



Swedish women's experiences of doula support during childbirth

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Abstract

Objective: to describe women's experiences of doula support during childbirth.

Design and setting: a qualitative study using a hermeneutic approach. Data were collected via tape-recorded interviews in the women's homes or at a place chosen by the women, one to eight months after the birth.

Participants: nine women, seven primiparous and two multiparous, aged between 15 and 40 years, who had received antenatal care at a special clinic for single mothers in Gothenburg, Sweden between 2006 and 2007.

Key findings: the role of the doula lies between natural care and professional care, veering towards professional care. Professional aspects include being a mediator to the unknown, and a human life line to help the woman to play her part in the birth. Furthermore, the doula is a coach who mediates a belief in the woman's capacity to give birth. The midwives' supporting role is not clear to the women, which can be the result of doulas having a more professional supporting role than giving natural care. Midwives are unable to offer continuity of care and constant support during the birth.

Implications for practice: the different supporting roles of doulas and midwives in maternity care should be addressed. Furthermore, maternity care should be organised in a way that gives the woman an opportunity to access continuity of care and constant support.

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Introduction

Childbirth experiences follow women throughout life (Simkin, 1991, 1992), and the overall experience is an important outcome of labour (Waldenstrom, 2003). The pivotal factor for a positive childbirth experience is support (Hodnett et al., 2003). A review based on studies from different countries shows that continuous support is associated with more spontaneous vaginal births, less intrapartum analgesia and a more positive child-

birth experience (Hodnett et al., 2003). Continuous support has the greatest benefits when the support begins early in labour, and when the provider is not an employee of the institution (Hodnett et al., 2003; Rosen, 2004).

One example of a non-employee supporting a woman during childbirth is the *doula* (a Greek word meaning 'woman caregiver of another woman'). Continuous support from doulas is associated with shorter labours, a decreased need for the use of any analgesia, oxytocin, forceps and caesarean

sections, and a less difficult and painful experience of childbirth. Intermittent support is not significantly associated with any of the outcomes (Scott et al., 1999a, b). Later postpartum benefits include decreased symptoms of depression, improved self-esteem, exclusive breast feeding and increased maternal sensitivity towards the baby's needs (Scott et al., 1999b). Doula support also has better outcomes for vulnerable women, such as single mothers (Kennell et al., 1991; Abramson et al., 2000; Pascali-Bonaro and Kroeger, 2004).

In Sweden, doulas are rare and they are not included in the public health-care system. One intervention study in Sweden did not show any positive effects of doula support compared with non-presence of a doula (Thomassen et al., 2003). However, in a study by Berg and Terstad (2006), the doula played an important role as the 'missing piece' for women during childbirth. Women who gave birth at home and in hospital participated in this study (Berg and Terstad, 2006). As mentioned by Rosen (2004), studies concerning doula support must be interpreted in the light of the society and maternity care in the country. In Sweden, women are not given the opportunity for a home birth through the public health-care system, and there are no birth centres. Midwives working in primary health care provide all antenatal care if the woman is healthy and has a normal pregnancy. Also, during childbirth, the midwives are in charge of women experiencing normal birth. The midwives in hospitals work in shifts and care for the women throughout labour. However, they often care for more than one woman simultaneously. Therefore, there are few opportunities for continuous support by a midwife during childbirth. There is also a lack of continuity of caregiver from pregnancy to childbirth as midwives in hospitals and within primary health care have different employers.

In summary, continuous support has benefits for women in general and for vulnerable women in particular. However, the studies that have evaluated doula support are from different countries with different care systems. This study investigated what doula support means to women, and women's experiences of support from the midwife when a doula is present. Therefore, the aim of this study was to describe women's experiences of having a doula present during childbirth.

