THE FULL CIRCLE DOULA® PHILOSOPHY

Blessed is the Doula whose intention is to sacrifice her time to serve mothers, babies and families.

The Full Circle Doula® Intensive Training offers information on cultural awareness and sensitivity, medical terminology, prenatal support, nutrition, labor support, massage techniques, prevention of prematurity, low-birth weight and infant mortality, HIPPA rules, and much more.

We teach our Doulas to:

• Support and assist during labor and birth, using comfort measures such as: breathing, relaxation, massage, and positioning.
• Provide physical, emotional, and informational support to women and their partners before, during and after labor and birth.
• Value women led births and a mother’s intuition to birth in her best position.
• Help establish successful breastfeeding.
• Teach and promote bonding activities between newborn, mother and family.
• Function as an integral part of the Maternity Care Case Management Team.
• To be a leader for birth justice in their community.

On average, Doula attended births provide:

• Reduction of cesarean rates and shorter labors.
• Reduction of epidural requests and analgesia use.
• Reduction in vacuum and forceps deliveries.
• Improvement of the mother/infant bond.
• Improved satisfaction with the partner after birth.
• Highest breastfeeding success rate.

WHO ARE FULL CIRCLE DOULAS®?

A Full Circle Doula® is person who cares about helping a pregnant woman, a new mother, her baby and her family. They commit meeting with a woman during her pregnancy to help her create her birth plan, and then uses labor support techniques to help her achieve the type of birth she desires. A Full Circle Doula® helps a woman during labor and delivery, and during the first weeks after the baby is born. The Full Circle Doula® works with the midwife or doctor, as a member of her clients birthing team. Studies show that women who use doulas have less risk of cesarean section, a more positive birth experience, and are more likely to be able to successfully breastfeed their babies. Doulas are an important addition to the community health care team.
Shafia Monroe Consulting trains Full Circle Doulas® to work with women during this important time of their lives. The Full Circle Doula® intensive training course teaches comfort techniques, childbirth methods, nutrition and exercises appropriate for pregnancy, labor support tools, methods of strengthening parental bonding, techniques to establish breastfeeding, normal baby care, and postpartum care for the mother. Full Circle Doulas® are culturally sensitive, kind, respectful, and support the whole family. They encourage the involvement of the father during pregnancy, birth and the postpartum period.

WHAT DO FULL CIRCLE DOULAS DO?
Your Full Circle Doula® will meet with you during your pregnancy. When you go into labor she will be with you to support your labor and the birth of your baby. She will also visit you during your first week at home to help you with breastfeeding advice and newborn care. She can even provide household help so you can rest and be with your new baby.

Your Full Circle Doula® is trained to provide culturally sensitive, kind, respectful and caring support during your pregnancy and birth.

She will share information on nutritious meals and healthy lifestyles so you, your baby, and your family will be healthy. She will help connect you with agencies and resources if you need help with housing, food, or medical care.

She will help you in the ways women have always helped each other in pregnancy and birth: as a friend and companion during this special time in your life!

THE PHILOSOPHY
Blessed is the Doula whose intention is to support positive birth experiences and memories for new mothers and their family.

The moon, the sun, the earth all rotate, producing earthly peace, heat, and growth, and providing service to facilitate the smooth transition from the womb to the earth; serving pregnant women is in alignment with the universal rotation of harmony.

The Full Circle Doula® is a trained professional who is able to provide comprehensive support from beginning to end, giving prenatal and postpartum doula services. She helps a pregnant woman to transition smoothly through pregnancy, labor and motherhood by providing emotional and physical support. An Full Circle Doula® captures what she needs from the birth cultural to support the pregnant mother and her family.

A doula historically was a mature woman, usually the mother or mother-in-law; experienced in birth and marital or couple relationships, breastfeeding and parenting. An expert in wisdom, she hones her innate intuition to provide personal and sensitive coaching to mother and her family.

