

# **Title: Mastering the Doula's Advocacy Role**

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## **Learner Objectives**

*Presenter's Key Message: Knowing how to effectively execute the doula's advocacy role can be one of the most satisfying aspects of the doula's career and one of the most important for increasing positive long-term birth memories for the clients she serves. The key elements of mastering the doula's advocacy role are: A firm understanding of what is within and out of scope for a DONA doula, practicing daily diplomatic communication skills, developing empathy, understanding one's own trauma exposure response and effectively increasing one's trauma exposure resilience.*

At the end of the session, the learner will be able to:

1. Describe four components of the doula's advocacy role.
2. Describe what is outside the limits of doula's advocacy scope of practice.
3. Demonstrate three diplomatic communication skills.
4. Recognize the symptoms of trauma exposure.
5. List four self-care techniques for increasing trauma exposure resilience

## **Bibliographies and Resources**

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# Outline: Mastering the Doula's Advocacy Role

## I. Define the scope of the doula's advocacy role

### A. Definition of advocacy

1. Miriam Webster: The act or process of advocating or supporting a cause or proposal. (With this definition, you might think our role is to rattle cages for our client's right to a water birth, or intermittent monitoring, or for self-directed pushing. It's not. )
2. DONA International: Doulas advocate and support the client's self-advocacy.

### B. Components of a DONA doula's advocacy role

1. Prenatal explanation & discussion of practices & procedures
  - Discussion vs explanation
  - Use gentle inquiry
  - Childbirth educator vs doula – Stay within your scope!
  - Let your client come to her own conclusions
  - Know your resources for directing your clients to find more information
2. Assistance acquiring the knowledge needed to make decisions.
  - Offer a framework for decision making
  - Groopman spectrums (handout below)
  - BRAIN
  - Trade-offs: What do you get vs What do you give up
  - Making informed decisions and refusals (handout of questions below)
3. Reframing expectations and incorporating change
  - Help your clients recognize forks in the road
  - Help your clients create realistic expectations

### C. Limits of a DONA doulas' advocacy role

1. Doulas are not direct patient advocates
  - Never speak in place of your clients.
  - a) Grey areas?
    - Extreme stress, confusion and inability to communicate
    - Un-partnered clients where you are the sole support person

2. Do not make decisions for the client and do not let clients hire you as a direct patient advocate or think you ensure specific outcomes

Q: But she said she wants a natural birth. Why shouldn't I tell her how to get that?

A: You must protect client and yourself from one-sided decisions made by the doula. The outcome, whatever that may be, will be more satisfying for both of you.

## II. Case Studies and Skill practice

Defining and defending the boundaries of your advocacy role

### A. Case Study #1 – Prelabor Spontaneous Rupture Of Membranes at Term Before Labor Starts

#### Client #1 Background:

Medical mindset: Maximalists, believers, tend towards technology. Great, trust-filled relationship with health care providers.

HCP: OB group practice at level-4 regional hospital.

Intentions: Natural, physiologic birth using self-comfort to cope + doula.

Current status: 40 weeks + 3 days, GBS-, healthy pregnancy.

#### What Happened

Client experiences SROM at home. She isn't having any contractions. After reporting to the hospital to monitor the baby and receive counseling from her doctor, she decides to stay at the hospital and induce labor.

#### Your Advocacy Role:

When will you arrive at the hospital?

How will you encourage your clients to ask questions of her care provider

How will you encourage your clients to express their preferences and concerns

How will you help your clients incorporate changes to their original plans

How will you help enhance communication between client and care provider

## **B. Case Study #2 – The Client Who Changes Her Mind About Getting An Epidural**

### **Client #2 Background:**

Medical mindset: Naturalist, minamalist, doubters.

HCP: OB group practice at level-4 regional hospital. Feels okay about her care provider, expects not to have to use them.

Intentions: Natural, physiologic birth using self-comfort to cope + doula.

Preparations: Took an 8-week Lamaze series and daily prenatal yoga

### **What Happened**

Client has a very long labor, with a prolonged latent phase and slow, but steady active phase. After 32 hours, she's at 5 cms, she says she's thinking about getting an epidural. She turns to you and asks "tell me what the risks with the epidural are again"? The labor in delivery nurse is in the room.

### **Your Advocacy Role:**

What is the music behind this client's words? What is she really after?

Do you answer directly or defer to the nurse? What are the diplomatic considerations here?

How do you protect this woman's memory of her birth?

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## **III. Trauma exposure, trauma stewardship and self-care for the advocate**

This next section relies heavily on the work of Laura van Dernoot Lipsky and her writing, studies and lecturing on Trauma Stewardship. Please read her book, Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others.

