DOULAS

POSITION STATEMENT

The Coombe Women & Infants University Hospital has for several years sought to meet the needs of women who requested to have a doula accompany them during labour whilst on the delivery suite. Having recently completed a major refurbishment of our delivery suite we are delighted to be in a position to facilitate women who choose to have a doula with them during labour whilst on the delivery suite which is in line with the National Standards for Safer Better Healthcare (HIQA 2012) which states that “Healthcare should respect the values and dignity of its service users and be responsive to their rights and needs. The wishes and needs of each individual should also be balanced with those of other service users. In a person centred service, providers listen to all of their service users and support them to play a part in their own care and have a say in how the service is run”. (Theme 1 - Person Centred Support)

Increasingly in Ireland, women are arranging for a doula companion during pregnancy, labour and as a helper/support in the postnatal period. There is evidence that shows the benefits of the continuous support from a person known to a labouring mother. A doula is described as a person who gives psychological encouragement and physical assistance to the newly delivered mother (Klaus, Kennell, Klaus; 1993, 2002). Doulas typically provide women with emotional support before, during and after childbirth. Choice of potential birth partner including a doula is the woman’s decision.

There is a difference between a trained doula and a casual doula (a supportive friend or relative). The majority of doulas who undertake lay supportive roles undergo some form of non-statutory training organised by independent providers. This type of training ranges from 2 –10 days with a focus on issues of communication and social support. There is a variety of training courses which may have been undertaken by a doula. The Coombe Women & Infants University Hospital does not endorse any particular course or doula but suggests that women discuss their needs with a prospective doula and ensure that the doula is aware of hospital policies concerning second partners. There is no regulatory body overseeing the practice of doulas and the title can be used by anyone. Women who wish to discuss their
decision to have a doula present, may do so with their doctor or midwife when they attend the clinic. Women may also wish to discuss this with the midwife/midwife manager on duty on admission to delivery suite.

The Coombe Women & Infants University Hospital;

- supports women's choices in engaging the services of a doula.
- acknowledges that the woman's advocate in pregnancy, labour and the postpartum period is her midwife and/or obstetrician
- acknowledges that doulas do not conflict with the profession of midwifery.
- acknowledges that doulas do not speak for a mother or a father although they may remind parents of choices or discuss options with them.
- acknowledges that doulas do not offer medical care or opinion
- seeks to facilitate a woman's request to have both her partner and her doula present during her labour and birth whilst on delivery suite however in the event of an emergency or in the event of an operative birth in theatre, the hospital reserves its right to restrict access.
- seeks to reiterate its support for the role of Maternity Care Assistants employed within the Hospital, in supporting women and their families whilst in hospital and in undertaking a range of duties under the supervision of midwives.

Adapted from Royal College of Midwives (2004) with input from Hospital staff and K. Lynch, Doula/ AIMSI (July 2014)

References and related documents

Klaus, MH. Kennell JH. Klaus PH (1993) Mothering the mother. Perseus, Massachusetts
NMC Circular 1/2004 20 January 2004 – Guidance on who can provide midwifery care to women and their babies. NMC London