Method

In order to describe women's experiences of doula support during childbirth, the researcher must

enter deeply into the experience. This is possible using a hermeneutic method, based on a life-world approach (Dahlberg et al., 2001). Life-world-based research focuses on experiences as they are lived by individuals. The concept of hermeneutics has its roots in the Greek verb 'hermeneuin', which means to interpret, and in the Greek noun 'hermenia', which means interpreting (Dahlberg et al., 2001). The text has great importance in hermeneutic research and the purpose is to find something new (Gadamer, 1995). The scientific attitude of interpretation is concretised in the circular process of understanding the hermeneutic circle, going from the whole to the parts and back to the whole again (Dahlberg et al., 2001).

Participants

The sample consisted of nine women who had received antenatal care at a special clinic for single mothers in Gothenburg, Sweden. All participants had also received doula support within the project 'Doula support for single mothers' which was funded by the European Union. Eight doulas were paid by the project. They had taken a special course where they met seven times and learned about birth and breast feeding. The staff at the clinic offered single mothers the opportunity to have a doula present during child birth. When accepted, the project leader mediated contact with the doula. Seven of the women were primiparous and two were multiparous. The women were aged between 15 and 40 years. Six of the women had a normal birth, one had a planned caesarean section, and two had an emergency caesarean section. During the birth, two of the women only had a doula present, three had a doula and a female friend, and one a doula and two female friends. Furthermore, one woman had a doula, her mother and her partner; another woman had a doula and her mother during the last part of the birth; and a third woman had her partner and a doula. All women gave birth at one of the two hospitals for maternity care in Gothenburg. The midwives in the hospitals received no special information about the doula project.

Permission to conduct and tape-record the interviews was obtained (in writing) from all women, who were assured that all information would be treated in confidence. Each woman was interviewed on a single occasion by the researcher. The interviews were conducted in the woman's home or at a place chosen by the woman, such as a café, and lasted between 50 and 120 mins. The initial question was 'Can you tell me about your

experience of doula support during childbirth?' A follow-up question was about the support received from the midwife. The women were encouraged to describe all their feelings and experiences.

Inclusion and exclusion criteria

Women who had received doula support within the project were invited to participate. The women were invited if they had a good knowledge of the Swedish language. Both primiparous and multiparous women were included. The doulas in the project informed, orally and in writing, all 19 women who had taken part in the project about this study. The information was given after the women had given birth. A few women who could not speak Swedish well enough to be interviewed were not informed about this study. All women, with a few exceptions, wished to participate. The intention was to interview approximately 10 women, which is an adequate sample for the research method. Nine women were chosen, and they were contacted again by the researcher and asked if they wanted to participate. The interviews were performed between November 2006 and July 2007.

Ethical consideration

The interviewees were given both written and verbal information about the study, and confidentiality was assured. The analysis was conducted in accordance with the ethical guidelines at the university college. According to the ethics committee at the hospital, ethical approval was not necessary.

Data analysis

The data were analysed following [Dahlberg et al. \(2001\)](#). During the analysis, the purpose was to search for 'otherness' and to see something new ([Gadamer, 1995](#)). First, all the interviews were read to get a picture of the whole. When the researcher had gained a preliminary understanding of the data, a new dialogue with the text began. The data were organised into different themes. Then the text and the themes were read to search for a new whole, a main interpretation, going from the whole to the parts and back to the whole again. The main interpretation was structured at a more abstract level than the earlier interpretation made during the analysis process. In this step, theory about natural and professional care ([Eriksson, 1997](#)) was used in order to further explain the phenomenon.

Findings

Continuity

For the women, childbirth was not only the time spent in the labour ward. All women involved in the project had the opportunity to meet the doula both before and after child birth. Getting to know the person who was going to be with them during child birth, gave the women a feeling of security and trust:

For me it was very important to get to know the person who was going to be with me ... to feel secure with her beforehand. (2)

During the meeting before birth, the women and the doula could get to know each other, and the women had the opportunity to express their thoughts concerning the birth. The women were given literature tips and could discuss practical matters about the birth. Some women did not want to meet the doula before birth, and sometimes there was no time for this meeting:

This was about getting to know each other. She wanted to know my expectations ... but then the doula pointed out things that I had not thought about ... if you feel that we are touching you too much, and talk too much, then you have to tell us because we are here for your sake. (8)

