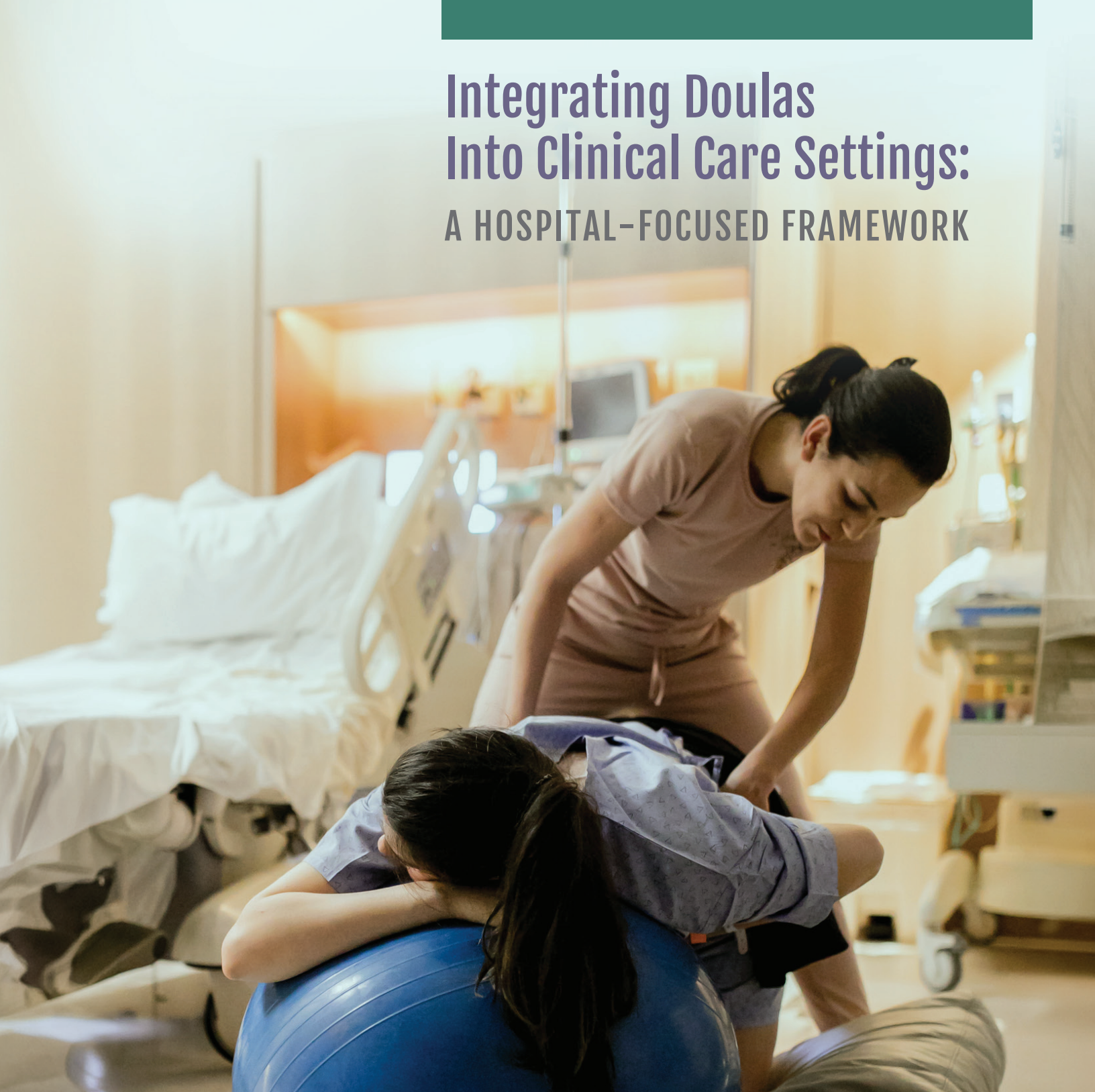


Integrating Doulas Into Clinical Care Settings: A HOSPITAL-FOCUSED FRAMEWORK



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Special Thanks to: All interviewees who contributed to this work

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Building Stronger Birth Partnerships

Forward by Department of Health Care Policy and Financing

Planning for a baby, pregnancy, and the transition from “me” to “we” is often one of the most transformational times in a person’s life. Every birthing person deserves to feel in control of their birthing process, and determine who will be at their side supporting them in their journey.

Hospitals, clinicians, and doulas share a common goal: helping achieve the best possible outcomes for birthing people and their babies. Strong collaboration among care team members supports coordinated care, and can help ensure that individuals feel informed, supported, and respected throughout their maternity care journey.



The Health First Colorado and Child Health Plan Plus (CHP+) doula benefit is one component of the Colorado Department of Health Care Policy and Financing’s broader maternal health services available to eligible members. By expanding access to continuous, individualized doula support that complements evidence-based clinical care, the benefit creates new opportunities for hospitals, clinicians, and doulas to work together in delivering coordinated, person-centered maternity care.

This **Hospital Doula Integration Guide** was developed to support that shared commitment. It provides practical guidance, promising practices, and implementation considerations for integrating doulas into hospital care settings while fostering a shared understanding of roles, responsibilities, and opportunities for partnership. When we center birthing people and their babies in every interaction and every system of care, we create the conditions for better experiences and healthier outcomes for families across Colorado.

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Introduction

BACKGROUND AND GAP

Across Colorado, pregnant and postpartum individuals, particularly those in rural, frontier, and historically underserved communities, continue to face significant barriers to continuous labor support. These challenges can contribute to poorer birth experiences, increased interventions, and disparities in maternal and infant outcomes. Research has shown that continuous labor support provided by doulas can reduce cesarean birth rates, decrease the use of unnecessary medical interventions, improve patient satisfaction and birth experiences, increase breastfeeding initiation, and lower the risk of perinatal mood and anxiety disorders (National Partnership for Women and Families, 2018). Doulas also play a critical role in providing culturally responsive support, patient education, advocacy, and emotional reassurance throughout the perinatal journey (Mallick, 2022).

Recognizing these benefits, the Colorado Department of Health Care Policy and Financing (HCPF) implemented Medicaid reimbursement for doula services to expand access among Medicaid-enrolled pregnant and postpartum individuals. This policy represents an important step toward reducing barriers to evidence-based support services; awareness, utilization, and implementation remain inconsistent across the state.

The American College of Obstetricians and Gynecologists (ACOG) recently emphasized the importance of integrating doulas into the broader care delivery model in its clinical guidance released in August 2026, Partnering with Doulas in Clinical Settings.

- ACOG highlights that doulas do not replace the clinical role of obstetricians, midwives, or nurses, but complement the team by offering non-medical physical, emotional, and informational support.
- Many clinical staff have limited exposure to doula care models and may not fully understand the scope of practice, training, or evidence supporting doula services.
- Differences in organizational culture, policies, communication practices, and perceptions of roles and responsibilities can create barriers to effective collaboration between doulas and clinical teams. As a result, doulas may experience inconsistent integration into clinical settings, unclear roles and expectations, and limited opportunities to participate as valued members of the care team.

Integrating doulas into clinical care teams is an opportunity to strengthen collaboration, improve communication, and enhance respectful, patient-centered maternity care. By establishing clear partnerships between doulas and healthcare teams, hospitals can strengthen care coordination, support informed decision-making, reduce unnecessary interventions, and advance statewide quality improvement efforts to improve maternal and neonatal outcomes, reduce disparities, and promote safe, equitable childbirth for all Colorado families.

Introduction

THE SCOPE OF DOULA SERVICES

A doula is a trusted person chosen by the birthing person to provide continuous emotional, physical and informational support before, during and after childbirth. As part of the maternal care team, doulas work alongside clinical providers to support communication, informed decision-making, and a positive care experience.

