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## STATEMENT ON BIRTH DOULA CREDENTIALING

*Credentialing<sup>i</sup> or approving doulas in order for them to gain access to their clients in hospitals has become a topic of increasing interest and debate. Some hospital facilities in the United States are classifying doulas as non-clinical dependent healthcare providers requiring credentialing or are subjecting them to an approval process. DONA International discusses herein the information a doula must have and the considerations regarding this classification.*

*Although this statement refers to credentialing in the United States, DONA International acknowledges that doulas in other countries and jurisdictions may be faced with similar protocols. This discussion may be relevant to similar situations in other countries.*

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### Introduction

In recent years, DONA International has learned of circumstances in which birth doulas were either prohibited from accompanying their clients in the hospital unless they complied with certain conditions or were required to agree to restrictive policies, sometimes rendering them unable to perform within their full scope of practice. This paper will reflect on what is currently understood about this situation and will raise many important questions that require further consideration.

### Are Doulas Allied Health Professionals?

The Association of Schools of Allied Health Professionals defines an allied health professional as a “specialist” who provides “comprehensive patient-centered care.”<sup>ii</sup> Those referred to in this context are dental hygienists, diagnostic medical sonographers, dietitians, medical technologists, occupational therapists, physical therapists, radiographers, respiratory therapists, and speech language pathologists. Given those examples, the question is, should doulas be considered allied health professionals, subject to the same regulations?

Doulas do not provide comprehensive clinical or medical care, while they are specialists in providing client-centered, non-medical care. This is a very different concept than patient-centered clinical care, implying very different roles and behaviors. The U.S. Department of Labor classifies doulas as a paraprofession under the category of a “personal care and service worker.”<sup>iii</sup> For an in-depth examination of doulas as paraprofessionals, see *Doulas Are Paraprofessionals* (Gilliland, 2016).<sup>iv</sup>

### Should Doulas be Subject to Credentialing?

It is important to understand the process of credentialing and for whom it is required, with acknowledgement that the terminology is not standardized. The terms “dependent healthcare provider” and “allied health provider” are not clearly defined with respect to credentialing in the United States. More literature is available regarding standards for “vendor credentialing,” which is in reference not only to “healthcare industry representatives” and other non-hospital employee vendors, but to those providing allied healthcare not under the employ or supervision of the hospital or its physicians.<sup>v</sup> The scope of practice and laws regulating dependent (requiring physician supervision) and independent (practicing without physician supervision) allied healthcare providers varies from state to state. Regardless, the state does not govern the level of credentialing; it is the hospital facility that determines the level of credentialing required to practice therein.<sup>vi</sup> The Joint Commission<sup>vii</sup>, an

independent, not-for-profit organization that, in collaboration with other stakeholders, accredits and certifies health care organizations and programs in the United States, has not addressed vendor credentialing, but is

### CHECKLIST – WHAT TO CONSIDER BEFORE SIGNING A CREDENTIALING AGREEMENT:

- Does the Agreement allow me to abide by DONA International's Standards of Practice?
- Does the Agreement allow me to abide by DONA International's Code of Ethics?
- Does the Agreement acknowledge my professional relationship with the birthing family/client?
- Does the Agreement align with my compensation needs and reflect fair compensation for doula support in my given region?
- Does the Agreement allow me to put my client's interests first?
- Does the Agreement acknowledge the skills and benefits that a doula brings to a birth?
- Does the Agreement allow me to provide my client with all aspects of doula care: physical, emotional and informational support?
- Does the Agreement allow me to share information with my client about care practices that are not routine at this facility?
- Does the Agreement allow me to attend my client at home in early labor?
- Does the Agreement allow me to send a backup doula to attend my client, if necessary?
- Will signing the Agreement allow the doula community in my area to flourish? (It is possible that a Credentialing Agreement will limit the choices of parents as to the doulas they can choose.)

If you can answer “Yes” to all these questions, then you may want to consider signing the Agreement.

quoted as writing that its standards “are relevant to any individual that enters a health care organization who directly impacts the quality and safety of patient care.”<sup>viii</sup> Those standards include awareness of who is entering a facility and why (Standard EC.02.01.01), taking steps to ensure patient rights are respected (Standard RI.01.01.01), ensuring that infection control precautions are followed (Standard IC.02.01.01) and the development and implementation of a patient safety program (LC.02.02.05 EPs 1, 3 and 4).

