
Healthy Birth Practice #3: Bring a Loved One, Friend, or Doula for Continuous Support

健康分娩实践#3: 让爱人、朋友或导乐给予持续支持

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ABSTRACT

摘要

All women should be allowed and encouraged to bring a loved one, friend, or doula to their birth without financial or cultural barriers. Continuous labor support offers benefits to mothers and their babies with no known harm. This article is an updated evidence-based review of the “Lamaze International Care Practices that Promote Normal Birth, Care Practice #3: Continuous Labor Support,” published in *The Journal of Perinatal Education*, 16(3), 2007.

要允许和鼓励每位女性让她的爱人、朋友或导乐参与自己的分娩，不受经济因素或文化因素的阻碍。持续性的分娩支持对母婴都有益，且无已知的危害。本文是对《围产教育杂志》里发表的《倡导正常分娩的国际拉玛泽照护实践，照护实践#3: 对分娩的持续支持》2007，16(3)的最新循证综述。

The Journal of Perinatal Education, 23(4), 194–197, <http://dx.doi.org/10.1891/1058-1243.23.4.194>

Keywords: birth, birth doula, labor support

《围产教育杂志》，23(4), 194–197, <http://dx.doi.org/10.1891/1058-1243.23.4.194>

关键词：分娩、分娩导乐、分娩支持

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One can see in art forms from generations ago that women were surrounded by other women when giving birth. Historically, women learned about childbirth from their mothers and sisters and were offered encouragement and support by them through labor. Stories and family traditions helped them to have confidence in their ability to give birth. Community midwives attended almost all births (Sosa, Kennell, Klaus, Robertson, & Urrutia, 1980). Much of that support was lost when birth moved from the home to hospital in the early 20th century. Physicians were in charge. Care for mothers in labor shifted to the nursing staff. A nurse could not always stay continuously with one woman through her labor, so she often labored alone. Birth became seen as a medical event, rather than the physical, emotional, and social occasion that it had always been.

我们可以从几世纪以前的艺术作品中看到，过去女性分娩时总是有其他女性的陪伴。女性从母亲和姐妹那里学到分娩的知识，在分娩时也得到她们的鼓励和支持。别人的经历和家庭传统都让女性相信自己能够分娩。社区的助产士为几乎所有的女性接生(Sosa, Kennell, Klaus, Robertson, & Urrutia, 1980)。在 20 世纪初，当分娩场所逐渐从家庭转移到医院，这种支持分娩的传统做法也基本消失了。医生是主导，支持和照顾女性的工作转移到护士身上。然而护士无法在整个分娩过程中全程陪伴女性，因此女性往往是独自待产。分娩成

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为了一项医疗事件，而不是像过去那样的生理、情感和社会因素结合的过程。

In the 1960s, with the advent of the natural childbirth movement, men learned about the process of birth and were with their loved ones for the birth of their child. Women no longer had to labor alone and fathers, providing their loving support, became a part of the birth team. In 1992, DONA International was founded and the name “doula” was coined. The doula’s role is to provide continuous physical, emotional, and informational support for mothers and their partners during birth and the postpartum period (Klaus, Kennell, & Klaus, 2012).

在 20 世纪 60 年代，随着自然分娩运动的推进，男性开始了解分娩的过程并陪伴妻子分娩。女性不再独自待产，父亲也成为分娩团队的一员，为妻子提供关爱和支持。在 1992 年，国际导乐协会成立，正式开始使用“导乐”一词。导乐的职责是在分娩中和产后为女性和她们的伴侣提供持续的生理、情感和信息支持(Klaus, Kennell, & Klaus, 2012)。

According to *Listening to Mothers III*, a husband or partner (77%) or the nursing staff (46%) most often provided labor support. In about one-third of the cases, support was provided by another family member or friend (37%), a doctor (31%) or, much less frequently, by a midwife (10%), a doula (trained

labor assistant; 6%), or some other person (3%). For those married mothers whose partners did not provide support, 13% reported using a doula (Declercq, Sakala, Applebaum, & Herrlich, 2013, p. 16).

