DOULA CERTIFICATION RECOMMENDATIONS

Prepared for: CONNECTICUT GENERAL ASSEMBLY

Submitted by: CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

On behalf of: DOULA ADVISORY COMMITTEE

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I. Executive Summary

As required by Public Act No. 22-58, the Commissioner of Public Health established a Doula Advisory Committee within the Department of Public Health. The Committee included a number of practicing doulas, individuals with expertise in related fields, and public officials.

The Doula Advisory Committee developed recommendations for (1) requirements for certification and certification renewal of doulas, including, but not limited to, training, experience or continuing education requirements; and (2) standards for recognizing doula training program curricula that are sufficient to satisfy the requirements for doula certification.

This report presents the Committee membership and process, background information obtained from a review of published literature and certification processes in other states, and the Committee's recommendations in the required areas.

A. Shared Values

The Doula Advisory Committee developed and agreed upon the following Shared Values for Certification:

1. Certification is accessible and voluntary
2. Certification honors experience
3. Certification may improve access to doula services and in turn help to foster better maternal and infant health outcomes

B. Standards for Training Program Curricula

The Doula Advisory Committee identified the following doula Core Competency Domains as critical to doula success in supporting birthing families. The Doula Advisory Committee recommended that training program curricula that address each of the following Core Competency Domains would be sufficient to satisfy the training requirements for doula certification. The Doula Advisory Committee recommended that the Doula Training Program Review Committee, to be established by the Department of Public Health, should use this recommendation as the basis of its review. The seven Core Competency Domains are as follows.

1. Pregnancy and Childbirth
2. Postpartum, Recovery and Newborn Periods
3. Expected and Unexpected Pregnancy Outcomes
4. Health Equity
5. Racial Equity
6. Advocacy
7. Professional Standards

C. Certification Requirements

The Committee recommended that in order to be certified in Connecticut, doulas must meet the age requirement, meet one of three paths to certification, and provide two letters of verification.

Age requirement

An applicant must be age 18 or over to be certified as doula in Connecticut.

Paths to Initial Certification

The Committee recommended establishing three different paths to doula certification. The Committee recommended allowing a doula to qualify for certification through training, experience, or certification from another state.

1. Training

   Doulas can apply for certification based on training by:

   a. Providing documentation of successful completion of a doula certification program that has been approved by the Doula Training Program Review Committee OR
   b. Providing documentation of successful completion of a combination of doula training programs approved by the Doula Training Program Review Committee.

2. Experience

   Doulas applying for certification based on experience will need to attest to providing doula services to at least three birthing families in the last five years. This path would prevent exclusion of practicing doulas who may have the necessary experience but not the formal certification.

3. Certification from another state

   Doulas seeking certification in Connecticut who are certified in another state must provide proof of two or more years of out-of-state certification; if the doula has been certified for less than two years, DPH should review the other state's certification for alignment with Connecticut standards.

Verification

The Committee recommended that applicants should provide two letters verifying doula training or experience from families or professionals with whom they have worked.

D. Renewal Requirements

The Doula Advisory Committee developed the following recommendations for the renewal of doula certification. A certification issued under this section may be renewed every three years. The license shall be renewed in accordance with the provisions of section for a fee of $100. Each certified doula applying for renewal shall furnish evidence satisfactory to the Commissioner of having completed a minimum of 18 hours of continuing education requirements, including two hours focused on cultural humility, systemic racism or systemic

oppression, and two hours focused on health equity; and/or attest to supporting at least three birthing families within the last five years.

II. Introduction

As required by Public Act No. 22-58, the Commissioner of Public Health established a Doula Advisory Committee within the Department of Public Health. The Doula Advisory Committee developed recommendations for (1) requirements for certification and certification renewal of doulas, including, but not limited to, training, experience or continuing education requirements; and (2) standards for recognizing doula training program curricula that are sufficient to satisfy the requirements for doula certification.

This report presents the Committee membership and process, background information obtained from a review of published literature and certification processes in other states, and the Committee's recommendations in the required areas.

A. Legislative Mandate

Public Act No. 22-58, An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to The Public Health Statutes, Sec. 40. (Effective from passage)

(a) As used in this section:

> (1) "Certified doula" means a doula that is certified by the Department of Public Health; and
>
> (2) "Doula" means a trained, nonmedical professional who provides physical, emotional and informational support, virtually or in person, to a pregnant person before, during and after birth.

(b) The Commissioner of Public Health shall, within available resources, establish a Doula Advisory Committee within the Department of Public Health. The Doula Advisory Committee shall develop recommendations for (1) requirements for certification and certification renewal of doulas, including, but not limited to, training, experience or continuing education requirements; and (2) standards for recognizing doula training program curricula that are sufficient to satisfy the requirements for doula certification.

(c) The Commissioner of Public Health, or the Commissioner's designee, shall be the chairperson of the Doula Advisory Committee.

(d) The Doula Advisory Committee shall consist of the following members:

> (1) Seven appointed by the Commissioner of Public Health, or the Commissioner's designee, who are actively practicing as doulas in the state.
>
> (2) One appointed by the Commissioner of Public Health, or the Commissioner's designee, who is a nurse-midwife, licensed pursuant to chapter 377 of the general statutes, who has experience working with a doula.

(3) One appointed by the Commissioner of Public Health, or the Commissioner's designee, in consultation with the Connecticut Hospital Association, who shall represent an acute care hospital.

(4) One appointed by the Commissioner of Public Health, or the Commissioner's designee, who shall represent an association that represents hospitals and health-related organizations in the state.

(5) One appointed by the Commissioner of Public Health, or the Commissioner's designee, who shall be a licensed health care provider who specializes in obstetrics and has experience working with a doula.

(6) One appointed by the Commissioner of Public Health, or the Commissioner's designee, who shall represent a community-based doula training organization.

(7) One appointed by the Commissioner of Public Health, or the Commissioner's designee, who shall represent a community-based maternal and child health organization.

(8) One appointed by the Commissioner of Public Health, or the Commissioner's designee, who shall have expertise in health equity.

(9) The Commissioner of Social Services, or the Commissioner's designee.

(10) The Commissioner of Mental Health and Addiction Services, or the Commissioner's designee; and

(11) The Commissioner of Early Childhood, or the Commissioner's designee.

(e) Not later than January 15, 2023, the Doula Advisory Committee shall establish a Doula Training Program Review Committee. Such committee shall (1) conduct a continuous review of doula training programs; and (2) provide a list of approved doula training programs in the state that meet the requirements established by the Doula Advisory Committee.

B. Doula Advisory Committee Members

The Connecticut Doula Advisory Committee included the following members.

Name	Committee Role	Title	Organization
Chris Andreson	Chair	Section Chief of Practitioner Licensing & Investigations	Connecticut Department of Public Health
Lucinda Canty, PhD	Nurse-midwife with experience working with a doula	Associate Professor of Nursing; Certified Nurse Midwife; Founder Lucinda's House	University of Massachusetts – Amherst, College of Nursing

Name	Committee Role	Title	Organization
Shontreal M. Cooper, MD, MPH, MSc	Licensed health care provider who specializes in obstetrics and has experience working with a doula	Assistant Professor of Obstetrics and Gynecology	UConn Health
SciHonor Devotion	Representing a community-based doula training organization	Interdisciplinary Doula, Certified Lactation Counselor, Midwifery Student, Doula Trainer	Earth's Natural Touch: Birth Care & Beyond
Cynthia Hayes	Doula actively practicing in the state	Doula and Certified Lactation Counselor	Earth's Natural Touch: Birth Care & Beyond
Valerie Ruby Ingram	Doula actively practicing in the state	Doula	
Samantha Lew, MSW	Expertise in health equity	Manager of Policy & Advocacy	Health Equity Solutions
Traci McComiskey	Doula actively practicing in the state	Director of Birth Support Education & Beyond, Doula, Childbirth Educator	Birth Support Education and Beyond
Whitley Mingo	Doula actively practicing in the state	Doula	NuBeing Doula Services
Shefali Pathy, MD, MPH	Representing an acute care hospital	Ob/Gyn Director and Assistant Clinical Professor of Ob/Gyn	Yale New Haven Hospital Women's Center
Precious Price	Doula actively practicing in the state	Doula	
Megan Smith, MPH, DrPH	Representing an association that represents hospitals and health-related organizations in the state	Senior Director, Community Health Transformation	Connecticut Hospital Association
Alison Tyliszczak, LCSW	Representing a community-based maternal and child health organization	Director of Maternal Infant Health Initiatives	March of Dimes
Jessica VanHentenryck	Doula actively practicing in the state	Doula	Full Circle Doula

Name	Committee Role	Title	Organization
Jennifer Wilder	Representing the Commissioner of Mental Health and Addiction Services	Primary Prevention Services Coordinator	Connecticut Office of Early Childhood
Fatmata M. Williams, RN, MPH	Representing the Commissioner of Social Services	Director of Integrated Care and Certified Health Education Specialist	Connecticut Department of Social Services
Prema Winn	Doula actively practicing in the state	Doula	

In addition, the following individuals supported the Doula Advisory Committee.