Moreover, the women were satisfied by the fact that the doula offered them the opportunity to meet after the birth. They could discuss the birth, breast feeding and nursing the baby. However, not all women wished to meet the doula afterwards:

I only ask for help if I really need it ... after the birth the doula said that I could call her if I needed help but I did not need it. (5)

Continuity also expressed wholeness, where the birth was more than the time spent in the labour ward. Women described childbirth as a party and as a trip, where happiness is mixed with pain and hard work:

It was almost like a trip, even though you have a coach when it was hard. (3)

I said to X and Y when we met that I wanted a happy birth. I had so much sorrow before because I was lonely ... (crying ...) and I wanted to feel good. And Y said, we are going to have a ladies party ... and we did so ... (the baby is crying) ... And we joked about this. (2)

In contrast, the midwives could not give the woman continuity. The women did not have the

opportunity to meet the midwife before or after birth, and could not even be assured that she would stay for as long as the woman needed during the birth. Some women described the labour ward as a production line:

There is no chance for me to meet the midwife who was going to be with me during the birth before, to get to know her. (2)

It is more like a production line for the midwives since they are running in and out the rooms ... they are not present all the time. (6)

To have a sister by your side

The doula was experienced as a fellow human being, as an ordinary person, who mediated a human dimension of care. The doula was also experienced as a person on the woman's side who gave a feeling of security and trust:

... the human dimension ... it is important that you feel it. The person who is with you should mediate this feeling. The feeling that I am a human being for her. (1)

The doula's support during the birth was expressed by her continuous presence, i.e. the women felt that she was there for them. The women felt the doulas's constant presence even though she left the room for short periods. They expressed a feeling of security as they knew that the doula would not leave them during the birth. The women reported that the doula's presence reduced the feeling of loneliness:

I didn't have to think about what was going to happen next. Or why she or the midwife left or I didn't have to think about different things since I got information and I didn't have to feel lonely ... and I think that this made me calm. I didn't have to worry. (2)

Having a sister by your side also meant that the women trusted the doula and felt free to discuss everything. The doula could also be somebody who annoyed them:

She didn't leave me; she was with me the whole time. And if I wanted to talk, I could be open and talk about everything. (1)

I was happy that there was somebody to be irritated ... it would have not been good to be alone ... she understood that this was not directed towards her as a person. (3)

The women found that the midwives left the supporting role to the doulas. Some women wished

that the midwives were present for longer during the birth:

I think she was happy and lively and so on, but I experienced that she went a half step back when the doula was present ... or one step back ... I wished she was more present. (2)

Some midwives could also be described as distant. The women expressed difficulties in remembering the midwife:

She was not often there ... she was left for a long time ... and during the birth I didn't hear her voice. (1)

Honestly I don't remember them. They just came in and I don't remember what they were doing. They put something on my belly I don't know ... they came in a few times. (6)

To follow the woman's wishes

The doula followed the woman's wishes by showing respect for her needs before, during and after birth. She followed the woman's instructions. The doula also followed and supported the woman's choice, e.g. request for a caesarean section:

She was with me a week before the birth and supported me to go there and say that I can't stand this any more ... She knew before that I wanted a caesarean and supported me and came along when I talked to the doctors. (4)

Following the woman's wishes also meant respecting the woman's choice of support persons during the birth. Some women wanted other support persons around them, for example the woman's mother and a friend. Others expressed a hesitation about having somebody with them during the birth:

My mother being with me, it is not natural for me; I know others who have had their mothers, but for me this is not normal. It is better to have somebody with whom you don't have any close relationship. (6)

The doula also followed the woman's wishes by also means adapting to a changed situation. A birth may suddenly turn into an emergency situation and then the woman may express a need for a support person other than the doula:

And then suddenly everything happened quickly and only one person was allowed to be with me. And then I wanted my mother to be there in case something happened. I was worried and I was

crying. And I thought this was my last moment and I looked at my mother. (3)

