Abstract

Pregnant and postpartum adolescents often face significant physical, social, and psychological challenges as they transition to parenthood. These challenges can include poor pregnancy and birth outcomes, lack of social support, anxiety and stress, breastfeeding difficulties, and postpartum depression (Chen, Wen, Fleming, Demissie, Rhoads, & Walker, 2007, Shah, Gee, & Theall, 2013, Hall, Coley, Labbok, Cupito, Nwokah, 2012, Maxson & Miranda, 2011). Because adolescents have unique needs during pregnancy, birth and the postpartum period, many benefit from additional support (Gentry, Nolte, Gonzalez, Pearson, & Ivey, 2010). A trained and skilled labor companion (a doula) can offer such support. The following paper contains a literature review on adolescent pregnancy and doula care.

Information gathered from this literature review was then used to create a new initiative designed to increase and improve doula care for adolescents planning to give birth at N.C. Women’s Hospital. This initiative, called Side-by-Side, pairs pregnant adolescents with a Birth Partner volunteer doula. The Birth Partner doulas were specifically trained on working with pregnant and postpartum adolescents, and a workbook was developed to guide two prenatal and two postpartum meetings between the doula(s) and an adolescent client. The purposes of the meetings are to (1) build a positive relationship between the doula and adolescent, (2) foster feelings of attachment between the adolescent and her baby, and (3) provide information on birth, breastfeeding, and newborn behavior that is accessible to adolescents. The doulas are also expected to attend their client’s births, during which they provide additional physical, emotional, and informational support. By implementing evidence-based practices, the Side-by-Side program offers the benefits of doula care, tailored to fit the unique circumstances of adolescent mothers.
Adolescent Pregnancy in the United States

Over the past 20 years, adolescent pregnancy rates have declined to a low of 26.5 births per every 1,000 women age 15-19 in the United States (Office of Adolescent Health, 2014). Repeat teen pregnancies account for approximately 17% of these pregnancies (Office of Adolescent Health, 2014). Teen birth rates vary significantly by age, race, ethnic group, and geographic location. At 72%, eighteen and nineteen-year-olds accounted for the majority of teen births in 2013 (Office of Adolescent Health, 2014). Hispanic females are the mostly likely to become a teen parent, with 20% of all Hispanic females living in the United States giving birth before the age of twenty. In comparison, 18% of Black women and 9% of White women will give birth before the age of twenty (Office of Adolescent Health, 2014). North Carolina’s teen birth rate is above the national average at 35.2 births per 1,000 women age 15-19 (Adolescent Pregnancy Prevention Campaign of North Carolina, 2014a).

Though the rates of teen pregnancy are declining in the United States, pregnant and postpartum teens still face significant and multifaceted challenges. The following paper will consist of a literature review detailing the needs of pregnant adolescents and describing how the support of a trained and skilled labor companion (a doula) may address some of these unique needs. The paper will conclude with information regarding the implementation of Side-by-Side, a new program dedicated to supporting pregnant and postpartum teens in the Chapel Hill area by pairing them with a volunteer doula.

Review of Literature

The review of literature focused on exploring birth outcomes amongst adolescent mothers, the emotional, social, and physical challenges pregnant and postpartum adolescents face, and the relationship between doula support and birth outcomes for adolescent mothers.
Electronic databases such as PubMed and CINAHL were primarily used to search for scholarly research related to these questions. Search terms included: adolescent, teen, birth, birth outcomes, postpartum, breastfeeding, social support, doula, and community-based doula. A summary of the findings is presented below.

**Challenges Faced by Pregnant and Postpartum Adolescents**

Pregnancy during adolescence is related to adverse pregnancy and birth outcomes. Upon retrospective examination of the data from 3,886,364 live, singleton births occurring between 1995-2000 to mothers <25 years of age, one study found that young maternal age was significantly associated with premature birth, low birth weight infants, low Apgar scores following birth, and neonatal death (Chen, Wen, Fleming, Demissie, Rhoads, & Walker, 2007). The findings held true even after removing potential confounding factors and focusing solely on the birth outcomes of Caucasian teens who were married, had age-appropriate education, received adequate prenatal care, and did not use tobacco products or alcohol during their pregnancy (Chen et al., 2007). Also of note was a general trend in the data revealing poorer outcomes as maternal age decreased (Chen et al., 2007). Similar findings were reported in another study, which noted an increased incidence of neonatal and infant mortality, prematurity, and low birth weight infants amongst adolescents (Gilbert, Daniel, Field, Bigelow, & Danielsen, 2004). These adverse events were most pronounced amongst adolescents age 11-15 (Gilbert et al., 2004).

These poor birth outcomes may be related to issues such as recent abuse, exposure to tobacco smoke, and lack of prenatal care, all of which pregnant adolescents are more likely to experience, compared to older women (Kingston, Heaman, Fell, & Chalmers, 2012). Another contributing factor is a lack of social support. As one study detailed, a lack of social support
during pregnancy has been shown to increase stress and anxiety for pregnant adolescents. This stress, in turn, increases the risk of poor birth outcomes such as low infant birth weight and premature birth (Shah, Gee, & Theall, 2013).

A lack of support from the baby’s father can have a particularly detrimental effect. As noted in this same study, less paternal involvement was associated with an increased risk of having a low birth weight infant and an increased risk of pregnancy loss (Shah, Gee, & Theall, 2013). Yet another study also noted that less paternal involvement during pregnancy and birth correlated with increased incidence of premature birth and small-for-gestational age infants. These findings were particularly prominent amongst Black adolescents (Alio, Mbah, Grunsten, & Salihu, 2011).

The challenges of adolescent motherhood also continue after the birth. Out of all United States population groups, adolescents have the lowest rates of breastfeeding (Hall, Coley, Labbok, Cupito, Nwokah, 2012). When compared to older women, adolescents are less likely to intend on exclusively breastfeeding, more likely to stop breastfeeding before their child is three months old, and more likely to supplement with formula while breastfeeding (Kingston et al., 2012). These feeding choices can have a significant impact on both mother and baby. A position statement from the American Academy of Pediatrics recommends exclusive breastfeeding for six months, since breastfeeding has been shown to significantly reduce the infant’s likelihood of developing allergies and certain illnesses (American Academy of Pediatrics, 2012). Also of particular interest for many adolescent mothers, breastfeeding is a more economical choice, compared to the significant expense of buying formula (American Academy of Pediatrics, 2012).
Pregnant and postpartum teens generally understand that breastfeeding is the healthiest option for their babies (Hall et al., 2012). However, the obstacles they face while trying to breastfeed are often large enough for them to discontinue the practice. These obstacles include a lack of knowledge or skill, painful breastfeeding experiences, inadequate breastfeeding support from healthcare professionals, and concerns about feeding at school or in the workplace (Hall et al., 2012).

