

# CERTIFIED PROFESSIONAL DOULA

Validation Survey Results



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# EXECUTIVE SUMMARY

This practice analysis was undertaken to inform the revision of the Certified Professional Doula credential.

First, a core workgroup of subject matter experts drafted the certification framework, including the program purpose, goals, target audience, other interested parties, and scope. Then, the core workgroup drafted a practice profile of what professional doulas need to know and be able to do and proposed other certification requirements. These were then reviewed and affirmed by an Advisory Panel for testing through a practice analysis validation survey. The details of the full scheme development process and outcomes is detailed in the *CPD Scheme Backgrounder and Decision Tracker*.

This validation survey was then undertaken to validate the draft content outline for the Certified Professional Doula credential and inform the full set of certification requirements.

The certification outline incorporates fifteen tasks under three domains:

## **Domain 1 Professional Practices**

TASK 1: Adhere to a code of conduct and professional standards and operate within a Certified Professional Doula (CPD) scope of practice (both to be defined by the National Doula Certification Board)

TASK 2: Commit to evidence-based practice through research and education

TASK 3: Respect and safeguard the privacy rights of clients and adhere to HIPAA regulations.

TASK 4: Commit to providing the highest quality of care through non-judgmental support.

TASK 5: Utilize professional, effective, and timely communication strategies with clients, healthcare professionals, and all involved parties to clarify plan of care and resolve conflicts.

## **Domain 2: Care Practices**

TASK 1: Interview the client to collect objective and subjective information to determine doula/client compatibility.

TASK 2: Develop a Plan of Care based on the client's needs, goals, wishes and other relevant factors.

TASK 3: Implement, Assess, and Modify the Client Plan of Care.

TASK 4: Provide follow-up opportunities for processing for both client and for the doula and make reputable referrals where applicable.

TASK 5: Ensure client safety through all phases of the Plan of Care by following all applicable health protocols and procedures.

## **Domain 3: Business Practices**

TASK 1: Set up a business to operate per the state and federal regulations wherein the doula abides and practices.

TASK 2: Create elements to successfully operate a small business or sole proprietorship, including a business plan, branding, accounting, calendar management, and record keeping.

TASK 3: Obtain appropriate liability insurance coverage.

TASK 4: Develop a fee schedule and contract for offered services/support.

TASK 5: Develop a plan for personal safety

The practice analysis validated this outline, with each of these tasks rated as either important or critically important by more than three quarters of respondents.

Optionally, respondents were also presented with an opportunity to provide feedback on a range of skills associated with each of the above tasks. All of the 68 skills were rated important or critically

important by more than 60% of the respondents who chose to complete this section, with only 3 of the 68 skills rated as important or critically important by less than 80%. These lower rated skills are business practices skills relating to developing a business plan (71% important or critically important), branding a business (63%) and researching insurance (79%).

Overall, most respondents feel that the proposed content outline adequately covers the tasks and skills required by a Certified Professional Doula.

The study also gathered feedback on certification requirements and content coverage. There is strong support for certification and renewal requirements including minimum training levels, evidence of documentation including CPR and insurance certificates, and compliance with a code of conduct. Respondents are least supportive of a requirement to pass a written exam; however, almost three quarters also support this as a component of the certification criteria.

For each of the three practice domains, more than three quarters of respondents anticipate moderate to significant changes in required knowledge and skills over the next three years, validating the need for regular renewal of the certification.

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# IDENTIFYING THE CERTIFICATION CONCEPTUAL FRAMEWORK

In July 2022, the Allo Doula Academy contracted with Mickie Rops Consulting for guidance in conducting a practice analysis to refresh the Certified Professional Doula program.

Lead consultant Mickie Rops worked with a core workgroup of subject matter experts from the Academy to identify the program's goals, target audience, other interested parties, scope, and proposed certification scheme elements. After this foundation was set, Mickie Rops facilitated the core workgroup in drafting a practice profile of professional doulas, containing the domains, tasks, skills, and knowledge needed. The practice profile and proposed certification scheme was refined through an iterative process with an Advisory Panel of subject matter experts.

## VALIDATION SURVEY PURPOSE, METHODOLOGY, AND RESPONSE

### Survey purpose

The purpose of this practice analysis was to ensure that the Certified Professional Doula certification scheme adequately reflects the minimum requirements to be an independently practicing doula.

Doulas and related health professionals were asked to rate the importance of tasks to doula practice. Respondents were also asked to provide feedback on tasks that they felt were missing from the outline and their perceptions about the comprehensiveness of topics covered. Verifying that proposed job tasks are indeed those currently performed by the population to be certified is fundamental to the fairness of a certification examination. This fundamental has been reinforced in numerous publications by national and international organizations that provide guidance in matters of credentialing and licensure.

In addition, the survey participants were asked questions to inform the decisions about certification requirements and the certification interval. That the practice analysis informs these decisions is a requirement of the ISO 17024 standard.

### Survey methodology and response

Survey responses were collected during January and February 2023 using online survey platform Survey Monkey. The survey received a total sample of 95 responses. After data cleaning to remove respondents who only answered initial demographic questions but did not provide any feedback on the certification concept, the final sample size was 83. Samples of this size carry a relatively high statistical margin for error of approximately  $\pm 0.11$  at a 95% confidence level, which suggests that true population values could be in a range of  $\pm 11\%$  of those obtained from the survey samples.

This error margin applies only to results reported at the total sample level. Due to both respondent drop out, and the optional nature of some survey sections, sample sizes for some of the data are much lower, meaning a higher margin for error. Additionally, where respondent groups (for example doulas vs non-doulas) are compared, this analysis is based on very small sample sizes and should be interpreted with caution, even when differences are noted as statistically significant.

### Reporting description

Throughout this report the results for each question represent all available data, unless otherwise specified. The total number of responses to a question is displayed under each chart, represented by "n=".

To make charts easier to read, on some charts, data points that are less than 3% do not show labels.

All percentage figures have been rounded to the nearest whole number. Consequently, the sum of the shown percentages may not equal 100%. Similarly, when scores have been discussed as the sum of categories, for example the percentage who gave an important or critically important rating, this figure may not always equal the sum of the 'important and 'critically important figures shown on the relevant chart. Any discrepancy is due to rounding.

Throughout this report, anywhere that significant differences between respondent subset are discussed, these differences are statistically significant at a 95% confidence level.

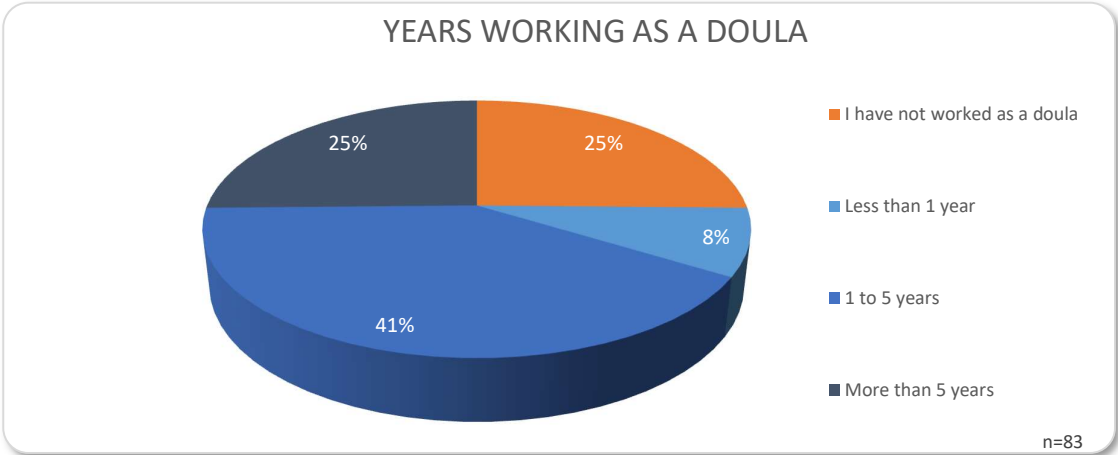
# RESPONDENT DEMOGRAPHICS

## Doula work experience

Three quarters of respondents indicated that they work, or have worked, as a doula. Two thirds have worked as a doula for at least one year (66%), with 25% working as a doula for more than 5 years.

One quarter of respondents have never worked as a doula. (Figure 1)

Figure 1

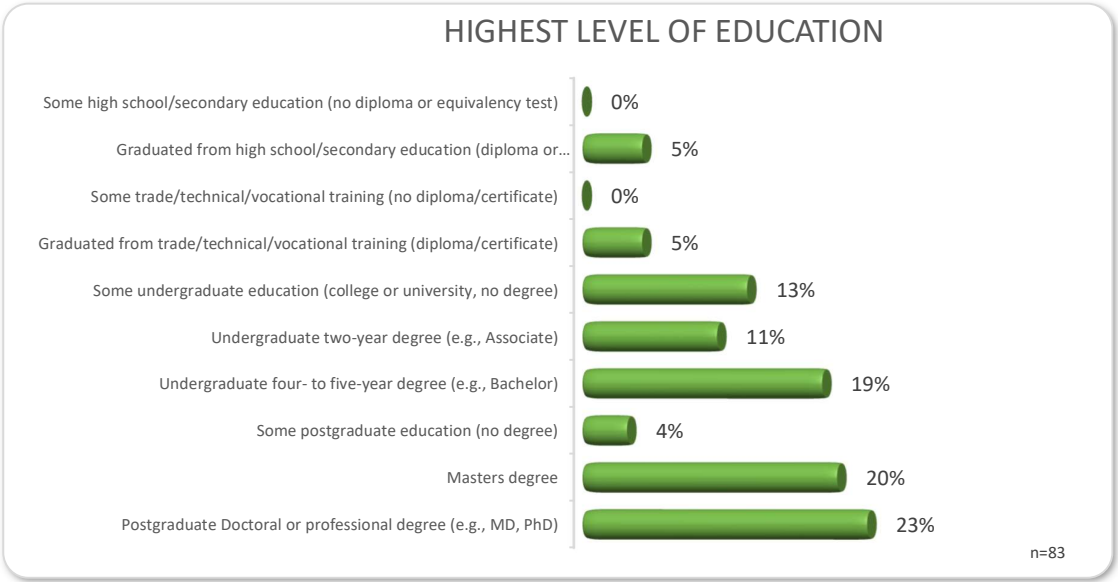


## Education

### Highest level of education

A majority of respondents hold an undergraduate Associate degree or higher formal qualification (77%). Many hold Masters (20%) or postgraduate Doctoral or professional degrees (23%). (Figure 2)

Figure 2

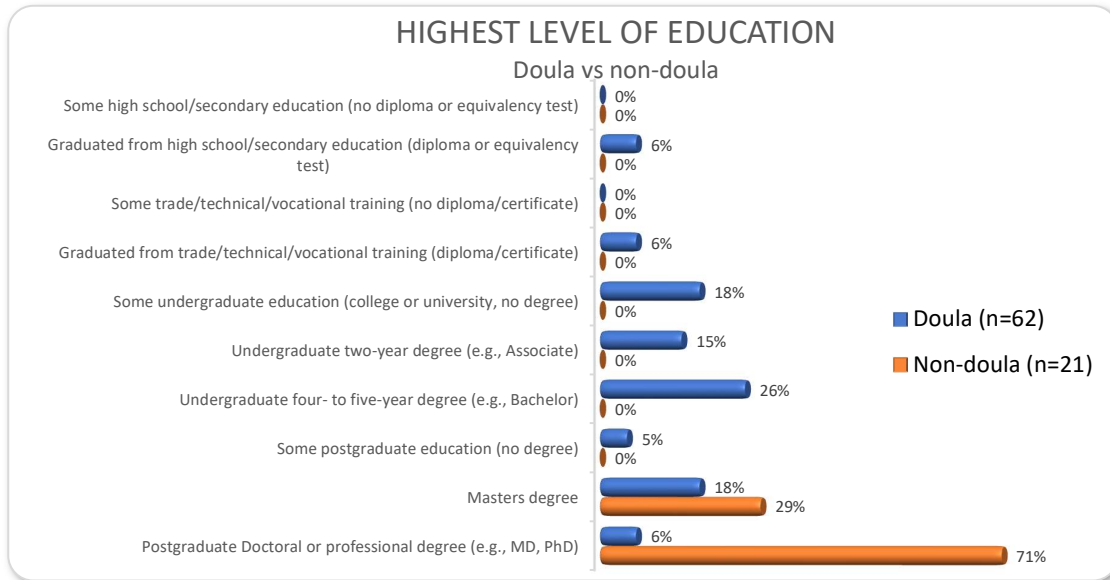


The respondents to the survey who have never worked as a doula all hold either a masters (29%) or postgraduate Doctoral or professional degree (71%). Doulas are significantly less likely to have attained this

level of education. In particular, only 6% of surveyed doulas hold a postgraduate Doctoral or professional degree.

12% of doulas hold either a high school or trade/technical/vocational diploma as their highest education, and 18% have undertaken some undergraduate tertiary education but not attained a degree. Overall, 69% of doulas have an Associate degree or higher. (Figure 3)

Figure 3



### Credentials

One quarter of respondents indicated that they don't hold any credentials (24%). The most common credential is that of a licensed healthcare professional such as RN, LPN, or MD (31%). Although not listed in the original question, almost one quarter used an "other" write-in textbox to indicate that they currently hold a Certified Professional Doula (CBD) certification (23%). (Figure 4)

Figure 4

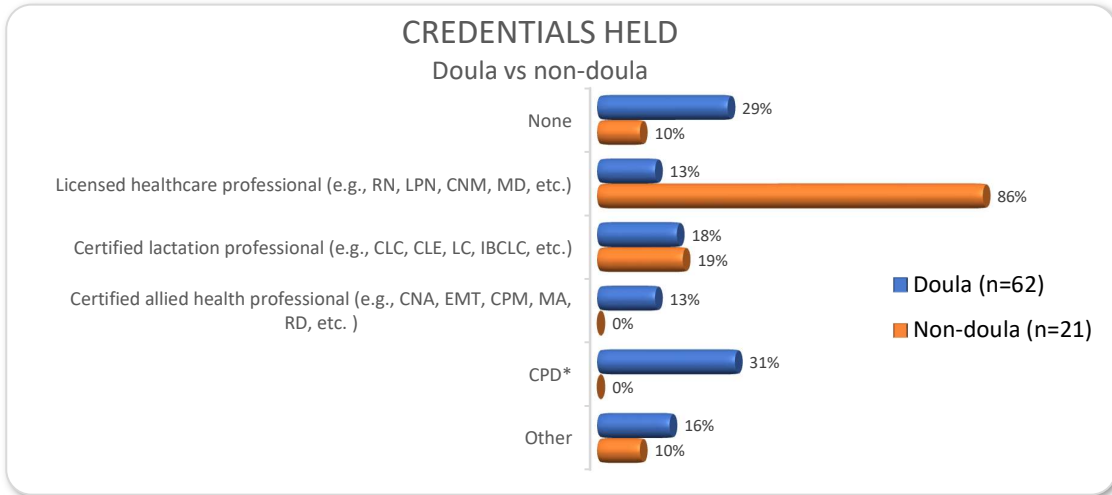


Most of the non-doula respondents who participated in the study indicated that they hold a licensed healthcare professional certification (86%). This type of certification is significantly more common amongst non-doulas than doulas (13%).