The women felt that their decision to have a doula present during the birth was accepted by the midwife:

I experienced that they thought that the doula knew what she was doing and thereby they could leave. Otherwise, I had said that I needed help. (6)

To get help to deal with the birth

The doula's support consisted of helping to deal with the birth, such as massage, breathing techniques and holding the woman's hand:

She held my hand ... and she breathed with me. And she helped me to start the breathing. I felt like I handled it even if it was painful. (7)

The doula also supported the woman to cope with pain, by teaching her how to work with pain by breathing through the contraction and by relaxation. The doula also encouraged the woman and gave her information about pain relief:

... and she taught me how to work with the pain ... I could relax ... to not be tense ... because last time I was tense all the time and then the contractions went worse ... but this time when the contractions came, she talked to me and said that you can manage and everything is OK ... you enter deep into the contractions ... like a ... I don't know how to explain this ... it is not dangerous and it is not going to be worse and you can manage it. (1)

The doula's voice mediated trust. The women reported that they could hear her voice but were not always capable of answering. The doula talked to the women about what was going on:

I heard her voice all the time and she calmed me down. (1)

The doula was also helpful with practical matters, such as fetching food and drinks. Furthermore, the doula gave different pieces of advice to the women, e.g. to move during the birth, and asked them about their needs during the process of birth:

The doula helped me all the time, and she supported me and asked me if there was something I needed or if we should try this or if I wanted to sit up or take a bath and so on. And my friend was fetching water and drinks. It was very good to have two persons. (6)

The doula was described as a coach who encouraged and mediated strength to the woman during birth. The doula was also perceived as an active person, who knew what she was doing. The women felt that the doula was one step ahead. The doula was also perceived to be active by, for example, supporting the woman to walk around during the birth:

She encouraged me and I felt stronger ... even if I was mentally weaker this time I felt stronger ... she told me that I was good enough ... she gave me that feeling. (1)

The midwives mainly mediated security to the women because of their medical role. The midwives' supporting role was not clear to the women. They also felt that the midwife withdrew herself and mainly focused on medical aspects:

Mostly the medical things. No support at all ... I did not have the time to realise this since I totally relied on the doula. (2)

A mediator to the unknown

According to the women, they were in a special state of mind during the birth. This was expressed as being in a bubble or in a shadow. Time, the surroundings and sounds were experienced differently:

And it felt nice because I was not there by myself, I was in my own bubble ... I heard things but I didn't really see ... I shut my eyes very much ... I didn't have the energy to look. (2)

Doula support helped the women to enter the birth and the special state of mind. The women reported that the doula understood them even if they could not communicate verbally. If they lost support, the women could have difficulties during this process:

She was a mediator between me and the unknown ... I could somehow enter towards myself ... I'm not a control freak, but I want some control, I really want control and I felt that I didn't need control now since I had my friend, and the doula was really close to me and I felt secure and then I could release and enter the bubble and be secure ... I could just be. (8)

The women reported that they participated and played their own part in the birth by entering the process of birth and the special state of mind. The women also played their own part in the birth by just following the process of birth:

I could enter my bubble and manage the situation on my own, and do my part of the whole. I managed to follow the instructions I had got; this is the only thing I can do. (8)

The women also felt that the doula could understand their condition, without any verbal communication. The doula could also help the women by eye contact if they lost their focus:

If I lost my focus I sought her help directly ... she helped me coming through by eye contact. (9)

If the women had difficulties dealing with the process of birth, a request for the midwife was expressed. Then the midwife could be the person who was in charge of wholeness during birth, and thereby gave the woman the support she needed. The midwives' presence was also requested in emergency situations when contact with the doula was not enough:

I had too much entonox that I totally lost control ... when I had the worst contractions and then she just ... she said that now you have to listen to me and now you have to be more focused and this will make you tougher and this was just what I needed at that moment. (5)