根据《倾听母亲 III》，为分娩提供支持的主要是丈夫或伴侣（77%）或护理人员（46%）。在三分之一的情况下，为分娩提供支持的人是其他家庭成员或朋友（37%），医生（31%），更少情况下是助产士（10%），导乐（受过培训的陪产者，6%）或其他人（3%）。已婚女性若没有获得伴侣的支持，13%的人会使用导乐(Declercq, Sakala, Applebaum, & Herrlich, 2013, p. 16)。

THE IMPORTANCE OF CONTINUOUS LABOR SUPPORT

获得持续性分娩支持的重要性

The 2013 Cochrane Review finds that women who received continuous labor support had the following positive outcomes: more spontaneous vaginal births, fewer cesarean surgeries or instrumental vaginal births, less use of epidurals and other pain medications, slightly shorter labors, and greater satisfaction with their birth experiences. Babies of these mothers were less likely to have low Apgar scores at birth. No harms were found (Hodnett, Gates, Hofmeyr, Sakala, & Weston, 2013). They conclude that all women should have continuous support during labor and further state that the services of a person with some training, who is experienced in providing labor support, is the most beneficial. However, the baby's father, a family member, or friend who provides continuous support increases satisfaction for the birthing woman. This review of studies included 21 trials from 16 countries, involving more than 15,000 women in a wide range of settings and circumstances.

根据 2013 年的《考科蓝综述》，获得持续性待产支持的女性有如下积极结果：自发的阴道顺产率更高，剖腹产手术或器械助产的几率更低，硬膜外麻醉和使用其他药物减痛的几率更低，产程更短，对分娩的满意度更高，宝宝在出生时得到低阿普加评分的几率更低。未发现有任何危害 (Hodnett, Gates, Hofmeyr, Sakala, & Weston, 2013)。结论是所有的女性都应该在待产中得到持续支持，并且有受过培训、具有丰富待产支持经验的人员来提供服务是最佳的。不过，宝宝的父亲、家庭成员或朋友若提供持续的支持，会增加产妇的满意度。该综述包含了 16 个国家的 21 项试验，调

查了在不同环境和状况下的 15000 多名女性。

The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) issued an Obstetric Care Consensus (March 2014), "Safe Prevention of the Primary Cesarean Delivery," after their own review of the research. This report identifies labor support as a crucial factor in reducing the primary cesarean rate and notes the following about the effect of labor support:

美国妇产科医师学会和母胎医学学会在对该研究进行综述后，发布了一项名为《安全预防首次剖宫产》的产科照护共识（2014 年 3 月）。该报告将待产支持列为降低首次剖宫产率的重要因素，并且就待产支持的效果做出如下声明：

- "Increasing women's access to nonmedical interventions during labor, such as continuous labor and delivery support, also has been shown to reduce cesarean birth rates."

“研究显示，让女性在待产中更易获得非医学的干预措施，比如持续的待产和分娩支持，可降低剖宫产率。”

- "Published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula."

“公开的数据显示，提升待产和分娩结果的最有效手段之一就是支持人员的持续陪伴，如导乐。”

- "... the presence of continuous one-on-one support during labor and delivery was associated with improved patient satisfaction and a statistically significant reduction in the rate of cesarean delivery."

“在待产和分娩中提供持续的一对一陪伴，可以提高患者满意度，极大地降低剖宫产率。”

- "Given that there are no associated measurable harms, this resource is probably underutilized."

“由于导乐并没有任何相关的、可衡量的危害，这一资源可能没有得到充分利用。”

They recommend that all women receive continuous support as a way of reducing the primary cesarean rate.

他们建议所有女性都接受持续的支持，以此降低首次剖宫产率。

When the mother has continuous support in labor, she feels safe, protected, and cared for, and she lets go of her fear. Oxytocin then rises and stress hormones lower. Fear interferes with progressive contractions and intensifies pain. Continuous emotional support is crucial for an easier, safer birth.

当女性在待产中获得持续支持，她就会感到安全、安心、被呵护，恐惧也会消除。自然分泌的催产素增多，压力荷尔蒙减少。恐惧会干扰循序渐进的宫缩，并且加剧疼痛。持续的情感支持对于更顺利、更安全的分娩来说至关重要。

In addition, higher rates of early initiation of breastfeeding were found in an urban, multicultural setting when a doula was present (Mottl-Santiago et al., 2008).