31% of doulas indicated that they currently hold a CPD, however 29% of doulas don't have any credentials. Surveyed doulas and non-doulas are almost equally likely to hold lactation professional certification (18%, 19% respectively). (Figure 5)



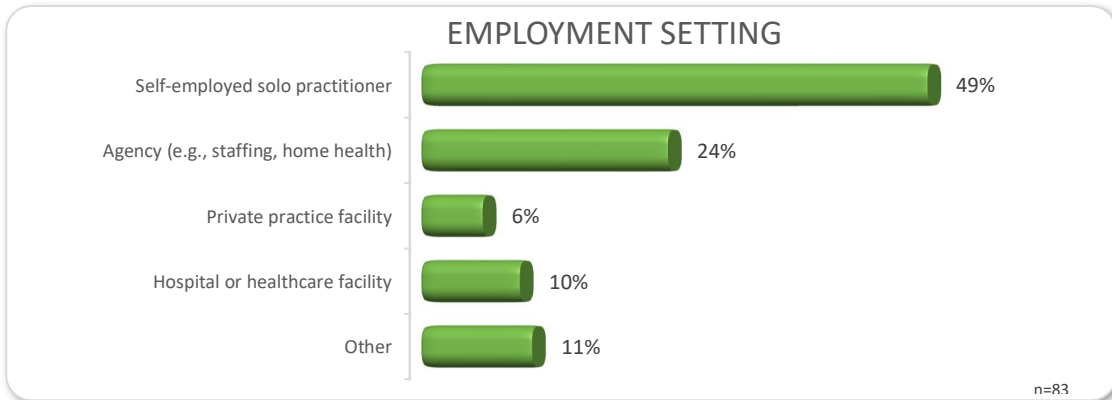
Figure 5



### Employment setting

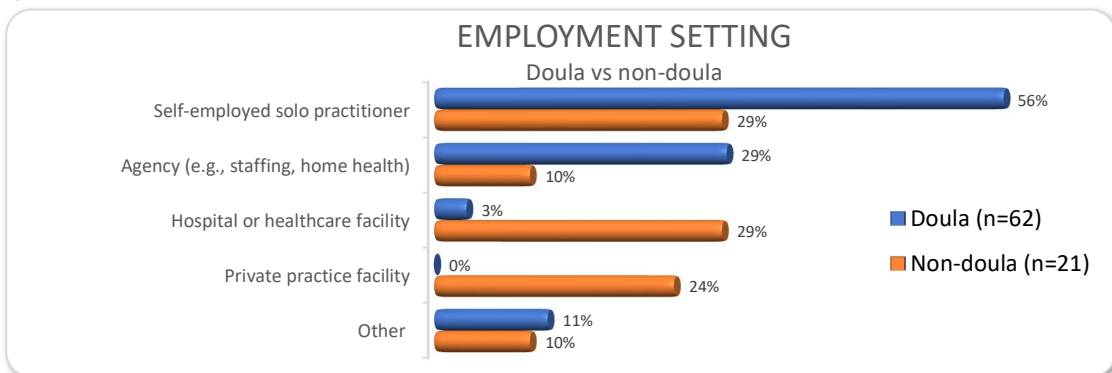
Half of respondents are self-employed solo practitioners (49%), and one quarter are agency employed (24%). (Figure 6)

Figure 6



Employment setting varies significantly between doulas and non-doulas. Doulas are significantly more likely to be self-employed (56% vs 29% of non-doulas) or work for an agency (29% vs 10%). Very few surveyed doulas are employed by hospital/healthcare (3%) or private practice (0%) facilities, while a majority of surveyed non-doulas are employed in one of these settings (29%, 24% respectively). (Figure 7)

Figure 7



## Work location

A majority of responses came from respondents based in Colorado (67%). Responding doulas were more commonly located in Colorado (74%) compared with non-doulas (48%), while non-doulas were more commonly Georgia-based (19% vs 2% of doulas). Other states each only had a small number of responses. There was also one response from Canada. (Table 1)

Table 1

State	Doula		Non-doula		Total Sample	
	%	n=	%	n=	%	n=
Colorado	74.2%	46	47.6%	10	67.5%	56
Georgia	1.6%	1	19.1%	4	6.0%	5
California	4.8%	3	0.0%	0	3.6%	3
New York	4.8%	3	0.0%	0	3.6%	3
Michigan	1.6%	1	4.8%	1	2.4%	2
Minnesota	1.6%	1	4.8%	1	2.4%	2
New Jersey	1.6%	1	4.8%	1	2.4%	2
Arizona	1.6%	1	0.0%	0	1.2%	1
Florida	0.0%	0	4.8%	1	1.2%	1
Kansas	1.6%	1	0.0%	0	1.2%	1
Massachusetts	0.0%	0	4.8%	1	1.2%	1
Missouri	0.0%	0	4.8%	1	1.2%	1
New Mexico	1.6%	1	0.0%	0	1.2%	1
Ohio	1.6%	1	0.0%	0	1.2%	1
Pennsylvania	1.6%	1	0.0%	0	1.2%	1
South Carolina	0.0%	0	4.8%	1	1.2%	1
Other country	1.6%	1	0.0%	0	1.2%	1
<b>Total</b>	<b>100.0%</b>	<b>62</b>	<b>100.0%</b>	<b>21</b>	<b>100.0%</b>	<b>83</b>

# TASK IMPORTANCE

Respondents were given the following instructions and asked to rate the importance of tasks across three domains.

*The Advisory Panel proposes that there are three core domains of practice for professional doulas with five key tasks within each domain. In this section of the survey, you will be asked to rate the importance of each of the tasks to the role as a professional doula. Use this scale:*

**Do not perform:** Task is not part of the role of a professional doula.

**Not important:** Task may be performed but its inclusion is incidental to the role (has no significant bearing on the patient outcome or the doula’s practice).

**Somewhat important:** Task is performed, but if omitted or performed inadequately, consequences are minimal.

**Important:** Task represents best practices and if not performed (or if performed improperly), consequences could be significant, though likely not severe.

**Critically important:** Task is essential to the role of a professional doula and if not performed (or if performed improperly) could result in significant harm to the patient (including loss of life and physical injury) or to the doula’s practice (including legal liability)

After giving feedback on the tasks, they were also given an opportunity to complete an optional section asking about skills related to each of the tasks. They were asked to rate the importance of correctly performing each skill for a newly certified professional doula to be considered for independent practice and doulas were also asked to provide feedback about where or when each skill is learned.

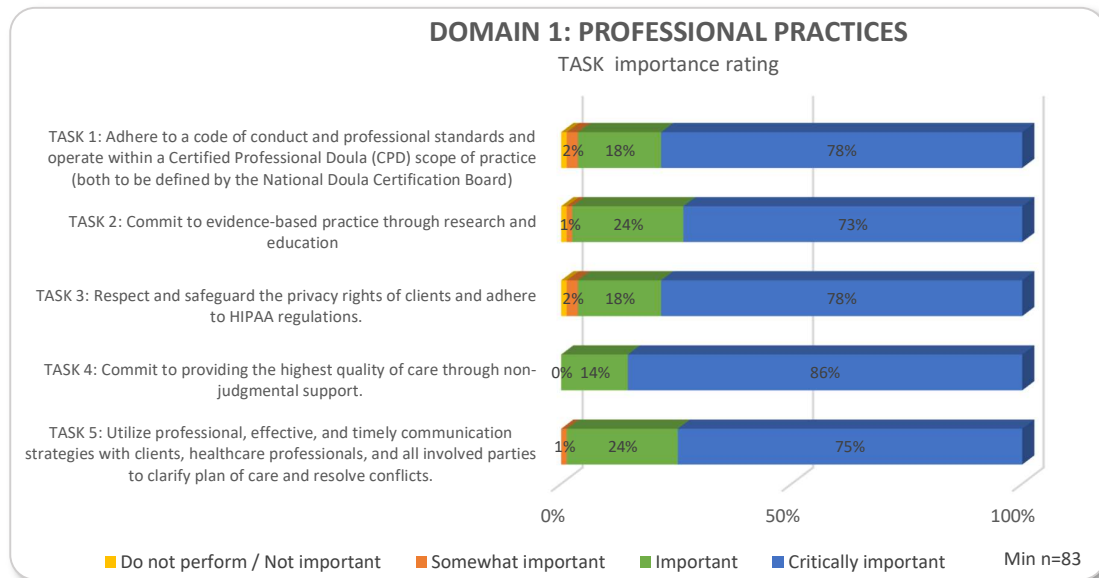
## Domain One: Professional Practices

### Professional Practices TASKS

Each of the five tasks listed under the Professional Practices domain are considered critically important to the role of a professional doula by more than 70% of respondents. In particular, 86% indicated that “TASK 4: Commit to providing the highest quality of care through non-judgmental support” is critically important.

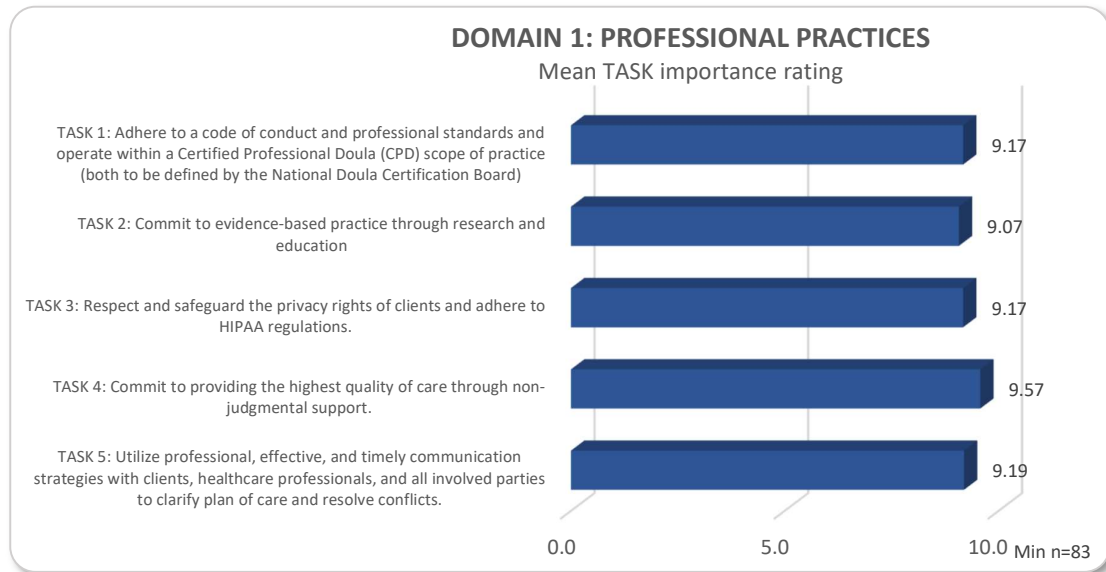
Each of these tasks was rated either important or critically important by more than 95%. (Figure 8)

Figure 8



Each of the Professional Practices domain tasks has been given a mean rating based on the following scale: 0 (do not perform/not important), 3 (somewhat important), 7 (important) and 10 (critically important). The mean importance rating for each of these tasks is above 9, indicating critical importance. (Figure 9)

Figure 9



There were no statistically significant differences in mean ratings given by doulas compared with non-doulas, or self-employed solo practitioners compared with those in other employment settings.

### Missing tasks

Respondents were given an opportunity to write in any tasks they felt were missing from this domain. Responses (verbatim) are listed below:

- Provide care in the capacity you are able to and if you are not be able to send clients to doulas who better fit their needs.
- Cultural humility. Anti-racist training.
- Networking
- Nothing is missing but doulas do not need to adhere to hipaa protocols if we do not accept insurance.
- HIPAA: I do not believe Doula’s should be required to report and document as licensed professionals nor do they need HIPAA.

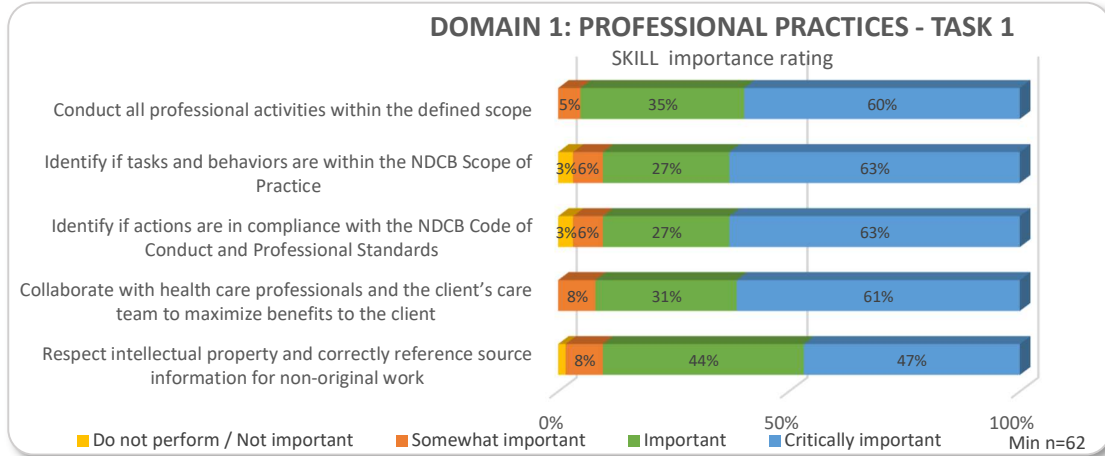
### Professional Practices SKILLS

*Professional Practices TASK 1: Adhere to a code of conduct and professional standards and operate within a Certified Professional Doula (CPD) scope of practice (both to be defined by the National Doula Certification Board)*

#### Professional Practices Task 1: Skill importance

Each of the skills relating to Task 1 of the Professional Practices domain was rated as being important or critically important by 90% or more of the respondents who chose to answer questions about skills. Most of these skills are considered critically important by more than 60%. The exception is “Respect intellectual property and correctly reference source information for non-original work” which was rated critically important by just under half (47%). (Figure 10)

Figure 10



Each of these skills has a mean importance rating above 7 (important). There were no statistically significant differences between respondent groups.

### Professional Practices Task 1: Missing skills

Respondents were given an opportunity to write in any skills they felt were missing but important to this task. Responses (verbatim) are listed below:

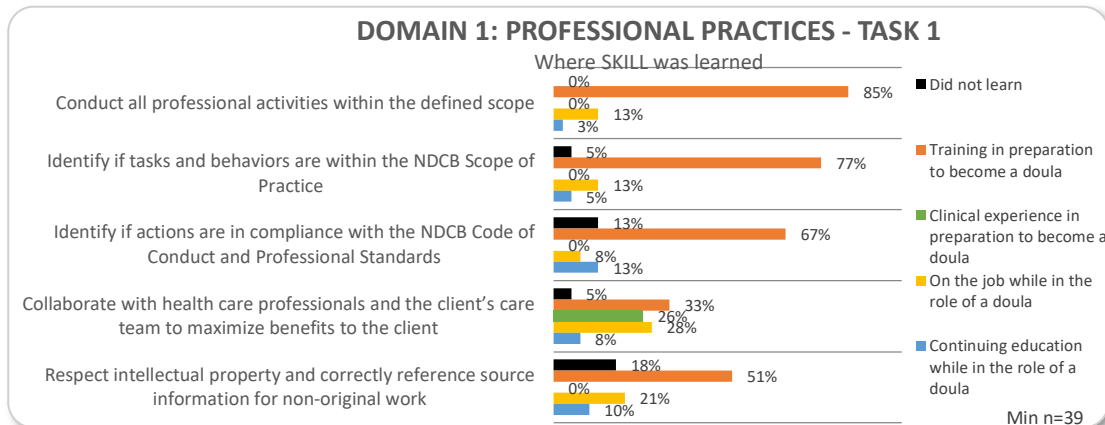
- Build a network of professionals with whom you can collaborate (i.e., Mother baby RN, OB RN, midwives, postpartum doulas, lactation professionals)
- Understanding that contracts and other legal documents are protections for doulas and not just their clients.

### Professional Practices Task 1: Learning skills

Doulas were asked to indicate where they learned each of these skills. A majority indicated that they learned the skills “Conduct all professional activities within the defined scope” (85%), “Identify if tasks and behaviors are within the NDCB Scope of Practice” (77%), “Identify if actions are in compliance with the NDCB Code of Conduct and Professional Standards” (67%), and “Respect intellectual property and correctly reference source information for non-original work” (51%) during training in preparation to become a doula. For the latter of these skills, 18% indicated that they have not learned this skill at any stage of their training or career.

Learning to “Collaborate with health care professionals and the client’s care team to maximize benefits to the client” occurs at different stages. Some learned this skill during training (33%), while others learned it during clinical experience to become a doula (26%) or on the job (28%). (Figure 11)

Figure 11

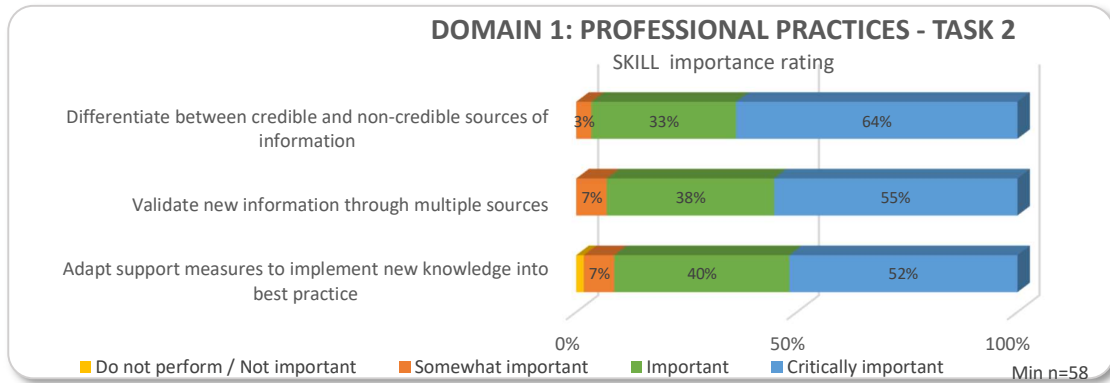


*Professional Practices TASK 2: Commit to evidence-based practice through research and education*

Professional Practices Task 2: Skill importance

Each of the skills relating to Task 2 of the Professional Practices domain was rated as being important or critically important more than 90% of the respondents who chose to answer questions about skills. Each of these skills was rated as critically important by a majority. (Figure 12)

Figure 12



Each of these skills has a mean importance rating above 7 (Important). There were no statistically significant differences between respondent groups.

