

BUILDING PERINATAL SUPPORT THROUGH DOULA CARE: INSIGHTS FROM THE MAINE DOULA WORKFORCE ASSESSMENT

MARCH 2026

I have no financial relationships or conflicts of interest to disclose for this presentation.

All photos you will see are used with permission of both doulas and families.



With gratitude to the incredible doulas of
Maine for sharing their time,
experiences, struggles and insights.

This report exists because of you.

About the Maine Doula Coalition



The Maine Doula Coalition was initiated in late 2022 with the intention of helping Maine to join the ranks of many other states working to expand access to doula services and better integrate doulas into existing systems of care.

We are the only statewide professional organization representing the doula workforce.

The Maine Doula Coalition is not a training organization or doula agency. We do not train new doulas or provide direct doula care or referrals.

Our work includes:

- Participation in statewide perinatal advisory groups.
- Provision of expert opinion to social service organizations, policymakers, state agencies and healthcare systems
- The Maine Doula Workforce Assessment
- The Hospital and Doula Collaborative Pilot Program

What is a doula?

- A doula is a trained, non-medical care worker who provides continuous physical, emotional and educational support during pregnancy, labor, postpartum, and early parenthood. Doulas are generally independent and hired by the pregnant person/family.
- Doulas offer prenatal and postpartum visits, childbirth education, continuous labor support, care during pregnancy or infant loss, connections to resources, spiritually or culturally congruent care, language access and assistance with navigating healthcare systems.
- Doulas are community-focused and a hallmark of doula care are the long-term close and trusting relationships we build with our clients over many months and years. We are deeply embedded in our communities and the families we serve have access to us as fellow community members.
- Doulas improve outcomes for all people and especially for those at higher risk of adverse maternal and infant health outcomes.
- A well supported doula workforce and increased access to doula care for pregnant people in Maine can help improve maternal and infant health outcomes.

Evidence Based Impacts of Doula Care

Birth Parent

- Two times less likely to experience a birth complication
- Increased vaginal birth
- Shorter duration of labor
- Decreased caesarean birth
- Decreased use of any analgesia
- Improved childbirth experiences
- Reduced maternal stress and anxiety
- Reduced postpartum depression
- Improved self-confidence in new parents
- Improved communication between the parents and their healthcare providers

Infant

- Most of the positive impacts to the birthing parent will also impact the infant
- Reduced NICU admissions
- Four times less likely have low birth weight
- Reduced incidence of pre-term birth
- Improved five-minute Apgar score
- Improved breastfeeding initiation and long term success
- Improved safe car seat use
- Improved parent understanding of safe sleep practices

- Many improved outcomes with only one intervention.
- Outcomes are particularly improved for any underserved population who has a higher rates of adverse infant and maternal health outcomes.
- Cost savings to the entire healthcare and public support system.
- Improved outcomes and experiences in one pregnancy can lower risks and improve outcomes in subsequent pregnancies.

The Evidence on Doulas - Citations and Resources



Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Database Syst Rev 2017 Jul 6;7:CD003766.

Gruber KJ, Cupito SH, Dobson CF. Impact of doulas on healthy birth outcomes. J Perinat Educ. 2013 Winter;22(1):49-58.

Hans SL, Edwards RC, Zhang Y. Randomized Controlled Trial of Doula-Home-Visiting Services: Impact on Maternal and Infant Health. Matern Child Health J. 2018 Oct;22(Suppl 1):105-113. Erratum in: Matern Child Health J. 2018 Aug 20.

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.

[ASPE Office of Health Policy Issue Brief: Doula Care and Maternal Health An Evidence Review:](https://aspe.hhs.gov/sites/default/files/documents/dfcd768f1caf6fabf3d281f762e8d068/ASPE-Doula-Issue-Brief-12-13-22.pdf)

<https://aspe.hhs.gov/sites/default/files/documents/dfcd768f1caf6fabf3d281f762e8d068/ASPE-Doula-Issue-Brief-12-13-22.pdf>

[March of Dimes Position Statement: Doulas and Birth Outcomes:](https://www.marchofdimes.org/sites/default/files/2023-04/Doulas-and-birth-outcomes-position-statement-final-January-30.pdf)

<https://www.marchofdimes.org/sites/default/files/2023-04/Doulas-and-birth-outcomes-position-statement-final-January-30.pdf>

[The Doula Medicaid Project at the National Health Law Program:](https://healthlaw.org/doulamedicaidproject/)

<https://healthlaw.org/doulamedicaidproject/>



MAINE DOULA WORKFORCE ASSESSMENT

MAINE DOULA COALITION | 2024

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[https://www.mainedoulacoalition.org/
mainedoulaworkforceassessment](https://www.mainedoulacoalition.org/mainedoulaworkforceassessment)

WHY DO AN ASSESSMENT?



