desire to cease the aching complaint. Therefore, from the encouragement and support promoted by the doula the patients become more confident, resist more and surrender more easily to the process, reflecting in the increased effectiveness of vaginal births. In addition, they contribute to reducing the incidence of unnecessary behaviors and interventions, including inductions.

I think they help because they comfort the patient in that moment of pain and despair [...] and help sustain and remember why she is there, because she wanted that delivery. (M3)

As for the persistence in vaginal delivery this has become more frequent after the doulas entered, we note that the interventions have decreased, the episiotomies, the introduction of oxytocin before the hour, the touches. (E3)

It has been observed that some discourses emphasize the need for the doula's presence before the moment of delivery, and not only at punctual moments of promoting an aesthetically pleasant environment at the time of delivery.

[...] I think the preschool is very missing, because you want to see the result, you want to see the birth, you want lights and scents in the room for when the baby is born to take a photo of the placenta, no, your role is before, and then is after. (M6)

Doulas' interaction with the health team and its impact on the organization of work.

This category contains speeches about the weaknesses in service in the face of the birth scene that become obstacles to humanization, even in the face of the doula.

The narratives demonstrate that some doulas take positions of interference in the actions of other professionals in the sector, which can reflect in conflicts in teamwork and the quality of care provided to the childbirth and the baby.

[...] has some doulas that go a little beyond the limit [...] sometimes they want to criticize the medical conduct. It is not their role, they like to engage in medical conduct, she has to clarify the doubt and care for the patient, medical conduct is carried out according to the criteria [...] some question, others take the patient to the maximum, you see that the patient is there and that will not flow, that is a risk for the baby and risk for the mother, and has some doulas that still insist on normal delivery. (T12)

On the other hand, it is clear that the presence of a doula can influence the healthcare professional's decision-making during a woman's care. This is mainly because

professionals are aware that a woman accompanied by a doula is more informed, especially about her rights as a patient and as a woman in labor. This awareness can lead to more respectful and evidence-based care, and may even contribute to a greater commitment to supporting vaginal births.

If you are with a doula, normally this woman will know what is going on, she will know what to expect, she will know what her rights are [...] I think this is the main impact, with the change of the team's attitude to this woman, knowing that she will not come raw [...]. (T3)

It is emphasized that the evolution of the quality of care for the parturient women is one of the most notable aspects of the operation of doulas in the obstetric center. However, the reports point out that there is still an insufficient quantity and time of stay of professionals in the sector. Often, there are no doulas in the unit, especially voluntary ones. Such scarcity is reflected in the insecurity of some patients, evidencing the need for the insertion of more doulas, daily and in all shifts, also manifested by the interest of professionals.

[...] the quality of care that I think has improved a lot, that they bring even more knowledge to these women, I think it is a professional who adds better care. I think there are still more doula professionals, mostly volunteers, because it is a hospital that serves 100% SUS. Many patients can bring their doulas but many don't have them, and some plantations don't have them, I think there is a lack of direct insertion of this professional, always, because the night doesn't even have them, they stay until 8 pm, [...]. (T8)

It was observed that the doula manages to provide through the provision of knowledge for women, one of the great difficulties in assisting women during pregnancy, prenatal and childbirth work, which is health education adequately and effectively, which ends by focusing on the best posture of professionals when assisting the childbirth, and especially in the prevention of obstetric violence.

The doula brings to the childbirth environment what we have of disability, education, training, and health education [..] the doula comes with this baggage and offers for her. If the patient has someone with instructions next to her, the professional who will assist, regardless of the professional category, becomes more alert to what he is doing; this is obvious, clearly [...]. (E6)

DISCUSSION

It is observed that nursing professionals perceive the attributions of the doula as part of their competence and, from their insertion, begin to identify their functions as a sum in the service for demand relief, which influences the way they end up focusing on procedures. In literature, there are different poles. In a similar study, nursing professionals feel the attributions of the doulas as part of their own, which leads to greater security of the team with the presence of the professional. In another study, points of conflict are identified because they have similar attributions and divergences in conduct.

Regarding the differences presented, concerning self-employed doulas and voluntary doulas, some disparities reflect the quality of the accompaniment to the woman in childbirth work, since on the one hand, the woman is assisted from the

prenatal period and on the other, relies on the possibility of the availability of a doula in the sector. This aspect was also examined in a study that identified a point of conflict within the same institution between paid and volunteer doula services. From the doulas' perspective, volunteer work is aimed at benefiting users of the public health system (SUS). Therefore, voluntary doulas also visualize at some point the remuneration of their occupational category, as they visualize it as a stage of recognition, since they already feel devalued by the professionals of the institution[12].

It is notorious that the performance of the doula promotes greater support, emotional security, and confidence to the patient, affecting the development of the child's autonomy in labor and satisfaction with the support provided. From the point of view of the doulas, the literature evidences that the emotional security provided in childbirth contributes significantly

For empowerment of the woman in the process of childbirth, however, the need for prior contact with the pregnant woman is still identified, since it is believed that the creation of a bond would raise support and satisfaction[8].

