

EMOTIONAL LABORING THROUGH BIRTH: INSIGHT FROM DOULA VOLUNTEERS

by

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Abstract

In the US, only 6% of patients can afford to have a doula during their labor and delivery experience (Declercq et al., 2014). Doulas allow for birthing patients to have continuous physical, emotional, and informational support through non-medical interventions with an effort to better birth outcomes. Supplementing hospital staff and support people in the room, doulas provide support with a personal touch that focuses on empowering the birthing patient and protecting the birthing space. Building on Hochschild's (1979, 1983) concept of emotional labor, I argue that the doula's job is grounded in emotion work and emotional labor (Hochschild, 1979; Hochschild, 1983). Doulas help birthing patients navigate the stress, pain, and feelings associated with birth, and they assess their own effectiveness through a gendered lens of emotion (Gilliland, 2011). To better address this important work, which benefits both patients and doulas, I studied end-of-shift surveys completed by a cohort of hospital-based volunteer doulas who serve eastern North Carolina over the program's first year of active service. This paper explores the doula's perception of the relationship between birthing patients and themselves in their assessment of providing effective care and service based on the establishment of a strong emotional connection with the birth patient and their support. I found that most volunteers were able to help patients make more informed decisions and manage their pain more effectively. Based on the area of doula services provided in a healthcare and maternal care desert, there has been a greater need for doulas to provide birthing patients with direct support. Further studies are needed to find equitable long-term solutions to better address the gaps in maternal health equity, but hospital-based doula services could be a potential answer.

Introduction

Although giving birth is still a choice in most of the United States, birth has also become medicalized, inequitable and inherently gendered (Cook & Loomis, 2012). According to the CDC, the maternal mortality rate from 2018 to 2021 increased from 17 to 33 deaths per 100,000 live births. In 2018 the maternal mortality rate for Black patients was higher than the 2021 total average maternal mortality rate among all races (Hoyert, 2023). Within a span of four years, the impacts of the COVID-19 pandemic, reproductive rights movement and Black Lives Matter movement directly impacted the state of healthcare and maternal mortality in the US. The precarity of birth has only increased with the US Supreme Court's overturning of Roe vs. Wade (Leader, 2023). For people across America, birth can be a scary experience. Far from the romanticized ideal of birth depicted in the best seller, *What to Expect When You're Expecting* (Murkoff, 2016), birth in a highly medicalized context becomes an experience that is medicated, painful, detached from the body, and leaves people uninformed about all the choices available. Birthing patients are disenfranchised and medicalization has disrupted the bodily relationship with birth. The doula is in a unique position as a non-medical member of the health care team to bridge the medical and personal worlds of birth which can create a positive birth experience.

The Doula's Position

The word "doula" was first recorded in 1973 by American medical anthropologist Dana Raphael in regards to breastfeeding (Koumouitzes-Douvia & Carr, 2006)), but the concept of having an experienced woman help pregnant people with birth at the comfort of their home has been around for centuries. The word "doula" was derived from the Greek word *doulh*, meaning "experienced women" or "female slave or servant for the childbearing woman" (Papagni & Buckner, 2006). Today, doulas have come to describe someone who mothers the mother, a lay woman whose duty is to focus on the birthing person and tend to their needs while pregnant,

during labor, and after delivery (Bengalia, 2018). Doulas, as defined by the Doulas of North America (DONA), are trained professionals who provide continuous physical, emotional, and informational support to patients before, during, and after childbirth to help them achieve the healthiest, most satisfying birthing experience possible (Kennell, 2024). Traditionally, doulas support natural births, meaning vaginal deliveries without pain medications. But, birthing patients choose to labor with doula support for a wide range of needs, goals, and concerns about their childbirth experience (Hunter, 2012). While most doulas are assumed to be white women, doulas can be any race and any gender of all ages.

According to a 2011 Cochrane Review, having continuous labor support increased the chance of spontaneous vaginal birth, decreased the chance of cesarean delivery, lower rates of medical interventions like the use of anesthesia through an epidural, forceps or vacuum deliveries, shorter labor times, and higher levels of satisfaction from patients who had given birth with labor support. The report also indicated that labor support in the unique form of someone like a doula, an individual who was not part of the hospital staff and not a family member or close friend, was most effective (Hodnett et al., 2013). The third National US Survey of Women's Childbearing Experiences found only 6% of patients who give birth receive support from a doula during labor. 75% of birthing patients who did not receive care from a doula had previous knowledge about this kind of care and 27% of those who did not have a doula would have liked to have a doula. Patients giving birth are aware of the need for continuous social support during labor and more than one in four want this kind of care (Declercq et al., 2014). With the current state of medicalized birth, obstetricians and doctors are overwhelmed with patients, and understaffed nurses are struggling to be by their patients' sides throughout the entire labor and delivery process. Doulas can bridge the gap between medical professionals and the

birthing patient's needs. Doulas provide intimate relational and professional care services that occur in a grounded space for extreme personalization and emotional management.

Doulas have the potential to influence the birthing patient's perception of the labor and their subjective interpretation of the pain. Birthing patients often experience birth satisfaction and an increased confidence in childbirth with the support of a doula and as a result can decrease their pain perception and their usage of medication/analgesics during labor (Hodnett, 2001). Doulas often try to achieve four things in their role: (1) establishing a deep connection with their clients; (2) facilitating informed birth practices relevant to their birthing patient's birth plan; (3) empowering clients to advocate for themselves and their baby; and (4) identifying and addressing additional health and social needs outside of the labor and delivery, for long term care (Attanasio et al., 2021). These services that doulas provide are offered by people who have a passion for birth work and are not always established in a hospital system. Doulas are an extra service that the birthing patient must seek out and these services are often not covered by insurance or Medicare and Medicaid (Kozhimannil et al., 2014). With the US maternal mortality rate and the racial inequalities, birthing patients must have access to culturally conscious support that can attend to their specific needs, without ridicule. Doulas and doulas of color must be able to navigate the multiple levels of systematic oppression including sexism, racism, misogyny, classism, etc. to address the social determinants of health that directly impact birthing patients of color.

