

AHS is committed to supporting family presence and providing patient and family centred obstetrics services. Under the provincial [AHS Family Presence Policy](#) suite, patients may choose who they want present during health care experiences as essential supports. These individuals are referred to as designated family/support persons and they can be spouses, partners, relatives, friends, and hired caregivers. Doulas and other birth support hired/chosen by the patient meet the definition and criteria of designated support persons. The role of a designated support person providing birthing support is subject to opportunity and limitations as outlined in this guidance and the [Family Presence: Designated Support Person and Visitor Policy](#), and the [Managing Limits to Designated Family/Support Persons Visitor Access Procedure](#). It is important for patients to be made aware of these opportunities and limitations prior to labour and delivery.

Note: For the purposes of this guideline 'doula' will be used to refer to all privately hired or chosen birth support.

Objective

To provide obstetrical physicians, clinicians, midwives, staff, patients, designated support persons (inclusive of all privately hired/chosen doulas and birth support) with clear guidance to foster consistency of practice regarding the accommodation and limitation of doulas/birth support persons while in AHS facilities.

Principles

- Doulas are recognized by AHS as unregulated, non-clinical providers of labour support services independently hired/chosen by parents;
- Doula client services may include emotional support, spiritual support, physical comfort, informational guidance, and advocacy before, during and after childbirth while attending a patient in an AHS facility;
- As a designated support person, a doula advocates for decisions made by the labouring person and their family, based on the patient's birth plan, prenatal conversations, and/or intrapartum discussion;
- Doulas are welcomed during the intrapartum period in all facilities which have labour and delivery services as a designated support person of the patient; and
- When possible, doulas and their clients shall share birth plan information with representatives from the Maternal Child department, prior to delivery, to clarify expectations, requirements, and ability to accommodate while in the facility.

Elements

1 Role of the Doula

- 1.1 Doulas do not replace healthcare providers and do not perform activities restricted to those with a profession identified under the [Health Professions Act](#);
- 1.2 Doulas do not give medical advice;
- 1.3 Doulas may provide:
 - a) Enhanced communication between the labouring person and healthcare providers when appropriate;
 - b) Emotional, spiritual, ritual support to the labouring person and their partner and/or family;
 - c) Mouth care for labouring persons who are ‘nothing by mouth’ status.
 - d) Assistance with ambulation, massage, or shower as appropriate per the most responsible health care provider (physician or midwife) assigned to the patient;
 - e) Control the labour environment as preferred by the patient;
 - f) Encouragement of participation of partner or other family members;
 - g) Assist with daily activities of living such as ambulation, toileting, etc. as appropriate per the direction of the most responsible health care provider (physician or midwife) assigned to the patient; and
 - h) Breastfeeding support, such as positioning and technique, in alignment with the teaching provided by healthcare providers.

2 Responsibilities of Doulas and Birth Support

- 2.1 Doulas place the best interests of the patient first;
- 2.2 Doulas follow all precautions as directed by AHS staff;
- 2.3 Doulas identify themselves to the healthcare team on arrival at the patient’s bedside;
- 2.4 Doulas communicate with the healthcare team any activity beyond comfort measures prior to taking action, to ensure there are no possible contraindications based on the patient’s status;
- 2.5 Doulas refer to the medical staff if they recognize a condition or concern that is beyond their scope of practice or ability;
- 2.6 Doulas acknowledge they will not perform clinical or medical tasks, diagnose medical conditions or give medical advice, even if trained as a health professional, while present in an AHS facility as a patient’s doula; and
- 2.7 Doulas understand if disagreement between the medical staff and the doula arise, final decision on the patient’s health outcome will be made by the patient and/or the patient’s alternate decision maker in collaboration with the most responsible health care provider (physician or midwife) assigned to the patient.

3 Learnings, Collaboration and Conflict Resolution

- 3.1 Should a doula wish to address any opportunities for learning, enhanced collaboration or conflict resolution, the doula may:
- Contact the manager of the service area in writing;
 - Provide objective information; and
 - Offer suggestions and solutions to improve the patient experience;
 - Concerns shall be responded to within 30 days of the birth event.
- 3.2 Should a patient's health care provider(s) have any concern regarding the practices or behaviour of the doula, the health care provider(s) will:
- Communicate the concern to both the patient and the doula;
 - Provide direction per this guidance and the [Family Presence: Designated family/Support Persons and Visitor Access Policy Suite](#); and
 - If it is determined that limits to the doula's support of the patient, or their access to the patient, service area or site is necessary, the health care provider will communicate these limits to the patient and the doula in accordance with the [Managing Limits to Designated Family/Support Access Procedure](#).

REFERENCES

- Alberta Health Services. Birth Doula: Role of; 2009.DONA International, 2017. www.dona.org
- Higher Health. Northern Lights Mat/Child & Doula Relations; 2014.
- AHS Family Presence Policy Suite 2022