

# A Guide for Doulas Attending Planned Homebirths

by Uta Mattox and Brenda Lane

*Your best friend asks if you would be a doula for them at their planned homebirth. They are planning a VBAC...*

*You have a repeat client who is planning an “unassisted” homebirth. They would like you to be their doula again...*

*One of your homebirth clients lives 30 minutes from their nearest hospital...*

*A homebirth midwife in your area lives approximately 1 hour from your clients’ home...*

Do any of these situations ring a familiar bell? Many experienced doulas report that they have encountered one or several of these or similar circumstances. Even though the percentage of planned homebirths is very small compared to the number of births taking place in freestanding birth centers and hospitals, doulas need to research the laws and requirements covering homebirth in their own regions. Each doula should ask herself a few questions to not only find out what the implications would be, but to ultimately make an informed decision about her attendance.

Below is a self-assessment tool to help you as a doula get started with that exploration. These questions are not all encompassing, but rather bring up issues that you will need to consider. There is no one answer that will fit all situations just as there is no right or wrong answer to any of these questions. The questions should be researched and answered honestly, then a decision can be based on the combined answers. We also advise that seeking out the wisdom of more experienced doulas in your region can be a tremendous help to you when making this decision.

- What are the legalities surrounding caregivers in a homebirth environment in my state/province?  
On the MANA Web site, [www.mana.org](http://www.mana.org), there is a section that lists Direct Entry state laws and regulation, Direct Entry Legal Status by state, and references of home birth articles by Ina May Gaskin. Other research may be found at the state or province level in your area.
- What are the potential implications to me under the circumstances? (Keep in mind that when a suit is brought, it is usually not done by the homebirthing couple, but the prosecutor or an uninvolved medical care provider.)
- Am I confident that I will not be looked upon as “practicing medicine without a license” whether or not something goes wrong at this birth?
- Am I prepared to deal with any potential consequences of such a claim, whether correct or not?
- Will the attending midwife have one or more assistants to help her with any clinical tasks and assessments?
- How soon does the midwife typically arrive during labor?
- Will I be expected to perform any tasks that are outside of DONA’s scope of practice? For instance part of the Standards of Practice reads:

**Services Rendered.** The doula accompanies the woman in labor, provides emotional and physical support, suggests comfort measures, and provides support and suggestions for the partner. Whenever possible, the doula provides pre- and postpartum emotional support, including explanation and discussion of practices and procedures, and assistance in acquiring the knowledge necessary to make informed decisions about her care. Additionally, as doulas do not *prescribe* treatment, any suggestions or information provided within the role of the doula must be done with the proviso that the doula advise her client to check with her primary care provider before using any application.

**Limits to Practice.** DONA Standards and Certification apply to emotional and physical support only. The DONA certified doula does not perform clinical or medical tasks such as taking blood pressure or temperature, fetal heart tone checks, vaginal examinations, or postpartum clinical care. If doulas who are also health care professionals choose to provide services for a client that are outside the doula's scope of practice, they should not describe themselves as doulas to their client or to others. In such cases they should describe themselves by a name other than "doula" and provide services according to the scopes of practice and the standards of their health care profession. On the other hand, if a health care professional chooses to limit her services to those provided by doulas, it is acceptable according to DONA's standards for her to describe herself as a doula.

- What do I know of the emergency back-up arrangements? Does the midwife have a back-up physician/obstetrician for consultation?
- Does the mother have any known risk factors? (VBAC, high blood pressure, history of postpartum bleeding, etc.)
- Is this a planned *unassisted* birth? If so, why are the parents inviting me? Do they fully understand what my training and background is, and what my scope of practice is? Am I confident that I will not be expected or forced into stepping outside of my standards of practice and my skill level?
- Who will be monitoring the health of mother and baby?
- Who will be making the assessments for labor progress and whether or not it is in the range of normal?
- Who will take responsibility for these assessments and judgment calls?
- Who will make any decisions as to transferring to a medical facility should any problems develop? How far away is the closest medical facility?
- If I am a licensed health professional, what would the professional, legal, and liability implications be for me, if there is a bad outcome and/or a legal suit is brought?
- If I am at an *unassisted* birth with a bad outcome, what is my liability?

It is important to keep all of these things in mind as you decide if you have a role at a homebirth, and if so, what your role will be. Doulas offer only non-medical care. Make sure you can be helpful in this non-medical capacity as you work with the family and their other caregivers.

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