WOMEN'S LIVED EXPERIENCE OF BIRTH DOULA SUPPORT:

A HERMENEUTIC PHENOMENOLOGICAL STUDY

By

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Abstract

Research has shown that childbirth doula support may be beneficial for the mother and child in terms of improved labour and delivery outcomes and increased maternal satisfaction with the childbirth. Yet, little research has been carried out to examine women's experiences with such support. The purpose of this study, therefore, was to explore women's lived experience of having a birth doula. van Manen's (1990) approach to hermeneutic phenomenology was used to carry out and analyze in-depth interviews with 14 women who recently had a doula for support prenatally and during the intrapartum and immediate postpartum periods. The findings revealed six main themes. The women were *aiming for the best birthing experience* and they believed that to achieve this they needed *extra support* and *to have a full say* in their childbirth experience. The women thought their doula helped them to have *peace of mind* prenatally and believed *a doula is valuable support*, but acknowledged that *choosing the right doula matters* to achieving the best birthing experience. These findings can be used to inform nursing practice, education, and research. In particular, with respect to nursing practice, nurses need to be aware of the importance women place on constant and personalized support for their childbirth experience. They should endeavor to provide continuing and individualized nursing care that is targeted to meet the woman's birthing needs and preferences, while at all times maintaining a true presence.

Keywords: doula, women, support, childbirth, birth, birthing, pregnancy, labour, delivery, phenomenology, lived experience

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Chapter 1: Introduction

Prior to the twentieth century, labouring women in North America received valuable knowledge, support, and encouragement from female family members, wise women from their communities, and community midwives. Women nurtured, comforted, and guided other women through childbirth using skills learned from their own birthing experiences and from being present with labouring women and observing childbirth. Unfortunately, this traditional role of women at childbirth was lost in the early twentieth century when childbirth moved from the familiar and comfortable home environment to the hospital (Green, Amis, & Hotelling, 2007). Today, in the twenty-first century, in many countries, even though women receive labour support from family members and healthcare professionals, the continuous reassurance, comfort, and encouragement that they need may not always be received (Doulas of North America [DONA] International, 2005a; Hodnett, Gates, Hofmeyr, Sakala, & Weston, 2011). Recognizing the value of the traditional type of childbirth support, that is, ongoing personal support from a known provider who is experienced and knowledgeable in childbirth, and wanting to guarantee that type of support for themselves and their family, some women are turning to the services of birth doulas (Green et al., 2007).

A *doula* is "a woman who gives support, help, and advice to another woman during pregnancy and during and after the birth" (Doula, n.d.). The support a doula provides does not replace the support provided by family members or healthcare professionals. Instead, a doula provides a woman with additional support and she acts as a mediator on behalf of the woman (Schwartz, 2002). Doulas can be categorized as either (a) birth doulas or (b) postpartum doulas (DONA International, 2005b). A birth doula also

can be referred to as a labour doula or a labour coach; however, the term *doula*, on its own, is often used to refer to the services of a birth doula (Childbirth and Postpartum Professional Association [CAPPA], 2015). The role of the birth doula is to provide emotional, physical, and informational support to women before labour (prenatal period), during labour (intrapartum period), and immediately after labour and delivery (postpartum period). This support is continuous during the labour and delivery period given that the birth doula remains constantly present with the labouring woman (American Pregnancy Association, 2015). The role of the postpartum doula is to provide ongoing support to women during the post-delivery, or postpartum, period. This ongoing support can last up to 3 months postpartum (DONA International, 2005b).

Doula Practice in Canada

Doula practice and education are not regulated in Canada and there are no academic credentials for the role. Further, birth doulas do not have professional standing in Canadian hospitals. Thus, any woman can refer to herself as a birth doula. However, generally, any woman who wishes to practice as a birth doula will undergo some form of education and will become certified in the role. Birth doula education for certification is currently offered within Canada by a number of different organizations. Such organizations include Healing Arts Learning Organization [HALO], with scheduled education sessions available in various provinces; Childbirth and Postpartum Professional Association [CAPPA] Canada, with education sessions available primarily in Ontario; College of the Rockies, with online education sessions available across Canada; and DONA International, with education sessions available through local organizations within different provinces (e.g., Mount Royal University in Alberta). Although the aim of such

organizations is that certified birth doulas provide high quality support to women and their families during childbirth and the postpartum period, there does not appear to be a consensus on specific educational requirements and certification standards. The educational programs for birth doula certification offered by different organizations generally involve learning about pregnancy, childbirth, and breastfeeding; completing hands-on training in the doula role; and passing any written essays, assignments, exams, or other evaluation criteria. However, programs vary in length, content, format, and rigor. For instance, some organizations require on-sight education sessions, whereas others offer education sessions online, and some organizations require attendance at childbirth education and breastfeeding classes in addition to textbook and experiential learning, while others do not require attendance at such classes. A woman is granted certification in the birth doula role once the specific educational requirements of a chosen organization have been met.

Since healthcare organizations within Canada do not employ birth doulas as part of the healthcare team, birth doula practice is a private service and normally women have to pay directly for the services of a certified birth doula. Within Canada the cost of hiring a certified birth doula can vary. For instance, in British Columbia certified birth doulas can charge anywhere from $300 to $1500 for the services they provide before, during, and immediately after childbirth, inclusively. The exact amount a birth doula will charge is dependent on a number of factors, such as her experience level as a birth doula; the extent of the service required by the woman (e.g., number of prenatal and postpartum home visits); and sometimes, the cost a family is able to afford (Doula Services Association, n.d.). In comparison, according to Ballen and Fulcher (2006) in some areas

in the United States [US] birth doula support is offered for free to all labouring women through hospital-based programs that are funded through such sources as hospital budgets and grants. In addition, some insurance companies in the US reimburse for private birth doula services. Since birth doula practice is not formally recognized in Canada, it is not possible to know the extent to which birth doula services are available to and accessed by women in this country.

Childbirth Support

Although childbirth can take place in a hospital, a birth center, or a home setting, in Canada the vast majority of childbearing women receive prenatal care from physicians and deliver the child in the hospital environment (Canadian Institute for Health Information [CIHI], 2004). In most jurisdictions in Canada there are licensed midwives (Canadian Association of Midwives [CAM], 2015), but more generally nurses provide childbirth care in the hospital setting. However, as discussed by Hodnett et al. (2011), labour and delivery nurses are seldom able to offer exclusive labour support to any one woman because of their other responsibilities and duties. Even in situations where a nurse is responsible for just one labouring woman, tasks, such as preparing and administering medications, obtaining needed supplies, consulting with physicians and coworkers, and documenting care, interfere with being constantly present with the woman. In addition, nurses have to leave the women they are caring for when they take their regular meal and rest breaks and when they leave at the end of their work day. Thus, nursing support during childbirth may be intermittent, as opposed to continuous and uninterrupted.

A growing body of research indicates that the presence of a continuous supportive person during childbirth is beneficial for women and their babies (Hodnett et al., 2011).

Furthermore, benefits exist when the continuous supportive person is a birth doula. According to past studies, benefits that may be attained with birth doula support are a shorter labour (Campbell, Lake, Falk, & Backstrand, 2006; Langer, Campero, Garcia, & Reynoso, 1998; Nommsen-Rivers, Mastergeorge, Hansen, Cullum, & Dewey, 2009), a decrease in the need for caesarean section delivery (Dundek, 2006; Kennell, Klaus, McGrath, Robertson, & Hinkley, 1991; Kozhimannil, Hardeman, Attanasio, Blauer-Peterson, & O'Brien, 2013; McGrath & Kennell, 2008; Paterno, Van Zandt, Murphy, & Jordan, 2012; Trueba, Contreras, Velazco, Lara, & Martinez, 2000), a decrease in the need for forceps delivery and vacuum delivery (Kennell et al., 1991; Nommsen-Rivers et al., 2009), a decrease in the use of epidural anesthesia (Gordon et al., 1999; McGrath & Kennell, 2008; Paterno et al., 2012; Van Zandt, Edwards, & Jordan, 2005), a decrease in the need for labour augmentation with oxytocin (Trueba et al., 2000), an increase in breastfeeding initiation rates (Gruber, Cupito, & Dobson, 2013; Kozhimannil, Attanasio, Hardeman, & O'Brien, 2013; Mottl-Santiago et al., 2008), an increase in the length of time breastfeeding after childbirth (Langer et al., 1998; Nommsen-Rivers et al., 2009), and higher Apgar scores at 1 minute (Campbell et al., 2006; Nommsen-Rivers et al., 2009) and 5 minutes (Campbell et al., 2006). In addition, the continuous support of a birth doula has been demonstrated to improve maternal satisfaction with the childbirth experience (Campbell, Scott, Klaus, & Falk, 2007; Gordon et al., 1999). A systematic review by Hodnett et al. (2011) showed that labour support is most beneficial when the support individual is able to exclusively provide labour support, is not a member of the woman's social network, and is experienced and trained in supporting labouring women, which are criteria characteristic of birth doula support.

Research Purpose

Despite potential benefits to the woman and child of birth doula support during labour and delivery, little research has been carried out on women's experiences of having a birth doula. Further, based on a thorough search of the literature, no Canadian studies were found that were relevant to birth doula support. The purpose of this study, therefore, was to contribute to understanding birth doula support, especially understanding the phenomenon as experienced by women within a Canadian context.

Research Question

The research question that was addressed is "What is women's lived experience of having a birth doula for support?"

Outline of Thesis

This thesis is divided into six chapters: Introduction; Literature Review; Methodology; Findings; Discussion; and Nursing Implications, Study Strengths, and Study Limitations. In the current chapter, I presented background information and the rationale for the study, along with the research purpose and research question. In Chapter 2, I review past research relevant to women's experience of having a birth doula for support. I begin the chapter with an overview of my literature search strategy, followed by a review of relevant quantitative and then relevant qualitative studies. As this study is qualitative in nature, more specifically, phenomenological, in the literature review, I place greater emphasis on describing qualitative, especially phenomenological, studies. In Chapter 3, I provide a detailed description of the methodology and specific methods used to conduct this study. I describe the study sample, participant recruitment, data collection and analysis techniques, scientific rigor, and ethical considerations. The study findings

are explicated in Chapter 4 through an in-depth description of the women's lived experience of having a birth doula for support. In Chapter 5, I discuss the study findings in relation to the findings of past studies that are relevant to the experience of having a birth doula for support. In the final chapter, Chapter 6, I discuss implications of the study findings in relation to nursing practice, nursing education, and future nursing research. I also address strengths and limitations of the study.

This study is about birth doula support, which consists of prenatal, intrapartum, and immediate postpartum support, as opposed to postpartum doula support, which refers to support in the postpartum period only. However, as *doula* often is used to refer to birth doula (CAPPA, 2015), in this thesis, doula and birth doula are used interchangeably to refer to the same type of support**.**

Chapter 2: Literature Review

As I was interested in understanding women's lived experience of having a birth doula for support, I completed a literature review to determine if any relevant research had been conducted on doula support, and if so, what the findings of that research revealed. In this chapter, I describe the strategy used to search the literature for relevant research and present the results of the literature review.

Literature Search Strategy

To complete the literature review, the following databases were searched for studies: PubMed, CINAHL, Cochrane Library, PsycINFO, ASSIA, and Psychology and Behavioral Sciences Collection. A search was conducted twice for each database. In the initial search, I used the keywords "doula" AND "experience" AND "labor" AND/OR "childbirth" and in the second search I used "doula" AND "women" AND "experiences". The search was limited to English language studies. There was no limitation placed on date of study publication because it was believed that that was not necessary, nor beneficial, for this study topic. The search was not restricted by country or culture. It also was not restricted by the research methodology. For each identified study, I first assessed the title and abstract, and if necessary, the entire study to determine its relevancy to this study topic. Afterwards, the cited references of all selected studies were examined as a means of identifying additional research studies.

Literature Search Results

There were 14 relevant research studies identified, 11 of which were conducted within the last 10 years. Of these 14 research studies, 9 were conducted in the United States, 3 in Sweden, and 2 in Mexico. Five of the studies were conducted using

quantitative research methods (Campbell et al., 2007; Dundek, 2006; Gordon et al., 1999; Langer et al., 1998; McGrath & Kennell, 2008), one was conducted using a mixed methods approach, incorporating quantitative and qualitative data (Deitrick & Draves, 2008), and eight were conducted using qualitative research methods (Akhavan & Edge, 2012; Berg & Terstad, 2006; Breedlove, 2005; Campero et al., 1998; Gentry, Nolte, Gonzalez, Pearson, & Ivey, 2010; Koumouitzes-Douvia & Carr, 2006; Lundgren, 2010; Schroeder & Bell, 2005). Findings from the studies are addressed under two categories, quantitative and qualitative research, with the findings from the mixed methods study (Deitrick & Draves, 2008) incorporated into each category as appropriate.

Quantitative Research

The five studies that were conducted using quantitative research methods were mainly about medical and health outcomes of doula support during childbirth, such as caesarean section delivery rates (Dundek, 2006; Gordon et al., 1999; Langer et al., 1998; McGrath & Kennell, 2008), epidural anesthesia rates (Gordon et al., 1999; Langer et al., 1998; McGrath & Kennell, 2008), vacuum or forceps delivery rates (Gordon et al., 1999; Langer et al., 1998; McGrath & Kennell, 2008), duration of labour (Langer et al., 1998; McGrath & Kennell, 2008), need for labour augmentation (Gordon et al., 1999; McGrath & Kennell, 2008), the newborn's health (Campbell et al., 2007; Langer et al., 1998), and breastfeeding rates (Gordon et al., 1999; Langer et al., 1998). Nonetheless, in those five studies and in the one mixed methods study (Deitrick & Draves, 2008) aspects of the women's subjective experiences of labouring with doula support were examined. In the discussion that follows, only the findings specific to the women's subjective experiences are explicated.

Four of the five quantitative studies (Campbell et al., 2007; Gordon et al., 1999; Langer et al., 1998; McGrath & Kennell, 2008) had large sample sizes ranging from 314 to 724 participants, all of whom were low-risk, nulliparous (experiencing their first childbirth) women. In those four studies, the participants were randomized to either (1) an experimental group, which meant they received doula support during childbirth in addition to any routine obstetric care or (2) a control group, which meant they did not receive doula support during childbirth but received only routine obstetric care. However, in the study by McGrath and Kennell (2008), all eligible participants also had to be accompanied by a male partner during their labour and delivery. In all four studies, the doulas who provided support to the study participants were trained in their doula role. In the studies by Gordon et al. (1999), Langer et al. (1998), and McGrath and Kennell (2008), the women did not meet their doula or receive any doula support until they were admitted to the hospital in early labour. In the study by Campbell et al. (2007), the women knew their doula prior to labour because they received doula support from a female friend or family member. However, such support was not received until their labour began.

The study by Dundek (2006) differed from the other four quantitative studies in that the researcher used a retrospective review of chart data, birth log information, and birth certificate data to evaluate a doula program implemented in the United States to meet the unique needs of Somali childbearing women. Part of the evaluation was about the Somali women’s satisfaction with the doula service and such data were available for 18 women. Similar to the process in the studies by Gordon et al. (1999), Langer et al. (1998), and McGrath and Kennell (2008), the women in the Dundek (2006) study had

been provided the services of a doula once their labour had started and they were admitted to the hospital. As in the other studies, the doulas who provided services to study participants in the Dundek (2006) study had been trained in their doula role.

The mixed methods study by Deitrick and Draves (2008) was similar to the study by Dundek (2006) in that it involved an evaluation of a doula program. Deitrick and Draves (2008) evaluated a doula program that was provided to inner city women for support during pregnancy and childbirth. Part of the evaluation was about client satisfaction and data were gathered from 142 women who had participated in the program. As with the five quantitative studies, the doulas who provided care to study participants had been trained in their doula role. However, in this case, the doulas began providing their services to study participants at about 32 weeks gestation.

In the noted six studies, data about the women's subjective experiences were gathered through self-administered questionnaires (Deitrick & Draves, 2008; Langer et al., 1998; McGrath & Kennell, 2008) or through survey questions administered by telephone interview (Campbell et al., 2007; Dundek, 2006; Gordon et al., 1999) and were analyzed using quantitative methods. Findings from the studies revealed that 100% of the women who had doula support during childbirth had a positive experience (McGrath & Kennell, 2008) and 94.4% were extremely satisfied with the support their doula provided (Dundek, 2006). Furthermore, 91% of the women who had doula support during childbirth credited their doula with enhancing their birthing experience (Deitrick & Draves, 2008), 94.4% would recommend doula support to other women (Dundek, 2006), and 87% (Deitrick & Draves, 2008) and 96% (Gordon et al., 1999) would use a doula again. In the study by Gordon et al. (1999), 96% of women who had doula support during

childbirth also thought that their doula helped their labour experience to be like they had wanted it to be.

Additionally, Campbell et al. (2007) and Gordon et al. (1999) found that women who had received doula support were more likely to report a positive birthing experience than were women who had not received such support. Women who had a doula also indicated greater satisfaction with their labour and delivery than did women who had received standard care (Campbell et al., 2007). To the contrary, Langer et al. (1998) did not find a difference in the level of satisfaction experienced between women who had received doula support during childbirth and those who had not. However, the women who had received doula support during childbirth perceived a higher degree of control over their labour than did women who had not received such support. Similar to that finding, Gordon et al. (1999) found that women were significantly more likely to report that they had coped well with their labour if they had received doula support when compared with women who had not received doula support. It also was found that women who had received doula support during childbirth, when compared to those who had not, were significantly more likely to report that their birthing experience had a positive effect on their feelings as women (Gordon et al., 1999), their feelings of self-worth (Campbell et al., 2007), and their perceptions of their bodily strength and performance (Gordon et al., 1999).

Qualitative Research

In the eight qualitative studies (Akhavan & Edge, 2012; Berg & Terstad, 2006; Breedlove, 2005; Campero et al., 1998; Gentry et al., 2010; Koumouitzes-Douvia & Carr, 2006; Lundgren, 2010; Schroeder & Bell, 2005) and in the one mixed methods study

(Deitrick & Draves, 2008), women's experiences with doula support were explored. The methods used in these nine studies were grounded theory (Campero et al., 1998; Gentry et al., 2010), qualitative description (Akhavan & Edge, 2012; Breedlove, 2005; Deitrick & Draves, 2008; Koumouitzes-Douvia & Carr, 2006; Schroeder & Bell, 2005), or phenomenology (Berg & Terstad, 2006; Lundgren, 2010). In the discussion that follows, the grounded theory and qualitative descriptive studies are grouped for presentation and examination of the findings. The two phenomenological studies are discussed separately because of their relevance to the research question for this study, which is about women's lived experience of having a birth doula for support.

