



Report to the General Assembly

Scope of Practice Review Committee Report on
Doula Certification Pursuant to Public Act 21-35

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Table of Contents

Executive Summary
Background
Scope of Practice Review Process.....
Scope of Practice Review Committee Membership.....
Scope of Practice Review Committee Evaluation of Request
Findings/Conclusions

Executive Summary

This report is submitted pursuant to section 15 of Public Act 21-35, *An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic*, which codifies the definition of a doula and requires the Department of Public Health (DPH) to convene a scope of practice committee pursuant to sections 19a-16d to 19a-16f, inclusive, of the general statutes to determine whether DPH should establish a doula certification program.

Doula services are shown to improve outcomes for birthing persons and babies, but are typically not reimbursed through insurance and require out of pocket payment. A major impetus for considering doula certification in Connecticut is to facilitate access to doula services for birthing people and babies who receive Medicaid health care coverage, which generally requires a provider to have a credential such as a license or certification for reimbursement.

The committee believes that Connecticut should establish a doula certification program. However, it is imperative that Black, Indigenous and People of Color doulas that practice safely and meet the standards of competent doula care are among those eligible for certification. There are currently no universally accepted standard doula certification requirements that the committee could identify during the scope of practice review that could be utilized to establish an equity-based certification program that would not risk unnecessarily excluding some doulas who may be best suited to serve birthing people and babies who receive health care through Medicaid.

The committee proposes that a formal doula advisory committee be established to conduct a study to develop recommendations for doula certification requirements including training, experience, or continuing education, and requirements for recognizing doula training program curricula that are sufficient to satisfy the doula certification requirements. The proposed doula advisory committee membership should be strongly representative of experienced doulas, especially Black, Indigenous, and People of Color doulas. The committee anticipates that the recommendations established by the advisory committee will be incorporated into future legislation to establish a doula certification program, with eligibility requirements that recognize various existing pathways to becoming a competent doula.

Background

Public Act 21-35, *An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic*, was passed during the 2021 legislative session and includes provisions related to physical and mental health services, racial disparities in health care, pandemic preparedness, and other related topics.

One provision in Public Act 21-35 charges the Department of Public Health with conducting a scope of practice review pursuant to sections 19a-16d to 19a-16f, inclusive, of the general statutes to determine whether the DPH should establish a state certification process by which a person can be certified as a doula.

Studies have shown that doula care improves health outcomes for both birthing people and babies. For example, doula care is associated with lower rates of postpartum depression and costly interventions like cesarean births, while increasing the likelihood of a shorter labor, a spontaneous vaginal birth, higher Apgar¹ scores for babies, and positive childbirth experiences.² Patients who have had a doula have reported feeling valued and having had a voice in consequential childbirth decisions.^{3 4}

¹ Apgar stands for "Appearance, Pulse, Grimace, Activity, and Respiration," and is used to evaluate a newborn's health. See: <https://kidshealth.org/en/parents/apgar.html>

² Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health (2016). Retrieved from <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/overdue-medicareid-and-privateinsurance-coverage-of-doula-care-to-strengthen-maternal-and-infant-health-issue-brief.pdf>

³ Gruber, K. J., Cupito, S. H., & Dobson, C. F. (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>

⁴ Hofmeyr GJ, Nikodem VC, Wolman WL, Chalmers BE, Kramer T. Companionship to modify the clinical birth environment: effects on progress and perceptions of labour, and breastfeeding. *Br J Obstet Gynaecol*. 1991 Aug;98(8):756-64. doi: 10.1111/j.1471-0528.1991.tb13479.x. PMID: 1911582.

Currently, doula services are generally available to those who can afford to pay out of pocket, and therefore not widely available to birthing people with lower incomes including those who receive their health care through Medicaid. At the same time, Black, Latino/a, and Indigenous families and other people and infants of color experience disproportionately high rates of complications, morbidity, and mortality related to birth. Among high-income countries, the United States consistently faces the worst rate of pregnancy/childbirth-related deaths.⁵ Black birthing people are more than three times as likely to die during childbirth or from pregnancy-related causes than white birthing people, regardless of socioeconomic status.⁶ In Connecticut, the maternal mortality rate is rising at an alarming pace and the maternal mortality rate for Black birthing people is 48.0 per 100,000 live births, compared to 14.8 per 100,000 live births for white birthing people.⁷ Access to doula services through Medicaid may contribute to reducing these disparities and improve outcomes for Black, Latino/a, and Indigenous families, other people and infants of color, and other lower income groups enrolled in Medicaid.

