

Concise Explanatory Statement

Chapter 246-835 WAC, Birth Doula

Table 1. Changes between the proposed rule and final rule

The adopted rule is different from the text of the rule proposed as WSR 23-12-090. The changes were made in response to the comments received on the rule. The table, below, explains the specific reason for each change:

Change made	Reason
WAC 246-835-020 Approved birth doula educational programs (1) The secretary accepts any birth doula training program, <u>or that courses that collectively requires attendance at a minimum of three births</u> and introduces students to the key principles of the following topics:	Clarification was added that an applicant can attend a birth doula program, or multiple courses that collectively meet the required competencies, to meet this requirement. As described in Table 2, many comments were received suggesting to either lower the birth requirement to one, or requiring no births at all. This is because having to attend births for free is cost and time prohibitive and not all birth doula programs require births for certification. From a public safety perspective, the department feels that doulas can perform safely without the birth requirement.
WAC 246-835-022 Ancestral pathway competencies <u>This section applies to applicants that did not attend a traditional birth doula training program or course.</u> (1) An attestation on forms provided by the department that they have completed training that is substantially equivalent to the required training in WAC 246-835-020; ~~and~~ ~~(2) An attestation that they have attended at least one birth in the capacity of a doula in either a paid or volunteer capacity within the last five years; or~~ ~~(3) Three written client testimonial letters or letters of recommendation from professionals~~ <u>profession-related leaders</u> or peers using testimonial templates provided by the department. Letters must be written within the last five years.	Clarification was added that this section applies to those that receive, or received, non-formal training in the form of learning ancestral practices. Due to the numerous suggestions in Table 2, the following changes are supported by the department and were incorporated into the section: - the requirement to attend one birth was removed - the term “professional” was removed and replaced with a “profession-related leader”

WAC 246-835-025 Culturally congruent ancestral practices, training, and education (a) Multicultural, ancestral and culturally congruent care; such as, but not limited to, rebozo use, belly binding, placenta burial, placenta encapsulation, cord burning, lotus birth, development of intuition; (b) History of obstetrics; such as erasure of granny midwives and indigenous birth work; ~~or~~ <u>(c) Trauma-informed care;</u> <u>(d) Social Determinants of Health and Adverse Childhood Experiences;</u> or (ee) Other training and education that enhances the applicant's knowledge of culturally congruent ancestral practices.	There was a request to add the options of (c) "Trauma informed care" and (d) "Social determinants of health and adverse childhood experiences" to the list of options to meet the statutory requirement of completing culturally congruent ancestral practices, training, and education. The rule was changed to reflect the additional options.
WAC 246-835-030 Application process (2) Proof of successful completion of the education requirements in WAC 246-835-015: (a) Culturally congruent ancestral practices, training, and education as required in WAC 246-835-025; and (b) If the applicant completed the ~~birth and~~ core curricula training requirements through a program, <u>or courses that collectively meeting meet</u> the requirements in WAC 246-835-020(1), documentation must be submitted by the applicant to the department; or (c) If the applicant completed the training requirements from an approved program through WAC 246-835-020(2) listed on the department's webpage, proof of completion must be received by the department directly from the program where the applicant completed the training; or (d) If the applicant completed the education requirements through completion of the ancestral pathway and ~~legacy~~ competencies in WAC 246-835-022, documentation must be submitted by the applicant to the department. (3) Verification from all states in which the applicant holds or has held a health care credential, indicating that the applicant has or has not been subject to ~~charges or final or~~ <u>pending disciplinary action for unprofessional conduct or impairment;</u>	Clarification was added that an applicant can attend a birth doula program, or multiple courses that collectively meet the required competencies, and how to apply through the different routes to certification. The term "legacy" was deleted for consistency purposes throughout the chapter. Due to the numerous suggestions in Table 2 regarding the use of the term "professional," the term "unprofessional" was removed.

