



## Birth Doula Scope of Practice Agreement

Doula name \_\_\_\_\_  
Patient/Client name \_\_\_\_\_  
Hospital or Birth Center \_\_\_\_\_  
Physician or Midwife \_\_\_\_\_

Central Texas Doula Association recognizes the importance of a good working relationship between birth doulas, physicians, midwives, and nurses in order to provide the best care for mothers and babies. This document outlines the scope of practice accepted by the Central Texas Doula Association.

### Scope of Practice

#### A. Services Rendered

- The doula is a trained professional who provides continuous physical, emotional, and informational support to mothers and their partners before, during and after birth.
- The doula may help and advise on comfort measures such as breathing, relaxation, movement and positioning, and may use or suggest comfort measures such as massage, visualization, hydrotherapy, and the use of a birth ball.
- The doula may aid in the mother's understanding of medical procedures and treatment by encouraging communication between the mother, partner, or staff.
- The doula does not speak for the mother but may prompt her to ask questions regarding her care or treatment.

#### B. Limits of Practice

Doulas DO NOT:

- Perform clinical tasks such as, but not limited to, vaginal exams, assessing fetal heart tones or perineal massage.
- Diagnose medical conditions, offer second opinions, nor offer medical advice.
- Make decisions for the patient/client nor project their own values/goals onto the pregnant or laboring woman.
- Discourage the mother from her choices, including the choice for pharmacological pain relief.
- Interfere with medical treatment in the event of an emergency situation.

#### C. Understanding of Medical Staff

- The doula understands that the physicians, midwives and nurses are responsible for assessing the health and well being of the mother and baby, diagnosing and treating conditions as they arise, and focusing on the safe delivery of the baby.

#### D. HIPPA

- The doula adheres to patient confidentiality in accordance to the Health Insurance Portability and Accountability Act (HIPPA) regulations.

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By signing this document, the doula agrees to abide by the above guidelines set forth by the Central Texas Doula Association.

Doula's signature \_\_\_\_\_ Date \_\_\_\_\_