- A. Doula work increases our risk of trauma exposure
  - 1. We can be witness to oppression, helplessness, victimization and passivity
  - 2. We remain silent about our own trauma exposure to protect a woman's birth memories
  - 3. Trauma exposure has cumulative toll on our personal and professional lives

## B. Cultivating trauma stewardship

1. Develop critical awareness about why you do this work
2. Understand you have a choice about doing this work
3. Maintain a daily practice for improving trauma exposure resilience
  - a) Examples
    - (1) Create space for inquiry and mindfulness (Ask: Is this working for me?)
    - (2) Consciously choose your focus (Identify where you are putting your focus, create a plan B)
    - (3) Build compassion and community (Creating a micro-culture, practicing compassion for self and others, working for systemic change)
    - (4) Find balance (Exercise, life outside of work, attitude of gratitude)
4. Develop a strategy for immediate response to acute trauma exposure
  - a) Examples
    - (1) Walker Karraa's smoke breathing (breathe in white light, breath out black smoke)
    - (2) Physical movement, jumping, shaking, running (in private, to move energy through the body)
    - (3) Seek support soon!

## IV. Conclusion

*Knowing how to effectively execute the doula's advocacy role can be one of the most satisfying aspects of the doula's career and one of the most important for increasing positive long-term birth memories for the clients we serve.*

*We must recognize that working as a doula increases our risk of trauma exposure with potential subsequent negative impacts to our professional and personal lives.*

*Building a practice of trauma stewardship allows us to practice with more satisfaction, balance and integrity for a long and happy career.*

# Talking to Your Health Care Provider

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Aim to be collaborative partners. Both you and your health care provider want what is best for you. Be confident about what you want. Share what you know and ask your care provider to fill in the blanks and provide the background for their suggestions. Don't be afraid to point out when your knowledge differs from their suggestions and recommendations.

## 1. Explain what you want:

I'm hoping that it's possible to...

Is there any reason we cannot ...

What would it take for me to be able to...

## 2. Explain why you want it:

I lean toward \_\_\_\_\_ treatments and believe \_\_\_\_\_ .

I am hoping to achieve \_\_\_\_\_ because of \_\_\_\_\_.

I strongly value \_\_\_\_\_ because my background is \_\_\_\_\_.

I'm most comfortable making decisions when \_\_\_\_\_.

My best sources of information come from \_\_\_\_\_ .

## 3. Listen carefully to your health care provider's recommendations:

Active listening with an open mind and heart allows you to see the reason and reasoning behind your care provider's suggestions. It also sets the expectation for the kind of listening you expect in return.

## 4. Clarify for understanding:

Could you tell me more about this? - *Make sure you understand what the problem is.*

Is this a routine recommendation or is this a specific recommendation for me and my situation?

Are there other things I could do? *Is this the only solution or are there other choices?*

What happens if I wait? - *Lets you know how quickly you must decide.*

What are the risks of doing nothing? *Helps determine how serious the problem is.*

What is the likelihood of that happening?

## 5. Make a decision

### Always Use Your BRAIN!

Benefits

Risks

Alternatives

Intuition

Nothing

## **Learner Objective Self Test:**

Objective #1: *Describe four features of the doula's advocacy role.*

Answer: 1) Prenatal explanation & discussion of practices & procedures; 2) Assistance acquiring knowledge needed to make decisions when asked; 3) Helping clients reframe expectations and incorporate changes in plans; 4) Enhance communication between client and care provider.

Objective #2: *Describe what is outside the doula's advocacy scope of practice:*

Answer: 1) Direct patient advocacy; 2) Speaking in place of the client; 3) Making decisions for the client.

Objective #3: *Demonstrate two diplomatic, open-ended conversation starters:*

Answer: 1) "I'd like to hear more about your decision..." 2) "What would happen if..."; 3) "Would you like more information about that?"; 4) "What do you need to feel comfortable with your decision?" 5) "Let's think about what might happen if...", 6) "I hear you saying..."

Objective #4: *List at least three symptoms of trauma exposure:*

Answer: 1) Feeling helpless & hopeless, 2) A sense that one can never do enough, 3) Hyper-vigilance, 4) Diminished creativity, 5) Inability to embrace complexity, 6) Minimizing, 7) Chronic exhaustion/physical ailments, 8) Inability to listen/deliberate avoidance, 9) Dissociative moments, 10) Sense of persecution, 11) Guilt, 12) Fear, 13) Anger and cynicism, 14) Inability to empathize/numbing, 15) Addictions, 16) Grandiosity & inflated sense of importance related one's work.

Objective #5: *List 2 daily practices for trauma stewardship through self-care.*

Answer:

1. Create space for inquiry: (Why am I doing what I'm doing? Is trauma mastery a factor for me? Is this working for me?)
2. Choosing your focus: (Where am I putting my focus? What is my plan B?)
3. Finding balance: (Engaging with our lives outside of work. Moving energy through. Practicing gratitude).
4. Building compassion and community: (Creating a micro-culture. Practice compassion for myself and for others. Ask: What can I do for large-scale systemic change?)