



# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

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# BIRTH COMPANIONS

Perspectives on Doulas & Nurse Midwives in ASL and English

Featuring:

**Rania Johnson**  
**Jerri Middlebrook-Vogel**  
**Amy Wolff**

**Persis Bristol - Dodson**  
**Kimberly (& Selina Rae) Smith**  
**Maria Wolff**

A creation of the



in partnership with SLICES, LLC.

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*Click anywhere on the page to go on to the Table of Contents.*



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### Navigating the CD

You can move through the information on this CD in a variety of ways:

- 👉 Click on the title of any of these pages to go to that page.
- 👉 Open Bookmarks by clicking on the tab in the upper left. Use those links to navigate.
- 👉 Click on [Blue Links](#) on the rest of the pages to take you to specified locations.
- 👉 Click on the arrows at the bottom of the page to go forward or backward.
- 👉 Use the arrows on the toolbar at the top of the page.





# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Using this CD-ROM

#### Software Installation

Two free programs are required for accessing the information contained on CDs created by Digiterp. The recommended configuration of software is: [Acrobat Reader 5.1](#) and [QuickTime 7](#). Running the CDs with these two software programs can eliminate many of the difficulties which have been experienced by users.

#### Acrobat/Adobe Reader

A version of Adobe/Acrobat Reader by Adobe Systems, Inc is required. Adobe Reader 7 is now available. At the time of production, it is not yet compatible with QuickTime 7. For this reason, we recommend using Adobe Reader 6 or Acrobat Reader 5. To do this, visit [www.adobe.com/products/acrobat/readstep2\\_allversions.html](http://www.adobe.com/products/acrobat/readstep2_allversions.html) and select an older version of your Windows or Mac Operating System that allows you to download version 6 or 5. If you have Adobe Reader 7, continue to use the “Check for Updates” in the help menu to download the patch that will allow version 7 to work with QuickTime videos.

#### QuickTime

QuickTime by Apple Computer, Inc can be downloaded from [www.apple.com/quicktime/download](http://www.apple.com/quicktime/download)

QuickTime 5 or newer is required. QuickTime 7 is now available for free download and is recommended because it is more dependable in playing the video in a high quality fashion.

#### Video Instructions

Click on the **Title** to see movie. Click on **Large** to play a larger version of the same video file. Click on Captions to view a captioned version. Click on **QT** to open the video in the QuickTime application. A dialogue box will appear asking for permission which you should allow. This allows you to view the video in slow motion.

#### Shortcut Keys:

- ✎ The “*esc*” button in upper right of keyboard closes movie early.
- ✎ Press Space Bar for Pause/Play. (Available with QuickTime player if using Adobe Reader 6 or 7.)
- ✎ Right arrow on keyboard allows you to play video in slow motion. (Mac: Hold button down. Windows users need to repeatedly tap the key to move from frame to frame.) (Available with QuickTime player if using Adobe Reader 6 or 7.)
- ✎ Click on Control Bar at the bottom of the Movie Window to move to different locations in the video. (Clicking here would move to halfway point of movie.)



#### Printing

To print pages, select the page range which you want in your print dialogue box and set your printer to landscape perspective. Some of the page will be beyond your printer’s margin. The information in the margin is only useful for navigation on the computer--not necessary for off screen reading.

*See next page for more TROUBLESHOOTING help.*



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### Troubleshooting

#### *Movie File Not Supported or Media Player not installed.*

If you have Adobe Reader 7 installed, clicking on the movie link may claim that you either do not have the QuickTime media player installed, or the file type is not supported. This is a problem with Reader 7 combined with QuickTime 7. Check for updates to the software, but in the meantime, use the **QT** links to open the movies directly in QuickTime player. You can resize the window to whatever fits best on your screen.

#### *Movie links do not work.*



*For Mac OS X:* be sure you have at least [Acrobat Reader 5.1](#) installed. On newer Macs, Adobe Reader is not automatically installed. If this file has an icon similar to that at left and opens in the program *Preview*, you need to install Adobe/Acrobat Reader, preferably 5.1.

*For Windows:* If you don't have QuickTime 7, you may need to associate video files with QuickTime by opening the QuickTime player and then a QuickTime video file. (These files are in the Resources folder on the CD-ROM.) A dialogue box will ask you if you want to associate files with QuickTime. You should do so.

**For more information on installing software see [Begin](#) file on this CD.**

For updated support, visit: [www.digiterp.com/support.html](http://www.digiterp.com/support.html)

#### *Video stutters or appears blurry.*

QuickTime 5 may not play the video as smoothly as QuickTime 6 or 7. Upgrade QuickTime at [www.apple.com/quicktime/download/](http://www.apple.com/quicktime/download/). If this doesn't work, try playing the smaller versions of the video.

#### *Slow Motion and Pause don't work.*

Adobe Reader 6 and 7 do not support playing the video in slow motion by hitting the arrow key or pausing by the space bar. The best option is to open the video using the **QT** option. This will open your QuickTime player and allow you to use slow motion and the pausing.

You can also install [Acrobat Reader 5.1](#) and use that for playing the files. Open Acrobat Reader 5.1 and then choose File>Open>*BirthCompaions.pdf*.

#### *Captions don't play properly.*

Be sure that you have installed QuickTime in its recommended configuration. In the Windows installer, you can choose Minimum, which reduces download time, but will not support captioning. If you are sure you have the recommended configuration of QuickTime installed properly, try opening a word processing program, such as Word. If you have QuickTime 7 installed, you need to open the captioned version using the **Caps-QT** link. The regular link may give you a blank video track.



# BIRTH COMPANIONS

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## Overview of this Project

**W**elcome to the World!” This phrase is often used when greeting a newborn baby. It seems an appropriate phrase to also use in this welcome; if there was ever a project that paralleled pregnancy and birth, it was this one! (Although the gestation period for this CD was more like that of a small herd of baby elephants than that of human babies!)

From the time the idea for this CD was conceived, we had many hopes and dreams for its development. And as we worked to make those dreams a reality, benchmarks along the way – like ultrasounds marking a baby’s development, have forced us to make adjustments in those expectations. As the filming came to a close and it was time to enter the hard labor of pulling it together and making the final product a reality, we toiled over editing the material and dealing with technical upgrades in the software that forced us to breathe deeply and push forward. We recognize with special thanks those “companions” listed on the Credits page, as well as colleagues along the way who helped us deliver this project.

In keeping with the format of previous CDs, you will find this CD contains excerpts from conversations with two doulas, Deaf and non-deaf, discussing their work in their native languages. Persis Bristol-Dodson, a non-deaf interpreter colleague from Georgia shares her passion about the work she does with both Deaf and

non-deaf moms-to-be. Jerri Middlebrook-Vogel, a Deaf woman doing similar work in Minnesota, talks about her work and goals in the area of supporting Deaf women during their birth experiences. Each came to this work on a different path, but both share their passion for the work they do as Birth Companions. In addition to the interview with these doulas, we have filmed each of them meeting a mom-to-be eager to learn about the work of doulas and how working with them can help make their upcoming childbirth experiences what they want them to be.

Another birth companion is the nurse midwife. In addition to caring for women in childbirth, nurse midwives may provide care through all stages of a woman’s life: pre-childbearing, primary care, menopausal, post-menopausal and normal gynecological care. Because of their heavy focus on childbirth and the role they play in many deliveries, we filmed an appointment mom-to-be Amy Wolff has with her midwife, Maria Wolff.

There are many exciting elements of this CD. If you are not familiar with the work of doulas or midwives, or childbirth, you may prepare for your work by utilizing the many internet resources available on the subject. We have noted a few that were recommended by the women on this CD and those we have found helpful.





# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Overview (cont.)

The information shared by the doulas is in a question / answer format. So after you have explored the internet resources, you may work from English to ASL, or ASL to English with the material. Each response is a manageable chunk of information that will give you plenty to work on given the particular skill area you want to develop.

The doula interviews with expectant moms are great to use, particularly if you want to work on managing the discourse exchange of two people. This goal can be accomplished with the midwife and mom appointment as well, with more medically related, technical material exchanged.

The potential uses of this CD in interpreter skill development are endless, much like the potential of a newborn. You may work with this material using the suggested activities or other activities you find helpful. For example, for each of the interviews you may want to do a Demand / Control analysis of the situation using the work of Dean and Pollard. What are some of the demands of an appointment in a small exam room? What demands are presented when the two women talking have an existing relationship? Or are meeting for the first time to begin developing that relationship? What are some of the demands when, as in the example with Persis and Kim, a sweet baby is at the appointment finding her voice? What are some of

the responses we as interpreters can make to these challenges presented? (Watch the interview with Persis and Kim to see the control utilized by the mom and the cameraman when baby Selina presents an unexpected demand!)

As with nearly every newborn baby, with the arrival of *Birth Companions* came an unexpected joy. When looking at this material in one piece, we realized what a rich resource this was in showing how women talk. The words that are chosen, the strategies for building rapport, how women overlap their discourse and so much more can be found in these examples. Doing research on the topic, particularly the work of Deborah Tannen, Ph. D. with analysis of these exchanges would make for a fascinating project!

And so, it is with great pride that we announce the arrival of our newest CD-ROM: *Birth Companions: Perspectives on Doulas and Nurse Midwives in ASL and English*. We hope you will find this useful material to help you improve the interpreting work you do. Enjoy!

*Paula Gajewski*

on behalf of the Project Team  
at the College of St. Catherine



# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Suggestions for Working with these Texts

**Objective:** To prepare for interpreting for appointments related to pregnancy with a doula or a midwife.

The following series of activities are designed to support you in achieving the objective above.

**1. Find out more about doulas and midwives (or nurse-midwives) and their role in the process of labor and delivery.**

The following page has suggested resources for developing a better understanding of what to expect if you are in a situation where a doula or a midwife is part of the birthing process.

**2. Watch and analyze the monologues in both English and ASL .**

Persis Bristol-Dodson (in spoken English) and Jerri Middlebrook-Vogel (in ASL) both give descriptions of what it is that doulas do as well as other information related to their work. Watch their texts to see how they describe the work and think about how you might use their language choices for interpreting each of these texts.

**3. Practice interpreting the monologues.**

After you have watched the monologues, videotape or audiotape yourself interpreting these texts. Look at your work to see if you were able to incorporate some of the language you had noted in your analysis of the monologues. You can also compare your work against the summaries and transcripts of the texts to see if you included the same ideas as the source text.

