ALTERNATIVE HEALTH CARE PRACTICES

An Introductory Guide for Medical Students

How to make
Alternative Care
become
Complementary Care
through
Collaborative Care

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Dalhousie Medicine Class of 2016

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INTRODUCTION

My name is Joanna McNeil. At present I am a first year medical student, in the Class of 2016 at Dalhousie University.

The idea for this guide was born out of my curiosity about alternative health care practices; the motivation, however, came from realizing that there will be few formal opportunities in medical school to learn about them. This guide is for those who share both my interest and my dilemma.

It is a topic relevant to every future physician, regardless of specialty – even those who may eschew alternative practices will undoubtedly have patients who experience or seek advice on such treatment.

Though each practitioner has a different approach we share a common goal: the health and wellbeing of the patient.

My efforts have been guided by a patient and encouraging mentor whom I would be remiss not to mention here. Dr. Ajantha Jayabarathan, or Dr. AJ, as she is affectionately known, demonstrates daily that collaborative care is the best care - and her patients agree!

It is my hope that this guide will become a living document to which I will add more types of complementary care and that it will be open for contribution and editing by colleagues.

Next on my list are massage therapy, chiropractic, and reiki – so keep an eye out for the next edition!

- Joanna

BACKGROUND

Figure 1. http://www.thenewmedicine.org/timeline/allopathy

Although exploring this timeline in its entirety is beyond the scope of this guide, it is useful to remind us how health care was not always categorized the way we tend to think of it today. Indeed, conventional medicine only really began to dominate the developed world in the mid-1800's.

Often referred to as "western" or allopathic, the practice of medicine as we know it today today relies on evidence-based pharmaceutical and physical interventions for treatment of illness and/or injury.

In recent decades, it has also come under the health care system's scope of practice to take preventative measures, acting on the etiology of disease to decrease the likelihood of future illness and thereby decreasing the need for treatment. This is an area where alternative healthcare practitioners are strong allies and to be included in the system and referred to rather as complementary healthcare practitioners.

The patient population that currently takes advantage of alternative care tends to be composed of individuals who have a high level of engagement and awareness of their health, as well as a willingness to assume responsibility.[1] These types of individuals are often open to lifestyle modification and therefore, more likely to successfully achieve relief through such measures.[2]

Many alternative practices are based on a strong philosophy of holistic care, which means to consider all aspects of an individual's wellbeing – body, mind and spirit – throughout the assessment and treatment process. Given the extensive evidence that has accumulating supporting mind-body medicine,[3] it is no surprise that this approach leads to lifestyle modifications being central to many alternative therapies.

Although physicians are quite capable of such lifestyle counselling, time required for in depth patient education is a deterrent. This is one of many examples, as you will see, where alternative practitioners can provide complementary care.

OSTEOPATHY

WHAT IS AN OSTEOPATH?

Osteopathy can be a complex topic, as its understanding requires drawing a distinction between osteopathic medicine and manual osteopathy. Both practices have the same roots and can be traced back to a single physician, Dr. Andrew Taylor Still in the United States who developed this approach to medicine.

The first osteopaths received full medical education in addition to osteopath-specific training, resulting in practitioners who were fully licensed physicians and surgeons (Osteopathic Doctors or ODs) whose practices made us of the osteopathic approach to diagnosis and treatment. The other branch of osteopathy is separate from conventional medicine and focuses on assessment of structural disorders of the body (which are thought to disrupt function) and treatment with hands on soft tissue manipulation, articular technique, cranial osteopathy and/or visceral manipulation. Osteopathy aims to restore proper biomechanics to allow for natural flow of fluids which will improve function and reduce symptoms.

There is international recognition of both types of osteopathy – osteopathic physicians and manual osteopaths – and both steams are practiced in Canada. It is important that physicians be able to differentiate so that they can properly inform their patients.