A doula was often part of the extended family or a respected community member, trusted within the community which the expected mother lived. Originally, the doula was often the pregnant woman’s mother or grandmother. They understood the needs of the pregnant woman, often through their own personal experience, or through the tribal rites of passage,
birth, prayers, rituals, songs, special foods, and dance. In some societies, the community healer or midwife is the doula. In the Dagara Tribe of West Africa, for example, when a woman is in labor approximately five older women walk with her while she is in labor, chanting softly in her ear. They are considered the village Doulas, though they do not have such a word in the Dagara language, the custom of supporting women during labor is deeply intertwined in their culture.¹

When women-led birthing moved to the patriarchal model, with isolated and medicated births, the need for woman-centered support for laboring women was slowly eradicated. But the spirit remained embodied in the sub-conscious of the mother, mother-in-law, older sisters and women folk. It was manifested in a vigilance of protection, with birthing lore and providing after care that included the family and its traditions. As a result, mothers and mother-in-laws would fly cross country to be on hand to help the new mom rest at home by preparing meals, doing housework, caring for siblings and reassuring the mother of her ability to mother.

TRADITIONAL BIRTH PRACTICES

Historically, when a woman went into labor, the women folk would be summoned and they would come to her or she would go to them, depending on the village practice. In any case, it was these women who remained with her, attending to her needs, offering words of encouragement, serving the appropriate birthing drinks, and singing the songs of strength and life.

The shift came in the early 1950’s, with the introduction of the Twilight Sleep. This was the beginning of a systematic dismantling of women-centered birthing. Twilight Sleep is when a laboring woman was given a combination of a tranquilizer, an analgesic and an amnesiac.

The purpose was to have the woman in a sleep-like state and unable to clearly remember her birth experience. During this period, the medical society believed that the birth experience was so traumatizing that women didn’t need to remember, and so the Twilight Sleep was supposed to be an advancement for women.

However, it was a horrific experience for many. Women reported not being in control, being forced against their will to take the medicine, and many said as a result they did not feel connected to their newborns. Since the laboring woman was not participating in her birth, the medical system felt there was no need for woman companionship and so women were separated from their natural support systems.

I remember hearing my own mother speaking of this drug being used with her six deliveries, and how upset she felt about it. She said although she didn’t want the drug, it was routinely given to her.

A further drug intervention that removed the Doula from the birth scene was the use of Gas Anesthetics; inhalant anesthetics such as nitrous oxide (laughing gas) and halothane were often offered for the actual delivery. These drugs caused disorientation, sleepiness,

¹ The Healing Wisdom of Africa” by Malidoma Patrice Some’
and also hampered the ability to participate in one’s birth, or bond with the baby. This reinforced the separation of women in providing comfort measures to the laboring woman, during that time.

This period further included giving mothers routine shots to dry their milk, preventing them from nursing their babies. If ever there was the Dark Age, this was a repeat of that time. Ignorance of pregnancy, birth, and nursing had become paramount in our society. How could women support one another in birth when they didn’t remember their own birth experiences? Women became disempowered and all of their trust was given to the medical community; they lost their voice, their intuition, and traditions.

THE WOMEN’S MOVEMENT

In the early 1960’s, American women and men began organizing to reclaim their birth experience. Natural childbirth, midwifery, husband-attended births, home birth, birthing rooms, birthing centers, and breastfeeding were reintroduced during this phase. Women had labor coaches, or labor assistants; those titles have been replaced by the word “Doula” a Greek word meaning servant or woman servant.

MIDWIFERY AND THE DOULA

In many cultures, the midwife was the Doula. In some parts of the south the midwife was expected to stay until the delivery was complete and both mother and baby were cleaned and settled. She would further continue to visit the family for three consecutive days or until the umbilical cord fell off. During this stage, she brought food and assisted in the home of the new mother. This included supporting those people closest to the mother.

The southern midwives served in a Doula capacity, because it was just part of the culture of doing what needed to be done, it was spiritual, it was a survival practice, and it was part of their African heritage to honor and support the pregnant and newly birthed mothers.

I, Shafia Monroe, also followed this tradition when I began my home birth midwifery practice in 1978. My midwifery training emphasized being there from beginning to end. I used the prenatal care period to form a bond through the nurturing of the mother. That meant always taking the time during prenatal visits to listen to the concerns of the mothers without judgment and providing emotional support. My midwife mentor taught me that it was customary in our tradition to give the mother a back rub before you ended the visit or if needed, a full body massage. On some occasions, we would give the expecting father, a shoulder rub to help reduce his stress. We also showed the partners how to massage one another.

