



Healthy Blue

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# Doula Coordination Community of Practice

## Project Report

Project Team: Daniele Farrisi, Karlee Seider, & Jamie Giepert

November 2023

A decorative graphic consisting of a grid of hexagons in various shades of teal and green, arranged in a honeycomb pattern. The hexagons are outlined and some are filled with a light green color. The pattern is positioned on the right side of the page, extending from the top right towards the bottom right, and partially overlapping a solid green horizontal bar at the bottom of the page.

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## Louisiana Landscape & Overview

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*Louisiana has historically had higher maternal mortality rates compared to the national average. This is attributed to factors such as socioeconomic disparities, limited access to healthcare, and high rates of chronic health conditions among pregnant women.*

Racial disparities in maternal health outcomes are pronounced in Louisiana, with Black women experiencing significantly higher rates of maternal mortality and morbidity compared to white women. Louisiana also faces challenges related to adverse birth outcomes, such as preterm birth and low birth weight. Poor outcomes for birthing people and infants can have long-term health implications for both mothers and infants. Public awareness of maternal health issues, including the role of doulas, has been growing. Doulas are important allies in improving maternal health outcomes and promoting racial health equity by offering emotional support, advocacy, education, and culturally competent care. Their presence can help address disparities in healthcare and ensure that all individuals receive the care and support they need during pregnancy, childbirth, and the postpartum period. Efforts by advocacy groups, healthcare providers, and educational campaigns have contributed to increased awareness and led to improvements in access to doula care.

In Louisiana, access to doula care varies by region. Several barriers affect both doulas' ability to provide care and patients' access to doula service. The cost of doula services has been a barrier for some families in Louisiana, as insurance coverage for doula care has been limited. There is sometimes a disconnect between healthcare facilities and doulas. Healthcare staff may not fully understand the comprehensive role of doulas, while doulas may not understand the specific processes and factors that influence how care is delivered in certain medical settings. This gap in understanding may hinder their ability to provide services and build effective collaborations within healthcare settings. Doulas have also reported being denied access to their clients during labor and delivery; this was especially true during the COVID-19 pandemic lockdowns.

Louisiana has seen some policy initiatives aimed at improving maternal health outcomes, including post-partum Medicaid expansion and initiatives to address racial disparities in maternal care. In June 2023 house bill 272 (HB272) was approved and made effective in August 2023. This new law requires private health insurance plans to provide coverage for doula services (Louisiana HB272: 2023: Regular session 2023). Reimbursement for doula services will be required from private insurance policies beginning on January 1, 2024.

Louisiana Public Health Institute (LPHI) convened the Doula Coordination Community of Practice (CoP) to create dedicated space for doulas and healthcare staff to discuss and address some of their current barriers to collaboration.

## Doula Coordination Purpose & Objectives

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Louisiana Public Health Institute (LPHI) is a statewide 501(c)(3) non-profit and public health institution that was established in 1997. LPHI's mission is to lead and partner with communities to ensure that everyone has fair and just opportunities to be healthy and well. The work at LPHI focuses on creating and fostering connections across sectors that combine social, economic, and organizational needs to align actions to support health and wellness.

The project team is committed to addressing the racial and health inequities that continue to impact the social wellbeing, health, and health outcomes of their communities throughout Louisiana. A CoP is used to facilitate informal learning, allowing individuals to learn from their peers and gain practical insights that might not be found in formal training or educational settings. CoPs promote collaboration, innovation, and the sharing of best practices, contributing to the professional and personal development of their members. For the Doula Coordination CoP, the project team facilitated a CoP focused on the coordination between doulas and healthcare providers in the East Baton Rouge, Iberville (North), Lafayette, Pointe Coupee, St. Landry, and West Baton Rouge parishes. The aims of the initiative were to address pregnant persons' health inequities by optimizing linkages between community and clinical providers and improving care coordination. The CoP was guided by the best practices and activities outlined in "The State of Doula Care in NYC 2021" (Ammann et al., 2021). The learning objectives of LPHI's Doula Coordination Community of Practice included:

- Objective 1: Participants will be able to describe how collaboration between doulas and medical providers can improve maternal health outcomes and reduce disparities.
- Objective 2: Participants will be able to identify and implement strategies that can improve collaboration between doulas and medical providers.
- Objective 3: Participants will be able to develop processes that facilitate care coordination across the continuum of maternal care.

