

CHILDBIRTH EDUCATION ATTENDANCE VERIFICATION FORM

If you received a certificate of attendance from your DONA-approved trainer, you may turn in that certificate as proof of attendance. If your instructor was not a DONA-approved trainer, please have them complete this form.

Part One: To be completed by the doula certification candidate

Doula's name _____

Address _____

Phone (_____) _____ Email _____

How many sessions was the complete series? _____ Total # Hours of instruction _____

Dates attended: _____

With my initials I confirm that I attended the entire class/workshop. _____ (doula's initials)

Part Two: To be completed by the certified childbirth educator

Full name and credentials of instructor _____

Address _____

Phone (_____) _____ Email _____

Organization instructor is certified with: _____

This course was eight (8) hours or longer and included the following requirements for DONA International certification:

- The anatomy and physiology of pregnancy, labor and birth, the immediate postpartum, and lactation, including pregnancy warning signs (e.g., gestational diabetes, high blood pressure, pre-eclampsia, infection, etc.)
- Physiological vs medical models of birth; types of providers and types of birth facilities
- Common clinical procedures and tests in pregnancy, labor and birth, and the immediate postpartum, including rationale for use, and benefits and risks of common interventions
- Introduction to patient rights and informed consent/refusal
- Birth challenges and complications (e.g., postdates, prolonged labor or second stage, fetal distress)
- Introduction of basic comfort measures, relaxation techniques, breathing patterns, and bearing down techniques
- Gate Pain Theory, pain medications and anesthesia, their administration and effects
- Normal newborn appearance and procedures
- Introduction to the benefits of lactation and human milk
- Introduction to birth equity* (please note if not included in this course)

I confirm that the above-named doula certification candidate did in fact attend my entire lactation support class/workshop, as indicated above.

Instructor's signature _____ Date _____