

Social role of doulas in Brazil and in the world: a scope review

Papel social das doulas no Brasil e no mundo: uma revisão do escopo

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Abstract

Background: Doulas are an occupational activity that offers emotional, physical, and educational support to pregnant women. **Objective:** The aim of the study was mapping available studies on the social role played by doulas in Brazil and worldwide. **Methods:** Searches were carried out in the databases of Excerpta Medica dataBASE (EMBASE), the Cochrane Library, SciELO, the Virtual Health Library, and the PubMed search engine for publications up to December 2022 and without chronological restriction. Original articles were included that addressed the social activities carried out by the doulas, studies in the English language, and those available in full. **Results:** The final sample consisted of 31 original articles, 51.6% of which highlighted the activities performed by doulas, 34.5% the access of doulas to hospital and community-based health services (CBHS), and 13% highlighted the economic role of the doula in the public and private health systems. **Conclusions:** The insertion of doulas in Hospitals and CBHS has proven to be important for the public and private health system, being also fundamental in the health education of women in situations of social vulnerability. The subject is still quite incipient in the scientific literature, requiring studies to be conducted to deepen the area.

Keywords: doulas; pregnant women; health education.

Resumo

Introdução: A doulagem é uma atividade ocupacional que oferece apoio emocional, físico e educacional a mulheres grávidas. **Objetivo:** Realizar um mapeamento dos estudos disponíveis sobre o papel social desenvolvido pelas doulas no Brasil e no mundo. **Métodos:** Foram realizadas pesquisas nas bases de dados da EMBASE, Cochrane Library, Scientific Electronic Library Online (SciELO), Biblioteca Virtual em Saúde e o buscador de pesquisa da United States National Library of Medicine (PubMed) para publicações até dezembro de 2022 e sem restrição cronológica. Foram incluídos artigos originais que abordavam as atividades sociais realizadas pelas doulas, estudos na língua inglesa e aqueles disponíveis na íntegra. **Resultados:** A amostra final foi composta de 31 artigos originais, dos quais 51,6% destacaram as atividades desempenhadas pelas doulas, 34,5% o acesso delas aos serviços de saúde hospitalares e àqueles de base comunitária (CBD), e 13 % o papel econômico da doula nos sistemas público e privado de saúde. **Conclusões:** A inserção das doulas em hospitais e CBD tem se mostrado importante para o sistema de saúde público e privado, sendo também fundamental na educação em saúde das mulheres em situação de vulnerabilidade social. O assunto é ainda bastante incipiente na literatura científica, necessitando que estudos sejam conduzidos para o aprofundamento da área.

Palavras-chave: doulas; gestantes; educação em saúde.




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INTRODUCTION

Doulas are professionals who offer emotional, physical, and educational support to pregnant women, before and during childbirth, and in the puerperium. The word “doula” is of Greek origin and means “woman who serves another woman.” The aim of the doulas is to help women have a positive childbirth experience and feel safer and more confident during this period. In addition, they can also offer support for breastfeeding and adaptation to the new role of maternity¹.

The role of doulas in assisting pregnant women is wide and varied and has been the subject of many studies in recent years. Although it is an old profession, many people are still unaware of the role of doulas². The first registration of doulas in the United States was made in 1979 by the physician Dana Louise Raphael³, who became a reference in the care of pregnant women. In Brazil, the work of doulas is considered relatively recent and had its first records at the Sophia Feldman Maternity Hospital, in Minas Gerais, in 1997⁴.

The work of community-based doulas (CBD) is limited to some groups of women, such as migrants, high-risk women, black women, and socially vulnerable women. In 2005, the National Plan for Obstetric and Neonatal Care Policies in Brazil⁵ recognized the work of doulas as extremely important for humanized care in public and private health systems. In developed countries, doulas work both in hospitals and as CBD⁶⁻⁸.

Therefore, this study aimed to understand the social role played by doulas in assisting pregnant women considering the national and international contexts. The importance of social actions developed by doulas for humanized care in the public and private health system is undeniable, and it is essential to understand the role they play in assisting pregnant women in different territories. For this, a scoping review was carried out to identify available studies on this subject.

METHODS

This scoping review followed the methodological rigor described by the PRISMA-ScR checklist (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews [PRISMA-ScR])⁹. The protocol was prospectively registered on the Open Science Framework (OSF) platform (<https://osf.io/n9pd8>; <https://doi.org/10.17605/OSF.IO/N9PD8>), which allow to obtain comprehensive results by mapping the existing literature.

For this, six methodological steps were defined:

1. Identification of the topic to be addressed¹⁰;
2. Identification of relevant research for the study;
3. Selection of studies based on the established eligibility criteria;
4. Extraction of relevant information;
5. Critical analysis of the quality, results, and contributions of each study; and
6. Ability to synthesize the identified knowledge¹¹.

The question: “What is the importance of the social work of doulas in Brazil and in the world?” was proposed for this study, through the acronym PCC, representing Population, Concept, and Context. In this study, the P refers to doulas, the C to social actions carried out by the doulas, and the C to the work performed in Brazil and in the world.

Searches were conducted in the databases of EMBASE, Cochrane Library, SciELO, PubMed search engine, and the Virtual Health Library (BVS (Biblioteca Virtual em Saúde), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Base de Dados de Enfermagem (BDENF), MOSAICO-Integrative Health, and RHS Repository) for publications up to December 28, 2022, and without chronological restriction. The terms selected for this scoping review were separated by the Boolean algorithms AND OR, and the clinical trial option was chosen for studies from the Cochrane library database (Table 1).