My experience during the early 80’s supported the midwife maintaining Doula functions. Along with providing emotional support, physical care, I also gave educational literature, both visual and written to help the family stay informed and involved in the pregnancy experience. The literature included signs of labor and relaxation techniques, but it also included patient rights and responsibilities and how to develop a birth plan. Couples often shared how the materials gave them confidence during their labor experience.

LABOR SUPPORT

As a Full Circle Doula, I always stayed with the mother throughout her labor, wiping her
face and offering her nourishment. I helped her with breathing, relaxation, visualization and just letting go, when needed. It was my duty to offer comfort measures and support to her and her mate. When a mother’s contractions increased in frequency and strength it was a good time to begin having her change positions. I would encourage the mother to be upright as much as possible: walking, crawling, and squatting. When the mother was home, we used daily home rituals for labor development, such as kneeling to wash the bathtub, sweeping the floor and going up and down to pick things from the floor. Water is used universally as a healing tool, and I encouraged mothers to bathe, shower, or walk in the rain. I also urged them, and even insisted at times, to consume water and stay hydrated, which is very important in supporting effective contractions. Plus, I used warm water wraps on their bodies; they often just sighed with relief because it re-energized them; the warmth and moisture helped them to relax. Warm compress to the vaginal area during pushing further aided the mother, helped reduce the "Ring of Fire" and helped decrease the incidence of tearing. After the birth, I was usually honored by being the first one to wash the newborn as the mother watched or rested.

**POSTPARTUM CARE**

My postpartum care, along with vital signs included changing the mother's sheets after the birth, giving her an herbal bath or a hot shower, helping her change into clean clothes, cleaning up the birth room, and cooking a nourishing meal. It included staying in her home until she felt comfortable nursing her baby and being alone with the family members. I have spent many nights, or days sitting with the new parents, listening to them debriefing their birth experience with me or talking to the dad, hearing how he is feeling, offering him a cup of tea, encouraging him to rest with mother, while I attended their older children or cleaned up. In my practice, I would make three home visits and return on the tenth day and stay involved until the family no longer needed me.

The postpartum period is an adjustment period that is much longer than six-weeks. In Ghana, West Africa the postpartum period is three-months. During this time, the new mothers of the Ewe tribe and the baby dress only in white. This lets their society know that they should be cared for in special way, that new life has just entered their mists. They are given gifts and the mother is to rest and just nurse her baby while her family fulfills the household duties. In this culture, there appears to be little or no postpartum depression.

**THE FULL CIRCLE® PHILOSOPHY**

We use the “Full Circle” philosophy of providing continuous services, recognizing that birth is just the beginning of a long road of needed support and services.

Actually, many public health systems refer to this model as "One Stop Shopping," meaning instead of having clients going through a maze of social services, which is a hardship for many, they are designing social services so that the needs of clients can be met with the same provider and at one site. The "Full Circle" model can reduce the number of providers that a pregnant woman has to see. Many midwives like being able to provide the following services: childbirth classes, breastfeeding counseling, prenatal care, postpartum care and newborn care. Numerous families mention that they appreciate receiving these services from their primary provider. In retrospect, there are midwives who practice with a strong referral component. Ultimately, you want the mother to have the choice. Some mothers may want a Full Circle model or she may prefer a group practice style of care. Due to the fast pace of our society and the distances that clients travel, a Full Circle practice may not always
be feasible for midwives or their clients. As a result, you may try to serve clients within a certain radius from your home in order to incorporate the Full Circle Doula® practice without hardship.

The availability of trained Doulas makes for a good birth team, particularly when the distance between the hospital and client is great.

The benefit of working with a Doula is continuous emotional support for the mother in the prenatal and postpartum period, which adds strength of continuity to the birth team. This type of care is significant. However, the Full Circle Doula® has the freedom to specialize in the areas that most inspire her. Some concentrate on being a prenatal doula or a postpartum doula, some become nannies, specializing in infant care.