The studies by Campero et al. (1998), Gentry et al. (2010), Akhavan and Edge (2012), Breedlove (2005), Deitrick and Draves (2008), Koumouitzes-Douvia and Carr (2006), and Schroeder and Bell (2005) were carried out with purposive samples of 8 to 30 women. The women had had doula support before, during, and immediately after childbirth (Akhavan & Edge, 2012; Breedlove, 2005; Deitrick & Draves, 2008; Gentry et al., 2010; Koumouitzes-Douvia & Carr, 2006; Schroeder & Bell, 2005) or just during and immediately after childbirth (Campero et al., 1998).

Very specific study samples were used in five of those studies. Gentry et al. (2010) examined doula services provided to disadvantaged pregnant and parenting adolescents. Akhavan and Edge (2012) examined doula support for foreign-born women. Breedlove (2005) examined doula support for disadvantaged pregnant teens. Schroeder and Bell (2005) examined doula support for incarcerated pregnant women. Deitrick and Draves (2008) examined doula support for women at risk of poor birth outcomes. Across

the studies, data were collected through qualitative interviews and analyzed through approaches consistent with the qualitative methodologies.

Similar to the findings from the studies in which quantitative methods were used, the findings from those seven studies revealed that generally the women had positive experiences with their doulas (Campero et al., 1998; Deitrick & Draves, 2008; Gentry et al., 2010; Koumouitzes-Douvia & Carr, 2006; Schroeder & Bell, 2005) and they were satisfied with the support received (Akhavan & Edge, 2012; Breedlove, 2005; Deitrick & Draves, 2008). However, in one study of ten women (Akhavan & Edge, 2012), two women indicated that there was a lack of support from their respective doula and they were not satisfied with the doula support they received. One woman felt that her doula lacked compassion and did not provide her with the support she needed during childbirth and the other woman felt that her doula was not available to provide her with the support she needed after childbirth.

The other women in the study by Akhavan and Edge (2012) and the women in the studies by Breedlove (2005), Campero et al. (1998), and Koumouitzes-Douvia and Carr (2006) variously described their doulas as being experienced women who provided (a) needed reassurance, encouragement, and individualized approaches to care (Koumouitzes-Douvia & Carr, 2006); (b) important information (Akhavan & Edge, 2012; Campero et al., 1998) and education (Breedlove, 2005); (c) support for their husbands (Koumouitzes-Douvia & Carr, 2006); and (d) continuity of care and support (Akhavan & Edge, 2012; Breedlove, 2005; Campero et al., 1998). Koumouitzes-Douvia and Carr (2006) also found that women repeatedly praised their doula and the women in the study by Deitrick and Draves (2008) indicated that they would recommend the services of a

doula to friends and family. Gentry et al. (2010) found that when doula support was provided to disadvantaged pregnant and parenting adolescents, these young women thought their doula (a) filled the role of a family member (e.g., sister, mother) or friend, (b) tended to and advocated for their social and health-related needs, and (c) acted as a life counselor and provided guidance.

The two phenomenological studies were conducted in Sweden using purposive samples of women (Berg & Terstad, 2006; Lundgren, 2010). The purpose of each study was to describe women's experiences of having a doula present for support during childbirth. According to Lundgren (2010), in Sweden, midwives care for women experiencing a normal childbirth and midwives in hospitals work shifts and provide care for more than one labouring woman simultaneously.

In the study by Berg and Terstad (2006), doula support was provided alongside the care of a midwife. To collect data, the researchers in that study interviewed 10 women within two months of the women giving birth. Those women ranged in age from 25 to 35 years and were either primiparous (experiencing pregnancy for the first time) or multiparous (having experienced one or more previous pregnancies). Six women had given birth in a hospital, and four had given birth at home. The researchers used tape-recorded interviews with open-ended and probing questions to generate data. The interviews lasted between 40 and 70 minutes. The data were transcribed verbatim and then themes were identified and organized to provide a description of the phenomenon of having a doula present for support during childbirth.

The women thought that their doula met important needs before, during, and after childbirth. Collectively, they described their doula as someone who was experienced and

knowledgeable about childbirth and different birthing environments (hospitals and homes) and who was able to (a) offer them and their partner needed information, advice, and counseling; (b) affirm their fears and desires in relation to their childbirth; (c) act as a mediator between them and their family, as well as between them, their family, and the midwife; (d) help make their childbirth experience as they wanted it to be; (e) provide them with things they wanted or needed both during and after childbirth, such as a glass of water or a cold cloth; (f) help them with things both during and after childbirth, such as taking photos, caring for family members, and making meals; and (g) provide them and their partner with needed continual support during their pregnancy, childbirth, and postpartum period. The women thought the support their doula provided helped to strengthen their self-esteem and confidence, helped them to feel secure and calm, and helped them to relax.

In the study by Lundgren (2010), doula support was provided to single women within the project ‘Doula Support for Single Mothers.’ That project was funded by the European Union. To collect data, the researchers interviewed nine women within eight months of the women giving birth. Of those nine women, six had a normal childbirth, two had an emergency caesarean section, and one had a planned caesarean section. All nine women had given birth in the hospital. They ranged in age from 15 to 40 years and were either primiparous or multiparous. Data were gathered through interviews with open-ended questions and each interview lasted between 50 and 120 minutes. The data were organized into themes to provide a description of the phenomenon of having a doula present for support during childbirth.

Consistent with the findings in the Berg and Terstad (2006) study, the women in the Lundgren (2010) study had positive thoughts about their doula and described their doula similarly. The women perceived their doula as supportive and professional. They described their doula as someone who (a) provided them with support before, during, and after childbirth, unlike their midwife who was unable to offer them the same continuity of care; (b) provided a continuous presence during childbirth and was on their side; (c) respected their needs and wishes at all times; (d) helped them through their childbirth by assisting them to cope with the discomforts of labour and by providing them with things they wanted or needed (e.g., food or drink); and (e) could understand their needs even when they did not explicitly communicate them. The women thought the support their doula provided gave them security and trust and made them feel less lonely.

Conclusion

With the exception of two women in one study who reported unsatisfactory support from their respective doula, generally the women in past studies viewed their experiences as positive and they were satisfied with the doula support received. The women thought that a doula is an important member of the labour and delivery team because she provides much needed support before, during, and after childbirth and thus, continuity of care. Even more so, they thought a doula is important because of her continuous presence during childbirth. Those studies were conducted in the United States, Sweden, or Mexico. No studies were found in which the phenomenon of doula support before, during, and immediately after childbirth was examined within Canada. Hence, the purpose of this study was to contribute to the understanding of women's lived experience

of having a birth doula for support by examining the phenomenon within a Canadian setting. A phenomenological approach permits access to women's experiences.

Chapter 3: Methodology

The purpose of this chapter is to present the methodology and specific research method used to conduct this study. I describe hermeneutic phenomenology and the associated six research activities, which include a description of the study sample, participant recruitment methods, and data collection and analysis techniques. I then address the scientific rigor of this study and ethical considerations.

Hermeneutic Phenomenology

For this study, I used van Manen's (1990) approach to hermeneutic phenomenology. According to van Manen (1990), phenomenology is a science, the aims of which are to gain a deeper understanding of the meaning and significance of a lived experience and to produce an insightful description of that lived experience. To accomplish this, a researcher using phenomenology explores and analyses the everyday experiences of others. Hermeneutics, as described by van Manen (1990), is the interpretation of a lived experience through the use of descriptive text. He proposed that when any lived experience is portrayed using language, then it is unavoidably interpreted. It is interpreted by the individual who is describing it (e.g., the research participant), as well as by the individual to whom it is being described.

van Manen (1990) explained hermeneutic phenomenology as a research methodology that is mindful of both phenomenology and hermeneutics. The methodology is phenomenological because it is concerned with the way people experience the world, and it is hermeneutic because it involves interpretation of phenomena. With hermeneutic phenomenology, the researcher attempts to provide a full, in-depth interpretive description of a lived experience that enables a deeper understanding of that lived

experience, while maintaining awareness that the actual lived experience is too complex to be completely captured with a written description.

For this study, I used van Manen's (1990) hermeneutic phenomenological approach in an attempt to explore, understand, and describe women's lived experience of having a birth doula for support. The approach consists of an interplay among six research activities: (a) turning to the nature of a lived experience of significant interest, (b) investigating the experience as it is lived, (c) reflecting on the essential themes of the lived experience, (d) describing the lived experience through writing and rewriting, (e) maintaining a strong and oriented relation to the lived experience, and (f) balancing the research context by considering the parts and the whole. Although a certain order is portrayed for these six activities, van Manen (1990) indicated that these steps do not have to be carried out in order, and that one step does not need to be completed before another step begins. When conducting research, a researcher might work at one or more than one of these activities simultaneously. Wrapped up in these activities are the specific procedures of this study. For this study, I engaged in the six activities as follows.

Turning to the Nature of a Lived Experience

A lived experience is a meaningful aspect of one's life that has distinct limits (van Manen, 1990), such as going for a bike ride, eating dinner with one's family, being pregnant, or birthing a baby. According to van Manen (1990), phenomenological research should always begin as a result of an interest in a particular lived experience. The research activity, turning to the nature of a lived experience, involves three main components: phenomenon of interest, phenomenological question, and explicating assumptions and pre-understandings.

Phenomenon of interest. It is important for the researcher to focus on a lived experience that has significant interest to him or her and then to become oriented to that lived experience by approaching it with a particular curiosity (van Manen, 1990). My interest in doula support grew from my professional experience working as a labour and delivery nurse in a large tertiary care hospital. In that institution nurses provide one-to-one nursing care to all labouring women. However, more often than not, the one-to-one nursing care is intermittent, as opposed to continuous and uninterrupted, because nurses have other responsibilities and duties in addition to labour support. A doula also may be present to provide support to a labouring woman, if the labouring woman had hired her as a private service. As a labour and delivery nurse, then, I have met and worked alongside doulas in providing care to women during childbirth. This has allowed me to observe the kind of continuous, uninterrupted support that can be provided to labouring women.

Although there is evidence that doulas provide good quality support to labouring women, relatively few studies have been carried out on women's experiences of doula support, and largely, those studies were confined by such factors as narrow descriptions of the women's experiences (e.g., satisfaction, perceptions of their doula, quality of their experience), select samples (e.g., incarcerated women, pregnant and parenting teens), and particular contexts (e.g., Mexico, Sweden). As a labour and delivery nurse and to inform nursing practice, I wanted to know more about women's experiences of doula support and to add to the knowledge base from a different context. My experience in observing and working with doulas, the limited research about the lived experience, and my professional curiosity led me to inquire about *women's lived experience of having a birth doula for support*.

Phenomenological question. Once a lived experience of significant interest is selected for examination, it is important to question the nature of that lived experience (van Manen, 1990) in order to understand what the experience is really like for those who live through it. For this study, the research question is "What is women's lived experience of having a birth doula for support?" Consistent with suggestions by van Manen (1990), in order to remain completely focused on this lived experience throughout the various stages of the research, I was certain to always keep the research question at the forefront of my thoughts.

Explicating assumptions and pre-understandings. van Manen (1990) discussed how researchers usually choose a particular lived experience to study because they already have pre-knowledge and presuppositions about that lived experience and might have biases. He indicated that it is difficult to try to forget or ignore such pre-understanding because it will inherently creep back into one's thoughts. Therefore, before beginning data collection it is important for researchers to be clear about any pre-knowledge, presuppositions, and biases that they have about a lived experience. If researchers are aware of these thoughts and feelings before beginning their research, then they will be better able to keep these thoughts and feelings from influencing their study. For this study, prior to data collection, I reflected on my pre-understandings about childbirth and different childbirth support providers, including doulas. I made these explicit by recording them in a research journal, which I kept and used for various purposes throughout the research process. During the course of this study, I periodically reflected on my pre-understandings.

Investigating the Lived Experience

This research activity is about the researcher looking for ways to develop a deeper understanding of a lived experience. Thus, it involves gathering information about the lived experience of interest by (a) examining one's (the researcher's) personal experience with the phenomenon, (b) tracing etymological sources in relation to the lived experience, (c) searching idiomatic phrases in relation to the lived experience, (d) examining the personal experiences of participants or persons of interest, and (e) examining the personal experiences of non-participants (van Manen, 1990). This research activity, then, includes the data collection phase of a hermeneutic phenomenological research study, where lived-experience material, or data, are gathered by exploring personal experiences of persons of interest.

Examining personal experience. van Manen (1990) pointed out that individuals might have similar life experiences. For this reason, he suggested that researchers write about their own relevant personal experience to help explore a particular phenomenon of interest. However, it is not always possible for researchers to write about a relevant personal experience. In relation to this study, I had not experienced childbirth and had no personal experience with doula support. Therefore, I was unable to use personal experience to help me explore women's lived experience of having a birth doula for support.

Tracing etymological sources. It is worthwhile for researchers to consider the etymological origins of the words that are used to refer to the lived experience they are exploring. Being attentive to the origins of certain words may help researchers to understand how these words once became linked to a certain lived experience (van

Manen, 1990). For instance, in relation to this study, *doula* and *support* are important words to understand. The word *doula* stems from the Greek word *doule*, meaning female helper or handmaiden. An anthropologist, Dr. Dana Raphael, first used the word *doula* in 1973 to refer to a woman who provides support to postpartum women. The term *doula* has since been expanded to refer to an experienced and trained woman who provides emotional, physical, and informational support to other women before, during, and after childbirth (Bianchi & Adams, 2004). For this study, in addition to *doula* and *support*, I reflected on and recorded in my research journal the etymological origins of various other words that are relevant to the lived experience of having a birth doula for support, including *labour*, *birth*, *nurture*, *advocate*, and *comfort*.

Searching idiomatic phrases. van Manen (1990) also discussed how it is useful when reflecting on a lived experience to consider idiomatic phrases associated with that lived experience. Usually, idiomatic phrases are created from a lived experience and may be of value when describing a lived experience. For instance, *in labour* is an idiomatic phrase associated with childbirth. It is common knowledge that this expression implies a woman experiencing the discomfort, pain, and other difficult effects of an impending childbirth. An idiomatic phrase such as this often can reveal important clues about a lived experience. Therefore, it is essential to think about what such a phrase really means in relation to the lived experience of interest. For this study, the other idiomatic phrase I examined is *give birth to.* Those were the two idiomatic phrases that stood out for me as associated with the lived experience of childbirth. I was mindful of those idiomatic phrases and I took the necessary time to reflect on and interpret these phrases and record my thoughts in my research journal.

Personal experiences of participants. When conducting phenomenological research, researchers use the personal experiences of others to understand a lived experience. As individuals describe their life experiences, they are providing the essential information, or data, that is used in phenomenological research (van Manen, 1990). Since this step involves actual data collection from research participants, it is important to discuss the study sample, recruitment methods, and data collection technique.

Study sample. The population of interest was women who had experienced birth doula support for their most recent childbirth. According to Streubert and Carpenter (2011), all potential study participants must have first-hand experience and knowledge of the lived experience being explored in order to contribute to a better understanding of the lived experience. Therefore, purposive sampling was used in this study. Purposive sampling is when "participants are selected for the purpose of describing an experience in which they have participated" (Streubert & Carpenter, 2011, p. 28). For this study, women were chosen based on their knowledge of having a doula for support so that they could share their personal knowledge with me. The purposive sample consisted of 14 women.

In phenomenological research sample sizes are small as, generally, a full understanding of a lived experience can be gathered from in-depth examination of a few individuals' stories (Starks & Trinidad, 2007). van Manen (1990) did not discuss sample sizes for phenomenological studies; however, he stressed the importance of obtaining a rich data set in order to provide an insightful description of a lived experience. He further pointed out that some individuals may not provide as in-depth stories of their life experience as do others. Hence, in some cases, more participants may be required in order

to have the richest data. Morse (2000) indicated that the number of participants needed for a phenomenological study is dependent on many factors, but suggested a minimum of 6 to 10 to ensure a rich data set. For this study, rich data were evident at 14 participants.

All study participants were women who had experienced support from a birth doula for their most recent childbirth. Since all women had privately hired their respective doula while pregnant, their doula was expected to provide support prior to labour, during childbirth, and in the immediate postpartum period. For all women, their doula provided support during labour and delivery once the woman sought the doula's presence after her labour had begun. The extent of prenatal and postpartum contact of each woman with her doula varied depending on the woman's needs, with some women having minimal contact during one or both of those periods. The women were from one metropolitan area within a Canadian province. All women were between 2 weeks and 7 months postpartum at the time of recruitment, with 10 women between 1 and 4 months postpartum. This short postpartum timeframe allowed for good recollection of their experience with doula support.

A criterion for participating in this study was the ability to speak and understand English since English is the only language I am able to speak and understand. However, there were no restrictions placed on other participant characteristics. The women ranged in age from 30 to 38 years. Thirteen women were Caucasian, with one woman from an ethnic minority. All of the women were college or university graduates. Eleven women reported that their family income was in the middle-income bracket, while two women indicated high family income and one indicated low family income. Furthermore, five women were primiparous and nine were multiparous. Of the nine multiparous women,

three had previously experienced doula support. All women reported having other support providers (e.g., partner, family member, friend, nurse, physician, midwife) for their labour and delivery, in addition to their doula. Two of the multiparous women had given birth at home with their doula and a midwife in attendance, while the other 12 women had given birth in the hospital setting with their doula and nurses and obstetrician in attendance. Names of the doulas were not sought, so it is not known whether any of the women had the same doula.

Recruitment methods. Participants were recruited using two methods:

1. *Information provided to potential participants by birth doulas*. Information describing the study was sent to approximately 19 doulas through a doula special interest group. The doulas were asked for their assistance in informing women, whom they knew and who had had a birth doula for their most recent childbirth, about the study (see Appendix A). The doulas were provided with an information sheet for their own reference (see Appendix B), along with an information sheet to use to discuss the study with potential participants or to forward to potential participants by email (see Appendix C). The information for participants was at a Flesch-Kincaid grade of 9.6. Women contacted me directly, through my contact information as noted on the information sheet, if they were interested in taking part in the study.

2. *Recruitment posters displayed in physicians' offices and their respective waiting areas.* Permission was obtained, by written request (see Appendix D), from four family physicians and three obstetricians to place recruitment posters (see Appendix E) in their offices and waiting areas. These physicians were chosen because they provide maternal care to women during the prenatal, intrapartum, and postpartum periods.

However, the physicians were not directly involved in recruitment. The posters had a brief description of the study and my contact information (see Appendix E). Women who were interested in the study contacted me directly. The posters were 8.5 inches wide by 14 inches high, were printed in color, had a Flesch-Kincaid grade of 4.9, and had tear-off tabs with my contact information for easy retrieval.

