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# Support Persons/Doulas/Private Practising Midwives in Birthing Suite Guideline



**Division:** Health Services (Vic)

**Facility or Program:** Women's & Children's Services

**Approved by:** Program Director – Women's & Children's Services

**Policy Link:** [Clinical & Quality Governance Policy](#)

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## Background

To ensure all staff of Mercy Health Services, (Mercy Hospital for Women, MHW and Werribee Mercy Hospital, WMH) are aware of the role of a family member, partner/spouse, friend, privately practising midwives and doulas during pregnancy and birth so that care is safely delivered to the woman and her baby during pregnancy and birth.

## Who Must Comply

All midwives, VMO's, medical staff, students on clinical placement and support people as listed below.

## Introduction

Ensuring women are cared for safely and appropriately whilst a patient at Mercy Health Services is of utmost importance. Outlining the support person role in this setting will help to define clear roles for support people for women whilst at the service.

## Aetiology

N/A

## Clinical Features

N/A

## Management

- All women may have upto **two** support persons of their choice present during labour and birth. This is inclusive of doula, privately practising midwife and family or partner/spouse support. Attendance of additional support persons may be approved in advance by the Birthing Suite NUM.
- If required to be transferred to the operating room, only one support person of the woman's choice is able to accompany the woman. Consent, Release and Indemnity for Support Person at Caesarean Section (MR 0120-0) form is to be completed. Any request for additional attendees must be approved by the obstetric consultant on call, the theatre NUM and the anaesthetic consultant on call.
- **Midwives and medical staff of Mercy Health Services can ask the support person/s to leave the birthing room/operating suite/hospital at any time in order to facilitate the care given by staff to the woman and to ensure the safety of both the woman, baby and staff. This escalation of care should be with consultation from NUM/PAW and/or senior medical staff.**
- Available details of all antenatal care to date, and all stated birth intentions and arrangements must be handed over to the appropriate team by the privately practising midwife/doula or equivalent as soon as reasonably appropriate upon transfer to the facility. Subject to receipt of all reasonably required information, responsibility for ongoing clinical care is assumed by Mercy Health Services obstetric and

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midwifery team. The obstetric team of the day must be informed of any doula/private practising midwife present for the woman upon arrival.

- A privately practising midwife/doula is attending Mercy Health Services attending in a supportive capacity and does/will not have any authority within the responsibility of Mercy Hospital to make decisions about the care or treatment provided to the woman whilst at Mercy Health Services. They are classified as a support person only.
- Where possible, staff will discuss this policy with the woman, her family, as well as the nominated support person/s including the doula and/or privately practising midwife in the antenatal period.
- Occasionally a midwife who is an employee of Mercy Health Services will be asked to be a support person for a friend or family member. This situation may need to be discussed with the NUM, who will assist in organising shift cover if necessary.

## Support people

- To help and support a woman through the physical and emotional challenges of labour and birth.
- To be aware of the woman's philosophy on birth and her birth plan.
- Will acknowledge that Mercy Health Services Staff have primary responsibility for the safety and care of mother and baby at all times.
- Will interact collaboratively and respectfully with Mercy Health Services to ensure the best outcome for mother and baby.

## Doulas as Support People

- Must work within the Australian College of Doulas Code of Practice 2012.
- Will work collaboratively with families and the midwife caring for the patient at Mercy Health Services
- May offer counsel and support, but not advice, to the mother and/or parents, and must not obstruct clinical care or advice given by Mercy Health Services.
- Will not give medical advice or diagnose medical conditions, even if trained as a health professional prior to becoming/whilst practising as a doula.
- Will not perform clinical or medical tasks, even if trained as a health professional prior to becoming/whilst practising as a doula.

## Privately Practising Midwives as Support People

- Will provide a comprehensive, formal handover of care to Mercy Health Services if they have provided care of the woman prior to admission
- The privately practising midwife may choose to withdraw supportive care of the woman once handed over to the health service. However, should the woman request it, the midwife may choose to remain as a support person to the woman

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- If the privately practising midwife remains as a support person for the woman, they must not give medical advice or diagnose medical conditions
- The privately practising midwife may offer counsel and support to the mother and/or parents, but must not obstruct clinical care or advice given by Mercy Health Services
- Will not perform clinical or medical tasks whilst present at Mercy Health Services

## Professional Conduct of staff at Mercy Health Services when present as Support People

The midwifery profession expects midwives will conduct themselves personally and professionally in a way that maintains public trust and confidence in the profession.

Midwives need to practice in a manner consistent with the Code of Professional Conduct for Midwives in Australia, the Code of Ethics for Midwives in Australia, the National Competency Standards for the midwife 2010 and other relevant professional standards.

Privacy of patients is paramount for care givers and may be compromised by family members caring for them. The treatment of personal information should be considered in conjunction with the updated Guidelines to the National Privacy Principles 2014, which support the Privacy Act 1988.