The Doula Coordination CoP project team facilitated a steering committee comprised of five members representing doulas, physicians, public health agency, and hospital administration. Members of the steering committee contributed to the development of the CoP curriculum, recruitment of CoP participants, and provided guidance on strategies for dissemination and sustainability. An important outcome from the steering committee was the development of a monograph for the project aimed at increasing physician awareness of the role of doulas in supporting maternal health and wellbeing. Having a steering committee played a crucial role in providing leadership, direction, support, and resources to the Doula CoP, enabling it to thrive and contribute meaningfully to the community.

## Implementation

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### Session Details

The project team, with the assistance from the steering committee, created a curriculum focused on four key areas of doula coordination and integration. Topics were selected based on needs identified in the initial assessments and by steering committee members. Participants were engaged for two sessions each quarter: a learning session and a subsequent coaching session. Learning sessions included didactic content and opportunities for participants to share their experiences with the topic at hand. Coaching sessions took place a few weeks after each learning session. During coaching sessions, LPHI facilitated conversations with participants to help them identify and plan for common action items they could take to address challenges related to the topic discussed in the preceding learning session.

### Topics

The topics presented to participants during the learning sessions and then discussed further during coaching sessions included:

- Learning & Coaching Session 1: Evidence-based benefits of Doula Care (session facilitated by guest speaker Victoria Williams of Birthmark Doula Collective)
  - Action item: Collaborate to share this information with health care staff; schedule meet-and-greet events for doulas and hospital staff; plan collaborative training events for hospital staff led or co-led by doulas
- Learning & Coaching Session 2: Doula-friendly Healthcare Spaces
  - Action item: Determine health care organization's policies and practices; collaboratively identify priorities for change
- Learning & Coaching Session 3: Respecting Doulas
  - Action item: Identify and plan one action to improve respect for doulas that the health care organization then implements
- Learning & Coaching Session 4: Care Coordination
  - Action item: create formal or informal referral agreements between doulas and health care organizations; develop plan for bi-directional information sharing between health care organizations and doulas

## Evaluation Design

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The Doula CoP evaluation design included both process and outcome evaluation measures. The process evaluation was designed to assess the effectiveness of the implementation of the CoP activities. The project team used the process evaluation to determine if the program's activities were being implemented as planned, if the activities were effectively reaching program objectives, and to measure if the intended participants were represented. The purpose of the outcome evaluation was to determine the overall impact of the CoP.

## Satisfaction Survey Outcomes

CoP participants completed surveys after each learning and coaching session. A total of eight surveys, four learning sessions and four coaching sessions, were administered. Surveys were used to gather feedback from CoP participants on session length, topic relevance, facilitation skills, and overall satisfaction with project experience. The overall completion rate for both learning and coaching session satisfaction surveys was 53% compared to the average rate of roughly 10-30%.

Feedback received on both learning and coaching session surveys was overwhelmingly positive and supportive of the project. CoP participants expressed appreciation for being brought together, having a space to collaborate with others, and collectively addressing challenges. Participants also shared after each session type what resonated with them, and themes included: value of hearing various perspectives, shared ideas, open communication, and efforts to implement change.

## Assessment Outcomes

“Share to my L&D [labor and delivery] staff to show how their work impacts the overall health of their patient.”

– Participant feedback from learning session

“I have changed the way I approach the outlook of the staff vs doula relationship. I have been able to use information and tools from the group to help clients be more informed.”

– Participant feedback from coaching session

## Evaluation Results

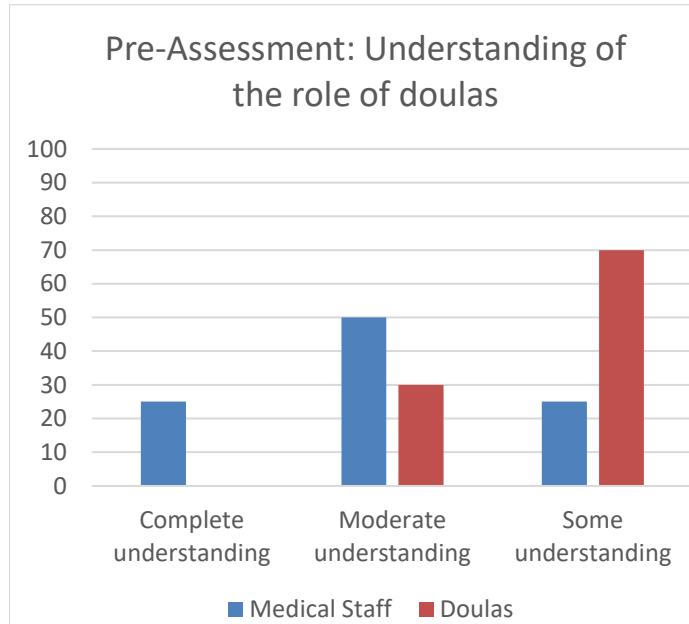
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### Pre-Assessment