WAC 246-835-040 Applicants certified in other states or territories. <u>An initial applicant currently certified to practice as a birth doula in another state, the District of Columbia, or a territory of the United States may be licensed by endorsement. An applicant shall comply with the requirements for certification as specified in chapters 18.47 RCW and 246-835 WAC and submit proof of:</u> <u>(1) Current certification from another United States jurisdiction; and</u> <u>(2) For applicants who have been certified in another jurisdiction for at least two years, completion of 10 hours of continuing education within the two-year period immediately preceding licensure.</u>	This new section was added after the public hearing after listening to several people speak to the issue of having to meet potentially different regulations in Washington in order to be certified when they are already practicing in another state. The department supports the ability to endorse from another state. Additionally, this change meets the intent of Section 8 of Second Substitute House Bill 1724 (chapter 425, Laws of 2023).
WAC 246-835-060 Continuing education State-certified birth doulas shall complete 10 hours of continuing education every renewal cycle in the form of continuing education and ~~professional~~ <u>leadership development activities</u>. The credential holder shall submit documentation upon request as required by chapter 246-12 WAC. (1) Eight hours of continuing education and ~~professional~~ <u>leadership development activities</u> must be obtained through one of the activities listed in (a) through (f) of this subsection. A minimum of five hours must directly relate to the practice of a birth doula as defined in chapter 18.47 RCW. Any remaining hours may be in ~~professional~~ <u>leadership development activities</u> that enhance the practice of the birth doula. Documentation for all activities must include credential holders name, date of activity, and number of hours. Approved continued education activities include: (a) Continuing education course work; (b) Employer sponsored in-service training or ~~professional~~ <u>profession-related</u> study groups; (c) Attendance at a ~~professional~~ <u>profession-related</u> conference or workshop presented by a ~~professional~~ <u>profession-related</u> organization; (d) Online courses and webinars;	Due to the numerous suggestions in Table 2 regarding the use of the term “professional,” the term was replaced with “leadership development activities” or “profession-related.” A suggestion was made to clarify how to document self-study continuing education. The department supports this and added the requirement to document self-study by the creation of a typed one-page synopsis by the credential holder.

(e) Self-study of ~~professional~~ <u>profession-related</u> journal articles, textbooks or chapters, or ~~professionally developed~~ multimedia and digital media educational materials. <u>Documentation for this is a typed, one-page synopsis written by the credential holder</u>; and (f) Service on a ~~professional~~ <u>profession-related</u> board, committee, collective, disciplinary panel, or association.	
--	--

Table 2. Section-specific comments and recommendations

The following tables summarize all comments the department received on these rules.

WAC Section	Comment received	Department of Health response
WAC 246-835-015 - Education requirements Regarding endorsing another state's certification	Recommend creating an additional equivalency pathway. WA should accept doulas in good standing who have current state approved doula certifications from other states that also have a state doula certification process. There is an issue if a doula must meet potentially different regulations in Washington in order to be certified when they are already practicing in another state	The department agrees. The department supports the ability to endorse from another state. The rule was changed to add new WAC 246-835-040. Additionally, this change meets the intent of Section 8 of Second Substitute House Bill 1724 (chapter 425, Laws of 2023).
WAC 246-835-020 – Approved birth doula educational programs - Regarding number of required births	Approximately 40 comments were received in support of lowering the required number of births from three to none or one at most for the following reasons: - Reducing the number of required births is a positive change and will make it less difficult for doulas to achieve this requirement as it is more aligned with current training programs. - The three birth requirement in Oregon has been a tremendous barrier and has little significant benefit. - A doula at her first birth can still be incredibly helpful and supportive - A doula who has done three births is still functionally about as green as a doula who has done none or one.	The rule was changed to remove this requirement. After consideration, from a public safety perspective, the department agrees there is no evidence that it decreases or increases safety that doulas can perform safely without the birth requirement. The risk of harm is determined to be minimal and attended births would not impact that risk assessment. The department made the change in rule to require zero births for certification. Please see the change made in Table 1 above.