I did not ask women how they learned of the study. Thus, it is not known how many women were recruited through each method or whether any of the women had heard of the study through word-of-mouth by another participant. Nonetheless, the two methods used to recruit participants were effective in obtaining a sufficient study sample.

Data collection technique. van Manen (1990) discussed three different techniques that can be used to explore and gather an understanding of an individual's personal life experience: obtaining a written description from the individual, conducting conversational interviews with the individual, and observing the individual. Of these three techniques, I chose to conduct conversational interviews to collect information about the women's personal experiences of doula support. For most women, I conducted two interviews: the initial interview and a follow-up interview. van Manen (1990) pointed out that two conversational interviews, at two different stages in the research process, is common in hermeneutic phenomenological research, and that the first interview is usually conducted to gather data and the second interview is an occasion for participants to think further about their experiences. Reflective notes that I recorded in my research journal after completing each of the 14 initial interviews and demographic information about each woman were also sources of data. Data collection occurred for seven months, from August 21, 2013 to March 20, 2014.

Initial interview. I interviewed all of the women individually, in face-to-face meetings, using an unstructured, open-ended interview format. That type of interview allowed each woman the opportunity to fully describe her personal experience (Streubert & Carpenter, 2011). I kept the research question at the forefront of my mind at all times during the interview and was constantly aware of the purpose of the interview. van Manen (1990) stressed the importance of such focus to avoid obtaining copious amounts of descriptive material that is extraneous or lacking in richness. He further suggested that when conducting interviews, research participants should first be asked to think about and discuss their experience and then, if needed, assisted to fully explore their experience by asking them specific guiding questions. I began each interview with a general question by asking the woman to share with me her experience of having a birth doula present for her childbirth. The woman was encouraged to share her experience in her own words, and I asked guiding and clarifying questions if deemed necessary in order for her to fully share her experience (see Appendix F). Examples of guiding questions are "how would your birthing experience have differed if you did not have a doula?" and "how would you describe your experience to other women?" Examples of clarifying questions are "can you share some examples?" and "can you tell me a little more about…?"

Consistent with van Manen's (1990) approach, each initial interview continued until the woman felt that she had fully shared her experience with me and that she had nothing further to add to her description. These interviews lasted approximately 30 to 70 minutes, as some women needed longer time to fully share their experience. All interviews occurred in private and at a time and place chosen by the women. Most occurred in a quiet location in the woman's home, while some occurred in a quiet room at

a university. All interviews were audio recorded and later transcribed verbatim to ensure that I had full access to the women's stories, as they had told them, for data analysis.

I used a conversational approach in the interviews because such an approach is effective when trying to determine the deeper meaning of an experience (van Manen, 1990). With this approach, the conversation flowed freely back and forth between the woman and me as she shared her experience. Furthermore, during each interview I allowed for periods of silence if I felt that the woman was taking a moment to collect her thoughts or to reflect more deeply. However, consistent with van Manen's (1990) suggestion, if I sensed that she was at a standstill and was unsure of what to say next, I tried to prompt her to continue talking about her experience by simply repeating with a questioning tone the last sentence she had said. My research supervisor reviewed the interviews as they were completed to assess for quality and completeness and provided guidance as necessary.

Follow-up interview. Follow-up interviews were completed with a total of 10 women. In keeping with van Manen's (1990) approach, I conducted the follow-up interviews for two reasons: (a) to have each woman share further details about her experience and clarify points in the initial interview, as necessary; and (b) to discuss with each woman and have her reflect on what I had found in the women's stories to date, in other words, the essential themes that represented my preliminary findings. I began each follow-up interview by asking the woman if there was anything further she would like to share about her experience with her doula. I then asked the woman about any aspects of the initial interview that I thought required clarification or further detail to enhance what she had already told me. Lastly, I discussed with each woman the preliminary essential

themes and asked each woman to reflect on and share her thoughts, feelings, and opinions about each theme.

All follow-up interviews were similar in format to the initial interviews in that I conducted them individually and face-to-face using a conversational approach. They were audio recorded and later transcribed. These interviews lasted approximately 20 to 30 minutes. Consistent with van Manen's (1990) suggestion, an interview ended when the woman felt that she had nothing further to share with me. Only 10 follow-up interviews were completed, as at that point and in consultation with my research supervisor, I felt confident that I had captured the women's experiences of having a birth doula for support.

Reflective notes. Although van Manen (1990) did not indicate a need for reflective notes during the data collection process, I wrote reflective notes in my research journal about each initial interview. These notes were written once I left the interview and contained any personal feelings and thoughts that I had about the interview, as well as my overall impression of the interview. For instance, I made notes on my assessment of how the interview went, on participant body language, and on the atmosphere in the room where the interview was carried out. These reflective notes helped me to decide if any information needed to be clarified or additional information needed to be collected during the follow-up interview. Writing reflective notes also gave me the opportunity to critique my interview approach. During data analysis, I reviewed my reflective notes for any information and thoughts I had had that would be helpful to me as I interpreted each woman's story.

Personal/Demographic data. In phenomenological research, the demographic data that are collected often are limited because such data are deemed unnecessary to answer the research question and of little usefulness given the generally small sample size (Morse, 2008). van Manen (1990) did not discuss collection of demographic data in hermeneutic phenomenological research. Nonetheless, to place a study in context it is important to have some descriptive information about the participants. Therefore, I collected sufficient personal information (see Appendix G) to describe the women in this study (see Study Sample). I collected the personal information from each woman prior to the start of the initial interview.

Personal experiences of non-participants. To enhance one's insight into a particular lived experience, van Manen (1990) advised locating and examining other relevant stories or subjective descriptions of the experience. He suggested several sources that might produce non-participant experiential descriptions (e.g., literature, poetry, biographies, diaries, art, other phenomenological studies). Although there are many possible sources, the sources a researcher chooses to seek out and make use of depends on the lived experience being explored. I searched the Internet to locate and examine women's testimonials and personal blog stories, within the public domain, about their experiences of doula support, and numerous such experiential descriptions were found. Reading such entries enabled me to glimpse into the personal experiences of other women who had obtained doula support. I learned about what was important to them in their childbirth experience and what they valued about having a doula for support. I thought about how their stories compared to the stories of the women in this study. This added reflection contributed to my understanding of the women's experiences of doula support.

I also reviewed other phenomenological studies in the literature about women's experiences of having a doula for support. As indicated by van Manen (1990), relevant research questions might already have been addressed in past phenomenological studies, and it is the responsibility of the researcher to find and review such studies. van Manen (1990) contended that by reviewing past studies and reading about different insights on a lived experience, researchers have an opportunity to view that lived experience in different ways. This will enable them to compare their insights on a particular lived experience to the insights of other researchers. As revealed in Chapter 2 of this thesis report, I found and reviewed two other phenomenological studies about women's experiences of doula support. By comparing my understanding of the experience of doula support, as gathered from the women in this study, to the understanding of the researchers in the other phenomenological studies, I was able to reflect more deeply on the stories of the women in this study for an enhanced understanding of their lived experience.

Reflecting on Essential Themes

Reflecting on essential themes, also known as hermeneutic phenomenological reflection, is aimed at developing a deeper understanding of a particular lived experience by analyzing the different aspects of that lived experience (van Manen, 1990). Thus, this is the data analysis phase of a hermeneutic phenomenological research study. Although data collection and data analysis are presented as separate research activities, these two activities occur concurrently in hermeneutic phenomenology. Once an interview is completed, the researcher reflects on and analyzes it. As more interviews are completed, the researcher refers back to previously analyzed interviews in an iterative back and forth process in order to understand the experiences of the participants. Further, as was the case

with the follow-up interviews I conducted in this study, once initial data are collected and analyzed on a particular lived experience, a researcher ought to go back to study participants to have them reflect on the study findings to date and to collect additional data if needed (van Manen, 1990). Any additional data or insights from second interviews are then analyzed and incorporated into the researcher's written description of the participants' lived experience.

Data analysis. For this study, a research assistant from the affiliated school of nursing transcribed each initial interview after it was completed and data analysis began as soon as the first transcription was available and was continued with each subsequent interview. I began data analysis by reviewing each transcript several times while listening to the recorded interview. This was done to confirm accuracy of the transcription and to ensure that I was thoroughly familiar with each woman's experience as a whole before I began analyzing the component parts. Afterward, I conducted hermeneutic phenomenological reflection through the following processes, as proposed by van Manen (1990): (a) identifying phenomenological themes, which essentially are the experiential structures that made up each participant's experience of the phenomenon of interest; (b) capturing commonalities among the identified phenomenological themes, both within each interview and across interviews; (c) identifying essential phenomenological themes, which are the themes that constitute the lived experience of interest and around which a description of the lived experience was to be written; (d) analyzing the follow-up interviews; and (e) isolating participant statements that best represent each essential phenomenological theme.

Identifying phenomenological themes in initial interviews. When conducting thematic analysis of a lived experience, the researcher is endeavouring to determine what phenomenological themes, or experiential structures, make up that experience. Simply put, a theme refers to a repetitive idea, phrase, or expression in a text (van Manen, 1990). For this study, thematic analysis started with identifying the phenomenological themes that characterized each woman's description of her experience of having a doula for support. These identified phenomenological themes reflected the meaning of each woman's experience.

I began the thematic analysis of each interview by formatting the pages of the electronic transcript text such that the pages were vertically divided in half. The left-hand side of each page contained the electronic transcript text and the right-hand side was left blank to record identified phenomenological themes and to make notes if needed. I was thorough in identifying all ideas, phrases, and expressions that seemed to be important or revealing about each woman's experience. This was accomplished by following van Manen's (1990) detailed approach to uncovering phenomenological themes. Using that approach, I examined each sentence, or sentence cluster, in each electronic transcript text and asked what it revealed about the nature of the woman's experience of having a birth doula for support. Any ideas, phrases, or expressions that seemed important or revealing about each woman's experience were then highlighted on the text of the electronic transcript. I then printed a hard copy of the transcript text. Afterward, I closely examined the highlighted elements of the transcript text to capture the meaning conveyed in relation to the woman's experience of having a birth doula for support, and hence, to articulate phenomenological themes that described the experience. Identified phenomenological

themes were then recorded on the right-hand side of the page, directly across from the corresponding highlighted transcript text. This allowed for ease of going back to the raw transcript data if required. Although I took the lead on identifying phenomenological themes, my research supervisor provided guidance and helped me confirm those themes.

Capturing commonalities among identified phenomenological themes. Once phenomenological themes were uncovered for each interview, I established whether there were common recurring themes within each interview, as well as across interviews. van Manen (1990) suggested that a personal log or journal is a way for researchers to record knowledge they have gained about a lived experience, to help them figure out patterns in the data, and to continuously reflect on their understanding of a lived experience. Thus, common recurring phenomenological themes in the women's stories were recorded in my research journal, along with details regarding my train of thought in capturing those themes. The common recurring themes across the interviews represent the meaning of the lived experience for the group of women as a whole.

Identifying essential phenomenological themes. After all phenomenological themes are identified in the interview transcripts, it is important to determine which of these themes are unique or essential to the lived experience of interest and which themes are not. In other words, the researcher must identify the themes that make the lived experience what it is. To accomplish this, the researcher uses the process of free imaginative variation. This process involves imagining the lived experience without the identified theme and determining if the experience changes. If the experience changes, then the theme is determined to be an essential part of that lived experience (van Manen, 1990). As an example, in the study by Berg and Terstad (2006), an essential theme

identified by the researchers was that the women thought of their doula as a *mediator* between them and their partner and between them, their partner, and their midwife. Thus, the women's experience of doula support would not have been what it was without this element, that is, the doula as mediator. In other words, doula as mediator was essential to the experience.

For this study, I used free imaginative variation to examine the phenomenological themes that were identified across the women's experiences, to determine which themes were essential to the lived experience of having a birth doula for support and to determine any relationships between the essential themes. The essential themes and the relationships between them, along with details regarding my train of thought in making those determinations, were recorded in my research journal. My research supervisor provided guidance in determining and confirming the essential themes and the relationships between them. I then summarized the essential themes for discussion with each woman and contacted the women to arrange for follow-up interviews.

Analyzing follow-up interviews. As with the initial interviews, once each follow-up interview was transcribed, I began analyzing it by reading the electronic transcript several times while listening to the recorded interview. Next, I printed a hard copy of the follow-up interview transcript and reviewed it to determine if there was support in it for the essential themes. Although the women recognized their experience in the themes, some women reflected further to provide more clarification on their experience. Their feedback and further reflection was then incorporated into my final essential themes.

Isolating participant statements. As I analyzed the study data for phenomenological themes, I isolated statements by the women that I felt could be used as

direct quotations to help me develop a full and well supported description of the lived experience of having a birth doula for support. Those statements were highlighted in the transcript texts.

Writing and Rewriting

Upon completion of the data analysis, I prepared an exhaustive description of the women's lived experience of having a birth doula for support by following van Manen's (1990) approach to hermeneutic phenomenological writing. This exhaustive description was created using the finalized essential themes of the lived experience. According to van Manen (1990), the purpose of hermeneutic phenomenological research is to create a phenomenological text that will allow readers to grasp the true essence of the lived experience. Therefore, the phenomenological text should be a compelling description that effectively reveals the meaning of the lived experience to others who have not lived through that experience. To accomplish this, as I wrote, I continuously reflected on the data and the finalized essential themes and how they revealed the lived experience of having a birth doula for support. Through the use of words, effective language, and direct quotations from the women in this study regarding their thoughts and feelings, I attempted to capture the essence of the lived experience and to make the lived experience comprehensible to others. Once I had created a descriptive text of women's lived experience of having a birth doula for support, I shared it with my research supervisor for feedback. It was then refined and strengthened through the process of writing, receiving further feedback, and rewriting, as suggested by van Manen (1990), until I was confident it reflected a clear and comprehensive description of the women's experience. I then

created a model for visual representation of the women's experience as reflected in the essential themes (see Figure 1).

Maintaining a Strong and Oriented Relation

To derive a descriptive text of a lived experience that is oriented, strong, rich, and deep, one must be certain to remain focused on the research question at all times during the research process (van Manen, 1990). Thus, I remained completely focused on the research question "What is women's lived experience of having a birth doula for support?" for the duration of this study. To remain oriented, I kept the research question at the forefront of my thoughts as I immersed myself in the data and tried to understand what it meant for these women to experience having a birth doula for support. This assisted me to create a rich and thorough description of the lived experience: a description that conveys the meaning and complexity of the phenomenon.

Balancing the Research Context

van Manen (1990) indicated that it is important for researchers to have an organized plan for carrying out their research study. This plan should be specific and indicate exactly what the researcher intends to do within the various phases of the research process. It also is important to discuss how the research findings will be presented. Prior to conducting the study, I developed a detailed written proposal of my research plan. I then followed that plan as I conducted the study. To present the study findings, I organized the descriptive text using van Manen's (1990) thematic method. I divided the text into sections, whereby I elaborated on only one essential theme per section. An exhaustive account of the women's lived experience of having a birth doula for support is revealed when all thematic sections are considered as a whole.

Scientific Rigor

Scientific rigor, or simply *rigor*, in qualitative research has to do with the trustworthiness of a study's findings (Morse, Barrett, Mayan, Olson, & Spiers, 2002). Thus, to ensure a qualitative research study is rigorous, "the goal…is to accurately represent study participants' experiences" (Streubert & Carpenter, 2011, p. 48). Morse et al. (2002) indicated that if researchers are not meticulous when carrying out their research, then their study will lack rigor and the study findings will be worthless. I used the following verification strategies, as suggested by Morse et al. (2002), to attain a rigorous study: (a) ensuring methodological coherence, (b) using an appropriate study sample and sample size, (c) collecting and analyzing data concurrently, and (d) thinking theoretically.

Methodological Coherence

According to Morse et al. (2002) methodological coherence means congruency between the research question, data collection methods, and data analysis techniques. For this study, the research question was "What is women's lived experience of having a birth doula for support?" and hermeneutic phenomenology was the chosen research methodology. Since, hermeneutic phenomenology is used to understand lived experience then this methodology was appropriate for the research question. Furthermore, I used a data collection method (unstructured, in-depth, conversational interviews) and a data analysis technique (thematic analysis) that are consistent with hermeneutic phenomenology methodology. I was careful to maintain adherence to hermeneutic phenomenology methodology.

Appropriate Study Sample and Sample Size

According to Morse et al. (2002) the sample chosen for a study must be appropriate in that it must consist of participants who have knowledge of the chosen research topic. Also, the sample size must be large enough such that complete data are acquired. For this study, I was interested in exploring women's lived experience of having a birth doula for support and the study sample consisted of women who had lived that experience. Thus, the study sample was appropriate. Furthermore, I carried out in-depth first interviews and follow-up interviews with the women as a means to obtain complete and optimal quality data. I continued to recruit women and collect data until I discovered replication in the essential themes across the interviews and until I felt that I could thoroughly describe all aspects of the women's lived experience of having a birth doula for support. This ensured that I had obtained an adequate sample size.

Concurrent Data Collection and Analysis

According to Morse et al. (2002) when a researcher collects and analyzes data concurrently, then there is a direct link between what the researcher already knows and what the researcher needs to know. This enables focused data collection and rich and complete data. For this study, I collected and analyzed data concurrently so that I could easily determine what knowledge I had already gained about women's lived experience of having a birth doula for support and what knowledge I was continuing to lack. I remained focused on the research purpose and question and I continuously examined the data to ensure that I did not prematurely stop recruiting women, that I collected a rich full data set, and that I could provide a rich full description of the women's lived experience of having a birth doula for support.

Thinking Theoretically

According to Morse et al. (2002) thinking theoretically means that any ideas that are generated in existing data are reconfirmed in any new data that is gathered. Further, existing data are re-examined for any seemingly new ideas in new data. For this study, existing data were repeatedly checked, both within individual interviews and across interviews, to confirm emerging ideas and themes. As new women were recruited and as new data were gathered, any themes that had emerged in existing data were then reconfirmed in the new data. Also, if new data generated any new ideas, the existing data were rechecked to determine whether such ideas were present but had not been identified in the existing data. Any new ideas were carefully explored in subsequent interviews. Further, the preliminary essential themes were discussed with the women in this study for fit with their lived experience. Checking and rechecking emerging themes and existing themes in this manner, drawing on direct quotations from the women in the study, and consulting with my research supervisor, helped me to confirm the themes and enabled a strong basis for the study findings.