Medicaid generally requires that reimbursed services be provided by individuals who work in a regulated profession (e.g., licensure or certification). The Connecticut Department of Social Services (DSS) is working to establish a “maternity bundle” that will expand services available to birthing people, including doula services. Certification will assist Medicaid and potentially other payers in identifying who can be reimbursed for providing doula services and expand doula access to the populations in Connecticut that experience the greatest health disparities.

⁵ UNICEF Data. Monitoring the situation of women and Children. Available at: <https://data.unicef.org/topic/maternalhealth/maternal-mortality/>

⁶ Center for Disease Control and Prevention. Pregnancy-Related Deaths. Retrieved from: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>

⁷ America’s Health Rankings. Available at: https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/population/maternal_mortality_a_black/state/CT

Doula Scope of Practice Review Process

A scope of practice review for a given profession, pursuant to sections 19a-16d to 19a-16f, is initiated based on a formal request submitted to the Department of Public Health by a person or entity representing the profession. Since the doula scope of practice process was mandated by legislation and not initiated by a person or entity representing doulas, the Department modified the process to convene a scope of practice committee to fulfill the requirement to “conduct a scope of practice review... to determine whether the Department of Public Health should establish a state certification process by which a person can become a doula” as outlined in Public Act 21-35. The Act codified the definition of a doula as “a trained, nonmedical professional who provides physical, emotional and informational support, virtually or in person, to a pregnant person before, during and after birth.”

In the absence of a formal scope of practice request submitted by an individual or entity representing doulas that addressed the components of a scope of practice request, there was a need to gather background information related to existing doula certification policy prior to convening the committee. The Connecticut Health Foundation authorized a consultant, Commonwealth Medicine, to conduct background research on doula certification policy for the committee to use as a foundation for deliberations. Commonwealth Medicine worked on this project over the summer of 2021 in anticipation of and preparation for the doula scope of practice committee meetings in the fall of 2021.

The DPH posted a notice about the doula scope of practice committee process on the Department’s website along with two scope of practice requests received directly from representatives of other professions. At this step of the scope of practice process interested parties can submit impact statements related to the scope of practice proposal and request to be part of the scope of practice

committee. None of the impact statements received related to the concept of doula certification reflected opposition; the statements often described certification as an important step in increasing access to doula services, especially to disenfranchised populations and communities that experience health disparities and are impacted by social determinants of health. Some impact statements included suggestions and concerns related to doula certification including:

- Certification standards should be equity-based
- Concerns that doulas of color will not benefit from certification due to biased requirements
- Concerns that medical oversight of doulas will take away the doulas' discretion and independence to support their clients in the best way possible.
- Embedding core competencies/standards for a state certification vs. a particular training model can help avoid unintended consequences that could negatively impact some community-based doula training organizations, especially those that focus on the experiences and voices of people of color.
- State certification language should include universal language of an interdisciplinary doula or full-spectrum doula to ensure no doula is discouraged from becoming a certified doula because it only relates to a "birth doula."

Scope of Practice Committee Membership

The doula scope of practice committee was comprised of individuals and organizations that submitted impact statements or requested to be a member, specifically:

1. Birth Support, Education, & Beyond, LLC (Traci McComiskey, C-LD/CE/PD, PMH-C, PE, IMH-E, CHW)
2. Lucinda Canty, Ph.D., CN.M., Certified Nurse-Midwife, Assistant Professor of Nursing, Researcher, Maternal Health Consultant
3. Connecticut APRN Society
4. Connecticut Department of Public Health
5. Connecticut Health Foundation
6. Connecticut Hospital Association
7. Connecticut State Medical Society
8. Earth's Natural Touch: Birth Care and Beyond (SciHonor Devotion & Cynthia Hayes)

9. Elaine Flynn-York, LCSW, PMH-C
10. Health Equity Solutions
11. Odyssey Family Executive Center of South Norwalk (Prema Winn)
12. Planned Parenthood of Southern New England

Scope of Practice Review Committee Evaluation of Request

The doula scope of practice committee met four times between November 2021 and January 2022.