	• Getting those first three births on your own, as a student with no credentials and no reimbursement or pay, is a tremendous endeavor for many newly trained doulas that can take years. • If you have a birth requirement tied to the initial training, you will effectively make it impossible for any doula or training organization to comply with this rule • If the state decides to keep some minimum birth requirement, it should be removed from this initial training section since no doula training organizations include this in their training - it's always a separate requirement. So if you must have a one birth minimum, add it as its own section.	
Regarding tracking hours of training	Advised a concrete minimum hour requirement (at least over 24 hours or more) for training contact hours (meaning instructor-to-student training hours – not breaks, homework, self-study, practicum work, etc). There are online “training-mills” that say they cover all the necessary doula basics but they are only a four-hour long series of videos.	The rule was not changed as a result of the comment. The department considered including hours for each competency but determined that may be an undue burden on the individual obtaining the education or training through both the tradition education pathway and the ancestral pathway. Pathways may vary in hours and it is the content that is critical.
WAC 246-835-022 – Ancestral pathway Regarding equivalency language	Recommended removing the language about equivalency to education since there is not much of a point in having an ancestral pathway if it still has to be substantially equivalent to the formal training process of WAC 246-835-020.	The rule was not changed as a result of the comment. The department must ensure that all doulas are competent to practice. The purpose of substantially equivalent means that the ancestral pathway is similar in the content learned and the experience.
Regarding adding an apprenticeship	Recommend the ancestral pathway be validated through a two to three month minimum apprenticeship and mentorship	The rule was not changed as a result of the comment. Making an ancestral pathway applicant prove their training through a

	process, with skills signed off by the mentor.	months-long apprenticeship may be too onerous for applicants and may very well be longer than a lot of birth doula training programs.
Regarding use of the term “professional”	Twenty two comments were received that asked the department to remove the term “professional” and replace with more appropriate terms such as leadership activities in this WAC section and throughout the chapter.	The rule was changed and replaces professional with profession-related leader.
WAC 246-835-025 – Culturally congruent ancestral practices Regarding cord burning	Some hospitals are not able to perform cord burning and lotus birth rituals in our hospitals due to regulations concerning open flames in hospitals and recommended practices from obstetric and pediatric professional societies. We recognize that their inclusion in this section of rule is most likely meant to provide examples of cultural rituals, but we have concerns that the inclusion would lead doulas to believe that hospitals can accommodate all rituals. Our subsequent denial to perform these services would put us in direct conflict with the patient’s wishes and could inflict harm on the patient. We had previously requested this language be clarified to ensure the listed practices are examples of rituals that may be supported, but they may not be available to the patient due to other safety and quality requirements. The new language does not make this clarification and we request further edits or guidance from DOH outlining the limits of what a hospital can offer and encouraging the pregnant person to communicate with their health care provider early to ensure their birth rituals can take place in the appropriate environment.	The rule was not changed as a result of the comment. Health practitioner regulations often don’t address restrictions for the various healthcare settings and policies. However, in an effort to reduce potential patient harm, the department will add this topic to an FAQ list that will added to the birth doula webpage at the department.
Regarding the title of this WAC section	The title should read: WAC 246-835-025 - Culturally congruent training, education and ancestral practices	The rule was not changed as a result of the comment. The term in WAC 246-835-025 comes directly from the statute which reads, “culturally congruent ancestral practices, training, and education.”

Regarding concrete contact hours	Recommend having a concrete minimum contact-hour requirement of at least 5-10 hours for one or some combination of these (1)(a, b, c) topics. Hours should be listed on any attestation (2)(a) or completion certificate (2)(b).	The rule was not changed as a result of the comment. The department determined that including minimum hours for this training requirements would create certification barriers. The department prefers allowing flexibility to achieve the required training and education.
Regarding the list of training that are listed in this section	Recommend adding Trauma Informed Care and Social Determinants of Health and Adverse Childhood Experiences to the list under (1).	The rule was changed adding (c) Trauma informed care” and (d) “Social determinants of health and adverse childhood experiences”.
WAC 246-835-030 – Application process Regarding how to submit proof of education	Recommend allowing the doula to submit proof of completion of education directly to the department. In my experience, running a doula program and doula scholarship program at a hospital and attempting at times to secure documentation about the trainings of the doula on the team, organizations that provide doula trainings are often very low staff and it sometimes took months and repeated outreach on my part to get needed documentation from them. In a number of other cases, the organizations have gone out of business or folded. I recommend that the department change this requirement and allow the doula applicant to submit the certification or proof of completion directly to the department.	The rule was not changed as a result of the comment. Washington state is a primary verification state, which means that we must receive documents from the organization that created the document.
WAC 246-835-060 – Continuing education Regarding a certificate of completion	When a continuing education course is completed, the individual typically receives a certificate of completion. We request DOH provide guidance on how the birth doula will document their self-study.	The rule was changed; the department added the requirement to document self-study by the creation of a typed one-page synopsis by the credential holder.
Regarding clarification of the renewal cycle.	-How often is the renewal cycle? This should be clarified in this section.	The rule was not changed as a result of this comment. The rule requires continuing education at every renewal. The renewal cycle is every two years, birthday to birthday (except for the first

