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# OPPORTUNITIES & INSPIRATION FOR BIRTH DOULAS AND HOSPITALS IN NJ

What is needed for everyone to be less entrenched and more aligned in care?

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Innovations emerging from conversations among NJ parents, doulas, L&D nurses and other birth professionals.

New Jersey hospitals and doulas can have a more collaborative, open and mutually-beneficial working relationship than they do now. Birthing families would be the beneficiaries of such quality improvements.

When doula-nurse relationships were categorized in the theme of acceptance and affirmation, women described their birth experience as “extremely positive,” “empowering,” and “life changing.”

Doula Support and Attitudes of Intrapartum Nurses: A Qualitative Study from the Patient's Perspective. Papagni and Buckner (2006)

### Where we are now: a quick overview

- **EO 20-020** ensured patient access to continuous doula labor support during COVID, setting forth that doulas are “part of the patient's care team, essential to patient care” including “throughout labor, delivery, and the entire postpartum hospital stay.”
- Through 2020 many (but not all) **hospitals struggled to implement** policies and procedures that were in compliance with this EO. Many barred doulas during postpartum; some during labor and delivery. Compliance is/was inconsistent between and within hospitals. (Doulas report Newark Beth Israel is an exception where they have been reliably welcomed.)
- **Both sides (doulas and hospital staff) describe the other with skepticism, cynicism, distrust.** Doulas describe frustration and a sense that their concerted efforts to engage get them nowhere: “we're banging our heads against a wall.” Hospital employees cite liability concerns and defend “good-sense protocols to limit risk and harm,” “whether doulas like it or not.” (From conversation with a St. Barnabas L&D nurse)

- This week alone we have 2 northern NJ birthing families who were told by Summit Medical Group that “doulas get in the way” and aren’t allowed at St. Barnabas. These **families have transferred their care** to Morristown Memorial. Stories like this are common.

RWJBarnabas and other hospitals could **more clearly communicate EO requirements to all stakeholders**, including physicians with privileges there, as practices are giving incorrect and inconsistent information about doula availability at RWJBarnabas hospitals to patients.

- Expectant parents routinely reach out to other parents for information on doula-friendly policies at local hospitals. (See attachment conversation from FB group “Montclair Mommies & Daddies,” 9.4K members). **Many of these parents receive incorrect and inconsistent information** about access to doula support during their birth. In social media groups, doulas are often the ones who correct this misinformation and can offer recommendations based on recent experiences.

- Some experienced doulas in Northern NJ have stopped accepting clients who are birthing at St. Barnabas. One doula interviewed with a patient whose doctor would only allow her to have a doula **if the doula remained silent and left the room** each time the doctor entered. (Not a RWJBarnabas hospital.)

- Concentrated remedying efforts do seem to be effective. Very recent births at St. Barnabas show improved doula access and implementation and knowledge of EO-affirming policies.

- **COVID testing policies seem arbitrary and unequally applied** (not required of L&D staff, e.g.), appear as an intentional gateway to keep doulas out. From doulas' perspective, COVID offered hospitals a convenient way (far beyond safety and infection prevention protocols) to ban or inhibit access to doula labor support.

- Much of this conflict is **not unique to NJ**; these conversations are happening in birth communities all across the country. See the California Maternal Quality Care Collaborative's **Toolkit to Support Vaginal Birth and Reduce Primary Cesareans**

- **Hospital staff and local doulas have an opportunity** to step into their long history of tension and distrust; to learn and listen, examine our respective blind spots, build mutual respect and forward-thinking avenues communication, accountability and inclusion.

“For doulas and nurses to work together as a team to provide the best possible care for an intrapartum patient, they must develop a relationship based on mutual respect for each other's different roles.”

Beyond Holding Hands The Modern Role of the Professional Doula. Gilliland (2002)



# What Doulas Want

## 1. **Excellence in maternity care for families they serve.**

- Dedicated and meaningful progress toward QI measures for all birthing people in NJ.
- Evidence-based maternity care practices and policies that are respectfully and consistently applied across birthing populations.
- Hospitals to understand the long-term implications of their words and actions on birthing families, including but not limited to "healthy mom/healthy baby."
- Respect for the use of non-pharmaceutical comfort measures (including continued education on physiologic birth and the doula role)

## 2. **Consistency, accountability and meaningful integration of doulas into birth care teams**

- Consistent policies, protocols and attitudes across and within hospitals. When we know what to expect, we can set accurate and reasonable expectations for our clients too.
- Accountability: to experience that doula feedback about patient care, reports of harm/problems are taken seriously and have an impact when a response or change is warranted.
- Continued staff education on the doula role, benefits and scope of doula practice: especially targeting nursing leadership and new nurses.

Doulas are a highly-trusted resource as we offer childbirth education, lactation support and other ancillary care functions that "cover the gaps in care." (Gilliland 2002). We often develop intimate working relationships with families that are both deep and long, extending from early pregnancy well into the postpartum period, and often across pregnancies.