- Amidst widespread support for expanded access to doula care in Maine, the need emerged for a deeper understanding of the existing doula workforce.
- Understanding where the existing doulas are, who they are and what obstacles they face was foundational to making informed decisions on the best ways to increase doula access.
- The 2023 Maine Perinatal Health Disparities Needs Assessment addressed this knowledge gap and specifically stated that a lack of data on Maine's doulas was hindering assessing workforce capacity, particularly for Black and underserved populations.
- In 2023 MDC initiated the state's first assessment of the doula workforce in Maine.

IN THE REPORT...

- Results from the Maine Doula Survey
- Results from the eight doula interviews
- A solutions-based section on the In Her Presence Cultural Doula Program
- Seven Key Findings with discussion
- Section on important considerations for MaineCare coverage

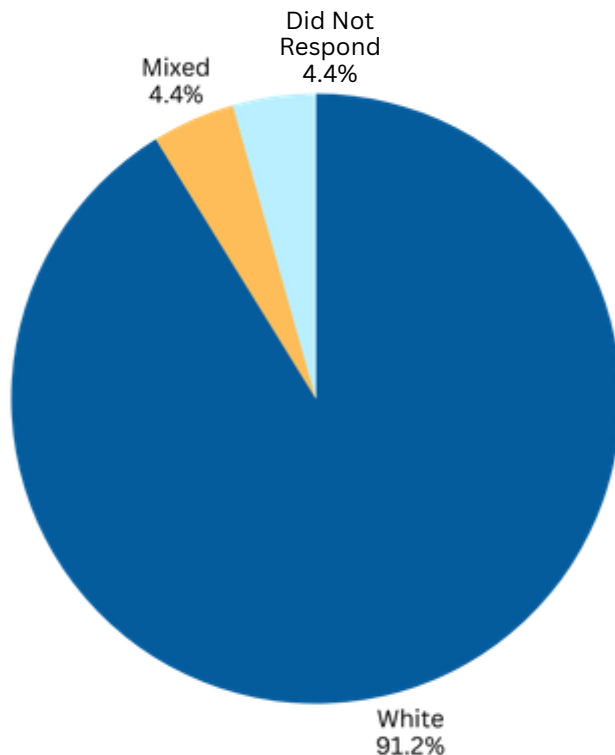
SURVEY RESPONSES



Survey Participation

- The 2023 Maine Perinatal Health Disparities Needs Assessment estimated a current workforce of 53 doulas.
- A doula-led effort in 2024 to develop a “doula directory” in Maine yielded responses from 58 doulas across the state.
- The Maine Doula Survey received responses from **45 doulas**, which represented a significant portion of the estimated doula workforce.

FINDINGS: DEMOGRAPHICS



Age

- The mean age of survey respondents was 39, with an age range of 23 to 68 years old and a median age of 45.

Race

- **91.2% identified as white.**
- 4.4% identified as mixed race.
- 4.4% did not respond to this question.

Citizenship

- 84.5% indicated that they were U.S. citizens.
- 15.5% did not respond to this question

Language

- 100% of respondents listed English as their primary language.
- 88.9% of respondents reported that English was their only fluent language.
- 13.2% indicated that they had some level of proficiency in French, Spanish and/or Swedish.

