

Adapt Roles & Responsibilities

Adapting roles and responsibilities includes innovations that promote non-clinical and clinical capacity for providing emotional, informational, and physical support for birthing people throughout their pregnancy, childbirth, and postpartum. During the first wave of COVID-19, many clinicians were redeployed to new services, and staffing models were adapted to both meet capacity and limit staff exposure. These changes required flexibility in roles and responsibilities and also revealed potential to adapt going forward.

There was already demand for greater non-clinical support before COVID-19 among birthing people, particularly from doulas. This demand has only increased in the wake of isolation and anxiety during the pandemic. Clinicians, whose bandwidth was stretched during the pandemic, expressed greater willingness to work alongside doulas in supporting care. Groups long affected by systemic and interpersonal racism may benefit from doulas or other support the most.

Recognizing that doula support is not always available because of financial, social, or informational barriers, there is also a need for an exchange of ideas and training between nurses, providers, and doulas, particularly for reimagining how to integrate patient advocacy and the support of a doula into the nursing or patient advocate role. Participants also acknowledged the need to more formally integrate doulas and professional advocates into the health system to address coordination, inequitable access to support, and relationships across all non-clinical and clinical roles.

Participants highlighted that innovations that adapt roles and responsibilities can be particularly helpful for:

- Augmenting support for people whose other potential support people are not available (e.g. partner needed for childcare for other children)
- Providing support for birthing people who have limited prenatal care or interactions with the care team prior to delivery
- Lowering rates of unnecessary intervention in settings aiming to reduce the need for complex care and healthcare costs
- Building on and sharing learning from healthcare cultures where doulas are already welcomed as birthing options
- Educating hospital-based clinical teams on their respective roles, benefits, and productive teamwork skills to foster positive working relationships with doulas

Strategies for Adapting Roles & Responsibilities

Health system leaders interested in innovations that adapt roles and responsibilities should consider

the following strategies for building demand among birthing people and health system stakeholders and augmenting the supply of enabling factors to support successful and sustainable implementation. These strategies summarize key action steps recommended by participants for building momentum, but they are not intended to be comprehensive or required for all settings depending on your local context.

Ensure doulas and other support roles are available for all birthing people

- Design and staff doula programs to provide 24/7 availability for birthing people
- Address cost barriers for birthing people through creating reimbursement programs, organizing a volunteer doula program, or hiring doulas directly into the maternity care team
- Research the clinical and cost effectiveness of doula support to communicate the return on investment for doula support with system stakeholders (e.g. payers)
- Recruit diverse doulas and patient advocates who are representative of the communities they serve and their experiences, especially for Black birthing people and those experiencing racism

Promote teamwork and collaboration between non-clinical support roles and clinical roles

- Encourage a learning mindset where all team members can learn from one another
- Conduct interprofessional training and promote knowledge sharing across disciplines (e.g. doulas training nurses and providers on their techniques and skills and nurses and providers training doulas on aspects of clinical care, such as sterile field training)
- Promote transparent team communication and collaboration to navigate points of tension and build mutual trust across interprofessional teams

Incorporate support roles, such as doulas, into institutional policies and practices

- Clearly define complementary roles for clinicians, doulas, and other support people
- Designate doulas and support people as essential team members throughout pregnancy, birth, and postpartum care
- Develop orientations and trainings for doulas within the hospital on hospital systems and policies
- Develop referral systems to connect birthing people with doulas and/or advocates, including linking doulas or doula-trained nurses into existing support programs, such as home visits
- Connect hospital quality metrics to support throughout pregnancy, birth, and postpartum

Ensure doulas and other support roles are incorporated into COVID-19 resource planning

- ❑ Allocate PPE and COVID tests for doulas, patient advocates, and other support people
- ❑ Train doulas in PPE and fit testing for birthing people with COVID-19
- ❑ Provide technology for birthing people who do not have devices for virtual care or support

Advocate for regulations that promote quality doula care without restricting doula practices

- ❑ Develop standards for “Doula Friendly Hospitals”
- ❑ Promote regulation that formalize the role of doula support during COVID-19
- ❑ Incorporate effectiveness working with birthing people and other healthcare professionals into doula training and certification