HISTORY

Osteopathic practice was founded by Dr. Andrew Taylor Still in the United States in the late 1800's. Dr. Still sought further medical understanding through anatomy and developed corresponding, manual treatments. He maintained that the conventional medical system did not sufficiently appreciate the connection between mental and physical health and their interconnected roles in overall wellbeing. He also taught that doctors should take a holistic approach, treating the whole patient rather than only their disease. And finally, Still said that physicians should be active in preventative medicine. Given that much of this sounds familiar to a modern day medical student, it seems that Still was ahead of the curve.

Based on these core principles, Dr. Still opened the first school of osteopathic medicine in 1892. The majority of American osteopaths still have this type of training – full, conventional medical school courses complemented by osteopathy education. Canada has no such schools, so our ODs are almost always US-trained. The manual stream of osteopathy was established in Europe and brought to Canada by a French osteopath who opened the first college of manual osteopathy in Montreal in 1981. In Canada, both streams are practiced although the manual stream is as of yet unregulated and the medical stream is licensed by the individual provincial Colleges of Physicians and Surgeons.

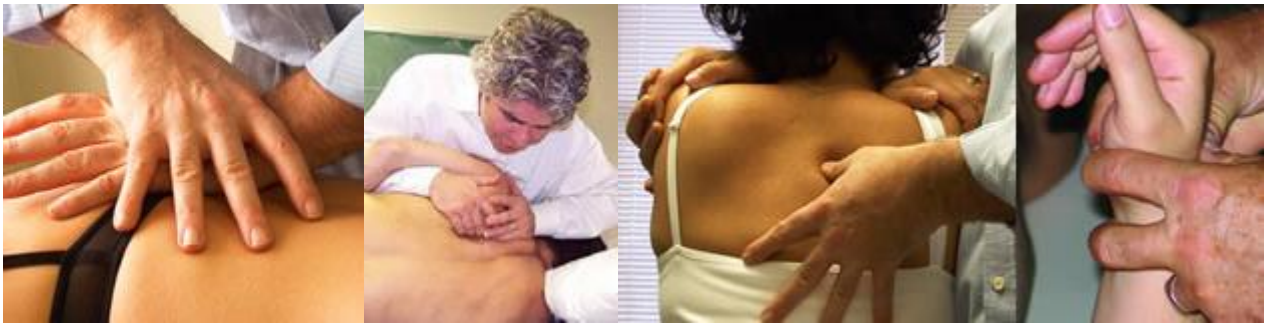
OSTEOPATHY

PHILOSOPHY OF CARE

The philosophy of osteopathy relies on the belief that bodily structure and function are innately intertwined and should not be approached separately. They believe the body has an innate tendency toward self-healing, which their therapies aim to encourage and support. Treatments work on the principle of correcting problems with the body's structure through manipulation and in doing so, the ability to function is restored or improved.

TRAINING

As stated above, ODs are fully licensed physicians who are trained outside of Canada (most often in the US). Manual osteopathy education is currently conducted at eight schools in Canada with relatively similar programs: four years of focused training in anatomy, physiology, kinesiology, neurology, the practice of manual therapies and at least 1,500 hours of clinical rotation.



The following core principles of osteopathy succinctly summarize its approach to care:

- **Body and mind are intrinsically integrated and manifest in the physical body**
- **The body has an innate adaptability that allows it to repair and remodel**
- **Structure and function are interconnected and should not be considered separately**
- **Assessment and treatment should be based on the first three principles**

Osteopaths recognize their treatments as complementary to the traditional system and that patients may also require surgery, pharmacotherapy, and/or lifestyle modifications.

Although unregulated, numerous groups such as the Canadian Federation of Osteopaths have been lobbying persistently to establish credibility and registration for manual osteopaths. A major step in this process has been the 2010 introduction of a national standardized exam by the Canadian Manual Osteopathy Examining Board. The three-part exam assesses basic science, clinical science and clinical skills with the stated goals of "promoting high standards of competence and enhancing professional credibility." Manual osteopaths who succeed in passing the exam are eligible to join the International Osteopathic Association.

