



PALS Doulas Updated Practice Recommendations for Pandemic/SARS-COV-2

The following recommendations are intended to allow birth doulas to continue to provide quality, evidence-informed doula support, while allowing for social distancing and reduction of transmission of SARS-COV-2 by combining in-person and remote support.

Doulas should move interview, prenatal and postnatal support to online platforms such as Zoom, Facetime, Skype, Google Hangouts, WhatsApp, etc. While HIPAA compliance has been relaxed to accommodate the unprecedented changes in healthcare during this time, and, while doulas are not bound by HIPAA guidelines, doulas should continue good faith efforts to limit the risk of unintentionally revealing personal health information (PHI) of clients. To that end, doulas are urged to conduct meetings in a private space and remind clients to take care of their own needs for privacy on their end. Because of the risk of lack of reasonable privacy, some platforms are not recommended, such as Facebook Messenger.

Doulas should follow CDC and county/state health department guidelines regarding infection reduction practices with proper hygiene, and social distancing. Doulas should encourage the same with their clients. Doulas should mask unless there is an underlying health condition that prohibits the wearing of one. Doulas should encourage clients to also mask when working together to limit the possibility of viral spread. N95 masks should not be utilized as these should be conserved for front line health care providers.

Doulas should inquire as to clients COVID-19 diagnosis status or any symptom consistent with such diagnosis (see CDC and WHO sites) before any in-person contact. If the birthing individual, support person, or household members have a COVID-19 diagnosis or are symptomatic, in-person support should NOT take place. All doula care should be completed remotely until the client and everyone in their home is cleared of concern for viral shedding.

Doulas should self-screen before any in-person contact with clients. This should include a symptom (see CDC and WHO sites) and temperature check. If a doula or anyone in their household is diagnosed or exhibiting COVID-19 symptoms (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>), the doula should not be present for in-person support, even with a mask. The doula is ethically obligated by the PALS Doulas Standards of Practice and Code of Practice to find a backup doula to attend the client's birth as soon as they are symptomatic. PALS Doulas encourages ALL doulas to be proactive in creating multiple layers of back-up-support.

In-person visits should be reduced to only critical visits where no other option is feasible. Doulas can reduce the risk of exposure during an in-person home visit by taking the following precautions:

1. Prescreening with a telephone call to the family as previously described
2. Ask clients about cleaning and disinfection of areas of the home where the doula will be (common areas such as bathrooms, doorknobs, light switches, kitchen, etc.)
3. The doula should practice appropriate hand hygiene, and bring only essential items into the visit, in a plastic container or washable bag.
4. The doula should bring a change of clothing, and consider changing clothes upon departure, or sit on a disposable pad in the client's house and/or in the doula's car or other mode of transportation.



5. All equipment (TENS, hot water bottles, rebozo, etc.) should be transported in a washable container. Equipment and the container should be sanitized and placed in a plastic bin after the visit and thoroughly cleaned before re-use.

Doulas who work in pairs or on teams should only have one doula attend an in-person visit.

Doulas should immediately send a statement to all current birth clients regarding their plan for handling illness in either the client or themselves. Client agreements should also be immediately updated to include information regarding virtual services, cancellations due to hospital policies, and what happens if there are no willing or healthy doula backups.

Return to work strategy if doula tested positive for Covid-19 (drawn from CDC guidelines: CDC, 2020d):

1. Resolution of fever without the use of fever-reducing medications and
2. Improvement in respiratory symptoms (e.g., cough, shortness of breath) and
3. Negative result of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected >24 hours apart is currently the gold standard.

• Return to work strategy if doula was not tested for Covid-19 but had symptoms (drawn from CDC guidelines: CDC, 2020d):

1. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
2. At least 7 days have passed since symptoms first appeared

• Return to work strategy if doula was diagnosed with a different illness (e.g. influenza) should be as appropriate for that illness (CDC, 2020d)