The following inclusion criteria were considered: Original articles that addressed the social activities carried out by the doulas, studies available in full and in English.

Table 1. Strategic search.

Database	Number of articles	Strategic search
PubMed	62	((("Doulas"[MeSH Terms]) OR ("Doula"[Title/Abstract]) OR ("Doula Service"[Title/Abstract]) OR ("Doula Services"[Title/Abstract]) AND (((("Pregnant Woman"[MeSH Terms]) OR ("pregnant women"[MeSH Terms]) OR ("woman, pregnant"[MeSH Terms]) OR ("women, pregnant"[MeSH Terms]) OR (pregnant[Title/Abstract]) OR (Maternity[Title/Abstract]) AND (((work[Title/Abstract]) OR ("Social Work"[MeSH Terms]) OR ("Perinatal Care"[MeSH Terms]) OR (Delivery[Title/Abstract]))
BVS (LILACS; MEDLINE, BDNF, MOSAICO-Integrative Health and RHS Repository)	19	Doulas OR Doula AND "Pregnant Woman" OR "Pregnant Women" OR Maternity AND Work OR "Social Work" OR Delivery OR
SciELO	3	(Doulas) AND ("delivery") AND (Work)
EMBASE	134	(Doulas) OR (Doula) OR (Doula Service) OR (Doula Services) AND (Pregnant Woman) OR (Pregnant Women) OR (Woman, Pregnant) OR (Women, Pregnant) OR (Pregnant) OR (Maternity) AND (Work) OR (Social Work) OR (Perinatal Care) OR (Delivery)
Cochrane Library (Selected the option "trials")	23	(Doulas) OR (Doula) OR (Doula Service) OR (Doula Services) AND (Pregnant Woman) OR (Pregnant Women) OR (Woman, Pregnant) OR (Women, Pregnant) OR (Pregnant) OR (Maternity) AND (Work) OR (Social Work) OR (Perinatal Care) OR (Delivery)

Searches were exported to the Rayyan platform (<https://www.rayyan.ai/>) to exclude duplicates and select information for this study. Two researchers (FIDC and WFE) evaluated the titles and abstracts individually, according to the selection criteria. For conflicting assessments, a third researcher (KCSG) was invited. Therefore, a critical evaluation of the selected studies was done, according to the level of evidence described by Melnyk and Fineout-Overholt¹², as follows:

1. Meta-analysis of multiple controlled studies;
2. Experimental design;
3. Quasi-experimental design;
4. Non-experimental design;
5. Case reports or systematically obtained data of verifiable quality or program evaluation data;
6. Qualitative studies;
7. Opinion of reputable authorities based on clinical competence or opinion of expert committees^{13,14}.

Data from the final sample were entered by double typing in Microsoft Excel 2016 spreadsheets, which allowed the data to be checked. Then, the data were imported into the JAMOVI 2.0 statistical program, for descriptive analysis¹⁵.

RESULTS

A total of 241 articles were found, of which 71 were duplicates. After reading the titles and abstracts, 97 articles were selected for full reading. With the application of the inclusion criteria, 31 articles made up the final sample^{5,6,8,7,10,16-41} (Table 2 and Figure 1).

In the final sample, 19.3% (n=6) of the studies were published between 2012 and 2015^{8,20,21,28,29,41} or >2021^{10,18,19,25,34,37} and 51.7% (n=16) between 2016 and 2020^{5-7,17,22,23,26,27,30-33,35,36,38} (Figure 2). The most prevalent countries of publications were the United States^{7,8,16,19,25,26,28-30,33,39} (35.5%), Sweden^{18,21,22,37,38} (19.4%), England^{6,17,31,32,35} (16.1%), Australia^{34,41}, and Iran^{20,36} (6.5%), and Brazil⁵, Mexico⁴⁰, Norway²⁷, Taiwan²³, and Canada²⁴ (3.2%). Considering the thematic axis of each study, 51.6% of the articles showed "Doula activities"^{5-8,10,19-22,24,27,31,32,36,38,41}; 35.4% determined the "access of doulas to health services"^{16-18,25,30,33-35,37,39,40} and 13% described the "Economic Model of Doula work"^{23,26,28,29} (Figure 2).

Table 2. Studies included in the Scoping Review about the social role of doulas in Brazil and around the world.

