

Collaborative working, Women attending with a Doula Guideline

Guideline information

Guideline number: 1046

Classification: Clinical

Supersedes: Version 1

Local Safety Standard for Invasive Procedures (LOCSSIP) reference: Not Applicable

National Safety Standards for Invasive Procedures (NatSSIPs) standards: Not Applicable

Version number: Version 2

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Approval information

Approved by: Maternity Guideline, Audit and Research Group

Date of approval: 29/08/2024

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Review date: 29/08/2027

Summary of document:

Provides information and guidance to support the collaborative working between health professionals and birth doulas/companions/peer support. Includes clarity of doula role when supporting woman and family and expectations of healthcare professionals and doula.

Scope:

All Healthcare professionals and peer support e.g. Doula support, involved in the care of women.

The guidance uses the term “woman” (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and

delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth

To be read in conjunction with:

[619: Responsibility for care Throughout All Stages of pregnancy Guideline](#) – opens in a new tab

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Maternity Guideline, Audit and Research Group

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Executive Director job title:

Interim Director of Nursing, Quality and Patient Care.

Reviews and updates:

Version 1 18/6/2021

Version 2 29.8.2024

Keywords

Doula, Peer Support.

Glossary of terms

Key points: Guidance and information supporting the collaborative working between Peer support/ Doula and Healthcare Professionals.

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Scope

Healthcare professionals and peer support e.g. Doula support, involved in the care of women.

Aim

The aim of this document is to:

Provide information and guidance to support the collaborative working between health professionals and birth doulas/companions/peer support

Objectives

The aim of this document will be achieved by the following objectives:

- Understanding role of peer support
- Understanding of Role of doula
- Collaborative working
- Understanding what are the expectations of health professionals and doula

Peer Support

Peer support is a non-professional form of support provided by someone who has similar experiences in common with the person seeking support. Peer support include Doula support, group peer support, Volunteer peer support and online support and is usually supplies through “third sector” services.

In general, peer support is thought to offer the opportunity for a more authentic empathy between the person and their peer than between them and healthcare professionals who may not have the same lived experiences.

NICE (2021) recommends that women (and their partners) should be advised on the benefits of peer support and explain how it may: provide practical support, help to build confidence and reduce feelings of isolation. Health care professionals should offer pregnant women (and their partners) information about how to access local and national peer support services.

Role of a Doula

- A Doula provides support for women and their family throughout pregnancy and in the early days of parenthood. They offer practical and emotional support but not advice, to the mother and/or parents, empowering them in their own choices (Doula UK 2019).
- Doulas are not legally required to have training, they may or may not have any qualifications. However, doulas should disclose their doula education and experience and should not mislead clients or other birth professionals at any time. Doulas do not perform clinical, midwifery or medical tasks, diagnose medical conditions or give medical advice, whilst working as a doula, even if trained as a health professional.
- They are there in a solely supportive role. A woman will assume the responsibility for decisions made re the birth, parenting style or feeding method that she feels is right for her and her baby.

Legally midwives and doctors have to speak directly to a woman when gaining consent; this is a requirement of their professional code of conduct (NMC, 2018. GMC, 2020). Midwives and doctors have a professional responsibility to explain any care they are suggesting so that women have an opportunity to question and, understand what is being suggested and to give or not give informed consent, either for herself or her baby.

Collaborative working

Collaborative working promotes a good working environment between doulas and health care professionals. Ensuring safety and consistency of approach by working together benefits all involved in the caring for women and their families and puts the woman at the centre of care.

Information and Guidance

The following information and guidance is for all doulas/companions (non-family members or friends) and health care professionals caring for and supporting women and their babies.

Hywel Dda University Health Board has a duty that everyone working within the premises have been authorised and is safe to do so. It is expected that Health care professionals and Doula will do the following:

Doulas Will:	Health Care Professionals will:
Introduce herself to the person in charge of the area.	Welcome and introduce themselves to the doula.
Know how to alert for assistance in an emergency.	Show doulas where the emergency call bells are.
Ensure that no unauthorised person tailgates them into clinical area.	Ensure that entry to clinical area is controlled.
Clinical Aspects	
Work in collaboration with the healthcare professionals so the woman's wishes are respected.	Work collaboratively with the doula ensuring that the woman's wishes are respected and ensuring safe and optimum care.
Provide nonclinical care and support for the woman and her partner.	Provide clinical care as appropriate.
Highlight any specific care issues that the professional is not aware of e.g. existing or changed care plans, preferences and priorities.	Ask questions about care plans and act accordingly.

Supporting at Caesarean Births

The number of people in the operating theatres is restricted by amount of space as well as infection control and health and safety reasons. Therefore, a doula;

- May only accompany a woman in theatre for an elective or an emergency **caesarean if her partner does not wish to**, except in the event of exceptional circumstances **
- Otherwise, the doula should wait in the labour ward waiting area until the mother returns to the recovery area. Within the recovery area only one person can remain at the bedside at any one time, so swaps between the partner and the doula may be necessary. The doula will be expected to respect and cooperate with the decision of the clinical team in an emergency, to avoid delays.
- Can accompany a woman to LW theatre for suturing of 3rd and 4th degree tears and manual removal of placenta, **if the partner does not wish to.**
- Will follow theatre protocols ie: change to scrubs and observe infection control procedures as directed by staff members
- Will continue to support partner of woman if not in theatre
- Will support early skin to skin contact and infant feeding where appropriate

Please note: If mother has an emergency Caesarean birth which requires a general anaesthetic, no companions including partners are admitted to theatre during surgery but can wait in the waiting area until mother is back in recovery.

**When doula presence alongside partner presence is requested by the woman in exceptional circumstances (for example but not limited to women who are fearful, vulnerable, traumatised) this needs to be discussed and agreed with the relevant health care professionals.

Supporting Homebirths

If the doula is present in the woman's home before the midwife arrives, it is important that she reminds the woman to call the midwife. Midwives must be informed of women labouring at home in a timely way. This gives midwives the time to prepare, travel and arrive on time to support women at homebirths.

The doula can be a welcoming presence for the midwife and help the midwife to familiarise with the woman's home. She will continue to remain a calm and reassuring presence for the woman and partner during labour, which will help the midwife in being able to provide safe care.

References

- Antenatal care. NICE guideline NG201;19 august 2021

<https://www.nice.org.uk/guidance/ng201/resources/antenatal-care-pdf-66143709695941-open> in new tab

- Antenatal care [D] Peer support NICE guideline NG201 Evidence reviews underpinning recommendations 1.3.22 to 1.3.23 August 2021

<https://www.nice.org.uk/guidance/ng201/evidence/d-peer-support-pdf-9202942625> -open in new tab

- Doula UK. 2019. 'Doula UK Code of Conduct'. Available at : <https://doula.org.uk/doula-uk-code-of-conduct/> open in new tab
- https://www.cochrane.org/CD003766/PREG_continuous-support-women-during-childbirth