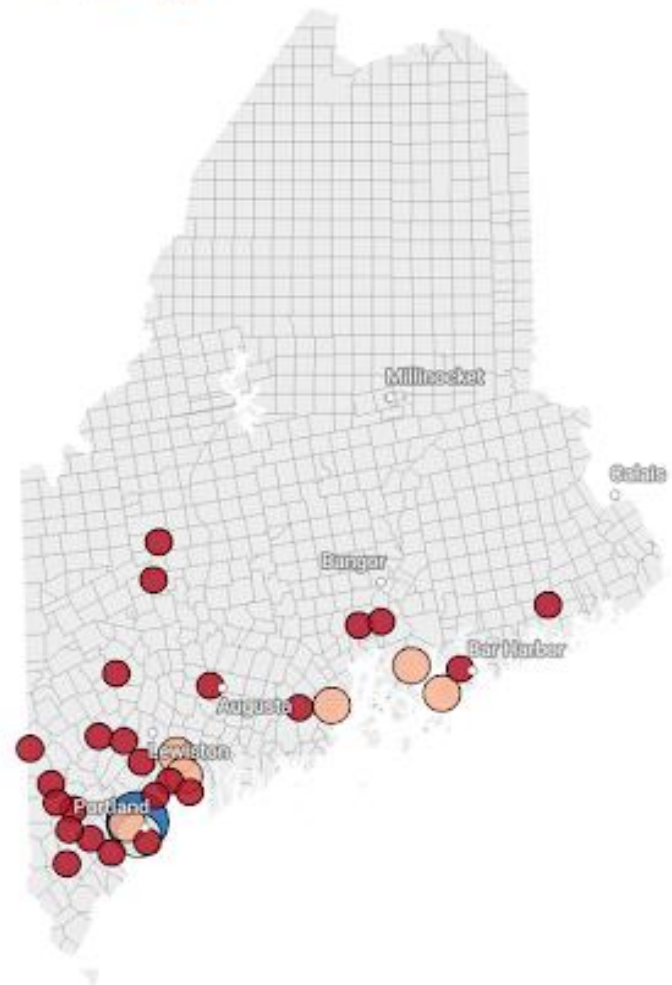
FINDINGS: GEOGRAPHY

- Doulas are highly concentrated in Southern Maine, with some doulas scattered in the Western part of the state and along the coast.
- There were a very limited number of respondents from Northern and Eastern Maine.
- When asked about their service area, many doulas indicated that they are willing to drive 30-120 minutes from their town of residence.

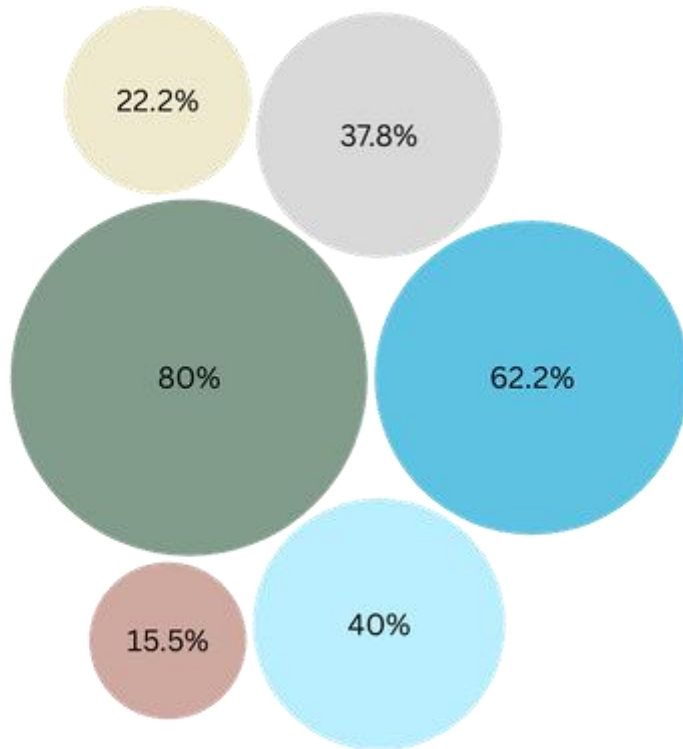
Location of Doulas

Representation of the location of Doula's who completed the MDC survey. The size of the circle represents density of doulas in that location.

< 2 2-3 3-4 4-5 ≥ 5



FINDINGS: TRAINING



- 80% completed a training from a professional doula training organization.
- 62.2% have training through experience providing pregnancy, birth and postpartum care.
- 40% are certified through a professional doula training organization.
- 37.8% apprenticed or were mentored by an experienced doula or birth worker.
- 22.2% are trained in other healthcare professions such as nursing or midwifery.
- 15.5% became doulas with no formal training or mentorship.

- Among those who have participated in professional doula training, respondents reported receiving training through over a dozen different organizations with DONA (42.2%), ProDoula (15.6%) and CAPPA (11%) being the most common.
- 75.6% of respondents shared that they have certification or licensure in adjacent areas that are relevant to their doula work.
- 6.7% indicated that they are on staff at hospitals where they also serve as doulas.