Professional Practices Task 2: Missing skills

Respondents were given an opportunity to write in any skills they felt were missing but important to this task. Responses (verbatim) are listed below:

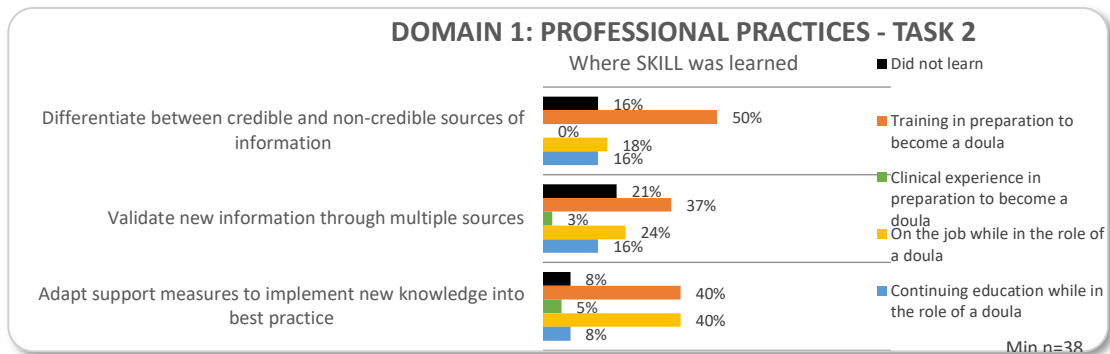
- Identifying peer reviewed journal articles/scholarly articles vs non scholarly sources of information
- Present information in a way that is digestible and easy to understand as much as possible.

Professional Practices Task 2: Learning skills

One in five responding doulas indicated that they have not learned how to “Validate new information through multiple sources” (21%). 37% learned this skill during training to become a doula, however many have had to learn this skill on the job (24%), or during continuing education since becoming a doula (16%).

Responding doulas are equally likely to have learned to “Adapt support measures to implement new knowledge into best practice” on the job (40%) as during their initial training (40%). Half learned to “Differentiate between credible and non-credible sources of information” during their training to become a doula (50%). (Figure 13)

Figure 13

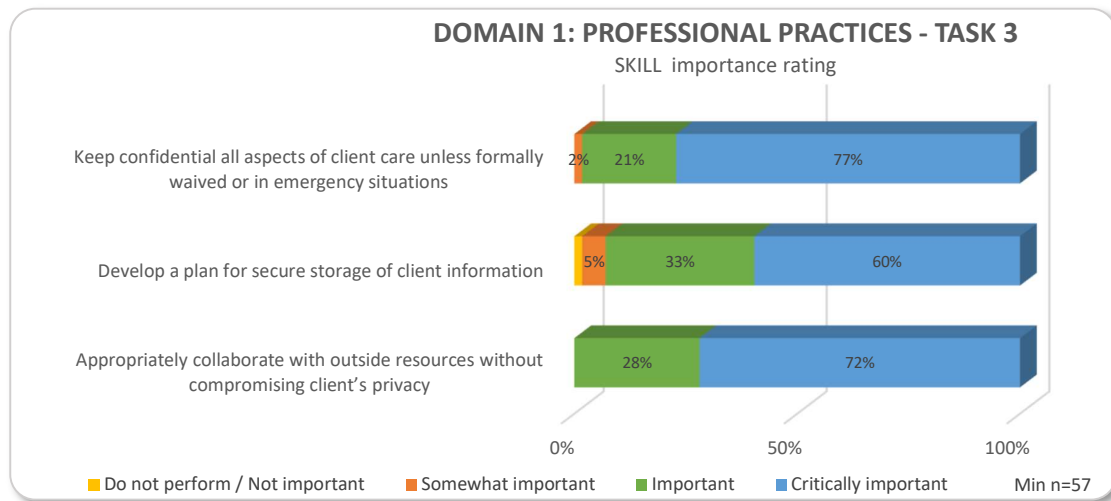


*Professional Practices TASK 3: Respect and safeguard the privacy rights of clients and adhere to HIPAA regulations.*

Professional Practices Task 3: Skill importance

Each of the skills relating to Task 3 of the Professional Practices domain was rated as being important or critically important by more than 90% of the respondents who chose to answer questions about skills. Each of these skills was rated as critically important by a majority. In particular, more than three quarters indicated that correct performance of the skill “Keep confidential all aspects of client care unless formally waived or in emergency situations” (77%) is critically important for a newly certified professional doula to be considered for independent practice. (Figure 14)

Figure 14



Each of these skills has a mean importance rating above 7 (Important). There were no statistically significant differences between respondent groups.

Professional Practices Task 3: Missing skills

Respondents were given an opportunity to write in any skills they felt were missing but important to this task. Responses (verbatim) are listed below:

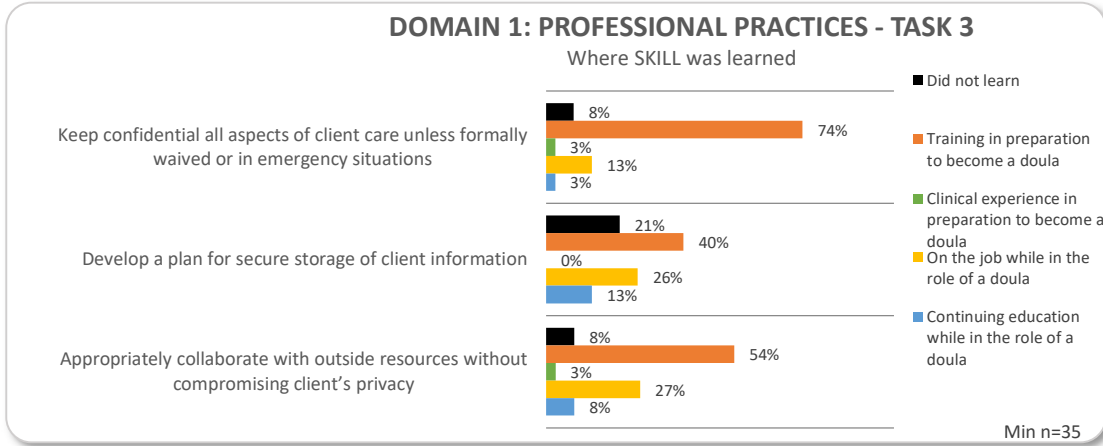
- How to abide by HIPAA standards...forms, etc...
- In the drop-down menu below, there's no options for learning a skill outside of the role of Being a doula. For example, I learned how to keep confidential all aspects of client care from previous employment. It's something I did not learn as a doula although I do know how to do it.

Professional Practices Task 3: Learning skills

Doulas typically learn to “Keep confidential all aspects of client care unless formally waived or in emergency situations” during their training in preparation to become a doula (74%). This is also the most common setting for learning to “Appropriately collaborate with outside resources without compromising client's privacy” (54%) and “Develop a plan for secure storage of client information” (40%), although just over one quarter learned these skills on the job.

One in five have not yet learned to “Develop a plan for secure storage of client information” (21%). (Figure 15)

Figure 15

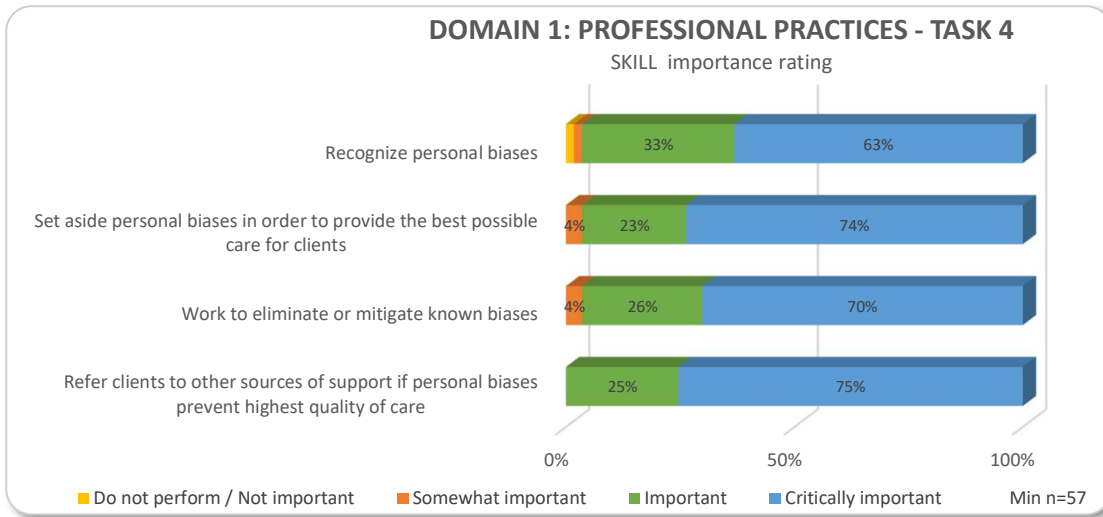


*Professional Practices TASK 4: Commit to providing the highest quality of care through non-judgmental support.*

#### Professional Practices Task 4: Skill importance

More than 95% of respondents indicated that correct performance of the skills relating to Task 4 of the Professional Practices domain are either important or critically important for newly certified professional doulas. More than 60% rated each of these skills as critically important. (Figure 16)

Figure 16



Each of these skills has a mean importance rating above 7 (Important). There were no statistically significant differences between respondent groups.

#### Professional Practices Task 4: Missing skills

Respondents were given an opportunity to write in any skills they felt were missing but important to this task. Responses (verbatim) are listed below:

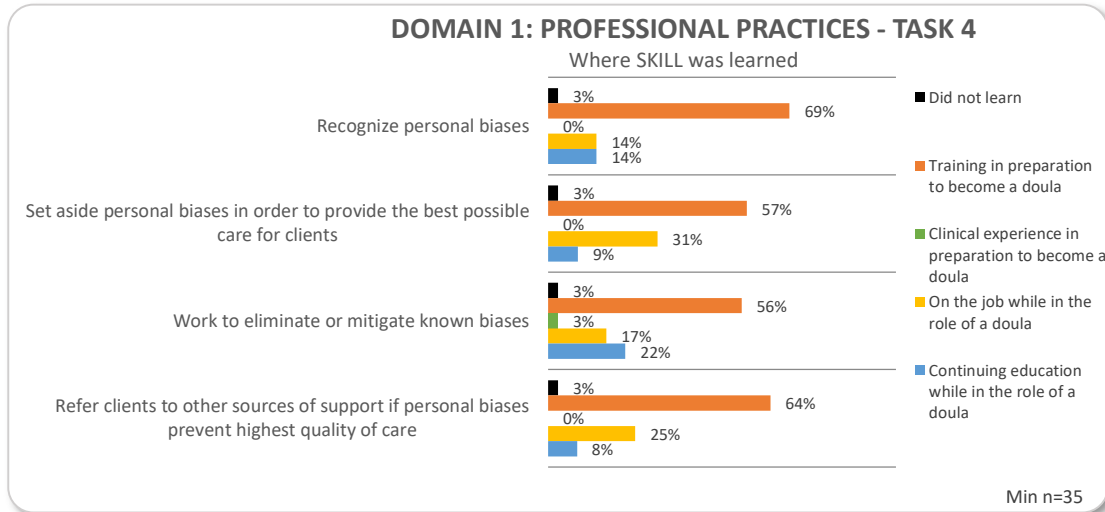
- Understanding that one will never be able to eliminate all biases, so the most important is to be aware and to refer clients out if that would be the most beneficial for their care.



### Professional Practices Task 4: Learning skills

A majority of responding doulas learned each of the skills associated with Task 4 (*Commit to providing the highest quality of care through non-judgmental support*) of the Professional Practices domain during training in preparation to become a doula. However, around 40% did not learn to “Set aside personal biases in order to provide the best possible care for clients” or “Work to eliminate or mitigate known biases” until they began working as a doula, developing these skills either on the job or during continuing education. (Figure 17)

Figure 17

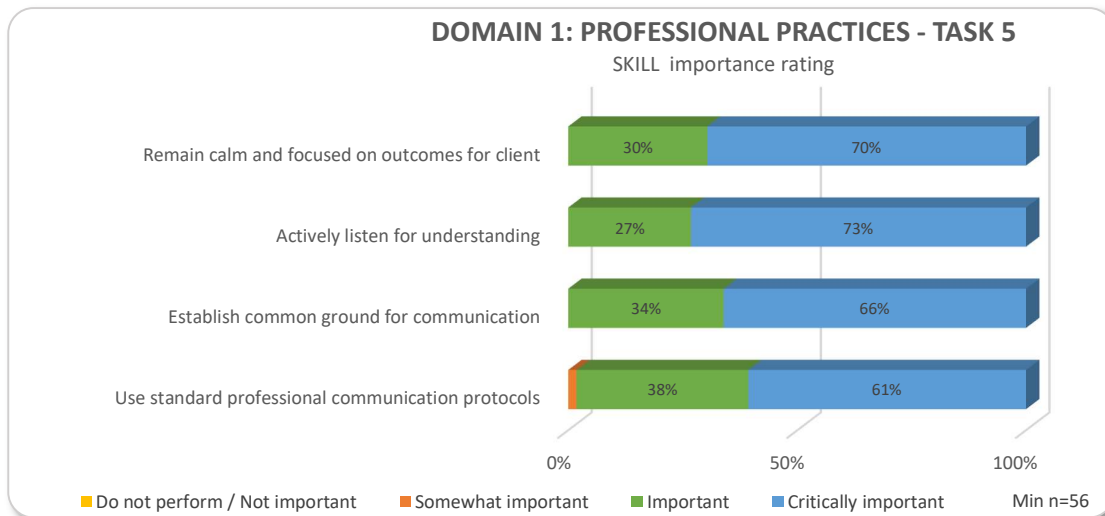


*Professional Practices TASK 5: Utilize professional, effective, and timely communication strategies with clients, healthcare professionals, and all involved parties to clarify plan of care and resolve conflicts.*

### Professional Practices Task5: Skill importance

Skills relating to Task 5 of the Professional Practices domain are considered either important or critically important by 98-100% of respondents. Each of these skills was rated as critically important for newly certified professional doulas by more than 60%. (Figure 18)

Figure 18



Each of these skills has a mean importance rating above 7 (Important). There were no statistically significant differences between respondent groups.

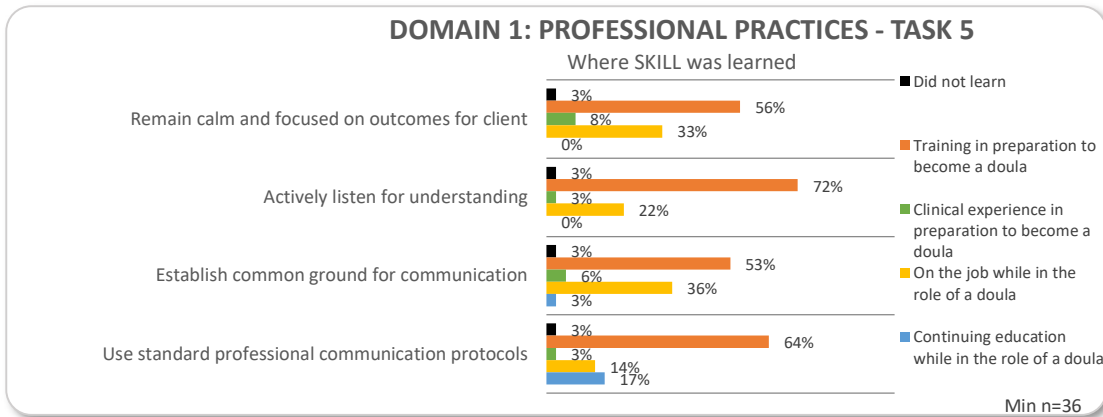
### Professional Practices Task 5: Missing skills

None of the respondents gave suggestions for any skills they felt were missing but important to this task.

