Doula Collaboration Policy

POLICY

Birthing patients may choose to hire a doula to support them during labor. Doulas are permitted in the delivery room in addition to the two visitors. Strong evidence shows that doula support can lead to positive maternal and neonatal outcomes and increased patient satisfaction and patient awareness, as outlined below. Doulas should be integrated as part of the patient care team in an environment that is equitable and respectful for all.

Why doulas?

Nebraska mirrors the United States in its racial inequities in rates of infant mortality, maternal mortality, and severe maternal morbidity. Racial inequities are also documented in other birth outcomes that affect the lives of mothers and their babies, including breastfeeding initiation and duration, preterm birth, Cesarean birth, and low birthweight. These differences are inequitable, which means that they are unfair, unacceptable, and often avoidable.

One promising strategy for improving birth outcomes is the support of a doula. A doula is a trained childbirth professional who provides non-medical physical, emotional, and informational support to clients and their families before, during, and after birth.

What a doula does:

- Offers culturally sensitive emotional and informational support to the client and her support person(s).
- Supports the client's choices surrounding the birth, regardless of the doula's personal views.
- Facilitates positive, respectful, and constructive communication between the client, the support person(s), and the medical team.
- Recognizes that the doula operates within an integrated support system, including the client's family and medical care providers, and facilitates informed, collaborative decision-making.
- Encourages the client to consult medical caregivers on any areas of medical concern. A doula
 does not speak for the client but may prompt the client to ask questions regarding her
 care/treatment.
- Offers help and guidance on comfort measures such as breathing, relaxation, movement, positioning, comforting touch, visualization, and if available, hydrotherapy and use of a birth ball or peanut ball.
- Supports and assists with initial breastfeeding during the first few hours after birth and provides postpartum support during the hospital stay.
- Adheres to patient confidentiality in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations.

What a doula does not do:

- Diagnose medical conditions or give medical advice.
- Make decisions for the client or project the doula's own values/goals onto the client.
- While in the doula role, perform clinical tasks such as vaginal exams or assessing fetal heart tones.

- Administer medications.
- Interfere with medical treatment in the event of an emergency situation.
- The doula may be present while the patient gives informed consent, but the doula may not consent on behalf of the patient. The doula is practicing in a professional role, and as such must comply with the Health Insurance Portability and Accountability Act (HIPAA).

Evidence-based benefits of a doula:

- 1. Reduced cesarean section rates
- 2. Reduced instrumental vaginal delivery
- 3. Increased spontaneous vaginal birth
- 4. Less likely to receive pain-relieving medications
- 5. Shorter duration of labor
- 6. Decreased use of epidural analgesia
- 7. Increased breastfeeding initiation and ease
- 8. Increased patient satisfaction
- 9. Less likely to have babies with low 5-minute APGAR score
- 10. Reduced incidence of postpartum depression

PROCEDURE

- 1. The medical team (nurses, midwives, providers) responsibilities include:
 - a. Asking the patient about the presence of a doula and/or birthing partner/family member.
 - b. Review the expectations with patient, partner/family and doula regarding the L&D processes, operating room guidelines and postpartum care.
 - c. Support both in-person and virtual doula involvement i.e., allowing birthing patient to connect with the doula during labor and/or delivery via personal cell phone or other device and allow use of secure public Wi-Fi networks and other reasonable accommodations.
 - d. The nurse will document the presence of a doula in EPIC.
 - e. Initially interviewing patients alone in triage with the use of interpretation services as needed.
 - f. Foster a collaborative relationship with doulas in support of the patient and their family.
 - g. Allow and support non-medical comfort techniques for labor, as stated previously, if patient's condition allows.
 - h. Facilitate patient's preference for doula's presence for continuous calming support, support during procedures, i.e., labor epidural, cesarean births under regional anesthesia at the discretion of the medical team, if there is no other support person present.
 - i. Encourage and support doula assistance with initiation of breastfeeding immediately after birth and throughout patient's hospital stay.

REFERENCES

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