		renewal cycle) and is listed in WAC 246-835-990 with the fee.
Regarding the requirements of continuing education	I like continuing education, but not making such a strict emphasis on requirements and timelines, but rather knowing that the doula has kept their education up in different areas of growth and development.	The rule was not changed as a result of this comment. The department needs to provide clear timelines and requirements so the doula knows what is required of them to renew their certification.
WAC 246-835-990 – Birth Doula fees and renewal cycle Regarding the fee amount – have no fee	Recommend that Washington follow Oregon and have no licensing fees for Medicaid doulas. Doulas are an impactful health equity measure to help reduce maternal and infant mortality and morbidity and even the birthing field for families of color. Washington should support this. State credentialing fees are a huge barrier to many doulas who are seeking this credential in the hopes of being reimbursed through Medicaid eventually. Providing culturally congruent and lived-experience congruent care means that a lot of doulas may come from a low-income background where \$190 or even \$50 represents a huge barrier. Recommend no fee to become certified at all or providing scholarships for the fee.	The rule was not changed as a result of this comment. Under RCW 43.70.250, costs of professional, occupation, and business licensing programs must be fully borne by the members of that profession, occupation, or business. A fee study was conducted based on estimated number of expected doulas certifying and costs to maintain the program.

Table 3. General comments and recommendations

General comment on WAC	Department of Health response
We are supportive of the final draft rules. The proposed rules are clearer and less onerous than the original draft. These requirements will	Thank you. We value our interaction and the input we received from all of our interested parties.

not be a burden or discourage birth doulas from seeking state certification.	
We support removal of training in bereavement skills. Training in bereavement skills as part of postpartum care is a key component of doula training but the previous draft suggested all doulas must receive extensive training on bereavement. We appreciate the removal of this language.	Thank you. We value our interaction and the input we received from all of our interested parties.
We support this WAC's inclusion of continuing education. Continuing education is incredibly important and the variety of options ensures that doulas should be able to find enough CEs within an affordable or free price range to easily complete this ever two or so years.	Thank you. We value our interaction and the input we received from all of our interested parties.
Twenty four comments were received that provided general credentialing suggestions	Department staff have tried to establish the general credentialing requirements with as few barriers as possible, while still keeping public safety in mind.
Ten comments were received that offered support for the profession of doula.	Thank you for the feedback. The department is excited to certify birth doulas to ensure the best birth outcomes as possible.
One comment saying the chapter needs to be routinely reviewed and updated.	RCW 43.70.041 law requires the department to review existing rules every five years. Further, the public can request a rules petition as provided in RCW 34.05.330.
One comment regarding whether Washington State Department of Health should certify doulas. Recommend entrusting the certification process to well-established organizations with experience in certifying doulas. My understanding is that both California and Oregon Health Department/Authority supports this effort, where birth doula practicum is not mandated as part of their ability to bill for services under Medicare.	Engrossed Substitute House Bill 1881 created the birth doula profession and mandated rule writing to create the birth doula certification to the department. The ability to bill for services is separate from this effort and the department does not typically have billing information included in the professions laws.
We are greatly appreciative of the reduction in fees. The final draft fees are more comparable with other health professions and will not be a financial burden or barrier for doulas who	Under RCW 43.70.250, it is the policy of the state of Washington that the cost of professional, occupation, and business licensing programs be fully borne by the members of that profession, occupation, or business.

otherwise meet all other criteria for certification.	
A commenter asked if an experienced doula trained in 2013 could submit their decade-old training if it meets these requirements?	The requirements allow for training that happened previously, it does not have to be recent or presently concluding programs or courses.
Recommended having a pool of doula subject matter experts who could review appropriately at least four times a year for the first three or four years and then annually or biannually after that.	The doula program will be reviewing and approving program applicants on an on-going basis.
Recommend that Washington should mandate a faster and more efficient process than Oregon where it took years and this stymied the Medicaid doula workforce significantly.	Routine evaluation of the programs will be completed on a scheduled basis.

Any person may petition the adoption or amendment of these rules in accordance with RCW 34.05.330 by following the instructions in [chapter 82-05 WAC](#) and using the [optional form](#).

For more information regarding these rules you may contact me by email at kathy.weed@doh.wa.gov.