



e-Journal of Media & Society

THE RELEVANCE OF DOULA IN MALAYSIA

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ABSTRACT

Doula is a trained professional who provides continuous physical, emotional and informational support to a mother before, during and shortly after the childbirth to help her achieve the healthiest and most satisfying experience possible. This study is done in order to find the relevance of doula in Malaysia. This study involves 280 respondents and a structured questionnaire was used for data collection. All variables were measured through scales previously used by other researchers. The study indicated that for the level of people acceptance towards doula in Malaysia is low ($M=2.41$). This goes the same with the level of the credibility of doula in Malaysia, the study indicated that it is low ($M=2.33$). Overall, doula service is still not relevant to be practised in Malaysia ($M=2.37$).

Keywords: doula, Malaysia, relevance, credibility

INTRODUCTION

Doula (also known as a birth companion, birth coach or post-birth supporter) is a non-medical companion who supports women in labour by providing continuous care before, during and after childbirth in the form of information, physical support and emotional support. They also may provide support to the partner and family. According to Merriam-Webster, doula is a person trained to provide advice, information, emotional support and physical comfort to a mother before, during and just after childbirth. The term doula in medical world is defined as a non-medical assistant in childbirth (Shiel, 2018). A doula is not the father but is usually a woman who is experienced in childbirth. Also known as a birth assistant, birth companion, childbirth assistant, or labour support professional. According to Gaither (2019), basically there are three types of doulas which are labour or birth doulas who provide continuous care during labour, antepartum doulas who support women who are put on bed rest to prevent preterm labour which they help with household tasks and childcare and postpartum doulas who support the new mom during the first few weeks after birth. They help with care and feeding of the baby and household tasks.

The term “doula” was developed in the 1960s to describe the comforting presence of a friend during labour. Doula has been used since the Greeks in ancient times but during that time they were servants and not professionals. In modern times, it has been widely spread of doulas service in all over the world. The clinical studies that have been carried out by the scientists and the specialists in medicine field trigger the doula service to become popular. The demand for medical intervention during labour has reduced by the presence of a doula as well as an increasing rate of success for breastfeeding during the first few days after birth (Historical Origins of the Doula, 2016). Since the 1980s, doulas have been widely used to provide effective labour support. The duties of a doula began to differentiate when their roles began to expand.. Birth doulas, also known as labour doulas provide support mainly during labour. They educate the mother on the most effective labour positions, main management techniques such as breathing exercises, and medical/non-medical options that can be used during delivery. The companionship and emotional support also been provided by the doulas.

Initially, there were no requirements to become a doula. The first official doula certification program to be created was called Doulas of North America or DONA (Historical Origins of the Doula, 2016). DONA requires a trainee to attend in-person classes, 3 day training workshop, complete a list of required readings and assist in childbirths to gain

experience in order to receive a doula certification. As the success of DONA grew, many other doula certification organizations were founded. These organizations include CAPPA, Childbirth International, and Birthwise. Historically, doulas have been a non-medical profession, meaning that they cannot perform medical tests or make medical diagnoses. Those roles are delegated to doctors, nurses, and midwives. However, doulas are trained to recognize symptoms, such as postpartum mood disorders, and to contact the appropriate medical authorities. The education that doulas provide to their clients originates from rigorous clinical studies which have been performed, peer reviewed, and published in esteemed medical journals.

Historically, doulas have been a non-medical profession, or in other word all the medical tests and medical diagnoses cannot be performed by doulas. Those jobs are only assigned for doctors, nurses, and midwives. However, doulas are trained to notice symptoms, such as postpartum mood disorders, and to contact the appropriate medical authorities. There are a number of clinical studies which have been performed, peer reviewed and published in verified medical journals have been used as the source and reference for the doulas.