**4. Watch and analyze the interactions.**

Once you have had an opportunity to work with the monologues, move on to the interactions. There are two in spoken English and one in ASL. Watch and note the features of the interactions - how turn-taking is managed; how the participants signal that they understand something or have a question. These observations help to give you a sense of what hearing and deaf participants might expect in an interaction that is interpreted.

**5. Practice interpreting the interactions.**

Imagine that you are in a birth preparation class and the instructors are modeling what an interaction with a doula or nurse midwife might look like. Interpret the interactions with the idea that other expectant parents are your target audience and are interested in both the information and the way that the interaction might unfold.

#### Resources for Analysis

The overview mentions two possible approaches for observation and analysis of these texts.

1. For more information on Demand/Control Schema, [click here](#).
2. For more on Deborah Tannen's work on how gender affects talk, visit her [home page at Georgetown University](#). (Her "General Audience" books are great resources for interpreters.)



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## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Suggested Resources for

## Preparation and Research related to Doulas and Midwives

*There is a wealth of information on the web about doulas and midwives. (If you are interested in more information related to anatomy and physiology, see the [All in Due Time](#) CD-ROMs.)*

### 1. Web sites about Doulas.

[Doulas of North America \(DONA\)](#)

[A list of FAQs regarding doulas from DONA](#)

[Childbirth and Postpartum Professional Association](#)

[Doulas and Hypnobirthing](#)

[Doula World](#)

[Doula Network](#)

[Association of Labor Assistants and Childbirth Educators](#)

### 2. Childbirth preparation, birthing options, and postpartum care

[The Better Birth Foundation](#)

[La Leche League International](#)

[Lamaze International](#)

[Attachment Parenting International](#)

[Maternity Wise](#)

### 3. Midwives and Nurse-Midwives

[Midwifery Today](#)

[Online Birth Center](#)

[American College of Nurse Midwives](#)

[MyMidwife.org](#)



# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

### Perspectives from a Hearing Doula

## Persis Bristol-Dodson

*Persis is part of a non-profit company, Accessible Doula Services, which works to provide affordable support through the labor and delivery process. More information on this company can be found at: [www.gotdoulas.org](http://www.gotdoulas.org)*

*Note: When Persis was filmed she was asked a series of questions. You will find the questions and her corresponding answers below.*

### Please introduce yourself and tell us why you became a doula.

[Transcript](#)

**Large Captions QT Caps - QT**

Persis introduces herself and explains what inspired her to become a doula. She also describes her work as a doula. (4:22)

### What do doulas do?

[Transcript](#)

**Large Captions QT Caps - QT**

Persis gives more perspective on the role of doulas in the birthing process. (1:44)

### How can someone find a doula?

[Transcript](#)

**Large Captions QT Caps - QT**

A brief explanation of how to locate a doula. (0:44)

### How much do your doula services cost and who pays for your services?

[Transcript](#)

**Large Captions QT Caps - QT**

Persis explains how her company, *Accessible Doula Services*, determines what it charges for doula services. (0:34)

#### Playing Movies

Click on **Title** to see movie.

#### Large

opens larger scale version of movie.

#### Captions

shows English captions.

Click on **QT**

to open in QuickTime Player application.

“*esc*” button

upper right of keyboard closes movie window.

Click on control bar to move to that point in video.

In QuickTime Player

Press **Space Bar** for Pause/Play.

**Right arrow**

allows you to play video in slow motion.

See [Using this CD](#) for details.

Video requires QuickTime 5 or higher. If video doesn't work, check your versions of both QuickTime and Adobe Reader. See *Using this CD/Troubleshooting* for details.



# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

### Perspectives from a Hearing Doula

## Persis Bristol-Dodson (continued)

#### Playing Movies

Click on **Title**  
to see movie.

#### Large

opens larger scale  
version of movie.

#### Captions

shows English captions.

Click on **QT**

to open in QuickTime  
Player application.

“*esc*” button  
upper right of  
keyboard closes  
movie window.

Click on control bar  
to move to that  
point in video.

#### In QuickTime Player

Press *Space Bar*  
for Pause/Play.

*Right arrow*  
allows you to play  
video in slow motion.

See [Using this CD](#)  
for details.

### What are your experiences working on a birthing team?

[Transcript](#)

**Large Captions QT**

**Caps - QT**

Persis explains her role on the team of people who work to ensure the safe and healthy delivery of a baby. (2:31)

### Are there differences between working with first-time and experienced moms?

[Transcript](#)

**Large Captions QT**

**Caps - QT**

Persis explains the differences in working with women going through their first pregnancy and those who have previously given birth. (0:44)

### What is the difference between doulas and midwives?

[Transcript](#)

**Large Captions QT**

**Caps - QT**

Persis explains the difference between a midwife and a doula. (1:45)

### Do you have any final thoughts to share?

[Transcript](#)

**Large Captions QT**

**Caps - QT**

Persis shares some final thoughts on the importance of a doula in the birthing process. (1:27)





# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

**Spoken English**

### An Appointment with a Doula

#### **Playing Movies**

Click on **Title** to see movie.

#### **Large**

opens larger scale version of movie.

#### **Captions**

shows English captions.

Click on **QT** to open in QuickTime Player application.

“*esc*” button upper right of keyboard closes movie window.

Click on control bar to move to that point in video.

#### **In QuickTime Player**

Press **Space Bar** for Pause/Play.

#### **Right arrow**

allows you to play video in slow motion.

See [Using this CD](#) for details.

#### **Meet Persis Bristol-Dodson**

**Large QT**

This is a brief introduction to Persis, excerpted from her introduction on [page 10](#). If you want more exposure to Persis’s communication style (and to see the transcript of this clip) work with the texts on pages 10-11. (0:21)

#### **Meet Kimberly and Selina Rae**

**Large QT**

**Captions [Transcript](#) Caps - QT**

Kimberly Smith introduces herself (and her daughter) and talks about why she is looking for a doula as well as the the services she hopes she can get from working with Persis. (1:10)

#### **The Appointment**

**Large QT**

**Captions [Transcript](#) Caps - QT**

Kimberly and Persis go through an introductory appointment to discuss the possibility of providing doula services for Kimberly’s next labor and delivery. (19:33)

Video requires QuickTime 5 or higher. If video doesn’t work, check your versions of both QuickTime and Adobe Reader. See [Using this CD/Troubleshooting](#) for details.





# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

### Perspectives from a Deaf Doula

## Jerri Middlebrook - Vogel

*Note: When Jerri was filmed, she was asked a series of questions. You will find the questions and her corresponding answers below.*

### Playing Movies

Click on **Title** to see movie.

### Large

opens larger scale version of movie.

### Captions

shows English captions.

Click on **QT** to open in QuickTime Player application.

“*esc*” button upper right of keyboard closes movie window.

Click on control bar to move to that point in video.

### In QuickTime Player

Press **Space Bar** for Pause/Play.

**Right arrow** allows you to play video in slow motion.

[See Using this CD for details.](#)

### Please introduce yourself.

**Large**

**QT**

[Summary](#)

Jerri gives an introduction about her educational and family background. (1:49)

### Why did you become a doula?

**Large**

**QT**

[Summary](#)

Jerri explains what led her to become a doula. (1:57)

### Who pays for your services?

**Large**

**QT**

[Summary](#)

Jerri explains how she is paid for her services. (0:57)

### What do doulas do?

**Large**

**QT**

[Summary](#)

Jerri explains about her role as a doula and what services she does and does not provide in that role. (2:22)

### What does a doula do throughout the labor and delivery process?

**Large**

**QT**

[Summary](#)

Jerri gives more specifics about what she does in her role before, during, and after the birth. (4:44)

Video requires QuickTime 5 or higher. If video doesn't work, check your versions of both QuickTime and Adobe Reader. See *Using this CD/Troubleshooting* for details.





# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Perspectives from a Deaf Doula

## Jerri Middlebrook - Vogel (continued)

### Playing Movies

Click on **Title**  
to see movie.

### Large

opens larger scale  
version of movie.

### Captions

shows English captions.

Click on **QT**

to open in QuickTime  
Player application.

“*esc*” button  
upper right of  
keyboard closes  
movie window.

Click on control bar  
to move to that  
point in video.

### In QuickTime Player

Press *Space Bar*  
for Pause/Play.

*Right arrow*  
allows you to play  
video in slow motion.

See [Using this CD](#)  
for details.

### What are your experiences working on a birthing team?

**Large**

**QT**

[Summary](#)

Jerri's shares some of her experiences, both positive and negative, working with others on the birthing team. (5:04)

### Are there differences between working with first-time and experienced moms?

**Large**

**QT**

[Summary](#)

Jerri explains the differences in working with women going through their first pregnancy and those who have previously given birth. (2:48)

### What are your experiences working with interpreters?

**Large**

**QT**

[Summary](#)

Jerri shares some of her experiences working with interpreters in birthing situations. (4:11)

### Do you have any final thoughts to share?

**Large**

**QT**

[Summary](#)

Jerri shares some final thoughts about doulas. (2:48)

Video requires QuickTime 5 or higher. If video doesn't work, check your versions of both QuickTime and Adobe Reader. See *Using this CD/Troubleshooting* for details.



# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

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ASL

### An Appointment with a Doula

#### Playing Movies

Click on **Title**  
to see movie.

#### Large

opens larger scale  
version of movie.

#### Captions

shows English captions.

Click on **QT**  
to open in QuickTime  
Player application.

“*esc*” button  
upper right of  
keyboard closes  
movie window.

Click on control bar  
to move to that  
point in video.

#### In QuickTime Player

Press *Space Bar*  
for Pause/Play.

*Right arrow*  
allows you to play  
video in slow motion.

See [Using this CD](#)  
for details.

#### Meet Rania Johnson

**Large**

**QT**

[Summary](#)

Rania Johnson introduces herself and explains why she is considering working with a doula during her pregnancy. (2:01)

#### Meet Jerri Middlebrook-Vogel

**Large**

**QT**

[Summary](#)

Jerri gives a brief introduction prior to the appointment. (0:36)

#### The Appointment

**Large**

**QT**

[Summary](#)

Rania and Jerri have a conversation about what a doula can offer. (21:16)

Video requires QuickTime 5 or higher. If video doesn't work, check your versions of both QuickTime and Adobe Reader. See *Using this CD/Troubleshooting* for details.



# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

### Spoken English

## An Appointment with a Nurse Midwife

### Meet Maria Wolff

[Transcript](#)

**Large**

**Captions**

**QT**

**Caps - QT**

Maria, a Nurse Midwife with HealthPartners, introduces herself and briefly explains what a nurse midwife does. (0:46)

### Meet Amy Wolff

[Transcript](#)

**Large**

**Captions**

**QT**

**Caps - QT**

Amy, who is 7 1/2 months pregnant, introduces herself before going for her appointment with her midwife. (0:22)

### The Appointment

[Transcript](#)

**Large**

**Captions**

**QT**

**Caps - QT**

Amy and Maria discuss Amy's pregnancy. (9:24)

### Segments from the Appointment (For Practicing More Specific Terminology)

#### 34 Weeks

**Large**

**QT**

Amy and Maria discuss fetal development at the 34 week point. (1:48)

#### Speaking of Labor

**Large**

**QT**

Amy and Maria discuss how labor might proceed during Amy's second delivery. (2:40)

*Captions for these segments are not technically possible. For captions, view "The Appointment."*

#### Playing Movies

Click on **Title** to see movie.

#### Large

opens larger scale version of movie.

#### Captions

shows English captions.

Click on **QT**

to open in QuickTime Player application.

"*esc*" button

upper right of keyboard closes movie window.

Click on control bar to move to that point in video.

#### In QuickTime Player

Press **Space Bar** for Pause/Play.

**Right arrow**

allows you to play video in slow motion.

[See Using this CD for details.](#)

Video requires QuickTime 5 or higher. If video doesn't work, check your versions of both QuickTime and Adobe Reader. See *Using this CD/Troubleshooting* for details.



# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Written Transcripts of English Texts

Persis Bristol-Dodson

#### **Please introduce yourself ...**

Hi. My name is Persis Bristol-Dodson. And I am uh, a certified labor doula. My company is named, Accessible Doula Services based out of Atlanta, Georgia, but we serve the entire Georgia area. Um, my background is, actually, I am a certified sign language interpreter and I got into the doula business, because as an interpreter I was witnessing, um, a lot of situations where women seemed to be uninformed, not just women, but families, seemed to be uninformed about the birthing process.

Um, I also had a bit of a heart, what's the word, just a feeling of wanting to do something more than just interpret. I wanted to be involved. I wanted to be able to express my opinion, express my heart felt empathy – sympathy. Um, an interpreter in the profession is not allowed to be involved in that aspect. So, I wanted to be involved in that way, and uh, my business partner and I looked for a way that we could do that and stumbled upon doula work. So, we both decided to become certified as labor doulas. We are both certified in two different organizations, one is CAPPA, which is Childbirth and Postpartum Professionals Association, and the other is DONA, which is Doulas of North America.

And, uh, so, we also set up a non-profit which was our other aspect of becoming doulas. We didn't want to only want to

become doulas in that we help women have the birth experience that they, uh, desire, but we also wanted to do it for women who would not normally be able to afford it.

Doula services are normally paid for by the family. Um, the insurance company have not yet got the place where they understand the benefit of having a doula in terms of the reduced risk in cesarean birth as well as, uh, epidural use and so on and so forth. They haven't realized how good that is, so at this point, doula services is still paid for by the family. Uh, in very rare instances, that happens that the insurance company will pay for it. But for the most part, we do...

So, we built our non-profit so that women who would normally not be able to afford it would have the opportunity to have doula services regardless of the amount of income that they have or the resources that they have.

So, as a doula, we work with women before, during and after birth. The before part usually refers to the pre-natal interview and information session where we will talk to women about the type of birth that they want, um, we will help them realize the type of birth that is available to them, as well as help them develop, uh, a birth guide. Or a birth plan is another word that's used for it. And also give them a lot of information about what



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**Persis Bristol-Dodson (continued)**

they can expect when they go into labor.

Once labor has started, uh, we would attend them at any point in labor. Most of the time, we would, uh, arrive at their home and stay with them until they are ready to go to the hospital. We would then go with them to the hospital and then stay with them until the birth of the baby. Usually, about two hours after the birth, we would stay with them to help establish breast feeding, initial breast feeding.

Um, after they are settled and everything is calmed down, we would leave, and then return again to their home, usually two weeks after the baby has been born to do a postpartum follow-up, to make sure that everything is going well. To also check in on lactation issues and allow them to have access to any other resources they may need. Um, specifically having to do with lactation, technical issues, or postpartum information.

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#### **What do doulas do?**

A doula is a non-medical, professional child-birth assistant that provides continuous physical, emotional and informational support to the mother and the family before, during, and immediately after childbirth.

Uh, ways in which we help navigate the hospital environment is that we give them the information that they need in order to understand what is happening during the birth process. Um, during the labor process, I should say. Labor goes in many stages. There is early labor, there's active labor, transition, and then the actual birth of the child. Early and active labor are the longest parts of labor and that's where we, as doulas, do the most amount of work. Um, we allow, we provide the mother with massages, we provide her with comfort measures, pain reduction, pain management, pain relief, uh, as well as stress relief.

A labor doula allows the mother to... is a support system set in place for the mother and the partner, the family, I should say, um, to help her to navigate through the hospital environment knowing what to expect, what not to expect, as well as managing the physical aspects and emotional aspects of labor and birth.

The point of, um, a lot of people would hire a doula because they want to avoid unnecessary medical interventions and that is a large part of what we do.

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**Persis Bristol-Dodson (continued)**

#### **How can someone find a doula?**

Finding a doula in this day and age usually involves the internet or word of mouth. Most of our clients that we have worked with found us on the internet. They found it - they found us from, uh, a friend of theirs or a girlfriend, or someone heard about someone who had a doula. That's usually where you hear about it. Usually, the mother will hear the word, "doula" and wonder, "Doula, what does that mean?" and will look it up.

And because DONA and CAPPa, the two organizations that I mentioned before, are online and are available on the web, it's become a lot more easier to find a doula in your area.

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#### **How much do doula services cost and who pays....?**

The cost of a doula ranges depending on the area that you live in. Um, in the North, with the cost of living being higher than it is..., it may be more expensive than in the South where the cost of living is lower.

Accessible Doula Services is a non-profit organization, so we charge based on your family income and based on your ability to pay. Because as we know, your family income does not necessarily mean you can afford it.

So, our...our fee is based on your ability to pay.

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#### **What are your experiences working on the birthing team?**

During the birth, um, it is very important that a doula works with the birthing team. Meaning the doctor, the midwives, the nurses, um, as well as the parents. We are not an adversarial part of the birthing team. We are there to support the mother and support the mother's wishes, and as well as the, uh, the family's wishes. And if that means, um, working a little bit harder to explain to the doctor or the nurses what exactly the mother would desire in her birth experience, then that's what we advocate to do.

We emphasize the part that we are working for the mother and her partner, as opposed to working for the hospital or working for the doctor or working for the midwife.

Um, we give full support to the father as well. Um, doulas are often misunderstood, in that the birth partner, whether it be a father, or a birth partner, boyfriend, whatever the case may be, feels that we are replacing them. And that is the absolute... there's no other way to say, - it's just not true.



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**Persis Bristol-Dodson (continued)**

What our job is is to support both parents. Um, how we support the father is that we are able to allow the father to be the husband/boyfriend/birth partner, rather than having to be the go-to person, the gopher, the person who makes sure the nurses do what they're supposed to do, make sure everybody --- he can just simply be with his loved one and focus on her. And also experience the joy of having a life come into this world without having to worry about the technical things. So, a doula will worry about the technical things. She will get the ice chips or the water or make sure that the nurse comes in when she needs to come in. So that the father can be -- can just basically enjoy the birth process...and love his mom. And that's really important.

We've had very—many situations where the father, um, was overjoyed as to how much he was able to be involved because he had this other person who was there who was experienced in birth, experienced in the process, experienced in labor and can guide the father as to what he needs to do during the labor process and support the wife, or his loved one -- his partner.

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#### **...differences between first-time and experienced moms?**

My work as a doula tends to be slightly different with first time mothers as opposed to mothers who have already given birth. With our first time mothers, they tend to be a lot more, um, innocent is the word I should use. I don't really want to use "naïve," I think innocent is a better word. Whereas they're not really sure what they're going to expect, they're not really sure how they're going to react, they've never been there before. They have a completely different understanding of what it's like.

A lot of times I tell my first time moms not to watch "The Baby Story." Because it's not a very accurate portrayal of what labor looks like in the entire, in the full stream of things. The Baby Story tends to give you birth in 30 minutes and labor, on an average, is 16-18 hours. So, I usually encourage my mothers very strongly, "Don't watch 'The Baby Story'" 'cause, um, you're not going to get the full feeling of how long this is going to take. And I tell my fathers that as well. Because a father, very easily, will have the thought in his mind, "Okay. We go to the hospital, the baby is born, we go home. There we go. We're done." It doesn't work that way. We're usually there for the entire day and I try to prepare, um, both of them for that.

Um, first time moms, as I said, because it's their first time going through it, they will probably have a little more angst, a little





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#### Persis Bristol-Dodson (continued)

bit more nervous energy than a second time mom. Um, but it's a different kind of nervous energy. It's a kind of anticipation – “What's gonna happen next?” – and “Can I do this?”

My second time moms are also a different breed. Depending on what type of birth they had before, um, if their previous birth was a negative experience, then I usually have to work with fear on them. And the fear is, “Am I going to be able to do it this time? I failed the last time...can I do it this time?” So, there's a lot of work that has to be done in that, in terms of encouraging the mother, allowing her to, um, really experience her birth and allowing her to believe in herself and her body that she really can birth this baby on her own.

Um, if they had a so-so experience, not really bad, but not really perfect experience, then again it's still working with that past experience and trying to make sure we realize that every birth is different and everything is going to follow in its natural course. And we don't have to worry about what happened in the past. Let's just focus on the future and what's happening now.

Um, second time moms, because they've been through it already, tend to have a better idea of what's going to happen next. And usually have a better idea of what they want, and what they DO NOT want. They are usually very clear on what they DO NOT

WANT. Whereas my first time moms would be, uh, would say, “Okay, you know, let's try. Okay.” Second-time moms tend to be very, uh, distinct in what they are going for and what they are looking to happen in their birth experience.

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#### What is the difference between doulas and midwives?

A doula and a midwife, um, the difference is very simple. It really is a case of... in the past, a doula and a midwife might have been the exact same person. However, with the way medical technology and medical advances has happened, a midwife is now more, uh, has also the clinical tasks that are very strongly involved with actually delivering the baby.