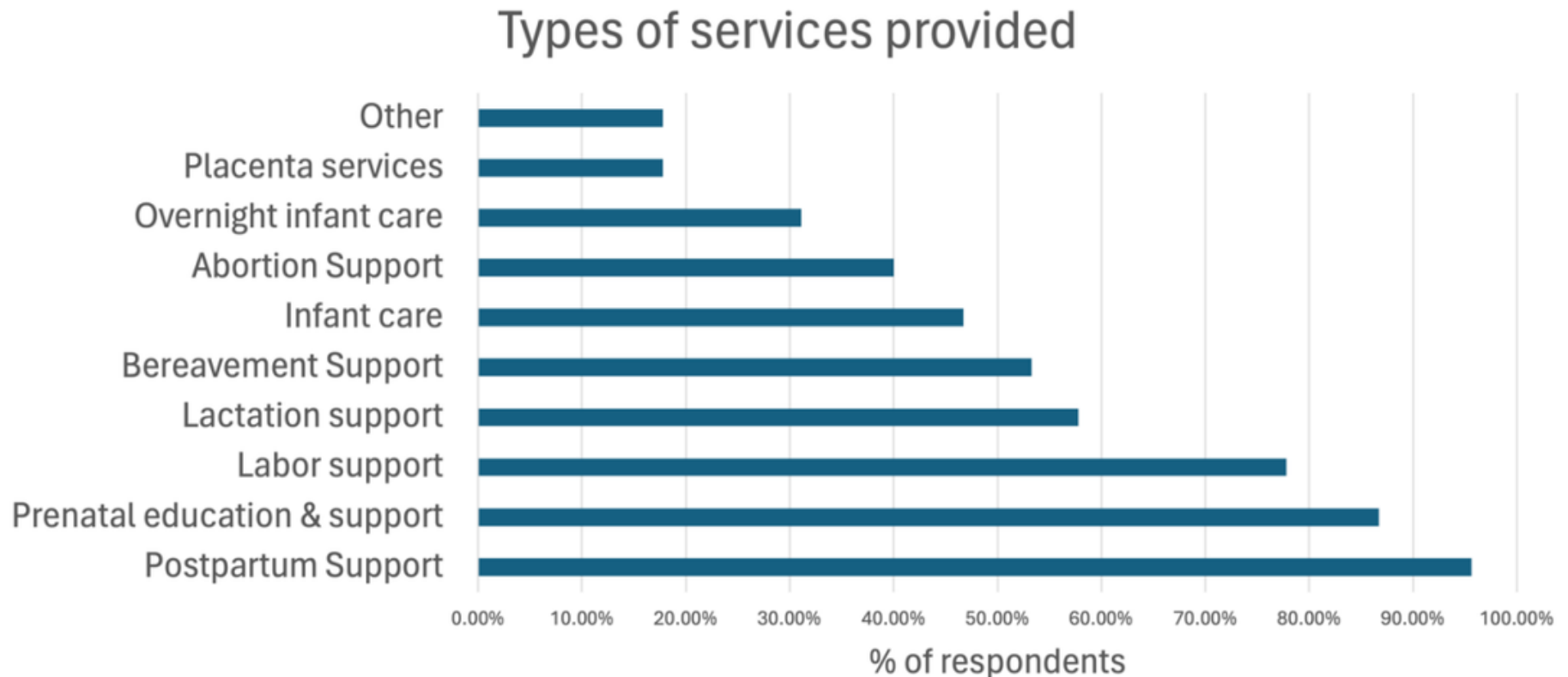
FINDINGS: SCOPE OF CARE

Doulas described their role and scope of care in a variety of ways...

- **Support:**
 - 97.8% (44/45) used the word support to describe the role of a doula. This included support during pregnancy, labor and postpartum. It also included emotional, spiritual and physical support.
- **Education:**
 - 86.7% (39/45) described providing education/information as an important aspect of doula work. This included childbirth and infant education as well as connecting families to resources and social services.
- **Advocate:**
 - 24.4% (10/45) described the role as being an advocate, guide or protector of the birth experience.
- **Other:**
 - 11.1% (5/45) described the role of a doula as holding space and building relationships.

FINDINGS: SERVICES PROVIDED

Doulas vary widely in the number of clients they serve annually and responses ranged from 0 to 40 clients per year. The average number of clients among all respondents was 12 per year with a median of 20 clients per year.



FINDINGS: ACCESS TO CARE

68.9%



Reported they have supported a client for free at some point in their career.

When asked about what might make doula services more accessible in their communities respondents answered as follows:

- 91.1% indicated financial assistance would increase accessibility. Respondents included ideas such as coverage through Medicaid, insurance, HSAs, grants and hospital programs.
- 57.8% indicated increased awareness and more education on the benefit and existence of doulas would increase access.
- 33.3% indicated that increased workforce numbers and/or more training for new doulas would better support their communities.
- **28.9% indicated having the support of medical providers through referrals, hospital doula programs and improved interprofessional education would improve access to clients.**
- 8.9% indicated other suggestions such as access to translators and community building.

INTERVIEW HIGHLIGHTS

Financial barriers to doula care exist.

“THERE’S DEFINITELY A BELIEF THAT DOULAS ARE A LUXURY AND ARE FOR RICH PEOPLE.”



- 100% of doulas interviewed spoke extensively about the inability to pay out of pocket for doula services as the primary barrier to accessing doula care.
- The amount of discussion around financial barriers to access can not be understated and was a primary theme woven throughout each interview.