Ethical Considerations

Prior to commencing this study, ethical approval was obtained from a health research ethics board. According to the Tri-Council Policy Statement (TCPS, 2010), researchers should address three core ethical principles when conducting a research study. These are respect for persons, concern for welfare, and justice. How researchers address these principles within a study will depend on the nature and context of the study. Researchers also must address any real, potential, or perceived conflicts of interest that

might threaten the integrity of the study or the protection of the participants. How I addressed these ethical considerations within this study is as follows.

Respect for Persons

I respected the women in this study by protecting their human rights and autonomy through seeking free and informed consent and ongoing consent to participate.

Free and informed consent. Free and informed consent implies that study participants are fully informed about the study and that they willingly choose to take part in the study. Being fully informed means that participants are given sufficient information about the study so that they understand the purpose of the study, what taking part in the study will require of them, and any foreseeable risks or benefits to them from participating in the study. After participants are fully informed, they provide free consent, meaning they agree to take part in the study voluntarily, without any influence from others (TCPS, 2010).

When each potential participant for this study first contacted me, I discussed the study with her in full detail using the consent information sheets (see Appendix H). I answered any questions she had at the time about the study and I confirmed her willingness to participate. We then determined a date, time, and location for the initial interview. At the initial interview, I reviewed with the woman each section of the consent information sheets. I then gave her a copy of the information, which had a Flesch-Kincaid grade of 8.0, to read on her own. I invited her to ask questions about the study and when I was satisfied that she understood the purpose of the study and the implications for her, I explained the need for her written consent to participate and I reviewed the consent signature form with her (see Appendix I). I had her sign 2 identical consent signature

forms: one for her to keep and one for my own records. Each woman was reminded that she was free, without consequence, to withdraw from the study at any time even though she had given her written consent to participate.

Ongoing consent. Free and informed consent must be ongoing in any research study (TCPS, 2010). Ongoing consent was accomplished for this study by reviewing the consent information sheets with each woman, for a second time, prior to beginning the follow-up interview and by obtaining the woman's verbal consent that she was willing to continue participating in the study.

Concern for Welfare

When something negatively or positively affects a person's physical, mental, or spiritual health or life circumstances (e.g., family life, social life), then it affects that person's welfare (TCPS, 2010). Factors in research studies that have implications for a participant's welfare are study risks and benefits and privacy and confidentiality.

Risks and benefits. There were no anticipated benefits to women for taking part in this study, and each woman was informed of that prior to giving her consent. There also were no anticipated risks to the women's physical, mental, or spiritual health or life circumstances. Each woman was informed that if she preferred not to answer certain questions during the interviews, she was free to decline.

Privacy and confidentiality. Individuals have a right to keep their personal information private or from invasion by others. For this reason, researchers have an obligation to protect the private information of study participants from any unauthorized access, use, modification, and disclosure and from loss or theft. This is referred to as maintaining confidentiality (TCPS, 2010).

For this study, a number of measures were in place to protect the participants' privacy and to ensure confidentiality of their personal information, including (a) initiating contact with each potential participant through a third party, a person known to the woman; (b) conducting each interview in private, at a location chosen by the woman; (c) storing all electronic data in password protected and encrypted files; (d) storing data, when not in use, in a locked filing cabinet in a secure room at the affiliated university; (e) storing the participant consent forms in a different locked cabinet than that in which the data were stored but in a secure room at the affiliated university; (f) using numeric codes, rather than participant names, on all electronic and paper data (printed interview transcripts and personal/demographic data forms); (g) ensuring that an Oath of Confidentiality was signed by all individuals who had access to the data (myself, research supervisor, and research assistant); and (h) ensuring that participant quotations used in the research findings were anonymous by removing any potentially identifying information and by using pseudonyms, not participant actual names. In accordance with policy of the affiliated ethics board, the study data and participant consent forms will be retained for five years and are being stored in a secure location at the affiliated university under the care of my research supervisor.

Justice

Researchers are obligated to treat study participants fairly and equitably. This means not showing favoritism to any participants and making certain that the inconveniences or advantages of taking part in the study are not bestowed upon some participants more than upon others (TCPS, 2010). For this study, any woman who met the criteria for eligibility was welcome to take part and I treated all women fairly and

equitably. To ensure that the interviews were of minimal inconvenience to the women, each woman decided the date, time, and location of the first and second interviews. After the study was completed, I emailed each woman and provided her with a brief written summary of the study findings. I also offered for her to contact me if she desired a phone call to further discuss the study findings.

Conflicts of Interest

When conducting research, a conflict of interest simply means that there is a conflict that either will occur or has the potential to occur between research activities and other activities of the researcher. For instance, researchers might be involved in a conflict of interest because of personal or work-related duties, responsibilities, or interests. It is important for researchers to address any real, potential, or perceived conflicts of interest prior to beginning a study because these conflicts can jeopardize the integrity of the research as well as the security of study participants (TCPS, 2010). With respect to this study, I did not have any real, potential, or perceived conflicts of interest.

Conclusion

For this study, I used van Manen's approach to hermeneutic phenomenology to explore, understand, and describe women's lived experience of having a birth doula for support. In accordance with that methodology, a purposive sample of 14 women was recruited to take part in this study. Data were collected through in-depth conversational interviews and analyzed using thematic analysis. By adhering to criteria for rigor and using van Manen's suggestions for hermeneutic phenomenological writing, I was able to create an exhaustive and rich description of the women's lived experience of having a

birth doula for support. Further, while conducting the study I was conscious of my ethical duty to the study participants and had measures in place to protect their rights.

Chapter 4: Findings

The purpose of this chapter is to present the study findings. A description of each theme is provided and the essence of the women's lived experience of birth doula support is captured when all of the themes are considered as a whole.

Themes

The women in this study had various thoughts and feelings about their experience with doula support and analysis of their lived experience generated a number of themes. The overarching theme is that the women were *aiming for the best birthing experience*. They believed that to achieve the best birthing experience they needed to have *extra support* and to have *a full say* in their childbirth experience. The support the doulas offered to the women helped them to have *peace of mind* in the prenatal period. The women thought that a doula is a *valuable support* for childbearing women but acknowledged that *choosing the right doula matters* to achieving the best birthing experience. The themes subsumed under the overarching theme, then, are as follows: (a) needing extra support, (b) needing to have a full say in my childbirth experience, (c) having peace of mind, (d) having a doula is valuable support, and (e) choosing the right doula matters. The themes and the connections among them are illustrated in Figure 1 (see page 48). In the text that follows, direct quotations from the women in the study are used to describe and illustrate the themes. To protect the women's identity, pseudonyms are used in place of their real names. Although all the quotations are the women's words, pseudonyms are provided only for longer quotations.

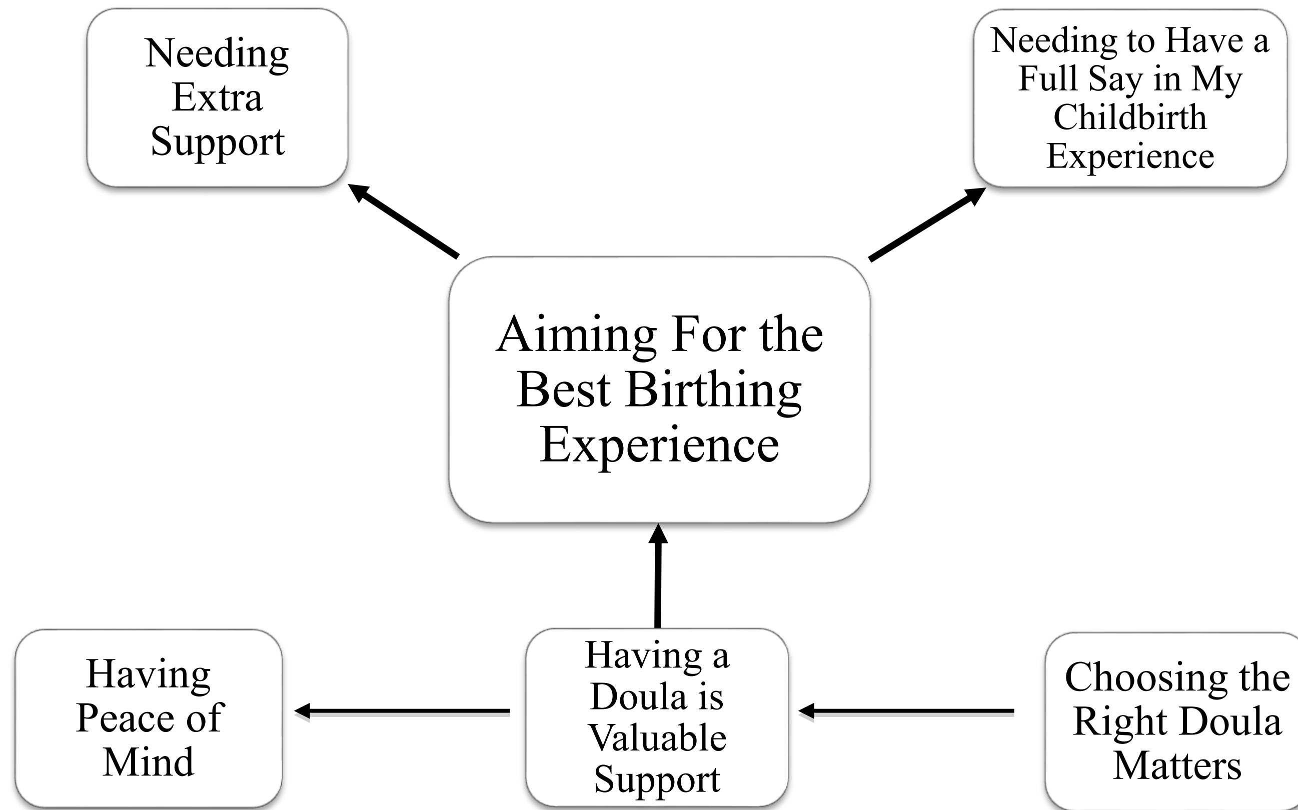


Figure 1. A thematic illustration of women's lived experience of having a birth doula for support. Women were aiming for the best birthing experience and thought to achieve it they needed extra support and to have a full say in their childbirth. They thought that doula support is valuable as it helps a woman have peace of mind and can help her achieve the best birthing experience. However, they acknowledged that choosing the right doula matters as it can affect the quality of support a woman receives.

Aiming For The "Best" Birthing Experience

Best can be defined as something that is "better than all others in quality" and something that offers or produces "the greatest…satisfaction" (Best, n.d.). The women in this study were aiming for the "best" birthing experience, which meant that they were aiming for a birthing experience that they believed would be of better quality than any other birthing experience they might have and would be the most "satisfying." They "wanted it [childbirth] to be as good as an experience as possible." (Susan) As Penny stated, "I was trying to do what I could to make it…successful."

For the majority of women, the best birthing experience meant having a "natural birth," a birth free from any medical intervention, such as induction measures, fetal monitoring, pain medication or epidural anesthesia, vacuum or forceps assisted delivery, or caesarean section delivery. Although they recognized that certain "medical interventions…might be necessary" (Rebecca) for the health of a woman or her unborn child, they believed that birth should be "as natural as possible" (Jackie) and that, as healthy women, they were capable of having a natural childbirth experience. As Ingrid commented,

> I made a conscious decision, 'what can I do to prevent that kind of stuff [medical interventions] from happening and prevent myself from experiencing that?'... I just really wanted to avoid intervention and I really felt like I could. My body was built to do it and it could be done.

For these women a "natural birth," devoid of any medical intervention, would be the best birthing experience and would give them the greatest satisfaction.

For the other women, the best birthing experience meant a birthing experience that would be personally satisfying despite any medical intervention they might require. These women were not necessarily aiming for a natural birth, without any medical intervention, because they "realized that might not happen." (Susan) Hence, they wanted to have the best birthing experience possible while remaining receptive to medical intervention. For instance, unlike the women who were aiming to have a natural birth, these women wanted to remain open to the idea of pain medication or epidural anesthesia use during their labour and delivery. As Susan stated, "I'd seen these videos and these women giving birth without any medications and…I wanted that experience I guess but I realized that might not happen."

Despite having some difference in views on what would make the best birthing experience, the women in this study believed that in order to have the best birthing experience possible they needed to have (a) extra support and (b) a full say in their childbirth experience. As Penny indicated, "I think as soon as I decided that I'm going to have this baby [by having a natural birth], there was no other option. I was getting help. I wasn't going to go at it on my own." To help them achieve the best birthing experience the women sought the services of a doula. This is evident in Penny's comment: "I just figured it [having a doula] would increase my chances of having a natural birth."

As a result of having a doula, the women attained peace of mind prenatally. Further, almost all of them had an overall "satisfying" experience with their doula, one that met or exceeded their expectations. However, despite having peace of mind in the prenatal period, one woman had a decidedly negative experience with her doula during her labour and delivery and postpartum periods and thus, her doula experience was

disappointing. Regardless of whether, in the end, a woman was satisfied or dissatisfied with her doula, all of the women believed that having a doula during the prenatal, intrapartum, and immediate postpartum periods is valuable and can help a woman achieve the best birthing experience. Nonetheless, the women recognized that the quality of one's doula experience is dependent on choosing the right doula for a "comfortable fit," (Laura) that is, a doula with whom one feels a personal connection.

Needing "extra support." *Support* can be defined as help that is provided to someone who may be going through a difficult time in life (Support, n.d.a). This help can be practical (e.g., physical, informational) or psychological (Support, n.d.b). Even though the women in this study already had some support during their pregnancy (e.g., from family members, friends, physician, midwife) and knew that certain individuals (e.g., family members, nurses, midwife, physician, friends) would be present during their childbirth, they believed that they "needed more help" (Alex) in order to achieve the best birthing experience. Although not all of the women needed extra support prenatally, many did, and all of the women needed extra support for their labour and delivery, so they sought the support of a doula.

Needing extra support prenatally. Women sought "extra support", or more "help", during their prenatal period because they had psychological needs, which stemmed from a need for information and reassurance. Their need for information and reassurance varied depending on their personal background (e.g., having had birthing courses) and previous childbirth experience, with some women needing more support than did others. The women thought that having their needs met would help them have a good pregnancy and achieve the best birthing experience.

Women experienced various negative psychological feelings, such as being "nervous," "stress[ed]," "worried", "afraid," "scared," and "anxious". They experienced such feelings for any of the following reasons: (a) they were primiparous and therefore had a lack of prior experience with pregnancy and childbirth, (b) they were unfamiliar with the local hospital environment, and (c) they had had a past negative childbirth experience.

Some women were pregnant for the first time and they "had no idea what to expect." (Cindy) They wanted information about pregnancy and childbirth because they felt "really nervous about the experience." (Susan) They wanted "to get as much information" (Susan) as possible, including information about policies and procedures in the caseroom. They "didn't want [to] go into it blindly" (Rebecca) with regards to the "interventions and things that could arise" (Rebecca) when their labour began. The nervousness was exacerbated for some of these women because of the "horror stories" (Victoria) they had been told about labour and delivery. As Victoria exclaimed, "Everyone tells you how painful it is. People would run into me in the street and tell me 'you feel like you're going to die! But it's worth it'. So, I was petrified!" These women believed that they would benefit from an extra support person who would meet their informational needs, help them prepare for the birthing experience, and say "pleasant things about giving birth." (Victoria)

Some multiparous women were unfamiliar with the local hospital and with the practices and policies within that caseroom. They sought information about such things as how the admission process was carried out; how the induction process was carried out, should they need it; and how the nurses and physicians monitored women during labour.

As Debbie indicated, "I hadn't even stepped into this hospital before and I was really nervous about the process…and that really caused a lot of stress for me." These women believed that they would benefit from a support person who was "familiar with the whole process*"* (Debbie) at the local hospital.

Some of the multiparous women had had a negative past childbirth experience. Those women had encountered complications during a previous childbirth, such as a caesarean section, a severe vaginal tear, or shoulder dystocia, which caused them stress about their upcoming childbirth. As Penny commented, "It kind of scared me, the thought of trying [a natural birth] again, but I really wanted to." Similarly, Maxine conveyed, "I was really freaked out at the idea of going through labour again, after the hard time I had with my [last natural birth]…I was like, 'how am I going to go through this?' " These women believed that they would benefit from a support person with whom they "could talk stuff out [with] ahead of time," (Maxine) such as their fears and expectations.

Needing extra support for labour and delivery. The women thought they should have extra support during labour and delivery in order to have their needs, including any informational, psychological, and physical needs, fully met. As Penny stated, "I knew as soon as I decided I was going to try and have a natural birth…I needed more help." Their reasoning was based on one or more of the following: (a) believing that family members and friends would not be the best support providers; (b) believing that nurses might not be the best support providers; (c) knowing that nurses are not available for labour support at home; and (d) believing that a physician or midwife, alone, might not be the best support provider. Many women also sought extra support during labour and delivery to meet the needs of their family.

Although the women had planned to have at least one family member or friend present during childbirth, many of them believed that such a person would not be the best support provider due to a lack of knowledge about childbirth. As Olivia stated, a partner would not necessarily be "the best person to know what to do to make me feel comfortable or [know]what to say." These women wanted to have someone present who was "more adept at understanding what a woman needs when she's in labour." (Ingrid) Referring to her previous pregnancy, Maxine explained, "My husband was good [supportive] but he hadn't actually himself given birth before, he didn't have the…understanding…and the knowledge, right?" Furthermore, some women believed that a family member or friend likely would find it difficult to see them go "through this intense experience" (Olivia) and possibly would not cope well in the situation, thereby leaving them without the psychological and physical support they needed at that time.

Women in this study thought that the labour and delivery support that nurses are able to provide is limited. As Maxine stated "[nurses] can't always be devoted completely" to a woman in labour. They recognized that nurses are often very busy and will have to leave a woman who is labouring to tend to other tasks and nurses work shifts and any particular nurse might not be available for the entire labour and delivery period. Furthermore, women did not want to rely solely on nurses for their labour and delivery support because they viewed nurses as "strangers" and although they thought that some "nurses can be incredibly supportive," (Maxine) they had concerns about quality of care, thinking that quality of care can vary among nurses. As Kelly commented, "Your nurse, you have never met before and…you never know what you're going to get into, right?" These women wanted to have "a friendly face" (Olivia) present during their labour and

delivery. They wanted to have someone with whom they had "developed a relationship…prior to the birth" (Olivia); someone they believed would provide them with optimal labour and delivery support because that person would have an awareness of their personal needs. As Maxine indicated,

> When you go into the hospital…it's all strangers. It's people who don't know you. And they [nurses] can be as nice as can be but they don't know you and they don't know what you've gone through before and they don't know the specific things that you need.