Facilitators led the Committee's discussions, deliberations, and consensus building:

- Roosevelt Smith, Principal Consultant, Roosevelt Smith Consulting
- Anne Watkins, Principal, Watkins Strategy Group

Researchers presented background information to the Committee to support their decisions and drafted this report:

- Katharine London, Principal for Health Law and Policy, ForHealth Consulting at UMass Chan Medical School
- Rebecca Elliott, Policy Analyst, ForHealth Consulting at UMass Chan Medical School

Policy Advisor:

- Samantha Haun, Policy Director, Connecticut Health Foundation

Connecticut Department of Public Health contributing participants:

- Elliann Sylvester, Supervising Nurse Consultant
- Dante Costa, JD, MPH, Policy Associate
- Shana Jones, Administrative Assistant

C. Committee Process

The Doula Advisory Committee discussed the legislative mandate, (Public Health Act 21-35), the definition of a doula included in the statute, and the committee's charge. The UMass Chan team presented research from the published literature and information regarding doula certification requirements in other states. The Committee then discussed possible doula requirements and competencies based on data, current Connecticut policies, and lived experiences.

The Doula Advisory Committee met 6 times for 2 hours over a period of 11 weeks on the following dates:

- October 21, 2022
- November 4, 2022
- November 18 022
- December 4, 2022
- December 18, 2022
- January 6, 2023

The Doula Advisory Committee established a subcommittee to allow deeper conversation regarding doula competencies. The subcommittee drafted an extensive list of doula competencies, based on doulas' lived experiences, as well as the doula certification requirements in other states. The doula sub-committee met on the following dates:

- November 29, 2022
- December 6, 2022
- December 14, 2022

At the committee's January 6, 2023 meeting, Anne Watkins and Roosevelt Smith presented initial draft recommendations for the committee's review. The committee discussed and edited each draft recommendation, and then voted up or down. The committee reached consensus on its recommendations.

The Doula Advisory Committee held a final meeting on February 24, 2023 to approve its final report.

III. Background Information

Doulas offer an array of services for pregnant and postpartum people and their families. Services may include offering massage and other physical comfort techniques, offering emotional support and encouragement, as well as providing information about pregnancy, labor, and the postpartum period.

A. Findings from Literature Review

The UMass Chan team examined published literature regarding the benefits of doula care, including benefits in maternal and infant health, maternal satisfaction, cost effectiveness for birthing families and medical facilities, and ability to narrow the racial disparities in maternal and child health outcomes. The detailed methodology and findings are included in Appendix B.

The literature review documented a number of benefits related to doula services.

1. *Maternal Medical Health Benefits*: The benefits of having a doula include lower rates of cesarean sections, lower rates of augmentation and induction, lower rates of epidural anesthesia, lower preterm birth rates, fewer hysterectomies, and fewer uterine ruptures

2. *Infant Health:* Studies indicate that doula care during pregnancy is associated with fewer infant deaths, fewer preterm births, fewer infants in the neonatal intensive care unit (NICU) and an almost 10-fold increase in breastfeeding, especially for African American women.

3. *Maternal Satisfaction:* Individuals who had doula-assisted pregnancies report higher rates of maternal satisfaction in the initial stages of postpartum care. They reported that the emotional support, health literacy information, and advocacy provided by doula care aided in feeling emotionally supported during pregnancy, feeling knowledgeable about the pregnancy and birth process, and feeling empowered to speak up during prenatal care visits. The association between doula care and maternal satisfaction was even stronger among those with unique needs, such as individuals who reported feelings of depression and those who were survivors of sexual assault.

4. *Mother Infant Bonding:* Individuals who had doula-assisted pregnancies reported increased bonding time with their newborn compared to those who did not have doula-assisted care

5. *Economic Value:* Studies show that women who received doula support had lower preterm and cesarean birth rates than Medicaid beneficiaries regionally. Cost-effectiveness analyses indicate potential savings associated with doula support reimbursed at an average of $986, ranging from $929 to $1,047 across states.[i] Additionally, a 2019 study in the Journal of Midwifery & Women's Health suggest that if

a professional doula provided care during labor to all low-risk nulliparous women in the United States using the current cesarean birth rate, it would result in $247 million in savings and 10,483 additional QALYs.[ii]

B. Review of Certification Processes in Other States

The UMass Chan team identified doula certification requirements and competencies nationwide, to enable the Committee to develop recommendations in alignment with the growing number of states offering doula certification. A number of states have implemented specific process requirements and core competencies for those wishing to be certified, addressing topics including training hours, training topics, organization qualifications, experience requirements, continuing educational requirements, methods to verify requirements and experience, and alternative pathways. Some states have addressed all of these areas, others are more narrowly focused.

The team reviewed information from the Arizona Legislature, Maryland Department of Health, The Michigan Department of Health and Human Services, the Minnesota Department of Health, the Minnesota Doula Registry, the Nevada Certification Board, the Oregon Health Authority, the Pennsylvania Doula Commission, the Pennsylvania Certification Board, The Rhode Island Certification Board, and the Virginia Certification Board. These findings are summarized below and presented in detail in Appendix C.

Training Hours

This chart shows the training hours required for doula certification in states that specified a number of training hours for doula certification.

Competency	AZ	NJ	OR	PA	RI	VA
Training hours required	30 hours plus first aid, CPR & neonatal resuscitation	Certification from an approved organization	40 hours or certification from an approved organization	24	20	60 hours or certification from an approved organization

Alternative Pathways

This chart shows the alternative pathways for doula certification for individuals who either have doula experience without being state certified or are currently certified in another state. Arizona and Virginia are the two states with alternative pathways for meeting certification requirements.

Competency	AZ	VA
Alternative Pathways	1. Proof of current certification from a nationally recognized doula organization 2. Three letters of recommendation from health care professionals who have worked with the applicant within the preceding two years and can attest to the applicant's competency in providing doula services	**Pathway 1** 1. All training must be provided by an approved Doula Training Entity**.** **Pathway 2** 2. Gather training certificates from any training on the required education and training topics received within three years prior to January 6, 2022. Trainings must have been provided by an approved Doula Training Entity.

Continuing Education

This chart shows the continuing education requirements for doula certification in three states with Doula Certification programs. Not all states have listed continuing educational requirements. Arizona, Nevada, and Virginia are the states with continuing education requirements.

Competency	AZ	NV	VA
Continuing Education	Doula certificate is valid for three years and renewed every three years by applying to the director and paying the applicable fees. A state certified doula must complete 15 hours of related continuing education and submit documentation of completion with the renewal application	Recertification requires 20 hours of NCB approved continuing education every two years in the doula competencies below and a renewal fee of $50.	Must complete a minimum of 15 hours of continuing education every two years from the date of certification from a training entity approved by the certifying body pursuant

IV. Recommendations for Doula Certification Program in Connecticut

A. Committee Priorities and Shared Values

The Doula Advisory Committee created and discussed Committee Charge and Shared Values statements that served as reminders of the goal of the committee meetings. While the Committee Charge followed the requirements of the legislative mandate, the Shared Values statements were developed by the committee to communicate that doula certification requirements are meant to be inclusive of all doula experiences and promote racial equity in maternal and infant health outcomes.