Midwives have a responsibility to maintain professional boundaries between themselves and each woman and her infant(s) being cared for, and between themselves and other persons, such as fathers (of the infant(s), partners, family and friends, nominated by the woman to be involved in her care. Midwives and nurses should be aware of their obligations and responsibilities according to the Australian Nursing & Midwifery Council Code of Professional conduct for midwives & nurses and the Guide to professional boundaries 2010. Midwives should strive to establish and maintain those boundaries and conclude the relationships appropriately.

Midwives need to be aware that dual relationships may compromise midwifery care outcomes and always conduct professional relationships with the primary intent of benefit for the woman and her infant(s). Midwives need to take care when giving professional advice to a woman, her partner or another person with whom they have a dual relationship (e.g. a family member or friend) and may advise them to seek independent advice due to the existence of actual or potential conflicts of interest. Midwives should seek support and guidance from professional leaders when they have concerns relating to boundaries in care relationships.

If staff are aware that an immediate family member or significant other is going to be admitted for midwifery care they should discuss this with the Nurse Unit Manager (NUM) prior to the anticipated admission of the woman so they are fully aware of what their role will be.

Midwives can provide support to labouring women in consultation with the NUM/Patient Access and Workforce Coordinator (PAW) if they are rostered on duty and if staffing / ratios allow this. Rostered shifts

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take priority. If midwives do support family and friends when they are not rostered on duty they are not to provide or be expected to provide any clinical care.

Consideration needs to be given to WH&S (OHS) issues and the midwife being able to attend their next rostered shift. This should be discussed with NUM/PAW about cover being organized if required under these circumstances.

## Evidence

N/A

## Precautions and Contraindications

If at any time, the woman or staff feel the support person is being inappropriate, unreasonable or aggressive at Mercy Health Services, a **code grey** can be called on internal phones 2222 ([Unacceptable Behaviour Management Procedure](#)).

## Definitions

Term	Definition
Midwife	Is a legally protected title in Australia and means a registered midwife who is authorised to practise in Australia.
Professional boundaries	Are the limits of a relationship between a midwife and the woman and her infant(s) and any of the woman's significant other persons. These limits facilitate safe and appropriate practice and result in safe and effective care. Limits of a relationship may include under-or over-involvement in the provision of midwifery care.
Nominated family, partner, friends	Refers to the woman's immediate partner and family as defined or described by the woman. It includes fathers (of the infant(s)), husbands, partners, other children, siblings, parents and/or grandparents. It can sometimes include friends, relatives and others nominated by the woman.
WH&S	Work Health & Safety
Doula	A doula is a woman offering non-medical support and information to other women and their partners during birth and the post-natal period
Privately Practising Midwife	Privately practising midwives means a midwife working as sole practitioner, in partnership or in self-employed models and working on their own account
NMBA	Nursing and Midwifery Board of Australia

## Links to Related Documents

Consent form MR 0120-0 to be completed

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[OVA Code Grey Response Procedure](#)

[Unacceptable Behaviour Management Procedure](#)

## Evaluation

A range of tools will be used to evaluate policy compliance. Feedback systems such as incident reports, complaints, performance indicators and specific audit will be used to facilitate evaluation of compliance. Feedback should be linked with the policy review process.

## Risk Rating

### Key Legislation, Acts, Standards & References

- Code of Professional conduct for Nurses and Midwives 2017
- Code of Ethics for Nurses and Midwives 2013
- NMBA National Competency Standards for the midwife 2010
- NMBA National Framework for the Development of Decision-making tools for Nursing and Midwifery Practice 2013
- Australian College of Doulas Code of Practice 2012
- NMBA Professional boundaries for midwives, Feb 2010
- NMBA Safety and Quality Guidelines for Privately Practising Midwives 2017
- NMBA Professional Codes and Guidelines, 2015. [www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx). Site loaded 16/2/18.

## Acknowledgements

N/A

## Keywords

Midwives, support persons, labour, pregnancy, privacy, code of conduct, conflict of interest, professional boundaries, doula, privately practising midwife.

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## Version History & Author / Contributors

<b>V.</b>	<b>Date Created</b> <i>(MM/YYYY format)</i>	<b>Section(s) Changed</b> <i>(eg procedure / definitions / references)</i>	<b>Created/Amended by</b> <i>(position title)</i>
1	10/2009	New policy	Deirdre McKaig Quality Manager
2	04/2010	New Clinical practice guideline	L. Thompson RN/RM NUM
3	11/2012	Amalgamation between MHW & MWH procedures. Reformatted into new procedure template.	L Thompson RN/RM NUM WMH A Williamson NUM Birthing Services MHW M Burgmann DDON MHW
4	1/2018	Updated to include doulas and privately practicing midwives and update references	A.Vassallo CMC
4.1	01/2022	Emergency number updated from 3333 to 2222 & legal disclaimer added.	Prompt Administrator