


**DOULAS IN OBSTETRIC CARE: A REVIEW ON THE LEGISLATION
AND STATUTE OF THE FEDERATION OF DOULAS IN BRAZIL**

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ABSTRACT

The migration of births from the home environment to the hospital resulted in transformations in the act of giving birth, ceasing to be a physiological event specific to women, to transforming it into a medical act full of interventions that can cause iatrogenesis, in addition to an increase in costs to health-care systems. In this context, the figure of the doula emerges, an active health professional in the movements for the humanization of childbirth, who seeks physical and emotional support for women during pregnancy, childbirth and the puerperium. Doulas function as an active part of this transformation and are fundamental to reducing the cesarean section epidemic, as well as to the fight for women's reproductive health. Although the profession has been recognized for a long time around the world, in Brazil, it was only in March 2022 that the laws regulating the profession were approved at the Federal level. The approval was the result of the union of professionals who began to organize themselves into State Federations and, later, created the National Federation of Doulas of Brazil, the organization responsible for the Statute of the Profession. This article discusses the changes that have occurred in obstetrics over recent history.

Keywords: Doulas. Humanized Childbirth. Obstetrics. Women's health.

1. INTRODUCTION

Obstetrics is one of the great areas of medicine that has undergone great changes in recent centuries. Births ceased to take place in the home environment, attended by midwives and women in the family, where the woman was the active subject of the event, and migrated to the hospital, where the woman is treated as a passive subject, a patient. Although these changes were positive from an epidemiological point of view, with a reduction in the mortality rate at births and other problems caused by poorly attended deliveries; on the other hand, they also implied that the natural and physiological act of giving birth has undergone transformations to the point of hardly happening without medical interventions (NAGAHAMA, 2005).

The classic panorama of obstetrics practiced in large urban centers, where the surgery is performed in a few minutes and the baby is taken for pediatric evaluation away from the mother, clashes with the current demands of women's health movements that raise the banner of the humanization of the childbirth, asking for deliveries in more intimate environments, accompanied by obstetric nurses and with the presence of a doula and a companion.

This type of delivery became known as *humanized delivery*, although the name is questioned by many professionals. And it is in this environment that the figure of the doula

emerges, a professional who works by bringing physical and emotional support to the woman during pregnancy and childbirth.

Doula is a word of Greek origin, and it means woman who serves another woman. Currently, doulas as midwifery professionals emerged approximately in the 80s of the last century; however, it can be said that their performance is much older than that and women who helped other women to give birth have existed since long before childbirth became a medical act (NAGAHAMA, 2005). It is assumed that, in the past, doulas worked as assistant midwives and that their work as an assistant to these women served to train them as future midwives. It was also common for more experienced women, who had already gone through the experience of giving birth, to help the younger ones.

In the scenario of contemporary obstetrics, doulas emerge as key professionals for reducing the cesarean section epidemic that plagues both developed and developing countries. Several studies have demonstrated the benefits of the presence of doulas during childbirth, such as a reduction in the cesarean section rate, reduction in the use of pharmacological analgesia, forceps, synthetic oxytocin and other interventions, in addition to increased breastfeeding success and satisfaction with the childbirth experience. , among other benefits (KLAUS E KENNEL, 2012).

Doulas work actively in health promotion, both in individual consultations and also through groups of face-to-face and virtual pregnant women. In the last decade we have seen the exponential growth of the profession, which culminated in the increase in demand and supply for training courses for doulas across the country. Thus, carrying out bibliographical review work on the performance of doulas in Brazil and the existing legislation for the profession is relevant to support practices and public policies that promote more humane delivery and postpartum care, with better maternal outcomes and neonatal care and professional development of doulas.

2. METHODOLOGY

We propose a descriptive research of bibliographic review and analysis of the legislation on the role of doulas in the Brazilian obstetric scenario. The Doulas Bill will be reviewed - Law No. 3946/2022 - approved by the Chamber of Deputies, and awaiting sanction by the Executive, which deals with the performance of doulas and the regulation of their profession in Brazil, as well as other pioneering laws in legislation of the profession in the country, in addition to the Doula Statute, a document proposed by the National Federation of Doulas.

Literature will also be reviewed on the role of these professionals as agents for promoting women's health during pregnancy, childbirth and the postpartum period, as well as the existing bibliography on training courses for doulas.

3. DISCUSSION

3.1. THE DOULA AS A TOOL FOR REDUCING INTERVENTIONS

The doula is a trained professional who provides physical and emotional support to the parturient, in addition to providing information about labor, interventions and necessary procedures, so that the woman can actively participate in the decisions and conduct to be adopted. taken during this period. (MINISTRY OF HEALTH, 2002)

In 2018, the WHO published a manual on good practices in gynecology and obstetrics in which it sought to draw the world's attention to the growing wave of medicalization and instrumentation of childbirth (WHO, 2018) . The data presented in the manual indicated that only about 10% of pregnancies will require some type of intervention, such as oxytocin induction or the use of misoprostol, forceps, episiotomy or an emergency cesarean section. This percentage is far from what we see in maternity hospitals in the country, where cesarean section is the main mode of delivery.