OSTEOPATHY

COLLABORATIVE CARE

Referral to osteopathy can be helpful to many patients, particularly those with musculoskeletal problems or pain; it has also been demonstrated as a beneficial adjunct therapy for respiratory illnesses, headaches or migraines,[4] and other disorders. Some of the techniques they use are similar to those of physiotherapists or chiropractors, which can be helpful references to use when explaining osteopathy to patients.

It is also important to ensure patients understand the difference between osteopathic physicians and manual osteopaths, which can easily cause confusion given that much of the information available on the internet is American content and often refers to medical osteopathy.

The issue is further complicated by the fact that legal title protections vary between provinces. Use of the term "Osteopath" in BC, AB and ON is reserved for the exclusive use of osteopathic physicians and legally controlled by the respective medical regulatory colleges. In NS, the New Medical Act (Bill 55) states that "no person shall use the title "Doctor of Osteopathy" or abbreviations or derivations thereof or the title "Osteopathic Physician."" As a result, manual osteopaths have adopted various titles: Osteopathic Practitioner (BC), Osteopathic Manual Therapist (AB), and Osteopathic Manual Practitioner (ON). Flexibility – and confusion – remains where no title protection yet exists (in the provinces of NL, NB, PEI, MB).

There are provincial associations in five provinces (BC, AB, ON, QC and NS) who can be consulted by physicians or their patients to help find an experienced, certified manual osteopath. The World Health organization also publishes "Benchmarks for training in traditional/complementary and alternative medicine" and their guide to osteopathy can be found here:
http://apps.who.int/medicinedocs/documents/s17555en/s17555en.pdf

NATUROPATHY

WHAT IS A NATUROPATH?

Naturopathic Doctors (NDs) see patients with a range of issues similar to what a family doctor might experience. In fact, many naturopathic patients see both types of practitioners who ideally work in concert to help the patient restore and maintain their health.

Naturopathy is a very patient-centred type of care which views the individual in a holistic manner, striving to consider all potential factors (physical, mental, spiritual, genetic, environmental, etc.) in diagnosis and determining treatment. Treatments are based on a belief in the body's ability to heal itself and intended to stimulate those processes.

NDs rely heavily on lifestyle modifications and non-invasive therapies, which may include dietary changes or supplements, herbals, hydrotherapy, homeopathy, acupuncture, physical medicine (such as massage therapy) and exercise therapy.

The extent to which NDs apply evidence-based treatments varies between practitioners. While there has been some promising research into the efficacy and safety of certain naturopathic therapies, literature can be somewhat limited – particularly that which studies naturopathy as an overall approach to healthcare. This type of research is made difficult by the complexity and variety of treatments naturopaths employ.

HISTORY

Any discussion of the history of naturopathic medicine almost always refers to Hippocrates, the Greek physician who lived 2400 years ago and is considered one of the first to recognize the healing power of nature. Look ahead to the

NATUROPATHY



late nineteenth century to meet the true founder of naturopathy: Dr. Benedict Lust. Lust moved from Germany to New York and the American School of Naturopathy in 1902. Originally a student of hydrotherapy, Lust began integrating other forms of natural medicine and over the next two decades, developed naturopathy as we know it today. In Canada, NDs were recognized and regulated between the 20's and 50's in ON, BC, MB, and SK (in that order).

With the growing dominance of "western" medicine in the mid 1900's, naturopathy experienced a decline. Some attribute this to the introduction of antibiotics and resulting gains in financial and political power by pharmaceutical companies, which actively suppressed naturopathic practice.[5]

As with most things, the return of naturopathy was fuelled by public demand following the ecology movements of the 1960's and the public's growing awareness of the importance of lifestyle (particularly nutrition and activity) in health. The first school of naturopathic medicine opened in Canada in 1978 in Toronto.

PHILOSOPHY OF CARE

Naturopathy is guided by the concept that the body has an innate capacity to heal itself and as such, treatments are intended to stimulate and support the body to do so in the most natural, non-invasive way possible. Consequently, much naturopathic treatment is centred on dietary and lifestyle changes.