# What's Needed, In Doulas' Words

- "Please begin to see, hear and honor the sense of safety and intimacy we build with our clients. Nurses walk in, write their first name on a white board, walk out, change shifts, go home. We see everything - from pregnancy to labor to delivery into their adjustment to their new life. We also witness all the dynamics playing out at hospitals - among nurses, between nurses and doctors, doctors and patients. We witness everything and maybe that's why they want us out; we're a liability if we tell the truth about what we sometimes see."
- "Improved doula/nurse relationships"
- "Support the Lamaze 6 Healthy Birth Practices wherever possible"
- "Covid testing (if required) on the spot with birthing person"
- "Recognize doula's important role in patient's experience. Our clients deliberately chose us to be part of their birth."
- "Welcome doulas in the OR, recovery and postpartum areas"
- "Introduce yourselves to us - nurses, docs, anesthesiologists"
- "Do not assume the choices our clients make are our fault or even something we agree with"
- "Community conversations between doulas/docs/midwives/hospitals that create deep understanding, connection and circles of teamwork"

# What Drives Patients to Hire a Private Doula

Patients who hire private doulas are a self-selected, relatively privileged segment of NJ's birthing population. In addition to healthy birth outcomes, these families typically prioritize patient autonomy, having a respectful, satisfying and meaningful birth experience, and support in physiologic birth as much as possible within parameters of safety while having access to higher-level medical care when required.

Concerns that lead them to hire a private doula include...

- wanting professional support for themselves in addition to (or instead of) a spouse, partner or family member
- wanting support/guidance for their partner, spouse or family member
- fears about what they will experience at the hospital beyond the challenges of labor/birth: Will I get a good nurse? Who will the doctor be and am I comfortable with them? Will they let residents who I don't know provide care for me?
- a belief that receiving satisfactory care and respect at the hospital is a matter of luck. Hiring a doula, then, provides assurance in something consistent and reliable.
- fears that "the hospital will do things to me that I don't want," creating problems for birth or their baby.

# Doulas' Scope of Practice Helps Patients Prepare

- Evidence-based patient education and values-identification.
- Guiding clients to make deliberate and informed choices about birth settings, care providers practices that are right for them, and then encouraging flexibility and resilience if plans must change.
- Encouraging effective communication with their care providers
- Becoming entrained with the mother, understanding her needs, her fears, and her concerns (Gilliland 2002)
- Attention and discussion of prior birth experiences, using trauma-aware care practices as needed and referring clients to essential professional services as indicated.
- Realistic expectation-setting regarding their fears, hopes and desires in hospital birth.
- Teaching pain coping practices and tangible labor/birth readiness.
- Hands-on labor support and continuous care through labor.
- Helping them make sense of what happened in their birth, why, and to help create positive, empowering memories of their birth, even if it didn't go as planned.
- Watch, listen and for any physical/mental health warning signs during postpartum, and refer to licensed professional caregivers as needed.



# What can we do differently?

## 5 ways to nurture meaningful change in the relationships between hospitals and doulas

1. **Begin a facilitated team-building process** between hospital staff and local doulas who work there, creating powerful opportunities for improved relationships and mutual understanding.

- Incorporate listening sessions, “what you don’t see that I wish you understood” conversations, skills building and other opportunities for both sides to practice humility and curiosity in a space of respect and dialogue.
- Start with 1 birthing facility, document constituent knowledge before and after and use results to inform future quality improvement efforts.
- Recommendation: Montclair-based firm HR Assemble specializes in facilitating “communication, conflict, culture and change” among and within medical institutions.
- Seek a grant to hire HR Assemble or a similar firm to guide a short-term process.

2. **Establish quarterly collaborative meetings between doulas and hospital staff.**

- Open free meetings to local doulas either at the hospital- or regional-level for conversation with hospital staff. Regular meetings could offer a mechanism for receiving bidirectional feedback, solutions-focused efforts and continued relationship-building.

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### 3. **Doulas can do our part to understand and address complaints care providers have about doulas.**

- A more organized local doula network and communications mechanism among doulas would permit us to affirm our scope of practice and ethical boundaries within our community.
- Educate ourselves and other doulas on frameworks of relational autonomy. Emphasizes skills development for birth clients in confidence and patient-engagement, rather than doulas attempting to engage in activism or disrespectful behavior during a birth.
- Recognize potential areas of conflict between doulas and hospitals and how doulas can maximize opportunities for collaboration and, as a result, improve benefits of doula care for our clients.

### 4. **Provide continued education and training for nursing staff** at all hospitals in physiologic birth and the doula's role, including ways doulas can make their work easier and improve patient care, and doula scope of practice.

- Targeting nursing leadership **and** new nurses may help seed and establish longer-term change.

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5. **Create bidirectional feedback/accountability structures** that serve as communication hubs, collect feedback from all parties and accrue meaningful information for all stakeholders that can help guide future policy, practice and change.

- When doulas attend births at hospitals, collect their contact information.
- An impartial liaison receives her info, reaches out and collects feedback about the birth experience right from the doula. What was good, challenging, what's improved or not?
- If hospitals have a complaint or bad experience with a doula acting outside of her scope of practice, the same point person could serve as a liaison for them.
- Trends, opportunities and difficulties from both sides would then be identified and brought to regular collaborative meetings.
- Hospital leadership would be brought in as needed to address problems, concerns or trends in care.

**We know that personal experiences impact clinical practices more than any other influence.**

So to the extent that **we create and facilitate more positive, respectful experiences between hospitals and doulas**, the more collaborative these relationships can become over time, ultimately resulting in more satisfying, positive, healthy births for families in New Jersey.

Thank you!

**CMQCC**  
California Maternal  
Quality Care Collaborative

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## Key Strategies for Supporting Intended Vaginal Birth



Toolkit to Support  
Vaginal Birth and Reduce  
Primary Cesareans

A Quality Improvement Toolkit

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### **Encourage the Use of Doulas and Work Collaboratively to Provide Labor Support**

- Integrate doulas into the birth care team
- Improve teamwork, communication, and collegial rapport between nurses and doulas in order to promote safe, patient-centered care and continuous labor support
- Develop unit guidelines to foster the delineation of roles and expectations