Adolescent mothers may also face depression during the postpartum period. Compared to adult women, adolescent mothers are two to three times more likely to experience postpartum depression (Maxson & Miranda, 2011). The variety of factors that may contribute to this increased risk of postpartum depression include: low levels of social support, high rates of family conflict, increased parental stress, difficulty adjusting to their changing bodies as both teenagers and mothers, and greater challenges forming their identities as mothers during the intense change that accompanies adolescence (Maxson & Miranda, 2011).

**The Benefits of Doula Support**

As demonstrated in current literature, the challenges of teen pregnancy and parenting are significant. For this reason, adolescents can benefit from extra support during the vulnerable time of pregnancy and the postpartum period. This support can come from a variety of sources, including public health initiatives (such as the Nurse Family Partnership), social services, and school-based programs for pregnant and parenting adolescents. In addition to these services, doulas can provide yet another layer of support for pregnant and postpartum adolescents. According to Doulas of North American (DONA) International, a doula is defined as “a trained and experienced professional who provides continuous physical, emotional and informational
support to the mother before, during and just after birth; or who provides emotional and practical support during the postpartum period” (DONA International, 2005).

Doulas may choose to offer their services for a fee, participate in a volunteer doula program (such as the Birth Partners UNC Volunteer Doula Program), or work as a paid staff member in a community-based doula program serving low-resource women. Regardless of the payment model, the role of the doula remains the same: providing physical and emotional support and promoting self-advocacy for women during the transition of pregnancy, birth, and the postpartum period.

Multiple studies have demonstrated the benefits of doula care during labor and birth. These benefits include increased incidence of spontaneous vaginal birth, decreased use of intrapartum analgesia, decreased cesarean section rate, shorter labor time (with a mean difference of approximately one hour), and increased Apgar scores at both one and five minutes (Hodnett, Gates, Hofmeyr, & Sakala, 2012, Campbell, Lake, Falk, & Backstrand, 2006). In one study examining the impact of doula care on low resource women with an increased risk of adverse birth outcomes, mothers who received doula care were four times less likely to have a low birth weight baby and two times less likely to face a birth complication, compared to mothers who did not receive doula care (Gruber, Cupito, Dobson, 2013).

The benefits of doula care have been demonstrated in the postpartum period, as well. One study compared breastfeeding outcomes among low-income women who received doula support both in the hospital and at home (for two postpartum visits) and low-income women who did not receive any doula services (Nommsen-Rivers, Mastergeorge, Hansen, Cullmen, & Dewey, 2009). The study revealed that the benefits of doula care include improved breastfeeding outcomes. Of particular interest, the women who received doula care were
significantly more likely to be breastfeeding at six weeks postpartum, compared to the women who received standard care (Nommsen-Rivers et al., 2009).

The benefits of doula care are clearly revealed in current research. Furthermore, doula care has not been associated with any negative birth or postpartum outcomes (Hodnett et al., 2012). For these reasons, the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) recently recommended the “continuous presence of support personnel, such as a doula” for all laboring women (ACOG, 2014, p.13).

**The Impact of Doula Support for Pregnant and Postpartum Adolescents**

While many of the benefits of doula care for women have been identified and researched, there is little research focused on the unique benefits of doula support for pregnant and postpartum adolescents. However, the research that does exist suggests that doula care has a positive impact on adolescent mothers and their babies.

In one randomized trial of community doula support for adolescent mothers, researchers examined the impact of doula care on mother-infant relationships. Participants were randomly assigned to receive standard medical care or standard medical care plus prenatal doula visits, doula support during birth, and postpartum doula visits (Hans, Thullen, Henson, Lee, Edwards, & Bernstein, 2013). The researchers then examined mother-infant interactions, the mothers’ parenting attitudes, and the mothers’ stress levels at 4, 12, and 24 months postpartum. At 4 months postpartum, the mothers who received doula care demonstrated more encouraging behaviors, guidance, and promptness in responding to infant distress during the recorded interaction. The mothers also had significantly fewer high-risk parenting attitudes (assessed by the Adult-Adolescent Parenting Inventory) (Hans et al., 2013). The mothers who received doula care also reported less child-related stress at 12 months postpartum. The study concluded that
the community-based doula program for adolescents had a positive impact on mother-infant relationships. The authors also suggested that extending the length of the formal doula-adolescent relationship could prolong the positive effects noted in the study (Hans et al., 2013).

In a report published by HealthConnect One (one of the largest community-based doula programs in the United States), data was analyzed from eight community-based doula programs. These programs served 592 low-resource women from 2008-2012, many of whom were adolescents (HealthConnect One, 2014). The data found that doula care from pregnancy through the postpartum period was associated with decreased cesarean section rate and increased breastfeeding rates. The highest breastfeeding rates correlated with early and frequent doula-client contact and the doula’s attendance at the birth (HealthConnect One, 2014).

Another article examined adolescents’ perceptions of doula care within a community-based doula program. The participants comprised of 12 pregnant and 12 parenting adolescents (Breedlove, 2005). Each received Medicaid benefits, reported a normal pregnancy and birth, and had a minimum of three doula encounters within the community-based doula program. Interviews with the adolescents were transcribed and coded to reveal common themes. Amongst the many generated themes, doulas were noted to provide helpful information on pregnancy and parenting, encourage their clients to reach their goals, offer emotional and physical support during pregnancy, birth, and the postpartum period, serve as role models, and promote the pregnancy as a positive life experience (Breedlove, 2005). The study concludes:

A doula provides unique support unmatched by other maternity, health, or social-service providers. Sustaining rights for all women to be adequately supported (to “mother the mother”), especially in vulnerable populations, may be one approach to improve the health and future of at-risk families (Breedlove, 2005, p. 21-22).
In a study conducted by Humphries & Korfmacher, researchers studied the quality of the doula-adolescent relationship amongst twelve young African-American mothers and four doulas in a community-based doula program (Humphries & Korfmacher, 2012). Each participant was individually interviewed, using a semi-structured interview format. The interviews were then coded using content analysis. Amongst the mothers who felt they had a positive relationship with their doula, five factors were identified. The doulas were readily available and in contact with their clients, the clients enjoyed their interactions with the doulas, the clients trusted the doulas, the clients felt emotionally close to the doulas, and the doulas helped and supported their clients. Negative comments about the doulas were rare, though some clients felt that there was not enough communication between themselves and the doula, they did not develop a trusting relationship with the doula, or they did not feel comfortable bringing up personal concerns to their doula (Humphries & Korfmacher, 2012). The study recognized that doulas fill a unique need in caring for pregnant and parenting adolescents, in the sense that their relationship with the teen is often based on both a professional and personal connection (Humphries & Korfmacher, 2012).

