



To: Hospital Administrator
From: DONA International

March 12, 2020

To whom it may concern,

On behalf of DONA International, a not for profit professional organization for doulas with a membership of more than 5,000, we thank you for the role you play in containing COVID-19 infection and for caring for those most affected by the virus in your community.

We want to connect with you because we understand there may be additional infection control precautions at play in the hospital setting due to COVID-19. DONA International is aware of discussions of restrictions on doulas in the delivery room while their clients are in labor because of these additional precautions.

Doulas are an important part of the delivery care team and we sincerely hope your hospital's policies do not exclude doulas from providing support to their clients during this important time.

It is worth noting that the Centers for Disease Control and Prevention's guidelines on caring for a mother with COVID-19 recommend healthcare facilities follow, *"infection control guidance on managing visitor access, including essential support persons for women in labor"* (*Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings, February 2020*). They go on to state, *"If restriction of all visitors is implemented, facilities can consider exceptions based on end-of-life situations or when a visitor is essential for the patient's emotional well-being and care."*

Additionally, The Association of Women's Health, Obstetric and Neonatal (AWHONN) released the following statement in regard to doulas and COVID-19:

“AWHONN recognizes that doula services contribute to the woman’s preparation for and support during childbirth and opposes hospital policies that restrict the presence of a doula during a woman’s active labor.

“Doulas are not visitors and should not be blocked from caring for patients in the antepartum, intrapartum and postpartum period. Most doulas have been contracted by patients weeks to months ahead of time and have established provider relationships. They are recognized by AWHONN and ACOG as essential personnel and part of the maternity care team,” said AWHONN member Nancy Travis, MS, BSN, RN, BC, CPN, CBC, Florida Section Chair.

AWHONN supports doulas as partners in care and acknowledges their ability to provide physical, emotional, and partner support to women. AWHONN opposes hospital policies that restrict the presence of a doula in the inpatient setting during an infectious disease outbreak. Read more about AWHONN’s position on continuous labor support for every woman here.”

Understanding these are not normal times and that enhanced infection control procedures are needed in order to care for patients, DONA International has been working with our members to promote proper infection control protocols and the use of personal protective equipment. We are also providing resources to help members identify symptoms of viruses (in themselves and their clients) and strongly encourage them to follow the direction of their local, state or provincial public health officials.

We encourage you to visit the DONA.org website and review the doula scope of practice. Doulas provide critical, research-based support to clients and have been proven to impact positive outcomes. Additionally, while doulas are not clinicians, they can help fill a gap in providing emotional, informational, and physical support for families in these uncertain times.

If you have any questions about the doula scope of practice or this letter, please do not hesitate to reach out to me (president@дона.org) and Jose Segarra, DONA International’s Executive Director (jsegarra@дона.org).

Respectfully,



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I. Scope

- A. ***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 post-partum emotional support, including explanation and discussion of practices and procedures, and assistance in acquiring the knowledge necessary for the client to make informed decisions about their own 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 advises his/her client to check with the primary care provider before using any application.
- B. ***Limits to Practice.*** DONA International Standards and Certification apply to emotional, physical and informational support only. The DONA certified or member 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. The DONA certified or member doula will not diagnose or treat in any modality.
- i. If the doula has qualifications in alternative or complementary modalities (such as aromatherapy, childbirth education, massage therapy, placenta encapsulation, etc.), s/he must make it very clear to her/his clients and others that those modalities are an additional service, outside of the doula’s scope of practice.
 - ii. A healthcare provider (such as a nurse, midwife, chiropractor, etc.) may not refer to her/himself as a doula while providing services outside of a doula’s scope of practice.
 - iii. On the other hand, if a health care, alternative care or complementary care professional chooses to limit her/his services to those provided by doulas, it is acceptable according to DONA International’s Standards of Practice for her/him to describe her/himself as a doula.
- C. ***Advocacy.*** The doula advocates for the client's wishes as expressed in her birth plan, in prenatal conversations, and intrapartum discussion, by encouraging his/her client to ask questions of her care provider and to express her preferences and concerns. The doula helps the mother incorporate changes in plans if and when the need arises, and enhances the communication between client and care provider. Clients and doulas must recognize that the advocacy role does not include the doula speaking instead of the client or making decisions for the client. The advocacy role is best described as support, information, and mediation or negotiation.
- D. ***Referrals.*** For client needs beyond the scope of the doula’s training, referrals are made to appropriate resources.

II. Continuity of Care

- A. The doula should make back-up arrangements with another doula to ensure services to the client if the doula is unable to attend the birth. Should any doula feel a need to discontinue service to an established client, it is the doula’s responsibility to notify the client in writing and arrange for a replacement, if the client so desires. This may be accomplished by:
- Introducing the client to the backup doula
 - Suggesting that another member of DONA International or other doula may be more appropriate for the situation

- Contacting a DONA International regional representative or local doula organization for names of other doulas in the area
- Following up with the client or backup doula to make sure the client's needs are being accommodated

III. Training and Experience

- Training.*** Completion of a DONA International approved birth doula workshop is but one step in the process of training and certification. Doulas who are certified by DONA International will have completed all the requirements as set forth in the DONA International Requirements for Birth Doula Certification.
- Experience.*** Doulas certified by DONA International will have the experience as set forth in the DONA International Requirements for Birth Doula Certification.
- Maintenance of Certification.*** DONA International certified doulas will maintain certification as outlined in the DONA International recertification packet. Recertification must be completed after each three-year period of practice.