State of Labor and Delivery

During the late 19th and early 20th century, birth shifted from being at home to in hospitals. Medicalized birth care is associated with a commodified healthcare system which directly interferes with the informal industry of private services offered by midwives, and birth

doulas, meeting the needs of their clients. The transition to hospitalized childbirth was accelerated by modern medicine as advances in surgical techniques created a new ideal of modern childbirth as pain free and inherently medicalized (Thomasson & Treber, 2008). Pregnant people began to give birth at the hands of obstetric physicians and nurses, in addition to midwives, and social support in the room. In the case of a medical birth at a teaching hospital, most birthing patients are accompanied by labor and delivery nurses, lactation specialists, stork nurses and a team of doctors including an OBGYN, residents, medical students, anesthesiologists and more. At ECU Health, the registered labor and delivery nurses are with the patient for 6 to 8 hour shifts, and a patient in labor and delivery will have at least two nurses during their time in the ward, this is not including postpartum care. Doctors are with patients even less, as they must oversee patients in the entire ward, monitoring patients constantly, and physically checking on patients every 4 to 6 hours.

With the rise of the labor and delivery nurse, whose duty is to handle administrative needs and clinical pain management, most of their time is spent charting and fulfilling the hospital's requirements while simultaneously focusing on the birthing patient and baby. Registered Labor and Delivery nurses are trained to support all kinds of patients, births, and birth plans. Nurses assess the health of the birthing patient and baby through continuous external fetal and maternal heart rate monitoring which involves sensors placed on the belly and require frequent position changes as the baby moves around in addition to administering drugs and intravenous fluids, blood pressure checks, temperature readings, intermittent cervical exams and stabilizing the newborn after birth (Simpson & Lyndon, 2017). While nurses do care for their patients, if a patient has specific needs it is difficult for L&D nurses to be in a role of total support due to their job requirements. A study by Papagani & Buckner (2006) assessing birthing

patient expectations found patients who were in labor for the first time expected their nurse to spend 53% of their time offering direct emotional, physical, and informational support (Papagani & Buckner, 2006). However, researchers have found that L&D nurses realistically only spent 6-10% of their time engaged with the direct support of birthing patients (Tumblin & Simkin, 2001). Expecting L&D nurses to be with their patients through every contraction is unreasonable given their job requirements, especially if there are support people with the patient. In circumstances with short staffing and continuous monitoring, nurses are unable to fully support birthing patients' emotional and physical needs.

Medicalized hospital births involve the use of interventions including labor-inducing drugs like pitocin (synthetic oxytocin), pain-reducing drugs like epidurals or spinal blocks, or surgical procedures (Kozhimannil et al., 2013). Birth is a long and painful process and medical interventions are not necessarily good or bad, but they can increase the risk of complications for the birthing patient and the fetus (Lothian, 2006). These medical interventions are used to augment and speed up the birthing process and can sometimes interfere with the natural course of birth. For example, pitocin can induce contractions that are more painful and occur much quicker than the normal course of labor contractions. The use of pitocin increases pain and can influence the birthing patient to opt for pain-reducing drugs like an epidural. Patients who are induced are three times more likely to be on pitocin, get an epidural, and have a cesarean birth compared to patients who are not having an induction (Kjerulff et al., 2017). This highly interventionist trajectory of birth can take decisions away from birthing patients and result in sometimes unwanted, unneeded, and unwarranted procedures (Gruber et al., 2013). Hospital staff are trained to deal with birth involving medical interventions so birthing patients who opt out of an IV, pitocin or epidural are seen as abnormal or wishing for a more painful birthing experience

that requires more work from the doctors and nurses. Sometimes the overwhelmed medical system would prefer a compliant patient with an “easier” plan of birth that involves medical interventions to avert the pain and discomfort of dealing with birth itself.

Labor Pains

Labor has been consistently ranked as one of the most painful experiences birthing people have gone through when compared to other painful life experiences. Despite the labor pain experienced, 90% of birthing people stated satisfaction with their birthing experience three months after the fact (Mathur et al., 2020). This short-term memory of pain may also be impacted by the fact that birth results in a positive life change as birthing patients are enamored by their new baby and forget about all the pain that just occurred, sometimes as soon as the birth has ended. Labor pain is physiological, coming from the body, but the experience can be directly impacted by the psychological state of the mind and emotions. Pain during birth can be visceral, from within the organs, and somatic, from the muscles and bones, which occurs throughout the first and second stages of labor. Visceral pain is not consistently sensitive to opioid drugs and depends on the method of administration. Somatic pain is more resistant to opioid drugs and can be associated with pain that occurs closer to delivery (Labor & Maguire, 2008). Labor pain intensity increases with cervical dilatation and the duration and frequency of uterine contractions (Lowe, 2002). Pain experienced during birth stems from various physiological processes during labor and must be addressed based on the patient’s perception and pain management needs.