### Professional Practices Task 5: Learning skills

A majority of responding doulas learned each of these skills during training in preparation to become a doula. However, for one third or more, the skills to “Remain calm and focused on outcomes for the client” (33%) and “Establish common ground for communication” (36%) were learned on the job while working as a doula. (Figure 19)

Figure 19



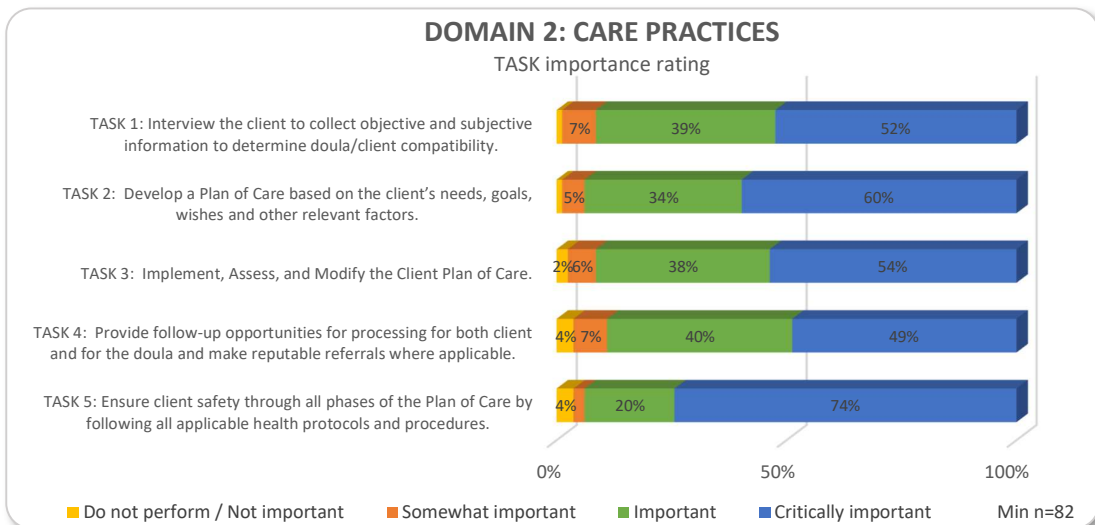
## Domain Two: Care Practices

### Care Practices TASKS

Each of the five tasks listed under the Care Practices domain are considered either important or critically important to the role of a professional doula by 89% or more of respondents. Of particular importance, 74% indicated that “TASK 5: Ensure client safety through all phases of the Plan of Care by following all applicable health protocols and procedures” is critically important.

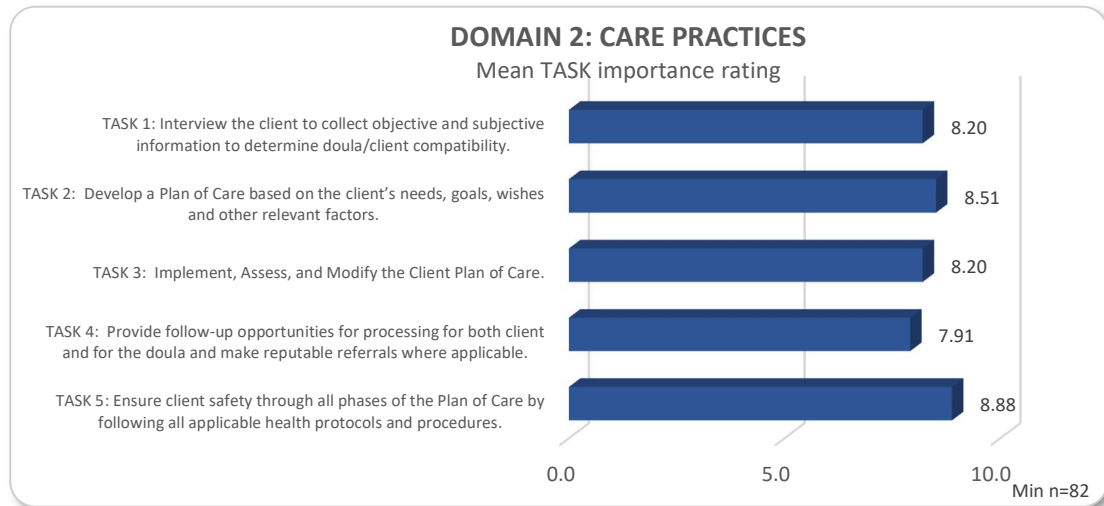
Other tasks were each rated as critically important by 49-60% of respondents. (Figure 20)

Figure 20



Each of the Care Practices domain tasks has been given a mean rating based on the following scale: 0 (do not perform/not important), 3 (somewhat important), 7 (important) and 10 (critically important). The mean importance rating for each of these tasks is above 7, indicating importance. (Figure 20)

Figure 21



There were no statistically significant differences in mean ratings given by doulas compared with non-doulas, or self-employed solo practitioners compared with those in other employment settings.

### Missing tasks

Respondents were given an opportunity to write in any tasks they felt were missing from this domain. Responses (verbatim) are listed below:

- Along with Task 1, ensure that potential client has access to info for doulas that may be better suited to their cultural background should they wish.
- Communicate effectively and professionally with staff and other providers.

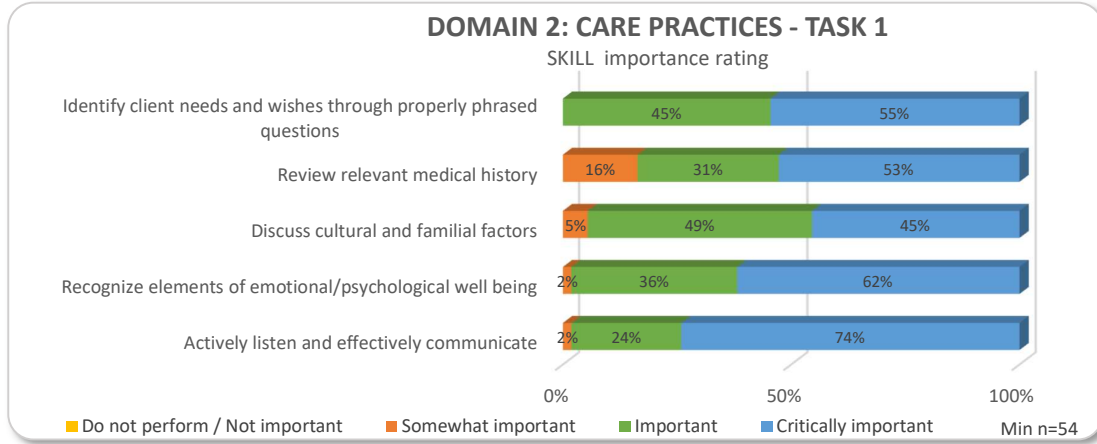
### Care Practices SKILLS

#### *Care Practices TASK 1: Interview the client to collect objective and subjective information to determine doula/client compatibility*

##### Care Practices Task 1: Skill importance

Most of the skills relating to Task 1 of the Care Practices domain were rated as being important or critically important by 95% or more of the respondents who chose to answer questions about skills. The exception is "Review relevant medical history", which 84% believe is important or critically important. Just under half rated this skill as critically important (45%), while other skills were rated as critically important by a majority. Most notably, 74% believe that the skill to "Actively listen and effectively communicate" is critically important. (Figure 21)

Figure 22



Each of these skills has a mean importance rating above 7 (Important). There were no statistically significant differences between respondent groups.

#### Care Practices Task 1: Missing skills

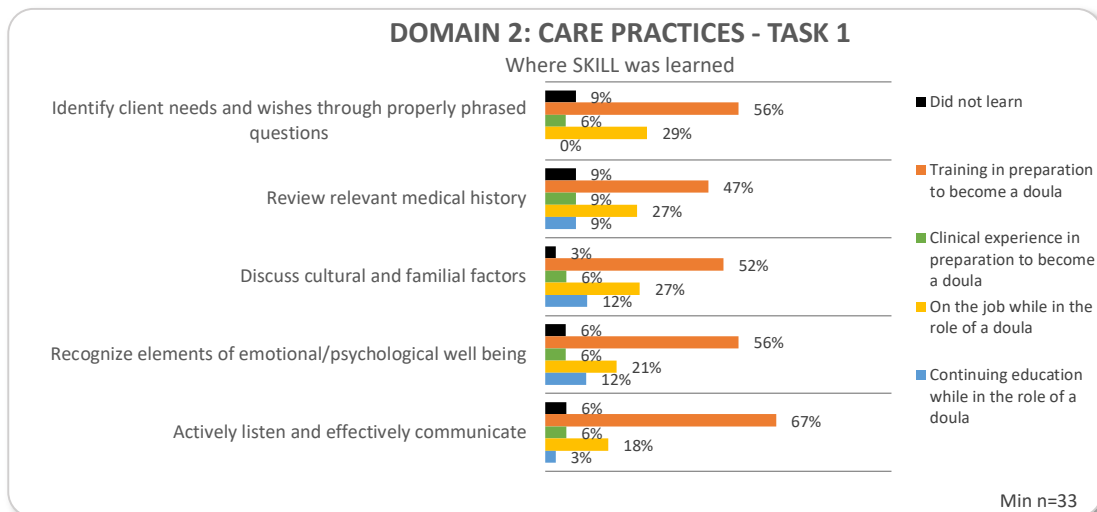
None of the respondents gave suggestions for any skills they felt were missing but important to this task.

#### Care Practices Task 1: Learning skills

Skills relating to Task 1 (*Interview the client to collect objective and subjective information to determine doula/client compatibility*) of the Care Practices domain are most commonly learned during training in preparation for becoming a doula. In particular, two thirds indicated that they learned to “Actively listen and effectively communicate” during their training (67%).

More than one quarter learned to “Identify client needs and wishes through properly phrased questions” (29%), “Review relevant medical history” (27%), and “Discuss cultural and familial factors” on the job. (Figure 23)

Figure 23

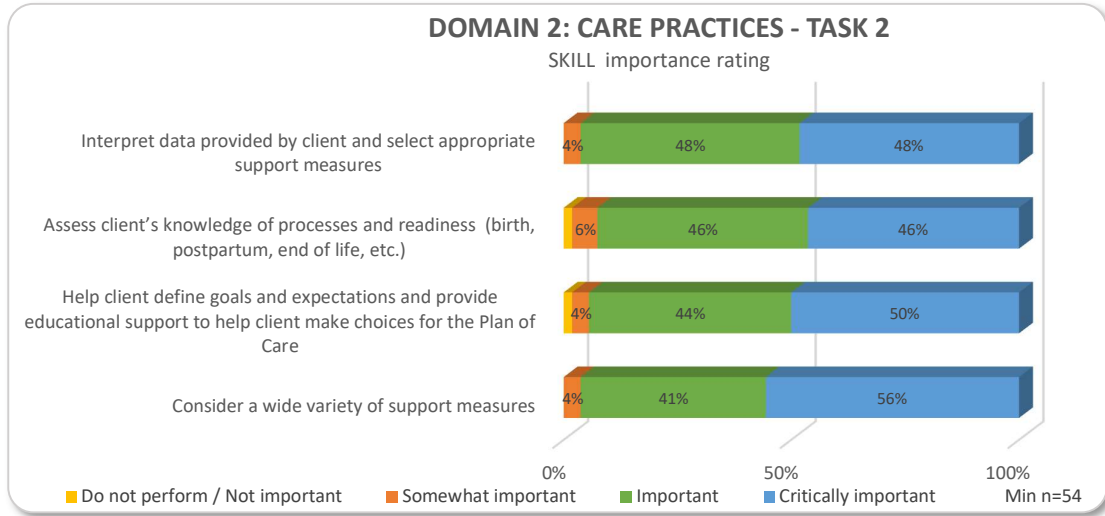


*Care Practices TASK 2: Develop a Plan of Care based on the client’s needs, goals, wishes and other relevant factors.*

Care Practices Task 2: Skill importance

Each of the skills associated with Task 2 of the Care Practices domain were rated as being either important or critically important by more than 90%, and critically important by 46-56%. (Figure 24)

Figure 24



Each of these skills has a mean importance rating above 7 (Important). There were no statistically significant differences between respondent groups.

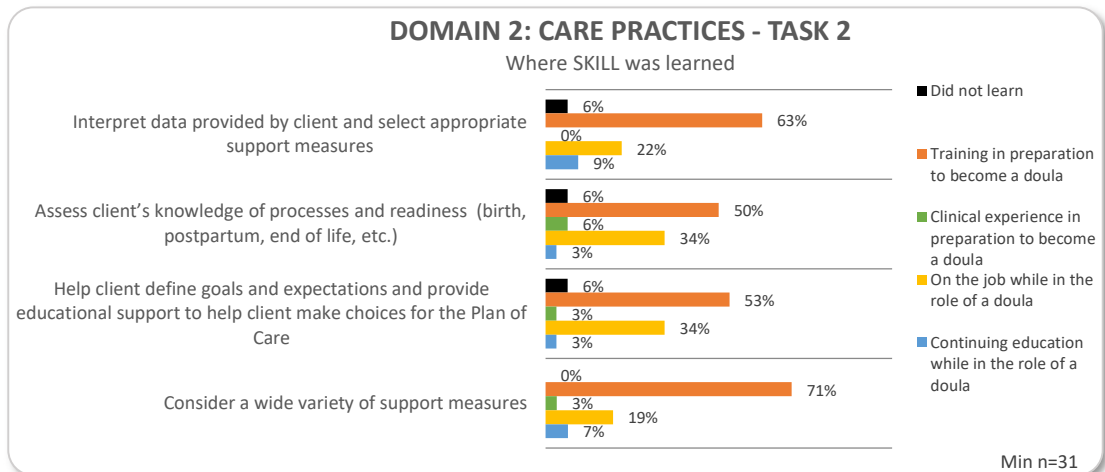
Care Practices Task 2: Missing skills

None of the respondents gave suggestions for any skills they felt were missing but important to this task.

Care Practices Task 2: Learning skills

Doulas most commonly learn to “Consider a wide variety of support measures” during training to become a doula (71%). Other skills are also most commonly learned during training, however one third indicated that they learned to “Assess client’s knowledge of processes and readiness (birth, postpartum, end of life, etc.)” (34%) and “Help client define goals and expectations and provide educational support to help client make choices for the Plan of Care” while on the job. (Figure 25)

Figure 25

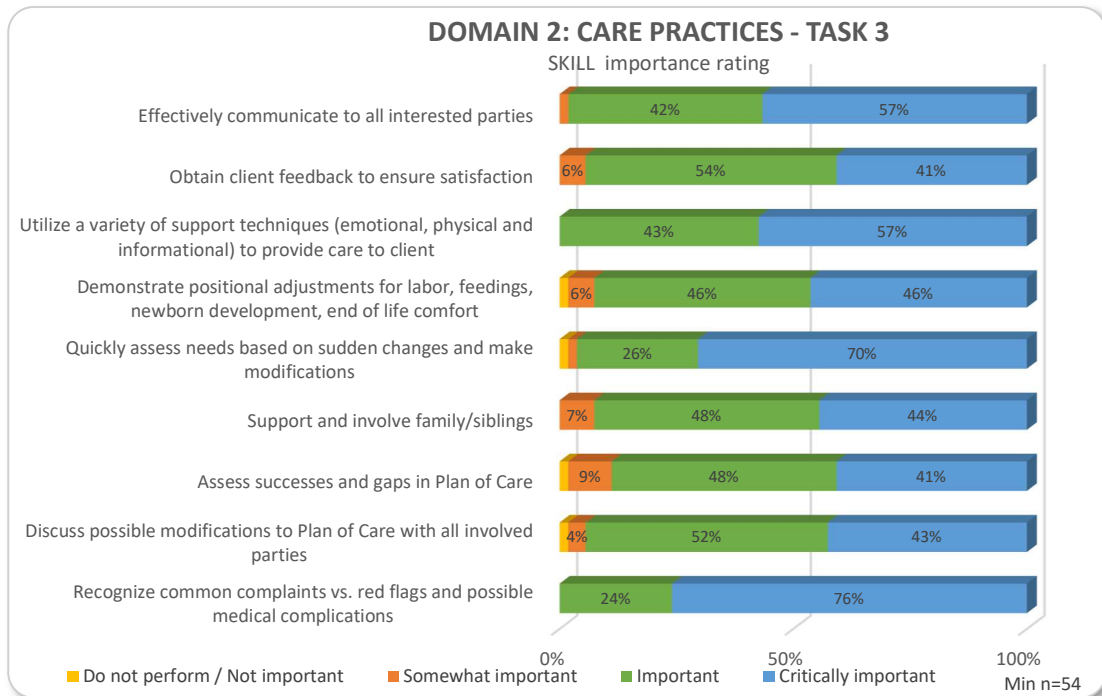


### Care Practices TASK 3: Implement, Assess, and Modify the Client Plan of Care

#### Care Practices Task 3: Skill importance

The nine skills relating to Task 3 of the Care Practices domain are each considered important or critically important for professional doulas by at least 89% of respondents. All were rated as critically important by more than 40%. Of particular note, 76% indicated that the skill to “Recognize common complaints vs. red flags and possible medical complications” is critically important and 70% indicated that ability to “Quickly assess needs based on sudden changes and make modifications” is critically important. (Figure 26)

Figure 26



Each of these skills has a mean importance rating above 7 (Important). Doulas attributed significantly higher importance to the skill “Discuss possible modifications to Plan of Care with all involved parties” (8.33) compared with non-doulas (6.83).