Doula is totally different with midwife. According to Merriam-Webster, midwife is defined as a person who assists women in childbirth. Midwife is specialist in normal pregnancy and birth. Their role is to look after a pregnant women and her baby throughout a phase of antenatal care, during labour and birth and for up to 28 days after the baby has been born (Maria,2016). They provide all necessary professional care and services during normal pregnancy and childbirth. That is the difference between doula and midwife. Doula only provides emotional and physical support to the women in labour during the pregnancy and childbirth and they are not medical professionals. They don't deliver babies or provide medical care as what midwife did.

Doulas service is available in many countries in the world including Malaysia. Unfortunately the doulas in Malaysia do not have any organization that controls their activity. Majority of doulas in Malaysia do not have certificate and knowledge about what they do. Doulas in Malaysia also are unverified by the Ministry of Health (MOH). In addition, doulas in Malaysia have overstepped their boundaries. They are giving medical advice to the extent that they are seen as an alternative to medical care. In some cases, there are also doulas in Malaysia act as a doctor or midwife by delivering babies which they actually not allowed to do so.

PROBLEM STATEMENT

The doula culture is very popular among the westerners, but in Malaysia it still not widely exposed. According to Prof Dr Harlina Halizah Siraj@Ramli (2019), the doula in Malaysia mostly are putting a risk to the mother and also the babies because of the doula admit that they are a good doula but the truth is they only have a day's training. This can be an issue too due to the lack of special body that can help monitoring and supervising the doula activities. Even though there are no widely report about the doula, their existence are now has been exposed due to the deaths cases that involving the mother and babies while doing a home birth that are under the doula's supervision. She also added that some of the doula have been acting over the boundaries and have taken over the midwives' and doctors' roles. Recently, TV AlHijrah have invited Dr Imelda and a freelance doula, Hayati Muzaffar to their show to talk about "Doula: mother's accompany or doctor's replacement". According to what have been shared by Dr Imelda (*Sebelum Live TV AlHijrah Untuk Topik Doula. Dr Emelda Terima Sesuatu Dari Wanita Ini Yang Buat Dia Hampir Menangis*. 2019), before the show started there was a woman come to her and tell about her friend that have been dead all alone with the doula itself without being supervise by any expertise on delivering baby. This doula admits that she has a certification on that field and claim that all of the human birth is a physiology process. This shows that doula is not a suitable or a safe way to be taken to deliver a baby.

Due to the invitation of a freelance doula, Hayati Muzaffar to TV AlHijrah, many people feel uneasy about the statement that been said by her including people from neighbor country. This is because she did say that she got her training on assisting birth in home from a doctor in Indonesia. According to the President of Toxinology Society of Indonesia, Dr Tri Maharani (2019), she strongly denied Hayati Muzaffar or known as Kak Yat's statement. She said that it is not true because she is really sure that there is none of the emergency expertise would do that. She also added that she was shocked when there was an emergency expertise been drag into that assumption and for sure they did not agree about it because Indonesia itself did not verified doula service in that country. Datuk Dr Noor Hisham Abdullah (2019), General Director of Health said that even though the rate of safe birth in Malaysia are 98 percent since 2009, lately the unsaved birth rate become even more worrying. As in Johor, there is a worrying pattern of unsaved birth that is related about 'pro-natural birthing' or 'gentle birthing' that been moved by individual or group that known as doula. Throughout the past year, there are 58 cases

that been registered as the unsaved birth with the 5 from it are home birth which is related to doula in Johor.

RESEARCH QUESTIONS

RQ 1: What is the level of people acceptance towards doula in Malaysia?

RQ 2: What is the level of credibility of doula in Malaysia?

RESEARCH OBJECTIVES

RO 1: To identify the level of people acceptance towards doula in Malaysia.

RO 2: To identify the level of credibility of doula in Malaysia.

RISE OF UNSAFE BIRTH

Lately, there are a worrying pattern when there is a rise of unsafe birth that related to the advocation of 'pro-natural birthing' or 'general birthing' that been moved by individual or group that known as doula in Johor. Throughout last year, there are 58 cases that been registered as unsafe birth and 5 of them are homebirth that involving the doula service. Even more worrying is two of the cases is a high risk case that need to birth in the hospital, but they choose to do it at home after been seduce by certain people (Noor Hisham, 2019). There is a case of bleeding that lead to death. Obstacle that been faced by doctors and nurses in handling this kind is case are that the people dos not care about all the advice been given by the hospital. They only care about what they want which is 'fighting' without think about the risk of death that could happen (Suhazeli, 2018).