INTERVIEW HIGHLIGHTS

Doula work is challenging:

“WHEN PEOPLE THINK THAT WE “CHARGE TOO MUCH”, THEY DON’T REALIZE THE INTENSITY OF THE WORK WE DO.”

- 62% identified the biggest obstacle to their work as the challenging logistics and rigorous nature of doula work, particularly being on call for births and working with clients through situations that are physically, mentally and emotionally demanding for both the client and the doula.
- 62% reported finding reliable, flexible, on-call childcare to be a current or prior source of stress in their work. Birth doulas report that in some cases, if a labor is very long, the cost of childcare could be equal to their income.
- 50% reported that seeing clients over a large geographic area required many hours of unpaid time spent driving. This uncompensated travel time also increases childcare costs.

INTERVIEW HIGHLIGHTS

Public awareness about doulas is lacking.

“I HAVE TO TELL ALMOST EVERYBODY WHAT A DOULA IS
AND WHAT OUR ROLE ON THE TEAM CAN BE.”

- 75% of doulas interviewed cited a lack of public awareness about what a doula is, what role they play in perinatal care and what services they provide as a major obstacle in accessing care. These doulas report that in their experience, the public is largely unaware that doula care exists as an option.
- 50% noted that those populations who would likely most benefit from doula services (low income, New Mainer, migrant worker, rural, non-English speaking) are the ones least likely to be aware that doulas exist and can be hardest to reach.

FIRST KEY FINDING

1 Black, Indigenous, New Mainer and Non-English speaking people have limited access to doulas with shared racial/ethnic backgrounds and lived experiences.

- The majority of doulas surveyed identify as white and are English-only speaking.
- Non-white populations, specifically Black and Indigenous people who have higher rates of pregnancy, birth and postpartum complications in Maine do not have access to doulas who share their racial/ethnic and cultural backgrounds.
- The state needs more cultural doulas who can communicate with clients in languages other than English and provide services from a shared cultural perspective.



SECOND KEY FINDING

2

People in rural and low-income counties have limited access to doula services.

- Maine is the most rural state in the United States with 40% of the state population living in one of Maine's 11 rural counties. 60% of respondents (27/45) live in the 5 counties not designated as rural with the remaining 40% of respondents (18/45) residing in rural counties, primarily along the coast. While this split appropriately represents the rural/urban population demographics in Maine, it does not take into account that the 11 rural counties make up a large geographic area with driving distances that restrict adequate doula services.
- Residents in Eastern and Northern Maine have limited access to doula services and in some cases may be completely without a doula in their area.
- There were very few doula respondents in the five poorest counties in Maine where near or over 25% of the population is living below 150% poverty. Of the 45 respondents, only 5 identified as residing in Somerset (0), Washington (1), Aroostook (0), Oxford (4) and Piscataquis (0) counties, meaning that a large rural area with the state's highest rates of poverty is not adequately covered by doula services.

THIRD KEY FINDING

3

Multiple training pathways are embedded in the culture of doula work in Maine.

- Doulas in Maine receive their training through a variety of methods.
- While the majority of doulas surveyed have training through doula training organizations, 60% have opted not to obtain or maintain certification by a doula training organization.
- Providing multiple training pathways for doulas to be recognized by state agencies and hospitals is critical in maintaining eligibility in the existing workforce.
- Education requirements focused on core competencies rather than specific training organizations allows for workforce entry through a doula training organization or through mentorship.
- A dual training pathway currently in use in several states with Medicaid coverage allows for certification via training through a doula training organization or training through a combination of mentorship, experience, references and/or coursework. This should be considered in Maine.

FOURTH KEY FINDING

4

Doulas in Maine provide a wide variety of perinatal support services to clients.




- Doulas spend their time providing support in many ways, in addition to attendance during labor and birth.
- Nearly 20% of doulas surveyed provide care that does not involve attendance at birth and focuses only on prenatal and postpartum support.
- Coverage of doula services should include a separate flat or hourly rate for prenatal/postpartum visits to ensure these critical services can continue.
- When doulas are in their client's homes for prenatal and postpartum visits they are poised to identify risks and make early referrals

FIFTH KEY FINDING

5 Increasing financial accessibility to Maine people is key to expanding doula access and maintaining the doula workforce.

- Over 90% of survey respondents identify that increased financial assistance for pregnant people would do the most to increase accessibility to doula care.
- Financial accessibility was also a major theme among the doulas interviewed.
- The majority of doulas in Maine have provided free care at some point in their careers, in some cases leading to a lack of personal financial sustainability. Doulas are currently filling gaps in financial accessibility to care at a personal cost.
- State policymakers should consider ways to cover doula services for MaineCare recipients and under private insurance.