In another study which further explored this unique doula role, a grounded theory analysis was used to examine how one community-based doula program in Georgia addressed the complex and multifaceted challenges associated with adolescent pregnancy and parenting (Gentry, Nolte, Gonzalez, Pearson, & Ivey, 2010). The study found that the doulas’ work with the teens often exceeded the typical work of a doula. The diversity of their roles included addressing the adolescents’ social, educational, and economic challenges, providing transportation to-and-from prenatal appointments, promoting the adolescents’ self-esteem and self-efficacy, offering advice on child support and paternal involvement, providing information
on birth control, and helping the adolescents set goals for the future (Gentry et al., 2010). With this information, the authors determined that the doulas were serving as (1) family and friend, (2) social and health service provider and advocate, and (3) general life coach and counselor (Gentry et al., 2010). Interviews with the adolescents revealed that they felt supported and encouraged by their doulas, and they recognized that they could trust their doulas to help them through their pregnancy and early parenting. The authors concluded that adolescents receive significant benefit from doula support throughout their pregnancies, births, and postpartum experiences (Gentry et al., 2010).

Though the statistical evidence of the impact of doula programs on pregnant adolescents remains limited, the above qualitative studies indicate that these programs do provide a significant layer of support for adolescent mothers.

**Introduction to Side-by-Side: Adolescent and Doula Demographics**

Orange County, NC’s teen birth rate remains below the national average, with 9.6 births per 1,000 women age 15-19 (Adolescent Pregnancy Prevention Campaign of North Carolina, 2014b). However, the teen pregnancy rate varies significantly by ethnicity. Approximately 41.3 out of 1,000 Hispanic adolescents experienced a teen pregnancy in Orange County in 2013. Comparatively, 21.3 out of 1,000 Black adolescents and 4.8 out of 1,000 White adolescents experienced a teen pregnancy in 2013 (Adolescent Pregnancy Prevention Campaign of North Carolina, 2014b). The percentage of repeat teen pregnancies in Orange County remains above the national average, at 26.5% (Adolescent Pregnancy Prevention Campaign of North Carolina, 2014b). Resources available for pregnant adolescents in Orange County include the Adolescent Parenting Program (a component of the Department of Social Services) and various community
clinics. Most adolescents in the Chapel Hill area choose to give birth at N.C. Women’s Hospital, which offers free doula services to women through the Birth Partners Volunteer Doula Program.

The Birth Partners consist of approximately 40 trained volunteer doulas. A Google Forms informal survey was distributed to the volunteer doulas participating in the Birth Partners program in order to assess basic demographic information and interest in the initiation of Side-by-Side. Twenty-four doulas responded to the survey. Thirteen doulas reported that they were undergraduate or graduate students at UNC-Chapel Hill, and thirteen doulas reported that they were employed either part-time or full time. Of the doulas who responded to the survey, twelve doulas had <1 year of experience, seven doulas had 1-3 years of experience, and five doulas had >3 years of doula experience. Approximately 42% of the doulas had previously worked with an adolescent client during labor and birth. When asked if they would be interested in partnering with an adolescent client for structured prenatal and postpartum meetings, 100% of the Birth Partners responded that they would like to provide this service. This willingness of the Birth Partners to increase and improve their support for pregnant adolescents, combined with the clear benefits this service could offer to pregnant adolescents planning to deliver at N.C. Women’s Hospital, provided the foundation for the creation of Side-by-Side.

**Developing Side-by-Side**

Following the completion of the literature review and doula survey, several key steps were taken to develop the Side-by-Side program. First, phone interviews were conducted with others who had experience directing doula programs that primarily served pregnant adolescents. Next, a workshop was held to train the Birth Partners on appropriate doula support for adolescents. A workbook was also developed to provide structure for prenatal and postpartum meetings. Finally, the Side-by-Side program was promoted to community members through the
creation of a brochure for teens and meetings with professionals who regularly interact with pregnant adolescents.

**Communicating with Key Informants**

Phone interviews were held with the directors from The Ounce of Prevention in Chicago, IL, Everyday Miracles in Minneapolis, MN, and YWCA Greensboro in Greensboro, NC. Each interview focused on (1) the doula training process, (2) the structure of the program, (3) materials used for prenatal and/or postpartum meetings between doulas and clients, and (4) challenges the program has faced while working with adolescent clients.

All three of the programs train the doulas using guidelines established by DONA International, which include a childbirth education class, a breastfeeding class, and a 16-hour DONA approved birth doula workshop (DONA International, 2014). The doulas also receive additional training on communication and working with adolescent clients, though the amount of this training varied significantly amongst the programs. Both The Ounce of Prevention and Everyday Miracles employ a staff of full-time, paid doulas. In comparison, YWCA Greensboro offers reimbursement for the costs of doula training in exchange for a commitment to care for at least three adolescents prenatally, during labor and birth, and during the postpartum period. Upon completion of this commitment, the YWCA doulas may continue to volunteer with the program. The Ounce of Prevention is the only program with a dedicated curriculum for the adolescent-doula partnerships. This curriculum comes in the form of a workbook, *Teenagers and their Babies: A Perinatal Home Visitor’s Guide*, which guides doulas through six prenatal and one postpartum home visit (Cardone, Gilkerson, & Wechsler, 2008). In comparison, the YWCA doulas focus their meetings on information discussed in a mandatory childbirth education class for the adolescents.
Each program director commented on difficulties with communication between the doulas and the teens, as teens can often forget to call their doula when they actually go into labor. The directors also mentioned the struggle doulas often face when the adolescent’s mother does not recognize the doula as an important part of her daughter’s care team. The conversations revealed the significant differences in appropriate doula care for an adult woman and appropriate doula care for an adolescent.