Reference	Title of the paper	Objectives described in the studies	Conclusions described in the studies
Adams ¹⁹	Pregnancy and birth in the United States during the COVID-19 pandemic: The views of doulas	This study examined the perspectives of doulas, or nonclinical labor support professionals, on how pregnancy and birth experiences and maternal health care delivery systems changed in the early weeks of the COVID-19 pandemic.	Doulas' close relationships with pregnant people enabled them to be an important source of support during the COVID-19 pandemic. Added to the larger body of work on the impacts of doula care, this study supports widespread calls for universally integrating doulas into maternity care systems as a targeted strategy to better support pregnant and birthing people in both crisis and noncrisis situations.
Akbarzadeh et al. ²⁰	Comparison of the effects of doula supportive care and acupressure at the BL32 point on the mother's anxiety level and delivery outcome	To compare the effects of doula supportive care and acupressure at the BL32 point on the mother's anxiety level and delivery outcome.	The study results showed that doula supportive care and acupressure at the BL32 point reduced the mother's anxiety as well as the labor length. Therefore, non-pharmacological methods are recommended to be used during labor for improving birth outcomes and creating a positive birth experience.
Akhavan and Edge ²¹	Foreign-Born Women's Experiences of Community-Based doulas in Sweden — A Qualitative Study	In this study, our aim was to explore the experiences of doula support among foreign-born women in Sweden in the context of a "Community-Based Doula" (CBD) intervention project	This study indicates that a doula can provide support and a reassuring presence before, during, and after birth. The CBD program is committed to training doulas to help women have satisfying birthing and parenting experiences. Informed by these findings, maternity health care providers may be able to give newly arrived refugee women, socially isolated foreign-born women, or both groups need maternity support that better addresses their needs for emotional as well as medical support and care.
Byrskog et al. ²²	Community-based bilingual doulas for migrant women in labor and birth-findings from a Swedish register-based cohort study	The aim of this study was to compare birth outcomes for migrant women who received CBD support in labor with birth outcomes for migrant women who experienced usual care without CBD support, and Swedish-born women giving birth during the same time period and at the same hospitals.	CBD support appears to have the potential to reduce analgesia use in migrant women with vulnerability to adverse outcomes, as in this study. It may also be that some necessary interventions were facilitated by the enhanced communication made possible by the presence of a CBD.
Campbell et al. ¹⁶	A randomized controlled trial of continuous support in labor by a lay doula	Aim to compare labor outcomes in nulliparous women accompanied by a personally chosen, additional support person (doula group) with outcomes in nulliparous women who received standard care (control group)	In conclusion, low-income pregnant women with the option to choose a female friend who has received lay doula training and will act as doula during labor, along with other family members, shortens the labor process
Chen and Lee ²³	Effectiveness of the doula program in Northern Taiwan	This study investigated the effectiveness of the doula program after its initial introduction in Taiwan.	Providing continuous labor support before, during, and after childbirth to pregnant women requiring labor support may reduce the C/S rate and increase the normal spontaneous delivery (NSD) rate, but the relevant mechanism between the two remains to be clarified in the future. The regression model showed that the factors associated with labor woman receiving C/S included high prenatal anxiety, total time need for doula accompaniment, epidural use and analgesics use. The factors of continuous doula support and oxytocin use were associated with receiving NSD.

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Table 2. Continuation.

Reference	Title of the paper	Objectives described in the studies	Conclusions described in the studies
Darwin et al. ¹⁷	Evaluation of trained volunteer doula services for disadvantaged women in five areas in England: women's experiences	This paper focuses on the experiences of the women who used the service; specifically, the areas of impact and the nature of the relationship that may offer insights into how such outcomes occur.	The UK NICE guidance for the care of Pregnant women with Complex Social Factors (NICE, 2010) calls for models that overcome barriers and facilitate access to improve women's outcomes. It would appear that volunteer doula services have the potential to make a contribution to this. Of note, the benefits reported by women did not always involve direct support during the labor and birth. An approach akin to friendship and based on building trust, listening, and enabling appears to be fundamental; in some circumstances, this can be strengthened by actively supporting involvement of family, including partners. Critically, the ending of the close one-to-one relationship carries the potential for feelings of loss and distress which could undermine the benefits experienced. The timing and management of endings warrant further exploration, particularly given the potential for coinciding with a period of heightened vulnerability for mental health problems. Further longitudinal research is needed to gather women's views and experiences through the period of support, and the ending, to further elucidate the mechanisms by which positive impacts of doula support are achieved and may be threatened.
Eftekhary et al. ²⁴	The Life of a Canadian doula: Successes, Confusion, and Conflict	Examine the backgrounds, practices, and professional motivations of doulas and to understand their role and interactions with other maternity care providers	This study highlighted areas of possible conflict concerning labor and delivery practices, as well as potential challenges in inter-professional interactions. We are now in a better position to identify the personal and professional barriers that might impede the further participation of doulas as accepted childbirth workers
Falconi et al. ²⁵	Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching.	The objectives of this study were to: 1) evaluate the integration of doulas with different types of clinical providers during labor and delivery to understand how different combinations of provision of care relate to maternal health outcomes; 2) assess when, over the care continuum (from the first trimester through childbirth), doulas provide the greatest benefit to maternal health; and 3) evaluate whether women gain differential benefits from doulas depending upon certain risk factors, including race/ethnicity and certain chronic conditions.	Our study provides evidence on the benefit of the integration of doula care early in pregnancy and continuing postnatally. Study findings also demonstrate the success in integrating doula into maternity care networks. Doulas offer numerous benefits to expectant and postpartum mothers, especially among low-income and marginalized minority populations.
Greiner et al. ²⁶	The Cost-Effectiveness of Professional doula Care for a Woman's First Two Births: A Decision Analysis Model	This study evaluated the potential cost-effectiveness of professional doula support during a woman's first birth in a theoretical population of US women, with all women having a second birth without doula care.	In conclusion, estimates from this cost-effectiveness analysis add to the literature supporting the integration of a professional doula into a woman's labor care and signal the need for increased doula care reimbursement. Increasing low-risk women's access to professional doula support holds great promise to enhance the quality of US maternity care while remaining cost-effective.