Pain perception is directly impacted by the gate control theory of pain proposed in 1965. The gate control theory of pain combines aspects of the physiological and psychological components of pain to establish three assumptions. One, the presence and severity of pain is impacted by the neural processing in the body. Second, the gate control method states that

regardless of the stimuli, the passage of pain controls the gate mechanism in the nervous system. Third, if the gate is open and pain will be experienced. If the gate is closed, the pain will not be felt. When applied to birth, if a non-painful stimuli is used before the painful stimuli, the initial stimulus blocks the sequential pain signals from reaching the brain (Trout, 2004). For example, the comb method during birth involves a patient digging the teeth of a comb in the palm of their hand. Essentially, if the comb initiates pain right before a contraction starts, the patient can focus on the pain in their hand instead of the pain in their body and may offer some relief. By providing information about the cause and mitigation of pain can provide a sense of control for the patient which can decrease anxiety about the pain which leads to manageable pain experiences (Chapman & Turner, 1986).

Labor pain is also an emotional experience which presents a psychological challenge. While pain is felt throughout the body, the experience of pain depends on the internal processing and reaction during the labor, completely subjective. Pain is directly affected by the laboring environment including “the totality of the animate and inanimate forces that influence women's experience. These factors include the persons who are present and their verbal and nonverbal communications; the quality of support the woman feels from those presets; the degree to the environment is strange, including objects such as furniture and equipment; noise; light; temperature; space for movement; hospital beds; monitors; vaginal examinations and some routine procedures such as intravenous injections; restriction of fluid intake; constant evaluations of the fetus's heartbeat; limitations of mother's mobility, etc” (Pirdel & Pirdel, 2009).

People who are giving birth can experience labor that slows down or even stops if they feel uncomfortable or stressed with their surroundings. When people choose to give birth in a hospital, patients often believe they are “safer” than giving birth in other places. American

cultural expectations of labor pains directly impact the perception of pain during labor (Sobczak et al., 2023). Researchers have found that birthing patients delivering in a university hospital in the United States compared to patients who give birth in the Netherlands were more likely to expect labor to be painful and more likely to receive medication for their pain. Although American birthing patients received more medical interventions there were no significant differences in whether labor was more or less painful than expected (Lowe, 1996). Experiencing pain while giving birth is inevitable. However, the medicalization of birth has created a cultural contingency that labor can be painless in a hospital and more dangerous at home with midwives.

Emotional Management: Work and Labor

Doula care involves continuous emotional support during labor in addition to meeting the birthing patients' physical, informational, and pain management needs. But to help patients giving birth regulate and cope with their emotions, doulas must employ emotional management themselves. According to Hochschild 1979, emotion work is the act of trying to manage the quality of an emotion or feeling to achieve situational appropriateness based on the social guidelines of what the expected feelings must be for the environment. Hochschild stipulates that people act on the awareness of emotion with an attempt to regulate their own feelings without a specific outcome. Hochschild's claim about emotion work is specifically applied to gender. Despite gender neutral workplaces, where duties do not appear to be impacted by the employee's gender, women employees are still expected to emotionally connect and be emotionally available at work in order to be seen as competent workers. This is true even when emotional management is not explicitly part of their job duties. Conversely, men in the same jobs are not expected to produce emotion-based work to be seen as competent. The gendered double standard built into jobs directly impacts the assessment of the work as effective.

In *The Managed Heart* (1983) Hochschild introduces the term ‘emotional labor’ to describe managing emotions for a service, specifically the emotion labor done by air stewardesses. Hochschild describes three characteristics of emotional labor: personal interaction in a public space, the production of an emotion with the customer and lastly, supervision that enacts a degree of control over the emotional labor provided by employees. Hochschild's use of emotional labor has been applied to many fields including nail salons and nursing, but none of this literature connects the service to the emotion work required to be able to provide emotional labor. Here, I distinguish between these two forms of emotional labor: while emotion work is the management of and reflections on emotions within one's self, emotional labor is the management of the client's feelings with an aspect of exchange for a job. Both of these forms of labor are gendered even in a so-called gender-neutral medical setting. Doulas are inherently gendered jobs because of the emotional connection built into the job expectations. Therefore, applying Hochschild's concept to doula provides the opportunity to understand how the internally focused, self-assessment of emotional work contributes to the actual emotional labor and duties of doula and help value their work.

While both have been used interchangeably in the previous literature to discuss the need for professional carers to manage emotions, I am separating them into two different categories in my study of doulas. I use “emotion work” to refer to the work done internally by a doula to manage their own emotions and assess their own effectiveness at their job. I use “emotional labor” to indicate the emotional management that doulas do in relation with their birthing patient for the service provided. I will be using the term emotional management to address the overlapping nature of emotion work and emotional labor to do both types of emotion management required by care professions. Both emotional work and emotional labor are hard

and productive. Doulas perform as a professional carer by offering authentic birth support with a personal touch for patients in their care. While nurses also do emotion work and emotional labor, the internal emotion work to regulate feelings is done to present a detached face as a registered nurse and the emotional labor done for their patients are “gifts” that are not necessarily required of them (Bolton, 2000). Nurses can give emotional service to negotiate the interpersonal patient/carer relationship and as a result, perform emotional labor based on their capacity, while attending to all the job requirements to meet protocol. Doulas, on the other hand, contribute emotion work and emotional labor as their sole purpose as part of the birth team. Doulas do continuous emotion work to ensure that the emotional labor they provide not only centers the birthing patient but also empowers the patient to indulge in their emotions and feel in control of their labor during the birth.