A doula, however, is only a support person, meaning that they do not perform any clinical tasks. They are not medical professionals. They are simply support persons. They are professional support persons.

The midwife has a medical license to actually deliver the baby into the world. However, a doula does not have the medical license to do that. She is your support person. Your go-between.

Midwives, at one point in time, were not under the insurance,





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#### Persis Bristol-Dodson (continued)

um, companies. And now that they do fall under insurance companies, they now have a lot of the tasks that doctors, M.D.s, have. Meaning they have the paperwork, they have multiple patients, they have a lot more responsibilities than they had in the past, where they could attend to one woman for the entire time of their pregnancy.

And actually, a midwife used to be the woman who took care of you from the minute you became a woman, your puberty, all the way to your grave, was a midwife. But in this day and age, that doesn't happen any more.

Doulas became more... became used more when that happened. When midwives became more on the doctors' side, the MD side.

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#### **Do you have any final thoughts to share?**

Birthing is natural and regardless of how the baby comes out, it needs to be recognized as such. That childbirth itself is a natural process and allow a woman's body to do what it was made to do. And a doula can help you do that.

Uh, it is our strong belief, as Accessible Doula Services, our strong belief is that every woman deserves a doula. No matter

who they are, no matter where they're from, no matter what their income is, no matter what their background is, no matter who they're married to, who they're not married to, no matter what their age is, every woman deserves a doula.

My last thought is that a doula is truly invaluable. In the world that we live in, high paced, fast, high tech delivery system, the doula, it's a human touch that brings us all back to where we all started. Doulas rock.

What's my tag line? Um, a crib - 150 dollars. Decorating the room in Winnie the Pooh - 300 - 400 dollars. Having a doula and experiencing the birth that you desire, priceless.

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#### An Appointment with a Hearing Doula

#### Meet Kimberly and Selina

Hi. I'm Kimberly Smith and this is Selina Rae. And I am now pregnant with my second child, and I'm looking for a doula. Um, my first birth experience was not exactly what I was looking to have, and my understanding is that a doula can help me to have the birth experience that I want. So, I am looking to have a doula help me, support me, and really just need to talk with a doula to see exactly what they can provide for me and do for me, and if they can give me what I'm looking for. Um, the first experience wasn't bad. It just was, like I said, not what I wanted. So, I found "doula" on the fabulous internet -- you gotta love the web! -- And looked up "certified doulas" in several places and um, I believe Accessible Doula Services can give me what I'm looking for. And hopefully, I'll find that out and we'll go from there.

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#### The Doula Appointment

P: Hi Kimberly.

K: Hi.

P: How are you? I see you have your baby here.

K: I do. This is Miss Selina.

P: Hello, Miss Selina. And what can I do for you today?

K: Well, I think I may want a doula. I'm kind of not really sure what that means.

P: Okay.

K: To be honest with you, - Whew! excuse you (to Selina) – to be honest with you, you know, my first birth was not exactly what I wanted. And you know, having never gone through it, I didn't really know what I wanted, to be honest with you.

P: (overlapping) Exactly. Exactly.

K: And, um, some friends had suggested a doula and I really didn't know what that was, so I went online and that's how I found you, through the CAPPA and DONA web site.

P: (overlapping) Okay. Okay.

K: But, um, at first, when they were telling me what a doula was I thought it was crunchy, granola, have to have my baby in a field...

P: (Overlapping) Yes. (Laughter)

K: ...and we're not really looking to do that.

P: Right.

K: Um, you know, I'd be more apt to have a baby at home, but my husband, it ain't gonna happen. So, he's not there. So, I called you..

P: Okay.



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#### An Appointment with a Hearing Doula (continued)

K: ...and you came recommended and wanted to hear about you and what you can do.

P: Well, I'm a modern doula, no granola here. (Laughter) Our company is called Accessible Doula Services and what we do is provide services to mothers – quality, professional, doula services and we do it based on your ability to pay.

K: (overlapping) Okay.

P: Not necessarily on any fee, set fee, but it's on a sliding-scale fee...K: Okay. P: ... but the point is not really how much it costs. The point is what we offer.

K: Okay.

P: What we offer is continuous emotional, physical, spiritual support before, during, and immediately after your birth. Um, the most important thing of our work is to advocate for you. We are there to be your support system.

K: You're not gonna replace my husband, right? 'Cause he thinks that you might be kicking him out...

P: You know, that's like the number one answer – the number one question that we get from just about every single one of our couples, and a lot of times, I like to interview the father, along with the mother, so that he has a chance to ask all of our questions, but I understand that we couldn't do that this time..

K: Right, and like I said before, I'm limited to about a half hour for this

meeting...P: Right. K: ...and then, um, we can do the in-depth whatever with my husband.

P: Absolutely. K: Okay. P: Absolutely.

P: Well, when your husband does come here, what I'm going to be telling him is that our whole purpose is really to support him as well as to support you. Yes, a lot of the focus is on the mother because she's the one in labor and she's the one going through the experience. But the father's going through the experience as well. He's having the experience of becoming a father....again. K: Right. P: Having the experience of seeing the woman that he loves in pain, and in, in struggling, and having all these problems.

K: And my husband, for the first one, he was awesome. He was there. He was supportive. I, uh, I fell in love with him all over again. But, he only knows what he knows. P: Exactly. K: You know, and he could only do what he knew what to do. P: Exactly. K: We kind of felt like if we knew more what to do, we would have done it. But you know, and originally, the midwife we had said, "Oh, I'll be there. You know, I'm not a doctor. I'm a midwife. I'll support you. The nurses can help you." Even with lactation, breast feeding, all that. "Oh, we're there, we'll help you." Well, they had other patients. I mean, the reality is, they had other patients, so we were left on our own. P: Absolutely. K: So, I don't want that to happen again. So, that's why I was kind of looking for you.

P: And one of the things for a doula that we emphasize the fact that we are continuous support. So, we don't have any other patients. We don't have to check the charts. We don't have to write any forms out. We are there with you from beginning to the end...



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#### An Appointment with a Hearing Doula (continued)

K: So, you won't have anybody else who you're doula-ing? Er, if that's the word...

P: (Overlap) When we sign your contract, in order for you – in order for us to work together, I would –my contract states that I would not take any other clients without your explicit permission.

K: Okay.

P: So, for example, if I do have another client who comes up around your same due date, I would still be your primary doula meaning if she happened to get into labor before you did, my backup would take her.

K: Okay. So, I wouldn't lose you?

P: No. Yes, you would not lose me.

K: Because I also, you know, even looking on the internet, you see all these other doulas, all this other information, but it's so intimate...P: Right. K: ...we both need to, uh, get a feel for you.

P: Exactly. K: You know like that kind of thing... P: Exactly.

K: So... and we need to pause...

(Break for a diaper change.)

K: So, now that we're back... P: We're back. K: She's changed and happy as you can hear.

P: She's dry. I can hear that. K: That's right.

P: And while we were away, I went ahead and got some materials that I usually give my clients. K: Okay. P: This is our business card and our brochure. K: Okay.

P: And there's usually an, uh, actually an interview questionnaire that I fill out but I prefer to do that when your husband is here. K: Oh, okay. P: But, um,

K: Do you want us to take those and look at all the stuff or just wait?

P: We'll wait... K: Okay. P: ...we'll wait. A lot of the stuff I'm kind of asking you now but that's okay because we get to know each other.

K: (overlap) Okay, great.

P: So, that will still work.

K: I'm just going to put this down here. P: Sure, just put that down there.

P: I was telling you before, um, before Miss Selina decided to give us a natural break there, that one of the main points about having a doula is the fact that it is continuous support. And you won't have to worry about us switching shifts. You don't have to worry about us...

K: (overlapping) So if it's long ... cause my first was about 18 hours...

P: (Overlapping) We stay there as long...18 hours actually is average.

K: Oh, okay. P: Yeah.

K: So, you'll be with me...



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#### An Appointment with a Hearing Doula (continued)

P: the entire time.

K: Okay, now, what happens...am I talking to you beforehand, during the pregnancy? Are you helping? Are you doing anything?

P: Um, one of the things that we would do is we would have a pre-natal meeting.

K: Okay.

P: That pre-natal basically involves what we are going to do, what our plan is going to be for the birth. I really want to get a full sense of what kind of birth you and your husband would like, the type of experience you want, what you want to avoid... K: Okay. P: ...because you're a second time mom, you know exactly what you don't want. K: Right.

(Selina making happy noises throughout.)

P: So we go over that, and we develop what our plan is going to be in order to make that happen. K: Okay.

P: Now, of course, I can't guarantee your birth outcome. Nobody can do that, but we can plan, and if you fail to plan, you plan to fail. And that's what we're gonna do, we're gonna plan.

K: Okay, okay.

P: I'll also go over with you some of the massage techniques that I'll be using with you...

K: (Overlap) I like massage.

P: Yes. Very good. Very good.

K: Massage is good.

P: You'll get used to the touch, because it's going to be a lot of touching. A lot of physical work is going to be happening. Um, there are back massages. Foot massages. Neck massages. Hand massages. There's all kind of massages that I usually do. I'll also be showing them to your husband so that he can learn how to do them as well.

K: Okay. Okay. So, um, when labor starts, I don't want to go to the, I want to avoid the hospital as long as I can. P: Absolutely. K: Do you help us do that? Or...

P: (overlap) Absolutely. Normally, at the pre-natal we go over that as well. We talk about what we're going to do when you go into labor. First of all, the minute you believe you are in labor, you call me. Even if it's just like boop, you call me.

K: Okay. Two in the morning?

P: Two in the morning. 1:30 in the morning. I really, it really doesn't matter. My phone...two weeks before your estimated due date. Two weeks after your estimated due date, I am on-call for you 24/7.

K: Okay.

P: Continuous. Phone, e-mail, fax, pigeon, whatever you want to use. K: Okay. P: I'm there for you. And even before your two week window, I'm still available. You can call me for any questions that you have, if you've gone to the doctor. (Selina squeals)



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#### An Appointment with a Hearing Doula (continued)

K: Do you go to the doctor with me or no?

P: If you want me to, I can attend a doctor's appointment with you. Normally, I do not. But if you, if there's something that you kind of feel you need a little extra support with, you feel as if, "Okay, I'm trying to get this doctor to understand this is what I want and I'm not really getting the words out right," I can certainly come and support you with that.

