Jackson HEALTH SYSTEM
Miracles made daily.

Doula Guideline

A framework for collaborative, patient-centered care between doulas and the interdisciplinary care team across all Jackson Health System facilities.

Purpose

Jackson Health System recognizes the role of doulas as part of the interdisciplinary healthcare team and works with them to provide the best possible experience while at Jackson. The following guidelines are set forth by the health system to encourage a positive experience while in our facility.

These guidelines were developed through a collaborative effort among Jackson's leadership and community doula partners, reflecting a shared commitment to respectful, patient-centered care.

Section 1 - Doula Role and Practice Expectations

- The patient hires the doula of their choosing. This may be done through a program affiliated with Jackson or an independent community doula.
- Doulas serve a non-medical role prenatally, during labor and birth, and during the immediate postpartum period. Their role is to educate, comfort, advocate, and support the mother or birthing person physically and emotionally, and to enhance communication between the patient, their partner, and the medical professionals.
- The facility, patient, and doula recognize that the doula's advocacy role does not involve the doula speaking in lieu of the patient. Advocacy may include providing information to the patient, sharing any written birth preferences for discussion, and encouraging open communication with the care team.
- Doulas are responsible for attending to their own needs (rest, food, etc.) and should take breaks as necessary.
- If the doula holds additional qualifications, certifications, degrees, or licenses (such as nursing, midwifery, acupuncture, licensed massage therapy, or chiropractic care), the doula must make it clear to the patient and others that those are additional services outside the doula's scope of practice while serving as a doula at Jackson Health System.
- All doulas will treat patients, physicians, nurses, the community, and all other professionals with respect, maintaining the highest professional standards regardless of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, and/or national origin.
- If a doula feels the guideline has not been followed, or has any other concerns, they may follow the Escalation Pathway as outlined in Section IV.

Section II - Doula Responsibilities

Check-In Process

Upon entrance to the hospital, the doula will complete the check-in process, which includes:

- Signing (or verifying that a current copy is on file) the Jackson Health System Doula Guideline, completed with doula contact information. This guideline will be updated and signed annually.
- Receiving both a visitor sticker and a doula badge from the guest services desk and doula registration kiosk.

Downtime procedure: In instances where the doula registration kiosk is experiencing slow or interrupted connectivity, or is unavailable at the time of entry into the hospital, the doula will follow the downtime registration procedures — including physically signing the Jackson Health System Doula Guideline and signing the physical doula entry log.

- The doula shall wear the visitor sticker and community doula badge at all times while supporting the patient.

Declining to Sign the Doula Guideline

- A doula who declines to sign the guideline may still support the patient. However, only doulas who review the OR safety material and sign the Doula Guidelines will be admitted for entire OR procedure, and be given access to linen and nutrition rooms.
- All other doulas will receive a visitor sticker and must follow the Jackson Health System visitation guidelines.

Section III - Facility Responsibilities

- Jackson recognizes the role of the doula as part of the interdisciplinary healthcare team. The doula is not considered a visitor.
- All Jackson care team members treat doulas, patients, physicians, nurses, the community, and all other professionals with respect, maintaining the highest professional standards regardless of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, and/or national origin.

Areas of Access

A doula shall be permitted access to the following areas to provide support to the patient:

- Antepartum
- Obstetric emergency room
- Labor and delivery
- Post-anesthesia care unit (PACU) / recovery room
- Mother Baby (Postpartum Unit)

A doula who signs the doula guidelines and watches the operating room (OR) safety materials will be granted additional access to:

- OR
- Nourishment rooms and unit pantries
- Linen room

Anesthesia, OR, and PACU Guidelines

Labor and delivery: Doulas are welcome to be present and provide support during epidural catheter placement.