The Doula Advisory Committee highlighted racial health equity in both the core competencies and the certification process. The Committee stressed the importance of instilling anti-racism practices within the competency requirements. Doulas noted that they enter a healthcare environment that is heavily informed by racism and personal biases. Doulas need to be able to navigate that system with correct health knowledge, cultural humility, and strong advocacy skills in order to contribute to improving parental and infant health outcomes and reducing health disparities. The burden for transforming a racist system should not fall to doulas. Healthcare workers also must engage in training and development to enhance their capacity to engage with and support the critical work of doulas.

Committee Charge

The goal of the Doula Advisory Committee is to develop doula recommendations for:

1. Requirements for initial and renewal doula certification, including training, experience, and continuing education, and
2. Standards for recognizing doula training program curricula sufficient to satisfy the certification requirements.

Shared Values

The Doula Advisory Committee developed and agreed upon the following Shared Values for Certification:

1. Certification Is accessible and voluntary
2. Certification honors experience
3. Certification may improve access to doula services and in turn help to foster better maternal and infant health outcomes

Priorities for Connecticut Doulas

The Doula Advisory Committee prioritized accessibility of the certification process. They felt it was important to create a certification process that allowed doulas who were not certified to easily become certified, and for doulas who were certified in other states to easily obtain certification in Connecticut. In addition, the Committee noted that doulas do not need to be

certified by the state to practice. The Committee also noted that pregnant people should be able to access high quality doula services throughout Connecticut.

B. Doula Core Competency Domains

The Doula Advisory Committee identified the following doula Core Competency Domains as critical to doula success in supporting birthing families. The Doula Advisory Committee recommended that training program curricula that address each of the following Core Competency Domains would be sufficient to satisfy the training requirements for doula certification. The Doula Advisory Committee recommended that the Doula Training Program Review Committee, to be established by the Department of Public Health, should use this recommendation as the basis of its review.

In addition, the Doula Committee Advisory encouraged doulas to seek ongoing education and training to foster their continued development in the competencies listed in Appendix A.

1. ### Pregnancy and Childbirth
   Understanding the birthing process, anatomy and physiology, mental and physical changes in the body throughout the stage

2. ### Postpartum, Recovery and Newborn Periods
   Understanding the importance of postpartum care, assisting, and educating in breastfeeding, and proving emotional support for newborn bonding.

3. ### Promotes Health Equity
   Recognizing and accepting diversity in birthing practices, affirming historically marginalized groups, and understanding how systemic barriers can hinder the birthing person from receiving quality care

4. ### Expected and Unexpected Pregnancy Outcomes
   Supporting clients through miscarriage, stillbirth, termination, and infant loss, as well as providing clients with community resources to address these concerns

5. ### Racial Equity
   Understanding and recognizing the role that systemic racism plays in the field of medicine, as well as engaging in antiracist doula care rooted in dignity and respect

6. ### Advocacy
   Encouraging individuals and birthing families access appropriate community resources to meet specific needs; and understanding the importance of and the protocol of a mandated reporter

7. Professional Standards

   Developing trust and connection with the birthing person and their family, understand and engage in open dialogue with clients, and maintain a professional code of ethics

C. Certification Requirements

The Doula Advisory Committee developed the following recommended requirements for certification of doulas. The Committee recommended that in order to be certified in Connecticut, doulas must meet the age requirement, meet one of three paths to certification, and provide two letters of verification.

Age requirement

An applicant must be age 18 or over to be certified as doula in Connecticut.

Paths to Initial Certification

The Committee recommended three different paths to doula certification. The Committee recommended allowing a doula to qualify for certification through training, experience, or certification from another state.

1. Training

   Doulas can apply for certification based on training by:

   a. Providing documentation of successful completion of a doula certification program that has been approved by the Doula Training Program Review Committee OR
   b. Providing documentation of successful completion of a combination of doula training programs approved by the Doula Training Program Review Committee.

2. Experience

   Doulas applying for certification based on experience will need to attest to providing doula services to at least three birthing families in the last five years. This path would prevent exclusion of practicing doulas who may have the necessary experience but not the formal certification.

3. Certification from another state

   Doulas seeking certification in Connecticut who are certified in another state must provide proof of two or more years of out-of-state certification; if the doula has been certified for less than two years, DPH should review the other state's certification for alignment with Connecticut standards.

Verification

The Committee recommended that applicants should provide two letters verifying doula training or experience from families or professionals with whom they have worked.

D. Renewal Requirements

The Doula Advisory Committee developed the following recommendations for the renewal of doula certification. A certification issued under this section may be renewed every three years. The license shall be renewed in accordance with the provisions of section for a fee of $100. Each certified doula applying for renewal shall furnish evidence satisfactory to the Commissioner of having completed a minimum of 18 hours of continuing education requirements, including two hours focused on cultural humility, systemic racism or systemic oppression, and two hours focused on health equity.

V. Additional Recommendations

The Doula Advisory Committee discussed ongoing ways to support doulas that go beyond the certification process. First, the Department of Public Health will establish a Doula Training Program Review Committee, a committee that will be review training programs in Connecticut based on the Core Domains established by the Doula Advisory Committee. Second, the team expressed the importance of training for medical professionals around working with doulas and interrupting systemic racism in healthcare. Lastly, the doulas discussed the need for ongoing opportunities to provide coordinated and easy access to resources, training and support for doulas and birthing families, including those needed for certification renewal.

Appendix A: Doula Competencies

A doula is a trained, nonmedical professional who provides physical, emotional, and informational support, virtually or in person, to a pregnant person before, during and after birth. Doulas are a critical resource in improving maternal and child outcomes in Connecticut. They provide non-judgmental care supporting client choice. The Connecticut Doula Certification Advisory Committee identified the following doula Core Competency Domains as critical to doula success in supporting birthing families. Doula training programs approved by the Connecticut Doula Training Program Review Committee should address each of the following Core Competency Domains.

Core Competency Domains:

A. Pregnancy and Childbirth
B. Postpartum, Recovery and Newborn Periods
C. Expected and Unexpected Pregnancy Outcomes
D. Health Equity
E. Racial Equity
F. Advocacy
G. Professional Standards

Doulas are encouraged to seek ongoing education and training to foster their continued development in the competencies within each domain.

A. Pregnancy and Childbirth

1. Understands the anatomic, physiologic, emotional, developmental changes within the pregnant/birthing person, family & fetus/newborn during all trimesters in pregnancy stages of birth and in the 4th trimester postpartum period
2. Provides education in all aspects of prenatal, birth and postpartum periods utilizing evidence based/influenced current practice
3. Provides information of the variety birth settings & care provider options including current standard practices and protocols
4. Recognizes signs and symptoms of potential emotional and mental health issues, including interpersonal violence, and perinatal mood and anxiety disorders, and connects clients to community resources to address those issues
5. Understands commonly used prenatal testing and screening practices
6. Teaches birthing person and partner labor coping skills
7. Provides emotional & informational support, non-medicated comfort measures and techniques during labor and birth
8. Understands how to help client evaluate medicated pain management options & medical interventions, including weighing risks, benefits, alternatives
9. Understands vaginal & surgical birth processes, recovery expectations

10. Understands and supports informed consent/decision making and facilitates open communication between client and caregivers
11. Understands ways to support the client's chosen support systems
12. Recognizes and educates clients about when to seek medical and mental health evaluation in pregnancy, birth, postpartum period in the birthing family

B. Postpartum, Recovery and Newborn Periods

1. Provides education & support in lactation/newborn feeding options; feeding techniques, safety, warning signs, troubleshooting and when to seek consultation
2. Understands preparations needed in the home for postpartum aftercare, newborn needs
3. Educates birthing families on basic newborn care; nutritional needs, normal growth and development changes, soothing & comforting techniques, recognizing warning signs & when to seek medical evaluation, safe sleep practices
4. Understands & promotes positive parental/infant attachment and bonding
5. Promotes the birthing person/partner to reflect on the birthing experience

