



Health Plans Expect Network Hospitals to Address the Role of Doulas in Birth Care Policies

We, the undersigned health plans, now cover many pregnant and postpartum members for doula services. As a result, the number of patients at your facility who receive support from a doula before, during, and after a delivery is likely to increase.

We expect that doula care will be addressed in your maternity care policies and that respect for the important role that doulas serve will be reflected in your organization's practices.

Key principles and guidelines to address in patient use of doula services¹

- **Hospital policies should reflect that doulas are not “visitors.”** They should not be bound by time limits and other visitor rules that would restrict their ability to stay with the patient. Policies should allow doulas to be included as support people in the operating room if the patient desires. Exceptions may apply for emergent/atypical cases.
- **Establish expectations in internal policies and trainings as to how providers, nurses, and doulas should collaborate to support patients.** Highlight the importance of collegial rapport and open communication.
- **Foster a culture of patient-centered care and collaborate with doulas to support patients' outcomes and birth experience.** Understand the doula's role and value doulas' knowledge and experience as a complement to other practitioners' technical and medical skill sets.
- **Policies should outline expectations for doulas** with respect to infection control protocols.
- **Include doulas and consult with local doula organizations when developing relevant policies.** Avoid disseminating guidance without having solicited feedback and engagement.
- **Comply with state law² that requires perinatal providers to receive training on implicit racial bias.** Highlight the role that doula care can serve in supporting open communication and curbing systems and workflows that amplify bias.
- **Do not prevent or restrict the ability of patients to bring their own doula,** even if your hospital already has a doula program.

Resources to help you effectively integrate doula care into your care teams:

- Part V, *Toolkit to Support Vaginal Birth and Reduce Primary Cesareans: A Quality Improvement Toolkit* from the California Maternal Quality Care Collaborative, 2022. Online at www.cmqcc.org/es/VBirthToolkit.
- California Maternal Quality Care Collaborative (CMQCC) webinar: “Partnering with Doulas to Improve Perinatal Outcomes and Promote Birth Equity”. Online at bit.ly/partnering_with_doulas. Slides at bit.ly/partnering_with_doulas_Slides.

¹ Guidance provided by California Maternal Quality Care Collaborative staff and drawn from its *Toolkit to Support Vaginal Birth and Reduce Primary Cesareans: A Quality Improvement Toolkit*, 2022.

² Senate Bill 464: Dignity in Pregnancy and Childbirth Act. Health and Safety Code, section 123630.3.



- New Jersey Health Care Quality Institute: Guide for Hospital Doula Policy Creation, 2024. Online at njhcqi.org/wp-content/uploads/2024/06/Guide-for-Hospital-Doula-Policy-Creation.pdf.

Implicit racial bias training that fulfills state requirements (SB 464):

- California Health Care Foundation-sponsored trainings address requirements for perinatal care staff under the Dignity in Pregnancy and Childbirth Act. CE/CME credits available. Online at diversityscience.org/ca-dignity-in-pregnancy-childbirth/. Links to trainings from the March of Dimes and U.S. Dept. of Health and Human Services are also featured at cmqcc.org/content/perinatal-equity.

Directory of Medi-Cal-approved doulas:

- www.dhcs.ca.gov/services/medi-cal/Documents/Doula-Directory.pdf.