The project team distributed two pre-assessments to the CoP participants, one designed for healthcare staff and one for doulas. Of the initial nineteen participants recruited, the team collected eight assessments from participants who identified as a medical staff member and ten assessments from those who identified as a doula, for a total of 94% completion rate on the pre-assessment. Key highlights from the pre-assessment included:

- Medical staff tended to rate their knowledge of doulas higher than doulas rated them, with more than half of medical staff reporting having a 50-100% familiarity with the role of doulas. Whereas 70% of doulas reported that medical staff only had between 0-50% familiarity with their role.

- 75% of medical staff members rated themselves as having a moderate to complete understanding of the role of a doula. However, 70% of doulas reporting that medical staff had slight to some understanding of their role, and 30% reported moderate understanding from medical providers. None of the doula reported medical providers as having complete understanding.



- Working relationships and agreements between medical staff and doulas were reported by both groups as being either informal referral processes, or not having any type of agreement or relationship with one another. No doulas or medical staff reported have a formal relationship such as an MOU.

90% of doulas reported being allowed access to accompany clients at all times during labor and delivery, including for cesarean births.

The project team also looked at themes in the pre-assessment responses. Themes for both doulas and medical staff included the description of the role of doulas as being educators, providing support, and being involved throughout the entire birthing process. The project team also found that medical staff, when asked about how they shared information with patients about doulas, reported either passive or active methods. Passive examples of sharing information included a resource table and resources listed on hospital’s website where patients can find information on their own. Examples of active methods of information sharing included providing recommendations or discussing benefits of using a doula. However, when doulas were asked how they share information about medical providers to their clients, they reported on types of information shared and not the modality in which they shared information. An example of a doula’s response to the question asking about the type of information doulas share about providers is: “If the physician has a standard of care that is outside of what evidence shows. Ex. routine episiotomies.”

“Thank you for the opportunity to use my voice to better assist my clients.”

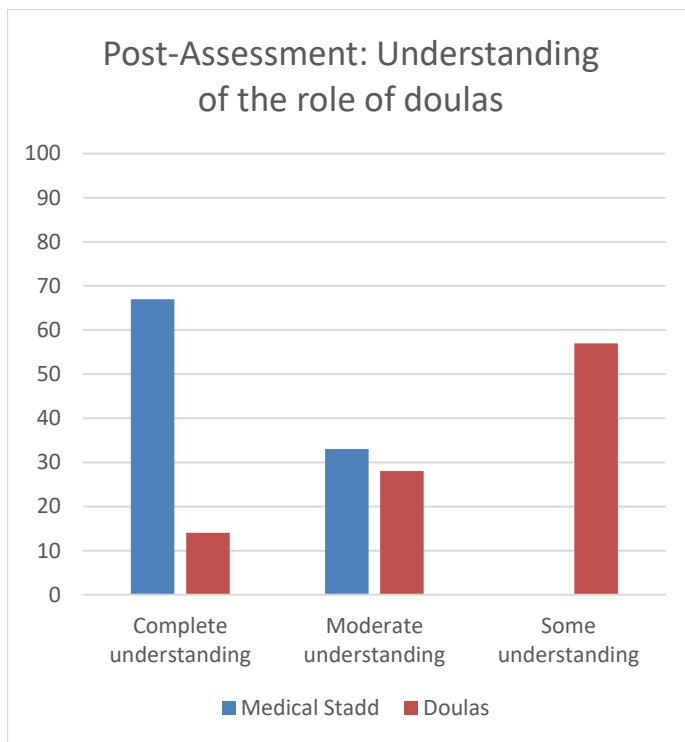
–Doula Participant

### Post-Assessment

The project team distributed two post-assessments to the CoP participants, one designed for medical staff and one for doulas. The team used the same assessment questions for the post-assessment with minor change the question assessing the types of relationship

agreements between doula and healthcare organizations, Likert Scale question, an additional option to select if a doula was employed at a medical organization was added. The post-assessment had a 100% completion rate, with a total of three medical staff members and seven doulas completing the post-assessment. Take-aways from the post-assessment included:

- 67% of medical providers rated having a complete understanding of the role of a doula. However, only 14% of doulas reporting that medicals providers completely understood the role of a doula. 72% of doulas reported that medical providers had some or a moderate understanding of their role.
- 67% of medical providers reported that their staff were 50-75% familiar with the benefits of doula support. Doulas only reported 29% of medical staff they encountered being familiar with the benefits of doula support.