C. Promotes Health Equity

1. Understands cultural diversity/traditions within the birthing process, disrupting implicit bias(es), practices cultural humility and affirming inclusivity of historically marginalized groups and identities*
2. Recognizes, respects, and understands different aspects of community, culture, and identity and how these can influence an individual's thinking, beliefs, and behavior.
3. Understands that organizational, systemic, and social culture and conditions can influence the way services are delivered and the way marginalized individuals and groups experience services.
4. Recognizes different forms of oppression and their impacts on historically marginalized communities
5. Interacts sensitively and non-judgmentally with individuals from diverse cultures and identities
6. Identifies when individuals need language assistance, translation, and/or interpretation, knows how to obtain these services and supports client choices
7. Advocates for and promotes the use of appropriate services and resources pertaining to different identities
8. Uses techniques for facilitating communication between providers and partners, including when working with individuals with different identities than the doula's own
9. Uses language and behavior responsive to the diversity of cultures and identities encountered
10. Commits to continued learning into best cultural practices

D. Promotes Racial Equity

1. Understands structural & historical racism & health inequities in maternity care
2. Promotes health equity & anti-racism practices, maintains a focus in eliminating racial and ethnic disparities
3. Advocates for individuals and ongoing systems change to eliminate racial inequity
4. Continuously works toward understanding and disrupting personal racial biases and how they influence doula practice, seeking support when needed for self and for birthing families
5. Provides trauma-informed care, understands how trauma of all types can impact the maternal and infant developments throughout the perinatal period
6. Provides non-judgmental care supporting client choice
7. Commits to continued learning into best anti-racist practices

E. Understanding the Role of Advocacy

1. Works with individuals and families to understand and exercise their rights.
2. Supports the individual in their right to make decisions about their own body and/or newborn.
3. Assists individuals and families to have confidence and autonomy over decisions and resources that affect their health & well-being.
4. Encourages individuals to identify and gain access to resources to meet their specific needs and goals. Employs a variety of approaches to advocate for individuals to attain needed care, attention, resources, and meet goals.
5. Understands the techniques of social, legislative, administrative, and/or environmental advocacy.
6. Provides referrals and assists clients in accessing community support services
7. Understands DCF mandated reporting protocols; supports clients in understanding and exercising their rights
8. Facilitates open communication between client and medical, community and natural supports

F. Expected and Unexpected Outcomes

1. Understands and supports clients through common expected and unexpected outcomes of pregnancy and birth
2. Provides emotional support during instances of grief, bereavement, and difficult decisions
3. Understands and supports clients through miscarriage, stillbirth, termination, an infant loss, including delivery methods for miscarriages and stillborn babies in each trimester. Provides referrals and assists client in accessing community resources and support services.

4. Understands and supports clients through physical and emotional recovery after expected and unexpected outcomes
5. Understands and supports clients through the impact and issues related to subsequent pregnancy after a loss.
6. Understands and supports the various ways a person may experience perinatal grief & loss: including termination, miscarriage, stillbirth, infant & maternal mortality, DCF involvement/removal, insufficient parental capacity, structural racism, stigmas & biases from pre-existing substance use disorder & mental health diagnosis
7. Maintains certification in and performs, when needed, Adult/Infant CPR & Basic First Aid

G. Professional Standards

1. Develops and maintains trust, connection, professionalism, and boundaries with clients
2. Provides resources and promotes access to community supports & services
3. Practices safe home-visiting protocols
4. Is self-aware of skills & limitations, emotional needs, and secondary trauma and seeks support when needed
5. Practices HIPAA compliance & standards; maintains client confidentiality
6. Maintains a professional code of ethics, scope & standards of practice** as a doula providing non-medical care and education
7. Knows how to facilitate open communication between client and caregivers
8. Maintains accurate documentation
9. Is reliable and committed to providing supports to their families that agree to the scope of services and provides a back-up doula when necessary
10. Pursues continuing education to further knowledge in maternal/child/family health wellness

*Historically marginalized groups/communities could be, but are not limited to culture, economic status, gender, sexuality, ability, religion, language, age, etc.

**Doula scope of practice: Sec. 15. (Effective from passage) (a) As used in this section, “doula" means a trained, nonmedical professional who provides physical, emotional, and informational support, virtually or in person, to a pregnant person before, during and after birth.

Appendix B: Literature Review

Research Questions

The literature review focused on the following questions:

1. What are the knowledge and skills that make an effective doula?
2. What are the maternal health effects of doula care?
3. What are the infant health effects of doula care?
4. What are the mental health effects of doula care?

Search Terms

UMass Chan developed a list of search terms to identify sources of information on doula services to narrow down the sources revealed. The search terms used were as follows:

Key Search Terms: Doula, Maternal Health, Infant Health, Maternal Satisfaction, Perinatal, Maternal Mental Health, Cesarean and Cost- Savings

Inclusion Criteria

Source material included in the literature review encompassed peer-reviewed articles, together with national and state policy reports, which were published in the last ten years (from 2012 to 2022). Published articles used the following study designs: randomized control, quasi experimental, cohort, cross sectional, before-and-after, qualitative, and systemic reviews.

Outcomes of Interest

The outcomes of interest reflect the study outcomes UMass Chan believed to be the most relevant to the objectives of this literature review:

- Postpartum Mood Disorder
- Anxiety
- Prenatal care (e.g., engagement and adherence)
- Post-partum care
- Birth weight
- Preterm birth
- Stillbirth
- Neonatal abstinence syndrome
- Satisfaction (safe and supported)

Overview of Studies

This literature review identified 32 studies and reports, including eight systematic reviews, seven cohort studies, five qualitative studies, four randomized control trial studies, four pre-post service studies, three quasi-experimental studies, two cross section studies, and one decision analysis model. These studies are summarized in the following table.

	Author	Year	Brief Description of Intervention	Intervention Focus Areas	Outcomes Measured	Summary of Findings	Citation
Randomized Control Trials							
1	Gjerdingen et al	2012	Researchers recruited postpartum doulas from national doula organizations, peer telephone supporters from nursing referrals, and mothers with depressive symptoms from three hospitals and community orgs	Postpartum mothers with depressive symptoms	Postpartum depression	The postpartum doula group, compared with the other 2 groups, had a higher proportion of women with a previous history of depression, and a higher proportion of women who were depressed and receiving depression treatment at the 6-month follow-up. Satisfaction with study-sponsored support was greater in the postpartum doula group.	Gjerdingen DK, McGovern P, Pratt R, Johnson L, Crow S. Postpartum Doula and Peer Telephone Support for Postpartum Depression: A Pilot Randomized Controlled Trial. Journal of Primary Care & Community Health. January 2013:36-43. doi:10.1177/2150131912451598
Cohort Studies							
2	Kenneth J. Gruber, K. Cupito S. H., Dobson C.	2013	Birth outcomes of two groups of socially disadvantaged mothers at risk for adverse birth outcomes, one receiving prebirth assistance from a certified doula and the other representing a sample of birthing mothers who elected to not work with a doula, were compared. All of the mothers were participants in a prenatal health and childbirth education program	Birth outcomes in at risk, socially disadvantaged women	Low birth weight, breastfeeding initiation, birth complication	Doula-assisted mothers were four times less likely to have a low birth weight baby, two times less likely to experience a birth complication involving themselves or their baby, and significantly more likely to initiate breastfeeding.	Gruber, K., Cupito, S., & Dobson, C. (2013). Impact of Doulas on Healthy Birth Outcomes. The Journal of Perinatal Education, 22(1), 49-58. https://doi.org/10.1891/1058-1243.22.1.49
3	Kozhimannil et al	2013	Researchers used descriptive statistics for Medicaid-funded births nationally, and supported by doula care in Minneapolis, MN from 2010 to 2012. They used multivariate regression to estimate impacts of doula care, and modeled potential cost savings associated with reductions in cesarean delivery for doula supported births	Women who received prenatal education from doula support and women who did not receive doula care	Cost savings measures: lower cesarean rates	After control for clinical and socioeconomic factors, odds of cesarean delivery were 40.9% lower for doula supported births.	Kozhimannil, K., Vogelsang, C., & Hardeman, R. (2015). Medicaid Coverage of Doula Services in Minnesota: Preliminary findings from the first year (pp. 1-40). Minnesota Department of Human Services. Retrieved from https://static1.squarespace.com/static/577d7562ff7c5018d6ea200a/t/5840c791cd0f683f8477920a/1480640403710/FullReport.pdf
4	Kozhimannil et al	2014	Researchers conducted a multivariate logistic regression analysis of characteristics associated with doula support and desire for doula support and cesarean and nonindicated cesarean	Women who received doula care and women who desired doula care but did not receive doula care	Cesarean rates, nonindicated cesarean	Doula-supported women had lower odds of cesarean compared to women who desired doula care but did not receive it. The odds of non-indicated cesarean were 80%-90% lower among doula supported women	Kozhimannil KB, Attanasio LB, Jou J, Joarnt LK, Johnson PJ, Gjerdingen DK. Potential benefits of increased access to doula support during childbirth. Am J Manag Care. 2014 Aug 1;20(8):e340-52. PMID: 25295797; PMCID: PMC5538578