Further, the women knew that labour support by nurses is confined to hospitals and therefore such support is not available for women who labour at home. In addition to the women who planned to give birth at home, the women who planned to give birth in a hospital also intended to labour at home, as much as possible. They believed that there is "something to be said for being at home, in your own clothes, and just having privacy when you're in labour" (Victoria) and thus, they wanted to have someone present who could provide them with the support they needed at that time.

Similar to perceptions about nursing support, women believed that their physician or midwife also might not be the best labour support provider. Women who planned a hospital birth thought that "doctors pop in [to the delivery room] normally at the very end [of labour] [and] sometimes they just have…time to slip on their gloves" (Tracy) before the delivery, thus, not providing any labour support to women. The women who planned a home birth with a midwife recognized that even though a midwife would be there throughout their labour and delivery and would be comfortable providing them with

labour support, a midwife "needs to…focus on the clinical aspect [of childbirth] too" (Alex) and therefore, might not be able to provide the extra support they needed.

In addition to benefitting themselves, women in this study thought that extra support during the labour and delivery period also would benefit their family (e.g., husband, mother, children) who would be present at the time. They anticipated that their family might have informational needs (e.g., regarding hospital processes and interventions), psychological needs (e.g., concerns and anxiety about the labour and delivery), or comfort needs (e.g., finding a washroom or taking a meal break). They did not want to be "worried" about their family being without adequate support during the labour and delivery period and thus, they wanted to have "a broader range of support" (Laura) in place. As Laura said about wanting support for her husband, "I wanted her [doula] there…to be a support for him as well.…It [doula support] was as much for him, to provide him with that extra support and help."

In effect, the women thought they needed extra support prenatally or during labour and delivery or during both periods of their childbearing experience. They also thought that they could not count on support being available and being optimal. They thought that even though their family members would be supportive, "they [family members] also [would] need support" (Alex) during the labour and delivery period. Taken as a whole, the women thought that if they had a support person who was "experienced" and "knowledge[able];" who was "familiar" to them and their family; and who would be "available" to them and their family when needed, then they would be more "at ease." Therefore, they sought the extra support that they believed would be best suited to their needs; they sought the services of a doula. Debbie summed it up well: "I

thought, what a fantastic idea to have somebody that's familiar with the whole process here, who's attended births, and who I can talk to and have them there. I just thought it was a great idea!"

Seeking the support of a doula. Some women had had a doula for a prior pregnancy and so they knew from experience that the service is "very helpful" (Kelly) and they wanted that type of support again. Other women had been aware of doula services prior to becoming pregnant and chose to hire a doula because of the positive things they had heard about doula services through such sources as family, friends, and the media. Doulas were "highly recommended." (Kelly) Still, other women had not been aware of doula services before they had become pregnant. These women discovered the services a doula can offer after they "started doing some research" (Debbie) to determine what support was available for childbearing women in their local area. That research led to their decision to hire a doula. As Jackie stated, "I did my research…and I got the support that I knew I would need."

The time at which a doula was hired varied among the women and was dependent on their particular situation or needs. Some of the women who had had a doula previously or who had already known about doula support hired their doula as soon as they learned they were pregnant. Other women, however, made the decision to hire a doula later in pregnancy and hired their doula from as early as 20 weeks gestation to as late as 36 weeks gestation.

Needing to have a full "say" in my childbirth experience. To *have a say in* something also means to "have a voice in" (Have a say in, n.d.) something. It is defined as having the right to give an opinion about something, to be involved in a discussion

about something (Say, n.d.), and to make a decision about something (Have a say in, n.d.). The women in this study thought it was important that they have a "say" (Penny) in their childbirth experience. In fact, to achieve the best birthing experience they believed they needed to have a full say, meaning they would have the right to give their opinion on and to be involved to the fullest extent in all discussions and decisions concerning their childbirth.

Therefore, these women wanted a say in such matters as who their healthcare providers would be (e.g., physician, midwife), who their labour support providers would be (e.g., family, friends), what support and nonmedical comfort measures they would have during labour, when they would go to the hospital during labour, if and when any recommended induction measures (e.g., oxytocin, rupture of membranes) would be initiated, and if and when any recommended medical interventions (e.g., analgesia, epidural pain control, non-emergency caesarean section) would be carried out. They knew how they wanted "such a significant experience" (Ingrid) to go and they wanted to be responsible for their own well-being and the well-being of their unborn child and their family. Therefore, they wanted to participate in their experience and "own the decision[s]" (Alex) that ultimately would affect them, their child, and their family.

What having a doula meant to needing a full say was different for the women who chose to give birth at home compared to women who chose to give birth in a hospital. The women who chose to give birth at home did so not only to have a natural birth but also to have full control over their experience. For these women, having a doula would help ensure their birthing plan "unfolded" as they had envisioned it, thus enabling them to have the best birth possible.

The women who chose to give birth in the hospital believed that having a doula would enable them to have the full say necessary to have the best birthing experience in that environment. They were concerned because they lacked trust in the healthcare system. They believed that their views on childbirth differed greatly from that of healthcare professionals and that their wishes likely would be disregarded and they would be without things they wanted (e.g., water) and "probably have things [interventions] done that [they] didn't want to have done." (Maxine) What is more, some women had heard negative stories about childbirth in the local hospital, such as " 'nurses aren't going to listen to you' and 'doctors are not going to like that.' " (Ingrid) Therefore, the women wanted to have a stronger "voice" amongst the birthing team of healthcare professionals. They believed that a doula would be viewed in the caseroom as a "professional" and therefore, would help them to have that "voice." As Jackie commented,

> My hesitation going to the hospital was more getting a nurse who didn't want to listen to me or just was cut and dry about things and not really accepting of my wishes or maybe pushing me. So that's why I wanted this team [mother and doula] around me…I…was like, 'I'm going in here; I'm going to have a strong enough voice that I'm going to get things the way I want them.'

Having "peace of mind." *Peace of mind* is defined as "a feeling of calm or not being worried" (Peace of mind, n.d.). During pregnancy women in this study experienced negative psychological feelings and needed information and reassurance. Having a doula helped "ease" these feelings as they attained the information and reassurance they needed, which gave them "peace of mind" (Cindy) as their pregnancy progressed and they became ready for childbirth. As Victoria conveyed, "By the time we were ready to give

birth I was a lot more calm than I would have been [without her doula]. I was really afraid initially." How the doula helped the women have peace of mind was different depending on the women's needs. For some women it was through a combination of helping them to have a birthing plan, become informed about pregnancy and childbirth, and feel confident about their upcoming labour and delivery experience. For other women it was through one or two of those processes that they acquired peace of mind.

Having a birthing plan. Whether they were to have their childbirth at home or in a hospital, the women in this study had envisioned "how they want[ed] their birth to go," (Ingrid) and all of them had a birthing "plan" in place, a plan that consisted of their childbirth preferences or what they "would like [for their childbirth] in an ideal world" (Tracy). For some of the women, including the primiparous and some multiparous women, a birthing plan was either a new idea or one in which they had not engaged before. For these women, their doula actively encouraged them to state their childbirth preferences in writing and, in fact, "helped [them] prepare [a] birth[ing] plan." (Ingrid) As Penny commented, "It was just like, 'let's talk about your process, how you're going to do it, and how your life is going to be affected.' " Thus, these women had a written "birth[ing] plan" to present to their healthcare providers once they were admitted to the hospital in labour.

Other multiparous women had had a birthing plan in a previous pregnancy and wanted one again. These women knew from their prior childbirth experience what a birthing plan meant and how it worked. They took the initiative with their plan and shared it with their doula for her support of their preferences. For some of these women their plan was written. However, others chose to have a non-written plan. Although a written

plan can be changed by the woman at any time and is not in any way binding, these women were more comfortable with a less formal approach, reasoning that they wanted to remain "flexible" in their birthing plan in case something untoward occurred during their labour and delivery. As Maxine rationalized, "labour is, by nature, unpredictable" and unforeseen undesirable events can occur despite having childbirth preferences. Thus, for these women, their plan was simply understood between them and their doula and would be communicated verbally with their hospital healthcare providers or their midwife. Laura's comment further illustrates the women's concern:

> You can't know what's going to unfold, right? You can think, 'I'm going to do this' and 'I'm going to do that' and then birth happens and you got to go with it…you have to be prepared to go with it and it unfolds how it's going to unfold.

These women were comforted in the thought that if they needed to change their plan, as their labour and delivery unfolded, their doula would help them to be flexible. As Alex stated, "I felt that with having her [doula] meant that…if we need to be flexible she will help me be flexible."

Since each woman's birthing plan was based on her personal preferences, some birthing plans were more detailed than were others. Nonetheless, a prominent feature of the birthing plan was the desire "to avoid [medical] intervention," (Ingrid) such as receiving oxytocin, undergoing rupture of membranes, having pain relief medication, or "end[ing] up with a c-section [caesarean section]." (Rebecca) Regardless of whether the birthing plan was written or verbal, having a birthing plan helped the women feel that they would have "a say" in their birthing experience and they had "the best laid plans" (Laura) in place to have the best birthing experience, which gave them peace of mind. As

Cindy indicated, “I thought having a birth[ing] plan; at least I knew what I wanted and what I didn’t want…at least I had a plan.”

Being informed. The women in this study had differences in their informational needs. Nevertheless, those who needed information had their need met by their doula, mainly through discussions but also through other means such as the provision of literature and explanation of techniques for coping with labour and delivery (e.g., position changes, breathing techniques, use of imagery). The women thought their doula to be “a wealth of knowledge” (Kelly) and to be very resourceful. As Victoria stated, “She [doula] had all kinds of literature for me to read.” The information the women received from their doula contributed to them having peace of mind prenatally because they felt more informed about their pregnancy and childbirth.

Depending on their need, the women received information from their doula about pregnancy, the childbirth process, and hospital policies and practices. Kelly’s comment is an example of how the doulas met the women’s informational needs:

> [Doula] went through all the different stages of labour with me because…no one knows what to expect when you’re going into labour, right? And I found that the hospital classes gave you the basics but she went into depth on a lot of things.

Similarly, Maxine noted,

> I found it good ahead of time too, like talking things over…Even just to be prepared for things in the hospital, like what the processes were and stuff, so that stuff wasn’t a surprise. So that when they [nurses or physicians] said, ‘oh, we’re going to give you a needle for this’ or ‘the baby has to have this or that,’ I already

> knew ahead of time. I knew what I wanted or didn't want to have because I was prepared for it.

Further, some women thought that if it were not for their doula, they would not have been fully aware of what their "rights" were and therefore "what [their] options were" (Olivia) in relation to care within the healthcare system. While discussing their childbirth preferences with them, the doulas informed these women of their patient rights. Knowing their rights was empowering for the women. As Ingrid commented,

> So, it felt really empowering to be able to know that I can say 'no' and I know what my options are because before that [receiving information from doula] I didn't really know that you can say 'no'. You can say 'no, I want to do this.'

In effect, the doulas met the women's informational needs and increased their understanding of their rights. Being thus informed helped the women to have peace of mind about their pregnancy and impending childbirth.

Feeling confident. Feeling *confident* is about feeling that something will be successful (Confident, n.d.). The women in this study gained confidence prenatally through the reassurance they received from their doula. *Reassurance* can be defined as "words of advice and comfort intended to make someone feel less worried" (Reassurance, n.d.) and as such is a form of psychological support. As with having a birthing plan and being informed, how the doulas helped the women become confident depended on the women's needs. Nonetheless, the reassurance the doulas provided to the women contributed to their peace of mind by making them "confident" that they would have a good labour and delivery experience.

Depending on their needs, the women gained confidence as a result of one or more of the following: (a) feeling they could make good decisions about their childbirth, such as when to seek medical attention while pregnant or during labour; (b) feeling they could cope with such aspects of childbirth as the discomforts they might experience during labour and delivery and any adverse events they might encounter (e.g., shoulder dystocia); and (c) knowing they could count on their doula to be present to provide them and their family with the support they would need.

Tracy's comment illustrates the confidence her doula inspired about decision-making. Her doula made her "very confident in [her] own capability of knowing what to do, when to do things, and that [she] was intelligent enough to know when to go to the hospital and when not to go." Penny's and Maxine's stories illustrate the confidence they gained from their doula about coping with childbirth. Penny discussed how as a result of her doula she felt more confident about labour and delivery with her current childbirth than she had with a previous childbirth: "I…felt insecure previously, once it [labour] got started that I might not be able to do it [cope with labour], whereas this time I felt more sure about myself." Similarly, Maxine related how her doula helped her to "mentally prepare" for childbirth:

> We got together a couple of times [in pregnancy] to just go through my feelings about [previous] labour and what I was worried about and what did I feel like I could do if different situations came up [this time] that had come up then, how would I handle them this time…because when I started out the process I didn't even know if I was going to be able to go through labour again cause I was so

> fearful about it…I was just all caught up in fear and she brought me back to a more confident place.

Jackie shared how her doula gave her confidence by guaranteeing that she would receive the support she needed when her labour began:

> I knew she [doula] was going to be there even if my husband didn't show up or if my mom didn't show up. I knew [doula] was going to be there. She was the consistent one….So that was also part of the confidence.

In effect, the doulas provided the women with the reassurance they needed in the prenatal period to feel confident that they would have the best birthing experience. This gave the women peace of mind.

Having a doula is "valuable" support. *Valuable* can be defined as "important, useful, or beneficial" (Valuable, n.d.). The women in this study thought that having a doula is "valuable" (Jackie) support during pregnancy, labour and delivery, and the immediate postpartum period. For many of the women their view was based on their own positive experience with doula support. These women believed that a doula is able to provide "a different kind of support" (Laura) than that offered by healthcare professionals or family members, "something that no one else really can" (Maxine) offer. For the one woman who had a supportive relationship with her doula during pregnancy but a negative experience with her doula during her labour and delivery and postpartum periods, her view that doula support is valuable during labour and delivery and the postpartum period was based on what she had come to know about the potential of doula support. In all, the women thought that the support provided by a doula is beneficial to both women and their

families and that the "presence of a doula is important" (Olivia) to help women achieve the best birthing experience.

Valuable support during pregnancy. The support the doulas provided during pregnancy was valuable because it met the women's psychological needs, including the need for information and for reassurance. The support was "continuous" with the doulas being "available" whenever the women needed "advice" or had questions or concerns. Unlike their physician, who was unavailable in the evenings, on weekends, or without an appointment, their doula provided "constant support before [labour]." (Cindy) As Cindy elaborated,

> Having someone on call…throughout the preparing, before my birth, someone just to talk to…It's not as if I can call up my OB and say, 'listen, I'm having this symptom…am I going into labour?'…Any question I had I could call her [doula]. Anything….She was just on-call every single day.

Further, the doulas "respected" the women's decisions about their upcoming childbirth and "never pushed" (Penny) them into making decisions about their childbirth that they were not comfortable making. As Maxine stated, "She [doula] was totally supportive. Like, didn't pressure me…at all, just supported whatever I wanted to do."

Valuable support during labour and delivery. For some women, their labour and delivery experience was what they had wanted it to be. They had a vaginal childbirth, either at home or in the hospital, with little or no medical intervention. These women thought that the support provided by their doula was valuable as it helped them to achieve the best birthing experience. For the other women, their labour and delivery experience did not turn out as they had hoped it would. These women experienced complications

(e.g., high blood pressure, pre-labour rupture of membranes, failure to progress, non-reassuring fetal heart rate) that required one or more medical interventions (e.g., artificial rupture of membranes, induction, forceps delivery, caesarean section delivery). Although these women were disappointed that their birthing plan "got…de-railed," (Rebecca) all but the one woman had a "positive" experience with the doula support they received during their labour and delivery period. Rebecca stated, "Even though there were things that we couldn't control, she [doula] helped us…get through it." These women thought that having a doula is valuable support and "helps [a woman] achieve [her] desired birth within reason of medical interventions and stuff that might be necessary." (Rebecca) The woman who had a negative experience with her personal doula still thought that despite what had happened to her, having a doula can be valuable support during labour and delivery.

The women who thought positively about their doula support believed that the support their doula provided throughout their labour and delivery period was "important" and without that support, "it would have been a very different [birthing] experience." (Olivia) As Kelly commented, "Without [doula]…I probably would never have had the same birth that I had. I probably wouldn't have had a natural birth." Once their labour began their doula was "constantly" there with them and their family and provided psychological and physical support "the whole time." (Ingrid) Their doula regularly reminded them to "relax" their body, provided reassurance and encouragement when needed, and helped them to "really focus and concentrate" (Laura) during the incredibly "intense" moments of labour. She also helped them cope with the discomforts of labour,

as required, through such measures as position changes, massage, acupressure, and effleurage.

Women who were positive about their doula support thought that their doula "changed the medical aspect of giving birth" (Victoria) within the hospital setting and without that support they might "have ended up with more interventions" (Rebecca) than they had. They believed that when a woman is in labour she is "vulnerable" and "not thinking properly." (Maxine) As expressed by Ingrid, without the support of a doula, women might be "more likely to cave to pressure" from healthcare professionals to have medical interventions. As Tracey explained, "You're in so much pain you want to listen to the doctor but at the same time there's your little voice that says, 'no.' " On a similar note, Cindy indicated that without the support of a doula, she "would have doubted [her]self" and her ability to cope with labour and would have requested medical intervention (e.g., analgesia, epidural). Consistent with the sentiments of other women is Victoria's experience:

> I think she [her doula] really kept medical intervention low and I think having less medical intervention resulted in a lot more positive result…If it wasn't for her [doula] I definitely would have went the epidural route…I definitely would have gone for a far more traditional route.

Overall, the women who thought positively about their doula support believed that their doula was "in-tune" with what they wanted or needed during labour and was "in-tune with the birthing process." (Debbie) They thought their doula "knew exactly what to do" (Penny) and knew "the right things to say" (Debbie) to help them through their labour and delivery and to help them achieve the best birthing experience. While reflecting on

her own experience with her doula, Maxine commented, “I feel like a doula is so committed to you and to the experience being the best for you that it can be.”