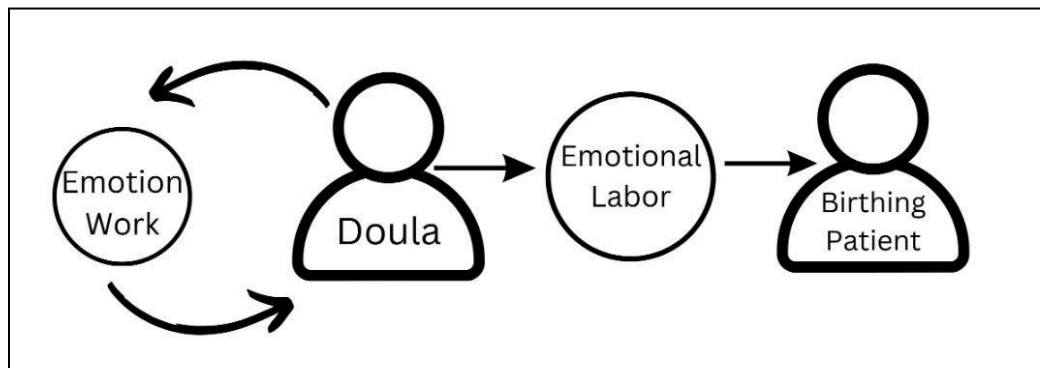


Figure 1. This diagram visualizes the doula’s emotional management support as two parts. The internal emotion work and external emotional labor the doula does in relation to the patient.

Doula care-work inherently requires emotional management and as a result is associated with a woman’s domestic caring role. The assumption that women are naturally empathetic, makes care work done by nurses and doulas, gendered work as well. Because doulas and nurses are a mainly female workforce, the emotional management work being done is marginalized and

undervalued. Doulas do emotion management with the idea of mothering the mother, care work that allows doulas to give the gift of continuous emotional support with little effort. Doulas must manage their feelings to be rational in terms of the labor and delivery world. Doulas do hard emotional management for the patients they support to further their motivations to be better doulas, birth supporters, and allies.

Doulas are experienced at managing their personal feelings through emotion work and their patient's feelings through emotional labor. Doulas derive satisfaction from the ability to make a difference in a patient's well-being, presumed by the strong emotional connections made with their patients. Doulas have no choice on whether they do emotion management as a gift, rather their position requires handling feelings that result in labor satisfaction. Doulas achieve emotional management by establishing a connection with the birthing patient, then working to achieve the desired emotional state like peace and contentment during labor, and lastly, regulating their own emotions by exercising a degree of control over their personal feelings based on the environment. While the emotional management aspect of caring professions are not closely monitored or supervised, emotional regulation skills allow doulas to maintain an autonomous status within the standards of professionalism and patient expectations. Throughout the doula's shift, they must maintain the ideological image of what a doula should do and how a doula should behave. Because of the unregulated industry of doulas, doulas can evade organization and strict professional requirements to humanize their positions as knowledgeable authorities on birth while maintaining their status as non-medical birth professionals. This informal position allows doulas to provide continuous emotional management without having to worry about the clinical requirements that nurses and hospitals demand. Doulas reflect the necessary qualities of emotional labor: supportive, kind and driven to care for their patients while

simultaneously doing the emotion work by appearing caring, calm and concerned. Compared to nurses, doulas can give extra emotional management and assistance with non-medical interventions, engaging with support in the room and by becoming deeply involved in the patient's birth journey.

Doulas do their emotion management in many different ways. Cognitively, doulas must do emotion work by self-regulating to focus on the patient's desire and within the confines of the hospital environment. Doulas also do psychological emotional labor by helping patients regulate their feelings using tactics that facilitate motivational positive outlooks and changing their inner feelings during birth, like telling patients they can do it, take it one contraction at a time, and that their body was made for this. Somatically, doulas assist patients by redirecting their physical symptoms of labor pains by controlling the physiological symptoms of their emotions, for example trying to focus on deep breathing and listening to the baby's heartbeat. In addition to emotion management strategies, doulas provide services like massage, acupressure, positioning changes, aromatherapy, and more.

Methods

In this study, I will build on this literature to examine the doulas' ability to carry out emotional management through the emotion work and emotional labor they provide and their self-assessment of their work, experience, and satisfaction. Doulas rely on emotional connection and when our volunteers are filling out their survey, doulas speak highly of patients once they have connected with the birthing patient and their support in the room. When volunteer doula surveys reflect on their shift experience, their willingness to write about the patients they have supported depends on how well they were able to help their patient. What our volunteers feel

comfortable reporting back to the program is a reflection of how they have assessed their competency as volunteer doulas and the work that they are doing.

For this project, I collected data using the survey doulas that are required to complete at the end of their shifts. I monitored the data collected over the course of the program's first year and after the year was complete, consolidated information for analysis.

My Role as Researcher

I joined the ECU Birth Companions Program first cohort of volunteer doulas starting October 2022. I offered to help improve an existing survey to assess volunteer doula shifts and the patients supported. I helped outline questions to ascertain the gravity and parity, birth plans, medical interventions, support, and pain management of the patients served. The survey allows information to be input for each patient supported during a shift, regardless of whether volunteer doulas attended the birth. Eventually, I was asked to be a project manager and was in charge of monitoring data and making sure to address any concerns stated by doulas in the surveys. My position as a doula and a researcher gave me access to volunteer doula surveys and allowed me to start asking questions about how doulas are doing their job.

Doula Program

ECU Birth Companions Program started in October of 2022 as a hospital-based doula program. The Birth Companions program utilizes volunteer doulas who provide continuous emotional, physical and informational support during labor, birth and immediate postpartum care. The ECU Birth Companions program does not currently offer prenatal or postpartum services. The program recruits volunteers from a variety of backgrounds including pre-health undergraduates, nursing, and medical students. The program offers in-house doula training partnered with the nursing manager of the ECU Health Labor and Delivery unit (L&D). The

program orientation and training is typically three days and covers an overview of labor and birth, non medical interventions, emotional management strategies, lactation, and tour of the unit. Potential volunteers must submit an application which is reviewed by program staff. If selected, volunteers must complete the ECU Health hospital volunteer requirements like mandatory training and vaccinations in order to gain access to the L&D unit. Birth Companion volunteers commit to a minimum of 1 year of service to the program and agree to volunteer an eight hour shift at least twice a month. Volunteers are not financially compensated. Volunteers must complete a post shift survey to ensure volunteers attended their shift and for the program to keep track of how many patients and births are being supported. Birth Companion volunteers are also required to attend monthly meetings that involve program updates, community-building and continued education for doulas.

