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Title: Multi-site evaluation of a volunteer doula service in England: A reflection on using Realistic Evaluation

Authors: Zoe Darwin, Josephine M. Green, Helen Spiby, Helen Willmot, Jenny McLeish

Objective: To investigate the impacts and implications of a multi-site volunteer doula service for service users, volunteers doulas and NHS services.

Background:

There has been growing interest in the role of 'doulas'- trained lay women who support child-bearing women – with research reporting a range of positive outcomes. Doulas are typically paid-for in western settings; however, the Goodwin Volunteer Doula Project in Hull offers a free service to socially disadvantaged women, delivered by trained volunteers and covering the third trimester, birth and six weeks postpartum. The scheme is being replicated at sites across England.

Methods: A Realistic Evaluation perspective is being adopted, which involves identifying and testing possible 'CMO' configurations: Context, Mechanism and Outcome. These are derived both from reviewing the literature and from interviewing key informants.

Findings: Interviews and focus groups with 32 key informants at five sites has highlighted that, rather than aspiring to intervention fidelity (true replication), the intervention being delivered at each site varies in unanticipated ways, including: intervention content, the problems that the interventions target (at both service user and volunteer level), and the emphasis placed on the voluntary status of the doulas.

Conclusion: Every element of the CMO configurations varies across the sites, which has implications for subsequent testing of 'what works for whom in what context'. Our experience therefore highlights that defining the intervention should be an explicit aim of initial data collection to facilitate identification and structuring of implicit CMOs. This is likely to be particularly beneficial for multi-site or multi-agent evaluations.

What's the difference between a doula, a midwife and an OB-GYN and what can they do for you and your baby? We break it down.Â Here's a quick guide on the differences between these three and how they help deliver your baby--and beyond. Birth Story: A Natural Home Birth. Find from someone who's been there what it's like to give birth naturally at home.Â When CNMs work with a collaborative OB-GYN, these are close relationships built on trust and mutual respect. There are specific outlined situations that designate whether a patient requires medical consultation, co-management or referral to the physician for them to take over management of a particular condition, says Helme-Smith, who works in a practice with OB-GYNs. Volunteering, whether at home or abroad, gives you the chance to contribute to the kind of community and world you want to live in every day. It gives you the opportunity to be a part of something bigger than yourself and use your own skills and knowledge to assist in the empowerment of people all across the globe.Â You might come up with a plan to build on the development of your own community, or discover a new life calling. 17) You'll have fun. Volunteering is not something to take lightly and needs to be treated with the utmost respect, but it's also fun! It's a reason to meet new people, embrace cultural traditions and encounter new places. During your downtime you can spend a weekend island-hopping in Thailand, climbing Table Mountain in South Africa, or white river rafting in Costa Rica. Perspectives from Partner Organizations. Download PDF. Download PDF.Â Data on the duration of volunteer service, the volunteers' skill levels, and other variables were used to develop a rough typology of international volunteering. Binary logistic regression models then assessed differences in outcomes across five volunteering types. Findings suggest that future research needs to be more precise about how the nuances and complexity of diverse forms of international volunteering influence outcomes. The partnership between midwives and doulas improves the birthing experience for migrant women. Rima, who is originally from Syria but has been living in Sweden for more than 20 years, says, "we doulas make the woman feel relaxed and safe. We build a bridge between the woman and the midwife. We interpret everything the midwife says. Midwives and doulas have different roles and work together to create a calm, reassuring environment. We all focus on the woman and her needs. Sometimes the mother doesn't want to let go of my hand and won't let me leave the room. I feel like a big sister or mother to her. Presentation on theme: "Volunteer Doula Programme: A Canadian Perspective Volunteer Doula Programme: A Canadian Perspective Shauna Powers NHS Lothian Health Promotion Service." Presentation transcriptÂ First meeting between volunteer doula and mum. Meetings to discuss birth plan, pain management, hopes, fears, breastfeeding baby issues etc Meetings to discuss birth plan, pain management, hopes, fears, breastfeeding baby issues etc Beeper/cell phone contact Beeper/cell phone contact Mom can contact manager if she is not satisfied with her doula Mom can contact manager if she is not satisfied with her doula.Â A Volunteer Doula Project: could it work here?