**The Side-by-Side Workshop for Birth Partners**

Information from both the phone interviews and the current research on doula care for adolescents was used to conduct a workshop designed to train and equip the Birth Partners to care for adolescent clients. The workshop was presented on January 11th 2015, to a group of 25 doulas. The hour-long, interactive presentation included information on the statistics of teen pregnancy, adolescent growth and development, prenatal and postpartum meetings, and common problems doulas face while caring for teens (Appendix A). The workshop concluded with three case studies based on body image issues, breastfeeding concerns, and labor room challenges (Appendix B). The Birth Partners discussed the case studies in small groups and presented their suggestions to the other doulas. The Birth Partners also had the opportunity to write down questions they had regarding caring for adolescents. All of these questions were addressed in the workshop. The workshop was audio recorded, and the recording and presentation were made available to doulas who were unable to attend the workshop.

**The Side-by-Side Workbook**

The next step in developing the Side-by-Side program was creating a structured format for two prenatal and two postpartum meetings between the doula(s) and the client (Appendix C). Of note, each adolescent client is paired with a team of three doulas who are on-call for the birth.
At least one of the doulas from the team must be available to meet with the client for all four meetings, though all three doulas are encouraged to meet the client prior to the birth. The purposes of these meetings are to (1) build a positive relationship between the doula(s) and adolescent, (2) foster feelings of attachment between the adolescent and her baby, and (3) provide information on birth, breastfeeding, and newborn behavior that is accessible to adolescents. Each of these priorities was selected based on its significance and potential for positive impact, as demonstrated in the current literature (Humphries & Korfmacher, 2012, Hans et al., 2013, Breedlove, 2005). The Side-by-Side Workbook was created to assist doulas in conducting prenatal and postpartum meetings focused on these three priorities. A copy of the workbook is given to both the client and the doula(s) at the beginning of the prenatal match. It contains four sessions, with each session correlating to a prenatal or postpartum meeting.

The first prenatal meeting is focused on the client and doula(s) building a relationship and the doula(s) learning about the client’s physical and emotional transition to motherhood. The doula(s) and client share about themselves, and the Birth Partner(s) explain the role of the doula in detail. The doula(s) ask about how the client reacted to the news of her pregnancy, and how this reaction has changed over the course of her pregnancy. The meeting also explores the role of other support people in the client’s life (mother, father of the baby, etc.).

The second prenatal meeting revolves around birth and breastfeeding. First, the doula(s) assess what the client knows about birth by asking her open-ended questions about what she has learned through the media, friends or family, or a childbirth education class. The doula(s) then provide information on giving birth at N.C. Women’s Hospital. This meeting concludes with breastfeeding information and the opportunity to discuss breastfeeding concerns.
When the client is in labor, she will notify her doula(s) through a pre-determined method of communication. The workbook contains a contact sheet with her doula(s) names, cell phone numbers, and email addresses. At least one doula will be with the client throughout the entirety of her labor, providing physical, emotional, and informational support.

Approximately one day after the client gives birth, the doula(s) meet with the client in the hospital for the first postpartum meeting. During this meeting, the doula(s) and client reflect on the birth experience and discuss infant feeding. The pair also discusses newborn behavior through the use of a handout developed by the “H.U.G. Your Baby” program. The “H.U.G. Your Baby” program provides “help, understanding, and guidance for young families,” by teaching parents how to understand their newborn’s cues (Tedder, 2014). In the first postpartum meeting, the doula(s) and client specifically cover an infant’s signs of over-stimulation. This information teaches parents to notice the signs an infant will give when he or she is becoming upset and provides measures to calm and soothe the infant (Tedder, 2014).

The final postpartum meeting takes place approximately one week after the birth. During this meeting, the doula(s) and client discuss the client’s physical recovery, explore the newborn’s development, and list examples of ways the client shows her newborn love. The meeting concludes with another portion of “H.U.G. Your Baby,” which details an infant’s three “zones”: the resting zone, the ready zone, and the rebooting zone. With this information, the adolescent can learn when her baby is in one of these zones, and interact with him or her accordingly (Tedder, 2014).

**Promoting Side-by-Side in the Community**

In addition to leading the Side-by-Side workshop and developing the *Side-by-Side Workbook*, another important step in the creation of the program was promoting Side-by-Side to
pregnant adolescents, care providers, and other community members who interact with pregnant adolescents. This promotion was done in two ways. First, a colorful brochure was created, specifically promoting the program to potential adolescent clients (Appendix D). This brochure contains information about doulas and the benefits of doula care. It also describes the Side-by-Side program and includes contact information. This brochure was then distributed to five locations: The Carrboro Community Health Center, the Adolescent Parenting Program of Orange County, the Alamance County Health Department, the Women’s Health Information Center of N.C. Women’s Hospital, and the UNC Hospitals Obstetric and Gynecology Clinic. The second promotion opportunity involved meeting with the directors of each of these programs in order to further discuss the Side-by-Side initiative. Program directors had the opportunity to see the Side-by-Side Workbook and ask questions about the structure of the program. Each program director was encouraged to promote Side-by-Side by offering potential clients a brochure and referring them to the program.

**Side-by-Side Limitations and Future Considerations**

One of the largest challenges in initiating Side-by-Side was scaling the community-based doula model down to fit the resources available in a volunteer doula program. Though the benefits of the time-intensive, one-on-one doula-adolescent partnership are clear, the Birth Partners volunteer doulas are not paid, full-time doulas. For this reason, the workbook is simple, and the doulas and adolescents have just four formal meetings. Because almost all of the doulas work or attend school, it is not a guarantee that a primary doula can attend her client’s birth. To address this issue, Side-by-Side employs the previously mentioned “doula team” model. Because Side-by-Side asks that at least one doula from the doula team attend all four meetings, there is
continuity in the doula care. This continuity is critical to fostering the emotional connection between a doula and her client that is highlighted in the research.

Another limitation of Side-by-Side is that the doulas are not necessarily members of the same community as their adolescent clients. As noted in much of the research, adolescents often recognize and appreciate a doula’s similar background (HealthConnect One, 2014, Gentry et al., 2012, Breedlove, 2005). In fact, nearly all of the programs described in the literature review paired teens with doulas of the same race, so it is unclear how the doula-teen relationship may be affected by racial, economic, or community differences.

Lastly, the research on community-based doula programs is scant, and there is no research on volunteer doula models similar to Side-by-Side. For this reason, more research is needed within this field. This research could further identify the benefits of doula care for pregnant and postpartum adolescents, which may aid in funding these important programs.