	Author	Year	Brief Description of Intervention	Intervention Focus Areas	Outcomes Measured	Summary of Findings	Citation
5	Brady et al	2016	This study compared labor and delivery outcomes between a cohort of patients who received hospital sponsored doula care and a cohort who elected not to receive doula care	Women who received hospital sponsored doula care	Cesarean rates, VBAC, augmentation, and induction rates	The study did not show a statistically significant decreased rate of cesareans, augmentation, and induction rates, or VBACs, but this study had a notably small sample size	Brady, Bethany DO; Seagle, Brandon-Luke MD; Moonan, Kathleen MSN, RN, IBCLC; Luo, Guoyang MD, PhD; Shahabi, Shohreh MD; Panarelli, Erin MD. The Impact of a Hospital Based Doula Program on Cesarean Section Rate [28O], Obstetrics & Gynecology: May 2016 - Volume 127 - Issue - p 130Sdoi: 10.1097/01.AOG.0000483527.64852.36
6	Mottle-Santiago et al	2007	Log-binomial regression models were used to compare differences in birth outcomes between births at 37 weeks or greater with doula support and births at 37 weeks or greater without doula support	Woman who received hospital-based doula care	Birth outcomes: cesarean rates, epidural use, operative vaginal delivery, and breastfeeding rates	For the whole cohort, women with doula support had significantly higher rates of breastfeeding intent and early initiation. Subgroup analysis showed that having doula support as significantly related to higher rates of breastfeeding, and lower rates of cesarean section for primiparous women with midwife providers.	Mottle-Santiago, J., Walker, C., Ewan, J. et al. A Hospital-Based Doula Program and Childbirth Outcomes in an Urban, Multicultural Setting. Matern Child Health J 12, 372–377 (2008). https://doi.org/10.1007/s10995-007-0245-9
7	Thurston	2019	Doula supported birth outcomes in 2013-2014 were retrospectively compared to all 2014 Medicaid funded births in Jefferson County Alabama	Low resourced mothers in Alabama	Medical intervention, cesarean rates, birth weight, breastfeeding initiation	The study shows that doula support is associated with lower rates of epidural anesthesia and birth by cesarean as compared to the reference population. Doulas were also associated with a ten-fold increase in breastfeeding initiation	Thurston, L., Abrams, D., Dreher, A., Ostrowski, S., & Wright, J. (2019). Improving birth and breastfeeding outcomes among low resource women in Alabama by including doulas in the interprofessional birth care team. Journal Of Interprofessional Education & Practice, 17, 100278. https://doi.org/10.1016/j.xjep.2019.100278

	Author	Year	Brief Description of Intervention	Intervention Focus Areas	Outcomes Measured	Summary of Findings	Citation
8	Everson et al	2020	This study reports the outcomes of care for a national sample of doula-supported adolescent births from 2000-2003	Doula-supported adolescent births	Birth outcomes: length of labor, preterm birth, breastfeeding initiation, fetal death rate, cesarean births	Adolescents who had a doula-supported birth experienced shorter lengths of labor, fewer preterm births, fewer infant deaths, and fewer cesarean rates compared to general population of adolescents giving birth in the U.S.	Everson, C., Cheyney, M., & Bovbjerg, M. (2018). Outcomes of Care for 1,892 Doula-Supported Adolescent Births in the United States: The DONA International Data Project, 2000 to 2013. The Journal of Perinatal Education, 27(3), 135-147. https://doi.org/10.1891/1058-1243.27.3.135
Cross Sectional Studies							
9	Kozhimannil et al	2013	This study compared breastfeeding initiation rates between women who received doula support through an organization that employs and certifies diverse doula, and women with Medicaid coverage who gave birth in '09-'10 and participated in Minnesota Pregnancy Risk Assessment Monitoring System survey	Women who received doula support and women receiving Medicaid coverage	Breastfeeding initiation rates	Women who had doula supported births had near universal breastfeeding initiation at 97.9% compared with 80.8% of the general Medicaid population. Among African-American women, 92.6% of those with doula support initiated breastfeeding, compared with 70.3% of the general Medicaid population	Kozhimannil, K., Attanasio, L., Hardeman, R., & O'Brien, M. (2013). Doula Care Supports Near-Universal Breastfeeding Initiation among Diverse, Low-Income Women. Journal Of Midwifery & Women's Health, 58(4), 378-382. https://doi.org/10.1111/jmwh.12065
10	Thomas et al	2017	This study compares birth outcomes from the By My Side Birth Support (doula support) and other general population of births in the same area (Brownsville, Bedford-Stuyvesant, Bradwick)	Low-income women and women with high burden of poor health: high blood pressure, obesity, and diabetes	Birth outcomes: preterm birth, low birthweight, program attrition	Preterm birth and low birthweight were lower among By My Side program clients compared to the project area (Brownsville, Bedford-Stuyvesant, Bushwick) overall. However, it is not possible to determine causal relationship between program exposure and birth outcomes	Thomas, MP., Ammann, G., Brazier, E. et al. Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population. Matern Child Health J 21, 59–64 (2017). https://doi.org/10.1007/s10995-017-2402-0

	Author	Year	Brief Description of Intervention	Intervention Focus Areas	Outcomes Measured	Summary of Findings	Citation
Pre-Post Studies							
11	Holdahl, B		Project Nurture is a harm-reduction program that provides patients with substance use disorder (SUD) prenatal care, inpatient maternity care, postpartum care, and infant pediatric care. Women enrolled in the program receive Level 1 addiction treatment an integrated care team that includes MDs, nurse practitioners, doulas, certified recovery mentors, certified alcohol and drug counselors, and social workers and other mental health professionals.	Pregnant women with substance use disorder, maternal health outcomes	Maternal health outcomes: preterm birth, C-sections, prenatal care visits	Results include the following: • 70% reduction in the odds of preterm birth compared to patients with SUDs who are not in Project Nurture (p = 0.01) • C-section rates in Project Nurture of 28%, compared to 36.5% in patients with SUDs who are not in Project Nurture • Significantly greater likelihood that participants have seven or more prenatal care visits (p = 0.03) • Significantly higher rates of engagement with MAT during pregnancy among patients with an opioid use disorder • Infants born to patients in Project Nurture half as likely to need additional care after birth, including a decrease in infants given morphine (40% to 20%) and a decrease in the amount of morphine given (95.6% reduction)	McConnell KJ, Kaufman MK, Grunditz JI, et al. Project Nurture integrates care and services to improve outcomes for opioid-dependent mothers and their children. Health Aff (Millwood). 2020;39(4):595-602
Qualitative Studies							
12	Gannon M., Short V., Becker M., Parikh S., McGuigan K., Hand D, Keith S, Abatemarco D.	2021	Semi-structured interviews were used to collect tacit data on the woman's experience working with a doula during the perinatal period	Perceptions of working with a doula in the perinatal period for women with opioid use disorder	Maternal satisfaction: emotional support, mental health support, health literacy, advocacy, and doula utilization	Perception of engagement with doula was overall positive. Participants did not share any comments related to having a negative experience with their doula. Women articulated a sense of comfort, feeling heard, feeling supported mentally, and cited that their doula shifted their mood in a positive way. Participants cited an increase in health literacy, and cited that an increase in health literacy was highly valuable. Participants cited feeling heard and advocated for by their doula, and would recommend a doula for all pregnancies	Gannon, M., Short, V., Becker, M., Parikh, S., McGuigan, K., & Hand, D. et al. (2022). Doula engagement and maternal opioid use disorder (OUD): Experiences of women in OUD recovery during the perinatal period. Midwifery, 106, 103243. https://doi.org/10.1016/j.midw.2021.103243

