



Practice/Hospital Policy Regarding Doula Practice

Developed for the HUSKY Health Maternity Bundle Payment Doula Integration Toolkit

Background for this document

The Connecticut Department of Social Services (DSS) plans to implement a Maternity Bundle Payment program (called “the bundle” for the remainder of this document) for the HUSKY Health program beginning January 2024, pending federal approval. The bundle is part of DSS’ overarching goal to move toward paying for equitable care in a value-based way. In addition to providing a new payment structure, DSS has allocated additional funds for doula and lactation support services as an integral component of the bundle. Doula and lactation support services will be rendered and reimbursed under the medical provider through the bundled payment.

How to use this tool

The following sample policy is a guide meant to be used by practices and hospitals as a starting point, and to be tailored to each specific setting and their needs. Having formal doula policies shows that a practice or system is interested in integrating doula services into their clinical team, and ensuring doulas feel welcomed and respected within their system. Policies also serve to help clinical staff understand the role of a doula and are useful when questions arise regarding doula scope of practice and ethical conduct.

Title: Doula Services Policy

Policy Purpose: To outline the role of doulas working within [healthcare system/medical practice]

Covered Sections:

- I. What is a doula
- II. What services doulas provide
- III. What doulas do not do
- IV. Doula professional conduct and responsibility
- V. Doulas in the medical practice or facility

I. What is a doula:

A doula is a non-clinical person who works with pregnant people during their prenatal, intrapartum, and postpartum periods to provide comfort, support, and education.

II. What services doulas provide:

- A. Non-medical physical and emotional support, education, and comfort measures throughout pregnancy, labor and delivery, and into the early postpartum period.
- B. Education:
 - 1. Basic anatomy and physiology of pregnancy, labor and delivery, and postpartum.
 - 2. The signs and symptoms of preterm labor and labor complications that warrant professional attention.
 - 3. What to expect during labor and delivery, and non-medical skills and techniques to relieve labor and delivery discomfort.
 - 4. Postpartum recovery, breastfeeding/lactation support, and newborn care.
 - 5. Education for the birthing person's partner and/or family.
 - 6. Assessment of the client's social service needs, i.e., housing insecurity, food insecurity, intimate partner violence support, etc. Provides education and assistance connecting clients with community resources that may be beneficial to the birthing person and their family.
- C. Assistance with developing birth and postpartum plans based on the needs and desires of the childbearing family.
- D. Assistance to help clients speak up for themselves, ask questions, and understand enough to play an active role in the decision-making process at every stage of their care.
- E. Advocacy for clients' mental health and self-care.
- F. Attendance at prenatal visits, procedures, and birth, including cesarean sections, as part of the maternity care team.
- G. Assistance with language barriers where applicable. Although bilingual doulas can assist with language barriers for non-English speaking patients (especially in urgent situations), they should not be relied on as the sole, formal interpreter unless they have explicitly agreed to this as part of their role and are qualified as a medical interpreter.

III. **What doulas do not do:**

- A. A doula cannot perform any clinical procedures or tasks outside their scope such as, but not limited to:
 - 1. Obtaining vital signs
 - 2. Drawing blood
 - 3. Medication administration
 - 4. Cervical checks
 - 5. Clinical assessments and decisions
 - 6. Emergency care such as resuscitation
- B. A doula does not speak for the childbearing person, family members, or support persons that are present. Instead, doulas encourage their clients to speak up and advocate for themselves.
- C. Doulas should not interfere with the medical care provided by clinical staff.

IV. **Doula professional conduct and responsibility:**

A doula's primary purpose and responsibility is to support the childbearing person first, then support the family and other support people.

Doulas should:

- A. Identify themselves to the patient's medical team as the patient's doula.
- B. Always seek to maintain open communication between patients and providers.
- C. Foster cohesion of care and shared decision-making; respectfully speak up when they feel something is being missed or handled inappropriately, ***always encouraging patients*** to ask questions and seek additional information when needed.
- D. Maintain patient confidentiality and adhere to HIPAA guidelines.
- E. Be reliable, responsive, and compassionate towards their clients, supporting their decisions regarding their care without judgment. Refrain from bringing their personal beliefs into a situation.
- F. Foster collaborative relationships with healthcare professionals and expect a reciprocal collaborative attitude from those healthcare professionals.
- G. Comply with infection control and screening precautions in place during their encounters with [health system or practice], including the use of appropriate personal protective equipment and practices.

V. **Doulas in the medical practice or facility:**

- A. Doulas are an important part of the patient’s maternity care team and should be included in care plans and discussions as they often have a strong rapport with their clients and are able to offer perspective, help with understanding and enhancing communication, and potentially help with navigating language and cultural barriers.
- B. Doulas are permitted to be present in any visit the patient has with [health system or practice], including but not limited to: OB office visits, lab, ultrasound, triage, birth including vaginal or cesarean, and postpartum admissions and encounters, unless extenuating circumstances preclude additional individuals from being present or the birthing person requests the doula not attend.
- C. Doulas are not considered a support person or visitor but instead a non-clinical member of the care team. Doulas do not count towards outside visitor limitations.

RESOURCES

“Examining Hospital Doula Policies: An analysis of doula policy within Maternal Child Health in the U.S.” Lisa Baraker, DO, MPH Candidate. November 20, 2018

Doula Code of Ethics and Doula Scope of Practice, DONA International

Birth and Postpartum Doulas MassGeneral Brigham/Newton-Wellesley Hospital, MA

Doula Guidelines Intermountain Healthcare Salt Lake City, UT

Doula Policy, WellSpan Health Central Pennsylvania

Doula Services, Portsmouth Regional Hospital, Portsmouth, NH

Doulas, Lexington Medical Center, West Columbia, SC

Doula Services at UPMC-Magee-Women’s Hospital, Pittsburgh, PA