



The Doula as a Support Person Policy

1. Background

A doula is a companion who understands the emotional and physical needs of a woman and her family throughout her pregnancy, labour, birth and early postnatal period, and provides continuous non-clinical support and non-clinical care for a woman throughout her whole experience. Doulas are usually engaged by women in a private fee for service arrangement. Choice of support person/s for labour, including a doula, is the woman's decision.

Doulas are not recognised health professionals and as such are unregulated. Some doulas may undertake a 'doula' course offered by an unregistered training provider. Such courses range from 2 – 6 days and focus on issues of communication and social support. The title of doula can be used by anyone.

There is sometimes a lack of understanding about the different roles of a midwife and a doula which can lead to confusion and/ or conflict for the women, the clinicians and the doula. This can be particularly apparent where the person acting as the doula may also have a midwifery qualification.

It is against the law in Western Australia for a doula to provide any clinical care during labour or birth (which may result in a \$30,000 fine).

2. Policy Statement

The WA Country Health Service (WACHS) supports a woman's choice to privately engage a doula for emotional, physical, practical and social support during labour.

This policy aims to provide clarity for midwives and obstetric doctors about the role of a doula and staff responsibilities when engaging with a woman who has employed a doula.

2.1 When a woman has engaged a doula

The midwife or obstetric doctor should document, in the medical record, a discussion which includes advice that:

- **Doulas:**
 - are not required to undergo recognised training and are not registered health professionals
 - can only provide non-clinical care and non-clinical advice (even if qualified as a midwife)
 - cannot speak or make decisions on behalf of the woman or her partner
 - are not able to be present if a caesarean section is required
- **The woman:**
 - should always consult with her midwife or doctor for any clinical concerns or symptoms

- encourage her doula to attend her antenatal appointments to reduce role confusion and promote open communication pathways
- discuss /develop her birth plan with the midwife and/or obstetric doctor by 36 weeks
- **Midwives / obstetric doctors:**
 - are to communicate directly with the woman, and her partner, for all clinical decision making
 - may restrict support people in labour to two (unless with consent of the primary midwife or doctor)
 - may at any time, if the care of the woman or other women is being compromised, ask the doula (or other support people) to leave

See the [Role of the Doula Consumer Brochure](#) for the consumer brochure to support that discussion.

2.2 Clinician responsibilities caring for women who have engaged a Doula

- The responsibility of the staff to a doula is to be the same as for any visitor.
- Midwives and Obstetric doctors should communicate and receive all clinical information directly to, or from, the woman.
- If during labour, the woman is unable to make her needs /wishes clear then communication should occur via her partner (or next of kin).
- Midwives and doctors should not communicate directly with the doula on behalf of the woman.
- The need for one-to-one midwifery care during labour should not be substituted because the woman has the support of a doula.

2.3 Escalation if conflict arises

- Clinicians should follow the WACHS [Maternity Care Clinical Conflict Escalation Pathway Policy](#).
- The midwife or obstetric doctor may direct the doula to leave (as for any other visitor causing disruption to safe, effective care. This may be escalated via the Maternity manager in hours or the After-Hours Nurse Manager (or equivalent).
- If the woman chooses care outside that recommended, then the midwife should escalate for senior midwife and/or Obstetric doctor review and a WACHS non-standard management plan sticker completed for the medical record.

3. Definitions

Doula	Untrained, unqualified non-clinical person privately engaged by a woman to provide one to one emotional and physical support to parents in pregnancy, childbirth and the post natal period.
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4. Roles and Responsibilities

- The treating clinician (midwife or Obstetric doctor) who first identified the woman has engaged a doula follows point **2.1**
- Clinicians caring for women with a doula in labour follow point **2.2**.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

Maternity managers are to monitor, investigate and escalate any:

- clinical incidents, or staff complaints, where involvement of a doula was identified as a factor
- consumer complaints or Patient Opinion stories where involvement of a doula is cited as an issue.

7. Standards

[National Safety and Quality Healthcare Standards](#) 1.7.1 and 2, 1.9, 1.18.1

[National Safety and Quality Healthcare Standards](#) 1.1b/c, 1.7a, 1.27a, 2.5a/b, 2.6, 2.7, 5.3, 5.5, 6.1, 6.11

8. Legislation

Section 123 A Health Practitioner Regulation National Law (WA) Act 2010

9. References

[Australian Doulas](#) website accessed July 2018

[Royal College of Midwives \(RCM\) Position statement on Doulas](#) (October 2017)

South Western Sydney Local Health District, Policy Directive Maternity, Labour Support for Women including Friends, Relatives, Partner and Doulas

NSW Health, Nepean Blue Mountains Local Health District, Consumer brochure – The Role of the Doula,

10. Related Document

WA Health Pregnancy, Birth and Your Baby booklet (pending soon)

11. Related Policy Documents

WACHS [Maternity Care Clinical Conflict Escalation Pathway Policy](#)

WACHS [Role of the Doula Consumer Brochure](#)

12. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

13. Appendix

[Appendix 1: Consumer brochure – Role of the doula](#)

This document can be made available in alternative formats on request for a person with a disability

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Appendix 1: Consumer brochure – Role of the doula



Government of Western Australia
WA Country Health Service



Consumer brochure – Role of the doula

The role of a doula

A doula is a companion who understands the emotional and physical needs of a woman and her family throughout her pregnancy, labour, birth and early postnatal period, and provides continuous non-clinical support and non-clinical care for a woman throughout her whole experience.

Doulas are not registered health professionals and their services are unregulated. Some may undertake a 'doula' course offered by an unregistered training provider. Such courses may range from 2 – 6 days and focus on issues of communication and social support. Ask your doula what level of education and experience they have. **The title of doula can be used by anyone.** Your doula should be able to provide you with a comprehensive outline of their experience, ability, education and evaluations from previous clients.

The WA Country Health Service supports your choice to privately employ a doula for emotional and physical support during your labour.

There can be a lack of understanding of the roles of a midwife and a doula, which can lead to confusion, particularly if the doula you employ may have a midwifery qualification. Any doula cannot act in any capacity as a midwife during your care, this includes giving clinical advice or clinical tasks such as your fetal heart, blood pressures, contraction assessment, vaginal examinations or diagnosing conditions. It is against the law in Western Australia for a doula to provide any clinical care during labour or birth (which may result in a \$30,000 fine).

To reduce role confusion we appreciate your assistance with the following framework for care:

- We encourage you to bring your doula to antenatal appointments to promote trusting relationships and information sharing
- We encourage you to develop your birth plan with our midwife /doctor by 36 weeks
- Please contact the midwife if you think you are in labour (prior to calling your doula)
- Your doula will be included as one of your two support people in labour
- **Your doula cannot:**
 - speak for you or make decisions for you to your doctor or midwife: if you are not able to speak in labour then the midwife /doctor will communicate with your partner or next of kin about your wishes
 - provide clinical advice or care; if you have any clinical problems or worries we encourage you to seek advice from your midwife or doctor.
 - be present if you need a caesarean
- Your doula may be asked to leave if the midwife /doctors feel they are interfering with safe treatment or advice during your labour / birth.

If you wish to discuss any of the above information further, you can ask to speak to the Maternity manager at your birthing hospital.

Australian Doulas website accessed July 2018 <https://www.australiandoulas.com.au/>