The presence of doulas in the care of pregnant women is clearly associated with increased health education in the childbirth setting. As a result, women who are well-informed tend to develop a stronger sense of agency, experience less fear of childbirth, show greater willingness to pursue vaginal birth, and feel more encouraged to continue with the birthing process. Moreover, the instrumentalization of women ends up resulting in the best attitude of the professionals who assist them, allowing the contribution of the doula to be seen as an obstacle to obstetric violence.

Other studies show that, through the perception of the doulas, pregnant women feel more secure in that they understand that the process is flowing properly, despite the feeling of pain, and thus end up feeling impelled to stay in the process and evolve to a normal delivery[13]. In addition, there is evidence that the most powerful instrument for reducing obstetric violence is knowledge, since it has been observed that women begin to develop protagonism in their process through active voice, after being guided by professionals[14].

Regarding the impact on the humanization of childbirth, the doula has a great influence, as it drives the follow-up of good practices in childbirth, and induces a decrease in unnecessary conduct and interventions. Similar findings appear in the literature, where the presence of a doula is recognized as an important factor in the humanization of childbirth. By understanding the needs of the woman in labor, the doula acts to promote comfort and provide continuous support. Furthermore, her presence is associated with reduced medicalization and fewer labor inductions, as well as longer durations of physiological labor[15].

Conflicts between doulas and other healthcare professionals may reveal a lack of preparedness—both from the doulas, due to their recent integration into the system, and from the institution itself, which often fails to properly orient its staff. Research shows that doulas may experience tension within the team because they do not align with the interventionist model of care. Instead, they present the woman in labor with options aligned with the principles of humanized childbirth. This misalignment, combined with a lack of clear role definitions, can lead to overlapping responsibilities between doulas and medical staff[14].

It is highlighted that one of the most relevant aspects of doulas' activity is the help in relieving pain, which promotes greater tranquility to the woman and helps in the

better development of labor. In the literature, the permanence of the doula is shown as an undeniable aid for reducing the anxiety of the parturient women. Allergic reduction enables pregnant women in childbirth to feel more confident in moving and making positioning changes, contributing greatly to the evolution of childbirth[16].

In this study, the recent insertion of the doulas and the daily impermanence and inexistence in some shifts, added to the absence of contact with some professionals, constitutes a barrier for professionals to define tangible changes through their performance in the birth scenario. In comparison with other evidence, the lack of communication between health professionals working in obstetrics and the doula can affect the course of care provided to the woman during childbirth assistance, causing the development of unsafe practices, in addition to the addition of imposed interventions, often unnecessary, without respecting the woman and her singularity[17].

The need for the presence of the doula in prenatal care has been identified since only at the time of childbirth can it constitute a barrier to creating a bond, influencing the difficulty of promoting support and empowerment of the woman. In another research, the professionals also identified the same need, the motivation of which was identified from the awareness that pregnant women end up arriving without information at the time of delivery, and the process does not allow the information to be fully provided.

The contributions of the study are shown through the visualization of the potentialities of doulas in the obstetric center for humanization of childbirth and what the battles for their insertion, allowing other institutions and the institution itself to define improvement strategies, as well as subsidies for other locations to include the category in the birth scenario and more women are benefited.

In addition, due to the disparity in care that exists between the activity of voluntary and self-employed doulas about the creation of bond, it is suggested that doulas be inserted into the multi-professional team, both in the basic health units so that they can operate in prenatal and hospital care, and that the category be recognized as a profession, becoming remunerated in favor of benefit, valuation and professional stimulation.

It is emphasized that the limitations of this study were around the short time of insertion of the doulas in the institution, as well as the daily impermanence and inexistence in some shifts, in addition to its conduct only in a specific obstetric center, making the generalization of these results unlikely.

CONCLUSION

From the analysis of the impact of doulas on humanization of childbirth, and the identification of weaknesses and potentialities from the perspectives of nursing technicians, nurses, and doctors, this study achieved its goals.

Professionals recognize the role of doulas as a positive influence on the quality of care and the humanization process. They stand out as potentialities, the stimulation of education in the health of postpartum women and the contribution to the prevention of obstetric violence, by promoting conduct aligned with good practices. As for the fragilities, we observed the insertion into a biomedical model and resistance from part of the team, especially from nursing, making it difficult for doulas to act.

The importance of public policies that promote the integration of doulas in healthcare teams is highlighted. The resistance among professionals evidences the need for guidelines that recognize the role of doulas, regulate their actions, and encourage continued training of the teams on good practices, contributing to a more collaborative environment, ensuring respect for pregnant women's choices, and strengthening the care centered on women.

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Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Feijó GS, Barlem JGT, Bordignon SS, Lima BB, Martins FDP, Francioni FF, Paloski GR.** Drafting the work or revising it critically for important intellectual content - **Feijó GS, Barlem JGT, Bordignon SS, Lima BB, Martins FDP, Francioni FF, Paloski GR.** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Feijó GS, Barlem JGT, Bordignon SS, Lima BB, Martins FDP, Francioni FF, Paloski GR.** All authors approved the final version of the text.

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