Conclusion

Though adolescent mothers may face a myriad of complex physical, social, and emotional challenges related to pregnancy and the postpartum period, current research reveals the positive impact of doula support on young mothers. Using this research, the Side-by-Side doula program was created to help meet the needs of pregnant and postpartum adolescents in the Chapel Hill area. Though Side-by-Side does not represent the community-based doula model that has been studied in the current literature, it does provide a structured program designed to guide and support pregnant adolescents during their transition into motherhood. It is our hope that this program will allow doulas the unique opportunity to build relationships with pregnant adolescents during the vulnerable time of pregnancy and birth, and potentially improve their
birth and postpartum outcomes. As the program continues to grow and develop, Side-by-Side will serve as a valuable resource for pregnant adolescents in the Chapel Hill area.
References


Tedder, Jan. (2014). Parent skills: Understanding the zone your baby is in; seeing your baby’s SOS. Retrieved from: [http://www.hugyourbaby.com/skills.html](http://www.hugyourbaby.com/skills.html)
Appendix A

Slide 1

SIDE-BY-SIDE
Supporting pregnant adolescents through partnership with UNC Birth Partners

CiCi Reid, BSN student, UNC-Chapel Hill
School of Nursing

Slide 2

What words come to mind when you think of teen pregnancy?

Slide 3

Where do we get our perceptions of teen mothers?
As we will explore today...

One size does NOT fit all

Adolescent Pregnancy in the United States

- In 2013, there were 26.6 births per every 1,000 women age 15-19 in the United States.
- This is a 10% decline from adolescent birth rates in 2012, and it is consistent with the steady and significant decline in adolescent birth rates in the United States over the past 20 years.
- Repeat teen pregnancies accounted for 17% of births in 2013.
- Teen birth rates vary significantly by age, race, ethnic group, and geographic location.
- At 72%, eighteen and nineteen-year-olds accounted for the majority of teen births in 2013 (Office of Adolescent Health, 2014).

Incidence by Geographic Location

(Office of Adolescent Health, 2014)
Teen Pregnancy in North Carolina

- North Carolina's teen birth rate is above the national average at 35.2 births per 1,000 women age 15-19.
- Orange County, NC, however, falls well below the national average with just 9.6 births per 1,000 women age 15-19 (Adolescent Pregnancy Prevention Campaign of North Carolina, 2014).

Racial and Ethnic Disparities

The Many Challenges of Teen Pregnancy

- Less likely to receive prenatal care during the first trimester
- More likely to smoke
- Less likely to take folic acid
- Approximately 50% attend a childbirth education class (Kingston, Hearman, Fell, & Chalmers, 2012)

Teens also have unique psychosocial needs...
- The pregnancy may have been unplanned
- Labeled as a "problem child" by family and friends
- Strained relationship with the baby's father
- Self-doubt
- Struggling to accept the enormous changes that come with adolescence and pregnancy (Gentry et al., 2010)
The Many Challenges of Teen Birth

• Increased risk of premature birth
• Increased risk of delivering a low birth weight baby
• Lower Apgar scores, on average
• Increased risk of neonatal death (Chen et al., 2007)

**BUT!** Teens also have significantly shorter labors compared to older women (Greenberg et al., 2007), and they are less likely to receive a Cesarean section (National Center for Health Statistics, 2010).

The Many Challenges of the Postpartum Period

• Teens are two to three times more likely to experience postpartum depression compared to adult mothers. Contributing factors include:
  • Low levels of social support
  • High rates of family conflict
  • Increased parental stress
  • Difficulty adjusting to their changing bodies
  • Challenges forming their identity as a mother during the intense change that accompanies adolescence (Maxson & Miranda, 2011).

BREASTFEEDING
It Rocks!
Adolescents and Breastfeeding

- Teen mothers are less likely to breastfeed compared to any other US population group.
- There are many challenges that hinder breastfeeding:
  - Lack of breastfeeding knowledge and skill.
  - Painful or unpleasant breastfeeding experiences.
  - Inadequate support from health care providers.
  - Fear that bonding with baby through breastfeeding will make the return to school even more difficult.
  - Struggles with pumping or feeding in the school setting (Smith et al., 2012).

Ongoing Challenges

For Mom:
- Repeat pregnancy during the teenage years.
- 40% decrease in high school graduation rate.
- Only 10% of teen mothers will graduate from college.

For Baby:
- Lower levels of emotional support and cognitive stimulation.
- Less prepared to enter kindergarten.
- Increased incidence of chronic medical problems.
- Higher rates of foster care placement.
- More likely to be incarcerated at some time during adolescence.
- Lower school achievement.
- More likely to become a teen parent themselves (Find Youth Info, 2012).

What’s a doula to do?
One Response...

The above slide contains an embedded clip from the documentary *A Doula Story*.

Benefits of Doula Care for Adolescents

- The doula can teach the client to advocate for herself and her baby
- The doula remains in touch with the client during the early transition to motherhood
- The client may have happier feelings about pregnancy and parenting (Gentry et al., 2010)

PLUS: better birth outcomes, improved breastfeeding, increased attachment between mom and baby, and more!

Early Adolescence Growth and Development
Age 10-14

- Emerging identity is beginning to shape and development
- Often expresses feelings through actions, as opposed to words
- Moodiness is common
- Close friendships become increasingly important as teens distance themselves from family members
- Looking for loving relationships other than those with parents
- May revert to childish behavior during stress
- Increased peer influence on personal choices
- Some interest in the future and career, but more concerned about the present and near future (ACT for Youth Upstate Center of Excellence, 2004)
Middle Adolescence Growth and Development
Age 14-17
• High expectations of oneself and fear of failure
• Extremely concerned with appearance
• Increasingly identify with a peer group
• Withdrawal from parents
• Increased career and academic interests (ACT for Youth Upstate Center of Excellence, 2004).

Late Adolescence Growth and Development
Age 17-19
• Firmer identity
• Concern for others
• Increased emotional stability
• Desire for serious romantic relationships
• Increased self-reliance
• Concern for the future (ACT for Youth Upstate Center of Excellence, 2004)

Communicating with Teens
• Asking: Using motivational interview techniques to determine how much a particular issue or circumstance is affecting the client
• Active Listening: Non-judgmental communication
• Assuring: Tell the client she can get through pregnancy and birth and become a wonderful mom
• Affirming: Encourage positive health and parenting behaviors
• Advising: Provide advice when the teen makes a poor parenting choice
• Action Taking: Help the client gather information about health and parenting
• Advocating: Help the client get the fair treatment she deserves (Gentry et al., 2010)
The Doula-Teen Relationship

During your first prenatal meeting, assess the following:

• What are the teen’s perceptions of doula support?
• How does the teen envision the doula’s involvement during the last trimester, the birth, and the postpartum period?
• Does the teen understand the benefits of doula support?

