

Multisite implementation of trained volunteer doula support for disadvantaged childbearing women: a mixed-methods evaluation

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Plain English summary

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Plain English summary

Our study looked at five schemes in England which offer support to disadvantaged women having babies. The support starts in pregnancy and goes on for 6 weeks after the baby's birth. It is provided by specially trained volunteers (called 'doulas'). The idea started with one of the five schemes and was then taken up by the other four, with the help of funding from the Department of Health. The philosophy behind the original doula service was to provide women with the support needed for a positive birth experience and breastfeeding. We looked at impacts on the NHS, on the women and on the volunteers and at how services had started the schemes and kept them running.

Participation rates were lower than we had hoped among women and doulas; 167 women and 89 doulas completed questionnaires. However, from those who filled in questionnaires or took part in focus groups we heard that most women really appreciated the service. Where women were less pleased with the service, it was because they had not received as much support as they wanted.

There was some evidence that women who had doula support had fewer caesarean sections although the numbers were not sufficient to rule out the possibility that this difference was due to chance. Women supported by doulas were more likely to start and to be continuing breastfeeding when their baby was 6 weeks old.

Through questionnaires and telephone interviews we learned that most volunteers enjoyed their role and called it a privilege to support a woman at such an important time. They felt that they had learned a lot and gained confidence and some had gone on to further training.

Midwives who took part in focus groups and the heads of midwifery who were interviewed were generally positive about the scheme.

Starting the schemes and keeping them running: funding was a major issue that persisted for all the doula services; other challenges included ensuring a steady rate of women referred and available volunteers.

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