‘Doula’ is a Greek word which means woman servant, but for many groups, this work has other memories. African American women served as domestic workers, waiting on pregnant women, cleaning their homes, wet nursing and raising their children. In addition, using the word ‘Doula’ for the medical community and the phrase ‘Birth Companion’ for the lay community explains the warmth and care that is integrated in this work. Historically, the doula was the experienced and wise woman. However, due to numerous factors, they have been replaced by trained certified birth assistants, now called Doulas.

Hopefully, we will reclaim our knowledge of women-led birth. Then we will re-inherit our self-confidence and believe in our intuition/mother wit. It is then that we will have gone "Full Circle."

**TODAY’S DOULA**

The 21st century Doula is a woman who has birthed a child, loves children, is childless, loves supporting pregnant women, or works in the maternal and child health field.

She has probably audited a childbirth class, has participated in some hours of breastfeeding counseling and is self-led in reading a triage of pregnancy, newborn and breastfeeding literature.

Often, she is the one who volunteers to accompany family and neighbors during their labors and loves to do it.

The Full Circle Doula® has developed her innate ability to care for pregnant women through their labor, birth and transition back into their communities. She can do this by registering for Doula training, working with community women and reading relevant materials to strengthen her womanly skills of providing Doula care.

**FULL CIRCLE DOULA TRAINING**

A basic Doula training should offer these skills: the philosophy of women centered birth, the emotional aspects of pregnancy, the physiology of labor and birth, the signs of pregnancy, postpartum care, the newborn, breastfeeding, relationships with significant others and siblings. It should cover working in various birth settings and working with hospital staff and birth teams. In addition, the training should include listening skills, loss and grieving, self-development, marketing and business. The training can also include identifying
community resources, referrals and advocacy.

The advantage of being certified is your proof of understanding and competency.

WHAT DO Full Circle Doulas® DO?

- They provide comfort and support to the laboring woman and her family
- They provide emotional support
- They provide mini childbirth classes
- They help the father find his comfort zone in the process
- They support the rights of the laboring woman
- They are sisters in the midwifery circle
- Doulas arrive when the laboring family summons her and will stay with until the birth of the baby and after to help with bonding
- Doulas helps with breastfeeding
- They help with newborn care, nutritional needs, newborn development and parent-infant bonding
- They help the siblings feel included
- Doulas provide a list of community resources
- Doulas help with emotional adjustment
- Doula represent the past women who knew the birth traditions and supported women before the Twilight Sleepera
- Doulas help with light housekeeping and cooking after the birth.
- Doulas do what it takes to help the family bond and enjoy their newborn

THE CHARACTERISTICS OF A Full Circle Doula®

- Trust and openness
- Humor
- Physical Strength
- Enjoy talking and teaching
- Stamina
- Respectful
- Intuition
- She is a hands-on person
- Honoring confidentiality
- Generosity
- Can make and keep commitments
- Can work with others
- Clean and Hygienic
- Believes in a woman’s ability
- Good listening and communication skills
PREPARATORY LIFE SKILLS

- Birthing or caring for children
- Working with pregnant or postpartum women
- Helping families and neighbors
- Leadership or involvement within your faith community
- Any experience that you believe has prepared you for this profession
- Involvement in health promotion and organization
- Teaching childbirth classes or life skill classes
- Being well-read in pregnancy and birth literature
- Working as a Certified Nursing Assistant

THE DOULA PRACTICE

As a Full Circle Doula® you will provide comprehensive care from labor to the care of the newborn, and although you may decide to perform as a labor Doula or a postpartum Doula, you will have the knowledge to sympathize with the total birth experience. As a Doula you will be able to help the mother recognize pre-labor symptoms and determine the signs of true labor and help the dad find his place in the process of the birth of his baby.

Once a pregnant woman and family decide to use your services, you should make a home visit and have her/them fill out a chart with their demographics and prenatal history. They should share who will be present at their birth, what their roles are, and what type of support they want. It is helpful to have a copy of their birth plan for your records. If they don’t have one, you could provide the tools for them to create one. Some tools may include a generic copy of a plan, books that give a good outline, or your suggestions of what should be included.

One of your most important goals is to have the mother and father be relaxed during the pregnancy and throughout the labor. Labors require minimal to no intervention when the mother is relaxed. In fact, research confirms that mothers who are relaxed during labor have shorter labors and less medical intervention.