According to data from the Nascer no Brasil survey : national survey on labor and birth, almost all women who give birth in Brazilian hospitals and maternity hospitals undergo some type of unnecessary intervention; whether cesarean sections without real indication, use of forceps, episiotomy, Kristeller maneuver, among other practices considered obsolete by the most current obstetric evidence. (LOYAL, 2014)

One of the main advantages of the work of doulas is the reduction in the use of invasive and unnecessary medical procedures, such as the convenience cesarean section. Studies show that the presence of a doula at birth decreases the likelihood of cesarean sections, reduces the duration of labor and the risk of postpartum depression (SOSA et al, 1980). In addition, the presence of the doula helps to provide a more positive experience for both the mother and the baby, reducing anxiety and stress during labor and improving breastfeeding.

Another important aspect of the doula's performance in Brazil is its appreciation as a health professional, since the figure of the doula is still often seen as a "luxury companion", which highlights the necessary expansion of access to this professional by the most vulnerable sectors . vulnerable members of the population, such as low-income women and in regions farther from large centers.

It is important to emphasize that the presence of a doula does not exclude the presence of a companion, a pregnant woman's right provided for in Federal Law No. 11,108, of April 7, 2005.

3.2. TRAINING COURSES FOR BRAZILIAN DOULAS

As of 2013, the doula has been recognized as a professional by the Brazilian Classification of Occupations of the Ministry of Labor and Employment as a profession in the health area. The importance of understanding the performance of this professional avoids confusion in the face of the performance of other professionals such as midwives and obstetric nurses. The doula is not able to perform technical procedures such as listening to the heartbeat, receiving the baby, cutting the cord or evaluating the placenta, for example. Nor can it define specific diagnoses such as labor dystocia or the need to refer the pregnancy for surgical resolution. Therefore, the doula does not work alone, her work requires the monitoring of professionals in the obstetric area.

The support that a doula offers the woman is physical, emotional and informative, starting during pregnancy, extending mainly during labor and the puerperium. This work approaches physical aspects when massaging, stimulating exercises, walking with the pregnant woman and also in the emotional aspect, reassuring, encouraging and providing comfort to the woman in her journey through motherhood.

Any woman over the age of 18 can take a course to become a doula; the course is one of the entry requirements for professionals in most public and private institutions. Training takes place through technical courses and it is not necessary to have previous training in the health area, however, it is common for many doulas to be nurses, physiotherapists or occupational therapists. This is because contact with the universe of health care facilitates the performance of the work, after all, the doula needs to be aware of the operation of maternity hospitals and health institutions.

The doula training course aims to train professionals who understand the various subjects related to pregnancy, childbirth and the puerperium. "It should be noted that the practices of the new professionals are guided by a particular configuration of values of the movement for the humanization of childbirth care in Brazil." (SILVA, 2017).

The training of doulas takes place through short-term technical courses, when women study methodologies to develop with pregnant women during this phase of life. Each course

participant receives a certificate of completion, which are required by the institutions as proof of the professional's training and ability to serve as a doula.

If before the doulas had to travel abroad to take training courses, which made the reality of work very elite, today it is possible to find these courses throughout the country with voluntary practices in maternity hospitals and birthing centers. About the existing doula courses in Brazil, the Master's Dissertation *The door that opens from the inside: cultural analysis of the training process of doulas for childbirth care in Brazil*, defended by Fernanda Loureiro Silva, from the State University of Rio de Janeiro (SILVA, 2017) brings the following data:

The author located 18 training courses for doulas, offered in the country by groups and/or companies that support the “humanization of childbirth”

About the places where the courses are offered, private institutions of medium/professional level were found, in addition to public and philanthropic institutions that offer training in partnership with maternity hospitals and Municipal Health Departments.

It is common for training courses to be offered in public-private partnerships, encompassing Doula Associations, private institutions and Municipal Health Secretaries. A positive example of this type of arrangement took place in the city of São Paulo, where the Health Department created the Volunteer Doulas Program, seeking to align the implementation process and the work carried out by professionals in the municipal health network (SECRETARIA MUNICIPAL DE SAÚDE DE SÃO PAULO , 2016)

The workload for training doulas is around 60 hours of theoretical training when women study the stages of pregnancy and labor, as well as methodologies to develop with pregnant women during this stage of life. Each course participant receives a certificate of completion, which is required by the institutions as proof of the professional's training and ability to serve as a doula.

The training course places a special focus on the ethical point of view of doulas, which must not, in any way, interfere with the conduct of other health professionals responsible for obstetric care.