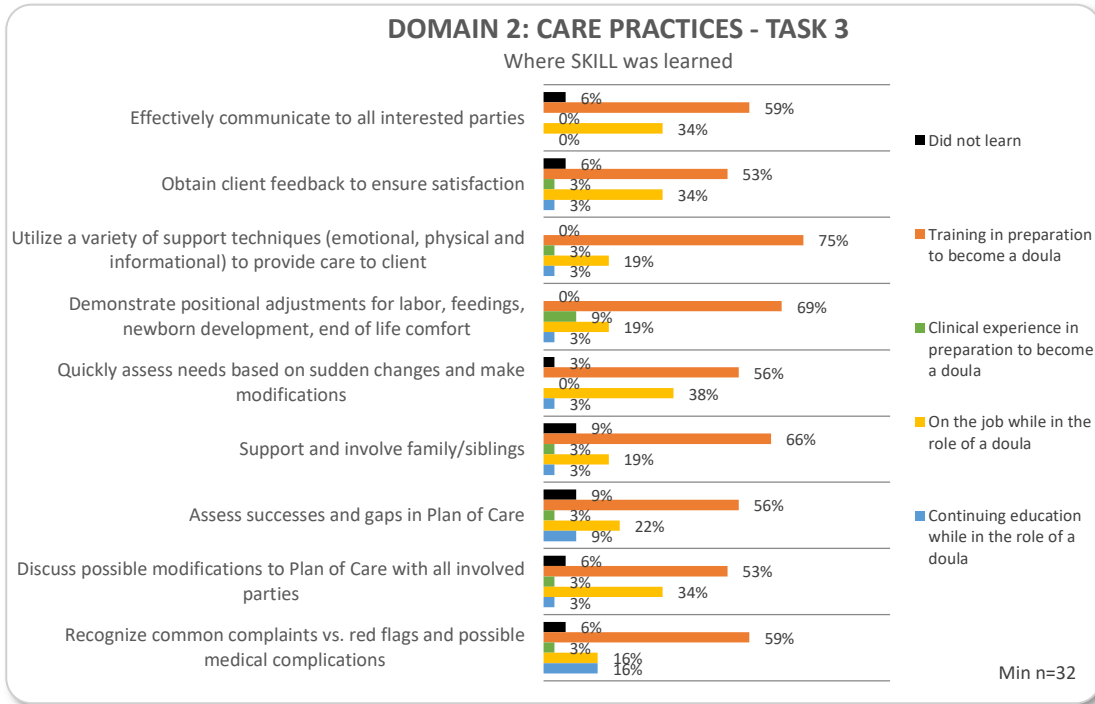
#### Care Practices Task 3: Missing skills

None of the respondents gave suggestions for any skills they felt were missing but important to this task.

#### Care Practices Task 3: Learning skills

All of these skills were learned during training in preparation to become a doula by a majority of responding doulas. However more than one third learned on the job to “Quickly assess needs based on sudden changes and make modifications” (38%), “Effectively communicate to all interested parties” (34%), “Obtain client feedback to ensure satisfaction” (34%), and “Discuss possible modifications to Plan of Care with all involved parties” (34%). (Figure 27)

Figure 27

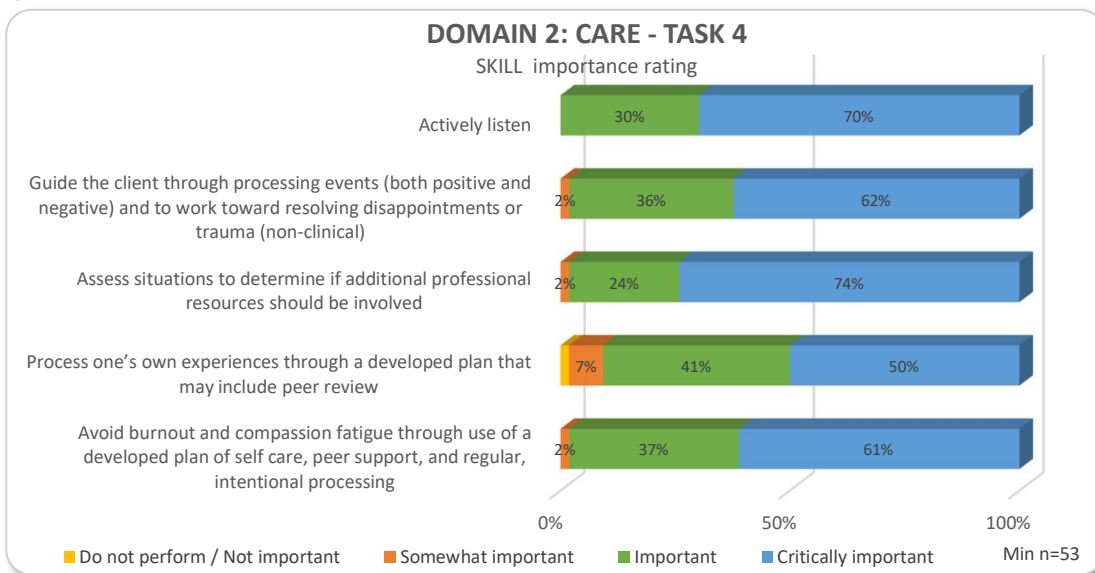


*Care Practices TASK 4: Provide follow-up opportunities for processing for both client and for the doula and make reputable referrals where applicable*

#### Care Practices Task 4: Skill importance

Skills related to Task 4 of the Care Practices domain were each rated as important or critically important by more than 90% of respondents, with at least half giving critically important ratings. Of highest perceived importance are the skill to “Assess situations to determine if additional professional resources should be involved” (74% critically important) and “Actively listen” (70% critically important). (Figure 28)

Figure 28



Each of these skills has a mean importance rating above 7 (Important). There were no statistically significant differences between respondent groups.

#### Care Practices Task 4: Missing skills

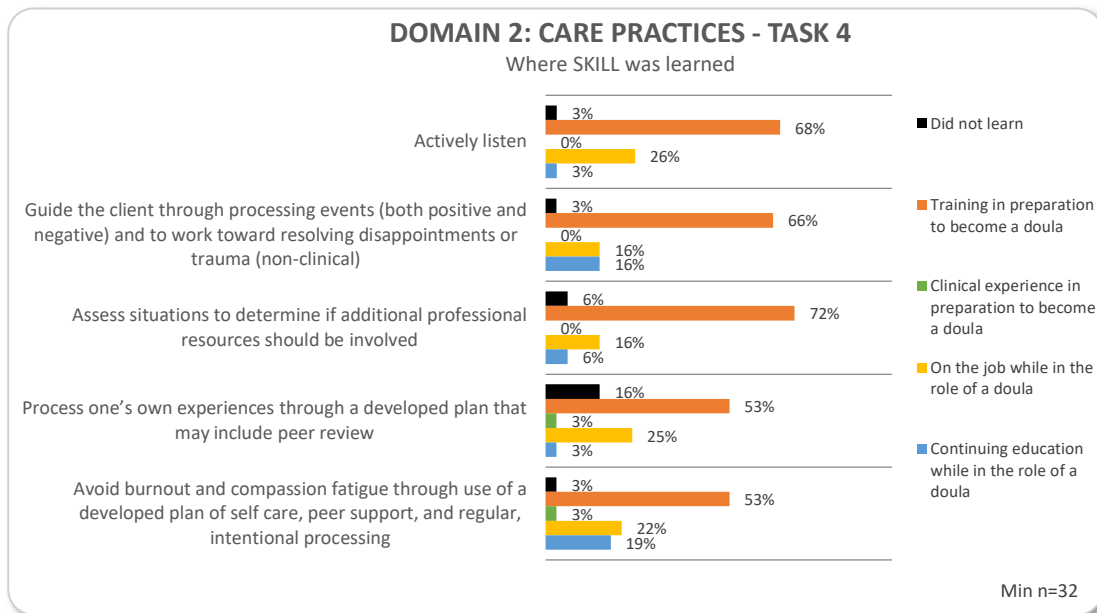
None of the respondents gave suggestions for any skills they felt were missing but important to this task.

#### Care Practices Task 4: Learning skills

Training in preparation for becoming a doula was the most common setting for learning each of skills associated with Task 4 (*Provide follow-up opportunities for processing for both client and for the doula and make reputable referrals where applicable*) of the Care Practices domain, with a majority of responding doulas indicating that this is where these skills were learned.

However, while 53% learned to “Avoid burnout and compassion fatigue through use of a developed plan of self care, peer support, and regular, intentional processing” during training, more than 40% did not learn this skill until after they began working as a doula, either on the job (22%), or as part of their continuing education (19%). (Figure 29)

Figure 29



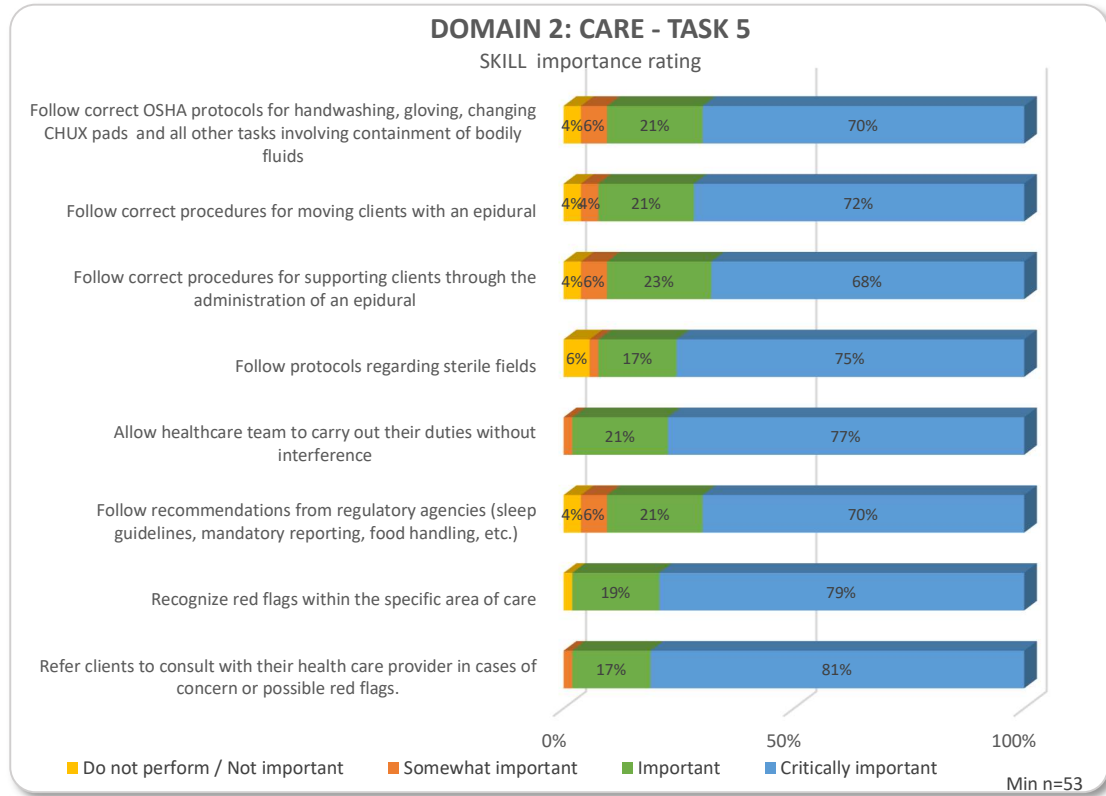
*Care Practices TASK 5: Ensure client safety through all phases of the Plan of Care by following all applicable health protocols and procedures.*

#### Care Practices Task 5: Skill importance

More than two thirds of respondents rated each of the skills relating to Task 5 of the Care Practices domain as critically important. These skills are all considered either important or critically important more than 90%. (Figure 30)



Figure 30



Each of these skills has a mean importance rating above 7 (Important). Having the skill to “Refer clients to consult with their health care provider in cases of concern or possible red flags” was attributed significantly greater importance by those working in other employment settings (9.77) compared to those who are self-employed solo practitioners (8.96).

#### Care Practices Task 5: Missing skills

Respondents were given an opportunity to write in any skills they felt were missing but important to this task. Responses (verbatim) are listed below:

- Doulas should KNOW sterile technique so they can avoid causing problems, but they don’t need to practice sterile technique for supporting their client, just stay out of sterile field.

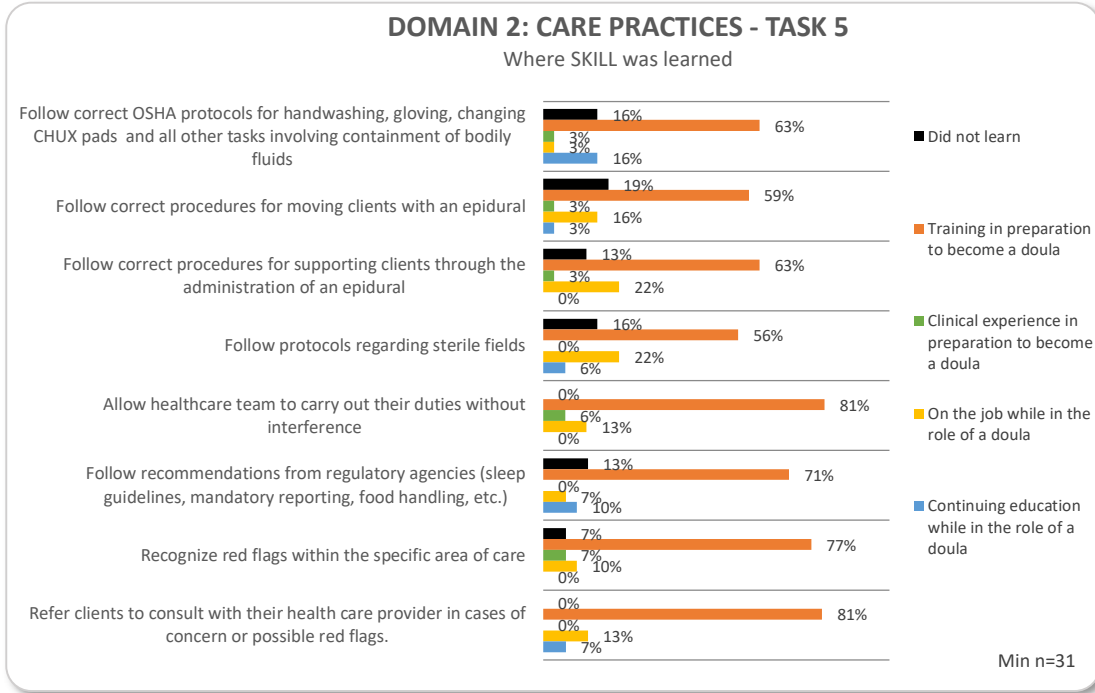
#### Care Practices Task 5: Learning skills

More than 70% of responding doulas indicated that they learned to “Allow healthcare team to carry out their duties without interference” (81%), “Refer clients to consult with their health care provider in cases of concern or possible red flags” (81%), “Recognize red flags within the specific area of care” (77%) and “Follow recommendations from regulatory agencies (sleep guidelines, mandatory reporting, food handling, etc.)” (71%) while training to become a doula.

Other skills were also most commonly learned during initial training (56-63%).