另外，在城市、跨文化的环境里，导乐的陪伴会提高尽早发动母乳喂养的几率(Mottl-Santiago 等, 2008)。

THE ROLE OF THE BIRTH DOULA

分娩导乐的职责

According to Penny Simkin in her 2013 book, *The Birth Partner*, a birth doula “guides and supports women and their partners continuously

through labor and birth” (p. 8). A doula remains with a mother throughout her labor to give continuous care through physical, informational, and emotional support. Physical support is provided for the mother as she changes positions and moves from rocking chair or ball to the bath. Sometimes, mothers want to lean on the doula during strong contractions; at other times, they want strong counterpressure to the lower back as the baby descends. Showers, massage, hot or cold packs, beverages, and other comforting measures suggested by a doula may allow the mother to relax more during and between contractions. Assisting the mother and her partner in getting information allows them to make informed decisions about their care. This advocacy improves the mother’s self-esteem and raises her sense of accomplishment, thereby improving her emotional feelings after birth and allowing her to take on the mothering role with increased confidence. The doula’s presence also allows fathers and other partners to participate in the birth in a way that is meaningful to them. If the partners wish to be more active in support, she can gently remind them about techniques they learned in Lamaze class, assist them in physically supporting the mother, and role model ways to provide emotional support to her. If partners prefer to let the doula be the primary support person, the doula can take the lead and help partners to participate in the birth to their level of comfort while ensuring that the mother’s needs are met. The doula may even give the partner a break to go to the bathroom or to get something to eat.

Penny Simkin 在其 2013 年出版的《分娩伴侣》一书中指出，分娩导乐“为女性及其伴侣在待产和分娩中提供持续的指导和支持”(p. 8)。导乐在女性待产中全程陪伴，通过生理、信息和情感上的支持，为产妇提供持续照护。在女性变换姿势、离开摇椅或导乐球去卫生间的时候，导乐为其提供生理支持。女性有时在宫缩强烈时想靠在导乐身上；有时在胎儿下降时，女性希望有人来用力按压腰部。导乐建议的其它安抚措施，如淋浴、按摩、冷敷或热敷、喝饮料等，都可以帮女性在宫缩时和宫缩之间放松。帮助女性和她们的伴侣获得信息，可帮助他们做出有关照护的知情选择。这种支持可以提升女性的自信和成就感，改善她在产后的情绪，让她以更自信的状态进入母亲的角色。导乐也可以帮父亲和其他的陪伴者在分娩中发挥更有意义的作用。如果陪伴者们希望能够更为积极地支持分娩，导乐可以委婉地提醒在拉玛泽课堂教授过的技巧，帮助陪伴者们为产妇提供生理上的支持，并且示范情感支持的方法。若伴侣们希望导乐来作为主要支持人员，导乐就可以采取主导，并帮助陪伴者们适度参与分娩，同时确保产妇的需求得到满足。导乐也可以

让伴侣休息一下，上卫生间，或吃点东西。

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当女性在待产中获得持续支持，她就会感到安全、安心、被呵护，恐惧也会消除。

Another important role a doula plays is to help the new mother have the best possible memory of her birth. If the birth experience did not go as the woman had planned, the doula is there to answer questions, listen, and offer support. The doula can help a mother to work through her feelings about the birth experience, understand what happened, and, finally, assist her in integrating her birth story into her life. The role of the doula is different from that of the provider, the father, and the nurse. Doulas do not perform medical assessments such as vaginal exams or fetal heart rate monitoring. They do not diagnose medical conditions or give medical advice. They often facilitate communication between the mother and her caregivers, but they do not make decisions for their clients.

导乐的另一项重要职责，是帮助新妈妈留下最好的分娩回忆。如果分娩的体验跟女性之前设想的不符，导乐要积极倾听、答疑解惑、提供支持。导乐可以帮助产妇梳理分娩过程中的不佳感受，了解到底发生了什么，最终让分娩经历成为她人生中重要的回忆。导乐的作用不同于医疗提供者、父亲或护士。导乐不做阴道检查或胎心监测等医疗评估，不做医疗诊断或给出医疗建议。导乐帮助产妇和医护人员进行沟通，但不代为客户做出决定。

Table 1 illustrates that the doula has definite skills that others on the mother's team aren't able to provide. Likewise, the doctor, midwife, and nurse all have important skills that the doula cannot provide. Each member of the mother's care team has a unique and important contribution. Working together, they insure optimal care for the birthing mother.