K: Now, do you find that the doctors like having you there or don't like having you there?

P: Well, it's been about 50-50... K: Okay. P: ...is what I have to say. Um, some of your more experienced, old school is the word I'd like to use, doctors, you know, they're not really into that other person trying to kind of come in on my territory. Um, but then there are other doctors, even the old-school ones, who appreciate the fact that I'm glad she's gonna have someone who is going to help her to be comfortable. And that's the point.

K: Okay. Do you find, though, even if it's an old-school doctor? Because there are all different doctors in my practice and I don't know who I'm gonna have. Or even midwife, there's a whole bunch of midwives ... that's one reason I want a doula, to have at least one person that's constant. P: Okay. Exactly.

K: So, do you find the people who tend to be more old-school, afterward have you found they do like having you there or they still have issues?

P: I'll be honest with you, the majority of our work is during the labor. The doctor is normally not there. The doctor is usually arriving just when the

baby is born. He delivers the baby.

K: What about the nurses?

P: The nurses, um, from what I've experienced, appreciate us. They may not – they may feel a little bit uncomfortable at first, but once they realize once again... "Wow, she has this continuous support, and they are not getting in our way. They're not trying to take over our job. They're just basically there supporting us as well." Which is what we do. We support the entire birth team.

K: Okay. So they can end up using you...helping?

P: (overlap) Absolutely. Absolutely. I mean I won't be going to another one of their mothers, but..

K: (overlap) Right. Don't leave me. Just don't leave me. I mean that's one of the, you know, some of the hospital staff, we've found, have attitudes, especially any time I asked a question, or "Why are you doing what you're doing?" they kind of just wanted us to hush and not answer things. I wasn't real sure on what was going on. And I just don't want to feel that way again.

P: You know, one of the really good things about doulas is the fact that we are experienced and we know the types of questions that are normally asked by mothers. We can ask the question in just the right way so that it can get them to open up that door and say, "Oh, okay. This is what's going on." A lot of times, you're just not asking the right questions. Not because there's anything wrong with you. It's just you don't have the experience to know the question to give them.





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#### An Appointment with a Hearing Doula (continued)

K: Okay.

P: And a lot of time they try to anticipate what your questions are because they've been doing it so long. I mean, how many babies are born in the hospital every single day. K: Right, right. P: They try to anticipate your questions not realizing that you might be going down a different road. So, because you and I are in communication, I may know more where you're coming from and be more able to ask that specific question and get the answer that you need.

K: Okay, now, um, medications....P: Okay. K: Like I found the hospital just kept wanting me to take medicine. It's like it would be easier for them if I would just take some drugs. I don't want to...I mean, they're there if it's needed, but I don't want an epidural. I just want to see what my body can do. P: Right. K: But have it there if it's needed kind of thing. So, are you not going to let me get medicine if I need it or...?

P: Here's how it works. It's your birth. It's your birth experience and what you want to happen. I am only there to give you the information so that you can make the informed choice as to what you want to do and what you don't want to do. And there's always the next best thing, so perhaps you started off saying, "I don't want any medication. Don't offer me anything. I'm through." But as the labor goes on, it gets a little bit too hard and you need some intervention and that's why medication is there. Thank God for medical intervention because in the past, we'd have mothers who would die in childbirth or babies who were born deformed. We don't have that happening as much because we do have the interventions in place. However, let's not get so far into the interventions that we forget that birth itself is natural and it has a natural process that needs to be followed. The hospitals,

yes, would tend to offer you the medications because most mothers want it. Because they're not informed. That's why they ask for it. If you are in pain, and no one is helping you, and you have no support, of course you want to stop being in pain. But if you have support, and you have someone explaining to you what's going on, why it's going on, and the fact that it's not going to last much longer, you can stand it.

K: So you might help me through it? I wouldn't need—

P: (Overlap) I would help you through it. Exactly. And if it comes to the point where you do need it, then absolutely. K: Okay. P: I would encourage you to get it if that's what you need.

K: Okay. All right.

P: What other questions?

K: I think a lot of stuff, like I said, we'll have to go over with my husband...

P: Right. K: ...because his biggest fear is you're gonna replace him. And he is very hands-on, and very involved. But again, it was more, we only could do what we knew... P: Right. K:...and we thought, 'cause the midwife said, they would be there. P: Right. K: And then they weren't. Whether it was paperwork or other moms having babies, or whatever the reason, we just, were kind of on our own trying to do things, and just looking for the guidance is the biggest thing.

P: I often tell my husbands-- the husband, not my husband—the husbands that I interview, and I give them a very simple scenario. "I can't replace you because you are first of all, a husband, a father, a lover, a companion, a best friend...I'm not any of those things. I'm your doula." So there are



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### Written Transcripts of English Texts

#### An Appointment with a Hearing Doula (continued)

things that you and him are going to be able to experience, just simply look in each others' eyes and know what's going on, that I can't replace. And I never could, and I wouldn't want to either. My goal is to allow both of you to experience that birth the very best way that you can. Empowered and informed.

K: Okay. Alright. Is there anything that I should be doing now, you know, anything different that helps get ready or...?

P: A lot of times I tell my mothers to get into the habit of moving. Movement is very important in labor. A lot of our hospitals will have you lay in the bed, and they don't want you to move out of the bed.

K: It hurt. When I was in the bed, it hurt. I don't know if that was why it hurt.

P: (Overlap) It could have been. It could have been. And a lot of it may have been a liability issue is why they don't want you moving around much because imagine this, you're moving around in the hospital and just doing all these things and then you end up hurting yourself in some way. Whereas if you have a support person there, someone who's going to be able to watch you and make sure that you're steady at all times, then it will be a lot easier for them to allow you to do the things that you do.

K: Okay.

P: And again, that's what we're there for. Um, we were talking about before what would happen when it's time to go to the hospital. I was telling you how I would come to your home. The minute that you tell me, "I think I'm in labor. I don't know, I think I'm in labor." I'm going to give you some

specific instructions to do that is going to help me to also determine whether you truly are in labor. Now, I am a non-medical professional, meaning that I do not do any clinical exams. I will not be doing any vaginal exams. Nothing like that. K: Okay. P: A lot of my information is coming from you, and it's coming from what I know about mothers who are in labor. A lot of it is just basically intrinsic. Some of it is intrinsic and just my past experience with mothers. The patterns kind of go in a very specific way. It helps me to know where you are and what you're doing. K: Okay. P: So once I get the feeling that you definitely are in labor, I do come to your home. And we will stay at your home as long as we can... K: Okay. P: ...basically. I'm not going to let you stay to the point where you're giving birth, because I don't do clinical tasks. So...

K: (overlap) But you do home birth, right, like if was doing home birth...

P: (overlap) If you had a midwife, only if you had a midwife, because I am not a clinical professional. K: Okay. P: So you would have to have a midwife who was willing to come to your home and birth the baby.

K: Okay. Um, are there any books or things that I should read or my husband should read to prepare...?

P: Hmm, you know it's kind of, some times, a lot of the information that's out there is information that you need to take with a grain of salt. Um, we can talk more about specific books later on. K: Okay. P: A lot of times what I like to do is I like to see what books you are reading. Tell me about them. Then I can look into them as well and I can give you my opinion about how they might work, and what may be missing or what may not be missing. You know, things such as that. Books are always good. The more information you have, the better. But sometimes when it comes to birth,





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### Written Transcripts of English Texts

#### An Appointment with a Hearing Doula (continued)

sometimes too much information hinders you.

K: Okay, well what about...so, then you wouldn't want us to take a childbirth class?

P: Absolutely. K: Don't or do?

P: I absolutely want you to take a childbirth class and if you can, um, it would be a good idea to not take the hospital-based childbirth class. Only because the hospital is working with the hospital. If you take an independent childbirth class, such as perhaps Lamaze, or something to that effect, one that focuses on normal birth – is your point, you're looking for normal birth. You can get just the same amount of information, maybe a little bit more in-depth at times as well.

K: (overlap) Okay.

P: So, a childbirth class is actually very important. What we do at the prenatal, usually, supplements what you've already learned at the childbirth class.

K: Okay. Okay. Um, and also, I think, um, I was, or I don't remember if you were telling me or someone was saying that um, you could also help me with breast feeding. Because I know in the hospital, you know, again, the first time they said, you know, "The nurses will help you. The midwives will help you, but the nurses are trained." Well, none of the nurses knew what the heck they were doing and kept saying, "We'll call lactation," and lactation never came. P: (overlap) lactation never came. K: So, do you help with that?

P: I am trained in lactation education, meaning that I can help you establish that initial breast feeding. Anything that goes beyond any kind of problems

with breast feeding, I can then refer you to a lactation consultant.

K: So you have people that you can refer me to. Oh, okay.

P: (overlap) I do have people that I can refer you to. But then also at the hospital, again, I'm your support person at the hospital. So, while you are now basking in the glow of being a new mother again, I'm going to work to get that lactation person to your room.

K: Oh, that's good. Okay, I think everything else I'll hold 'til when my husband comes.

P: Great. It was wonderful meeting you.

K: You, too.

P: And great to meet you, Miss Selina, with your new pink outfit. You're beautiful. Do you know what you're having?

K: A baby. We don't find out...

P: You like the surprise..

K: We like the surprise.

P: Absolutely. You gotta love those. You gotta love those. Well, great. I look forward to meeting you and your husband.

K: Great. Thanks so much.

P: Sure.

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### Written Summaries of ASL Texts

#### About the Summaries

*These summaries were completed by Patty Gordon, a certified interpreter, who worked with the video files and was not present at the filming. They are offered in third-person perspective to allow you the opportunity to create your own interpretations and to allow you to use these as a support for comprehension and analysis of the material.*

#### **Please introduce yourself.**

Jerri introduces herself as a birth doula, someone who offers support to pregnant women during their pregnancy and delivery. She has a BA and is completing a MA in Communication where her thesis is focused on how doctors communicate with Deaf women giving birth and how communication styles affect the woman through labor and delivery. Jerri's goal as a doula is to continue to support and empower Deaf women during their pregnancy, labor and delivery.

Jerri explains about her family background and discusses her responses to questions about whether being black or being Deaf is a stronger part of her identity.