A doula is not a medical or clinical professional; rather, they are trained advocates who provide continuous physical, emotional, and informational support to patients and families (ACOG, 2026). Doulas support individuals in understanding their options, preparing for birth, communicating their preferences, and navigating the healthcare system. Community doulas typically practice independently of the hospital system and may provide services through a private practice, community-based organization, or volunteer program. These doulas are often deeply connected to the communities they serve and provide culturally responsive support while maintaining their role as independent patient advocates. A hospital-employed doula provides doula services as an employee of the hospital and as part of the hospital's care team. All types of doulas provide valuable support; however, they may differ in their training, certification, practice settings, cultural expertise, and the communities they serve. Doulas may have different relationships with clients, communities, and healthcare institutions. Recognizing these differences is essential to addressing power dynamics, preserving doula autonomy, and building respectful partnerships.

CONNECTION TO THE COLORADO PERINATAL CARE QUALITY COLLABORATIVE'S SOAR PRIMARY CESAREAN REDUCTION INITIATIVE

The integration of doulas into hospital-based clinical teams directly connects to the Supporting Vaginal Delivery for Low-Risk Mothers (SOAR) initiative's mission to safely reduce primary cesarean birth rates while improving patient experience and outcomes. Continuous labor support is a key evidence-based strategy for improving birth outcomes, and doulas are uniquely positioned to provide emotional, physical, and informational support throughout the perinatal period. Research has consistently demonstrated that individuals who receive doula support are less likely to experience unnecessary cesarean births, are more likely to have spontaneous vaginal births, and often report greater satisfaction with their birth experience (Sobczak, 2023).

Integrating doulas into hospital care strengthens efforts to promote physiologic birth and reinforce many of the evidence-based practices encouraged through the SOAR initiative, including patient-centered communication, shared decision-making, and mobility during labor. Doulas can help patients better understand their options, navigate the healthcare system, and communicate their preferences with clinical teams, ultimately contributing to a more positive and respectful birth experience.



In addition to supporting birthing individuals, effective doula integration can benefit healthcare providers and hospital teams. When roles and expectations are clearly defined, doulas can serve as collaborative partners who complement clinical care by focusing on continuous bedside support while providers deliver medical management.

Introduction



The partnership between doulas and healthcare teams can enhance communication, strengthen trust, and contribute to a more supportive labor environment. Integrating doulas into hospital workflows also creates opportunities for interdisciplinary collaboration and shared learning, helping clinical staff better understand the value and scope of doula services.

The integration of doulas into hospital workflows ensures stronger alignment between hospital-based quality improvement efforts and community-based support systems. As Colorado expands access to Medicaid-reimbursable doula services, hospitals have an opportunity to develop sustainable partnerships that connect patients with resources before, during, and after birth. These partnerships can help bridge gaps in care, particularly for populations disproportionately affected by maternal health inequities, and support statewide goals related to birth equity, respectful care, and improved maternal and neonatal outcomes.

Finally, extending doula support across all birthing experiences promotes patient-centered and trauma-informed care regardless of delivery mode. While reducing unnecessary primary cesareans remains a central objective of the SOAR initiative, surgical births will continue to be medically necessary. During surgical births, doulas can provide continuity of support, facilitate informed decision-making, advocate for patient preferences when appropriate, offer emotional reassurance and help patients process information before, during, and after surgery (Smith, 2026). Their presence can help mitigate feelings of fear, loss of control, or trauma that some patients experience during surgical births, contributing to a more positive birth experience and smoother postpartum recovery. By supporting patients across the full spectrum of birth experiences, doula integration advances the SOAR initiative's commitment to safe, equitable, respectful, and high-quality maternity care, no matter who you are or where you live.

Introduction

PURPOSE OF THIS GUIDE

To address the persistent gaps in access to continuous labor support, promote more consistent integration of doulas into hospital care, and respond to hospitals seeking guidance on effective collaboration, the Colorado Perinatal Care Quality Collaborative (CPCQC) developed *Integrating Doulas into Clinical Care Settings: A Hospital-Focused Framework*. This resource is designed to serve as a practical yet comprehensive framework to assist hospitals, healthcare providers, administrators, and community partners in understanding, implementing, and sustaining effective collaboration with doulas as part of multidisciplinary maternity care teams. It is important to note that this guide is not prescriptive; there are multiple “right” ways to connect and work with birthing professionals. This framework explores the various models of doula integration currently implemented across Colorado, highlights the benefits of each approach, and outlines key strategies and action steps that have supported successful implementation.

This guide seeks to bridge the gap between community-based doula services and hospital-based clinical care by establishing a foundation for collaborative practice. The framework is intended to support hospitals in developing standardized approaches to doula engagement (including both as hospital-based employees and as community-based private doulas) while recognizing the unique needs, resources, and patient populations served by individual facilities. By providing guidance on roles and responsibilities, communication pathways, workflow development, policy considerations, and relationship-building strategies, this resource aims to foster mutual understanding and trust between doulas and clinical care teams.

Successful integration of doulas requires developing sustainable systems that recognize doulas as valued members of the perinatal care continuum. Sustainable integration requires hospitals to consider both the clinical and operational benefits of doula collaboration. From a healthcare systems perspective, doula integration has the potential to contribute to improved patient satisfaction scores, enhanced patient engagement, stronger community partnerships, and progress toward quality metrics related to maternal and neonatal outcomes.



In an increasingly consumer-driven healthcare environment, hospitals that successfully and respectfully integrate doulas may also distinguish themselves as organizations committed to providing comprehensive, family-centered, and equitable maternity care.

Ultimately, *Integrating Doulas into Clinical Care Settings: A Hospital-Focused Framework* serves as a foundational resource for stakeholders seeking to build stronger partnerships between hospitals and community-based doulas. By promoting collaboration, shared understanding, and evidence-based integration strategies, this framework aims to enhance perinatal health outcomes, improve patient and provider experiences, reduce disparities in care, and support a more equitable and person-centered maternity care system across Colorado. The sections that follow outline the rationale, key considerations, and practical steps necessary for developing a robust and sustainable model of doula integration within healthcare settings.

Doula support can make a measurable difference.



Cesarean births



Unnecessary medical interventions



Risk of perinatal mood & anxiety disorders



Patient satisfaction & positive birth experiences



Breastfeeding initiation

Review of Existing Examples and Literature

Current literature provides extensive evidence regarding the positive impact of doula support on maternal and infant health outcomes. Continuous labor support from a doula is associated with significantly improved perinatal outcomes, including a decrease in cesarean births and shorter labor durations (Sobczak, 2023). Doula care contributes to a significantly increased breastfeeding initiation and duration (Sobczak, 2023). Beyond physical health, doula support improves emotional well-being by reducing the likelihood of postpartum depression and anxiety (Stanley, 2026).

The significance of doula care is particularly pronounced in addressing maternal and infant mortality in the United States. Research indicates that Black women are three to four times more likely to die from pregnancy-related causes than white women, a disparity rooted in structural racism and systemic barriers (Howell, 2019; Robles-Fradet, 2022). Additionally, in Colorado, people who identify as American Indian/Alaska Native were nearly three times more likely to die during pregnancy or within one year postpartum compared to the rest of the birthing population (Colorado Department of Public Health and Environment, 2023). Doula care is a uniquely effective strategy for reducing these inequities; evidence suggests that women receiving doula support are less likely to have a preterm birth and less likely to have a cesarean birth (Robles-Fradet, 2022). Community-based doulas, who often share similar cultural and linguistic backgrounds with their clients, provide culturally congruent care that promotes patient agency, voice, trust, and shared decision-making (Maru, 2025).

Despite these established benefits, doula support remains underutilized, with estimates suggesting about 6 to 10% of births in the U.S. are currently supported by doulas (Network for Public Health Law, 2024). While an increasing number of states are implementing Medicaid coverage for doula services, financing alone is insufficient to ensure equitable access. Successful implementation requires the active development of a robust doula workforce, fair compensation that reflects the time-intensive nature of the work, and formalized pathways for integration into the clinical care team.