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Table 2. Continuation.

Reference	Title of the paper	Objectives described in the studies	Conclusions described in the studies
Hans et al. ⁸	Promoting positive mother–infant relationships: a randomized trial of community doula support for young mothers	The present study investigated the effect of doula services on parenting among young, low-income mothers.	In conclusion, our findings show that the community doula model holds promise for enhancing positive parenting and parent–child interaction in multirisk populations that goes beyond its traditional role in improving the health of mothers and infants around childbirth. At the same time, the fading effect of the intervention also is a cautious reminder that ongoing efforts are needed to support intervention effects in the lives of mothers facing multiple risks in their parenting.
Hans et al. ⁷	Randomized Controlled Trial of doula-Home-Visiting Services: Impact on Maternal and Infant Health	This randomized controlled trial (RCT) examines the impact of doula-home-visiting on birth outcomes, postpartum maternal and infant health, and newborn care practices	The doula-home-visiting intervention was associated with positive infant-care behaviors. Since few evidence-based home-visiting programs have shown health impacts in the postpartum months after birth, incorporating doula services may confer additional health benefits to families.
Haugaard et al. ²⁷	Norwegian multicultural doulas' experiences of supporting newly-arrived migrant women during pregnancy and childbirth: A qualitative study	The aim of the study was to examine how the multicultural doulas experienced their work with newly arrived migrant women during pregnancy and childbirth.	The findings suggested that their presence can strengthen maternity care for migrant women by means of providing information, ensuring continuity, and building a cultural bridge between the migrant women and maternity care in Norway. The findings of this study suggested that migrant women with short residence in Norway can benefit from multicultural doula support.
Kozhimannil et al. ²⁸	Potential benefits of increased access to doula support during childbirth	The goal of this study was to characterize women who used doula services and those who desired but could not access doula support among a representative sample of US childbearing women. We also explored the relationship between doula support, desire for doula support, and cesarean delivery, distinguishing non-indicated cesareans. If desire for doula services is related to higher rates of non-indicated procedures, this could serve to identify opportunities to better serve at-risk women who may benefit from access to continuous labor support	In summary, we found that women with doula support had lower odds of non-indicated cesareans compared to women without doula support and compared to women who desired but did not have doula support. Additionally, women who desired but did not have doula support had a higher odds of cesarean without definitive medical indication, compared with those who did not desire doula care. These results, which should be confirmed by future prospective studies, suggest that increasing access to doula care for at-risk women who desire intrapartum doula support (e.g., black, uninsured or publicly-insured women) may facilitate decreases in rates of non-indicated cesareans.
Kozhimannil et al. ²⁹	Doula Care Supports Near-Universal Breastfeeding Initiation among Diverse, Low-Income Women	The goal of this analysis was to study whether doula support may be associated with breastfeeding initiation among low-income, diverse women.	Our findings reinforce the positive potential role for interprofessional care and support for pregnant women. Midwives and other maternity care providers are uniquely situated to support women in achieving their breastfeeding goals and to work in partnership across traditional professional boundaries to meet women's needs. Such practice is consistent with the broader movement toward more collaborative maternity care.
Lanning and Klamann ³⁰	Evaluation of an Innovative, hospital-based volunteer doula program	To evaluate program growth, doula characteristics, patient satisfaction, and characteristics and perceptions of labor and delivery nurses who work with volunteer doulas in a hospital-based volunteer doula program.	This program evaluation includes several measures of success. In addition to providing information to Birth Partners' program leaders, these findings offer valuable insights for clinicians in other hospitals who are considering initiating a volunteer doula program. The Birth Partners program structure, process, and outcomes model can provide a trigger and guide for discussion

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Table 2. Continuation.

