

ACOG STATEMENT ON DOULA SUPPORT

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGIST (ACOG) CITES DOULA SUPPORT AS CONNECTED WITH IMPROVED OUTCOMES FOR WOMEN IN LABOR

REIDSVILLE, NC, JANUARY 28, 2017— DOULA CARE ASSOCIATED WITH IMPROVED MATERNAL OUTCOMES IN LABOR.

DOULAS MAKE A DIFFERENCE FOR MATERNAL AND INFANT OUTCOMES.

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGIST, (ACOG) HAS AGAIN RECOGNIZED IMPROVED MATERNAL/FETAL HEALTH OUTCOMES FOR DOULA SUPPORT IN LABOR. THE ACOG REPORT TITLED **APPROACHES TO LIMIT INTERVENTION DURING LABOR AND BIRTH** RELEASED EARLIER THIS MONTH PINPOINTS MORE THAN A FEW FACTORS THAT CAN LEAD TO IMPROVED OUTCOMES AND HIGHER PATIENT SATISFACTION FOR PEOPLE IN LABOR. IN ADDITION, THE REPORT WAS RECOGNIZED BY THE AMERICAN COLLEGE OF NURSE — MIDWIVES AND THE ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC AND NEONATAL NURSES.

THE ACOG REPORT STATES:

EVIDENCE ADVISES THAT, IN ADDITION TO CONSISTENT HEALTH CARE, CONTINUOUS ONE-TO-ONE EMOTIONAL AND PHYSICAL SUPPORT PROVIDED BY SUPPORT PERSONNEL, TO INCLUDE A DOULA, IS LINKED TO IMPROVED MATERNAL OUTCOMES FOR PERSONS IN LABOR. BENEFITS FOUND IN RANDOMIZED STUDIES INCLUDE SHORTENED LABOR, DECREASED NEED FOR ANALGESIA, LESSER OPERATIVE DELIVERIES, AND FEWER REPORTS OF DISSATISFACTION WITH THE EXPERIENCE OF LABOR (1, 17). THIS IS SUMMARIZED IN A COCHRANE EVIDENCE REVIEW, A PERSON WHO RECEIVED CONTINUOUS SUPPORT IN LABOR, WAS LESS LIKELY TO HAVE A CESAREAN DELIVERY (RR, 0.78; 95% CI, 0.67 – 0.91) OR A NEWBORN WITH A LOW 5-MINUTE APGAR SCORE (FIXED-EFFECT, RR, 0.69; 95% CI, 0.50 – 0.95) (1). CONTINUOUS SUPPORT FOR A LABORING PERSON THAT IS PROVIDED BY A NONMEDICAL PERSON ALSO HAS A MODEST POSITIVE RESULT ON SHORTENING THE DURATION OF LABOR (MEAN DIFFERENCE – 0.58 HOURS; 95% CI, – 0.85 TO – 0.31) AND IMPROVING THE RATE OF SPONTANEOUS VAGINAL BIRTH (RR, 1.08; 95% CI, 1.04 – 1.12) (1).

COCHRANE IS A GLOBAL INDEPENDENT NETWORK OF RESEARCHERS, PROFESSIONALS, PATIENTS, CAREERS, AND PEOPLE INTERESTED IN HEALTH.

THE STATEMENT AND REPORT ALSO DETAILED DELAYED HOSPITAL ADMISSION BENEFITS IN THE LATENT PHASE OF LABOR, IDEAS FOR USING NON-PHARMACOLOGIC PAIN MANAGEMENT TECHNIQUES TO INCLUDE MASSAGE OR USE OF WATER, LABOR POSITION CHANGES ALL TO ENHANCE MATERNAL COMFORT AND OPTIMAL FETAL POSITION. THE REPORT ALSO OFFERED RECOMMENDATIONS DOPPLER, A HAND-HELD DEVICE, FOR FETAL MONITORING.

“EVIDENCE SUGGESTS THAT, IN ADDITION TO REGULAR NURSING CARE, CONTINUOUS ONE-TO-ONE EMOTIONAL SUPPORT PROVIDED BY SUPPORT PERSONNEL, SUCH AS A DOULA, IS ASSOCIATED WITH IMPROVED OUTCOMES FOR WOMEN IN LABOR. BENEFITS FOUND IN RANDOMIZED TRIALS INCLUDE SHORTENED LABOR, DECREASED NEED FOR ANALGESIA, FEWER OPERATIVE DELIVERIES, AND FEWER REPORTS OF DISSATISFACTION WITH THE EXPERIENCE OF LABOR (1, 17).”