During the first meeting, the Department of Public Health provided an overview of the committee's responsibility and process, followed by Commonwealth Medicine's presentation entitled *Doula Certification Policy Support Project Update*.

Commonwealth Medicine's update included a review of 35 training programs in 50 states and internationally. The bullets below show the most common training elements and number of training programs that incorporated those elements:

- Labor Support (25): Recognize various labor scenarios and how to respond to them
- Postpartum Care (18): Learn about newborns and breastfeeding during the postpartum period
- Breastfeeding (17): Initiate the breastfeeding procedure and how to properly position the baby during breastfeeding
- Communication (17): Learn communication skills that will assist clients in making tough decisions, as well as how to respectfully advocate for clients
- Childbirth/Labor/Delivery/Psychology (16): Utilize hands-on practice of proven comfort measures and labor support techniques
- Business (15): Understand how to establish and grow a doula business
- Special/Emergency Situations (10): Learn about special situations and how to respond to them: vaginal births after cesarean, planned epidurals, cesarean birth, out-of-hospital birth, etc.
- Prenatal and Postnatal Support (9): Learn how to provide support in the prenatal and postnatal periods

Less common training components among the 35 training programs identified were:

- Racism/Social Justice (7): Address systemic racism in the medical field and practice anti-racist training
- Perinatal Grief (6): Learn grief/loss support using bereavement practices
- Trauma and Birth (5): Understand how a history of sexual abuse or birthing trauma may affect pregnancy, labor and birth, postpartum recovery, and breastfeeding
- Black Communities (4): Learn about birthing practices and beliefs among African American and West African cultures
- Alternative Remedies (4): Learn to access healing from the earth using natural herbal medicine

- Cultural Competence (4): Understand social/cultural/historical perspectives of birth in the United States
- Nutrition (4): Improve nutrition during pregnancy and postpartum
- Fitness (3): Improve exercise and fitness before, during, and after pregnancy

Commonwealth Medicine also highlighted the variations among a set of doula training programs in Connecticut, which differ in length of training (15 hours to 14 months), cost, and whether an examination is required to complete the program. These variations are not unique to Connecticut and highlight the need to establish a core minimum set of competencies and requirements to allow for a standardized process to approve training programs as a pathway to doula certification if proposed for Connecticut.

Commonwealth Medicine’s policy update demonstrated existing state variations in the definition of a doula and requirements for Medicaid reimbursement:

State	Doula Definition	Requirements
Oregon	A birth companion who provides personal, nonmedical support to women and families	<ul style="list-style-type: none"> • Complete all required training specified by OHA through an authority-approved program • Complete an authority approved oral health training • Become CPR-certified • Document attendance at a minimum of three births and three postpartum visits
New Jersey	A trained professional who provides continuous physical, emotional, and informational support to the birthing parent throughout the perinatal period	<p>Must complete doula training, which must include:</p> <ul style="list-style-type: none"> • Perinatal counseling • Infant care • Labor support and community-based/cultural competency training • HIPAA training and adult/infant CPR certification
Minnesota	"Certified doula" means an individual who received a certification to perform doula services from specified doula organizations	<p>Doulas must apply to be state registered through one of the following organizations:</p> <ul style="list-style-type: none"> • Association of Labor Assistants and Childbirth Educators (ALACE) • BirthWorks

		<ul style="list-style-type: none">• Childbirth and Postpartum Professional Association (CAPPA)• Childbirth International• Commonsense Childbirth, Inc.• DONA International
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Committee Findings & Conclusions

The committee members supported the concept of doula certification as a mechanism to uplift and validate the doula profession and the important evidence-based services that doulas provide.

Committee members are keenly aware of the maternal and child health disparities experienced by communities of color and that doula care can improve health outcomes for both birthing persons and babies.⁸ The committee recognizes that doula certification is a step in the pathway to reimbursement through Medicaid, which would result in expanded doula services to populations that would benefit the most and are not able to pay out of pocket.

