

Guide for Hospital Doula Policy Creation



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Project Overview

*The New Jersey Health Care Quality Institute (Quality Institute), in partnership with HealthConnect One and the New Jersey Doula Learning Collaborative (NJ DLC), convened a workgroup of health system and hospital representatives and doulas to address challenges to access to doulas and to improve clarity about doula policies within New Jersey hospitals. The **Guide for Hospital Doula Policy Creation** (“Guide”) and its recommendations seek to create a better climate for advancing birth outcomes and equity for doulas and their clients, as well as hospitals, their clinicians, employees, and patients.*

Process

To understand current policies and practices within health systems (hereinafter referred to as “health systems” or “hospitals”) regarding doulas, we conducted a market scan of national and New Jersey-based policies aimed at doula integration and support. We also identified areas of concern or perceived barriers expressed by hospitals or doulas. The market scan included a national and New Jersey-based doula survey, conducted by HealthConnect One and NJ DLC. The survey responses were used to develop the interview questions for this project.

Next, we invited sixteen New Jersey health systems to participate in this project and the workgroup. These health systems represent 97 percent of the 2023 birthing volume in the state. Workgroup participants from the hospitals included chief nursing officers, vice presidents of women services, heads of obstetrics, and nurse managers. Each hospital was interviewed individually to understand their maternity care services and the population they serve; existing hospital policies regarding doulas; how their staff, clinicians, patients, doulas, and the public receive information on the policy;

how doulas interact with the hospital’s birthing patients throughout labor and delivery; and any areas of concern and opportunity for integrating doulas into their hospital.

We also invited fourteen doulas, serving 21 counties in New Jersey, and accepting a range of payment including Medicaid, commercial, or self-pay to participate. We held two focus groups with the doulas where they shared their experience with access and integration in New Jersey hospitals. In addition, seven doulas from this group were

interviewed individually to learn more about their experiences in New Jersey hospitals.

Finally, after the hospital and doula interviews concluded, we convened workgroups to review our findings and build consensus around what the Guide should include and recommend. Initially, the doula and hospital workgroups were separate, and then all participants were convened together to review the Guide and provide input on the policy recommendations.

Together, the workgroup participants discussed each section of the Guide. They provided their suggestions, rationales, and shared their experiences. The Guide evolved to reflect these suggestions, experiences, and the overarching goals of the joint workgroup. The final Guide was developed from the above-described research and consensus process. We are grateful to the workgroup members and others who gave their valuable time to this process and helped in the creation of the Guide.

IMPLEMENTATION

After we launched this project, a law was enacted in New Jersey that requires hospitals and birthing centers to have a written policy that allows a patient-selected doula to accompany the patient within the birthing facility's premises and provide support before, during, and after labor and childbirth. The law requires hospitals and birthing centers to provide a copy of their policies and procedures to various stakeholders, and to post a summary of the policies in a conspicuous place, including inpatient maternity rooms and on the facility's Internet website.¹

We hope that the Guide will serve as a model for consistent, clear hospital doula policies and best practices. We encourage hospitals to adopt the Guide's recommendations to promote best practices and consistency around hospital doula policies in New Jersey.

¹ [NJ P.L. 2023, c.286](#).

GUIDE FOR HOSPITAL DOULA POLICY CREATION

1. HOSPITAL DOULA POLICY IMPLEMENTATION AND INTERNAL EDUCATION ACROSS HOSPITAL SITES AND DEPARTMENTS

- a. Maintain consistency in doula policies across a health system's facilities and departments.
- b. Apply the health system's doula policy consistently, not varying based on an attending clinician's preferences.
- c. Ideally, the default assumption in the policy is that a doula is allowed to be with their client throughout the patient's stay in the hospital. If, however, there are specific reasons why the policy needs to differ in a specific hospital or unit, the differences and reasons for it should be explained in the policy. For example, if due to physical space limitations a doula cannot be with their client in a specific area of a particular facility, that should be stated, explained, and the alternative should be presented.
- d. Provide education on the health system's doula policy to hospital employees and those who have privileges to work at the hospital but are independently employed. The education should promote uniform practices and reduce confusion for clinicians, other hospital staff, and doulas, who may work in multiple hospitals in a system.
- e. The education on the system's doula policy should include background on the role and benefits of a doula. Clinicians and staff should understand the role of a doula and the system's doula policy. Ideally, doulas could play a role in the education sessions and materials. The education should inform staff and clinicians that patients may have a doula of their choice accompany them at every stage of their perinatal experience in the hospital. The education should foster a consistent understanding of the health system's doula policy and promote collaboration. See Section 6, (a) and (e) for Best Practice Considerations.
- f. Review and update doula policies regularly and share updates with clinicians, staff, patients, and doulas to further understanding and improve communications. Include all departments that interact with birthing people in these discussions, including anesthesiology and neonatology. Consult with doulas who regularly support patients in your health system and recent patients for suggestions on how to update policies to promote physiological births. Consider doula-friendly designation programs. See Section 6, (h) for Best Practice Considerations.

