

Doula support for laboring moms during visitor restrictions

1. Proposal for safe process to allow Doula support in addition to patient family support person
 - a. Patient should notify LD of plan for doula attendance at birth, prior to admission
 - b. Doula needs to provide evidence of:
 - i. Employment/Certification as a professional Doula
 - ii. Proof of completed COVID19 vaccination
 - c. Must supply and wear own PPE appropriate for health care settings (no hand-made masks, valved masks)
 - d. Once it is established that patient is in labor, Doula will be screened for travel and COVID symptoms and sign **Doula Presence at Beside of Patient in Labor during a Pandemic/Epidemic Attestation Form.**
 - e. If Doula has a negative screening and attestation form is complete, may enter patient room.
 - f. Doula will remain in room with patient at all times.
 - g. Once mother-baby couplet transferred to PP, Doula will leave hospital
 - h. Limit of 2 people at bedside

Doula Criteria Checklist for Presence at Bedside:

Eligibility Criteria:

Prior to visit, Doula must:

- € Provide documentation of Employment/Certification as a professional Doula
- € Provide documentation of COVID19 Vaccination
- € Complete and sign **Doula Presence at Beside of Patient in Labor during a Pandemic/Epidemic Attestation Form**
- € Abide by QHS Safety /Security and Infection Prevention and Control Policies
- € Be screened for travel with expectation of not being in quarantine
- € Declare that they have not been exposed to a suspected or confirmed serious contagious disease within the last two weeks

Doula Presence at Beside of Patient in Labor during a Pandemic/Epidemic Attestation Form

Doula Name: _____

Phone Number: _____

Date: _____

Patient Name: _____

Please Read Below and Sign.

MANDATORY TEMPERATURE & SYMPTOM SCREENING PRIOR TO WORKING

By signing below, I attest:

1. I did not have a temperature of > 100.4 F today by the automated entrance screen prior entering room.
2. I do not have any of the following symptoms:
 - a. Fever > 100.4 F or feeling feverish/chills
 - b. Muscle or body aches
 - c. Cough
 - d. Headaches
 - e. Shortness of breath or difficulty breathing
 - f. Fatigue (tiredness)
 - g. Sore throat
 - h. Nausea, vomiting, or diarrhea
 - i. Runny or stuffy nose
 - j. New loss of taste or smell
3. I have not traveled outside of Hawai'i within the last 14 days.
4. I have not been exposed to a suspected or confirmed serious contagious disease within the last two weeks.
5. I will demonstrate the proper use of personal protective equipment (PPE) and hand hygiene techniques.
6. I will limit touching surfaces in the room, will practice social distancing, and will limit my movement within the facility.
7. I understand that I will leave hospital once patient is transferred to post-partum care and I am restricted to Patient's room.

Printed Name of Doula: _____

Doula Signature: _____ Date/Time: _____

Patient Signature: _____ Date/Time: _____

Nurse Signature: _____ Date/Time: _____