Provide the following information to the teen, as needed:

• What a doula is...and what a doula is not
• Specifics as to how you can help the teen before, during, and after the birth
• The proven benefits of doula support
• Convey to the teen that you are on her team!

The Teen-Baby Relationship

The journey from...to
The Teen-Baby Relationship

Assess for signs that the teen is accepting her pregnancy
- Does the teen wear maternity clothes, or is she still trying to squeeze into pre-pregnancy clothes?
- Does the teen actively participate in her obstetric care?
- Does the teen anticipate future challenges and joys related to pregnancy, birth, and parenting?

Assess for signs that the teen is bonding with her baby
- Is the teen thinking about a name for baby?
- Does the teen express interest in the movements of her baby?
- Is the teen actively preparing for her baby's arrival?

Meet the teen where she is, and gently encourage the growing attachment between mom and baby.

“There is no such thing as a fatherless child”
(Pruett, 1997).

The Mother-Father Relationship

- Seek to understand the relationship between your client and the father.
- What does your client envision in terms of paternal involvement during the birth?
- What are the client’s living arrangements for after the birth? How does she want the father to be involved in the newborn’s life?

This relationship may be volatile, but your job remains the same… support the mother and stay on her team!
The Teen and Her Family

• What does the family think about the pregnancy?
• How has it shaped her familial relationships?
• How does the teen envision family support during the birth?
• How does the teen envision family support after the birth?

Tips for Working with Family Members

• Include family members in prenatal meetings if possible (and desired), but remember that your client is the teen. Her voice should be heard!
• Consider how you typically include a partner in supporting your client during a birth... this role may be delegated to a mother, grandmother, or sister instead. Include them.
• Discuss who the teen would like to be with her in the delivery room. Include this information in the teen’s birth plan.

The Teen and Her Peers

• Your client’s pregnancy has likely impacted the way she relates to her peers. This is something the teen may be very interested in talking about with you. Engage her and help her explore her own feelings.
• Ask the teen how she wants to announce the birth to her friends.
• Explore her thoughts about friends visiting her while she is in the hospital.
Slide 31

Common Problem: Intense pain

*As doulas, we know how closely related pain and emotional distress can be during labor! This may be particularly true for adolescents who are overwhelmed with the reality of the birth.*

What can we do?
- Preparation, preparation, preparation...
- Normalizing the experience
- Be the voice of reason!
- Utilize that doula knowledge

Slide 32

Common Problem: Not calling the doula

*Let's consider: Why would teen clients fail to notify the doula when they are in labor?*

What can we do?
- Fully explain your role as the doula in concrete terms
- Tell the teen the benefits of doula care
- Reassure the teen that you are there for her, and you look forward to attending her birth
- Stay in contact with the teen

Slide 33

Common Problem: Troubles with the client’s mom

*It is not uncommon for the client’s mother to questions the necessity of the doula. She may feel that it is her job to support her daughter in labor and think the doula is an obstacle to this.*

What can we do?
- Include the mother in prenatal conversations, when possible
- Explain your role and detail your training and experience
- Share benefits of doula support
- Assure the mother that she can remain as involved in labor support as she and her daughter would like
Common Problem: Breastfeeding difficulties

**Evaluate:** What issues are your client experiencing? Discomfort? Fears about returning to school while breastfeeding? Exhaustion? (remember, teens need a lot of sleep!)

**Intervene:** Help the client with establish a comfortable breastfeeding technique. Make a plan with the client about her return to school. Encourage rest as much as possible.

**Support:** Remind your client that she is helping her baby’s growth, brain development, immunity, and more! Comment on the special bond she is forming with her baby.

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Case Studies

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Making Side-by-Side a Reality

* Prenatal matches with teen clients
* 2 doulas per client to help assure one can attend the birth
* 2 prenatal and 1 postpartum meeting with the client
* Materials provided to facilitate meeting
  * First prenatal meeting: Getting to know the client, explaining your role
  * Second prenatal meeting: Developing a birth plan together
  * Can be combined into one meeting if necessary
  * Postpartum meeting: Going over the birth experience together and discussing the adjustment to parenthood
Helpful Resources

Teenagers and Their Babies

*Teenagers and Their Babies* is an extremely useful resource! It details communication techniques, common issues, assessment tools, and excellent activities for prenatal and postpartum visits.

*Available for your use in the WHIC*

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Helpful Resources

Adolescent Pregnancy Prevention Campaign of North Carolina

- Website contains useful information for pregnant and parenting teens regarding absences from school, support groups, financial assistance, and avoiding a repeat teen pregnancy
  - [http://www.appcnc.org/resources/](http://www.appcnc.org/resources/)

Pregnancy Assistance Fund

- Website provides information on healthy relationships, parenting, child development, adolescent health, and more.
  - [http://www.hhs.gov/ash/ahoa/](http://www.hhs.gov/ash/ahoa/)

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Helpful Resources

Adolescent Parenting Program

- A resource for Orange County residents
- Provides consistent support and peer group meetings with goals of fostering healthy mothers and babies and avoiding repeat teen pregnancies
  - [http://www.co.orange.nc.us/socsvcs/adolescent_parenting_program.asp](http://www.co.orange.nc.us/socsvcs/adolescent_parenting_program.asp)

Women, Infants, and Children (WIC)

- Supplemental nutrition program for low income women, infants, and children.
- Also provides information on infant feeding, child development, and more.
Questions?

Inspiration for the Journey

“The doulas make you a better parent, make you more confident in taking care of your baby. I don't know what I would have done without their support (Breedlove, 2005).”

References


References


Appendix B

Case Study One: Maria

Background: Maria is a sixteen year-old who is two weeks postpartum. During your visit, Maria expresses concerns over her return to high school. She states that she is not sure that she will be able to continue to breastfeed. She is also expresses concerns over her postpartum body. She tells you, “I miss my old body. Now I have these huge boobs and a jiggly tummy. I really hope I don’t get a lot of comments about it at school.”

What are some follow up questions you can ask Maria to further assess her concerns?

How could you encourage Maria to continue to breastfeed? What practical advice do you have regarding breastfeeding in the school setting?

How would you address Maria’s concerns with her postpartum body? List techniques Maria could use to feel more comfortable with her body.

Case Study Two: Brianna

Background: It is your first time meeting Brianna, a seventeen year old who is 8 months pregnant with her first child. Brianna is wearing tight jeans and a t-shirt that do not accommodate her growing belly. During the conversation, Brianna tells you that she has not thought about a name for her baby girl. She also tells you that she did not attend a childbirth education class, though her mom has told her that labor and birth are very painful. She doesn’t want to be confined to the bed with an epidural, but she isn’t sure about other pain relief options.