Volunteer doulas in the Birth Companion program use Sling, a free app to schedule and sign up for shifts every month. The Birth Companions program offers three shifts a day: 10 a.m. to 4 p.m, noon to 8 p.m., and from 4 p.m. to midnight. Doulas report to the L&D unit for the entirety of their shift, however, in the chance that there are no patients who want support, volunteers are recommended to stay for at least half of the shift. When reporting for the shift, doula volunteers check in with the nurse manager who has a complete list of patients on the floor and their birth plans. The nurse manager recommends patients who could use a doula like patients aiming for a natural vaginal delivery, patients with no support, patients with high-risk pregnancies and patients who are under the age of 21. Doula volunteers are also allowed to assist in the postpartum unit as well as support clients in the operating room during c-sections if the patient wants support and hospital staff allow it. Since the beginning of the program in October 2022 to October 2023, the first year of the ECU Birth Companions Program has included 56

volunteers who have provided care to 289 patients and directly supported 104 births at ECU Health. This number is an underreported statement of how many doula volunteers have supported birthing patients and their births, as some volunteers failed to complete post shift surveys.

Research Site

The doula program operates at a teaching hospital with Level 1 trauma care and serves 29 counties partnered with a university and support of the community. ECU Health is a not-for-profit system of healthcare that is partnered with an academic medical center and acts as a teaching hospital for the Brody School of Medicine at ECU. ECU Health serves a unique patient population across eastern North Carolina. Many patients served by the ECU Birth Companions at ECU Health are from rural areas in the state, often on Medicare or Medicaid and for some patients English is not their first language. The ECU Birth Companions program serves patients in a region with a known maternity care desert (Knocke et al., 2022).

Research sample

The doulas of the ECU Birth Companions are diverse and chosen for their interest in maternal health. Almost all of the doulas are associated with ECU or are from Greenville, NC. Out of the 56 doula volunteers, 11% or 6 doulas have had personal experience giving birth. 7% (4 doulas) have had previous experience working as a doula outside of the ECU Birth Companions program. 3 doulas (5%) have graduated from the program and gone on to continue working as a private doula or now work as nurses on the L&D unit. 3 doulas (5%) were men.

Volunteer Doula Status	Undergraduate Students	24
	Medical Students	23

	Nursing Students	8
	Social Worker	1
	Total	56
Volunteer Doula Demographics	Black/African American	24
	White	17
	Hispanic/Latino	6
	Asian	9
	Total	56
Volunteer Doula Gender	Woman	53
	Man	3
	Total	56

Table 1. ECU Birth Companions Volunteer Doula Cohort Data from 2022 to 2023

The Survey

Volunteer Doulas in the ECU Birth Companions Program are required to fill out surveys after attending a shift. The survey contained 19 questions that doulas were required to complete after *each* shift. The name of the doula, date of shift, and time of shift are initially recorded as well as the number of patients and births supported. Based on how many total patients are supported, doulas must note the gravity and parity, time of birth, time of skin to skin, breastfeeding, birth plan, types of physical, emotional and information support provided, medical interventions used, and support people in the room for each patient. Using an open-ended text box, doulas were required to provide a description of an interesting or meaningful interaction

during their shift. Doulas also have a chance to disclose to program leaders if something problematic or questionable happened during the shift and ask any questions or note any suggestions.

Findings

Doulas in this study provided necessary individualized support to fill the support gaps in the medicalized system of birth in the United States. The ultimate goal for volunteer doulas in this program is to help patients make informed decisions, manage their pain, and handle their emotions. If a birthing patient experiences any form of stress or anxiety throughout the labor and delivery process, the birth and health of patient and fetus can be directly impacted (Walter et al., 2021). Doulas tried their best to address these feelings using emotional management strategies catered to their patient based on the circumstances of the health and birth of the patient.

Throughout my analysis of doula experiences, I examine the emotional labor and emotion work doulas are doing in relation to the patient they are serving. The doula's position was directly impacted by the fact they are volunteers in a hospital. Doulas had limited agency and resources, despite offering a needed service for patients they are serving.

Emotional Labor

The doula's role in hospital birth setting involves providing continuous support, knowledge about birth, and physical and emotional tools for pain management and birth satisfaction. Emotional labor is the service a doula does for a patient, in hopes of addressing their needs effectively. Doulas must be by the patient's side throughout the duration of their shift.

For example, Kya, a Black nursing student who now works on the Labor and Delivery floor shared her experience as a doula. Kya wrote,

When her support people left for a break she began to have rough contractions and while I was massaging her she said she was so glad I was there! That meant a lot because if I wasn't there she would've been sitting there alone through very painful contractions that picked up all of sudden.

Kya identified the gap doulas are able to fill, when patient's find themselves with no support. Often the patient's support will be going in and out of the room to refuel and get rest and if the medical care team is also not with the patient, the patient can experience periods of time with no support. In this hospital setting, Kya was able to provide doula support and help her patient through unexpected contractions. Kya's emotional labor involves physically being there for her patient through continuous support, giving a massage and helping her patient emotionally during a tense period.