	Author	Year	Brief Description of Intervention	Intervention Focus Areas	Outcomes Measured	Summary of Findings	Citation
13	Haen, Lisa Sophia	2018	Three in-depth, face-to-face interviews with labor doulas were conducted. The interviews were transcribed and coded. The data aligned with the five key themes of the Good Birth framework which are personal security, knowledge, connectedness, respect, and agency. This framework was applied post-hoc for the analysis.	How labor doula care can support women who have experienced past sexual abuse in coping with trauma-related challenges and barriers during childbirth and avoid re-traumatization.	Adherence of the Good Birth Framework: Personal security, knowledge, connectedness, respect, and agency	The five key themes of the Good Birth framework categorized the doulas' non-medical scope of practice which can improve birth experiences and outcomes for survivors of sexual violence. Birth experiences and maternal satisfaction can be facilitated through labor doula care which may enhance a survivor of sexual assault's personal security, knowledge, connectedness, respect, and agency	Lisa Sophia, Haen. (2017). LABOR DOULA CARE FOR SURVIVORS OF SEXUAL VIOLENCE (BA). University of Pittsburg Department of Behavioral and Community Health Sciences Graduate School of Public Health.
14	Mottl-Santiago, J	2020	An exploratory, sequential mixed methods study design was used to understand decision-maker perspectives on doulas in maternity care and apply these priorities to an economic evaluation of a randomized trial of enhanced doula support. 16 in-depth, semi-structured interviews with Medicaid, Accountable Care Organization (ACO) and maternity care decision makers in Massachusetts were conducted; cost-benefit and sensitivity analysis were conducted	Cost and participant outcomes for the Best Beginnings for Babies Program	Patient experience, cost reduction	The economic analysis found an 18% return on investment for the Best Beginnings for Babies doula intervention overall. Sensitivity analyses demonstrated the largest impact was for people with medical and social risk factors and for those who received at least 5 hours of prenatal home visits, as well as labor support.	Mottl-Santiago, J. (2020). A Mixed Methods Economic Analysis of Doulas-Service Enhanced Maternity Care as Compared with Standard Maternity Care (PhD). Boston University School of Public Health.
15	McComish, J. & Visger, J.	2009	This study used an ethnographic method of participant observation to illustrate how doula help facilitate maternal responsiveness and competence	Women who receive postpartum doula care	Eleven domains of responsiveness: emotional support, physical comfort, self-care, infant care, information, advocacy, referral, partner/father support, support mother/father with infant, support mother/father with sibling care, and household organization.	Data suggests that by using the 11 domains of care, doulas help facilitate the development of a long-term relationship, mother-centered care, and education and support related to infant feeding, infant integration into the family, and developmental care	McComish, J., & Visger, J. (2009). Domains of Postpartum Doula Care and Maternal Responsiveness and Competence. Journal Of Obstetric, Gynecologic & Neonatal Nursing, 38(2), 148-156. https://doi.org/10.1111/j.1552-6909.2009.01002.x

	Author	Year	Brief Description of Intervention	Intervention Focus Areas	Outcomes Measured	Summary of Findings	Citation
16	Gilliland, A.	2011	A series of interviews was collected and analyzed by doulas and mothers who had doula care. By using both informants, a clearer picture of what constitutes support by doulas emerged.	Emotional support techniques employed by birth doulas during labour	Identified strategies that constitute emotional support by doulas	Nine different strategies were distinguished. Four strategies (reassurance, encouragement, praise, explaining) were similar to those attributed to nurses in published researched. Five were original and described as only being used by doulas (mirroring, acceptance, reframing, debriefing)	Gilliland, A. (2011). After praise and encouragement: Emotional support strategies used by birth doulas in the USA and Canada. Midwifery, 27(4), 525-531. https://doi.org/10.1016/j.midw.2010.04.006
Systemic Reviews							
17	Lavely E., Love H, Shelton M, and R. Nichols T,	2018	A review of the first year of implementation of a reproductive health promotion program developed through an academic community partnership at a local drug treatment center. The program was designed to help mitigate adverse outcomes for women who are high risk due to addiction during pregnancy or the reconception period. The three main program activities included childbirth education classes, doula match services, and preconception/interconception classes.	Strengthening social networks among mothers, building additional trust, and support	Program participation, perceptions of trust, emotional support, participant empowerment	While the program was seen as important by clinical staff because it was free, on-site, did not subject mothers to shame, and provided comfort measures through doula care. However, participants noted the lack of communication with doulas, and scheduling mismatches that created a lack of trust and bonding with doula.	Lavely, E., Love, H., Shelton, M., & Nicholas, T. (2022). Libres.uncg.edu. Retrieved 14 February 2022, from https://libres.uncg.edu/ir/uncg/f/T_Nichols_Methadone_2018.pdf.
18	R. Rivera, P Sanjuan, M Cadena, L Leeman, C Murphy	2020	Nine pregnant patients receiving specialized care at UNM's Milagro Program for substance-exposed pregnancy participated in the pilot research project, which included doula services. The research team recruited doulas who had received extra training to work with pregnant women with substance use disorders, trauma, and limited resources. Doulas were further required to have a minimum level of prior experience attending births as a doula, and specifically to have experience as a doula for clients who did not have the ability to self-pay.	Substance use disorder treatment, labor support	Emotional support, child-well being	Doula care was associated lower preterm and cesarean birth rates, increase maternal satisfaction, decrease parent-child separation, incarceration.	Rivera, R., Sanjuan, P., Cadena, M., Leeman, L., & Murphy, C. (2019). Providing Doulas as Continuous Labor Support for Pregnant Patients in Substance Use Disorder Treatment Can Help Families (pp. 2-6). Albuquerque: University of New Mexico. Retrieved from https://www.academia.edu/46241904/Providing_Doulas_as_Continuous_Labor_Support_for_Pregnant_Patients_in_Substance_Use_Disorder_Treatment_Can_Help_Families