What do you notice about Maria’s acceptance of the pregnancy? How can you assess this further?

Why might you be concerned that Brianna has not attended a childbirth education class?

How would you explain your role as a doula to Brianna?

What would you say to Brianna regarding pain relief options?
Case Study Three: Beth

Background: You are excited to learn that your client, seventeen year-old Beth, is in labor. When you arrive at the hospital, you learn that Beth is 4 cm dilated. Upon entering the room, you immediately notice that Beth is having difficulty coping with the pain of the contractions. She is writhing around on the bed and crying out with each contraction. Beth’s mom and two best friends are in the room, and they are unsure how to help Beth. You remember from your prenatal meetings that Beth only wants her mom and you in the room during labor.

You are so happy that Beth called you when she went into labor! What did you say to Beth during prenatal meetings to help ensure that this would be the case?

What can you do to help Beth with her pain in this moment? What can you do to help Beth with her pain over the course of the labor?

When Beth’s visitors leave to get a snack, you ask Beth if she wants her friends to be in the room during labor and birth. She says that she does not, but she isn’t sure how to get them to leave. How do you help Beth?
Dear Side-by-Side Client,

Thank you for allowing the Birth Partners the privilege of being with you during your childbirth experience! Your doulas are excited to come alongside you during this time, and they are prepared to help meet your needs as a teen mom. The Birth Partners are committed to offering doula services completely free of charge, as we are honored to support you during this exciting time in your life.

The following worksheets are provided to guide the prenatal and postpartum meetings with your doulas. These worksheets will allow you and your doulas to get to know each other, plan for the birth, and reflect on your experiences. Your doulas are here for you, and they are ready to talk about your concerns and questions.

The worksheets are designed for four meetings with your doulas. Two of these meetings will take place during your last trimester of pregnancy, and the third and fourth meetings will take place after you have your baby. However, if your due date is quickly approaching, you may only be able to meet for one prenatal meeting. That is okay. You and your doulas will be able to go through both worksheets during that one meeting. Alternatively, you and your doulas may agree to meet more often. It is our goal to accommodate you and your busy schedule!

Thank you again for choosing to work with the Birth Partners. Let’s get started!
Prenatal Meeting One

Getting to Know Each Other

Take a few minutes to tell your doula(s) about you, your family, your hobbies and interests, and your goals for the future.

Your doulas will now tell you about themselves, their interests and passions, and the reasons they became doulas.

If there are any other friends or family members present for the meeting, now is the time for them to share about themselves and their role in your life.

Exploring the Role of your Doula

Doula(s): Describe the role of the doula. How did you learn how to support women in labor? How are you different from a nurse, doctor, or midwife?

List five concrete ways you are prepared to help your client during labor.

1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________
5. ______________________________________

Now that you know a little more about how a doula can help you, what questions do you have about the role of a doula?
Reflecting on your Pregnancy

It is important that your doulas understand how you feel about your pregnancy and upcoming childbirth, so their support can fit your specific needs. The following questions will guide that discussion with your doulas. As always, feel free to skip any question you are uncomfortable answering, or spend more time discussing a specific concern.

1. Teenagers can have a wide variety of reactions when they find out they are having a baby. Choose three words that best describe your reaction.

   a. ______________________
   b. ______________________
   c. ______________________

2. Some women feel like a mom the moment they see a positive pregnancy test. For others, that feeling takes time to develop. Your feelings about the pregnancy have likely changed from the time you first learned you were pregnant. Describe this to your doula.

3. There may be three types of people you told that you were pregnant. For each, describe their reaction to your news. Has this reaction changed over the course of your pregnancy?

   • Your family
   • The father of the baby
   • Your friends
Until Next Time…

Take a few moments to share with your doulas any questions or concerns that have come up during this meeting.

Use the space below to journal anything else that comes to mind before your next meeting with your doulas.

___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________

Remember: Do not hesitate to contact your doulas if you have questions/concerns, or if you go into labor!
A Quick Update

How have you been feeling since your last meeting with your doulas? What changes have you experienced physically and emotionally?

Did you think of any questions or concerns you wanted to ask your doulas?

Perceptions of Childbirth

Have you ever seen a birth in real life, on TV, or in a movie? What did it look like?

Circle any of the words listed below that may describe your feelings about the upcoming birth.

Anxious Excited Powerful Happy Prepared Unprepared
Ready Instinctive Unsure Pain Joy Eager Beautiful
Terrified Significant Life-changing Anticipation Capable

Why did you choose these words?

Preparation for Childbirth

How have you prepared for birth? Did you…

• Talk about birth with someone who has given birth?
• Read a book or watch a movie about birth?
• Attend a childbirth education class?
• Learn about birth from your healthcare provider?
• Other?
What do you look forward to during the birth?

What worries you about birth?

Planning for Birth: Arriving at the Hospital

At N.C. Women’s Hospital, you can have up to three support people with you during labor and birth, plus your doula. Who would you like to have with you during the birth?

________________________________________
________________________________________
________________________________________

The labor rooms are comfortable and large. You can dim the lights, close the blinds, and turn on music. You may also choose to bring along a comfortable blanket, pillow, or bathrobe. Think about what you can bring to make your labor room comfortable.

________________________________________
________________________________________
________________________________________

Planning for Birth: Your Experience in the Labor Room

While you are in labor, your nurses and your doctor or midwife will be checking on you and your baby. You may have a band placed around your belly to allow the nurse to listen to your baby’s heartbeat and monitor your contractions. You may also have an IV placed in your arm.

Your midwife or doctor may tell you that you cannot eat or drink while you are in labor. However, most women are allowed to have ice chips, and many do not feel hungry during labor.

When it is time to push, your nurse, doctor, or midwife will be there to help you. This pushing stage can often take thirty or more minutes. Your doula will be by your side, cheering you on!
A Few Words about Pain

Many women worry about the pain of giving birth. This is a normal fear, and it is true that birth can be painful. Your doula is here to help.

Below are a few things your doula can do to help you feel better while you are in labor. Talk with her about what may work best for you.

• Breathing techniques
• Massage
• Guided imagery
• Movement (such as walking and changing positions)
• Warm compresses
• Laboring in the shower or bathtub
• Sitting on a bouncy “birth” ball

You may also choose to use medicine to help with pain control. These options include an epidural, nitrous oxide, and pain medication. You can talk to your doula and your healthcare providers to determine what option might be best for you.