2. EXTERNAL DISTRIBUTION OF THE HEALTH SYSTEM'S DOULA POLICY:

- a. The doula policy should be comprehensive, understandable, and written at an appropriate health literacy level. It should be provided in the most common languages spoken by perinatal patients at the hospital.
- b. The doula policy should be easily available online to doulas, health care providers, patients, and relevant stakeholders, including nearby reproductive health service providers, WIC agencies, and community organizations like Connecting NJ and the maternal child health consortia.
- c. All required forms related to doulas should be provided online in advance. When a health system requires either patients or doulas to sign or fill out a form, such as an acknowledgment

form, the forms should be easily available online so that patients and doulas can review and complete prior to entry.

- d. Create a process whereby each patient upon admission is offered a copy of the health system's doula policy in case they did not receive it earlier or review it online. In addition, a digital version can be shared via QR code, direct link, or through the Patient Portal.
- e. Health systems may want to include a patient "acknowledgement of receipt" of the doula policy. This is optional and could require a signature.
- f. Health systems are encouraged to share their other policies that promote physiological birth. Health systems that promote physiological births and have specific aids such as showers, tubs, wireless monitors, or other policies and strategies to encourage fewer medical interventions during labor and delivery should share this information with patients, doulas, and others. A summary of the physiological birth policy should be posted online to increase awareness and adoption of these best practices. See Section 6, (f) for Best Practice Considerations.

3. DEFINITION OF A DOULA AND PROCESS FOR ALLOWING THEM TO ENTER THE HOSPITAL:

- a. Doulas seeking to support their clients will be arriving at all hours and need quick and easy entry into the hospital. Entry should be promoted by sharing the doula policy and any forms online in advance.
- b. Doulas are expected to follow all hospital infection control and vaccination policies that are in place for visitors. Any vaccination requirements for doulas should be stated in the health system's doula policy.
- c. Health systems may ask a doula to acknowledge, verbally or in writing, that they are **trained or in-training as a doula**. Any required verification or authorization form should be provided in advance in the doula policy. Doulas should be allowed to submit any forms either electronically or in hard copy to streamline entry.
- d. If a health system chooses to use a Doula Acknowledgement Form, it is recommended that the language used aligns with New Jersey law, which states that a doula has training and is entering the facility as a professional to provide continuous physical, emotional, and informational support to their client before, during, and after labor and childbirth, to help that person achieve the healthiest, most satisfying experience possible. The Doula Acknowledgement Form should include acknowledgement that the doula will comply with the health system's doula policy, which was provided in advance. The Doula Acknowledgement Form should include space to collect the doula's contact information and emergency contact.
- e. Health systems should not use a restrictive list of "approved" trainings to determine whether a doula is "trained" per New Jersey law and thereby allowed to enter their hospitals to support patients. To date, there is no prescribed list of trainings, nor any certification or licensing requirements to be a doula in New Jersey.
- f. Health systems should keep a directory or list of doulas who have already completed the forms to expedite doulas' future entry.
- g. For health systems where certain doulas regularly support patients within the facility, consider other ways to expedite entry, including doula ID cards.

- h. For health systems that want to engage more intensively with community doulas, consider optional doula tours, orientations or meetings among doulas, clinicians, and staff. These opportunities are strongly encouraged as they would create mutual learning opportunities and establish consistency and collaboration between doulas and hospital staff. See Section 6, (b) and (c) for Best Practice Considerations.

4. WHERE DOULAS ARE ALLOWED WITHIN THE FACILITY

- a. Doulas should be allowed to be with their clients for all stages of labor, including triage, operating rooms, post-partum units, and NICUs. In the case of an **emergency** cesarean-section (c-section) or the use of **general anesthesia**, hospitals may have a policy that prohibits anyone from accompanying the patient or that imposes a one-person limitation. Additionally, if there are physical limitations in the facility that would restrict the number of individuals in any space, this should be clearly stated in the policy.
- b. Doulas should abide by the health system's doula policy, or they may be asked to leave or be removed.
- c. For epidurals, the policy should allow doulas to remain with their client and state that the doula is required to remain outside of the sterile field and will provide support to their client's upper body only.
- d. For c-sections, the policy should allow doulas to remain with their client in a designated space that does not interfere with the surgery or sterile field established in the operating room. Space should be the only restricting factor and should be explained in the policy.
- e. If a patient goes to a private or shared recovery space post-c-section before being transferred to a post-partum room, the doula should have bedside access to their client for support.
- f. Before a doula initiates an activity that could raise clinical, regulatory, or safety concerns, the doula should speak with a member of the clinical team and ask for a discussion with the patient and available clinical team members. The health system's doula policy should include a process for the patient, doula, or members of the clinical team to ask for a discussion (or huddle) to discuss these activities before they are taken. Examples could include giving the patient food or drink, plugging or unplugging equipment, using diffusers, disconnecting any medical devices including IVs or monitors, or moving the patient. See Section 6, (f) and (g) for Best Practice Considerations.
- g. Health systems seeking to work more collaboratively with doulas may consider holding debrief sessions post-birth to reflect on care team collaboration and the role of the doula during the patient's birthing process. See Section 6, (i) for Best Practice Considerations.
- h. Health systems have a responsibility to take certain steps to protect health care workers and volunteers within the hospitals from assault or violence. Health systems may want to reference this law within their doula policy.²

² [NJ P.L. 2023 c.048](#).