To the contrary, one woman did not receive the support from her doula that she needed during labour and delivery to achieve the best birthing experience and despite feeling supported and having peace of mind prenatally, she had a negative experience with her doula during her labour and delivery. She felt that as her labour progressed and she became more “vulnerable,” as a result of the intensity and prolonged nature of her labour, her doula “wasn’t really in-tune” (Susan) with what she needed and, therefore, her needs were not met. Her needs changed from what she had anticipated and recorded in her birthing plan and she felt as if she “didn’t have a voice,” (Susan) or a say, in what was happening. She ended up having extensive medical intervention and her childbirth did not turn out as she had hoped it would, a natural birth with “the least interventions as possible.” (Susan) However, regardless of the childbirth outcome, she felt “upset and disappointed that [she] didn’t feel more supported” (Susan) by her doula. Upon reflecting on her labour and delivery after the fact, this woman thought that her negative experience might be due to a personality mismatch, that is, her “personality type might not have matched with [her] doula.” (Susan)

Valuable support after the baby is born. The women who had a positive experience with their doula had follow-up support from their doula during their immediate postpartum period. Although the extent of the support the women received varied depending on their requirements, they thought the support was valuable. They viewed their doula as someone they “could count on” (Tracy) during the first few days at home and reflected on how their doula “made sure she [doula] was around and available”

(Alex) to provide help (e.g., breastfeeding support), answer questions, or address any concerns. These women were “very happy to have that support and that person to call” (Debbie) and they thought “it was nice to have someone asking how things were going and if [they] needed anything.” (Olivia) As Laura commented, “The postpartum support in these couple of days afterwards was really powerful for me, as much as her being present during the birth.” Although the one woman who did not have a positive experience with her doula during her labour and delivery also “didn’t feel she [her doula] was very supportive” during her postpartum period, she thought that it would be beneficial to have doula support at that time.

A valuable support regardless of personal satisfaction. Almost all of the women in this study had a “satisfying” experience with their doula. A *satisfying* experience may be defined as an experience that causes someone to “feel pleased” (Satisfying, n.d.). Further, to *satisfy* may be defined as to provide “what is required” by someone (Satisfy, n.d.). Those women were satisfied with their experience because their doula made them feel “very supported and very nurtured” (Alex) throughout their pregnancy, labour and delivery, and postpartum periods and they “felt like [they] had the support [they] needed” (Olivia) through it all. As Cindy commented, “It [her doula support] was exactly what I needed when I needed it and more…I couldn’t have asked for a better experience.” These women thought their doula support was “well worth the money.” (Kelly) They revealed that they would have a doula again and they would inform other women of the value of doula support.

Interestingly, the one woman who had a “disappointing” (Susan) experience with her doula also thought that doula support is valuable. Like the women who had had an

entirely positive experience with their doula, she “definitely would” (Susan) choose to have doula support again and she “would still recommend it [doula support]” (Susan) to other women.

Overall, the women in this study believed it is important that nurses, physicians, and the healthcare system recognize the value of doula support in maternal well-being and believed that women should “have access to doulas as part of our public system.” (Laura) Nonetheless, while believing that the support a doula can provide is valuable, the women acknowledged that choosing the right doula matters.

Choosing the “right” doula matters. *Right* may be defined as “best or most appropriate for a particular situation” (Right, n.d.). While believing that the support a doula can provide is valuable, the women acknowledged that not all doulas are the same and it is important for a woman to hire a doula who is the best or most appropriate for her, in order that she have the best birthing experience. They thought that the right doula for a woman is a doula with whom she feels “comfortable” and feels “a good connection” (Olivia) on a personal level, in other words, “a really good match” (Laura) or “a comfortable fit” (Laura) in terms of personality. As Maxine pointed out, “there [are] lots of doulas, lots of different personalities, lots of different backgrounds and experiences and…it is important to find someone that you really connect with.”

The women thought it important for a woman to feel a personal “connection” with a doula she chooses to hire for support because the effectiveness of the support a doula will provide for a woman can be altered by the relationship that exists between them. In other words, the quality of the relationship between a woman and her doula can impact the support a woman receives and, ultimately, her overall birthing experience. When a

woman hires the right doula she feels “a sense of security” (Cindy) about the labour and delivery support her doula will provide. As Laura revealed,

> I just had a good rapport with her [doula].…cause you don’t resonate with everybody and there are certainly doulas who wouldn’t give me that sense and that feeling of secure and I would have felt more like that I had to be on guard. But, with her I just felt completely secure in who she was and what she was bringing to the birth.

To summarize the women’s thinking then, having a doula is valuable, but achieving the best birthing experience is dependent on choosing the right doula, a task that can be unexpectedly difficult. As Alex commented, “even if you think you made the right decision [hired the right doula]…it could not work at the moment of truth.” This might have been the case with one woman in this study who believed that she had “connected with” (Susan) her doula prior to labour but realized that, in fact, there was a definite lack of connection during the labour and delivery and postpartum periods.

Conclusion

Hermeneutic phenomenology as a research methodology permitted an understanding of the lived experience of having a birth doula for support, based on the personal stories shared by14 women. The essence of the lived experience was revealed to be *aiming for the best birthing experience* and the essential themes subsumed under it are (a) needing extra support, (b) needing to have a full say in my childbirth experience, (c) having peace of mind, (d) having a doula is valuable support, and (e) choosing the right doula matters.

The women believed that to achieve the best birthing experience they needed to have extra support. Some women needed extra support prenatally and all women needed extra support for their labour and delivery. Further, the women believed that to achieve the best birthing experience they also needed to have a full say in their childbirth experience. They wanted to be involved to the fullest extent in all discussions and decisions concerning their childbirth. Thus, the women sought the support of a doula.

The support the doulas offered to the women gave them peace of mind in the prenatal period through such means as helping them (a) have a birthing plan, (b) become informed about pregnancy and childbirth, and (c) feel confident about their upcoming labour and delivery experience. Although one woman had a dissatisfying experience with her doula, other women in this study were satisfied with the support their doula provided and all women thought that having a doula is valuable support during pregnancy, labour and delivery, and the immediate postpartum period. Nonetheless, while believing that the support a doula can provide is valuable, the women acknowledged that choosing the right doula matters to achieving the best birthing experience, that is, a doula for a comfortable fit.

Chapter 5: Discussion

The purpose of this study was to develop a deeper understanding of women's lived experience of having a birth doula for support. The study findings revealed that the women were aiming for the best birthing experience. They believed that to have this experience they needed extra support and to have a full say in their childbirth. Thus, they sought the services of a doula. Their doula helped them to have peace of mind in the prenatal period. The women believed that doula support is valuable support for childbearing women; however, choosing the right doula matters to achieving the best birthing experience.

The findings from this study are consistent with the findings from other studies about doula support for childbearing women and contribute to what was known about the lived experience of having doula support. Thus, the purpose of this chapter is to discuss the following themes in relation to the literature: (a) needing extra support, (b) needing to have a full say in my childbirth experience, (c) having peace of mind, (d) having a doula is valuable support, and (e) choosing the right doula matters.

Needing Extra Support

The women in this study believed that they needed extra support to help them achieve the best birthing experience and they sought the services of a doula to that effect. The reasons the women had for needing extra support varied. Some women had psychological needs (e.g., felt nervous, stressed, afraid, anxious) because they had a lack of prior experience with pregnancy and childbirth or a lack of knowledge about the local hospital environment. Even though there are few studies in which women's thoughts on doula support in the prenatal period were examined, this finding of wanting a doula for

extra support is similar to findings from past studies. In the study by Akhavan and Edge (2012), one of the reasons primiparous women sought the services of a doula was because they were nervous about their childbirth and they wanted someone to help them overcome their fears. In the study by Campero et al. (1998), women were nervous about experiencing childbirth in an unfamiliar hospital environment. Interestingly, Nilsson and Lundgren (2009) found that women who experienced a fear of childbirth were in need of much support during their pregnancy and labour and delivery periods because this fear deeply affected them.

The women in this study thought of nurses and physicians as strangers and they wanted to have someone for support in labour and delivery with whom they were familiar and had already developed a relationship; someone who knew their preferences, expectations, and needs and therefore, would be able to provide them with optimal support. Women in past studies also thought it important to have a familiar support person present during the labour and delivery period, one with whom they had a close relationship, to help ensure their needs were met (Berg & Terstad, 2006; Lundgren, 2010).

Needing to Have a Full Say In My Childbirth Experience

Women in this study wanted to have a full say in their childbirth experience, meaning they wanted to be fully involved in all discussions and decisions concerning their childbirth. They wanted to own the decisions that would affect them, their child, and their family. They believed that having a full say would help them achieve the best birthing experience, in other words, the most satisfying experience. Little has been written about pregnant women's views on decision making regarding childbirth.

However, based on a systematic review, Hodnett (2002) noted that involvement in decision-making during childbirth appeared to be important with respect to how women evaluated their satisfaction with their birthing experience. Those women who felt that they were involved in the decision-making process appeared to have greater satisfaction with their childbirth.

Having Peace of Mind

The women in this study had peace of mind in the prenatal period as a result of the support provided by their doula. Depending on their need, they received informational support in the form of information about pregnancy, the childbirth process, and hospital policies and practices. This finding is consistent with women's testimonials and personal blog stories that I have read and with findings from past studies. Women have reported that their doula advised them of relevant literature, discussed realistic childbirth issues with them, provided them with information about pain relief (Lundgren, 2010) and provided them with important information about childbirth, the local maternity care system, and how things operated in the local labour and delivery room (Akhavan & Edge, 2012). Similar to the women in this study who thought that their doula was a wealth of knowledge and was very resourceful, Berg and Terstad (2006) found that women thought their doula was experienced and knowledgeable about the childbirth process and the hospital and home environments in relation to childbirth and that she provided information and explanations to them and their partner.

The women in this study received psychological support from their doula through the reassurance she provided. This reassurance made the women feel confident about their upcoming labour and delivery. Depending on their needs, women gained confidence

in different ways, such as feeling that they could cope with childbirth and knowing they could count on their doula to be present to provide them and their family with the support they would need. Such findings are consistent with findings from past studies. Women have reported that the support their doula provided in the prenatal period made them feel assured of their ability to go through labour and delivery, which helped to strengthen their self-esteem and confidence. Their confidence also was strengthened by knowing that their doula would provide them and their partner with guaranteed support during childbirth and that she could be relied on (Berg & Terstad, 2006). Other women have reported that they experienced confidence in the prenatal period as a result of the mental, emotional, and physical support their doula provided to them and as a result of knowing that they would not be experiencing childbirth alone since their doula would be present with them (Akhavan & Edge, 2012). Having such confidence made the women feel both calm and secure about their childbirth (Berg & Terstad, 2006). Having psychological needs met is important because fear of childbirth may make women doubt themselves and their ability to cope with childbirth and to fulfill their own expectations of childbirth (Nilsson & Lundgren, 2009).

Having a Doula is Valuable Support

Despite one woman's negative experience with her doula support, the women in this study thought that doula support is valuable for pregnant, labouring, and postpartum women. Women in other studies also thought that doula support is valuable (Akhavan & Edge, 2012; Berg & Terstad, 2006; Breedlove, 2005; Campero et al., 1998; Gentry et al., 2010) and very helpful (Gordon, 1999). This finding is consistent with women's testimonials and personal blog stories that I have read. Furthermore, women in this study

thought the support a doula is able to offer pregnant, labouring, and postpartum women is a different kind of support than that offered by other healthcare providers or family members in that a doula is knowledgeable and experienced in childbirth and can offer personal, consistent, continual support to a woman before, during, and after labour and delivery. Women in another study had similar thoughts. They reported that their doula provided them with extra support that mimicked the traditional female childbirth support and that this support was different than that provided by others. For these women, their doula was a knowledgeable and supportive woman who was available to provide them with support during pregnancy, labour and delivery, as well as the immediate postpartum period. They thought their doula was attentive to the kind of birthing experience they desired (Deitrick & Draves, 2008).

With the exception of the one woman who had a negative experience with her doula, all of the other women in this study had a satisfying experience with their respective doula, an experience that met or exceeded their expectations. That finding is consistent with findings from other studies in that women were satisfied or extremely satisfied with the support their doula provided (Akhavan & Edge, 2012; Deitrick & Draves, 2008; Dundek, 2006; Gordon, 1999; Koumouitzes-Douvia & Carr, 2006; Schroeder & Bell, 2005) and with their overall labour and delivery experience (Campbell, 2007; Campero et al., 1998; Gordon, 1999) and thought positively or very positively about having had a doula present with them during childbirth (McGrath & Kennell, 2008).

For the women in this study who had a positive experience with doula support, their doula supported them through their labour and delivery by helping them to relax

(e.g., position changes, massage, acupressure, effleurage) and to focus and concentrate during the intense moments of labour and by providing reassurance and encouragement when needed. These women thought that such support was important in helping them to achieve the best birthing experience. Findings from past studies have similarly shown that doulas helped women to relax during labour (Campero et al., 1998; Lundgren, 2010) and cope with the discomforts of childbirth (Campbell, 2007; Campero et al., 1998; Deitrick & Draves, 2008; Gordon, 1999; Koumouitzes-Douvia & Carr, 2006; Langer et al., 1998; Lundgren, 2010) and provided encouragement (Koumouitzes-Douvia & Carr, 2006; Lundgren, 2010) and reassurance (Deitrick & Draves, 2008; Koumouitzes-Douvia & Carr, 2006).

Further, the women in this study who had a positive experience with doula support valued the fact that their doula was available when they needed her for support during the prenatal and postpartum periods and was constantly present for support during their labour and delivery period. Similarly, others have found that women valued the full availability of their doula for support during the prenatal and postpartum periods and valued their constant support during the labour and delivery period (Akhavan & Edge, 2012; Berg & Terstad, 2006; Breedlove, 2005; Gentry et al., 2010). With respect to the labour and delivery period, more specifically, studies have revealed that women thought of their doula as a caring person who offered them a continuous presence during childbirth, which they greatly appreciated (Campero et al., 1998); as being constantly there for them and as a continuous presence during childbirth (Lundgren, 2010); and as the only person who was usually at their bedside throughout their childbirth (Schroeder & Bell, 2005). In relation to the postpartum period, specifically, Berg and Terstad (2006)

found that women thought the support their doula provided in the postpartum period was valuable, as their doula was easily accessible for advice, unlike their healthcare provider. Likewise, Lundgren (2010) found that women were happy that their doula offered support in the postpartum period so that they could discuss their childbirth experience and could discuss breastfeeding as necessary.

Whether or not the women in this study achieved their desired childbirth (e.g., no medical interventions), those who had a positive relationship with their doula thought their doula helped them achieve the best birthing experience possible for them. Those who had medical interventions thought they might have had more interventions had it not been for their doula support. Regardless of their childbirth outcome, the women thought that their doula support was well worth the cost of the service. Other women also have reported that their doula helped them to attain their childbirth expectations (Koumouitzes-Douvia & Carr, 2006), helped to make their childbirth experience more like they wanted it to be (Gordon, 1999), or enhanced their childbirth experience (Deitrick & Draves, 2008). Interestingly, in the study by Deitrick and Draves (2008), even though the women received doula services for free, two women indicated that they would pay for doula services if necessary.

The one woman in this study who had a negative experience with her doula indicated that despite her experience, she still valued the support that doulas can provide. Likewise, in the study by Akhavan and Edge (2012), even though two of the women were dissatisfied with their personal doula experience, all women thought doula support is important and useful. Further, similar to the women in this study who indicated that they would inform other women of the value of doula support and would choose to have a

doula again, women in past studies revealed that they would recommend a doula to other women (Deitrick & Draves, 2008; Dundek, 2006; Koumouitzes-Douvia & Carr, 2006; Schroeder & Bell, 2005) and would definitely choose to have a doula again (Deitrick & Draves, 2008; Gordon, 1999; Koumouitzes-Douvia & Carr, 2006).

It is worth noting that in the present study, the one woman who was dissatisfied with her personal doula thought her doula failed to provide her with the support she needed during her labour and delivery and postpartum periods. Interestingly, in the study by Akhavan and Edge (2012) the two women who were dissatisfied with their doula experience thought that their doula did not offer the support they needed, neither in the labour and delivery period nor the postpartum period. This perception of a lack of support during these periods led to a feeling of dissatisfaction with doula support for both women.

Choosing the Right Doula Matters

The women in the present study thought that it is important to have the right doula for childbirth support, that is, a doula with a personal connection to and comfortable fit with the woman in order to have the best quality support and ultimately the best birthing experience. Almost all of the women in this study had such a relationship with their doula. The women's thoughts are consistent with findings in another study. Berg and Terstad (2006) found that women thought that because they knew their doula prior to childbirth then they would be able to get along with her and would connect with her during the labour and delivery period. The women thought that this prior relationship paved the way for a positive childbirth experience. Interestingly, in the study by Akhavan and Edge (2012), one of the two women who had a negative experience with her doula revealed that she had received labour and delivery support from a different doula than

expected. Although she had established a good relationship with one doula prior to labour, once her labor began she received support from a different doula, whom she had not met beforehand and with whom she had not established a relationship, and she was unhappy with the support that doula provided.

That human relationship is important in the lived experience is a tenet of phenomenology. According to van Manen (1990), relationality is the lived human relation one maintains with others as one interacts with others in a given shared space. Relationality is a fundamental structure of the lifeworld and it has an effect on how individuals experience the world around them. In the present study and in other past studies, the doula-client (woman) relation was experienced by childbearing women as a very personal and unique lived relation (e.g., Berg & Terstad, 2006; Lundgren, 2010). Women who had a personal connection with their doula felt comfortable in their relationship and had a positive birthing experience (e.g., Berg & Terstad, 2006; Lundgren, 2010). Women who did not have a good relationship with their doula were dissatisfied with their birthing experience (Akhavan & Edge, 2012).

Conclusion

This study was about women's lived experience of birth doula support. The findings revealed that women were aiming for the best birthing experience. They believed that to have this experience they needed extra support and to have a full say in their childbirth. Thus, they sought the services of a doula. The support their doula provided helped the women to have peace of mind in the prenatal period. They believed that doula support is valuable support for childbearing women; however, choosing the right doula matters to achieving the best birthing experience. These findings are consistent with

findings from previous studies on doula support for childbearing women and contribute to understanding the lived experience of women who have such support.

Based on the findings from this study and past studies on doula support for childbearing women it may be concluded that women receive valuable informational, physical, and psychological support from doulas. However, whether that support is realized is dependent on the relationship established between the doula and the woman. Having a doula with whom one is familiar and has a personal connection is essential to realizing the best birthing experience.

Chapter 6: Nursing Implications, Study Strengths, and Study Limitations

The findings of this study have implications for nursing practice, education, and research. The purpose of this chapter is to highlight these nursing implications and to identify the study's strengths and limitations.

Nursing Practice

Findings from this study and past studies indicate that women valued a known labour and delivery support provider, someone with whom they had a good relationship and felt a personal connection. Although it is not possible for hospital nurses to become acquainted with women prior to hospital admission for labour and delivery, it is important for nurses to be aware of the value women place on having a support person with whom they feel comfortable. Nurses should make every effort to establish the best relationship possible with a woman and her family once admitted to the labour and delivery unit. To achieve the best relationship, nurses need to be aware of each woman’s desires, preferences, and needs for her childbirth experience and provide holistic labour and delivery support that is attuned to the woman and tailored specifically for her. Such a holistic approach is foundational to nursing practice as inherent in nursing theory. For instance, according to Paterson and Zderad (2007) in their Humanistic Nursing Practice Theory, nurses ought to make a conscious effort to approach nursing as an existential experience. This means that nurses should approach nursing in such a way that they are aware of and strive to provide care based on a patient’s unique situation or experience at any given point in time. In other words, nurses should maintain a presence with the patient. In the case of childbirth, providing care with such awareness will enable nurses to assist women in achieving the best birthing experience for them.