These are the core principles of naturopathic medicine:

First, **do no harm**

The concept of **physician as teacher**, encouraging patients to take responsibility for their health and directing them in how to do so

Emphasize **prevention** by teaching principles of healthy living

Individualized treatment to **heal the whole person** which involves recognition of *all* factors contributing to illness

Target treatments at the cause of the illness, rather than the symptoms it precipitates

Identify and remove obstacles to **support the body's self-healing power**

TRAINING

According to the Canadian Association of Naturopathic Doctors, there are only two accredited training programs in Canada at present (in BC and ON). To achieve and maintain an ND designation, students must complete a four year, full time program at an accredited school which includes >4,500 hours of classroom time and 1,200 - 1,500 hours of clinical experience. Standardization is achieved through licensing exams written after second and fourth years and obligatory continuing medical education credits.

NATUROPATHY

COLLABORATIVE CARE

There are over 1,800 naturopathic doctors across Canada, fifty-six of whom practice in Nova Scotia. Despite their prevalence, naturopathy is recognized as a regulated profession in only five provinces (BC, AB, SK, MB, ON) and has a protected title in NS according to the Naturopathic Doctors Act of 2008. In all other areas, patients must be encouraged to be vigilant when choosing a naturopath as it is possible for uncertified practitioners to adopt the title without risking legal repercussions. Patients may see NDs with or without a referral; it is safe to refer patients to certified NDs in Canada as they are trained to be conscientious of their scope of practice and proficient in recognizing when

referral to conventional healthcare providers may be necessary.

The majority of private insurance companies provide coverage for naturopathic care to varying extents, often with a yearly cap. If you have a patient you believe would benefit from naturopathy but for whom such care is financially out of reach, advocate for them with your community NDs, some of whom set aside time for pro bono care.

Regardless of your personal feelings toward alternative healthcare approaches, it is important to be accepting of patients who consider or actively engage in them. An openly dismissive attitude could damage your relationship with the patient and alter how forthcoming they will be with you in the future, which could adversely affect your ability to diagnose and treat them appropriately.

It is also important to be aware of any naturopathic treatments your patients are undergoing as "natural" is not synonymous with benign. Some herbals can interact with pharmaceuticals; licorice, for example, is a common component of naturopathic treatment for dyspepsia but one that has interaction potential with several pharmaceuticals including warfarin (in which it increases metabolism and thereby decreases effectiveness).

A hurdle for NDs in Nova Scotia is that as an unregistered profession, they are unable to requisition blood work; instead, patients must be directed to go to make an appointment with their physician to request certain tests. This extra step can delay care and waste resources if such testing has recently been performed. With your patients' written permission, sharing of blood work results with their ND or issuing of requisitions without an appointment can smooth out the process considerably.

MIDWIFERY

WHAT IS A MIDWIFE?

Midwives are health professionals who provide primary care to women and babies during pregnancy, birth, and up to six weeks postpartum. They offer all necessary medical care to women with low risk pregnancies including prenatal checkups and physical exams, screening or diagnostic testing, and the conduct oF normal vaginal deliveries in home or hospital. It is not necessarily for their patients to also see a family physician or obstetrician for maternity care; however midwives do work collaboratively with these professionals and are proficient in risk assessment and identification of abnormalities which require consultation or referral.

HISTORY

The practice of midwifery was born of necessity and has almost certainly existed since the origin of our species, but mostly without the formality of title or recognition. Traditions of supporting women through childbirth varied between societies and over time, but often involved enlisting the support of women in the community who were experienced in labour and delivery; these women were midwives.

With the rapid progression of western medical advancements that moved the majority of births from home to hospital, combined with the insurmountable barriers preventing women from entering medical schools, midwifery was officially outlawed in Canada in 1900. Lay midwives continued to practice, particularly in rural or impoverished areas, but nearly disappeared by the 1950's. It was not until the '90s that in response to patient demand and lobbying, some Canadian provinces reintroduced midwifery as a registered profession. Midwifery remains unregulated in Prince Edward Island and the Yukon and most recently became a registered profession in New Brunswick and Newfoundland and Labrador, both in 2010.