SIXTH KEY FINDING

 **Additional education about doulas, both for the general public and for healthcare professionals is needed to improve access to doula services.**

- Over 85% of survey respondents indicated that better education about doulas, improved integration with existing healthcare systems and increased referrals from providers would improve access to doula services.
- Community organizations and state agencies working with underserved populations may be best equipped to disseminate education to the individuals who would most benefit from doula services.
- Hospitals could consider partnering with doulas to increase interprofessional communication and be equipped to provide patients with information about the doula services locally available to patients.
- Healthcare professional organizations could consider including presentations and materials from doulas at conferences, in newsletters and as learning opportunities.

SEVENTH KEY FINDING

7

Doulas have concerns about MaineCare implementation and will need training and support if coverage becomes available.

- Doulas surveyed and interviewed are concerned that low reimbursement rates will make accepting MaineCare financially unsustainable and that payments may be reduced, delayed, denied or require a prohibitive amount of administrative work to obtain.
- Training that is available remotely along with ongoing support on an as needed basis is required for doulas to navigate enrollment and billing effectively.
- Training for MaineCare staff on doula services to navigate questions from both doulas and MaineCare recipients will smooth implementation.
- Training and support materials should be available to all doulas in the state regardless of location and should be translated to languages other than English.

DEBRITO, F.M.
DHALAC, D.
DILL, J.F.
DODGE, J.S.
DOUDERA, V.W.
DRINKWATER, G.A.
DUCHARME, J.E.
EATON, H.R.
EDER, J.
FAIRCLOTH, S.
FARRIN, W.K.
FAULKINGHAM, B.
FLYNN, P.R.
FOLEY, R.A.
FOSTER, S.D.
FREDERICKS, A.
FREDETTE, K.W.
FRIEDMANN, G.
FROST, S.C.
GATTINE, D.
GEIGER, V.D.
GERE, T.
GIFFORD, I.A.
GOLEK, C.A.
GRAHAM, A.P.
GRAMLICH, L.K.
GREENWOOD, R.A.
GRIFFIN, A.W.
GUERRETTE, T.C.
HAGGAN, K.M.
HALL, R.C.
HASENFUS, T.R.
HENDERSON, R.A.
HEPLER, A.
HYMES, B.C.
JACKSON, C.
JAVNER, K.I.
JULIA, C.L.
KESSLER, C.J.
KUNN, A.D.
LAJOIE, M.A.

TODAY'S CAL 3-11 LD 1523
IMPROVE PERINATAL CARE THROUGH
EXPANDED ACCESS TO DOULA SERVI
REFERENCE

In the 15 months since the
assessment was published...

State policy and systems changes

- MDC partnered with the Maine Women's Lobby and provided expert opinion on LD1523/H.P.1008 Resolve, to Develop MaineCare Coverage of Doula Services, which passed in the Maine legislature in June of 2025.
- In January 2025, Maine was awarded a Transforming Maternal Health (TMaH) model grant.
 - An important aspect of TMaH is the coverage of doula services by MaineCare by early 2028 and the formation of a MaineCare Doula Council.
 - MDC Co-Directors Sarah Tewhey and Cait Vaughan work in an advisory capacity with the Office of MaineCare as consultants under the TMaH grant.
 - Maine's TMaH team has allowed doulas to take a leading role in providing input on a doula benefit, which represents a departure from the way other states have handled implementation of doula services.
- Systems change work involves ensuring smooth implementation of Medicaid doula coverage and equitable reimbursement rates for services - which have been stumbling blocks in other states who already have this benefit.

Doula Training Programs



- In Her Presence initiated a Cultural Doula Program to train new 13 doulas from within the African New Mainer community.
- Through the MaineMOM program a small number of individuals from within the peer recovery community were trained as doulas to provide specific support to individuals with Substance Use Disorder.
- Wabanaki Public Health and Wellness recently trained 30 new doulas from within Maine's Indigenous Communities.
- Maine Doula Coalition is initiating a pilot program to create a Maine-specific doula training program to help expand the workforce in rural communities.

Doula Access Leadership Initiative (DALI)



- An interdisciplinary team of doulas and public health professionals with lived experience in Maine communities most affected by adverse perinatal outcomes.
- DALI's goals include:
 - Producing a culturally-relevant and accessible public education campaign about doula care to a range Maine communities and healthcare systems.
 - Engaging birthing families by ensuring those who currently do not have full access to doula services are leaders in determining the best ways to integrate doulas into their communities.
- DALI is funded by the Maine Health Access Foundation under a sub-grant from the Maine Women's Lobby Education Fund.