Reference	Title of the paper	Objectives described in the studies	Conclusions described in the studies
Lima et al. ⁵	Comprehension on doula's work at a maternity in Jequitinhonha Valley—MG	To analyze the understanding of puerperae, doulas, and the care team about the presence of a doula during the pregnant women's parturition process.	The proposed objective of this study was reached because, through the reports, it is possible to analyze the understanding of the puerperae, the doulas, and the care team about the presence of a doula during labor in the maternity hospital in Vale do Jequitinhonha, Minas Gerais. Also, it was possible to identify the influence of a doula's work for the formation of academic doulas. Doula's work revealed meanings inherent in a humanized and welcoming care, thus providing a way for maternity care teams, together with managers and other ones involved in the processes of assisting pregnant women, to reflect on the relevance of the presence of doulas in those scenarios.
McLeish and Redshaw ³¹	A qualitative study of volunteer doulas working alongside midwives at births in England: Mothers' and doulas' experiences	To explore trained volunteer doulas' and mothers' experiences of doula support at birth and their perceptions of how this related to the midwife's role.	Volunteer doulas can play an important role in improving women's birth experiences in England by offering continuous, empowering, woman-focused physical and emotional support in a way that complements the more clinical role of midwives, particularly where there is no midwifery caseload care and mothers are disadvantaged. While doulas were generally very clear about the boundaries of their role, some blurring of these boundaries may be initiated by midwives as well as doulas. There is a need for greater clarity about the scope of legitimate volunteer doula advocacy on behalf of their clients, to maximize effective working relationships between midwives and doulas.
McLeish and Redshaw ³²	Being the best person that they can be and the best mum": a qualitative study of community volunteer doula support for disadvantaged mothers before and after birth in England	Explores how the antenatal and postnatal role of the community doula is experienced and understood by the volunteer doulas and the disadvantaged women who they support. A separate paper has explored the role of these community doulas at birth.	In addition to their role as birth supporters, the work of volunteer community doulas in the antenatal and postnatal periods is highly valued by vulnerable mothers and can help to improve their parenting confidence and skills. Mothers and doulas described positive impacts on maternal emotional wellbeing, with a reduction in anxiety, unhappiness and stress, and increases in self-esteem and self-efficacy. Mothers felt more knowledgeable and skillful, were supported to make effective use of maternity services, and were enabled to build social ties in their community.
Neel et al. ³³	Hospital-based maternity care practitioners' perceptions of doulas	Describe best practices of integrating doulas into hospital-based maternity care teams to facilitate access to this evidence-based service for improving maternal health outcomes.	Doulas can help address the US maternal health crisis by improving birth outcomes, especially among women most at risk. However, negative practitioner attitudes about doulas may interfere with the effectiveness of interprofessional teams. Adequate staff training in the doula model of care, explicit role definition, and increasing practitioner exposure
O'Rourke et al. ³⁴	How and when doula support increases confidence in women experiencing socioeconomic adversity: Findings from a realist evaluation of an Australian volunteer doula program	This study aimed to test the theory in realist interviews with clients, focus groups with doulas, and with routinely collected pre-post data.	This first realist evaluation of a volunteer doula support program has found how and when a doula's recognition of a woman, in a support relationship, can increase the woman's confidence in the short-term, in a sustained way with broader psychological wellbeing, or not at all.

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Table 2. Continuation.

Reference	Title of the paper	Objectives described in the studies	Conclusions described in the studies
Richards and Lanning ³⁵	Volunteer doulas' experiences supporting cesarean births: A qualitative analysis for preliminary program evaluation	The aim of this scoping study was to explore the experiences of volunteer doulas who provide support to women during cesarean birth, as a preliminary method of program evaluation and to act as a foundation for the study of holistic cesarean birth experiences.	Doulas volunteering within this program highly valued their perceived role in the care of women experiencing cesarean birth, including reports of increasing evidence-based practices such as SSC and early breastfeeding initiation in the OR. These doulas reported successfully working around the physically challenging OR environment and alongside the cesarean interprofessional team. Relationships among doulas and other OR staff should be examined, and the value of doula presence in the OR recognized, to facilitate an interprofessional approach to family-centered care. The authors invite others to build on this preliminary program evaluation; future research should include interviews of clients receiving doula care in the OR and other professional members of the OR team. A broader perspective of experiences and opinions may help to expedite the successful integration of doulas in the care of women giving birth by cesarean, potentially improving physical and emotional outcomes for women and their newborns
Robati et al. ³⁶	Effects of the Presence of the doula on Pregnant Women's Anxiety and Pain During Delivery: A Randomized Controlled Trial	Evaluate the impact of a doula's presence on anxiety and pain in pregnant women during the delivery process	Generally, it is concluded that the presence of a trained doula by pregnant women's side during labor can improve the mental outcomes of delivery and decrease the women's anxiety and pain. It is suggested that the study should be replicated with a larger sample and in different health centers of Iran. It is also recommended that maternity centers should implement this low-cost and proper intervention during the delivery process.
Schytt et al. ¹⁰	Community-based bilingual doula support during labor and birth to improve migrant women's intrapartum care experiences and emotional well-being-Findings from a randomized controlled trial in Stockholm, Sweden	To evaluate the effectiveness of community-based bilingual doula (CBD) support for improving the intrapartum care experiences and postnatal wellbeing of migrant women giving birth in Sweden.	Community-based doula support during labor and birth for migrant women neither increased women's ratings of their care for labor and birth nor their emotional well-being 2 months postpartum compared with receiving standard care only. Further studies on the effectiveness of CBD powered to evaluate obstetric outcomes are needed
Schytt et al. ³⁷	The community-based bilingual doula — A new actor filling gaps in labor care for migrant women. Findings from a qualitative study of midwives' and obstetricians' experiences	The aim of this study was to explore midwives' and obstetricians' views of community-based bilingual doula support for migrant women during labor and birth, and their own experience of collaborating with CBDs.	Community-based bilingual doula support was viewed as improving migrant women's well-being during labor and birth and as increasing the possibilities for midwives and obstetricians to provide good and safe care, particularly because language support from the CBD significantly improved communication in the labor room. Some ambivalence was apparent however, about the CBD's education, role and boundaries.
Schytt et al. ³⁸	Community-based doula support for migrant women during labor and birth: study protocol for a randomized controlled trial in Stockholm, Sweden	This study protocol describes the design, rationale and methods of a randomized controlled trial that aims to evaluate the effectiveness of CBD support for improving the intrapartum care experiences and postnatal well-being of migrant women giving birth in Sweden.	This study has the potential to inform further development of the CBD model and to contribute to what is known internationally about the effectiveness of bilingual doula support in improving the care of migrant women during childbirth.

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Table 2. Continuation.