Almost one in five indicated that they have not learned how to “Follow correct procedures for moving clients with an epidural” (19%). (Figure 31)

Figure 31



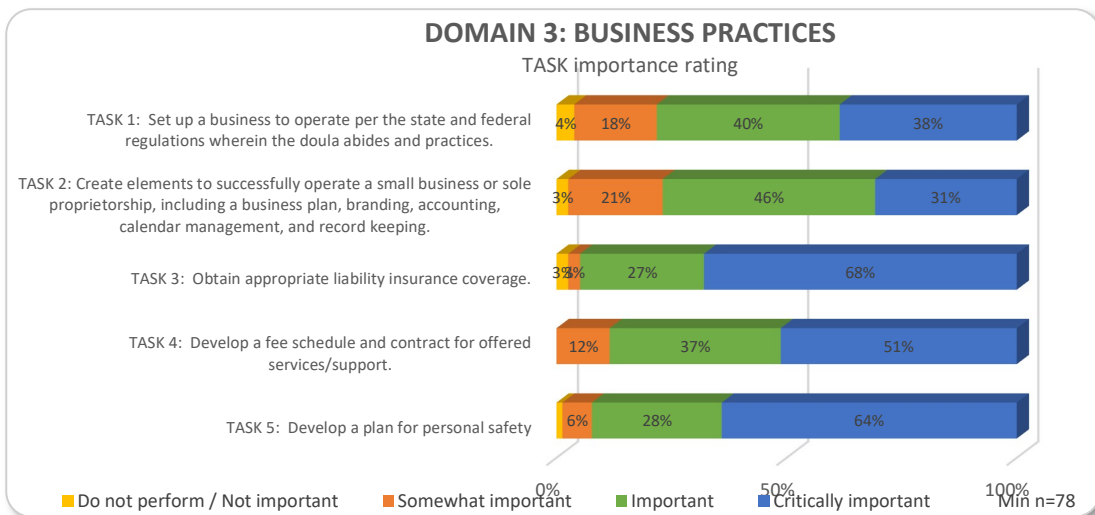
## Domain Three: Business Practices

### Business Practices TASKS

Business Practices tasks have varying degrees of perceived importance. Although generally all agreed to hold importance, fewer respondents feel that “TASK 1: Set up a business to operate per the state and federal regulations wherein the doula abides and practices” (78%) and “TASK 2: Create elements to successfully operate a small business or sole proprietorship, including a business plan, branding, accounting, calendar management, and record keeping” (77%) are important or critically important compared to other tasks covered by this and other domains. Fewer than 40% feel that these two tasks are critically important.

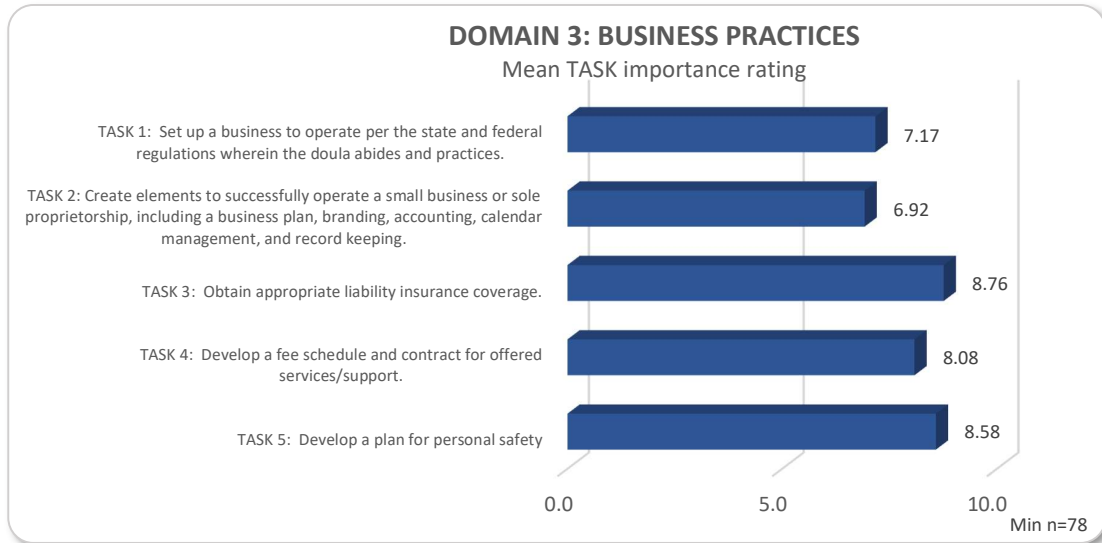
The remaining Business Practices tasks were each rated as important or critically important by 88% or more. (Figure 32)

Figure 32



Each of the Business Practices domain tasks has been given a mean rating based on the following scale: 0 (do not perform/not important), 3 (somewhat important), 7 (important) and 10 (critically important). Task 1 and Task 2 have mean importance ratings close to 7 (important). The remaining three tasks have higher mean ratings, above 8. (Figure 33)

Figure 33



Doulas attributed significantly higher importance to “TASK 4: Develop a fee schedule and contract for offered services/support” (8.47) compared with non-doulas (6.78).

### Missing tasks

Respondents were given an opportunity to write in any tasks they felt were missing from this domain.

Responses (verbatim) are listed below:

- Ensure you have a team of mentors or other doulas to talk to avoid burn out and also have a plan for self care.
- I said somewhat important on tasks 1 and 4 because they can work for another entity without establishing their own business.
- If only working for an agency, some of these areas are not necessary.

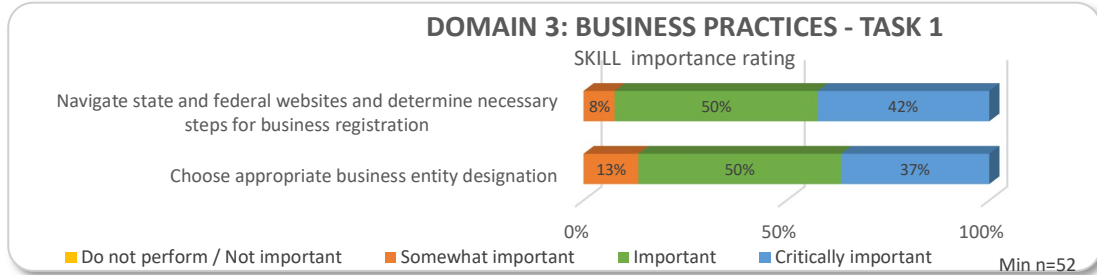
### Business Practices SKILLS

*Business Practices TASK 1: Set up a business to operate per the state and federal regulations wherein the doula abides and practices.*

#### Business Practices Task 1: Skill importance

While only 78% of respondents indicated that TASK 1 (*Set up a business to operate per the state and federal regulations wherein the doula abides and practices*) is important or critically important, the correct performance of the two skills associated with this task were each rated as important or critically important by 92% and 87%, respectively, of those who answered optional questions about skills. (Figure 34)

Figure 34



Each of these skills has a mean importance rating above 7 (Important). There were no statistically significant differences between respondent groups.

#### Business Practices Task 1: Missing skills

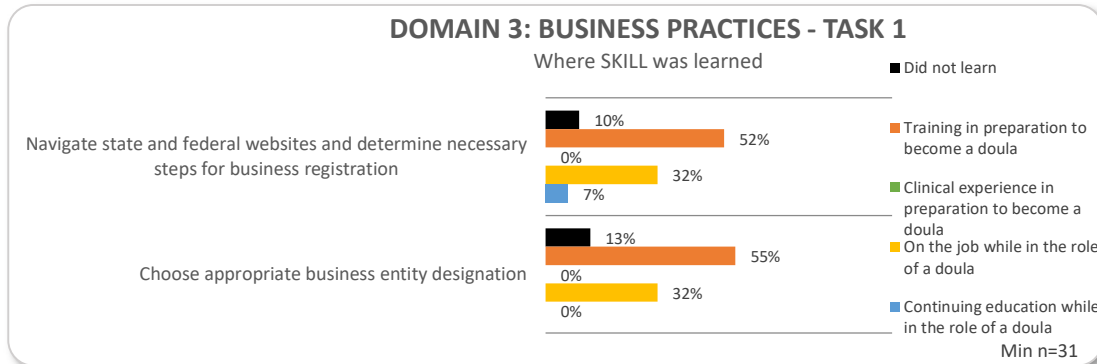
Respondents were given an opportunity to write in any skills they felt were missing but important to this task. Responses (verbatim) are listed below:

- If states sales taxes apply and doula wishes to sell goods or products outside of certifying body's scope - that those rules be followed and applied.

#### Business Practices Task 1: Learning skills

Just over half of responding doulas indicated that they learned these two skills while training to become a doula. One third learned on the job. (Figure 35)

Figure 35



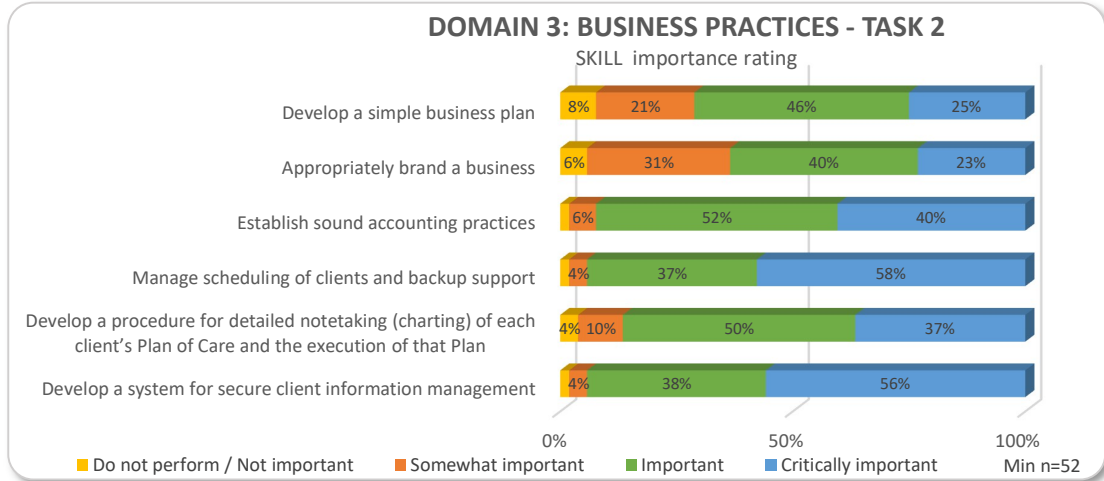
*Business Practices TASK 2: Create elements to successfully operate a small business or sole proprietorship, including a business plan, branding, accounting, calendar management, and record keeping.*

#### Business Practices Task 2: Skill importance

Having the skills to “Develop a simple business plan” (71% important or critically important) and “Appropriately brand a business” (63% important or critically important) are considered less important to the role of professional doula compared to other skills included in the Certified Professional Doula outline.

The remaining skills included in Task 2 of the Business Practices domain are considered important or critically important by more than 85%, with a majority indicating that correct performance of the skills “Manage scheduling of clients and backup support” (58%) and “Develop a system for secure client information management” (56%) are critically important for a newly certified professional doula. (Figure 36)

Figure 36



“Develop a simple business plan” (6.37) and “Appropriately brand a business” (6.06) have mean importance ratings falling below 7 (important), but still fall closer to important than ‘somewhat’ important. The remaining skills for this task have mean ratings above 7.

The skill “Manage scheduling of clients and backup support” was attributed significantly greater importance by doulas (8.90) compared with non-doulas (6.92).

#### Business Practices Task 2: Missing skills

None of the respondents gave suggestions for any skills they felt were missing but important to this task.

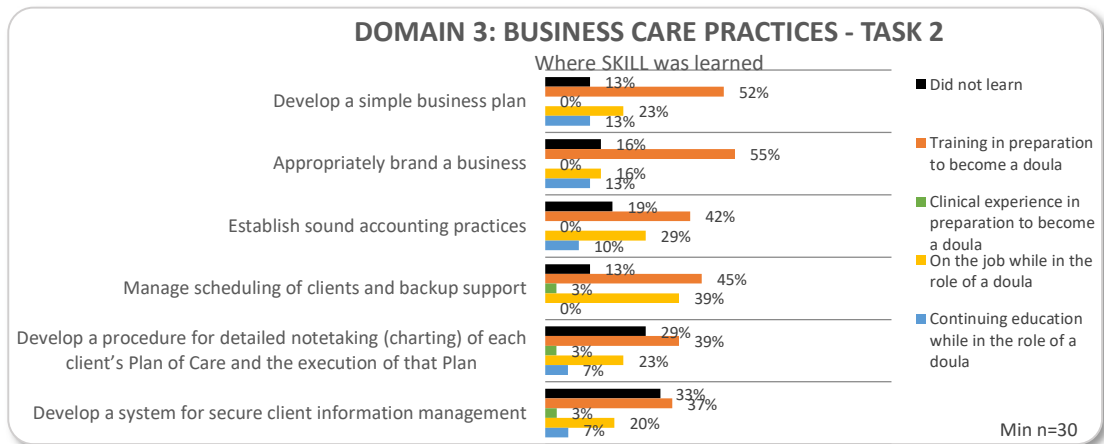
#### Business Practices Task 2: Learning skills

More than one quarter of responding doulas indicated that they have not learned the skills to “Develop a procedure for detailed notetaking (charting) of each client’s Plan of Care and the execution of that Plan” (29%) or “Develop a system for secure client information management” (33%). 19% have not learned to “Establish solid accounting practices”.

Just over half learned to “Develop a simple business plan” (52%) and “Appropriately brand a business” (55%) while undertaking training to become a doula. Fewer than half learned the remaining skills associated with this task during their training, although training was the most common setting.

In addition to during training (45%), many learned to “Manage scheduling of clients and backup support” on the job (39%). (Figure 37)

Figure 37

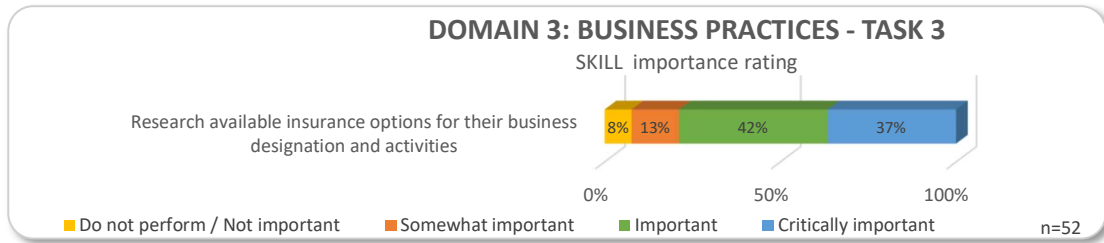


*Business Practices TASK 3: Obtain appropriate liability insurance coverage*

Business Practices Task 3: Skill importance

The skill to “Research available insurance options for their business designation and activities” in order to obtain appropriate liability insurance is considered important or critically important by 79% of the respondents who completed questions about skills. 21% indicated that this is either only somewhat important, not at all important, or not performed by doulas. (Figure 38)

Figure 38



The mean importance rating for this skill is 7.02, aligning with “important”. There were no statistically significant differences between respondent groups.

Business Practices Task 3: Missing skills

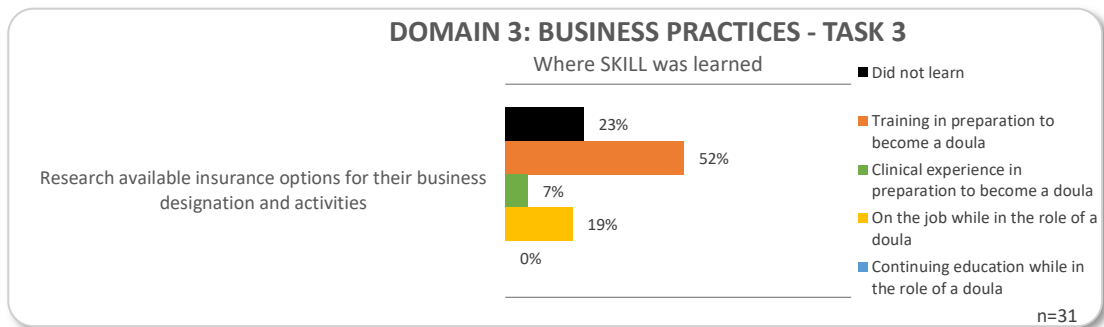
None of the respondents gave suggestions for any skills they felt were missing but important to this task.

Business Practices Task 3: Learning skills

Almost one quarter of responding doulas indicated that they have not learned the skill “Research available insurance options for their business designation and activities” (23%).