PHILOSOPHY OF CARE

Central to the practice of midwifery is an understanding of birth as a natural, healthy process and recognizing it as an event with profound meaning in women's lives. Midwifery care encourages women's confidence in their own abilities with physical and emotional support to the extent that the patient desires it. This approach emphasizes the importance of a positive birth experience for the patient in addition to the outcomes targeted by the conventional system: physical health of mother and infant.

OUTCOMES: MIDWIVES VS. PHYSICIANS

"A 2007 British Columbia study of low-risk, hospital births found similar rates of neonatal morbidity and significantly lower rates of obstetrics interventions (caesarean section, narcotic analgesia, electronic fetal monitoring, amniotomy, episiotomy) in births attended by midwives versus physicians."[7]

MIDWIFERY

The Canadian Association of Midwives asserts that midwifery care should be accessible to all Canadian women, and outlines three pillars fundamental to their model:

Continuity of care through pregnancy, birth and postpartum facilitates development of a trusting relationship between midwives and their patients. With the profound effect stress and anxiety has been found to have on the progression of labour,[6] they recognize the importance of labour and delivery care being provided by a practitioner that is known to the woman, and midwifery practices are strategically structured to achieve this.

Informed choice is vital to patient-centred care and midwives strive to present all current evidence-based recommendations in a non-directive manner during appointments designed to be of adequate length for discussion and education.

Choice of birthplace is a concept both unique and fundamental to midwifery; it continues the theme of informed choice by respecting a woman's right to choose the setting of birth. Midwives maintain the competency to provide intrapartum care in home or hospital (note that the delivery portion of home births in most Canadian provinces must be attended by two midwives – one for each mother and infant).

Midwifery's faith in the body's capacity to handle the natural process of birth is reflected in its outcomes. A 2007 British Columbia study of low-risk, hospital births found similar rates of neonatal morbidity and significantly lower rates of obstetrics interventions (caesarean section, narcotic analgesia, electronic fetal monitoring, amniotomy, episiotomy) in births attended by midwives versus physicians.[7]

MIDWIFERY

TRAINING

In Canada, midwifery is a four year baccalaureate of health sciences program currently offered in four provinces. Training involves classroom study of topics ranging from physiology to pharmacology and lactation consultation in addition to intensive clinical practicum experience. Given the limited and competitive enrolment in Canadian programs, many students have prior post-secondary education and/or work experience before beginning their midwifery training.

Formal midwifery education in Canada began relatively recently in 1993, and as a result, many current midwives were educated abroad (in Europe, for example, where in many areas midwifery is offered as a complement to nursing). Regardless of location of education, all registered midwives practicing in Canada must successfully undergo standardized assessments.

COLLABORATIVE CARE

Intrinsic to midwifery care is the need to work collaboratively with multidisciplinary teams which may include family physicians, obstetricians, neonatologists, paediatricians, public health nurses, pharmacists, EHS personnel, social workers, etc. It is important for physicians to work collaboratively with patients' midwives, but to share patient information wisely by clearly establishing with the patient whether they would prefer components of their health record to remain confidential.

It is important to make patients aware of all of their options in terms of maternity care. This is particularly relevant in Nova Scotia where midwifery as a registered profession is relatively young (2006) and patients may not be aware that they have access to such care. Or perhaps they do not... Of the 1,100 registered midwives in Canada in August 2012, only six were employed by the province of NS, despite a government-commissioned report in July 2011 recommending the hire of 20 full time midwives by 2017.[8] Midwives generally follow around forty patients per year, so demand far exceeds supply in NS, resulting in waitlists and "eligibility criteria" which is quite contrary to the spirit of midwifery (that every woman deserves access to the type of maternity care provider she desires).