Doula also suggesting homebirth without the supervision of trained medical expert. This is actually the process of unsafe birth that laed to many cases of death and worse compilation during the unsafe birth process. Whatever name that they used to make it legal is actually to denied the method that we already have now in a certificate health premise (Suhazeli, 2018).

UNCERTIFIED DOULA

The doula teaching is more to avoiding the hospital, not to use the service of expertise, did not take vaccine and any other dangerous way. Also, most of the doula supporters are herbal medicine seller that not been certificated (Suhazeli, 2018).

Unfortunately, in Malaysia the person who called themselves as doula is attending uncertified class and learning solely through Google. They are untrained until they can seduce the pregnant mother to not going to the hospital. (Noor Hisham, 2019)

Actually, the doula in Malaysia got nomedical knowledge and just being guide by their own experience of giving birth compare to the doula from overseas that follow the nursing course or the basic medication. (Mohd Syamirulah, 2018)

TAKE DOCTOR'S ROLE

It is hard to believe that a lot of people trust the doula fully until they are willing to take the risk of giving birth alone without the supervision of certificate person. Even worse, there are some of the doulas that are spreading the propaganda like delayed the cut of umbilical cord for hours, do not take the placenta immediately and do not give immune to the babies. (Norhafzan, 2018)

The doula give conditions such as they want the birth happen in a natural way, no disruption of birthing equipment, none of the hospital's medicine been given, to episiotomy cut, just woman nurse allowed, umbilical cord are not been cut, no vaccine and vitamin K, and other conditions more (Suhazeli, 2018).

The doula said that giving birth is a natural process so the mother does not need to be so dependent on drugs in order to endure it and our body had been created can handle for giving birth (Zaidi, 2017).

RESEARCH METHODOLOGY

This study employed the quantitative study approach (explanatory study) to identify the level of credibility of our traditional local newspaper. According to Abdul Rauf Ridzuan et al., (2015), for sampling, by referring to Raosoft sample size calculator, 32 million populations in Malaysia can be equal to 280 sample of respondents by keeping the margin of error as 5.86%, confidence interval as 95% and response distribution as 50%. The study involving 280

respondents and a structured questionnaire was used for data collection. The data was collected through a survey questionnaire made with Google forms. The method used to distribute the questionnaire is through social media such as *Whatsapp messenger, Facebook and Instagram*. A Likert scale was used for the respondents to answer questions relating to the credibility of our traditional local newspaper and the people acceptance towards it (Ridzuan, Ridzuan and Ridzuan, 2018).

RESULTS AND DISCUSSIONS

a) Demographic

The profile of the sample is discussed in terms of six demographic characteristics: sex, ethnic, age, education, occupation and living place.

Table 1: Demographic

Profile	Frequency	Percentage (%)
Sex		
Male	86	30.71
Female	194	69.29
Ethnic		
Malay	258	92.14
Chinese	10	3.57
Indian	9	3.21
Semai	1	0.36
Bidayuh	1	0.36
Kadazan	1	0.36
Age		
18 and below	9	3.21
19-24	194	69.29
25-30	14	5.00
31-36	17	6.07
37-42	13	4.64
43 and above	33	11.79
Education		
SPM	26	9.28
Diploma	71	25.36
Matriculation/ Foundation	10	3.57

STPM	19	6.79
Bachelor Degree	139	49.64
Master/ PHD	15	5.36
Occupation		
Government Sector	32	11.43
Private Sector	50	17.86
Student	176	62.86
Unemployed	22	7.85
Living place		
Urban	152	54.29
Suburban	80	28.57
Rural	48	17.14