Main interpretation

The women experienced the doula both as a supportive human being, and as a professional person. Therefore, the role of the doula lies between natural care (Eriksson, 1997) and professional care. Support from a doula has aspects of natural care, 'a sister on your side', and is organised without being a profession, 'it was like a friend who knows a little more but has no medical responsibility'. A further aspect of natural care is that the birth is a life event which focuses on the woman's situation before and after birth. However, in reality, the doula is not a sister or an assistant as her support has professional dimensions. Professional aspects of support are: the doulas meeting with the women before and after birth in accordance with a special schedule; and the women's claims that the doulas have more knowledge about birth in comparison with a friend. Furthermore, to be a mediator to the unknown is another professional aspect of doula support. The doula is a human life line that helps the woman to play her part in the birth, i.e. to enter the birth and encounter the pain. The doula is a coach who mediates a belief in the woman's capacity to give birth. The woman is also helped by massage, information and with breathing techniques. The

aspects of professional care indicate that in the 'borderland' between professional and natural care, the doulas veer towards professional care. The midwives' supporting role is not clear, which may be the result of the doulas offering more professional support than giving natural care. The midwives mediate security to the women mainly because they have a medical role. This indicates that the midwives leave their support role to the doulas. According to the women, the support that the midwives are unable to give consists of continuity of presence, i.e. assurance that the women will not be left alone during the birth, and continuity, i.e. meeting the midwife before and after birth. Doulas were considered to be a contact to the midwife. Midwives were described as nice, distant people, responsible for the wholeness of birth. Women expressed the wish for the midwife to be present for longer, even when the doula was perceived to be the main source of security and trust. However, the women did not report any negative expressions from the midwives concerning the women's decision to have a doula present during the birth.

Discussion

This study found that women perceived the doula both as a professional person and a person giving natural care (Eriksson, 1997), even though they do not fulfil the criteria for either natural or professional care. These findings are similar to other research describing the doula as a lay woman outside the organisation of maternity care and 'in a movement of organisation towards a profession' (Gilliland, 2002; Lagendyk and Thurston, 2005). This study was limited by the fact that it was performed in a Swedish context and with a small group of women. Another limit is that the women had other support persons present such as friends, a partner and family member. In the study, this aspect was not studied. However, entering deeply into the experience of doula support gives one the opportunity to understand the nature of this support. The strength of a hermeneutic study based on a life-world perspective is the opportunity to understand a phenomenon, i.e. doula support from the subject's perspective, in this study from the women's voices (Dahlberg et al., 2001). This could not have been achieved by a quantitative study. Another limitation of this study is that the doulas who participated in the project gave information about the study. Therefore, there was a risk that the women who were not satisfied would not be involved.

According to Hodnett (1996), helpful labour support from a doula consists of emotional support (continuous presence, reassurance, encouragement and praise); physical support (comfort measures aimed at decreasing hunger, thirst or pain); information and advice about what is happening and how to cope; advocacy (respecting the woman's decisions and helping to communicate those to the health-care team); and caregiver support from partner or husband. The findings from this study contain the above aspects of support, but also a dimension of the woman's own participation, to enter the birth and play her own part in the birth. The doula was experienced as a mediator to the unknown who gives the woman trust and helps her with different strategies to cope with pain and the process of birth. This finding is really a professional aspect of doula support, which has similarities with central aspects of the midwife-woman relationship (Halldórsdóttir and Karlsdóttir, 1996; Kirkham, 2000; Hunter, 2002; Parratt and Fahy, 2003; Lundgren and Berg, 2007). As a midwife and a researcher, I am surprised by the descriptions of women entering the process of childbirth and the quality of the support given by the doula. Trust is essential for the relationship between the midwife and the woman, and a study from both high-risk and birth centre contexts shows that women trust themselves, the process of childbirth, the midwife and other health professionals (Lundgren and Berg, 2007). The results from this study also indicate that women place importance on trust in the doulas. Women are more likely to trust enough when they are supported within the midwifery model rather than when cared for in a medical model (Parratt and Fahy, 2003; Lundgren and Berg, 2007). Is this fact due to more continuous support in a midwifery model? Intermittent support is routine for most midwives and nurses world wide. Questions have arisen about their ability to provide effective labour support in the context of a modern institutional birth environment. They often have simultaneous responsibility for more than one labouring woman, spend a large proportion of time managing technology and keeping records, and begin or end work shifts in the middle of women's labour (Hodnett et al., 2003; Ballen and Fulcher, 2006). The results from this study verify this statement, showing that the doulas mediate continuous support, whereas the midwives' supporting role is unclear to the women.