Destiny, a Black medical student, was supporting multiple patients on her shift. One of her patients needed breastfeeding support and Destiny wrote,

The patient that I was able to help latch wasn't even the person I was working with initially. I was in the nursing station area and the husband had came out asking for a bottle because they were having trouble latching and so I was able to intercept that bottle and help the mom latch by doing some of the techniques that we learned and she was so grateful because she really wanted to breast-feed.

Destiny recalled how she was able to help someone, who may not have had a doula during their birth but needed support post-partum. Destiny fulfilled the patient's wishes to breastfeed and in doing so, affirmed the patient's choices while preventing an unneeded intervention to the patient's preferences. The emotional labor of helping an additional patient is immense but Destiny provided extra labor by actively meeting the patient's breastfeeding needs.

Mary, a white medical student, was able to support a patient's birth that was dealing with some high risk interventions. Mary said,

It was really special to help this patient through their first birth. They seemed nervous at first and once I told them I was also an advocate for them, I was able to share their priorities with the care team (ex. immediate skin to skin contact). The midwife and nurse were fantastic in recognizing I was part of the care team, and the patient really seemed to look for and benefit from my emotional support (and cheerleading!) during labor

Mary described the importance of acting within the role of the doula. She advocated for her patients by communicating to medical staff. The support she had from the midwife and nurse established her as a member of the care team. But her unique role as a doula allowed her to emotionally support her patient with emotional labor.

Emotion Work

The emotional labor and care provided by doulas requires emotion work. By reflecting on the effectiveness of their support at the end of a shift, the doulas used the quality of their emotional connections with their patients as direct measures of their success. Therefore, the job of a doula is grounded in emotions. But, applying Hochschild, the doula's reliance on emotional connection during the shift as evidence of effectiveness is also highly gendered. Doulas described their self assessment after a shift providing continuous support. Emotion work can include many different strategies and is dictated by the patient and their needs. Emotion work is tailored to each birth experience, depending on the doula's and patient's emotional states. However, there are patterns. Often, emotional labor is adapted to the patient, birth and support in the room. Doula's build on the internal emotion work to contribute emotional labor, externally.

Maria, a Hispanic undergraduate student, was working with a patient who was able to communicate their needs. She said,

Mom had been pushing for a while and she was getting tired but when I gave her encouraging words to push she gathered up the strength to push. Once their baby boy was born I could see FOB (father of baby) start to cry and it was a very emotional moment for both new parents!

Maria focused on her patient's emotions and gave context to their feelings. Maria reported that she provided direct support through encouraging words which gave her patient strength and shows that Maria did a good job during her shift. Maria was able to identify the cause of her patient's emotions, analyze the situation through emotion work, and offer a solution, even if it was as simple as offering some kind words.

Maya, an Asian undergraduate student, was unable to attend this birth, but was able to support the patient. She wrote,

I had such a great experience being with the mom in the early stages of labor. I was really able to connect and create a bond with her by understanding her birth plans, goals for delivery and overall resonating with her throughout her labor. While I wasn't able to see her delivery because her labor never progressed more than 1 cm since the morning I was able to emotionally comfort her and keep her mentally strong to keep going and not be discouraged.

Maya relied on emotion work to bond and connect with this patient in a short amount of time. She addressed the patient's needs by listening to the patient's goals about their birth. Maya takes it one step further, by recognizing the patient's feelings through empathy. Maya understands that it can be frustrating when a patient is in labor and progress is slow. Based on the patient's labor,

Maya is able to offer individualized support, reminding the patient to be mentally strong and not be discouraged.

Ashley, a white undergraduate student who came into the program with DONA certification, has experience with supporting many births with different needs. Even as an experienced and highly skilled doula, Ashley spoke to her *emotional* connection with the patient in assessing her effectiveness during her shift:

This mom and I had a really strong connection right off the bat. She was so kind and amazing through her whole labor and her pushing was so strong but the baby was sunny side up and not progressing down enough for a safe delivery. I stayed over my time because I felt like she needed me and I'm really glad that I did. She was so nice and appreciative of all the help and kept talking about how she wants to one day be a doula too.

Ashley was working with a patient whose baby was in the occiput posterior position (head down, facing front) instead of the ideal occiput anterior position (head down, facing back). Ashley's knowledge of birth and connecting with her patient inclines her to go the extra mile, and support her patient long after her eight hour shift was complete. Ashley used emotion work to assess her ability to support this patient and her patient's emotions to make a decision and offer extra support to a patient who really needed it. Ashley's decision to stay longer was based on her own emotions to see if she has the bandwidth to support her patient. This mental check-in is something all doulas must do to take a break and come back even more supportive.

Doing Both Together All the Time/ Emotional Management?

Although emotional labor and emotional work are separate processes, doulas do both, together, all of the time through emotional management. The doula's job inherently involves

emotional connections, so it makes sense that doulas reflect on their shifts through the lens of emotion. To provide a more in-depth understanding of the dynamics of internalized emotion work, I draw on data from two doulas who provided well developed answers to the survey, consistently. Sarah was a white undergraduate student I followed during her time with the program. Throughout her shifts, Sarah showed how she learned the internal process of emotion work to provide emotional labor and appropriately support her patients. One her first shift, Sarah said,

I was so stressed before going to help as a first-time doula, and, while I already have thought of ways to improve for next time, I thought it was pretty amazing how simple it is to begin providing support. It can be as basic as holding space for their emotions/pain, giving encouraging words, and leading them in deep breaths. Just by being there as an advocate for the patient's needs and questions, you can be helpful. I'm excited to continue learning better ways to support various patients at different points during labor.