6-10%
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of births in the U.S.
are currently
supported by doulas
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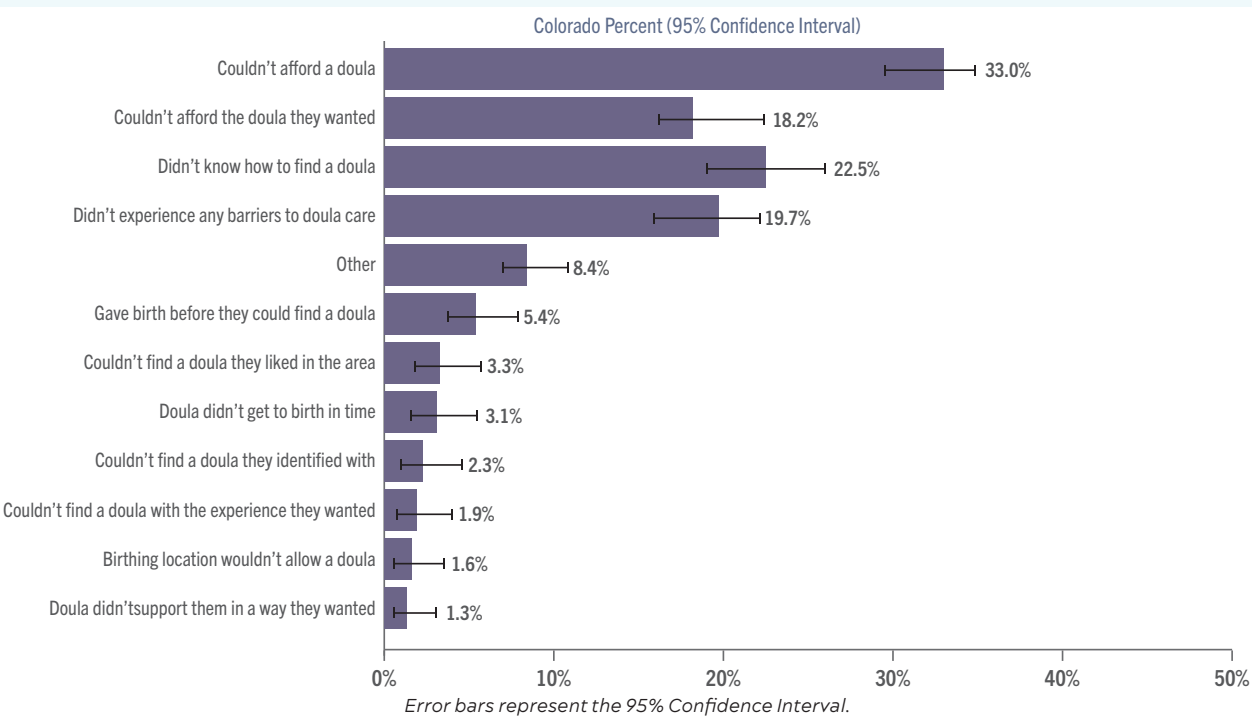


Review of Existing Examples and Literature

COLORADO CONTEXT

The emerging state-level implementation efforts emphasize the importance of developing formalized integration pathways to ensure equitable access to doula services and promote consistent quality of care across healthcare settings. In Colorado, the implementation of Medicaid reimbursement for doula services represents a significant advancement toward expanding access to continuous perinatal doula support. The Colorado Department of Health Care Policy & Financing (HCPF) launched the Health First Colorado doula benefit on July 1, 2024, marking a major step toward integrating doula care into the state’s maternal health system (Colorado Department of Health Care Policy & Financing, 2025). Through this benefit, eligible members enrolled in Health First Colorado, Colorado’s Medicaid program, and Child Health Plan Plus (CHP+) may receive up to 180 minutes of prenatal doula support, continuous labor and delivery doula services, and up to 180 minutes of postpartum doula support (Colorado Department of Health Care Policy & Financing, n.d.).

Barriers Reported By Individuals Who Wanted Doula Care in Colorado
Among those who used or wanted to use a doula (2024 Birth Cohort, N=1,655)



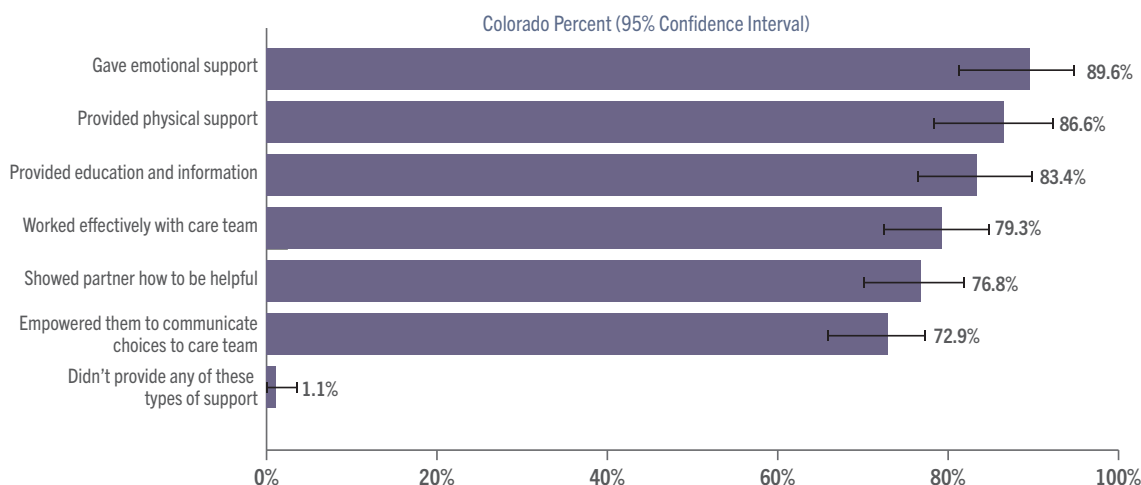
During the first year of implementation, approximately 1,000 Health First Colorado members accessed doula services and 75 doulas enrolled as providers. Early evaluation findings demonstrate strong member satisfaction, with 97% of surveyed participants reporting that they would recommend doula services to other Medicaid members (Colorado Department of Health Care Policy & Financing, 2025). These findings highlight the potential of Medicaid-covered doula services to improve patient experience, increase access to supportive care, and strengthen connections between community-based providers and the healthcare system. However, continued efforts are needed to ensure that individuals are aware of available services, hospitals are prepared to collaborate effectively with doulas, and sustainable integration models are established across diverse care settings.

97%

of surveyed participants reporting that they would recommend doula services to other Medicaid members

Review of Existing Examples and Literature

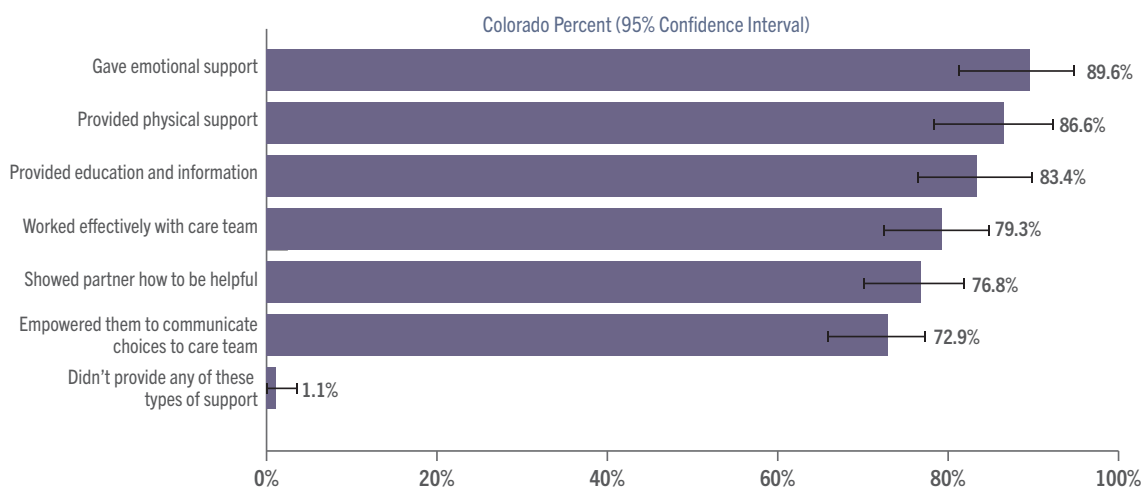
How Doulas Supported Individuals During Birth in Colorado Among those who used a doula during birth (2024 Birth Cohort, N=179*)



Unweighted N<20. Interpret with caution. Error bars represent the 95% Confidence Interval.