When the mother is calm and confident, she brings in sufficient oxygen to her muscles, which helps the uterus (a muscle) to perform at optimal capacity. Giving the mother and father time to share concerns and encouraging them to seek answers helps build their confidence.

It is fun watching the parents use their creative side, to design their labor/birth bag. The birth bag is an important bag because it has the tools for supporting creativity during the labor. The objects in the bag can represent faith, relaxation, strength, endurance and intuition. The labor bag can be a large purse, a back pack, a diaper bag, a brightly decorated box or even a shopping bag, but something that won't rip and that is water resistant.

The labor bag should have massage oils of two different types: one with a jasmine scent and one without scent. Jasmine scent is believed to help with the coping of labors zings (zing replaces the word pain). Never use a scent that a mother cannot tolerate, however, regardless of how positive the healing properties.

The bag also needs talcum-less powder for smooth, dry, frictionless massages, and a hot water bottle or heating pad for the back, the lower part of the uterus, and other sensitive or
cold areas of the body. An herbal non-drying soap, such as lilac or sandalwood, is good, but of course, it is the mothers’ call. Other items to have include: chap stick, incense for a sweet smelling (non-hospital) birth space, candles, music, flashlight, a mirror to see the crowning, cotton socks for the feet, focal point items, healthy candies for throat dryness and energy, hair ties, a brush and comb, large comfortable panties, a robe that opens easily, ginger tea, limes and fruit juice, bottled spring water, books, her faith book or daily inspirations, games or hand distractions (i.e. knitting, etc.), a chart with labor-related acupressure points, a birth ball, body pillows, king size pillows, standard pillows, and a 3 foot scarf that can serve as a Rebozo for labor positions and supporting the body.

Include face cloths, towels and two basins for hot and cold compresses. An extra basin is helpful in case the mother vomits - a very common thing when transition approaches. Having a cell phone can also be helpful for communication when the hospital phone is in use. Ice is also needed to furnish liquids. Freezing herbal ice cubes or juices are very refreshing for the mother. Most hospitals will allow women to have liquids or ice chips in labor, though food is still not offered.

Once you have established that a mother is in labor, it is important to congratulate her, after all, this is the moment that we all have been waiting for. Ask her if she needs your support. What does she want you to do? Sometimes in early labor, just being available by phone is sufficient. Other times, the mother needs you to make a home visit or even stay there with her until you decide to go to the hospital together, unless she is having a home birth.

During the early stage of labor when contractions are coming every 15 -10 minutes and lasting 20-40 seconds, try to help the mother remember to relax and use slow and steady breathing. Employ humor. Jokes and funny stories are helpful. This is a good time to tell positive birth stories.

Actually, during the early stage of labor, a woman’s partner can be very powerful in helping her to stay calm and relaxed. As labor progresses, use the birth bag tools to help the laboring mother.

In labor, a touch, a soft voice and sometimes a firm voice is used for keeping the mother centered.

When it is time to birth the baby, unless it is a water birth, use warm compresses to the vaginal area. Mother always says how much this helps. The warm compresses prevent the "welcome ring" formally known as the "ring of fire" (we have developed a better word association for this sensation). This occurs during crowning and has been described as a strong stretching, with a prickly heat sensation around the vaginal opening. The sensation is minimized by the use of warm compresses or warm oil (any edible oil such as olive oil). These can also help the vagina tissue to give or to stretch more readily. In addition, having the mother make small short coughs during the crowning can help with reducing the welcome ring sensation and help reduce perineum tearing.

After birth, the ’s Full Circle Doula® continues to use items in the birth bag. The mother and baby can be given herbal baths together, which is very enjoyable for both. Many mothers
initiate breastfeeding at this time.

The best foods to provide are usually wet foods with healing spices. The postpartum diet should replace minerals, vitamins, fluid, and support circulation. Miso, chicken and vegetable soups, and ginger teas with raspberry and peppermint are soothing for mothers. In addition, refrain from the use of caffeine as long as possible. The mother should continue with her healthy pregnancy diet, but increase her calorie level since mothers need an additional 200 calories per day while breastfeeding.

In the end, the "Full Circle" is completed with the naming ceremony and the introduction of the new baby to its extended family and their community.

And you have completed the miraculous journey with them.