- Doulas reported that the most common referral relationships they had with medical organizations were either informal referrals from medical providers to their services, or no referral relationship to or from either party. One doula reported that they were employed by a medical organization. All the medical staff reported that they had an informal referral relationship to refer patients to doulas.

85% of doulas reported being allowed access to accompany clients at all times during labor and delivery, including for cesarean births. Themes from the post-assessment included collective descriptors from both medical staff and doulas describing the role of doulas as

providing emotional support and being involved in all stages of pregnancy. Medical providers also identified that doulas are advocates, educators, and provide holistic support to patients.



“Love the discussion and momentum! Everyone is so nice and open!”

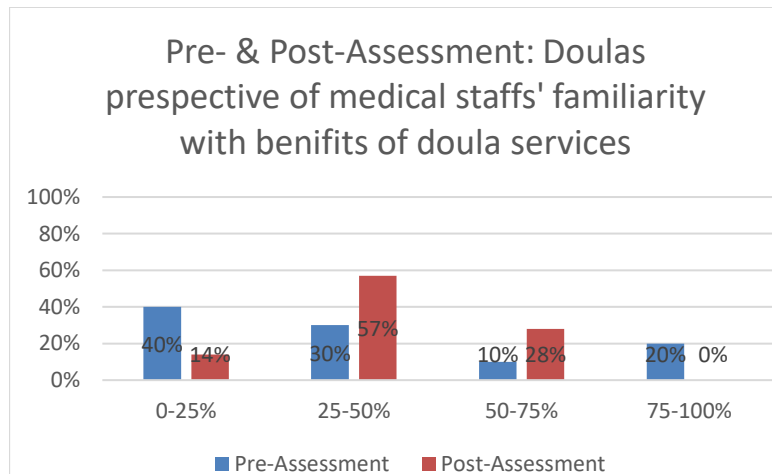
– CoP Participant

As part of the evaluation the team gave the participants a chance to share what their experience has been with the CoP.

### Comparison Analysis

The project team compared responses from the pre-and post-assessments to identify the changes in knowledge, relationships, and attitudes in doula care coordination efforts. From the pre-and post-assessment results, doulas showed a 12% improvement of their assessment of medical staff members’ understanding of the role of a doula.

The graph below shows modest improvement in the doulas’ assessment of how well medical staff understand their roles. In the pre-assessment, doulas most frequently responded (40% of total) that 0-25% of healthcare staff were familiar with the role of doulas. In the post-assessment, the doulas most frequently responded (57% of total) that 25-50% of medical staff were familiar with the role of a doula.



Doulas continued to report that staff at medical organizations lack a consistent approach when referring with doulas. Doulas also maintained from the pre-assessment to post-assessment that they “always” or “most of the time” are allowed to accompany their clients at all times of during labor and delivery, and medical providers reported similar responses. Cesarean births

were included in procedures that both medical providers and doulas reported on both assessments that they maintained access to their clients.

Survey results show that there continues to be a gap in consistency and type of referral relationships between doulas and medical organizations. There remains a skew to medical staff reporting higher understanding and knowledge of doulas and their roles, than doulas are reporting on medical providers and staff understanding their roles and benefits. A theme both medical providers and doulas agree on is that doulas provide various types of support and education to their clients, but neither group mentioned that doulas could be collaborators at medical organizations to educate staff, which is an action step mentioned several times during the coaching calls. Linking doulas with the continued education efforts that medical organizations provide to their staff could be a way to bridge

“Love hearing the perspective from the doula community firsthand.”

– CoP Participant

the gap in medical staff understanding of doulas' roles and help formalize relationships between doulas and medical staff.

