

Re: Policies for labouring women

I am writing as a medical professional to support the important role of doulas (supportive birth companions) in assisting women in labour during the COVID-19 pandemic, and to encourage organisations to allow doulas to attend women labouring in hospitals, as far as safely possible.

Doula care for women in labour, according to the Cochrane systematic review, gives significant benefits including “increased spontaneous vaginal birth, shorter duration of labour, and decreased caesarean birth, instrumental vaginal birth, use of any analgesia, use of regional analgesia, low five-minute Apgar score and negative feelings about childbirth experiences.” In addition, this review found “no evidence of harms of continuous labour support.” (Bohren 2017)

Doula care, which is generally paid for privately by the childbearing woman, can therefore help to limit maternity-care demands on health care resources, including reducing the need for regional anaesthetics and caesarean surgery. These could be of significant benefit to health care resource allocation, as we deal with COVID-19 in Australia.

Doulas also provide continuity of care for women, as they meet with women and families during pregnancy, often attend them at home in the early stages of labour then move to hospital with the labouring woman and partner.

In this continuity role, they give emotional support and reassurance, which is very much needed for childbearing families at this time of the COVID-19 pandemic. In some settings, this can also help to reduce the demands on midwifery staff. In my opinion, Australian doulas are well trained and would be able to comply with infection-control requirements in a hospital setting.

I also acknowledge that the safety of women, families and hospital staff is paramount as the threat of Covid-19 increases, and that maternity-care institutions have the ultimate accountability to determine what is safe in their setting.

I support dialogue between institutions, women and doulas during these challenging times, so that there can be mutual understanding and the best solutions can be found.

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Statement updated March 26, with new developments in Covid-19

Reference: Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Database of Systematic Reviews 2017
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003766.pub6/epdf/full>