The most common setting for learning this skill is during training to become a doula (52%), however 19% indicated that they have learned this on the job. (Figure 39)

Figure 39



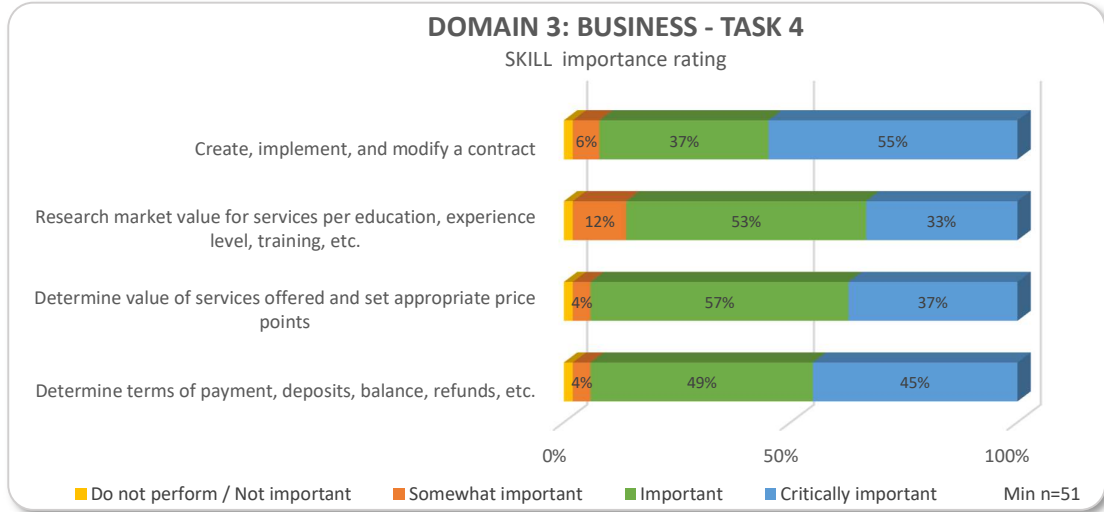
*Business Practices TASK 4: Develop a fee schedule and contract for offered services/support*

Business Practices Task 4: Skill importance

85% or more of the respondents who gave feedback on skills feel that the skills associated with Task 4 of the Business practices domain are important or critically important.

A majority believe that the skill to “Create, implement, and modify a contract” is critically important (55%). (Figure 40)

Figure 40



Each of these skills has a mean importance rating above 7 (Important). These skills were all attributed significantly higher importance by doulas (7.82-8.72) compared with non-doulas (6.00-6.83).

#### Business Practices Task 4: Missing skills

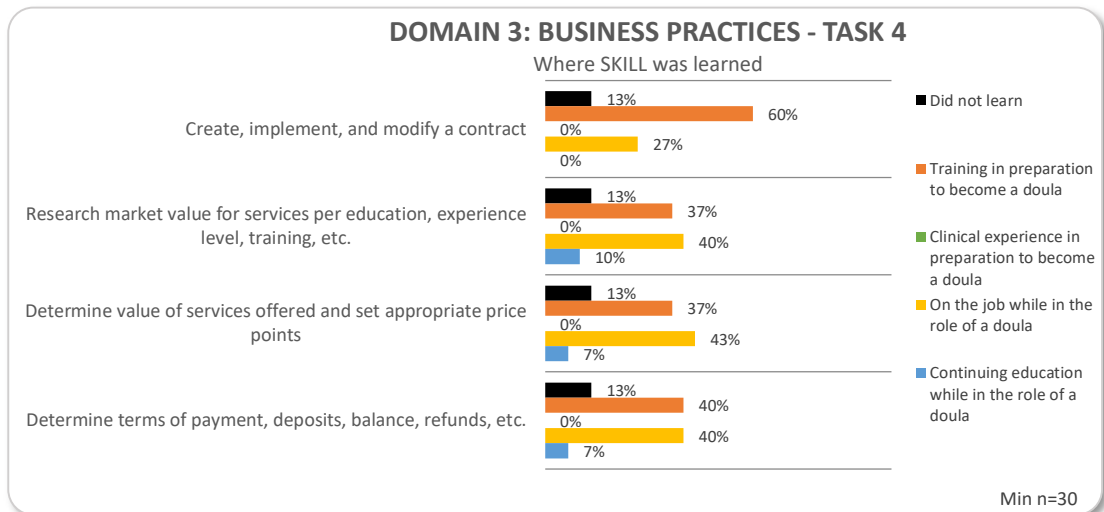
Respondents were given an opportunity to write in any skills they felt were missing but important to this task. Responses (verbatim) are listed below:

- Develop processes to terminate a contract with an incompatible client.

#### Business Practices Task 4: Learning skills

A majority of responding doulas learned to “Create, implement, and modify a contract” during training to become a doula (60%). In contrast, other skills associated with Business Practices Task 4 (*Develop a fee schedule and contract for offered services/support*) were equally or slightly more likely to be learned on the job. (Figure 41)

Figure 41

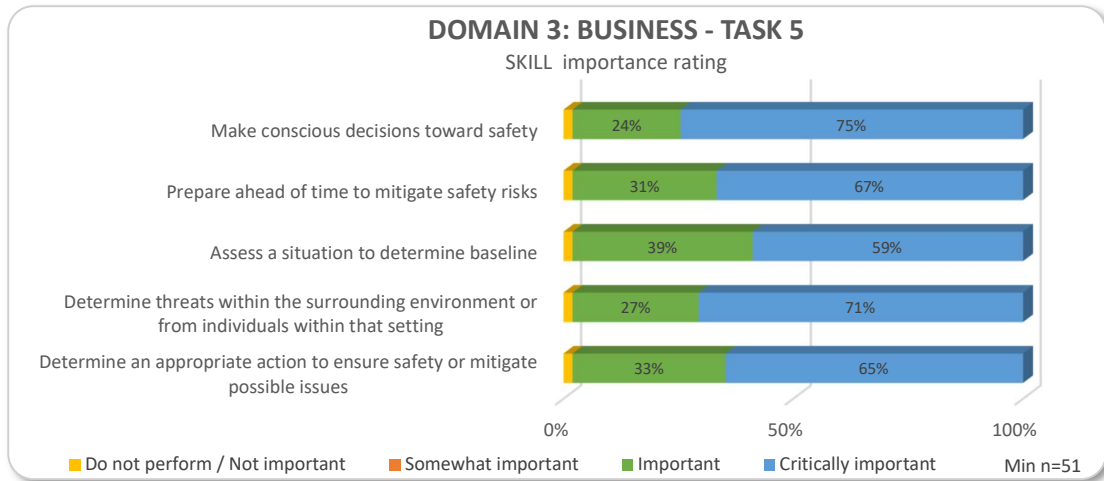


Business Practices TASK 5: Develop a plan for personal safety

Business Practices Task 5: Skill importance

Each of the skills associated with Task 5 of the Business Practices domain are considered highly important. They were each rated as either important or critically important by 98%, and critically important by a majority. Three quarters indicated that the ability to “Make conscious decision towards safety” is critically important for professional doulas. (Figure 42)

Figure 42



Each of these skills has a mean importance rating above 7 (Important). Doulas attributed significantly greater importance to “Assess a situation to determine baseline” (8.92) compared with non-doulas (7.67). “Prepare ahead of time to mitigate safety risks” was rated significantly higher by those employed in other settings (9.40) rather than self-employed solo practitioners (8.35).

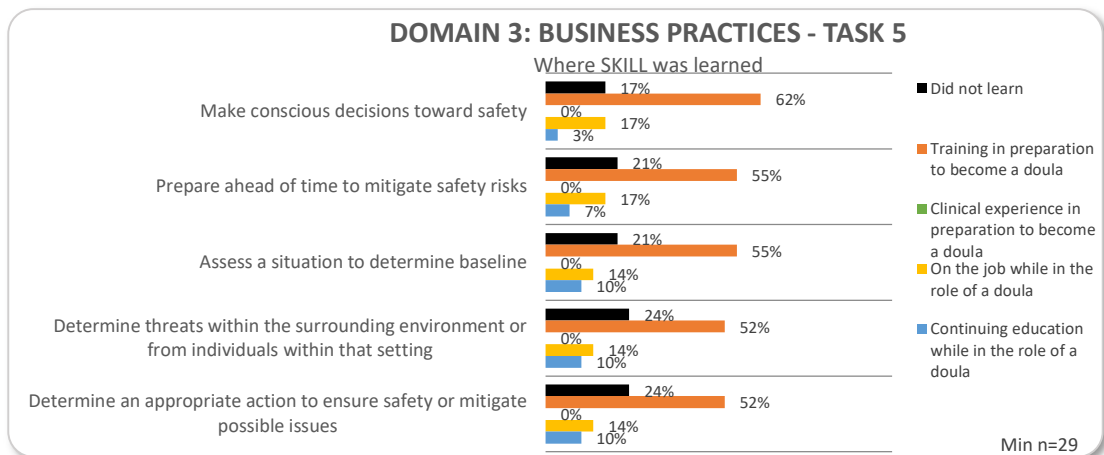
Business Practices Task 5: Missing skills

None of the respondents gave suggestions for any skills they felt were missing but important to this task.

Business Practices Task 5: Learning skills

Business Practices Task 5 (*Develop a plan for personal safety*) tasks are most commonly learned during training in preparation for becoming a doula. However, 17% to 24% of responding doulas indicated that they have not learned these skills at all. (Figure 43).

Figure 43

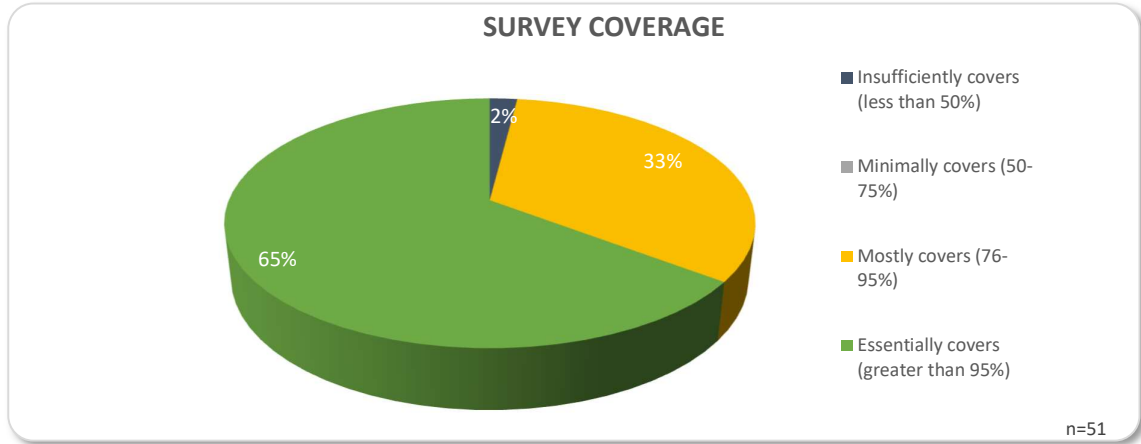




## Survey coverage

98% of respondents feel that the tasks and skills included in the outline either mostly (76-95% coverage) or essentially (greater than 95% coverage) encompass those needed by a Certified Professional Doula. Two thirds feel that the outline covers more than 95% of required knowledge and skills. (Figure 44)

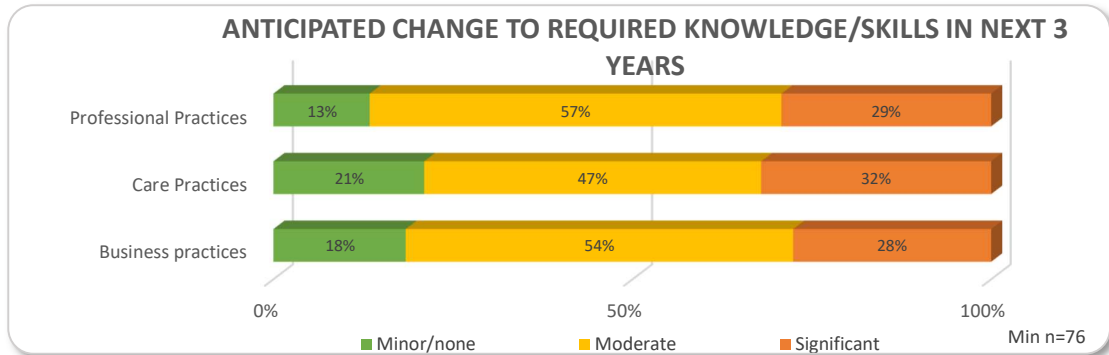
Figure 44



## Anticipated changes over the next 3 years

More than three quarters of respondents expect moderate to significant changes over the next three years to the knowledge or skills needed by doulas in each of the three domains covered by the Certified Professional Doula certification outline. (Figure 45)

Figure 45



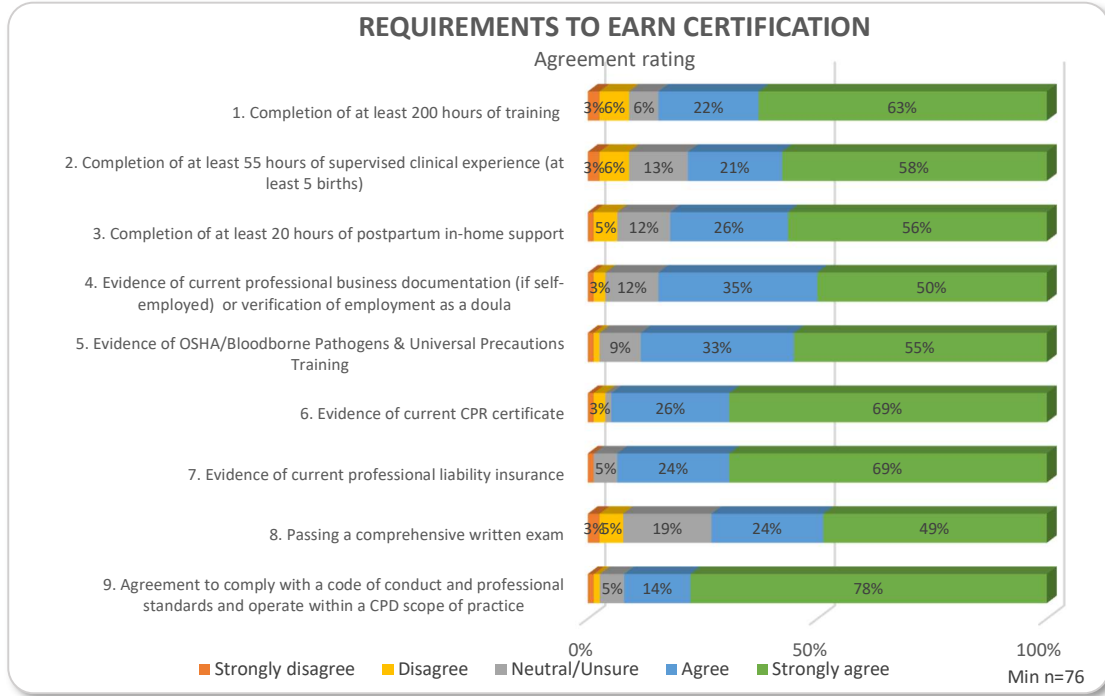
## Requirements to EARN certification

Respondents were asked to indicate the extent to which they agree with requirements for earning the Certified Professional Doula credential. Overall, there is support for each of the nine certification requirements with more than 70% agreement (agree or strongly agree) for each of the criteria.

Support is strongest for requirements to provide evidence of a CPR certificate (95% agree or strongly agree, 69% strongly agree), evidence of current professional liability insurance (94% agree or strongly agree, 69% strongly agree), and agreement to comply with a code of conduct and professional standards and operate within a Certified Professional Doula (CPD) scope of practice (both to be defined by the National Doula Certification Board) (92% agree or strongly agree, 78% strongly agree).

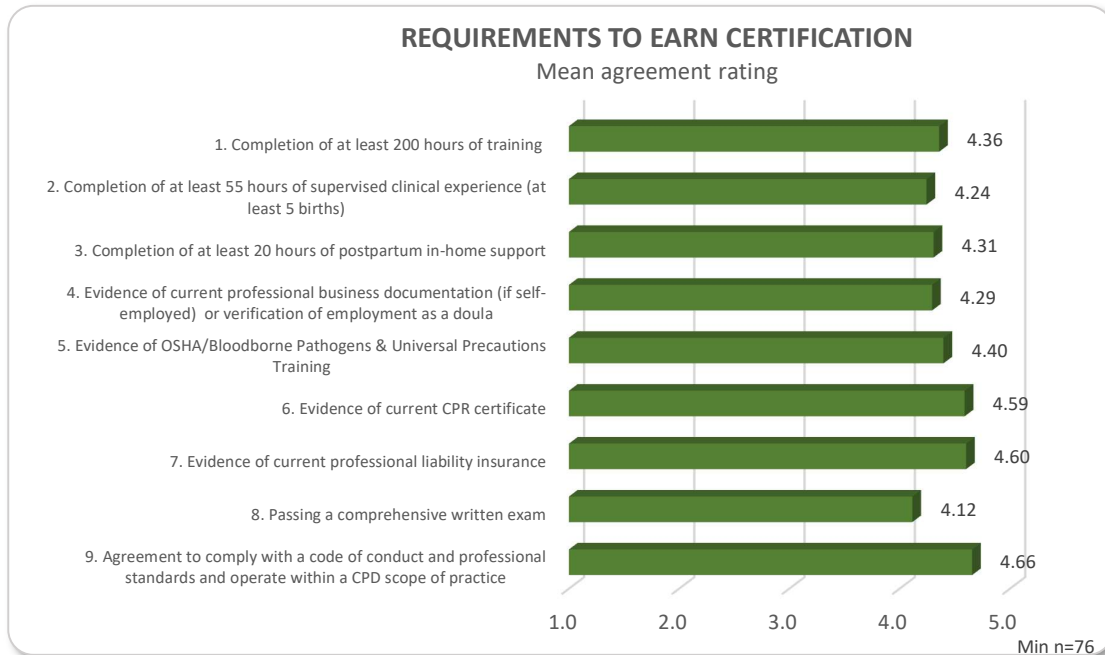
While still widely supported, there is reduced agreement with a requirement to pass an exam (73% agree or strongly agree, 49% strongly agree) compared to other requirements. (Figure 46)

Figure 46



Mean agreement ratings are calculated on a weighted scale between 1 (strongly disagree) and 5 (strongly agree). All certification requirements received mean agreement ratings above 4 (agree). (Figure 47)

Figure 47



Non-doulas expressed significantly stronger agreement with a requirement to provide evidence of current professional business documentation (if self-employed) or verification of employment as a doula (4.74) compared with doulas (4.15). There were no other statistically significant differences between doulas and non-doulas, or between self-employed solo practitioners and those employed in other settings.