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#### **Why did you become a doula?**

Jerri explains how she became a doula. It started with the birth of her fourth child. She felt like she somehow missing something in the process. Online she came across the word "doula" which

is Greek, meaning "women's service". Doulas serve as support for women through the birth process. She felt this kind of support, from another woman, was what she was missing during her pregnancy and subsequent C-Section. Jerri decided to take a three day free training. The training included information about the philosophy behind being a doula, information about birth and also hands-on training on how to support a woman through labor and delivery. She is now in the process of becoming certified.

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#### **Who pays for your services?**

Jerri explains she gets paid from a non-profit agency called Family Center Doula Program\*. She is part of their programming to reduce infant mortality in St. Paul (MN). She was trained to be available to support Deaf women and state funds funneled through the agency pay for her services.

\*The actual name of the program is: Family Center Community

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### Written Summaries of ASL Texts

**Jerri Middlebrook-Vogel (continued)**

Doula Program under the auspices of the American Indian Family Center in St. Paul: [www.aifc.net](http://www.aifc.net)

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#### What do doulas do?

Jerri explains how she works with the moms as a doula. First she meets the mom to find out what her beliefs are about the birth experience, what her hopes are for that process and how Jerri can help her. Jerri tries to provide whatever the mom says she wants from her. If the mom wants information, Jerri will collect it and give it to the mom. She draws the line at providing medical advice, instead encouraging the mom to ask the midwife or doctor any medical questions she may have.

When the mom goes to the hospital, Jerri is there to encourage the mom and support her wishes for the labor and delivery. If the mom wants a natural childbirth with no medical intervention, Jerri works to protect that wish. She supports the mom and encourages her to let the staff know what she wants. Jerri also provides physical support and comfort to the mom during contractions, particularly in the case of a natural childbirth.

Once the baby is born, Jerri can provide continued support. She can find and offer support about breast feeding, she will do a home visit a couple of weeks after the baby is born to see if she can help with housecleaning, watching other children in the house,

making a meal, or simply taking care of the baby so the mother can take a shower. She'll even review the labor and delivery with the mom to fill her in on things she may have forgotten or missed during the process.

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#### What does a doula do throughout the labor process?

Jerri usually is referred to a mom by someone else. She'll arrange to meet the mom and explain what a doula does. She'll answer any questions the mom may have and provide any information the mom may need at that time. She prefers to meet with the mom at least three times before the baby is born so she can understand where the mom is coming from, what she wants and needs from Jerri.

At the second meeting, Jerri will usually talk about comfort measures like how to lessen the pain in back labor or possibly prevent it in the first place. They discuss how to manage pain, medication and its effects and other things.

By the third visit, Jerri likes to go with the woman to a doctor's appointment. That way she can introduce herself, let the doctor know she'll be there as a support person for the mom and exchange contact information

Sometimes the moms will call when they're not sure what's

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### Written Summaries of ASL Texts

**Jerri Middlebrook-Vogel (continued)**

happening and if they should go to the hospital or not. Jerri will encourage them to contact their doctor to ask those kinds of questions. When the mom is thinking about going to the hospital, Jerri will offer to wait with them at their house or go and wait with them at the hospital. A couple of times, women have asked her to come to their homes and be with them to talk, provide physical and emotional support and information. She may even cook and freeze food for the family to have for the next few weeks.

Once at the hospital, Jerri waits with the mom through labor and once she starts to deliver, gives her information on how to push effectively. If the mom wants to nurse her baby after birth, Jerri can teach her how to breast feed. She encourages nursing because it's good for the baby. After that, she'll stop by the hospital to visit the mom, see if she has any questions and particularly to reflect with the mom on her birth experience. Jerri's able to help the mom see what a powerful experience it was and to remind her of what a wonderful and amazing job she did by giving birth. Jerri feels it is her responsibility to empower the mom.

Jerri tends to stop and visit the mom a week or so after she returns home and leaves herself open to the mom for follow-up support for about two months or a little longer, depending on what the mom needs. She still has contact with some moms over a year later. She knows that the moms feel a special bond with her

because she's shared such an amazing experience with them. It's very powerful to give birth and to have this new person come into your life and profoundly change everything about your life. Because she was a part of that, some moms still feel a strong connection with Jerri. Jerri now even babysits some of their children!

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#### **What are your experiences working on the birthing team?**

Jerri answers that she's had both positive and negative experiences. In one situation, a nurse was not very open to having her there. At one point, Jerri was supporting the mom's wish to get out of bed and move around in opposition to the nurse's orders to stay in bed. As far as Jerri could see, there was no medical reason for the mom to stay in bed and she felt it was part of her job as a doula to support the mom's instincts about what was best for her labor process. The staff was not happy about Jerri's perceived interference and after that tried to send her out of the room for errands. Jerri had to stand her ground and continue to emphasize that she was there to support the mom, not the staff, and would need to stay in the room to do so. Although it wasn't a good experience, she thinks she handled it well.

A more positive experience happened when the doctor, nurse and even the midwife were supportive of having a doula present.

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**Jerri Middlebrook-Vogel (continued)**

They encouraged Jerri to support and comfort the mom and even offered suggestions and techniques for Jerri to use. The result of the cooperation by the team was that the mom felt wonderful and very proud of herself and her new baby.

After working with that particular team, they called on her services any time she happened to be in the hospital and they had a woman in labor. Although she did not have a previous relationship with the mom, she was able to offer her support. Some women were very grateful to have her with them. Overall, the team approach has lead to great outcomes for the moms.

Jerri reflects on how fathers have worked with her in the past. She notes that they often do not fully understand the birth process and can actually interfere with it. It is a fine line for her trying to decide whether to step in or not. In one case, the mother was wanting a natural childbirth, while the doctor wanted something else. The husband preferred to follow the doctor's wishes and was criticizing his wife for wanting to stay with her plan. (This was the woman's second baby, the man's first) Finally, Jerri felt compelled to step in and tell the husband that his criticism was not helpful to the mom and he needed to offer support instead and save the criticism for after it was over. Unfortunately, the husband was not particularly swayed and still felt that the mom needed to comply with the doctor's desires. At one point the father left the room, offering Jerri the chance to talk with the

mom and ask how she wanted to handle things. The mom asked Jerri to do what she could to keep the father out of the room, which they managed to do and the mom proceeded to deliver naturally with the father almost missing the birth itself. It was a sticky situation trying to support the mom and not overstep boundaries with the father.

But every situation is different.

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#### **...difference between first-time and experienced moms?**

Jerri compares a woman who was a first time mom and a woman who was giving birth to her fifth child. The first time mom really had no idea what was going on with labor and birth. She did not understand labor pains, and was frustrated and thought she must be doing something wrong for it to hurt so much. She wanted a natural childbirth, but didn't fully understand what that meant. Jerri had to spend a lot of time explaining that what the mom was experiencing was normal in a natural childbirth.

In contrast, working with a mother who has experience is much easier because the mom is ready and knows what to expect. Jerri doesn't have to go to the hospital until right before the baby is born. Jerri is still needed in those situations in part because Deaf moms sometimes have bad experiences in medical settings

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### Written Summaries of ASL Texts

**Jerri Middlebrook-Vogel (continued)**

because of the medical staff and their medical perspective about Deaf people. Jerri sometimes feels she has to defend the mom from comments about whether or not she should even be pregnant, from being thought of as Deaf and dumb and ignorant or being patronized by the staff. So even moms with birth experience need Jerri's support to run interference with the medical staff. Not that she is harsh with them, she knows it wouldn't help to order them all out of the room. Instead she tries to either speak to what the mom wants or to encourage the mom to speak up for herself and just encourage dialogue. It doesn't always work, sometimes the mother's wishes get overridden in favor of what the medical staff says, but that can't be helped.

So that's a comparison of working with a first time vs. an experienced mom.

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#### **What are your experiences working with interpreters?**

Jerri reflects on positive and negative experiences working with interpreters. She remembers a good experience where the interpreter stayed very neutral and did not get too involved with the birth process. She was able to maintain a professional boundary because Jerri was there, which relieved the interpreter of her feeling tempted to give help and support to the mom.

Jerri shares that she does not expect there to be an interpreter provided for her, even though she is hard of hearing. But when the mom is Deaf, she knows she can expect an interpreter to be present, but she does not require one and can actually make do without one anyway.

The interpreter she admired knew where to place herself in the room, discreetly kept Jerri informed of things she needed to know, such as what she could hear the medical staff saying behind a privacy curtain. In some cases it helped prepare Jerri and the mom prepare for what the medical staff might suggest, particularly if it was not what the mom had planned for her birth. So an interpreter can be very helpful for things like that.

By contrast, Jerri recounts an experience where the interpreter got too involved in the process. In this case, the mother was a Deaf adult who was "low functioning" (although Jerri doesn't like the prejudicial tone of that label). The mom did not have a good understanding of what was happening during labor and it made the process more difficult to manage. She was vulnerable to manipulation by anyone in the birthing room and Jerri felt her role was, in part, to protect the mother's birthing environment. People kept coming into the room and giving directives to the mom and to Jerri, including the interpreter! Jerri was really taken aback, wondering if the interpreter would feel it was her

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### Written Summaries of ASL Texts

**Jerri Middlebrook-Vogel (continued)**

job to tell the doctor what to do instead of interpreting. So many people were in the room and becoming involved (including the interpreter) that the mother became overwhelmed and eventually Jerri felt she had no option but just to back off and give up her efforts to support the mother. She felt that clearly the interpreter had not kept a professional boundary and went way beyond her role, which was to interpret what people said and that's all.

That was a bad experience, but most of the time she finds interpreters very professional and has good experiences working with them.

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#### **Do you have any final thoughts to share?**

Jerri says how much she would like to see other Deaf women and interpreters become doulas. Deaf women in her research study said they wished interpreters could also be trained as birth coaches so Deaf moms would have direct support. She hopes to become a trainer to help more Deaf women and interpreters become doulas. She thinks it would be very helpful to have someone there who shares the same language to support the mom and keep her informed about what's going on around her during labor and delivery.

She has a friend who is a doula and interpreter but she does not like trying to maintain both roles. If she is providing encouragement and possibly physically supporting the pregnant woman and then the doctor or nurse comes in, she has to actually step away from the mom to interpret and that does not feel comfortable.

Jerri thinks other people may feel differently and that it's up to each person to know what they're comfortable with. She would like to see more discussion with interpreters who have also done birth support to see if those issues of role conflict are a problem for them. It's an area that needs further study.