Perhaps the most impactful way physicians can collaborative with midwives at this time in the context of NS is to lobby for increased access to midwifery care and to increase awareness of the situation among patient populations. In Ontario as a contrasting example, midwifery has been legislated since 1994 and as many as 25,000 of the 142,000 yearly deliveries are attended by midwives.[9] Not only does midwifery care offer improved birth outcomes[7,10] but it is at a decreased cost, thereby contributing to a sustainable healthcare system.[11]

ACUPUNCTURE

WHAT IS ACUPUNCTURE?

Although often included with a number of practices under the umbrella term "Traditional Chinese Medicine," this chapter focuses solely on the practice of acupuncture. It involves the insertion of very fine needles into the skin at specific points on the body with the goal of achieving a therapeutic effect, which can include reduction of pain or improvement of function, mood, or energy.

Practitioners have an understanding of the body that is based on the flow of Qi (or energy) along meridian lines, which were mapped with reference to major organs millennia ago. Acupuncturists believe that a blockage, insufficiency, excess, or inversion of the flow of Qi can account for a body's disease state or susceptibility to illness. Treatment is individualized to the patient based on the complaint and desired outcome. Needles are used to restore balance of Qi and their effective placement in "acupoints" is dependent on knowledge of the meridians and anatomical landmarks.

You may have heard of the yin-yang relationship which refers to the balance of Qi that acupuncture aims to restore, but are likely more comfortable with a conceptually related western term: homeostasis.

HISTORY

Originating in China approximately 2500 years ago, acupuncture spread to neighbouring regions – by today's borders: Japan, Korea, and Vietnam – by 500 CE and to Europe during the 16th century. In France, for example, the practice of acupuncture dates back two hundred years. The practice was introduced in Canada with the arrival of Chinese immigrants, but remained primarily within these communities for decades before catching the attention of the public.

Given its ancient roots, it is understandable that the development of acupuncture was not based on science. In fact, it was not until the mid-twentieth century when western medicine turned its attention to acupuncture that formal research was pursued. In the words of Dr. Xin Lu, a Bedford-based practitioner, " We know it works – we just didn't know why."

Although modern medicine has refused to embrace the concept of Qi flowing through meridians, a body of literature has developed that supports a neurological model, based on evidence of nerve stimulation, altered brain function, endorphin release, and pain inhibition mechanisms.[12]

ACUPUNCTURE

The American National Institute of Health states that acupuncture may be useful for complementary or alternative treatment in patients carpal tunnel syndrome, stroke, addiction, asthma, and chemotherapy-induced nausea and vomiting. The World Health Organization recognizes its use in the treatment of digestive and respiratory problems, addiction, insomnia, depression and anxiety. A Canadian example is the employment of acupuncture for patients with chronic pain since 2000 in the Wasser Pain Management Centre of Toronto's Mount Sinai Hospital.

PHILOSOPHY OF CARE

The driving notion behind acupuncture is one of balance, which comes from Taoist philosophy. In nature and therefore the human body, it is believed that there is a flow of energy (Qi), which must be sufficient, free-flowing and balanced to maintain health. Early practitioners of traditional Chinese medicine mapped the flow of Qi within the body to lines called meridians, the location of which is related to the internal organs.

Prior to treatment, acupuncturists elicit a highly comprehensive patient history so they may have a holistic understanding of the imbalance causing symptoms and design appropriate treatment. An important principle in the practice of acupuncture is to treat the root cause or underlying disorder, rather than symptoms.

TRAINING

There are several colleges of acupuncture in Canada in addition to diploma and certificate programs. There is a lack of standardization in terms of education; training can vary significantly from formal study to pure apprenticeship and many acupuncturists were educated abroad. This issue is compounded by the lack of regulation of the profession – acupuncture is registered in only BC, AB, QC and ON (Ontario only as of April 1, 2013). It is important to advise patients of the situation and encourage vigilance in selecting a practitioner.

To make matters more complicated, coverage is provided only by private insurance companies (except in BC) and limited to selected practitioners based on the association to which they belong.