Although the Joint Commission requires health care organizations to identify those entering their facilities and their purpose, it has left it up to the individual institution to define the details. The standard credentialing process for a dependent healthcare provider may include, but not be limited to, some or all of the following: registration of contact information, criminal background check, verification of training and certification, proof of malpractice

insurance coverage, agreement to practice within the hospital-defined role of the provider, required attendance at hospital trainings or policy and procedure in-services, screening for infectious diseases and mandatory immunizations. In some cases, the provider may also be required to pay a fee to the hospital or a vendor credentialing organization.<sup>ix</sup>

With individual institutions defining the details of the credentialing process and for whom it applies, the argument that doulas are paraprofessional specialists and not allied health professionals may not be enough to circumvent the credentialing process in every circumstance. It is imperative that doulas faced with making this decision and doula industry experts, such as DONA International, explore the issues that are influencing actions and seek to understand the motivations of individual health care institutions before drawing conclusions and taking a stance.

### **DONA International Definition of Doulas**

DONA International does not identify doulas as healthcare providers but as specialists in woman-centered, family-centered or client-centered care. Birth doulas are non-clinical providers of labor support services, which include emotional support, physical comfort, informational guidance and advocacy, independently hired by the parents and not the hospital, facility or institution. Therefore, it can be maintained that they do not fall into the category of a dependent healthcare provider within that hospital, facility or institution, and would not be subject to credentialing.

The exception might be a hospital-, facility- or institution-based doula program that contracts with doulas to provide services for their clientele in a volunteer or fee-for-service capacity. Any doulas who are privately hired to accompany their clients to such a facility would be exempt, however, since they are not functioning within that program.

The following relevant passages in support of this argument are excerpted from DONA International's Birth Doula Standards of Practice<sup>x</sup>, which must be agreed upon for certification or membership.

#### **I. Scope**

- A) **Services Rendered.** The doula accompanies the woman in labor, provides emotional and physical support, suggests comfort measures, and provides support and suggestions for the partner. Whenever possible, the doula provides pre- and postpartum emotional support, including explanation and discussion of practices and procedures, and assistance in acquiring the knowledge necessary to make informed decisions about her care. Additionally, as doulas do not "prescribe" treatment, any suggestions or information provided within the role of the doula must be done with the proviso that the doula advises her client to check with her primary care provider before using any application.
- B) **Limits to Practice.** DONA International Standards and Certification apply to emotional, physical and informational support only. The DONA certified or member doula does not perform clinical or medical tasks, such as taking blood pressure or temperature, fetal heart tone checks, vaginal examinations or postpartum clinical care. The DONA certified or member doula will not diagnose or treat in any modality.
  - i. If the doula has qualifications in alternative or complementary modalities (such as aromatherapy, childbirth education, massage therapy, placenta encapsulation, etc.), s/he must make it very clear to her/his clients and others that those modalities are an additional service, outside of the doula's scope of practice.

- ii. A healthcare provider (such as a nurse, midwife, chiropractor, etc.) may not refer to her/himself as a doula while providing services outside of a doula's scope of practice.
- iii. On the other hand, if a health care, alternative care or complementary care professional chooses to limit her/his services to those provided by doulas, it is acceptable according to DONA International's Standards of Practice for her/him to describe her/himself as a doula.

- C) **Advocacy**. The doula advocates for the client's wishes as expressed in her birth plan, in prenatal conversations, and intrapartum discussion, by encouraging her client to ask questions of her care provider and to express her preferences and concerns. The doula helps the mother incorporate changes in plans if and when the need arises, and enhances the communication between client and care provider. Clients and doulas must recognize that the advocacy role does not include the doula speaking instead of the client or making decisions for the client. The advocacy role is best described as support, information, and mediation or negotiation.

### Tips for Engaging the Conversation with Hospital Administrators

#### Be Prepared

- When first presented with an agreement to sign while accompanying a client in labor, have available a copy of the DONA International Standards of Practice and Code of Ethics to attach to the agreement, to show your good faith. Follow up with a meeting with a nurse manager or hospital administrator to review the points raised in the Checklist.

#### Be Proactive

- Meet with hospital administrators and share the DONA International Standards of Practice and Code of Ethics documents. Assure them that DONA member and certified doulas are bound to abide by these standards and ethics in their practice.
- Share the DONA International Grievance Policy, which gives clients, care providers and others a recourse if there is a concern about the actions of a particular doula.
- If an agreement or credentialing process is insisted upon, suggest that the hospital collaborate with doulas in your community in designing a process that takes into consideration the concerns and needs of all parties—hospital, care providers, doulas and clients—and is mutually satisfactory and mutually beneficial.