3.3. DOULA LEGISLATION IN BRAZIL AND THE PROFESSION'S STATUTE

The presence of doulas in hospitals and maternity hospitals in the country has grown exponentially over the last decade. Several health establishments already have doulas on their

staff, as the presence of this professional can significantly reduce the incidence of cesarean sections, thus also reducing the maintenance costs of maternity hospitals.

As it is a relatively new profession, there was, until recently, legislation specifically dealing with the doula's field of activity. The increased demand for pregnant women made the market give visibility to the profession, which led to the need for legislation for this professional's performance.

Legislation began to advance first in the States, with the Legislative Assemblies of the States of the Union presenting bills dealing with the regulation of the profession. Despite the advances, the doulas claimed the approval of a Federal Law project, for the regulation of the profession and the legal exercise of the function, as well as the requirements, competences and skills that the professional must have to exercise such activity, thus increasing , the legal security of professionals working in the area, establishing fair salary caps and strengthening class associations.

Bill No. 376/2019 (BRAZIL) was the first bill approved by the Chamber of Deputies that brought information about the field of doulas, in this case, the law established the obligation of health institutions and maternity hospitals to allow the presence of professional during prenatal care, labor and immediate puerperium, when requested by the woman in labor, without this being in disagreement with Federal Law 11,108 (BRAZIL), of April 7, 2005, which guarantees women the right to a companion. That is, the pregnant woman now has the right to be accompanied by both the doula and another person of her choice.

Before the approval of the Doulas Law (Law No. 3946/2022) at the Federal level, several Legislative Assemblies of the States of the Union, pressured by class entities and militants of the movement for humanized childbirth, voted legislation similar to the one recently approved. Large cities such as São Paulo also legislated on the presence of these professionals in obstetric care, such as Municipal Law No.

The doula associations throughout Brazil were responsible for the legislative pressure regarding the approval of Law n° 3946/2022. In particular, the National Federation of Doulas of Brazil – FENADOULABR, formed on the occasion of the 3rd National Convention of Doulas, which took place in Brasília/DF, in May 2017. On the Federation website we find the following information:

FENADOULASBR aims to aggregate, represent, defend and support affiliated entities whose mission is to strengthen the role of the person in the pregnancy-puerperal cycle, based on access to quality information and humanized, respectful and dignified care, consolidating the role of Doulas in the National territory.

The Federation of Doulas is an entity formed by several associations of doulas spread across the country and, as such, actively participates in the appreciation of the professional, as well as in the fight for the humanization of childbirth and for the reproductive rights of women. Through this organization, the Doula Statute was approved, fundamental for the exercise of the profession, in addition to guiding the training of future professionals. On the Federation's website, we can find various information about national meetings and forums for the profession, the most recent one held in October 2022, which demonstrates that these professionals remain organized, even after the challenges faced by the profession during the pandemic in 2020 and 2021.

Regarding remuneration, there is no information available on a specific salary cap for doulas, as the profession has just been definitively regulated and organizations do not establish remuneration standards. However, it is common for doulas to negotiate their fees based on a variety of factors, including their experience, geographic location, services provided, and the specific needs of each client. Compensation may vary according to the number of pre- and postpartum visits and other variables, and also according to the additional type of service professionals can provide, including massage sessions, yoga, breastfeeding guidance and newborn care , between others.

Some international organizations, such as DONA International, offer guidelines for charging for services, but these recommendations are not mandatory and many doulas choose to set their own prices depending on the type of care provided. (INTERNATIONAL DONA, 2021)

4. CONCLUSION

Increasingly, obstetricians, nurses and midwives are adapting to the work of doulas, recognizing that their work positively interferes with the outcome of labor. In Brazil, these professionals have been gaining more and more space, especially in recent decades, with the appearance of various training courses across the country.

The presence of these professionals as birth companions, whether they are voluntary or private doulas, is an important tool to combat obstetric violence, helping to reduce the number of cesarean sections and increase the satisfaction of the childbirth experience for women and their families.

Although there is increasing recognition of the potential benefits of doulas and humanized childbirth, the high cost involved and the lack of access to these services for those with less financial resources can perpetuate socioeconomic inequalities in maternal health, reinforcing the idea that care High-quality care during childbirth is reserved only for women who can afford it.

Incorporating these professionals into the effective staff of maternity hospitals and hospitals in the country can be an effective way of improving SUS users' access to the benefits of intervention-free delivery. In addition, the reduction of surgical and instrumented deliveries is also a way to reduce the costs of the health system in obstetric care.

Doulas should be perceived as agents who rescue natural childbirth and grant decision-making power to women and their families about the type of delivery they choose. Valuing doulas as health professionals is crucial to promoting this change and ensuring that women have access to a safe, healthy and dignified birth across the country.

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