5. DOULA LIAISON

- a. Health systems shall designate a dedicated Doula Liaison to facilitate communication and feedback among doulas, hospital staff, and clinicians. Because the liaison may not be on site at every hospital, health systems should consider having several designees to be available in real-time as a Doula Liaison at different locations and for different shifts.
- b. If a health system designates one individual as its Doula Liaison for the health system, it should consider designating a person who regularly interacts with both the clinical staff and the community. Consider someone who is a nurse, midwife, doula, childbirth educator, licensed clinical social worker, or someone with experience in holistic health care.
- c. The Doula Liaison should facilitate activities to build relationships between doulas and the clinical team, including regular check-ins with doulas and hosting doula orientations.
- d. Health systems should establish formal feedback channels for clinicians, staff, and doulas to address any concerns and improve collaboration and processes. Feedback should be documented with follow-ups tracked, and consideration of any policy changes that may be needed.
- e. The hospital doula policy should specify how issues will be identified and addressed if there is concern about a doula's behavior or interaction with a member of the clinical team.

6. ADDITIONAL BEST PRACTICE CONSIDERATIONS FOR HEALTH SYSTEMS AND DOULAS

Through our research and interviews, we learned about programs and activities that health systems are undertaking to best support patients, staff, clinicians, and doulas. They are referenced in this Guide's recommendations and listed below for your consideration to include in your hospital's doula policy.

- a. **Doula Education Sessions:** Partner with local doulas and doula organizations to host educational sessions (i.e. Grand Rounds, virtual presentations) for hospital staff and clinicians to improve their understanding of and collaboration with doulas. Open the session to all hospital staff, not only the Maternity unit.
- b. **Strategies to Introduce Clinicians, Staff and Doulas:** Invite doulas to participate in a staff meet-and-greet during department meetings or staff huddles. Hold regular opportunities to connect and learn from each other including orientations, welcome receptions, and other events.
- c. **Consider sharing doulas' headshots** and short biographies on the Labor and Delivery floor bulletin boards.
- d. **Grant-Funded Doula Programs:** Grant funding can be used to underwrite the cost of doulas for patients that cannot afford to pay for doula services.
- e. **Hold Patient Information Sessions on the Role of Doulas and the Health System's Doula Policy:** In the prenatal period, introduce patients to the concept of a doula, explain their role during the perinatal period, and evidence-based benefits of having one. If possible, offer referral information for a community doula or doula organization, ideally matching the patient's preferred language. Obstetricians and midwives should share the patient's delivering hospital's doula policy and, when available, any required forms for the doula with their patients in advance.

- f. **Communicate Birthing Positions and Aids to Support Physiological Births:** Health systems should provide visible posters or laminated cards for each labor room depicting various birthing positions that can be used during labor. Provide more information about the availability of birthing balls and other aids to help birthing people and doulas better prepare for and support a physiological birth.
- g. **Implement Shared Decision-Making:** Implement a shared decision-making training program in your health system. Patients should be able to share their wishes and birth plan with the full care team as part of the birthing process. One evidence based shared decision-making program for labor and delivery is [TeamBirth](#). Hospitals that implement TeamBirth improve patient and clinician communication, as well as clinical team communications. TeamBirth improves patient reported autonomy and receipt of respectful care that aligns with patient preferences.
- h. **Assess Your Health System’s Doula-Friendliness or Work with Doula Resource Organizations:** [NYC’s Doula-Friendliness Capacity Assessment](#) is one tool you may consider using. Other organizations offer strategies to improve doula-friendliness and provide hospital designations such as [Doula Friendly Initiative](#) or [HealthConnect One](#).
- i. **Holding Post-Delivery Care Team Debriefs:** Hold time for the care team to reflect on the significance of doula care in the birthing process and outcome of the patient. [California Maternal Quality Care Collaborative](#) provides tools and strategies to support this.

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ABOUT US

The **New Jersey Health Care Quality Institute** (Quality Institute) is a multi-stakeholder non-profit organization whose mission is to improve the safety, quality, and affordability of health care for everyone. Learn more at www.njhcqi.org.

HealthConnect One is the national leader in advancing equitable, community-based, peer-to-peer support for pregnancy, birth, breastfeeding, and early parenting. Their vision is to see every baby, mother, and family thrive in a healthy community. Learn more at www.healthconnectone.org.

The **New Jersey Doula Learning Collaborative** (NJ DLC) strives to advocate for a thriving doula community (independent and group practitioners), who are equitably compensated, have ease with Medicaid reimbursement, and have a sustainable career that mitigates high turnover. Learn more at www.njdcl.org.