In addition to Medicaid program evaluation efforts, Colorado collects population-level data on doula utilization and experiences through the Baby & You Survey, a statewide postpartum survey administered by the Colorado Department of Public Health and Environment (CDPHE). Beginning in spring 2023, approximately 3,400 postpartum individuals are selected annually from birth certificate records to participate in the survey, which includes questions related to pregnancy, birth experiences, postpartum care, and doula utilization ([Colorado Department of Public Health and Environment, 2024](#)).

Colorado Doula Usage (2024 Birth Cohort) Colorado Baby & You Survey (N=1,655)



Unweighted N<20. Interpret with caution. Error bars represent the 95% Confidence Interval.

Review of Existing Examples and Literature

Data from the 2024 Baby and You Survey provides additional insight into patterns of doula access and use across the state, helping to identify gaps in utilization and opportunities to strengthen equitable access to continuous labor support. Together, Medicaid evaluation findings and population-level survey data provide an important foundation for understanding the current landscape of doula care in Colorado and informing strategies for effective hospital-based integration. Survey respondents explained what barriers they faced if they had a doula or wanted a doula.

DOULA CARE INTEGRATION OUTSIDE OF COLORADO

The integration of doulas into hospital-based maternity care requires intentional efforts to establish doulas as collaborative members of the care team while simultaneously keeping the roles of clinical providers and doulas distinct. A key barrier to effective doula integration is the lack of standardized processes within healthcare institutions. Hospitals may vary in policies, communication structures, staff expectations, and approaches to engaging community-based doulas.

TeamBirth: Standardizing Communication

The *Integrating Doulas in the Hospital Setting: A Guide for Clinicians* framework emphasizes that successful integration begins with a shared understanding of the doula's role and unique value. The TeamBirth framework highlights the importance of establishing clear expectations, educating healthcare staff about doula scope of practice, and creating processes that promote mutual respect and collaboration among members of the maternity care team. A central theme of TeamBirth's guide is that successful integration depends on creating systems that support collaboration while preserving the distinct roles of doulas and clinical providers.

- **Key Focus:** Establishing clear expectations, educating healthcare staff on the doula's scope of practice, and promoting mutual respect. This model demonstrates the importance of structured communication strategies that include patients and their chosen support people as active participants in care discussions.
- **Tools/Takeaways:** Standardized communication strategies like the **Doula Readiness Checklist** ensure patients and their chosen support people are active participants in care discussions.
- **TeamBirth: Ariadne Labs Guide**

State Models of Community-Clinical Doula Partnerships

Through initiatives highlighted by Health Leads, an organization focused on advancing racial health equity, states across the country are demonstrating diverse approaches to integrating doulas into maternal healthcare:

- **Louisiana:** Centers its model outside the hospital walls, prioritizing statewide maternal health initiatives and building deep relationships among healthcare systems, public health organizations, and community-based providers. Louisiana's model focuses on strengthening community-clinical partnerships and addressing barriers to access through statewide maternal health initiatives.
- **Massachusetts:** Emphasizes structured, hospital-based collaboration and shared decision-making through partnerships involving academic medical centers, researchers, and community organizations.
- **Health Leads 2025 Presentations**

Review of Existing Examples and Literature

New York: The Hospital Doula-Friendliness Guidebook

The New York City Department of Health and Mental Hygiene, alongside their Maternity Hospital Quality Improvement Network and community organizations, including Ancient Song Doula Services, the Brooklyn Perinatal Network, the BX (Re)Birth and Progress Collective, and the Caribbean Women's Health Association, created the *Hospital Doula-Friendliness Guidebook*.

- **Key Focus:** This resource treats integration as an organizational change process that requires hospitals to assess their readiness, establish formal policies, and cultivate a culture that values doulas as members of the broader care team.
- **Tools/Takeaways:** The Guidebook provides a structured framework for hospitals to evaluate and improve their capacity for doula integration through a comprehensive, doula-friendliness assessment.
- [NYC DOHMH Hospital Doula-Friendliness Guidebook](#)

Virginia Commonwealth University (VCU): Overcoming Operational Challenges

The Virginia Commonwealth University Medical Center (VCUM) released a study (Perkins & Isaacs, 2025) that approaches doula integration as an operational challenge that requires formal systems, policies, and institutional support. The interventions used transformed doula participation from an informal practice into a standardized component of the maternity care system.

- **Key Focus:** This article describes the development of a standardized process for incorporating community-based doulas into a high-volume academic labor and delivery unit while maintaining regulatory compliance, patient safety, and operational transparency.
- **Tools/Takeaways:** To transform doula participation from an informal practice into a standardized component of a high-volume academic labor unit, they implemented an interdisciplinary workgroup and a hospital-wide doula policy, a doula training attestation process and formal identification mechanisms, and a dedicated respite space specifically for doulas.
- [VCUM Perkins & Isaacs Study](#)

Missouri: Redesigning the Birth Team Structure

The Missouri Perinatal Care Collaborative's guidance resource, *Integrating Doula Care Into Clinical Care Settings*, advocates for an intentional redesign of the birth team structure to recognize doulas as vital contributors to maternal health outcomes. To operationalize this relationship, the guidance recommends structured communication mechanisms, including clear pathways for doula-provider interaction, escalation protocols, and systems that support shared decision-making while maintaining clinical accountability.

- **Key Focus:** This framework advocates for the recognition of doulas as integral contributors to maternal health outcomes, particularly in addressing gaps and a central recommendation is the formal clarification of roles and communication pathways between doulas and clinical staff.
- **Tools/Takeaways:** Outlines clear pathways for doula-provider interaction, escalation protocols, and shared decision-making frameworks. Recommends implementing doula "badge" systems to facilitate recognition and access within units.
- [Missouri Perinatal Care Collaborative Guidance](#)

Review of Existing Examples and Literature

Equity-Centered Integration: Dismantling Structural Racism

The Clinical Scholars National Leadership Institute of North Carolina published the Toolkit for Partnership with Community Based Doulas in Clinical Settings. This strategic framework addresses the historical shift of doulas as a “luxury market” and seeks to eliminate severe maternal and infant mortality inequities impacting Black birthing families. True integration means doulas are not treated as passive visitors in the labor room, but as vital, compensated, and structurally supported members of the care team who protect and advocate for families navigating an inherently biased system.

- **Key Focus:** Integrating racially and culturally concordant doula care into traditional health systems
- **Tools/Takeaways:** Programs must be informed directly by the communities experiencing the poorest outcomes. Clinical institutions must build deep, authentic relationships with the community before deploying programs. Implement mandatory racial equity training to dismantle implicit bias among clinical staff. Support doulas as they expand their skill sets into childbirth education, peer lactation support, and substance use disorder advocacy.
- **Clinical Scholars National Leadership Institute Toolkit**

This toolkit outlines a community partnership with the primary objective of providing a reproducible roadmap to eliminate severe maternal and infant mortality inequities impacting Black birthing families by dismantling structural racism within healthcare systems. The guide explains that traditional interventions often fail because they are top-down and not informed by the communities experiencing the poorest outcomes and the need to bridge the gap of the recent historical luxury market of doulas.

Successful integration requires intentional relationship-building, as healthcare institutions must establish trust and meaningful partnerships with community members before implementing programs (Clinical Scholars National Leadership Institute, 2023). The Leadership Institute also recommends mandatory racial equity training to dismantle implicit bias, while doulas expand their skill set into fields like childbirth education, peer lactation support, and substance use disorder advocacy. True integration means doulas are not treated as visitors in the labor room, but as vital, compensated, and structurally supported members of the care team who protect and advocate for families navigating an inherently biased system.