Table 1 shows the profile of respondents from Malaysia. Based from the findings, most of the respondents who are answered the questionnaire are female (69.29%), Malay ethnic (92.14%), aged between 19- 24 (69.29%), degree holders (49.64%) and students (62.86%).. Most of the respondents are living in urban area (54.29%).

b) Doula issues in Malaysia

Table 2: Doula issues in Malaysia

Issues	Frequency	Percentage (%)
Do you support doula service?		
Yes	149	53.21
No	131	46.79
Do you know that doula is different from midwives?		
Yes	160	57.14
No	120	42.86
Have you or your family members use doula service before?		
Yes	44	15.71
No	236	84.29
Do you think doula service is relevant in Malaysia?		
Yes	139	49.64
No	141	50.36
Have you ever heard any issues regarding doula in Malaysia?		
Yes	159	56.79
No	121	43.21

Do you encourage your friends and family to get doula services?

Yes	123	43.93
No	157	56.07

Table 2 shows about doula issues in Malaysia and as a result, most of the respondents support doula service (53.21%). The respondents also aware that doula is different from midwives (57.14%) and 84.29% of the respondents or their family members have never use doula service before. The respondents also think that doula service is relevant to be practiced in Malaysia (50.36%). Most of the respondents have heard the issues regarding doula in Malaysia (56.79%) and they do not encourage their friends and family to get doula services (56.07%).

c) People acceptance towards doula in Malaysia

Table 3: People acceptance towards doula in Malaysia

Acceptance	Mean
I support the use of doula service to get comfort with pain relief techniques during delivery (breathing techniques, relaxation techniques, massage, labouring positions)	2.58
I believe that doula can help lowering the risk of the mother to get postpartum depression (meroyan).	2.55
I believe that doula can support the mother emotionally throughout the pregnancy and delivery.	2.51
I believe that doula should be recognized by government.	2.51
I think that Health Ministry should not stop the service of doula in Malaysia.	2.48
I believe that doula can help reduce the burden of husbands in assisting their wives.	2.44
I believe that doula is relevant in rural and urban area.	2.34
I prefer to be accompanied by doula during my/my wife childbirth.	2.30

I support that doula can come from men and women who never gave birth themselves.	2.20
I do not mind to spend extra money to get doula service.	2.14
Overall	2.41

Based from the Table 3, majority of respondents support the use of doula service to get comfort with pain relief techniques during delivery such as breathing techniques, relaxation techniques, massage and labouring positions (M=2.58). This finding is supported with other studies that show having a doula present at birth shortens first-time labour by an average two hours, decreases the chance of caesarean section by 50% and reduces the use of epidurals by 60% (Leong, 2010). According to Professor Dr Imelda Balchin of the Department of Obstetrics and Gynaecology at University Malaya Medical Centre, doulas can provide emotional support to expectant mothers, such as motivating them not to fear labour, teaching them how to handle the pain and overcome anxiety (Meera, 2017). Many respondents also believe that doula can help lowering the risk of the mother to get postpartum depression or widely known in Malaysia as *meroyan* (M=2.55). However, Suryani Zakaria who provides postnatal massage to new mothers said even though one of her customers showed a few symptoms of postpartum depression, her husband did not bring her to the hospital as their doula prevented him from doing so (Sofea, 2019). Overall, the level of people acceptance towards doula in Malaysia is low (M=2.41). This finding is supported by a statement by Datuk Seri Dr S. Subramaniam ex Minister of Health that said doulas can continue accompanying expecting mothers during childbirth as long as the service did not contravene the ministry's policy to ensure safe birth. (Bernama, 2018). Despite that, Dr. Muhammad Izzat Abdul Razak (2019) said that today, there are still many women who are interested in giving birth at home even though they have formal education background as one of the reasons they decide to do so is they want to avoid procedures that are assumed as unnecessary such as the use of vacuum and forceps or giving birth through caesarean.