## Conclusion & Way Forward

### Conclusion

This community of practice that brought together doulas and health care staff to address issues affecting patient experience and care coordination is, to our knowledge, the first of its kind to be implemented in Louisiana. Both doulas and health care staff recognized their gaps in knowledge about each other's roles and how insufficient communication can adversely affect patient experience and outcomes. The CoP participants were open to having frank discussions about these challenges as well as engaging in shared learning. LPHI's role was to create a space for dialogue and to facilitate productive, solutions-oriented conversations that resulted in actionable next steps and resources.

**“This has been a great way to work through barriers that each face. It was great to have the network and see faces. I look forward to continuing to work with the members of our group.”**

**– Hospital staff participant**

Successes included building relationships between doulas and healthcare staff, identifying tangible action steps to improve collaboration, and developing resources to support increased inclusion of doulas in healthcare spaces. Participant satisfaction survey results showed that all CoP participants appreciated having the opportunity to connect with each other and collaboratively identify opportunities to

improve collaboration. During coaching sessions, LPHI guided participants in identifying ways to improve collaboration between healthcare staff and doulas such as shared training opportunities, inclusion of doulas in policymaking, providing hospital ID badges to doulas, and including doulas in care team huddles. LPHI, in collaboration with the CoP participants, developed tools to aid in increasing doula inclusion in healthcare spaces: definition of respect in maternal care, list of attributes of a doula-friendly healthcare system (adapted from the NY Doula Access Coalition) and example actions supporting those attributes, and a monograph on the benefits of doula care aimed at physicians. The tools are available in the Appendix of this report.

### Work still to be done

The success of this initiative and the growing presence of doula services in Louisiana creates an opportunity to replicate this community of practice elsewhere in the state. Staff members of hospitals and/or birthing centers and doulas serving pregnant people in a common geographic area can benefit from a community of practice in the same ways that the participants in this project did: building relationships with other community providers, developing a common understanding of each other's roles, recognizing challenges, and collectively developing solutions to address those challenges. A participant in this CoP encouraged replication of this project in other hospitals, saying “I really enjoyed the feedback and work that both [hospital representatives] are doing in their respective hospitals. I think that it is much needed in all hospitals across the state. People who are

willing to make the changes and who are in the position to so need to be a part of these conversations and meetings.” Ultimately, it will be the pregnant people and their families that benefit from these efforts through a better experience of care and improved coordination to meet their needs.

For the current cohort of CoP participants, there is still work to be done implementing many of the solutions that they identified during the learning and coaching sessions. While some progress has already been made, it will be important for the participants to continue their collaborative relationships to ensure implementation of the ideas they generated during the CoP.

One key part of the continuum of maternal health care that was missing from this community of practice was the engagement of physicians. Although physicians were encouraged to participate in the CoP, none joined the sessions. This is not unexpected given the demands on physicians’ schedules and expectations to prioritize revenue-generating activities. However, the participants acknowledged that many of the changes they discussed would require physician buy-in, so they will need to be engaged in implementing and sustaining suggested changes. The purpose of the monograph on doula care that was created during this project is to educate physicians on the benefits of doulas and importance of coordinating care with them, but more work is needed in collaboration with physicians, doulas, and health care staff to ensure effective change is made.

Toward the end of the project period for this community of practice, the Louisiana Legislature passed a bill, subsequently signed into law by Governor John Bel Edwards, requiring private insurance companies to provide reimbursement for doula services. This law went into effect on August 1, 2023, and will be applied to health insurance policies beginning in 2024. The intent of this law is to increase access to doula services, thereby increasing the number of pregnant people who elect to work with a doula. As doula services are poised to become more available and more frequently used in Louisiana, there is a need to ensure that doulas and healthcare staff have good working relationships to realize in the shared goals of improved health outcomes and good birthing experiences for Louisiana families. We believe that the community of practice model that we implemented for this project can be an avenue to foster relationships, create shared understanding, and build effective processes for communication and coordination.

## References

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## Appendix

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### Tools

Definition created by the CoP group.

### Respect in Maternal Care

**About this resource:** The following definition of respect and actions that promote respect were developed by the participants of the Doula Coordination Community of Practice, which was facilitated by the Louisiana Public Health Institute from October 2022 – August 2023.

#### Definition

Respect for patients, doulas, and medical staff is the concept that all people acknowledge the collective goal of a good and healthy birth. Showing respect for all individuals is recognizing all roles of the care team, accommodating patient choices, communicating, and acting professionally. This concept applies throughout prenatal, labor & delivery, and postnatal care.

