



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](#)

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