4. Encourage the Use of Doulas and Work Collaboratively to Provide Labor Support

Data consistently show that continuous labor support reduces the risk of cesarean delivery. Recent studies have replicated this finding specific to continuous labor support by doulas. Despite wanting to give more robust labor support, many nurses realize that continuous labor support is unrealistic given the many nursing obligations of a busy labor and delivery unit. Doulas offer a unique skill and can play a key role in the woman’s satisfaction of her birth experience. When doulas are utilized in a way that allows them to function appropriately in their unique and integral role, they can simultaneously advocate for women and act as helpful allies to nurses and providers. Although doula care is rising in the United States, it has not been fully accepted in the hospital setting. There are still many misconceptions about doula care and often there is a stigma surrounding the “type” of woman who has a doula.

Doulas should be considered an integral part of the birth team. The following are recommendations to improve teamwork between nurses and doulas and promote safe, patient-centered care:

- Open communication between the doula and the nurse and a “mutual understanding of roles.” Unit guidelines may need to be developed to foster delineation of roles and expectations. Posting these guidelines at the bedside may be useful.

- Collegial rapport and joint understanding that the doula’s professional knowledge of labor support techniques complements the nurse’s extensive technical and medical skillset.

- Two-way teaching. Doulas appreciate thoughtful and respectful guidance and feedback, especially those training for future medical or nursing professions. Likewise, nurses and nursing students can learn extensive labor support skills from doulas if willing to do so.

There are various models of doula care in the United States. These models include hospital-based programs, community-based programs, and private practice. Hospital-based programs, such as those at UC San Diego Medical Center and Zuckerberg San Francisco General Hospital, are generally grant-funded and volunteer-based. Community-based programs, such as those provided through social service agencies or Federally Qualified Health Centers, provide doulas who are community health workers from the patient’s own community. This is particularly important in diverse, low-income areas where culturally sensitive and language-appropriate doula care is needed. This type of community doula program is growing, with many grantee project sites across the United States funded by the Department of Health and Human Services Health Resources and Services Administration (HRSA). Doulas also exist in private practice, and can be independently hired by women and families to assist during labor and the postpartum period. The client pays private practice doulas primarily out-of-pocket. However some states are implementing innovative strategies to pay for doula care, such as Medicaid coverage of doula services in Oregon and Minnesota.

Hospitals can benefit by incorporating innovative strategies to support the use of doulas within the facility, such as:

- Working with a local doula organization to provide information, support, and resources to families
- Connecting with community-based doula programs
- Considering the implementation of a hospital-based program