Workforce Representation

- Three years ago there was no unified doula presence in the state.
- MDC currently collaborates with over 40 Maine healthcare systems, organizations, state agencies, and perinatal advisory groups.
- Doula participation in leadership spaces ensures the doula workforce and the families we serve are represented in decisions shaping perinatal care and that the integrity of our work and the improved outcomes that come with it are maintained.
- Good things can happen when you bring doulas to the table!



Maine Hospital and Doula Collaborative

Background and Context



- As doula access expands, Maine hospitals will have more doulas accompanying their clients through labor and birth. This represents a potential major shift in the landscape of the inpatient birth team.
- Hospitals and doulas can work together now to establish guidelines and build a framework for interprofessional success. By doing so, systems for collaborative care will already be in place prior to expansion of doula services.
- Through 2025 MDC ran a pilot pairing hospital champions with a doula liaison from the community to work together through a process oriented “toolkit”.
- This project is among the first of its kind nationwide and is funded by The Bingham Program

Existing research on this unique relationship...

- **2019 Cochrane Review on Labor Companionship**
 - DOI: [10.1002/14651858.CD012449.pub2](https://doi.org/10.1002/14651858.CD012449.pub2)
- **Attitudes of Physicians, Midwives and Nurses about Doulas**
 - DOI: [10.1097/NMC.0000000000000488](https://doi.org/10.1097/NMC.0000000000000488)
- **North American Nurses' and Doulas' Views of Each Other**
 - DOI: [10.1016/j.jogn.2016.06.011](https://doi.org/10.1016/j.jogn.2016.06.011)
- **An Interprofessional Collaboration Between a Community-Based Doula Organization and Clinical Partners: The Champion Dyad Initiative**
 - <https://doi.org/10.1111/jmwh.13730>



Hospital team and doula relationships

- Hospital teams and doulas can have amazing, collaborative experiences and trusting relationships. The relationship can also be tense, complex or even adversarial.
- When encountering new staff we've never met, doulas can feel unsure, nervous and intimidated. Just like you, we can feel it when there is tension.
- In early labor, many doulas will work to try and gain the trust of the nurses and other staff while ALSO trying to care for their client(s).
- Many doulas have had challenging experiences with certain hospital staff. As doulas we fully recognize that many nurses and providers have had difficult experiences with certain doulas. We should acknowledge this and be open about the difficulties.
- When nurses, providers and doulas work together the result is patients/clients who feel well supported, are well informed about their care and have incredible birth experiences - even when things don't go according to plan. It can be a powerful interprofessional relationship when it works.

An inside view of doula care...

- A good birth doula doesn't have an "agenda". We support both low and high risk clients. We support all pain management options. Our job is to understand our clients' values, support their preferences whenever possible and ensure they are informed.
- Ideally, we provide evidence-based information and support the decision making process. When difficult decisions need to be made or changes need to be processed we are often the person on the care team with the closest relationship to the patient and their partner.
- Encouraging our clients to ask questions or request extra time to make decisions in non-emergent situations does NOT mean that we don't respect clinical judgement or are encouraging our clients to refuse interventions.
- We have been hired by the birthing person and we don't always agree with the preferences, decisions or temperament of our clients.
- If our clients have a difficult birth experience or birth trauma, doulas are the ones who will be there to support the birthing person and help the patient/client process that experience in the weeks and months to come. I have doula clients who years later still need to process their birth experience with me.

Shared goals for the entire birth team

- Safe outcomes for the patient/client and the infant.
- For patients/clients to feel respected and to be well-informed.
- To minimize or eliminate patient/client trauma.
- For patients/clients to receive care that is free from discrimination and bias.
- For all members of the care team - the provider, the nurses, the doula and the family to have good rapport and communication.



Pilot Program Goals and Evaluation

Program Goals

- **Improve interprofessional relationships between hospital staff and doulas**
- **Produce an instructive process oriented document for improved relationships** via a Hospital and Doula Collaborative Toolkit that will be developed by doulas and pilot hospitals and will eventually be shared across all Maine birthing hospitals.

Program Evaluation

- **Surveys provided to pilot hospital OB staff at program initiation.** Surveyed population included providers, nursing staff, outpatient support and administrative staff on their understanding of doula scope and experiences working alongside doulas. 55 responses total.
- **Surveys circulated to local doulas** about their understanding of policy and experiences in pilot hospitals. 15 responses total.
- **Exit interviews with doula liaisons** to evaluate successes, challenges and changes
- **Follow up surveys with hospital staff** at one year post-pilot.

