Standards of Practice

I) Scope

A) ***Services Rendered***. The doula accompanies the woman in labor, provides emotional and physical support, suggests comfort measures, and provides support and suggestions for the partner. Whenever possible, the doula provides pre- and post-partum emotional support, including explanation and discussion of practices and procedures, and assistance in acquiring the knowledge necessary to make informed decisions about her care. Additionally, as doulas do not "prescribe" treatment, any suggestions or information provided within the role of the doula must be done with the proviso that the doula advises her client to check with her primary care provider before using any application.

B) ***Limits to Practice***. DONA International Standards and Certification apply to emotional and physical support only. The DONA certified doula does not perform clinical or medical tasks such as taking blood pressure or temperature, fetal heart tone checks, vaginal examinations, or postpartum clinical care. If doulas who are also health care professionals choose to provide services for a client that are outside the doula's scope of practice, they should not describe themselves as doulas to their client or to others. In such cases they should describe themselves by a name other than "doula" and provide services according to the scopes of practice and the standards of their health care profession. On the other hand, if a health care professional chooses to limit her services to those provided by doulas, it is acceptable according to DONA International's Standards for her to describe herself as a doula.

C) ***Advocacy***. The doula advocates for the client's wishes as expressed in her birth plan, in prenatal conversations, and intrapartum discussion, by encouraging her client to ask questions of her care provider and to express her preferences and concerns. The doula helps the mother incorporate changes in plans if and when the need arises, and enhances the communication between client and care provider. Clients and doulas must recognize that the advocacy role does not include the doula speaking instead of the client or making decisions for the client. The advocacy role is best described as support, information, and mediation or negotiation.

D) ***Referrals***. For client needs beyond the scope of the doula's training, referrals are made to appropriate resources.

II) Continuity of Care

A) The doula should make back-up arrangements with another doula to ensure services to the client if the doula is unable to attend the birth. Should any doula feel a need to discontinue service to an established client, it is the doula's responsibility to notify the client in writing and arrange for a replacement, if the client so desires. This may be accomplished by:

- Introducing the client to the back-up doula.
- Suggesting that another member of DONA International or other doula may be more appropriate for the situation.
- Contacting a DONA International Regional Representative or local doula organization for names of other doulas in the area.
- Following up with the client or back-up doula to make sure the client's needs are being accommodated.

III) Training and Experience

A) ***Training***. Doulas who are certified by DONA International will have completed all the requirements as set forth in the DONA International Requirements for Certification. This includes training in childbirth and attendance at a birth doula workshop which has been approved by the DONA Education Committee; completion of a breastfeeding requirement; required reading from the DONA International Reading List; development of a resource list for her clients; completion of an essay that demonstrates understanding of the integral concepts of labor support and a Basic Knowledge Self-Assessment Test. See the DONA International Requirements for Certification for more detail on Training and Experience.

B) ***Experience***. Doulas certified by DONA International will have the experience as set forth in the DONA International Requirements for Certification. This includes provision of support to a minimum number of clients, positive evaluations from clients and health care providers and records of three births, including a summary, observation form and account of each birth.

C) ***Maintenance of Certification***. DONA certified doulas will maintain certification as outlined in the DONA International recertification packet. Recertification must be completed after each three-year period of practice.

Code of Ethics

I. Rules of Conduct

A. *Propriety*. The doula should maintain high standards of personal conduct in the capacity or identity as a birth doula.

B. *Competence and Professional Development*. The doula should strive to become and remain proficient in the professional practice and the performance of professional functions through continuing education, affiliation with related organizations, and associations with other birth doulas.

C. *Integrity*. The doula should act in accordance with the highest standards of professional integrity.

II. Ethical Responsibility to Clients

A. *Primacy of Client's Interests*. The doula's primary responsibility is to her clients.

B. *Rights and Prerogatives of Clients*. The doula should make every effort to foster maximum self-determination on the part of her clients.

C. *Confidentiality and Privacy*. The doula should respect the privacy of clients and hold in confidence all information obtained in the course of professional service.

D. *Obligation to Serve*. The doula should assist each client seeking birth doula support either by providing services or making appropriate referrals.

E. *Reliability*. When the doula agrees to work with a particular client, her obligation is to do so reliably, without fail, for the term of the agreement.