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### Written Summaries of ASL Texts

#### An Appointment with a Doula

##### Meet Rania

Rania Johnson introduces herself and explains that she is a first-time mom due in a couple of weeks. She looked carefully for support services and doctors in part because she is going to be a single mother after deciding to undergo artificial insemination. She believes in natural childbirth as a way to promoting the spiritual bond between the mother and the baby. For that reason, she plans to use a midwife for the birth. In her research she came across the term “doula” but has not been able to find out much information about what a doula does and how they are different than a midwife. Friends have not been able to clarify much for her either. She was hesitant to pursue the idea in part because she assumed the doula would be hearing and the relationship would be complicated by communication issues and the possible need to include an interpreter. Then she found out the community had a Deaf doula. She’s excited about the prospect of working with another Deaf person and is meeting with Jerri to find out more information and see if maybe she can help Rania with her birth.

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##### Meet Jerri

Jerri introduces herself and explains she is a birth doula about to meet with a first-time mom, Rania. She will explain what a doula does, find out about Rania and answer any questions she

may have.

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##### The Appointment

Jerri and Rania greet each other and Jerri offers to describe what she does. She says she is a birth doula and explains the origins of the word and what’s involved in a doula’s services. She will meet with a mom to find out what kind of birth experience she wants, give her information and explain how she is there to support the mom during the labor, delivery and after the baby is born.

Rania asks how long Jerri has been a doula, Jerri replies that she was trained in 2001. She was trained in natural birth by a midwife. She learned how to provide comfort and support during the birth process, how to teach mothers to nurse, and how to provide support for the first 8 weeks after the birth. Her goal is to have the mom get as much rest as possible, so she can go into the home and provide the support necessary to help that happen, whether it be by taking care of the baby, other kids in the house or even cooking.

Rania asks if her services are limited to 8 weeks and Jerri explains that she still has contact with some moms three years later and does some babysitting for them (in her home), provides them health and wellness information (although she’s not a doctor)

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#### An Appointment with a Doula (continued)

and whatever support they need to help make good decisions.

Rania asks if Jerri is certified and Jerri says she has the paperwork completed and ready to send in. Rania goes on to say how she's been working with a midwife because she prefers the natural approach and likes the female to female connection, but was not clear on the difference between what a midwife and a doula did but understands more now.

Jerri says that although some of what she does is similar to a midwife, she does not actually deliver the baby. Instead, her focus is on providing emotional support and encouragement the mom through the process, keeping her informed about what's happening during a natural childbirth and sharing what knowledge she has. Rania asks if that includes things like helping her decide about medication or epidurals and Jerri says she mostly is there to provide honest information about the choices the mom has and the mom makes the decision. Also, the doula will have a discussion with the mom before the birth to find out what she want. Some moms want a "natural" childbirth, but Jerri has to make sure to understand exactly what the mother envisions or means.

Rania asks Jerri to clarify if a natural childbirth means the absence of drugs and Jerri adds that it also means no interference in the

natural birthing process such as inducing labor or using forceps to deliver the baby. Rania says she is hoping for a natural childbirth but understands that there can be complications and she needs to be a little flexible. She still has a lot of confusion about the possible medications and drugs that might be needed. She does not want an epidural except as a last resort. She wonders if Jerri can help her understand all the medications and possible consequences should she need them and be to overwhelmed to make decisions during labor. Jerri explains that she is there to offer encouragement and support that allows the mom to focus and studies show that that kind of emotional support leads to less use of drugs during labor and delivery. She says that she can help the mom keep from becoming overwhelmed by labor. She can offer back massages, refer to the birth plan if a mom is tempted to use a drug, help the mom shift position as an alternate way to work through pain, and so on. She sometimes rocks the mom through contractions, using the natural rhythm of the body to determine a pace.

Rania says she'd prefer using perineal massage and not have an episiotomy. She wonders about the risks of tearing if she refuses an episiotomy Jerri explains how the vaginal opening naturally stretches to accommodate the child and that position sometimes can make a difference in how easily the tissue stretches. Rania says she's looked at some of the birthing positions and has some

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#### An Appointment with a Doula (continued)

confusion about which ones are best. Jerri says that many women adjust positions naturally by following their bodies instincts. In fact, the typical position with the woman on her back is one makes the delivery harder, although it's easier for the doctor and that's why it's used. She reminds Rania that it's the mother that delivers, not the doctor, so the mother should guide the birthing process and positions. Rania wonders if some of the alternate positions might she read about might be more difficult to deliver in but realizes that they probably aren't. Jerri says that some of the squatting positions are better because it allows the tail bone to move out of the way so there's more room and Rania adds that it also works with gravity to help ease the process as well.

Rania asks what Jerri does when she meets with the moms and what the meeting is about. Jerri gives examples of a mom she met with long before the birth (it was the second time she'd worked with her) and one she met with just two weeks before the birth. She was hard pressed with the latter one because she didn't have a lot of time to talk about a birth plan. In fact the woman called her just 4 days after they met and said she was ready to deliver, but it worked out okay. So it depends on the mother's motivation and what kind of support she needs.

Rania explains that she already has two women working as her coaches and she wonders what Jerri's role would be in that case.

Jerri asks about their training and Rania explains they are not trained. One of the women is prepared to give her massage or support but it seems that that is the same thing a doula does and maybe she doesn't need a coach. Jerri says it depends on the relationship Rania has with the coach. Jerri could serve as support to the coach, offering suggestions, helping her provide support and care to Rania. She can relieve the coach if necessary. In addition, Jerri works to make sure there are no "threats" to the birthing environment. She gives an example of someone ordering pizza and that having a negative effect on the mother. In that case, Jerri would intervene to ask the person to take the food out. Rania says she knows that she's working with a lot of hearing people who may not know anything about Deaf people and thinks it would be nice to have someone to make sure the experience is positive and help smooth out the process.

Rania asks what Jerri would be doing during the actual delivery and Jerri gives an example of how one woman was feeling a strong urge to push, but was being told not to by the medical staff. Jerri stepped in and told the woman to do what her body said and the baby came out fine. It was good she did because the cord was wrapped around the baby's neck, but the baby is doing fine. So she feels she is there to minimize any outside interference with the natural progress of the birth. Rania asks if Jerri monitors the dilation and lets the staff know when the mom is ready to give

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### Written Summaries of ASL Texts

#### An Appointment with a Doula (continued)

birth and Jerri reiterates that she tries to avoid doing anything that dictates the process to the mom. Instead she tries to encourage the mom to follow her bodies instincts as labor progresses. She can go get help if it's needed but she really tries not to tell the mom what to do and instead just provide encouragement for the mom's natural process.

Rania then asks about fees. She knows doula tend not to be covered by insurance, so she was wondering about the cost range for the service. Jerri first notes that due to a recent case, some insurance may cover the services of a doula. Then she explains that she works through an agency that pays her around \$400 for each mom she serves. If she works with a mom independently it would be around \$500. The overall range for doula services seems to be between \$300 to \$800. Rania asks if that flat rate covers all services before, during and after the birth. Jerri responds that she tends to get paid after the birth although some doulas want partial payment before to be compensated for any work they do with the mom before the birth in case the mother changes her mind about the service later. Rania asks if Jerri has a contract of some kind that they sign and Jerri says some doulas do have a contract they sign with the moms that outlines the roles of both people, the fees, etc. Rania says she read there are doulas that focus only on prenatal services and those that focus only on post-natal services and wonders if they have different kinds of

fees. Jerri says she's not sure. She knows there are some doulas that only focus on one area but some that do both, including her. Rania confirms that Jerri's fee would include both pre and post-natal services. Rania asks if she would qualify for the program Jerri works for (and they both struggle to remember the exact name of the program). Jerri asks if Rania lives in St. Paul and Rania says she does. Jerri says that the program will pay for her services.

Rania says she's a single mom and asks if she has to apply. Jerri explains the process: first Rania signs a release of information so Jerri can let the program know she's providing service. Then Jerri keeps track of her visits and work with Rania. After the delivery, Rania signs a form verifying that Jerri was present and Jerri collects some data on the outcomes for the program. Rania clarifies if she needs to apply and be approved and Jerri says she does not.

Rania says she'd be interested in working with Jerri, particularly because she doesn't know of other doulas who can sign or are Deaf. She says she feels comfortable with Jerri and would like to exchange contact information so they can work together. Jerri agrees and they wrap up their meeting.

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*These summaries are offered in support of comprehension and are designed to ensure a general idea of the text, not an in-depth analysis with all of the details.*



# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Written Transcripts of English Texts

#### Meet Maria

I'm Maria Wolff. I'm a Nurse-Midwife at HealthPartners and I work with 32 other midwives at three hospitals. And I largely see childbearing, child rearing women and their families. I see them for pre-natal care, postpartum care, and also GYN care. And some midwives see people into menopause, but at this point, I'm not. I'm only here part time.

Um, and nurse midwives are specialists in normal, healthy pregnancy and kind of taking care of normal GYN needs: annual exams, pap smears, um, birth control, STD prevention.

And today, I'm seeing Amy Wolf who is a woman who is 33 weeks pregnant and, um, expecting in a couple of weeks.

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#### Meet Amy

Hi. My name is Amy Wolff. I'm here for a routine check-up today. I'm about 7 1/2 months pregnant with my second baby. And we know it's a girl.

And I'm here visiting my midwife, who is also my sister-in-law, Maria Wolff.

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#### The Appointment

M: Well, it's good to see you, Amy. You're thirty three weeks. You've got about seven weeks to go or less... How's has it been going?

A: Good. Good, good, good.

M: How're you feeling?

A: I feel good. Yea, other than the, um, pressure.

M: Okay.

A: I feel a lot of pressure, especially in the morning, when I'm sitting a long time, when I stand up.

M: Does it feel like contractions or does it just feel like a heaviness?

A: A heaviness.

M: The baby's low...

A: And then -- yeah, because my hips and my groin is what hurts.



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## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Written Transcripts of English Texts

#### An Appointment with a Nurse Midwife (continued)

M: They kind of ache.

A: Yeah. It's kind of like it's stretching.

M: Does it prevent you from sleeping at all?

A: Uh, yea.

M: So you wake up because you need to reposition?

A: Oh, yeah. Every night.

M: Do you ever take Tylenol?

A: Mmm-uh. (Negative)

M: Do you have Tylenol at home?

A: Mmm-uh. (Negative) I have ibuprofen and you can't take ibuprofen, right?

M: Right. Um, it'd be good to get some Tylenol. Sometimes it just helps with the mild aches and pains. Do you ever take a bath?