表一列出了导乐的特定技能，这些技能是分娩团队的其他人所不具备的。同理，医生、助产士和护士都有导乐所不具备的技能。分娩团队中的每个人都发挥独特和重要的作用，他们团结协作来为产妇提供最佳照护。

Why don't nurses provide the same labor support benefits as birth doulas? Ellen Hodnett asked that question in several research studies and finally in a study where nurses were trained as birth doulas and provided 1:1 care for mothers. This study was conducted in 13 U.S. and Canadian hospitals with annual cesarean surgery rates of at least 15%

(Hodnett et al., 2002). The expected outcome for 6,915 participating women was that nursing care with doula training and 1:1 care would reduce the cesarean rates to levels comparable to that of women with doulas and lower than the cesarean rate of women who received standard nursing care. That didn't happen. The cesarean rates of women cared for by the nurses in the doula-trained group were identical to the cesarean rates for the women receiving standard nursing care. The authors explain that possibly, the benefits of continuous labor support were "overpowered by the effects of birth environments characterized by high rates of routine medical interventions" (Hodnett et al., 2002, p. 1380).

为何护士不能提供与导乐同等的待产支持呢？Ellen Hodnett 进行了好几项研究，最终找到了答案：在某项研究中，护士接受了分娩导乐的培训，并且为产妇提供一对一照护。这项研究在美国和加拿大的 13 家医院进行，其年剖宫产率至少在 15% (Hodnett 等, 2002)。6915 名产妇参加了研究，她们得到了经导乐培训的护士的一对一照护。按照设想，这些产妇的剖宫产率会相当于由导乐陪伴的产妇剖宫产率，并低于由常规护士照护的产妇之剖宫产率。然而事实并非如此。尽管由受过导乐培训的护士来照护，这些产妇的剖宫产率与常规护士照护的产妇相比并无差异。作者认为原因可能是：该研究中的分娩环境还是以高度频繁的常规医疗干预为特点，这种分娩环境会让护士的持续性待产支持效果大打折扣。

LABOR SUPPORT AND MOTHER-CENTERED PHYSIOLOGIC CARE

待产支持和以产妇为中心的生理照护

First, the team must look to the mother/baby as the true center of birth. The mother has supported her baby's life for months and she desires a healthy birth for her baby and herself. The mother's ability to birth must be respected and encouraged. Her needs and wishes must be heard. She should be included in every choice and decision, and nothing should be done without her consent. If the mother is not the focus, it is not "mother centered."

首先，分娩团队必须把母婴作为分娩的真正核心。母亲怀孕多月，希望分娩时母子健康。必须要尊重和鼓励母亲的分娩能力，必须要倾听她的需求和期望。要让她参与每一项决策，不能做她不同意的事情。若没有将她作为首要关切，那就不是“以产妇为中心”。

Second, the mother's team must realize the value of continuous labor support and include the doula as an important team member in the mother's care.

When all members of the birth team respect each other's skills and contributions, each can provide

TABLE 1 表 1

Comparison of Providers' Ability to Furnish Emotional Care to Laboring Women (Simkin, 2012, p. 1.2)

照护者对产妇提供情感照护的能力比较 (Simkin, 2012, p. 1.2)

Components of Emotional Care 情感照护的内容	MD 医生	Midwife 助产士	Nurse 护士	Baby's Father/ Loved One 宝宝的父亲/产妇的 爱人	Trained Doula 受过培训的 导乐
1. Continuous uninterrupted presence 持续不间断的陪伴	—	?	—	1	1
2. Knowledge/understanding of woman 对女性的知识/了解	—	?	—	1	?
3. Love for mother and baby 对母婴的爱	—	—	—	1	—
4. Knowledge/understanding of emotions and physiology of labor 对待产过程中情感和生理因素的知识/了解	?	1	1	?	1
5. Experience with other laboring women 参与过其他产妇的分娩	1	1	1	—	1
6. Ability to remain calm/objective 保持镇静/客观的能力	1	1	1	—	1
7. Knowledge of MD, midwife, hospital policies 对于医生、助产士以及医院制度的知识	1	1	1	—	?
8. Perspective on problems/options 对于问题/选择方案的判断力	1	1	1	—	1
9. Advocacy of mother's wishes/goals 倡导关注妈妈的需求/目的	—	1	?	1	1
10. Freedom from other obligations, other patients, tasks, clinical management, hospital/MD policies 不受其他的职责、其他患者、任务、临床管理、医院/医生 制度的制约	—	—	—	1	1
11. Knowledge of comfort measures 对于安抚措施的知识	?	1	?	?	1

Note. 1 provides this component; —does not provide this component; ? varies.