COLLABORATIVE CARE

Interestingly, Canadian physicians are permitted to include acupuncture in their scope of practice, however certain provinces require specific training. Quebec, for example, permits physicians to practice acupuncture after three hundred hours of training. It is important to note that although certain providers may practice acupuncture, the title "acupuncturist" is protected in some provinces and only legally used by those who are licensed through the provincial regulatory body.

As practitioners of evidence based medicine, physicians can feel comfortable referring patients to acupuncturists for treatments that have proven effective in the literature. Even without proven evidence of efficacy, the safety of acupuncture is rarely disputed and therefore – with full disclosure of the extent of one's knowledge – physicians need not harbour reservations about such a referral if it were requested by the patient. That said, you may wish to advise patients that they do not actually require a physician referral to see an acupuncturist.

If you do choose to make referrals for acupuncture, it is important to seek out well educated, experienced practitioners – which may be more difficult in NS than some other provinces, given the absence of regulation.

DOULAS

WHAT IS A DOULA?

Doulas offer a unique service that complements standard healthcare by supporting women before, during, and after childbirth. Their support is physical, emotional and informational – but not clinical. For example, doulas inform women about the choices they may encounter when delivering in hospital but are very careful to avoid advising one way or another.

Doulas meet their clients 4-10 weeks prior to their EDC to help them prepare for the birth; they are present for the full duration of labour and delivery and stay at least until the infant has had its first successful feeding. Doulas are also trained in breastfeeding support and identifying signs of mental health changes postpartum.

Unlike most clinical staff, doulas are guaranteed to attend to their own patients, regardless of when the birth takes place – yes, that means 24 hour call when waiting for labour to begin – and care is continuous throughout labour whether the birth is five hours or forty.

Doulas are educated on the physiology of labour and trained in supporting women to cope using breathing techniques, positioning, visualisation, acupressure, massage and more. Although available to everyone, doulas are often sought for their experience and expertise by women seeking an unmedicated labour and delivery.

HISTORY

Over the first half of the twentieth century, the majority of births taking place in North America moved from the home to hospital.

DOULAS

With increasing availability and advancements of obstetrical care, interventions increased as well and by the 1980's, many women were concerned about the inflated caesarean rate. Patients began to enlist trusted individuals to attend their births and act as advocates to help them avoid unnecessary procedures.[13] Although today's doulas still act as advocates for women, their scope of practice and support has expanded significantly.

PHILOSOPHY OF CARE

Doulas assert that every pregnant woman deserves access to a doula or equivalent support – that is, continuous care during labour and delivery by a provider with whom the woman has an established relationship. Patient autonomy is foremost in this process, so doulas work to ensure decision making is informed and act as advocates for patient's choices.

TRAINING

Because it is not a registered profession in Nova Scotia, anyone may legally identify as a doula so individuals should remain conscientious with regard to whom they hire, their training or experience, and their references. The largest organization to operate training and certification programs is called Doulas of North America (DONA); however it is important to realize that there remains a lack of standardization so it is possible for "uncertified" doulas to be more qualified or experienced than those who are certified by an organization.

COLLABORATIVE CARE

In most hospitals today, support for labouring women is generally delivered by nurses; however between short staffing and the ongoing charting and monitoring that are required of them, there is little time for emotional and physical support. Support from family and friends is crucial but an additional caregiver with experience supporting labouring women can be very helpful. These factors, in addition to concerns over high intervention rates, are often what drives women to seek out birth doulas.[14]

Doulas can be particularly helpful to patients who are single or teen mothers, new immigrants, individuals of low socioeconomic status or those without a well established support network. In the Halifax Regional Municipality, the Chebucto Family Centre runs a program that provides volunteer doulas free of charge with a mandate that focuses on serving the aforementioned populations. (Their doulas receive 30 hours of instruction by a DONA certified trainer and 12-24 hours at the IWK birth unit.)

Doulas also have a unique awareness of relevant resources in the community and can act as a bridge between patients and supports that may make a huge difference to their transition to life with a new family member.

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