	Author	Year	Brief Description of Intervention	Intervention Focus Areas	Outcomes Measured	Summary of Findings	Citation
19	Hodnett et al	2013	This systematic review searched the Cochrane Pregnancy and Childbirth Groups Trial Registry and selected all published and non-published randomized control trials comparing continuous support during labor with usual care	Women with continuous doula support during pregnancy	Spontaneous vaginal birth, labor time, rates of C-section, Apgar score	Women allocated to continuous support were more likely to have a spontaneous vaginal birth and less likely to have intrapartum analgesia or to report dissatisfaction. Labors were shorter, they were less likely to have a caesarean or instrumental vaginal birth, or a baby with a low five-minute Apgar score.	Hodnett, E. D., Gates, S., Hofmeyr, G. J., & Sakala, C. (2013). Continuous support for women during childbirth. Cochrane Database of Systematic Reviews, (7), CD003766
20	Bohren et al	2019	This systematic review describes and explores the perceptions and experiences of women, partners, community members, healthcare providers and administrators, and other key stakeholders regarding labour companionship; to identify factors affecting successful implementation and sustainability of labour companionship; and to explore how the findings of this review can enhance understanding of the related Cochrane systematic review of interventions.	Perceptions of women, and health care providers regarding doulas and labor companionship	The experiences and perceptions of women and their care partners were explored to enhance understanding of doula intervention reviews	Companions gave informational support by providing information about childbirth, bridging communication gaps between health workers and women, and facilitating non-pharmacological pain relief. Companions were advocates, which means they spoke up in support of the woman. Companions provided practical support, including encouraging women to move around, providing massage, and holding her hand. Finally, companions gave emotional support, using praise and reassurance to help women feel in control and confident, and providing a continuous physical presence.	Bohren, M., Berger, B., Munthe-Kaas, H., & Tunçalp, Ö. (2019). Perceptions and experiences of labour companionship: a qualitative evidence synthesis. Cochrane Database of Systematic Reviews, 2019(7). https://doi.org/10.1002/14651858.cd012449.pub2
21	Kirby, D.	2019	The purpose of this program is to pilot family-based services to pregnant and postpartum women with a primary, secondary, or tertiary diagnosis of opioid use disorder (OUD)	Women with primary, secondary, or tertiary diagnosis of OUD, and the use of Doula Peer Recovery Specialist	Frequency of Substance Use Treatment & Recovery Support, percent talking about	At baseline, the percent of participants in substance use treatment and recovery support (including MAT) was 49%, after six months, the percentage is 69%. Similarly, at baseline, the percent of women who reported any mental health problems was 33%; after 6 months, the percentage was 36%. The percent who reported anxiety was 21% at baseline and 26% after six months.	Illinois Department of Human Services Division of Substance Use Prevention and Recovery. (2019). Taking Care of Pregnant Women and their Babies. Chicago: Illinois Department of Human Services Division of Substance Use Prevention and Recovery. Retrieved from https://nasadad.org/wp-content/uploads/2020/07/Pregnant-Woman-and-Their-Babies-Plenary-Slides.pdf

	Author	Year	Brief Description of Intervention	Intervention Focus Areas	Outcomes Measured	Summary of Findings	Citation
22	M Paterno, L Jablonski, A Klepacki, P Friedmann	2019	The EMPOWER (Engaging Mothers for Positive Outcomes with Early Referrals) program is a program designed to help women with OUD improve maternal and neonatal health outcomes by getting early referrals to community resources. Women with perinatal OUD developed individualized pregnancy plans are referred to community resources in the prenatal period where and received education about neonatal abstinence syndrome, nonpharmacologic newborn care, and breastfeeding. Participants have both doulas and recovery coaches who assist in driving to and from prenatal appointments and provide health education.	Maternal and child health outcomes for women with SUD: opioid- related disorders, mental health care, neonatal abstinence system,	Breastfeeding initiation, length of hospital stay, prenatal education, neonatal birth weight and postnatal contraception use	Rates of breastfeeding initiation and continuation, mean neonatal birth weight, and length of hospital stay were greater in the postintervention group with medium effect sizes. Diagnosis of neonatal abstinence syndrome and admission to the NICU were also greater in the postintervention group, with small effect sizes Significantly more women in the postintervention group received prenatal referrals for peer/family support services.	Paterno, M., Jablonski, L., Klepacki, A., & Friedmann, P. (2019). Evaluation of a Nurse-Led Program for Rural Pregnant Women with Opioid Use Disorder to Improve Maternal–Neonatal Outcomes. Journal Of Obstetric, Gynecologic & Neonatal Nursing, 48(5), 495-506. https://doi.org/10.1016/j.jogn.2019.07.002
23	Nichols T, Love H	2019	The study design was a qualitative formative evaluation designed to understand strengths and challenges of a pilot reproductive health program, consisting of preconception/interconception health classes, childbirth education classes, and access to free doula services, for people in addiction treatment.	Addiction, prenatal health, reproductive health	Strengths and challenges of pilot programs	The study found the program to be well-regarded by stakeholders, but several structural challenges were identified. Future programs should strive for greater integration between treatment providers and reproductive health facilitators. Research is also needed to assess the effectiveness of providing integrated reproductive health education to clients engaged in addiction treatment.	Nichols, T., & Love, H. (2019). Providing Reproductive Health Promotion in Drug Treatment Clinics. Californian Journal of Health Promotion, 17(2), 45-61. https://doi.org/10.32398/cjhp.v17i2.2289
24	Rodriguez, D		Birth Sisters Program is a multi-cultural doula service that offers women “sister-like” support during pregnancy, childbirth, and the post-partum period. Birth Sisters offer prenatal home visits, labor support, and help at home after the baby comes.	Emotional support and informational support during pregnancy postpartum	C-sections, maternal mental health, breastfeeding	•The Birth Sisters program has been linked to significantly higher breastfeeding rates and fewer c-sections.•Peer counseling has been recognized as one of the few interventions that consistently raise breastfeeding rates among minority women and low-income women, who breastfeed significantly less than white counterparts.•Breastfeeding is linked to improved health outcomes for infants and mothers.	https://www.bumc.bu.edu/obgyn/special-programs/birth-sisters/how-do-birth-sisters-impact-communities/
Decision-Analysis Model							

	Author	Year	Brief Description of Intervention	Intervention Focus Areas	Outcomes Measured	Summary of Findings	Citation
25	Greiner et al	2019	This study evaluated the potential cost-effectiveness of professional doula support during a woman's first birth in a theoretical population of U.S. women, with all women having a second birth without doula care	Women who received professional doula care	Birth outcomes: risk of cesarean births and length of labor time	In this theoretical model, professional doul care during the first birth resulted in fewer cesarean births and improved quality- adjusted life year. Additionally: fewer maternal deaths, fewer hysterectomies, and fewer uterine ruptures	Greiner, K., Hersh, A., Hersh, S., Remer, J., Gallagher, A., Caughey, A., & Tilden, E. (2019). The Cost-Effectiveness of Professional Doula Care for a Woman's First Two Births: A Decision Analysis Model. Journal Of Midwifery & Women's Health, 64(4), 410-420. https://doi.org/10.1111/jmwh.12972

Appendix C: Certification Requirements in Other States

Training Hours

ARIZONA

Arizona legislation requires doulas to have at least 30 hours of in person instruction or a combination of in person and online in the instruction in core competency topics.[iii]

OREGON

The Oregon Health Authority requires a minimum of 40 hours contact hours[iv] .

PENNSYLVANIA

The Pennsylvania Certification Board has required 24 hours of relevant education/training to the Certified Perinatal Doula knowledge areas[v].

RHODE ISLAND

The Rhode Island Certification Board has required 20 total hours of relevant education/training to the Certified Perinatal Doula domains[vi].

VIRGINIA

The Virginia Department of Public Health requires 60 hours of training provided by one or more entities approved by the certifying body, unless that person had already obtained an initial level of certification within three years prior to the regulation going into effect[vii].

Maryland, Michigan, and Nevada required that training hours relevant to core competencies come from certification organizations approved by the state.

Required Training Topics

ARIZONA

Arizona legislation requires doulas to have training in the following competencies: *entrepreneurship standards of practice and ethics, the childbirth process, parental engagement, postpartum care, grief, trauma-informed care, cultural doula practice, and anatomy and physiology.*[viii]

MARYLAND

The Maryland Department of Public Health requires that doulas are trained in the following competencies: *prenatal coaching, person centered care that honors cultural and family* traditions, advocacy on behalf of the birthing parent during appointment, provision of support for the whole birth team including a birthing parent's partner, family members, and other support persons, and provision of evidence-based information on infant feeding to supplement.[ix]

NEVADA

The Nevada Certification Board requires doulas to be trained in the following competencies: *Perinatal counseling and support services*, labor support, infant care, cultural competency, health Insurance portability and accountability act (HIPAA) compliance, trauma informed care perinatal counseling and support services, labor support, infant care, cultural competency,

Health Insurance Portability and Accountability Act (HIPAA) compliance, and trauma informed care.[x]

OREGON

The Oregon Health Authority requires doulas to be trained in the following competencies: Anatomy and physiology of labor, birth, maternal postpartum, neonatal transition, and breastfeeding; Labor coping strategies, comfort measures and non-pharmacological techniques for pain management; The reasons for, procedures of, and risks and benefits of common medical interventions, medications, and cesarean birth; emotional and psychosocial support of women and their support team; birth doula scope of practice, standards of practice, and basic ethical principles; the role of the doula with members of the birth team; communication skills, including active listening, cross-cultural communication, and inter-professional communication.[xi]

PENNSYLVANIA

The Pennsylvania Certification Board has required doulas be trained in the following competencies: providing continuous labor support to pregnant individuals, families, surrogates, and adoptive parents; conducting prenatal, postpartum, and bereavement in-person and virtual visits throughout the perinatal period, lasting until one year after birth or termination of pregnancy regardless of outcome, and providing support to individuals for loss of pregnancy or infant.