#### Actions That Promote Respect

- Process/system to let healthcare staff know doula will be present
- Include doulas in huddles
- Providing hospital credentials to doulas
- Clarity on each person's role
- Hospital champions of doula care
- Integrate doulas into hospital processes
  - Trainings
  - Decision-making

## Attributes of Doula-Friendly Hospital.

### Attributes of a Doula-Friendly Hospital

The table below lists attributes of doula-friendly hospitals that were adapted by Doula Coordination Community of Practice participants based on the list of attributes created by the New York Doula Access Project. Next to each attribute are examples of actions hospitals can take to develop and maintain that attribute.

Attribute	Example Actions
<p>Recognizes that the doula has been chosen by the client to be a part of their labor support team and includes the doula as part of the integrated team for the birth.</p>	<p>Develop protocols for including doulas in client interactions prior to delivery, including but not limited to touring birthing facilities, creating and discussing birth plans, and attending birthing and parenting classes.</p> <p>Develop a process for referral of prenatal patients to community doulas.</p> <p>Create regular opportunities for staff and doulas to build collaborative relationships such as co-trainings and meet &amp; greet events.</p> <p>Take action to ensure that all staff are aware of policies related to doulas.</p>
<p>Allows doulas to accompany clients during the entirety of the birthing experience, whether or not the allotted number of support people has been reached.</p>	<p>Enact a policy that specifically exempts doulas from limitations on support people.</p> <p>Enact a policy affirming that doulas may accompany their clients during the entirety of the birthing visit.</p> <p>Take action to ensure that all staff are aware of policies related to doulas.</p>
<p>Ensures that the doula is treated with respect, per the facility's Code of Conduct regarding members of the care team.</p>	<p>Modify current Code of Conduct to explicitly state that doulas should be treated as members of the care team.</p> <p>Modify current Code of Conduct to include standards for respectful interaction with doulas.</p> <p>Develop a Code of Conduct specific to doulas.</p> <p>Train staff (including but not limited to security, housekeeping, nursing, and physicians) on how Code of Conduct applies to interactions with doulas.</p>
<p>Takes action to ensure that staff understand the role and value of doulas to support and advocate for their clients.</p>	<p>Ensure that doulas are included in the development and implementation of staff education related to their services.</p> <p>Offer co-training opportunities for doulas and hospital staff to learn together.</p> <p>Create regular opportunities for staff and doulas to build collaborative relationships such as co-trainings and meet &amp; greet events.</p>
<p>Allows and supports non-medical comfort techniques for labor, not restricting the doula's support to client during specific monitoring.</p>	<p>Develop a policy that affirms doula's role in supporting non-medical comfort techniques for labor, including but not limited to varied labor positions, movement, breathing techniques, aromatherapy, comforting touch, visualization, hydrotherapy, and the use of a birth ball and/or peanut ball.</p> <p>Include policy language affirming support for non-medical comfort techniques during monitoring.</p> <p>Take action to ensure that all staff are aware of policies related to doulas.</p>

<p>Facilitates the provision of continuous, calming support by allowing the doula to be present in triage and, absent a compelling reason to the contrary, for procedures such as epidural insertion and cesarean section.</p>	<p>Enact a policy affirming that doulas may accompany their clients during the entirety of the birthing visit.</p> <p>Create a list of the specific circumstances or activities when a doula would not be able to accompany their client.</p> <p>Take action to ensure that all staff are aware of policies related to doulas.</p>
<p>Ensures that the doula is able to support the client post-partum, while at the hospital, for breastfeeding and additional comfort measures.</p>	<p>Enact a policy affirming that doulas may accompany their clients during the entirety of the birthing visit.</p> <p>Take action to ensure that all staff are aware of policies related to doulas.</p>

## Doulas Monograph.

### Doulas and Birthing Care Coordination

During the 2021 Regular Session, the Louisiana Legislature enrolled Act No. 182. This legal dictum has as its premise, among other things, “to provide relative to health insurance coverage for maternity services provided by midwifery and doula services; ... [and] to create the Louisiana Doula Registry Board...” Following in 2023, legislation requiring health insurance coverage of doula services became law. Act No. 270 goes into effect August 1, 2023, and applies to health insurance plans and policies issued on or after January 1, 2024.