F. *Fees*. When setting fees, the doula should ensure that they are fair, reasonable, considerate, and commensurate with services performed and with due regard for the client's ability to pay. The doula must clearly state her fees to the client, and describe the services provided, terms of payment and refund policies.

III. Ethical Responsibility to Colleagues

A. *Respect, Fairness, and Courtesy*. The doula should treat colleagues with respect, courtesy, fairness, and good faith.

B. *Dealing with Colleagues' Clients*. The doula has the responsibility to relate to the clients of colleagues with full professional consideration.

IV. Ethical Responsibility to the Labor Support Profession

A. *Maintaining the Integrity of the Profession*. The doula should uphold and advance the values, ethics, knowledge and mission of the profession.

B. *Community Service*. The doula is encouraged to assist the DONA International vision of "A Doula for Every Woman Who Wants One" by making reduced cost or no cost labor support services available when possible.

V. Ethical Responsibility to Society

A. *Promoting Maternal and Child Welfare*. The doula should promote the general health of women and their babies, and whenever possible, that of their family and friends as well.

Clarification and Application of DONA International's Code of Ethics and Standards of Practice

by Penny Simkin

This paper clarifies and details some crucial and frequently misunderstood points in DONA International's Code of Ethics and Standards of Practice. Please refer to your copy of the Code of Ethics and Standards of Practice (located in this manual) while you read this. *Be sure that you understand, accept and will abide by the Code of Ethics and Standards of Practice.*

Questions and Answers about Specific Points in the Code of Ethics

1. *What is meant by "primacy of client's interests" (Section II, A)?*

   This means that you are there to assist your client to have the best possible birth experience, as she defines it. She—not her caregiver, nor the nursing staff, nor the hospital administration, not even her partner or her family, nor anyone else—is the person to whom you are responsible. Your own opinions and preferences are secondary to hers. When you are her doula, and within the limits of the law, within reason, and within the doula's scope of practice, you take on her values as your own, and help her to be understood.

   Remember also that sometimes in labor, tensions arise between a woman and her loved one(s). She may feel angry, neglected, or disappointed with her partner or other family members. She may want more from her partner than her partner is able or willing to give. You should try to avoid taking sides and to stay out of any conflicts or negative exchanges between them, focusing your efforts on her state of mind and physical comfort. Good or bad, these people are the woman's long-term support system, and you are not. You will be with her for only a short time. Do not contribute to her dissatisfaction with her partner or family members.

   If your client's labor becomes complicated, try to minimize potential negative aftereffects by being sure she is well informed, and by helping her adjust to the need for interventions or quick action. If there is misunderstanding, disagreement, or conflict between your client and anyone else, try to resolve the conflict as favorably as possible for your client, using good communication skills, encouraging her to speak for herself, and, when necessary, helping her negotiate, compromise, and adjust to necessary changes. You will not be dishonest, argumentative, hostile, or sneaky. You do not tell her what to do, nor do you give her clinical advice or perform clinical tasks. Such conduct is not only unprofessional and outside the doula's scope of practice, but it is also likely to lead to your being forced to leave, which is certainly not in your client's best interests.

   What you have to offer your laboring client is different from what the clinical staff has to offer. The benefits in obstetric outcomes reported in the numerous studies of doulas were not the result of the doulas' ability to manage the labor or to argue with staff, or to persuade the laboring woman to give birth in one particular way. It was the continuous presence, the kindness, reassurance, encouragement, comfort, and the "mothering" that relieved the women's pain and fear, and increased the likelihood of a more efficient and normal labor.

2. *"Confidentiality and privacy" (Section II, C): "Can I ever discuss my clients? As long as I say nice things about my clients, isn't it okay for me to talk about them?"*

You should not give the name or other unrelated or irrelevant identifying information about your client in any discussion, except when she has given you permission to discuss her case with your backup doula or someone else involved in her care. If she has disclosed something to you in confidence, do not break that confidence, even to your backup doula. If you live in a small town where your client may be known, or if you are asked for identifying information, handle it by saying, "Why don't you ask her to tell you her

story?" or "I've told you the relevant information." Learn to refer to your client as "the mother," "my client," or "I'll call her Jane." Even if you are saying only complimentary things about her, she may not want you to. She may not like hearing that everyone knows about her great birth experience! Or how courageous she was when her boyfriend walked out on her!

