

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2021

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SENATE BILL 845

Short Title: Community-Based Doula Certification Board. (Public)

Sponsors: Senators deViere and Murdock (Primary Sponsors).

Referred to: Rules and Operations of the Senate

May 27, 2022

1 A BILL TO BE ENTITLED  
2 AN ACT TO ESTABLISH THE COMMUNITY-BASED DOULA CERTIFICATION BOARD.  
3 The General Assembly of North Carolina enacts:

4 SECTION 1. Article 3 of Chapter 143B of the General Statutes is amended by adding  
5 a new Part to read:

6 "Part 37. Community-Based Doula Certification Board.

7 "**§ 143B-216.90. Community-Based Doula Certification Board.**

8 (a) Establishment. – The Community-Based Doula Certification Board is established  
9 within the Department of Health and Human Services to certify community-based doulas and set  
10 educational and training requirements for individuals in the State to grow, protect, and enhance  
11 women's and children's health.

12 (b) Membership. – The Board shall be composed of 10 members. The Secretary of Health  
13 and Human Services or their designee shall serve as an ex officio, nonvoting member on the  
14 Board. All Board members must be a resident of this State. The members of the Board shall be  
15 appointed as follows:

16 (1) Two members shall be appointed by the General Assembly, upon  
17 recommendation of the Speaker of the House of Representatives, with both  
18 members possessing a recognized national or State certification as a  
19 community-based doula from an accreditation association.

20 (2) Two members shall be appointed by the General Assembly, upon  
21 recommendation of the President Pro Tempore of the Senate, with both  
22 members possessing a recognized national or State certification as a  
23 community-based doula from an accreditation association.

24 (3) Five members shall be appointed by the Governor, with two members  
25 possessing a recognized national or State certification as a community-based  
26 doula from an accreditation association, and three members of the public.

27 (c) Terms; Vacancy. – Each member shall serve a term of two years, and no member  
28 shall serve more than two consecutive terms. Each year, the Board shall designate a chair and  
29 vice-chair from the membership. The election of officers shall occur at the last meeting of each  
30 year for the upcoming year. A vacancy on the Board shall be filled by the original appointing  
31 authority using the same process as the prior appointment.

32 (d) Compensation. – Members of the Board shall receive per diem and necessary travel  
33 expenses and subsistence expenses in accordance with G.S. 120-3.1, 138-5, and 138-6, as  
34 applicable.

35 (e) Quorum; Staffing. – A majority of the Board shall constitute a quorum. The  
36 Department of Health and Human Services shall provide staff to assist the Board.



1 (f) Duties. – The duties of the Board are as follows:

- 2 (1) Work with other State agencies and nonprofit organizations to develop and  
3 facilitate an annual, statewide simulation conference, onboarding workshops  
4 for incoming Board members, workshops for current Board members, and  
5 event programs through the year.  
6 (2) Administer, coordinate, and enforce the provisions of this Part.  
7 (3) Adopt, amend, or repeal rules to administer and enforce this Part.  
8 (4) Establish and determine qualification and fitness of applicants for certification  
9 under this Article.  
10 (5) Issue, renew, deny, suspend, revoke, or refuse to issue or renew any  
11 certification under this Article at least three times per year, including  
12 February, May, and August.  
13 (6) Establish fees for applications, initial and renewal certifications, and other  
14 services provided by the Board.  
15 (7) Discipline individuals certified under this Part.  
16 (8) Adopt and publish a code of ethics.  
17 (9) Form subcommittees to assist with the implementation of the provisions of  
18 this Part.

19 **"§ 143B-216.91. Definitions.**

20 The following definitions apply in this Part:

- 21 (1) Birth doula. – A doula that limits postpartum support to the two-hour period  
22 immediately after birth.  
23 (2) Board. – Community-Based Doula Certification Board.  
24 (3) Community-based doula. – A doula who is a trusted member of the  
25 communities the doula serves and does all of the following:  
26 a. Offers services at low cost or no cost to the recipient paid for by funds  
27 donated, awarded, or by insurance reimbursement.  
28 b. An expanded set of services, including connecting individuals with  
29 community resources and training involving social determinants  
30 affecting certain marginalized communities, offering advocacy  
31 support for families, and increasing the number of prepartum and  
32 postpartum home visits.  
33 c. Support for all reproductive experiences and outcomes including  
34 menstruation, birth, abortion, rape, stillbirth, miscarriage, adoption,  
35 racial equity, liberatory and intersectional politics critically engaging  
36 the effects of sexuality, race, class, ability, citizenships, and  
37 gender-based discrimination on the unfolding of reproductive care  
38 concerning the cultural community.  
39 d. Work with community and State health systems, but not employed by  
40 a health system.  
41 (4) Community health worker. – A non-clinical, frontline public health worker  
42 employed in a public health system who does all of the following:  
43 a. Serves as a liaison between health and social services and the  
44 community to facilitate access to services and improve the quality and  
45 cultural competency of service delivery.  
46 b. Builds individual and community capacity by increasing health  
47 knowledge and self-sufficiency through a range of activities, including  
48 outreach, community education, informal counseling, social support,  
49 and advocacy.  
50 c. Reports all client contact and interaction to a public health system.

