



Doulas: Team Members Providing Essential Care During COVID-19 Crisis

The Oakland Better Birth Foundation, March 26th 2020



As the situation here in Oakland, CA and beyond changes daily, the doulas, educators, students, advocates, parents, community members and other perinatal professional allies of the Oakland Better Birth Foundation find it necessary to respond to recent restrictions on the accompaniment, by professional and familial support people, of laboring people receiving hospital care.

As of March 13th, the San Francisco Department of Public Health issued [Order C19-06](#) that will be codified into law until April 30th, 2020, at the earliest, severely restricting "Visitors and Non-Essential Personnel" from accompanying hospital clients/patients. While we recognize that these guidelines are published in an effort to mitigate physical proximity and minimize exposure between staff members, care providers and the general public - with the overall intention of preventing infection with COVID-19 - we also recognize that such guidelines may be *interpreted* in such a way as to negatively impact birthing people and families seeking to avoid trauma, injury or death by following evidence-based recommendations for support by loved ones and doulas.

The order itself wisely provides for a flexibility in the restrictions, allowing for a diversity of patients and situations that may be exempt . It states that, "*each Hospital may authorize Necessary Visitation,*" (given specific protocols are followed on a case-by-case basis) and that there may occur "*unique situations that justify a Necessary Visitation based on the context.*" Are not the time-sensitive services of a doula - which are shown to improve birth and postpartum outcomes as well as reduce emotional trauma - a necessary form of care and support within the unique context of each birthing person's life and navigation of a maternal health care system in crisis?

Acknowledging that there are as of yet many unknowns regarding the specifics of this virus, and that recommendations from all parties may evolve, we assert that:

- 1) Thus far, despite increased vulnerability to infection in general, [current data suggests that pregnant people are not shown to be more vulnerable to COVID-19](#) infection than other adult members of the population and that breastfeeding parents may, and should, continue to breastfeed. The [CDC Clinician Outreach and Communication Activity webinar](#) provided on March 12th, 2020, stated both that pregnant people are generally considered vulnerable to viral respiratory infections *and* that the data collected thus far shows no increased risk or infection rates with regards to this virus in particular. This information is understandably incomplete, somewhat contradictory, and is **not sufficient to override the**

rights of laboring people to be accompanied by their chosen loved ones and/or support people at birth.

- 2) **The hospital setting during a time of pandemic carries a higher risk for anyone receiving medical care.** As birth is not an inherently medical event, pregnant and laboring people have the right to decline optional hospital care and/or non-medically indicated interventions. To this end, for low-risk, healthy pregnant people with no signs of infection, laboring at home for as long as possible and safe for the laboring person may be a safer choice than early admittance to Labor & Delivery; likewise early discharge for all families requiring no immediate postpartum medical intervention may be considered. A Doula is a skilled professional capable of supporting families who make these decisions to safely coordinate the timing and transition to and from home and/or birthing clinical site.
- 3) Given that a high percentage of American women *do* deliver in a hospital setting, we maintain that **Doulas are an essential member of the care team in alignment with hospital goals of safe, healthy, outcomes.** In the Written Guidance Regarding Compliance addendum of Order C19-06, Item 5 states that *“the intent of the Order is for a Hospital to permit visitation by these listed support persons except in situations when doing so would conflict with the Hospital’s mission.”* In the Order Item 11, *“‘Necessary Visitation’ means a visit or contact that is based on urgent health, legal, or other issues that cannot wait [...] ‘Necessary Visitation’ refers to other types of visits or contact that are time-sensitive or critical.”* Doulas are statistically shown to improve outcomes in maternal and infant populations, including decreasing interventions in labor, decreasing surgical birth rates, decreasing perineal tearing, and improving breastfeeding rates, among many other qualitative assessments of parental and newborn well-being. The essentiality of Doula care is expressed by the American College of Obstetricians and Gynecologists, in their [Committee Opinion on Approaches to Limit Interventions in Labor & Birth](#) (2017), and by the Association of Women’s Health, Obstetric and Neonatal Nurses, in their 2020 [recent statement](#):

‘ “Doulas are not visitors and should not be blocked from caring for patients in the antepartum, intrapartum and postpartum period. Most doulas have been contracted by patients weeks to months ahead of time and have established provider relationships. They are recognized by AWHONN and ACOG as essential personnel and part of the maternity care team,” said AWHONN member Nancy Travis, MS, BSN, RN, BC, CPN, CBC, Florida Section Chair. AWHONN supports doulas as partners in care and acknowledges their ability to provide physical, emotional, and

partner support to women. AWHONN opposes hospital policies that restrict the presence of a doula in the inpatient setting during an infectious disease outbreak.'

- 4) In support of those clients working with Doulas during this outbreak, and in solidarity with those care providers dedicated to the comprehensive wellbeing of babies, parents and families, we recommend that **L&D staff might consider Doulas not only essential, but a major assistance to their own capacity to provide the evidence-based continuity of care shown to support laboring people's wellbeing, both physically and emotionally** ([JOGNN](#) 2018 , [Cochrane](#) 2017). A Doula is neither restricted by obligations (and exposure) to other patients nor the lack of familiarity that can be a hindrance to even the most dedicated Nurses. Therefore, they can, if welcomed as an integral team member, maintain "ears and eyes" on a laboring person, and help nursing staff to minimize unnecessary physical contact for comfort measures and positioning support. Doulas may also provide additional oversight and support for the maintenance of preventative measures against COVID-19, and provide a calm, reassuring line of communication, clarity and confidence regarding up-to-date practices, patient status, alerting staff to signs of infection, and consistent hygienic measures.
- 5) Given the growing scientific understanding of the subjective nature of labor and birth, and the physiological relationship to emotional and mental well-being, we firmly believe that a Doula's role in reducing stress and associated hormones (i.e. cortisol), while facilitating the continuance of endogenous oxytocin production, is a science-based support measure for reducing maternal/parental (and therefore fetal) distress and thereby supporting a higher-functioning central nervous system and related immune functions.
- 6) Additionally, as most Doulas have already had sustained contact with clients preceding hospital admittance, their continued presence does not pose additional risk to said client - even protective measures taken by Nurses may not reduce the stress and risk of perceived/actual exposure to a new clinical provider in such a public setting. A Nurse may find their rotations to be more effective with the consistent reports of a client who has a Doula assisting them in communicating quickly and effectively with medical staff. Doulas are fully capable of taking protective measures pre-admittance and are subject to less exposure overall than any hospital staff. We are committed to holding our Doula colleagues to the highest standards of hygiene and prevention to assure this.

Overall, it is the right and need of laboring people to be with their support person(s) and Doula, and while hospitals take appropriate measures to sanitize their spaces and manage their own staff, we ask them to consider our presence as a needed and helpful

role, easing their work, and essential to the outcomes experienced by pregnant, laboring and postpartum families. It is up to parents and care teams to work together in creating the safest and most supportive environment for laboring people and newborns. The evidence world-wide has shown us repeatedly the value of continuity, and the need for integration between obstetrical, midwifery, and non-medical doula models of care for all families. Let this be the beginning of a cohesion that can carry us through this current crisis and forward into a healthier maternal care environment in the United States.

Signed,

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