

# CAPPA Position Paper

## Antepartum Doula Support for High-Risk Pregnancies

### Introduction

Many women today are facing high-risk pregnancies. They are labeled high-risk for complications in pregnancy such as placenta previa, gestational diabetes, premature rupture of membranes, preterm labor, pregnancy-induced hypertension, and multiple gestations. Pre-existing conditions like diabetes and infertility also contribute to the high-risk epidemic. The treatment for many of these high-risk issues is bedrest. Over 700,000 women each year in the United States are prescribed bedrest for the treatment of a pregnancy complication. This equates to 1 in 5 women on bedrest restriction.

One in 9 babies born in the United States, is premature, born before 37 weeks of gestation. Most of these pregnancies were considered high-risk; most were on bedrest restriction. These women and their families faced the enormous difficulties of trying to cope with the pregnancy and still keep the family functioning. Many times this leaves a large burden on spouses and partners. These families now have access to the well-known support of a doula, but specifically trained to assist with high-risk pregnancies.

### Definition

*The Antepartum Doula:* A woman fully trained to assist women and their families facing high-risk pregnancies, providing informational, physical, practical and emotional support.

(Kemp & Page, 1986). Listening to the woman's feelings and daily experiences may be sufficient to alleviate maternal concerns or to help the woman cope. In addition, referral for spiritual care is a great source of consolation, as is the use of telephone support groups. Although friends may be supportive, their perception of the bed rest experience often is that the woman is "relaxing in bed," whereas her perception is that she is "actively fighting for her baby's life" (Johnson & Kraut, 1990). Friends often lack an in-depth understanding of

what it is like to be sequestered in bed for days on end and thus are unable to provide appropriate support. If the woman becomes dramatically depressed and appears unable to develop coping skills, professional referral is appropriate.

### Informational Support

The Antepartum Doula can provide information and resources, such as web site support groups, books and magazines. Complete Childbirth Education or a refresher is especially important for those on bedrest. Antepartum Doulas also provide the family with referrals to professionals who work with expectant mothers such as massage therapists, belly casters, pregnancy photographers, and others who might be helpful.

### Physical Support

Teaching high-risk mothers and those on bedrest the art of relaxation can help them tremendously. Step by step these mothers learn techniques such as visual imagery, guided meditation, progressive relaxation and others. This will aid them in their ability to calm their minds as well as their bodies. Massage, aromatherapy, music therapy and distraction are beneficial also.

### Practical Support

Sibling care, errand running, light house-keeping, and basic meal preparation are just a few tasks that can be families can be assisted with. When a mother is placed on bedrest, the Antepartum Doula is a great tool to help her create a command center where she'll be resting. This support can be provided in the hospital setting or in the home.

### Emotional Support

Helping the mother come to terms with the issues she is facing. Whether it's encouragement to learn how to eat differently for diabetes or helping to

***During a high-risk pregnancy, provision of psychological support often is neglected because providers tend to focus on maternal and fetal physical health***

ease her into the transition of being on bedrest. This helps her to focus on her task at hand of creating a healthy baby. One-on-one support at this time can be crucial because this will have an effect on how she views the entire pregnancy and the birth. Encouragement for the mother is a very important issue.

She needs to feel that she is still in control and that what she is doing for her baby is a gift that only she can give. As the pregnancy progresses, the continued positive and empowering support can help the mother have a better outlook. The mother knows she has someone to whom she can talk with who doesn't have an opinion and is there to support her when she needs her. The Antepartum Doula is someone that will really listen to how she is feeling and help her to understand those feelings.

The Antepartum Doula is also trained on providing support for families that have a child in the Neonatal Intensive Care Unit. Support for these families is even more critical because of the emotional roller coaster that they go through with having a premature child.

## Conclusion

The Antepartum Doula is very important for families. Friends, relatives or other referrals may assist periodically with the practical end of care, but the Antepartum Doula can provide the much-needed constant and consistent support for the mother's emotions along with the practical, physical and informational care. By supporting high-risk mothers, the Antepartum Doula gives them the encouragement to find things in their pregnancies that are normal, help them to plan for the birth and encourage communication with their caregivers. Empowerment for the family is the bottom line. The Antepartum Doula completes their childbirth team.

In the only study of home bed rest (Monahan & DeJoseph, 1991), 33 women described the factors that contribute to emotional distress and women's coping mechanisms. Results revealed that anxiety decreased as the length of bed rest increased, with younger women having more anxiety than did older women. Only 18% of the women were coping well and did not need additional assistance. Approximately 50% were unable to adhere to the activity restrictions, either because they needed to do things for themselves when someone else was not around or because they perceived that their condition had stabilized. Husbands were the major source of assistance. Contrary to popular belief that outside help can reduce the burden of bed rest,

women who received outside help were significantly more depressed. Monahan and DeJoseph (1991) concluded that it is likely that increased anxiety during bed rest is associated with the activity restriction, rather than pregnancy risk, because anxiety was not associated with gestational age. They stated that there is a critical need for careful discharge planning and continued follow-up and support of the woman who is admitted to the hospital.

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