Cesarean section: Doulas are welcome in the OR during cesarean births, while the preferred location is supporting the patient near the head of the bed, their physical placement in the OR may vary depending on the operating room configuration. The doula may enter the OR with the patient and remain present during:

- Anesthesia administration (spinal or epidural)
- Surgical preparation (positioning, draping, surgical timeout)
- The surgical procedure
- Initial recovery in the OR
- Transfer to and stay in the PACU, also referred to as the recovery room or unit

Exceptions — Doulas will not be permitted in laboring room or operating room during:

- Stat procedures
- Cases requiring general anesthesia
- Any other emergency scenario at the discretion of the primary attending physician

The lead clinical team (charge RN, obstetrician, anesthesiologist) will make the final determination in these situations.

- If a care team member feels the guideline has not been followed, or has any other concerns, they should follow the escalation pathway outlined in section IV.

Section IV - Escalation Pathway

A. Purpose of the Escalation Pathway

As a valued healthcare team member, the doula is an active participant in the practice of this guideline and may escalate concerns by following this escalation pathway. The Jackson escalation process exists to:

- Promote bidirectional accountability for the doulas and the Jackson team.
- Systematically address specific incidents involving those supporting Jackson patients.
- Support professional standards for collaboration and care delivery between doulas and the Jackson team.
- Ensure fairness and consistency in the grievance process.

B. Who May Escalate

Escalations may be initiated by doulas, patients, family members, care team members, and staff — either per the identified general standards of practice or as a concern (an issue not related to practice standards).

C. Communication Escalation

Doulas are encouraged to share successes and concerns as they arise. While supporting a patient actively receiving care at Jackson Health System, please seek out the appropriate person to address concerns or celebrate successes. Those may include, in order:

- Charge nurse or associate nurse manager
- Nurse manager
- Administrator in charge (AIC)
- Nursing director

D. Doula Bridge Team

The Jackson doula bridge team is an interdisciplinary group of members within women's services and at least two doula partners, responsible for reviewing concerns and advocating for both the patient and the care team — including internal and community doulas — by linking all parties to collaboratively reach a resolution.

Role
Nursing administration
Anesthesiology
Jackson doula
Community doula(s)
Obstetrician

E. Doula Bridge Team Submission Requirements

Concerns must be escalated within 21 days of the incident and must include the following information (the doula bridge team may request additional information at their discretion):

- Name and contact of the person filing the concern.
- Name and title of the professional(s) engaged in the actions disclosed in the concern.
- Patient name (who was being cared for).
- Supporting information including, but not limited to, date and time of the occurrence, location, and any other relevant details.

Doctors and hospital staff should use the Jackson safety event reporting system (RLDatix) to report issues. If immediate resolution is needed, contact nursing leadership on the unit and/or the nursing director.
Doulas should submit the complete list of information noted above to **DoulaBridgeTeam@jhsmiami.org**. You will receive notice of receipt of the email.

F. Resolution

- The investigation period will include contacting all identified parties to obtain additional information, and any further steps the doula bridge team deems necessary to reach a resolution.
- After the Doula Bridge Team concludes all inquiries, the resolution will be communicated to the identified party within three months of receiving the initial escalation.

Resolutions are at the discretion of the doula bridge team and may include, but are not limited to:

- No action necessary.
- A letter and/or meeting to acknowledge concerning actions.
- Additional coaching, training, and/or education relating to the expressed concern.
- Restricted or suspended access to Jackson privileges as noted in the doula guideline.
- Removing the doula from practicing at Jackson.

If reasonable resolution is not possible, the concern will be escalated to Jackson's Labor Relations Department at the discretion of the doula bridge team.

Acknowledgment & Signature

By signing below, I acknowledge that I have read, understood, and agree to follow the Jackson Health System doula guideline as outlined in this document. I understand that this guideline will be reviewed and signed annually as part of my continued participation in supporting patients at Jackson.

Doula

_____

Name (printed)

_____ _____

Phone Number *Email Address*

_____ _____

Signature *Date*

Optional: Please share the type of doula training you've received:

Jackson Health System Representative

_____

Name & Title (printed)

_____ _____

Signature *Date*