If she is doing something illegal or clearly harmful to herself, her baby, or someone else, urge her to tell her caregiver or social worker, and seek the advice of her caregiver, a social worker, or a crisis clinic regarding appropriate and legal behavior, maintaining her confidentiality while discussing her behavior. (If you are a mandated reporter, you must report dangerous behavior.)

3. *"Reliability" (Section II, E): "What do I do if I am not absolutely positive that I can be with a particular client? I have other obligations (family, job, travel) that might make me less than 100% reliable. Does that mean that I cannot be a doula?"*

   Most doulas have obligations that make them unavailable sometimes. If that is the case for you, tell your client at what times or under what circumstances you are not available. She may be willing to take her chances with you, or she may prefer to find someone else. If possible, work with one or two back-up doulas on a call schedule, which you share with your client. Your back-up can meet your client ahead of time so that there is always a familiar doula available to your client.

   Above all, do not promise to be there if there is *any* possibility that you and your back-up might not be available. Your client may take your promise very seriously and feel abandoned and hurt that you did not come. Rather, promise to be there "if at all possible," but make clear some of your other life demands that may restrict your availability. Then, if you do not make it to the birth, she might still be terribly disappointed, but at least you did not mislead her. See Section II (Continuity of Care) in the Standards of Practice for more relating to reliability.

   Carry a pager or cell phone so that you are always available.

   If, because of family or job commitments or lack of back-up, you cannot be on call for clients for weeks before or after her due date, you may be able to arrange to volunteer at a local hospital for one to a few shifts per month. You could go to the hospital on your shift and provide support for anyone in labor who would like extra support.

Questions and Answers on the Doula's Scope of Practice (from the Standards of Practice)

1. *"Limits to practice" (Section I, B): "What does DONA International mean by 'clinical' tasks? Is suggesting such things as nipple stimulation, herbal remedies, or castor oil considered 'clinical' advice? If my client wants to avoid an induction, can I not suggest these things? They are mentioned in many books for expectant parents." "If I do a vaginal exam on a woman who wants to stay at home as long as possible in labor, aren't I serving her best interests?" "What if I am a nurse and have been trained in clinical tasks?"*

   Numerous questions about the doula's scope of practice are asked, and it is very important that we distinguish between the doula's role and that of other members of the maternity care team.

   First of all, anyone practicing as a doula, by definition, performs no clinical tasks, nor does she give clinical advice. This means *no* vaginal exams, *no* fetal heart checks, *no* blood pressure assessments, *no* other antepartum or intrapartum clinical tasks, and *no* postpartum clinical care of mother or baby, even if your client or someone else requests them. Rather, you should assist your client in applying the non-clinical information you both have, and turn to the clinician for further clinical assessment or care.

   Why does DONA International take such a strong stand on this issue? There are several reasons:

   1. Adequate competency in clinical skills and correct interpretation of findings require much training and practice. It is likely that inexperienced people will make mistakes and do more harm than good in trying to take on a clinical role.

2. There are more than enough people available to perform vaginal exams or other clinical procedures on women. DONA International is interested in providing the kind of care that is lacking in maternity care today—the kind of care that has been proven to make a difference in physical and psychological outcomes. More people giving more clinical care does not improve outcomes.
3. If a doula adds clinical responsibilities, she dilutes her support role. She withdraws her emotional support while she assesses or treats the woman.
4. The doula places herself in a position of being an added clinical care provider, very likely without the knowledge or agreement of the physician or midwife, until she turns the client over to her caregiver. Unless the doula has all relevant clinical information about the client and knows how to interpret it, she could do more harm than good. Few doctors and midwives are pleased to learn that their client is receiving clinical care from someone they do not know or may disagree with. Without collaboration among all a woman's caregivers, confusion and conflict may ensue. The doula must ask herself, "Is it really in my client's best interests for me to place her in such a position, especially when I lack skill and experience, and do not know all clinically relevant facts about her?"
5. A nurse who has training and experience in clinical procedures and assessment is in a somewhat different position. She should not call herself a doula if her labor support practice includes the clinical component. She is a monitrice. She should consult the scope of practice for her profession, especially if she is not working with a physician or midwife who authorizes and is ultimately legally responsible for her clinical actions. In such situations, the "Good Samaritan Act" may protect them from legal culpability should harm occur. Nurses and midwives should check their own professional standards before deciding to offer clinical care in addition to labor support. Even those nurses who function only as doulas may under the law be expected to use their clinical expertise in emergency situations.
6. The doula or other provider of labor support services should fully inform her client of the scope of her practice and how it interfaces with the services of her clinical care provider.