Reference	Title of the paper	Objectives described in the studies	Conclusions described in the studies
Shlafer et al. ³⁹	Doulas' Perspectives about Providing Support to Incarcerated Women: A Feasibility Study	To document the logistical feasibility of a doula program for pregnant incarcerated women and to assess doulas' perceptions of their achievements.	The intervention was logistically feasible, suggesting that doulas can adapt their practice for incarcerated women. Doulas may need specific training to prepare themselves for institutional restrictions that may conflict with the traditional roles of doula care. It may be important for doulas to understand the level of personal and professional resources they may have to expend to support incarcerated women if they are separated from their infants soon after delivery.
Smid et al. ⁴⁰	Bringing Two Worlds Together: Exploring the Integration of Traditional Midwives as doulas in Mexican Public Hospitals	Objectives were to introduce the previously unknown role of doula to both traditional midwives (TMs) and public health personnel and to better understand the perceived benefits and challenges of incorporating TMs acting as doulas formally into the public health care system	To bring these two worlds together, the results of this study show that successful implementation would require careful planning and directed collaborative training for both TMs and clinic staff. The training must address the structural, sociocultural, and professional barriers we have described and provide a clear definition about the role and scope of doula care.
Ström et al. ¹⁸	Experiences of working as a cultural doula in Sweden: An interview study.	The aim was to explore cultural doulas' experiences of giving support to foreign-born women during pregnancy and after childbirth.	The cultural doulas felt proud when they experienced their work as meaningful and important. It was clear to them that their support and guidance had a positive impact on the women's reproductive health as well as their integration into Swedish society. Cultural doulas could play an important role in building equal maternal healthcare in Sweden.
Spiby et al. ⁶	The greatest feeling you get, knowing you have made a big difference: survey findings on the motivation and experiences of trained volunteer doulas in England	This research aimed to understand the motivation and experiences of volunteer doulas who have been trained to support women during pregnancy, birth and the postnatal period.	Training and volunteering as an unpaid doula can be a rewarding experience, in terms of both personal development and future employment prospects and the ability to test out work in health and social care.
Stevens et al. ⁴¹	Midwives and doulas perspectives of the role of the doula in Australia: A qualitative study	To explore midwives and doulas perspectives on the role of the doula in Australia	This research is the first research undertaken that aims to understand the role of a doula in Australia. Doulas are employed by women to primarily "fill the gap" in, "the broken maternity system" in Australia. When doulas provide continuity of care, midwives feel that doulas are "taking our role" because they are meant to be "with women." Despite the conflict, both midwives and doulas see the potential for collaboration. The benefits of continuity of care are strongly supported by research, and it is anticipated that this option will be more available to women with the Australian Government's maternity service reforms.

Regarding the level of scientific evidence, according to Melnyk and Fineout-Overholt¹², 38.6% (n=12) of the articles were classified in Level 4 (Qualitative studies) and 22.6% (n=7) in Level II (Randomized clinical trials) (Figure 2).

DISCUSSION

This scope review allowed the identification of the role of doulas in Brazil and internationally. These data are important in the design of public health policies, assistance to