A: No, but I should do that, too. I'm getting a massage this week, too.

M: You are? Good.

A: A full body massage.

M: And do you know if this place has trained people to work with pregnant people?

A: Yeah.

M: Okay.

A: But right now, because there are those certain pressure points, right?

M: Mm hmm.

A: But even if I did go into labor...

M: Yeah, but I don't think they're going to be trying to stimulate labor. I think that you don't need to worry about that. I'm just worried about relaxation, you being comfortable, having a table



# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Written Transcripts of English Texts

#### An Appointment with a Nurse Midwife (continued)

that accommodates the pregnancy. So...

A: Okay. But what if, say, I did go into labor tomorrow, how healthy is the baby right now with the lungs developing and the heart and everything like that?

M: You're thirty three weeks in a couple of days. Typically, we ... full term, you know, is 37 weeks. We want moms and babies to deliver after 37 weeks. Typically, because the lungs are ready, the heart is ready, all the...

A: (overlap) After 37 weeks?

M: After 37 weeks.

A: Okay.

M: Lungs really are the last things to get ready, so between 34 and 37 weeks, um, the lungs are getting mature and stronger. And the baby will start practice breathing. We can even see that on ultrasounds. Um, they're also putting on fat. It's the last thing they do. They put on what's called this "brown fat." And that fat keeps them warm. It protects them from exposure to the changing temperatures outside the womb. So, the biggest thing when babies come at 34 weeks - it's kind of where you'd

deliver if you delivered right now - is related to infection risk, um, exposure to viruses or bacteria; and, um, changes in their temperature; and the other big thing is eating. They don't eat real well at 34 or 35 weeks. Because they're working so hard and concentrating their--conserving their energy and trying to stay warm. And also, their suck reflex isn't that strong.

A: Okay.

M: So the big things right now, the big challenges would be, if the baby would be born, is breathing on its own-which it would probably do fine, but it would be working hard to do that; temperature control; and eating. And so, the ideal time for babies to come is 37 weeks. But 34 weeks is much better than 28 weeks as far as, um, how the baby would probably do. So...

A: (overlap) Okay.

M: ... typically, we have some moms who deliver at 34 weeks, and they're in the NICU sometimes. The neonatal intensive care for a while..

A: (overlap) What are they about 4 or 5 pounds?

M: Typically, 4 pounds is the average.



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### Written Transcripts of English Texts

#### An Appointment with a Nurse Midwife (continued)

A: Mine is 6 pounds then, right now? (Both laugh)

M: I don't know if we can tell. We've got to check you... But 4 is kind of average. So..

A: Okay, okay. Uh, okay. And she's been kicking a lot, too.

M: Everyday? You feel good movement?

A: Oh, gosh, yeah. More with this one than with Ella, because it's the, I think the placenta must have been in front with Ella because the placenta's behind with this one

M: (Overlap) Mm - hmm. In back. And that's...

A: Because this one, I can feel, like, all the time.

M: And you feel movement everyday?

A: Mm-hmm. (yes)

M: Typically, we want moms, um- I'm just looking for your ultrasound here- to feel movement sometime in the morning. Sometime in the afternoon and sometime in the evening. Not

that we really worry so much about the movement all day, but just knowing that - Yeah, it's regularly moving. There wasn't a real big change. If there's a big change, I want you to call me or call the clinic and let us know.

A: Okay.

M: I'm just going to take a look and see where your placenta is. This is your...yep, this is your ultrasound from, um, June. And it says the placenta's in the back. So, where it implanted on the back of your uterus allows you to feel more movement in the front. Because of where the placenta is.

A: I, uh, I mean I actually like it better because it's -- it feels cool.

M: Okay. So, massage I think is great. I think Tylenol would be a good thing to consider. Even a hot water bottle if you have that. That sometimes helps just with kind of achiness.

A: Okay

M: You don't feel uterine contractions? You don't feel cramping? Like the baby's coming...



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## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Written Transcripts of English Texts

#### An Appointment with a Nurse Midwife (continued)

A: (Overlap) No, but sometimes when I get up, I feel like sharp pains... M: That worked well for you last time.

M: (overlap) Pulling.

A: ...going through my abdomen.

M: Yep.

A: Yeah.

M: And that's - the uterus is tethered with ligaments and they come from the back and they wrap down into your groin. So, when you move real quickly, or the baby changes position, you get a real stitch in your groin area. And that's normal, but it's related to position.

A: (overlap) It's like I just have to stand there for a minute 'cuz, yeah, I can't move. Okay. Um, and we discussed that I want to do an epidural again?

M: Mm - hmmm (nodding.)

A: Okay.

A: Yeah. Drugs are good. Yeah. (Laughs) The drugs are good.

M: Um, so, yeah typically, things are going to go a lot faster. Last time, your water broke and you were in the hospital for a couple of days. That's only about ten percent of the time. The water breaks before they go into labor. Usually they're in labor first, and then the water breaks.

A: Oh, really? M: Mm- hmmm.

A: Oh, so I don't have to worry about...

M: (overlap) Typically, labor starts and then the water breaks later .... We had to induce your labor because you weren't in strong enough labor.

A: Oh, I just thought that the water broke...so, I'll feel labor pains first. Well, I don't even know how many minutes, and stuff like that 'cuz...

M: (overlap) it didn't happen last time...



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## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Written Transcripts of English Texts

#### An Appointment with a Nurse Midwife (continued)

A: .... because with Ella, I didn't -- I was already in the hospital and I didn't have to pay attention to any of that stuff.

M: The things we want you to call us and let us know about ... the things that tell us you are in labor are 1: If your water breaks, we always want to hear about it. Give us a call or give me a call if your water breaks. The baby's not moving regularly, we want to hear about that. But as far as labor goes, it's contractions, menstrual-type cramps that come, you know, they can come irregularly it can be one every twenty minutes. It's probably not going to bring the baby. But one every five minutes or closer, you feel a strong contraction. It's lasting 30 seconds or more. And it's uncomfortable.

A: So, that's when you should call?

M: You know, it's variable from woman to woman. Some women can't tolerate it every ten minutes. Some women can tolerate 'til every two minutes. But we want to see you long before your contractions are two minutes apart. Or at least hear from you. Some people have contractions and they're not painful. Those are probably not going to bring the baby either. But typically, people who have painful contractions, that's a sign that labor is becoming regular and gonna bring the baby.

A: And then when do you start to dilate?

M: Anytime. I mean you could be dilated a little bit right now. You usually dilate when your contractions are coming regularly. Most moms, if it's their second baby, their labor's cut in half.

A: Oh, it will be?

M: Uh,

A: (overlap) Do you promise?

M: Yes. (Both laugh) I promise...I promise to be there. But if your labor didn't really start until the third day, it probably started some time that morning. You delivered around three? Is that right?

A: No. Ten.

M: Oh, it was ten in the morning. I'm trying to think when I got there...it was 5 or 6 in the morning that labor really didn't start.

A: Right. M: So you had a pretty short labor, once labor started. From three to ten so it may be a matter of a couple of hours.

A: Yes.



# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Written Transcripts of English Texts

#### An Appointment with a Nurse Midwife (continued)

M: Typically, that time is cut in half. The pushing phase, for first time moms, typically is two hours. That's the average. The second time is usually about 20 minutes. So, your first labor pushing experience was less than an hour.

A: Oh...

M: Like 45 minutes, so.. it probably wouldn't be any longer than that.

A: Oh, okay. Good.

M: Barring that the baby's, you know, in the similar position, Babies come in different positions but typically they come with the baby's looking down at the ground as opposed to looking up. That's how Ella came.

A: Okay.

M: Um... what other thoughts do you have? Everything looks good. Your blood pressure looks great.

A: Four pounds, too, I gained. What was my..

M: (Overlap) Yea.

A: What did you tell me last time I was here? How much more weight can I gain?

M: What's ideal? Um, I think we said a pound a week. You gained 40 pounds last time and now you're at 33.

A: (Overlap) 33...

M: And so a pound a week is all you get.

A: And so I can still eat a couple more cheesecakes, and chocolate cake and ice cream.

M: You can ...

A: (Laughs)

M: in moderation. Do you have questions about that? You know what good nutrition is and what our goals are with fruits and vegetables?

A: (overlap) Yes. I should eat more vegetables. And I don't. I mean I should.... Yeah.



# BIRTH COMPANIONS

## Perspectives on Doulas and Nurse Midwives in ASL and English

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### Written Transcripts of English Texts

#### An Appointment with a Nurse Midwife (continued)

M: Okay. Even splurging on a good salad.

A: Yea.

M: Okay. Um, if the pain in your hips, your groin, gets really bad, we can send you to physical therapy, too, if you like. If that would be helpful, too. They may...

A: (overlap) Okay. What about a chiropractor?

M: You can go to a chiropractor, too, if you want to. I'm a little bit more experienced with with with physical therapists, and the ones we work with deal largely with women that are pregnant, and that's all they deal with, and so, they kind of take that into consideration, and we just have a good established relationship. But if you've had experience with chiropractor and you're happy with that, you can certainly try that, too.

A: Okay...

M: (overlap) Do you have somebody you go to?

A: ... no, but, uh, Jen Bischoff just recommended someone and so I was gonna check him out, maybe. I'm going to go get a body massage this week first and see how I feel after that.

M: Physical therapy is also a benefit that's covered, and chiropracty is too, but you need to find out whether it is covered and your insurance will pay for it.

A: Okay.

M: All right. What other thoughts? Concerns?

A: Nothing. I think that's it.

M: Should we take a listen to your baby and measure your baby?

A: Sure.

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## Credits for this Project

### Language Models

Persis Bristol-Dodson  
Rania Johnson  
Jerri Middlebrook-Vogel  
Kimberly (and Selina) Smith  
Amy Wolff  
Maria Wolff

### Project Concept and Design

Paula Gajewski

### Filming

Paula Gajewski  
Chip Smith - *Georgia Perimeter College*

### English Summaries

Patty Gordon

### Video Editing/Computer Design/Captioning

Doug Bowen-Bailey  
**Digiterp Communications**

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**RSA Region V Interpreter Education Project at the**



### Project Director:

Laurie Swabey

### Project Managers:

Paula Gajewski  
Richard Laurion

### Administrative Assistant:

Rosa Ramirez

**NE Minnesota Region III Low Incidence Project**

### Facilitator:

Pat Brandstaetter

### Administrative Assistant:

Tasha Honkola

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