This study found that the central aspects of doula support are continuity and being constantly present for the woman. However, midwives in Sweden are not able to fulfil these aspects of support because of the organisation of maternity care in the

country. In recent decades, the trend has been to centralise the care to large hospitals, with separate organisation for antenatal and maternity care with no opportunity for continuity of care. Worldwide, continuous support during labour has also become an exception rather than routine (Hodnett et al., 2003). There were two birth centres in Sweden which have now closed. However, in a study by Hildingsson et al. (2003), 8% of the women expressed an interest in birth centre care, and 1% in home birth, even if these models of care did not exist as an option. Hildingsson's study indicates that there is a desire for continuity of care in Sweden. A study by Olafsdóttir (2006) shows that if midwives are not able to give the women continuity and be constantly present for them, they tend to leave the women even if they have time for them. Does this explain why the women in the present study experienced the midwife as distant?

This study indicates that the role of the doulas lies between professional and natural care, and they veer towards professional care, even though they do not fulfil the criteria for either natural or professional care. A question arises about the consequences of being in this 'borderland'. One study shows that unclear roles between doulas and midwives are an existing problem (Ballen and Fulcher, 2006). This is verified by the results from this study showing that the midwives' supporting role was unclear to the women. Questions have also been raised about the different nature of support by nurses or midwives and doulas (Gilliland, 2002; Ballen and Fulcher, 2006), and lack of clarity in the purpose and the boundaries of the volunteers' role when institutionalising doula support (Lagendyk and Thurston, 2005). The study by Lagendyk and Thurston (2005) also shows that certain problems are encountered when institutionalising doula support in hospitals.

Another question is what is going to happen with the midwives' supporting role when the doulas move towards a professional care? According to this study, the midwives were nice but distant towards the women. This finding is in agreement with the study by Lagendyk and Thurston (2005) showing that the midwives' supporting role may be undermined by doula support. Olafsdóttir (2006) points out that it is of concern to midwifery if trained support persons, such as doulas, take over the supporting role. Therefore, the midwife is no longer at the side of the woman and is merely left to supervise the instrumental care (Olafsdóttir, 2006), which is verified by the result of the present study. Or could doulas and midwives work together to give the woman good care? If this is possible, more research is needed to describe the

different nature of support given by doulas and midwives.

Another question is how strongly research and practical midwifery focus on support and caring dimensions of childbirth. Several studies have shown the importance of support, but little has been done to answer the question about how this support should be given. Thus, more qualitative studies are required in this area. More research is also needed to evaluate doula and midwife support in different countries and care systems.

Conclusion

Doula support lies between natural care, i.e. a supporting human being, and professional care. A professional aspect in doula support is helping the woman to play her part of the birth, i.e. to enter the birth and encounter the pain. The doula can be seen as a coach who mediates a belief in the woman's capacity to give birth. The woman is also helped to handle the birth by massage, information and with breathing techniques. The results indicate that the doulas veer towards professional care. The midwives' supporting role is not clear to the women, which may be the result of doulas having a more professional supporting role than giving natural care. According to the women, the support that the midwives are incapable of giving continuity of presence, i.e. assurance that the women will not be left alone during the birth, and continuity, i.e. meeting the midwife before and after birth.