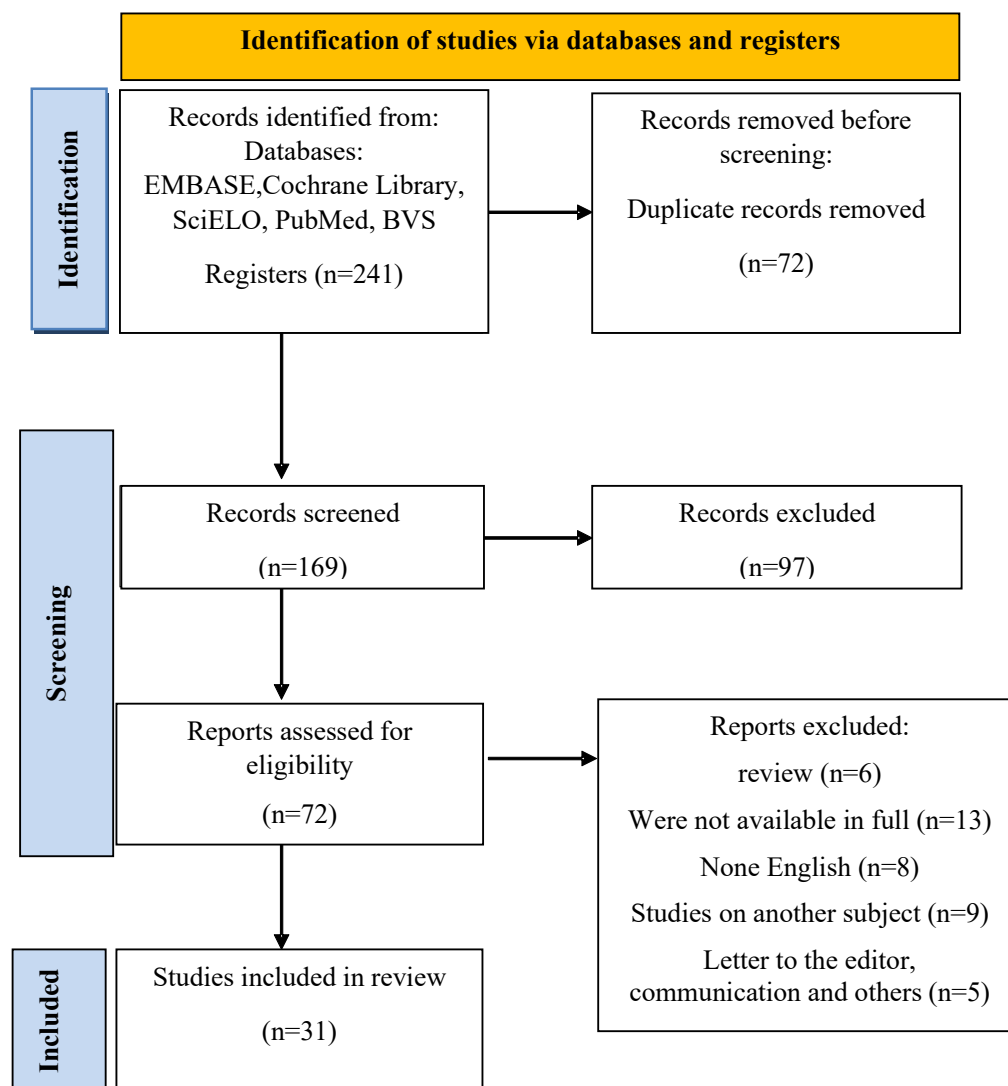


Figure 1. Flowchart and step-by-step sampling process of the Scope Review.

the population with social vulnerability, projections of economic and assistance models of the work of doulas and their workplace. Following this logic, the activities carried out by doulas, their access to health services, and their work models will be discussed in this topic^{6,10,22,28,29,31,36,39-41}.

The work of doulas in hospitals has been widely highlighted in several studies. The study by Lanning and Klamann³⁰, conducted in the United States, evaluated the voluntary work model of doulas in hospitals, noting that 96.34% of pregnant women were satisfied with the care offered by hospital doulas. These results are extremely important, as they show that the presence of doulas in hospitals can significantly contribute to a more harmonized and less stressful experience during pregnancy and labor. These results are consistent with those found by Lima et al. in Brazil⁵, where it was observed that the support of hospital doulas contributed to a safe and humanized pregnancy, in addition to providing comfort to the parturient. In addition, it is important to consider that doulas in hospitals not only provide emotional and physical assistance, but are also concerned with monitoring, guidance, and information for pregnant women and their families during the entire period of pregnancy and childbirth^{10,19,25}.

CBD play a key role in assisting women in situations of social vulnerability or who have little family support or lack of a support network. Its community actions aim to welcome and understand the cultural and linguistic needs of pregnant women, in addition to creating ties between the community and these women. This is particularly important, as pregnant women

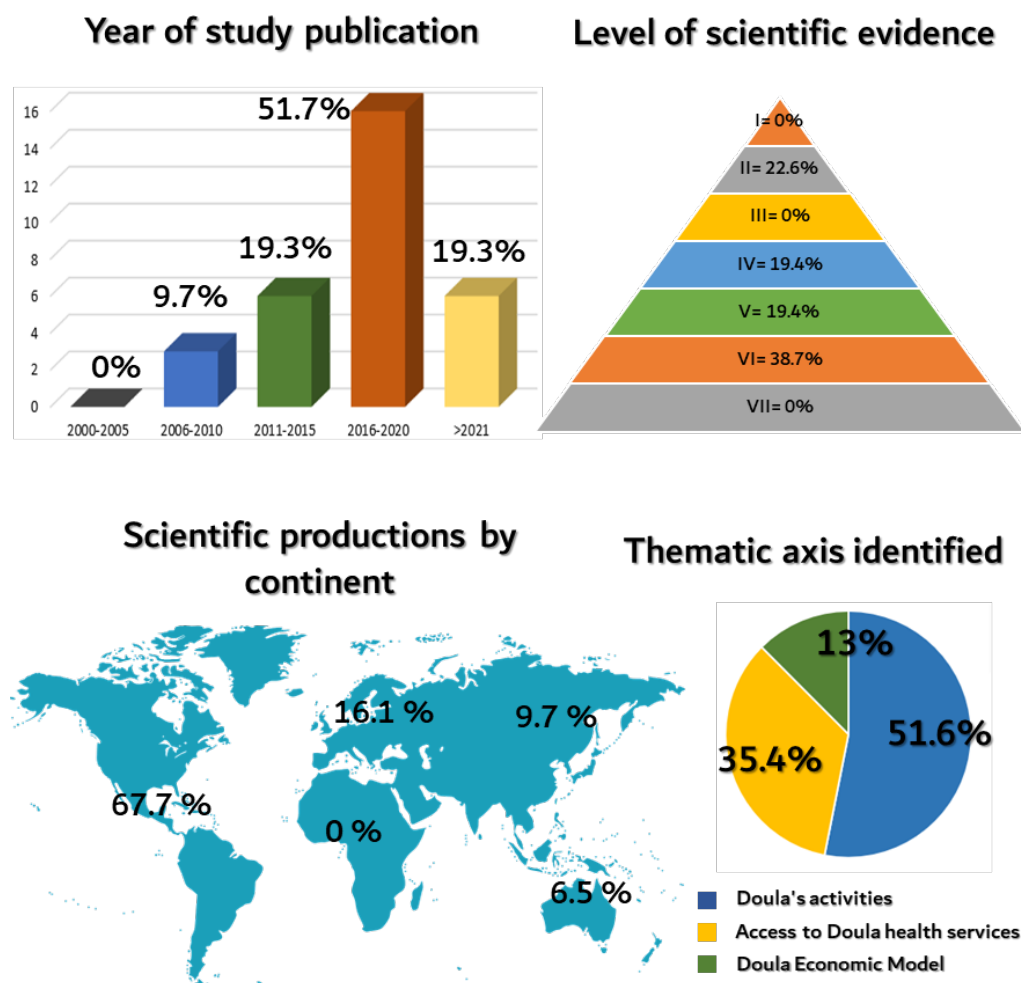


Figure 2. Diagram of the results obtained in the scoping review about social work developed by doulas in Brazil in the World.