The importance to childbearing women of the continued presence of a consistent support provider in labour and delivery is amply evident not only in the findings of this study but in the findings of other studies as well. Thus, every effort should be made to ensure that each labouring woman has the same nurse for the duration of her labour and delivery, as possible. Further, once assigned to support a labouring woman, nurses should make every effort to be available to provide constant support. This means staying close by the woman's side at all times and leaving the woman only when absolutely necessary and only for brief periods of time. This would help to ensure that a labouring woman has a consistent, constant support person during her labour and delivery period, someone she could comfortably turn to for support (e.g., physical measures, advice, answers) at any time.

Women in this study wanted to have a full say in the decision-making in relation to their childbirth experience as having a full say would help them have the best birthing experience. However, they thought they might not have a full say in their childbirth experience in the hospital setting without the support of someone such as a doula. In effect, the women lacked trust in the healthcare system. It is important for nurses to support women’s decision-making choices (e.g., whether they want full control or the input of their healthcare providers), respect their decisions about childbirth (e.g., who they want present to provide them with childbirth support), provide therapeutic nursing care that supports their decisions, and advocate within the healthcare system for the support they want and need. This may instill confidence in women that healthcare professionals will provide them with the appropriate support to have the best birthing experience possible.

Nursing Education

The findings from this study indicate that childbearing women value a support provider who meets their informational, physical, and psychological needs during the prenatal, labour and delivery, and postpartum periods. Therefore, nursing educators should ensure that maternal-child nursing courses provide nursing students with the foundational knowledge to meet all such needs. Emphasis should be placed on client-centered, holistic care, and the importance of nursing presence for labouring women and their families.

Nursing Research

The findings of this study indicate that women valued the support a doula is able to offer pregnant, labouring, and postpartum women. Although the women also valued the support a doula can offer family members, the focus of this study was on women's lived experience of having a birth doula for support. Researching women's partners' or other family members' perceptions of doula support would provide insight into a broader range of support needed by childbearing families. As this study was conducted using a sample of women who were largely Caucasian, well educated, and from middle to high income backgrounds, it would be beneficial to conduct research about doula support in women from disadvantaged and various minority and ethnic backgrounds. Given that one woman in this study had a negative experience with her doula support and negative experiences were reported by two women in another study, a larger study about doula support might enable further examination of negative experiences with such support.

Study Strengths

This study has a number of strengths. Firstly, the study sample consisted of a mix

of primiparous and multiparous women who had varying levels of knowledge about and experience with pregnancy and childbirth. This provided diversity within the lived experience. Secondly, the study was conducted with rigorous methods and procedures in accordance with hermeneutic phenomenology and thus provides important insight into women's lived experience of having a birth doula for support. Thirdly, although some studies have been conducted on doula support, it appears that none were conducted within Canada. Fourthly, the findings from this study complement the findings from other research in this area and thus contribute to understanding support for childbearing women.

Study Limitations

This study also has a number of limitations. Firstly, the study sample was small and consisted of women living in one narrow geographic location and from relative socioeconomic advantage, who self-selected to take part in the study. Thus, it is possible that other women have different experiences than were revealed in this study. Although, it is important to note that the findings from this study are consistent with findings from other studies on doula support. Secondly, since doulas helped to recruit women to take part in this study, it is possible that if a doula had a negative relationship with a woman that woman might not have been notified of the study. This runs the risk of mainly women who were satisfied with their doula experience being invited to take part in the study.

Conclusion

Findings from this study contribute to understanding women's lived experience of doula support. The stories women shared of their experiences reveal the kind of support

women want and value during pregnancy, childbirth, and the postpartum period and thus, enable nurses to have a better understanding of childbearing women's needs. Nurses should make every effort to establish the best relationship possible with a woman and her family and provide consistent and continuous support, while at all times respecting the woman's preferences and decisions. This study was conducted with rigor and the findings are consistent with findings from other studies on doula support. Nonetheless, it would be beneficial to conduct more research with larger samples to understand doula support among women with various different backgrounds, such as minority status and socioeconomic disadvantage.

References

Akhavan, S., & Edge, D. (2012). Foreign-born women's experiences of community-based doulas in Sweden: A qualitative study. *Health Care for Women International, 33*, 833-848. doi: 10.1080/07399332.2011.646107

American Pregnancy Association. (2015). *Having a doula: Is a doula for me? What does a doula do?* Retrieved from http://americanpregnancy.org/labor-and-birth/having-a-doula/

Ballen, L. E., & Fulcher, A. J. (2006). Nurses and doulas: Complementary roles to provide optimal maternity care. *Journal of Obstetrics, Gynecology, and Neonatal Nursing, 35*, 304-311. doi: 10.1111/J.1552-6909.2006.00041.x

Berg, M., & Terstad, A. (2006). Swedish women's experiences of doula support during childbirth. *Midwifery, 22*, 330-338. doi: 10.1016/j.midw.2005.09.006

Best [Def. 1]. (n.d.). In *Merriam-Webster dictionary online*. Retrieved February 11, 2015 from http://www.merriam-webster.com/dictionary/best

Bianchi, A. L., & Adams, E. D. (2004). Doulas, labor support, and nurses. *International Journal of Childbirth Education, 19*(4), 24-30. Retrieved from http://www.icea.org/mem.htm

Breedlove, G. (2005). Perceptions of social support from pregnant and parenting teens using community-based doulas. *Journal of Perinatal Education, 14*(3), 15-22. doi: 10.1624/105812405X44691

Campbell, D. A., Lake, M. F., Falk, M., & Backstrand, J. R. (2006). A randomized control trial of continuous support in labor by a lay doula. *Journal of Obstetric,*

Gynecologic, & Neonatal Nursing, 35, 456-464. doi: 10.1111/J.1552-6909.2006.00067.x

Campbell, D., Scott, K. D., Klaus, M .H., & Falk, M. (2007). Female relatives or friends trained as labor doulas: Outcomes at 6 to 8 weeks postpartum. *Birth: Issues in Perinatal Care, 34*(3), 220-227. doi: 10.1111/j.1523-536X.2007.00174.x

Campero, L., Garcia, C., Diaz, C., Ortiz, O., Reynoso, S., & Langer, A. (1998). "Alone, I wouldn't have known what to do": A qualitative study on social support during labor and delivery in Mexico. *Social Science & Medicine, 47*, 395-403. doi: 10.1016/S0277-9536(98)00077-X

Canadian Association of Midwives. (2015). *Midwifery in Canada: Provinces/territories.* Retrieved from http://www.canadianmidwives.org/

Canadian Institute for Health Information. (2004). *Giving Birth In Canada: Providers of maternity and infant care*. Retrieved from https://secure.cihi.ca/free_products/GBC2004_report_ENG.pdf

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. (2010). *Tri-Council Policy Statement: Ethical conduct for research involving humans*. Retrieved from http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf

Childbirth and Postpartum Professional Association. (2015). *Get certified as a labor doula: What is a labor doula?* Retrieved from http://www.cappa.net/get-certified.php?labor-doula

Confident. (n.d.). In *Merriam-Webster dictionary online*. Retrieved May 19, 2015 from http://www.merriam-webster.com/dictionary/confident

Deitrick, L. M., & Draves, P. R. (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. Retrieved from http://www.sfaa.net/publications/human-organization/

Doula. (n.d.). In *Oxford dictionaries online*. Retrieved Dec 1, 2014, from http://www.oxforddictionaries.com/definition/english/doula

Doulas of North America International. (2005a). *Why use a doula?* Retrieved from http://www.dona.org/mothers/why_use_a_doula.php

Doulas of North America International. (2005b). *What is a doula?* Retrieved from http://www.dona.org/mothers/index.php

Doula Services Association. (n.d.) *About doulas: Birth doula FAQs.* Retrieved from http://www.bcdoulas.org/about-doulas/birth-doula-faqs

Dundek, L. H. (2006). Establishment of a Somali doula program at a large metropolitan hospital. *Journal of Perinatal & Neonatal Nursing, 20*(2), 128-137. doi: 10.1097/00005237-200604000-00006

Gentry, Q. M., Nolte, K. M., Gonzalez, A., Pearson, M., & Ivey, S. (2010). "Going beyond the call of doula": A grounded theory analysis of the diverse roles community-based doulas play in the lives of pregnant and parenting adolescent mothers. *The Journal of Perinatal Education, 19*(4), 24-40. doi: 10.1624/105812410X530910

Gordon, N. P., Walton, D., McAdam, E., Derman, J., Gallitero, G., & Garrett, L. (1999). Effects of providing hospital-based doulas in health maintenance organization hospitals. *Obstetrics & Gynecology, 93*(3), 422-426. doi: 10.1016/s0029-7844(98)00430-x

Green, J., Amis, D., & Hotelling, B. A. (2007). Care practice #3: Continuous labor support. *Journal of Perinatal Education, 16*(3), 25-28. doi: 10.1624/105812407X217110

Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of doulas on healthy birth outcomes. *The Journal of Perinatal Education, 22*(1), 49-56. doi: 10.1891/1058-1243.22.1.49

Have a say in [Def. 1]. (n.d.). In *Dictionary.com dictionary online*. Retrieved February 25, 2015, from http://dictionary.reference.com/browse/have+a+say+in

Hodnett, E. D. (2002). Pain and women's satisfaction with the experience of childbirth: A systematic review. *American Journal of Obstetrics & Gynecology, 186*(5), S160-S172. doi: 10.1067/mob.2002.121141

Hodnett, E. D., Gates, S., Hofmeyr, G. J., Sakala, C., & Weston, J. (2011). Continuous support for women during childbirth (review). *Cochrane Database of Systematic Reviews*, Issue 2. doi: 10.1002/14651858.CD003766.pub3

Kennell, J., Klaus, M., McGrath, S., Robertson, S., & Hinkley, C. (1991). Continuous emotional support during labor in a US hospital: A randomized controlled trial. *The Journal of the American Medical Association, 265*(17), 2197-2201. doi: 10.1001/jama.1991.03460170051032

Koumouitzes-Douvia, J., & Carr, C. A. (2006). Women's perceptions of their doula support. *Journal of Perinatal Education, 15*(4), 34-40. doi: 10.1624/105812406X151402

Kozhimannil, K. B., Attanasio, L. B., Hardeman, R. R., & O'Brien, M. (2013). Doula care supports near-universal breastfeeding initiation among diverse, low-income women. *Journal of Midwifery & Women's Health, 58,* 378-382. doi: 10.1111/jmwh.12065

Kozhimannil, K. B., Hardeman, R. R., Attanasio, L. B., Blauer-Peterson, C., & O'Brien, M. (2013). Doula care, birth outcomes, and costs among Medicaid beneficiaries. *American Journal of Public Health,* e1-e9. doi:10.2105/AJPH.2012.301201

Langer, A., Campero, L., Garcia, C., & Reynoso, S. (1998). Effects of psychosocial support during labor and childbirth on breastfeeding, medical interventions, and mother's wellbeing in a Mexican public hospital: A randomized clinical trial. *British Journal of Obstetrics and Gynaecology, 105*(10)*,* 1056-1063. doi: 10.1111/j.1471-0528.1998.tb09936.x

Lundgren, I. (2010). Swedish women's experiences of doula support during childbirth. *Midwifery, 26*, 173-180. doi: 10.1016/j.midw.2008.05.002

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Available from https://play.google.com

McGrath, S. K., & Kennell, J. H. (2008). A randomized controlled trial of continuous labor support for middle-class couples: Effect on Cesarean delivery rates. *Birth: Issues in Perinatal Care, 35*(2), 92-97. doi: 10.1111/j.1523-536X.2008.00221.x

Morse, J. M. (2000). Determining sample size. *Qualitative Health Research, 10*(1), 3-5. doi: 10.1177/104973200129118183

Morse, J. M. (2008). "What's your favorite color?" Reporting irrelevant demographics in qualitative research. *Qualitative Health Research, 18*, 299-300. doi: 10.1177/1049732307310995

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods, 1*(2), 13-22. Retrieved from https://ejournals.library.ualberta.ca/index.php/Ijqm/

Mottl-Santiago, J., Walker, C., Ewan, J., Vragovic, O., Winder, S., & Stubblefield, P. (2008). A hospital-based doula program and childbirth outcomes in an urban, multicultural setting. *Maternal and Child Health Journal, 12,* 372-377. doi:10.1007/s10995-007-0245-9

Nilsson, C., & Lundgren, I. (2009). Women's lived experience of fear of childbirth. *Midwifery, 25*, e1-e9. doi: 10.1016/j.midw.2007.01.017

Nommsen-Rivers, L. A., Mastergeorge, A. M., Hansen, R. L., Cullum, A. S., & Dewey, K. G. (2009). Doula care, early breastfeeding outcomes, and breastfeeding status at 6 weeks postpartum among low-income primiparae. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 38,* 157-173. doi: 10.1111/j.1552-6909.2009.01005.x

Paterno, M. T., Van Zandt, S. E., Murphy, J., & Jordan, E. T. (2012). Evaluation of a student-nurse doula program: An analysis of doula interventions and their impact on

labor analgesia and Cesarean birth. *Journal of Midwifery & Women's Health, 57,* 28-34. doi: 10.1111/j.1542-2011.2011.00091.x

Paterson, J., & Zderad, L. (2007). *Humanistic Nursing*. Retrieved from http://www.carehomesusa.com/briefcase/47369_56200865656pm953.pdf

Peace of mind. (n.d.). In *Cambridge dictionaries online.* Retrieved January 25, 2015, from http://dictionary.cambridge.org/dictionary/american-english/peace-of-mind

Reassurance. (n.d.). In *Cambridge dictionaries online.* Retrieved February 4, 2015, from http://dictionary.cambridge.org/dictionary/british/reassurance

Right [Def. 2.3]. (n.d.). In *Oxford dictionaries online*. Retrieved February 10, 2015, from http://www.oxforddictionaries.com/definition/english/right

Satisfy. (n.d.) In *Merriam-Webster dictionary online.* Retrieved May 25, 2015, from http://www.merriam-webster.com/dictionary/satisfy

Satisfying [Def. 1]. (n.d.). In *Macmillan dictionary online.* Retrieved February 9, 2015, from http://www.macmillandictionary.com/dictionary/british/satisfying

Say. (n.d.). In *Macmillan dictionary online.* Retrieved January 23, 2015, from http://www.macmillandictionary.com/dictionary/british/say_55

Schroeder, C., & Bell, J. (2005). Doula birth support for incarcerated pregnant women. *Public Health Nursing, 22*(1), 53-58. doi: 10.1111/j.0737-1209.2005.22108.x

Schwartz, J. (2002). Enhancing the birth experience: The doula as part of the hospital maternity program. *International Journal of Childbirth Education, 17*(1), 18-19. Retrieved from http://www.icea.org/mem.htm

Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research, 17*, 1372-1380. doi: 10.1177/1049732307307031

Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative* (5th ed.). Philadelphia, PA: Lippincott Williams & Wilkins

Support [Def. 2]. (n.d.a). In *Oxford learner's dictionaries online*. Retrieved January 20, 2015, from http://www.oxfordlearnersdictionaries.com/definition/english/support_2

Support [Def. 2]. (n.d.b). In *Cambridge dictionaries online.* Retrieved January 20, 2015, from http://dictionary.cambridge.org/dictionary/british/support

Trueba, G., Contreras, C., Velazco, M. T., Lara, E. G., & Martinez, H. B. (2000). Alternative strategy to decrease cesarean section: Support by doulas during labor. *The Journal of Perinatal Education, 9*(2), 8-13. doi: 10.1624/105812400X87608

Valuable [Def. 1]. (n.d.). In *Cambridge dictionaries online.* Retrieved February 4, 2015, from http://dictionary.cambridge.org/dictionary/american-english/valuable

Van Zandt, S. E., Edwards, L., & Jordan, E. T. (2005). Lower epidural anesthesia use associated with labor support by student nurse doulas: Implications for intrapartal nursing practice. *Complementary Therapies in Clinical Practice, 11,* 153-160. doi: 10.1016/j.ctcp.2005.02.003

Appendix A

Letter of Request for Doulas

Michelle Randell
MN Graduate Student
School of Nursing
Memorial University
Phone: [redacted]
E-mail: c24cmr@mun.ca

[redacted]
Doula Coordinator
[redacted]
[redacted]

[Date]

Dear [redacted]:

I am a registered nurse working in the labour and delivery unit at the [redacted]. I also am a graduate student in the Master of Nursing program at Memorial University of Newfoundland. As a partial requirement for completing my Master's degree, I am conducting a study focused on doula support during childbirth and what doula support means to women living in [redacted]. Specifically, this study is aimed at describing women's experiences of doula support during childbirth. I anticipate that the information gained from this study will help healthcare professionals and healthcare administrators understand the role of doulas in childbirth from the perspective of women who have experienced doula support. In order to examine this experience, I would like to interview women who are currently residing in or around [redacted], who are no more than 6 months postpartum at the time they participate in my study, and who received support from a birth doula during their most recent childbirth experience. This research study has been granted ethical approval by the [redacted] Ethics Board [redacted].

I am writing to you at the present time because I am hoping that the members of the [redacted], and more specifically the birth doulas, will be able to assist me with the recruitment of women for this study. This will necessitate informing potential participants of the study either in person, by e-mail, or by telephone. If [redacted] is able to fulfill this request, I would like to meet with the

members of [redacted] to explain the study, to answer any questions they might have, and to provide the necessary materials for ease of participant recruitment. I will provide each birth doula with a study script, which outlines the study and includes important information that should be disclosed to women when informing them of the study. Furthermore, an electronic copy of the study script will be forwarded to each birth doula for ease of distribution to women by e-mail. The birth doulas will be asked to inform any potential study participants about the study using the prepared study script. Furthermore, I would like the birth doulas to provide all potential study participants with my contact information (phone number and e-mail address as noted on the script) and inform these women to contact me if they are interested in taking part in the study or have additional questions about the study. Although it is difficult to give a specified time period for participant recruitment, I anticipate a recruitment period of approximately 5 to 6 months. However, this time frame might be shorter or longer depending on how quickly participants are recruited, as well as how many participants will be required to collect sufficient data. At the present time, I anticipate that 10-15 participants will be needed for this study.