Sarah identified her stress and anxiety about attending her shift for the first time and acknowledges that there is room for improvement. She learned how even support as simple as leading deep breaths can immensely help her patient. Sarah was already doing the emotion work by protecting her patient's birthing space and holding room for emotions. But by thinking critically about her own emotions, Sarah was able to grow and learn to be a better doula throughout the labor and delivery process. Seven months after her initial shift, Sarah had learned how to effectively use her emotion work strategies to provide *emotional labor*. She stated,

She was in a lot of pain, and I felt we had a good connection as I worked to talk with her and build her trust in me. We used heat packs, hip compressions, ice packs, etc. for pain management. It's always amazing to be able to contribute.

Sarah empathized with her patient's feelings and responds to the appreciation and connection she has with her patient to establish trust. Sarah was able to be useful and involved by citing specific examples of physical support she provided. Sarah acknowledged her own emotions and contributions that make her enjoy being a doula. Sarah also highlighted how special supporting a patient can be, but being there for your patient's delivery is an added bonus. She wrote,

I really loved being there for deliveries, and the first mother pulled me aside after the birth and thanked me for supporting her and encouraging her to remain calm. This meant a lot to me because I was still feeling pretty nervous about if I was being helpful enough, and I was so happy to be able to help!

Sarah recognized the birthing patient and their praise for the emotional labor she is providing. But Sarah continued to use her emotion work skills to understand how important hearing patient feedback is. No matter how experienced a doula may be, Sarah showed that feeling satisfied about the doula's job relies on her connection with her patient and knowing that she was able to help.

Alecia, was a Black undergraduate student and doula of color. During a particular shift, Alecia supported two different patients who had a history of medical trauma. She shared an uncomfortable interaction with an anesthesiologist on shift who was known to deny epidurals despite pain. Alecia took a trauma informed approach and relied on her relationship with the medical team to address her patient's concerns. Alecia stated,

My second mom was alone at first and the nurse asked for me to see her. It turned out we were from the same county and we talked a lot about our area and shared memories and things about ourselves while helping her with her contractions. It came to a point where she didn't even notice the contractions. I got her popsicles and helped her to the

bathroom. We talked about how where we're from (southern rural nc) that this isn't even an option for birthing people; having a doula or a hospital as equipped as ECU Health. I was her support person during her epidural and took her mind off her nerves by talking about the baby names she picked out. Even when she did cry from nerves during the epidural the nurse and I talked her through it and I held her and wiped her tears. She even got another popsicle for being such a trooper. She asked for a picture and we got one and I got one too. When she was on the phone with her parents she talked about how excited she was to have her own doula. I hated to leave at the end of my shift. I told her goodbye at the end of my shift after introducing her to the next doula and promised to come see her. And I did! Turns out she had her baby this morning. It was just one of those shifts that reminds me why I'm in the program in the first place.

Alecia relied on the shared history with her patient's background to build a connection. Taking the time to get to know your patient and share your own personal experiences is an aspect of *emotion work* that creates trust and a bond that will directly impact doula support. But through her *emotional labor*, Alecia was able to distract her patient from pain by asking about baby names and furthering personal conversation. Alecia offered her doula services by supporting her patient through the epidural placement, acknowledging her patient's feelings, and managing her emotions by wiping her tears. Alecia emphasized the mothering she does when she gives her patient a popsicle for "being such a trooper." Alecia was another doula who went out of her way to provide support, by making a visit the next day to see her patient postpartum despite not being there for the birth. The relationship doulas forge with their patients, even for a short time, creates lasting changes in the patient's perspective of birth. Alecia highlighted how culturally conscious care can lead to individualized and effective support.

On another shift, Alecia discussed how important creating space for emotions through emotion work and following through support with emotional labor can gain attention from the medical care team. Alecia wrote,

Whenever I encouraged my first mom to cry it really struck a cord in the room. It was emotional for all three of us and I think it helped her feel better too, especially since she had been waiting for an epidural. It also felt good to be able to fill the informational gap between her support and the doctors since her support didn't understand what the doctors were saying. It also felt good for the nurses to tell me what a good job I was doing.

Alecia used emotion work strategies to recognize the patient's feelings and encourage the patient to express them. This simple tool of support helped affirm the patient's emotions and acknowledge the energy in the room. Alecia felt good about being able to provide informational support and clear up confusion with the medical jargon the doctors were providing. And the nurses on the medical team took notice and supported Alecia in her role as a doula. Alecia needed affirmations from her patient's to know her emotional labor is helpful and the praise from the medical care team to know her role as a doula is valued.

Discussion

I found that doulas do both emotion work and emotional labor, often simultaneously, to address the progressing labor and determine the best course of support. According to Gilliland (2011) simple forms of support provided by doulas, nurses and other support people include reassurance, encouragement, praise and explanation. Gilliland defines these terms in their research to describe more basic tools used to support birthing patients emotionally and informationally to feel more confident during the laboring process. Gilliland goes on to define 5 more emotional management strategies exclusively used by doulas: mirroring, accepting,

reinforcing, reframing, and debriefing. Gilliland’s vocabulary of doula work expands the values of gendered care work, to be adaptive to the patient and reliant on emotions (Gilliland, 2011).

The more complex aspect of doula support involves empathy, open conversations, and adaptable perspective focused on emotions experienced during birth.

The emotion-based methods to provide care work depends directly on the assessment of the emotional event and the abilities of the actors of support. I build on Gilliland to analyze the emotional toolkit used by doulas to assess their work including involvement, usefulness, appreciation, and connection. In the table below, I group the terms involvement and usefulness to describe the support provided by the doula’s emotional labor and the tools appreciation and connection to describe support provided by the doula’s emotion work. Utilizing methods of assessment and emotional achievement, allow the doula to determine if their presence has been supportive and effective.