Additionally, DONA International's Code of Ethics<sup>xi</sup>, which must be agreed upon for membership and certification, guides DONA International member or certified doulas to practice with integrity by clearly defining the doula's ethical responsibilities to clients, colleagues, the profession, healthcare providers and society. It requires DONA International doulas to maintain high standards of personal integrity and professional competence and practice.

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## DONA International Statement and Recommendations

DONA International acknowledges that doulas often find themselves working with their clients in environments that present challenges to the maintenance of the doula-client relationship. In the face of credentialing barriers to the doula-client relationship, some doulas may choose to assist their clients by attempting to negotiate a temporary agreement with the birthing facility and/or staff to find compromise within policy parameters.

DONA International does not make business decisions on behalf of its certified and member doulas with respect to their private practices, other than requiring adherence to its Standards of Practice and Code of Ethics. DONA International certified and member doulas are strongly encouraged to consider the impact that agreeing to be classified as a dependent healthcare provider may have on the individual doula, the doula's clients and the doula profession at large. Beyond having to submit to credentialing procedures that may be objectionable to some individuals, doulas may be required to practice within a limited scope of service. For example, they may be prohibited from providing early in-home labor support or may be unable to practice at a facility where they are not credentialed, thereby limiting a pregnant family's choice of doula. Doulas may wish to utilize the Checklist offered herein, as they consider the implications to themselves, their colleagues and the doula profession of entering into a credentialing agreement.

DONA International reminds its certified and member doulas that their primary commitment is to their clients and to the DONA International mission and vision.

In making these arguments, DONA International is not restricting the right of any member or certified doula to enter into a credentialing agreement with a hospital or other facility. The goal of this discussion is to invite doulas to carefully examine the potential effects.

In conclusion, DONA International is committed to investigating this issue more thoroughly and welcomes further dialogue with all interested parties. Contact [president@dona.org](mailto:president@dona.org). ▼

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<sup>i</sup> [http://www.jointcommission.org/assets/1/6/AHC\\_who\\_what\\_when\\_and\\_where\\_credentialing\\_booklet.pdf](http://www.jointcommission.org/assets/1/6/AHC_who_what_when_and_where_credentialing_booklet.pdf)

<sup>ii</sup> <http://www.asahp.org/wp-content/uploads/2014/08/Health-Professions-Facts.pdf>

<sup>iii</sup> [http://www.bls.gov/soc/soc\\_2010\\_direct\\_match\\_title\\_file.pdf](http://www.bls.gov/soc/soc_2010_direct_match_title_file.pdf)

<sup>iv</sup> <http://doulaingthedoula.com/doulas-are-paraprofessionals/>

<sup>v</sup> [https://www.healthlawyers.org/Archive/Program%20Papers/1994\\_PHYSICIANS/\[1994\\_PHYSICIANS\]%20ACCESS%20AND%20CREDENTIALING%20OF%20ALLIED%20HEALTH%20PROFESSIONALS.pdf](https://www.healthlawyers.org/Archive/Program%20Papers/1994_PHYSICIANS/[1994_PHYSICIANS]%20ACCESS%20AND%20CREDENTIALING%20OF%20ALLIED%20HEALTH%20PROFESSIONALS.pdf)

<sup>vi</sup> <http://medicalproviderresources.com/?p=628>

<sup>vii</sup> <http://www.jointcommission.org/>

<sup>viii</sup> <http://www.jhconline.com/joint-commission.html>

<sup>ix</sup> [http://www.hfmmagazine.com/display/HFM-news-article.dhtml?dcrPath=/templatedata/HF\\_Common/NewsArticle/data/HFM/Magazine/2013/Oct/1013HFM\\_FEA\\_Securitysurvey](http://www.hfmmagazine.com/display/HFM-news-article.dhtml?dcrPath=/templatedata/HF_Common/NewsArticle/data/HFM/Magazine/2013/Oct/1013HFM_FEA_Securitysurvey)

<sup>x</sup> [http://www.dona.org/aboutus/standards\\_birth.php](http://www.dona.org/aboutus/standards_birth.php)

<sup>xi</sup> [http://www.dona.org/aboutus/code\\_of\\_ethics\\_birth.php](http://www.dona.org/aboutus/code_of_ethics_birth.php)