This study will be under the direction of my thesis supervisor, [redacted], at the School of Nursing, Memorial University of Newfoundland. If you would like to speak with her about the study, you may reach her at [redacted] or [redacted]. Thank you for your consideration of my request for assistance and I look forward to hearing from you. I may be contacted at [redacted] or c24cmr@mun.ca.

Thank you for your time,

Michelle Randell, BN, RN
MN Graduate Student
School of Nursing
Memorial University
Principal Investigator

Appendix B

Script for Explanation of Study to the Birth Doulas

Information about the study

My name is Michelle Randell and I am a labour and delivery nurse with Eastern Health. I also am a graduate student in the Master of Nursing program at Memorial University. As a partial requirement for completing my Master's degree, I am conducting a study focused on doula support during childbirth, and what doula support means to women living in NL. More specifically, the study is aimed at describing women's experiences of doula support during childbirth. I anticipate that the information gained from this study will help healthcare professionals and healthcare administrators understand the role of doulas in childbirth from the perspective of women who have experienced birth doula support. Also, the study findings could provide information about the birth doula role, which ultimately could be helpful in decision-making by women about obtaining doula care and by healthcare administrators about supporting the birth doula role.

What is expected of the birth doulas?

In order to examine women's experiences of doula support during childbirth, I would like to interview women:

- who are currently residing in or around St. John's,
- who are no more than 6 months postpartum at the time of participation in my study, and
- who received support from a birth doula during their most recent childbirth experience.

Eligible participants will not be restricted based on age, ethnicity, number of previous childbirths, or past experience with birth doula support.

Since you, as birth doulas, will personally know women and will be able to contact them, I am requesting your assistance with recruiting women to take part in the study. I have

prepared a study script for you to use when informing women about the study should you be interested in assisting me with this. This study script will make recruiting women as straightforward as possible for you and will enable you to tell women about the study either in person, by e-mail, or by telephone. The script simply outlines the study and provides you with the necessary information to disclose to women when informing them about the study. I would like for you to inform potential study participants about the study using the study script and provide all potential study participants with my contact information, which is included in the study script. This way, all women interested in taking part in the study or in obtaining more information about the study can easily contact me directly.

How long will the study take to complete?

Although it is difficult to give a specified time period for participant recruitment, I anticipate a recruitment period of approximately 5 to 6 months. However, this time frame might be shorter or longer depending on how quickly participants are recruited, as well as how many participants will be required to collect sufficient data. At the present time, I anticipate that 10-15 participants will be needed for this study.

I hope I have explained everything thoroughly and I am willing to answer any questions you might have to help clarify your understanding of the study, or what I am asking of you in terms of helping me with recruiting women to take part in the study. You can contact me directly at (709) 765-9309 or c24cmr@mun.ca

Thank you for your time and assistance,
Michelle

Appendix C

Study Script for Birth Doulas to Explain the Study to Women

I would like to inform you about a study that is being carried out and to offer you the chance to take part in the study. The study is on women's experiences of having a doula present for support during childbirth. It is up to you whether you participate or not.

About the study

A local labour and delivery nurse, and a graduate student in the Master of Nursing program at Memorial University of NL, Michelle Randell, will be carrying out this study. The study will focus on doula support during childbirth. The aim of the study is to learn about women's thoughts and feelings of the doula support they received before, during, and after childbirth. The researcher is expecting that the information gained from this study will help others understand the role of doulas in childbirth from the viewpoint of women who have actually experienced birth doula support. Taking part in this study will not benefit you personally. However, it is thought that the study findings could provide information that might help other women in making decisions about obtaining birth doula support for their childbirth experience. The Doula Collective of NL is not carrying out this study and will not have access to any information you provide to the researcher. The Collective is only involved to let women who have had birth doula support know about the study.

What will be involved if you participate in the study?

- The researcher will ask you to take part in two interviews with her. Both interviews will be done in person at a place and time that is convenient for you.
- During the first interview, she will ask you to share your experience of doula support during childbirth. This interview might take up to 1 to 1½ hours, but will end when you feel that you have fully shared your experience.

- Within a few months after the first interview, she will contact you again by telephone to set up an appointment for a second interview. This will be at the end of the study when she has completed interviews with all women who participated. At the second interview, she will ask you if you have anything further you wish to share about your experience. She also will ask you to clarify or give more detail about information you provided in your first interview, if that is needed in your case and if you wish to add more information. She also will discuss the study findings with you. You will be asked to share your thoughts and opinions about the study findings. This interview might last up to 30 minutes, but will end when you have nothing further to share.

If you are interested in participating in the study or in receiving more information about the study you can contact the researcher, Michelle Randell. She can be reached by phone at (709) 765-9309 or by e-mail at c24cmr@mun.ca. You can decide to participate or not after you speak to her about the study.

Appendix D

Letter of Request for Physicians

Michelle Randell
MN Graduate Student
School of Nursing
Memorial University
Phone: (709) 765-9309
E-mail: c24cmr@mun.ca

[Name of Physician]
[Address]

[Date]

Dear *[physician's name]*:

I am a registered nurse working in the labour and delivery unit at the Health Sciences Centre in St. John's. I also am a graduate student in the Master of Nursing program at Memorial University of Newfoundland. As a partial requirement for completing my Master's degree, I am conducting a study focused on doula support during childbirth and what doula support means to women living in NL. Specifically, this study is aimed at describing women's experiences of doula support during childbirth. I anticipate that the information gained from this study will help healthcare professionals and healthcare administrators understand the role of doulas in childbirth from the perspective of women who have experienced doula support. In order to examine that experience, I would like to interview women who are currently residing in or around St. John's, who are no more than 6 months postpartum at the time they participate in my study, and who received support from a birth doula during their most recent childbirth experience. This research study has been granted ethical approval by the Ethics Board of Newfoundland and Labrador.

I am writing to you at the present time because I am hoping that you will be able to assist me with the recruitment of women for my study. I would like to request permission to place two small recruitment posters in your facility, either in your office or in the waiting area. These posters will be printed on legal size paper, 8.5 inches wide and

14 inches long, and will provide information about the study to potential study participants. Although it is difficult to give a specified time period for participant recruitment, I anticipate a recruitment period of approximately 5 to 6 months. However, the time required for recruitment may be shorter or longer depending on how quickly participants are recruited, as well as how many participants will be required to collect sufficient data. At the present time, I anticipate that 10-15 participants will be needed for this study. I am requesting to have the recruitment posters on display until I have a sufficient number of participants in the study.

This study will be under the direction of my thesis supervisor, [redacted], at the School of Nursing, Memorial University of Newfoundland. If you would like to speak with her about the study, you may reach her at [redacted] or [redacted]. Thank you for your consideration of my request for assistance and I look forward to hearing from you. I may be contacted at [redacted] or c24cmr@mun.ca.

Thank you for your time,

Michelle Randell, BN, RN
MN Graduate Student
School of Nursing
Memorial University
Principal Investigator

Appendix E

Recruitment Poster

Have you recently had a doula for labor support?

If your answer is "Yes", then you might be interested in taking part in this study:

What is the purpose of this study?

This study is about women's experiences with doula support during childbirth.

Doula support is fairly new in Newfoundland. Therefore, learning about doula support might help others to be aware of the role of the birth doula.

How can you be of help?

I want to talk with women who:

- had a doula for support for their latest childbirth,
- live in or around St. John's, and
- gave birth no more than six months ago.

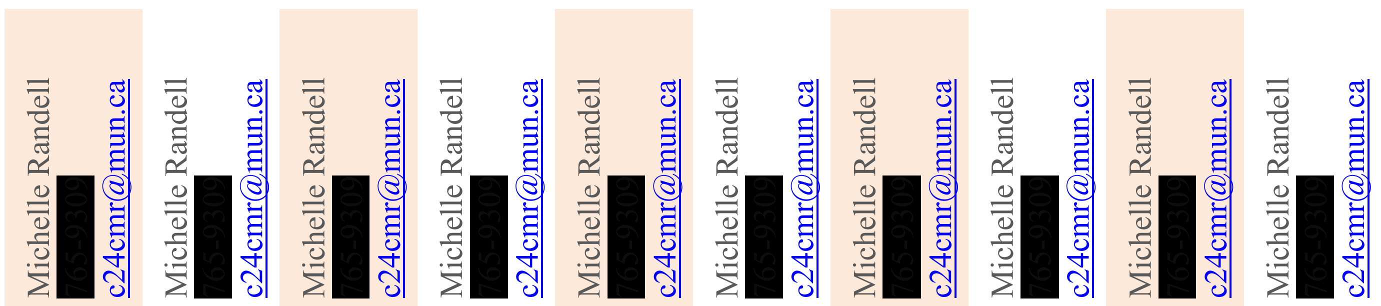
How can you become involved?

For more information on this study or to arrange for an interview to share your experience, please

- call Michelle Randell at (709) 765-9309, or
- send me an e-mail at c24cmr@mun.ca

Michelle Randell, BN, RN

MN Graduate Student
School of Nursing
Memorial University



Appendix F

Initial Interview Script

Script used to begin interview

Thank you for taking the time to participate in my study on women's experiences of doula support during childbirth. Before we begin, I want to review the study with you before obtaining your written consent to participate. This will ensure that you are fully informed about the study, and it will give you the chance to ask any questions you might have about the study. [*At this point the consent information sheets will be reviewed with the participant, she will be given some time to read and review the information sheets on her own, and her signature will be obtained*]

For the interview, I will begin by asking you a few simple questions about yourself. Then, I will start the audio recorder and I will ask you to tell me about your experience of receiving doula support during childbirth. I am interested in anything that you wish to share with me about what this experience was like for you. Please feel free to ask me any questions or to stop the recording at any point throughout the interview. We can begin when you feel that you are comfortable and ready to start.

Interview questions

I want to begin by asking you a few simple questions. If I ask any questions that you do not wish to answer, that is perfectly acceptable. You do not have to answer any questions if you prefer not to.

[Demographic data will be collected using the Demographic Data Recording Sheet]

[Begin recording interview after demographic data is collected]

I understand that you had a birth doula to provide support during your most recent childbirth experience. I would like for you to tell me about your experience of having

doula support during childbirth. Please feel free to share any thoughts or feelings you have about your experience. Please begin with whatever comes to your mind.

The following questions will be used to guide the interview as necessary to ensure it is as complete as possible. Questions will be tailored to each woman's experience:

1. What was it like to have a birth doula? Before labour? During labour? After delivery?
2. What words would you use to describe your experience of having a birth doula? (ask woman to expand on each word)
3. What did the birth doula do for you? Did the birth doula do anything for you beyond what other support persons, such as family, friends, nurses, or physicians, did or could have done? Explain.
4. How would your birthing experience have differed if you did not have a birth doula? (Compare to any previous childbirth experience with or without doula support)
5. How did you come to the decision to have a birth doula? Were there any benefits to having a birth doula? Were there any drawbacks? How so?
6. What would you suggest to other women about having a birth doula? How would you describe your experience to other women?
7. Would you choose to have a birth doula again? Explain.
8. How would you describe your birthing experience overall?

The following questions are examples of clarifying questions that might be asked if necessary:

1. Can you be more specific?
2. Can you share some examples?
3. What did you mean when you said…?
4. Can you tell me a little more about…?
5. How did that make you feel?
6. Can you tell me what that was like for you?

Appendix G

Personal/Demographic Data Recording Sheet

1. What is your age? ______________
2. What is your highest level of education?
    - o Less than high school
    - o Some high school
    - o High school diploma
    - o Some college/university
    - o College/university graduate
3. What is your approximate family income category? Do you consider that your family income represents:
    - o Low income
    - o Middle income
    - o High income
4. Was this your first childbirth? Yes_______ No________
5. If not, how many childbirths have you experienced? _____________
6. Did you have a birth doula present for your previous childbirth experiences? Yes______ No_______
7. Besides your birth doula, can you tell me who was present for support during your labour and delivery experience, either while at home or in the hospital?
    - o Husband/partner
    - o Other family member
    - o Friend
    - o Nurse/physician
    - o Other (specify) ___________
    - o No one

Appendix H

Consent Information Sheet

Michelle Randell, BN, RN
MN Graduate Student
School of Nursing
Memorial University
(709) 765-9309
c24cmr@mun.ca

Consent to Take Part in Research

TITLE: Women's Lived Experience of Birth Doula Support

INVESTIGATOR(S): Michelle Randell, BN, RN

You have been invited to take part in a research study. Taking part in this study is voluntary. It is up to you to decide whether to be in the study or not. You can decide not to take part in the study. If you decide to take part, you are free to leave at any time.

Before you decide, you need to understand what the study is for, what risks you might take and what benefits you might receive. This consent form explains the study.

Please read this carefully. Take as much time as you like. If you like, take it home to think about for a while. Mark anything you do not understand, or want explained better. After you have read it, please ask questions about anything that is not clear.

The researchers will:

- discuss the study with you
- answer your questions
- keep confidential any information which could identify you personally
- be available during the study to deal with problems and answer questions

1. Introduction/Background:

A birth doula can provide needed support during childbirth to women and their families. Studies show that such a support person can have many benefits for the mother and her baby. These include

- shorter labour,
- less need for forceps or vacuum delivery,

- less need for Caesarian section,
- less need for epidural anaesthesia, and
- less need for pain medication.

However, many women do not have a birth doula for labour support. Doula support for childbirth is fairly new in Newfoundland. Little is known about what women who have birth doulas think of the support they receive. With this study, I hope to learn more about their experiences. It is expected that the findings from this study will inform healthcare providers about

- women's views of the birth doula support they receive, and
- the support birth doulas can offer to women.

The findings from this study also might be helpful to women when making decisions about having a doula present for support during childbirth.

2. Purpose of study:

The purpose of this study is to learn about women's experiences with birth doula support.

3. Description of the study procedures:

If you agree to be in this study you will be asked to take part in two private, face-to-face interviews. Both will be audio recorded if you agree to that.

For the first interview, I will ask questions about

- your age;
- your education level;
- your approximate income: whether it is low, middle, or high;
- how many childbirths you have had;
- if you have had birth doula support before;
- if anyone else gave you support for your most recent childbirth; and
- your thoughts and feelings about your experience with birth doula support.

A few months later, I will call you to set up a meeting for the second interview. The purpose of that interview is to have you

- comment further on any points you made during the first interview, if that is needed;
- share more about your experience with birth doula support, if you would like to;

- answer any questions about your experience that I may have missed during the first interview; and
- comment on what I found in the study up to that point. I will tell you about the findings and you can give me feedback on them.

When the study is completed, you will be invited to a presentation on the study findings. I also will send you a summary of the study findings.

4. Length of time:

The first interview will last about 1 to 1½ hours. The second interview will last about 30 minutes. Each interview will end when you do not have anything more to share. The second interview will take place within about one to four months of the first interview.

5. Possible risks and discomforts:

There are no expected risks or discomforts for you as a result of being in this study. Both interviews will take place at a time and place that is most suitable for you. For each interview, if you find that there are questions that you do not wish to answer, then you do not have to answer those questions.

6. Benefits:

It is not known whether this study will benefit you. The only possible benefit to you for being in this study is having a chance to share your thoughts and feelings about doula support.

7. Liability statement:

Signing this form gives me your consent to be in this study. It tells me that you understand the information about the research study. When you sign this form, you do not give up your legal rights. Researchers or agencies involved in this research study still have their legal and professional responsibilities.

8. What about my privacy and confidentiality?

Protecting your privacy is an important part of this study. Every effort to protect your privacy will be made. However it cannot be guaranteed. For example, I may be required by law to allow access to research records.

When you sign this consent form you give me permission to

- Collect information from you
- Share information with my research supervisor, Dr. Sandra Small

- Share information with the people responsible for protecting your safety (members of the ethics board)

Access to records

The members of the research team (my research supervisor, Dr. Sandra Small, and I) will see study records that identify you by name.

Other people may need to look at the study records that identify you by name. This might include the ethics board. You may ask to see the list of these people. They can look at your records only when supervised by a member of the research team.

A transcriptionist will hear your interviews in order to type them out. This is needed so that I can analyze what you tell me about your experience.

Use of your study information

The research team will collect and use only the information they need for this research study.

This information will include

- your name
- your contact information (phone number and e-mail address)
- your age
- your level of education
- your approximate income level
- how many childbirths you have had
- what other support people you had for your most recent childbirth
- whether you had birth doula support before
- what you tell me in the interviews

Your name and contact information will be kept secure by the research team in Newfoundland and Labrador. It will not be shared with others without your permission. Your name will not appear in any report or article published as a result of this study.

Information collected for this study will be kept for five years.

If you decide to withdraw from the study, the information collected up to that time will be destroyed.

Information collected and used by the research team will be stored at the Nursing

Research Unit, School of Nursing, Memorial University of Newfoundland. [redacted] is the person responsible for keeping it secure.

Your access to records

You may ask the research team to see the information that has been collected about you.

9. Questions or problems:

If you have any questions about taking part in this study, you can meet with the investigator who is in charge of the study at this institution. That person is: **Michelle Randell**

Principal Investigator's Name and Phone Number

Michelle Randell, BN, RN
MN Graduate Student
School of Nursing
Memorial University
[redacted]
c24cmr@mun.ca

Or you can talk to someone who is not involved with the study at all, but can advise you on your rights as a participant in a research study. This person can be reached through:

Ethics Office
[redacted]
[redacted] or by email at info@hrea.ca

10. Declaration of financial interest, if applicable

This does not apply to this study.

After signing this consent you will be given a copy.

Appendix I

Consent Signature form

Signature Page

Study title: Women's Lived Experience of Birth Doula Support

Name of principal investigator: Michelle Randell, BN, RN

To be filled out and signed by the participant:

Please check as appropriate:

I have read the consent information sheet.	Yes { }	No { }
I have had the opportunity to ask questions/to discuss this study.	Yes { }	No { }
I have received satisfactory answers to all of my questions.	Yes { }	No { }
I have received enough information about the study.	Yes { }	No { }
I have spoken to Michelle Randell and she has answered my questions.	Yes { }	No { }
I understand that I am free to withdraw from the study • at any time, • without having to give a reason.	Yes { }	No { }
I understand that it is my choice to be in the study and that I may not benefit.	Yes { }	No { }
I understand how my privacy is protected and my records kept confidential.	Yes { }	No { }
I agree to be audio recorded during the interviews.	Yes { }	No { }
I agree to take part in this study.	Yes { }	No { }

________________________ ____________________ ____________________

Signature of participant Name printed Year Month Day

<u>To be signed by the investigator or person obtaining consent</u>

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

____

Signature of investigator Name printed Year Month Day

Telephone number: ________________________