As for the use of alternative remedies or treatments (herbs for mother or baby, essential oils for aromatherapy, homeopathics, castor oil, nipple stimulation, other self-help measures to start labor), because these are used for clinical indications, and have potential side effects, the doula must be very careful in advising these. Before suggesting them or telling her client how to use them, the doula must advise her client to check with her caregiver before trying alternative remedies. The reason for checking is to learn whether there is any *clinical* reason (that the doula or her client may not know about) to try the alternative remedies. Of course, the client decides whether to follow or ignore the doula's advice to check with her caregiver.

Unfortunately, people sometimes use self-administered or self-prescribed alternative methods inappropriately (for example: trying to start labor with blue or black cohosh tea, which can sometimes raise blood pressure, or nipple stimulation, which can sometimes cause tetanic contractions). The doula must not take such risks on behalf of her client. If, however, the caregiver does not object, then the doula can help her client to use them.

Wording used by the client when asking her caregiver about alternatives is important, because many caregivers are ignorant of the alternatives, and if asked, "Should I try castor oil?" might answer, "No," but if asked, "Is there any clinical reason why I should not try castor oil?" might answer, "Well, I doubt if it will work, but if you want to, go ahead," or, "You're only 38 weeks pregnant. Your baby will benefit from more time in the uterus. You could be taking some risks if you try to start labor early." A doula can help her client prepare to discuss such matters with her caregiver by role-playing various conversations.

Clinical advice might include something as seemingly innocuous as looking at the monitor and saying that the baby is fine. Rather than reassuring her client that the monitor shows that the baby is fine (Does a doula really know how to interpret fetal monitor tracings? Are fetal monitors always reliable?), it is preferable to ask the nurse or caregiver how the baby appears to be. Then the information comes from someone whose job it is to know.

2. *"How can I advocate for my client without getting into trouble with her caregiver?" (Section I, C)*

   Inappropriate advocacy might include making decisions for the client (something as simple as telling the client not to go to the hospital yet, or to refuse rupture of the membranes). Instead, if her client asks, "Should I go to the hospital?" the doula helps the woman decide by reviewing her labor symptoms with her and exploring various possibilities: calling the hospital and getting their advice, staying home for a while, going in to be checked and possibly returning home if she is not in active labor, or going and staying. After discussing the consequences of each, the woman makes her decision and the doula supports it. This protects the doula and client from a one-sided decision by the doula, and ensures that the doula fosters "maximum self-determination on the part of her clients" (Section II, B of DONA International's Code of Ethics).

   Rather than telling her client to refuse a procedure, such as rupture of the membranes, the doula should help her client get the information she needs to make an informed decision. The doula can remind the woman of her birth plan if her caregiver is departing from it, or if she seems unaware of that fact. The reason for reminding her of her birth plan is to make certain that, after the birth, she does not feel her birth plan was ignored. She can discuss the pros and cons for doing or postponing the procedure, and make an informed decision.

   One of the most difficult situations for a doula is to stand by while the caregiver gives false or incomplete information, especially when the misinformation persuades the client to accept an intervention or medication that has side effects that will upset the client. Such caregivers, of course, are dishonest and are violating basic tenets of informed consent. But what can a doula do? First of all, before labor, go over key questions to ask before deciding on an intervention and some options besides accepting or refusing (such as asking for some time to think about it, or postponing the intervention for a period of time). Then in labor, the doula can tactfully remind the woman, "Do you want to discuss it more or ask any questions before you decide?" If this does not work, the doula may be in a delicate position. If she questions the caregiver's authority she may find herself at risk of being made to leave because the caregiver perceives her interfering with the client-caregiver relationship. The doula is of more use to the woman as an unquestioning participant who can remain focused on the woman's well-being than as a "troublemaker" outside the room.

   Most successful doulas learn ways to ask questions of authority figures in an effective and non-threatening way. It takes experience, familiarity, and mutual respect for it to succeed.

This entire discussion is meant to show how a doula can remain within her scope of practice while empowering her client and limiting herself to what she does best and what we know will enhance the well-being of the mother and baby and nurture and protect her memories of the birth.