from communities with greater social vulnerability may face additional challenges, including economic, social, and cultural barriers, which may interfere with their access to the necessary care and health care network during pregnancy^{10,18,21,22,37,38}.

Available studies have shown that the assistance of community doulas is highly effective in improving maternal and child health indicators. For example, studies carried out in England^{6,32} showed that pregnant women included in community programs have high rates of acceptance of doula care, higher breastfeeding rates, and a reduction in the number of cesarean sections. In addition, research carried out in England and in other countries shows that CBD values the cultural and social connection of pregnant women, in addition to improving their communication and interpersonal skills. These doulas also have a positive impact on the birth rate, reduce pre- and postpartum anxiety levels, increase mothers' self-esteem, and significantly reduce stress. In addition, they play important roles in maternal and child care, and build bridges between pregnant women and their communities. Thus, the strengthening of CBD is a valuable strategy to improve assistance to pregnant women in socially vulnerable communities. The emotional, guidance, and information care provided to pregnant women are essential to ensure that they have a respectful, safe, and humanized pregnancy and delivery, in addition to contributing to the improvement of maternal and child health indicators.

Doulas' support for pregnant women has resulted in positive health indicators in various public and private health programs in Brazil and around the world, which can serve as a basis

for structuring plans and projects for public policies in women's and children's health. It is important to emphasize that there is a positive correlation between the economic vulnerability of pregnant women and the need for support from a doula, as observed in studies carried out in Sweden, Norway, the United States and England^{6,8,21,22,27,29}. Studies have shown positive results about doula assistance in supporting breastfeeding in low-income North American women and the results demonstrated by these studies point to an increase in the prevalence of breastfeeding when compared to mothers who did not have the care of doulas²⁹. Other studies have shown that women in situations of low social vulnerability need assistance from doulas and access to health education focused on the humanization of childbirth, when compared to women who were not in this situation of vulnerability and had easier access to health services.

As shown above, it is possible to associate worldwide the role of doulas in different population segments, especially in women in situations of greater social vulnerability and immigrants. Access to the CBD points to positive experiences in the birth of children of refugee women in Sweden, due to insertion and support for motherhood and pre- and postpartum care²¹. These findings were confirmed by another survey, conducted by Haugaard et al.²⁷, who evaluated the support of multicultural doulas for migrant women in Norway, confirming that the health education activities conducted by doulas have a positive influence on increasing self-esteem and care during pregnancy. These data demonstrate how access to doulas by migrant women can contribute to positive outcomes in maternal and child health, and how the education and training of these multicultural doulas is crucial for this assistance to be carried out effectively and without entailing risks for the pregnant woman and the baby.

In this sense, the studies included in this scope review showed that the parturients assisted by volunteer doulas were predominantly migrant and low-income women^{6,7,21,22,27,29,32}. Analyzing the economic impacts resulting from the activity of the doula, it was possible to notice that 13% of the articles highlighted the benefits of the doulas in the reduction of cesarean sections, hospital admissions and post-abortion care^{23,26,28,29}. A study carried out in the United States²⁸ evaluated birth rates and the financial costs of doula services, pointing out that pre- and postpartum doula support significantly reduced the number of cesarean sections. These results were reported in studies that showed that the activity of the doula as a mechanism for reducing the number of cesarean sections, impacting the financial systems related to health²⁸. Furthermore, pregnant women who received pre- and postnatal care from doulas had lower cesarean rates, which significantly reduced the costs associated with hospitalization and childbirth for these pregnant women.

As a partial limitation of this study, we highlight the high heterogeneity in the level of scientific evidence described by Melnyk and Fineout-Overholt¹² and the option for the English language, which may have reduced the sample. Similarly, the non-inclusion of gray literature also reduces the number of articles. Nevertheless, this scope review offers theoretical and practical support to awaken interest in other studies on the doula activity and impact and to outline projects that contribute to the strengthening or implementation of public policies related to maternal and child health.

CONCLUSION

In this way, the insertion of doulas in Hospitals and CBD brings positive results for both the pregnant woman and the unborn child, especially when considering women in a situation of social vulnerability and those with a deficient family or community support network. In addition, doulas can contribute positively to pregnant women's Health Education, contributing to greater maternal-fetal health.

Despite that and because of the role of doulas, more in-depth studies are needed, especially those that assess the training of doulas.

DATA AVAILABILITY STATEMENT

The datasets generated and/or analyzed during the study are available from the corresponding author upon request.

AUTHORS' CONTRIBUTIONS

FIDC: Data curation, Formal analysis, Writing – original draft. GBM: Conceptualization. WFE: Data curation, Writing – original draft. JRB: Data curation, Writing – original draft. KCSG: Supervision, Writing – review & editing.

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