



# How Do You Doula?

## FREQUENTLY ASKED QUESTIONS

### **We both work full time. How can we fit in our prenatal sessions?**

Most professional couples I work with need flexibility for both partners to be able to attend our prenatal sessions. I'm happy to help you fit prenatal meetings into your busy schedule. And no need to worry about travel; I come to you!

### **How are your prenatal sessions different to our hospital antenatal class?**

Hospital classes are made up of a cross section of the community whose birth goals are wildly different - encompassing everything from elective caesareans, to planned epidurals as soon as possible...to entirely natural, intervention free births. This means the course content tends to be broad, and there's no time to cover anything in depth. My sessions are 100% tailored to you and your birth goals. Sessions are fully focused on preparing you for the birth you're hoping for.

### **Don't the hospital midwives do what you do?**

Not generally. Your midwife's first responsibility is to oversee the medical side of the birth and keep you and your baby safe. This means he/she doesn't usually have time to provide continuous "contraction by contraction" support, help you apply the skills you hope to use to manage your labour, or show your partner how best to help you when things get real. Getting to hospital and finding this expected support is sporadic at best, is a major reason women end up running out of coping strategies early - and making choices they hoped to avoid.

### **How much time do you normally spend at a birth?**

Sometimes births are as quick as three hours, and others can be as long as 30 hours. Around 12-14 hours is average for a first birth from when labour becomes established. This begins when I'm called to the labour (most often in the middle of the night!) and ends around two hours after your baby is born. For an elective caesarean I spend approximately 6 hours at the hospital, including two hours in recovery/postnatal ward.

### **We have private care - doesn't this mean we'll already have lots of support?**

During labour itself there's little difference between public and private care, except that private patients choose their own obstetrician. Even so, it's not usual for your chosen OB to stay in the room until you're ready to begin pushing. Until this point he/she will keep an eye on things via updates from your allocated midwife. In both systems, your midwife's first priority is the safety of your birth.

# How Do You Doula?

## FREQUENTLY ASKED QUESTIONS

Any birth support she can offer will be secondary to that, if she can provide it at all. It definitely won't be continuous or cover early labour at home, and depending on her birth philosophy it may not align with what you expect, even in the private system. After leaving hospital, most private patients won't see their obstetrician again for six weeks. This leaves a big gap in both labour and early postnatal support that your doula can fill.

### **What does being "on call" for my birth mean?**

In practice, I'm mostly always on call for births and I want to reassure you that even if you labour before 38 weeks I'll still be there! 38 weeks marks the point that I formally go on call for you. From this point, I won't leave the Perth area (emergencies excepted - you'll always be informed and a back up provided) or turn off my mobile phone. I'll be ready to reschedule my other commitments at short notice when your labour begins. My partner also moves to stand by at this time, managing his own commitments to be available at short notice for our family while I'm at your birth.

The average time I spend on call for a birth is two to three weeks, and up to a month isn't unusual.

### **What if I book early in pregnancy and something goes wrong?**

The loss of a pregnancy is a difficult and sensitive time. In the unfortunate event of a pregnancy loss before prenatal sessions have commenced and you don't require labour or postnatal support, all fees will be fully refunded.

If you'd still like labour and/or postnatal support adjustments will be made to our existing support agreement, depending on your needs as you identify them at the time.

### **What if I need an elective caesarean after we've booked your services?**

If you find yourself needing to book a caesarean after planning for a natural birth, this often happens later in your pregnancy (for example baby is still breech at term). You'll find you have a lot to get your head around - and not much time to do it. The perspective and experienced guidance of a doula can make this potentially frightening and disempowering experience into a more positive one.

# How Do You Doula?

## FREQUENTLY ASKED QUESTIONS

An extra 2 hour prenatal session will be added to your package (no additional charge) to rewrite your birth plan, take you through caesarean options, and prepare you both for what to expect from the caesarean and your recovery.

I'll still be on call for you (babies can and do begin labour before the caesarean date), and I'll still attend the hospital on the day of your birth. I'll be with you before surgery and access the recovery unit immediately afterwards (hospital permitting) to get baby breastfeeding and skin-to-skin with both parents. Postnatal support will be provided as detailed in your original package.

### **What if I decide that I want an epidural?**

I'll do everything I can to support you in the type of birth you'd like, even if that changes once you're actually in labour. I'm not interested in pushing a strictly natural birth agenda, I'm interested in positive births - and only you can define what that means for you. You'll have my full support, no matter what. The support you'll need after an epidural will be different to that of a natural birth, but no less important. And you'll still need to push your baby out - so in some ways it's very much the same!