注：1 表示提供这项内容；—表示不提供这项内容；? 表示是否提供存在个体差异。

optimal care for the mother and her family. Last, the infrastructure must provide the mother with opportunities for labor starting on its own, freedom of movement, no unnecessary interventions, continuous emotional and physical support, upright or side-lying positions for birth, and non-separation of the mother and baby following birth. Goer and Romano (2012) speak of infrastructure in this way:

其次，分娩团队必须意识到持续性分娩支持的重要性，要将导乐作为产妇照护团队的重要成员。当所有的团队成员尊重彼此的技能和作用，每位成员就能为产妇和她的家庭提供最佳照护。最后，分娩场所的设施必须让女性可以自然发动分娩，让她可以自由移动，不要有不必要的干预，要有持续的情感和生理支持，让她可以采用站立或侧躺的姿势分娩，且出生后不要有母婴分离。Goer and Romano (2012)这样描述分娩场所的设施：

Infrastructure: labor rooms with deep tubs and showers, an inviting place to walk, a lounge area for women in early labor and their families, and a kitchen with microwave and refrigerator. It would have comfortable labor room furniture that would adapt to sleeping, rocking chairs, birth balls, squatting bars, and a blanket warmer. Intrapartum units would be organized to decentralize nursing tasks so that nurses spent more time in the laboring room. Supplies would be stored in labor rooms, and monitoring and charting would be set up to be done from labor rooms as well. (Goer & Romano, 2013, p. 421)

设施：待产室要深浴盆和淋浴，利于走动的空间，让产程早期的产妇和家属休息的休息区，一个备有微波炉和冰箱的厨房。应该配有舒适的待产室家具，床，摇椅，分娩球，蹲姿时用的把手和毯子加热器。可以把产房里的设施分散到待产室，因此护士待在待产室的时间更长，而且从产房就开始进行监护和记录(Goer & Romano, 2013, p. 421)。

CONCLUSION

结论

Women deserve a community of support around them and a calm, private environment during labor and birth (Hofmeyr, Nikodem, Wolman, Chalmers, & Kramer, 1991). Family members, friends, doctors, nurses, midwives, doulas, and Lamaze educators all play a vital role in helping women to achieve safe and healthy birth outcomes. Lamaze joins the World Health Organization (Chalmers, Magiater, & Porter, 2001) in recognizing the value of continuous labor support in promoting safe, healthy birth. The joint statement from ACOG and SMFM marks an important shift in the guidelines for maternity care and has the potential to impact how pregnancy, labor, and birth are managed.

女性应在分娩和待产时得到团队支持，以及一个安静、私密的环境(Hofmeyr, Nikodem, Wolman, Chalmers, & Kramer, 1991)。家庭成员、朋友、医生、护士、助产士、导乐以及拉玛泽教育者都可以发挥重要作用，帮助女性获得安全和健康的分娩结果。拉玛泽和世界卫生组织(Chalmers, Magiater, & Porter, 2001)一起倡导持续性的待产支持，肯定其对促进安全、健康的分娩的作用。美国妇产科学会和母胎医学学会发表的联合声明，标志着产妇照护指南里出现了重要改变，且该声明可能会影响对孕期、待产和分娩的管理模式。

Continuous labor support offers benefits to mothers and their babies with no known harm. Continuous labor support is an essential component of safe, healthy care during labor and birth. All women should be allowed and encouraged to bring a loved one, friend, or doula to their birth without financial or cultural barriers.

持续性的待产支持对母婴都有益，且无已知的危害。它对于安全、健康的待产和分娩照护来说是一项关键因素。要允许和鼓励每位女性让她的爱人、朋友或导乐参与自己的分娩，不受经济因素或文化因素的阻碍。

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