VIRGINIA

The Virginia Department of Public Health requires doulas be trained in the following competencies: *Maternal and Infant Health concepts and approaches, Lactation anticipatory guidance and support, Service coordination and system navigation, Health promotion and prevention, Advocacy, outreach, and engagement, Communication, Cultural humility and responsiveness, and Ethical responsibilities and professionalism.*

Michigan and Minnesota both requires that doulas wanting to be certified must certified by a doula certification organization approved by the state Department of Public Health.

Training organization/ instructor qualification

MARYLAND

According to the Maryland Department of pf Public Health doula providers must be certified from a Maryland Medicaid approved certification organization and meet all the conditions of participation outlined in the Policy Transmittal 37- 22 to be recognized as an approved doula provider. The Department consulted with key stakeholders to determine standardized criteria for selecting Maryland approved certification organization.

MICHIGAN

The Michigan Department of Health and Human Resources requires that all providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the Community Health Automated Medicaid Processing System (CHAMPS). CHAMPS is the MDHHS web-based, rules-driven, real-time adjudication Medicaid Management System. This is a web-based system that allows for the following functions to be completed online: provider enrollment, provider updates, claims status, direct claim entry, batch claim submission, claim adjustments/voids,

payment status, prior authorization, eligibility verification, member search, and ordering/referring provider verification.

OREGON

As of October 2022, the Oregon Health Authority requires that in order to be recognized as an approved doula training program by OHA, a doula organization must submit a birth doula training curriculum and be approved in order to provide birth doula trainings in the state of Oregon.

VIRGINIA

Doula providers are required to obtain a National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES). This is a unique 10-digit number used to identify health care providers. The NPI is required on the Provider Enrollment Application.[xii]

In Nevada, Pennsylvania, and Rhode Island have no public provider qualifications. Arizona has not yet developed any Doula provider qualifications.

Experience Requirements

ARIZONA

In order to become a certified doula, the Arizona legislature is suggesting that doulas must have the following required experience: observing at least one birth after training is completed, attend at least three births while serving as the primary doula support person, complete instruction on first aid and cardiopulmonary resuscitation, attending at least three births while serving as the primary doula support person, and submit a code of ethics agreement as prescribed by the director.[xiii]

MARYLAND

In order to become a certified doula in Maryland, a doula must attest to being trained and certified by an MDH approved organization and pass a background check. [xiv]

PENNSYLVANIA

In order to become a certified doula, the Arizona legislature is suggesting that doulas must have the following experience required: One year of experience is required for applicants who have not obtained their education through an approved certifying body or an approved doula training organization. The applicant must also be currently practicing, and experience must be acquired within two years prior to the submission of the application.[xv]

NEVADA

To be a certified doula in Nevada, a doula must attendance at a minimum of one birth within the past 5 years, with a recommendation submitted to NCB by the birthing individual.

Michigan, Minnesota, Rhode Island, Virginia do not currently have hands-on doula experience requirements.

Continuing Education Requirements

ARIZONA

In Arizona, a doula certificate is valid for three years and may be renewed every three years by applying to the director and paying the applicable fees. A state certified doula must complete 15

hours of related continuing education and submit documentation of completion with the renewal application[xvi].

NEVADA

In Nevada, doula recertification requires 20 hours of NCB approved continuing education every two years in the doula competencies below and a renewal fee of $50.[xvii]

VIRGINIA

In Virginia, any person seeking to be a state-certified will be required to complete a minimum of 15 hours of continuing education every two years from the date of certification from a training entity approved by the certifying body pursuant. These hours shall be in courses outlined in the Virginia Curriculum Requirements for the State-Certified Doula.[xviii]

Maryland, Michigan, Minnesota, Pennsylvania, and Rhode Island currently do not have continuing education requirements.

Alternative pathways to certification

ARIZONA

An individual who does not qualify for state certification under this article but who has been practicing as a doula in this state, may apply to the department for certification if the individual submits all of the following[xix]:

1. Proof of current certification from a nationally recognized doula organization in lieu of proof of the minimum qualifications prescribed in this article and rules adopted pursuant to this article.

2. Three letters of recommendation from health care professionals who have worked with the applicant within the preceding two years and can attest to the applicant's competency in providing doula services

VIRGINIA

There are two pathways that doulas can take to be certified if they were 1) a practicing doula who was not certified but had experience and 2) a doula certified outside of Virginia. [xx]

PATHWAY 1

- All training must be provided by an approved Doula Training Entity.
- Fill out the VCB's State-Certified Doula Application.
- When completing the application, indicate that you are applying for State Certification under Pathway 1.

PATHWAY 2

Pathway 2 is for State-Certified Doulas who completed some training on the education and training topics listed here within three years prior to January 6, 2022 but have not completed the entire 60 hours.

- Gather training certificates from any training on the required education and training topics received within three years prior to January 6, 2022. Trainings must have been provided by an approved Doula Training Entity.

- Fill out VCB's State-Certified Doula Application. When completing the application, indicate that you are applying for State Certification under Pathway 2.
- Submit Training documents with the application.

Maryland, Michigan, Minnesota, Nevada, Oregon, Pennsylvania, and Rhode Island have not yet developed alternative pathways to certification.

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[ii] Greiner, K., Hersh, A., Hersh, S., Remer, J., Gallagher, A., Caughey, A., & Tilden, E. (2019). The Cost-Effectiveness of Professional Doula Care for a Woman's First Two Births: A Decision Analysis Model. Journal Of Midwifery & Women's Health, 64(4), 410-420. https://doi.org/10.1111/jmwh.12972

[iii] AN ACT AMENDING TITLE 36, CHAPTER 6, RELATING TO PUBLIC HEALTH. (2021) https://www.azleg.gov/legtext/55leg/1R/laws/0282.pdf

[iv] Oregon Health Authority. (2021). Oregon secretary of State. Oregon Secretary of State Administrative Rules. Retrieved January 26, 2023, from https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=288137

[v] Pennsylvania Certification Board. (2021). Certified perinatal doula. Certified Perinatal Doula | Pennsylvania Certification Board. Retrieved January 26, 2023, from https://www.pacertboard.org/doula

[vi] Rhode Island Certification Board. (2022). Certified perinatal doula (CPD). Certified Perinatal Doula (CPD) | Rhode Island Certification Board. Retrieved January 26, 2023, from https://www.ricertboard.org/certified-perinatal-doula-cpd

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[x] Nevada Certification Board. (n.d.). Doula certification. Nevada Certification Board. Retrieved January 27, 2023, from https://nevadacertboard.org/doula-certification/birth-doula-certification-requirements/

[xi] Oregon Health Authority. (2021).et al.

[xiii] AN ACT AMENDING TITLE 36, CHAPTER 6, RELATING TO PUBLIC HEALTH et. al

[xiv] Maryland Department of Health. (2018). Maryland Department of Health Maryland Medicaid Maternal and child health programs. Maryland.gov Enterprise Agency Template. Retrieved January 26, 2023, from https://health.maryland.gov/mmcp/medicaid-mch-initiatives/Pages/DoulaProviderinformation.aspx

[xv] Pennsylvania Certification Board. (2021). Et al

[xvii] Nevada Certification Board et al

[xviii] Virginia Department of Health. (n.d.). Community doula program: DMAS - Department of Medical Assistance Services. DMAS. Retrieved January 27, 2023, from https://www.dmas.virginia.gov/for-providers/maternal-and-child-health/community-doula-program/

[xix] AN ACT AMENDING TITLE 36, CHAPTER 6, RELATING TO PUBLIC HEALTH et. al

[xx] Virginia Department of Health. (n.d.). et al