



## Understanding the Role of A Doula

Doulas are an important source of support for mothers and babies. The presence of a doula has been associated with positive birth outcomes, reduced stress and anxiety, and improved breastfeeding outcomes.<sup>1</sup> This is particularly important to migrant and Indigenous women, since birth companions are known to promote respectful maternity care and positive birth experiences.<sup>2</sup>

Women have the right to continuous support during labour and birth.<sup>3</sup> Given the benefits of having a doula for the woman and her family, it is important that everyone understands the role of a doula during labour and birth.

A doula is there to support the birthing woman. This can involve emotional support, provision of information, physical assistance, housekeeping, cooking, massage, childcare, transport, postnatal support, and/or companionship. The services to be provided are determined by the woman.

A doula is not there to provide medical, midwifery or therapeutic advice or services. Doulas cannot replace the services provided by a health care professional, no matter how experienced.

A doula can listen to and help a woman consider the options being presented to her.

A doula cannot speak for the woman, but she can stand beside and support a woman to speak for herself.

A doula can refuse to “follow a hospital’s orders” as they do not work for the hospital.

A doula cannot make recommendations for care.

A doula can express concerns if a woman is being subjected to obstetric violence at the time that the violence is taking place.

A doula cannot tell a doctor or midwife what to do.

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<sup>1</sup> Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. *Cureus*. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163.

<sup>2</sup> WHO Dept News, *Every Woman’s Right To A Companion Of Choice During Childbirth* (9 Sept 2020) at <https://www.who.int/news/item/09-09-2020-every-woman-s-right-to-a-companion-of-choice-during-childbirth#:~:text=A%20companion%20of%20choice%20can,help%20her%20feel%20in%20control.>; Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews* 2017, Issue 7. Art. No.: CD003766. DOI: 10.1002/14651858.CD003766.pub6. Accessed 19 November 2023.

<sup>3</sup> Bohren MA, Berger BO, Munthe-Kaas H, Tunçalp Ö. Perceptions and experiences of labour companionship: a qualitative evidence synthesis. *Cochrane Database of Systematic Reviews* 2019, Issue 3. Art. No.: CD012449. DOI: 10.1002/14651858.CD012449.pub2. Accessed 19 November 2023.

A doula can (and should) report a facility or health care provider for malpractice or abuse and mistreatment.

Doulas should not be restricted from supporting women at their chosen place of birth. Women have the right to be treated as equal, competent adults, the same as everyone else. States that prohibit doulas from supporting women in their own homes are infringing on women's right to privacy and reproductive choice. Paternalistic controls over women's reproductive choices are discriminatory and an infringement on their right to equality and equal status before the law. Governments concerned about the conduct of some doulas should provide women with all the information that enable women to make informed choices about doulas.

Women who choose to birth without a skilled attendant should not expect or rely on a doula to assist in the event of an emergency, regardless of their stated knowledge or experience. Doulas are not trained or qualified to provide neonatal resuscitation and/or critical care. They are not insured to provide such services. Any unexpected events will and should be the woman's responsibility.

Facilities pursuing woman-centred care welcome doulas as an important source of comfort for the birthing woman. Providers that respect the human rights of birthing women encourage women to use doulas.

Recent incidents, however, suggest a growing tension between some facilities and doulas about their respective roles and responsibilities in relation to the birthing woman. Doulas report witnessing institutional obstetric violence at such facilities, which impedes their ability to provide emotional support to their clients and compromises the wellbeing of their clients. Facility providers, on the other hand, claim doulas interfere with their ability to manage care, thereby compromising the safety of mother and baby.

Anyone working in a space in which obstetric violence is common – providers, partners, doulas and particularly the birthing woman - finds the abuse and disrespect extremely distressing.

Facilities offering standardised, fragmented maternity care tend to produce the highest number of consumer complaints of obstetric violence. Staff at such facilities do not appear to recognise the dehumanising nature of their care or the degree of control and coercion they exercise over birthing women. Women who know of, or have experienced, mistreatment at such facilities are the most likely to engage the services of a doula.

We appreciate that doulas who witness obstetric violence want to protect their clients. It is important to understand that providers in such facilities are accustomed to asserting control over birthing women in order to compensate for the lack of therapeutic relationship and trust. They will engage in a power struggle with anyone seen to be challenging their authority and desire to 'get the job done'. A power struggle in the birth room is counterproductive to everyone, particularly the woman at the centre of the episode of care. From a consumer perspective, the best course of action is to, firstly, provide the woman with information about her rights and support her efforts to assert them. If providers ignore or dismiss the woman, the doula should verbally express her concerns. If the doula's concerns are dismissed or ignored, woman and doula should document and report the provider and facility for breaches of human rights and obstetric violence as soon as possible. Consider providing us with a copy of your report so we can monitor these complaints and whether regulators are responding appropriately to them.

Providers operating in fragmented care facilities see the doula as interfering with their medico-legal responsibilities. Providers need to accept that the doula's presence is at the behest of the woman

who engaged her services and reflects the woman's need to feel safe and supported in a dehumanised care environment. Disrespecting or abusing her chosen birth companion is as distressing and isolating for the woman as if the provider is abusing and disrespecting her, and damages an already fragile provider/patient relationship. To insist that a doula acts in the facility's interests under threat of removal is to interfere with the contractual relations between woman and doula, an issue actionable at law, and infringes the woman's right to a birth companion of her choosing.

Maternity care must be woman-centred and respectful of a woman's human and legal rights at all times. Ultimately, empathy, understanding and focussing on working together with the woman who is giving birth is the safest and most productive way to proceed.

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