Interviews with Key Shareholders

To ensure that this proposed workflow was practical, feasible, and responsive to the needs of all shareholders, interviews were conducted with key partners involved in doula integration in Colorado. Insights from these interviews informed the key actions for successful implementation and the recommended workflow. A total of 12 interviews were conducted by the SOAR Program Manager discussing potential workflows, current challenges, best practices, and opportunities for future-state integration. The interview guide can be found in the appendix A. Interviewees included the directors of multiple doula programs, community doulas, lived experience experts, professionals at community doula organizations, hospital champions, anesthesia professionals, Colorado state professionals at the public health group, and public health insurance group. The main themes that came from these interviews included Scope, Boundaries, and Advocacy, Institutional Integration vs. Doula Autonomy, Relational Trust as the Foundation, Equity and Community-Based Care, Operating Room Etiquette, and finally Patient Impact: Emotional Safety and Postpartum Continuity.

SCOPE, BOUNDARIES, AND ADVOCACY

A primary area of tension in integrating doulas into clinical environments is defining roles, responsibilities, and boundaries within the care team. While clinical teams must prioritize standardized protocols, doulas are able to focus on providing continuous emotional and physical support. Tensions may arise when roles and expectations are unclear, with clinical staff concerns about potential overlap with medical decision-making and doulas advocating for their role in supporting informed choice and the patient's voice in care.

INSTITUTIONAL INTEGRATION VS. DOULA AUTONOMY

The structural model of doula support (employed hospital staff vs. contracted vs. community/private practice) drastically impacts both funding and autonomy. Employing doulas within a hospital legitimizes their presence, provides badge/EMR access, and enables coverage for unserved patients. However, it can strip away community trust, force rigid shift-work handoffs (breaking continuity of care), and compromise the doula's ability to act as an independent patient advocate.

Regardless of the model selected, successful integration requires moving beyond informal practices to formal, written hospital guidelines or standard operating procedures (SOPs). These guidelines should apply to all doulas entering or currently within the facility, including hospital-employed, contracted, volunteer, and community/private practice doulas, and should be developed in partnership with community doula organizations and other key shareholders. These guidelines should clearly define the doula's role within the clinical care team, distinguish doulas from visitors (such as patient's partners or family members) and establish expectations for interdisciplinary collaboration. Formalizing these processes helps create consistent expectations, reduces role confusion, and supports sustainable, patient-centered integration across care settings.

SHAREHOLDER PERSPECTIVES

“Whenever a doula becomes an employee of the hospital, when you are fully integrated into the hospital system, you lose some of your autonomy as an advocate for the families.”

Interviews with Key Shareholders

RELATIONAL TRUST AS THE FOUNDATION

Success is fundamentally dependent on relational trust between nursing staff and doulas. This requires moving away from the perception of conflicting intentions toward a partnership model where clinicians and doulas view each other as teammates working toward shared goals. The daily experience of a doula often rests on micro-interactions with nursing staff, security, and surgical teams. Small institutional touchpoints, such as issuing badging/lanyards, allowing doulas into staff breakrooms/snack orders, or providing dedicated lockers, signal respect and belonging. Building trust requires proactive relational groundwork (e.g., floor tours, attending nurse huddles, joint training, and bi-directional feedback loops) rather than meeting for the first time during an active high-stakes delivery.

Hospitals should invest in joint education and training, enabling community doulas (in addition to hospital-based doula employees) to connect and learn alongside some of their medical staff. Surgical suite tours, respectful care breakfasts, labor support workshops, and any situation where doulas and hospital staff can learn about one another to humanize one another outside of potentially stressful situations, would be beneficial to all. Hospital staff and doulas must see each other as partners on the birthing team together with the trust being built intentionally over time. Integration works best when hospitals are genuinely welcoming.

KEY POINT

“Relationality between doulas and nurses, there is an exchange of work... nurses trust doulas to show up and offer their time, doulas have to trust nurses and treat them as part of the care team... trust HAS to be inherently relational.”, “Had a doula who was awesome... A huddle that included the patient and doula, discussed the expectations of the patient, came to a consensus and then KEPT talking about it.”

EQUITY AND COMMUNITY-BASED CARE

Birth support is deeply tied to cultural safety, equity and the need for ongoing, intentional efforts to address disparities. Interviewees emphasized that traditional white-led or agency-based doula spaces have historically been more accessible to affluent clients, while BIPOC and Spanish-speaking community doulas provide essential language access, lived expertise, and culturally rooted or Indigenous birth practices into the birthing space. Hospitals must recognize community-based doulas and hospital-employed doulas may have different relationships with the communities they serve, different sources of accountability, and distinct roles within the maternity care system. Acknowledging these differences, including the historical power imbalances between healthcare institutions and marginalized communities, is essential to building respectful partnerships. Facilities should value community-based doulas as equal members of the care team, similar to the patient, while preserving their independence as patient advocates and avoiding expectations that they serve as unpaid medical interpreters or fill other institutional roles outside their scope.

KEY POINT

“... there [are some agencies that have] a broad payer mix, they pair you with a doula based on your ability to pay.”, “Do not assume that their doula is their interpreter, they are not paid to do that.”

Interviews with Key Shareholders

OPERATING ROOM ETIQUETTE

Clinical integration may be most challenging in highly controlled, high-risk environments such as the operating room during cesarean birth or other high acuity scenarios. In these settings, anesthesia providers and surgical teams must prioritize patient safety, infection prevention, procedural efficiency, and clear communication within a structured environment. However, when doulas are familiar with operating room etiquette and workflow, clinical staff acknowledge they can play a vital role in calming patient anxiety and preventing the need for general anesthesia.

At some hospitals that employ doulas, they are allowed in the hospital room per the facility's policy. A hospital will need to be explicit when developing operating room policies for private doulas. For example, if this facility only allows one additional person, an exception should be made to allow for a doula as an additional second person.

KEY POINT

“OR is much more controlled than a labor room... high stakes... patient safety will always come first compared to patient comfort.”

PATIENT IMPACT: EMOTIONAL SAFETY AND POSTPARTUM CONTINUITY

From the patient perspective, doulas are essential for bridging knowledge gaps, preventing medical trauma during interventions, carrying emotional labor, and identifying early postpartum mental health issues (e.g., OCD, depression). Patients describe doulas as a critical buffer that allows them to maintain dignity and voice during vulnerable clinical situations. It is important to note that doulas provide non-clinical support rather than medical care and do not independently increase liability when practicing within their defined scope of role and responsibility.

KEY POINT

“I did not know that I could say NO to things, did not know that there were options...”, “So powerful to have her doula there... made her feel very safe... asking questions that she did not think to ask, pushing back against provider on call when they said the plan had to change.”, “Doula was the one who actually was seeing her in postpartum depression early on, got her resources early on... doula was able to be that person to say you are off.”

Current Doula Integration Workflows in Colorado

A critical step in developing a doula integration workflow is documenting and analyzing current practices. The following existing workflows are relevant to this project and require detailed review. There are four primary workflows currently utilized in Colorado for doula integration. The first model involves patients bringing their own private doulas, which requires no direct hospital funding but may create a high-cost barrier for patients who cannot afford private doula services if their health coverage does not include birth doula services. The second model utilizes volunteer organizations for shift-work, such as the Colorado Volunteer Doulas at Swedish, which increases access but can carry a potential administrative burden for hospital staff. The third model involves training and employing doulas at the hospital, as seen at Denver Health; this model provides high legitimacy but requires navigating complex billing and hospital human resources requirements. Finally, hospitals may contract with a local doula organization like the 9th Avenue Doulas to manage the program externally as a separate entity.

Successful integration requires key actions to bridge the gap between community and clinical cultures. Hospitals should establish an updated doula policy or guideline that is distinct from standard visitor policies to ensure that community based/private doulas are treated as part of the professional care team, just as hospital-based employee doulas are considered part of the clinical care team. Providing doulas with clear identification, such as specific badges or branded T-shirts, helps establish legitimacy and eases communication with staff and patients. Furthermore, clinical teams should designate a champion or liaison to manage relationships and conduct educational sessions like “[Respectful Care Breakfasts](#)” to build trust and clarify the doula’s scope of practice.