Planning for Birth: After Baby is Born

As soon as your baby is born, he or she will be placed on your bare chest (skin-to-skin contact). This is a beautiful moment when you get to meet your baby for the first time! As long as everything is OK with you and your baby, the two of you will stay snuggled for at least an hour after the birth.
Skin-to-Skin contact has been shown to...

- Help baby regulate his/her temperature, blood pressure, heart rate, and blood sugar levels
- Help begin early and successful breastfeeding
- Help baby cry less
- Promote bonding between you and your baby

While your baby is placed skin-to-skin, you may choose to begin to breastfeed your baby. Your doula and your nurse will be there to help you breastfeed.

The decision to breastfeed is a personal choice. However, there are some amazing benefits to breastfeeding!

**Benefits for Baby…**

- Breast milk contains everything your baby needs to grow and thrive
- Babies who breastfeed have fewer ear infections, stomach bugs, and other illnesses
- Babies who breastfeed cry less
- Breastfeeding can reduce the chance of your baby developing an allergy

**Benefits for you…**

- Breastfeeding can lower your stress levels
- Breastfeeding can help you lose weight
- Women who breastfeed are less likely to develop breast and ovarian cancer later in life
- Formula is expensive, but breast milk is free!

For more information, visit [www.womenshealth.gov/breastfeeding](http://www.womenshealth.gov/breastfeeding)

We understand that breastfeeding at school or work may be challenging for you, and we are here to help. What questions do you have for your doula about breastfeeding?
Preparing for Birth: Your Postpartum Stay

You will be moved to the postpartum floor (5th floor of N.C. Women’s Hospital) about 1-2 hours after you give birth. While you are on that floor, your baby will stay with you in your room.

Your nurses will care for both you and your baby. You will be in the hospital for at least one day following the birth. It is important that you have one support person staying with you in the hospital. Who would you like that person to be? ___________________________

Until Next Time…

The next time you see your doula(s) will likely be when you are in labor! It is important that you contact a doula when you think you may be in labor. As a reminder, here is the contact information of your doula team.

Name: ______________________
Phone: ______________________
Email: ______________________

Name: ______________________
Phone: ______________________
Email: ______________________

Name: ______________________
Phone: ______________________
Email: ______________________

We look forward to being a part of your birth!
Postpartum Hospital Visit

**Reflecting on Your Birth Experience**

Let’s take a few moments to reflect back on your birth experience. Describe your birth to your doula(s).

What was the best part of the birth?

What was hard about the birth?

What surprised you?

**Feeding Baby**

Tell me about how you are feeding your baby.

If you decided to breastfeed, how is it going?

Do you have any questions for your doula(s) about breastfeeding?

**H.U.G. Your Baby - Part One**

Though your baby cannot talk to you, he or she can communicate with you!

For your baby, the world is a busy, noisy, and exciting place. Sometimes, this excitement can be too much, and your baby can become over-stimulated. When this happens, your baby will send out a Sign of Over-Stimulation (an S.O.S.).

Read through the “H.U.G. Your Baby” handout with your doula(s) to learn more about the S.O.S. and what you can do to soothe your baby.
One Week Postpartum Visit

Your Physical Recovery

Describe your physical recovery from the birth. How are you feeling now?

How has your body changed since the birth? How do you feel about these changes?

Bringing Home Baby

Since you gave birth, you have begun to learn more about your baby and your life as a new mom.

How is your baby’s personality developing? Circle the words listed below that describe your baby.

Active     Calm     Smart     Growing     Beautiful     Hungry     Tiny
Social     Sleepy     Cuddly     Happy     Chunky     Healthy

Other: _____________________

How do you show your baby that you love him/her? List three examples.

1. __________________________________
2. __________________________________
3. __________________________________
H.U.G. Your Baby - Part Two

As we discussed during our last visit, your baby is already communicating with you! Last time, we learned about the Signs of Over-Stimulation (S.O.S).

Today, we will talk about three “zones” your baby can be in: The Resting Zone, The Ready Zone, and The Rebooting Zone.

Take a few minutes to learn about these three zones using your “H.U.G. Your Baby” handout. The questions at the end of the handout will help you think about how these zones apply to your baby.

Concluding our Time Together

To conclude our time together, take a moment to think about what you learned about yourself during your time with the Side-by-Side program.

Doula(s), what did you learn from your client?

Thank you for letting us be a part of your birth experience!
Appendix D

What is Side-by-Side?

A Side-by-Side doula is a specially trained labor support person who provides comfort and support to teens during birth.

This free service is provided by the Birth Partners Volunteer Doula Program at N.C. Women’s Hospital. Each doula has been specially trained to help meet your specific needs as a teen mom.

Is there a cost for a Side-by-Side doula?

Not the Side-by-side doula services are completely free of charge.

Does a doula replace my nurse, midwife or doctor?

No. Only your nurse, midwife or doctor can provide medical care. Your doula is there to provide you with comfort and support.

How can a doula help me during birth?

During your last trimester of pregnancy, a doula can help you prepare for birth. While you are in labor, your doula will be by your side as a constant source of support. She can help you with pain management, breathing, position changes, and more.

How can a doula help me after birth?

After your baby is born, your doula can assist you with skin-to-skin contact and/or with breastfeeding. Your doula will also be available to support you during the postpartum period, as you transition to motherhood.

Side-by-Side FAQ

Can a doula improve my labor and birth experience?

Yes, research shows that continuous labor support can:

- Shorten labor
- Reduce the need for labor-inducing medications
- Reduce the need for pain medication or epidural
- Reduce the incidence of cesarean sections
- Improve bonding with baby
- Increase mom’s satisfaction with her birth experience


Will a doula make decisions for me?

No. Doulas are not medically trained. During labor, a doula is there to help you have the birth you desire, supporting you through any medically necessary changes, and to provide physical and emotional support.

What if I want pain medicine or an epidural?

This is between you, and your midwife or doctor, and your nurse. A doula is there to support your decisions. Even after pain medicine or an epidural, a doula can still benefit you and your family through her continuous support.

How can I connect with a doula?

The volunteer doulas are committed to supporting teen moms in our community. If you would like to be paired with a doula during your last trimester, birth, and the postpartum period, please email doula@unc.unc.edu

Could I request a Spanish speaking doula?

Yes. Please include your preference for a Spanish speaking doula when you email doula@unc.unc.edu

Thank you for your interest in the Side-by-Side program for pregnant teens. We look forward to working with you!