Doula interview questions

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What to expect

Interviews for doula roles focus on your ability to support families through labour and the postnatal period, your understanding of non-clinical care, and how you work with medical teams. Employers want to see that you can stay calm under pressure and communicate respectfully.

- **Process questions:** These ask you to walk through how you typically support a client from first meeting to postnatal debrief.
- **Behavioural questions:** These ask for examples of how you have handled challenging situations, such as a client whose birth plan changed or a disagreement with a midwife.
- **Scenario questions:** These put you in a hypothetical birth or postnatal situation and ask how you would respond.
- **Client-facing questions:** These explore how you build rapport, communicate with families, and support informed decision-making.
- **Scope of practice questions:** These check that you understand the doula's non-clinical role and when to refer to a midwife, doctor or lactation consultant.

A typical interview starts with a conversation about your training and experience. Then you might be asked to describe your approach to a specific scenario, such as supporting a client through a long labour or helping a parent with breastfeeding. Some interviews include a practical element, like discussing how you would write up notes or set up a birth plan. You will usually have a chance to ask questions about the organisation's approach to birth support.

1. Walk me through how you typically support a client from your first meeting through to the postnatal debrief.

Why they ask

Employers want to see that you have a clear, organised approach to supporting a family from start to finish.

How to structure your answer

A walk-through structure: start with the first meeting, move through labour support, then postnatal visits and final notes.

> **Example answer**
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> *“I usually start with a free meeting, often on Zoom, to hear what the family wants and to explain my role. We go through their birth preferences and I help them write a plan they can share with their midwife. I stay in touch by phone and email, and I am on call from 38 weeks. During labour, I meet them at home or the hospital and stay continuously, using breathing, positioning and massage to help with contractions. After the birth, I visit at least once at home to help with breastfeeding and recovery, and I write up notes so they have a record of what happened. We usually have a final debrief a few weeks later.”*

2. Tell me about a time you supported a client whose birth did not go according to plan. How did you handle it?

Why they ask

Birth plans often change, so employers need to know you can support clients through unexpected outcomes.

How to structure your answer

STAR: describe the situation, the task, the action you took, and the result.

Example answer

“I supported a client who had planned a home birth but transferred to hospital for a caesarean. When the decision was made, I stayed close, explained what was happening in plain language, and helped her and her partner ask questions. In the operating theatre, I stayed by her head and reminded her to breathe. After the birth, I helped her with the first feed and visited at home several times. She later told me that having me there helped her feel less alone and more in control, even though the birth was different from what she imagined.”

3. Imagine a client in labour is being offered an epidural but had hoped to avoid one. How would you support her in that moment?

Why they ask

This tests your ability to support informed choice and stay calm when a client is under pressure.

How to structure your answer

A judgement-under-pressure structure: acknowledge the moment, assess what the client needs, describe your actions, and reflect on how you would keep her informed.

Example answer

“If a client is offered an epidural but had hoped to avoid one, I would first check in with her. I might say, 'What do you need right now?' I would remind her of the comfort techniques we practised, like slow breathing and changing positions. If she still wants the epidural, I would support that choice without judgement. I would help her ask the midwife any questions she has, and I would stay with her through the procedure. My role is to support her decisions, not to make them for her.”

4. How do you work alongside midwives and doctors while staying true to your client's preferences?

Why they ask

Doulas work alongside medical teams, so employers want to see you can collaborate respectfully and stay in scope.

How to structure your answer

A collaborative structure: explain how you communicate with the medical team, how you advocate for the client, and how you stay within your non-clinical role.

Example answer

“I introduce myself to the midwife and let them know I am there as a non-clinical support person. I explain what the client has asked me to do, like helping with positioning or keeping the room calm. If there is a disagreement, I try to keep the focus on the client's wishes and ask questions respectfully. For example, I might ask, 'Is there a reason we need to do this now, or could we try another position first?' I never give clinical advice, and I always defer to the midwife or doctor for medical decisions.”

5. What would you do if you noticed a client's baby was not feeding well in the first few days after birth?

Why they ask

This checks your understanding of your non-clinical role and when to refer to a clinical professional.

How to structure your answer

A referral structure: describe what you would observe, why it concerns you, who you would tell, and how you would support the family while they get clinical care.

Example answer

“If I noticed a baby was not feeding well in the first few days, I would first check in with the parent. I might ask how feeding is going and what they have tried. If I saw signs like a shallow latch or the baby not having wet nappies, I would encourage them to speak to their midwife or a lactation consultant. I would not try to diagnose or fix it myself. I would stay with them, help them keep trying different

positions, and make sure they know how to get clinical help quickly."

6. Can you describe a time you had to communicate sensitively with a client who was feeling overwhelmed or disappointed?

Why they ask

Emotional support is a core part of the doula role, so employers look for empathy and good communication.

How to structure your answer

STAR: outline the situation, the client's emotional state, how you listened and responded, and the outcome.

Example answer

"I had a client who was feeling very disappointed after a long labour that ended in an unplanned caesarean. She was tearful and said she felt like she had failed. I sat with her and listened without trying to fix it. I said, 'It makes sense that you feel this way. You worked so hard.' I helped her hold her baby skin-to-skin and pointed out the things she had done well. Over the next few visits, I reminded her of her strength and helped her find a postnatal support group. She later told me that talking it through with me helped her process the birth."