As initial steps, the Louisiana Public Health Institute (LPHI), in collaboration with Healthy Blue, facilitated a Doula Coordination Community of Practice along with a steering committee to assist with the tenets of the legislation. According to the LPHI, the community of practice focused on coordination between doulas and healthcare providers in the parishes of East Baton Rouge, North Iberville, Lafayette, Pointe Coupee, St. Landry, and West Baton Rouge. The aim of this initiative was to address maternal health inequities by optimizing linkages between community and clinical providers and improving care coordination.

Many providers of women and maternity healthcare services do not understand or are unsure of a doula’s role as a member of a healthcare team. Quantitatively, LPHI found that 50% of medical providers moderately understood the role of a doula, with only 25% stating a complete understanding.

According to Act No. 182, “doula” means an individual who has been trained to provide physical, emotional, and educational support, but not medical or midwifery care, to pregnant and birthing women and their families before, during, and after childbirth.

The legislation further explains that “the benefits of doula care have been documented in numerous studies... involving over fifteen thousand women in seventeen different countries... benefits include decreased cesarean sections, increased spontaneous vaginal births, shortened duration of birth, increased maternal satisfaction postpartum, improved breastfeeding rates, and lower rates of preterm labor and low birth weight.” Engagement of doulas has also been identified by maternal and public health organizations as a promising intervention to reduce racial disparities in maternal health outcomes.

As stated, a doula is a trained, non-medical companion who serves as a helpmate. Doulas do not replace a birthing person’s partner or significant other family member who wishes to play a primary role. A doula provides support and advocates for the mother and family’s well-being. At times, a doula may provide guidance and mediation between mother-to-be and the clinical provider. But, for the most part, the doula is there for emotional support, moral support, and guidance. A doula is there to assist in the best birthing experience possible. Doulas most commonly provide support to clients during the prenatal period as well as during labor and delivery. Many also continue to provide support during the postpartum period. Doulas can be an important part of the continuum of maternal care and a connection point between patients and community resources. By the end of 2022, nearly one third of all US States were actively providing or in the process of creating medical insurance coverage for doulas.

Early during prenatal care, clinicians should inquire as to whether a patient plans to use a doula during labor. If possible, have the doula accompany the patient to one or two prenatal



visits to meet you and your staff if you are unfamiliar with this specific doula. Go over any birth plans and preferences of the patient with the patient and the doula together. Active labor is not the best time to define boundaries. The provider should have the patient and doula understand her/his clinical boundaries and what role it is hoped the doula will play.

A mother-to-be and doula should visit the proposed birthing center, hospital, or intended place of delivery. Sharing a birthing plan and understanding the policies and rules pertaining to doulas at the facility is immeasurable. Nurses provide excellent emotional support. But they are also tasked with clinical and administrative duties that may demand more of their time. Nurses may be assigned to one or more patients in labor at any given time. In those instances, doulas are most advantageous. The continued presence of a doula can provide specific labor techniques (positioning, breathing, massage) and strategies that facilitate good outcomes. Studies have shown an increase in APGAR scores above 7, a significant reduction in instrumental vaginal births, and less of a need for oxytocin augmentation when a doula is present.

A skilled doula is also an excellent teacher, communicator, and advocate. The positive effects of doula care can be empowering, especially for women who are psychosocially disadvantaged, of low income, unmarried, primiparous, giving birth in a hospital without a companion, or have a language or culture barrier. Other studies have shown positive effects well into the postpartum period, such as increased breastfeeding rates. The natural emotions of stress and anxiety are often reduced when a doula is involved.

Doulas, as part of a comprehensive support system and coordinated into care during the entire pregnancy, from prenatal care to postpartum care, may support processes and improve outcomes. All providers of the birthing events, physicians, midwives, hospitals, and birthing centers may benefit patients by including doulas in the birthing experience.

ACOG on the benefits of continuous labor support:

Published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula. Given that there are no associated measurable harms, this resource is probably underutilized.

#### **Acknowledgement:**

Special thanks to Doula Coordination Community of Practice Steering Committee member, Kenneth Brown, MD, MBA, FACOG for his contributions as primary author on this publication.

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**Louisiana Act No. 182, 2021**

**Louisiana Act No. 270, 2023**

**Louisiana Doula Registry Board – Agenda and Meeting notes**

**LPHI, Doula Coordination Community of Practice – Steering Committee meetings and Learning Sessions**



400 Poydras Street, Suite 1250 New Orleans, LA 70130

Phone: 504-301-9800 / Fax: 504-301-9801

[www.lphi.org](http://www.lphi.org)