Operational logistics also play a vital role in making doulas feel welcomed and integrated. Facilities should offer doulas access to physical resources such as lockers, restrooms, and labor support supplies, and inclusion in unit meal orders to foster a sense of belonging on the team. From a clinical workflow perspective, doulas should be included in patient huddles and morning rounds whenever possible to ensure they are synchronized with the medical plan of care. Finally, implementing bidirectional feedback processes creates opportunities for hospital staff and doulas to openly address challenges, strengthen collaboration, and sustain a program built on mutual respect and continuous improvement.

PRIVATE DOULAS

While the state does not collect specific numbers of people who utilize private doulas, this is a known workflow in multiple Colorado hospitals. [Doulamatch.net](#), an online directory of private doulas, currently lists 105 Colorado-based doulas, although this is an opt-in directory and doesn’t represent all doulas practicing in Colorado. According to Health First Colorado, there are 200 approved doulas currently practicing in the state, some of whom may be on sites that Doula Match. Additionally, some hospitals or clinics have a list of private doulas their providers have worked with in the past.

Benefits	Risks
Ability to match with individuals that works best	Expensive for individuals
Availability	

Current Doula Integration Workflows in Colorado

VOLUNTEER DOULA ORGANIZATIONS

HCA HealthONE Swedish has partnered with Colorado Volunteer Doulas (CVD) to support patient access to doula services. Through this model, nurses can contact volunteer doulas when one of their patients requests a doula. CVD operates as a nonprofit organization and provides services free of charge to patients. Currently, this group only works with HCA Swedish.

Benefits	Risks
Community engagement	Limited coverage
Lower cost	Retention challenges
Opportunities for experience	Capacity issues
	Risk of undervaluing doula labor

HOSPITAL-BASED TRAINING AND EMPLOYMENT

Denver Health is the only facility in Colorado that trains, certifies, and employs doulas within their hospital. The program began as a volunteer group, similar to CVD, but has evolved into a funded in-house doula network. This program employs doulas with diverse training and certification backgrounds and provides trainees with 32 hours of hospital-based floor experience. The expansion of this model was facilitated by the Health First Colorado doula benefit, which enabled the program to transition toward a reimbursable doula care model. Services include labor support and hospital-based postpartum care.

Benefits	Risks
Greater sustainability	Funding constraints
Professionalization	Administrative complexity
Better consistency	Potential threats to doula autonomy

CONTRACTS WITH VOLUNTEER DOULA ORGANIZATIONS

Another model used in Colorado involves facilities establishing formal partnership with local doula organizations through direct contracts. Examples include HCA HealthONE Rose Hospital's partnership with 9th Street Doulas and Intermountain Health St. Joseph Hospital's partnership with MamaBird Doulas. In this model, when patients independently hire a doula from the contracted organization, the hospital has an established relationship with the organization and has recognized its doulas as approved partners within the facility.

Benefits	Risks
Easier Hospital Integration	Potential for Diminished Advocacy
Vetted and Trusted Care	Communication concerns

Key Actions for Success – No Matter the Workflow



To overcome barriers to effective doula integration, organizational culture change and standardized integration practices needs to happen for doulas working with patients in all integration models.

Key strategies for success include:

- Developing formal, written doula-specific guidelines or policies that are separate from visitor policies and created with input from community doulas and hospital stakeholders. These guidelines should clearly define the role of doulas as members of the patient support team, outline expectations for collaboration with clinical staff, and provide clear guidance on situations where role confusion commonly occurs.
 - For example, a doula-specific guideline can clarify that patients may continue to benefit from doula support regardless of whether they have family present, choose an epidural, or are experiencing a high-intervention birth. It can also establish expectations around doula presence during procedures, including operating room access when appropriate.
- Hospitals should also establish consistent identification and communication processes to ensure non-hospital employed doulas are recognized as members of the care team rather than visitors. This may include designated badges, name tags, branded shirts, or other forms of identification that distinguish doulas from general visitors.
 - For example, a sticker name-tag with the word “Doula”, where an individual could write their own name when they sign in, could be a simple first step in this direction.
 - Registration and front-desk staff should be included in these processes so that doulas can enter the facility smoothly and clinical teams are aware of their presence. Additional operational support, such as clear parking instructions, facility maps, access to appropriate physical spaces, lockers, respite areas, and information about unit procedures, can help create a welcoming environment for both community-based and hospital-employed doulas.

While these guidelines help create consistency and increase staff comfort with doula involvement, they should be developed carefully to support doula autonomy rather than unintentionally restrict the scope of doula support.

Key Actions for Success – No Matter the Workflow

- Building relational trust between doulas and clinical teams requires ongoing communication, education, and opportunities for collaboration. Hospitals can foster these relationships through initiatives such as Respectful Care Breakfasts, which provide an opportunity for doulas and staff to meet, discuss their approaches to birth support, and build shared understanding.
 - Additional strategies may include presentations at Grand Rounds, nursing and provider meetings, quarterly educational sessions, doula orientation sessions, unit tours (including operating room tours), and multidisciplinary simulation trainings where doulas and clinicians can practice communication and collaborative care together.
 - Establishing a dedicated doula champion or liaison, such as a nurse, provider, midwife, or quality leader, can further support integration by serving as a consistent point of contact, helping address concerns, and facilitating communication between doulas and clinical teams.



Successful doula integration is not defined by whether doulas are employed by the hospital or connected through the community, but by whether systems are created to support respectful collaboration, preserve doula autonomy, and center the needs and preferences of birthing people.

A collaborative approach that recognizes the unique expertise and perspectives of both community and hospital-based doulas strengthens relationships between care teams, improves the patient experience, and supports efforts to advance equity and reduce disparities in maternal health outcomes.

DOULA INTEGRATION WORKFLOW DECISION TREE AND PRINCIPLES

Doula Integration Workflow, First Steps, and Principles for Each Potential Model



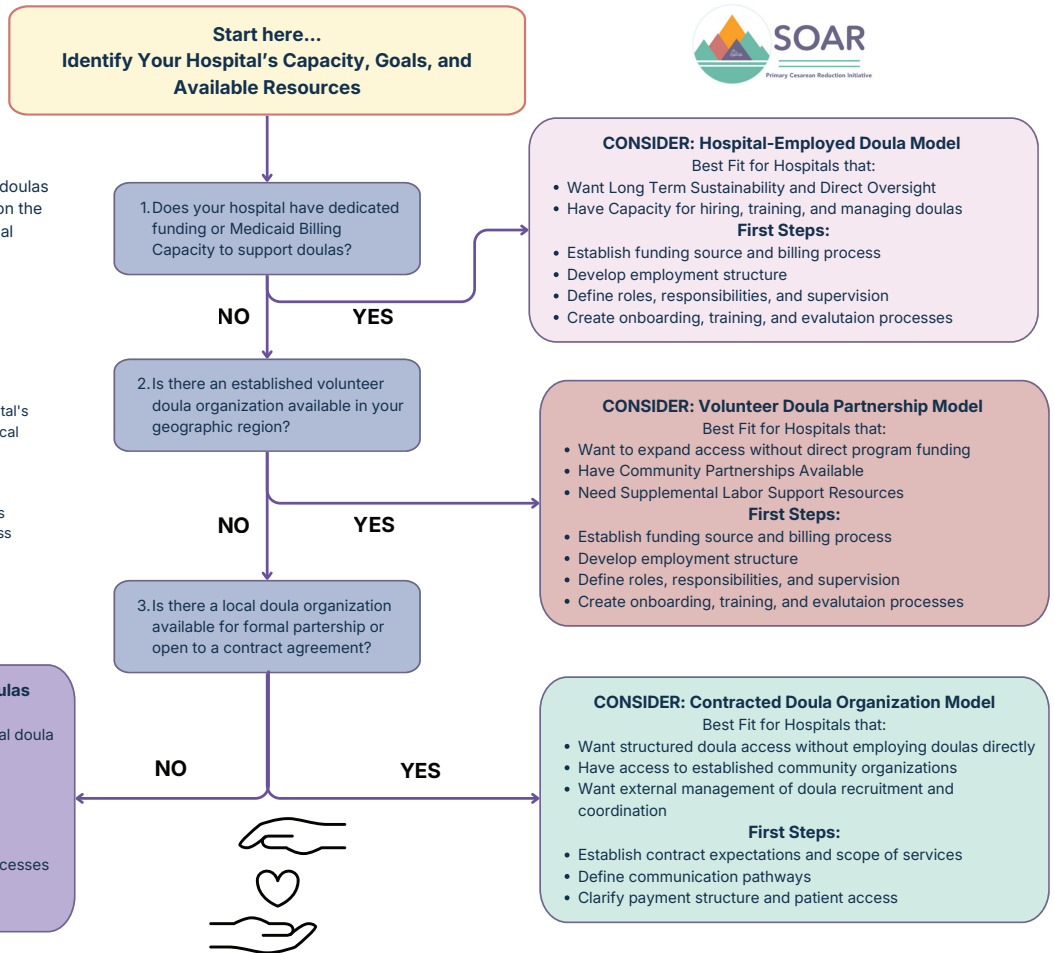
Guiding Principle:

Respect, collaboration, and communication between doulas and clinical providers is essential to any relationship on the birthing team. The patient/client will always be the final decision maker and center of the care team.

How to Use this Workflow:

This workflow guides hospital administrators and clinical leadership in selecting and implementing different doula integration models in their facility. By assessing your hospital's current funding options, community partnerships, and clinical capacity, the decision tree directs you to potential suitable framework.

Once a path is chosen, the tool provides specific first steps alongside essential integration practices to ensure seamless collaboration between doulas and clinical care teams.



Important Integration Practices, Regardless of Model

- Leadership Support:** Champions on the hospital administration level for this work
- Doula Specific Policies and Orientation:** Developing formal, written doula-specific guidelines or policies that are separate from visitor policies and created with input from community doulas
- Identification and Access:** Consistent identification and communication processes to ensure non-hospital employed doulas are recognized as members of the care team rather than visitors
- Education and Relationship Building:** Build relational trust between doulas and clinical teams requires opportunities for collaboration before a stressful birthing scenario
- Feedback and Continuous Improvement:** Bi-directional feedback mechanisms for clinical staff and doulas that is not necessarily punitive but collaboration building

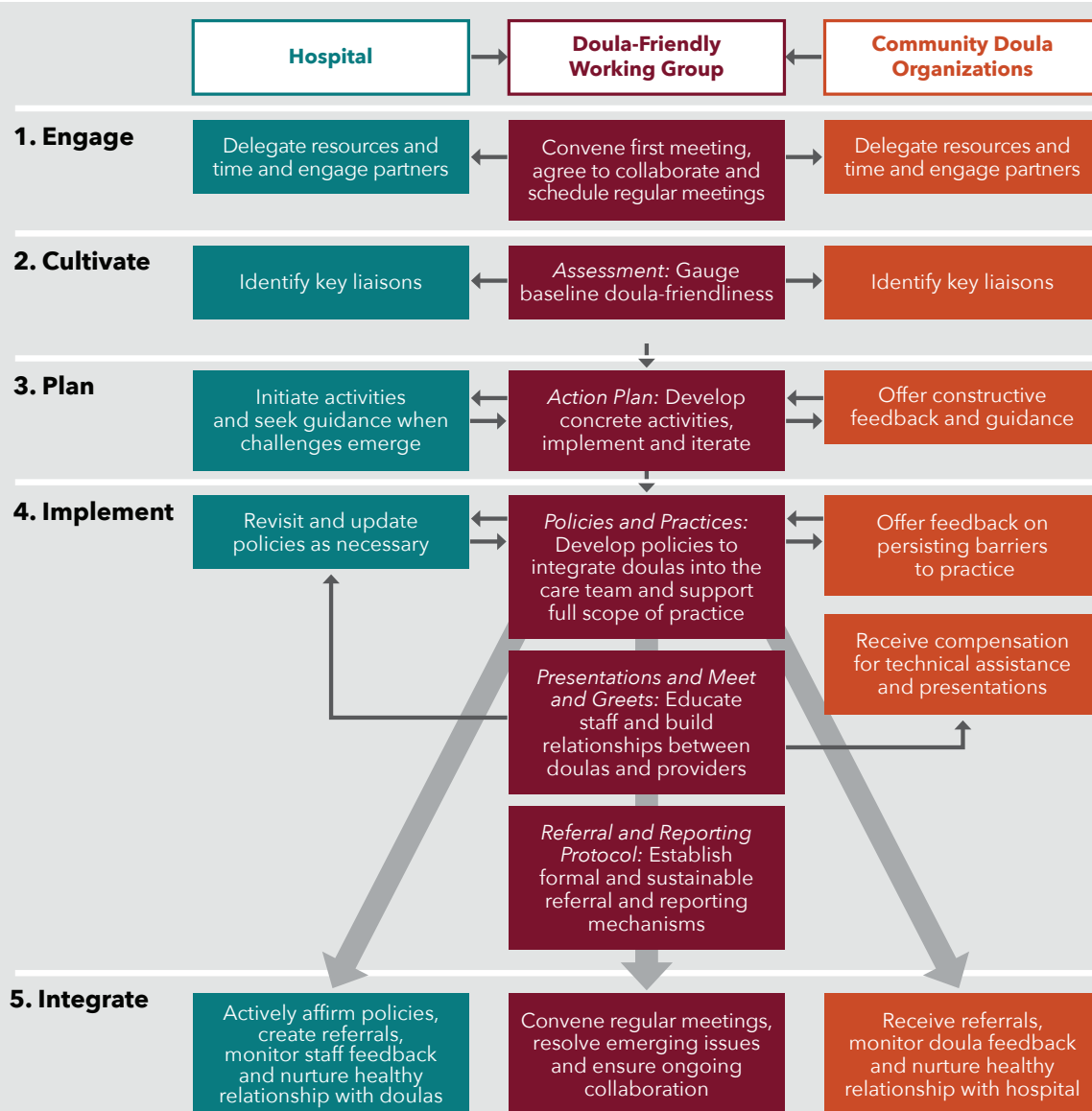
DOULA FRIENDLINESS ASSESSMENT PROCESS MAP (NYC HEALTH GUIDEBOOK)



Hospital Doula-Friendliness Process Map

This process map serves as a guide for involvement in this process. In complement to the suggested process steps starting on Page 9, it shows how to collaborate and steps to take to integrate doulas into the care team, build out referral pathways and ultimately increase hospital doula-friendliness. Given capacity and expertise, a local health department or maternal health organization might guide this process through engagement, planning, implementation and closeout.

Figure 1: Hospital Doula-Friendliness Process Map



Resources

DOULA INTEGRATION CHECKLIST (CREATED BY CPCQC)

Purpose and Instructions for Use: This checklist is designed to help hospitals implement standardized, sustainable processes for integrating doulas into maternity care by identifying opportunities for improvement, and guide implementation. Facilities are encouraged to review each section of the checklist to assess current practices and identify areas to work collaboratively with representatives from labor and delivery, nursing leadership, physicians, hospital administration, and community doulas. It is recommended that the checklist be revisited periodically, particularly during quality improvement initiatives or when changes are made to maternity care policies or doula integration practices.

① Leadership Alignment

- ☐ Identify a physician champion and nurse manager liaison.
- ☐ Establish a primary operational contact for community and external doulas.

② Policy & Governance

- ☐ Develop a written Doula Guideline separate from the Visitor Policy.
- ☐ Define the doula scope of practice and role within the care team.
- ☐ Establish expectations for doula presence during procedures, including cesarean births and triage.
- ☐ Create clear escalation pathways for clinical concerns or questions for doulas and staff.

③ Identification & Access

- ☐ Provide hospital identification (badge, lanyard, or unit-specific identifier) for doulas when they check-in.
- ☐ Establish check-in and notification procedures with reception, security, and unit staff.