Program Structure

- The pilot is 18 months and occurs in three phases
 - Phase 1: January-March, 2025 **COMPLETED**
 - Draft toolkit, establish doula liaisons, onboard pilot hospitals
 - Phase 2: April 2025-January 2025 **COMPLETED**
 - Hospitals work through the toolkit process with their liaison
 - Phase 3: February through June 2026
 - Finalize toolkit document and disseminate to Maine birthing hospitals.
- Three participating pilot hospitals, Central Maine Medical Center, Mount Desert Island Hospital and MaineHealth Maine Medical Center.
- Hospital teams and their doula liaison have recently completed a 5 step process that involves partnership, education, improving quality care and building mutual understanding. MDC will use feedback to create a final document.
- The Hospital and Doula Collaborative Toolkit will be finalized and made available to all Maine birthing hospitals. There is also interest from doula groups and hospital systems nationally.

The Toolkit

5 Step Process

1. Create a Partnership

- Hospital champions and a local doula are identified for partnership and establish a relationship.
- A 3-6 month long work plan is created.

2. Establish baselines

- The collaborative partnership is introduced to OB staff.
- OB staff are surveyed to determine their understanding and experiences with doula care. The toolkit provides this survey.
- Local doulas are surveyed to determine their experiences attending births at the hospital with clients. The toolkit provides this survey.
- Champions and liaisons discuss the findings and priorities for collaboration are created using the Doula Friendliness Capacity Assessment

The Toolkit

3. Build Collaboration

- Using the priorities from the capacity assessment, the team then...
- Works together to establish guidelines using the Guideline Checklist
- Plans activities including orientation tours for doulas, interprofessional learning opportunities, doula education for staff, etc. This ensures bilateral education about roles and allows staff and doulas to build relationships outside the immediacy of labor.
- Creates a “Doula Directory” for the unit to increase familiarity with local doula.
- Creates a resolution process for when conflict or concerns arise.

(Insert hospital logo - optional)

Providing Doula Care at {Insert Name of Hospital}

This information sheet was created by the Hospital and Doula Collaborative team at {Insert Name of Hospital} to assist doulas in preparing their clients for birth at {Insert Name of Hospital}.

Hospital-wide Considerations

Doulas are / are not counted as visitors while supporting clients During business hours doulas can enter the hospital via: Outside of business hours doulas can enter the hospital via: Healthy, security or identification requirements for hospital or OB unit access:

OB Access Guidelines

Doulas can accompany their clients

- ☐ In triage
- ☐ In the labor room
- ☐ During epidural placement
- ☐ In hallways when walking with clients to promote movement in labor
- ☐ In the operating room
- ☐ In PACU/Recovery
- ☐ In the NICU
- ☐ In postpartum rooms
- ☐ Other:

Doulas can access:

- ☐ In room supply cabinets to access blankets, pillows, gowns, chux pads, washcloths, etc.
- ☐ Locations outside the rooms where balls, squatting bars and other comfort measures are kept
- ☐ The linen closet or cart
- ☐ Kitchen areas include water, ice and refrigerators
- ☐ Bathrooms that are on the floor outside of patient rooms

Hospital Norms and Culture

Our policy on eating and drinking during labor is:

Our policy on Vaginal Birth After Cesarean (VBAC):

The Toolkit

About DOULA Care

What is a doula?

A doula is a trained, non-medical care worker who provides continuous physical, emotional and educational support during pregnancy, labor, postpartum, and early parenthood. Doulas are generally independent and are hired by the birthing person/family.

What are the benefits of having a doula?

Doulas are an evidence-based intervention that can improve maternal and infant health outcomes. The presence of a doula has been shown to reduce cesarean sections, decrease incidence of pre-term birth and low birth weight babies, shorten labor duration, improve Apgar scores, reduce maternal depression and anxiety and positively impact birth experiences.

What does doula care look like?

Doulas are important members of the care team. They offer prenatal and postpartum visits, continuous labor support, care during pregnancy or infant loss, connections to resources, spiritually or culturally congruent care, language access and assistance with navigating healthcare systems. Doulas are community-focused and a hallmark of doula care are the long-term close and trusting relationships formed with clients over many months and years.

Who recommends doula care?

Incorporating doulas is cited as a strategy for improving perinatal care by the Maine Perinatal Health Disparities Needs Assessment, the 2023 MFMR Annual Review and the LD1113: Racial Disparities in Prenatal Access in Maine report.

Where can I learn more?

[March of Dimes Position Statement on Doulas and Birth Outcomes.](#)
[The Doula Medicaid Project of the National Health Law Program](#)



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4. Educate staff, doulas and patients

- Provide education to hospital staff to ensure they understand doula care. The toolkit includes information sheets and a brief slide presentation.
- Provide education to local doulas about hospital norms via a Welcome Packet. This can include information about policies, waiting area and cafeteria locations, entering the hospital after hours, etc.

5. Maintain ongoing collaboration

- Continue communication between champions and liaisons
- Ensure changes are communicated and reassess the guidelines as needed.

Thank you!

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