## Criticisms and suggested improvements of certification requirements

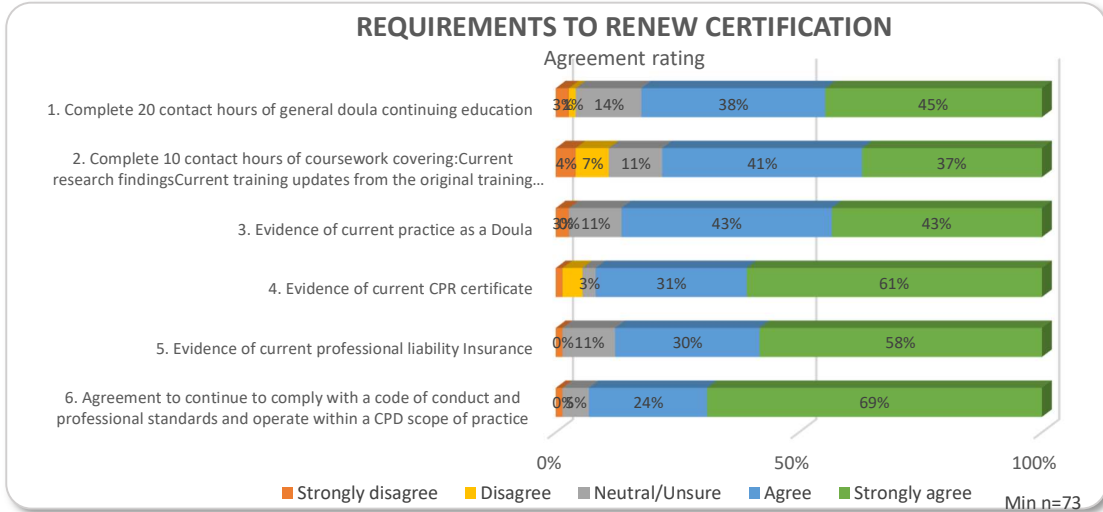
Respondents were given an opportunity to comment on any aspect of the requirements they disagreed with or suggest recommended changes. There were only 15 comments, which are listed below (verbatim)

- A written exam can be costly, not just to study for it (e.g. obtain the written materials), but also the application, time to sit for it, and then, what a recertification process looks like. The very nature of doula work for births is on call, so including supporting preterm and client losses. I don't see how a doula could earn the required hours mentioned, pause that work to study & sit for the exam, wait for the results, and then proceed with a profitable business.
- I agree with the training but have no experience to comment on the amount of hours required.
- I believe there should be much more than 200 hours as well as taking part in 5 home deliveries.
- I don't disagree but I will say the clinical hours may need some revamping. It is important for people to understand it is more than just checking boxes so the approach to how it is presented may need to change. 2 vaginal and one c-section should be sufficient it would be nice to also have a way to support at a birthing center rather than just hospitals. Maybe the hours can be split, and the doulas can shadow a doula in a birthing center
- I struggle with the intersection of time-honored cultural practices and "professional" training requirements. Trainings are usually expensive and not applicable to everyone.
- I think 200 hours. Is a bit much as a minimum requirement but instead could be part of an advanced certification.
- I think each category (fertility, pp, birth, end of life) should be individual not as 1 full certification. Not everyone wants to practice these items. I'm not a fan of a written exam because many doulas learn from hands-on skills and taking a written test is not practical in the "real world"...however, test skills in another way such as scenario in-person would be a better way of doing this.
- I think the list in question 1 is a bit too exhaustive for the role of a doula. Some of those areas while can be beneficial, are not necessary to provide doula support. Some are also very specific to different doula modalities that not all doulas want to perform (end of life, fertility, etc). 200 hours also seems pretty extreme.
- I would recommend participating in more than 5 births in training.
- It's hard for many doulas to get the required births to become certified because hospitals often don't allow them to support clients because of their lack of certification. Also, doulas do not need to follow HIPAA if they don't accept insurance. HIPAA is not synonymous with privacy. HIPAA stands for "health insurance portability and accountability act". Health care providers and health plans must follow it. Doulas are not health care providers.
- More hands-on clinical experience in birth support and post-partum support. However, I'm torn with this suggestion because that can limit access to become doula trained for BIPOC.
- More hours of training/more births should be attended. More postpartum care and follow up, even in the long term is necessary. You may not know which interventions were beneficial and which had lasting effects without following up with the client over the next few months. Twenty hours of postpartum care is far too little.
- None of these things take into consideration folks like me who are neurodivergent and not good with written tests. Also, business documents??
- While I see the importance of standards, codes of conduct and protocol- I think that WHO creates these standards is even more important so that we are not perpetuating harm. If we regiment this system too much, we will continue to ostracize those who need to be a part of it the most. How will we be any different than the medical industrial system?
- Written tests have historically been geared towards those with greater privilege. Not everyone is good at taken written exams. It would be great if there was an alternative, particularly given how hands-on the doula expression is.

## Requirements to RENEW certification

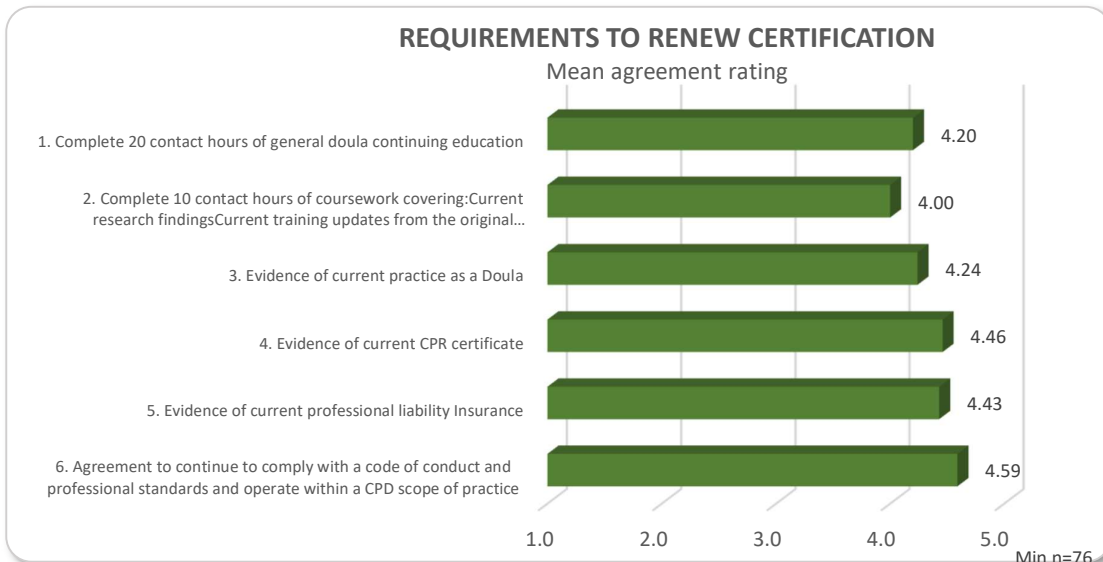
Similarly, there is support for recertification requirements, with each of the six requirements to renew certification agreed or strongly agreed with by more than three quarters of respondents. A majority strongly agree with requirements to agree to comply with a code of conduct and professional standards (69%), provide evidence of CPR certificate (61%), and evidence of current professional liability insurance (58%) in order to renew certification. (Figure 48)

Figure 48



All renewal requirements received mean agreement ratings of 4 (agree) or higher. (Figure 49)

Figure 49



There were no statistically significant differences in mean agreement with renewal requirements between doulas and non-doulas, or between self-employed solo practitioners and those employed in other settings.

### Criticisms and suggested improvements of renewal requirements

Respondents were given an opportunity to comment on any aspect of the renewal requirements they disagreed with or suggest recommended changes. There were only 13 comments, which are listed below (verbatim)

- 1 and 2 are redundant. Either it is 20 hours of continuing education or 10. Maybe break that up a bit to make it more attainable.
- A doula may have breaks in practice just as any other peri-natal professional. Part of this may mean that a doula may need to take time off for childbearing, care of young children, etc and may want to continue maintaining certification while not actively taking clients for some time. I do not think they should be required to maintain active practice at the time of renewal for this reason if they have undergone rigorous training to get the certification initially.

- How often is the require 20 and 10 hours of continuing education? Is that yearly or every 2-3 years? Is that 30 hours total of ce? Or is it 20 hours with 10 hours in the specified categories?
- I agree with the continuing Ed, however adding coursework does not make sense because the continuing ed should cover this requirement. The continuing ed and coursework should not exceed a nursing CEU requirement. Doulas do not get paid as well as a nurse and therefore should not be expected to complete as many CEUs as a nurse.
- I agree with the training but have no experience to comment on the amount of hours required.
- I do not think educational experiences should “expire.” Especially when the investment to be reissued can be timely and costly. If you are already working in the field, I disagree with having to go through a recertification process. Doulas who are practicing are constantly learning through experience.
- I don’t know that 10 hours of research updates would be helpful. I would just include that in general continuing education topics.
- See before + there’s already a lot of chatter about the issues with DONA. I ask how you all would do it differently?
- The hours listed here seem excessive for learning current standards and research of one is actively working as a doula.
- These bars are too high. 200 hours of Ed? The research on doulas is on companionship. The medical professions need more training, not the doulas. More training leads doulas toward clinical tasks and medical decision making. That’s not our job and it shouldn’t be.
- This entire process doesn’t cater at all to those of us who practice from a cultural stance...who may not have had official training. This seems to me about gatekeeping which will disproportionately affect doulas of color.
- Too many hours required for CEs.
- Why would a doula need to prove that they are practicing? Lawyers are not required to be practicing to maintain their license. We also have to be aware of the financial restrictions that may cause challenge to doulas wanting additional education but unable to afford it.

## Additional Feedback

At the conclusion of the survey, respondents were provided an opportunity to share any additional comments or feedback relating to the certification or the content of the survey. Only 8 respondents made comments, which are provided below (verbatim).

- As a person who has received training previously from the most well-known doula training organizations I can say I am grateful for the CPD program. If I had not stopped taking clients when I did and allowed myself time to grow and learn more as a doula with the CPD program I do not think I would still be a doula. This program covers more than focusing on the client it helps you learn about yourself which is important because so many doulas are practicing and aren’t aware of the person they are bringing into someone’s birth or home and there’s no way possible to provide high quality care when you don’t even know what good care looks like for yourself
- For me having extensive Healthcare training, I already knew a majority of this information prior to training to become a doula. I feel that the survey was very skewed. My opinion which is shared by many, is that those of us that have paid for our education prior to becoming a doula should not have to be required to go through this training again at an additional cost of time and funds to have the doula licensure and/or certification. That is an education I have already attained and am still paying on student loans for.
- I am a pediatric dentist who specializes in lip and tongue tie releases (freneotomies). I think it critically important that doulas are taught how to identify lip and tongue ties, consistent with current thought. The book Tongue Tied by Dr. Richard Baxter is an excellent resource. I can provide many more.
- I am interested in serving on the task force.
- I have selected do not perform for several questions and may have misinterpreted what they meant, but doulas are not currently supposed to be providing care recommendations unless certified through other pathways (CNM, IBCLC, MD/DO, etc) where they train to do so. There are many pathways for this and the crucial role of providing unbiased support that doulas give their clients is so, so important. I do not think mixing this mission with learning to manage medical care is advisable as the critical support given by doulas may diminish if the focus shifts from acting as that pillar of support. Additionally, certified doulas should agree NOT to share medical advice, put forth inaccurate information (which at times is dangerous), or violate professional guidelines by undermining other professions via social media or other forms of media. This type of marketing is harmful to birthers and their families and detracts from creating a collaborative medical team.
- More focus on cultural humility and actively being anti-racist, particularly given the stats for BIPOC birth givers and their babies. Also, it would have been nice to have an option that I learned things outside of the doula

profession. Many of us are coming from rich backgrounds that have provided some of the training needed, particularly around professional processes.

- One thing I have often thought would be a great addition to the doula training program is to have a greater presence of professionally trained doulas in the clinical environment. As with any professional field of work, an opportunity to shadow and observe the display of proper conduct and tasks, as well as interaction with all members of the care team, is first learned in theory when we practice our AIDET. However, there is much more of a hands-on dynamic that, if not shadowed by a previously trained doula, can leave a new doula feeling uncertain and uncomfortable. I realize that with nurses in training, there is a greater level of skill required and that training within that space is carried out by other nurses assigned for that training, but I do wonder if there is a way for doulas to do the same for other doulas in training. I could see a program like this really helping all doulas to be on the same level of understanding when working with a range of different scopes of practice and may set the future doula up for a successful start in the birth space!
- This was somewhat tricky to answer because I trained and worked as a doula before taking the CPD course, so I had to learn a lot on the job that would have been (and was) covered in the training. I tried to be as accurate as possible, but might have overthought some things. I hope this is helpful!

# APPENDIX: TASKS DATA TABLE

		TOTAL	Doula	Non-doula	Self employed solo practitioner	Other employment setting
<b>Professional Practices Domain</b>	TASK 1: Adhere to a code of conduct and professional standards and operate within a Certified Professional Doula (CPD) scope of practice (both to be defined by the National Doula Certification Board)	<b>9.17</b>	9.24	8.95	9.15	9.19
	TASK 2: Commit to evidence-based practice through research and education	<b>9.07</b>	9.16	8.81	9.17	8.98
	TASK 3: Respect and safeguard the privacy rights of clients and adhere to HIPAA regulations.	<b>9.17</b>	9.08	9.43	9.32	9.02
	TASK 4: Commit to providing the highest quality of care through non-judgmental support.	<b>9.57</b>	9.52	9.71	9.56	9.57
	TASK 5: Utilize professional, effective, and timely communication strategies with clients, healthcare professionals, and all involved parties to clarify plan of care and resolve conflicts.	<b>9.19</b>	9.26	9.00	9.20	9.19
<b>Care Practices Domain</b>	TASK 1: Interview the client to collect objective and subjective information to determine doula/client compatibility.	<b>8.2</b>	8.31	7.85	8.39	8.00
	TASK 2: Develop a Plan of Care based on the client's needs, goals, wishes and other relevant factors.	<b>8.51</b>	8.58	8.30	8.46	8.56
	TASK 3: Implement, Assess, and Modify the Client Plan of Care.	<b>8.2</b>	8.18	8.25	7.90	8.49
	TASK 4: Provide follow-up opportunities for processing for both client and for the doula and make reputable referrals where applicable.	<b>7.91</b>	7.95	7.80	8.05	7.78
	TASK 5: Ensure client safety through all phases of the Plan of Care by following all applicable health protocols and procedures.	<b>8.88</b>	8.87	8.90	8.93	8.83
<b>Business Practices Domain</b>	TASK 1: Set up a business to operate per the state and federal regulations wherein the doula abides and practices.	<b>7.17</b>	7.47	6.17	7.55	6.80
	TASK 2: Create elements to successfully operate a small business or sole proprietorship, including a business plan, branding, accounting, calendar management, and record keeping.	<b>6.92</b>	7.02	6.61	7.08	6.78
	TASK 3: Obtain appropriate liability insurance coverage.	<b>8.76</b>	8.75	8.78	8.79	8.72
	TASK 4: Develop a fee schedule and contract for offered services/support.	<b>8.08</b>	8.47	6.78	8.24	7.92
	TASK 5: Develop a plan for personal safety	<b>8.58</b>	8.62	8.44	8.37	8.78
	min n=	<b>78</b>	60	18	38	40