



Department  
of Health &  
Social Care

Minister of State for Health (Secondary Care)

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HM Coroner Henry Charles  
Coroner's Office  
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04 March 2026

Dear Mr Charles,

Thank you for the Regulation 28 report of 15<sup>th</sup> January 2026 sent to the Secretary of State / the Department of Health and Social Care about the death of Matilda Gwen Pomfret-Thomas. I am replying as the Minister with responsibility for secondary care.

Firstly, I would like to say how saddened I was to read of the circumstances of Matilda's death and I offer my sincere condolences to their family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns over the absence of formal regulation, registration, and training for doulas, highlighting risks to patient safety where unregulated birth support roles are involved. The report suggests a lack of regulation & standardised training creates variability in knowledge, capability, and adherence to safe practice.

In preparing this response, my officials have made enquiries with NHS England and the NMC to ensure we adequately address your concerns.

There is no legal requirement doulas to have any training or qualifications. The role is usually performed by people from a wide variety of backgrounds, who are not subject to oversight by the Nursing and Midwifery Council (NMC) or General Medical Council (GMC), or other professional regulatory oversight.

However, if the role of a doula is carried out by a regulated healthcare professional, they would be subject to regulatory oversight by the relevant regulator. Even if a healthcare professional is acting in a personal role, they cannot 'opt out' of their core duties and responsibilities.

Any organisation that holds a register for doulas is an independent, representative body and as such, they do not fall under Government oversight. Therefore, any decisions about the practice requirements for the professions they represent are a matter for those organisations and their members.

I note that your report has also been sent to the Nursing and Midwifery Council (NMC) as the independent regulator of midwives in the UK.

I understand that the NMC's '*Principles for supporting women's choices in maternity care*' includes information on the role of doulas, which were developed to support midwives and organisations providing personalised care for women during pregnancy, birth and the postnatal period.

The NMC has also worked with Doula UK to launch a video resource intended to clarify the distinct roles that midwives and doulas play for women and families, in addition to setting out how the professions can work together to support positive maternity experiences. The maternity principles and video are available at:

<https://www.nmc.org.uk/standards/guidance/principles-for-supporting-womens-choices-in-maternity-care/>.

The National Institute for Health and Care Excellence (NICE) publishes clinical guidance to improve health and social care, including the [Guideline on Intrapartum care](#) (2023). That guidance covers the care of women and their babies during labour and immediately after birth in all settings and addresses issues around planning the place of birth.

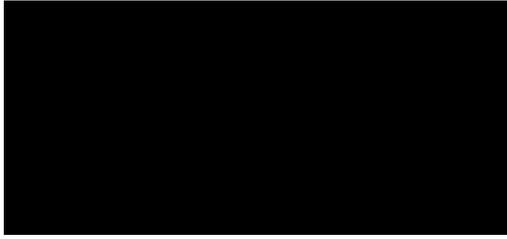
The NHS supports women having someone with them during labour and birth when they choose it. This is often their life partner, but equally may be another relative, friend or a doula.

The Nursing and Midwifery Council (NMC) [Standards of proficiency for midwives](#) (2019) expects midwives to be able to work with women, their partners and families, and by extension therefore with a doula.

That said, Doulas must not undertake midwifery or other clinical care. Given the unregulated nature of the Doula role, and that the support they give during labour and birth carries no additional status than for anyone else, NHS England will not be producing guidance for midwives' interactions with doulas.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,



**MINISTER OF STATE FOR HEALTH**