d) Credibility of doula in Malaysia**Table 4: Credibility of doula in Malaysia**

Credibility	Mean
I believe that doulas in Malaysia have a basic knowledge of labour and delivery.	2.39
I believe that doulas in Malaysia have helped many partners during the pregnancy phase, delivery process and afterbirth.	2.39
I believe that doulas in Malaysia do not deliver babies, replace a doctor or a midwife, or play the role of a nurse.	2.38
I believe that there is an association formed in Malaysia to monitor the local doulas activities.	2.36
I believe that doulas in Malaysia do not violate the boundaries of their scope of practice. For example, they do not give medical advice or diagnose conditions as it is doctors' role.	2.35
I trust that the advice and tips given by doulas in Malaysia are effective.	2.35
I believe that doulas in Malaysia do not pressure the birthing person into certain choices just because that is what they prefer.	2.31
I believe that doulas in Malaysia are affiliated with physicians, so they know how the doctor likes to do things.	2.28
I believe that doulas in Malaysia follow the international guidelines in assisting the mothers.	2.25
I believe that doulas in Malaysia are professional trained and tested.	2.23
Overall	2.33

Based from Table 4, majority of the respondents do not believe that doula in Malaysia have a basic knowledge of labour and delivery (M=2.39). This finding is supported with the action of a Malaysian doula that left the umbilical cord uncut from the baby after childbirth so, the

baby was left attached to the placenta until the cord naturally separates at the umbilicus where according to Dr. Muhammad Izzat Abdul Razak, the action is highly risk for infection (Sofea, 2019). According to Health Ministry director-general Datuk Dr Noor Hisham Abdullah, the delivery of the baby who died after undergoing an unsafe delivery in February last year was assisted by a non-healthcare professional who is also not accredited to handle childbirth (Doula cannot replace trained personnel in childbirths, 2018). Most of the respondents also believe Malaysian doula have not helped many partners during the pregnancy phase, delivery process and afterbirth (M=2.39). According to Aliza (2018), the Health Ministry is concerned over the possible spike in cases of babies dying during delivery as more Malaysians are choosing services of doulas over those offered by midwives or doctors as the ministry has recorded at least five deaths involving either the mother or her new born, linked to doulas. Overall, the credibility of doula in Malaysia is low (M=2.33). This finding is supported with Dr Muhammad Izzat Abdul Razak statement that stated Malaysian doula attend online course that is not verified by the Ministry of Health (Sofea, 2019) and according to Prof. Dr. Harlina Halizah Siraj @ Ramli, Professor of Gynaecology and Medical Education (Clinical Teaching) Faculty of Medicine, Universiti Kebangsaan Malaysia, in Malaysia, the most worrying thing is there is no special body monitoring the doula activity and anyone can admit they are doula with just a day training which creates a risk that can endanger the life of the mother and the baby who will be born (*Doula disaran tubuh organisasi yang diiktiraf pakar jika mahu jadi peneman ibu*, 2019).

CONCLUSION

Table 5: Descriptive statistics of the relevance of doula in Malaysia

Constructs	N	Mean
People acceptance towards doula in Malaysia	280	2.41
Credibility of doula in Malaysia	280	2.33
Overall		2.37

Table 5 showed the mean score achieved for all respondents on this dimension is 2.37. It shows the level of doula relevance in Malaysia is low. The highest mean is people acceptance towards doula in Malaysia (M=2.41) and followed by credibility of doula in Malaysia (M=2.33). This shows that doula is still not relevant to be practiced in Malaysia. This finding is supported with a statement from Prof Dr Harlina Halizah that said the doula community in the country is urged to operate under a recognised organisation so that they are qualified to become birthing companions (Siti, 2019). According to Ministry of Health, doula practice in this country is more extreme than other countries as they advise the pregnant mother to give birth at home, without considering the risk that the mother may face (*Doula di Malaysia lebih ekstrem*, 2018). Datuk Seri Dr Dzulkefly Ahmad said doula as individuals, groups or organisations have to come forward for engagement sessions with Ministry of Health, to promote good practice and avoid harm because if we really want to have doula services, it must be done with responsibility, must have standard operating procedures (SOPs), and its own requirements (Bernama, 2019).

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