References

- Abramson, R., Altfeld, S., Teibloom-Mishkin, J., 2000. The community-based doula. An emerging role in family support. *Zero to Three* October/November, pp. 11–16.
- Ballen, L.E., Fulcher, A.J., 2006. Nurses and doulas. Complementary roles to provide optimal maternity care. *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 35, 304–311.
- Berg, M., Terstad, A., 2006. Swedish women's experiences of doula support during childbirth. *Midwifery* 22, 330–338.
- Dahlberg, K., Drew, N., Nyström, M., 2001. *Reflective Lifeworld Research*. Studentlitteratur, Lund.
- Eriksson, K., 1997. *Vårdandet idé (The Idea of Caring)*. Liber, Stockholm.
- Gadamer, H.-G., 1995. *Truth and Method*. The Continuum Publishing Company, New York.
- Gilliland, A.L., 2002. Beyond holding hands: the modern role of the professional doula. *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 31, 762–769.
- Halldórsdóttir, S., Karlsdóttir, I., 1996. Empowerment or discouragement: women's experience of caring and uncaring encounters during childbirth. *Health Care Women International* 17, 361–379.
- Hildingsson, I., Waldenström, U., Rådestad, I., 2003. Swedish women's interest in home birth and in-hospital birth centre care. *Birth* 30, 11–22.
- Hodnett, E., 1996. Nursing support of the labouring woman. *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 2, 257–264.
- Hodnett, E.D., Gates, S., Hofmeyr, G.J., Sakala, C., 2003. Continuous support for women during childbirth. *The Cochrane Database of Systematic Reviews*. Issue 3.
- Hunter, L.P., 2002. Being with woman: a guiding concept for the care of laboring women. *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 31, 650–657.
- Kennell, J., Klaus, M., McGrath, S., Robertson, S., Hinkley, C., 1991. Continuous emotional support during labor in a US hospital. A randomized controlled trial. *Journal of the American Medical Association* 265, 2197–2201.
- Kirkham, M., 2000. *The Midwife–Mother Relationship*. Macmillan, London.
- Legendyk, L.E., Thurston, W.E., 2005. A case study of volunteers providing labour and childbirth support in hospitals in Canada. *Midwifery* 21, 14–22.
- Lundgren, I., Berg, M., 2007. Central concepts in the midwife–woman relationship. *Scandinavian Journal of Caring Sciences* 21, 220–228.
- Olafsdóttir, O.A., 2006. *An Icelandic Midwifery Saga—Coming to Light. With Women and Connective Ways of Knowing*. Doctoral Dissertation, Thames Valley University.
- Parratt, J., Fahy, K., 2003. Trusting enough to be out of control: a pilot study of women's sense of self during childbirth. *Australian Midwifery* 16, 15–22.
- Pascali-Bonaro, D., Kroeger, M., 2004. Continuous female companionship during childbirth: a crucial resource in times of stress or calm. *Journal of Midwifery & Women's Health* 49, 19–27.
- Rosen, P., 2004. Supporting women in labor: analysis of different types of caregivers. *Journal of Midwifery & Women's Health* 49, 24–31.
- Scott, K.D., Berkowitz, G., Klaus, M., 1999a. A comparison of intermittent and continuous support during childbirth. *American Journal of Obstetric and Gynaecology* 180, 1054–1059.
- Scott, K.D., Klaus, K., Klaus, M., 1999b. The obstetrical and postpartum benefits of continuous support during childbirth. *Journal of Women's Health and Gender-based Medicine* 8, 125–1264.
- Simkin, P., 1991. Just another day in a woman's life? Women's long-term perceptions of their first birth experience part 1. *Birth* 18, 203–210.
- Simkin, P., 1992. Just another day in a woman's life? Part II: nature and consistency of women's long-term memories of their first birth experience. *Birth* 19, 64–81.
- Thomassen, P., Lundwall, M., Wiger, E., Wollin, L., Uvnäs-Moberg, K., 2003. Doula—ett nytt begrepp inom förlossningsvården (Doula—a new concept in maternity care). *Läkartidningen* 100, 4268–4271.
- Waldenström, U., 2003. Women's memory of childbirth at two months and one year after the birth. *Birth* 30, 248–254.