In the absence of universally accepted doula training and certification standards, much of the committee’s discussion focused on establishing fair and objective equity-based certification standards. The committee emphasized that it is critical to establish a program that would be inclusive of multiple pathways to becoming a doula and not unnecessarily exclude certain experienced doulas, especially doulas of color, who practice with skill and safety from becoming certified and eligible for Medicaid reimbursement.

The committee supports certification training standards and a scope of practice for doulas but believes that training standards should be based on a core set of competencies rather than a select group of training programs or only those endorsed by organizations that may not represent the full

⁸ March of Dimes Position Statement on Doulas and Birth Outcomes. Available at: <https://www.marchofdimes.org/materials/Doulas%20and%20birth%20outcomes%20position%20statement%20final%20January%2030%20PM.pdf>

spectrum of doula training models, including those delivered by community-based organizations that focus on doulas of color. This concern is reflected and validated in a recent report by the Betsy Lehman Center for Patient Safety entitled *Expanding doula support services in Massachusetts: Consideration for Successful Implementation* that found doulas surveyed “worried that the training programs run by Black and brown doulas, those that train on skills critical for supporting birthing people who have historically had diminished experiences and outcomes, would be overshadowed by a process that primarily or only recognizes what they described as Westernized, white-dominant training programs like CAPPA and DONA International.”⁹

The committee understands that certification may be a Medicaid requirement for reimbursement but believes that certification should be voluntary and not required to practice as a doula in general. Doulas who have built a career being paid directly and wish to continue, experienced doulas who may not be eligible for certification, and doulas-in-training should be able to practice in Connecticut without getting a state certification.

Although certification is separate from reimbursement, doulas on the committee had questions and concerns about Medicaid reimbursement. Representatives from the DSS who are involved in developing policy for doula reimbursement participated in some of the meetings and provided an overview of DSS’s work in this area.

The DSS representatives shared that they are currently working on developing a “maternity bundle” aimed at bridging equity gaps; this will include a package of services that would be available to birthing people, including doula services. These bundles will be utilized by health care providers

⁹ Expanding doula support services in Massachusetts Considerations for Implementation. Available at: https://betsylehmancenterma.gov/assets/uploads/DoulaSupportMA_Report.pdf

who are expected to contract with doulas using the bundled funding. Certification is preferred, but not a requirement for payment through a bundled package. DSS shared that doulas may be able to enroll in Medicaid as an independent provider once there is a formal state certification process and all other Medicaid provider enrollment criteria are met.

The committee determined that Connecticut should establish a voluntary doula certification program based on criteria that ensure doulas who wish to obtain certification practice safely and meet the standards of competent doula care. The major challenge to establishing such program is identifying equity-based certification qualifications that are based on a core set of competencies and standards rather than relying on only specific training programs that may create unnecessary barriers to certification. The committee acknowledged that while standards for a voluntary certification should not create barriers for doulas practicing in Connecticut, particularly doulas of color, the standards should ensure doula care centers on equity for any birthing person who uses doula services.

The committee discussed the evolution of community health worker (CHW) certification in Connecticut. Community health work is a similar profession to doula services in that there are multiple career pathways and no widely accepted set of qualifications that would facilitate certification without unnecessarily excluding competent professionals. CHW certification in Connecticut is voluntary and evolved through a thorough deliberative process that relied heavily on input from CHWs. Those involved in community health work continue to provide valuable input on CHW certification as training programs are established.

The committee recommends that a formal doula advisory committee be established by the legislature to conduct a study to develop recommendations for doula certification requirements including training, experience, or continuing education, and requirements for recognizing doula

training program curricula that are sufficient to satisfy the doula certification requirements. The proposed doula advisory committee would also be responsible for establishing a doula training program committee that would review doula training programs in Connecticut and provide the Commissioner of Public Health a list of approved doula training programs that meet the requirements established by the doula advisory committee.

The committee anticipates that the advisory committee's recommendations would be incorporated into future legislation that would establish a formal doula certification program for Connecticut.

The Doula Scope of Practice Committee welcomes the opportunity to work with the Legislature on statutory language should it decide to proceed with these recommendations.