- (5) Doula. – A non-clinical birthworker, independent or employed through a public health system, agency, or organization, who provides continuous emotional, informational, and physical support for individuals before, during, and after labor, including all of the following services:
  - a. Explanations and guidance on medical procedures.
  - b. Lactation support.
  - c. Physical comfort measures during labor.
  - d. Education on coping skills and infant care.
  - e. Encouragement of bodily autonomy.
  - f. Personal advocacy in the medical institution.
  - g. Offer information on community resources.
- (6) Maternity community health worker. – A community health worker who does not attend births.
- (7) Postpartum doula. – A doula who provides physical, emotional, and informational support to clients and their families during the postpartum period beginning two hours after birth for up to one year, including emotional support, physical comfort, self-care, infant care, informational support, advocacy, referrals, partner support, partner support with infants, parental support with siblings, and household organization.

**§ 143B-216.92. Principles of practice; models of care.**

- (a) Community-Based Doula. – A community-based doula shall provide care and comply with the following principles and models of care:
  - (1) Pregnancy and childbearing are natural physiologic life processes that should not be disturbed unless absolutely necessary.
  - (2) Addressing physical, emotional, psychological, social, and spiritual elements of health create the best outcomes for parents and babies.
  - (3) Respectful care supports the dignity, rights, and individuality of the individual and honors their ethnic, cultural, and family traditions.
  - (4) The individual's childbirth experience belongs to them and their family and whole-heartedly supports the client's wishes.
  - (5) The childbearing experience and birth of a baby are personal, family, and community events.
  - (6) The Care Model consists of at least three prenatal visits, labor, and birth care.
  - (7) Immediate postpartum support up to four hours, and at least two postpartum home visits.
  - (8) Offer different types of services, including private practice paid by clients through insurance or self-pay, or community-based non-profit organizations that operate independently from clinics, hospitals, or public health systems with care models offered through organization funding programs focusing on providing care for marginalized populations within the community they serve.
- (b) Professional Standards; Competencies. – The Board shall develop professional standards and required core competencies, including particular knowledge and skills during prepartum and postpartum care, for all community-based doulas certified under this Part.

**§ 143B-216.93. Fees.**

The Board may collect fees not to exceed the following amounts for the specified purpose:

- (1) Application for certification.....\$350.00.
- (2) Renewal.....\$150.00.

**§ 143B-216.94. Scope of practice; limitations.**

- (a) The scope of practice for a community-based doula consists of all of the following:
  - (1) Evidence-based prenatal education and resources that can improve birth-related outcomes.

- 1           (2)    Comprehensive maternal assessments as they relate to receiving prenatal,  
2           birth, and postpartum support services.
- 3           (3)    Assistance in preparing for and carrying out a client's plans for their birth.
- 4           (4)    Information and support on general health practices that enhance normal  
5           functioning pertaining to pregnancy, childbirth, postpartum, and the newborn.
- 6           (5)    General information on complications that can arise during pregnancy, labor,  
7           birth, postpartum, and with the newborn.
- 8           (6)    Evidence-based general information on the uses, benefits, and risks of medical  
9           interventions, pain medications, and Cesarean birth.
- 10          (7)    Continuous companionship for laboring women and their loved ones with  
11          attunement to their physical, emotional, psychological, and spiritual needs.
- 12          (8)    Emotional support, physical comfort measures, and physiological pain  
13          management techniques to assist coping with labor and birth.
- 14          (9)    Principles of culturally centered prenatal and postpartum care.
- 15          (10)   Appropriate mental health screenings and referral to the appropriate mental  
16          health support person in the community, including documentation of any  
17          screenings performed and referrals made on behalf of the client.
- 18          (11)   Collaboration with clients and their chosen care providers and support  
19          community to provide unified and culturally appropriate comprehensive care.
- 20          (12)   Facilitation of communication between the birthing parent and her health care  
21          providers encouraging the pregnant parent to speak directly to the care team  
22          to minimize or eliminate miscommunication and increase shared decision  
23          making.
- 24          (13)   Collaboration with other health care and social service providers when  
25          necessary, including community health workers, transportation, housing,  
26          ATOD cessation, WIC, SNAP, and intimate partner violence resources.
- 27          (14)   Evidence-based postpartum education and resources that can improve  
28          postpartum-related outcomes.
- 29          (15)   Encouragement for clients to take responsibility for their own and their baby's  
30          health, to express their questions and concerns to their care providers, and to  
31          make informed decisions about their care.
- 32          (16)   Evidence-based information on infant feeding, general breastfeeding  
33          guidance, and referral to lactation resources as needed.
- 34          (17)   Education on infant soothing techniques and coping skills for new patients.
- 35          (18)   Confidential documentation of care and support in a HIPAA-compliant  
36          electronic health system and protection of protected health information by  
37          adhering to HIPAA regulations, including receiving written consent to  
38          provide care and support for the birthing person and the infant during  
39          postpartum support.
- 40          (19)   Confidential communication between the client's care team by receiving  
41          written consent granting expressed permission.
- 42          (20)   Facilitation of policy development which promotes, protects, and supports  
43          community-based doula birthwork.

