



25 November 2016
RFM Hospital and Siphile
Manzini
Swaziland

The Compassionate Birth Project

**19 Alma Rd Rosebank
Cape Town, Western Cape, 7700
South Africa**

**P.O. Box 49, Rondebosch
Cape Town, Western Cape, 7701
South Africa**

T+27 (0) 76 888 6551

info@compassionatebirthproject.com
www.compassionatebirthproject.com

To Whom It May Concern,

**REPORT - COMPASSIONATE BIRTH PROJECT DOULA
TRAINING with MENTOR MOTHERS FROM SIPHILILE, RFM
HOSPITAL, MANZINI, SWAZILAND, 21 - 25 November 2016**

Doula trainer from the Compassionate Birth Project (CBP), Ruth Ehrhardt has collaborated with mentor mothers from Siphilile and staff members from the RFM hospital to train doulas to assist and support mothers in labour and giving birth at the hospital's maternity section.

Women in labour are extremely vulnerable. At present, many women fear birthing at the hospital due to negative stories they have heard from friends and family members. Despite this, the hospital has the highest birth rate in the country with a birth happening approximately every hour. Staff appear to be overworked and dealing with a high caseload and have little time to deal with the emotional support women need in labour. Women in early labour are forced to wait outside due to a lack of room and bed access. The two times I visited the labour ward during my short time at the hospital, between 5 - 10 women were outside the labour ward in early labour waiting to be admitted.

Doulas are professional birth support companions who provide stability, encouragement, birth knowledge and wisdom, comfort and love to women who are pregnant, labouring and giving birth.

The Siphilile student doulas have thus far completed a 5 day intensive training with the Compassionate Birth Project in November 2016.



During the 5 day training the students have:

- participated in discussions around the needs of pregnant and labouring women and explored the needs specific to the women in their communities
- Learned techniques for relaxation for themselves as well as the mothers they will be serving
- Learned and discussed the role and scope of practice of the doula
- Learned basic listening and counselling skills
- Learned about the basic physiological needs of women in labour
- Learned about the hormone oxytocin, the hormone of love, and the environmental factors that affect it
- Learned about the use and effect of positive, affirmative language when working with pregnant and labouring women
- Addressed teenage pregnancy and how best to support it
- Learned basic massage skills for early and active labour
- Learned about the various stages of labour and how to best support a mother through them
- Learned about optimal positions for labour and birth
- Watched a film on water birth
- Learned about the benefits of delayed cord clamping
- Been on a tour of the labour ward. (I was amazed to see how the student doulas immediately and effectively started putting to use the few skills they had already learned to support the mothers in early labour waiting outside.)
- Worked out (after a visit and tour of the labour ward) how best they could serve and fill the gap needed in this ward.

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- Learned and worked out a plan of how to best work with, support and collaborate with the staff at the hospital
- Explored self care and ways to support one another as doulas (debriefing, peer reviews)
- Learned about Universal Precautions for doulas
- Learned about Women's Rights in Childbirth and were taken through the 10 steps of the International MotherBaby Childbirth Initiative
- Role played various birthing scenarios to prepare them for the variations of labour support that could take place
- Learned how to support mothers during difficult births and outcomes
- Explored and discussed 'birth first aid' - ways to assist and help during birth emergencies
- Discussed ways to best support mothers after giving birth

To qualify as doulas the students are expected to each attend 4 births under supervision of RFM staff before receiving their doula certification. They have been issued with the necessary paperwork that should be completed by the students and signed by a staff member. A breastfeeding course is also essential and as Siphilile mentor mothers, they are already providing this support to mothers post partum. It is also highly recommended that the student and newly qualified doulas meet regularly (once a month is recommended) to debrief and support one another. A whatsapp group for the doulas will also be established where they can discuss and support. I, Ruth Ehrhardt, will also be available via email and whatsapp for reasonable support and discussion. They have been issued with learner manuals, a copy of The Basic Needs of a Woman in Labour and a copy of The Mama Bamba Way for all to share. They have been instructed to each purchase a book on pregnancy, birth and breastfeeding as a resource for themselves as well as the mothers they serve.

The plan, at present, for the CBP/Siphilile doulas, once qualified, will be to work, two at a time, on a volunteer basis at the labour ward, supporting the women who come to birth at the facility. The doulas hope



to allay the fears many women feel about the hospital and wish to be a bridge and safe haven for the women entering the facility.

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I would recommend that the two nursing staff members (Simelo Ernest Simelane and Prisca Akhuna Amaechi) who attended the course (and I have discussed it with them), that they act as a bridge and support for the new doulas to the maternity ward. I would appreciate and recommend that they present their experience of the course and the roles the doulas will fill in the maternity ward. I would also appreciate and recommend that the doulas' first birth attendance be assisted by these two staff members who will be familiar to the doulas and be able to guide and assist as best as possible. The student doulas will also need assistance in filling out their necessary paperwork.

I have for the past five days, worked with 12 mothers from Siphilile and two staff members from RFM labour ward and have thoroughly enjoyed my time with them. We have, together, explored the needs and best ways to serve the women coming to birth at RFM. I am proud and confident that these women will make a positive difference.

I suggest and recommend a refresher course in one year's time to fill refresh as well as to fill any gaps that the doulas, the staff or the hospital may have observed during this time period.

Should you have any further enquiries in this regard, please do not hesitate to contact us.

Kind Regards,

Ruth Ehrhardt

Certified Professional Midwife and Doula

Co-Director of the Compassionate Birth Project SMO - Administration

Dr Raymond Bitchong

on behalf of RFM