

# DIVISION SCOPE OF SERVICE

|                                    |
|------------------------------------|
| <b>Division: NORTH TEXAS</b>       |
| <b>Classification: BIRTH DOULA</b> |
| <b>Applicant Name:</b>             |

|   |
|---|
| <p><b>Birth Doula:</b><br/>The Birth Doula must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>   |
| <p><b>Definition of Care or Service:</b><br/>The Birth Doula provides non-clinical emotional, physical, and evidence-based informational support to the birthing woman and her family before, during, and after birth. Scope of Service may include:</p> <ul style="list-style-type: none"> <li>• Provides emotional and physical support, suggests comfort measures, and provides support and suggestions for the partner.</li> <li>• Provides pre- and post-partum emotional support, including explanation and discussion of practices and procedures, and assistance in acquiring the knowledge necessary to make informed decisions about care</li> <li>• Working closely with the birthing woman and her family as she explores her values and needs surrounding birth.</li> <li>• Encourages the birthing woman to seek care and a place of birth that reflects her values and needs.</li> <li>• Assist in the preparation of birth preferences to facilitate communication with the birth team.</li> <li>• Provide information on birth options and resources</li> <li>• Provide the woman with non-medical comfort techniques and alternatives for labor, including but not limited to positions and movement, comforting touch, visualization, breathing techniques, essential oils, rebozo technique and affirmation. They do not “prescribe” treatment, any suggestions or information provided within the role of the doula must be done with the provision that the doula advises her client to check with her primary care provider before using any application.</li> <li>• Provide support and assist with initial breastfeeding.</li> <li>• Assist the mother in processing her birth experience.</li> <li>• Answer general questions about newborn care and breastfeeding.</li> <li>• Refer to healthcare professionals when support requires clinical assessment, a need for prescription or medical diagnosis.</li> <li>• Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.</li> </ul> <p><b>Limits to Services:</b> Doula’s provide emotional, physical and information support only. The doula is not a clinician and therefore <b>does not:</b></p> <ul style="list-style-type: none"> <li>• Diagnose medical conditions</li> <li>• Perform clinical procedures</li> <li>• Interpret medical diagnoses or clinical results</li> <li>• Prescribe or administer treatment of medical conditions</li> <li>• Perform clinical procedures</li> <li>• Make decisions for the birthing woman</li> <li>• Attend births that are intentionally unassisted by qualified medical professionals.</li> <li>• Have access to the patient’s medical record</li> </ul> |
| <p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Hospital Labor &amp; Delivery Unit and Patient rooms</li> </ul>  |

# DIVISION SCOPE OF SERVICE

|  |
|--|
| <p><b>Supervision:</b> Indirect supervision by Labor &amp; Delivery staff, Director and Obstetric Providers.</p> <p><b>Evaluator:</b> Labor &amp; Delivery Director in conjunction with entire Obstetric Team.</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> NO</p>  |
| <p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• High School diploma/GED or higher</li> <li>• Doula apprenticeship or Doula training by a certifying agency:             <ul style="list-style-type: none"> <li>○ Doulas of North America (DONA)</li> <li>○ Childbirth and Postpartum Professional Association (CAPPA)</li> <li>○ Association of Labor Assistants and Childbirth Educators (ALACE)</li> </ul> </li> <li>• Certification by a Doula organization or apprenticeship</li> </ul> <p style="color: red; font-size: small;">NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p> |
| <p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>  |
| <p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul> <p><b>Preferred Experience:</b></p> <ul style="list-style-type: none"> <li>• At least one year of Doula experience is preferred.</li> </ul>  |
| <p><b>Competencies:</b></p> <p>The Birth Doula will demonstrate:</p> <ul style="list-style-type: none"> <li>• Infection Prevention             <ul style="list-style-type: none"> <li>○ Practices consistent hand hygiene</li> <li>○ Uses personal protective equipment (PPE)</li> <li>○ Required immunizations per Division requirements</li> <li>○ Complies with Isolation precautions</li> </ul> </li> </ul>  |
| <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• DONA Verification: <a href="https://www.dona.org/what-is-a-doula/find-a-doula/">https://www.dona.org/what-is-a-doula/find-a-doula/</a></li> <li>• CAPPA Verification: <a href="https://cappa.net/training-certification/">https://cappa.net/training-certification/</a></li> <li>• ALACE (Now known as ToLabor) Verification: <a href="http://tolabor.wildapricot.org/page-1209275">http://tolabor.wildapricot.org/page-1209275</a></li> <li>• Doula match: <a href="https://doulamatch.net/evaluating-doula-certifications.aspx">https://doulamatch.net/evaluating-doula-certifications.aspx</a></li> </ul>  |
| <p><b>Document Control:</b></p> <ul style="list-style-type: none"> <li>• Created 7/20/2022</li> </ul>  |

Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

**Applicant Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# DIVISION SCOPE OF SERVICE