Emotional Labor Strategies	Emotion Work Strategies
Involvement is a verbal and physical strategy where the doula must assess the birthing patient, support system and medical staff to determine how to include members in the room to support the patient.	Appreciation is a verbal and non-verbal emotional support strategy that connects the birthing patient’s actions and behaviors to the doula’s emotional management, often resulting in verbal praise and positive affirmations.
Usefulness , is a verbal and non-verbal assessment strategy that allows the doula to focus on pain management and emotional comfort, to determine effective forms of support.	Connection is a verbal and non-verbal emotional support strategy used to assess how well the doula was able to related with the patient as an ally and support system.

Table 2. Emotional Management Strategies: Emotion Work and Emotional Labor

When doulas provide emotional labor through continuous support, doulas are offering strategies that promote involvement of the patient, the patient's support and medical care team in hopes of being useful. Doula assesses the effectiveness of their emotional labor by feeling useful and helpful by being involved in the labor and delivery process. The emotional labor doulas do is grounded in internal emotion work. The doula's emotion work involves holding space for the patient's emotions while assessing the birth. However, the doula's emotion work is affirmed after a strong connection is established with the patient and the patient is appreciative of the emotion labor provided. The doula's feelings of being involved, useful, appreciated by and connected with their patients creates a feedback loop to motivate the doula and feel satisfied by their role.

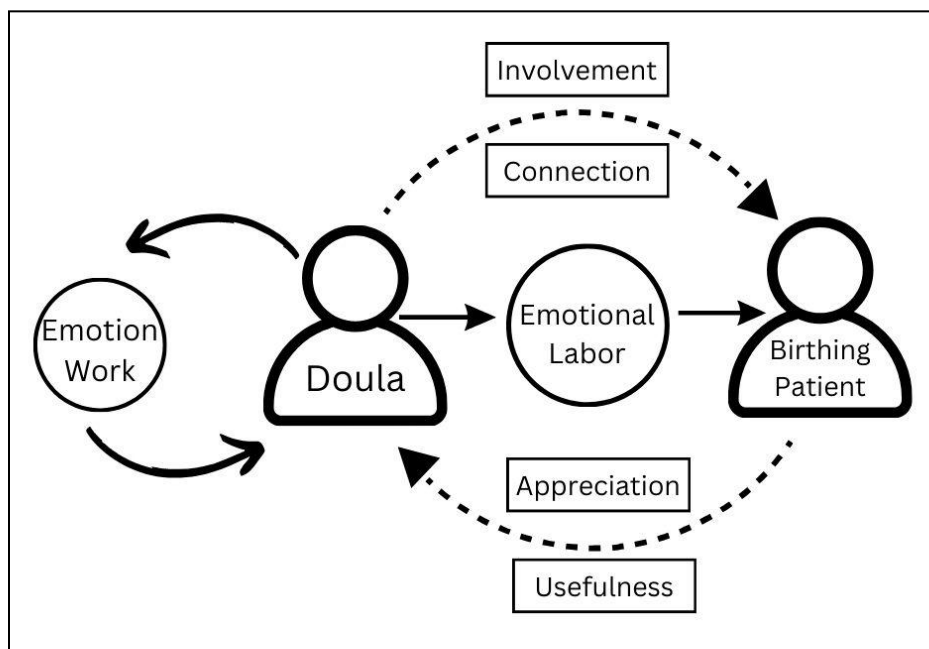


Figure 2. This diagram visualizes the emotional work and emotional labor doulas are doing in relation to the emotional management strategies doulas are using to assess the effectiveness of their work.

The volunteer doulas utilize the emotional labor strategy of involvement to protect the birthing space and empower the patient's support to help the birthing patient. The doulas also

employ an emotion work strategy of connection to foster an emotional bond with the birthing patient. Doulas rely on the emotional labor strategy of usefulness to assess the effectiveness of their physical, emotional and informational support to manage pain. The doula's emotional labor strategy of appreciation analyzes their own emotions about the support they provided based on the patient's response to the emotional support provided and emotional connection made.

Future Implications

The ECU Birth Companions program has exceeded expectations and continues to serve patients. Providing a doula during birth can be extremely helpful for patients, especially considering the need for extra support during birth in a maternal healthcare desert. However, research shows that consultations and doula support prenatally and postpartum can better support patients in the long term. The program is also run by medical students and could benefit from a full time staff member in charge of running the program. Lastly, birthing patients at ECU Health still face obstacle to receiving a doula from the ECU Birth Companions program. Patients must have knowledge of the programs existence in order to ask for the support. With limited signage about the service on the L&D floor, patients who want a doula might not be getting one. Additionally, volunteer doulas rely on the medical care team and nurses to know their patients and agree to have a doula join the support team. If a medical professional is overwhelmed or unable to discern the birthing patient's needs, some patients might never be offered a doula in the first place. This often happens in cases where a birthing patient has an epidural and seems like they do not need support from a doula, who is often assumed to only support natural vaginal births. All birthing patients can benefit from a doula, despite their preferred pain management strategies. Combating these challenges can make the ECU Birth Companions volunteer doulas a more accessible resource to birthing patients and their communities.

Conclusion

Doulas are important but they are undervalued. Doulas help patients reclaim the birthing process and make sure the birthing patient is focused on just as much as the baby. Doulas fill the gap of personal bedside care services that nurses used to provide. Hospital based volunteer doulas provide limited care. Through emotion work strategies, doulas can provide needed individualized care that is culturally sensitive. Doulas build on their internal emotion work to provide emotional labor in the form of physical, emotional and informational support. Doulas must be supported and invested in, as members of the healthcare team that can foster a positive birth experience. Doulas must become an expectation when people are giving birth. Hospital based volunteer doulas could be a possible solution.

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