44        (b)    Limitations. – An individual certified under this Part shall not give medical advice,  
45        perform any medical task or procedure, practice medicine unless licensed to practice medicine  
46        under Article 1 of Chapter 90 of the General Statutes, contradict a licensed health care provider,  
47        or prescribe medications.

48        **"§ 143B-216.95. Curriculum and training requirements.**

49        The Board shall adopt rules to require training to be certified under this Part in accordance  
50        with this section. Doulas certified under this Part must complete training by a Board-approved  
51        doula training program, and shall include, at a minimum, all of the following components:

- 1           (1)   Anatomy and physiology of labor, birth, maternal postpartum, neonatal  
2           transition, and breastfeeding.
- 3           (2)   Labor coping strategies, comfort measures, and non-pharmacological  
4           techniques for pain management.
- 5           (3)   The reasons for, procedures of, and risks and benefits of common medical  
6           interventions, medications, and Cesarean birth.
- 7           (4)   Emotional and psychosocial support of women and their support teams.
- 8           (5)   Community-based doula scope of practice, standards of practice, and basic  
9           ethical principles.
- 10          (6)   The role of the doula with members of the birth team.
- 11          (7)   Communication skills, including active listening, cross-cultural  
12          communication, and inter-professional communication.
- 13          (8)   Self-advocacy and empowerment techniques.
- 14          (9)   Breastfeeding support measures.
- 15          (10)  Perinatal mental health.
- 16          (11)  Postpartum support measures for the birthing person.
- 17          (12)  Provision of perinatal support services in this State from the first trimester to  
18          12 months postpartum.
- 19          (13)  Provision of emotional and social support, including navigating pregnancy  
20          loss.
- 21          (14)  Family adjustment and dynamics.
- 22          (15)  Evidence-informed educational and informational strategies.
- 23          (16)  Community resource referrals.
- 24          (17)  Medical documentation.
- 25          (18)  Business skills.
- 26          (19)  Professional conduct, including relationship boundaries and maintaining  
27          confidentiality.
- 28          (20)  Self-care.
- 29          (21)  Three hours of childbirth education training, including, at a minimum, all of  
30          the following components:
  - 31           a.    Ethics and professionalism including legal responsibilities, ethical  
32            behavior, safety, and culturally appropriate, client-centered care.
  - 33           b.    Communication skills to include conflict resolution and reflective  
34            practice.
  - 35           c.    Understanding the normal physiology of pregnancy, labor, birth, and  
36            early postpartum within the first 48 hours after birth.
  - 37           d.    Pain management techniques.
  - 38           e.    Newborn care and infant feeding support.
  - 39           f.    Adult education skills, including learning styles, literacy levels, and  
40            learning abilities and disabilities.
- 41          (22)  Six hours of Black-, African-, and Indigenous-centered postpartum support  
42          and care for the birthing person, including, at a minimum, all of the following:
  - 43           a.    Postpartum physiology centered on Black, African, and Indigenous  
44            individuals.
  - 45           b.    Postpartum planning from birth up to one year after delivery which  
46            includes returning to work or school.
  - 47           c.    Postpartum nutrition support incorporating traditional Black, African,  
48            and Indigenous foods that support proper healing and nourishment  
49            throughout postpartum recovery.
  - 50           d.    Culturally appropriate traditions and practices of various ethnic  
51            communities to support the individualized care needed for each client.

- 1            e.      Communication skills centered around postpartum care.  
2            f.      Roles and responsibilities of community-based postpartum doula  
3            support.  
4            g.      Documentation and record keeping.  
5            h.      Basic life support and neonatal resuscitation training.  
6            i.      Community-based Doula business skills.  
7            (23)   Six hours of lactation and infant feeding training, including breast anatomy,  
8            prenatal feeding, breast pumping, culturally appropriate infant feeding, and  
9            scope of practice.  
10           (24)   Nine hours of service coordination and system navigation, including perinatal  
11           mood and anxiety disorders and resource navigation for wrap-around services.  
12           (25)   Four hours of health promotion and prevention.  
13           (26)   Three hours of advocacy, outreach, and engagement.  
14           (27)   Three hours of communication.  
15           (28)   Six hours of cultural humility and responsiveness.  
16           (29)   Four hours of ethical responsibilities and professionalism."

17           **SECTION 2.** The Community-Based Doula Certification Board shall adopt  
18 temporary rules to implement this act in coordination with the Department of Health and Human  
19 Services. The temporary rules shall remain in effect until permanent rules that replace the  
20 temporary rules become effective.

21           **SECTION 3.** The initial appointments as required by G.S. 143B-216.90, as enacted  
22 by Section 1 of this act, shall be made on or before October 1, 2022, and the initial terms of the  
23 appointees shall begin on January 1, 2023. Upon appointment as a community-based doula, the  
24 appointee must immediately seek to become certified under this act.

25           **SECTION 4.** Section 1 of this act becomes effective October 1, 2023. The remainder  
26 of this act is effective when it becomes law.