④ Staff & Community Education

- ☐ Provide education for labor and delivery staff on the doula role and scope of practice.
- ☐ Host opportunities for collaboration, such as respectful care sessions, grand rounds, or team trainings.
- ☐ Offer L&D and OR walkthroughs for new or newly affiliated doulas.

⑤ Operational Infrastructure & Hospitality

- ☐ Identify available resources for doulas, including lockers, respite spaces, and supply areas.
- ☐ Communicate expectations regarding meals, parking, and facility amenities.
- ☐ Ensure doulas know where to access needed resources during their time in the hospital.

⑥ Doula Welcome Packet

- ☐ Provide a doula welcome packet that includes:
 - Welcome letter
 - Unit map and key locations
 - Doula integration guideline
 - Frequently asked questions (FAQ)
 - Key contact directory
 - Facility access and workflow information

DOULA POLICY EXAMPLE ONE (HEALTH LEADS)

[INSERT YOUR LOGO HERE] POLICY	Title: Doula Policy	#
	Owner: Maternity Services	Issued: [DATE]
Keywords: doula, birth coach		

I. Statement of Purpose

This policy outlines the process and procedure for patients who request the use of Doula service presenting to our women's health and maternity services at [insert name] Health facilities. Doula services for pregnant and postpartum patients is allowed aligned with current NYS law and evidence based guidelines.

II. Audience

Women's Health and Maternity Services

III. Instructions

A. Definitions

1. Doula: An individual, typically without formal obstetric training, who is contracted by the patient to provide guidance and support to a pregnant woman during labor. Known as a birth companion, birth coach, or post-birth supporter, a doula is a non-medical person who assists a woman before, during, or after childbirth.
2. Doula role: to provide support to the mother, mother's partner and family. Doulas are not medical professionals.
3. Continuous support during birth from a person outside the mother's family or social circle, such as a Doula, is associated with reduced mortality rates, improved overall health of the mother and the baby, shorter labor time, reduced risk of a cesarean section, and a lower need for medical interventions such as instrumental delivery or pain relief. Additional roles of doulas include postpartum support, assisting with housework, cooking, and offering help with breastfeeding when maternal-child couplet are discharged from the hospital.

B. Role Requirements

Must present completed certificate of attendance with a formal Doula Training program or apprenticeship.

C. Scope of Service/Duties and Responsibilities

1. Provide culturally sensitive, non-biased emotional, physical, education and informational support during pregnancy, labor and the birth process, and the postpartum period.
2. Initiate contact as early in pregnancy as possible and work closely with the birthing woman and her family as she explores her values and needs surrounding birth.
3. Encourage the birthing woman to seek care and a place of birth that reflects her values and needs.
4. Assist in the preparation of birth preferences to facilitate communication with the birth team.
5. Provide information on birth options and resources
6. Provide the woman with non-medical comfort techniques and alternatives for labor, including but not limited to positions and movement, comforting touch, visualization, breathing techniques, essential oils, rebozo and affirmation.
7. Assist in labor and delivery. Attend and support each woman through labor and delivery and in initial hours postpartum. Offering alternative comfort measures and options including but not limited to positions, relaxations, essential oils, affirmations, massage and other techniques.

Resources

8. Work cooperatively with other staff and serve as a resource to them.
9. Provide support, assist and answer general questions about newborn care and breastfeeding.
10. Refer to healthcare professionals when support requires clinical assessment, a need for prescription or medical diagnosis.
11. Home visiting during the perinatal period.
12. Perform other related tasks as needed or requested.

D. Limitations in Services

Doulas provide emotional, physical and information support only. The doula is not a clinician and therefore does not:

1. Diagnose medical conditions
2. Perform clinical procedures
3. Interpret medical diagnoses or clinical results
4. Prescribe or administer treatment of medical conditions
5. Perform clinical procedures
6. Make decisions for the birthing woman
7. Attend births that are intentionally unassisted by qualified medical professionals.
8. Have access to the patient's medical record

IV. Approved by - (Include date)

Clinical Interdisciplinary Approval 5/16/19

V. References

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doi:10.1002/14651858.CD003766.pub4

Version History:

Effective Date:	Reviewed/ Revised

DOULA POLICY EXAMPLE TWO (MONTEFIORE)

SUBJECT: Doula

DATE: 1/4/2021

Definition:

A Doula is a trained birth assistant, requested by the pregnant patient, that supports the pregnant person prenatally, during labor and birth, and/or during the postpartum period. Montefiore Medical Center and the Department of Obstetrics & Gynecology and Women's Health recognize the advantages of Doula services and the positive impact that they have on the birthing experience and on maternal and neonatal outcomes.

Policy:

A Doula is not to be considered a staff member and has no medical role or responsibility, but rather is to be considered an important support for the mother. The Doula will provide continuous labor support that includes fostering her physical comfort, providing emotional guidance, sharing information (non-medical) and advocating for the client's choices surrounding birth preferences.

Elements of continuous labor support includes but is not limited to:

1. Enhance physical comfort including comforting touch, and guidance with movements and positioning.
2. Provide emotional support: praise, reassurance, encouragement and continued presence. Guidance and emotional support for the pregnant person's laboring partner and loved one is also provided.
3. Share information (non-medical), explanation of procedures, assistance in navigating hospital protocols.
4. Facilitate communication between the laboring person and hospital staff to assist in making informed decisions.
5. Encourages patient to consult medical team on any care concern(s).

A Doula may not:

1. Perform clinical or medical tasks such as taking blood pressure or temperature, performing fetal heart tone checks, vaginal examinations or postpartum clinical care.
2. Give medical advice
3. Document in a patient's medical record
4. Participate or perform lab tests
5. Make medical decisions for the patient
6. Interfere with medical treatment plans or any emergency intervention
7. Share patient information unless patient gives permission

Purpose:

To outline Doula services on the Labor and Delivery unit and to provide staff with knowledge of the role and scope of Doula services for holistic care for patients who are identified in need of continuous support throughout the birthing process and the immediate post-partum period.

Resources

Procedure:

Doulas must identify themselves to the patient's health care team and must wear visible ID badge stating their names and the name of the Doula group he or she represents. In case of an emergency where the doula does not yet have an ID badge, he or she should provide a state or city ID.

Action to be performed by the responsible staff primary RN

1. On admission to labor and delivery, inquire from the patient the presence of the Doula and/or family support
2. Review expectations with patient, family and Doula on the labor and delivery process, Operating Room guidelines and Postpartum care.
3. Provide unit orientation and reinforce expectations of the Doula's role. Support both in-person and virtual doula support.
4. Provide Doula with a copy of the hospital Doula Policy
5. Doula's name will be included on the patient's whiteboard
6. Document the presence of the Doula, including the Doula's name, in a note within the electronic health record.
7. Allow Doula's presence in triage, birth, delivery and recovery as requested by the patient absent a compelling medical reason.
8. Foster a collaborative relationship with Doula in support of the patient and their family.
9. Allow and support non-medical comfort techniques for labor, including but not limited to various position movement including ambulation outside of the bed as allowed, breathing techniques, nonflammable aromatherapy, guided imagery, comforting touch, use of the peanut ball/birthing ball based on patient's condition.
10. Facilitate the Doula's presence for continuous calming support; and support during procedures, e.g., epidural and some cesarean birth cases based on provider discretion.
11. Ensure Doula adherence to patient confidentiality.
12. Encourage and support Doula assistance with initial breastfeeding during the first few hours after birth and post-partum hospital stay.

Reporting Protocol:

The charge nurse/nurse manager is to be contacted if a Doula encounters an issue with a provider or staff. The doula supervisor is to be contacted if a provider encounters an issue with a doula. Both will address and resolve issues with involved staff and work collaboratively to institute any necessary policies or practices as a solution. The nurse manager or designee has ultimate responsibility for the patient care.

Doula Certification:

Doulas serve in a non-medical capacity. As such, they are not required to have specific credentials to practice (i.e. licensure, certification, etc.).

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